

Treating Autism Chart

ISSUE	Did Child Present Issue Before Therapy (yes or no)	Intervention Used / is issue still present?
Aggressive Towards others	Yes	Gluten Free/NO
Anxious/fearful	Yes	Methylfolate/NO
Constipation	No	
Destructive of things	Yes	Gluten Free/NO
Diarrhea	No	
Did not point	No	
Feeding/eating (self limited)	Yes	Gluten Free, supplementing zinc/progressing
Vaccine reaction w/in 24 hours:	N/A	
- DPT		
- MMR		
- Hep B		
Head banging	No	
High pain threshold	Yes	Gluten Free/NO
Hyperactive	Yes	Gluten Free/Limited
Inattentive	Yes	Gluten Free/NO
Intolerant of change	Yes	Methylfolate/NO
Normal then regressed	Yes	
Poor eye contact	Yes	Gluten Free/Limited
Repeated courses of antibiotics	No	
Repeated ear infections	No	
Rocking	No	
Self injurious	No	
Sleep difficulties	Yes	ILS Pillow/NO
Sound sensitive	Yes	ILS Pillow/NO
Stimming:	Yes	
- Hand flapping	Yes	Gluten Free/NO
- Lining up objects	No	
- Spinning	No	
- Toe walking	No	
- Other: Hoarding/sorting objects	Yes	Still Present
Tantrums	Yes	Gluten Free/Limited
Toilet training problems	Yes	Still Present
Unaware of danger	Yes	Gluten Free/Limited