

## Treating Autism Chart

<b>ISSUE</b>	<b>Did Child Present Issue Before Therapy (yes or no)</b>	<b>Intervention Used / is issue still present?</b>
Aggressive Towards others	No	No
Anxious/fearful	No	No
Constipation	Yes	GFCFSF, probiotics and digestive enzymes/No
Destructive of things	No	No
Diarrhea	Yes	GFCFSF, probiotics and digestive enzymes/No
Did not point	Yes	OT and ST/No
Feeding/eating (self limited)	Yes	GFCFSF and zinc, no
Vaccine reaction w/in 24 hours:	Yes	ACC
- DPT	No	No
- MMR	Yes	Currently chelating
- Hep B	No	No
Head banging	Yes	Bacteria protocol/No
High pain threshold	Yes	No
Hyperactive	Yes	Yeast Protocol, Gaba, Magnesium, B6 and Epsom Salt Baths/ No
Inattentive	Yes	Yeast protocol, Gaba, Magnesium, B6, Epsom Salt Baths and OT/ No
Intolerant of change	Yes	No
Normal then regressed	Yes	yes
Poor eye contact	Yes	CLO/No
Repeated courses of antibiotics	Yes	GFCFSF, probiotics/No
Repeated ear infections	No	No
Rocking	Yes	Yeast Protocol/ No
Self injurious	No	No
Sleep difficulties	Yes	GFCFSF, melatonin, 5htp and Epsom Salt Baths/No
Sound sensitive	Yes	yeast protocol/No
Stimming:	Yes	yeast protocol/No
- Hand flapping	Yes	No
- Lining up objects	Yes	No
- Spinning	Yes	No
- Toe walking	No	No
- Other: vocal stims	Yes	No
Tantrums	Yes	No
Toilet training problems	Yes	Yes, but working it with

		the use of PECs and OT
Unaware of danger	Yes	ST and OT/No