

[PER DR. NEUBRANDER: With rare exception at least the first 4 out of the following 5 tests were ordered at your Initial Office Visit appointment. I therefore review them at your First Follow-up Consultation. Their values are indicated on your First Follow-up Appointment signout in Section A, entitled, "Interpretation Of Your Laboratory Tests." Therefore do not make the mistake of not entering this information in this location every time we meet.]

MTHFR results were: _____
Homocysteine results were: _____
Vitamin D results were: _____
Ferritin results were: _____
Carnitine results were: _____

COMPREHENSIVE VERSION OF THE GENERAL FOLLOW-UP FORM

[PER DR. NEUBRANDER: the most important requirement is for you to **UPDATE** this form **LINE-by-LINE** for every consultation. Be careful that when you use the "SAVE AS" function for your upcoming consultation that you read every line to make sure that what it says is *accurate, detailed, and complete* and that you have not "*assumed*" that things are still the same. Be sure to be expand the sections shown below as necessary and not be so brief that I really cannot see what is going on with your child.]

NAME:

DATE:

YOUR DIAGNOSIS(ES): List All The Diagnoses your child has been given including those that are and that are not related to autism.

DOB:

AGE IN YEARS AND MONTHS:

WEIGHT:

WILL SWALLOW PILLS? (Not just the contents of):

WHAT DIET(S) ARE YOU CURRENTLY USING?: (CFGF, CF only, GF only, SCD, LOD, phenol-free, salicylate-free, Feingold, allergy avoidance, other or none)

SYMPTOM SUMMARY RESPONSE TO TREATMENT

List the Major Symptoms your child had at your Initial Office Visit so that we will be able to follow your child's response over the duration of treatment; when applicable, add any new ones that appear over time. (Please note that this is a new section. For our Established Patients – please complete using your child's current status).

Use a scale from 0 to 10 with 0 representing absent and 10 being the most severe.

NOTE THAT NO LANGUAGE IS AS BAD AS IT CAN GET SO IS GIVEN THE NUMBER "10", NOT A "0" (ZERO)!

For each follow-up consultation enter the date in the column and grade the symptom.

Please note that you will be held responsible to indicate ALL THE SYMPTOMS THAT YOUR CHILD HAS, not just the ones that you are most concerned about! This includes all the symptoms that are related to your child's BRAIN as well as all the symptoms that are related to your child's BODY.

"Brain symptoms" are your child's autism spectrum and/or neurodevelopmental symptoms.

"Body symptoms" are symptoms like constipation, diarrhea, bloating, gas, eczema, allergies, etc.

When referring to language DO NOT write "speech and language". Remember that speech and language has two parts and should be divided as such: RECEPTIVE LANGUAGE and EXPRESSIVE LANGUAGE. In addition this category may also need to indicate "echolalia" if present.

Make sure that you understand the EVALUATION SCALE. What we want to have happen is for "Symptoms to Go Away". Therefore a high number or high intensity of symptoms gets the largest number which is "10" and no symptoms or low intensity of symptoms gets the smallest number which is "0". Therefore no language would get a numeric value of "10" whereas almost perfect language would get a value of "1 or 2" and perfect language would get a value of "0". WHAT WE ARE LOOKING TO OCCUR OVER TIME IS FOR BIG NUMBERS TO ULTIMATELY BECOME SMALL NUMBERS WHICH SHOWS SYMPTOM IMPROVEMENT.

Symptom to be followed	Date 1	Date 2	Date 3	Date 4	Date 5	Date 6	Date 7	Date 8	Date 9
	IOV date	1st F/U date							

For each consultation, enter in each box a numerical number for the date. Recall that IOV means "Initial Office Visit" and F/U means "follow up".

1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

PRESCRIPTION MEDICATIONS:

This section is for medications only, not supplements. Remember that the supplements that your child is taking are to be listed in the Supplement Review Program and not in this section of the General Follow-up Form.

In this section you are to list EVERY MEDICATION your child is taking from DR. NEUBRANDER as well as ALL OTHER DOCTORS that are giving prescription medications.

Indicate the prescription name, dose, and frequency.

For prescriptions that Dr. Neubrandner has written, the above required information will be shown in the Prescription Section from the previous signout or signouts that correspond to the date or dates when Dr. Neubrandner ordered each medication for your child.

Remember that we are looking for the “strength of the medication” in milligrams or micrograms or IU”; remember that we are not looking for “the volume being taken”, e.g. mL or teaspoons, etc.

For example, you say that your child is taking 1 teaspoon of the medication does not let us know how much medicine there actually is in that teaspoon. **What we need to know is the amount of medication per unit volume and/or the concentration of the medicine per unit volume.**

Template example: “My child takes (xxxx mg or mcg or IU) (xxxx times per day). The medicine contains (xxxx mg or mcg or IU per unit volume, e.g. mL, teaspoon, drop),

Example #1 — “My child takes 40 mg of Diflucan once daily. The medicine contains 40 mg per teaspoon.”

Example #2 — “My child takes 5 mL of Diflucan once daily. The medicine contains 8 mg/mL.

Remember that it is important to put *****stars***** before every medication that you need Dr. Neubrandner to refill for you to get you to the next consultation, “usually” for a 3-month set.

Do not put stars in front of the prescription medications that you currently have enough of to get you to the next consultation and/or that you also have “refills on file” with the pharmacy to be able to get you to the next consultation.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

YOUR INSTRUCTIONS TO US AS WE CONSIDER HOW TO HANDLE YOUR CASE:

1. How limited am I in regards to your finances as to what treatments or tests I order?

This is A “GENERAL QUESTION” and should be answered by you letting me know how limited you are in your ability to pay for things that I may suggest.

The answer to this question is to be relative to where your family lies on a 3-POINT SCALE that begins at one extreme with the income of the migrant worker to the other extreme with the income of a family that is independently wealthy.

The answer I want you to provide is as follows: OUR INCOME IS...

Our income is average.

OR...

Our income is slightly limited.

(After writing this you can expand if you choose.)

Our income is moderately limited.

(After writing this you can expand if you choose.)

Our income is significantly limited.

(After writing this you can expand if you choose.)

OR...

Our income is slightly above average.

(After writing this you can expand if you choose.)

Our income is moderately above average.

(After writing this you can expand if you choose.)

Our income is significantly above average (no limits).

(After writing this you can expand if you choose.)

2. How limited am I in ordering lab tests from financial reasons or just not wanting to let your child undergo blood tests, etc.?

The financial answer is the same as above.

The answer about undergoing blood tests is different and to be answered if there is some "unusual reason" not to do this for your child.

3. Will you use prescription as well as non-prescription medications?

LABORATORY TESTS PENDING, DELAYED, OR NOT YET BACK FOR US TO REVIEW TODAY:

This needs to be answered so that I can see what is still outstanding but that has been delayed for one reason or another. For example, "pending or delayed" means...

...that the specimen has been ordered by Dr. Neubrandner and submitted by you but not yet had enough "turnaround time" to have returned yet to the doctor's office from the laboratory. Most laboratory tests Dr. Neubrandner orders take three weeks whereas the methylation panel goes to Europe and takes an average of seven weeks.

... that the specimen was previously ordered by Dr. Neubrandner but never obtained or submitted by the family for "whatever reason". The common reasons include, but are not limited to the following: finances, illnesses, personal family matters, poor planning by the family and just not getting around to getting it done so that it would be back to review when the doctor was expecting it, etc.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

TREATMENTS OR TESTS RECOMMENDED BUT THAT WE DECIDED NOT TO DO:

This needs to be answered so that I can see what I had previously ordered or recommended that the family decided not to do. If you decide not to do a test or treatment that has been recommended ordered, not only do I need to see the name of the test or treatment but the reason why you decided not to do it. Common reasons include, but are not limited to the following: finances, fear, not wanting to submit their child to a treatment or procedure, demographics (distance from the clinic), etc.

- 1.
- 2.
- 3.
- 4.
- 5.

For the remaining sections in this Follow-up Form **NEVER ERASE THE QUESTION OR CATEGORY TITLE**. To be more specific, each of the following is a Question or Category Titles and **MUST REMAIN IN PLACE** so Dr. Neubrandner can review them at every consultation:

METHYL-B₁₂:

HYPERBARIC OXYGEN:

NEUROFEEDBACK:

CHELATION:

INTRAVENOUS TREATMENTS:

1. What treatments are you currently doing?

2. What treatments have you tried that have not worked?

3. What treatments do you want to try now or in the future?

4. What are you afraid to try?

5. What do you need to have better explained to you?

6. How are you feeling about all phases of life right now, e.g. overwhelmed, hopeful, discouraged, encouraged, situations at home, school, etc?

HOW HAS YOUR CHILD BEEN DOING SINCE THE BEGINNING OF TREATMENT AND FROM THE LAST CONSULTATION

YOUR QUESTIONS FOR THE DOCTOR TODAY

METHYL-B₁₂:

1. Is your child a *METHYL-B12 RESPONDER*? Yes. No

2. If yes, indicate if your overall response is a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant

3. If yes, when did you start?
4. If yes, does you child do better on daily, every other day, or every three day shots?
5. Use the space below to describe your child's response to methyl-B₁₂ in general.

HYPERBARIC OXYGEN: If you have not done this then write the words "NOT DONE."

1. Is your child an *HBOT RESPONDER*? Yes. No.
2. If yes, indicate if your overall response is a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant
3. If yes, did he or she respond to a hard chamber, soft chamber, or both?
4. If to both, to which one better, hard or soft?
5. "We have completed xxxx total hours of soft chamber HBOT sessions":
6. If you have done soft chamber sessions, indicate if your child's overall response as a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e)
7. "We have completed xxxx total hours of hard chamber HBOT sessions":
8. If yes, indicate if your child's overall response as a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant
9. Use the space below to describe your child's response to hyperbaric oxygen treatment in general

NEUROFEEDBACK: If you have not done this then write the words "NOT DONE."

1. Is your child a *NEUROFEEDBACK RESPONDER*? Yes. No
2. If yes, indicate if your overall response is a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant
3. If yes or no, when did you start?
4. If yes or no, approximately how many sessions have you done to date with a technician?
4. If yes or no, how many sessions do you average a week completed with a technician?
5. If yes or no, how many sessions a week do you do alone as "practice sessions"?
6. Use the space below to describe your child's response to neurofeedback treatments in general.

CHELATION: If you have not done this then write the words "NOT DONE."

1. Is your child a *CHELATION RESPONDER*? Yes. No.
2. If yes, indicate if your overall response is a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant
3. What agent or agents worked best: EDTA, DMPS, DMSA, natural agent(s), etc?
4. What route of administration worked best, e.g. oral, suppository, IV, transdermal?
5. How many total months have you chelated to date (with or without a break)?
6. Use the space below to describe your child's response to major chelation in general or to any specific types of "chelating agents" or chelation protocols.

INTRAVENOUS TREATMENTS: If you have not done this then write the words "NOT DONE."

1. Have you ever used IV treatments? Yes. No.
2. If yes, indicate if your overall response is a) mild; b) mild-to-moderate; c) moderate; d) moderate-to-significant; e) significant
3. If yes, what type of IV treatments have you ever used, e.g. glutathione, vitamin C, phosphatidylcholine, secretin, vitamins and minerals, etc?
4. For each type of IV used, indicate your child's responsiveness or apparent lack thereof.
5. Use the space below to describe anything you would like us to know about your child's response to intravenous treatment in general that is not indicated above.

1. What treatments are you currently doing?

This section is to include ALL THE GENERAL CATEGORIES OF THINGS that your child is doing. Common examples include, but are not limited to the following and in no special order of importance: methyl-B12, high dose folinic acid, (name type of) diet or diets, supplements (do not list each of them here because that will be done on the Supplement Review Program), anti-seizure/antiepileptic treatment, inflammatory bowel GI tract treatments with Dr. Krigsman (or Dr. Buie), yeast treatment, Clostridia treatment, fecal transplant therapy, mitochondrial dysfunction treatment, Dr. N's SMES (Specific Metabolic Enhancement Supplement), acyclovir (or valcyclovir) treatment to lower high adenosine levels, other non-biomedical types of medications (you do not need to list them again, just write, "See list above in Prescription Medication section"), TD-GSH, TD-NAC, oxytocin nasal spray, (soft or hard chamber) HBOT, lithium orotate, chelation, neurofeedback, IV therapy, IVIG, treatment for PANDAS (PANS or PITANDS), treatment for Lyme disease, LDA allergy shots, the SAVE program, stem cell therapy, ABA, the Son Rise program, speech and language therapy, RPM (Rapid Prompting Method – Soma Mukhopadhyay's technique for minimal-to- non-verbal children), sensory integration therapy, AIT, listening therapy, physical therapy, social skills training, hippotherapy, ETC.

- a)
- b)

- c)
- d)
- e)
- f)
- g)

2. What treatments have you tried that have not worked?

This section is to include all the treatments that didn't work or that you believe didn't work. However, it is important to note that just because you did not see a "clinical benefit" does not necessarily mean that the treatment "didn't work". The reason I say that is because no one feels a "clinical benefit" when they get their abnormally high cholesterol value of 360 mg/dL down to a normal value of 180 mg/dL. Therefore just because the person "didn't feel anything different" does not mean that the treatment did not work.

When filling out this section,

If the treatment truly did not work then you can simply indicate that fact. In addition, if you choose to do so, you can expand your answer stating what the medicine was to do that did not occur.

An example would be an ADHD medicine that did not stop the ADHD symptoms. You could write, "We tried Adderall but it did not work to calm our child down and make him more focused. Instead he became hyperactive and started crying all the time so we had to stop it."

If the treatment "possibly" did not work because you saw no "clinical benefit", then you should indicate the same and expand on your answer.

An example would be the GFCF diet. You could write, "GFCF diet — we did not see any clinical benefit though we cannot say for sure whether it was doing something for our child."

- a)
- b)
- c)
- d)
- e)
- f)
- g)

3. What treatments do you want to try now or in the future?

Please note that to leave this section blank is not acceptable. You can write the word "unknown" if you want. However, what concerns me is that when parents have no idea what else is available to them to do that they have not been doing very much research (hopefully "yet") to find out what types of biomedical treatments are available for them to do. One place to begin learning about this is in the AUTISM COLLEGE comment that Dr. Neubrandner makes available to his parents.

- a)
- b)
- c)
- d)

e)

4. What are you afraid to try?

Please note that this should be answered in some fashion. Examples of acceptable answers include, but are not limited to: the things you know you are afraid to try, nothing, unknown, etc.

When the answer includes things that are listed in the Autism College comment, then after you have named the treatment or procedure you are afraid to try you need to expand on your answer as to WHY you are AFRAID to try.

Two of the most common reasons are “fear” and/or “financial issues”. Another reason may be, “What we have heard from other parents or on the Internet.”

- a)
- b)
- c)
- d)
- e)

5. What do you need to have better explained to you?

- a)
- b)
- c)
- d)
- e)

6. How are you feeling about all phases of life right now, e.g. overwhelmed, hopeful, discouraged, encouraged, situations at home, school, etc?

Please note that I want you to answer this question every time and expand on the reason why you are saying what you are saying. It helps me very little to help you by hearing just a single word, e.g. “overwhelmed” or “discouraged”. It also doesn’t let me know where else I can take you and how quickly we can get there by just hearing a single word like, e.g. “hopeful” or “encouraged”.

HOW HAS YOUR CHILD BEEN DOING SINCE THE BEGINNING OF TREATMENT AND FROM THE LAST CONSULTATION

It is extremely important for this section to be filled out completely each and every time we meet. This is the section where you as the child’s parents let me know what has been happening since we talked last. Please remember that you are my “eyes and ears” and it is you who is living at your home, not me. Therefore I need to see what has been happening whether very good, good, neutral, bad, or very bad relative to whatever has been going on in your child’s life.

You are paying me to be able to evaluate your child and recommend the appropriate treatments. You also want me to move your child forward as fast as possible and as inexpensively as possible. In order to do that I need to know every time we meet where

your child is relative to where he was when we last met. In addition I will want you to comment on the things that you think are making the differences in your child, whether good things or bad things.

YOUR QUESTIONS FOR THE DOCTOR TODAY

It is important for you to always ask me your questions. They need to be in COMPLETE SENTENCE OR QUESTION FORMAT. It makes little-to-no sense to me for you to just write a short phrase or a single word and not a complete sentence or complete question.

Consider the following: if a person just wrote the word, “HBOT”, it does not let me know what the parent’s question really is and what the parent’s really want to know. For example, the parent could be called asking any of the following (some being very ridiculous on purpose to make my point to you very clear):

“What color HBOT unit should we use — a yellow one or a blue one or a red one?”

“An HBOT unit suddenly just fell out of the sky and hit us on the head so where’s the closest hospital that we can go to?”

“Should we do hard chamber HBOT or soft chamber HBOT?”

“How much does HBOT cost?”

Etc., etc., etc.!

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Once you have finished completing your Follow-up Form, it is important is to make sure that you “clean up by erasing” all the words written in colors than other than black. You are also to “clean up and erase” any numbers, letters, or characters or that have not been used and therefore are “just wasting space”.