Child's name:	_Your name(s):
(267) 406-0782	
www.drlachman.com	
Warrington, PA 18976	
Suite 3G	
1432 Easton Road	
Julie Lachman, ND LLC	

Please complete the following questions:

- 1. What unusual behaviors, interests, obsessions, tastes, aversions, fears does your child have?
- 2. What makes your child upset or stressed and how does she react when upset?
- 3. What makes him or her calm? What gives him or her joy? What is he or she drawn toward doing, having?
- 4. What are the main physical complaints of the child, how would you describe them?
- 5. Try to see life through your child's eyes. How does he/she feel inside? Consider the details --both good and bad. As a parent, you have a deep connection to your child. Julie Lachman needs the information that you alone, as a parent, have access to.
- 6. Reflect on the time of your pregnancy. How did you feel during the pregnancy? What was different during your pregnancy than at other times of your life? Was there any unusual stress, problems, issues, concerns, fears?

- 7. Can you say with any degree of certainty did your child have adverse reactions to a drug or medical procedure? Please list the drug/procedure in and the adverse reaction and the date.
- 8. Describe in detail the digestion of your child, particularly the stool. Does your child test positive for any organism in the stool?
- 9. Please complete the following:

Father:

List: mental emotional stressors, medications, procedures, travel out of the country, death of loved ones. Start 10 years prior to conception of child and through mom's pregnancy and delivery.

Date	Event/stressor	Effect/side effect

Mother:

List: mental emotional stressors, medications, procedures, travel out of the country, death of loved ones. Start 10 years prior to conception of child and through pregnancy and delivery.

Date	Event/stressor	Effect/side effect