

Dear Parent:

This letter is an introduction to the biomedical approach to the treatment of children with Autism Spectrum Disorders (ASD). I am a family physician who became interested in this approach while traveling a similar personal journey. I initially was hesitant to believe this approach is grounded in sound science but very quickly realized that it can be helpful and over time, more studies are supporting this approach.

The biomedical approach is constantly being updated and improved. It is a movement that was started by a group of physicians and researchers, some of whom have had family members with an ASD. It is not uncommon for physicians in mainstream medicine to know very little about treating ASD biomedically. Actually, many providers who do take this approach are, like myself, exposed to it after having a family member become diagnosed with an ASD.

It looks like ASD are all medical conditions that involve the gastrointestinal, immune, and nervous systems. Furthermore, the detoxification systems of the body seem to be less efficient in removing toxins. In our increasingly toxic environment, this may explain the exponential growth in the number of cases of ASD being discovered. The biomedical treatment approach both involves cleaning up the child's diet and environment as much as possible. The function of the gut along with both the immune and nervous systems are the focus of the treatment. It is very complicated and every patient is different. I recommend reading about it as much as possible. You can begin by looking at material provided by the Autism Research Institute at their website: [www.autism.com](http://www.autism.com). Another resource is [www.tacannow.org](http://www.tacannow.org).

Currently, I am spending one day a week dedicated to seeing patients on the spectrum. If you wish to schedule an appointment with me, I would appreciate it if you would fill out the included forms as completely as possible and mail them to me. We will contact you after these forms are received to schedule an appointment. This information gives me details about your child in advance to help me plan your visit with me.

Also enclosed is a list of resources I have found helpful.

I look forward to meeting you.

Sincerely,

Amy M. Carter, MD

## Autism Spectrum Disorder Biomedical Treatment Resources

### Books:

Kenneth Bock, *Healing the New Childhood Epidemics: Autism, ADHD, Asthma, and Allergies* (New York: Random House, Inc. 2007)

Bryan Jepson, *Changing the Course of Autism* (Boulder, CO: Sentient Publications, 2007)

Jon Pangborn and Sidney MacDonald Baker, *Autism: Effective Biomedical Treatments* (San Diego: Autism Research Institute, 2005)

Andrew Luke Zimmerman, *What Is My Mother Doing to Me?* (United States: Create Space, 2010)

Jaquelyn McCandless, *Children with Starving Brains* (United States: Bramble Books, 2009)

\*\*so many more have come out since these; I can recommend more at your request

### Websites:

[www.autism.com](http://www.autism.com)

[www.tacanow.org](http://www.tacanow.org)

[www.aspergersyndrome.org](http://www.aspergersyndrome.org)

[www.theautismexchange.com](http://www.theautismexchange.com)



NEW CASTLE

# Family & Internal Medicine

Henry Community Health Medical Group

Autism Spectrum Disorder (ASD)  
Intake Questionnaire  
Amy M. Carter MD

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_

(c) \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Names of all people who live with the child and their ages:

Anyone else in the family (including extended family) with an ASD? Who?

When and by whom was the diagnosis of an ASD made?

At what age did you suspect a problem and why?

What treatments has your child had? Please include all therapies/medications and who provided the therapy/medication. Please list whether the therapy helped or hurt or if side effects occurred.



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Please list all your current medications, vitamins or supplements and dosages. Also please bring all supplements to your first visit. You may use the back of this form if needed.

Does your child have current physical problems?

Does your child have digestion problems such as diarrhea, bloating, constipation, or foul smelling or pale stools? How would you describe the stools your child has?

Describe your child's current sleep pattern currently and in the past.

What is your biggest concern with your child now?

What do you hope to see happen with biomedical treatment?

Please briefly summarize your understanding of what it means to approach autism with a biomedical treatment:

### Past Medical and Development History

Pregnancy History:

Was this pregnancy planned?

Was the child full term? \_\_\_\_\_ Describe any problems during pregnancy, labor or delivery. How was this child delivered?

Did the child require/receive antibiotics in the immediate newborn period?

Did mom receive antibiotics during labor?

Describe any medical problems Mom had during pregnancy and include any medications taken.

Did mom have any dental work during pregnancy?

Did mom receive any injections/vaccinations during her pregnancy? If so, what...

Did mom eat fish during her pregnancy? How often?

Do you plan to have more pregnancies? (this is not asked to imply that parents are to blame for this child's illness) Would you be interested in preconception information?

Immunization History:

Please provide a copy of your child's vaccination report.



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Were there any problems or adverse reactions to immunizations? If so, please describe what they were and with which immunization?

Developmental History:

Did the child develop normally to a point but then regress? If so, please describe what happened.

Did the child crawl? If so, how long?

At what age did the child say his/her first word?

At what age did he/she put two words together?

At what age did he/she walk?

Medical History:

Has the child had problems with recurrent infractions of any type (more than once, excluding simple colds not requiring antibiotics)? If so, what were they?

Approximately how many times over his/her lifetime has the child had antibiotics?

What surgeries has the child had and why?

Has the child had any dental fillings placed?

Describe your child's diet:

Include drinks

Carbohydrate sources

Fruits and veggies



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Have you tried any special diets?

How has your child's language been developing? Please describe expressive and receptive language problems and whether you have noticed improvement. If improved, what has helped...

How is your child's eye contact?

Do you believe your child has been or is exposed to environmental toxins? Does anyone smoke in the home or routinely around the child? What type of home environment is the child living in now—rural/urban/etc.

Please provide names and addresses of any other specialists your child is seeing:

Any other comments or concerns:

Please mail this back to:

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