

# Changing Minds Protocol -- Monthly Report

Name of Child:  
Parents Name:

Date:

Address:

Phone:

Email:

Diagnosis:

Birth date:

Gender:

Date Started Protocol :

Physicians:

Phone:

Protocol Agent	Start Date	Current Dose	Dose Changes this Month	Adverse Side Effects Noted	Positive Effects
Ginko Biloba					
Prozac					
Phosphatidyl Choline					
Body Bio Balanced Oil					
B12/B6 Folic Acid					
Vitamins					
Other					

Please state any observations and changes you have seen in your child in these areas of development for this month.

- Social/Emotional-
- Movement/Gross Motor
- Hand/Finger /Fine Motor-
- Language-list new words/sentences
- Cognitive/intellectual- thinking, problem solving, reasoning
- Life Skills-eating, potty training, dressing
- Sleep Patterns
- Medical
- Other

Please send a copy to your physician and to [ChangingMindsFoundation@gmail.com](mailto:ChangingMindsFoundation@gmail.com). This will help build the case that our kids are better and we deserve treatment and more research toward that end.