

**Application Form for Participation in
DMSA Treatment Study for Children with Autism**

Parent/Guardian's name _____
Child's name _____
Mailing Address: _____
City: _____ State _____ Zip _____

Phone: _____ Email: _____
Participant's birthdate _____ Sex: _____
Participant's Ethnicity: Asian/Pacific Islander American Indian/Alaskan Native
Black (not Hispanic) Hispanic Multi-Racial White (not Hispanic) Other

Child's primary diagnosis
(autism, Asperger's, PDD/NOS, or other) _____

Person who made diagnosis and their profession: _____

Other co-existing physical or mental health conditions: _____

Any history of anemia or being treated for low iron?

Current Medications:

Current Nutritional Supplements:

Has your child taken a multi-vitamin/mineral supplement for at least 2 months, and does it contain at least the RDA of zinc (approximately 5 mg)?

List any changes in medications, supplements, behavioral programs, or other therapies in the last 2 months:

Special Diet: (please describe):

Has your child previously had chelation therapy? If yes, please describe.

Number of "mercury-silver" dental fillings in child _____ or unsure (circle)

Please return this form to:

**Matthew Baral, N.D.
Southwest College of Naturopathic Medicine
2140 E. Broadway Rd.
Tempe, AZ 85282**

Applications received before November 15 will be considered first.