

Abila Tazanu, M.D.  
 General Pediatrician  
 HeartLight Healing Arts

Welcome to HeartLigthealing Arts. Inc.! Thank You for choosing to entrust the care of your child with us! My name is Abila Tazanu. I am a general pediatrician whose passion is to help children living with autism and their families lead optimally functional and enriched lives. The care of your child begins with a comprehensive evaluation of your child and family. This evaluation is completed in three visits which are approximately 1 1/2 to 2 hours in duration.

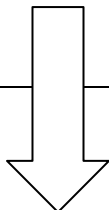
Every evaluation begins with your completion of a *Pediatric History Form*. This form is a comprehensive questionnaire that is divided into seven parts. They are as follows:

- Part 1: Medical history**
- Part 2: Body Function and Systems Review**
- Part 3: Nutritional and Dietary Review**
- Part 4: Development: concerns and history**
- Part 5: Behavior: concerns and history**
- Part 6: Education: Setting and concerns**
- Part 7: Family/Social: history and concerns**

Please take your time and fill this form over several days, so that it will not be overwhelming. I recommend taking one section a day. If you are unsure of any area, please leave it blank and we can address it on your initial visit.

**The following chart is a brief breakdown of the evaluation process:**

Evaluation Visits	Visit Description	Parental Education and/or Resources
<b>First Visit: Initial Parental Visit</b>	This initial appointment takes place with the parents only. The main purpose of this visit is for you to share your child’s story and your concerns about his/her development. You will also have the opportunity to ask any questions that are on your heart and mind about autism and/ or the various approaches to treating autism. We will also review the <i>Pediatric History Form</i> for completeness.	<ul style="list-style-type: none"> <li>• Autism 101Packet</li> </ul>



**HeartLight Healing Arts**  
**9145 Guilford Road, Suite 100**  
**Columbia, MD 21046**

RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have received a copy of HeartLight  
(Patient Name) Healing Arts' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

---

---

Acceptable Methods of Disclosure  
of Protected Health Information

How would you like to be contacted re: answers to questions, lab requests, etc.?  
(Please check ALL that apply)

\_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

If we are unable to reach you, should we leave a message to include protected health information?

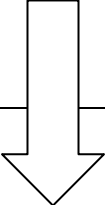
\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where should we the leave the information?  
(Please check ALL that apply)

\_\_\_\_\_ Home Phone  
\_\_\_\_\_ Work Phone  
\_\_\_\_\_ Cell Phone  
\_\_\_\_\_ Leave a message with spouse or significant other  
\_\_\_\_\_ Other: Please specify \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

<p><b>Second Visit: Child's Visit</b></p> 	<p>This second visit takes place with your child. During this visit your child will receive developmental testing and a physical examination in a relaxed play-centered environment.</p>	<ul style="list-style-type: none"> <li>• Biomedical Approach to Autism Spectrum Disorders</li> <li>• Food Sensitivities vs. Allergies, "Leaky Gut", Yeast</li> </ul>
<p><b>Third Visit: Parental Review and Recommendations</b></p>	<p>This third visit takes place with the parents only. At this time we will review the significant findings on your prior two visits and make recommendations for testing and treatment.</p>	<ul style="list-style-type: none"> <li>• HeartLight Healing Arts' Summary of Findings and Recommendations</li> <li>• Other Parental Resources</li> </ul>

I hope that this brief summary has been helpful to you. If you have any questions please do not hesitate to call 1-410-880-4215 or toll-free 1-877-641-8472. My extension is 114 and my office hours are Tuesdays and Thursdays 9am -3 pm. Take care and I look forward to meeting your family!

*Life is a series of new beginnings and endless possibilities!*