

Pediatric Developmental Roots & Matrix Assessment

Client (Child) Name: __ DOB: __ Date: _ Parent/Guardian Name: _____

Purpose of this Tool

This assessment helps identify the "Developmental Roots" of your child's current health challenges. By looking back at the **First 1,000 Days** and mapping current symptoms, we can create a personalized plan to shift your child's epigenetic trajectory.

Section 1: The First 1,000 Days (The Reveal Phase)

Please check all that apply to the period from conception to age two.

Pregnancy & Birth: - ☐ Maternal health issues during pregnancy (e.g., IBS, Gestational Diabetes, High Stress) - ☐ C-Section delivery - ☐ Use of antibiotics during labor or immediately postpartum (Mother or Baby)

Early Infancy: - ☐ Formula-fed (or limited breastfeeding) - ☐ History of colic or reflux - ☐ Early skin issues (Cradle cap, Eczema) - ☐ Multiple rounds of antibiotics before age 2
(Reason: _____)

Section 2: The Pediatric Matrix (Current Symptoms)

Map your child's current health markers across the Functional Medicine nodes.

Node	Symptoms (Check if applicable)	Frequency/Severity (1-10)
Assimilation (Gut)	Bloating, constipation, diarrhea, picky eating, "brain fog"	
Defense (Immune)	Chronic ear infections, asthma, seasonal allergies, eczema	
Neuro-Immune	ADHD-like symptoms, "meltdowns," sensory processing issues	
Energy/Sleep	Difficulty falling asleep, night terrors, restless legs	

Section 3: PANS/PANDAS "Red Flag" Screening

Has your child experienced a sudden, "overnight" change in any of the following? (Check all that apply)

- ☐ Sudden onset of OCD or repetitive behaviors
 - ☐ New motor or vocal tics
 - ☐ Dramatic decline in handwriting or math skills
 - ☐ Sudden separation anxiety or emotional lability
 - ☐ Increased urinary frequency or bedwetting
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Section 4: Reflection & Next Steps

Practitioner Observations: *(Note any patterns between early microbial seeding and current atopic or behavioral symptoms)*

Initial Optimization Focus: - ☐ **Assimilation:** Remove triggers (Gluten/Dairy) & Add 5-R support. - ☐ **Defense:** Omega-3 supplementation & Immune modulation. - ☐ **Environment:** Low-tox cleaning & Blood sugar stability (protein-rich snacks).

Parental Goal for the Next 30 Days:

Next Appointment Date: _____

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Practitioner Instructions:

1. **Review with Compassion:** When discussing Section 1, remind parents that this is "valuable data," not a source of guilt. Use this to explain *why* certain probiotic or gut supports are being recommended.
2. **The "Halo Effect":** Note any health concerns the parents mention about themselves during this session. This often leads to "Family-Centered Care" opportunities.
3. **PANS/PANDAS:** If 3 or more boxes are checked in Section 3, prioritize the "Target" phase to address potential underlying infections (Strep, etc.) and refer to a specialist if necessary.

