



**Optimal  
Kids**

Improve your child's behavior,  
learning and mood

Improve your child's behavior, learning and mood through lifestyle and dietary modifications along with proper nutrient supplementation.

Our **Real Health Discovery** approach investigates the root causes for children who are suffering from health concerns, behavior, learning, anxiety and depression issues. Optimal Kids is designed for parents and loved ones who want to avoid medication while still improving the child's day to day life.

Children and parents will meet with a Riordan Clinic provider for five sessions over a three month period. A detail history will be taken, nutrient lab evaluation done, diet and lifestyle issues will be addressed and attendance at our popular **Food as Medicine** course is included.

### Who would benefit from this program?

Children who suffer from:

Poor Concentration

Poor Focus and Memory

Hyperactivity

Headaches

Developmental Delays

Digestive Complaints

Poor Sleep Habits

Food Sensitivities

ADD/ADHD

Asthma and Allergies

Depression and Anxiety

And More

### Appointments

1. Detailed health history, physical, goal setting (*Targets*) with doctor – (80 minutes) Initial Appointment
2. Diet and lifestyle changes (50 minutes) – within one week of initial appointment
3. Lab Review and supplement recommendations\* (50 minutes) – three weeks after appointment two
4. Follow up and review lifestyle targets (25 minutes) – four weeks after appointment three
5. Review goals and update plan of action; close gaps (25 minutes) – four weeks after appointment four

### Optimal Kids Nutrient Panel

**Minerals** : zinc, magnesium, manganese, molybdenum

**Anti-Oxidants**: Vitamin A, Vitamin C, Vitamin E, Alpha-Lipoic Acid, CoQ10

**B Vitamins**: B1, B2, B3, B6, B9, B12

**Organic Acids**: will help to identify neurotransmitter imbalances, dysbiosis, Candida overgrowth, and the need for digestive enzymes and mitochondrial (energy) repair nutrients

**Amino Acids**: the building blocks of all proteins, including enzymes, neurotransmitters, and cell components

*Tests listed above are collected via urine. Individualized recommendations depend upon these results. \*Additional lab testing might be warranted, depending on the clinical discretion of your child's provider. Supplements may be prescribed as needed. These are both additional costs beyond the program price.*

### Program Cost

The cost of the Optimal Kids Program is \$1680 and includes all five appointments and listed lab evaluation.

### Optimal Kids Scholarships

Needs-based scholarships are available to families upon application. If your child is accepted into this donor-funded scholarship plan, an out-of-pocket fee will still apply.

### Contact

If you are interested in the Optimal Kids Program and wish to set up your child's first appointment, or have any questions, please call **316.531.6242**.



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# Needs-based Scholarship Application

Optimal Kids Scholarships are provided by private donors . These scholarships will pay a significant portion of the costs of the program and are intended for families who could not otherwise afford the full cost of the Optimal Kids Program.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please answer the following discussion questions and return to [jvanness@riordanclinic.org](mailto:jvanness@riordanclinic.org)**

Please briefly describe your child's health condition. What is the primary reason you want to enroll your child?

Describe the measures you have taken thus far to address your child's health condition.

Describe your understanding of the "Optimal Kids" approach.

Is your family ready and willing to make the progressive dietary and lifestyle choices that will be prescribed within your child's Optimal Kids program?

How did you learn about the Optimal Kids Program?

Should your child receive the Optimal Kids Scholarship, would you be able to pay the remaining out-of-pocket cost before beginning the program?

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\*Additional testing as well as supplements could be recommended, but will be discussed at your child's appointment before proceeding.