



Autism Diagnostic Tool for Healthcare Providers

Patient Information

Name: _____ Phone: (____) _____ DOB: _____ Gender: _____

Address: _____
Street City State Zip Code

Parent/Caregiver Information

Name: _____ Relationship: _____ Legal Guardian: Yes No

Phone: (____) _____ Email: _____ Is child in foster care? Yes No

Primary Care Physician

PCP's Name: _____ Phone: (____) _____

Address: _____
Street City State Zip Code

Autism Diagnosis Information

As the licensed physician or psychologist conferring the diagnosis, I certify that:

- Hearing and vision concerns have been considered.
- Other disorders with similar symptomology have been considered.
- Patient's history and clinical observations suggest that Diagnostic and Statistical Manual-5th Edition (DSM-5) criteria for autism spectrum disorder are met. *(Please complete accompanying DSM-5 Checklist.)*

Clinical tools used (if any):

Rating Scales/Interviews: ADI-R SRS ASRS ASDS SCQ GARS GADS DSM5 Checklist
 Other _____

Observational Tools: ADOS CARS STAT
 Other _____

Relevant supporting documentation of autism spectrum disorder are included

ICD Diagnosis Code:

F84.0 Autism Spectrum Disorder/Childhood Autism/Autistic Disorder

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Business/Practice Name: _____

DSM-5 Criteria for Autism Spectrum Disorder

Presenting symptoms are required in both A and B, in addition to documentation for criteria in C, D, and E.

A. Deficits in social communication and social interaction (at least one symptom in 1, 2, and 3 must be present either currently or by history)

1. Deficits in social-emotional reciprocity

- | H* | O/E | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal social approach |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure of normal back-and-forth conversation: <ul style="list-style-type: none"> ◆ Trouble knowing how to start, keep going, and/or end a conversation ◆ Talking on and on in a monologue ◆ Failure to respond to comments of others; responding only to direct questions ◆ Difficulty talking about topics other than special interests |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduced sharing of interests, emotions, or affect: <ul style="list-style-type: none"> ◆ Does not try to call others' attention to activities, interests, or accomplishments ◆ Lack of pointing to indicate interest or draw others' attention ◆ Enjoys favorite activities, television shows, or toys alone, without trying to involve others ◆ Little interest in or reaction to praise ◆ Does not notice when others are hurt or upset; does not offer comfort |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to initiate or respond to social interactions: <ul style="list-style-type: none"> ◆ Not aware of others; "oblivious" to their existence ◆ Does not respond to others; "appears deaf" ◆ Strongly prefers solitary activities ◆ When young, little interest in social games |

2. Deficits in nonverbal communicative behaviors used for social interaction

- | H* | O/E | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Poorly integrated verbal and nonverbal communication |
| <input type="checkbox"/> | <input type="checkbox"/> | Decreased, unusual, or absent nonverbal communication |
| <input type="checkbox"/> | <input type="checkbox"/> | Rare, absent, or unusual facial expressions |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormal eye contact: trouble looking others in the eye or prolonged eye contact |
| <input type="checkbox"/> | <input type="checkbox"/> | Deficits in understanding and use of gestures |
| <input type="checkbox"/> | <input type="checkbox"/> | Abnormalities in body language |
| <input type="checkbox"/> | <input type="checkbox"/> | Trouble knowing how close to stand to others (>5 years of age) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unusual tone or voice quality |

3. Deficits in developing, maintaining, and understanding relationships

- | H* | O/E | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty adjusting behavior to different social contexts |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty sharing imaginative play |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty making friends |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of interest in peers |
| <input type="checkbox"/> | <input type="checkbox"/> | Relationships only with those much older or younger or with family members |
| <input type="checkbox"/> | <input type="checkbox"/> | Relationships based primarily on special interests |
| <input type="checkbox"/> | <input type="checkbox"/> | Trouble interacting in groups and following cooperative rules of games |

B. Restricted, repetitive patterns of behavior, interests, or activities (at least 2 currently or by history)

1. Stereotyped or repetitive motor movements, use of objects, or speech

- | H* | O/E | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Simple motor stereotypies |
| <input type="checkbox"/> | <input type="checkbox"/> | Odd hand postures or other hand movements |
| <input type="checkbox"/> | <input type="checkbox"/> | Walking and/or running on tiptoe |
| <input type="checkbox"/> | <input type="checkbox"/> | Spinning or rocking for long periods |
| <input type="checkbox"/> | <input type="checkbox"/> | Lining up toys |
| <input type="checkbox"/> | <input type="checkbox"/> | Pretend play that is repetitive and/or stereotypic |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of objects in unusual ways (<i>e.g.</i> , flipping objects, flicking doll's eyes, repeatedly opening and closing doors on toy car), rather than as intended |
| <input type="checkbox"/> | <input type="checkbox"/> | Echolalia (repeating what others say) <ul style="list-style-type: none"> ◆ Repeating from videos, books, or commercials at inappropriate times or out of context |
| <input type="checkbox"/> | <input type="checkbox"/> | Echopraxia (imitating the actions of others) |
| <input type="checkbox"/> | <input type="checkbox"/> | Using words or phrases that the child has made up or that have special meaning only to the child |
| <input type="checkbox"/> | <input type="checkbox"/> | Overly formal, pedantic style, like "a little professor" |

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

- | H* | O/E | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Extreme distress at small changes (<i>e.g.</i> , taking a different route home from school) <ul style="list-style-type: none"> ◆ Need for advance warning of changes ◆ High anxiety or distress if routines or rituals are not followed |
| <input type="checkbox"/> | <input type="checkbox"/> | Restricted food preferences (<i>e.g.</i> , will only eat certain brands or shapes of some foods) |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigid thinking patterns |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty with transitions from one activity to another |
| <input type="checkbox"/> | <input type="checkbox"/> | Wants to perform certain activities in an exact order (<i>e.g.</i> , close car doors in specific order) |
| <input type="checkbox"/> | <input type="checkbox"/> | Greeting rituals |
| <input type="checkbox"/> | <input type="checkbox"/> | Unusual pretend play: <ul style="list-style-type: none"> ◆ Few acting-out scenarios with toys ◆ Rarely pretends an object is something else (<i>e.g.</i>, a banana is a telephone) ◆ Prefers to use toys in a concrete manner (<i>e.g.</i>, arranging dollhouse furniture), rather than pretend play with them |

DSM-5 Criteria for Autism Spectrum Disorder

B. Restricted, repetitive patterns of behavior, interests, or activities (at least 2 currently or by history) - *continued from Page 2.*

3. **Highly restricted, fixated interests that are abnormal in intensity or focus**

- | H* | O/E |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Strong attachment to or preoccupation with unusual objects (string, ballpoint pen) |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Excessively circumscribed or perseverative interests; strong focus on particular topics to the exclusion of others |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Difficulty "letting go" of special topics or activities (e.g., delays eating or toileting due to focus on activity) |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Interest in topics that are unusual (e.g., sprinkler systems, movie ratings, astrophysics, radio station call letters) |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Excellent memory for details of special interests |

4. **Hypo- or hyper-reactivity to sensory input or unusual interest in sensory aspects of the environment**

- | H* | O/E |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Apparent indifference to pain/temperature |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Adverse response to specific sounds or textures |
| <input type="checkbox"/> | <input type="checkbox"/> |
| | Interest in sensory qualities of objects: |
| | ◆ Excessive sniffing or frequent touching of objects |
| | ◆ Visual fascination with lights or movement |
| | ◆ Close examination of objects |
| | ◆ Flicking fingers in front of eyes |
| | ◆ Liking objects that move (e.g., fans, running water, spinning wheels) |

C. Symptoms must be present in the early developmental period (but may not become fully manifested until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms must cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below expected for general developmental level.