



# 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-5<sup>th</sup> 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"> <li>◆ Trouble knowing how to start, keep going, and/or end a conversation</li> <li>◆ Talking on and on in a monologue</li> <li>◆ Failure to respond to comments of others; responding only to direct questions</li> <li>◆ Difficulty talking about topics other than special interests</li> </ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Reduced sharing of interests, emotions, or affect: <ul style="list-style-type: none"> <li>◆ Does not try to call others' attention to activities, interests, or accomplishments</li> <li>◆ Lack of pointing to indicate interest or draw others' attention</li> <li>◆ Enjoys favorite activities, television shows, or toys alone, without trying to involve others</li> <li>◆ Little interest in or reaction to praise</li> <li>◆ Does not notice when others are hurt or upset; does not offer comfort</li> </ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure to initiate or respond to social interactions: <ul style="list-style-type: none"> <li>◆ Not aware of others; "oblivious" to their existence</li> <li>◆ Does not respond to others; "appears deaf"</li> <li>◆ Strongly prefers solitary activities</li> <li>◆ When young, little interest in social games</li> </ul>   |

### 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 (e.g., 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"> <li>◆ Repeating from videos, books, or commercials at inappropriate times or out of context</li> </ul> |
| <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 (e.g., taking a different route home from school) <ul style="list-style-type: none"> <li>◆ Need for advance warning of changes</li> <li>◆ High anxiety or distress if routines or rituals are not followed</li> </ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Restricted food preferences (e.g., 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 (e.g., 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"> <li>◆ Few acting-out scenarios with toys</li> <li>◆ Rarely pretends an object is something else (e.g., a banana is a telephone)</li> <li>◆ Prefers to use toys in a concrete manner (e.g., arranging dollhouse furniture), rather than pretend play with them</li> </ul> |

# DSM-5 Criteria for Autism Spectrum Disorder

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

### 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. **Hyper- or hyperreactivity 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.**