

AUTISM PATIENT DEMOGRAPHIC

Demographics

* Indicates required question

1. Patient First Name *

2. Patient Last Name *

3. Preferred Pronouns 1 *

Mark only one oval.

☐ he

☐ she

☐ they

4. Preferred Pronouns 1 CAP *

Mark only one oval.

☐ He

☐ She

☐ They

5. Preferred Pronouns 2 *

Mark only one oval.

- ☐ his
- ☐ her
- ☐ their

6. Preferred Pronouns 2 CAP *

Mark only one oval.

- ☐ His
- ☐ Her
- ☐ Their

7. Patient Age *

8. Caregiver type *

Mark only one oval.

- ☐ mother
- ☐ father
- ☐ parent
- ☐ grandparent
- ☐ legal custodian
- ☐ foster parent
- ☐ Other:

9. Caregiver Primary Concerns *

Check all that apply.

- ☐ Speech delays impacting social opportunities
- ☐ Clarifying diagnostic presentation.
- ☐ Determining service eligibility.
- ☐ Language delays and difficulties.
- ☐ Elopement and related safety concerns.
- ☐ Determining appropriate supports.
- ☐ Other: _____

10. Residence City/State *

11. Narrative to finish "Patient lives with..."

BRH EVALUATION DETAILS

12. Evaluation Date *

Spell out month, day, year

13. Module used *

Check all that apply.

- ☐ Module 1
- ☐ Module 2

14. Module Description *

Check all that apply.

- ☐ Module 1 is designed for children with single words
- ☐ Module 2 is designed for children with phrase speech

15. Location of the evaluation *

Mark only one oval.

- ☐ home
- ☐ school
- ☐ the office
- ☐ Other: _____

16. Results Shared Date *

Spell out month, day, year

17. Date Report Sent to Patient *

Spell out month, day, year

18. Result of the evaluation *

Check all that apply.

- ☐ F84.0 – Autism Spectrum Disorder (per the above referenced evaluation)
- ☐ F88.0 – Global Developmental Delay (per behavioral presentation)
- ☐ F80.2 - Mixed Receptive-Expressive Language Disorder
- ☐ F90.2 - Attention Deficit Hyperactivity Disorder - Combined-Type
- ☐ F50.82 Avoidant/Restrictive Food Intake Disorder
- ☐ None
- ☐ Other: _____

19. Results (SCQ) – Lifetime Form *

20. SRS-2 Score Caregiver *

21. Social Communication and Interaction Score Caregiver *

22. Restricted Interests and Repetitive Behavior Score Caregiver *

23. Caregiver's level of concern *

Mark only one oval.

- ☐ no
- ☐ mild
- ☐ moderate
- ☐ severe

24. Evaluator's level of concern *

Mark only one oval.

- ☐ no
- ☐ mild
- ☐ moderate
- ☐ severe

25. Did Teacher give SSR Scores? *

Mark only one oval.

- ☐ Yes *Skip to question 26*
- ☐ No *Skip to question 30*

Teacher Score

26. SRS-2 Score Teacher *

27. Social Communication and Interaction Score Teacher *

28. Restricted Interests and Repetitive Behavior Score Teacher *

29. Teacher's level of concern *

Mark only one oval.

- ☐ no
- ☐ mild
- ☐ moderate
- ☐ severe

MEDICAL/DEVELOPMENTAL HISTORY

30. Diagnosis History *

Check all that apply.

- ☐ History of language and social communication delays.
- ☐ Other: _____

31. Medications *

Check all that apply.

- ☐ None noted or reported.
- ☐ Other: _____

EDUCATIONAL BACKGROUND

32. School District *

Mark only one oval.

☐ Rochester City

☐ Other: _____

33. School Name *

34. Grade *

Mark only one oval.

☐ EPK (2023-24 school year)

☐ UPK (2023-24 school year)

☐ Kindergarten (2023-24 school year)

☐ Other: _____

35. Teacher name, title *

36. Education Setting *

Mark only one oval.

- ☐ General Education
- ☐ Integrated Co-Taught
- ☐ 12:1:1
- ☐ 8:1:1
- ☐ 6:1:1
- ☐ Other: _____

37. Services *

Check all that apply.

- ☐ None
- ☐ Speech therapy
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Extended school year services
- ☐ Testing accommodations
- ☐ Other: _____

WPPSI Score?

38. Is there a Wechsler Preschool & Primary Scales of Intelligence – Fourth Ed. (WPPSI) Score to report? *

Mark only one oval.

- ☐ Yes *Skip to question 39*
- ☐ No *Skip to question 43*

Wechsler Preschool & Primary Scales of Intelligence – Fourth Ed. (WPPSI)

39. WPPSI Test Date

40. WPPSI Full Scale IQ Score

41. WPPSI Verbal Comprehension Score

42. WPPSI Visual Spatial Score

DPPR Score?

43. Is there a Developmental Profile – Fourth Edition – Parent Report (DPPR) to report?

*

Mark only one oval.

☐ Yes *Skip to question 44*

☐ No *Skip to question 49*

Developmental Profile – Fourth Edition – Parent Report (DPPR)

44. DPPR Test Date

45. DPPR Cognitive Score

46. DPPR Social-Emotional Score

47. DPPR Adaptive Score

48. DPPR Physical Score

PLS Score?

49. Is there a Preschool Language Scale – Fifth Edition (PLS) to report? *

Mark only one oval.

☐ Yes *Skip to question 50*

☐ No *Skip to question 54*

Preschool Language Scale – Fifth Edition (PLS)

50. PLS Test Date

51. PLS Total Language Score

52. PLS Auditory Comprehension Score

53. PLS Expressive Communication Score

PDMS Score?

54. Is there a Peabody Developmental Motor Scales – Second Edition to report? *

Mark only one oval.

☐ Yes *Skip to question 55*

☐ No *Skip to question 58*

Peabody Developmental Motor Scales – Second Edition (PDMS)

55. PDMS Test Date

56. PDMS Gross Motor Score

57. PDMS Fine Motor Score

PESHV Score?

58. Is there a Preschool Evaluation Scale Home Version – Second Edition to report? *

Mark only one oval.

☐ Yes *Skip to question 59*

☐ No *Skip to question 62*

Preschool Evaluation Scale Home Version – Second Edition (PESHV)

59. PESHV Test Date

60. PESHV Cognitive Score

61. PESHV Social Emotional Score

REELT Score?

62. Is there a Receptive Expressive Emergent Language Test – Fourth Edition to report?

*

Mark only one oval.☐ Yes *Skip to question 63*☐ No *Skip to question 67*

Receptive Expressive Emergent Language Test – Fourth Edition (REELT)

63. REELT Test Date

64. REELT Total Language Score

65. REELT Auditory Comprehension Score

66. REELT Expressive Communication Score

Adaptive Behavior Assessment System Score?

67. Is there a Adaptive Behavior Assessment System – Third Edition to report? *

Mark only one oval.

☐ Yes *Skip to question 68*

☐ No *Skip to question 73*

Adaptive Behavior Assessment System - Third Edition (ABAS)

68. ABAS Test Date

69. ABAS General Adaptive Composite

70. ABAS Conceptual

71. ABAS Social

72. ABAS Practical

DSM CRITERIA

73. Deficits in social emotional reciprocity: *

Check all that apply.

- ☐ Awkward social initiation and response
- ☐ Difficulties with chit-chat
- ☐ Difficulty interpreting figurative language
- ☐ Limited social approach or greetings
- ☐ None
- ☐ Other: _____

74. Deficits in nonverbal communicative behaviors used for social interaction: *

Check all that apply.

- ☐ Limited well-directed eye contact
- ☐ Difficulty reading facial expressions
- ☐ Absence of joint attention
- ☐ Lack of well-integrated gestures
- ☐ Limited range of facial expressions
- ☐ None
- ☐ Other: _____

75. Deficits in developing, maintaining, and understanding relationships: *

Check all that apply.

- ☐ Limited engagement with same age peers
- ☐ Difficulties adjusting behavior to social context
- ☐ Difficulties forming friendships
- ☐ None
- ☐ Other: _____

76. Stereotyped or repetitive motor movements, use of objects, or speech: *

Check all that apply.

- ☐ Repetitive whole-body movements
- ☐ Repetitive hand movements
- ☐ Echolalia of sounds
- ☐ Echolalia of words
- ☐ Stereotyped speech
- ☐ None
- ☐ Other: _____

77. Insistence on sameness, inflexible adherence to routines or ritualized behavior: *

Check all that apply.

- ☐ Difficulties with changes in routine across developmental course
- ☐ Notable difficulties with transitions
- ☐ Insistence on following very specific routines
- ☐ None
- ☐ Other: _____

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

Check all that apply.

- ☐ Persistent pattern of perseverative interests
- ☐ Notable interest in topics others may find odd
- ☐ Very restricted pattern of eating and sleep time behavior
- ☐ None
- ☐ Other: _____

79. Hyper- or hypo-reactivity to sensory aspects of the environment: *

Check all that apply.

- ☐ Auditory sensitivities
- ☐ Tactile defensiveness
- ☐ Proprioceptive-seeking behavior
- ☐ None
- ☐ Other: _____

80. Symptoms present in the early developmental period *

Check all that apply.

- ☐ Confirmed by record review
- ☐ Other: _____

81. Symptoms cause clinically significant impairment *

Check all that apply.

- ☐ Confirmed by record review
- ☐ Other: _____

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