

# AUTISM INITIAL (03/22) (101474)

**Category: TEMPLATES TO RELEASE**

**Scheduled appt type:** \_\_\_\_\_

**CC** Concerns for autism spectrum disorder  
 Age at which concerns were first noted: Language / communication abnormalities or delays: Non-verbal communicative behavior delay: Impairments in social behaviors:

**HPI** Evidence of ritualized / repetitive behaviors: Limited or narrow set of interests: Lack of imaginative play: Difficulties in transitions? Family history of autism spectrum disorder (Y/N): Birth and neonatal history: Developmental milestone history:

**freeform**  
**ROS** \_\_\_\_\_

## Structured ROS

Pert: aggression or irritability around communication	_____
Pert: tics	_____
Pert: rashes or dry skin	_____
Pert: stereotypies (motor, motor with object, abnormal speech)	_____
Pert: restricted interests	_____
Pert: sensory difficulties	_____
Pert: repetitive patterns of behavior	_____
Pert: persistent deficits in social communication and social interactions	_____
Pert: deficits in social - emotional reciprocity	_____

## Structured exam

Pert: tics or vocalizations	_____
NL: DTRs	_____
NL: cranial nerves	grossly within normal limits
Pert: inspection (includes subcutaneous tissue): no rash	_____
NL: muscle strength & tone	_____
NL: range of motion: FROM without pain	_____
NL: gait and station	_____
NL: auscultation of heart: regular rate & rhythm, no murmur	_____

NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	_____
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	_____
NL: gross assessment of hearing: responds to voice	_____
NL: visual acuity by observation	_____
NL: pupils & irises: PERRLA	_____
Pert: activity level: responsive & interested in environment	_____
Pert: general appearance: alert, pleasant, not ill appearing, no distress	_____

**Remaining template documentation elements**

<b>Counseling:</b>	_____
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	Autistic disorder(F84.0)
<b>Assessment:</b>	Autistic spectrum disorder, meeting the criteria of the DSM-5.
<b>Plan:</b>	<p>If completed, developmental evaluation assessment and findings reviewed. If not, discussed need for detailed developmental assessment. Extensive discussion of autism / development Consider labs (lead, DNA analysis and karyotype, metabolic or genetic tests) Reviewed psychosocial interventions, behavioral therapy. It is vital to ensure that your child receives intensive educational and interventional services on an ongoing basis. Applied Behavior Analysis (ABA) is a widely recognized effective therapy for Autism Spectrum Disorder. In addition to enrolling in an ABA program, your child's caregivers, teachers, and service providers are encouraged to implement ABA techniques targeting effective ways to increase social and communication skills across home, school and community settings. It is also recommended that your child's</p>

intervention program include intensive speech and language intervention aimed at enhancing functional communication and social language use across settings. If possible, parents or caregivers should be involved with sessions so that they can employ productive strategies at home for increasing their child's skills in these areas. Your child will benefit from occupational therapy to promote the development of functional skills and address sensory and motor vulnerabilities and interests. Your child will benefit from physical therapy to promote muscle strength and gross motor skills There are many local community and online resources to help support you and your family, including Autism Speaks (<https://www.autismspeaks.org>)  
Reviewed indications for pharmacologic treatments

**Patient Instructions:**

**Remaining workflow elements**

**Procedures**

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**Orders**

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