

**West Virginia Autism Spectrum Disorder Registry  
DIAGNOSTICIAN REPORTING FORM**

Any case of an autism spectrum disorder (ASD) is reportable to the West Virginia Autism Spectrum Disorders Registry (WVASDR) within one month of diagnosis. **Opened January 1, 2004**

**PATIENT INFORMATION**

Patient's first initial of last name \_\_\_\_\_ Last 4 digits of Patient's SSN # \_\_\_\_\_

Gender  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Premature Birth  yes  no

Place of Birth (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Race: Caucasian African-American American Indian Asian  
Other (please specify) \_\_\_\_\_

Age symptoms first noted by **anyone** familiar with child:  Before 1<sup>st</sup> Birthday  Age 1  Age 2  Age 3  
After age 3 please record age \_\_\_\_\_ Unknown

Residence at time of Diagnosis (County) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Instrument used in diagnosis: ADOS M-CHAT CARS GARS ADI-R GADS  
 SCQ (formerly ASQ) DSM-IV-TR PDDST Other (specify): \_\_\_\_\_

Current Medication(s) (please specify): \_\_\_\_\_

**Diagnosis (According to the DSM-IV-TR)**

**Axis I:**  Autistic Disorder  Asperger's  PDD-NOS  
 Rett's  CDD  Other Axis I (please specify): \_\_\_\_\_

**Axis II:** \_\_\_\_\_

**Axis III:** \_\_\_\_\_

**Axis IV:** \_\_\_\_\_

**Axis V: GAF:** \_\_\_\_\_

**Date of Diagnosis:** \_\_\_\_\_ **Co morbidities:** \_\_\_\_\_

**DIAGNOSTICIAN INFORMATION**

Name \_\_\_\_\_

First MI Last Title

Address \_\_\_\_\_

Street or P.O. Box City State Zip

Phone Number \_\_\_\_\_ Licensure Type \_\_\_\_\_

Highest degree attained: \_\_\_\_\_ Year attained: \_\_\_\_\_

Specialty: \_\_\_\_\_ Subspecialty: \_\_\_\_\_

Facility where diagnosis was made:  Private Practice \_\_\_\_\_

Specialty Clinic (name) \_\_\_\_\_  Group Practice (name) \_\_\_\_\_

Hospital (name) \_\_\_\_\_  Other (name of facility) \_\_\_\_\_

**Diagnostician Signature** \_\_\_\_\_ **Reporting Date** \_\_\_\_\_

**SUBMIT TO:** WVASDR, WV Autism Training Center, Marshall University  
Attention: Cathy Jo Templeton  
400 Hal Greer Blvd, Huntington, WV 25755-2430  
Phone: 1-800-344-5115 (WV only) or (304) 696-2332 Fax: (304) 696-2846

**Please Fill Out *Reverse* Side of Form =>**

**\*\*Section A: Check all that apply**

**Qualitative Impairments in Reciprocal Social Interaction**

(markedly abnormal or impaired development in social interaction; the impairment is gross & sustained)

- marked impairment in use of multiple nonverbal behaviors to regulate social interaction
- failure to develop peer relationships appropriate to developmental level
- lack of spontaneous seeking to share enjoyment, interests, achievements with others
- lack of social or emotional reciprocity

**Qualitative Impairments in Communication**

(marked and sustained; affects both verbal and nonverbal skills)

- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime)
- in individuals with adequate speech, marked impairment in the ability to initiate or sustain conversation
- stereotyped & repetitive use of language or idiosyncratic language
- lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

**Restricted, Repetitive & Stereotyped Patterns of Behavior, Interests, & Activities**

- encompassing preoccupation with one or more stereotyped patterns of interest that is abnormal either in intensity or focus
- apparently inflexible adherence to specific, nonfunctional routines or rituals
- stereotyped and repetitive motor mannerisms
- persistent preoccupation with parts of objects
- delays or abnormal functioning in social language/communication pretend play before age 3

**\*\*Section B: Check all that apply**

- apparently normal prenatal and perinatal development
- apparently normal psychomotor development through the first 5 months after birth
- normal head circumference at birth
- deceleration of head growth between ages 5 and 48 months
- loss of previously acquired purposeful hand skills between ages 5 and 48 months with the subsequent development of stereotyped hand movements
- loss of social engagement early in the course
- appearance of poorly coordinated gait or trunk movements
- severely impaired expressive and receptive language development with severe psychomotor retardation
- apparently normal development for at least the first 2 years after birth as manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior
- clinically significant loss of previously acquired skills (before the age of 10 years) of the following:
  - expressive or receptive language
  - play
  - motor skills
  - social skills or adaptive behavior
  - bowel or bladder control

**\*\* Note:** Sections A & B are from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision (DSM-IV-TR)* with permission

**Section C: Associated Features (Check all that apply)**

- uneven cognitive profile/skills
- abnormalities in eating/drinking
- abnormalities in sleeping
- abnormalities of mood or affect
- aggression toward others
- delayed/unusual motor skills
- diarrhea/constipation
- hyperactivity, short attention span, impulsivity
- lack of fear in response to real dangers
- odd responses to stimuli
- temper tantrums
- seizure activity
- self-injurious behavior

Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

## ***Instructions for Completing the WVASDR Reporting Form***

**First initial of last name:** provide ONLY first initial of patient's last name

**Last 4 digits of social security number:** provide ONLY the last 4 digits of Patient's SSN

**Gender:** check either male or female

**Birth Date:** patient's date of birth, including month, day and year

**Premature birth:** was the patient born prematurely? Check yes or no

**Place of Birth:** city, county, state, and zip code of where patient was born

**Race:** check Caucasian, African-American, American Indian, Asian, or other

**Age symptoms first noted:** the age (check one) when the symptoms of an ASD were first noted by parent, caregiver, or diagnostician, etc. or record age after age 3

**Residence at the time of Diagnosis:** *county & zip code* where patient lived at time of diagnosis

**Instrument used in Diagnosis:** check all instruments used at time of diagnosis;  
if others are used, please specify

ADOS – Autism Diagnostic Observation Schedule

M-CHAT – Modified Checklist for Autism in Toddlers

CARS – Childhood Autism Rating Scale

GARS – Gilliam Autism Rating Scale

ADI-R – Autism Diagnostic Interview-Revised

GADS – Gilliam Asperger's Disorder Scale

ASQ – Autism Screening Questionnaire

DSM-IV-TR – Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision

PPDST – Pervasive Developmental Disorders Screening Test

**Medication(s):** list all medications that the patient is taking at the time of diagnosis

**Diagnosis (according to DSM-IV-TR):**

**Axis I:** check one: Autistic disorder, Asperger's syndrome, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Rett's disorder, and Childhood Disintegrative Disorder (CDD)

**Axis II:** "associated with some degree of mental retardation"

**Axis III:** "observed with a diverse group of other general medical conditions (e.g., chromosomal abnormalities, congenital infections, structural abnormalities of the central nervous system)"

**Axis IV:** psychosocial and environmental problems

**Axis V: GAF:** Global Assessment of Functioning

**Date of diagnosis:** date on which the diagnosis of an ASD was made

**Co morbidities:** list any other condition(s) that co-exists with the ASD

**Licensure Type:** type of licensure, if any, attained by diagnostician

**Highest Degree and Year Attained:** highest degree and year attained by diagnostician

**Specialty:** diagnostician area of specialty

**Subspecialty:** diagnostician area of subspecialty, if any

**Facility where diagnosis was made:** check type of facility and fill in name of facility where diagnosis was made.

**Diagnostician Signature:** signature of the person/diagnostician who made the diagnosis

**Reporting Date:** date the diagnostician reporting form is filled out