# **Medical Evaluation Form for Assessment of ASD Concerns (Physical Examination and Investigation)**

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| **Name of Individual:** | **Date of Birth:** |
| **Name of Medical Evaluator:** | **Date of Medical Evaluation:** |
| **Physical Examination or Investigation** | **Findings** |
| Growth (child / adolescent only) |  |
| Weight and height | \_kg ; cm |
| Head circumference | cm |
| Nutrition |  |
| Congenital abnormalities and dysmorphology |  |
| Neurological examination |  |
| General systems examination  *Cardiac, respiratory, gastrointestinal* |  |
| Skin  *Hypo/hyperpigmented lesions suggesting TSC or Neurofibromatosis Type I* |  |
| Physical Injury  *Signs of self-harm or non-accidental injury* |  |
| Visual screen  *If unable to screen or screening raises concerns, consider referral to*  *optometrist or opthalmologist* |  |
| Audiology screen  *If unable to screen or screening raises concerns, consider referral to*  *audiologist* |  |
| Other |  |

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|  | Indicated  (Y/N)? | Findings |
| Magnetic Resonance Imaging (MRI)  *ONLY if a clinical indication such as macrocephaly, microcephaly, seizures*  *or abnormal neurological examination is present* |  |  |
| Electroencephalography (EEG)  *ONLY if a clinical suspicion of seizures or language regression (e.g. Landau Kleffner Syndrome) is present* |  |  |
| Metabolic testing  *Consider referral to metabolic specialist if there are symptoms such as cyclic vomiting, lethargy with minor illness, or if newborn screening was*  *inadequate, or otherwise as clinically indicated* |  |  |
| Chromosomal microarray  *Consider genetic testing if there are dysmorphic features, congenital abnormalities, intellectual disability or family history suggestive of*  *chromosomal anomalies* |  |  |
| Fragile X  *Consider testing in all males with unexplained ASD and females with*  *phenotype or family history suggestive of Fragile X* |  |  |
| Phosphatase and tensin homolog (PTEN)  *ONLY if head circumference >2.5 times than age appropriate mean* |  |  |
| Methyl CpG-binding protein 2 (MECP2)  *ONLY for females with clinical suspicion of Rett syndrome, e.g. regressive*  *features of ASD*. *Not routinely indicated in males* |  |  |
| Lead screening  *If the child demonstrates developmental delay and pica* |  |  |
| Other |  |  |