

ID #: _____

Interviewer: _____

Date: _____

Respondent: _____

Medical History

(Adapted with permission from MIND Institute’s CHARGE Study: *Childhood Autism Risks from Genetics and the Environment*)

Information may be obtained from chart, previous studies, and/or interview with patient caregivers. NK=Not Known

Diagnostic History

- 1. Age of First Concern: _____ months NK
- 2. First Concerns: _____
- 3. Diagnosis: _____
- 4. Age at Diagnosis: _____ months NK
- 5. Diagnosis Made By:

Physician	Psychologist	Other	NK
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- 6. Name: _____ Institution: _____

Early Postnatal History

- 7. Temperament:

Easy	Difficult/Irregular	Passive	NK
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- 8. Eye Contact:

Normal	Difficult to Engage	NK
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- 9. Sleep Pattern:

Regular/Predictable	Irregular/Unpredictable	NK
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- 10. Feeding:

Bottle	Formula: _____	Breast	Length: _____
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- 11. Poor Weight Gain:

Yes	No	NK
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- 12. Colic/Difficult to Soothe:

Yes	No	NK
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Developmental History

- 13. Gross Motor:

Early	Average	Late	NK
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- 14. Fine Motor:

Early	Average	Late	NK
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- 15. Language:

Early	Average	Late	NK
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- 16. Social:

Early	Average	Late	NK
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- 17. Self-Help:

Early	Average	Late	NK
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- 18. Developmental Regression:

Yes	No	NK
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Age: _____ Skills lost _____

Current Medications

- 19. Prescription (Medication, Dose, Frequency, Reason):

- 20. Over the Counter (Medication, Dose, Frequency, Reason):

- 21. Supplements (Herbal, Vitamin, etc.) (Supplement, Dose, Frequency, Reason):

Review Of Systems**Head/Brain:**

22. Microcephaly: Yes No NK
 23. Macrocephaly: Yes No NK
 24. Structural abnormalities: Yes No NK Describe: _____
 25. Meningitits: Yes No NK Age: _____ Organism: _____
 26. Encephalitis: Yes No NK Age: _____ Organism: _____
 27. Febrile Seizures: Yes No NK Age(s): _____
 28. Seizures: Yes No NK Onset: _____ Controlled: Yes No
 29. EEG: Yes No NK Results: _____

30. Imaging Studies: Yes No NK Type: US CT MR PET
 Results: _____

31. Other/Comments: _____

Eyes:

32. Visual impairments Yes No NK
 33. Strabismus: Yes No NK

34. Other/Comments: _____

Ears:

35. Hearing Testing: Yes No NK Age(s): _____
 Results: Normal Abnormal Findings: _____
 36. Ext. Ear Abnormalities: Yes No NK Abnormalities: _____
 37. Recurrent Otitis Media: Yes No NK #/Year: _____ Age of onset _____
 38. PE Tubes: Yes No NK Sets: _____

39. Other/Comments: _____

Nose:

40. Problems with Smell: Yes No NK

41. Other/Comments: _____

Mouth:

42. Cleft Lip: Yes No NK
 43. Cleft Palate: Yes No NK
 44. Speech Difficulties: Yes No NK
 45. Nasal Regurgitation: Yes No NK

46. Other/Comments: _____

Teeth:

47. Neonatal Teeth: Yes No NK
 48. Dental abnormalities: Yes No NK Describe: _____

49. Other/Comments: _____

Neck/Back:

50. Spinal abnormalities: Yes No NK

51. Other/Comments: _____

Orthopedic:

52. Fractures: Yes No NK Number: _____ Location: _____

53. Joint Dislocation: Yes No NK Joint(s): _____

54. Osteomyelitis: Yes No NK

55. Other/Comments: _____

Skin:

56. Birth Marks: Yes No NK

57. Eczema: Yes No NK

58. Skin Infections/Abcesses: Yes No NK Number/Treatment: _____

59. Other/Comments: _____

Pulmonary:

60. Abnormal Breathing: Yes No NK

61. Asthma: Yes No NK Triggers: _____

62. Lung Malformations: Yes No NK

63. Frequent Pneumonia: Yes No NK Age(s): _____

64. Aspiration: Yes No NK

65. Other/Comments: _____

Cardiovascular:

66. Cardiac Malformation: Yes No NK Lesion: _____

67. Cyanosis: Yes No NK

68. Other/Comments: _____

Gastrointestinal:

69. Dysphagia: Yes No NK

70. Reflux: Yes No NK Medication Required: Yes No NK

71. Other feeding difficulties: Yes No NK

72. Hernia: Yes No NK Type: _____

73. Other/comments: _____

Genito-Urinary:

74. Renal Malformation: Yes No NK Type: _____

75. UTI: Yes No NK Number: _____

76. Discolored Urine: Yes No NK Age: _____ Color: _____

77. Cryptorchidism: Yes No NK Left Right Bilateral

78. Other/comments: _____

ID #: _____

Endocrine/Metabolic:

79. Precocious Puberty: Yes No NK Age: _____
80. Hypothyroidism: Yes No NK
81. Hyperthyroidism: Yes No NK
82. Obesity: Yes No NK
83. Diabetes: Yes No NK Type: I II Age: _____
84. Pancreatic Insufficiency: Yes No NK
85. Hypoglycemia: Yes No NK
86. Other/comments: _____

Hematologic:

87. Anemia: Yes No NK Type: _____
88. Bleeding disorder Yes No NK Type: _____

Immunologic:

89. Recurrent Infections Yes No NK (>2 pneum or sinus infect/yr, >8 OM /yr, abscesses)
90. Sepsis: Yes No NK Age: _____ Organism: _____
91. Osteomyelitis Yes No NK Age: _____ Location: _____ Organism: _____
92. Ig Deficiency: Yes No NK
93. Cell Mediated Immune Def.: Yes No NK
94. Environmental Allergies: Yes No NK Type: _____
95. Medication Allergies: Yes No NK Medications: _____
96. Immunizations: Up to date Behind None NK
DTaP ___ IPV ___ HIB ___ MMR ___ HepB ___ Hep A ___ Varicella ___ Prevnar ___

97. Influenza Vaccines: Yes None NK
a. Influenza Vaccine 1 Day _____ Month _____ Year _____ Vaccine 1: H1N1? Yes No
b. Influenza Vaccine 2 Day _____ Month _____ Year _____ Vaccine 3: H1N1? Yes No
c. Influenza Vaccine 3 Day _____ Month _____ Year _____ Vaccine 3: H1N1? Yes No
d. Influenza Vaccine 4 Day _____ Month _____ Year _____ Vaccine 4: H1N1? Yes No
e. Influenza Vaccine 5 Day _____ Month _____ Year _____ Vaccine 5: H1N1? Yes No