GP Medical Evaluation Form for ASD Pre-assessment Physical Examination

The patient you are seeing has requested an Autism Spectrum Disorder Assessment at the Sydney Cognitive Development Centre. As part of the Autism CRC Australian Guidelines all patients now need to undergo a medical review. The purpose of this evaluation is to understand if there are medical causes for the behaviours that have prompted a referral for an ASD assessment.

Name of Individual:	**Date of Birth:**
Name of Medical Evaluator:	**Date of Medical Evaluation:**
Physical Examination or Investigation	**Findings**
Congenital abnormalities and dysmorphology	
Neurological examination (if applicable)	
General systems examination/ review *Cardiac, respiratory, gastrointestinal*	
Skin *Hypo/hyperpigmented lesions (suggesting Tuberous Sclerosis or Neurofibromatosis Type I)*	
Physical Injury *Signs of self-harm or non-accidental injury*	
Visual screen *Evidence of any visual issues that requires referral to an optometrist/ opthalmologist*	
Audiology screen *Evidence of any hearing issues that requires referral to an audiologist*	
Growth **(child only)**	
Weight and height	_____kg ;_____cm
Head circumference	_____cm
Nutrition	
Other	

	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 *Evidence of intellectual disability alongside physical dysmorphic features or family history?*		
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		