

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
6. Name: _____ Institution: _____

Early Postnatal History

7. Temperament: Easy Difficult/Irregular Passive NK
8. Eye Contact: Normal Difficult to Engage NK
9. Sleep Pattern: Regular/Predictable Irregular/Unpredictable NK
10. Feeding: Bottle Formula: _____ Breast Length: _____
11. Poor Weight Gain: Yes No NK
12. Colic/Difficult to Soothe: Yes No NK

Developmental History

13. Gross Motor: Early Average Late NK
14. Fine Motor: Early Average Late NK
15. Language: Early Average Late NK
16. Social: Early Average Late NK
17. Self-Help: Early Average Late NK
18. Developmental Regression: Yes No NK
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: _____

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 _____
- b. Influenza Vaccine 2 Day _____ Month _____ Year _____
- c. Influenza Vaccine 3 Day _____ Month _____ Year _____
- d. Influenza Vaccine 4 Day _____ Month _____ Year _____
- e. Influenza Vaccine 5 Day _____ Month _____ Year _____