

FASD Diagnostic Form

Medical #		Clinic		Clinic Date	
Patient's Name	First	MI	Last	Age (y)	Birth Date

Name person(s) accompanying patient	
Relationship(s) to patient	Patient's Gender

Patient's Race	
Form completed by:	
Diagnosis made by:	
Diagnosis	

4-Digit Diagnostic Code Grid

(See instructions in Diagnostic Guide for FASD)

Significant	Severe	Definite	4				4	High risk
Moderate	Moderate	Probable	3				3	Some risk
Mild	Mild	Possible	2				2	Unknown
None	None	Unlikely	1				1	No risk
Growth Deficiency	FAS Facial Features	CNS Damage		Growth	Face	CNS		Alcohol Prenatal Alcohol

GROWTH

Prenatal Growth

	Gestational Age	Birth Length			Birth Weight		
Date	(wks)	(cm)	(inches)	(percentile)	(gm)	(lbs/oz)	(percentile)

Postnatal Growth

		Height					Weight		
Date	Age (yrs/months)	(cm)	(inches)	Unadjusted (percentile)	Mid-birthparent Adjustment (cm)	Parent-Adjusted (percentile)	(kg)	(lbs)	(percentile)

Birth Parent's Heights

Birth Mother Height		Birth Father Height		Mid-Parent Height
cm	inches	cm	inches	cm

ABC-Score for Growth Deficiency

See instructions in the "Diagnostic Guide for FASD" for deriving the ABC-score for growth and translating it into a 4-Digit Diagnostic Code

Circle the ABC Scores for:

	Height	Weight
≤ 3rd percentile = C	C	C
>3rd and ≤ 10th percentile = B	B	B
> 10th percentile = A	A	A

This ABC Score reflects the patient's growth between _____ years and _____ years of age.

FACIAL FEATURES (and other physical findings)

CURRENT PHENOTYPE: (Age _____ yrs/months)

Direct Measures

	True estimate (mm)	z-score	Normal Chart Used
Left PFL			
Right PFL			
Mean PFL			
Inner Canthal Distance			

	5-Point Rank	Lip-Philtrum Guide Used
Philtrum		
Upper Lip		

Clinic Photograph

Frontal digital photo filename	Internal measure of scale (dot on forehead)		
	True dot size	Units (mm, cm, inches)	Dot size in photo

	Length in photo (pixel or mm)	True estimate (mm)	z-score	Normal Chart Used
Left PFL				
Right PFL				
Mean PFL				
Inner Canthal Distance				

Photo filename	5-Point		Lip-Philtrum Guide Used	Upper Lip Circularity
	Philtrum			
	Upper			

PAST PHENOTYPE (Age _____ yrs/months) (Date _____)

Source of Information	Internal measure of scale (dot on forehead)		
	True dot size	Units (mm, cm, inches)	Dot size in photo (pixels)
Photo:			
Text Record:			

	Length in photo (pixel or mm)	True estimate (mm)	z-score	Normal Chart Used
Left PFL				
Right PFL				
Mean PFL				
Inner Canthal Distance				

Photo filename	5-Point		Lip-Philtrum Guide Used	Upper Lip Circularity
	Philtrum			
	Upper			

FACIAL ABC-SCORE See instructions in the "Diagnostic Guide for FASD" for deriving the ABC Score and 4-Digit Code

5-Point Likert Rank for Philtrum & Lip	Z-score for Palpebral Fissure Length	Circle the ABC Scores for:		
		Palpebral Fissure	Philtrum	Upper Lip
4 or 5	≤ -2 SD	C	C	C
3	>-2 SD and ≤ -1 SD	B	B	B
1 or 2	> -1 SD	A	A	A
Source of Data for each Facial Feature →				

OTHER PHYSICAL FINDINGS / SYNDROMES / MEDICAL CONDITIONS

CENTRAL NERVOUS SYSTEM (CNS)

Severity Score: Severity of Delay/Impairment (Displayed along left margin)
 Circle: **0** = Unknown, Not Assessed **1** = Within Normal Limits **2** = Mild to Moderate **3** = Significant

Severity
0 1 2 3

STRUCTURAL

OFC	cm	%tile	age (yrs/mos)	cm	%tile	age (yrs/mos)	cm	%tile	age (yrs/mos)

Structural anomalies seen on brain imaging _____
 Other: _____

NEUROLOGICAL

Seizures: type: _____ meds. _____ Age at onset _____ (yrs/mos)
 Other neurological signs: _____

FUNCTIONAL/Standardized Measures *Document most recent, valid test scores.*

0 1 2 3 **Cognition** (e.g., WISC-III, WAIS, DAS, Stanford-Binet, etc.)

Test Name					Age (yr/mos) or Date	FSIQ	PIQ	VIQ	Verb. Comp	Percept Org.	Free. Distr.	Process. Speed	
Info	Simil.	Arith.	Voc.	Comp	Digit.	Pict. C.	Pict. A.	Block	Obj.	Coding	Mazes	Symbol	
Other Test/Subtest Names				Score	Type of Score	Age (yr/mos) or Date	Other Test/Subtest Names				Score	Type of Score	Age (yr/mos) or Date

0 1 2 3 **Academic Achievement** (e.g., WIAT, Woodcock Johnson, WRAT, etc)

Test/Subtest Name	Score	Type of Score	Age (yr/mos) or Date	Test/Subtest Name	Score	Type of Score	Age (yr/mos) or Date

0 1 2 3 **Adaptive Behavior / Social Skills** (e.g., VABS, BASC, Adaptive Behavior Assessment System, etc)

Test/Subtest Name	Score	Type of Score	Age (yr/mos) or Date	Test/Subtest Name	Score	Type of Score	Age (yr/mos) or Date

CNS (Continued)

Severity Score: Severity of Delay/Impairment (Displayed along left margin)
 Circle: 0 = Unknown, Not Assessed 1 = Within Normal Limits 2 = Mild to Moderate 3 = Significant

Severity

0 1 2 3 **Mental Health/Psychiatric Conditions:** (e.g., ODD, Generalized Anx. Disorder, Maj. Depression, etc)

<i>Disorder</i>	<i>Age (yr/mos) or Date Diagnosed</i>	<i>Disorder</i>	<i>Age (yr/mos) or Date Diagnosed</i>	<i>Disorder</i>	<i>Age (yr/mos) or Date Diagnosed</i>

<i>Medication. √ if Currently Taking</i>	<i>Response (+, -, none)</i>	<i>Medication. √ if Currently Taking</i>	<i>Response (+, -, none)</i>	<i>Medication. √ if Currently Taking</i>	<i>Response (+, -, none)</i>

0 1 2 3 **Behavior/Attention/Activity Level** (e.g., CBCL, Conners Rating Scale, Continuous Perform. Test, IVA, etc.)

<i>Test/Subtest Name</i>	<i>Score</i>	<i>Type of Score</i>	<i>Age (yr/mos) or Date</i>	<i>Test/Subtest Name</i>	<i>Score</i>	<i>Type of Score</i>	<i>Age (yr/mos) or Date</i>

0 1 2 3 **Development** (e.g., Bayley Scales of Infant Dev., Battelle Dev. Invent., Miller Assessment of Preschoolers, etc.)

<i>Test/Subtest Name</i>	<i>Score</i>	<i>Type of Score</i>	<i>Age (yr/mos) or Date</i>	<i>Test/Subtest Name</i>	<i>Score</i>	<i>Type of Score</i>	<i>Age (yr/mos) or Date</i>

CNS (Continued)

FUNCTIONAL / Non-Standardized Observational Measures

Severity Score: Severity of Delay/Impairment (Displayed along left margin)

Circle: 0 = Unknown, Not Assessed, Too Young 1 = Within Normal Limits 2 = Mild to Moderate 3 = Significant

Severity **Caregiver Interview**

0 1 2 3 **Planning / Temporal Skills**

Needs considerable help organizing daily tasks _____
Can not organize time _____
Does not understand concept of time _____
Difficulty in carrying out multi-step tasks _____
Other _____

0 1 2 3 **Behavioral Regulation/ Sensory Motor Integration**

Poor management of anger / tantrums _____
Mood swings _____
Impulsive _____
Compulsive _____
Perseverative _____
Inattentive _____
Inappropriately [high or low] activity level _____
Lying/stealing _____
Unusual [high or low] reactivity to [sound touch light] _____
Other _____

0 1 2 3 **Abstract Thinking / Judgment**

Poor judgment _____
Cannot be left alone _____
Concrete, unable to think abstractly _____
Other _____

0 1 2 3 **Memory / Learning / Information Processing**

Poor memory, inconsistent retrieval of learned information _____
Slow to learn new skills _____
Does not seem to learn from past experiences _____
Problems recognizing consequences of actions _____
Problems with information processing speed and accuracy _____
Other _____

0 1 2 3 **Spatial Skills and Spatial Memory**

Gets lost easily, has difficulty navigating from point A to point B _____
Other _____

0 1 2 3 **Social Skills and Adaptive Behavior**

Behaves at a level notably younger than chronological age _____
Poor social/adaptive skills _____
Other _____

0 1 2 3 **Motor/Oral Motor Control**

Poor/delayed motor skills _____
Poor balance _____
Other _____

CNS (Continued)

FUNCTIONAL DOMAINS

Examples include, but are not limited to Memory, Cognition, Language, Executive Function, and Attention.

Severity Score: Severity of Delay/Impairment (Displayed along left margin)

Circle: 0 = Unknown, Not Assessed 1 = Within Normal Limits 2 = Mild to Moderate 3 = Significant

Severity	Name of Domain:	Supportive Evidence:
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____
0 1 2 3	_____	_____ _____ _____

See the "Diagnostic Guide for FASD" for instructions on deriving the 4-Digit Diagnostic Code for CNS

MATERNAL ALCOHOL USE

Alcohol Consumption of the Birth Mother

Before Pregnancy	average number of drinks per drinking occasion:					
	maximum number of drinks per occasion:					
	average number of drinking days per week:					
	Type(s) of alcohol	wine	beer	liquor	unknown	Other (specify)

During Pregnancy	average number of drinks per drinking occasion:					
	maximum number of drinks per occasion:					
	average number of drinking days per week:					
	Type(s) of alcohol	wine	beer	liquor	unknown	Other (specify)

Trimester(s) in which alcohol was consumed	1 st	2 nd	3 rd	unknown	none
Was the birth mother ever reported to have a problem with alcohol?	yes	suspected	no	unknown	
Was the birth mother ever diagnosed with alcoholism?	yes	suspected	no	unknown	
Did the birth mother ever receive treatment for alcohol addiction?	yes	suspected	no	unknown	
Was alcohol use during this pregnancy positively confirmed ?	yes	no			
If yes, source of confirmation:					
Reported use of alcohol during this pregnancy is:	reliable	somewhat reliable	unknown reliability		
Other information about alcohol use during this pregnancy					

4-DIGIT RANK for Alcohol Exposure

4-Digit Diagnostic Rank	Prenatal Alcohol Exposure Category	Description
4	High Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED. <li style="padding-left: 20px;"><i>and</i> ● Exposure pattern is consistent with the medical literature placing the fetus at “high risk” (generally high peak blood alcohol concentrations delivered at least weekly in early pregnancy).
3	Some Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED. <li style="padding-left: 20px;"><i>and</i> ● Level of alcohol use is less than in Rank (4) or level is unknown.
2	Unknown Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is UNKNOWN.
1	No Risk	<ul style="list-style-type: none"> ● Alcohol use during pregnancy is CONFIRMED to be completely ABSENT from conception to birth.

Circle the 4-Digit Diagnostic Rank in the table above that best reflects the patient's Prenatal Alcohol Exposure

OTHER PRENATAL AND POSTNATAL EXPOSURES / EVENTS

PRENATAL

High risk	Some risk	Unknown risk	No risk
4	3	2	1

See the "Diagnostic Guide for FASD" for instructions on deriving the rank for Prenatal Exposures/Events

Prenatal

1. Parity _____, Gravity _____ of this birth. Birth order if child is the result of a multiple birth pregnancy: _____ of _____
2. Prenatal care: ____ Yes, (If yes, when did it start? _____), ____ No, ____ Unknown
3. Complications (specify) _____

Genetics

1. Parental learning difficulties (e.g. Special Ed., ADD, MR, did not complete high school, etc.)
 Mother _____ Yes _____ Suspected _____ No _____ Unknown
 Father _____ Yes _____ Suspected _____ No _____ Unknown
 If yes, specify Maternal _____
 Paternal _____
2. Other conditions of heritability or malformation that may be relevant to this case. (specify)

Prenatal Exposure to Other Substances (e.g., medications, tobacco, illicit drugs, other teratogens, etc.)

POSTNATAL

High risk	Some risk	Unknown risk	No risk
4	3	2	1

See the "Diagnostic Guide for FASD" for instructions on deriving the rank for Postnatal Exposures/Events

Perinatal Difficulties

Issues of Nurture

1. Abuse: Physical _____ Sexual _____
2. Number of home placements _____
3. Other (e.g., neglect, adverse home environment, significant traumas, etc.) _____

Other Issues That Could Explain CNS Abnormalities (e.g., head injury, substance abuse by patient, etc.)

