

AUTISM /A.D.D. RESOURCES, INC.
25947 Gold Beach Drive S.W.
Vashon Island, Washington 98070
(206) 463-5237/FAX (206) 463-2594

Date _____ PLEASE PRINT CLEARLY:

PATIENT INFORMATION

Client Name _____
Date of Birth: _____ Chronological Age: _____ male / female _____
Child _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Phone:() _____ Social Security Number: _____
Address: _____

Parent's / Caretakers Names:

1) _____ 2) _____

Address(es): (if different from above)

1) _____ 2) _____

Social Security Numbers: only in the U.S.

1) _____ 2) _____

Employed by: (company name,city,state,zip,occupation,and phone number)

1) _____ 2) _____

Medical Insurance Carrier(s):(include company name,group & individual numbers,address)

(We absolutely need this information for pre-authorization requests).

1) _____ 2) _____

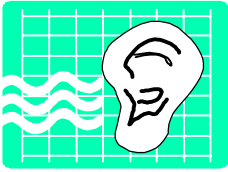
(Which is primary and which is secondary carrier?) _____

Referred by: _____

Signature of person filling out form: _____

Signature of person responsible for payment. _____

DATES / LOCATION / SERVICES BEING REQUESTED: _____



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Michael R. McCarthy, MSc PhC QMRP

Marcialyn McCarthy, MAEd

CLIENT NAME _____ **DATE** _____
DATE OF BIRTH _____ **AGE NOW** _____ **BIOLOGICAL** _____ **ADOPTED** _____ **FOSTER CHILD** _____
WHAT GRADE IN SCHOOL: _____% in Reg. Ed'n _____% in Spec. Ed'n **NAME OF SCHOOL:** _____
GENERAL HISTORY - ATTACH ANOTHER PAGE(S) IF NEEDED.
MEDICATIONS: List present medications how much, how often? _____

1. List major illnesses experienced, listing the duration and approximate date(s) or age (s).

2. Diagnosis (if more than one, please list all):

3. List dates or ages (duration) of any ear infections, broken ear drums, insertion of ear tubes.

4. Did you ever suspect deafness (when? What ages?)

5. List any particular sounds which are not noticed or heard- or in contrast - are particularly interesting to listen to _____
6. List any particular sounds that are heard BEFORE anyone else can hear them?

7. List any sounds (situations or places) which are particularly painful or distressing (runs from room / covers ears / tantrums).

8. Sometimes quality of auditory reception can affect the quality of language production, describe your child's current language ability. No words _____ 1 word _____ 2-3 words _____ near sentences _____ full sentences _____

Clarity – can people understand them?: Poor ←-----→ Very good
 1 2 3 4 5 6 7

AUDITORY SKILL	POOR FOR AGE	AVERAGE FOR AGE	EXCELLENT FOR AGE
Auditory memory			
Auditory sequencing			
Phoneme recognition			
Auditory Figure/Ground			
Sound/Symbol Correspondence			
Auditory Attention Span			

9. How long is the ability to concentrate / focus or sit doing one thing?
 Less than 5 min. _____ 6-10 min. _____ 11-20 min. _____ 21-30 min. _____ Are ears particularly sensitive to being touched? _____
10. Are you concerned about whether the child will be able to wear full size headphones for thirty minutes at a time? _____
11. List one attainable goal you hold for you / your child. What kind of time frame? _____
12. List any situation(s) in which you / your child become(s) frightened or anxious.

13. List names of **siblings**, and details as follows::

NAME	DATE OF BIRTH & AGE NOW	BOY	GIRL	BIOLOGICAL	ADOPTED	FOSTER CHILD

14. **LEARNING PATTERNS**

This information is very useful in analyzing your child's strengths and weaknesses. It can be used when considering a change in educational programming or a placement change.

GROSS MOTOR: Note – ball-play skills; fav. play equipment; skip, hop, jump skills; whether running and walking gaits are smooth & person is able to change speeds; whether able to participate in sports teams;

Strengths: _____

Weaknesses: _____

FINE MOTOR: Note – self-help skills with buttoning, zipping, snapping; using eating utensils; appropriate pencil grip; use of keyboard/computer & computer mouse; string beads, play with Legos; dress dolls; use scissors, etc.

Strengths: _____

Weaknesses: _____

EXPRESSIVE LANGUAGE: Note – range & breadth of vocabulary; ability to ask "wh" questions + 'how'; stuttering problems; articulation problems; approp. use of words; echolalia; voice inflection, cadence; any vocalizations, etc.

Strengths: _____

Weaknesses: _____

RECEPTIVE LANGUAGE: Note – Listening skills; comprehension of what others say to them; ability to perform tasks that are novel; do they understand gestures, facial expressions, tone of voice; can they rephrase instructions?, etc.

Strengths: _____

Weaknesses: _____

SOCIAL / EMOTIONAL: Note – How do they convey affection; do they have friends; how many conversational interchanges can they carry out; do they know that other people are thinking different thoughts than they are?; can they engage in pretend-play; display empathy?; extra-curricular activities?

Strengths: _____

Weaknesses: _____

SELF HELP SKILLS: Note – Are they helpful around the house?, the classroom?, clean their room, toilet themselves, shower/bathe themselves; work outside the home; what chores are assigned?

15. List your two major concerns with regard to yourself or your child – the person that will be tested by Otoacoustic Emissions Tester or the person about to have Auditory Integration Training (or both) - Why are you considering AIT or OAE testing?1) _____

2) _____

16. Does your child enjoy school? _____ Do you pass a 'communication notebook' back & forth with school? _____ Are you pleased with present program for your child? _____ Why? Why not? Be specific, please: _____

What would make it better? _____

17. Are you – or your child - on a special nutritional plan? (vitamins or gluten or casein free diets)_____

18. Are you familiar with research on autoimmune issues in Autism or ADHD –yeast overgrowth in the intestines?_____Would you like more info.?_____List food preferences:_____

19.GROSS MOTOR

Balance and coordination skills:

Poor←-----→Very good
1 2 3 4 5 6 7

Overall abilities in motor planning:

Poor←-----→Very good
1 2 3 4 5 6 7

Tactile sensitivity:

Dislikes being touched←-----→Seeks out touch
1 2 3 4 5 6 7

Pain Threshold

Low←-----→High
1 2 3 4 5 6 7

FINE MOTOR

Visual-motor coordination:

Poor←-----→Very good
1 2 3 4 5 6 7

Kinesthetic memory:

Touches everything←-----→Avoids touching things
1 2 3 4 5 6 7

Writing skills, letters spaced well, formed well, draws well:

Poor←-----→Very good
1 2 3 4 5 6 7

Uses appropriate pencil grip?_____

Self Help Skills

Poor←-----→Very good
1 2 3 4 5 6 7

LANGUAGE

Voice volume control:

Too Soft←-----→Very loud
1 2 3 4 5 6 7

Voice inflection & cadence & rhythm

Poor←-----→Very good
1 2 3 4 5 6 7

Complexity of language &range of vocabulary/word finding:

Poor←-----→Very good
1 2 3 4 5 6 7

Receptive language processing:

Poor←-----→Very good
1 2 3 4 5 6 7

Response Rate to words:

Poor←-----→Very good
1 2 3 4 5 6 7

Asking questions-'wh' questions: what, when, where, why, who, how

Poor←-----→Very good
1 2 3 4 5 6 7

ATTENDING/FOCUSING

Interest in environment:

Poor←-----→Very good
1 2 3 4 5 6 7

Response time for motor planning:

Poor←-----→Very good
1 2 3 4 5 6 7

Multiple-step/task chaining: How many steps?_____

Poor←-----→Very good
1 2 3 4 5 6 7

SOCIAL RECIPROCITY

Eye contact with familiar people:

Poor←-----→Very good
1 2 3 4 5 6 7

Eye contact with less familiar people:

Poor←-----→Very good
1 2 3 4 5 6 7

Self-initiated social contact:

appropriate←-----→inappropriate
1 2 3 4 5 6 7

Length of social interchange:

Very short←-----→Too long
1 2 3 4 5 6 7

Play skills with others:

Poor←-----→Very good
1 2 3 4 5 6 7

Pretend-play skills with self

Poor←-----→Very good
1 2 3 4 5 6 7

Appropriate behavior in public places:

Poor←-----→Very good
1 2 3 4 5 6 7

Compulsive behaviors:

Interfere with life←-----→do not interfere
1 2 3 4 5 6 7

Self-stimulating behaviors:

They take over←-----→Able to be controlled
1 2 3 4 5 6 7

Tantrums/angry outbursts:

frequent←-----→seldom
1 2 3 4 5 6 7

Tantrums/angry outbursts:How long?_____

Lengthy←-----→Very short
1 2 3 4 5 6 7

Yelling/screaming:

frequent←-----→seldom
1 2 3 4 5 6 7

20. HEARING

- Has a history of hearing loss
- Has a history of ear infection(s)
- Has difficulty following verbal directions (do you have to repeat instructions)
- Has problems learning by auditory means alone
- Has problems relating to what is heard as opposed to what is seen
- Has a short auditory attention span (only able to listen for a few seconds)
- Frequently misunderstands what was said
- Says "Huh"? or "What"? four or more times per day
- Has a short auditory memory (forget what is said after a few minutes)
- Has a short attention span
- Daydreams - his or her attention drifts - "not with it at times"
- Easily distracted by background noise
- Experiences problem with sound discrimination
- Has a "startle" response to sudden sound or movement
- Notices sounds before others do
- Gives unusual descriptions of sounds, auditory stimulation or sensation
- Hums constantly or engages in audible self-talk
- Needs frequent "quiet time" to regain mental energy and composure
- Has difficulty comprehending new words
- Has difficulty grasping verbal concepts appropriate for his or her age or grade level
- Has a language problem (morphology, syntax, vocabulary, phonology)
- Has an articulation problem (phonology)
- Performs below average in one or more academic area(s)
- Has a diagnosis of autism, dyslexia, pervasive developmental disorder, Central Auditory Processing Disorder, Asberger's Syndrome, or attention deficit hyperactivity disorder (ADHD)

MOTOR PLANNING

- difficulty climbing in and out of cars
- difficulty going up and down stairs
- falls out of chairs
- walks into objects
- difficulty using "pull toys"
- problems using tricycles, bikes or Big Wheels
- continues to have accidents after being fully potty trained
- trouble engaging successfully in sports
- approaches an activity each time as if it were the first time
- strong preferences or aversions to playground equipment
- difficulty doing puzzles---manipulating pieces or determining where pieces belong
- difficulty guiding food to mouth
- unable to use scissors as age appropriate

CLOTHING

- strong clothing preferences
- dislikes sleeves hitting wrists/only wears long or short sleeves
- sensitive to collars hitting neck
- does not want to wear a belt or anything that ties around the waist
- is bothered by seams in clothing
- prefers cotton
- experiences difficulty manipulating buttons, zippers, snaps or ties
- wants all tags in clothing removed
- either wants feet or body totally covered or uncovered
- insists in wearing a coat with the hood up in spite of hot weather
- insists on wearing a T-shirt in spite of cold weather

FOOD

- sensitive to temperature
- sensitive to texture
- heightened awareness of flavor/lack of flavor

- difficulty manipulating eating utensils
- frequently spills both food and drinks
- chews with mouth open
- bites fingers and tongue while eating
- dribbles food and drink down chin
- drops food on the floor unintentionally
- dislikes carbonated beverages

SELF-CARE SKILLS

- dislikes brushing teeth
- dribbles toothpaste out of mouth, down chin, onto clothes
- avoids washing and combing hair
- avoids having fingernails and toenails clipped
- problems self-dressing
- trouble locating opening for sleeve in shirt
- puts shirt on backwards
- places two legs into one pant leg consistently
- difficulty with zippers, buttons or snaps
- difficulty pulling on socks and shoes
- dislikes having nose and ears cleaned
- aversion to having feet touched
- under responsive or over-responsive to the need to urinate or defecate

MUSCLE TONE

- poor posture
- poor strength and endurance
- rests head on hands often
- legs hang, rather than wrap, around someone's hips when carried
- distorted sense of heaviness when carrying things
- difficulty grasping and holding objects for any length of time

TEMPERATURE

- sensitive to air and object temperature
- prefers luke-warm or cold foods or baths/prefers unusually hot foods or baths
- lack of awareness/heightened awareness of body temperature
- overdresses or under dresses for the weather

OVERALL COMPLAINTS

- easily distracted
- difficulty prioritizing stimuli
- problems following directions
- dislikes sudden changes in plans and routine
- poor speech or articulation
- stubborn
- erratic sleep patterns
- sensitive to loud noise and commotion
- craves touching/avoids touching
- unusually high or unusually low energy level
- "falls apart" on a regular basis
- difficulty making choices when confronted with several options
- immature
- short attention-span in group setting/good attention span as an individual
- may appear clumsy or "spacey"
- impulsive
- may speak unusually loudly all the time
- distorted perception
- misses when placing an object on a table
- bumps into people and things