THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Knowledge that will change your world

Children's of Alabama®

ECHO Autism

Management of Symptoms

Case Presentation Form

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Complete this form to the best of your ability and email echoautism@peds.uab.edu or fax to 205-638-5089.

Presenting Provider Name:

Clinic/Facility Name & City:

Provider Phone Number:

Provider Fax Number:

ECHO ID: Presentation date:

Presentation Type: **Biological Gender:** **Patient Age:** (Yrs) (Mos)

Insurance: **Insurance Company:**

Race: **Ethnicity:**

(Hold control key and hold to select more than one race.)

Other:

When we receive your case, we will email you with a confidential patient ID number (ECHO ID) that must be utilized when identifying your patient during clinic.

PLEASE NOTE: Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any ECHO Autism Collaborative clinician and any patient whose case is being presented in a Project ECHO® setting.

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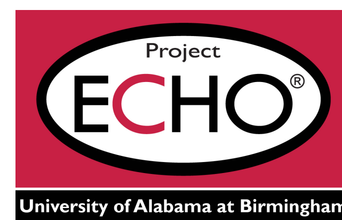

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PLEASE NOTE that ECHO: Autism case consultations do not create or otherwise establish a provider-patient relationship between any UAB clinician and any patient whose case is being presented in a Show-Me ECHO setting.

What problem(s) would like help with for your patient?

Does this child have an autism diagnosis?

If Yes, age at diagnosis:

Who made diagnosis:

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ECHO Autism

Communication ability

- Non-verbal (no functional words)
- Uses single words
- Uses 2-3 word phrases
- Uses sentences
- Reciprocal conversation
- Chats with others
- Follows 1-2 step directions
- Uses gestures

Behavior Concerns

- Anxious or worries
- Short attention span
- Hyperactivity
- Obsesive-compulsive
- Aggressive
- Hurting animals or other people
- Unusual or excessive fears
- Depression
- Defiant
- Self-injury (head banging, biting, scratching, cutting, picking, etc.
- Toileting issues, accidents

Examples of developmental or behavioral concerns:

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ECHO Autism

Developmental History (cont.)

Do parents share your concern?

Has there been **significant loss** of an acquired skill or skills?

Explain:

Medical/Psychiatric History: Please list all diagnoses or illnesses

How long has the child been in your care?

Diagnosis/Illness	Age	Date – Year	Professional making diagnosis

Current Medications

Medication	Dosage	Age when started	Reason for medication	Is it helping?

Please check all of the following that apply:

Seizures	Tic Disorder	Staring Spells	Hypotonia
Heart Problems	Hypertonia	Lung Problems	ADHD
Constipation	Toe Walking	Diarrhea	Environmental allergies
Nausea/vomiting	Stomach ache/pain/reflux	Chronic Ear Infections	Skin problems (rash, eczema)

ECHO ID:

ECHO Autism

Laboratory Test	Performed	Results
Chromosomal Microarray		
Karyotype		
Fragile X DNA		
MRI of the brain		
EEG		
Sleep Study		
Lead Blood Level		
Audiologic (hearing) exam		

Dietary/Nutrition/Metabolic

Current height: **Current weight:** **Current head circumference (if under 2)**

Please check all of the following that apply: **Problem eater** **Picky eater**

Difficulty with solids **Eating/craving non-food items** **Special diet**

Difficulty with liquids

Types and amounts of fluids:

Sleep History

Rarely = never or 1 time/week; **Sometimes** = 2-4 times /week; U**sually** = 5 or more times/week

Does child...?	How often?	Is it a problem?
Fall asleep within 20 minutes?		
Co-Sleep **With whom?**		
Awaken more than once during the night?		
Snore loudly		
Seem tired during the day?		

ECHO Autism

Trauma/Abuse History

Trauma /serious accidents **Physical Abuse** **Sexual Abuse**

Social History

Who is living in the home?

Relationship (1/2 sib, step parent, etc.)	Age

Biological parents are:

Siblings/Other Pregnancies
Include any miscarries, stillbirths, or babies that died

Family History

Condition/Disorder	Mom	Dad	Brother	Sister	Mat GM	Mat GF	Pat GM	Pat GF
Chromosome Disorders								
Autism Spectrum Disorder								
Intellectual disability								
Learning disability								
Seizure disorder (epilepsy)								
Mental Health Concerns								
Childhood deaths								
Birth Defects								
Dysmorphology								

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Educational History

Grade in School

Ever repeat a grade?

Are there learning problems? Please check all that apply:

Math

Reading

Writing

Explain:

What best describes the child's current education program?

Full time in education regular class

Time split between regular and special education classes

Aide/Paraprofessional or extra help

Home School

Participation in Birth - 3 Early Intervention Programs

Early Childhood Special Education

Resources

Autism Society of Alabama

Behavioral Therapy/ABA

Easter Seals

Department of Human Resources (DHR)

Psychologist

Respite Care

WIC

Other:

Counseling

Help Me Grow Alabama

Speech/Language Therapy (SLT)

Occupational Therapy (OT)

Physical Therapy (PT)

Social Security Disability (SSI)

Psychiatric Services

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