

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

PATIENT DETAILS

NAME			
Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Date of birth (DD/MM/YYYY)	/	/	Age at assessment:
Racial/ ethnic background			
Preferred language			
Hospital number (if applicable)			
Referral source, date, provider number and contact details			
Name of person(s) accompanying patient			
Relationship (s) to the patient			
Patient's primary carer (select 1 or more)	<input type="checkbox"/> Birth mother	<input type="checkbox"/> Birth father	<input type="checkbox"/> Adoptive parent/s
	<input type="checkbox"/> Foster carer		
	<input type="checkbox"/> Other		
Birth mother's name			
Birth father's name			
Patient in care of	<input type="checkbox"/> Department of Child Protection	<input type="checkbox"/> Juvenile justice	<input type="checkbox"/> Not applicable
Consent form for assessment completed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Assessment Form completed by			
Place of assessment			
Completion of this form (DD/MM/YYYY)	/	/	

History

Presenting concerns:

(Include concerns identified by referring doctor, parent, caregiver, teacher; strengths and needs; age-appropriate abilities e.g. behavioural regulation, memory and learning, social skills and motor control)

Obstetric history:

Developmental history:

Mental health and other behavioural problems:

Patient's medical history:

Social history: e.g. foster care, living arrangements.

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MATERNAL ALCOHOL USE

Evidence of maternal alcohol use in the three months prior to and during pregnancy should be assessed, including any special occasions when a large amount of alcohol may have been consumed. The definition of a standard drink should be explained prior to administering the AUDIT-C (Q1-3). A Standard Drinks Guide can be downloaded.

<http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt>

Alcohol use in early pregnancy (if available)

- a. Was the pregnancy planned or unplanned? Planned Unplanned Unknown
- b. At what gestation did the birth mother realise that she was pregnant? _____ (weeks) Unknown
- c. Did the birth mother drink alcohol before the pregnancy was confirmed? Yes No Unknown
- d. Did the birth mother modify her drinking behaviour on confirmation of pregnancy? Yes No Unknown
If Yes please specify:
- e. During which trimesters was alcohol consumed? (tick one or more) None 1st 2nd 3rd Unknown

AUDIT-C Reported alcohol use (if available)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never [skip Q2+Q3]	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

AUDIT-C score during this pregnancy: (Q1+Q2+Q3)= _____
Scores: 0=No exposure 1-4= Confirmed exposure 5+= Confirmed high-risk exposure

Other evidence of exposure

Is there evidence that the birth mother has ever had a problem associated with alcohol misuse or dependency?

- No Yes (identify below, including source of information)
- Alcohol dependency (specify)
- Alcohol-related illness or hospitalisation (specify)
- Alcohol-related injury (specify)
- Alcohol-related offence (specify)
- Other (specify)

Information from records: e.g. medical records, court reports, child protection records.

Is there evidence that the birth mother's partner has ever had a problem associated with alcohol misuse or dependency?

- No Yes (identify below, including source of information)

Alcohol exposure summary

Source of reported information on alcohol use: Birth mother Other (specify)

In your judgement what is the reliability of the information on alcohol exposure: Unknown Low High

In your judgement was there high-risk consumption of alcohol during pregnancy? Unknown Yes No

Prenatal alcohol exposure: Unknown exposure No exposure Confirmed exposure Confirmed-high risk exposure

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OTHER EXPOSURES

Assess evidence of adverse prenatal and postnatal exposures and events that need to be considered.

Prenatal

Other prenatal exposures identified: (if yes, specify and indicate source of information)

- Nicotine (e.g. cigarettes, inhalers, e-cigs and chewed tobacco) (specify)
- Marijuana (specify)
- Heroin (specify)
- Cocaine (specify)
- Amphetamines (specify)
- Other non-prescription drugs (specify)
- Anti-convulsants (specify)
- Other prescription drugs (specify)
- Don't know
- None

Specify other prenatal risk factors and assess risk: (e.g. pregnancy complications, congenital infection, trauma, exposure to known teratogens, including ionizing radiation, paternal or maternal intellectual impairment, maternal ill-health)

Other prenatal risk summary:

No known risk

Unknown risk

Some risk

High risk

Postnatal

Specify other physical or medical risk factors and assess risk based on your clinical judgement: (e.g. prematurity, history of abuse or neglect, serious head injury, meningitis or other medical conditions that lead to brain damage, child substance abuse)

Specify other psychosocial risk factors and assess risk (e.g. emotional abuse, early life trauma, parental separation or incarceration, drug and alcohol use in the household; overcrowding, socio-economic disadvantage):

Postnatal risk summary:

No known risk

Unknown risk

Some risk

High risk

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SENTINEL FACIAL FEATURES

Assess for the 3 sentinel facial features of Fetal Alcohol Spectrum Disorder: short palpebral fissure length (2 SD or more below the mean), smooth philtrum (rank 4 or 5 on the Lip-Philtrum guide), and thin upper lip (rank 4 or 5 on the Lip-Philtrum guide).

Palpebral Fissure Length (PFL)			Right PFL		Left PFL		Mean PFL	
			mm	Z score (SD)	mm	Z score	mm	Z score*
Date	Age	Assessment method						
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis						
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis						

PFL reference chart used: Stromland Clarren Other

Philtrum

Date	Age	Assessment method	UW Lip-Philtrum Guide 5-point rank
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	

Upper lip

Date	Age	Assessment method	UW Lip-Philtrum Guide 5-point rank
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	
		<input type="checkbox"/> direct measure <input type="checkbox"/> photo analysis	

Lip-Philtrum Guide[†] used: Guide 1. Caucasian Guide 2. African American

Sentinel Facial Features Summary

Number of Sentinel Facial Features (PFL 2 SD or more below the mean, philtrum rank 4 or 5, upper lip rank 4 or 5): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

OTHER PHYSICAL FINDINGS

Dysmorphic facial features (please specify)

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Other birth defects - major or minor (please specify)

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Other medical conditions:

Hearing impairment: <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Yes (specify)
Vision impairment: <input type="checkbox"/> No <input type="checkbox"/> Not tested <input type="checkbox"/> Yes (specify)
Known syndrome or genetic disorder (please specify):
Other (please specify):

Investigations:

Chromosomal microarray: <input type="checkbox"/> No <input type="checkbox"/> Result pending <input type="checkbox"/> Yes (specify result)
Fragile X testing: <input type="checkbox"/> No <input type="checkbox"/> Result pending <input type="checkbox"/> Yes (specific result)
Other investigations as indicated: Full blood count, ferritin, metabolic screen, creatinine kinase, lead, and thyroid function (Specify):

*University of Washington Palpebral Fissure Length Z-score calculator: <http://depts.washington.edu/fasdpn/htmls/diagnostic-tools.htm#pfl>

†University of Washington Lip-Philtrum Guides: <http://depts.washington.edu/fasdpn/htmls/lip-philtrum-guides.htm>

NEURODEVELOPMENTAL DOMAINS

1 BRAIN STRUCTURE / NEUROLOGY DOMAIN

BRAIN STRUCTURE

Occipitofrontal Circumference (OFC)

Date	Age	OFC (cm)	Percentile*	Reference used
Birth:				

*correct for gestational age when < 2 years old

If OFC < 3rd percentile, is it explained by other aetiologies e.g. infection, metabolic or other disease?
 No Yes (specify)

Imaging

CNS imaging performed: No Yes (specify image modality and date)
 Specify any structural abnormalities:

 If yes, are they explained by other aetiologies e.g. injury, infection, or metabolic or other disease? No Yes (specify)

NEUROLOGY

Assess evidence of seizure disorders or other abnormal hard neurological signs.

Seizure disorder

Seizure disorder present: No Yes (specify)

 If yes, are they explained by other aetiologies e.g. injury, infection, or metabolic or other disease? No Yes (specify)

Other neurological diagnoses e.g. cerebral palsy, visual impairment, sensorineural hearing loss

Other abnormal neurological diagnoses present: No Yes (specify)

 If yes, are they explained by other aetiologies e.g. injury, infection, or metabolic or other disease? No Yes (specify)

Brain Structure/ Neurology domain summary

Evidence of brain structure/neurology abnormalities of presumed prenatal origin that are unexplained by other causes?
 No Yes Not assessed

FUNCTIONAL NEURODEVELOPMENTAL DOMAIN SUMMARIES

Assess evidence of significant CNS dysfunction due to underlying brain damage. Required evidence includes severe neurodevelopmental impairment (2 SD or more below the mean or < the 3rd percentile) in domains of brain function based on standardised psychometric assessment by a qualified professional.

2. MOTOR SKILLS

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Motor Skills impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

3. COGNITION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Cognition impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

4. LANGUAGE

(Expressive and Receptive)

Test/subtest name	Age/Date	Score	%ile/SD	Interpretation
Other information:				
Language impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

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5. ACADEMIC ACHIEVEMENT

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Academic achievement impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

6. MEMORY

Test/subtest name	Age /Date	Score	%ile/SD	Interpretation
Other information:				
Memory impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

7. ATTENTION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Attention impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

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8. EXECUTIVE FUNCTION, INCLUDING IMPULSE CONTROL AND HYPERACTIVITY

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Executive function, including impulse control and hyperactivity impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

9. AFFECT REGULATION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Affect regulation impairment: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

10. ADAPTIVE BEHAVIOUR, SOCIAL SKILLS, OR SOCIAL COMMUNICATION

Test/subtest name	Age/ Date	Score	%ile/SD	Interpretation
Other information:				
Adaptive behaviour, social skills, or social communication impairment <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Severe <input type="checkbox"/> Not assessed				

NEURODEVELOPMENTAL DOMAINS SUMMARY

Number of neurodevelopmental domains with evidence of severe impairment: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more (specify) _____
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DIAGNOSIS:

For derivation of the Australian FASD diagnostic categories, please refer to the Australian FASD Diagnostic Criteria and FASD Diagnostic Pathway Algorithm below (also see Table 1 and Figure 1 in the Guide). Record the diagnosis below.

Indicate as applicable:

- FASD with 3 sentinel facial features
- FASD with < 3 sentinel facial features
- At risk of FASD
- Incomplete assessment e.g. further investigation/information needed
- Other diagnoses (with or without FASD)

Clinical notes: