

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT SUMMARY 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			
Hospital number (if applicable)			

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

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):

0 1 2 3

NEURODEVELOPMENTAL DOMAINS SUMMARY

Neurodevelopmental Domain	Impairment			
1 Brain structure/Neurology	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not assessed	
2 Motor Skills	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
3 Cognition	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
4 Language	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
5 Academic achievement	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
6 Memory impairment	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
7 Attention	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
8 Executive function, including impulse control and hyperactivity	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
9 Affect regulation	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed
10 Adaptive behavior, Social Skills, or Social Communication	<input type="checkbox"/> None	<input type="checkbox"/> Some	<input type="checkbox"/> Severe	<input type="checkbox"/> Not assessed

Number of neurodevelopmental domains with evidence of severe impairment

None 1 2 3 or more (specify) _____

Other Prenatal or Post-natal risk/exposure

Other prenatal risk summary: No known risk Unknown risk Some risk High risk

Postnatal risk summary: No known risk Unknown risk Some risk High risk

Growth summary

Was an unexplained deficit in height or weight < 3rd percentile identified at any time? Yes No

DIAGNOSIS:

For derivation of the Australian FASD diagnostic categories, please refer to the Australian FASD Criteria and the 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: