

Autism and Asperger's Disorders - Ask "Rx"-pert Underwriter
(ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

1. What is the diagnosis? _____

2. Have any psychiatric disorders been diagnosed? If so, please state _____

3. Has any intellectual disability been diagnosed? If so, please state _____

4. Are physical impairments present?

Cerebral palsy? If yes, please describe level of function _____

Seizure history? If yes, please state type and frequency _____

5. Are activities of daily living (ADLS) or instrumental activities of daily living (IADLs) appropriate for age?

IADLs appropriate for age (ambulating, toileting, bathing, feeding, dressing, self care)

Yes

No (Please give details) _____

IADLs appropriate for age (cooking, housecleaning, telephone use, driving)

Yes

No (Please give details) _____

6. Is the client working or in school? (Please give details) _____

7. Is your client on any medications?

Yes (Please give details) _____

No

8. Has your client smoked cigarettes in the last 12 months?

Yes

No

9. Does your client have any other major health problems (ex: cancer, etc.)?

Yes (Please give details) _____

No