**Sample diagnostic assessment summary form**

**PATIENT DETAILS**

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| --- | --- |
| **NAME** |  |
| Sex |  Female  Male  Other |
| Date of birth (DD/MM/YYYY) | / / Age at assessment: |
| Racial/ ethnic background |  |
| Preferred language |  |
| CHI number |  |

**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**

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| --- |
| 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 AREAS OF ASSESSMENT SUMMARY**

|  |  |
| --- | --- |
| Area of assessment | Impairment |
| 1. Brain structure/ neurology |  No  Yes  Not assessed |
| 1. Motor skills |  None  Some  Severe  Not assessed |
| 1. Cognition |  None  Some  Severe  Not assessed |
| 1. Language |  None  Some  Severe  Not assessed |
| 1. Academic achievement |  None  Some  Severe  Not assessed |
| 1. Memory |  None  Some  Severe  Not assessed |
| 1. Attention |  None  Some  Severe  Not assessed |
| 1. Executive function, (impulse control and hyperactivity) |  None  Some  Severe  Not assessed |
| 1. Affect regulation |  None  Some  Severe  Not assessed |
| 1. Adaptive behaviour, social skills, or social communication |  None  Some  Severe  Not assessed |
| Number of neurodevelopmental domains with evidence of severe impairment:   None  1  2  3 or more (specify)\_\_\_\_\_ | |

Growth summary

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| --- |
| Was an unexplained deficit in height or weight <3rd percentile identified at any time?   Yes  No  If Yes  height or weight ≤10th and >3rd percentile  height or weight ≤3rd percentile |

Other prenatal or postnatal risk/exposure

|  |
| --- |
| Other prenatal risk summary:   No known risk  Unknown risk  Some risk  High risk |
| Other postnatal risk summary:   No known risk  Unknown risk  Some risk  High risk |

**DIAGNOSTIC STATUS:**

Please refer to the Scottish diagnostic criteria and record the outcome of assessment below.

*Indicate as applicable:*

|  |
| --- |
|  Diagnosis of FASD with 3 sentinel facial features   Descriptor of FASD without sentinel facial features (or with <3 sentinel facial features)   At risk of FASD   Incomplete assessment (eg further investigation/information needed)   Other diagnoses (with or without FASD)  **Clinical notes:** |