

# Assessment services

## Adult diagnostic assessment

### Form A



This form is for completion by the individual being assessed.

### Client details

<b>Name:</b>		<b>Date of birth:</b>	
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### Medical details

**Do you have any known:**

Diagnoses:

Medical conditions/allergies:

**Are you currently on any medication/s?**

Please provide details:

**Who first used the word Autism/Asperger Syndrome/Autism Spectrum Disorder to describe you?**

**What is your current occupation? (e.g. volunteering, working, studying):**

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Previous assessment (please provide copies of any reports):

### Contact with other agencies

What current contact do you have with other agencies? (describe other services)

What other agencies have you been involved with?

### Skills, habits and sensitivities

- Please outline examples of behaviour and responses that are causing concern, or that you recall have caused you concern, in the areas below.
- Please indicate how long these behaviours have been of concern and give examples to explain the areas currently causing concern, or that you recall have caused you concern in the past.
- Please note whether concerns are current (e.g. affected you in adulthood) or past (e.g. only as a child or adolescent).

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Describe any particular skills/problems in the motor area e.g. gross motor skills such as running, ball skills, fine motor such as writing:

Did you experience any problems with your eating when you were younger?

Did you experience any problems with your sleeping behaviours when you were a child?

How would you describe your sleeping habits now?

### Social development

As a preschool child, can you remember if there were any problems with your awareness and interest in other children and your interactions with them?

As a primary school child, did you know how to make friends?

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Did you have close friend(s)? If so, what sort of things did you and your friends like to do together at recess or lunch or if you saw each other on the weekends?

Any other comments?

During your time at secondary school, did you:

Have close friends?

Socialise with peers outside of school e.g. on the weekend? If so, what sort of activities did you like to do together?

Respond to peer pressure in how you dressed or what you did?

Please describe your social relationships now. Do you have a group of friends? If so, what makes these people your friends?

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What sort of activities do you like to do together?

How do you go about making friends?

Can you maintain friendships?

Do you initiate contact with friends?

What age group do you relate best to? In social situations,  
how do you go figuring out what you should be doing?

Are you better at this in familiar situations?

**Sharing of interests**

When younger, did you share your interests with others i.e. talk to them or show them things that you did e.g. drawing, something you made?

Did you spend long periods playing alone?

If others tried to join in with your play, what did you do?

Do you share your interests and enjoyment with others now?

**Communication**

Do you ask what other people may be interested in?  
If so, are you interested in what they have to say?

Do you initiate conversations?

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Can you sustain two-way conversations, both in one-to-one situations and when with a group of people?

Describe any problems you have when talking with other people:

Did you ever need to have speech pathology? (give details)

Any other comments about your communication skills?

**Communication – non-verbal**

Have you ever had problems making eye contact with others? If so, describe.

Has anyone else ever commented on your eye contact?

Can you read the facial expression and body language of others?

Do you use facial expression and body language to communicate with others?

Do you think others can tell how you are feeling from your facial expressions and/or body language?

Do you use gestures when you are talking? (for example, pointing or showing someone how big the thing you are talking about might be?)

### **Emotional responses**

Was there anything unusual about how you behaved when you were upset or angry as a child e.g. avoiding consolation, inconsolable, aggression?

How do you behave now when upset or angry?

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What are the most common causes for you getting upset or angry?

When you are upset or angry can you talk about it to anyone?

Are you aware when other people are upset?

How do you react if others are upset e.g. offer comfort, hugs?

Are you aware if you have upset or offended someone?

Do you understand the feelings of other people?

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Do you have a strong sense of justice/injustice or a strong sense of right/wrong?

### Self-stimulatory behaviours

Do you do any of the following:

**Repetitive body movements (body rocking, hand flapping):**

**Facial grimacing:**

**Toe walking:**

**Self-injurious behaviour e.g. headbanging, biting, scratching:**

**Other:**

### Response to changes in the environment

How do you respond to major changes e.g. holidays, moving house?

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How do you react to smaller changes, e.g. rearrangement of objects/furniture or changing your travel route?

Do you recall insisting on any particular routines when you were younger?

Do you insist on any particular routines now? Give examples:

Do you like to try different ways of doing familiar tasks?

How do you react if something unexpected happens or there is a sudden change in plans?

How do you react if you are interrupted before you have finished what you are doing? (e.g. the power goes out, dinner is ready, your supervisor asks you to do a different job at work)

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How do you react when talking with people who have different ideas to you about a subject (e.g. the best way of doing something, the best sports team, the best film etc.)

How well do you think you understand when other people use sarcasm or sayings, such as 'I could eat a horse'?

Do you like to try different ways of doing familiar tasks?

How do you react if something unexpected happens or there is a sudden change in plans?

**Play/interests**

Did you play appropriately and imaginatively with toys when young?

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Describe your play skills/interests as a school aged person:

What are your interests now?

Do you have or have you ever had any obsessive interests? If yes, give details

Do you have any collections or items that are special to you? If yes, give details

Do you have any items that you like to keep in a specific place or in a specific order? If yes, give detail.

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### Sensory responses

Have there been any unusual sensory responses in the following areas?  
(give details)

a. Hearing (Please tick all that apply and provide examples)

- N/A
- Sensitive to loud sounds: \_\_\_\_\_
- Performs better in quiet spaces: \_\_\_\_\_
- Notices quiet sounds: \_\_\_\_\_
- Covers ears to certain sounds: \_\_\_\_\_
- Fear of certain sounds \_\_\_\_\_

Other:

b. Smell (Please tick all that apply and provide examples)

- N/A
- Comment on the smell of items: \_\_\_\_\_
- Noticed smells others do not: \_\_\_\_\_
- Reacts strongly to certain smells: \_\_\_\_\_

Other:

c. Taste (Please tick all that apply and provide examples)

- N/A
- Mouths or licks non-food items: \_\_\_\_\_
- Avoids particular foods: \_\_\_\_\_
- Seeks out particular tastes: \_\_\_\_\_

Other:

d. Touch (Please tick all that apply and provide examples)

- N/A
- Seeks out particular texture: \_\_\_\_\_
- Avoids particular textures: \_\_\_\_\_

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- Engages in excessive hand washing: \_\_\_\_\_
- Rubs items on skin or face: \_\_\_\_\_
- Under/over reaction to temperature: \_\_\_\_\_
- Under/over response to pain: \_\_\_\_\_
- Enjoys tight squeezes: \_\_\_\_\_
- Uses weighted items: \_\_\_\_\_
- Resisting grooming e.g. hair washing: \_\_\_\_\_

Other:

e. Vision (Please tick all that apply and provide examples)

- N/A
- Distracted by lights or movement: \_\_\_\_\_
- Covers eyes to lights: \_\_\_\_\_
- Experience headaches: \_\_\_\_\_
- Looks at things in unusual ways: \_\_\_\_\_
- Notices visual patterns: \_\_\_\_\_
- Hides under furniture or blankets: \_\_\_\_\_
- Enjoys symmetry: \_\_\_\_\_
- Lines things up: \_\_\_\_\_

Other:

**Is there any other information you think is relevant to this assessment?**

(Please attach additional paper if not enough space.)

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Thank you for taking the time to complete this form.

The information you have provided will assist greatly.

Please e-mail completed form to **info@solasta.net.au** or fax to **(08) 7160 1999**.