



Gateway to Hope... Connections... Resources

## **Grant Application Medical Health Assessment**

### **Questionnaire To be completed by a Health Care Professional (MD/DO/APN/PA)**

This medical health questionnaire is used to determine the applicant eligibility, medical information must be provided for the applicant in order to be considered for the grant. It is essential for the grant committee to have the current health information, in order to be able to assess the degree of severity of the individual's health condition as a criteria for eligibility. This form should be completed by the applicant's physician and should be uploaded with the application for the MyGOAL Autism Grant.

Patient's Last Name: \_\_\_\_\_ Patient's First Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age of Initial Diagnosis: \_\_\_\_\_

### **To Be Completed by a Health Care Professional:**

**Please provide information regarding the severity of the patient's Autism diagnosis:**

<b>Overall Developmental Level</b>	<input type="checkbox"/> Development similar to neurotypical same age of peer	<input type="checkbox"/> Delays in development in 1 to 2 domains	<input type="checkbox"/> Delay in Development in 3 to 4 domains	<input type="checkbox"/> Significant developmental delay (≥5 domains)
Additional Comments				

<b>Social Communication</b>	<input type="checkbox"/> <ul style="list-style-type: none"><li>• Able to initiate interaction</li><li>• Typical response to social overtures of others</li><li>• Maintains interest during interaction</li><li>• Minimal challenges relating emotionally</li></ul>	<input type="checkbox"/> <ul style="list-style-type: none"><li>• Difficulty initiating interaction</li><li>• Atypical response to social overtures of others</li><li>• Appear to have decreased interest in interaction</li><li>• Challenges relating emotionally</li></ul>	<input type="checkbox"/> <ul style="list-style-type: none"><li>• Limited initiation of social interactions</li><li>• Minimal or delayed responses to social overtures</li><li>• Deficit in verbal and nonverbal social communication skills</li><li>• Significant challenges relating emotionally</li></ul>	<input type="checkbox"/> <ul style="list-style-type: none"><li>• Severe deficit in verbal and nonverbal social communication skills cause severe impairments in functioning</li><li>• Limited social interaction</li></ul>
Additional Comments				

<b>Behavior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Minimal/no difficulty switching between activities</li> <li>Flexibility of behavior; minimal interference with functioning in one or more contexts</li> </ul>	<ul style="list-style-type: none"> <li>Some difficulty switching between activities</li> <li>Inflexibility of behavior causes significant interference with functioning in one or more contexts</li> </ul>	<ul style="list-style-type: none"> <li>Distress and/or difficulty changing focus or action</li> <li>Restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer</li> </ul>	<ul style="list-style-type: none"> <li>Great distress/ difficulty changing focus or action</li> <li>Restricted/repetitive behaviors markedly interfere with functioning in all spheres</li> </ul>
Additional Comments				

<b>Level of Support Required for Daily Living Skills and Education</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Independent with activities	Able to complete activities with some support	High level of disability but not completely dependent	Completely dependent for all activities
Additional Comments				

<b>Communication</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>Capable of complex sentences</li> <li>Use of body language and gestures in addition to language</li> <li>Understands time sequence</li> <li>Engages in conversation</li> </ul>	<ul style="list-style-type: none"> <li>Sentences with 4 to 5 words</li> <li>Answer simple questions</li> <li>Understand key phrases</li> <li>Understands 'who' 'what' 'when' 'where' 'why' questions</li> </ul>	<ul style="list-style-type: none"> <li>Answer simple questions non-verbally</li> <li>Communicates with actions and gestures</li> </ul>	<ul style="list-style-type: none"> <li>Non-verbal</li> <li>Limited to no communication/response in any form</li> </ul>
Additional Comments				

Describe any medical conditions not related to the autism diagnosis (i.e. seizure disorder, heart conditions, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_

Special Considerations/Precautions: \_\_\_\_\_

\_\_\_\_\_

Health Professional Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone Number : \_\_\_\_\_ Email: \_\_\_\_\_