



**CHILDREN'S HOSPITAL  
SUB-SPECIALISTS  
OF CENTRAL TEXAS**

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Ruy Carrasco, M.D.  
Lisa K. Petiniot, M.D.

# 'Specially for Children

## Pediatric Neurology

**Dr. Karnik – Autism Clinic**

**Parent Information, Page 1**

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Phone: (512) 628-1800 Fax: (512) 628-1801  
[www.speciallyforchildren.com](http://www.speciallyforchildren.com)*

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** Male Female (circle one)

**Right-handed Left-Handed** (circle one)

**Chief Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Pregnancy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Duration of Pregnancy:** \_\_\_\_\_

**Any Medical Condition During Pregnancy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Medications Taken During Pregnancy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Infection During Pregnancy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Other Pertinent Data for Pregnancy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Labor and Delivery:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Duration:** \_\_\_\_\_

**Born by C-Section: Yes or No**

**Any Fetal Distress?** \_\_\_\_\_

**Any Complication?** \_\_\_\_\_

**Birth Weight:** \_\_\_\_\_

**Apgar Scores:** \_\_\_\_\_

**Any Problems Since Birth Which Require Hospitalization, prolonged treatment or significant problems?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of Seizures? Yes or No**

**Any Head Trauma? Yes or No**

**Any Brain Infection (meningitis, encephalitis)? Yes or No**

**History of Development:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Age When Child Walked Without Support:** \_\_\_\_\_

**Age When Child Said First Word:** \_\_\_\_\_

**Comments on Speech Development Now:** \_\_\_\_\_

**Comments on Fine Motor Coordination Now:** \_\_\_\_\_

**Any Issues With Developmental Milestones:** \_\_\_\_\_

**How Is Child Doing With Eye Contact?** \_\_\_\_\_

**Social Interaction:** \_\_\_\_\_

**How Does Child Feel in Group Situation?** \_\_\_\_\_

**Any Social Problems Experiencing Now?** \_\_\_\_\_

**Any Self-Stimulatory Activities?** \_\_\_\_\_

**Any Unusual Pattern of Behavior?** \_\_\_\_\_

**Family History:** \_\_\_\_\_

**Any History of Developmental Delay or Autistic Disorder in Family?** \_\_\_\_\_

**Any Neuropsychiatric Disorders in Family (Attention Deficit Hyperactivity Disorder, depression, bipolar disorder, mood problems, schizophrenia)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is Child Previously Treated With Any Medication: Yes or No. If so, what medications was child given and your child's response?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Investigations Done So Far:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MRI Scan:** \_\_\_\_\_

**EEG:** \_\_\_\_\_

**Blood Work:** \_\_\_\_\_

**Other Studies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does Your Child Exhibit Any of the Following?**

**1) Impairment in social interaction.**

- a) Problem in non-verbal behavior (examples: eye contact, facial expression, body posture, use of fingers and hand to express).
- b) Inability to develop relationship with peers or siblings.
- c) Does not share toys or share enjoyment, interests.
- d) Social or emotional difficulties while playing social games or activities?
- e) Plays activity alone rather than in concerting.

**2) Impairment in communication.**

- a) Inability to speak age-appropriately or lack of spoken language.
- b) Inability to initiate conversation or sustain conversation with others.
- c) Abnormal language such as using one phrase over and over again.
- d) Echolalia, which means repeating what is asked of him exactly the same way.
- e) Jargon speech.
- f) Lack of role-playing or make believe play.

