## Appendix D: Practitioner support templates

**Assessment History Taking Form**

Details of individual attending for assessment:

|  |  |
| --- | --- |
| Name |  |
| Gender | Female  Male  Non-binary  Other |
| Date of birth (DD/MM/YYYY) | / / / Age at assessment: |
| Racial/ethnic background |  |
| Preferred language |  |
| Referral source, date, and contact details |  |
| Name of accompanying person |  |
| Relationship to person |  |
| Primary caregiver |  |
| Legal guardian |  |
| Assessment consent completed | Yes |
| Biological parent/s name |  |
| Place of assessment |  |
| Assessment form completed by |  |
| Date of assessment (DD/MM/YYYY) |  |

**Family and individual concerns:**

**Current Functional Strengths and Challenges:**

(motor, cognition, communication, education, memory, attention, executive functioning, mood/behavioural regulation, adaptive/social, sensory)

**Individual History**

Prenatal history (e.g., planned or unplanned pregnancy, time of pregnancy recognition, alcohol and other substance use prior to pregnancy recognition, alcohol and other substance use after pregnancy recognition, prenatal stress including family violence, prenatal care, prenatal nutrition, pregnancy complications – gestational diabetes, preeclampsia):

**Birth history** (e.g., gestational age, APGAR scores, delivery type, any birth complications, any neonatal care):

**Medical history** (e.g., chronic conditions, injuries, any previous special investigations):

**Mental health and behavioural history:**

**Developmental history:**

**School or Work History** (e.g., current school/work, current teacher/supervisor, change of schools/workplaces, long absences, academic/work progress, current strategies/supports):

**Postnatal exposures/events/adverse childhood experiences:**

**Any justice/child protection issues:**

**Family and Environmental History**

**Home environment** (e.g., living arrangements, parent/child relationship, extended family relationships and supports):

**Family health and support history** (e.g., strengths, areas requiring support, mental health/addiction and learning challenges):

**Social history** (e.g., housing, transportation, financial challenges, community safety, community, or friendship groups, or hopes for community/friendship connections):

**Cultural context** (e.g., cultural activities, events, spiritual beliefs, cultural identity, sense of purpose, or hopes for future cultural connections)

**Marginalisation factors** (e.g., LGBTQIA+, refugee)

**Current supports and services**

**Previous supports and services** (i.e., what has worked and not worked)

**Personal Factors (i.e., both positive and negative influencing factors)**

**Strengths/interests, activities the individual participates in or other hobbies.**

**Personal assets, characteristics, or coping styles**

**Individual factors** (e.g., gender, race, age) **and past life experiences** (e.g., experiences of bullying, racism), **expectations**

Prenatal alcohol exposure (PAE) AUDIT-C assessment

|  |  |  |
| --- | --- | --- |
| **AUDIT-C Questions** | **Score** | |
| Pre-recognition of pregnancy1 | Post-recognition  of pregnancy2 |
| Pregnancy recognition = \_\_\_\_\_\_\_\_weeks gestation |  |  |
| How often did you have a drink containing alcohol?  0 1 2 3 4  Never Monthly or less 2-4 times 2-3 times 4+  a month a week. a week |  |  |
| How many standard drinks of alcohol did you have in a typical day when you were drinking?  0 1 2 3 4  1 or 2 3 or 4 5 or 6 7-9 10+ |  |  |
| How often did you have six or more standard drinks on one occasion?  0 1 2 3 4  Never Less than monthly Monthly Weekly Daily/Almost Daily |  |  |

1 from conception to recognition. 2 From recognition for the rest of the pregnancy.

**Total score for pre-recognition:**

**Total score for post-recognition:**

|  |  |
| --- | --- |
| **AUDIT-C Score** | **Alcohol risk category** |
| 0 | No risk of alcohol related harm |
| 1-2 | Low risk of alcohol related harm |
| 3-4 | Medium risk of alcohol related harm |
| ≥5 | High risk of alcohol related harm |

Further information regarding AUDIT-C scores

There may be situations where practitioners want to be able to provide additional information to a women or person who is pregnant or planning a pregnancy based on their AUDIT-C scores. The following recommendations are summarised from Goldman, Anderson, Dunlop and Wiggers (2017).

|  |  |
| --- | --- |
| **AUDIT-C Score** | **Recommended advice** |
| **0 = no risk of harm** | Provide positive reinforcement and encourage clients to continue not to drink any alcohol during pregnancy.  A score of zero indicates no risk of alcohol-related harm to the embryo/fetus.  Advise that it is safest not to drink any alcohol at all during pregnancy.  Advise that the risk of harm to the developing embryo/fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo/fetus. |
| **1 - 2 = low risk of harm** | Advise that the risk to the embryo/fetus is likely to be low, but it is safest not to drink any alcohol at all during pregnancy.  Advise that the risk of harm to the developing embryo/fetus. increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the embryo/fetus.  Encourage the client to stop drinking alcohol during pregnancy and arrange a follow-up sessions as required. |
| **3 - 4 = medium risk of harm** | Advise that the safest option is not to drink alcohol during pregnancy.  Discuss that the AUDIT-C score indicates drinking is at a level of increasing risk for the person’s health.  Advise that the risk of harm to the developing embryo/fetus increases with increasing amounts and frequency of alcohol consumption.  Discuss the effects of current alcohol consumption levels and outline health concerns for both the client and their baby.  Reinforce the benefits of stopping drinking at any stage during pregnancy to minimise further risk to the client and baby.  Ask the client how they feel about cutting down of stopping and establish:   * Positives and negatives of taking action. * How confident they are in being able to cut down or stop. * Tips, strategies and plans for taking action. * If they would like assistance, including from support networks and partners. * Offer to arrange referrals if additional support is required.   If you suspect that the client may be alcohol dependent refer to a local specialist treatment service. |
| **5+=high risk of harm** | Discuss that the AUDIT-C score indicates that drinking is at a level of high risk for their health and high risk for the baby's health.  Discuss positives and negatives of taking action and determine what support is required to be able to cut down or stop.  Refer to a specialist alcohol service as they may be at risk of alcohol dependence. Specialist support should be organised before advising her to cut or stop alcohol consumption, as without support alcohol withdrawal can be dangerous to both the client and the baby's health. |

*Note.* Question 3 of the AUDIT-C is consistent with the original AUDIT-C, which was developed in Australia where the standard drink size is 10 grams of ethanol, 6 or more standard drinks refers to an intake of 60 grams or more. Practitioners may have seen other versions of the AUDIT-C where this question is 5 or more drinks, which is based on U.S standard drink sizes of 12 to 14 grams of ethanol (Dawson et al 2005).

The AUDIT-C risk categories included here and in Figure 9 (p. 57) are based on an evidence review completed by Goldman and colleagues (2017) regarding the use of the AUDIT-C with pregnant Australian women.

References

Dawson DA, Grant BF, Stinson FS, Zhou Y. Effectiveness of the derived Alcohol Use Disorders Identification Test (AUDIT-C) in screening for alcohol use disorders and risk drinking in the US general population. Alcohol: Clinical and Experimental Research. 2005;29(5):844-54.

Goldman S, Anderson A, Dunlop A, Wiggers J. Using the AUDIT-C with Pregnant Australian Women: Evidence Review. Newcastle, NSW: Hunter New England Local Health District and the University of Newcastle, 2017.

Physical examination

**Physical examination form**

Details of individual attending for assessment

|  |  |
| --- | --- |
| Name |  |
| Gender | Female  Male  Non-binary  Other |
| Date of birth (DD/MM/YYYY) | / / / Age at assessment: |
| Racial/ethnic background |  |
| Preferred language |  |
| Referral source, date, and contact details |  |
| Name of accompanying person |  |
| Relationship to person |  |
| Primary caregiver |  |
| Legal guardian |  |
| Assessment consent completed | Yes |
| Biological parent/s name |  |
| Place of assessment |  |
| Assessment form completed by |  |
| Date of assessment (DD/MM/YYYY) |  |

Physical size

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Birth** | Gestational age | Birth length | | Birth weight | |
| Date | weeks | cm | percentile | grams | percentile |
|  |  |  |  |  |  |

Growth reference chart used:  WHO  Fenton  Other (specify)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Postnatal** | Age | Height | | Weight | |
| Date | Months or years | cm | percentile | grams | percentile |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Growth reference chart used:  WHO  CDC  Other (specify)

Parental height (if available)

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s height (cm) | Father’s height (cm) | Sex-specific target height (cm) | Sex-specific target height (percentile) |
|  |  |  |  |

|  |
| --- |
| Specify factors that may explain physical size parameters (e.g., nutritional or environmental neglect, genetic conditions, prematurity, prenatal exposure to other drugs) |

Physical size summary

|  |
| --- |
| Was there an unexplained deficit in height and/or weight identified at any time?  Yes  No |
| If Yes  At birth  postnatally  height and/or weight ≤ 3rd percentile  height and/or weight ≤ 5th percentile  height and/or weight ≤ 10th percentile |

Head circumference

|  |  |  |  |
| --- | --- | --- | --- |
| **Birth** | Gestational age (weeks) | Head circumference (cm) | Percentile |
|  |  |  |

Growth reference chart used:  WHO  Fenton  Other (specify)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Postnatal** | Date | Age | Head circumference (cm) | Percentile |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Growth reference chart used:  WHO  CDC  Other (specify)

|  |
| --- |
| If relevant, specify factors that may explain reduced head circumference: |

Head circumference summary

|  |
| --- |
| Was there an unexplained deficit in head circumference identified at any time?  Yes  No |
| If Yes at birth  postnatally  ≤ 3rd percentile  ≤ 5th percentile  ≤ 10th percentile |

Sentinel facial features

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Palpebral Fissure Length (PFL)** | | | Right PFL | | Left PFL | | Mean PFL | |
| Date | Age | Assessment method | mm | z score  (SD) | mm | z score  (SD) | mm | z score  (SD) |
|  |  | direct measure |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*Note.* If using direct measures University of Washington Palpebral Fissure Length Z-score calculator: <http://depts.washington.edu/fasdpn/htmls/diagnostic-tools.htm#pfl>

|  |
| --- |
| PFL reference chart used:  Stromland  Other (specify) |

**Philtrum**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Age | Assessment method | UW Lip-Philtrum Guide 5-point rank |
|  |  | direct measure  photo analysis |  |
|  |  | direct measure  photo analysis |  |
|  |  | direct measure  photo analysis |  |

**Upper lip (Vermillion)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Age | Assessment method | UW Lip-Philtrum Guide 5-point rank |
|  |  | direct measure  photo analysis |  |
|  |  | direct measure  photo analysis |  |
|  |  | direct measure  photo analysis |  |

|  |
| --- |
| Lip-Philtrum Guide used:  Guide 1 (Caucasian)  Guide 2 (African American) |

*Note.* University of Washington Lip-Philtrum Guides: <http://depts.washington.edu/fasdpn/htmls/lip-philtrum-guides.htm>

Sentinel facial features summary

|  |
| --- |
| Number of sentinel facial features present  0  1  2 3 |

Other physical findings

|  |
| --- |
| Please specify (e.g., other dysmorphic facial features, minor or major birth defects, other system impairments): |

Other structural and neurological findings

|  |
| --- |
| Please specify (e.g., structural brain abnormalities, neurological conditions – seizures, cerebral palsy, vision or hearing impairments) |

Investigations

|  |
| --- |
| Chromosomal microarray:  No  Result pending  Yes (specify result)  Fragile X testing:  No  Result pending  Yes (specify result)  Other investigations as indicated (e.g., full blood count, ferritin, metabolic screen, creatinine kinase, lead, thyroid function). Please specify: |

**Holistic Formulation and Diagnostic Summary Form**

|  |  |
| --- | --- |
| **Domain** | **Summary** |
| **Contextual factors** | |
| **Social** |  |
| **Cultural** |  |
| **Environmental** |  |
| **Strengths, interests & external resources** |  |
| **Prenatal and postnatal factors** | |
| **Prenatal alcohol exposure** |  |
| **Prenatal factors** |  |
| **Postnatal factors** |  |
| **Facial features** | |
| **FASD facial features** | Assessment:  Interpretation: |
| **Head circumference** | |
| **Birth** | cm percentile |
| **Postnatal** | cm percentile |
| **Current** | cm percentile |
| **Physical size** | |
| **Birth weight & length** | Birth weight grams percentile  Birth length cm percentile |
| **Postnatal weight & height (if available)** |  |
| **Current weight & height** |  |
| **Associated features** | |
|  |  |
| **Neurodevelopmental domains** | |
| **Communication (language skills)** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Motor skills** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **General intellectual abilities (cognition)** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Attention** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Memory** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Executive function** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Emotional and/or behavioural regulation** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Literacy and/or numeracy skills** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |
| **Adaptive/social behaviour** | Reported strengths/challenges:  Assessment results:  Behavioural observations:  Interpretation: |

**Diagnostic Summary**

Differential Diagnosis

*Offer and consider one or more relevant diagnostic possibilities, summarising what is most likely, considering what is less likely or unlikely yet important to consider given the individual’s presenting concerns and assessment results.*

Diagnostic Criteria Summary

|  |  |
| --- | --- |
| **Criteria** | **Summary** |
| *Criterion A:* More than low risk exposure or presence of three sentinel facial features. |  |
| *Criterion B:* Presence of pervasive and clinically significant neurodevelopmental impairments. |  |
| *Criterion C:* The neurodevelopmental impairments necessitate significant supports. |  |
| *Criterion D:* Onset of neurodevelopmental impairments is in developmental period. |  |
| *Criterion E:* The symptoms are not better attributed to another condition or exposure. |  |
| *Specify*  1,2, 3 or no sentinel facial features  Head circumference restriction at birth and/or postnatally.  Physical size restriction at birth and/or postnatally. |  |
| *Associated features (i.e.,* structural brain abnormalities, neurological conditions [e.g., seizures of unknown origin, cerebral palsy, vision or hearing impairments], congenital anomalies [e.g., cardiac, renal or other organ defects, ptosis, strabismus], musculoskeletal conditions, other system impairments, other health problems [e.g., sleep disorders, eating/feeding or toileting concerns], sensory processing challenges, social cognition impairments, social communication/pragmatics, motor speech or speech-sound impairments. |  |

**Diagnosis**

Meets criteria

Does not meet criteria

At risk of FASD

Incomplete assessment i.e., further investigations needed.

**Co-occurring conditions**

Attention deficit hyperactivity disorder

Intellectual developmental disorder (Intellectual disability)

Autism spectrum disorder

Developmental coordination disorder

Language disorder

Specific learning disorder:

Anxiety:

Depression:

Other co-occurring conditions: