

# Clinical diagnosis: DSM-5 diagnostic checklist

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sponsor ID: \_\_\_\_\_

DSM-5 criteria	Autism Spectrum Disorder		
<b>Note:</b> If the individual has a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or PDD-NOS, please check this box. Complete the below checklist to reclassify the previous diagnosis to Autism Spectrum Disorder.	<input type="checkbox"/>		
<b>A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (all 3 must be met):</b>	<b>Present</b>	<b>Not present</b>	
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Social communication domain severity rating (check one)[see DSM-5 page 52 for severity description]:</b> (1) Requires support (2) Substantial support (3) Very substantial support	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>
<b>B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:</b>	<b>Present</b>	<b>Not present</b>	
1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).	<input type="checkbox"/>	<input type="checkbox"/>	
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Restricted, repetitive behaviors domain severity rating (check one)[see DSM-5 page 52 for severity description]:</b> (1) Requires support (2) Substantial support (3) Very substantial support	(1) <input type="checkbox"/>	(2) <input type="checkbox"/>	(3) <input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	
C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).	<input type="checkbox"/>	<input type="checkbox"/>	
D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.	<input type="checkbox"/>	<input type="checkbox"/>	
E. These disturbances are not better explained by intellectual disability or global developmental delay.	<input type="checkbox"/>	<input type="checkbox"/>	

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<b>DSM-5 criteria</b>		
Autism Spectrum Disorder criteria met?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
With or without intellectual impairment?	<b>With</b> <input type="checkbox"/>	<b>Without</b> <input type="checkbox"/>
With or without language impairment?	<b>With</b> <input type="checkbox"/>	<b>Without</b> <input type="checkbox"/>

Known comorbid conditions (medical/genetic/neurodevelopmental diagnosis; mental/behavioral diagnosis; other)

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Date of diagnosis: \_\_\_\_\_

Provider name: \_\_\_\_\_

Provider credentials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How to submit: Civilian providers and military hospitals or clinics should submit via provider self-service at [HumanaMilitary.com](http://HumanaMilitary.com) or fax to (877) 378-2316.



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