

AMERICAN ACADEMY OF PEDIATRICS
Fetal Alcohol Spectrum Disorders (FASDs)
Patient Checklist for Pediatric Medical Home Providers

Diagnosing fetal alcohol spectrum disorders (FASDs) can be tricky. This FASDs checklist developed by the American Academy of Pediatrics (AAP) FASD Expert Panel is designed to facilitate the identification, diagnosis, and referral of a child with an FASD so that appropriate interventions can be initiated as early as possible. Please note, FASD is not intended to be a clinical diagnosis. It is an umbrella term used to include a number of diagnoses such as fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PFAS), alcohol-related neurodevelopmental (ARND) disorders and others.

1. Risk Indicators:			
a. Does the patient have a sibling with an FAS/FASD?	Yes	No	Unknown
b. Was the patient adopted?	Yes	No	Unknown
bi. List the country from which the patient was adopted, if not from the US:			
c. Has the patient <u>ever</u> been in foster care?	Yes	No	Unknown
d. Has the patient ever been in the juvenile justice system?	Yes	No	Unknown
2. Screening / Evaluation			
Height and/or weight <u>ever</u> below or at 10 th percentile (not explained by post-natal environment or parental height)	Yes	No	
Facial abnormalities noted:			
short palpebral fissures	Yes	No	
smooth philtrum	Yes	No	
thin upper lip	Yes	No	
CNS abnormality			
microcephaly	Yes	No	
focal neurological deficits	Yes	No	
cognitive problems	Yes	No	
behavioral problems	Yes	No	
developmental problems	Yes	No	
other:	Yes	No	
List other CNS abnormalities noted:			
3. Maternal History:			
History of alcohol exposure?			
a. If yes, in what trimester?	1	2	3
b. Specific exposure incident(s) at what gestational age(s)? _____	all		
How was the history of alcohol exposure reported? Alcohol exposure was:			
a. Suspected or reported by foster or adoptive parent, social services agent, or other 3 rd party?	Yes	No	
b. Confirmed by individual(s) who directly observed mother drinking during this pregnancy	Yes	No	
c. Confirmed by mother	Yes	No	
d. Possible since mother was arrested or detained, or entered treatment for drinking-related behavior	Yes	No	
di. If yes above, at which week gestation did the arrest, detainment, or treatment occur? ____			

e. If measured, please indicate Blood Alcohol Level (BAC):

BAC Level: _____ When measured: _____

BAC Level: _____ When measured: _____

BAC Level: _____ When measured: _____

f. Other information about alcohol use during this pregnancy such as amount/pattern/type of drinking (eg, binge drinking):

g. Rate your CONFIDENCE in whether alcohol exposure occurred. (1=low; 5=high)

1 2 3 4 5

4. Indicate referrals made and contact information:

Geneticist:

FAS/FASD diagnostic clinic:

Developmental/behavioral pediatrician:

Neurologist:

School evaluation:

Early Intervention Services:

Developmental therapist:

Psychologist/Neuropsychologist:

Family Therapist:

Other:

Other: