

CDD Clinical Services Intake Checklist

Please complete and include all of the following forms (included in this document):

- CDD Clinical Services Intake Form
- UNMMG Consent to Treat - signed by legal guardian
- "About Me" Form
- UNMMG Telehealth consent forms

If you have any screening reports, please include copies with intake.

- Vision Screening
- Hearing Screening
- Developmental Screening (e.g., ASQ, SWIC)
- Autism Screening (e.g., M-CHAT-R/F)

How do I return completed forms?

Mail: Autism Spectrum Evaluation Clinic
UNM Center for Development and Disability
2300 Menaul NE
Albuquerque NM 87107

Fax: Toll-free to (855) 294-1978

E-mail: Please call the Autism Spectrum Evaluation clinic at (505) 272-9337 for help with secure (encrypted) email communication

Please call the Autism Spectrum Evaluation Clinic, at (505) 272-9337 if you have any questions about evaluation services or this intake packet.

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CDD Clinical Services Intake

Full name _____ Date of birth _____ Sex _____

Primary language _____ Other languages _____

Date completed _____ Referred by _____

Current or most recent medical provider or pediatrician:

Provider Name / Practice	Mailing address	Phone/Fax
		<i>Phone</i>
		<i>Fax</i>

Insurance Information

Medicaid coverage? Yes /No Medicaid #: _____

Other insurance coverage? Yes /No Insurance company: _____

Group #: _____ Policy #: _____

Parents/Caregivers: Include adults that CDD staff can contact about this referral.

Name		Name	
Relationship	<i>Legal guardian</i> <input type="checkbox"/>	Relationship	<i>Legal guardian</i> <input type="checkbox"/>
Primary Language		Primary Language	
Mailing address		Mailing address	
Phone numbers		Phone numbers	
E-mail		E-mail	
Name		Name	
Relationship	<i>Legal guardian</i> <input type="checkbox"/>	Relationship	<i>Legal guardian</i> <input type="checkbox"/>
Primary Language		Primary Language	
Mailing address		Mailing address	
Phone numbers		Phone numbers	
E-mail		E-mail	

Is child in Children, Youth, and Families Department or other protective custody? Yes No

If yes, have CYFD worker sign all consents and release forms.

CYFD Social Worker/contact	Phone	Email	Fax

Intervention or educational services: Include past and/or current EI, school, and other services such as speech-language (SLP) or occupational therapy (OT)

(Early Intervention: list both Family Service Coordinator (FSC) and lead provider.)

Provider/Agency Name	Services	Dates	Contact Information
			Phone
			Fax
			E-mail
			Phone
			Fax
			E-mail
			Phone
			Fax
			E-mail
			Phone
			Fax
			E-mail

Reason for Referral

<i>Check all that apply.</i>	<i>Please explain.</i>
<input type="checkbox"/> Autism Spectrum Disorder (ASD)	
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Medical	
<input type="checkbox"/> Behavioral	
<input type="checkbox"/> Family stressors	
<input type="checkbox"/> Prenatal exposures/birth trauma	

Describe the purpose (your goals) for this evaluation:

Has the child received services or evaluation from any UNM Center for Development and Disability (CDD) Program in the past?

<i>Check all that apply:</i>	
<input type="checkbox"/> Early Childhood Evaluation Program (ECEP/Developmental clinic)	<input type="checkbox"/> Autism Parent Home Training
<input type="checkbox"/> Autism Spectrum Evaluation Clinic	<input type="checkbox"/> Child psychiatry (Dr. King)
<input type="checkbox"/> Fetal Alcohol Spectrum Disorder or Prenatal Exposures Clinic	<input type="checkbox"/> Neurodevelopmental Clinic
<input type="checkbox"/> Neurocognitive Assessment Clinic	<input type="checkbox"/> NM SAFE (Feeding)

Does the child have a sibling diagnosed with autism spectrum disorder? Yes No

If yes: Sibling Name: _____ Date of Birth: _____

Please include a copy of sibling's autism diagnostic evaluation report.

Developmental Milestones

When did the child first do the following?	Age	Not yet	Not sure
Sit without help			
Crawl on hands and knees			
Walk without help			
Say single words			
Combine two words			
Talk in short sentences			
Toilet trained: <input type="checkbox"/> daytime <input type="checkbox"/> overnight			

Previous diagnoses

Include any relevant medical, developmental, or behavioral diagnoses: e.g., seizure disorder, failure to thrive, ADHD, genetic syndromes, cerebral palsy, language disorder, anxiety disorder, etc.

Diagnosis	Date(s)	Provider (who made diagnosis?)

Center for Development and Disability
Consent to Treatment and Assignment of Benefits

1. I, the undersigned, hereby request and consent to medical treatment by the Center for Development and Disability or UNM Medical Group, Inc. and its physicians and staff (including administration of medication, tests and procedures) as deemed necessary.
2. I hereby assign and request payment directly to the Center for Development and Disability and UNM Medical Group, Inc. of any insurance or other authorized health benefits otherwise payable to me for medical treatment rendered, and to release any information required to the insurance company for consideration of payment for services.

Printed Name of Patient

Signature of Patient or Representative

Date

Printed Name of Patient or Representative

Relationship to Patient

About Me

Your answers to these questions help us make sure we meet your needs and give the best, safest health care to **all** patients. Your answers will remain private. Access to this information is very restricted. Thank you!

What name do you want us to call you?

What is the sex on your original birth certificate?

- Male Female

Do you consider yourself Hispanic or Latino?

- Yes No
 Don't want to answer

What is your race? (Pick One)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White or Anglo

In what language do you prefer to talk about your health care? (Pick One)

- English
 Spanish
 Vietnamese
 Navajo
 American Sign Language
 Other:

You have the right to a free interpreter. If needed, we'll provide one for you.

In what language do you prefer to read about your health care? (Pick One)

- English
 Spanish
 Vietnamese
 Other:
 I need help with reading

If you are American Indian/ Native American, what tribe(s) or pueblo(s)?

- Pueblo:
 Navajo
 Apache:
 Other:

What is your spiritual preference?

- Atheist
 Buddhist
 Catholic
 Christian or Protestant:
 Jehovah's Witness
 Jewish
 Latter-Day Saints/Mormon
 Muslim
 Native:
 Sikh
 Spiritual
 Other:
 No Preference

Thank you!
 If you have questions, please ask our staff.

What You Need to Know about Telehealth

What Is a Telehealth Visit?

A telehealth visit happens when you go to see your local provider. While you are there, the clinic uses a computer to connect to doctors and specialists at UNM in Albuquerque. The doctors at UNM might be connected with a live video and sound link. Or your provider might just send pictures and other information for those doctors to look at later.

This lets your provider work with doctors in other places to help you. But you don't have to travel to see them.

Why Do I Need a Telehealth Visit?

Your provider thinks it would be helpful to work with a health care specialist. The telehealth visit will allow you and your provider to work with a specialist.

How Can I Benefit?

- You can see a specialist who may help us understand your problem better.
- You might not need to go to Albuquerque.

How Is My Privacy Protected?

Your privacy is protected just like in a face-to-face visit.

- What you and the doctors say and see in live video visits happens on a special secure computer system. This means no one else can see or hear what's happening.
- We will do our best to keep your visit and results private. The specialist will only speak to your local provider unless you agree otherwise.
- Telehealth visits are not recorded.

What Are the Possible Risks?

- There could be problems with the computer connection. Then the UNM specialist may not be able to learn key things. Or the visit may have to be rescheduled.
- We are very careful to keep telehealth visits secure. But it is possible that our security could

fail. If that happens, there is a chance your medical information may not stay private.

What Are My Rights with Telehealth Visits?

- You can stop the visit at any time. You just need to say you want to stop.
- Sometimes images are taken for the specialist to look at later. You can decide after the visit that you don't want them sent.
- You don't have to have more telehealth visits if you don't want to, even if your doctor thinks it would be a good idea.
- Even if you don't want any more telehealth visits, you may still see your regular provider. You may also ask to see the UNM specialist for a face-to-face visit.
- You have the right to be told of everyone who is in the room at the UNM clinic during live video visits. You also have the right to know about anyone who needs to come into the room. For example, if there is a problem with the computer, a technical person may need to come in to fix it. If you want to, you may leave the room until that person is gone. You may also ask a person to leave if you want them to.
- Your local providers will tell you about any talks they have with the specialist at UNM.
- You have the right to a copy of your medical records. You can get a copy by following the regular steps at your clinic or hospital.

What Else Should I Know?

- You or your insurance might be billed by UNM or your local provider for the visit. This will depend on agreements between your clinic and UNM. Ask your local clinic what to expect.
- Your local provider is still your main doctor. If you have an emergency or need to be seen right away, you should call your local provider.

Patient Consent for Telehealth Services



Patient name _____

Date of birth _____

This form is to be used in addition to a consent for treatment appropriate to the service

I have been given a copy of the handout

“What You Need to Know about Telehealth,” and I understand what it says.

I have had a chance to ask questions and they have been answered.

When I sign this form, I am saying I understand and agree that:

- the UNM health care specialist may discuss my medical history with my local provider.
- a provider at my local clinic may examine me as the UNM specialist guides him or her. The UNM specialist may also ask me questions through the video link.
- my medical information and images of my medical problems may be sent to the UNM specialist.

By signing below, I agree to use telehealth as part of my health care.

Patient Sign Here

Patient Sign Here

Date

If patient cannot sign, person who can legally give consent for patient.

Printed name of Authorized Signer

Relationship to Patient

Signature of Authorized Signer

Date

Witness Printed Name

Signature of Witness

Date

Referring Provider

Location

Consulting Provider

Location

patient sticker