# ADDITIONAL VISIT (AV) FORM

HIGH RISK INFANT FOLLOW-UP

**NAME:**_____ (Last, First) **HRIF I.D.#** _____

**Required Field*

*** DATE OF ADDITIONAL VISIT:** ☐☐-☐☐-☐☐☐☐ (MM-DD-YYYY)

*** This visit was conducted:** ☐ In-person ☐ Telehealth (audio + video observation) ☐ Phone Only

## * REASON FOR ADDITIONAL VISIT *(Required Field)*

☐ Social Risk
☐ Concern With Neuro/Developmental Course
☐ Case Management
☐ Other:_____

## * DISPOSITION *(Required Field)*

☐ Scheduled To Return
☐ Will Be Followed by Another CCS HRIF Clinic (1)

**DISCHARGED:**

☐ Graduated
☐ Closed Out of Program
☐ Family Moving Out of State/Country
☐ Family Withdrew Prior To Completion
☐ Will be Followed Elsewhere
☐ Completed HRIF Core Visits, Referred For Additional Resources

## AUTISM SPECTRUM SCREEN (Optional)

**Has a Diagnosis of Autism Spectrum Disorder Been Made?** ☐ **No** ☐ **Yes**

**Was an Autism Spectrum Screen Performed During this Visit?** ☐ **No** ☐ **Yes** *(complete below)*

| | | | | | |
|---|---|---|---|---|---|
| ***Screening Tool Used:*** | ☐ M-CHAT-RF<br>☐ CSBS-DP<br>☐ Other/Not Listed | ***Screening Results:*** | ☐ Pass<br>☐ Did Not Pass | ***M-CHAT-RF Risk Level:*** | ☐ Low Risk<br>☐ Medium Risk<br>☐ High Risk |

**Was the Infant Referred for Further Autism Spectrum Assessment?** ☐ **No** ☐ **Yes**

**Was an ASD diagnosis made at this visit (i.e. concurrent DBP evaluation)?** ☐ **No** ☐ **Yes** *(complete below)*

***How was the diagnosis made:*** ☐ Autism Diagnostic Observation Schedule (ADOS) ☐ Other Diagnostic Tools ☐ Other Clinical Evaluation

## HOSPITAL/CENTER INFORMATION (Optional)

**Hospital Specific Medical I.D. #** ☐☐☐☐☐☐☐☐☐☐

**Infant's First Name:**

**Infant's Last Name:**

**Infant's AKA-1 Last Name:**

**Infant's AKA-2 Last Name:**

**Primary Caregiver's First Name:**

**Primary Caregiver's Last Name:**

**Street Address:**

**City:** **State:** CA **Zip Code:** ☐☐☐☐☐

**Home Phone Number:** (☐☐☐) ☐☐☐-☐☐☐☐

**Alternate Street Address:**

**Alternate City:** **State:** CA **Zip Code:** ☐☐☐☐☐

**Alternate Phone Number:** (☐☐☐) ☐☐☐-☐☐☐☐

(1) Learn How To Transfer a Record to Another CCS HRIF Clinic.