

Autism Spectrum Disorder Diagnostic Clinic

The Autism Spectrum Disorder (ASD) Diagnostic Clinic provides diagnostic assessment and/or consultation services for pediatric patients 0 - 18 years of age with a question of ASD. This is one of many Child Development Services provided at the Child Development Centre, Alberta Children's Hospital. See the forms section for a chart of services provided and the ASD referral form.

Referrals are accepted from:

Community Pediatricians
Family Physicians
Allied Healthcare Professionals
ACH Physicians
Child Psychiatrists

Inclusion criteria:

- A history and current presentation of symptoms consistent with DSM-5 criteria suggesting that a diagnostic question of Autism Spectrum Disorder (ASD) is warranted.
- Important message to referring physicians: It is expected that conditions such as ADHD, anxiety, childhood depressions, conduct disorder, ODD or OCD are addressed prior to referral.
- Communication to parent(s)/caregiver : The purpose of the referral (answering a diagnostic question of ASD) must be clearly communicated to parent(s)/caregiver by the referring physician and the parent(s)/caregiver must have express their support to participate in the process to answer this diagnostic question.
- Second opinions re: ASD diagnosis. A panel review of the patient file and a determination will be made whether the referral warrants further evaluation. Note: it is the responsibility of the referral source & parent(s)/caregiver(s) to ensure all relevant documentation which includes private assessments, are submitted for consideration.

Exclusion criteria:

- A current presentation of an acute mental health condition or disorder that requires further evaluation or treatment. Please refer to Mental Health for treatment as this needs to be addressed before diagnostic evaluation can be considered.
- A request for ASD evaluation without supportive clinical documentation to warrant a question of ASD diagnostic assessment.
- Requests for second opinions re: a diagnosis of ASD without clinical documentation to warrant such evaluation.

Please complete: Autism Spectrum Disorder Diagnostic Clinic Referral Form