

Autism Spectrum Disorder Diagnostic Clinic

The Autism Spectrum Disorder (ASD) Diagnostic Clinic provides diagnostic assessment and/or consultation services for patients 1 to 18 years of age with a question of ASD.

Referral sources are to ensure the child's primary physician has been contacted and consents to the referral and that parents are aware of and in agreement with a referral for assessment of Autism Spectrum Disorder.

It is expected that conditions such as ADHD, ODD, OCD, anxiety, childhood depression, or conduct disorder are addressed/treated prior to the referral.

Referrals are accepted from:

- Community Pediatricians
- Family Physicians
- ACH Physicians
- Child Psychiatrists
- Allied Health Clinicians

Inclusion criteria:

- Children and youth must be 17 years 6 months of age or younger at time of referral to ensure adequate time to complete assessment before 18 years of age
- Children reside in the geographical Calgary Zone. Referrals received for children outside of Calgary Zone but residing in Alberta will be considered on an individual basis with the provision that some referrals may be redirected to services in their area

The patient must present with documented, observed or reported evidence in all 3 Areas of Concern listed in Section A **AND** evidence in at least 2 of the 4 Areas of Concern listed in Section B on the referral form. **Please provide different concrete examples for each area.**

Section A: Social, Communication and Interaction which includes:

- Social-emotional reciprocity (e.g. limited initiation of social interaction, reduced sharing of emotions/affects, poor social imitations, etc.)
- Non-verbal communication (e.g. poor use/understanding of gestures, impaired eye contact, poor use/understanding of affect, etc.)
- Development of relationships with peers of the same developmental level (e.g. lack of interest in peers, limited sharing of imaginary play, difficulties making friends, etc.)

Section B: Restricted, Repetitive Behaviours, Interests/Activities which includes:

- Stereotyped/repetitive speech, motor movements, or use of objects (e.g. echolalia, repetitive vocalizations, finger/arm movements, abnormal posture, etc.)
- Routines/rituals/resistance to change (e.g. strict adherence to specific routines, rigid thinking, verbal or non-verbal rituals/compulsions, etc.)
- Preoccupation/intense interests (e.g. intense interests in certain objects/topics, intense interest in unusual objects/topics, strong attachment to unusual objects)
- Sensory Responses (e.g. hyper or hypo reactivity to sensory input, unusual sensory interest)

Exclusion criteria:

- A current presentation of an acute mental health condition or disorder that requires further evaluation or treatment. Please refer to Access Mental Health for treatment as this needs to be addressed before diagnostic evaluation can be considered
- Requests for diagnostic assessments of children who have previously been diagnosed with Autism Spectrum Disorder (with the exception of children who meet criteria for re-evaluation).
- Requests for diagnostic assessments of children who live out of province or out of country
- Requests for diagnostic assessment of children who are under 12 months of age
- Requests for treatment of Autism Spectrum Disorder
- Requests for specific Allied Health assessment

Urgent Criteria:

- Documented developmental regression (excluding singular speech regression), newly emerging, or severe self-injury behaviours

Term of Reference:

Second Opinion refers to requests for re-evaluation of a previous diagnosis or ruling out of ASD. Requests will be reviewed on an individual basis.

Referrals for Second Opinion/Re-Evaluation:

- Requests for re-evaluation must include sufficient documentation to demonstrate why a reassessment is warranted.
- It is the responsibility of the referral source to ensure all supporting documentation, including previous assessments, is included with the referral.
- Referrals submitted without this documentation will be declined and the referral source requested to resubmit with the appropriate documentation.

- Referrals for Re-evaluation must still meet inclusion criteria.

Please complete:

Autism Spectrum Disorder Diagnostic Clinic Referral Form

Contact Information:

Child Development Services: Central Access and Referral Management:

Phone: 403-955-5999

Fax: 403-955-5990