Autism

Please answer all questions applicable to the client's medical history.

Producer Name_____ Phone _____ Date_____

Client Name_____ Date of Birth_____ ☐Male ☐Female

Face Amount _____ Max Premium $_____ /yr. ☐Term ☐Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐Yes ☐No

Frequency_____ Date of last use _____ Type _____

Date of diagnosis_____ Does the client live independently ☐Yes ☐No Currently working ☐Yes ☐No

Select the option that best describes the autism

- ☐Asperger's syndrome/High functioning (IQ above 70, None or very minimal impairment in sensorimotor ability, well developed language skills)
- ☐Mild (IQ 50-70, minimal impairment in sensorimotor ability, ability to acquire grade school academic skills, vocational skills for self-support may be achieved, may need assistance or guidance if stressed but may also be able to live independently or with limited supervision)
- ☐Moderate (IQ 35-49, able to acquire some communication skills with training, academic skills limited to early grade school level, social skills significantly impaired but may be able to perform unskilled or semi-skilled labor under supervision)
- ☐Severe (Poor motor development, minimal speech and little or no communication skills, not able to live independently)
- ☐Profound (IQ < 20, none to minimal speech and communication skills, need to live in a closely supervised environment)

History of seizures ☐Yes ☐No If yes, please provide the following:

Type of seizure ☐Grand mal ☐Petit mal ☐Partial seizure-complex ☐Focal

Symptoms experienced with seizures (select all that apply)

☐Unconsciousness ☐Clouded consciousness ☐Uncontrolled twitching ☐Deep sleep

☐Other (provide details)_____

Frequency of seizures_____ Date of last seizure _____

Any associated mental health or behavioral disorder (e.g. obsessive compulsive disorder, anxiety, panic attacks, depression or other) If yes, provide details_____

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Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: