UNIFI AUTISM CARE

Primary Care Input

TREATMENT PLAN RECOMMENDATIONS/GOALS

First Name:_____ Last Name: _____ DOB:_____/_____/_____

Please review the categories and examples below and check or write in any suggested recommendations to be incorporated into this child's treatment road map.

Not all categories may need to be addressed; UNIFI conducts a comprehensive assessment of behavior, social, communication and adaptive skills and strengths and a summary of our final treatment plan will be shared with you.

CATEGORY	EXAMPLES	CHILD-SPECIFIC RECOMMENDATIONS OR GOALS
Interfering Behavior	Restrictive; repetitive; challenging; aggressive; self-injurious; transitions management	
Communication	Expressive; receptive; symbolic	
Social Interaction	Interpersonal (individual/group); play	
Perceptual/Sensory	Visual; auditory; touch	
Executive Function	Attention; planning; organization; adaptation; resilience; judgement	
Well-child care; behavior associated with healthcare encounters	• Physical Exam/Vital Signs • Hearing/Vision testing • Vaccine administration • Venipuncture • Imaging Studies • Quality measures (PCMH; Bright Futures)	
Chronic condition management (e.g., Seizures, Asthma, GI conditions)	Quality Medication adherence Condition-related behaviors (e.g., use of inhaler	
Mental health management	Behavioral manifestations of ADHD, anxiety, OCD, depression	
Safety behavior	Safety skills (e.g., seatbelt use); Risk-taking behaviors	
Feeding behavior/Diet	Restrictive preferences, textures; mealtime behavior	
Dental Health	Oral hygiene practices; dentist visits	
Sleep Challenges	Insomnia; hypersomnia; early morning awakening; bedtime resistance; night wandering	
Toileting	Urine and bowel control	
Bathing/Personal Care	Washing; dressing	
Family support; communication	Family interaction support Reinforcement of pediatric counseling	
OTHER	e.g., Strategies for reduction of avoidable emergency room use or hospitalizations	