

Questionnaire on Listing 12.10 Autism Spectrum Disorder

12.10 Autism spectrum disorder, satisfied by A and B:

A. Medical documentation of both of the following:

- Qualitative deficits in verbal communication, nonverbal communication, and social interaction; and
- Significantly restricted, repetitive patterns of behavior, interests, or activities.

AND

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning:

- Understand, remember, or apply information.
- Interact with others
- Concentrate, persist, or maintain pace
- Adapt or manage oneself

Supplemental questions:

1. Within reasonable medical certainty, what is the earliest date in which the above limitations applied to your patient?

2. Has the duration of your patient's impairment been 12 months or longer (or do you expect the duration to last at least 12 months from the date set forth at question (1)?)

Yes

No

Date: _____

Signed: _____

Print/Type Name: _____

Address: