QUANTUM PEDIATRIC NEUROLOGY

Subspecialty Practice in Pediatric Neuromuscular & Developmental Neurology

Address: 525 N Keene St, Suite 302, Columbia, MO 65201 **Phone:** (573) 658-3008 | **Fax:** (573) 658-1905

Comprehensive Patient Evaluation Packet

Autism Spectrum Disorder (ASD) Diagnostic Program

Welcome to Quantum Pediatric Neurology: We understand that navigating developmental concerns can feel overwhelming. Our mission is to provide your family with a supportive, clear, and medically rigorous diagnostic journey. To establish an accurate diagnosis and satisfy insurance medical-necessity criteria for therapies (ABA, Speech, OT), we utilize a standardized **4-Component Diagnostic Evaluation Workflow**.

EVALUATION WORKFLOW OVERVIEW

PHASE	EVALUATION COMPONENT	FOCUS & KEY DELIVERABLES
Component 1	**Pre-Visit Screening & Intake**	Home/School rating scales (SRS-2, Vineland-3) & records review
Component 2	**New Patient Consultation**	Neurological exam, clinical history, & diagnostic orders
Component 3	**Standardized Testing Session**	Direct gold-standard observational battery (ADOS-2 Module 3)
Component 4	**Diagnostic Synthesis & Review**	Review of EEG, WES/WGS genomic results, final report, & prescriptions

DETAILED EVALUATION COMPONENTS

Component 1: Pre-Visit Screening & Digital Intake

Prior to Appointment

- **Caregiver Rating Scales:** Digital links are sent via our clinical portal (Q-global/WPS) for home completion of the *Social Responsiveness Scale (SRS-2)* and the *Vineland Adaptive Behavior Scales (Vineland-3)*.
- **School & Teacher Input:** Teacher questionnaires capture social dynamics and communication in structured peer settings.
- **Records Review:** Submission of previous therapy notes (Speech, OT, PT), developmental evaluations, and active IEP/504 plans prior to your visit.

Component 2: New Patient Clinical Evaluation

60 Minutes

- **Developmental & Social History:** In-depth review of early milestones, communication, social engagement, sensory profiles, and behavioral concerns.
- **Pediatric Neurological Examination:** Assessment of cranial nerves, motor tone, deep tendon reflexes, coordination, motor planning, and dyspraxia.
- **Neurocutaneous Examination:** Wood's lamp skin screen to rule out neurogenetic syndromes (e.g., Tuberous Sclerosis, Neurofibromatosis).
- **Diagnostic Workup Orders:** Initiation of medical orders for advanced genomic sequencing panels and electroencephalogram (EEG) studies.

Component 3: Direct Standardized Testing Session

60–90 Minutes

- **ADOS-2 Administration:** Structured, age-appropriate interactive assessment presenting social and communicative presses to evaluate reciprocity, nonverbal gestures, conversational fluidity, and repetitive behaviors.
- **Adaptive Functioning Integration:** Standardized domain scoring (communication, daily living, socialization) to satisfy educational and insurance authorization criteria.

Component 4: Diagnostic Synthesis, EEG, & Genomic Review

Review Encounter

First-Line Genomic Strategy: WES with Reflex to WGS

In alignment with ACMG guidelines, high-yield genomic sequencing is ordered as our primary diagnostic approach:

- **Whole Exome Sequencing (WES):** Analyzes coding DNA regions responsible for known neurodevelopmental conditions.
- **Reflex to Whole Genome Sequencing (WGS):** If WES is non-diagnostic, the sample automatically reflexes to WGS to evaluate non-coding regions and structural variants—preventing secondary blood draws and diagnostic delays.

- **Electroencephalogram (EEG) Review:** Review of routine/prolonged EEG tracings to rule out absence events, nocturnal spikes, or subclinical epileptiform discharges.
- **Diagnostic Finalization & Prescriptions:** Formal DSM-5-TR diagnostic classification, severity level assignment, and issuance of physician prescriptions for **ABA, Speech Therapy, Occupational Therapy**, and school IEP/504 accommodations.

PARENT APPOINTMENT PREPARATION CHECKLIST

[□] **Photo ID & Active Insurance Cards** (Primary & Secondary)

[□] **Completed Digital Intake Questionnaires** (SRS-2 and Vineland-3)

[□] **School Records & Active IEP/504 Documentation**

[□] **Prior Therapy Reports** (Speech, OT, PT notes within the past 12 months)

[□] **Behavioral Video Clips (Optional):** Short smartphone clips capturing behaviors of concern (e.g., motor stereotypies, staring spells, or sensory reactions) for clinical review.

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