

John M. Pramenko, MD, P.C.



Your Personal Care Family Doctor

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Autism Screening Consent Form

I understand that the Modified Checklist for Autism in Toddlers is a screening test for autism and will neither confirm nor entirely rule out the diagnosis of an autism spectrum disorder. The objective of the test is early identification of children who are candidates for further evaluation. I agree to bring the test results to my child's physician if the results are abnormal. Dr. Pramenko will keep a copy of the results filed but will not maintain any other medical records for my child unless he/she is a patient of Dr. Pramenko.

Name of child _____ DOB _____

Name of parent/guardian _____

Address _____

Signature of parent/guardian _____ Date _____

*Please make sure to include your child's name and your address on the test.