

## Physician Amyotrophic Lateral Sclerosis Reporting Form

The Vermont ALS Registry was established by the Vermont Legislature in Act 149 (2022). **All healthcare providers who diagnose or treat ALS patients must report all individual cases to the Vermont Department of Health.**

Please Print. Fields marked with an asterisk (\*) are required.

<b>A</b>				<b>PATIENT INFORMATION</b>																			
	<b>Patient's Name (Last, First, MI, Suffix) *</b>			<b>Date of Birth *</b> / /																			
	<b>Town of Residence *</b>		<b>State of Res. *</b>		<b>Years living in this town?</b>																		
	<b>Mailing Address *</b>					<b>Is this a nursing home? *</b>																	
	<b>City *</b>		<b>State *</b>	<b>ZIP Code *</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																	
	If less than 10 years living in town then list the previous town of residence																						
	<b>Previous Town of Residence</b>			<b>Prev. Res. State</b>		<b>Years living in this town?</b>																	
<b>B</b>								<b>PATIENT DEMOGRAPHIC INFORMATION</b>															
	<b>Race (check all that apply) *</b>				<b>Ethnicity *</b>				<b>Payer Type (check all that apply)</b>														
	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown				<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> HMO <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self-pay <input type="checkbox"/> VA <input type="checkbox"/> HMO <input type="checkbox"/> Other														
					<b>Sex *</b>																		
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown																		
					<b>Military Veteran:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																		
					<b><u>If Yes, Which branch, war/years?</u></b>																		
<b>C</b>												<b>OCCUPATION AND INDUSTRY (see instructions below)</b>											
Enter the usual occupation. Do not enter retired. Provide the kind of work that was done such as claims adjuster, farmhand, store manager, college professor, nurse, civil engineer. The industry is the kind of business to which the occupation is related such as insurance, farming, retail clothing, university, hospital, or government. If someone never worked outside of the house then record "homemaker" for Occupation and in Industry put down "own home".																							
	<b>Current/Most Recent Occupation</b>						<b>Last Date if not Currently Employed</b> / /			<b>Years in this Occupation</b>													
	<b>Industry</b>																						
	<b>Previous Occupation</b>									<b>Years in Previous Occupation</b>													
	<b>Industry</b>																						

<b>D</b>		<b>DIAGNOSIS</b>	
	Name of provider who made the initial ALS diagnosis (if known)?	Date of Diagnosis / /	
	Facility of provider who made the initial ALS diagnosis (if known)?	Date of Symptom Onset / /	
	Patient diagnosed with dementia by a neurologist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>EI Escorial Criteria as determined by an ALS specialist (check one) *</b> <input type="checkbox"/> Definite <input type="checkbox"/> Probable <input type="checkbox"/> Probable (lab supported) <input type="checkbox"/> Possible <input type="checkbox"/> Not Classifiable <input type="checkbox"/> Unknown	
	Family history of ALS or other neurological diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <u>If yes, please describe.</u>		
	Patient tested positive for an ALS genetic trait? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <u>If yes, please describe.</u>		
	Does the patient have a history of concussion or other head trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <u>If yes, please describe.</u>		
	Was the ALS diagnosis confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown * <u>If yes, how was that diagnosis confirmed? *</u>		

**If you have not diagnosed or treated ALS patients in the indicated reporting period, please indicate so below and return a copy of this form to us for our records.**

"I attest that I have not diagnosed or treated ALS patients in current reporting time period." Initials: \_\_\_\_\_

<b>REPORTING PHYSICIAN INFORMATION</b>			
Name of Reporting Physician *			Date of Report * / /
Reporting Physician Mailing Address *			
City *	State *	ZIP Code *	Phone Number *

**Guidance for EI Escorial Criteria for diagnosing ALS including definite, probable, and possible ALS:**

- Lower Motor Neuron signs (by clinical, electrophysiological, or neuropathological examination) in 1 or more of 4 regions (bulbar, cervical, thoracic, and lumbosacral). Signs of lower motor neuron degeneration include: weakness, muscle atrophy and fasciculations.
- Upper Motor Neuron signs (by clinical examination) in 1 or more of the 4 regions. Signs of upper motor neuron degeneration included: slowed movements, increased muscle tone or spasticity, spastic gait.
- Progression of signs within a region or to other regions

Definite ALS = Upper Motor Neuron + Lower Motor Neuron signs in 3 regions  
 Probable ALS = Upper Motor Neuron + Lower Motor Neuron signs in 2 regions with Upper Motor Neuron signs rostral to Lower Motor Neuron signs  
 Probable ALS, lab supported = Upper Motor Neuron + Lower Motor neuron signs in 1 region with evidence by EMG of lower motor neuron involvement in another region.  
 Possible ALS = Upper Motor Neuron + Lower Motor Neuron signs in 1 region or Upper Motor Neuron signs in 2 or 3 regions, such as monomelic ALS, progressive bulbar palsy, and primary lateral sclerosis