PHYSICIAN SAMPLE LETTER: ASD ELOPEMENT

*NAME OF CHILD (DOB XX/XX/XX)* carries a diagnosis of Autism, which poses certain cognitive challenges and safety risks. *NAME* currently attends *NAME OF SCHOOL* in *NAME OF TOWN*.

*NAME* has a history of wandering from safe environments, including a *YEAR* incident where *NAME* wandered from *LIST INCIDENT*. According to Centers for Disease Control (CDC), Wandering places children and adults with autism spectrum disorders (ASD’s) in harmful and potentially life threatening situations - making this an important safety issue for individuals affected and their families and caregivers.

Due to the nature of the diagnosis, *NAME* will wander from safe environments. *NAME’S* wandering tendencies include goal-orientated elopement, which means *NAME* will seek out places or items of interest, specifically roads or bodies of water. *NAME’S* history also includes fleeing incidents following escalation.

It is for these reasons, and *NAME’S* history of elopement, that *NAME* now has a medical diagnosis of **Wandering in Diseases Classified Elsewhere (IDC-10-CM Diagnosis Code Z91.83).** To ensure *NAME’S* safety, it is medically necessary that family and caregivers responsible for *NAME’S* safety and well-being utilize location tracking technology in combination with other appropriate safeguards for wandering prevention. The selected location tracker must be worn by *NAME* any time there is a possibility of elopement and should deliver notifications to alert family and caregivers of *NAME’S* location.

Sincerely,

For more information on the wandering diagnostic code, visit http://www.cdc.gov/ncbddd/autism/code.html