VERMONT
DEPARTMENT OF HEALTH

ATTN: Brennan Martin – ALS Registry
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Healthcare Provider Amyotrophic Lateral Sclerosis (ALS) Reporting Form

Act 149 (2022) requires healthcare providers that screen for, diagnose, or provide therapeutic services to patients with ALS to report to the Department all individuals diagnosed as having ALS not later than six months from the date of diagnosis, unless the provider knows that a report for that patient has already been made to the Department.

Fields marked with an asterisk (*) are required.

REPORTING HEALTHCARE PROVIDER INFORMATION			
Name of Reporting Provider *			**Date of Report *** / /
Reporting Provider Mailing Address *			
City *	**State ***	**ZIP Code ***	**Phone Number ***

For each patient that has been diagnosed in the previous calendar year, please submit one reporting form with the information below filled in.

A PATIENT INFORMATION

Patient's Name (Last, First, MI, Suffix) *			**Date of Birth *** / /
Town of Residence *		**State of Res. ***	**Years living here?**
Mailing Address *			**Is this a nursing home? *** □ Yes □ No □ Unknown
City *	**State ***	**ZIP Code ***	
If less than 10 years living in town then list the previous town of residence			
Previous City/Town of Residence		**Prev. Res. State**	**Years lived there?**

Race (check all that apply) * □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other (Specify) _____ □ Unknown	**Ethnicity *** □ Hispanic □ Non-Hispanic □ Unknown **Gender** □ Woman □ Man □ Non-binary □ Unknown **Sex assigned at birth *** □ Female □ Male □ Intersex □ Unknown **Military Veteran:*** □ Yes □ No □ Unknown **If Yes, Which branch, war/years?**	**Payer Type (check all that apply)** □ Medicare □ Medicaid □ HMO □ Private Insurance □ Self-pay □ VA □ HMO □ Other

B OCCUPATION AND INDUSTRY (see instructions below)

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".

Current/Most Recent Occupation	Last Date if not Currently Employed / /	Years in this Occupation
Industry		
Previous Occupation		**Years in Previous Occupation**
Industry		

C DIAGNOSIS

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? □ Yes □ No □ Unknown	**El Escorial Criteria as determined by an ALS specialist (check one) *** □ Definite □ Probable □ Probable (lab supported) □ Possible □ Not Classifiable □ Unknown
Family history of ALS or other neurological diseases? □ Yes □ No □ Unk. **If yes, please describe.**	
Patient tested positive for an ALS genetic trait? □ Yes □ No □ Unknown **If yes, please describe.**	
Does the patient have a history of concussion or other head trauma? □ Yes □ No □ Unknown **If yes, please describe.**	
Was the ALS diagnosis confirmed? □ Yes □ No □ Unknown * **If yes, how was that diagnosis confirmed? ***	

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

1. 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.
2. 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.
3. 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