

**PHYSICIAN SAMPLE LETTER: AUTISM 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 (ASDs) in harmful and potentially life-threatening situations—making this an important safety issue for individuals affected and their families and caregivers.

If given the opportunity, NAME will wander from safe environments. *NAME*’S wandering tendencies include goal-directed elopement, which means *NAME* will seek out items of interest, specifically roads and bodies of water. *NAME*’S history also includes fleeing incidents following a meltdown or escalation trigger.

It is for these reasons, and *NAME’S* history of elopement, that *NAME* now has a medical diagnosis of **Wandering In Diseases Classified Elsewhere (ICD-10-CM Diagnosis Code Z91.83)**. To ensure *NAME*’s safety, it is medically necessary that *NAME* have close and constant adult supervision at all times, and that proper safeguards are in place. Safeguards may include architectural barriers, door alarms, visual prompts, and a school-wide response protocol.

A Functional Behavioral Assessment should be done to help identify root causes of *NAME*’s elopement behaviors. *NAME* must never be left unattended by any adult for any reason. Leaving *NAME* unattended poses serious safety and health risks.

Sincerely,

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