**Autism Assessment Service**

Child Development Centre

Wing F, 207

Harrogate District Hospital

Lancaster Park Road

Harrogate HG2 7SX

Tel: 01423 557471

**Autism Assessment Service Referral Request – Professional**

Please return this form via email to: [hdft.autism1@nhs.net](mailto:hdft.autism1@nhs.net). Before submitting this form, you must have agreement from the parent/ carer and (if aged 14 or over) the child/young person.

If you are unable to send via email, please call us on 01423 557471 or post to Autism Assessment Service on the above address.

**Information sharing:** The information you provide on this form will be shared with the Early Help Team. If we think it is appropriate, we may also take the referral to the Multi-Agency Team Meeting to consider whether onward referrals to other services may also be helpful. This will involve sharing the referral information with Child & Adolescent Mental Health Service (CAMHS), Social Care, Compass Phoenix and other providers of care. For further information about information sharing, please refer to the privacy notice on our website: [www.hdft.nhs.uk/privacy-notices](http://www.hdft.nhs.uk/privacy-notices)

**Parental responsibility:** In situations where there is shared parental legal responsibility for a child (e.g. where parents are separated), the parent/carer who supported the completion of this referral accepts responsibility for informing other parents/carers of the autism referral and assessment process, and will inform the Autism Assessment Team of any relevant information pertaining to shared parental/caring responsibilities and any potential difference of opinion.

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| **Person completing this form (please tick relevant box)**  **If form was completed by multiple people (e.g. school and parents), please select all involved** | Social Care |  |
| Education setting |  |
| Young person |  |
| Parents/carers |  |
| Health professional |  |
| Other…. |  |
| Your Name: | Your Role/Service: | |
| Address: | Contact number/email: | |
| Date completed: | | |

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| **Child/young person’s name:** |  | | | | **Date of Birth:** | | | |  | |
| **Known as:** |  | | | | **Gender:**  Please indicate if this is different from sex assigned at birth | | | |  | |
| **Address:** |  | | | | | | | | | |
| **Pronouns:** | he/she/they/other | | | | **GP Practice Name:** | | | |  | |
| **NHS Number if known:** |  | | | | | | | | | |
| **Is an interpreter needed? (if so, which language)** | | | | | |  | | | | |
| **Are any of their parents currently in the military?** | | | | | |  | | | | |
| **Parent/Carer 1 details** | | Name: | |  | | | | | | |
| Address: | |  | | | | | | |
| Telephone: | |  | | | | | | |
| Email: | |  | | | | | | |
| **Parent/Carer 2 details** | | Name: | |  | | | | | | |
| Address: | |  | | | | | | |
| Telephone: | |  | | | | | | |
| Email: | |  | | | | | | |
| **Who has legal parental responsibility?** | | **Mum/Dad/Both/Other:** | | | | | | | | |
| **Other people living in the same home as child/young person:** | | **Name** | | **Date of Birth** | | | | | **Relationship** | |
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| **Any brothers or sisters (full, step or half) not living in the family home?** | |  | | | | | | | | |
| **Developmental and Medical History (fill out where able to, leave blank where you are not able to obtain information)** | | | | | | | | | | |
| **Was the mother well during pregnancy?**  **Any complications?** | |  | | | | | | | | |
| **Was delivery as expected?** | |  | | | | | | | | |
| **Was the baby born around their due date? Please include birth weight.** | |  | | | | | | | | |
| **Please describe any *significant* illness or admissions to hospital** | |  | | | | | | | | |
| **Is the child on any medication?** | |  | | | | | | | | |
| **What age did the child?** | | **Smile:** | | | | **Babble:** | **Sit on their own:** | | | **Walk:** |
|  | | | |  |  | | |  |
| **When did the child say single words?** | |  | | | | **Please give examples:** | | | | |
| **When did they start putting 2 or more words together?** | |  | | | | **Please give examples:** | | | | |
| **Education** | | | | | | | | | | |
| **Does (or did) the child attend any toddler groups or pre-school setting e.g. nursery?** | |  | | | | | | | | |
| **Current School/Nursery/College:** | | | | | | | | | | |
| **Name:** | |  | | | | | | | | |
| **Location:** | |  | | | | | | | | |
| **Current School Year:** | |  | | | | | | | | |
| **Which professionals are currently involved in supporting this family?** | | | | | | | | | | |
| **Name** | | | **Contact Details (phone/email)** | | | | | **Organisation** | | |
|  | | |  | | | | |  | | |
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| **Has the child/young person undergone an Autism Assessment in the past? Yes  No** | | | | | | | | | | |
| **If yes, please provide details (e.g. date, assessor, outcome)** | | |  | | | | | | | |

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| **What are the child’s/young person’s strengths and interests?** |  |
| **What are your concerns?** |  |
| **How do these concerns affect the child’s day to day life?**  **Please tell us about any specific risks.** |  |
| **How do these concerns affect the family?** |  |
| **Who are the key supportive and positive relationships around the family?** |  |
| **What additional help do they already get to manage and enjoy everyday life?** |  |
| **What additional help do they need (but not yet have) to manage and enjoy everyday life?** |  |
| **Please give details of any significant events in the family (during pregnancy or since birth) e.g. bereavement, house moves, difficult school moves, parental separation, domestic violence, new baby:** |  |
| **Please give details of any history of mental health difficulties (including post-natal depression), chronic illness or developmental delay in the extended family?** |  |
| **Is there anyone in the immediate or extended family who is autistic or has other neurodevelopmental differences (ADHD, dyslexia, dyspraxia etc.)?** |  |
| **Could there be another explanation for their differences?** (e.g. anxiety, low mood, ADHD, learning difficulties, difficult life experiences, coordination difficulties) If so, please give details: |  |

**Please use the scoring system below. Do not worry if some of the questions are not relevant for the age of the child – please mark as N/A (Not applicable) if this is the case.**

1. **This is not true of the child at all**
2. **This is a little true of the child**
3. **This is true for the child**
4. **This is true of the child/ is having a big impact**

***Communication***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They can become totally focussed on what they are doing and ‘zone out’ |  |  |  |  |  |
| They may not respond when their name is called / when you try to get their attention |  |  |  |  |  |
| They show little interest in turn taking games |  |  |  |  |  |
| They may not smile back when someone smiles at them |  |  |  |  |  |
| Their eye contact is different to most other people their age e.g. tending not to look at others, intense stares, giving fleeting looks |  |  |  |  |  |
| They tend not to use gesture e.g. waving, nodding or shaking their head |  |  |  |  |  |
| You cannot easily tell how they are feeling by their facial expressions |  |  |  |  |  |
| They cannot easily read other people’s non-verbal communication e.g. tone of voice / facial expression / body language |  |  |  |  |  |
| They may not show much interest in what others have to say |  |  |  |  |  |
| They find it hard to ask for help |  |  |  |  |  |
| They find it hard to tell you about their day when you ask them about it |  |  |  |  |  |
| They show less awareness of when it’s their turn to talk or to listen |  |  |  |  |  |
| They expect you to know what they want without telling you |  |  |  |  |  |
| They speak over people |  |  |  |  |  |
| They can talk for long periods of time about their favourite topic and might not notice if the listener is distracted |  |  |  |  |  |
| They may not understand jokes and everyday sayings e.g. ‘keep your eyes peeled’ (as much as others their age would) |  |  |  |  |  |
| Their speech and tone of voice is different to the rest of their family / other people their age (e.g. flat / exaggerated / babyish / unusual accent / mumbled) |  |  |  |  |  |
| They still refer to themselves by name (beyond the age of age 4) |  |  |  |  |  |

**Relationships and friendships**

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|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They have difficulty interpreting social cues e.g. familiar with strangers or recognising people in authority |  |  |  |  |  |
| They may say things that offend other people e.g. "you smell funny" |  |  |  |  |  |
| They behave in ways that seem socially unexpected or shocking for their age |  |  |  |  |  |
| They may not pick up on how other people are feeling e.g. bored / upset / annoyed |  |  |  |  |  |
| They find it hard to understand other people's perspectives or views |  |  |  |  |  |
| They may not to recognise other people’s need for personal space |  |  |  |  |  |
| They do not seek comfort when they have hurt themselves |  |  |  |  |  |
| They find it hard to adjust their behaviour to the situation they are in |  |  |  |  |  |
| They find it hard to share toys / attention |  |  |  |  |  |
| They do not express pleasure when they get an award and they tend not to share their achievement / enjoyment with others |  |  |  |  |  |
| They enjoy being alone more than expected |  |  |  |  |  |
| They prefer it if others don’t try to join in with their play / activities / taking turns |  |  |  |  |  |
| They prefer structured activities (e.g. rather than more general ‘play dates’, hanging out) with their peers |  |  |  |  |  |
| Group play tends to break down or needs adult support |  |  |  |  |  |
| They prefer the company of adults |  |  |  |  |  |
| They struggle to get on well with other children and young people of different ages |  |  |  |  |  |
| They have 1 or 2 intense friendships |  |  |  |  |  |
| They don’t like to share their friends |  |  |  |  |  |
| They may join group games, but only play by their own rules |  |  |  |  |  |
| They may take on the characteristics or mannerisms of a friend / role model |  |  |  |  |  |
| They may seem to hang back and watch for a long time before joining in |  |  |  |  |  |

**Routines and rituals**

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| --- | --- | --- | --- | --- | --- |
|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They have specific routines and rituals e.g. something has to be done in exactly the same way |  |  |  |  |  |
| They can be upset by changes to routines or environment e.g. wet play / teacher off sick / road closed |  |  |  |  |  |
| They need to understand the rules and expectations before joining in a game, and may become upset if others are not following the rules |  |  |  |  |  |
| They find it hard to move from one activity / room / environment to another e.g. transitions |  |  |  |  |  |
| They often ask the same question repetitively and want you to answer them in a particular way |  |  |  |  |  |
| They cannot cope when plans change or if there are spontaneous outings |  |  |  |  |  |
| They stick to the rules and expect others to do so too |  |  |  |  |  |
| They need things to be done or arranged in specific ways |  |  |  |  |  |
| They have a great fondness for certain numbers / letters |  |  |  |  |  |

**Stereotyped and repetitive behaviour**

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|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They display repetitive hand and/or body movements e.g. hand flapping, twisting, wringing, rocking (may be at times of excitement, distress or anxiety) |  |  |  |  |  |
| They may still walk on their tip toes (beyond pre-school age) |  |  |  |  |  |
| They engage in repetitive behaviours e.g. opening and closing doors, turning lights on and off, filling and emptying containers |  |  |  |  |  |
| They don’t always use toys and objects for their intended purpose |  |  |  |  |  |
| They line up toys or other objects, or they used to line up toys when younger |  |  |  |  |  |
| They fiddle excessively with objects / their clothes |  |  |  |  |  |

**Interests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They were interested in shapes / letters / numbers at an early age |  |  |  |  |  |
| They have a limited range of hobbies and interests |  |  |  |  |  |
| Their interests don’t change much over time |  |  |  |  |  |
| They have collections of objects |  |  |  |  |  |
| They like to carry a specific object around with them |  |  |  |  |  |
| They usually change the topic of conversation to their favourite topic |  |  |  |  |  |
| They have expertise on their favourite subject |  |  |  |  |  |

**Sensory**

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| --- | --- | --- | --- | --- | --- |
|  | **Please give examples** | **1** | **2** | **3** | **4** |
| They are distressed by loud or unusual noises, they may cover their ears to block out to sound |  |  |  |  |  |
| They cannot tolerate school uniform / shoes or clothes they have not chosen (e.g. for special occasions) |  |  |  |  |  |
| They are sensitive to the feel of certain clothing (including labels and seams) |  |  |  |  |  |
| They have an unusual reaction to pain or temperature |  |  |  |  |  |
| They have a limited diet / they only like certain foods due to colour / texture |  |  |  |  |  |
| They are uncomfortable with different food groups touching on their plate |  |  |  |  |  |
| They struggle to recognise or tell others if they are hungry / thirsty / need the toilet |  |  |  |  |  |
| They cannot tell if they are too hot / cold |  |  |  |  |  |
| They eat non-food items (e.g. soil / fluff) |  |  |  |  |  |

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| **Who thinks the child/young person could be autistic?** | | | |
| **Person** | **Yes** | **No** | **Maybe** |
| Child/young person |  |  |  |
| Parent/carer |  |  |  |
| Parent/carer |  |  |  |
| School |  |  |  |
| Other: ………………. |  |  |  |
| Other: ………………. |  |  |  |

|  |  |
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| **Do you have any concerns to do with self-care? Please describe.** |  |
| **Do you have any concerns to do with sleep? Please describe.** |  |
| **Do you have any concerns to do with their learning or progress academically? Please describe.** |  |
| **Do you have any concerns to do with their movement? Please describe.** |  |

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| --- | --- | --- | --- |
| **Please comment on any concerns you may have for the young person’s concentration and attention, distractibility and impulsivity:** | | | |
| **If there are concerns in the above areas, in which settings do they occur? Please tick table below.**  If you are completing this section, please take a look at the Neuro Pack on our website and send this to CAMHS if you would like them to consider possible ADHD. | | | |
|  | **School** | **At home** | **In the community** |
| Inattentive |  |  |  |
| Hyperactivity |  |  |  |
| Impulsivity |  |  |  |
| Concentration Difficulties |  |  |  |

Thank you. Please return this form via email to: [hdft.autism1@nhs.net](mailto:hdft.autism1@nhs.net)