**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**

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

If you are unable to send via email or you need help completing this form, please call us on 01423 557471 or email [hdft.autism1@nhs.net](mailto:hdft.autism1@nhs.net)

If you are unable to use email, you can post the form to Autism Assessment Service to 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 completes this form 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.

**Young person agreement to the referral:** Please ensure you have agreement from your child before submitting this form if your child is aged 14 or over.

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| **Name of person completing this form:** |  |
| **Relationship to child/young person:** |  |
| **Date:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’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:** | |  | |  | |  |
| **Contact numbers:** | |  | | | | |
| **Is an interpreter needed? (if so, which language)** | | | | |  | |
| **Are either 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 your child:** | **Name** | | **Date of Birth** | | | **Relationship** |
|  | |  | | |  |
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| **Any brothers or sisters (full, step or half) not living in the family home?** |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Which professionals are currently involved in supporting your family?** | | |
| Name | Contact Details (phone/ email) | Organisation |
|  |  |  |
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| **Developmental and Medical History** | | | | |
| **Were you well during pregnancy? Any complications?** |  | | | |
| **Was delivery as you expected?** |  | | | |
| **Was the baby born around their due date? Please include birth weight.** |  | | | |
| **Please describe any *significant* illness or admissions to hospital** |  | | | |
| **Is your child on any medication?** |  | | | |
| **What age did your child…?** | **Smile:** | **Babble:** | **Sit on their own:** | **Walk:** |
| **When did your child say single words?** |  | **Please give examples** | | |
| **When did they start putting 2 or more words together?** |  | **Please give examples** | | |
| **Has the child had an Autism Assessment in the past? Yes  No** | | | | |
| **If yes, please provide details (e.g. date, assessor, outcome)**  **It would be helpful if you are able to share the report with us to add to your child’s medical record.** |  | | | |

|  |  |
| --- | --- |
| **Education** | |
| **Does (or did) your child attend any toddler groups or pre-school setting e.g. nursery?** |  |
| **Child’s *current* School/Nursery/College** | |
| **Name:** |  |
| **Location:** |  |
| **Current School Year:** |  |

|  |  |
| --- | --- |
| **What are your child’s strengths?** |  |
| **What hobbies/interests does your child have?** |  |
| **What are your concerns?** |  |
| **How do these concerns affect their 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 do you enjoy doing together as a 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 your child’s 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 your child – please mark as N/A (Not applicable) if this is the case.**

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

***Communication***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples** | **1** | **2** | **3** | **4** |
| Can become totally focussed on what they are doing and ‘zone out’ |  |  |  |  |  |
| Usually responds when their name is called/ when you try to get their attention |  |  |  |  |  |
| Had little interest in turn taking games e.g. peekaboo |  |  |  |  |  |
| Usually smiles back when someone smiles at them |  |  |  |  |  |
| Eye contact is different to most other people their age e.g. tends not to look at others, intense stare, gives fleeting looks |  |  |  |  |  |
| Comfortably uses gesture e.g. waving, nodding or shaking their head |  |  |  |  |  |
| You can easily tell how they are feeling by their facial expressions |  |  |  |  |  |
| They can read other people’s non-verbal communication e.g. tone of voice/facial expression/body language |  |  |  |  |  |
| Does not usually appear interested in what others have to say |  |  |  |  |  |
| Can ask for help |  |  |  |  |  |
| Finds it hard to tell you about their day when you ask |  |  |  |  |  |
| Is usually aware when it’s their turn to talk |  |  |  |  |  |
| Expects you to know what they want without telling you |  |  |  |  |  |
| Can tell when other people want a turn to talk |  |  |  |  |  |
| Can talk for long periods about their favourite topic and might not notice when the listener is distracted |  |  |  |  |  |
| Understands jokes and everyday saying e.g. ‘keep your eyes peeled’ (as much as other children their age would) |  |  |  |  |  |
| Tone of voice is different to the rest of the family/ other people their age (e.g. flat/exaggerated/babyish/unusual accent/mumbled) |  |  |  |  |  |
| Stopped referring to themselves by name by age 4 |  |  |  |  |  |
| Language can sound very specific, technical or adult for their age |  |  |  |  |  |
| Very rarely makes repetitive or unusual noises e.g. humming, growling, squeaking |  |  |  |  |  |
| Memorises and repeats chunks of dialogue heard in DVDs/books or television |  |  |  |  |  |
| Doesn’t often talk to them self |  |  |  |  |  |
| Seems to need to narrate the events of the day back in great detail |  |  |  |  |  |

**Social understanding and relationships**

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| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples** | **1** | **2** | **3** | **4** |
| Has difficulty interpreting social cues e.g. being overly familiar with strangers or not recognising someone’s authority |  |  |  |  |  |
| Doesn’t often say things that may offend other people e.g. "you smell funny" |  |  |  |  |  |
| Behaves in ways that seem socially unexpected or shocking for their age |  |  |  |  |  |
| Can pick up on how other people are feeling e.g. bored/upset/annoyed |  |  |  |  |  |
| Finds it hard to understand another's perspectives or views |  |  |  |  |  |
| Recognises other people’s need for personal space |  |  |  |  |  |
| Does not seek comfort when they have hurt themselves |  |  |  |  |  |
| Can adjust their behaviour to the situation they are in |  |  |  |  |  |
| Finds it hard to share toys or attention |  |  |  |  |  |
| Is pleased to get an award and keen to share their enjoyment |  |  |  |  |  |
| Enjoys being alone more than expected |  |  |  |  |  |
| Usually chooses to play alone even if there are other children around |  |  |  |  |  |
| Is happy to let others join in with their play/take turns |  |  |  |  |  |
| Prefers structured activities with other children rather than ‘play dates’ |  |  |  |  |  |
| Group play rarely breaks down or needs adult support |  |  |  |  |  |
| Prefers the company of adults |  |  |  |  |  |
| Gets on well with children of all ages |  |  |  |  |  |
| Has 1 or 2 intense friendships |  |  |  |  |  |
| Can share their friends |  |  |  |  |  |
| Is interested in joining group games but will only play by their own rules |  |  |  |  |  |
| Doesn’t usually take on characteristics or mannerisms of a friend/role model |  |  |  |  |  |
| May seem to hang back and watch for a long while before joining in play |  |  |  |  |  |

**Routines and rituals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples** | **1** | **2** | **3** | **4** |
| Has specific routines and rituals e.g. something has to be done in exactly the same way |  |  |  |  |  |
| Is not upset by changes to routines or environment e.g. wet play/teacher off sick/road closed |  |  |  |  |  |
| Needs to understand the rules and expectations before joining in a game, and may be upset if others are not following the rules |  |  |  |  |  |
| Is able to move from one activity/room/environment to another e.g. transitions |  |  |  |  |  |
| Often asks the same question repetitively and wants you to answer them in a particular way |  |  |  |  |  |
| Can cope when plans change/with spontaneous outings |  |  |  |  |  |
| Sticks to rules and expects others to as well |  |  |  |  |  |
| Does not needs things to be done or arranged in specific ways |  |  |  |  |  |
| Has a great fondness for certain numbers/letters |  |  |  |  |  |

**Stereotyped and repetitive behaviour**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples** | **1** | **2** | **3** | **4** |
| Displays repetitive hand and/or body movements e.g. hand flapping, twisting, ringing, rocking (may be at times of excitement, distress or anxiety) |  |  |  |  |  |
| Stopped regularly walking on tip toes by school age |  |  |  |  |  |
| Engages in repetitive behaviours e.g. opening and closing doors, turning lights on and off, filling and emptying containers |  |  |  |  |  |
| Uses toys and objects for their intended purpose |  |  |  |  |  |
| Lines up toys or other objects, or used to line up toys when younger |  |  |  |  |  |
| Does not excessively fiddle with objects/their clothes |  |  |  |  |  |

**Interests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples** | **1** | **2** | **3** | **4** |
| Was interested in shapes/letters/numbers at an early age |  |  |  |  |  |
| Has a range of hobbies and interests |  |  |  |  |  |
| Has collections of objects |  |  |  |  |  |
| Interests change over time |  |  |  |  |  |
| Likes to carry a specific object around with them |  |  |  |  |  |
| Doesn’t usually change the topic of conversation to their favourite topic |  |  |  |  |  |
| Has expertise on their favourite subject |  |  |  |  |  |

**Sensory**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Is distressed by loud or unusual noises, may cover their ears to block out to sound |  |  |  |  |  |
| Can tolerate school uniform/ shoes or clothes they have not chosen (e.g. for special occasions) |  |  |  |  |  |
| Is sensitive to the feel of certain clothes (including labels and seams) |  |  |  |  |  |
| Has a typical reaction to pain or temperature |  |  |  |  |  |
| Has a limited diet and/only likes certain foods due to colour/texture |  |  |  |  |  |
| Comfortable with different food groups touching on their plate |  |  |  |  |  |
| Struggles to recognise/tell others if they are hungry/thirsty/need the toilet |  |  |  |  |  |
| Can easily tell if they are too hot/cold |  |  |  |  |  |
| Eats non-food items (e.g. soil/ fluff) |  |  |  |  |  |

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

|  |  |
| --- | --- |
| **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 in school?**  **Please describe.** |  |
| **Do you have any concerns to do with their movement? Please describe.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 are these traits seen? 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)