**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.autism@nhs.net](mailto:hdft.autism@nhs.net)

If you are unable to send via email or you need help completing this form, please call us on 01423 557471. 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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| **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** |  | | | | | |

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| --- | --- | --- |
| **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 undergone 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 the young person’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 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 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 true of my child and is having a big impact**

***Communication***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Was a late talker |  |  |  |  |  |
| Had little interest in turn taking games e.g. peekaboo |  |  |  |  |  |
| Finds it hard to share toys or attention |  |  |  |  |  |
| Can become totally focussed on what they do are doing and ‘zone out’ |  |  |  |  |  |
| Does not usually appear interested in what others have to say |  |  |  |  |  |
| Finds it hard to tell you about their day when you ask |  |  |  |  |  |
| Enjoys being alone more than expected |  |  |  |  |  |
| Tends not to say hello or goodbye to others |  |  |  |  |  |
| Finds it hard to ask for help |  |  |  |  |  |
| Tends not to use gesture e.g. waving, nodding or shaking their head |  |  |  |  |  |
| Expects you to know what they want without telling you |  |  |  |  |  |
| Eye contact is different to most other people their age e.g. tends not to look at others, intense stare, gives fleeting looks |  |  |  |  |  |
| You cannot tell how they are feeling by their facial expressions |  |  |  |  |  |
| They find it hard to read other people’s non-verbal communication e.g. tone of voice/facial expression/body language |  |  |  |  |  |
| Can talk for long periods about their favourite topic and might not notice when the listener is distracted |  |  |  |  |  |
| Tone of voice is different to the rest of the family/ other people their age (e.g. flat/exaggerated/babyish/unusual accent/mumbled) |  |  |  |  |  |
| Often appears not to hear or not to listen to others |  |  |  |  |  |
| May talk to them self or appear to narrate the events if the day back in great detail |  |  |  |  |  |

**Relationships and friendships**

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| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Usually chooses to play alone even if there are other children around |  |  |  |  |  |
| Is reluctant to let others join in with their play/take turns |  |  |  |  |  |
| Shows less interest in pretend play than others their age |  |  |  |  |  |
| Has an elaborate imaginative world but tends not to share this with others |  |  |  |  |  |
| Prefers structured activities with other children rather than ‘play dates’ |  |  |  |  |  |
| Group play often ends up breaking down |  |  |  |  |  |
| Prefers the company of adults |  |  |  |  |  |
| Does not seek comfort when they have hurt themselves |  |  |  |  |  |
| Gets on better with children who are either much older or younger |  |  |  |  |  |
| Has 1 or 2 intense friendships |  |  |  |  |  |
| Finds it hard to share their friends |  |  |  |  |  |
| Has difficulty interpreting social cues e.g. familiar with strangers or people in authority |  |  |  |  |  |
| Can say things that may offend other people e.g. "they smell funny" |  |  |  |  |  |
| Does not pick up on how other people are feeling e.g. bored/not interested/annoyed |  |  |  |  |  |
| Finds it hard to understand another's perspectives or views |  |  |  |  |  |
| Is interested in joining group games but wants to play by their own rules |  |  |  |  |  |
| Does not get jokes, misinterprets sayings ( such as "keep your eyes peeled") |  |  |  |  |  |
| May appear to take on characteristics or mannerisms of a friend/ role model |  |  |  |  |  |
| May seem to hang back and watch for a while before joining in play |  |  |  |  |  |
| Needs to understand the rules and expectations before joining in a game, and may be upset if others are not following the rules |  |  |  |  |  |

**Stereotyped and repetitive behaviour**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Speech can sound very specific, technical or adult for their age |  |  |  |  |  |
| Memorises and repeats chunks of dialogue heard in DVDs/books or television |  |  |  |  |  |
| Often refers to themselves by their name |  |  |  |  |  |
| Has favourite words/phrases that they like to use often |  |  |  |  |  |
| May make repetitive noises e.g. humming, growling, squeaking |  |  |  |  |  |
| Displays repetitive hand and/or body movements e.g. hand flapping, twisting, ringing, rocking (may be at times of excitement, distress or anxiety) |  |  |  |  |  |
| Walks on toes |  |  |  |  |  |
| Lines up toys or other objects, or used to line up toys when younger |  |  |  |  |  |
| Engages in repetitive behaviours e.g. opening and closing doors, turning lights on and off, filling and emptying containers |  |  |  |  |  |
| Uses unusual words |  |  |  |  |  |
| Often echoes words/phrases that they have heard |  |  |  |  |  |
| Fiddles with objects/ their clothes |  |  |  |  |  |

**Routines and rituals**

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| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Has specific routines and rituals e.g. something has to be done in exactly the same way |  |  |  |  |  |
| Is upset by changes to routines or environment e.g. wet play/teacher off sick/road closed |  |  |  |  |  |
| Finds it difficult 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 |  |  |  |  |  |
| Sticks to rules and expects others to as well |  |  |  |  |  |
| Needs things to be done or arranged in specific ways |  |  |  |  |  |
| Has a great fondness for certain numbers/ letters |  |  |  |  |  |

**Interests**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| your child…. | **Please give examples**  **(the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| Was interested in shapes/letters/numbers at an early age |  |  |  |  |  |
| Has intense interest in specific subjects/objects |  |  |  |  |  |
| Has collections of objects |  |  |  |  |  |
| Interests change over time but always intense and perhaps to the exclusion of other activities |  |  |  |  |  |
| Likes to carrying a specific object around with them |  |  |  |  |  |
| Has unusual fears/phobias |  |  |  |  |  |
| Will often change the topic of conversation to a 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 |  |  |  |  |  |
| Is sensitive to the feel of certain clothes (including labels and seams) |  |  |  |  |  |
| Has an unusual reaction to pain or temperature |  |  |  |  |  |
| Has a limited diet and/only likes certain foods due to colour/texture |  |  |  |  |  |
| Does not like food to be touching on their plate |  |  |  |  |  |
| Struggles to tell if they are too hot/ cold |  |  |  |  |  |
| Has a surprising response to pain |  |  |  |  |  |
| Struggles to recognise/ tell others if they are hungry/ thirsty/ need the toilet |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 learning? Please describe.** |  |
| **Do you have any concerns to do with 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.autism@nhs.net](mailto:hdft.autism@nhs.net)