**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 – Young Person**

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 privacy notice on our website: [www.hdft.nhs.uk/privacy-notices](http://www.hdft.nhs.uk/privacy-notices)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Name:** | |  | | | **Date of Birth:** | |  | |
| **Preferred name if different:** | |  | | | **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:** | |  | | | | | | |
| **Email address:** | |  | | | | | | |
| **Do you need an interpreter? (if so, which language)** | | | | | | |  | |
| **Are any of your 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:** | | | | | | | |
| **Which parent(s)/carer(s) would you like us to contact as part of your assessment?** We usually interview a parent/carer to find out about your development and early years. If you prefer us not to do this, please let us know. | | | | | | |  | |
| **Other people living in the same home as you:** | **Name** | | | **Date of Birth** | | | **Relationship** | |
|  | | |  | | |  | |
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| **Any brothers or sisters (full, step or half) not living in the family home?** |  | | | | | | | |
| **Please tell us about your communication preferences:** | | | | | | | | |
|  | | | This is my preferred communication | | | I am usually comfortable communicating this way | | I prefer to never communicate this way |
| Face to face | | |  | | |  | |  |
| Video call | | |  | | |  | |  |
| Text | | |  | | |  | |  |
| Email | | |  | | |  | |  |
| Other | | |  | | |  | |  |

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| **Have you 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 send us the report so we can add it to your medical record.** |  |
| **How long have you wondered if you might be autistic?** |  |
| **What are your strengths?** |  |
| **What hobbies / interests do you have?** |  |
| **What concerns do you have? Please tell us about any risks.** |  |
| **How do these concerns affect your day to day life?** |  |
| **Who are the key supportive and positive people around you?** |  |
| **What additional help do you already get to manage and enjoy everyday life?** |  |
| **What additional help do you need (but not yet have) to manage and enjoy everyday life?** |  |
| **What are you hoping to get out of an autism assessment?** |  |

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| **Current School/College** | |
| **Name:** |  |
| **Location:** |  |
| **Current School Year:** |  |

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

1. **This is not true of me at all**
2. **This is a little true of me**
3. **This is true of me**
4. **This is true of me and is having a big impact**

***Communication***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I… | **Please give examples** | **1** | **2** | **3** | **4** |
| become non-speaking sometimes |  |  |  |  |  |
| find it hard to talk to people if I don’t know them very well |  |  |  |  |  |
| have favourite words or sounds |  |  |  |  |  |
| find it hard to listen and respond to others when I’m engaged in an activity |  |  |  |  |  |
| find it much easier to talk to people on their own rather than in groups |  |  |  |  |  |
| don’t always know how to greet people and know when and how to say goodbye to them |  |  |  |  |  |
| dislike holding eye contact |  |  |  |  |  |
| cannot easily ‘read’ how someone is feeling from their facial expression |  |  |  |  |  |
| can talk for long periods about my favourite topic, but may not notice if the other person is still listening |  |  |  |  |  |
| find it hard to tell other people’s moods by their tone of voice or facial expression |  |  |  |  |  |
| am an excellent mimic |  |  |  |  |  |
| tend to talk to myself |  |  |  |  |  |
| repeat back things I have heard many times |  |  |  |  |  |
| need to rehearse in advance what I want to say rather than being able to speak spontaneously |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| memorise and repeats chunks of dialogue heard in DVDs/books or television |  |  |  |  |  |
| tend to use overly specific or technical language in my everyday talking |  |  |  |  |  |
| have favourite words / phrases that I like to use often |  |  |  |  |  |
| make repetitive noises such as humming, growling, squeaking |  |  |  |  |  |

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| have my own vocabulary / words I’ve created |  |  |  |  |  |
| tend to echo words / phrases that I have heard |  |  |  |  |  |

**Relationships and friendships**

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| When I was younger, I… | **Please give examples** | **1** | **2** | **3** | **4** |
| usually chose to play alone even if there were other children around |  |  |  |  |  |
| did not enjoy pretend play with other children |  |  |  |  |  |
| preferred structured activities with other children rather than ‘play dates’ |  |  |  |  |  |
| did not follow the latest ‘fads’ along with my peers |  |  |  |  |  |
| found playing in groups confusing or hard work |  |  |  |  |  |
| preferred being with adults rather than spending time with other children |  |  |  |  |  |
| Now, I… | | | | | |
| have 1 or 2 close friendships |  |  |  |  |  |
| get on better with much younger children, or much older people - more so than I do with same age peers |  |  |  |  |  |
| find it hard to share friends |  |  |  |  |  |
| have a tendency to say things that could offend others, even if they are true e.g. "you smell funny" |  |  |  |  |  |
| have to work hard to understand another's perspectives or views |  |  |  |  |  |
| don’t always understand jokes and sayings (such as ‘keep your eyes peeled’) |  |  |  |  |  |
| need to understand the rules and expectations before joining in and may feel frustrated / upset if others are not following the rules |  |  |  |  |  |

**Routines and rituals**

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| --- | --- | --- | --- | --- | --- |
| I… | **Please give examples** | **1** | **2** | **3** | **4** |
| have specific routines and rituals i.e. something has to be done in exactly the same way each time |  |  |  |  |  |
| struggle with changes to routines or the environment e.g. if I have a substitute teacher / a road is closed |  |  |  |  |  |
| find it difficult to move from one activity/room/environment to another e.g. managing transitions |  |  |  |  |  |
| need things to be done or arranged in a certain way |  |  |  |  |  |
| often ask the same question repetitively and need the answer to be given in a particular way |  |  |  |  |  |
| always stick to the rules and expect others to do so as well |  |  |  |  |  |
| have a great fondness for certain numbers / letters |  |  |  |  |  |

**Stereotyped and repetitive behaviour**

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| --- | --- | --- | --- | --- | --- |
| I… | **Please give examples** | **1** | **2** | **3** | **4** |
| find repetitive hand and/or body movements enjoyable or soothing e.g. hand flapping, twisting, wringing, rocking |  |  |  |  |  |
| tend to walk on my tip toes |  |  |  |  |  |
| line up, arrange carefully, or organise objects, or used to line up toys when younger |  |  |  |  |  |
| feel the need to fiddle with objects / my clothing a lot |  |  |  |  |  |
| often engage in repetitive behaviours e.g. opening and closing doors, turning lights on and off, filling and emptying containers |  |  |  |  |  |

**Interests**

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| I… | **Please give examples** | **1** | **2** | **3** | **4** |
| was interested in shapes / letters / numbers at an early age |  |  |  |  |  |
| have specific interests (as opposed to a wide range) |  |  |  |  |  |
| have collections of objects |  |  |  |  |  |
| have a specific comfort object that I always carry around with me |  |  |  |  |  |
| my interests change over time, but they are always intense, and this can be to the exclusion of other activities |  |  |  |  |  |
| have unusual fears / phobias |  |  |  |  |  |
| have expertise on my favourite subjects |  |  |  |  |  |
| tend to change the topic of conversation to my preferred topic |  |  |  |  |  |

**Sensory**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I… | **Please give examples** | **1** | **2** | **3** | **4** |
| am distressed by loud or unusual noises and may cover my ears to block out sound |  |  |  |  |  |
| can only wear certain clothing and I struggle with the feel of seams and labels |  |  |  |  |  |
| have an unusual or extreme reaction to pain or temperature |  |  |  |  |  |
| have a selective diet with a limited range of tastes, colours and textures |  |  |  |  |  |
| dislike different types of food touching on my plate |  |  |  |  |  |
| struggle to tell if I am too hot or cold |  |  |  |  |  |
| have a surprising response to pain |  |  |  |  |  |
| cannot always recognise if I am hungry / thirsty / need the toilet |  |  |  |  |  |
| Experience synaesthesia / notice that stimulating one sense can activate other senses (e.g. particular numbers are linked to a certain smell, familiar people are linked to a number / colour). |  |  |  |  |  |

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| **Do you have any concerns to do with self-care (dressing, eating, toileting, washing)?**  **If so, please describe.** |  |
| **Do you have any concerns to do with sleep?**  **If so, please describe.** |  |
| **Do you have any concerns to do with learning?**  **If so, please describe.** |  |
| **Do you have any concerns to do with movement?**  **If so, please describe.** |  |

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| **Please comment on any concerns you / others have re. your levels of attention, concentration, distractibility or impulsivity:** | | | |
| **If there are concerns in this area, in which settings do you see these traits? Please tick.** 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/College** | **At home** | **In the community** |
| Inattentive |  |  |  |
| Hyperactivity |  |  |  |
| Impulsivity |  |  |  |
| Concentration Difficulties |  |  |  |

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