**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.autism@nhs.net

If you are unable to send via email or you would like help completing the form, please call us on 01423 557471.

**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)

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please give examples (the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| I prefer to talk only with people I know very well |  |  |  |  |   |
| I have favourite words or sounds |  |  |  |  |  |
| I sometimes prefer to be non-speaking |  |  |  |  |  |
| I can become totally focussed on what I’m doing and ‘zone out’ so don’t hear people talk to me |  |  |  |  |  |
| I find it much easier to talk to people on their own rather than in groups |  |  |  |  |  |
| I have to work hard to remember to say “hello” or “goodbye” |  |  |  |  |  |
| I dislike holding eye contact |  |  |  |  |  |
| I rely on other clues rather than people’s facial expression when working out how people are feeling |  |  |  |  |  |
| I find it easy to tell people’s mood by their tone of voice or facial expression |  |  |  |  |  |
| I can talk for long periods about their favourite topic and might not notice if the listener was distracted |  |  |  |  |  |
| I am an excellent mimic |  |  |  |  |  |
| I enjoy talking to myself |  |  |  |  |  |
| I rehearse in advance what I might say |  |  |  |  |  |
| I repeat back things I have heard many times |  |  |  |  |  |

**Relationships and friendships**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| When I was younger, I: | **Please give examples (the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| usually choose to play alone even if there were other children around |  |  |  |  |  |
| wasn’t interested in ‘fads’ |  |  |  |  |  |
| was less interested in pretending play than others  |  |  |  |  |  |
| preferred structured activities with other children rather than ‘play dates’ |  |  |  |  |  |
| found playing in groups confusing or hard work |  |  |  |  |  |
| preferred the company of adults |  |  |  |  |  |
| Now I:  |
| get better with young children or much older people  |  |  |  |  |  |
| have 1 or 2 close friendships  |  |  |  |  |  |
| find it hard to share friends |  |  |  |  |  |
| can say things that may offend other people, even if they are true e.g., "they smell funny" |  |  |  |  |  |
| have to work hard to understand another's perspectives or views |  |  |  |  |  |
| have had to learn to understand jokes/ sayings (such as "keep your eyes peeled") |  |  |  |  |  |
| need to understand the rules and expectations before joining in and may be upset if others are not following the rules |  |  |  |  |  |

**Stereotyped and repetitive behaviour**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I can… | **Please give examples (the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| use very specific or technical language |  |  |  |  |  |
| memorise and repeats chunks of dialogue heard in DVDs/books or television |  |  |  |  |  |
| have favourite words/phrases that they like to use often |  |  |  |  |  |
| enjoy making repetitive noises e.g., humming, growling, squeaking |  |  |  |  |  |
| enjoy/ find soothing to do repetitive hand and/or body movements e.g., hand flapping, twisting, ringing, rocking  |  |  |  |  |  |
| walk on my toes  |  |  |  |  |  |
| line up, arrange carefully or organise objects, or used to line up toys when younger |  |  |  |  |  |
| enjoy or find soothing to do repetitive behaviours e.g. opening and closing doors, turning lights on and off, filling and emptying containers |  |  |  |  |  |
| have my own vocabulary/ words I’ve created  |  |  |  |  |  |
| echo words/phrases that I have heard |  |  |  |  |  |
| enjoy fiddling with objects/ clothes |  |  |  |  |  |

**Routines and rituals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I… | **Please give examples (the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| have specific routines and rituals e.g., something has to be done in exactly the same way |  |  |  |  |  |
| am upset by changes to routines or 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. transitions |  |  |  |  |  |
| often ask the same question repetitively and need the answer to be given in a particular way |  |  |  |  |  |
| stick to rules and expects others to as well |  |  |  |  |  |
| need things to be done or arranged in specific ways |  |  |  |  |  |
| have a great fondness for certain numbers/ letters |  |  |  |  |  |

**Interests**

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| I… | **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 |  |  |  |  |  |
| have intense interest in specific subjects/objects |  |  |  |  |  |
| have collections of objects |  |  |  |  |  |
| my interests change over time but are always intense and perhaps to the exclusion of other activities |  |  |  |  |  |
| like to carry a specific object around with me |  |  |  |  |  |
| have unusual fears/phobias |  |  |  |  |  |
| will often change the topic of conversation to a favourite topic |  |  |  |  |  |
| have expertise on my favourite subjects |  |  |  |  |  |

**Sensory**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I…  | **Please give examples (the boxes will get bigger as you type)** | **1** | **2** | **3** | **4** |
| am distressed by loud or unusual noises, may cover my ears to block out to sound |  |  |  |  |  |
| am sensitive to the feel of certain clothes (including labels and seams) |  |  |  |  |  |
| have an unusual or extreme reaction to pain or temperature |  |  |  |  |  |
| have a limited diet and/only like certain foods due to colour/texture  |  |  |  |  |  |
| do not like different types of food to be touching on my plate |  |  |  |  |  |
| struggle to tell if I am too hot/ cold |  |  |  |  |  |
| have a surprising response to pain |  |  |  |  |  |
| struggle to recognise/ tell others if I am hungry/ thirsty/ need the toilet |  |  |  |  |  |
| Experience synaesthesia/ I notice that stimulating one sense and activate multiple 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 your concentration and attention, distractibility and 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** | **At home** | **In the community** |
| Inattentive |  |  |  |
| Hyperactivity |  |  |  |
| Impulsivity |  |  |  |
| Concentration Difficulties |  |  |  |

Thank you. Please return this form via email to: hdft.autism@nhs.net