**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?** |  | | | | | |

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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 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 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.autism1@nhs.net](mailto:hdft.autism1@nhs.net)