**Autism Assessment Service – Referral Form**

Email completed referrals to [**SNHS.AUTISMSouthampton@nhs.net**](mailto:SNHS.AUTISMSouthampton@nhs.net)

**Consultation line** – 0300 123 6661, please ask for the Autism Team

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| YOUNG PERSON DETAILS | | | | | | | | | | |
| Forename | |  | | Surname |  | | | | | |
| Also known as | |  | | Date of Birth |  | | | | | |
| Preferred pronoun:  *(delete as appropriate)*  He/Him  She/Her  They/Them | |  | | NHS No |  | | | | | |
| Address at which the child/young person is currently living | |  | | | Landline / home telephone number | | | | | |
| Child/Young person’s mobile number | |  | | Parent’s/Carer’s mobile number |  | | | | | |
| **Is the Child / Young Person (tick all that apply)** | | | | | | | | | | |
| □ Living with parents | | □ Living with relatives | | □ Other (please state) | | | | | | |
| □ Looked After Child | | □ Subject to a Child Protection Plan | | □ Adopted | | | | | | |
| First language: | | Interpreter required? □ Yes □ No  If yes, which language? | | | | | | | | |
| Does the child/young person identify themselves to be transgender?  □ Yes □ No | | Sexual orientation: Gender: (please give details)  □ Heterosexual □ Gay □ Lesbian  □ Bisexual □ Prefer not to say □ Other | | | | | | | | |
| Does the child / young person have a disability?  □ Yes □ No  If Yes, please specify | | Does the child / young person have a  Visual impairment □ Yes □ No  Hearing impairment □ Yes □ No  If Yes, please specify | | | | Is the child / young person a Young Carer?  □ Yes □ No | | | | |
| **Name of GP** | |  | **GP surgery name** | | |  | | | | |
| GP surgery telephone number and email address | |  | GP surgery address | | |  | | | | |
| **Ethnicity** | | □ White British | □ Irish | | | □ Gypsy or Irish Traveller | | | | |
| □ White and Black Caribbean | □ White and Black African | | | □ White and Asian | | | | |
| □ Indian | | □ Pakistani | □ Chinese | | | □ Bangladeshi | | | | |
| □ Any other Asian background | | □ African | □ Caribbean | | | □ Other Black/Caribbean/African Background | | | | |
| □ Arab | | □ Any other ethnic group – please state | | | |  | | | | |
| □ Any other mixed / multiple ethnic background – please state | | | | | | | | | | |
| **Religion** | | □ Agnostic □ Atheist □ Baha’I  □ Chinese (Taoist / Confucian) □ Buddhist  □ Christian □ Hindu □ Humanist □ Japanese (Shinto)  □ Jewish □ Jainism □ Muslim □ Pagan  □ Rastafarian □ Sikh □ Spiritualist  □ Do not wish to disclose □ Other □ None | | | | | | | | |
| PARENT/CARER DETAILS | | | | | | | | | | |
| **Who holds parental responsibility for the child /young person?** | | | | | | | | | | |
| Forename | |  | | Surname | | | | | | |
| Relationship | |  | | Telephone number | | | | | | |
| Address | |  | | | | | | | | |
| Forename | |  | | Surname | | | | | | |
| Relationship | |  | | Telephone number | | | | | | |
| Address | |  | | | | | | | | |
| If parents are separated, are both aware and in agreement with the referral □ Yes □ No | | | | | | | | | | |
| NAME OF ALLOCATED SOCIAL WORKER OR FAMILY ENGAGEMENT WORKER | | | | | | | | | | |
| Name |  | | | | | | | | | |
| Address |  | | | | | | | | | |
| Telephone Number |  | | | | | | | | | |
| EDUCATION / NOT IN EDUCATION | | | | | | | | | | |
| Name of School/College | | | | School/College address and telephone number | | | | | | |
| Home School/Tutor | | | | Please give details | | | | | | |
| **Other professionals involved**  (Please include name, service, base and whether this is historical or ongoing)  e.g., Paediatrician, Psychologist, Speech and Language Therapist, Health Visitor, School Nurse, Early Years, Occupational Therapist, Physiotherapist, Educational Psychologist, CAMHS | | | | | | | | | | |
|  | | | | | | | | | | |
| REASON FOR REFERRAL FOR AUTISM ASSESSMENT AND SUPPORTING INFORMATION | | | | | | | | | | |
| **Why are you referring for an autism assessment at this time?**  (e.g., indication of difficulties in friendships, control, literal communication, rigid routines, sensory sensitivity) | | | | | | | | | | |
|  | | | | | | | | | | |
| **What support / interventions are already in place?**  E.g., ELSA support, interventions connected to social skills development, Early Help | | | | | | | | | | |
|  | | | | | | | | | | |
| **Young Person’s view of the referral and their strengths** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Observation of the child or young person.**  (e.g., use of eye contact, gesture, facial expression, response to interaction, offering information, conversation, literal thinking, intense interest, sensory behaviours, tics, habits, hand mannerisms) | | | | | | | | | | |
|  | | | | | | | | | | |
| **Evidence**  (e.g., AQ, SCQ, School questionnaire, relevant reports to be considered as part of the referral) | | | | | | | | | | |
| **Is there a school questionnaire (Social Communication Observation Questionnaire)?** □ Yes □ No  **Have you completed the AQ-10 with parent/CYP?** □ Yes □ No  **Please give details of any relevant documentation to support your referral** (e.g., clinic letters, therapy assessments, EHCP, school or parental reports) | | | | | | | | | | |
| **Family and Developmental Information**  E.g., Developmental history, family factors, significant life experiences such as trauma and/or bereavement | | | | | | | | | | |
|  | | | | | | | | | | |
| **Risks and Safeguarding concerns**  (e.g., Self-harm, CIN/CP Plan, concerns around parenting capacity).  *Note: The Autism Assessment Service is not responsible for holding any risks or safeguarding concerns but needs to be aware of these as part of the referral process* | | | | | | | | | | |
|  | | | | | | | | | | |
| REFERRER DETAILS | | | | | | | | | | |
| **Name** | | **Position** | | | | | **Service** | | | |
| **Address** | | | | | | | | | | |
| **Post Code:** | | | | | | | | | | |
| **Date of Referral** | |  | | | | | | | | |
| **REFERRAL CONSENT** | | | | | | | | |  | |
| Does the Parent/Carer consent to the referral? | | | | | | Yes | | No |  | |
| Does the Child/Young Person know about the referral? | | | | | | Yes | | No |  | |
| Does the Child/Young Person consent to the referral?  *We expect young people aged 11 and over to have been involved in discussions and provide consent* | | | | | | Yes | | No |  | |
| Do we have your permission to share information with any other family member?  If yes, please give name here  *(if this is a referral from a professional please ask parent/carer to provide this information)* | | | | | | Yes | | No |  | |
| Do we have permission to send text messages/text message appointment reminders?  If yes, please provide number here…………………………………………………………….  Do we have consent to contact parent/carers by email?  If yes, please provide email address here……………………………………………………  Do we have consent to contact school for information gathering as part of the assessment process? | | | | | | Yes  Yes  Yes | | No  No  No |  | |
| FORWARDING CONSENT | | | | | | | | |  | |
| Does the child/young person/carer give consent to forward the referral to the appropriate external agency e.g., Children’s Services, Education, Voluntary sector including Autism Hampshire? | | | | | | Yes | | No | |  |

**AQ-10 (child version)**

**Autism Spectrum Quotient (AQ)**

*A quick referral guide for parents to complete about a child aged 4 – 11 years with suspected autism who do not have a learning disability. Please complete as part of referral.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Definitely**  **Disagree** | **Slightly**  **Disagree** | **Slightly**  **Agree** | **Definitely**  **Agree** |
| 1. | S/he often notices small sounds when others do not |  |  |  |  |
| 2. | S/he usually concentrates more on the whole picture, rather than the small details. |  |  |  |  |
| 3. | In a social group, s/he can easily keep track of several different people’s conversations. |  |  |  |  |
| 4. | S/he finds it easy to go back and forth between different activities. |  |  |  |  |
| 5. | S/he do not know how to keep a conversation going his/her peers. |  |  |  |  |
| 6. | S/he is good at social chit-chat. |  |  |  |  |
| 7. | When s/he is read a story, s/he finds it difficult to work out the character’s intentions or feelings. |  |  |  |  |
| 8. | When s/he was in pre-school, s/he used to enjoy playing with other children. |  |  |  |  |
| 9. | S/he finds it easy to work out what someone is thinking or feeling just by looking at their face. |  |  |  |  |
| 10. | S/he finds it hard to make new friends |  |  |  |  |

**Scoring:** Only 1 point can be scored for each question. *Score 1 point for Definitely or slightly agree on each of items 1, 5, 7 and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 6, 8 and 9.* If the individual scores 6 or above, consider referring them for a specialist diagnostic assessment. USE: This is the child version of the test recommended in the NICE clinical guidance CG142. www.nice.org.uk/CG142

Key Reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry.*

**AQ-10 (Adolescent Version)**

**Autism Spectrum Quotient (AQ)**

*A quick referral guide for parents to complete about a teenager aged 12 – 15 years with suspected autism who do not have a learning disability. Please complete as part of referral.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Definitely**  **Disagree** | **Slightly**  **Disagree** | **Slightly**  **Agree** | **Definitely**  **Agree** |
| 1. | S/he often notices patterns in things all the time |  |  |  |  |
| 2. | S/he usually concentrates more on the whole picture, rather than the small details. |  |  |  |  |
| 3. | In a social group, s/he can easily keep track of several different people’s conversations |  |  |  |  |
| 4. | If there is an interruption, s/he can switch back to what s/he was doing very quickly. |  |  |  |  |
| 5. | S/he do not know how to keep a conversation going |  |  |  |  |
| 6. | S/he is good at social chit-chat. |  |  |  |  |
| 7. | When s/he was younger, s/he used to enjoy playing games involving pretending with other children. |  |  |  |  |
| 8. | S/he finds it difficult to imagine what it would be like to be someone else. |  |  |  |  |
| 9. | S/he finds social situations easy |  |  |  |  |
| 10. | S/he finds it hard to make new friends |  |  |  |  |

**Scoring:** Only 1 point can be scored for each question. *Score 1 point for Definitely or slightly agree on each of items 1, 5, 8 and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 6, 7 and 9.* If the individual scores 6 or above, consider referring them for a specialist diagnostic assessment. USE: This is the child version of the test recommended in the NICE clinical guidance CG142. www.nice.org.uk/CG142

Key Reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry.*

**AQ-10 (16+ Self Report)**

**Autism Spectrum Quotient (AQ)**

*A quick referral guide for older adolescents (16+) and adults with suspected autism who do not have a learning disability. Please complete as part of referral.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Definitely**  **Disagree** | **Slightly**  **Disagree** | **Slightly**  **Agree** | **Definitely**  **Agree** |
| 1. | I often notice small sounds when others do not |  |  |  |  |
| 2. | I usually concentrate more on the whole picture, rather than the small details. |  |  |  |  |
| 3. | I find it easy to do more than one thing at once. |  |  |  |  |
| 4. | If there is an interruption. I can switch back to what I was doing very quickly. |  |  |  |  |
| 5. | I find it easy to ‘read between the lines’ when someone is talking to me. |  |  |  |  |
| 6. | I know how to tell if someone listening to me is getting bored. |  |  |  |  |
| 7. | When I am reading a story, I find it difficult to work out the characters’ intentions. |  |  |  |  |
| 8. | I like to collect information about categories of things (e.g., types of car, types of bird, types of train, types of plant etc) |  |  |  |  |
| 9. | I find it easy to work out what someone is thinking or feeling just by looking at their face. |  |  |  |  |
| 10. | I find it difficult to work out people’s intentions. |  |  |  |  |

**Scoring:** Only 1 point can be scored for each question. *Score 1 point for Definitely or slightly agree on each of items 1, 7, 8 and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 5, 6 and 9.* If the individual scores 6 or above, consider referring them for a specialist diagnostic assessment. USE: This is the child version of the test recommended in the NICE clinical guidance CG142. www.nice.org.uk/CG142

Key Reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry.*

|  |  |  |
| --- | --- | --- |
| Signed ………………………………………………………………... |  | Date………………………………… |
| Title Role ……………………………………………………………… | | |
| **Postal address for referrals** |  |  |
|  |  |  |
|  |  | **Autism Service**  2nd Floor Adelaide Health Centre  Western Community Hospital Campus  William Macleod Way  Millbrook  Southampton  SO16 4XE |