**Autism Assessment Service – Referral Form**

Email completed referrals to autismsouthampton@solent.nhs.uk

**Consultation line** –02381 030066, please ask for the Autism Team

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| --- |
| YOUNG PERSON DETAILS |
| Forename |  | Surname |  |
| Also known as  |  | Date of Birth |  |
| Preferred pronoun:*(delete as appropriate)*He/HimShe/HerThey/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 □ NoIf Yes, please specify | Does the child / young person have aVisual impairment □ Yes □ No Hearing impairment □ Yes □ NoIf 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?  | YesYesYes | NoNoNo |  |
| 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 CentreWestern Community Hospital CampusWilliam Macleod WayMillbrookSouthamptonSO16 4XE |