

As part of your screening for ASD referral please take time to answer as many of the following questions as possible prior to completing the documentation for the referral with PCN staff. This will give you an opportunity to make considerations without pressure. This enables us to provide the most complete information for the referral document.

Include information about the patient's strengths and what is going well, as well as what the key concerns or issues are. The section on outcomes should include what the patient would like to gain from this assessment, as well as the family's best hopes.

Section 1: Patient & Family Details				
Patient's Full Name			Date of birth	DD / MM / YYYY
Preferred name (if different)			Sex	☐ Female ☐ Male
Address	POSTCODE:		Patient Phone / Mobile	
			Carer Phone / Mobile	
Patient NHS Number			Patient email	
Interpreter Required?	☐ Yes	☐ No	If required, what language	
Does the patient have any other communication support needs?	☐ Yes	☐ No	If yes, please give more information	
Who does patient live with?			Is the patient a dependent of an ex-member of British armed forces?	☐ No ☐ Don't Know ☐ Yes, dependant of an ex-services member
Ethnicity Code				
Ethnicity codes (A) White British (E) White and Black African (J) Pakistani (N) African (B) White Irish (F) White and Asian (K) Bangladeshi (P) Other Black background (C) Other White background (G) Other mixed background (L) Other Asian background (R) Chinese (D) White & Black Caribbean (H) Indian (M) Caribbean (S) Any other ethnicity group				

Please list all family members that are involved with the young person that you feel is relevant to the referral.

Family Members <i>relevant to referral</i>		Relationship	Living at the same address Y/N	DOB	M/F
First Name	Surname				
Who has Parental Responsibility?					

Please provide schooling/education details

Section 2: Education & Training Details [if applicable]					
	Name of contact and role				
	School Telephone				
	Permission to Contact?	☐ Yes	☐ No	☐ Don't Know	
POSTCODE:					
Any other information on education and training or employment that is relevant to this application					

Section 3: Patient's current situation / desired outcomes

Include information about the patient's strengths and what is going well, as well as what the key concerns or issues are. The section on outcomes should include what the patient would like to gain from this assessment, as well as the family's best hopes, specifying what they know about the referral to Lifespan. We do not accept referrals for patients who do not know/have not consented to the referral.

Strengths/what is going well

Key presenting issues/concerns or difficulties

Trigger for seeking autism assessment

Any significant life changes or stressful events that have occurred in the past or more recently

Outcome of discussion with the patient and family about the referral – their views, etc.

Please ensure you document the outcome of the discussion with the young person regarding their consent for this referral – if the young person has not been consulted (and where applicable, given their consent), the referral will be returned

Please let us know if any other members of the family have been affected by the following:

Information on people in the family who have had or currently have physical or mental health conditions (incl. autism/LD), as well as the family member's relationship to the client (e.g., mother, father, sibling, aunt, uncle, grandparent, etc.) <i>if this section is not relevant, you can leave it blank</i>	Alcohol/substance abuse	☐ Yes	☐ No	Family Member	
	Anxiety	☐ Yes	☐ No	Family Member	
	Autism	☐ Yes	☐ No	Family Member	
	Attention Deficit	☐ Yes	☐ No	Family Member	
	Depression	☐ Yes	☐ No	Family Member	
	Eating Disorders	☐ Yes	☐ No	Family Member	
	Learning Disability	☐ Yes	☐ No	Family Member	
	Personality Disorder	☐ Yes	☐ No	Family Member	
	Phobia(s)	☐ Yes	☐ No	Family Member	
	Obsessions/Compulsions	☐ Yes	☐ No	Family Member	
	Tics	☐ Yes	☐ No	Family Member	
	Tourette's	☐ Yes	☐ No	Family Member	
	Schizophrenia	☐ Yes	☐ No	Family Member	
	Suicide/Suicide attempts	☐ Yes	☐ No	Family Member	
	Other:			Family Member	

Section 4: Patient Developmental & Medical History

How old was the patient when there was first a worry about their development?	
What were the concerns at this time? Who shared these concerns/who disagreed?	
Previous health service involvement <i>Name(s) of practitioners, dates involved, reason(s) for ending treatment, etc.</i>	
Current prescription and/or psychiatric medication <i>Please list and provide dates and prescriber name</i>	

Please tell us if there is any involvement from mental health services with this young person, including care plans and whether the young person is considered to be at any risk.

Section 5: Mental health services involvement and risk assessment

Current mental health service involvement

*Attach care plan **or** outline service(s) currently provided, by whom, timeframes, intended outcomes, etc.*

Name of Care Co-ordinator

Risk assessment *this section must be completed*

Crisis plan

Yes ☐ No ☐

If yes, please attach crisis plan to referral (a crisis plan is a document that describes how any risks are managed)

In this section we need to understand what communication skills the young person has this will include language skills, verbal and non-verbal communications

Section 6

Social communication and interaction

Language - spoken

e.g., use of spoken language, tone, repetitions in speech, unusual style or use of idiosyncratic words

Social reciprocity

e.g. back-and-forth flow of social interaction, social approaches to others in and outside of the family, back and forth conversation, social chit-chat, initiating social interaction with others, responding to other people's social initiation, how they share their interests and emotions with others, labelling feelings correctly, knowing and understanding emotional states, accepting their own emotions/emotions of others, describing their own feelings/feelings of others

Non-verbal communicative behaviours

Eye contact, body language, gestures, facial expression

Relationships

Developing, maintaining and understanding relationships, making and keeping friends, interest in peers, relating to others outside of the family, bullying or loneliness, adjusting behaviour to suit social contexts, play and imagination

Restricted and repetitive patterns of behaviour, interest or activities

Repetitive speech or motor movements, lining objects up/flipping objects

Managing routines and transitions, coping with change and uncertainty, response to things being different to how they were previously or how they are expecting them to be, rituals

Attachment to unusual objects, intense special interests/preferred topics of conversation

Response to sensory aspects – smells, sounds, light, etc.; interests in sensory aspects of the environment (sniffing, licking, smelling, touching objects), apparent indifference to pain/temperature

Please add any other information you feel would be helpful for us to know

Thank you