*Clinician’s Toolkit*

**Sample Referral Form**

ASD Diagnostic Assessment for Children and Young People

Referral Form

Please return completed referral forms to:

Name xxx

Address xxx

Address xxx

Town xxx

Postcode xxx

Or email to xxx

|  |  |
| --- | --- |
| **Name of child:** | **Date of birth:** |
| **Address of child:** | **Hospital Number:** |
| **Parent / Carer Name:** | **Telephone number:** |
| **School / College:** | **Other professionals involved:** |
| **Signs and Symptoms of ASD :** |
| **Social Communication:***Include details of level and use of language, level of understanding, use of gesture, body language, facial expression tone of voice and eye contact* |
| **Social Interaction***Include details of level of interests in other, ability to seek and provide comfort, empathy, understanding of social rules such as turn taking* |
| **Social imagination***Include details of issues with imaginative play or creativity* |
| **Routines, Restricted Interests and Repetitive behaviours***Include any difficulties with changes, repetitive behaviours, stereotyped movements and specialist interests* |
| **Sensory Issues***Include any unusual responses to sensory stimuli* |
| **Antenatal and perinatal history:***Include any significant history including risk factors for ASD* |
| **Developmental milestones:***Include any significant issues* |
| **Relevant medical history:***include information from any previous assessments* |
| **Any other relevant information:** |
|  |
| **Do any of the following (either currently or historically) apply to the child?** *(Please tick and give details under “any other relevant information”.*) |
| Looked after child |  |
| Child protection concerns |  |
| Statement of Special Educational Needs (SEN) |  |
| **Referrer name and address:** |
| **Signed:** | **Date** |

**Consent (to be completed by parent or carer)**

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|  |
| **I consent to this referral and the referral process has been explained to me** (please tick to indicate consent) |  |
| **I consent to the assessment team contacting the following professionals for information about my child:** *(if you consent to them being contacted, please list names and contact details of others involved in your child’s care – including school / college)* |
| **If your child has previously seen a professional for an assessment, please give details below:** |
| Signed:  | Date: |