**Neurodiversity Referral Form for an Autism and/or Attention Deficit Hyperactivity Disorder (ADHD) Assessment for Children and Young People (CYP) in Hertfordshire**

**Referrals will only be accepted if all the required parts of this form are attached and complete. Where the CYP has not attended an educational setting in the past 6 months, “Part Three: Educational Setting Questionnaire” is not required.**

**Once complete – forms should be submitted by the referrer**

**Parents/carers should ensure they take a copy** **for their records before the referral is submitted.**

**PART TWO - PARENT / CARER QUESTIONNAIRE**

This questionnaire is required for a referral for an autism and / or ADHD assessment. The information provided will determine the assessment(s) required. We require a lot of information for this referral, but the more information you can provide the better we can triage your child into the right appointment. **Forms not completed in full, will be rejected at triage and returned to the referrer.**

Forms should be completed digitally and returned to the referrer as a word or pdf file.

If you need help filling out the form please talk with your school / educational setting, family support worker, or social worker.

For queries regarding specific terminology or questions on the form please contact the [Neurodiversity Support Hub](https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx).

Please note, the location of your GP within Hertfordshire will determine which organisation will triage your referral.

* Referrals for GPs registered in South & West Hertfordshire will be contacted by Hertfordshire Community NHS Trust (HCT) regarding their referral.
* Referrals for GPs registered in East & North Hertfordshire will be contacted by East and North Hertfordshire Teaching NHS Trust (ENHTT).

Your CYP does not need a formal diagnosis to access support. Please visit the [Hertfordshire SEND Local Offer](https://www.hertfordshire.gov.uk/microsites/Local-Offer/The-Hertfordshire-Local-Offer.aspx) website to see what courses are available to you and your CYP or speak to the [Neurodiversity Support Hub](https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx).

**CHILD / YOUNG PERSON’S DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | **Date of Birth:** | Click or tap to enter a date. |
| **Address:** | Click or tap here to enter text. |
| **NHS No:** | Click or tap here to enter text. |

**PARENT / CARER CONSENT**

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| ***Please ensure all consent questions are answered to avoid delays.*** |
| **Do you agree to this referral being made:** *(We can only accept referrals if consent is given.)* | Choose an item. |
| **Does the Child / Young Person agree to this referral being made:** | Choose an item. |
| Please include further information on Child / Young Person’s response: |
| Click or tap here to enter text. |

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| **Digital Communication** |
| East and North Hertfordshire Teaching NHS Trust and Hertfordshire Community NHS Trust would like to send text (SMS) messages for appointment reminders and to share useful health information. **I agree to receive text (SMS) messages**Please confirm your mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Choose an item. |
| East and North Hertfordshire Teaching NHS Trust and Hertfordshire Community NHS Trust would like to send text (SMS) messages for surveys and questionnaires. **I agree to receive text (SMS) messages** | Choose an item. |
| We may offer appointments using video calling.**I agree to having video call appointments** | Choose an item. |
| We would like to send your letters or reports by email, which could include personal, sensitive data. You may receive a verification email which you must act on as confirmation that we have the right details. We cannot email you any information without this verification. **I agree to receive emails which could include personal information:**Please confirm your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Once any information has left our secure NHS email accounts, the security of the information is your responsibility.  | Choose an item. |
| **What is your preferred method of communication? (Tick one) ** |
| Link by SMS |[ ]  Attachment by Email |[ ]
| Link by Email |[ ]  Copy by Post |[ ]
| **Sharing information** |
| Are you happy for us to share your Child / Young Person’s record with other health services who are involved with your Child / Young Person’s care? | Choose an item. |
| Are you happy for us to have access to the records held by other health services involved in your Child / Young Person’s care? | Choose an item. |
| Are you happy for us to share information with the child / young person’s educational setting e.g. SENCO and the local authority? | Choose an item. |
| **An onward referral may be made after your appointment please check the below:** |
| Do you consent to your Child / Young Person’s shared care record (used by other organisations using the SystmOne electronic patient record system such as your GP) being accessed by East and North Hertfordshire Teaching NHS Trust / Hertfordshire Community NHS Trust / Hertfordshire Partnership Foundation Trust? | Choose an item. |
| Do you consent to us East and North Hertfordshire Teaching NHS Trust / Hertfordshire Community NHS Trust adding information relating to your Child / Young Person’s care to their SystmOne shared care record which may be viewed by other NHS professionals such as your/their GP? | Choose an item. |
| Does the Child / Young Person (aged 13 and over) consent to their information being shared withEast and North Hertfordshire Teaching NHS Trust / Hertfordshire Community NHS Trust / Hertfordshire Partnership Foundation Trust by parents / carers and their educational settings? | Choose an item. |
| ***Please ensure all consent questions are answered above to avoid delays.*** |
| **SIGN: If you are completing this form electronically, type your name in the signature box.** | Click or tap here to enter text. |
| **PRINT:** | Click or tap here to enter text. |
| **RELATIONSHIP TO CHILD / YOUNG PERSON:** | Click or tap here to enter text. |
| **DATE:** | Click or tap to enter a date. |

**Please see the ENHTT privacy notice below;**

[Privacy and Data Protection – East and North Hertfordshire Teaching NHS Trust](https://www.enherts-tr.nhs.uk/help/privacy-data-protection/)

**Please see the HCT privacy notice below;**

[Your information | Hertfordshire Community NHS Trust (hct.nhs.uk)](https://www.hct.nhs.uk/your-information)

**EDUCATION SETTING DETAILS, INCLUDING NURSERY, SCHOOL, COLLEGE**

|  |  |
| --- | --- |
| 1. **Does the child / young person attend an educational setting?**
 | Choose an item. |
| If yes, please complete details below; |
| Educational Setting Contact Details: | Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| If no, when was the last time they attended an educational setting (please tick one option): |
| * Less than six months ago
* More than six months ago
* Never
 | * [ ]
* [ ]
* [ ]
 |
| If less than six months ago, please provide the educational setting contact details below; |
| Educational Setting Contact Details: | Name | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**REASONABLE ADJUSTMENTS**

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| 1. **Does the child / young person need any reasonable adjustments?**

E.g. appointments in person rather than virtual, etc. |
| Click or tap here to enter text. |
| 1. **Do the parents / carers need any reasonable adjustments?**

E.g. call rather than text messages, etc. |
| Click or tap here to enter text. |

**MEDICAL HISTORY:**

|  |  |
| --- | --- |
| 1. **Were there any complications during pregnancy?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Were there any complications at the birth?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Was your child born before 37 weeks?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Did they meet their developmental milestones?**
 | Choose an item. |
| If NO, please give brief detail of what the difficulties were/are:Click or tap here to enter text. |
| 1. **Does your child / young person have any physical or health difficulties or diagnoses?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Are there any concerns regarding your child / young person’s diet and/or appetite?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Are there any concerns regarding your child / young person’s sleep?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Are there any concerns regarding your child / young person’s self-care skills e.g. getting dressed, washing, toileting?**
 | Choose an item. |
| Please give details:Choose an item. |
| 1. **Are there any concerns regarding the following:**
 | Choose an item. |
| * Gross motor skills (large muscle movements e.g. crawling, walking, jumping, climbing):

Click or tap here to enter text.* Fine motor skills (small muscle movements e.g. using buttons and zips, holding a pencil or fork, using scissors):

Click or tap here to enter text.* Balance and coordination:

Click or tap here to enter text. |
| 1. **Do you have any concerns about the way your child/ young person understands language?**
 | Choose an item. |
| Please give details:Click or tap here to enter text. |
| 1. **Which best describes the way your child/young person speaks to you?**
 |
| * Not yet speaking

Click or tap here to enter text.* Single words and/ or short phrases

Click or tap here to enter text.* Full sentences

Click or tap here to enter text.* Full conversations

Click or tap here to enter text. |

**FAMILY STRUCTURE AND SIGNIFICANT LIFE EVENTS**

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| 1. **Please tell us who lives at home with your Child / Young Person, their age and relationship to the Child / Young Person (e.g. sibling, parent, stepparent, carer). Also tell us about other significant relationships with extended family who live locally to you.**
 |
| Click or tap here to enter text. |
| 1. **Have there been any relationship breakdowns, including separation and divorce?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **Has there been any bereavement in the family?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **Has there ever been domestic abuse / violence in the family?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **Is the Child/Young Person a Child Looked After?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **What is your Child / Young Person’s view of their difficulties?**
 |
| Click or tap here to enter text. |
| 1. **How do the Child / Young Person’s difficulties affect the family?**
 |
| Click or tap here to enter text. |
| 1. **Have you attended a course or workshop to understand your child / young person’s needs, if so, how long ago and which course did you attend?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **Have you accessed any relevant support e.g. helplines, groups, charities? If yes which ones?**
 | Choose an item. |
| Click or tap here to enter text. |
| 1. **Has the Child / Young Person had a private assessment for autism, ADHD, or similar / related conditions?**
 | Choose an item. |
| If yes, please provide the details below and attach the report: |
| Click or tap here to enter text. |
| *We understand some families may seek a private diagnosis. We ask that reports are shared with our service to ensure its validity and outline the best pathway and support for the Child / Young Person.* |

**CONCERNS / AREAS OF DIFFERENCE**

|  |
| --- |
| **Parental / Carer Concerns: Please highlight your level of concern and give details.** |
| 1. **Communication skills:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Social Interaction with peers and managing relationships:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Behaviour that concerns or challenges others:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Intense or specific interests/play:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Repetitive Behaviours:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Routines/challenges with changes:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Sensory seeking/avoidance:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Mental Health:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Emotional Responsiveness and well-being:**
 | Choose an item. |
| Please provide details:Click or tap here to enter text. |
| 1. **Does your Child / Young Person often find it difficult to give close attention to details; or makes careless mistakes with their homework?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person often have difficulties sustaining attention with tasks and play activities?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person often not seem to listen when spoken to directly, for example their mind seems elsewhere?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person not follow through with instructions and does not to finish his/her schoolwork, chores, or duties? Starts tasks and then loses focus very quickly?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person have difficulties organising tasks and activities, for example: difficulty keeping materials and belongings in order, messy and disorganised?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person avoid, dislike, or is reluctant to engage in tasks that require sustained mental effort, for example: homework or schoolwork, easily distracted?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person often lose things necessary for a task or activity, for example: pens, pencils, books, tools, paperwork, or PE kit?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person become easily distracted by irrelevant or unrelated things that have no relation to what they are supposed to be doing, for example: when studying or concentrating on a task?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person often forget daily activities, for example: doing chores, their school timetable, timings, when they are supposed to meet you or others?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your child fidget, squirm or leave their seat in situation when you would expect Child / Young Person remain seated or sit still?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Is your Child / Young Person often acting if driven by motor, always seen to be full of energy and have difficulty waiting their turn?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |
| 1. **Does your Child / Young Person talk excessively, blurt out answers or interrupt conversations?**
 | Choose an item. |
| Please give examples:Click or tap here to enter text. |

1. **SNAP -IV Parent / Carer 18-Item Rating Scale, James M. Swanson PhD**

For each item, check the column which best describes this child/ young person:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Just a little** | **Quite a bit** | **Very much** |
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks  |[ ] [ ] [ ] [ ]
| 2. Often has difficulty sustaining attention in tasks or play activities  |[ ] [ ] [ ] [ ]
| 3. Often does not seem to listen when spoken to directly |[ ] [ ] [ ] [ ]
| 4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties  |[ ] [ ] [ ] [ ]
| 5. Often has difficulty organizing tasks and activities  |[ ] [ ] [ ] [ ]
| 6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort  |[ ] [ ] [ ] [ ]
| 7. Often loses things necessary for activities (e.g., toys, school assignments, pencils or books  |[ ] [ ] [ ] [ ]
| 8. Often is distracted by extraneous stimuli  |[ ] [ ] [ ] [ ]
| 9. Often is forgetful in daily activities  |[ ] [ ] [ ] [ ]
| 10. Often fidgets with hands or feet or squirms in seat  |[ ] [ ] [ ] [ ]
| 11. Often leaves seat in classroom or in other situations in which remaining seated is expected  |[ ] [ ] [ ] [ ]
| 12. Often runs about or climbs excessively in situations in which it is inappropriate  |[ ] [ ] [ ] [ ]
| 13. Often has difficulty playing or engaging in leisure activities quietly  |[ ] [ ] [ ] [ ]
| 14. Often is “on the go” or often acts as if “driven by a motor”  |[ ] [ ] [ ] [ ]
| 15. Often talks excessively  |[ ] [ ] [ ] [ ]
| 16. Often blurts out answers before questions have been completed  |[ ] [ ] [ ] [ ]
| 17. Often has difficulty awaiting turn  |[ ] [ ] [ ] [ ]
| 18. Often interrupts or intrudes on others (e.g., butts into conversations/ games  |[ ] [ ] [ ] [ ]

|  |
| --- |
| We are currently updating the referral process for these assessments and would appreciate your feedback on this form. for example, is there any additional information that should be requested? |
| *E.g. – is there any wording you find confusing? Were you able to tell us everything you needed to about your child / young person? Do you have any other suggested improvements?*Click or tap here to enter text. |

Thank you for taking the time to complete this referral.

Please email this completed form with any supporting documents to the GP or healthcare professional submitting this referral.

For further information and support please see;

[**The Neurodiversity Support Hub**](https://www.hertfordshire.gov.uk/microsites/local-offer/resources-for-parents-and-professionals/the-neurodiversity-hub.aspx) is an advice service offering support, signposting and guidance about a whole range of things relating to ADHD and Autism. The phones are answered by a team of parents and carers of neurodivergent children and young people and your child doesn't need a diagnosis for you to use this service.

You can call them on 01727 833963 (Open Monday to Friday 9am – 1pm, closed bank holidays) or email:supporthub@add-vance.org

**Hertfordshire County Council –** [**SEND Local Offer**](http://www.hertfordshire.gov.uk/localoffer)

Whilst you are waiting for an assessment appointment, we suggest you review the information available from the Hertfordshire County Council Local Offer. The Local Offer includes a range of materials, bookable courses and workshops which can provide invaluable guidance on supporting your child or young person, both before and after their assessment.