

## **Neurodiversity Referral Form for an Autism Assessment for Children and Young People (CYP) aged under 5 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.

Please note, as per the NICE Guidelines ADHD referrals are not accepted for CYP aged under 5. Where there are behavioural challenges, families should be referred to the Hertfordshire Health Visitors Service, who can be contacted via 0300 123 7572 option 1.

## **PART TWO - PARENT / CARER QUESTIONNAIRE**

This questionnaire is required for a referral for an autism 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](#).

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](#) website to see what courses are available to you and your CYP or speak to the [Neurodiversity Support Hub](#).

**CHILD / YOUNG PERSON'S DETAILS:**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>NHS No:</b>			

**PARENT / CARER CONSENT**

<b>Please ensure all consent questions are answered to avoid delays.</b>	
<b>Do you agree to this referral being made: (We can only accept referrals if consent is given.)</b>	
<b>Does the Child / Young Person agree to this referral being made:</b>	
Please include further information on Child / Young Person's response:	

<b>Digital Communication</b>	
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.	
<b>I agree to receive text (SMS) messages</b> Please confirm your mobile number: _____	
East and North Hertfordshire Teaching NHS Trust and Hertfordshire Community NHS Trust would like to send text (SMS) messages for surveys and questionnaires.	
<b>I agree to receive text (SMS) messages</b>	
In some cases, we may offer appointments using video calling.	
<b>I agree to having video call appointments</b>	

<p>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 <u>must act on</u> as confirmation that we have the right details. We cannot email you any information without this verification.</p> <p><b>I agree to receive emails which could include personal information:</b> Please confirm your email address:</p> <p>_____</p> <p>Once any information has left our secure NHS email accounts, the security of the information is your responsibility.</p>	
<p><b>What is your preferred method of communication? (Tick one) ✓</b></p>	
<p>Link by SMS</p>	<p>Attachment by Email</p>
<p>Link by Email</p>	<p>Copy by Post</p>
<p><b>SIGN:</b> If you are completing this form electronically, type your name in the signature box.</p>	
<p><b>PRINT:</b></p>	
<p><b>RELATIONSHIP TO CHILD / YOUNG PERSON:</b></p>	
<p><b>DATE:</b></p>	

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

[Privacy and Data Protection – East and North Hertfordshire Teaching NHS Trust](#)

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

[Your information | Hertfordshire Community NHS Trust \(hct.nhs.uk\)](#)

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

[Your information and privacy - Hertfordshire Partnership University NHS Foundation Trust](#)

### EDUCATION SETTING DETAILS, INCLUDING NURSERY, SCHOOL

<b>1. Does the child / young person attend an educational setting?</b>		
If yes, please complete details below;		
Educational Setting Contact Details:	Name:	
	Address:	
	Phone Number:	
	Email:	
If no, when was the last time they attended an educational setting (please tick one option):		
<ul style="list-style-type: none"> <li>• Less than six months ago</li> <li>• More than six months ago</li> <li>• Never</li> </ul>		
If less than six months ago, please provide the educational setting contact details below;		
Educational Setting Contact Details:	Name	
	Address:	
	Phone Number:	
	Email:	

### REASONABLE ADJUSTMENTS

<b>2. Does the child / young person need any reasonable adjustments?</b> E.g. appointments in person rather than virtual, etc.
<b>3. Do the parents / carers need any reasonable adjustments?</b> E.g. call rather than text messages, etc.

**MEDICAL HISTORY:**

<b>4. Were there any complications during pregnancy?</b>	
Please give details:	
<b>5. Were there any complications at the birth?</b>	
Please give details:	
<b>6. Was your child born before 37 weeks?</b>	
Please give details:	
<b>7. Did they meet their developmental milestones?</b>	
If NO, please give brief detail of what the difficulties were/are:	

<b>8. Does your child / young person have any physical or health difficulties or diagnoses?</b>	
Please give details: including names of any medication prescribed or purchased for these difficulties	
<b>9. Are there any concerns regarding your child / young person's diet and/or appetite?</b>	
Please give details:	
<b>10. Are there any concerns regarding your child / young person's sleep?</b>	
Please give details:	
<b>11. Are there any concerns regarding your child / young person's self-care skills e.g. getting dressed, washing, toileting?</b>	
Please give details:	
<b>12. Are there any concerns regarding the following:</b>	
<ul style="list-style-type: none"> <li>Gross motor skills (large muscle movements e.g. crawling, walking, jumping, climbing):</li> </ul>	

- Fine motor skills (small muscle movements e.g. using buttons and zips, holding a pencil or fork, using scissors):
  
  
  
  
  
  
  
  
  
  
- Balance and coordination:

**13. Do you have any concerns about the way your child/ young person understands language?**

Please give details:

**14. Which best describes the way your child/young person speaks to you?**

- Not yet speaking
  
  
  
  
  
  
  
  
  
  
- Single words and/ or short phrases
  
  
  
  
  
  
  
  
  
  
- Full sentences
  
  
  
  
  
  
  
  
  
  
- Full conversations

<b>15. Do you have any concerns about your child / young person's mental health? Or have they ever been under the care of Children and Young Peoples Mental Health Services (CYPMH) or Step2?</b>	
If yes, please give details including any medication being taken:	
<b>16. Are there any confirmed diagnoses of neurodiversity in the immediate family?</b>	
If yes, please give details:	

**FAMILY STRUCTURE AND SIGNIFICANT LIFE EVENTS**

<b>17. 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.</b>	
<b>18. Is the child/young person adopted, in foster care or a Looked After Child under the care of the local authority?</b>	
If yes please provide details including relevant dates;	

<b>19. Have there been any relationship breakdowns, including separation and divorce?</b>	
<b>20. Has there been any bereavement in the family?</b>	
<b>21. Has there ever been domestic abuse / violence in the family?</b>	
<b>22. Are either parents/carers currently serving or have served in the British Armed Forces (regular or reservist)?</b>	
<b>23. What is your child / young person's view of their difficulties?</b>	

<b>24. At what age did your child / young person's difficulties become apparent?</b>	
<b>25. How do the child / young person's difficulties affect the family?</b>	
<b>26. 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?</b>	
<b>27. Have you accessed any relevant support e.g. helplines, groups, charities? If yes which ones?</b>	
<b>28. Has the child / young person had a private assessment/ right to choose assessment / assessment from another area for autism or similar / related conditions?</b>	
If yes, please provide the details below and attach the report:	

Empty text box for notes or comments.

*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.*

**29. Is the child / young person currently on a right-to-choose waiting list for autism or similar / related conditions?**

If yes, please provide the details below, including assessment type and medication:

Empty text box for providing details of waiting list status.

**CONCERNS / AREAS OF DIFFERENCE**

**Parental / Carer Concerns: Please highlight your level of concern and give details.**

**30. Communication skills:**

Please provide details:

Empty text box for providing details of communication skills concerns.

**31. Social Interaction with peers and managing relationships:**

Please provide details:

Empty text box for providing details of social interaction concerns.

<b>32. Behaviour that concerns or challenges others:</b>	
Please provide details:	
<b>33. Intense or specific interests/play:</b>	
Please provide details:	
<b>34. Repetitive Behaviours:</b>	
Please provide details:	
<b>35. Routines/challenges with changes:</b>	
Please provide details:	
<b>36. Sensory seeking/avoidance:</b>	
Please provide details:	

<b>37. Mental Health:</b>	
Please provide details:	
<b>38. Emotional Responsiveness and well-being:</b>	
Please provide details:	
<b>39. Does your child / young person often have difficulties sustaining attention with tasks and play activities?</b>	
Please give examples:	
<b>40. Does your child / young person often not seem to listen when spoken to directly, for example their mind seems elsewhere?</b>	
Please give examples:	

<b>41. Does your child / young person not follow through with instructions, for example, starts tasks and then loses focus very quickly?</b>	
Please give examples:	
<b>42. Does your child / young person have difficulties organising tasks and activities, for example: difficulty keeping materials and belongings in order, messy and disorganised?</b>	
Please give examples:	
<b>43. Does your child / young person often lose things or not remember where they put things??</b>	
Please give examples:	
<b>44. 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?</b>	
Please give examples:	

<b>45. Does your child fidget, squirm or leave their seat in situation when you would expect a child to remain seated or sit still?</b>	
Please give examples:	
<b>46. Is your child / young person often acting if driven by motor, always seen to be full of energy and have difficulty waiting their turn?</b>	
Please give examples:	
<b>47. Does your child / young person talk excessively, blurt out answers or interrupt conversations?</b>	
Please give examples:	

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?*

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](#) 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](mailto:supporthub@add-vance.org)

### **Hertfordshire County Council – [SEND Local Offer](#)**

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.

#### **Continuation Sheet**

Before submitting your completed questionnaire, please **ensure all text is visible** within the boxes, without scrolling. As we will not be able to see any text that does not fit within the box.

If you need to provide additional information for any question. Please note the question number in the box below and add the additional notes.

*Please ensure you put the question number with any additional information you wish to provide.*

**Continuation Sheet**

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