

**NEURODEVELOPMENTAL PATHWAY
REFERRAL FORM
(PART B parent referral form)**

Please complete this parental referral form electronically or in black ink, providing as much information as possible. Without this form the referral will not be processed. If you wish to discuss your child prior to making a referral, please contact the ELHT 0-10 ASD pathway team on 01282 804393. **Email completed forms 0-10asdpathway@elht.nhs.uk**

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|----------------------------|--|---------------|---------|
| Name of Child/Young person | | | |
| Date completed | | Date of birth | NHS No. |

| Child / young person's personal details | | | |
|---|--|-----------------------|----------|
| Address and postcode | | Telephone number | |
| Ethnic Group | | Gender | |
| Home language | | Interpreter required? | Yes / No |
| Name & address of GP | | Telephone number | |
| School/Nursery/College /Workplace | | Telephone number | |

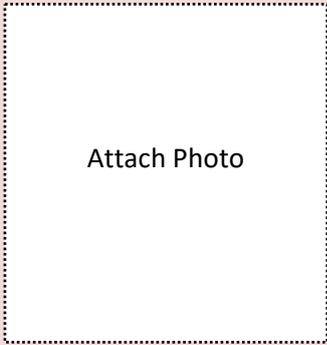
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|---|
| Consent: |
| <p>It is <u>essential</u> this form is completed by the parent / carer if the child/young person is under 16 years of age. If 16-25 years of age, the young person could complete this form his/herself.</p> <p>Please use black ink</p> |
| <p>I am signing this form to confirm that:</p> <p>(i) (a) I have parental responsibility for</p> <p>Or</p> <p>(b) I am over 16 years of age.....</p> <p>(ii) I agree with the contents of the form</p> <p>(iii) I give my consent for a referral to be made to the Neurodevelopmental Assessment Pathway</p> <p>(iv) I give my consent for relevant information about the above-named child or young person to be requested by and shared with relevant organisations and professionals supporting the delivery of the neurodevelopmental pathway</p> |
| <p>Signature of parent/guardian..... Date.....</p> <p>Name of parent/guardian</p> <p>Relationship to child or young person</p> <p align="center">** Note this referral will not be accepted unless the above section is fully completed**</p> |

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| <p>For young people - It has been explained to me what it means to be referred to the Neurodevelopmental Assessment Pathway and I understand that professionals will be discussing my case and making decisions about what care I need.</p> <p>Signature of young person: _____ Date _____</p> |
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Section A: Views, Interests and Aspirations

My One-Page Profile

| | |
|------|--|
| Name | |
|------|--|



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|---|
| What people like about me and what I like about myself? |
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|--------------------------|
| What is important to me? |
| |

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|------------------------|
| How I communicate |
| |
| How best to support me |
| |

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|---|
| Aspirations: What I would like to do in the future? |
| |

| | |
|--------------------------------|-------|
| How these views were gathered? | Date: |
| | |

Child/Young Person's relevant history: (please continue at end of form and include heading, if needed)

Please describe current concerns about your child/young person in relation to their:

Social communication How do they ask for things, non-verbal communication (eye contact, facial expression, gestures, any unusual speech?) What does he/she look and sound like when they are talking to someone? You could tell us about a time that social communication has been difficult for them.

Social interaction Do they have friends, can they share, how do they respond to others? Do they enjoy chatting with other children or adults? – Which bits do they manage well and which bits do they find tricky? How does this child feel about interaction with others? Can you describe any friendships with key people (e.g. a family member they spend lots of time with)?

Behaviour (behaviour outbursts / play skills / empathy skills / routines / repetitive behaviours etc.)

Sensory behaviours (preferences for food, smell, clothing, noises etc.)

Attention / concentration (organisation and ability to sit and complete tasks) Is there anything your child pays attention to for a long time? Is there anything they need lots of help to pay attention to? Can they organise themselves for school or do you help them?

Hyperactivity & impulsive behaviours

Please describe the current living circumstances – do the parent/carers have the same address? Do they have siblings? How many? Do they live in the same household?

Have there been any significant life events e.g. bereavements?

Brief history of development (were they born prematurely, age when concerns began, age when walked & said first word, play skills, any physical health issues)

Strengths and interests

Does the child / young person attend any groups or clubs?

Does the child / young person have friends? If so, what do they do together?

Anything else you would like to tell us?

Parent/Carer

Completed by:

Anything else you would like to tell us? (if continuing from another question please include title of box)

Parent/Carer