

**Professionals Referral form (for professionals use in partnership with parent & CYP)**  
**ELHT Autism Pathway - Children and Young People**

**This referral is for assessment for possible Autism only. For assessment or support regarding other issues please refer to the appropriate service:**

Area of Concern	Agency Responsible
Learning progress / Special Educational Needs	School, Specialist Teacher or Educational Psychologist
Mental Health needs or ADHD (secondary schools)	ELCAS
ADHD (primary schools)	Community Neurodevelopmental Paediatrics
Medical investigation of causation of established Moderate or Severe Learning Disability	
Speech or Language - unmet needs	SALT
Social Emotional Behavioural Needs	CAF/TAF and consider referral to CFWS or parent behaviour strategy course Support already been implemented - Clinical Psychology
Moderate or Severe Learning Disability and challenging behaviour	Learning Disabilities Team
Safeguarding Concerns	Children's Social Care

1. **GP REFERRALS:** Send this referral form and any additional letters / reports to: **Choose and Book Portal(CAB)**
2. **ALL OTHER REFERRALS (including Internal ELHT General and Community Neurodevelopmental Paediatrics / ELCAS):** Send this referral form and any additional letters / reports to: [ELHTCYPAutismreferrals@elht.nhs.uk](mailto:ELHTCYPAutismreferrals@elht.nhs.uk)

**SECTION 1 – REFERRER DETAILS**

Name of referrer (print):

Designation of referrer (print):

Address:

Email:

Phone number:

Date of referral:

**SECTION 2 – SERVICE USER DETAILS (please provide details of child/young person)**

NHS No:		Date of Birth:		Gender: M/F	
Title:	First Name:	Surname:		Telephone No: Mobile No:	
Address and Postcode:			Parents Email Address:		
Nursery/ School Name and Address:		Ethnicity:		Language Spoken: Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 3 – PARENT/CARER/NEXT OF KIN/SIGNIFICANT OTHER DETAILS

Name (s):	Relationship to service user:	Parental responsibility for this child <input type="checkbox"/> Yes <input type="checkbox"/> No
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If the parent\carer **does not** have parental responsibility, please provide the name, address and contact number of the person who has parental responsibility (e.g. local authority, foster carer, social worker etc.):

### SECTION 4 - SAFEGUARDING

Please indicate any known safeguarding concerns ( CAF/ CIN? Relevant history)

child protection plan <input type="checkbox"/> Yes <input type="checkbox"/> No	care order in place <input type="checkbox"/> Yes <input type="checkbox"/> No
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### SECTION 5 - CONSENT FOR MULTIDISCIPLINARY ASSESSMENT

**It is essential that consent for multi-disciplinary assessment, as detailed below, be discussed with parent / carer if the child/young person is under 16 years of age. This can be done verbally by phone or in person.**

- (i) I confirm I have discussed as below with parent / carer for the child and they have confirmed their consent for a referral to be made to the Neurodevelopmental Assessment Pathway

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.

Professionals and assessments required for the social communication assessment are individually considered at triage but may include any of the following services or professionals: Neurodevelopmental Practitioners, Speech and Language therapy, Clinical Psychology, Child and Adolescent Psychiatry, Paediatrician, ADOS Assessment, Child Development Centre Assessment.

Information may also be requested from Nursery or School or other agencies or health service, for example General Practitioner, Audiology, Ophthalmology, Specialist Paediatric Services, Children's Social Care.

Sharing of Family history - Parental health issues, Extended family history ASD / ADHD

**Name of professional discussing consent:**

**Date:**

**Name of parent/guardian giving consent:**

**Relationship to child or young person:**

**If verbal consent given please record who has given the verbal consent**

## SECTION 6: REASON FOR REFERRAL

### Describe difficulties

- 1. Deficits in social-emotional reciprocity** - ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions
- 2. Deficits in nonverbal communicative behaviours** used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
- 3. Deficits in developing, maintaining, and understanding relationships**, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- 4. Stereotyped or repetitive speech, motor movements or use of objects**, (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- 5. Insistence on sameness**, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).
- 6. Highly restricted, fixated interests** that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
- 7. Hyper- or hypo reactivity to sensory input** or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

### Parent / Young Person reported difficulties:

(If detailed in an attached clinic letter or report can indicate “see report / letter attached”)

### Professional Observed difficulties:

(If detailed in and attached clinic letter or report can indicate “see report / letter attached”)

## SECTION 7: Red Flags

- Please tick box any area of red flag concerns.
- This enables triage to the correct professional (s) for assessment

Red Flag Concern – please add details if present	Yes	No
<b>General:</b>		
Known familial history ASD		
<b>Paediatric:</b>		
Pre school aged child		
Prematurity		

Concerns about Fetal Toxin Exposure (alcohol or drug misuse in pregnancy)		
Developmental Regression in a pre school child (loss of skills previously obtained - eg speech or motor)		
Dysmorphic features / known genetic condition (eg Downs Syndrome)		
Cognitive regression in a school aged child – loss of learning level or change in personality		
Any physical health complexities: neurodisability/ neurocutaneous conditions / Neuromuscular conditions / Epilepsy		
Features suggestive of comorbid neurodevelopmental condition eg ADHD / Dyspraxia / motor tics		
<b>Paediatric and Psychology:</b>		
Global Developmental Delay		
Moderate /Severe Learning Disability		
Learning disability concern but no cognitive assessment available		
Known parental drug or alcohol misuse issues		
<b>Psychology / Psychiatry:</b>		
Looked after child / Attachment concerns		
Developmental trauma (Previous or current Children's Social Care / Child Protection Plan / history of abuse or trauma, Domestic violence )		
Known parental mental health issues		
Challenging behaviours – oppositional / demand avoidance		
Gender dysphoria		
Any mental health complexities: Obsessive Compulsive Difficulties / significant anxiety (social) / self injurious behaviours / low mood or depression/ Anorexia nervosa		
Strong family history schizophrenia / bipolar / OCD / Personality Disorder		
<b>Speech and language Delay or Difficulties</b>		
Delayed onset of speech (started talking after 2 years)		
Family history of developmental communication difficulties (e.g. Developmental Language Disorder, speech sound disorders, dysfluency)		
Observed difficulties with establishing and maintaining relationships		
Difficulty using spoken language appropriately (e.g. echolalia, poor topic maintenance, poor turn taking, perseveration on topics of interest)		
<b>SECTION 8: School Nurses and SenCo's only</b>  <b>Guidance:</b> To assess needs (eg. Learning, emotional and mental health concerns...): Discuss with Parent / Guardian and Complete SDQ Consider SEN support, Mental Health in Schools' team, CAF/TAF or referral to Child Family and Wellbeing Service.  Allow 3-6 months to monitor progress and include regular reviews e.g. 6 weeks		