

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: <i>Include details of level and use of language, level of understanding, use of gesture, body language, facial expression tone of voice and eye contact</i>	

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)

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: <i>(if you consent to them being contacted, please list names and contact details of others involved in your child's care – including school / college)</i>	
If your child has previously seen a professional for an assessment, please give details below:	
Signed:	Date: