

## Developmental Paediatric Department, ASD Assessment Referral

<b>Date:</b>					
<b>Patient Details</b>	NHS No/ AH number if known				
Name					
DOB		Age		Gender	
Address					
Postcode		Telephone			
Language ( if not English)		Translator Needed		<input type="checkbox"/>	
Parent/Carer Email Address					
Social Status	LAC <input type="checkbox"/>	CPP <input type="checkbox"/>	CIN <input type="checkbox"/>		
School/Nursery					

GP Name					
Address					
Postcode		Telephone			

### Referrer Details if not GP

Name			Role		
Address					
Postcode		Telephone			

Please return to: **the Department of Developmental Paediatrics, Catkin Building, Alder Hey Children's NHS Foundation Trust, Alder Road, Liverpool, L12 2AP**

### Alder Hey Autism Spectrum Pathway Referral

*Please be aware that all children under 5 years of age should **IDEALLY** have an EHAT open and should have had two Team Around the Family (TAF) meetings before a referral to ASD Pathway is completed. If not please provide evidence of support/interventions and family engagement in services prior to referral such as Children's Centres; Children's Services.*

Please provide as much information as you can and attach any relevant reports that will support the referral. Should you have any queries regarding this form, please contact the team on **0151 252 5252 or 0151 252 5759**. This information can be completed by any professional who knows the child well, but we will not be able to proceed with the referral unless this information is completed.

Child's Name ..... DOB: .....

Social Interaction and Reciprocal Communication:		Please Tick
Spoken Language	Non-speech like vocalisation	<input type="checkbox"/>
	Odd or flat intonation	<input type="checkbox"/>
	Frequent repetition of set words and phrases (echolalia)	<input type="checkbox"/>
	Reduced or infrequent use of language	<input type="checkbox"/>
	<b>Seen in children above 5 years:</b> Monotonous tone	<input type="checkbox"/>
	Talking 'at' others rather than two way conversation	<input type="checkbox"/>
	Responses to others can seem rude or inappropriate	<input type="checkbox"/>
Responding to Others	Absent or delayed response to name	<input type="checkbox"/>
	Reduced or absent social smiling	<input type="checkbox"/>
	Unusually negative response to others' requests	<input type="checkbox"/>
	<b>Seen in children above 5 years:</b> Subtle difficulty in understanding others intentions	<input type="checkbox"/>
	Few close friends or reciprocal relationships	<input type="checkbox"/>
	Social isolation	<input type="checkbox"/>
Interacting with Others	Reduced or absent awareness of personal space; unusually intolerant of others entering their personal space	<input type="checkbox"/>
	Reduced or absent social interest in others	<input type="checkbox"/>
	Reduced or absent social play with others	<input type="checkbox"/>

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	<b>Seen in children above 5 years:</b> Reduced or absent awareness of socially expected behaviour	<input type="checkbox"/>
<b>Eye Contact and Gestures</b>	Absent or reduced use of social eye contact	<input type="checkbox"/>
	Reduced or poorly integrated gestures and facial expressions	<input type="checkbox"/>
	Reduced or absent joint attention (i.e. following a point, using a point at or showing objects to share interests, gaze switching)	<input type="checkbox"/>
<b>Ideas and Imagination</b>	Reduced or absent imagination and variety of pretend play	<input type="checkbox"/>
	<b>Seen in children above 5 years:</b> Reduced or absent flexible imaginative play or creativity, although scenes from media may be re-enacted	<input type="checkbox"/>
<b>Unusual/Restricted Interests and/or Rigid and Repetitive Behaviours</b>	Repetitive 'stereotypical' movements (i.e. hand flapping, body rocking, spinning, finger flicking)	<input type="checkbox"/>
	Repetitive or stereotyped play	<input type="checkbox"/>
	Insistence on following own agenda	<input type="checkbox"/>
	Extremes of emotional reactivity to change in new situations, insistence on things being 'the same'	<input type="checkbox"/>
	Over or under reaction to sensory stimuli	<input type="checkbox"/>
	<b>Seen in children above 5 years:</b> Rigid expectation that other children should adhere to rules of play	<input type="checkbox"/>
	Dislike of change, which often leads to anxiety or other forms of distress	<input type="checkbox"/>
	Highly repetitive behaviours or rituals that negatively affect the young person's daily activities	<input type="checkbox"/>
<b>Other</b>	Unusual profile of skills or deficits (e.g. social or motor coordination skills poorly developed, while particular areas of knowledge, reading or vocabulary skills are advanced for chronological age)	<input type="checkbox"/>
<b>Please detail any further relevant information or descriptions of behaviour(s) causing concern:</b>		

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**NHS**  
Alder Hey Children's  
NHS Foundation Trust

<b>What is the Child's/Young Person's preferred form of communication?</b>	Spoken Language	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Written Language	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Signing (what type? e.g. Makaton) .....	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Symbols	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	PECS	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Photos/pictures	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
	Other:	
<b>Do Parent/Carers have any specific requirements/needs that we need to be aware of?</b> <i>If YES, please describe them below.</i>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

## IN CONFIDENCE

Does the Child/Young Person have any specific requirements/needs that should be taken into consideration (e.g. sensory needs, behavioural difficulties). *If YES, please describe them below.*

YES ☐ NO ☐ N/A ☐

# IN CONFIDENCE

Additional information	
Have the family been involved with or signposted to <b>ADDvanced Solution Community Network</b> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened?</i>	
Have the family been involved with or signposted to <b>the Liverpool ASD Training Team for pre-referral support</b> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened?</i>	
Have the family been involved with or signposted to <b>the Isabella Trust</b> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened?</i>	
Has the Child / Young Person been referred to/known to <b>the Speech and Language Therapy Service</b> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened? Please attach any reports if you have them available.</i>	
Has the Child / Young Person been referred to/known to <b>the Occupational Therapy or Physiotherapy Service</b> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened? Please attach any reports if you have them available.</i>	
Has the Child / Young Person/ Family been referred to/known to <b>Mental Health or Psychotherapy Service</b> ? (e.g. CAMHS, YPAS)	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES have appointments been kept? What strategies have been used and how have they impacted? What changes have happened? Please attach any reports if you have them available.</i>	
Has <b>any other support</b> been offered to the Child/Young Person/Family in relation to behaviour(s) causing concern from other services	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES please list the services involved. Have appointments been kept? What strategies have been used and how have they impacted? What changes have happened?</i>	

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# IN CONFIDENCE

## Alder Hey Autism Spectrum Pathway

### Parent/Carer Consent Form

I/We (print parent's name) .....

Parent/carers of (print child's name) .....

I understand that my/our child has been referred to the Alder Hey Autism Spectrum Pathway and this referral has been fully explained to me/us.

**I/We give permission for the Alder Hey Autism Spectrum Pathway to undertake assessments as appropriate. Permission is also given to gather, discuss & share applicable information in respect to my/our child's Autism Spectrum Disorder assessment within the team & appropriate outside agencies. Where applicable, this may include:**

School and SENCO; including School observations	Speech and Language Therapy Service
Clinical Psychology	Health Visitor
Paediatrician	Social Worker, Social Services
Educational Psychology Service	Child and Adolescent Mental Health Services
GP	Learning Disability Team
Alder Hey/Hospital Contact	ASD Training Team
Occupational Therapy Service	Other e.g. Children's Centre, Children's Services

Once all assessments are completed I/We may be invited to a feedback session. **I/We understand attending the feedback session is strongly advised as the outcome of the assessment will be discussed.** I/We agree it is in the child's best interest that the feedback session is attended.

If I/We do not attend the feedback session as advised or make any contact with the ASD Team to discuss this matter **a copy of the report containing the outcome of the assessment will be sent to my/our address & GP.**

I/We understand that information concerning risk of harm to a child or young person must always be shared for safeguarding reasons.

This form has been fully explained to me.

I can confirm I have read the above and give my consent as legal guardian.

Signed: .....

Dated: .....

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# IN CONFIDENCE

Before sending the referral to the Alder Hey ASD Pathway please ensure that you are submitting the correct information as listed below:

## Check list

- The ASD section has been completed YES ☐ NO ☐
- The Child has Liverpool or Sefton GP YES ☐ NO ☐
- Copies of EHAT, TAF meetings, SEND Graduated Approach or any evidence of support /interventions offered and family engagement have been attached YES ☐ NO ☐
- The referral includes information from school YES ☐ NO ☐
- The Additional Information section has been completed YES ☐ NO ☐
- The consent form has been signed and attached to this referral YES ☐ NO ☐

**Please be aware that the Alder Hey ASD Pathway is not able to accept incomplete referral forms. If insufficient information is submitted or there is lack of evidence of engagement with local support services, the referral will be rejected and returned back to the referrer.**

**We will try to accommodate any additional needs for the child or the parents/ carers where possible.**

Please be aware that the ASD Pathway is a diagnostic service and hence evidence of support needs to be provided prior to the acceptance of the referral to support the process.

## Support Agencies

Liverpool Specific	Sefton Specific
<b>Liverpool ASD Training Team</b> Tel. 0151 233 5988  <b>The Isabella Trust</b> Tel. 07956 749 774  <b>LivPaC (Parent Carer Forum)</b> Tel. 0151 7275271, 07504 544638  <b>YPAS</b> Tel. 0151 707 1025  <b>SEND local offer</b> <a href="https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page">https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page</a>	<b>SENDIASS</b> Tel. 0151 934 3334  <b>Autism and Social Communication Team</b> Tel. 0151 934 2347  <b>The Isabella Trust</b> Tel. 07956 749 774  <b>Sefton Parent Carer Forum</b> Tel. 07541 326860  <b>ADHD/ASD Community Service</b> Tel. 01704 395720  <b>SEND local offer</b> <a href="https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0">https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0</a>
<b>CAMHS - Tel. 0151 293 3662 (Mon-Fri 9am – 5pm)</b>	

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## IN CONFIDENCE

**ADDvanced Solutions Community Network - Tel. 0151 486 1788**

**CAMHS Crisis Line - Tel. 0151 293 3577 (Mon-Fri 8am to 8pm and on weekends/Bank Holidays from 10am – 4pm)**