

## Right to Choose Referral to Autism 360

### Autism Assessment

Please complete **ALL** sections and return to [adhd360.autismrtcreferrals@nhs.net](mailto:adhd360.autismrtcreferrals@nhs.net)

Date of referral	
Name of person to be assessed	
Home address	
Date of Birth	
Age at referral	
NHS number	
Contact email ( <b><u>MANDATORY</u></b> )	
Contact phone number	
Next of kin name	
Next of Kin address	
Next of kin phone number	
Does you consent to information sharing with next of kin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Risk:</b> We ask the following questions to best support the person through our assessment process. These questions are revisited within the assessment itself. Please include as much detail as feels comfortable.</p>	
1. Have you ever had thoughts of harming yourself intentionally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. If yes, please provide further details:	
2. Have you ever acted on thoughts to harm yourself?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
a. If yes, please provide further details:	
b. If no, what has prevented you from acting on these thoughts?	
3. When did you last have any thoughts of harming yourself, or act on any such thoughts?	

**GP to complete**

Name of GP (Referrer)	
GP practice address	
GP practice email	
Name of current ICB	
Reason for referral: Provide a summary of needs and current concerns.	
Note any additional risk concerns to be considered within the assessment process.	
Does any of the following <i>currently/recently</i> relate to the person: (Tick all relevant)	<input type="checkbox"/> Crisis/Home Based Treatment, Assertive Outreach <input type="checkbox"/> Involvement with drug and alcohol services <input type="checkbox"/> Admission to Acute Mental Health inpatients or 136 suite <input type="checkbox"/> Admission to PICU (inc historical) <input type="checkbox"/> Disordered eating <input type="checkbox"/> Psychosis or treatment for psychotic episode <input type="checkbox"/> Police or safeguarding involvement <input type="checkbox"/> Self-harm or suicidal ideation <input type="checkbox"/> Significant self-harm requiring medical intervention (inc historical) <input type="checkbox"/> Question over mental capacity <input type="checkbox"/> Ongoing court proceedings
Note any relevant known or suspected conditions (including any learning disability)	
Have difficulties been evident since childhood?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Supporting documentation attached. (Tick all included)	<input checked="" type="checkbox"/> Patient Summary <input type="checkbox"/> Current medication and last review date <input type="checkbox"/> Any previous engagement in mental health services <input type="checkbox"/> Previous diagnoses <input type="checkbox"/> Any reports undertaken by previous or current professionals <input type="checkbox"/> Any previous autism diagnosis reports if appropriate <input type="checkbox"/> <b>MANDATORY:</b> Completed age specific AQ-10 screening - completed by patient (Attached to this form)
<b>Referrer to complete:</b> Not everyone who goes on to get a diagnosis of autism meets the threshold at the screening stage. Do you agree to an assessment if the screening threshold is not met?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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## ADULT Screening tool (AQ-10) (Age 16+)

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	I often notice small sounds when others do not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2*	I usually concentrate more on the whole picture, rather than the small details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3*	I find it easy to do more than one thing at once	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4*	If there is an interruption, I can switch back to what I was doing very quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5*	I find it easy to 'read between the lines' when someone is talking to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6*	I know how to tell if someone listening to me is getting bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	When I'm reading a story I find it difficult to work out the characters' intentions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9*	I find it easy to work out what someone is thinking or feeling just by looking at their face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I find it difficult to work out people's intentions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical use only: \* Reverse scored

## CHILD Screening tool (AQ-10) (Aged under 16)

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	S/he often notices small sounds when others do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2*	S/he usually concentrates more on the whole picture, rather than the small details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3*	In a social group, s/he can easily keep track of several different people's conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4*	S/he finds it easy to go back and forth between different activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	S/he doesn't know how to keep a conversation going with his/her peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6*	S/he is good at social chit-chat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	When s/he is read a story, s/he finds it difficult to work out the character's intentions or feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8*	When s/he was in preschool, s/he used to enjoy playing games involving pretending with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9*	S/he finds it easy to work out what someone is thinking or feeling just by looking at their face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	S/he finds it hard to make new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical use only: \* Reverse scored