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**Leeds Autism Diagnostic Service referral form**

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| **ALL** parts of this referralform should be fully completed to be considered by the service for an initial assessment. Please answer all questions or your referral may be declined. If a question does not apply to you, please put ‘N/A’. **Please return the completed form to** [referral.lypft@nhs.net](mailto:referral.lypft@nhs.net)  **For the service to accept a referral the following criteria must be met: -**   |  | | --- | | **1 –** Be aged 18 or above **3 –** Have not received a previous diagnosis of autism  **2 –** Fully consent to the referral **4 –** Be registered with a Leeds GP  **PLEASE NOTE:** If there is a mental health or substance misuse problem which is currently so unstable it may affect the autism assessment, please contact us to discuss before sending the referral, on **0113 855 0712**. | |  | | | | |
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| **SERVICE USER DETAILS** | | |
| **TYPE OF REFERRAL** | Professional referral Self-referralFamily/carer | |
| **DATE OF REFERRAL** | 01/01/2022 | |
| **SURNAME** | Smith | |
| **FORENAME** | John | |
| **GENDER** | Male  Female  Non-binary  Prefer to self-describe  Click or tap here to enter text. | Is your gender identity the same as your assigned gender at birth?  Yes  No  Prefer not to say |
| **ADDRESS INC TOWN, COUNTY & POSTCODE** | 18 Anyplace Road Anyton Leeds LS10 4BS | |
| **EMAIL ADDRESS** | j.smith@someemail.com | |
| **TELEPHONE NUMBER** | Mobile: 07712346578 Landline: 0113 812 3456 | |
| **DATE OF BIRTH** | 16/05/1987 | |
| **NHS NUMBER** | 12345678910 | |
| **GP SURGERY** | GP Practice Medical Centre | |
| **VETERAN STATUS** | Tick here if you have ever served in the UK armed forces: | |
| **REFERRER DETAILS (If not self-referral)** | | |
| **NAME** | Dr William Jones | |
| **PROFESSION** | GP | |
| **ADDRESS** | GP Practice Medical Centre, Ayton, LS10 7NK | |
| **EMAIL** | Wjones2312@nhs.net | |
| **CONSENT** | Does the service user fully consent to the referral? Yes No *(Please obtain consent - referrals are not accepted into the service if full consent is not given)*  Service user lacks capacity to consent to autism assessment *(Please explain in referral reason why autism assessment is in the patient’s best interests)* | |

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| **REFERRAL DETAILS:** all information listed below is required for the service to assess the appropriateness of the referral. |
| a) **Please outline the reason for the referral and level of need**. Why do you need an autism assessment at this time? If you have had a referral to us declined in the past, what has changed since? |
| John has been referred for an autism assessment due to ongoing struggles with social interaction and isolation. He reports experiencing daily social problems that significantly impact his ability to function in various aspects of life. Specifically, John finds it challenging to fit in with people and describes his friends as individuals he has met through others, but he does not consider them close friends. Additionally, he expresses a persistent feeling of being different from others and speculates that he may have autism. He further reported that he also struggles with forming and maintaining close connections may affect both personal and professional relationships. Given John's ongoing struggles and his self-identification of potential autism, it is recommended that a comprehensive autism assessment be conducted. This assessment will help determine whether John meets the criteria for an autism spectrum disorder, providing valuable insights into his social difficulties and facilitating appropriate support and interventions. He further reported that he also struggles with forming and maintaining close connections may affect both personal and professional relationships. |
| b) **Social Interaction:** Please provide examples of **current** and **childhood difficulties** and how these cause(d) problems in day-to-day life: e.g. difficulty making and maintaining friends, difficulty understanding social situations, inappropriate social behaviour such as ‘saying the wrong thing’ |
| **Childhood:**  He remembers that he did not like talking to other children. He kept to himself rather than spend it with other people. He said he found school very hard as it was not always easy for him to fit in with others and maintain friendships. He only had one friend at school and found it difficult to make friends. He says he was always alone in the playground or preferred to go to the library. John's challenges with non-verbal communication, specifically in maintaining eye contact and understanding gestures, offer additional insights into his social interaction difficulties John reported that he faced challenges understanding social cues, such as body language or facial expressions. This led to isolation, as other children found it easier to interact with those who understood these social nuances.  **Current:**  He does not see his friends as close friends and does not go out much and prefers to stay in the house. He does not like chatting with people and says that there is no point. He can’t start a conversation when there isn’t any meaning to it. He works at a call centre and the job is good for him because he does not have to deal with meeting people. John's challenges with non-verbal communication may extend to verbal communication, resulting in instances where he says things that are perceived as socially inappropriate. For example, he may not pick up on cues indicating that a certain topic is sensitive or that a particular comment may be considered impolite, leading to potential misunderstandings, and strained social relationships. His job choice at a call centre, where he doesn't have to face in-person interactions, aligns with his aversion to meeting people directly. This preference for a role that involves remote communication may be a coping mechanism to navigate his social challenges in a professional context. |
| c) **Social Communication:** Please provide examples of **current** and **childhood difficulties** and how these cause(d) problems in day-to-day life:e.g. eye contact, use of gestures, unusual speech (such as monotone voice) |
| **Childhood:**  His eye contact is not very good and he is monotonous in his voice. People have told him that he doesn’t know when to stop talking. During childhood, John was showing signs of restricted use of gestures in his communication, and he was having trouble expressing his feelings or thoughts nonverbally. This made it harder for him to explain himself clearly. John used to talk in a monotone and exhibit other peculiar speech patterns in his early years. His ability to exhibit participation in talks and to portray emotions through intonation has been impacted by this.  **Current:**  John said he takes things literally depending on the joke. He can misunderstand them and take jokes personally. He does not understand what people mean sometimes and gets confused when they say one thing and mean something else. In adulthood, John's continued struggle with understanding gestures may impact his ability to interpret and respond appropriately in social situations. This difficulty leads to misunderstandings and hinders his capacity to navigate nuanced communication. He was given complaints at his current employment on his inability to adapt his communication approach for various situations. Regardless of the circumstance, his propensity to talk in a formal, comprehensive style sometimes causes misunderstandings or creates the appearance that he is unapproachable. |
| d) **Restricted and Repetitive behaviours:** Please provide examples of **current** and **childhood difficulties** and how these cause(d) problems in day-to-day life:e.g. rigid routines, resistant to change, intense interests, literal thinking |
| **Childhood:**  He remembers being very picky with his food and lined his toy cars up in lines. He liked playing with trains and watched them going round and round the track for hours. John said he has a strong interest in Warhammer and has collected figurines since he was about 11 years old. He said he has over 1000 figures now. He likes keeping them in boxes and properly arranged. He struggled with high school because it was hard for him to keep up with changing lessons, sessions and teachers. John reported that in earlier times, he had shown an addiction to strict routines and shown a refusal to change in his daily routine. For instance, unexpected changes to schedules or habits would be upsetting or uncomfortable. Furthermore, he mentioned that it was challenging for him to participate in various talks or activities with his friends because of his intense attention to particular areas.  **Current:**  Whenever I have seen him in surgery, he has listed things in a formal way and in a lot of detail. It is very difficult to interrupt him when he is speaking. John told me that he is very knowledgeable about Star Wars. He can remember all the films in chronological order and all the characters in a very detailed manner. He does things by the clock and gets very worked up and anxious if he is late for anything. John still finds it more difficult to adjust to unusual situations or unexpected occurrences if he keeps up his strict habits and resists change. He stated that makes really hard for him to adjust to adjustments in the job or in social situations, which always makes him feel more stressed or uneasy. |
| e) **Sensory Issues:** Please provide examples of **current** and **childhood difficulties** and how these cause(d) problems in day-to-day life:e.g. over or under sensitivity to touch, light, smell, taste, noise or pain. |
| **Childhood:**  John showed signs of overwhelming sensitivity to touch during his early years. As an example, he used to be sensitive to specific materials or textures, or on the other hand, he would not have reacted to bodily experiences in the same manner as his classmates. He remembered being unable to wear certain types of clothing due to their texture. John used to show signs of light sensitivity as a toddler, acting uncomfortable around bright or flashing lights. This sensitivity affected the settings and pursuits he chose. He also reported that he remembered finding the noise in the school cafeteria overwhelming which used to influence his behavior in various settings.  **Current:**  These sensitivities continue to affect him. He finds certain office environments, especially open-plan offices, to be challenging due to the level of noise and light. John's ongoing sensitivity to light has impacted his daily life by influencing where he feels comfortable or how he engages with different spaces. For example, he stated that he prefers dimly lit environments to avoid discomfort. His sensitivity to textures affects his clothing choices, which sometimes draws comments from colleagues. |
| f) Can you explain how any of the possible autistic features you have identified above may impact on areas of your life (for example, home life, relationships, work, education, health)? |
| Socially, he feels isolated and struggle to form and maintain relationships. Professionally, communication challenges and a need for routine can affect his performance and flexibility. Sensory issues affect him daily and can limit his participation in social activities. These factors lead to increased anxiety and affect overall mental health. Understanding and addressing these issues through an autism assessment is important for him as it may help develop strategies to navigate life more effectively and to improve well-being. In the workplace, challenges in social communication and resistance to change have affected John's interactions with colleagues and adaptability to different job dynamics. Additionally, his sensory sensitivities have also impacted his comfort and focus on a work environment. |
| g) Can written information be provided from childhood to help support the assessment process, e.g. school reports, mental health service reports etc. |
| Yes (please specify) Click or tap here to enter text.  No |
| h) Please provide information about any current or previous physical and mental health diagnosis and details of current medication **(or attach GP summary care record.)** |
| John has a diagnosis of diet-controlled diabetes mellitus. He also has been attending the practice for low mood and anxiety. He has attended mental wellbeing service six months ago for a short time. I have started Sertraline 50mg once a day three months ago |
| i) Have you had an autism assessment previously? If so, what was the outcome of this assessment? |
| Yes   No  Outcome: Click or tap here to enter text. |
| j) Are you at risk of self-harm or harming others? |
| Yes – please give details Click or tap here to enter text.  No |

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| **DEVELOPMENTAL HISTORY** |
| Autism is very challenging to diagnose without developmental history. As part of our diagnostic process, we normally invite a relative or friend to provide additional information. This may be in the form of a questionnaire, or an interview completed with a clinician.  If your referral is accepted the first stage of the pathway is gathering the developmental history. Therefore, we require the developmental history questionnaire to be returned to the service before you can be offered a first appointment. The developmental history questionnaire can be found on our website.  **Please be aware that without a developmental history, we are sometimes unable to make a confirmed diagnosis of autism.** |
| k) Is there a family member (usually a parent) that knew you well during childhood who would be willing to take part in the diagnostic process? |
| Yes, I have someone in mind and would be comfortable for you to contact them.  No, I do not have anyone in mind to take part in the diagnostic process.  If |

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| --- | --- |
| **SERVICE USER REQUIREMENTS** | |
| l) Do you have any other diagnosed neurodevelopmental conditions: | |
| ADHD  Learning Disability  Dyslexia  Dyspraxia | Hearing Impaired / Deaf  Visual Impaired / Blind  Other, please specify Click or tap here to enter text. |
| m) Do you have any additional needs or require any reasonable adjustments in these areas (please describe): | |
| Mobility, e.g., do you use a wheelchair Click or tap here to enter text.  Sensory, e.g., do you need a quiet waiting area Click or tap here to enter text.  Communication, e.g., do you need information in Easy Read, British Sign Language, Braille Click or tap here to enter text.  Interpreter: If yes, which language: Click or tap here to enter text.  Other, e.g., do you need someone to come to appointments with you Click or tap here to enter text. | |
| n) **Appointment Type:** Which type of appointment would you prefer? (The service will consider your preference, however some appointments on the pathway require a face-to-face appointment) | |
| Face-to-face  Videocall (if this is the preferred option you need to have access to a laptop or tablet and a good internet connection) | |
| o) **Research:** We sometimes invite service users to take part in research. Please tick here if you would like to hear about research opportunities after you are discharged from the service. | |
| Yes, I would be happy to be contacted about research  No, I would rather not be contacted about research | |
| p) **Communications consent: How would you like us to contact you**? | |
| |  |  |  | | --- | --- | --- | |  | Yes | No | | Phone |  |  | | Letter |  |  | | Text Message |  |  | | Voicemail message |  |  | | Email |  |  | | |

Last updated: 03/11/2023

**Equality and Inclusion information**

We would be grateful if you could please provide us with the following information. By doing this you are helping us to monitor the uptake of or services and aid the planning process to ensure that a culturally competent service is provided to our patients. Personal data about you is not shared with anybody not directly involved in your care.

**ETHNICITY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Asian – Pakistani |  | Black – African | |  | White – British |  |
| Asian – Indian |  | Black – African | |  | White – Irish |  |
| Asian – Bangladeshi |  | Black – Other | |  | White - other |  |
| Asian – Other |  | Chinese | |  |  |  |
| Mixed  (please specify): Click or tap here to enter text. | | | Other ethnic group  (please specify) Click or tap here to enter text. | | | |

**RELIGION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Baha’I |  | Jain |  | Pagan |  |
| Buddhist |  | Jewish |  | Sikh |  |
| Christian |  | Muslim |  | Zoroastrian |  |
| Hindu |  | None |  | Other |  |

**MARITAL STATUS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Divorced |  | Surviving partner / widowed |  | Separated |  |
| Married/ civil partner |  | Single |  |  |  |

**LIVING STATUS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lives alone |  | Lives with parent/ guardian |  | Residential care |  |
| Lives with family |  | Lives with partner/ spouse |  | Supported living |  |
| Lives with other |  | No fixed abode |  |  |  |

**EMPLOYMENT STATUS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employed |  | Unemployed – Seeking work |  | Student |  |
| Looking after Family/ Home |  | Unemployed – Not seeking work |  | Other |  |
| Retired |  | Unemployed – Sick/ Disabled |  | Unpaid/Voluntary |  |

**NEXT-OF-KIN INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** Mrs Beverley Smith | | | **ADDRESS:** 18 Anyplace RoadAnytonLS10 4BS | | | | | | |
| **CONTACT INFORMATION:** | | **Landline:** 0113 812 3456 | | | | **Mobile:** 07771918340 | | | |
| **NEXT-OF-KIN RELATIONSHIP TYPE** | Husband/Wife |  | Son/Daughter |  | Father/ Mother | |  | Brother/ Sister |  |
| Grandparents |  | Grandchild |  | Uncle/Aunt | |  | Nephew/Niece |  |
| Common-Law spouse |  | Civil partnership |  | Other (please state)  Click or tap here to enter text. | | | | |

**CARER INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have a Carer?** | **YES** | | **NO** |
| **Name of Carer:** | | **Address of Carer:** | |
| **Contact number of carer:** | | **Relationship to service user:** | |

**SEXUALITY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Which of the following best describes how you think of yourself? *(please tick)*** | | | | | |
| Heterosexual or Straight |  | Gay or Lesbian |  | Bisexual |  |
| Rather not say |  | Not sure |  | Other Sexual Orientation not listed  (please state) Click or tap here to enter text. | |