

## RDASH Adult Autism Diagnostic Service

### Referral Form for Adult Autism Diagnostic Assessment

Please note that this referral form can be completed and submitted by the patient themselves or by someone supporting the patient. As such, the questions asked within this form are directed to the patient in order to capture their difficulties as much as possible. Patients will also need to fill in the AQ10 which is at the end of this form.

#### **Disclaimer Statement-**

**By submitting this referral for form, you, as the patient are consenting for the autism team to access your NHS electronic health care record as part of the information gathering process. A copy of this referral form will be uploaded on to your NHS electronic health care record.**

<b>Date of Referral</b>	
<b>Patient Name</b>	
<b>Patient's Preferred Name</b>	
<b>Preferred Pronouns</b>	
<b>NHS Number (If known)</b>	
<b>Date of Birth:</b>	
<b>Contact Details (Address and Telephone)</b>	
<b>Patient email address:</b>	
<b>Best way to contact patient:</b>	

#### **If not patient:**

<b>Referrer Name &amp; Contact Details</b>	
<b>Relationship to the patient</b>	
<b>If the referral is being submitted on behalf of a patient, does the patient consent to the referral being made?</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>Registered GP details (if not referrer)</b>	

## Summary of Difficulties

Please use the tick boxes below to indicate any of the following difficulties that you may experience. Please give examples and tell us how these difficulties impact on your daily life.

If you do not provide sufficient information this could lead us to decline your referral based on there not being enough evidence to warrant a diagnostic assessment.

<b>Difficulties</b> <i>(tick which apply)</i>	<b>Impact on Daily Life</b> Please give examples in each section and describe how the difficulties you have ticked impact on your life at present?
<p><b>Social Communication</b></p> <p><input type="checkbox"/>difficulties with verbal and non-verbal communication (avoiding eye contact/difficulties understanding facial expressions, social cues)</p> <p><input type="checkbox"/>difficulties starting/maintaining two way conversations, knowing what to say to others.</p> <p><input type="checkbox"/> Difficulties understanding language, needing people to be clear in what they say to avoid misinterpretation. Difficulties understanding jokes/sarcasm/literal interpretation of language .</p>	
<p><b>Social interaction</b></p> <p><input type="checkbox"/>difficulties understanding other's emotions/other's point of view</p> <p><input type="checkbox"/>difficulties fitting in socially</p> <p><input type="checkbox"/>difficulties initiating and maintaining friendships and relationships</p> <p><input type="checkbox"/>Needing time alone</p>	

<b>Difficulties</b> <i>(tick which apply)</i>	<b>Impact on Daily Life</b> Please give examples in each section and describe how the difficulties you have ticked impact on your life at present?
<b>Routines/Ritualistic behaviour</b>  <input type="checkbox"/> have fixed daily routines  <input type="checkbox"/> Struggle with change, cope better with preparation	
<b>Intense interests and Focus</b> <input type="checkbox"/> intense interests/intense focus on certain things/areas of life	
<b>Sensory Experiences</b> <input type="checkbox"/> hyper-/hyposensitive to one or more senses (i.e. noise, light, smell, touch, taste)	
<b>Have your difficulties above been longstanding</b> (i.e. since childhood or adolescence)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

<b>Have you had a diagnostic assessment for autism before?</b>  (This may include assessments for Childhood Autism, High Functioning Autism, Asperger's Syndrome)	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, when did this assessment take place?  What was the outcome of this assessment?
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<p><b>Why would an autism assessment be helpful for you?</b></p> <p><i>(Tick which apply)</i></p> <p><input type="checkbox"/> Current difficulties in seeking/maintaining your employment</p> <p><input type="checkbox"/> Current difficulties in an education setting</p> <p><input type="checkbox"/> Current difficulties maintaining your independence</p> <p><input type="checkbox"/> Understanding your mental health</p> <p><input type="checkbox"/> Other (Please specify.....)</p>	<p>Please provide more information about your reason for seeking a specialist autism assessment below:</p>
<p><b>Have you been referred/or are you currently on a waiting list to have an autism assessment in another service?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Mental Health and Risk**

<p><b>Are you experiencing any current mental health difficulties?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please share more information about these difficulties below:</p>
<p><b>Do you have any other mental health diagnosis?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please outline the diagnosis that you were given and when you received this below:</p>
<p><b>Are you currently accessing any other services in relation to your mental health?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please give more details:</p>

<p><b>Are you currently experiencing a mental health crisis including any plans/thoughts to end your life?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you are experiencing a mental health crisis, feeling suicidal or in need of urgent support to keep you safe, then please phone crisis support for free on the numbers below:</p> <ul style="list-style-type: none"><li>• Crisis line: 0800 804 8999</li><li>• Phone: 111 and select the mental health option</li></ul> <p>Please note we cannot offer any crisis or mental health support whilst patients are waiting or receiving care from our service.</p>
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**Additional Information:**

<p><b>Is there anything more about your difficulties or experiences that you would like us to know more about?</b></p>	<p>Please outline this below:</p>
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# AQ-10

## Autism Spectrum Quotient (AQ)

A quick referral guide for adults with suspected autism who do not have a learning disability.

**Please tick one option per question only:**

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	I often notice small sounds when others do not				
2	I usually concentrate more on the whole picture, rather than the small details				
3	I find it easy to do more than one thing at once				
4	If there is an interruption, I can switch back to what I was doing very quickly				
5	I find it easy to 'read between the lines' when someone is talking to me				
6	I know how to tell if someone listening to me is getting bored				
7	When I'm reading a story I find it difficult to work out the characters' intentions				
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)				
9	I find it easy to work out what someone is thinking or feeling just by looking at their face				
10	I find it difficult to work out people's intentions				

**SCORING:** Only 1 point can be scored for each question. Score 1 point for *Definitely or Slightly Agree* on each of items 1, 7, 8, and 10. Score 1 point for *Definitely or Slightly Disagree* on each of items 2, 3, 4, 5, 6, and 9. If the individual scores **6 or above**, consider referring them for a specialist diagnostic assessment.

This test is recommended in 'Autism: recognition, referral, diagnosis and management of adults on the autism spectrum' (NICE clinical guideline CG142). [www.nice.org.uk/CG142](http://www.nice.org.uk/CG142)

**Key reference:** Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.



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**Thank you for completing this referral form, once we have reviewed your form, we will get back to you to let you know whether your referral has been accepted or not.**

Please sent to:

Email: [rdash.adhdandautismreferrals@nhs.net](mailto:rdash.adhdandautismreferrals@nhs.net)

Central Address: RDASH Adult Neurodiversity Service, The Neurodiversity Centre, Askern Road, Doncaster, DN5 0JR