**Adult Autism Assessment**

**REFERRAL FORM**

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| --- | --- | --- | --- |
| **First Name:** |  | **Surname:**  |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Address:** |  | Please tick which is your preferred method of contact |
|  |
| **Mobile Tel No:** |  |  |
| **Landline Tel No :** |  |  |
| **Email Address:** |  |  |
| **GP & Address:**  |  |
| **NHS No if known**  |  |
| **Confidentiality Statement** | *In order to provide you with an effective service Telford Autism Hub and our partners Midlands Partnership Foundations Trust will request information which is personal and sensitive. (Personal and Sensitive information is what you have told us about yourself, or what other organisations have told us about you, or may tell us in the future). We will store the information provided responsibly and securely in accordance with the law. We will keep a record about you and will need to share with other organisations usually MPFT and others, like GP, NHS, Local authority and community and voluntary services in order to provide services right for you. To ensure we meet our legal requirement we will share information where necessary to protect individuals from harm or injury. You have the right to see any personal information held about you. You will not be able to see information that others have given in confidence.*  |
| **Please sign if you consent to store information and understand the confidentiality statement above** |  |
| **Ethnic Origin:** | White British |  | Asian or Asian Bangladeshi |  |
| White Irish |  | Asian or Asian Any Other Background |  |
| White Any Other Background |  | Black or Black British |  |
| White & Black Caribbean |  | Black or Black Caribbean |  |
| White & Black African |  | Black or Black African |  |
| White & Asian |  | Black or Black Any Other |  |
| Mixed any Other mixed background |  | Chinese |  |
| Asian or Asian British |  | Other Ethnic group |  |
| Asian or Asian Indian |  | Not Stated |  |
| Asian or Asian Pakistani |  | Not Known |  |
| **Why would you like an Autism Assessment?**  |  |

[**Ritvo Autism & Asperger Diagnostic Scale (RAADS-14)**](https://psychology-tools.com/test/raads-14)

Please tick one response per question that most accurately describes how each of the statements below applies to you. Please complete all questions. For the purposes of this test, “When I was Young” refers to the age of 17 or younger.

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| --- | --- | --- | --- | --- | --- |
|  |  | **True Now & When Young**  | **True Only Now**  | **True When I Was Young**  | **Never True** |
| 1 | It is difficult for me to understand how other people are feeling when we are talking. |  |  |  |  |
| 2 | Some ordinary textures that do not bother others feel very offensive when they touch my skin. |  |  |  |  |
| 3 | It is very difficult for me to work and function in groups. |  |  |  |  |
| 4 | It is difficult to figure out what other people expect of me. |  |  |  |  |
| 5 | I often don’t know how to act in social situations. |  |  |  |  |
| 6 | I can chat and make small talk with people. |  |  |  |  |
| 7 | When I feel overwhelmed by my senses, I have to isolate myself to shut them down |  |  |  |  |
| 8 | How to make friends and socialise is a mystery to me. |  |  |  |  |
| 9 | When talking to someone, I have a hard time telling when it is my turn to talk or to listen. |  |  |  |  |
| 10 | Sometimes I have to cover my ears to block out painful noises (like vacuum cleaners or people talking too much or too loudly). |  |  |  |  |
| 11 | It can be very hard to read someone’s face, hand, and body movements when we are talking. |  |  |  |  |
| 12 | I focus on details rather than the overall idea. |  |  |  |  |
| 13 | I take things too literally, so I often miss what people are trying to say. |  |  |  |  |
| 14 | I get extremely upset when the way I like to do things is suddenly changed. |  |  |  |  |

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| **Clinical Information**Please provide examples of any difficulties you had in the following areas. We are interested in any difficulties you may have had in childhood and/or more recently: |
| **Social Interaction** e.g. difficulty making and maintaining friends, difficulty understanding social situations, inappropriate social behavior,  | **Childhood:** |
| **Current:**  |
| **Social Communication** e.g. eye contact, use of gestures, unusual speech, facial expressions | **Childhood:** |
| **Current:** |
| **Restricted and Repetitive behaviours** e.g. resistant to change, restricted range of interests, literal thinking, stimming/spinning and other stereotypical mannerisms, compulsions or rituals | **Childhood:** |
| **Current:**  |
| **Sensory Issues** e.g. over or under sensitivity to touch, light, smell, taste, noise or pain. | **Childhood:** |
| **Current:**  |

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| --- | --- | --- |
| **Is there someone we could contact to ask about your early development, ideally a parent?** | **YES** | **NO** |
| Do you have copies of any letters, reports or assessments from childhood e.g. etc. we would be able to see to support the assessment?  | **YES** | **NO** |

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| **Risk and other complex needs**  |

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| --- | --- | --- |
|  |  | If yes, please tell us more about this. What happened and when? Have you had any support with these needs already? |
| Have you ever been the victim of abuse or neglect? | Yes/no |  |
| Are you currently experiencing difficulties with your mental health? | Yes/no |  |
| Have you ever been detained under the Mental Health Act (1983) | Yes/no |  |
| Have you been charged and/or convicted of any criminal offences | Yes/no |  |

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Please add any additional information which you would like to be considered as part of your ASD assessment on additional pages.

If you need help completing this form please contact **01952 916109**

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| --- | --- |
| **When completed send the referral form to us by:** | **Email:** **asd.telford@nhs.net** |
| **Post: Telford Autism Hub, Telford & Wrekin CVS , Suites 12 & 15 Hazledine House, Central Square, Telford Centre , Telford TF3 4JL** |

**Office use only**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Received:** | **……………………….** | **Checked on Rio** | **Yes / No** |
| **ID NO** | **……………………….** | **Risk assessment required** | **Yes / No** |