


Adult Autism Assessment Service Referral Form

In order to accept a referral, we require this form, including both questionnaires, as well as an AQ-10, to be completed in full.

Please send this completed referral form (including both questionnaires) and a completed AQ-10 screening tool to:

 ASC.Admin@ghc.nhs.uk OR

 **Adult Autism Assessment Service**, The Pavilion, Lexham Lodge, Copt Elm Road, Charlton Kings, Cheltenham, GL53 8AG.

If you have any questions, please contact us on the above email, or call:

 **0300 4213388**

If your circumstances or address change after sending the referral form, please contact us so that we can update our records and/or signpost you to the correct services if you have moved out of the county.

Your personal details

| | |
|---------------------|--|
| Date of referral | |
| Title | |
| First name | |
| Surname | |
| Preferred name | |
| Date of birth | |
| Home phone number | |
| Mobile phone number | |
| Email address | |
| Home address | |
| Postcode | |

Your personal details (continued)

| | |
|-----------------------|--|
| NHS number (if known) | |
| Gender | |
| Ethnicity | |

Employment status

| | |
|---|--|
| Student | Are you in or entering higher education? |
| Not in education or training (ages 18-24) | Unemployed (over 24 years old) |
| Are you an NHS employee? | Employed / self-employed |

Marital status

| | |
|---------|---------------------|
| Married | Living with partner |
| Single | Divorced |

| | | |
|---|-----|----|
| Are you or your partner pregnant or have you had a baby in the last year? | Yes | No |
| Are you under secondary Mental Health Care? | Yes | No |

GP details

| | |
|-------------------------|--|
| GP name | |
| GP surgery | |
| GP surgery phone number | |
| GP surgery email | |

Medical history

The assessor may request access to your medical history as part of the assessment. All information will remain confidential and will only be used to inform this assessment.

| | | |
|--|-----|----|
| Do you consent to this access to your medical notes? | Yes | No |
| Do you agree to your GP being copied into any letters sent to you? | Yes | No |
| Have you previously had an assessment for autism? If yes, we are unable to offer another assessment. | Yes | No |
| Are you currently an inpatient in a mental health hospital? | Yes | No |
| If so, which one? | | |

Preferred contact method

| | | |
|--|---------------|--------|
| Home Number | Mobile Number | Email |
| Consent to receive text messages? | | Yes No |
| Can a message be left on preferred telephone number? | | Yes No |
| Consent to receive emails? | | Yes No |
| Do you consent to a message being left with a nominated contact e.g. parent? If yes, please complete the details below. | | Yes No |

Nominated contact details

| | |
|---------------------|--|
| Relationship to you | |
| Title | |
| Full name | |
| Home number | |
| Mobile phone number | |
| Email address | |
| Home address | |
| Postcode | |

Thank you for completing this referral form

Questionnaire 1

Please complete this questionnaire, as an individual seeking an autism assessment.

When completing the questionnaire, please consider the key characteristics seen in autism when answering the questions. Autism is a neurodevelopmental condition that is present from birth. It is characterised by differences in social communication and interaction as well as some or all of the following: rigidities and need for sameness, need for routine, repetitive movements, specialist interests and sensory sensitivities. Whilst the nature of these differences may change over time, they would be seen in both childhood and adulthood.

If you have any questions or difficulties regarding the questionnaire, please contact us by email or telephone.

If you need more space for your answers, please use the last page titled, **Additional information**.

Rationale, strengths and difficulties

Why are you seeking an assessment now?

What are your current strengths?

What difficulties do you currently experience (have they been present before the age of 8)?

Please particularly consider those difficulties related to:

Social communication

E.g. difficulties with use of language, level of understanding, unusual use of, or reduced understanding of others' gestures, body language, facial expressions, tone of voice or eye contact, reduced integration of verbal and non-verbal communication, or anything else unusual about your social communication.

Social interaction

E.g. difficulties with interacting with others (including what context), understanding of social rules such as turn taking, and any differences with emotional literacy, including empathy, developing friendships, understanding of sarcasm, ability to talk in groups, unusual social approach, unusual social responses.

Need for sameness, routines and specialist interests

E.g. very upset by small changes in daily life, need for sameness, rigid or highly structured daily routine, repetitive motor movements, repetitive or unusual speech or phrases, specialist interests that you are highly fixated or focused on, pursuing interests to the detriment of sleeping, eating, etc. information on collections/ hobbies.

Sensory differences

E.g. any hyper-sensitivity or hypo-sensitivity to certain sensations including light, sound, taste or touch, or being drawn to sensory aspects of the environment, or strong response to certain sounds/ textures or lights.

Have you ever experienced difficulties with:

1 - living independently?

2 - your day-to-day routine

3 - remembering to pay bills, doing laundry or cleaning, or other household tasks

4 - Can you manage your money successfully? Are you good at saving?

5 - Do you access support from any services, e.g. social work, supported housing etc.?

Neurodevelopmental diagnoses

Have you received any of the following diagnoses? Please add year of diagnosis, where applicable.

| | | | |
|---------------------|--|-------------|--|
| ADHD | | Dyslexia | |
| Autism | | Epilepsy | |
| Dyspraxia | | Tourettes | |
| Learning disability | | Dyscalculia | |

Education and employment

Do you have any qualifications from school, college, university etc.?
If so, please outline these below.

Describe any support that you received at school, such as from an Educational Psychologist, Speech and Language Therapist or Behaviour Specialist.

What (if any) reasonable adjustments were made at school to support your learning?

Did you get additional support in school? If yes, what type of support?

If you currently have a job, where do you work and what do you do?

Do you have any difficulties at work? If so, please outline these below.

If you are currently unemployed, are you seeking employment?

Are you having difficulties with this? If so, please outline these below.

If you are a student, where and what are you studying?

Do you have any difficulties with this? If so, please outline these below.

Please outline any previous jobs or voluntary work you have done and whether you had any problems in any of the jobs.

Family background

Who did you grow up with?

Please give the names and ages of any siblings you have.

Who currently lives at home with you?

Do you have any children? If so, how old are they?

Does anyone in your family have a diagnosis of any neurodevelopmental disorders (e.g. Autism, ADHD, Dyspraxia, Dyslexia, Dyscalculia, Tourettes) or awaiting an assessment?

If yes, please outline these below.

Please include grandparents/aunts/uncles etc.

Has anyone in your family ever had mental health difficulties e.g. anxiety, depression?

If yes, please outline these below.

Please include grandparents/aunts/uncles etc.

Does anyone in your family have a learning disability?

If yes, please outline these below.

Please include grandparents/aunts/uncles etc.

Childhood

How easy did you find it to understand what other children at primary school were thinking or feeling from their facial expressions, body language, gestures etc.?

How did you find interacting with other children (e.g. understanding the unwritten rules of communication, starting or ending a conversation, understanding humour) and making friends at primary school?

What were your favourite activities as a young child (up to the end of primary school age)? How would you react if you were interrupted when doing these?

How did you manage with changes and transitions as a child (e.g. transition between primary and secondary school, coping with a supply teacher, going somewhere new or if a usual activity was cancelled)?

Do you keep in touch with any childhood friends?

Mental health

Have you ever had any mental health difficulties (including anxiety and depression) as a child or an adult? If so, please state what these are and, if known, when you were diagnosed and who diagnosed you.

If applicable, please give details of any support you are currently accessing in relation to mental health difficulties.

Are you taking any medication at present? If so, what? Please include dosage.

Physical health

Have you ever had any physical health problems as a child or as an adult? If so, please state what these are and, if known, when you were diagnosed and who diagnosed you.

How much alcohol do you drink a week?

Do you take any recreational drugs (e.g. non-prescription drugs)?

Police and crime history

Have you ever had any involvement with the police? If so, what was this about?

Have you ever been a victim of a crime (e.g. financial, assault, theft)?

Additional information

Is there any other information you feel would be relevant to share?
If so, please summarise here.

Thank you for completing questionnaire 1

Questionnaire 2

Please ask someone who knows you well, **ideally since early childhood**, to complete this questionnaire (i.e. parent, carer, older sibling, aunt, uncle, childhood friend). This is important because autism is a neurodevelopmental condition, and part of the diagnostic criteria is that the features must be present in early childhood. It is more difficult to reach a diagnostic conclusion without accurate information from early childhood.

We realise, however, that finding someone who has known you since early childhood is not always possible, so a partner, spouse or long-term friend is acceptable in these cases. The longer they have known you the better.

The second part of the questionnaire relates to life now (as an adult), so it is possible and, indeed, may be preferable in some cases, for this part of the questionnaire to be completed by someone who knows you well now, such as a spouse or partner, if for example, you have not lived with parents for many years.

Please provide as much information as possible and **give specific examples** where relevant. We appreciate this can take a lot of time and could bring up some difficult emotions but it is very helpful for our assessment process.

If there are any difficulties filling this form in, or if you would like it in an e-format or a more accessible version (e.g. larger print), please contact us by telephone or email.

If you need more space for your answers, please use the last page titled, Additional information.

Please make it clear if there is anything that you **DO NOT WANT TO BE SHARED with the individual you are writing about, as any information you provide may otherwise be discussed with them and may appear in the diagnostic report.**

Details of the person completing this form

| | | | |
|---|--------|---------|-------|
| Today's date | | | |
| Your name | | | |
| Name of individual | | | |
| Relationship to individual | Parent | Sibling | Other |
| If other, how long have you known them? | | | |
| Your home address | | | |
| Postcode | | | |
| Your phone number | | | |
| Your email address | | | |

Rationale, strengths and difficulties

Why are they seeking an assessment now?

What are the person's main strengths?

What do you feel are their main difficulties and how long have these been present?

Did they need any additional support in school/ college/ university?
If yes, what types of difficulties did they have and what support was offered?

Have they had any difficulties in getting or keeping a job?
If yes, what have these difficulties been?

Childhood physical and mental health

Did they have any childhood illnesses/injuries, including any head injuries?
If yes, please provide details.

Did they see any physical or mental health professionals during childhood (other than their GP) or access support e.g. through school, such as from a speech and language therapist, behaviour specialist? If so, please give details.

Infancy and early developmental history

Were there any difficulties related to pregnancy or their birth? If yes please describe.

Was there anything unusual noted about them as a baby or young child? Did anyone ever comment on this?

Were they a receptive toddler who tried to communicate in the expected ways (e.g. pointing, smiling, seeking eye contact)?

Compared to other children, were they late in reaching any of their developmental milestones?

If you are able to recall, what age did they start?

| | | | | | |
|---------|-----|---------|-----|-----------------|-----|
| Walking | Age | Talking | Age | Toilet training | Age |
|---------|-----|---------|-----|-----------------|-----|

Was there ever any concern about their hearing, even if it was later ruled out?

Were there any difficulties with motor coordination?

For example: riding a bike, tying shoelaces, using cutlery, gripping pens/pencils, getting dressed, following instructions, throwing/catching, frequent falls, hopping, coordinating other physical movements, hand-eye coordination, eye-foot coordination, handling tools and equipment such as a tin opener, balancing.

Early social interaction

At pre-school/nursery, did they spontaneously join in with other children or did they need encouragement to do so?

Were there any difficulties with settling in at pre-school/nursery? If so, please describe.

How would you describe their transition to primary school?

For the following questions, please think about the person between pre-school until the end of primary school age.

Did they appear to enjoy spending time with other children or did they prefer to be alone?

How easy was it for them to interact with, or join in games with other children?

Did they go to other children's parties? Did they enjoy them?

Did they engage in group activities (e.g. sporting activities, Cubs, Brownies, group work in class)? To what extent did they enjoy and/ or participate in these?

Did they have similar interests to other children?

Primary School

Secondary School

Did they socialise with friends outside of school? If so, what did they do with them?

Primary School

Secondary School

Please describe your knowledge of any bullying they experienced.

Primary School

Secondary School

Did they show facial expressions that you would have expected in different situations (e.g. smiling when something good happened)?

Did they readily display feelings or emotions appropriate to the situation?

Did you notice anything different or unusual about their eye contact as a child, or adult?

Would someone outside the family have been able to tell what they were feeling? If not, why?

How would they respond if another child got hurt (e.g. they saw someone fall off a bike)?

Social communication as a child

With all the following questions, please answer in relation to the person as a child.

Was there anything unusual about how the person spoke in childhood (e.g. unusual first words, echoing what was said by others, unusual ways of speaking, using you or she/ he when they meant I)? Please give details.

Did others have trouble understanding them? If yes, why was this?

What did they like to talk about?

Did they bring you things they were interested in to show you?

Would you say that they were too quiet or talked too much? Please describe.

Repetitive behaviours, interests and routines as a child

With all the following questions, please answer in relation to the person as a child.

Was there anything unusual about their play?

Did they like repetitive play or doing the same activity the same way over and over again?

Did they engage in imaginative activities such as play acting (e.g. teddy tea party, pretending to be a superhero)? Was this alone or with others?

What were their interests as a child? Did they ever have an interest which took up so much time there was little time for anything else?

Did they collect things? If so, what did they collect?

Did they have specific routines or activities that they needed to do every day or at certain times? If so, how did this impact on family life?

How did they react to changes? Was any time particularly difficult for them?

Did they get distressed or anxious if they could not do things in the way they wanted/ needed to? Did this ever impact on day-to-day life at home or school?

Sensory differences as a child

Did they have any unusual sensory responses when they were a child, for example, disliking certain noises, textures (such as food or clothing), bright lights, touch, fairground rides etc.?

Or did they seek out certain sensations (e.g. certain movements like spinning or certain textures, or seem drawn to sensory aspects of the environment)?

Did this ever impact on routines or ways of doing things?

Between school and now

If they went to college or university, were there any difficulties that you are aware of with social interactions?

What adult friendships do they have now? Do they have friends rather than acquaintances?

Have they ever had any involvement with the police? If so, what was this about?

Social communication as an adult

With all the following questions, please answer in relation to the person as an adult.

**How easy is it to have a two-way conversation with this person?
Does it ever feel one sided or on their terms?**

**Are they easy to understand during conversation? If not, why not? For example do they
sometimes lose the listener by not explaining what they are talking about?**

How do they manage arguments? Can they see your point of view?

How good are they at picking up whether someone is uncomfortable or upset?

Can you give any examples of particular social situations which make them anxious or distressed?

In your opinion, are they able to lie easily?

Do you think that they get taken advantage of or bullied in any way?

How good are they at joining seamlessly into a conversation?

Do they enjoy a variety of topics or do they bring the conversation back to what they prefer to talk about?

How able are they to make 'small talk'? Do they enjoy it?

Are there times when they are too honest in terms of what they say?

**Do they sometimes misunderstand what other people say during conversations?
If so, please give examples. These may include taking things too literally,
not understanding jokes or sarcasm, not picking up on social cues.**

Repetitive behaviours, interests and routines as an adult

With all the following questions, please answer in relation to the person as an adult.

Do they have a particular hobby or interest now? If yes, please outline.

If you answered yes to the above question, does this appear to take up a lot of their time or interfere with day-to-day routines?

Do they collect things?

Do they have to do things in a certain way or at certain times?

**Do they spend much time on the computer or internet?
If so, what are they spending their time doing?**

Do they have an unusual memory for details?

Do they find it hard to visit new places or meet new people?

If plans have to be changed, how would they react?

Are they particular about the way their belongings are arranged?

Do they have any repetitive or unusual movements?

Do they get distressed or anxious if they cannot not do things in the way they want/ need to? Does this ever impact on day-to-day life at home or work?

Daily living as an adult

Have they ever lived independently?

If yes, what aspects do they do successfully?

If yes, have they experienced any difficulties (e.g. remembering to pay bills, undertaking self-care, doing laundry or cleaning etc.)?

If they have not lived independently, what (if anything) do you anticipate they might find difficult were they to live independently?

Sensory differences as an adult

Do they seem particularly sensitive to certain sensations (e.g. lights, sound, smell, touch, texture, movement)? Do these things cause them distress? Please provide any examples.

OR, do they seem to be unaffected by certain things such as bright lights, loud sounds, pain etc. that most other people would find distressing?

Additional information

Is there any other information you feel would be relevant to share?
If so, please summarise here.

Thank you for completing questionnaire 2