

# Children's Autism and ADHD Assessment Service (CAAAS)

**This form is for referrals from professionals only**

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**For referrals to be accepted, you must include:**

- ▶ Parent Information Form
- ▶ Nursery / School Report
- ▶ Either or all MyPlan, Myplan +, My Assessment
- ▶ ECHP, or minutes of professional meeting

Please send a copy of these documents along with this completed referral form to:

 [CAAASReferrals@ghc.nhs.uk](mailto:CAAASReferrals@ghc.nhs.uk)

## Section 1 – Consent

Has the parent / carer consented to this referral?

Yes

No

**You cannot continue with this form if you do not have parental / carer consent**

## Section 2 – Referrer's Information

Your name

Work address

Work address postal code

Your profession

Your phone number

Your email address

## Section 3 – Parent / Carer details

Name of parent / carer	
Address of parent / carer	
Phone number for parent / carer	
Email for parent / carer	

## Section 4 – Information about the child being referred

Child's name		
Child's date of birth	dd/mm/yyyy	
Child's ethnicity		
Child's address		
Who does the child live with?		
Who has parental responsibility?		
NHS number (if known)		
GP Name and Surgery		
Is the child in Care?	Yes	No
Educational placement details		

## Further information about the child

<b>Current diagnosis</b>		
<b>Current medication</b>		
<b>What assessment do you require?</b>	<b>ADHD assessment</b>	<b>Autism assessment</b>
<b>Reason for referral</b>		
<b>Are you an educational professional?</b>	<b>Yes</b>	<b>No</b>
<b>Child's strengths</b>		

## Further information about the child

### Child's needs or challenges

### Please give details of support currently in place

Include support the family have from professionals and family in addition to funded support. Tell us about what support has been tried in the past and who has been involved.

### Stage of graduated pathway

## Further information about the child

### Do you have any safeguarding concerns?

Have the family every been known to social care or Early Help. Have you had any worries about the family environment or home?

### Current risk information

Include harm to self or others and behaviours which may need extra support.

### What are the parent / carer thoughts and hopes?

What does the child think about the referral? We would expect children over the age of 10 to be aware that the referral has been made.

## Further information about the child

### What are the child's thoughts and hopes?

What does the child think about the referral? We would expect children over the age of 10 to be aware that the referral has been made.

### Expected goals of referral to Children's Autism and ADHD Assessment Service

## Section 5 – Final Consent

**We cannot accept a referral if parental consent has not been given**

I can confirm that the pre-referral process has been followed and that all the professionals who know the child have met to discuss their needs and have agreed a plan to support them.

Yes

No