

**The North Yorkshire Autism & ADHD Service Referral Form**

**Before making this referral, please note:**

Assessment is a challenging process for anybody. Therefore, we will only be able to accept referrals that meet the following criteria:

- **The person is 18 years old or above** at the time of the referral.
- **The person is not at risk to themselves** being sufficiently stable to keep himself/herself safe throughout assessment, i.e. is not engaging in significant self-harm or attempts on own life.
- **The person is not at risk of harming others** such that the assessor or other people accessing the service will be safe from physical attack.
- **The person’s substances and/or alcohol** use is not at a level that may interfere with observational assessments/ability to engage in assessment process.
- **The person’s BMI** is above 18.
- **The person does not have dementia** and is not going through the diagnostic process for dementia.
- **The person has given explicit consent** as indicated below.

*If you are at all unsure about whether the individual would qualify, please contact us, using the contact details at the bottom of this page.*

**We require all referrals for ADHD to include an initial screening (Wendar-Utah). Please attach the completed form.**

<b>Wendar Utah ADHD scale</b>	Score:
<b>Reason for referral:</b> <i>(Please indicate)</i>	Autism Diagnostic Assessment <input type="checkbox"/> ADHD Diagnostic Assessment <input type="checkbox"/>
<b>Does the person consent to this referral?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If client is unable to give informed consent, please give details as to why this is, what has been tried in order to gain consent and details of who is able to make this decision on their behalf.</i>
<b>Date consent was agreed:</b>	
<b>Please specify name and contact details of other people the individual consents to being</b>	Name: Relationship to client: Phone number:

<b>contacted (e.g. parents, support worker)</b>	Email:
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<b>Patient Name:</b>			
<b>Gender:</b>			
<b>Ethnicity:</b>	Asian or Asian British <input type="checkbox"/> Black, Black British, Caribbean or African <input type="checkbox"/> Mixed or multiple ethnic groups <input type="checkbox"/> White <input type="checkbox"/> Other ethnic group <input type="checkbox"/>		
<b>Employment:</b>	Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Unemployed <input type="checkbox"/>		
<b>NHS Number:</b>		<b>Patient's CCG</b>	
<b>Date of Birth:</b>			
<b>Contact Details:</b>	Address:		
	Telephone:		Mobile:
	Email:		
<b>Best way to contact individual:</b> <i>(Please indicate)</i>	Telephone <input type="checkbox"/>	Text <input type="checkbox"/>	
	Mobile <input type="checkbox"/>	Email <input type="checkbox"/>	
	Post <input type="checkbox"/>		
<b>Does the client require communication to be made through the individual nominated on page 1 of the referral?</b>	No <input type="checkbox"/>  Yes <input type="checkbox"/>		
<b>Registered GP details:</b>			
<b>Other agencies involved:</b> <i>(Please specify contact details)</i>			

**Contact details**

North Yorkshire ASD & ADHD Assessment Service, The Tuke Centre, 28 Green Dykes Lane York, YO10 3HH

Telephone: 01904 412551

Email: [NY.ASDADHD@nhs.net](mailto:NY.ASDADHD@nhs.net)

<p><b>Summary of Difficulties (AUTISM):</b></p> <p>(The characteristics of autism are generally divided into three main groups (examples given). <b>Please give examples for <u>all three areas</u></b> where possible.</p> <p>Please use the tick boxes and add any additional information where necessary.</p>	<p><b><u>Please only fill in section in if you are referring for Autism assessment</u></b></p> <p><b>1) Social Communication</b></p> <p><input type="checkbox"/> diff. with verbal and non-verbal communication (avoiding eye contact/diff. understanding facial expressions)</p> <p><input type="checkbox"/> diff. starting/maintaining/give-and-take of conversation, literal understanding of language, diff. understanding jokes/sarcasm</p> <p><b>2) Social interaction</b></p> <p><input type="checkbox"/> diff. understanding other's emotions/point of view</p> <p><input type="checkbox"/> diff. fitting in socially</p> <p><input type="checkbox"/> diff. initiating and maintaining relationships</p> <p><input type="checkbox"/> preferring to spend time alone, finding people confusing/unpredictable</p> <p><b>3) a) Routines/Rituals; b) Highly focussed and intense interests; c) sensory sensitivities</b></p> <p><input type="checkbox"/> fixed daily routines</p> <p><input type="checkbox"/> uncomfortable with change, cope better with preparation</p> <p><input type="checkbox"/> intense interest in specific, highly focussed areas of interest</p> <p><input type="checkbox"/> hyper-/hyposensitive to one or more senses</p> <p><b>4) Have the above difficulties been long standing (ie since childhood or adolescence)?</b></p>
<p><b>Summary of Difficulties (ADHD):</b></p> <p>Please comment on and give examples of how the client is impacted for <b><u>all areas</u></b>.</p>	<p><b><u>Please only fill in section in if you are referring for ADHD assessment</u></b></p> <p><b>1) Attention and concentration</b></p> <p><b>2) Organisation skills</b></p> <p><b>3) Restlessness, diff. keeping quiet, irritability/quick temper</b></p> <p><b>4) Have the above difficulties been long standing (ie since childhood or adolescence)?</b></p>

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<b>Has the client been diagnosed with a Learning Disability (IQ below 70 and with functional difficulties)?</b>	No <input type="checkbox"/> Suspected but not confirmed <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes or suspected please complete the following questions and attach relevant report.</i>
<b>What adjustments to communication are required for the client?</b>	<i>Please comment upon the client's ability to understand verbal and written communication.</i>
<b>What setting does the client live in?</b>	Family home <input type="checkbox"/> Private accommodation <input type="checkbox"/> Residential home <input type="checkbox"/> Supported accommodation <input type="checkbox"/> Other..... <input type="checkbox"/>
<b>Does the client require support from family or staff to attend appointment?</b>	
<b>What other services is the client receiving support from?</b>	<i>For example the Learning Disability Team, Social Care.</i>
<b>If the client has a care-coordinator please provide contact details:</b>	<i>Name, profession, service and contact details</i>

*The below must be completed for all clients referred, it may delay referral if not completed sufficiently*

<b>Has the client any current mental health issues:</b>	<i>Please give details and attach relevant mental health reports</i>
<b>Has the client any previous mental health issues?</b>	<i>Please give details</i>
<b>Has the client ever attempted to harm themselves through self-harm or suicidal attempts?</b>	<i>Please give details and dates</i>
<b>Has the client ever been at risk of harm from others?</b>	<i>Please give details</i>
<b>Has the client ever posed a risk to others?</b>	<i>Please give details</i>
<b>In your opinion, is this person stable enough to cope with the assessment process?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	

<b>Current Medication: (Please attach a copy of the health record)</b>	
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<b>Any physical health problems including cardio-vascular conditions:</b> <i>(Please attach any relevant reports)</i>		
<b>Does any close relative have any cardio-vascular conditions?</b>		
<b>Any reasonable adjustments needed?</b>	<i>E.g. accessible entrance, communication aids.</i>	
<b>Name and contact no. of next of kin or person to contact in an emergency:</b>	<i>Name:</i>	<i>Contact No.</i>
<b>Relationship Status:</b>		
<b>Is an interpreter required for the person?</b>	<i>Please provide full details</i>	

<b>Date of Referral:</b>	
<b>Referrer Name &amp; Contact Details:</b>	
<b>Profession:</b>	

<b>Data Protection:</b>
<p>By submitting this form you agree that you have obtained the consent of the person who the information is about.</p> <p>Signature: _____ Date: _____</p> <p>For the purposes of this form The Retreat York is the data controller for the collection, processing, sharing and storage of this data. All information collected in this form will be treated confidentially and will be used for the sole purpose of providing a clinical service to the person above. Their information may be passed onto third parties who help support us in the provision and administration of our services or where we have their consent to do this. Please note, this confidentiality is not absolute and may be broken where we have a legal obligation to comply with the law for e.g. the information is required to identify potential fraud or to detect a crime or to apprehend an offender or where there is a rising safety or safeguarding issue. Further information about this can be found in our Privacy Notice on our website at: <a href="https://www.theretreatyork.org.uk/">https://www.theretreatyork.org.uk/</a>. Alternatively, you can contact our Data Protection Officer for further information at: The Retreat York, 107 Heslington Road, York, YO10 5BN or email us at: <a href="mailto:DPO@TheRetreatYork.org.uk">DPO@TheRetreatYork.org.uk</a>.</p>

**Autism and ADHD Service use only:**

**Contact details**

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*Date referral received:*

*Date discussed in referral meeting:*

*Any further information needed:*

**Acceptance of referral:**      Yes         No  

*Next Steps:*

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