Adult Autism Assessment Team

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REFERRAL FORM

GUIDANCE NOTES FOR MAKING A REFERRAL

Please read the following information before making a referral.

If you would like to discuss your referral prior to sending, please contact us.

1. ***There is currently a waiting list of over 18 months, although we do offer limited prioritisation.***
2. ***A full diagnostic assessment may take up to three hours and is often conducted by two specialist clinicians.***
3. ***This is a diagnostic assessment service only and we do not provide treatment for people already diagnosed with ASD.***
4. ***We do not manage any mental health or social care needs the client may have. This includes people waiting for assessment.***
5. ***Because of excessive demand, we triage completed referral form against a number of criteria. Please complete the form as thoroughly as possible.***
6. ***All questions on the referral form are mandatory – incomplete referrals may be returned.***

Inclusion criteria (for an autism assessment)

We are only able to accept referrals that meet the following criteria:

- Aged 18 years and above.
- Registered to a GP in Berkshire.
- Symptoms are indicative of Autism Spectrum Disorder and show evidence of a clinically significant impairment in functioning.
- Characteristics of ASD or concerns present from childhood.
- No existing diagnosis of significant learning disability.

Please email your completed form to the Common Point of Entry at bks-tr.referralhub@nhs.net.

REFERRAL DETAILS

PATIENT DETAILS			
Name:		**D.O.B:**	
		NHS No:	
Full Address, including postcode:		**Tel/Mobile No:**	

GP Name and address	

REFERRER DETAILS			
Referrer Name, job title and contact details:		**Date of Referral:**	

Reason for referral at this point in time? What factors have triggered this referral now?
Please enclose Medical History: Current and past medication, psychiatric and physical health problems

SECTION A – REFERRAL FOR AUTISM ASSESSMENT

IMPORTANT NOTES TO REFERRER
The Adult Autism Assessment Team uses the DSM-5 to assess whether a person meets criteria for Autism Spectrum Disorder. In order for us to proceed with a diagnostic assessment, some evidence of the potential for criteria being met is required at the point of referral. This means evidence in all of the following three areas (NICE Guidelines 2012; Updated 2016): • **Persistent deficits in social communication and social interaction across multiple contexts**

(Criteria A of DSM-5)

- **Evidence of restricted repetitive patterns of behaviour, interests or activities (Criteria B of DSM-5)**
- **Evidence that symptoms are part of a lifelong condition and have been present since childhood (Criteria C of DSM-5)**
- **Evidence of a clinically significant impairment in current functioning (Criteria D of the DSM-5)**

Please give examples for all criteria

Criteria A	**Persistent deficits in social interaction and communication** *(e.g. deficits in terms of social-emotional sharing and understanding, use or understanding of non-verbal communication, or difficulties developing and maintaining relationships).*

Criteria B	**Evidence of restricted, repetitive patterns of behaviour, interests, or activities** *(e.g. stereotyped, repetitive motor movements, inflexible adherence to routines or highly restricted, fixated interests, hyper or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment, e.g. adverse response to specific sounds or textures).*

Criteria C	**Description of symptoms that have been present since childhood**

Criteria D	**Evidence of a clinically significant impairment in current functioning** *(Note: Although there is no common measure for 'clinically significant functional impairment', it typically applies to pervasive/disabling difficulties, e.g. difficulties within work, housing/home management, relationships, education, self-care, and employment).*

What impact do your client's current difficulties have on work, mental health, social or family life and relationships?

	None	Mild	Moderate	Severe	Give examples:
Work/Study					
Mental health					
Social					
Family/Relationships					

Strengths	**Please describe any particular strengths, skills or abilities the person may have** *(Note: This can be from the referred person or the referrer's perspective)*

Please say how a potential diagnosis of Asperger's syndrome/ASD would help your client?

Is there any reason why this referral needs to be prioritised? Yes [ ] No [ ] Please state reason below, including any risk factors

Autism Spectrum Quotient (AQ-10)

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 just by looking at their face				
10	I find it difficult to work out people's intentions				

APPENDIX - DSM-5 DIAGNOSTIC CRITERIA

Autism Spectrum Disorder 299.00 (F84.0)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive, see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in non-verbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted repetitive patterns of behaviour.

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualised patterns or verbal/non-verbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).

3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).

4. Hyper or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behaviour.

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. (**Note:** Although there is no common measure for 'clinically significant functional impairment', it typically applies to pervasive/disabling difficulties within areas such as work, housing/home management, relationships, education, self-care, and employment).

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.