Tower Hamlets Autism Service Referral Form

The Tower Hamlets Autism Service (THAS) offers assessment, diagnosis and initial support to those who may be on the Autistic Spectrum.

To be considered for this service, referrals must meet the following criteria (please tick)

* Over 18 years
* Living in Tower Hamlets
* Registered with a GP in Tower Hamlets
* No diagnosis of Learning Disability
* No existing diagnosis of Autism

Please fill out this form completely and provide as much detail as possible

# Basic Details

|  |  |  |  |
| --- | --- | --- | --- |
| Forenames: |  | Surname: |  |
| Gender: |  | Date of Birth: |  |
| Address: |  | | |
| Postcode: |  | Phone No: |  |
| NHS No:  Rio No: |  | Email address: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GP Name: |  | | | Phone Number/  Fax No: | |  | |
| GP Practice address: |  | | | Postcode: | |  | |
| Referrer Name:  (If not GP) |  | | | Phone Number/  Fax No: | |  | |
| Referrer address: |  | | | Postcode: | |  | |
| Referral Date: | DD/MM/YYYY | | | Is Patient aware of Referral? | | Yes  No | |
| If **No** please explain why | |
| New Referral  Re-Referral  Unsure | | | | | | | |
| Ethnicity: | | (for monitoring purposes only) | Preferred Language: | |  | | Is an interpreter required?  Yes  No |
| Next of Kin/  Carer | |  | | | Phone Number | |  |
| Address: | |  | | | | | |

|  |  |
| --- | --- |
| Do you (or the person you are referring) already have a diagnosis of Autism? Yes  No | If Yes, who made this diagnosis? |
| **Please provide any paperwork or reports that might provide important background or support the need for a diagnostic assessment for an Autism Spectrum Condition** | |

|  |
| --- |
| Why do you suspect that you or the person you are referring is on the Autism Spectrum? |
|  |
| Does the person have any particularly intense interests, in which he or she may invest considerable amounts of time? Do they show any marked routines or obsessive behaviours? |
|  |
| Beyond diagnosis, what kind of help/ support might the person want from the Tower Hamlets Autism Service? |
|  |
| Special considerations and risk history (E.g. risk issues, difficulties attending appointments, need for interpreter or other special adjustments, suicidal ideation and self harm) |
|  |
| **Please fill out the attached AQ-10 form and send with completed referral form, and any background information that you feel would be helpful such as previous assessments or CPA documents, to the address above.** **By making this referral, you are giving your consent for us to access your health and social care records as necessary to inform the screening and assessment process. We will also need to gather information about your childhood development, from your parents or childhood guardian, or, if they are not available, another person who knew you as a child.**  **If you do not want us to access your records, or you do not want us to gather developmental information, please contact us to discuss this, however be aware it may affect the care we are able to offer you.**  **If we are concerned about a potential risk to you or others, we may need to share information with other relevant teams without initially getting consent from you to do so.**  **Please be advised we do not support with Housing or Benefits.**  **Housing Inquiries: 020 7364 7474**  **Benefits support: 020 7247 1050**  **Crisis Team: 020 7771 5807**  **Samaritans: 020 7734 2800** |

**AQ-10**

**Autism Spectrum Quotient (AQ)**

*A quick referral guide for adults with suspected autism who do not have a learning disability*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 or feeling just by looking at their face |  |  |  |  |
| 10 | I find it difficult to work out people’s intentions |  |  |  |  |

**Key reference:** Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12



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