IVEL MEDICAL CENTRE

Child ADHD & Autism Referral Request Form & Supporting Information

For children and young people under the age of 18 requesting an NHS Right to Choose referral through the practice.

Please read the ADHD and Autism Assessments information on our practice website before completing this form.

This form should be completed by a parent or carer, or by the young person themselves where appropriate.

If you are requesting a transfer of care rather than a new assessment, please follow the transfer-of-care instructions below Section 3.

1. Patient Details

Child's full name: _____

Date of birth: _____

Contact number: _____

Name of person completing this form: _____

Relationship to child: _____

School or educational setting: _____

2. Referral Required

Please tick the relevant option:

☐ ADHD assessment

☐ Autism assessment

☐ Combined ADHD and Autism assessment

☐ ADHD transfer of care

☐ Autism transfer of care

☐ Combined ADHD and Autism transfer of care

3. Referral Pathway

This form is for NHS Right to Choose referral requests.

Please provide the full name of your chosen Right to Choose provider:

Please ensure that your chosen provider accepts children of your child's age and offers the assessment or treatment required.

4. Current Difficulties

Please describe the difficulties your child is experiencing and why you are requesting an ADHD and/or Autism assessment.

5. Developmental History

At approximately what age did you first notice these difficulties?

Please describe any relevant information about your child's early development and difficulties experienced during childhood.

6. Home Environment

Please describe how these difficulties affect your child's behaviour, routines, relationships and everyday activities at home.

7. Education

Please describe how these difficulties affect your child at school, nursery or within their educational setting, including learning, concentration, behaviour, friendships and any additional support required.

8. Existing Support

Have you discussed your concerns with your child's school SENCo, Health Visitor or Early Years setting?

☐ Yes ☐ No ☐ Not applicable

Is your child currently receiving any additional support?

☐ Yes ☐ No

If yes, please provide details:

9. Declaration

I confirm that I have read, or had explained to me, the ADHD and Autism Assessments information on the practice website.

I understand that:

- The referral request is subject to clinical review and provider eligibility criteria.
- Completing this form does not confirm a diagnosis or guarantee that a referral will be accepted.
- Further information or a clinical appointment may be required before the referral can be submitted.
- An ADHD diagnosis does not automatically mean that the practice will take over prescribing or monitoring medication.
- The practice routinely considers ADHD shared care agreements from the local NHS commissioned ADHD service and Psychiatry-UK under NHS Right to Choose, where applicable.
- Shared care agreements from other providers are not routinely accepted.

- All shared care requests are subject to individual clinical review and acceptance is not guaranteed.
- I should check the chosen provider's arrangements for ongoing treatment, prescribing, monitoring and specialist follow-up, where applicable.

I confirm that the information provided in this form is accurate to the best of my knowledge.

Signature: _____

Print name: _____

Relationship to child (if applicable): _____

Date: _____

10. Screening Questionnaires

Please complete only the screening questionnaires relevant to the child's age and the assessment requested.

ADHD Assessment

- SNAP-IV – Parent/Carer Rating Scale, where age-appropriate.

Autism Assessment

Complete the relevant age-appropriate questionnaire:

- AQ-10 Child – Ages 4–11.
- AQ-10 Adolescent – Ages 12–15.
- AQ-10 Adult – Ages 16–17, where appropriate.

Combined ADHD and Autism Assessment

Complete the relevant ADHD and Autism screening questionnaires.

Additional questionnaires, including information from your child's school, may be required depending on the chosen provider.

If an appropriate screening questionnaire is not available for your child's age or you require assistance, please contact the practice.

Returning Your Form

Please return this completed form, including the relevant screening questionnaires and any supporting documentation, to the practice.

Your request will be clinically reviewed. If further information or an appointment is required, we will contact you.

Appendix A – ADHD Screening Questionnaire

SNAP-IV – 26-item Rating Scale

Teacher and Parent Rating Scale • James M. Swanson, Ph.D.

Child's name: _____ Date of birth: _____

Completed by: _____ Date: _____

Relationship to child / school role: _____

Please complete for how the child has been over the last month. For each item, select the box that best describes this child. Put only one check per item.

No.	Statement	Not at all (0)	Just a Little (1)	Quite A Bit (2)	Very Much (3)
1	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	☐	☐	☐	☐
2	Often has difficulty sustaining attention in tasks or play activities	☐	☐	☐	☐
3	Often does not seem to listen when spoken to directly	☐	☐	☐	☐
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	☐	☐	☐	☐
5	Often has difficulty organizing tasks and activities	☐	☐	☐	☐
6	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)	☐	☐	☐	☐
7	Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)	☐	☐	☐	☐
8	Often is distracted by extraneous stimuli	☐	☐	☐	☐
9	Often is forgetful in daily activities	☐	☐	☐	☐
10	Often fidgets with hands or feet or squirms in seat	☐	☐	☐	☐
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	☐	☐	☐	☐
12	Often runs about or climbs excessively in situations in which it is inappropriate	☐	☐	☐	☐
13	Often has difficulty playing or engaging in leisure activities quietly	☐	☐	☐	☐

SNAP-IV – continued

No.	Statement	Not at all (0)	Just a Little (1)	Quite A Bit (2)	Very Much (3)
14	Often is "on the go" or often acts as if "driven by a motor"	☐	☐	☐	☐
15	Often talks excessively	☐	☐	☐	☐
16	Often blurts out answers before questions have been completed	☐	☐	☐	☐
17	Often has difficulty awaiting turn	☐	☐	☐	☐
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	☐	☐	☐	☐
19	Often loses temper	☐	☐	☐	☐
20	Often argues with adults	☐	☐	☐	☐
21	Often actively defies or refuses adult requests or rules	☐	☐	☐	☐
22	Often deliberately does things that annoy other people	☐	☐	☐	☐
23	Often blames others for his or her mistakes or misbehaviour	☐	☐	☐	☐
24	Often is touchy or easily annoyed by others	☐	☐	☐	☐
25	Often is angry and resentful	☐	☐	☐	☐
26	Often is spiteful or vindictive	☐	☐	☐	☐

Appendix B – Autism Screening Questionnaire (Ages 4–11)

AQ-10 Child

Autism Screening Questionnaire (Ages 4–11)

Child's name: _____ Date of birth: _____

Completed by: _____ Relationship: _____

The AQ-10 helps indicate whether someone should be referred for an autism assessment. This version is for parents or carers to complete about a child aged 4-11 with suspected autism who does not have a learning disability.

No.	Please tick one option per question only	Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
1	S/he often notices small sounds when others do not	☐	☐	☐	☐
2	S/he usually concentrates more on the whole picture, rather than the small details	☐	☐	☐	☐
3	In a social group, s/he can easily keep track of several different people's conversations	☐	☐	☐	☐
4	S/he finds it easy to go back and forth between different activities	☐	☐	☐	☐
5	S/he doesn't know how to keep a conversation going with his/her peers	☐	☐	☐	☐
6	S/he is good at social chit-chat	☐	☐	☐	☐
7	When s/he is read a story, s/he finds it difficult to work out the character's intentions or feelings	☐	☐	☐	☐
8	When s/he was in preschool, s/he used to enjoy playing games involving pretending with other children	☐	☐	☐	☐
9	S/he finds it easy to work out what someone is thinking or feeling just by looking at their face	☐	☐	☐	☐
10	S/he finds it hard to make new friends	☐	☐	☐	☐

Scoring guidance

Only one point can be scored for each question.

• Score one point for "definitely" or "slightly agree" on questions 1, 5, 7 and 10

• Score one point for "definitely" or "slightly disagree" on questions 2, 3, 4, 6, 8 and 9

If the child scores six or above, consider referring them for an autism assessment.

Please note that a diagnosis cannot be determined solely by a single score from this questionnaire. A formal diagnosis can only be made after a clinical assessment conducted by a trained professional.

This test was created by the Autism Research Centre – University of Cambridge.
Source: Clinical Partners, AQ-10 for children aged 4-11. Reformatted for use as an editable table.

Appendix C – Autism Screening Questionnaire (Ages 12–15)

AQ-10 Adolescent

Autism Screening Questionnaire (Ages 12–15)

Young person's name: _____ Date of birth: _____

Completed by: _____ Relationship: _____

The AQ-10 helps indicate whether someone should be referred for an autism assessment. This version is for parents or carers to complete about a young person aged 12–15 with suspected autism who does not have a learning disability.

No.	Please tick one option per question only	Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
1	S/he notices patterns in things all the time	☐	☐	☐	☐
2	S/he usually concentrates more on the whole picture, rather than the small details	☐	☐	☐	☐
3	In a social group, s/he can easily keep track of several different people's conversations	☐	☐	☐	☐
4	If there is an interruption, s/he can switch back to what s/he was doing very quickly	☐	☐	☐	☐
5	S/he frequently finds that s/he doesn't know how to keep a conversation going	☐	☐	☐	☐
6	S/he is good at social chit-chat	☐	☐	☐	☐
7	When s/he was younger, s/he used to enjoy playing games involving pretending with other children	☐	☐	☐	☐
8	S/he finds it difficult to imagine what it would be like to be someone else	☐	☐	☐	☐
9	S/he finds social situations easy	☐	☐	☐	☐
10	S/he finds it hard to make new friends	☐	☐	☐	☐

Scoring guidance

Only one point can be scored for each question.

• Score one point for "definitely" or "slightly agree" on questions 1, 5, 8 and 10

• Score one point for "definitely" or "slightly disagree" on questions 2, 3, 4, 6, 7 and 9

If the young person scores six or above, consider referring them for an autism assessment.

Please note that a diagnosis cannot be determined solely by a single score from this questionnaire. A formal diagnosis can only be made after a clinical assessment conducted by a trained professional.

This test was created by the Autism Research Centre – University of Cambridge.
Source: Clinical Partners, AQ-10 for young people aged 12-15. Reformatted for use as an editable table.