

Hull & East Riding Neurodiversity Referral Form

Please complete all sections and then email to: hnf-tr.hullandeastridingneurodiversityservice@nhs.net

This is an interim referral form until the new Neurodiversity Service is launched at the end of this year.

Please note:

Referrals for ADHD and Autism assessment for young people with a Hull GP are currently only accepted from SENCO's, Paediatricians, Speech Language Therapists, Portage and CAMHS (unless the young person is home-schooled).

Referrals for Autism for young people with an East Riding GP should continue to complete the ER Autism Referral Form and are not required to complete this form in addition.

If any section is left blank or any additional forms required are not attached then the referral **will be returned to you**.

Section 1: Referrer details	
Date of referral:	
Referrers name:	
Organisation:	
Address:	
Telephone number;	
Email address:	
Section 2: Parent/Carer details	
Parent/Carer name:	
Relationship to Child:	
Address:	
Telephone number:	
Email address:	
Does the parent/carers of the young person consent to this referral being made?	Yes/No
Does the young person consent to the referral being made?	Yes/No
Does the parent/carers of the young person consent to information sharing with other agencies?	Yes/No
Section 3: Child's details	
Name of child:	
Date of birth:	
NHS number (if known):	
Gender:	
Ethnicity:	
Address (if different to Parent/Carers):	
School name:	
Has the child been known by any other names:	Yes (please specify)/No
Looked After Child:	Yes (please specify who has parental responsibility)/No
Disability or additional needs:	Yes (please specify)/No

Interpreter needed:	Yes (please specify language)/No
Section 4: GP details	
GP Practice Name:	
Section 5: Reason for referral	
Please state what the reason for referral is	Specialist ADHD assessment Specialist Autism assessment or Learning Disability pathway
For Autism assessment referrals for a young person with a Hull GP:	Please complete the ASD Neurodevelopmental Screening Parent Checklist only and ASD Neurodevelopmental Screening school checklist and send with this completed referral form
For ADHD assessment referrals for a young person with a Hull GP:	Please complete the ADHD Neurodevelopmental checklist and ADHD parent checklist and send with this completed referral form
For Learning disability referrals only:	
The young person must have a learning disability diagnosis for a referral to be made	Please provide evidence of this in the email you send with this completed referral form
How long has this difficulty been around for?	
Is the difficulty present:	1) Just at home 2) Just at school 3) At home and at school
Does anything make the difficulty better?	
Does anything make the difficulty worse?	
Is the young person receiving any support for this at the moment or have they in the past (please specify)?	
Is the young person currently prescribed any medication for their current difficulties?	
Section 6: Risk to self or others	
Historic or current self-harm	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> How often is the young person self-harming/were they self-harming? What is/was the young person using to self-harm? How frequently are/were they self-harming? 	
Historic or current thoughts of suicide	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> How frequently is/was the young person having these thoughts? Does the young person have a plan to end their life? Does the young person have intent to act on these thoughts? 	
Previous suicide attempts	Yes (please see below)/No
Please include information on the following: <ul style="list-style-type: none"> Details of any previous suicide attempts and when they occurred 	
Any other risks	Yes (please see below)/No

Please include information on any other risks (<i>please note it is the responsibility of the referrer to make a safeguarding referral if needed</i>):	