**Referral form for external referrals to be considered for an assessment for Social Communication Disorders**

* **Please send completed referral form & required information to** [cdcreferrals@stgeorges.nhs.uk](mailto:cdcreferrals@stgeorges.nhs.uk)**.**

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| 1. **Child’s details** | | | |
| Child’s Name: Male Female | D.O.B:  NHS No: | | |
| Address: | School/Nursery:  Year: | | |
| Telephone No/s:  Email: | GP Practice/Surgery:  (Only children with a Wandsworth GP can be referred) | | |
| Consent for referral must be obtained from parents  Please tick to confirm that has this been done  Parent’s name: |
| Language/s spoken at home:  If English is a second language please tick proficiency level of the parent:  Fluent  Adequate  Non-fluent (requires interpreter)  Is parent able to access written information? Y  N | | | |
| **Confirm that child is presenting with social communication and interaction differences** | **Y/N** | | |
| **Which of the following apply (if they do not apply, please refer to the developmental paediatric service at St George’s)** | | | |
| Child is 5 years to their 8th birthday AND does NOT have unexplored developmental difficulties/delay and/or current therapy input | |  | |
| Child’s age is up to the 8th birthday and had a paediatric neurodevelopmental assessment by a paediatric community or neurodevelopmental doctor (for example different borough) | |  | |
| Re-referral (please complete below) | |  | |
| Reason for re-referral | |  | |
| Child was referred before, but the information was not supplied in time and child was discharged | |  | |
| Child was referred before and information provided and reviewed did not indicate need for a diagnostic assessment for social communication differences, but difficulties have changed since | |  | |
| Child was referred before and had a diagnostic assessment, did not receive a diagnosis of ASD/ASC/Autism and difficulties have changed | |  | |
| **What are the changes in difficulties/child’s profile since the last referral that reconsideration would be helpful?** | | | |
| **Please provide the following with your referral** | | | |
| Please provide the information & confirm they are attached with referral | |  | |
| Please provide the information & confirm they are attached with referral | | | Attached (Y/N) |
| Parental questionnaire | | |  |
| School questionnaire | | |  |
| Developmental report (if child has been seen by developmental/community paediatrician) | | |  |
| **Referrer’s details** | | | |
| REFERRER’S NAME: DESIGNATION:  CONTACT: DATE: | | | |