

NDT Autism referral triage form

Patient Details:

Name:	DOB:
Referrer details:	
Triage date:	
Triaging clinician(s):	

ASD symptoms: (indicate if the symptom is present in the referral information)

	Understanding of, interest in, or inappropriate responses to the verbal or non-verbal social communications of others. Such as language peculiarities; articulation; intonation; language quality; stereotyped; echolalia; neologisms; repetitive or idiosyncratic.
	Integration of spoken language with non-verbal cues (non-verbal's may also be reduced in frequency or intensity), such as eye contact, gestures, facial expressions, and body language.
	Understanding and use of language in social contexts and ability to initiate and sustain reciprocal social conversations.
	Social awareness, leading to behaviour that is not appropriately modulated according to the social context, (avoidance, one-sided, inappropriate comments, unable to share interests).
	Ability to imagine and respond to the feelings, emotional states, and attitudes of others (awareness of others and own emotions, express emotions, empathy).
	Mutual sharing of interests.
	Ability to make and sustain typical peer relationships.
	Lack of adaptability to new experiences and circumstances, Distress over changes in small, non-functional details of the environment.
	Inflexible adherence to particular routines; for example, these may be geographic such as following familiar routes, or may require precise timing such as mealtimes or transport.
	Excessive adherence to rules (e.g., when playing games), include make-believe play or (when young) social imaginative play.
	Excessive and persistent ritualized patterns of behaviour (e.g., preoccupation with lining up or sorting objects in a particular way.
	Repetitive and stereotyped motor movements, such as whole-body movements (e.g., rocking), atypical gait (e.g., walking on tiptoes), unusual hand or finger movements and posturing.
	Persistent preoccupation with one or more special interests, parts of objects, or specific types of stimuli (including media) or an unusually strong attachment to particular objects (excluding typical comforters).
	Lifelong excessive and persistent hypersensitivity or hyposensitivity to sensory stimuli or unusual interest in a sensory stimulus, which may include actual or anticipated sounds, light, textures (especially clothing and food), odours and tastes, heat, cold, or pain.
Subtotal	

* Do not accept referrals where there is a regression in language skills after the age of 3 years or where there is a regression in motor skills at any age, and the child has NOT been seen by a Paediatrician. Forward referral to Child Health for assessment with a Paediatrician first.

Triage decision: (indicate relevant boxes below)

0-4: Insufficient evidence of ASD behaviours	
5+: Sufficient evidence of ASD behaviours	
Referrer observations included	
Referral not accepted:	Referral accepted:

Expedite decision: (indicate relevant boxes below)

Current court decisions being made about care orders		
Involved with criminal justice system		
Referral not expedited:		Referral expedited:

Actions: (indicate relevant boxes below)

Send not accepted letter	
Forward referral to Child Health / Paediatrician due to atypical regression	
Accept onto NDT waiting list. Send acceptance letter.	
Accept and prioritise / expedite	
5 and under: twin track referral to Community Paediatrician	
Recommend ADHD assessment pathway	

Signposting: (indicate relevant advice to be included in the acceptance letter)

Recommend CAMHS referral	
Recommend referrer completes MARF re. safeguarding concerns	
Other	

Additional paragraphs to be included in response letter to referrer / parents: