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| --- | --- |
| **PATIENT NAME:** |  |
| **DOB:** |  |
| **NHS NO:** |  |
| **Marital Status:**  |  |
| **Ethnicity:**  |  |

**Specialist Autism Team- Referral Form**

****Please provide as much information as possible.

Send referral electronically to: lpt.satreferrals@nhs.net

**Further information about the SAT offer can be found at:**

[**https://www.leicspart.nhs.uk/service/specialist-autism-team/**](https://www.leicspart.nhs.uk/service/specialist-autism-team/)

**Or scan QR code**

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| **Eligibility Criteria:*** Patient is 14 or over
* Patient consented to referral (where under 16 parent/guardian consent received)
* Patient has a confirmed diagnosis of Autism Spectrum Disorder.

**Exclusion Criteria*** Learning disability
* Individuals in a mental health crisis

If you would like to discuss your referral first, please contact on LPT.SATReferrals@nhs.net**Please Note:** SAT’s routine first line intervention is psychoeducation about Autism, delivered via the online Guidance platform (self-directed videos). The aim of Guidance is to help people understand their own Autism profile. Guidance offers information about Autism and strategies and approaches that some Autistic people have found helpful. It is suitable for Autistic people and for their families and carers to access. Whilst some referred people will also be eligible for one-to-one interventions, the majority of referred people benefit from accessing Guidance first to improve their understanding about Autism. **Please ensure the referral form is completed in full, including the TAG scoring matrix on the final page. Incomplete referrals will be returned.** |
| **I confirm that the patient meets the above eligibility criteria.**  | Yes No  |
| **Has written diagnosis of autism been received?** **You must attach copy or identify location on SystmOne otherwise referrals will be returned**:  | Yes No |
| **Has an ADHD and LD screen/assessment been completed?** Other neurodevelopmental disorder? Please provide details of these assessments | Yes No |
| **Consent** |
| **Can patient consent?** | Yes No |
|

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| **Patient consents to the referral** |

(where under 16 parent/guardian consent received)**The Specialist Autism Team may communicate with the patient using various methods including via SMS or Email. If the patient wishes to opt-out of electronic communication, please email** **LPT.SATReferrals@nhs.net** **or indicate on this form.**  | Yes No |
| If LAC (looked after child) and under 16 – who has parental responsibility?  |  |
| **Referral Information** |
| Date of Referral:  |
| Name and contact details of referrer:  |
| Name of Lead Professional: (please note the SAT team will not act as the Lead Professional. Only patients with a Lead Professional will be considered for the 1:1 pathway) |
| Details of next of kin/carers:  |
| **Reason for referral (what outcomes are desired from the patient having a greater understanding of their Autism):** |
| **Outcome Measure: NB – this measure records the patient’s views of their current level of knowledge. Please ask the referred person to complete this section.** **Please circle on a scale of 0-10 how well you feel you currently understand your Autism and how Autism impacts on your life (0 means no understanding, 10 means complete understanding)****0 1 2 3 4 5 6 7 8 9 10** |
| Is an interpreter required? Please specify language:  |
| Current place of residence: |

|  |
| --- |
| Own home |
| Care Provider |
| Family |
| Other  |

 |
| Current professionals involved (health, social care, private provider, keyworker): |
| Are there any safeguarding issues? Please give details:

|  |  |
| --- | --- |
|  |  |
| N |  |

 | Yes No |
| **Are there any risks relating to patient and/or others within the household that we should be aware of?** * History of violence or aggression in household
* Drug or alcohol use
* Any concerns of sexual nature
* Any concerns with members of household/neighbours
* Are there any unpredictable pets in household

Date of last Risk Assessment: (if accessing 1:1 pathway patient must have up to date risk assessment)  | Yes NoYes NoYes NoYes NoYes No  |
| **Please provide details of current risk:**  |
| Please identify the best person to contact to arrange appointments if needed (name, relationship to patient, telephone number): |
| **Our routine offer is for ‘Understanding My Autism’ workshops delivered via the Guidance platform (self-directed videos). Please indicate if this would not be appropriate for your patient and why:**  |

SAT Threshold Assessment Grid (TAG)

**Score Sheet**

Tag Assesses the Severity of a Person’s Health Needs.

For each domain (numbered 1 to 7), tick/highlight ONE statement that best applies to the person being assessed. There should be a total of 7 ticks on the completed grid (one for each domain).

‘Very Severe’ is only available for domains where life-saving emergency action by specialist emergency services. Please **ensure it reflects the patient risk assessment on S1.**

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| --- | --- | --- | --- | --- | --- |
|  | NONE | MILD | MODERATE | SEVERE | VERY SEVERE |
| SAFETY | Domain 1Intentional self-harm | No concerns about risk of deliberate self-harm or suicide attempt | Minor concerns about risk of deliberate self-harm or suicide attempt | Definite indicators of risk of deliberate self-harm or suicide attempt | High risk to physical safety as a result of deliberate self-harm or suicide attempt | Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt |
| Domain 2Unintentional self-harm | No concerns about unintentional risk to physical safety | Minor concerns about unintentional risk to physical safety | Definite indicators of unintentional risk to physical safety | High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment |  |
| RISK | Domain 3Risk from others | No concerns about risk of abuse or exploitation from other individuals or society | Minor concerns about risk of abuse or exploitation from other individuals or society | Definite risk of abuse or exploitation from other individuals or society | Positive evidence of abuse or exploitation from other individuals or society |  |
| Domain 4Risk to others | No concerns about risk to physical safety or property of others | Antisocial behaviour | Risk to property and/or minor risk to physical safety of others | High risk of physical safety of others as a result of dangerous behaviour | Immediate risk to physical safety of others as a result of dangerous behaviour |
| NEEDS AND DISABILITIES | Domain 5Activities of Daily Living | No concerns about basic amenities, resources or living skills, activities, relationships with other people | Minor concerns about basic amenities, resources or living skills, problems with activities or in relationships with other people | Marked lack of basic amenities, resources or living skill, problems with activities or in relationships with other people | Serious lack of basic amenities, resources or living skills, problems with activities or in relationships with other people | Life-threatening lack of basic amenities, resources or living skills |
| Domain 6Psychological | No disabling or distressing problems with thinking, feeling or behaviour | Minor disabling or distressing problems with thinking, feeling or behaviour | Disabling or distressing problems with thinking, feeling or behaviour | Very disabling or distressing problems with thinking, feeling or behaviour |  |
| Domain 7Physical Health | No physical health concerns or unmet physical health needs | Minor concerns with physical health needs  | Definite indicators of deterioration in physical health needs and risk of diagnostic overshadowing  | High Risk of deterioration in physical health needs being unmet. Risk of diagnostic overshadowing  | Immediate risk and life threatening risk of deterioration in physical health |