##  Social Communication and Autism Assessment Service

## Children and Young Peoples Services Referral Form

To be completed by any Health, Education or Social Care professional who knows the child well

**Please follow the pathway on** [**G-care**](https://g-care.glos.nhs.uk/)**, then if a referral is still required complete this form in full and attach it to your referral along with the completed** [**Family Information Form**](https://g-care.glos.nhs.uk/uploads/files/Family%20info%20form%20without%20SCQ.doc)**.**

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| **Date of referral:**  |  | **Name of referrer:**  |  |
| **Role:** |  |
| **Address of referrer:** |  |
| **Telephone Number:**  |  |

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| **Details of person being referred**  |
| **Surname:**  |  | **First name:**  |  | **D.O.B** |  |
| **Address:** |  | **Parent or Carer Name:** |  |
| **Relationship:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **NHS Number:** |  | **Lives with:** |  | **Parental Responsibility:** |  |
| **Child in Care:**  | **Stage of graduated pathway:** | **Parent/Carer aware of referral:** |
| Yes [ ]  No [ ]  |  | Yes [ ]  No [ ]  |
| **Education Placement details:** |
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| **Details of how the family would like to be contacted:** *(email/ letter)* |
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| **Current Diagnosis Information:** | **Current Medication:** |
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| **Reason for referral** |
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| **Strengths of Child** |
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| **Needs of Child or Challenges they experience** |
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| **Support currently in place:** *Inc support the family have from professionals and family in addition to funded support. Tell us about what support has been tried in the past and who has been involved.* |
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| **Any Safeguarding concerns?** *Have the family every been known to social care or Early Help. Have you had any worries about the family environment or home?* |
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| **Current Risk Information:** *Inc harm to self or others and behaviours which may need extra support*. |
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| **Has parent consented to referral?**  | Yes [ ]  No [ ]  |
| ***Unfortunately, we will not be able to accept the referral if parental consent has not been given.***  |
| **Parental thoughts and hopes:** *What are they worried about for their child and what would they like from the assessment* |
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| **Child’s thoughts and hopes:** *What does the child think about the referral?*  |
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| **Expected Goals of referral to Social communication and Autism Assessment Service:** |
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| **Referral details** |
| Please refer via email to SCAAS.Team@ghc.nhs.uk along with the completed [Family Information Form](https://g-care.glos.nhs.uk/uploads/files/Family%20info%20form%20without%20SCQ.doc) |

