

Parent/Carer Information Form

Children’s Autism and ADHD Assessment Service (CAAAS)

Form to be submitted with the CAAAS Referral Form.
Documents must be in one of the following formats; Word document, pdf or jpeg.

Details of child:		
Title:	Surname:	First name: Preferred name
D.O.B / /	NHS Number:	
Sex Assigned at Birth: Male Female Other: _____ Prefer not to say	Gender: Male Female Other: _____ Prefer not to say	Preferred Pronouns: He/Him She/Her They/Them Other: _____
Nationality:	Ethnicity:	First Language: Interpreter Required?
Address: Date of registered address:		Who lives in the household? Please include full name, relationship and date of birth of each person and every household the child lives in.
Parent or Carer Names (all those with parental responsibility): Relationship to child: Telephone Number: Mobile Number: Email Address:		GP Name: Practice Name: Practice Contact Number: Practice Address: Date registered with GP:

Current School or Nursery:	Do they have a (please circle)... My Plan pathway My Plan + EHCP Not on graduated
Current Diagnosis:	Current Medication:

Have you discussed this referral with your child? (we would encourage you to do so if they are over 10). Should they be accepted for assessment they will be asked if they consent to the assessment if they are over 12.

1. Tell us about your child's strengths
2. Tell us about what you are worried about/your child's needs. Tell us about the impact of these needs on your child.
3. What do you hope to get from seeing the assessment team? What do you feel would be helpful? (tick all that apply) -ADHD Assessment <input type="checkbox"/> -Autism assessment <input type="checkbox"/>
Tell us about how the home environment has changed over time. Can you tell us about any significant events for you as a family, for example, loss, separation?

4. Language and Social Communication

Spoken Language and Social Communication; Tell us how their language developed and if you have concerns now about their language. Tell us about their social communication including things they might talk about, how they initiate interaction and anything that you feel is important.

Eye contact, pointing and other gestures Include how this has changed over time, any use of signing and the kinds of gestures used.

Responding to others Include how this has changed over time. Does your child tend to understand what you say to them? Can they follow instructions? Do they notice when you speak to them and call them by name.

5. Relationships and Friendships

Interacting with others Tell us about how your child tends to interact with adults and peers. Tell us about their understanding of personal space, how do they change what they do based on where they are and who they are talking to. How interested are they in interacting with others?

6. Stimming or Repetitive Behaviour.

Interests and/or behaviours Tell us about any behaviours your child does repeatedly, and any intense interests.

7. Routines and Rituals

Tell us about routines that are important to your child: Tell us about any routines they follow or you follow to help them and how they manage if these are not followed.

8. Interests

Ideas and imagination Tell us about the development of pretend play for your child and how/if they use their imagination now.

9. Sensory

Sensory Tell us about any sensory experiences your child avoids or seeks out.

10. Emotions

Emotions Tell us about any meltdowns or times when your child may seem overwhelmed. Tell us how they respond to other's emotions e.g. if they see someone crying. Do they seem to be anxious or down?

Behaviour Tell us any worries you have about their behaviour or behaviours that adults might find difficult to manage.

11. Attention

Distractibility; Tell us how long your child concentrates on activities they have chosen to do, and activities you would like them to do. Tell us how they get on when there are distractions around them.

Impulsivity: Tell us about any concerns about your child acting without thinking or being impulsive and when you first noticed this behaviour

Hyperactivity: Tell us about how active your child is and any concerns about their ability to sit still.

Please also complete the following section:

Compared with their peers, does your child have difficulty with any of the following areas? (please tick and comment):

	ACTIVITY:	No	A little	A lot	Comments: (e.g. How? What? When? etc.) (List any strategies used)
1	Self care:				
A	Dressing and undressing				
b	Settling and staying asleep				
c	Feeding				
d	Toileting				
e	Bathing/ teeth brushing				
2	Classroom skills:				
A	Using a pencil				
B	Drawing and Writing				
C	Using scissors				

D	Sitting still and staying on task				
E	Shouting out or doing things without thinking				
F	Completing tasks they are interested in				

Compared with their peers, does your child have difficulty with any of the following areas? (please tick and comment):

	ACTIVITY:	No	A little	A lot	Comments: (e.g. How? What? When? etc.) (List any strategies used)
3	Gross motor activities:				
A	Balance				
b	Co-ordination – jumping , hopping, skipping				
c	Muscle strength and endurance, i.e. tires easily compared to peers				
d	Joint hypermobility, i.e. very flexible				
e	PE activities				
f	Riding a bike				

g	Swimming				
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Completed by:.....

Relationship to Child:

Date Completed:

Please attach to the Referral form

working together | always improving | respectful and kind | making a difference

Main office: Edward Jenner Court, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW

We support clinical research. Our 'Count Me In' programme gives all service users the opportunity to be involved in research unless you tell us otherwise. For other information, please visit our patient information page: www.ghc.nhs.uk/patientinfo