City and Hackney Autism Service Self-Referral Form

The City and Hackney Autism Service offers assessment, diagnosis and limited post-diagnostic support to those who may be on the autistic spectrum.

You must meet all of the following criteria to be considered for assessment (please tick):

* 18 years and over
* Living in either the City of London or the London Borough of Hackney
* No diagnosis of learning disability
* No existing diagnosis of autism

Please fill out this form completely and provide as much detail as possible, including the AQ10 questionnaire

|  |
| --- |
| **About you**  **Please answer all of the questions below:**  **NAME:**  **ADDRESS:**  **DATE OF BIRTH:**  **GP DETAILS:** |
| **Why do you think you might have autism?**  **Does anyone in your family have a diagnosis of autism?**  **Do you have any existing health conditions (physical, mental or neurological)? Are you taking any medications for these? Have you ever received talking therapy for these?**  **Did your parents, teachers or health professionals have any concerns about your development when you were a child (for example, were you late to walk or talk? Did you have any difficulties getting on with people in school? Did you have any behavioural difficulties?)**  **Who you are currently living with?**  **Are you working? If you are, have you had any difficulties in this or previous job roles?** |
| **Difficulties with social communication and reciprocal social interaction**  **Please answer all of the questions below:** |
| **Do you have difficulties with getting on with other people? Please describe them:**  **Do you find small talk and social chat difficult? Please give an example:**  **Has anyone commented on how you speak (for example have you been told you speak too fast, too loudly, too flat/monotonously?) Please explain:**  **Do you have difficulty making eye contact?**  **Do you have difficulty understanding people’s facial expressions and/or body language? Please explain:**  **You are invited to a party where you only know the host. What is your response?**  **How do you feel after a social interaction?** |
| **Routines and interests**  **Please answer all the questions below:** |
| **Do you have any interests or hobbies which take up a lot of your time? Please explain:** **Do you have a preference for doing things in a certain way? Please give examples:**  **Is routine important to you? Please explain:**  **How do you respond if your plans or routine changes? Please give an example:** |
| **Sensory difficulties** |
| **Please describe any sensory issues that you have:** |
| **Other information** |
| **How would you like us to communicate with you (phone, letter or email?)** **Do you have any special needs we should be aware of when arranging your appointment?**  **Please tell us anything else that you think might be helpful for us to know when considering your referral:** |

|  |
| --- |
| **City and Hackney Autism Service**  **East London NHS Foundation Trust**  **Primrose Resource Centre**  **23 Primrose Square**  **London E9 7TS**  Referrals Email: [elft.chautismreferrals@nhs.net](mailto:elft.chautismreferrals@nhs.net)  Telephone : 020 8525 1115 |