

Neurodevelopmental Pathway Referral Form

County Durham and Darlington (Darlington Version)

Completed forms should be returned to: tewv.darlingtonneuro@nhs.net

The purpose of this form is to gather information to enable professionals to discuss how services can best meet the needs of your child. It is important that you provide us with as much information as you can, as we will use this information to decide whether your child needs further specialist assessment for possible ASD and/or ADHD. The information on this form will be discussed by the Neurodevelopmental Pathway Panel. Following the meeting we will write to the parent/ carers and referrer with the decision of the panel.

There could be a delay between the form being received by the service and it being discussed by the Neurodevelopmental panel. To help support families as early as possible, the NHS and your Local Authority have commissioned a Family Support Service delivered by Daisy Chain to offer support to families when their child has needs associated with a Neurodevelopmental condition. We would like to pass your name and contact details to Daisy Chain to enable them to contact you – if you are happy for them to do this please tick here

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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This form is divided into four sections:

Section A includes demographic details about the child and their family, including a list of which services have been involved so far.

Section B is for parents or caregivers to provide information about their child's behaviour and history. It includes the consent form.

Section C should be completed by a professional who knows the child, such as the SENCo at school. This person is the referrer.

Section D is optional, but we would encourage you to include the child's views if you think they are able to do so.

PLEASE MAKE SURE ALL INFORMATION IS TYPED

SECTION A

Child's Name		Date of Birth	
NHS Number		Gender	
Address		Phone Number	
Name of GP		GP Surgery	
School			

Name of Primary Carer		Address	
Relationship to child / young person		Contact numbers	
Parental Responsibility (Y/N)		Email address	
Can parent be contacted by email or phone <i>Please delete as appropriate</i>		Phone contact	Email contact

Name of other carer/significant adult		Address	
Relationship to child / young person		Contact numbers	
Parental Responsibility (Y/N)		Email address	
Can parent be contacted by email or phone <i>Please delete as appropriate</i>		Phone contact	Email contact

Siblings name			
Date of birth			
Health details			
School			

Childs ethnicity <i>Please select</i>			
White	British	Asian or Asian British	Indian

	Irish				Pakistani	
	Gypsy/Roma				Bangladeshi	
	Other				Chinese	
					Other Ethnic Group	
Mixed	White & Black Caribbean					
	White & Black African			Black or Black British	Caribbean	
	White & Black Asian				African	
	Other				Other	

Please detail in box below, where appropriate:

Adopted	Looked After Child	EHCP / Provision agreement	Child Protection Plan	EHAT (Early Help Assessment Tool)	Child in need	Interpreter / language required

*We routinely contact those involved with your child It may be useful for us to contact other agencies who may be able to offer additional support for your child. If you do **not** want us to do this can you please let us know.*

Agencies Involved or previously involved	Already Known Y/N	Named Professional / Contact Number
Life Stages – Disabled Children’s Team		
Speech and Language Therapy		
Occupational Therapy		
School or College		
Hospital Consultant		
Education Psychology Service		
Community Paediatrician		
CAMHS		
Daisy Chain		
Social Care		
GP		
School Nurse		

Main		
LINS Low Incidence Needs Team		
Emotional Health and Wellbeing Nurse		
Social Communication Outreach Service (SCOS)		
SEND Nurse		
Other – please give details		

Parent/ Carer consent form for the County Durham and Darlington Neurodevelopmental pathway for Multi- Agency information sharing

Purpose:

The sharing of information between agencies is an important part of the assessment of your child, as it provides a detailed picture of your child’s strengths and needs. Sharing information allows for a range of specialised assessments to be undertaken to help determine the needs of your child.

In order for a detailed assessment regarding to be undertaken, several agencies may need to become involved.

Consent:

We need your consent to share information between agencies. The agencies covered by this consent to information agreement are detailed on Page 3 of the referral form. **(Social Care including ICS records)**

Child/young person’s name: _____ **DOB:** _____

**if applicable*

NHS number: _____

- I understand that the information provided on this form will be processed in accordance with the requirements of the 1998 Data Protection Act. It will be treated as confidential and will only be used for purpose of the provision of education and health services. In connection with this purpose, the information may also be processed for the purpose of preventing any fraud or criminal offence to ensure the health, safety and welfare of any child. In pursuit of these legitimate purposes, the information may be shared with other authorities, and with any organisation legitimately investigating allegations of fraud, criminal offences or child protection.*
- The process has been fully explained to me by the referrer and I understand that there are no set timescales and that each case is individual and will require different services to be involved including those included overleaf and others not stated.*
- I consent for information sharing between Pathway and the services named overleaf, and for my child to be referred to services that are deemed appropriate by the Pathway, based on my child’s needs.*
- I understand that the Pathway will refer my child to services that will be of benefit to him/her and these assessments are essential to providing a full and holistic picture of the presentation of my child. By signing this consent I agree, wherever possible, to arrange for my child to attend all appointments sent out and understand that non-attendance can lead to my child being discharged from that service, this will result in an extended waiting time for assessments, and **may** result in my child being closed to the Pathway.*

Name of person with parental responsibility: _____

Signed: _____ Date: _____

Young Person _____

Signed: _____ Date: _____

Should a diagnosis of Autistic Spectrum Disorder or ADHD be confirmed, mutual agreement of referral to other services to provide post diagnosis support to school / home will be arranged if required. The consent for County Durham and Darlington Neurodevelopmental Pathway will apply until your child is closed to this service.

Many thanks for your cooperation.

SECTION B

Parent/ Carer views/ concerns

This form is to be completed in collaboration with the parent / carer.

Please describe your concerns

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Who does your child live with?

--

Please tell us any significant life events?

(Bereavements, marital breakdown, parental mental health / domestic violence / social care involvement / alcohol / addiction, SEN, bullying etc.)

--

Has your child ever had an illness or accident that might have affected their brain or development? (Head injuries, meningitis, oxygen deprivation, epilepsy)

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**Does your child have any problems with hearing, vision or mobility?
Do they need hearing aids, glasses or a walking aid?**

Does your child have any other physical health concerns/ conditions/allergies
(Diagnosed conditions, treatment, medications, hospital admissions, impact, sleep)

What are your child's strengths and interests

What does your child do after school / at weekends? Do they have any intense or unusual interests?

Does your child have friends? What do they do together?

Please provide us with an in-depth description of your child's development (e.g) walking, talking).

Was there anything you were worried about?

Did anyone else have any concerns? (GP, health visitor)

Please try and provide some examples of your current concerns in each of the areas below.

Social interaction (how they relate to friends and **others**)

Communication (how they use eye contact, gestures and spoken language)

Behaviour (tantrums / following instructions, routines / repetitive behaviours- doing the same things over and over again etc)

Imaginative Play (how do they play: both alone and with others, how do they show imagination/ creativity in play)

Attention/Activity level/Impulsivity (concentration, lack of danger awareness, impulse control , organisational skills and ability to sit and complete tasks

--

Sensory issues (interest or difficulty with smell, clothing, noises etc)

--

Please detail anything else you would like to tell us.

--

Have you tried anything before? Has this been helpful?

--

People involved in the completion of this section:

Parent Signature		Date	
Professional Signature		Date	

SECTION C

Referrer's views/ concerns

Person making the referral		Designation and agency	
Address			
Contact phone number		Email address	
Details of current / historic interaction with child			

Please describe the concerns that have led you to complete this form

Social Interaction (awareness of others / interest in people / seeking comfort / empathy skills / awareness of feelings and emotions / giving comfort / building friendship / turn taking / eye contact / gesture / inappropriate behaviour).

Social Communication (use of language / topic selection / selection and maintenance of conversation / listening skills / vocabulary development / voice control, tone, volume, rate, facial expression use of gesture).

Flexibility of thought (pretend play / imagination / need for routine / resistance to change /repetitive or stereotyped behaviour / obsessions consuming interests)

Behaviour Modulation (attention and concentration / focus on task / hyperactivity, fidgeting, frequent body movements / forgetfulness / day dreaming / emotional dis-regulation / lack of sense of danger / organisational skills / peer relationships / oppositional behaviour)

Language (level of understanding, speech clarity, expressive language skills, selective mutism, fluency (stammering).

Learning / development (age child is working at, attendance, current support (Educational psychologist) etc)

Do school have any interventions/ support place?

Is there anything not covered in the form that you feel would be important for the team to know about the child or young person?

As a referrer I have discussed the following with parents:

- The Pathway is unable to offer direct intervention to the parent/ carer/ child. They must be signposted to the appropriate services.
- If the child's needs can be met by another service or there is insufficient evidence of neurodevelopmental difficulties the pathway will end at that point and the case will be closed.
- If a risk is identified by the referrer this must be managed and referred on to the most appropriate agency to support the child / family.
- The assessment via the Pathway will determine whether their child meets criteria for a diagnosis of ASD or ADHD Individual agencies will make their own recommendations.
- I have discussed with parents that the process may take some time and the services to which the Pathway refers usually have waiting lists of their own.

Parent signature		Professional signature	
Referral Date			

Referral Application Checklist

Please attach any appropriate reports/ assessments in respect of the child/ young person.
The more information you can provide, the more efficient the assessment process will be

- | | |
|---|--------------------------|
| Parent screening questionnaire (Section B) ESSENTIAL | <input type="checkbox"/> |
| School screening questionnaire (Section C) ESSENTIAL | <input type="checkbox"/> |
| GP report (birth and early development history) | <input type="checkbox"/> |
| Speech and Language Therapist Report | <input type="checkbox"/> |
| Occupational Therapist Report | <input type="checkbox"/> |
| Community Paediatrician Assessment | <input type="checkbox"/> |
| School Nurse or Health Visitor Report | <input type="checkbox"/> |
| Educational Psychologist Report | <input type="checkbox"/> |
| CAMHS | <input type="checkbox"/> |
| EHCP / Provision Agreement coordinator support plan | <input type="checkbox"/> |
| Individual Education/Behaviour Plan (or equivalent) | <input type="checkbox"/> |
| Early Help Assessment | <input type="checkbox"/> |
| Personal Education Plan for LAC Child | <input type="checkbox"/> |
| Portage/Small Steps reports | <input type="checkbox"/> |
| School report | <input type="checkbox"/> |
| Behaviour Intervention/Youth Offending Team Report | <input type="checkbox"/> |
| Children's Social Care | <input type="checkbox"/> |
| Other... | <input type="checkbox"/> |

Please return the completed form and all supporting documents to

tewv.darlingtonneuro@nhs.net

SECTION D

Please take some time to complete the attached questionnaire with the child or young person.

You may need to adapt it for younger or less able children.

Child or young person can draw, write, take photos, etc.

It is better to write for the child or young person, to enable him/her to have time to think about the answers.

Please take note of any advice the child or young person gives you, and incorporate into your planning and management.

About me

Tell us about you – who do you live with?

Who else is important in your life (family and friends)?

Do you have pets?

What do you like doing for fun?

What job do you want to do?

What makes you happy?

Please continue on the next page.....

My goals

I would like to work on:

I would like the following to change:

I will know I have reached my goals when:

Thank you for completing this form

