**OXFORDSHIRE ADULT AUTISM DIAGNOSTIC SERVICE**

**CLIENT INFORMATION FORM**

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**To be eligible for this service you need to be:**

* **Over 18 years of age**
* **Resident in Oxfordshire**
* **No previous diagnosis of autism**
* **Not currently open to Learning Disability services**

**Please return completed form either by email or in an envelope marked “Confidential” to:**

Oxfordshire Adult Autism Diagnostic Service,

Baptist House, 129 Broadway, Didcot, OX11 8XD

Email: [referral@kingwood.org.uk](mailto:referral@kingwood.org.uk) or leave a message on **07824 309000** we will try to respond within five working days of your contact.

Please try to complete all sections and discuss with us if you have problems with this.

**NB The ‘supporter’ is the person requesting assessment on your behalf (if applicable).**

**By submitting this form you are agreeing to your details being held on a confidential database.**

In order for us to process your referral:

1. We will need to share relevant confidential information with the clinic.
2. We may also need to contact & share information with those who may be involved in your care & well-being
3. **By signing this form you or your supporter are agreeing to the above.** All personal information will be treated as confidential and subject to the Data Protection Act 1998, by all services. You may request access to the personal information held about you.

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| --- |
| **Your Name:**  **NHS NO (if known): DOB:**  **Email Address:**  **(By letting us know your Email Address you are giving us consent to email you)**  **Address:**  **Postcode: Telephone No:**  **Ethnic origin: First Language:**  **Next of Kin:**  **Religion/belief:**  **Gender:**  **Name of your GP: Dr**  **Practice Address:**  **Postcode: Telephone No:** |
| **Name of Supporter (if applicable – see front page):**  **Supporter’s Telephone No:**  **Supporter’s Email Address:**  **Supporter’s Address:** |

|  |
| --- |
| **Who do you live with?**  **Alone/Family/Spouse/Partner/with parents/houseshare/student accommodation/paid carers/residential care? (please delete as appropriate or indicate other below)**  **Comments:**  **Are you currently employed? Yes/No**  **Please add any detail e.g. part time/full time/voluntary:** |
| **What makes you think you may have autism?** |

|  |
| --- |
| **What do you hope will be different by having a referral and diagnosis?** |
| **Supporter’s reasons for supporting Autistic Spectrum assessment request (if applicable):** |
| **Any particular concerns from Supporter or additional information:** |
| **Do you have any particular sensory issues such as difficulties with noise, touch, light or smell or other difficulties?** |
| **Do you have any cultural, religious, or disability needs we should be aware of?**  **Are there any adjustments you need to access the service?** |
| **Professionals currently or recently involved with you and/or family/carers:**  **Name:**  **Profession/relationship: Tel No:**  **Name:**  **Profession/relationship: Tel No:**  **Name:**  **Profession/relationship: Tel No:** |
| **Relevant medical history, including current medication, possible related diagnoses and/or Mental Health Team involvement, current or past:** |
| **Does anyone in your family or wider family have autism, ADHD, Dyslexia or dyspraxia? Please give details if so (relationship and diagnosis)** |

**Thank you for taking the time to complete this form.**

|  |  |
| --- | --- |
| **Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Your supporter/referrer’s name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Supporter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□** I have supported the client to complete this form |

Do you want somebody to receive updates on your referral from the Diagnostic Clinic and Autism at Kingwood, including (where agreed) be copied into email correspondence? If so, please complete the following, or we will not be able to share information about your referral with anyone other than yourself (and some health professionals involved in your care if necessary).

**I agree that information regarding my referral and appointments may be shared with:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person to information regarding referral |  | | |
| What should we share with them? | Share information about the status of your referral when they contact us by telephone or email:  **Yes / No** | Copy them into email correspondence from OAADSS to you:  **Yes / No** | Send them copies of assessment reports sent from OAADSS to you:  **Yes / No** |
| Their address |  | | |
| Their Email address |  | | |
| Their Phone number |  | | |
| Your signature (client) |  | | |
| Your name – print clearly |  | | |
| Date |  | | |

**Corresponding by email with OAADSS**

**OAADSS, Autism at Kingwood has a duty to manage and handle the information we hold about you in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018.**

**Autism at Kingwood is registered with the Information Commissioner's Office under Data Protection number** Z1003590

We will not contact you via email, unless you have already contacted us this way or requested that we do so, by providing us with your email address & giving your consent below. Please only contact us by email on [referral@kingwood.org.uk](mailto:referral@kingwood.org.uk) so we can ensure communication is as effective and confidential as possible.

Technology is not perfect, so as with letters we cannot guarantee every email you may send to us is received. The reasons a message may not be received can be numerous and the problem may well be nothing to do with us. If you email us and do not receive a response, please contact us by another method, such as phone.

For reasons of confidentiality, we prefer to receive the information form by mail. If you do wish to send the information form to us by email, we recommend that you password protect the form, and let us know the password either by phoning us or by sending it by mail.

***I consent to communicating by email with OAADSS***

***(please complete the consent section below)***

***I do not wish to communicate by email with OAADSS***

**Consent to correspond via email:**

I have read and I understand the information above and am happy to be contacted by email, either in response to email from me, or at my specific request.

Where I have provided details of a person I would like to be included in OAADSS’ further correspondence with me, I am happy for OAADSS to contact them by email.

I accept that confidentiality of email cannot be guaranteed and that OAADSS and Autism at Kingwood are not liable for the confidentiality or security of any message once it has been sent to me.

I understand that I can change my mind and it is my responsibility to withdraw this consent and inform OAADSS immediately.

I understand it is my responsibility to inform OAADSS of any change to my email address in writing or face to face contact. An email from my new address will not be taken as informing of change.

***My email address is: ………………………………………………………………………………***

**Signed:**  **Date:**

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**Choice of Diagnostic Assessment Service**

OCCG (Oxfordshire Clinical Commissioning Group) has commissioned a new autism diagnostic assessment process which gives you a choice between two options. Both services offer a similar standard and quality of assessment. **Please be advised there is a waiting list for both services of approximately 18 months.**

**Please do not call to chase up your place on the waiting list as this takes the administrator away from arranging appointments and filling cancelled appointments, leading to appointment delays. If you have been waiting over 18 months, feel free to send an email to chase up but be aware that it may take a few days to get back to you.**

*Option 1*

OAADSS can carry out face to face diagnostic assessments locally in Baptist House, Didcot, Oxfordshire.

*Option 2*

We are also able to offer an online service by Zoom video calling – this allows you to take part in the assessment from your own home. All you need is access to the internet and a private computer, laptop or tablet with a webcam. Mobile phones are not suitable.

Please tick the box of the service to which you would like to be referred, then sign and date below:

OAADSS face-to-face assessment

OAADSS online assessment

Signature ……………………………………………………………………………………….

Date ………………………………………………………………………………………

**Please complete the following screening form:**

**AQ-10**

**Autism Spectrum Quotient (AQ)**

A quick referral guide for adults with suspected autism who do not have a learning disability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please tick one option per question only:** | **Definitely agree** | **Slightly agree** | **Slightly disagree** | **Definitely disagree** |
| 1 | I often notice small sounds when others do not. |  |  |  |  |
| 2 | I usually concentrate more on the whole picture, rather than the small details. |  |  |  |  |
| 3 | I find it easy to do more than one thing at once |  |  |  |  |
| 4 | If there is an interruption, I can switch back to what I was doing very quickly |  |  |  |  |
| 5 | I find it easy to ‘read between the lines’ when someone is talking to me |  |  |  |  |
| 6 | I know how to tell if someone listening to me is getting bored |  |  |  |  |
| 7 | When I’m reading a story I find it difficult to work out the characters’ intentions |  |  |  |  |
| 8 | I like to collect information about categories of things (e.g. types of car, bird, train, plant etc.) |  |  |  |  |
| 9 | I find it easy to work out what someone is thinking or feeling just by looking at their face |  |  |  |  |
| 10 | I find it difficult to work out people’s intentions |  |  |  |  |

**SCORING:** Only 1 point can be scored for each question.*Score 1 point for Definitely or*

*Slightly agree on each of items 1, 7, 8, and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 5, 6, and 9.* If the individual scores**more than 6 out of 10**,consider referring them for a specialist diagnostic assessment.

This test is recommended in ‘Autism: recognition, referral, diagnosis and management of adults on the autism spectrum’ (NICE clinical guideline CG142). www.nice.org.uk/CG142

**Key reference:** Allison C, Auyeung B, and Baron-Cohen S, (2012)*Journal of the American Academy**of Child and Adolescent Psychiatry* 51(2):202-12.