



Referral to Neurodevelopmental Service

This form is for referral of a child or young person under 18 years of age in whom there are concerns about Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder. Please provide as much information as possible, as referrals with inadequate information will not be accepted.

PLEASE SEND TO YOUR LOCAL CAMHS TEAM

NHS number		Hospital number	
Child's forename		Surname	
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth
Address			
Preferred language(s)		Is a translator required?	Y <input type="checkbox"/> N <input type="checkbox"/>
Name of parent(s) or guardian(s)		Who has parental responsibility?	
Telephone number	Home	Work	Mobile
GP name and surgery			
School/preschool			
Referrer's name		Referrers Designation	
Referrer's Address			
Referrers Phone No		Email Address	
Signature		Date	
Reason for referral –Signs and Symptoms of ASD and/or ADHD			
Social communication	(e.g. language levels, both understanding and use of language, use of gesture, body language, facial expressions, tone of voice and eye contact)		
Social interaction	(e.g. level of interest in others, ability to seek and provide comfort, empathy, understanding of social rules such as turn taking)		
Restricted, repetitive patterns of behaviour, interests or activities	(e.g. difficulties with changes, repetitive behaviours, stereotyped movements, special interests, issues with imaginative play or creativity)		
Sensory issues	(Any unusual responses to sensory stimuli)		
Inattention	(e.g. difficulties with following instruction, with sustained mental effort, listening, organisation, losing things, being easily distracted, forgetful)		
Hyperactivity	(e.g. fidgety, runs or climbs excessively, on the go, noisy in play/leisure activities, talks excessively, often leaves seat)		
Impulsivity	(e.g. include difficulties awaiting turn, blurting out answers before question completed, often interrupts or intrudes on others)		
Other behavioural difficulties	(e.g. temper tantrums, lying, stealing, criminal behaviour, danger awareness, aggression)		
How long have these issues been a problem?			

Do these difficulties present in more than one setting?		Y <input type="checkbox"/>		N <input type="checkbox"/>	
Mental health	(e.g. low mood, sadness, tearfulness, anxiety, OCD, self-harming, sleep difficulties, substance/alcohol misuse, past or present CAMHS involvement, medication)				
Other concerns	(e.g. regression in development, motor skills, tics, diet, continence)				
Developmental delay or learning difficulty/disability					
Relevant medical history	(include risk factors, antenatal and perinatal history, hearing and vision)				
Relevant family history	(e.g. neurodevelopmental difficulties, mental health issues)				
Have parents/ guardians attended a parenting course?		Y <input type="checkbox"/>		N <input type="checkbox"/>	
Social concerns re child or family	(e.g. past or present child protection concerns, domestic violence)				
History of trauma	(e.g. losses, separation, deaths, trauma)				
Any known risk in working with the family/YP					
Other professionals involved (please attach relevant report if available)		Present (please tick)	Past (please tick)	Report attached (please tick)	Office use only
	Speech and language therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Community paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CALDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Educational/Clinical psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	YOTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The following consents are required before the referral can be accepted					
Has the parent/guardian agreed to this referral?				Y <input type="checkbox"/>	N <input type="checkbox"/>
Has the young person agreed to this referral? (if appropriate)				Y <input type="checkbox"/>	N <input type="checkbox"/>
Has the parent/guardian/young person agreed to multiagency sharing of information? (including health, education and social services)				Y <input type="checkbox"/>	N <input type="checkbox"/>

Cyfeiriad at y Gwasanaeth Niwroddatblygiadol

Mae'r ffurflen hon ar gyfer cyfeirio plentyn neu unigolyn ifanc dan 18 oed pan fydd pryderon am Anhwylder ar y Sbectwm Awtistiaeth neu Anhwylder Gorfywiogrwydd Diffyg Canolbwyntio. Rhwch gymaint o wybodaeth â phosibl, gan na fydd cyfeiriadau heb ddigon o wybodaeth yn cael eu derbyn.

ANFONWCH I'CH TÎM CAMHS LLEOL

RHif GIG		Rhif Ysbyty	
Enw cyntaf y plentyn		Cyfenw	
Rhyw	G <input type="checkbox"/> B <input type="checkbox"/>	Dyddiad geni	
Cyfeiriad			
Dewis iaith(ieithoedd)		Oes angen cyfieithydd?	Oes <input type="checkbox"/> Nac oes <input type="checkbox"/>
Enw rhiant(rhieni) neu warcheidwad (gwarcheidwaid)		Pwy sydd â chyfrifoldeb rhiant	
Rhif ffôn	Cartref	Gwaith	Ffôn Symudol
Enw a chyfeiriad y meddyg teulu			
Ysgol/ysgol feithrin			
Enw'r sawl sy'n cyfeirio		Swydd y sawl sy'n cyfeirio	
Cyfeiriad y sawl sy'n cyfeirio			
Rhif ffôn y sawl sy'n cyfeirio		Cyfeiriad e-bost	
Llofnod		Dyddiad	
Rheswm dros gyfeirio - Arwyddion a symptomau ASD a/neu ADHD			
Cyfathrebu cymdeithasol	(e.e. lefelau iaith, dealltwriaeth a defnydd o iaith, defnyddio ystum, iaith y corff, mynegiant wyneb, tôn llais a chyswilt llygaid)		
Rhyngweithio cymdeithasol	(e.e. lefel diddordeb mewn eraill, gallu gofyn am gysur a'i roi, empathi, deall rheolau cymdeithasol megis cymryd tro)		
Patrymau ymddygiad, diddordebau neu weithgareddau cyfyngedig, ailadroddus	(e.e. anawsterau â newid, ymddygiad ailadroddus, symudiadau ystrydebol, diddordebau arbennig, problemau â chwarae creadigol neu greadigrwydd)		
Materion synhwyrâu	(Ymatebion annisgwyl i symbyliad synhwyrol)		
Diffyg sylw	(e.e. anawsterau wrth ddilyn cyfarwyddiadau, ag ymdrech feddyliol gyson, gwrando, trefnu, colli pethau, tynnu ei sylw'n hawdd, anghofus)		
Gorfywiogrwydd	(e.e. ffidlan, rhedeg neu ddringo'n ormodol, symud drwy'r amser, swnllyd wrth chwarae/gweithgareddau hamdden, siarad yn ormodol, codi o'i gadair yn aml)		
Byrbwyll	(e.e. yn cynnwys cael trafferth aros ei dro, gweiddi atebion allan yn wyllt cyn gorffen y cwestiwn, torri ar draws neu darfu ar eraill)		

Anawsterau ymddygiad eraill	(e.e. pyliau o dymer, dweud celwydd, dwyn, ymddygiad troseddol, ymwybyddiaeth o berygl, trais)				
Ers pryd mae'r materion hyn yn broblem?					
A yw'r anawsterau'n amlwg mewn mwy nag un lle?	Ydyn <input type="checkbox"/>		Nac ydyn <input type="checkbox"/>		
Iechyd meddwl	(e.e. hwyliau gwael, tristwch, teimlo'n ddagreuol, pryder, OCD, hunan niwed, anawsterau cysgu, camddefnyddio sylweddau/alcohol, cysylltiad blaenorol neu bresennol â CAMHS, meddyginiaethau)				
Pryderon eraill	(dirywiad mewn datblygiad, sgiliau motor, gwingo, diet, ymataliad)				
Oedi datblygiadol neu anhawster/anabledd dysgu					
Hanes meddygol perthnasol	(yn cynnwys ffactorau risg, hanes cyn geni ac yn ystod yr enedigaeth, clyw a golwg)				
Hanes teuluol perthnasol	(e.e. anawsterau nirwodd datblygiadol, materion iechyd meddwl)				
A yw'r rhieni/gwarcheidwaid wedi mynychu cwrs magu plant?	Do <input type="checkbox"/>		Naddo <input type="checkbox"/>		
Pryderon cymdeithasol am y plentyn neu deulu	(e.e. pryderon amddiffyn plant yn y gorffennol neu'r presennol, trais domestig)				
Hanes o drawma	(e.e. profedigaeth, gwahanu, marwolaethau, trawma)				
Unrhyw risgiau gwybyddus am weithio gyda'r teulu/unigolyn ifanc					
Gweithwyr proffesiynol eraill sy'n gysylltiedig (rhowch yr adroddiad perthnasol ynghlwm os yw ar gael)		Presen nol (ticiwch)	Gorffennol (ticiwch)	Adroddiad ynghlwm (ticiwch)	At Ddefnydd y Swyddfa yn unig:
	Therapydd Iaith a Lleferydd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Paediatrydd Cymuned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CALDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gweithiwr Cymdeithasol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ffisiotherapydd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Seicoleg Addysgol/Glinigol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Therapi Galwedigaethol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	YOTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arall (nodwch os gwelwch yn dda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mae angen y cydsyniad canlynol cyn y gellir derbyn y cyfeiriad					
A yw'r rhiant/gwarcheidwad wedi cytuno i'r cyfeiriad hwn?			Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
A yw'r unigolyn ifanc wedi cytuno i'r cyfeiriad hwn? (os yw'n briodol)			Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	
A yw'r rhiant / gwarcheidwad / unigolyn ifanc wedi cytuno i wybodaeth gael ei rhannu'n amlddisgyblaethol? (yn cynnwys iechyd, addysg a gwasanaethau cymdeithasol)			Do <input type="checkbox"/>	Naddo <input type="checkbox"/>	