**Client Referral Form**

Referral Date (today) ……………………

Referrer Details

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | First | Middle | Last - Family |
| Client Name |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Ethnicity | Gender |
| Client Details |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | First | Middle | Last - Family |
| Parent/Carer Name |  |  |  |

Home (Postal) Address

|  |  |
| --- | --- |
| House No/Name and Street |  |
| Village/District |  |
| Town/City |  |
| County |  |
| Postcode |  |
| Borough/Local Authority |  |
| Preferred Telephone Number |  |
| Secondary Telephone Number |  |
| Email address |  |

School or Centre currently attended

|  |
| --- |
|  |

Additional services currently being received

|  |
| --- |
|  |

Current Diagnosis (place X where appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Autism |  | Severe Learning Difficulty |  |
| Asperger’s |  | OCD |  |
| ADHD |  | Mental Health Issue (e.g. Depression) |  |
| Moderate Learning Difficulty |  | Other |  |

Statement of other diagnosis

|  |
| --- |
|  |

Client Communication Preferences with non-Autistic sibling (or parent)

(place X where appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal – speech only |  | Non-Verbal – assisted by PECS |  |
| Verbal – assisted by Makaton |  | Non-Verbal – assisted by Makaton |  |
| Verbal – assisted by PECS and Symbols |  | Non-Verbal – assisted by SignAlong |  |
| Verbal – assisted by SignAlong |  | Non-Verbal – assisted by vocalisation (noises) |  |
| Verbal – Assisted by pointing/leading |  | Non-Verbal – assisted by pointing/leading |  |
| Verbal – persistent questioning |  | Other |  |

Other communication method(s)

|  |
| --- |
|  |

Barriers to Communication

|  |  |  |  |
| --- | --- | --- | --- |
| Echolalia/repetative speech |  | Not understanding others |  |
| Metaphorical Language |  | Elective mutism |  |
| Monologue |  | Other |  |

Other communication barriers(s)

|  |
| --- |
|  |

Typical Anxiety Display

|  |  |  |  |
| --- | --- | --- | --- |
| Self-harming |  | Shouting/swearing |  |
| Absconding |  | Physical attack |  |
| Withdrawal |  | Other |  |

Other anxiety display(s)

|  |
| --- |
|  |

Independence Level

|  |  |  |  |
| --- | --- | --- | --- |
| Needs adults support at all times |  | Can travel independently |  |
| Needs support to travel on public transport |  | Other |  |

Other independence level indicator(s)

|  |
| --- |
|  |

Level of Self-Care Skills

|  |  |  |  |
| --- | --- | --- | --- |
| Needs Support with all self--care |  | Needs help to dress |  |
| In pads or nappies |  | Needs help with feeding |  |
| Needs reminders for toileting |  | On toilet training programme |  |
| Other |  |  |  |

Other level of self-care

|  |
| --- |
|  |

Reaction to Group Settings

|  |  |  |  |
| --- | --- | --- | --- |
| Once settled is at ease in all groups |  | Finds groups difficult |  |
| Once settled is at ease in small groups |  | Becomes very unhappy in group settings |  |
| Other |  |  |  |

Other reactions when introduced into group settings

|  |
| --- |
|  |

Activities most enjoyed

|  |  |  |  |
| --- | --- | --- | --- |
| Music |  | Art and Craft (inc. Photography) |  |
| Dancing |  | Reading |  |
| Swimming |  | Board Games |  |
| Computer/IT |  | Going on trips |  |
| Outdoor games |  | Going to the park or playground |  |
| Playing with specific toys |  | Animal interactions and horse-riding |  |
| Other |  |  |  |

Other activities

|  |
| --- |
|  |

Names and Ages of Siblings

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Main areas of stress or difficulties for family/parents/carer

|  |
| --- |
|  |

Please email completed form to info@3ccaa.co.uk