

NEURODEVELOPMENTAL SERVICES

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REFERRAL FORM - for adults 18+

Learning Disability (LD) Please note, the terms *Learning Disability* and *Learning Difficulties* refer to different conditions. We accept referrals for people with diagnosed or evidenced Learning Disabilities (LD) only. A Learning Disability refers to people with significant or severe impairments in cognitive and social/adaptive functioning which were present before adulthood. We can offer assessments of Learning Disability only where there is a clear rationale for doing so and a clinical need that can be met by Neurodevelopmental Services.

Autism Spectrum Disorder (ASD) is a developmental condition characterized by deficits in language and communication, social understanding, social imagination. It is accompanied by a narrow and repetitive range of behaviours.

Attention Deficit and Hyperactivity Disorder (ADHD) is a group of symptoms that include inattentiveness, hyperactivity and impulsiveness.

Please indicate the nature of the referral:

LD

ASD

ADHD

For LD, ASD, ADHD and CNRT Referrals

Client's Name:	Male/Female:
Address:	Telephone No:
	Date of Birth:
	NHS no:

GP Name and Address:

Has this person consented to this referral? Yes No
If yes, how?
If no, why?

For internal referrals only
 Service/professionals required:

Reason for referral/Presenting problem: (How long has it been an issue? How does it affect the person?)

Relevant Information:

- *Current life context*
- *Medical and psychiatric conditions*
- *Professionals/services involved*
- *Does this person present **risk** to self others property*
Please clarify:

Name of referrer: **Job Title:** **Date:**
Address: **Telephone:**

**Please attach any relevant documents, such as previous reports and assessments if available.
We may request further information from you to process the referral accordingly.**

The responsibility for this client rests with the referred/referring agency until the referral has been accepted in writing by Neurodevelopmental Services.

FOR INTERNAL USE ONLY

Date referral received:

Date referral discussed:

Action/Referral forwarded onto: