

Oxford CBT

## Neurodevelopmental Assessment Referral – Pre-Assessment Information

Name of Client

DOB

Email

Mobile

Home Address

GP Practice

## Who do you currently live with?

Name	Relationship to you	Age

Please briefly summarise what led you to seek the current assessment?

Please list your 3 main challenges and/or concerns.

1. 2. 3. 

What would be a good outcome for you following the assessment?

What are your interests, strengths and qualities? How do you spend your free time?

--

What differences or challenges, if any, have you noticed in the following areas:	
	Comments
Friendships – forming and/ or sustaining them?	
Social communication skills (e.g. use of eye contact, gesture, tone of voice, facial expression)?	
Sensory interests or sensitivities? e.g. noise, texture, light, taste	
Managing changes to routines or adjusting to life transitions?	
Ability to concentrate and sustain attention?	
Energy or activity levels?	
Managing or expressing emotions?	
Getting along with others (e.g. partner, family, work colleagues)?	

Education			
	Subjects	Grades	Difficulties, or areas of support
Primary			
Secondary			
College			
University			

Work History			
Role	Positives	Difficulties or challenges?	Reason for moving on?

Mental health history		
Date	Difficulties experienced (e.g. depression, anxiety, OCD)	Treatment received

## Risk and safety

Have you ever experienced thoughts of self-harm, or suicidal thoughts or behaviours?

## Medical history

Do have any previous or current medical conditions?

Have you previously been diagnosed with a neurodevelopmental condition (e.g. autism, ADHD, dyslexia, dyspraxia)?

Are there any members of your family with a neurodevelopmental condition (e.g. autism, ADHD, dyslexia, dyspraxia)?

**As part of your diagnostic assessment, we need to contact a person who knows you well. This can be either a parent, partner or close friend or relative. Please include their contact details in the table below:**

Thank you for providing this preliminary information

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, types of bird, types of train, types of 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 **6 or above**, 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](http://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.