

Paediatric Neurodevelopmental Service (PNDS) Pre-Assessment Information (Referral Form)

This form should be used for all requests for a neurodevelopmental assessment. This form is for school aged children. Referrals for children still in nursery should be made by their health visitor. It is essential that families and young people know that this is a request for diagnostic assessment to further understanding of the child's profile only. Families and young people should be made aware that any support for the child depends on their needs and not the outcome of this assessment.

People who know the child well (e.g. family, education staff or other members of the team around the child) would be the best people to provide this information. The information provided in this form will support decision making and determine the appropriate next steps for the child or young person within the assessment process.

Please send your completed form to the following email address:*****

You should receive confirmation of receipt of your email so please get back in touch if you do not receive this.

This form should be completed and returned together with:

1. Child/ young person's views (where appropriate) and Parent/Carer views (Space provided at the end of referral form)
2. Relevant reports and assessments available
3. Professional concerns and reasons for referral

Person making the request

Designation and agency

Address:

Contact telephone number:

Email address:

I have included the views of the child/young person and parent/carer in this referral and they are consenting to the request for a Neurodevelopmental assessment? Yes /No

I have provided the family with information about the NDD Pathway prior to this request being made? Yes/No

Information about child or young person being referred

Name of Child/Young person	Known as	Pronouns used	DOB	CHI number

Names of parents/carers:

Contact numbers:

Relationship to child or young person:

Email address:

Address:

School or Educational setting:

GP Contact:

Consent to make this request given by:

Parent/ carer name:

Date:

Child or young person (for young people over age of 12))

Date:

To support the assessment we may contact the professionals involved in your/your child's care before you are seen and during your care. Can you confirm you give consent for this.

Parent/ carer name:

Date:

Child or young person (for young people over age of 12))

Date:

Is English the first language of the family: Yes/no If no pls. give details of language(s) spoken

Do the family require an interpreter? Yes/No (Drop Down)

Agencies/ services involved	Already known? Y/N	Consent to contact? Y/N	Named professional/ Contact number
Choose an item.	Choose an item.	Choose an item.	
Choose an item.	Choose an item.	Choose an item.	
Choose an item.	Choose an item.	Choose an item.	
Choose an item.	Choose an item.	Choose an item.	
Choose an item.	Choose an item.	Choose an item.	

Please describe your concerns regarding this child/young person's development. Where possible complete this with child, young person and their parent/carer or seek their views around the following areas:

If there are reports with relevant information then please refer and include these with this paperwork.

Physical Health (Medical investigations, diagnoses, treatment, sleep, eating/weight)

Mental Health (Emotional wellbeing, anxiety, mood, any evidence of self-harming behaviours)

Attention, hyperactivity and impulse control (attention and focus for tasks, levels of activity, organisational skills, impulse control, challenging behaviour)

Speech and Language (speech clarity/fluency, receptive and expressive language skills)

Learning (curriculum levels, supports required in school, areas of strength/difficulty in learning)

Adaptive functioning (personal care skills such as washing, toileting, teeth brushing, dressing; sense of safety such as hot, sharp, road safety, car travel; understanding of time, money;).

Social Communication and Interaction (Communication skills, how successful are they at being able to communicate their thoughts and ideas, conversation skills, ability to build relationships with peers and adults, social awareness and how interested/motivated are they to interact with others)

Family circumstances/Significant Life Events (any relevant info e.g. bereavements, parental mental health/medical difficulties, social work involvement, substance misuse – now and in past)

Thinking skills (memory, problem solving, planning skills, ability to cope with changes in routine, adapt behaviour for situations, specific interests)

Motor/Sensory (Sensory aversions, sensory seeking behaviour, fine and gross motor skills)

To be completed by the Parent/Carer:

What do you see as your child's strengths?

What do you see as your child's challenges in getting on with everyday life?

Have you had any support that has made things better for your child/family?

What are you looking for from accessing the Paediatric Neurodevelopmental Service (PNDS)?

To be completed by the child/young person (where appropriate):

What do you see as your strengths and are there any challenges for you in your everyday life?

Have you had any support that has made things better for you?

What would you like to see change from accessing the NDD Pathway?