

Date received by OAADS .....

# OXFORDSHIRE ADULT AUTISM DIAGNOSTIC SERVICE



## CLIENT INFORMATION FORM

**Please return completed form either by email or in an envelope marked “Confidential” to:**

Oxfordshire Adult Autism Diagnostic Service, Autism at Kingwood,  
Baptist House, 129 Broadway, Didcot, OX11 8XD

Email: [referral@kingwood.org.uk](mailto:referral@kingwood.org.uk) or leave a message on **01235 359388**, we will respond within five working days of your contact.

Please try to complete all sections and discuss with us if you have problems with this.

**NB The ‘supporter’ is the person requesting assessment on your behalf (if applicable).**

**By submitting this form you are agreeing to your details being held on a confidential database.**

In order for us to process your referral:

1. We will need to share relevant confidential information with the clinic.
2. We may also need to contact & share information with those who may be involved in your care & well-being
3. **By signing this form you or your supporter are agreeing to the above.** All personal information will be treated as confidential and subject to the Data Protection Act 1998, by all services. You may request access to the personal information held about you.

**Your Name:**

**NHS NO (if known):**

**DOB:**

**Gender:** Male  Female  Gender Fluid  Transgender  Other

**Email Address:**

**(By letting us know your Email Address you are giving us consent to email you)**

**Address:**

**Postcode:**

**Telephone No:**

**Ethnic origin:**

**First Language:**

**Next of Kin:**

**Religion/belief:**

**Name of your GP: Dr**

**Practice Address:**

**Postcode:**

**Telephone No:**

**Name of Supporter:**

**Tel:**

**Email Address:**

**Supporter's Address:**

**Who do you live with?**

**Alone/Family/Spouse/with parents/paid carers/residential care? (please delete as appropriate)**

**Comments:**

**Are you currently employed? Yes/No**

**Please add any detail e.g. part time/full time/voluntary:**

**Your reason for requesting an Autistic Spectrum assessment:**

**What do you hope will be different by having a referral and diagnosis?**

**Supporter's reasons for supporting Autistic Spectrum assessment request:**

**Any further information you feel it would be helpful to tell us:**

**Do you have any particular sensory issues or other difficulties which we should take into account where possible when arranging the assessment interview? (ie difficulties with particular environments)**

**Professionals currently or recently involved with you and/or family/carers:**

**Name:**

**Profession/relationship:**

**Tel No:**

**Name:**

**Profession/relationship:**

**Tel No:**

**Name:**

**Profession/relationship:**

**Tel No:**

**Relevant medical history. Including current medication, possible related diagnoses and/or Mental health Team involvement, current or past:**

**Thank you for taking the time to complete this form.**

**Your name:**

**Your supporter/referrer's name:**

\_\_\_\_\_

\_\_\_\_\_

**Signature of Client**

**Signature of Supporter**

\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

I have supported the client to complete this form

Do you want somebody to receive copies of correspondence to you from Autism At Kingwood and the Diagnostic Clinic, including (where agreed) email correspondence? If so, please complete the following:

**I agree that all information regarding my referral and appointments may be shared with:**

Name of Person to receive copies of correspondence	
Their address	
Their Email address	
Their Phone number	
Your signature (client)	
Your name – print clearly	
Date	

# Corresponding by email with Autism at Kingwood

Autism at Kingwood has a duty to manage and handle the information we hold about you in accordance with the Data Protection Act 1998 and the General Data Protection Regulation 2018. Autism at Kingwood is registered with the Information Commissioner's Office under Data Protection number Z1003590

We will not contact you via email, unless you have already contacted us this way or requested that we do so, by providing us with your email address & giving your consent below. Please only contact us by email on [referral@kingwood.org.uk](mailto:referral@kingwood.org.uk) so we can ensure communication is as effective and confidential as possible.

Technology is not perfect, so as with letters we cannot guarantee every email you may send to us is received. The reasons a message may not be received can be numerous and the problem may well be nothing to do with us. If you email us and do not receive a response, please contact us by another method, such as phone: **01235 359388**.

For reasons of confidentiality we prefer to receive the information form by mail. If you do wish to send the information form to us by email, we recommend that you password protect the form, and let us know the password either by phoning us or by sending it by mail.

***I consent to communicating by email with Autism at Kingwood***   
***(please complete the consent section below)***

***I do not wish to communicate by email with Autism at Kingwood***

## Consent to correspond via email:

I have read and I understand the information above and am happy to be contacted by email, either in response to email from me, or at my specific request.

Where I have provided details of a person I would like to be included in Autism at Kingwood's further correspondence with me, I am happy for Autism at Kingwood to contact them by email.

I accept that confidentiality of email cannot be guaranteed and that Autism at Kingwood is not liable for the confidentiality or security of any message once it has been sent to me.

I understand that I can change my mind and it is my responsibility to withdraw this consent and inform Autism at Kingwood immediately.

I understand it is my responsibility to inform Autism at Kingwood of any change to my email address in writing or face to face contact. An email from my new address will not be taken as informing of change.

***My email address is:*** .....

**Signed:**

**Date:**

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# Choice of Diagnostic Assessment Service

OCCG (Oxfordshire Clinical Commissioning Group) has commissioned a new autism diagnostic assessment process which gives you a choice between two options. Both services offer a similar standard and quality of assessment.

## Option 1

Healios provides a comprehensive online diagnostic assessment service which can be accessed in your own home – all you need is access to the internet and a private computer, tablet or smart phone. **Healios can offer an autism diagnostic assessment appointment more quickly because they have more clinicians available.** For further information about the service, please read the information sheet on the Autism Oxford website, or contact Healios on: Telephone: 0330 124 4222 or E-mail: [info@healios.org.uk](mailto:info@healios.org.uk)

## Option 2

OCCG has also commissioned Autism at Kingwood to provide the Oxfordshire Adult Autism Diagnostic Service (OAADS) which will carry out face to face diagnostic assessments locally in Oxfordshire. This currently takes place in Didcot but hopes to expand to Witney, Oxford and another location in North Oxfordshire once established. For more information, please read the information on the Autism at Kingwood website, or contact Autism at Kingwood on 01235359388.

Please tick the box of the service to which you would like to be referred, then sign and date below:

Healios online assessment

OAADSS face-to-face assessment

(Please State location preference although we may not be able to meet this as yet)

Location 1 .....

Location 2 .....

Signature .....

Date .....

Please complete the following screening form:

# AQ-10

## Autism Spectrum Quotient (AQ)

A quick referral guide for adults with suspected autism who do not have a learning disability.

	<b>Please tick one option per question only:</b>	<b>Definitely agree</b>	<b>Slightly agree</b>	<b>Slightly disagree</b>	<b>Definitely disagree</b>
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, bird, train, 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 **more than 6 out of 10**, 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.