**WEBSITE – AUTISM – PAEDIATRICS**

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| **NHS 5+ YEAR WAIT – OVER 5 YEARS OF AGE ONLY**If your child is of school age, this is best coming from the cluster. You can also self-refer via MindMate. **NHS -UNABLE TO GIVE A TIMESCALE – UNDER 5 YEARS OF AGE**You will need an appointment with a clinician to refer via ICAN service.  |

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| **RIGHT TO CHOOSE – PLEASE NOTE THAT WE DO NOT PROVIDE A SHARED CARE AGREEMENT FOR MEDICATION WITH THE GP SURGERY. PLEASE ALSO NOTE, IF YOUR CHILD IS ON THE WAITING LIST FOR NHS ASSESSMENT, THEY WILL NEED TO BE REMOVED AS THE NHS WILL ONLY FUND ONE ASSESSMENT.** Please feel free to research other options available to you, however, some of the clinics that we refer to are:-1. Oakdale – Ages over 2 years old - waiting time approximately 12-18 months. You will need to provide a covering letter giving a brief reason why you wish to be referred along with the child’s current school. Please send an email stating you wish to be referred to this service.
2. Clinical Partners 7-12 months wait – Ages 4-11 and 12-15 only. You will need to fill in an AQ10 scale. You will also need to provide a covering letter giving a brief reason why you wish to be referred. You can download this from the website directly, or send an email asking for us to print these forms off for you to collect.
3. Evolve – 24 months wait – Aged 3 – 19 only. You will need to fill in an assessment form. You will also need to provide a covering letter giving a brief reason why you wish to be referred. You can download this from the website directly, or send an email asking for us to print these forms off for you to collect.
4. Psicom – 6-9 months wait – ages 3-17 only. You will need to fill in an assessment form. You will also need to provide a covering letter giving a brief reason why you wish to be referred. You can download this from the website directly, or send an email asking for us to print these forms off for you to collect.

**THE ABOVE WAITING TIMES ARE APPROXIMATE – PLEASE CONTACT THE PROVIDER FOR** **UP-TO-DATE INFORMATION.**  |

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| **Once you have made a decision and chosen your provider, please email the surgery giving details of the following:- NAME, DOB, PROVIDER, BRIEF REASON FOR REFERRAL AND WHICH ASSESSMENT (ADHD, AUTISM OR DUAL).****When the forms have been printed, you will be sent a text message when they are ready to collect.**  |

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| **Once the forms have been completed, please email or hand them in to the surgery. Once your referral has been sent, you will receive a confirmation text message. If you do not receive a confirmation text within 4 weeks, please contact the surgery.**  |

**IF YOU REQUIRE A DUAL ASSESSMENT (ADHD & AUTISM) – we tend to use Oakdale, Psicon or Evolve.**

**Email –** **armleymedical.practice@nhs.net**