

CAMHS Neurodiversity Clinic
Children and Young Peoples Services
Parent Information Form

Child's Name:	Date of Birth:
Person Completing form:	Relationship to child: Is your child aware that they are being referred to CAMHS neurodiversity team? YES / NO
Setting your child attends:	Does your child have any support in place through the graduated pathway? Delete as appropriate. My Plan/My Plan +/- EHCP/ Not on graduated pathway

Child overview

Tell us about your child's strengths:
Tell us about what you are worried about/your child's needs:
What do you hope to get from seeing the CAMHS Neurodiversity Clinic?

Please complete the form as fully as possible to help us to understand your concerns about your child/young person and their areas of strength. The information you give us will be combined with that provided by your child/young person's school (if in education) and other professionals to help us to consider whether an assessment is appropriate and/or what else would be useful. If you need support to complete this form, please contact the referring professional.

1. Language and Social Communication

Spoken Language: Tell us how this has developed and describe their verbal communication now. Include things like their intonation (the way the pitch of their voice goes up and down as they talk), things they might talk about and anything that you feel is important.

Eye contact, pointing and other gestures: Include how this has changed over time, any use of signing and the kinds of gestures used.

Responding to others: Include how this has changed over time. For example, do they tend to understand what you say to them? Can they follow instructions? Do they notice when you speak to them and call them by name.

2. Relationships and Friendships

Interacting with others: Tell us about how your child tends to interact with adults and children of a similar age. Tell us about their understanding of personal space, how to change what they do based on where they are and who they are talking to and how interested they are in others.

3. Stereotyped or Repetitive Behaviour Speech/Motor Movements

Interests and/or behaviours: Tell us about any behaviours your child does repeatedly, and any intense interests.

4. Routines and Rituals

Tell us about routines that are important to your child: Tell us about any routines they follow or you follow to help them and how they manage if these are not followed.

5. Interests

Ideas and imagination: Tell us about the development of pretend play for your child and how/if they use their imagination now.

6. Sensory

Sensory: Tell us about any sensory (sounds, textures, smells) experiences your child avoids or seeks out.

7. Emotions

Emotions: Tell us about any meltdowns or times when your child may seem overwhelmed. Tell us how they respond to other's emotions e.g. if they see someone crying, do they become anxious?

Behaviour: Tell us any worries you have about their behaviour or behaviours that adults might find difficult to manage.

8. Attention

Distractibility: Tell us how long your child concentrates on activities they have chosen to do, and activities you would like them to do. Tell us how they get on when there are distractions around them, do they become easily distracted? If so, then what by?

Impulsivity: Tell us about any concerns about your child acting without thinking or being impulsive and when you first noticed this behaviour

Hyperactivity: Tell us about how active your child is and any concerns about their ability to sit still.

9. Executive Functioning

Memory: Tell us about your child's memory, do they appear forgetful, do you ever feel concerned about their lack of ability to remember things? If so, can you provide any examples of this?

Planning: Tell us about how your child gets on with following instructions on completing a task.

Learning: Tell us about any lessons or environments (eg. outside, inside, quiet spaces) that your child really enjoys or tells you that they particularly like. Tell us if you ever notice them make careless mistakes and what their listening skills are like?

Processing Speed: Tell us whether your child appears to take longer than you would expect to follow instructions or to be able to understand them.

10. Motor Skills

Motor Skills: Tell us whether your child can remain seated or if they are often fidgety. Also tell us whether they appear often on the go, or if they like to run/climb excessively.

11. Diagnoses

Existing diagnoses: Tell us about whether your child has already been diagnosed with any physical or mental health conditions? If they are not diagnosed but have been suspected, please tell us about these and whether there is any plan to seek formal diagnosis.

12. Environment

At Home: Tell us who is at home, and how the home environment has changed over time.

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Any Current Risks: Tell us about whether your child has ever or has discussed ever harming themselves or others. Tell us if you think your child/young person is particularly vulnerable in the community, or their safety is at greater risk and why that is. Please tell us if your child or your family has ever received support from social care or services such as youth support team. Please tell us if your child/young person smokes, takes drugs or drinks alcohol.

Please also complete the following section:

Compared with other children of a similar age, does your child have difficulty with any of the following areas? Please tick the boxes below and provide comments in the boxes available:

	ACTIVITY	No	A little	A lot	Comments, e.g. How? What? When? etc. Please list any strategies used
1	Self-care				
A	Dressing and undressing				
B	Settling and staying asleep				
C	Feeding				
D	Toileting				
E	Bathing/ teeth brushing				
2	Classroom skills				
A	Using a pencil				

B	Drawing and Writing				
C	Using scissors				
D	Sitting still and staying on task				
E	Shouting out or doing things without thinking				
F	Completing tasks they are interested in				
3	Gross motor activities (activities that require whole body movement)				
A	Balance				
B	Co-ordination – jumping, hopping, skipping				
C	Muscle strength and endurance, e.g. tires easily compared to children of a similar age				
D	Joint hypermobility, e.g. very flexible				
E	Physical Exercise (PE) activities				
F	Riding a bike				
G	Swimming				

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Main office: Edward Jenner Court, Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW

We support clinical research. Our 'Count Me In' programme gives all service users the opportunity to be involved in research unless you tell us otherwise. For other information, please visit our patient information page: www.ghc.nhs.uk/patientinfo