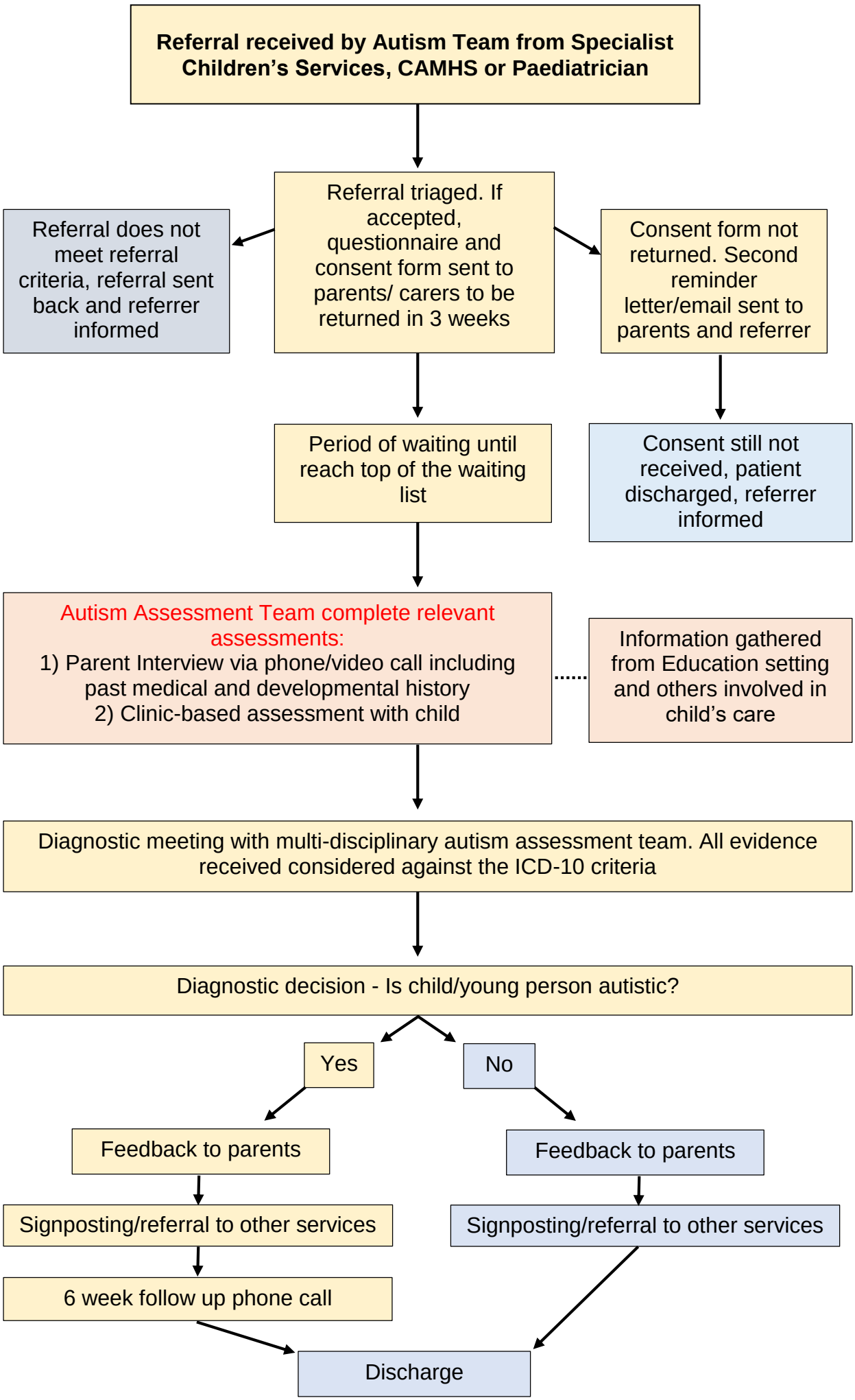
Referral received by Autism Team from Specialist Children's Services, CAMHS or Paediatrician
Referral triaged. If accepted, questionnaire and consent form sent to parents/ carers to be returned in 3 weeks
Referral does not meet referral criteria, referral sent back and referrer informed
Consent form not returned. Second reminder letter/email sent to parents and referrer
Period of waiting until reach top of the waiting list
Consent still not received, patient discharged, referrer informed
Autism Assessment Team complete relevant assessments:
1) Parent Interview via phone/video call including past medical and developmental history
2) Clinic-based assessment with child
Information gathered from Education setting and others involved in child's care
Diagnostic meeting with multi-disciplinary autism assessment team. All evidence received considered against the ICD-10 criteria
Diagnostic decision - Is child/young person autistic?
Yes
No
Feedback to parents
Feedback to parents
Signposting/referral to other services
Signposting/referral to other services
6 week follow up phone call
Discharge