Date:

PRIVATE AND CONFIDENTIAL

Expedite Form

For any referrals you wish to be considered for expedite we require the below proforma to be fully completed. Once received the clinical team will meet as soon as possible to discuss the request and communicate the outcome decision via letter.

Please note -We cannot provide individual timescales in terms of reviewing a request and outcome. We cannot also give any timescales on when someone will be seen. We are not a crisis service and if expedited means we can see someone sooner rather than urgently.

Client Details

Name

DOB

NHS number

Referrer Details

Name

Contact information (Number and Address)

Please indicate what the expedite request is in reference to by indicating one or more of the below:

|  |  |
| --- | --- |
| Expedite for an Autism Diagnostic Assessment  |  |
| Expedite for an ADHD Diagnostic Assessment  |  |
| Expedite for an ADHD Medication Review \* |  |

If the expedite referral is for an Autism or ADHD Assessment, please indicate if the client meets one or more of the below expedite criteria. If you have selected **any** of the below please provide further qualitative information at the end of this form. If qualitative information is not provided the referral will be automatically rejected and a new form will need to be completed.

|  |  |
| --- | --- |
| Continual risk of harm to the person themselves or others is likely due to possible Autism/ADHD, excluding mental health deterioration. (for example, person has had several suicide attempts or serious self-harm) (Note: A full mental health assessment **must** be completed and included with the referral as person will need to be stable to assess)  |  |
| Lack of diagnosis effecting access to adjustments needed to access to major healthcare treatments e.g., hospital treatment, operations, care homes etc |  |
| Lack of diagnosis effects court decisions e.g., family, custody hearing etc.  |  |
| Or Family / Employment or Education breakdown pending |  |

\*If the expedite referral is for an ADHD Medication review, please indicate if the client meets one or more of the below criteria. If you have selected **any** of the below please provide further qualitative information at the end of this form. If qualitative information is not provided the referral will be automatically rejected and a new form will need to be completed.

|  |  |
| --- | --- |
| Client has a diagnosis of ADHD, is already being prescribed ADHD medication by another service, titration is not complete.  |  |
| Client has a diagnosis of ADHD, titration is complete but there have been changes in mental or physical health presentation. Client not in crisis. (Please note: any client in crisis would need to be referred to urgent care)  |  |
| Client has a diagnosis of ADHD, is stabilised and on ADHD medication but is experiencing adverse effects |  |
| Any other reason relating to the diagnostic expedite criteria above (Please note: these cases will be considered on an individual case by case basis but only when a mental health review has already been undertaken and has ruled out other causation. A full mental health report must be provided.) |  |

Please provide further qualitative information here if you have selected one/multiple of any of the above expedite criteria. Please provide as much information as you can and please consider where additional information is needed such as mental health or diagnostic reports or other correspondence to support the expedite.

**Please be advised that expedite referrals will be automatically rejected if any of the following applies:**

* Client does not meet any of the indicated criteria in this form.
* No further qualitative information has been provided in addition to indicated criteria
* Mental health reports as requested in criteria have not been provided
* The client is currently in crisis and therefore too unwell to undertake assessment.
* The proforma has not been fully completed correctly e.g., missing information.

Autism & ADHD service, The Retreat York

**Waiting times for assessment**:

We recognise and appreciate that people requiring our Autism & ADHD services have lengthy waiting times. This is something we are trying to address. Whilst we acknowledge how difficult it is to wait, we ask people to please not contact the service regarding their wait time as this is often changeable but unfortunately lengthy.Please do not contact us to enquire about waiting times, as we cannot comment specifically or individually on waiting times.