**SOCIAL COMMUNICATION PATHWAY (SCP)**

**SELF-REFERRAL FORM (YOUNG PERSON TO COMPLETE)**

Please return this form to:

South team: [mft.south.scp@nhs.net](mailto:mft.south.scp@nhs.net)

Central team: [mft.centralmanchesterscp@nhs.net](mailto:mft.centralmanchesterscp@nhs.net)

North team: [mft.northmanchesterscp@nhs.net](mailto:mft.northmanchesterscp@nhs.net)

**The Social Communication Pathway is an assessment service for children and young people who might be autistic. No intervention is provided by this pathway.**

Name:

Date of Birth:

Ethnicity:

Address:

Telephone Number:

Email Address:

School/College:

Year Group:

Do you consider yourself to have mental health needs?

SCP is not a mental health team. Contact a trusted adult or mental health professional for support with this. There are some numbers at the end of the form that could be useful.

Do you have an autistic parent or sibling?

Have you been assessed for autism before? Please give details:

**CONSENT**

I agree to refer myself for an assessment to find out if I am autistic **YES/NO**

I agree to this information being shared with health and education professionals to help my assessment **YES/NO**

I agree to professionals in the Social Communication Pathway sharing information from my health record **YES/NO**

I agree that information from any educational psychology assessments can be shared with the Social Communication Pathway **YES/NO**

**Please let us know who is requesting this assessment?**

**Are you filling in the form yourself?**

**If not, please provide the name of the person filling in this form:**

**Consent: Date:**

**If you do not have an electronic signature, please type your name in the space provided. We will accept this as your consent.**

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| **Friendships and relationships**  Please tell us about:   * How you get on with other people * What socialising is like for you * Your friendships and relationships |

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| **Communication**  Please tell us about:   * Expressing yourself and explaining your thoughts and feelings * Chatting with other people * Listening to what other people say * How comfortable you feel talking to other people |

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| **Strengths and Interests**  Please tell us about:   * Things you enjoy * Your hobbies * Your skills and areas of expertise * How you spend your spare time |

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| **Routines**  Please tell us about:   * Your routines * How unexpected changes make you feel * How you manage when things don’t go as planned |

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| **Sensory and Co-ordination**  Please tell us about your sensory experiences and preferences (sounds, touch, smell, taste, vision)  Please tell us about any challenges with co-ordination or handwriting |

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| **Behaviour**  Do you ever get in trouble at home or school? What for? |

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| **Support**  What has helped you? Are there things that have not been helpful? |

The Social Communication Pathway is to assess children and young people who might be autistic

If we feel that you would be better supported by another team, we may refer you to a more appropriate service. For example, if we feel the right support would be from a team specialising in developmental language, learning needs, co-ordination, or differences with attention and concentration we would signpost you to the right team.

We will write to you and your GP to explain our decision.

**Mental health teams**

South Manchester CAMHS: Carol Kendrick Centre 0161 902 3400

Central Manchester CAMHS: Winnicott Centre 0161 701 6880

North Manchester CAMHS: The Bridge 0161 203 3250

Please note that CAMHS teams are open Monday to Friday, 9am – 5pm (excluding bank holidays).

For support with emotional health and well-being please look at resources on the M-Thrive website where you can self-access the team <https://m-thrive.org/>