Autism Diagnostic Centre

Autism Diagnostic Centre, Bizquarter,
59 Bath Street, Glasgow, G2 2DH

REFERRER INFORMATION

LEAFLET

We are a multidisciplinary team of experts with experience of working with people with Autism. Our Service is Consultant Psychiatrist led and our team includes:

Consultant Psychiatrists, Clinical Psychologists, Autism Specialist Nurse Practitioners, Occupational Therapists, Speech and Language Therapists, Staff Nurses, Speciality Doctors and General Practitioners with a special interest in Autism.

Autism Diagnostic Centre

Autism Diagnostic Centre, Bizquarter,
59 Bath Street, Glasgow, G2 2DH

MULTIDISCIPLINARY TEAM

Our team are qualified, fully trained and are experienced in utilising a range of gold standard Autistic Spectrum Diagnostic Tools such as the Diagnostic Interview for Social and Communication Disorders (DISCO), Autistic Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview Revised (ADI-R).

NO WAITING LIST

We have no waiting list and offer our services at our offices on Bath Street in Glasgow and meeting rooms are also available in Edinburgh.

Autism Diagnostic Centre

Autism Diagnostic Centre, Bizquarter,
59 Bath Street, Glasgow, G2 2DH

DIGITAL CONSULTATIONS

If face to face appointments are not possible, clients can be seen using digital video technology.

We accept referrals from NHS Health Boards, NHS Health and Social Care Partnerships, General Practitioners working in both the NHS as well as in private practice, private health clinics, legal professionals, private clients, insurance companies and occupational health.

When making a referral it would be helpful if the following could be provided to aid the expert's assessment:

1. An electronic medical summary
2. When applicable, previous reports from
   a. Psychiatry
   b. Speech Therapy
   c. Occupational Therapy
   d. Psychology
   e. School reports
   f. Employment reports

OUR REFERRAL CRITERIA

- Individuals over the age of 16
- Private clients will require a GP referral

OUR EXCLUSION CRITERIA

- Individuals under 16 years of age
- Patients who are acutely mentally or physically unwell
- Patients with moderate to severe behavioural disturbance
- Patients with unstable substance misuse

WHAT TO EXPECT?

Every referral will be triaged by a member of our clinical team with expertise in working with individuals with neurodevelopmental disorders including Autistic Spectrum Disorders.

Following triage and receipt of payment, pre-assessment forms will be sent to the client. These include:

1. AQ assessment form
2. Early Developmental History proforma
3. Background information form

Once the completed forms are returned to us, an appointment will be sent to the client with one of our experts.

Along with the appointment details, information will be sent to the client about what to bring to the appointment. They will be asked to bring along:

- A parent, grandparent, aunt, uncle, sibling or someone close who is able to provide information on the childhood of the person being assessed
- School reports
- Occupational/Employment reports
- Any medical, psychiatric or health reports
- Photographs from childhood

The expert will conduct a diagnostic assessment using a Gold Standard Diagnostic Tool.

Following the assessment, the expert will present their findings and the case to a panel of multidisciplinary experts, chaired by a Consultant Psychiatrist/Clinical Team Member, in order to reach an opinion on whether or not the individual meets the diagnostic criteria for Autism Spectrum Disorder.

A final report including post diagnostic recommendations will thereafter be compiled by the expert and sent back to the referrer.

HOW TO MAKE A REFERRAL?

Please complete our referral form from our website:

https://www.autismdiagnosticcentre.com/referral-form-page

or complete the form at the back of this booklet which can be returned to:

admin@autismdiagnosticcentre.com

or post to:

Autism Diagnostic Centre
Bizquarter
First Floor
59 Bath Street
Glasgow
G2 2DH

PAYMENT DETAILS

Autism Diagnostic Centre Ltd

Royal Bank of Scotland
Sort Code: 83-51-00
Account number: 19892866

Autism Diagnostic Centre

REFERRAL FORM

PATIENT DETAILS

NAME:

ADDRESS:

TELEPHONE:

EMAIL ADDRESS:

DATE OF BIRTH:

CHI NUMBER (IF KNOWN):

REFERRER DETAILS

NAME:

ADDRESS:

DATE OF REFERRAL:

**Please provide an electronic medical summary with this form

REASON FOR REFERRAL:

GP NAME (IF DIFFERENT FROM ABOVE):

ADDRESS:

TELEPHONE:

EMAIL:

Autism Diagnostic Centre

Autism Diagnostic Centre
Bizquarter
First Floor
59 Bath Street
Glasgow
G2 2DH

Email: admin@autismdiagnosticcentre.com
Tel: 0141 212 4966