

**Autism Additional Information Tool**

You have been given this optional form by your GP in order to gather more information for your referral into the Adult Neurodevelopmental Team.   
We have provided examples of identified differences you may face for each question.

1. **Are there any persistent differences in social interaction/communication?***(E.g., Initiating or maintaining friendships and/or finding unfamiliar people and environments challenging, using repetitive language, understanding others intentions and emotions, the use of gestures and facial expressions and understanding social cues).*

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships:

1. **Are there any challenges in obtaining or sustaining employment or education?**

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships:

1. **Do you have any interests and behaviours associated with the autistic experience***(E.g., having a focused, intense passion for hobbies and interests or areas of expertise; attention to detail; preference for particular movements, vocalizations, or use of objects; preference for predictability, routine and structure)*

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships:

1. **Sensory processing differences**  
   *(Eg., Are you more or less sensitive to sensory information including noise, smell, taste, texture, visual information, balance and movement; seeking or avoiding certain sensory input?)*

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships: