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| **UR:** | **Date:** | **Diagnosis:** |

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| Assessment Type | Description | Completed | Not Completed | N/A | Action Required / Notes |
| Does the patient have a GP | Refer to RCH Transition Service for providers***Ensure patient GP details are updated on EPIC***  |  |  |  |  |
| NDIS Application | If no application made application to be made with carer  |  |  |  |  |
| Intellectual Assessment | Completion of intellectual/ADL assessment through school/private |  |  |  |  |
| HONOS-LD | **HONOS SCORE:** |  |  |  |  |
| Autism Parent Stress Index | **APSI SCORE:** |  |  |  |  |
| Supervision Rating Scale | **SRS SCORE:**  |  |  |  |  |

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|  | Mental Health Assessment for co-morbidities  |
| Diagnosis | **Completed** | **Not Completed** | **N/A** | **GP** | **Pediatrician** | **Psychiatrist** | **Psychologist** | **Speech Pathologist** | **OT** | **Other** |
| ASD |  |  |  |  |  |  |  |  |  |  |
| ADHD |  |  |  |  |  |  |  |  |  |  |
| Anxiety Disorder |  |  |  |  |  |  |  |  |  |  |
| Depression |  |  |  |  |  |  |  |  |  |  |
| Communication issues |  |  |  |  |  |  |  |  |  |  |
| Mood Disorder |  |  |  |  |  |  |  |  |  |  |
| OCD |  |  |  |  |  |  |  |  |  |  |
| Psychosis |  |  |  |  |  |  |  |  |  |  |
| Other (OT etc.) |  |  |  |  |  |  |  |  |  |  |

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| --- |
| Carer Needs  |
| Focus | **Discussed** | **Not Discussed** | **Action Required / Notes** |
| Current Concerns |  |  |  |
| Current Supports / Needs |  |  |  |