



## Paediatric General Diagnostic Program: Referral Criteria

### Referral criteria

- Child, 6 to 18 years of age, requires assessment to assist with diagnosis and management of the functional impacts of suspected cognitive/behavioural disturbance.
- Known or suspected cognitive impairment associated with a known or suspected neurological condition, or a condition known to affect brain development (e.g. neurodevelopmental disorders, developmental trauma or neglect, in utero substance exposure, genetic or metabolic conditions).

Referrals requesting assessment for input into a potential diagnosis of Foetal Alcohol Spectrum Disorder (FASD) will also be evaluated against these additional referral criteria:

- There is evidence of confirmed prenatal alcohol exposure OR there is suspected prenatal alcohol exposure and the child exhibits all 3 sentinel facial features of FASD. Prenatal alcohol exposure must be assessed in concordance with the [Australian Guide to the diagnosis of FASD](#) (please refer to *Section A: Assessing maternal alcohol use* for acceptable forms of evidence)
- If prenatal alcohol exposure is not confirmed in concordance with the Australian Guide to the diagnosis of FASD the child must have been referred for assessment of sentinel facial features of FASD (e.g. digital facial photography) or this has already been completed. Please provide confirmation of the referral or a letter/report from the assessment. *Note:* If prenatal alcohol exposure is unknown, results of this assessment must be provided with the referral.
- The child presents with current cognitive and/or communication difficulties and FASD assessment is required to assist with their current management/functional outcomes.

### Referral sources

- Referrals are invited from Medical Specialists, General Practitioners, child protection workers, allied health clinicians including School Psychologists, and school leadership staff (e.g. SAER co-ordinators, year co-coordinators, deputy principal, associate principals).
- For clients with a known or suspected developmental, psychiatric, or neurological condition, it is expected that assessment by a relevant medical specialist (i.e. paediatrician, psychiatrist, neurologist) will have occurred or be in progress **prior** to referring the client for neuropsychology/speech pathology assessments at the Neurosciences Unit.
- We are unable to accept referrals directly from private/non-government NDIS providers. However, these providers are invited to liaise with the client's general practitioner / medical specialist, regarding referral to the Neurosciences Unit, and are encouraged to provide additional information outlining their concerns.

Additional requirements for FASD referrals:

- FASD referrals are only accepted from paediatricians who will be providing the paediatrician component of the FASD assessment. Other professionals are invited to liaise with the client's paediatrician regarding referral to the Neurosciences Unit, and are encouraged to provide additional information outlining their concerns.
- As we do not have an occupational therapist or medical specialist (e.g. psychiatry) on the paediatric general diagnostic team, please refer to other services for this input if required.

## Referral documentation

- Referral letters are accepted, however, referrers are encouraged to use the Neurosciences Unit Referral form (found on our website [http://www.nmahsmh.health.wa.gov.au/services/statewide\\_nsu.cfm](http://www.nmahsmh.health.wa.gov.au/services/statewide_nsu.cfm)).
- Must include relevant background information including specialist's letters of assessment, cognitive (including school psychology) assessment reports, language assessment reports, and brain imaging reports where available.
- Psychologists and speech pathologists are requested to provide a copy of any available cognitive or language assessment test scores (raw and scaled scores). Test scores will only be reviewed and interpreted by an appropriately trained clinician.
- Incomplete or illegible referrals may be declined. In some cases, these will be responded to with a request for additional information prior to presentation at clinical intake meetings.

## Exclusion criteria

We do not accept referrals for the following:

- Diagnosis or management of Autism Spectrum Disorder (ASD). These referrals could be directed to the private sector, the Child Development Service or Department of Communities – Disability Services.
- Diagnosis or management of Attention Deficit Hyperactivity/Impulsivity Disorder (ADHD). These referrals could be directed to paediatricians or the private sector. Children with complex attention difficulties may be referred to the Complex Attention and Hyperactivity Disorder Service (CAHDS).
- Diagnosis or management of a purely academic-based Specific Learning Disorder (e.g. dyslexia, dyscalculia). These referrals could be directed to school psychology services or the private sector. We will accept referrals in which academic difficulties are identified in the context of broader cognitive or adaptive functioning difficulties.
- Diagnosis or management of an Intellectual Disability. Referrals of this nature may be directed to school psychology services, Department of Communities – Disability Services, private sector, or the Robin Winkler Clinic at UWA.
- Assessments for legal purposes or insurance claims. These should be directed to the private sector. We can provide a list of some Perth-based private practitioners upon request.

Additional exclusion criteria apply for FASD referrals:

- Current diagnosis of an Intellectual Disability or an Autism Spectrum Disorder.
- There is sufficient pre-existing evidence to fulfil the neurodevelopmental criteria for FASD.
- Current substance use problems.
- An acute presentation or exacerbation of a mental health or neurological/medical condition.
- The presence of any other medical, genetic, or other condition that would preclude the accurate assessment of the impact of any prenatal exposures on the child's functioning. This will be determined with respect to the likely impact and chronicity of the relevant conditions as it is noted that FASD may be associated with a wide range of co-morbidities.