

Referral Form - Bradford

Date of Referral

Date

Person's Information

Name

Preferred Name

Pronouns

Date of Birth

Address

Post Code

Telephone (Home)

Telephone (Mobile)

Email

Preferred Contact
Method

Is the person aware
of this referral?

Emergency Contact Information

Name

Relationship

Telephone (Home)

Telephone (Work)

Telephone (Mobile)

GP Information

Name

Address & Post Code

Telephone

Diagnostic Information

Does the person have a diagnosis of an Autism Spectrum Condition?

If yes, who gave the diagnosis, when were they diagnosed and what was the exact diagnosis?

Please state any medical conditions, such as epilepsy, allergies or physical disabilities or mental health problems that the person has

Risks

Please describe any risks we need to be aware of (Isolation, harm to self/others)

Please describe any difficulties related to the person's autism which we should be aware of that may have caused any upset /distress to the person or others

Other Information

Does the person have any other difficulties we need to be aware of?

Can this person travel independently?

Are there other details/ information regarding this person, which are important for us to know?

Referrer's Information

Name

Address

Post Code

Role/Relationship

Telephone

Email

Notes

Please send their Care Act assessment, Care Plan and any additional assessments and reports which may be of relevance.

If you have any questions, need further information about any of our services or help to complete this form, please contact us. **Please return this form by email or post to the address below.**

Email: info@specialistautismservices.org

Address: Specialist Autism Services, Onward House, 2 Baptist Place, Bradford, BD1 2PS

All information will be kept confidential and secure in accordance with the General Data Protection Regulations May 2018, Data Protection Act 2018, Equality and Diversity Act 2010 & The Freedom of Information Act 2000.

If you need this form in large print or another format, please email info@specialistautismservices.org or telephone 01274 789789

Working for and with adults with Autism across Yorkshire



Onward House, 2 Baptist Place, Bradford, BD1 2PS



01274 789 789



info@specialistautismservices.org



www.specialistautismservices.org



Community Interest Company - Registration No. 07030897



Equality and Diversity

Specialist Autism Services are committed to pursuing equality of opportunity. Monitoring our referral process is one way of helping to ensure that we do this. We would therefore be grateful if you would complete the questionnaire below. The information you give us will be treated as confidential, detached from your referral form (anonymised) and will only be used for monitoring and improving our policies and service provision. **If there is a question you do not want to answer, please leave it blank.**

Home Environment

Please highlight those which apply

Lives Independently

Lives with Parents/Carers

Homeless

Shared care

Lives in Supported Accommodation (full time staff)

Lives in Supported Accommodation (part-time staff)

Lives in a Care Home

Other

First Part of Post Code

Age

Please highlight those which apply

18-20

20's

30's

40's

50's

60's

70's

70+

Prefer not to say

About You

Gender

Sexual Orientation

Do you consider yourself to have a disability?

Religion

Ethnicity

Highlight those which apply

English / Welsh / Scottish / Northern Irish / British

Irish

Gypsy or Irish Traveller

Any other White background

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed / Multiple background

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

African

Caribbean

Any other Black / African / Caribbean background

Arab

Any other background