**Please return completed forms to:**

**GAI Gorllewin Cymru / West Wales IAS**

**Ty Gwili**

**Heol Bronwydd / Bronwydd Road**

**Caerfyrddin / Carmarthen**

**SA31 2AJ**

**Rhif Uniongyrchol / Direct Dial: 01267 283070**

**E-bost / E-mail:**[westwalesias.hdd@wales.nhs.uk](mailto:westwalesias.hdd@wales.nhs.uk)

**REFERRAL FORM FOR ADULT ASD DIAGNOSIS TO THE**

**WEST WALES INTEGRATED AUTISM SERVICE**

Are you making a Self-Referral (please tick): Yes  No

Are you a Professional/Parent/Carer making a referral (please tick): Yes  No

**SECTION 1**

**Service User’s Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forenames: | | Surname: | | |
| Preferred Name: | | | | Title: |
| Address:  Post Code: | | | | Date of Birth: |
| NHS number: |
| Email address: | | | Phone number(s): | |
| Preferred language: | Ethnicity: | | | Gender: |
| How would you prefer us to contact you? **(tick all that apply)**  In writing by post [ ] In writing by email [ ]  By telephone call [ ] By text message [ ]  By contacting someone else [ ] Please tell us that person’s name and contact details below | | | | |

**Continued overleaf.../**

**Referrer Details (if referred by Professionals/Parent/Carers)**

|  |  |  |
| --- | --- | --- |
| Name: | Date of referral: | |
| Address:  Post Code: | | Profession: |
| Email address: | Phone number: | |

**GP Details (if not the referrer)**

|  |  |
| --- | --- |
| Name: | Address:  Post Code: |
| Phone number: | Email address: |

**Any parent/carer/family details (if relevant)**

|  |  |
| --- | --- |
| Name (person 1): | Name (person 2): |
| Relationship to you: | Relationship to you: |
| Address: | Address: |
| Email address: | Email address: |
| Phone number: | Phone number: |
| Preferred language: | Preferred language: |
| Can we contact this person to share information about you? Yes [ ] No [ ] | Can we contact this person to share information about you? Yes [ ] No [ ] |
| Do you or your parent/carer need an interpreter? Yes  No  (i.e the first language is not Welsh or English or if you have hearing problems)  If so, what language (including sign language)? | |

**Continue on the next page...../**

**Any other professionals involved at the moment?**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Service | Contact details | Dates of involvement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Tell us briefly about any mental health or learning disability services you/the person has used, now or in the past**

|  |
| --- |
|  |

**Tell us briefly about any extra support you/the person may need to help access services**

|  |
| --- |
| (E.g. difficulties with communication including reading and writing, hearing, mobility, transport etc) |

**Risks**

|  |
| --- |
| **Please provide brief details of any risks posed to or by you/ the person (i.e history of self-harm/suicidality, violence, exploitation, self-neglect etc)** |

**SECTION 2 – Request for Adult Autism Diagnostic Assessment**

**Fill in this section with as much detail as possible. Please note that referral forms may be returned if not enough information is provided.**

**Tell us briefly about any difficulties you/the person know about early childhood development.**

|  |
| --- |
| (E.g. delays in learning to walk, talk, growing out of nappies; any setbacks or loss of skills; unusual behaviour in childhood; differences in interaction; additional educational needs; extra help from health (e.g. paediatrician) or social care services when you/they were a child?) |

**Tell us briefly about any difficulties you/they have dealing with people and relationships**

|  |
| --- |
| (E.g. difficulties making or maintaining relationships such as friends, work, romantic partnerships; understanding and managing own emotions; understanding other people’s emotions; understanding social rules?) |

**Section 2 continues on the next page.../**

**Tell us briefly about any difficulties you/they have talking with people and understanding what they say**

|  |
| --- |
| (E.g. difficulties with back and forth conversation; taking things literally; using particular words and phrases again and again, even if they don’t fit the conversation at the time; unusual eye contact; limited facial expressions or gestures; your voice sounding flat or unusual to others?) |

**Tell us briefly about anything you/they do that is repetitive or things you/they prefer to be kept the same**

|  |
| --- |
| (E.g. having highly focused interests; having to stick to particular routines, routines that are unusual; preferring to keep things the same; difficulty shifting your/their thinking from one thing to another; behaviours or rituals you/they repeat often; preferring to stick to rules; any particular movements of your/their hands, face or body that you/they repeat a lot?) |

**Tell us briefly about any issues you/they have with sensations and sensory experiences**

|  |
| --- |
| (E.g. being very sensitive to some sensations or being very insensitive to some other sensations? E.g. noticing and being affected by sounds, smells, tastes or visual details difficulties with food due to textures or tastes; avoiding touch; not noticing pain; or not noticing getting too hot or too cold, etc) |

**Tell us about any difficulties you/they have had getting into or staying in education or employment?**

|  |
| --- |
|  |

**Tell us of any medical or neurodevelopmental conditions you/they have had or been diagnosed with?**

|  |
| --- |
| (E.g. learning disability, global developmental delay, attention deficit hyperactivity disorder (ADHD), dyslexia, dyspraxia, Ehlers Danloss Syndrome, mental health or personality difficulties, stroke, head injury, etc) |

**Continue on the next page.../**

**SECTION 3. Any other information you think is important for this referral**

**Fill in this section if you want to tell us more about yourself/the person and the difficulties you/they are having.**

If there is anything else you wish to share with us please use the space below or continue on an extra page.

You can leave this section blank, and go to Section 4.

**Go to section 4 on the next page.../**

**SECTION 4. Information and consent**

**Please read this section and sign at the bottom to show your consent to how we use your information.**

**Service information**

The Integrated Autism Service is a multi-agency team.

Information you give us may be shared with staff in the team and will be recorded in your health care records. Staff in the team may need to access other health and social care information held about you by the Health Board and Local Authority.

We will only access information about you that is necessary to help us with your autism diagnostic assessment, or to help us understand your support needs. We may also need to share information about you with other agencies such as other health services (e.g. the mental health team) or the Local Authority, to help us understand your assessment and support needs.

All the information we record about you and all the information we share or access about you is done in confidence and in line with the General Data Protection Regulations.

Your referral will be discussed at our weekly referral meeting and we will let you and your GP know the outcome by letter.

**Information may be shared/gathered from the following sources if relevant:**

GP

Mental Health Services

Learning Disability Services

General Medical Services

Social Services

Other agencies who may be involved with your care and safety

1. **Please tick one box only**

I agree that information about me can be shared/gathered with others as above [ ]

I do not agree that information about me can be shared/gathered with others as above [ ]

Signature of service user……………………………………………….

Date completed………………………………………………………………………………………

**[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=&url=http://www.hywelddalhb.wales.nhs.uk/&psig=AFQjCNF8pUL5d3N5fVIluIyBiN_TSBOqwg&ust=1473239361737985)**

**GAI Gorllewin Cymru / West Wales IAS**

**Ty Gwili**

**Heol Bronwydd / Bronwydd Road**

**Caerfyrddin / Carmarthen**

**SA31 2AJ**

**Rhif Uniongyrchol / Direct Dial: 01267 283070**

**E-bost / E-mail:**[westwalesias.hdd@wales.nhs.uk](mailto:westwalesias.hdd@wales.nhs.uk)

**WEST WALES INTEGRATED AUTISM SERVICE**

**What does having Autism mean?**

* [Autism](file:///C:\about\what-is\asd.aspx) is a lifelong developmental condition that affects how a person communicates, interacts with other people and how they experience the world around them.
* Everyone with Autism is unique.
* Autistic people often show differences in the ways they interact and communicate with other people. They often show repetitive behaviours, fixed interests and may react differently to sensations such as sound, light, smell, taste, texture, internal bodily sensations and so on.
* Autistic people often find relationships, friendships, work and other social situations challenging and confusing. They often experience exhaustion, anxiety, distress and feeling overloaded.
* Autistic people can and do lead happy, fulfilling lives. Autistic people’s lives can be enhanced by accepting and celebrating individual differences, through focusing on strengths, effective problem solving, reasonable adjustments and the use of coping strategies.

**What can the Integrated Autism Service offer?**

* Adult Autism diagnostic assessment and an assessment report – this includes assessment for adults who also have mental health difficulties.
* Support to understand the diagnosis of Autism and what that means to that person, as everyone’s experience of autism is unique to them.
* Short term interventions that have been researched and recommended for Autistic people and parents/carers in the form of group work, workshops and individual support for specific issues.
* Access to other resources and organisations though signposting.
* Hub sessions available to be booked to speak with a staff member for advice/guidance around Autism
* Consultation and advice to other services and professionals in West Wales who are involved with the individual
* Promotion and awareness raising of Autism across West Wales.

**What is the Integrated Autism Service unable to offer?**

* Assessments for children under 18.
* Crisis Support or Respite Care.
* Long-term support
* 1:1 direct support for individuals that have statutory services or other agencies involved.
* Care and treatment planning or funding for other services.
* Medication.
* The IAS do not provide treatment for mental health difficulties that can be provided by mental health services. We do not provide assessment, treatment or consultation focused on intellectual disability related needs to support people eligible for intellectual disability services. The IAS will provide autism focused consultation to mental health and intellectual disability services to ensure that the needs of the Autistic people accessing their service are understood and met.

**How to refer to the Integrated Autism Service?**

You can complete the referral form yourself or a friend, family member, carer or professional can complete the referral on your behalf but you must read and sign the referral to show that you agree and consent to the referral. Please return the completed referral form;

By post to - West Wales IAS, Ty Gwili, Bronwydd Road, Carmarthen, SA31 2AJ

By Email **–** [westwalesias.hdd@wales.nhs.uk](mailto:westwalesias.hdd@wales.nhs.uk)

Please do not hesitate to contact the Team for more information on **01267 283070**