

Self Referral Form

Pre-diagnosis Screening Assessment for Aspergers Syndrome

Your Details

Name:	
Address:	
Date of Birth:	
NHS Number:	
Contact Number:	
Email Address:	

Date of referral:

GP Name:	
Address & Phone Number:	

Please be aware that your GP will receive a copy of the assessment request and results.

How would you prefer to be contacted? Phone, letter, email or message via family member. If via a family member please state name, contact details and relationship to you.

Would you like to be contacted via telephone if an appointment becomes available at short notice?

Yes [] No [] Preferred contact number _____

Can a message be left? Do you consent to a message being left with a family member? If so, please state their name and relationship to you (eg parent, spouse, partner).

Do you have any hearing, language, communication or mobility difficulties? Yes [] No []

If yes, please give details. _____

You have the option to have the assessment in your own home or at Action for ASD's Autism Resource Centre (ARC) in Burnley. Where would you prefer the appointment to take place?

Home [] ARC [] Either []

Part of the screening assessment involves asking a close relative/carer to complete a questionnaire. This should preferably be someone who knew you well as a child. Please provide their details below in order to speed up the assessment process.

Contact name:	
Relationship to you:	
Address:	

If you are unsure of who would be the best person to ask or if there is no one suitable, please tick the box and it can be discussed during the assessment. []

Are you currently receiving any support from mental health services or other agencies? Yes [] No []	If yes, please give details.
Have you had any prior involvement with mental health services? Yes [] No []	If yes, please give details.
Would you like to be contacted by the adult service manager, Michelle Crane to arrange access to our social and support services? Yes [] No []	If yes, how would you prefer to be contacted?

Any other comments:

Please return this form marked for the attention of Mr B Ponsonby to the address below or email ben@actionasd.org.uk.