

Integrated Autism Service

Referral Form for Support for an Autistic Adult



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



If you are an adult (over 18 years old) with a formal diagnosis of autism, you can access advice and support from the Integrated Autism Service (IAS). We can offer support to understand autism, short-term direct support, e.g. help to access employment, education, health, functional and recreational activities, access to courses, e.g. post diagnostic support and navigating life, or signpost to other services who can offer further support.

PLEASE NOTE: Service users requesting support must have a formal diagnosis of autism. If you were diagnosed by a different service other than Cwm Taf Morgannwg IAS, please provide proof of diagnosis. We cannot accept a referral without this.

Section 1: Service User Details

Forename(s): Surname:

Title: Gender: Pronouns:

Address: DOB:

NHS No:

Hospital No:

Telephone: Email:

Ethnic origin: Preferred language:

Preferred method of communication: Telephone Letter Email Text

If this is a self-referral, go to Section 3.

Section 2: Referrer Details (if self-referral, please leave this section blank)

Name: Profession/Role:

Address: Telephone:

Email:

Relationship:

Have you discussed this referral with the service user?

Please note, referrals will not be accepted without informed consent. Please advise the service user that the IAS is a multi-agency team and information may be accessed by both local authority and health staff.

Yes No

Section 3: GP Details (if the GP is not the referrer)

GP Name: GP Practice:

Telephone: Email:

Address:

Section 4: Other Professionals Involved

	Name of Professional	Service	Contact Details
1.			
2.			
3.			

Section 5: Current Diagnosis of Service User

Autism Spectrum Disorder

Asperger Syndrome

Other (please specify):

Approximate year/age of diagnosis:

If you were diagnosed by a different service, have you enclosed confirmation of diagnosis?

Yes No

If you are unable to provide confirmation of diagnosis, please give a reason:

Section 6: Support Requirements

What do you want the Integrated Autism Service to help you with? (Please tick ONE)

I would like to be added to the post-diagnostic support course waiting list. I DO NOT need to discuss my support needs in detail with a member of the team at this time.

OR

I would like to discuss my support needs in more detail with a member of the team.

If you have ticked the above box, please state your preferred appointment method below:

Face-to-Face Telephone Virtual

Why are you making this referral at this time?

Please be as specific as possible about what you are requesting.

Please comment on any relevant issues relating to risk; e.g. adult/child protection, criminal justice system/convictions or pending convictions, alcohol/drug dependency, suicidal thoughts/self-harm etc.

Any additional relevant information, including any help or adjustments you need when accessing the service:

Section 7: Mailing List

IAS sends the following information to autistic adults who are on the mailing list:

- Invites to IAS monthly discussion forums,
- IAS quarterly newsletters.

If you would like to be added to the mailing list, please tick here

NOTE: Please provide your email address in Section 1.

Section 8: Consent (this section must be signed and dated to consent to the referral)

I do / I do not (please tick one) consent to my information being recorded and used by IAS professionals to help them understand the support I need.

I do / I do not consent to my information being included within anonymised data, which will be shared with external partners, e.g Welsh Government, local authorities, for the purpose of monitoring and evaluation of the IAS and future planning of services.

I understand that my information may need to be shared with other agencies to ensure I get the most suitable support for me. Please indicate in the table below what agencies you do/do not give consent for IAS to share information with.

	Consent	Do not consent
General Practitioner (GP):	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services:	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities:	<input type="checkbox"/>	<input type="checkbox"/>
Social Services:	<input type="checkbox"/>	<input type="checkbox"/>
Employer:	<input type="checkbox"/>	<input type="checkbox"/>
Family:	<input type="checkbox"/>	<input type="checkbox"/>
Education:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

Signature of
Service User:

Date referral
completed:

Please send the completed referral form to:

✉ Integrated Autism Service
Floor 2
Keir Hardie Health Park
Aberdare Road
MERTHYR TYDFIL
CF48 1BZ

✉ CTT_IAS@wales.nhs.uk

☎ 01443 715044

🌐 www.ctmuhb.nhs.wales/services/integrated-autism-service-ias

What happens next?

The referral will be discussed in the weekly multidisciplinary team meeting (MDT). Should the service user be eligible for support;

1. If the service user opted for a **post-diagnostic support course only**, they will be placed on a waiting list and contacted when a space becomes available.
2. If the service user opted to **discuss their support needs with a member of the team** and have opted for a **face-to-face appointment**, a letter will be sent to the service user notifying them of the appointment details.
3. If the service user opted to **discuss their support needs with a member of the team** and have opted for a **virtual appointment**, an email will be sent to the email address provided in Section 1 with the appointment details and a Microsoft Teams link for the appointment. NOTE: You will need access to a mobile device, such as a laptop or tablet, that has a built-in camera and microphone.