

Integrated Autism Service

Referral for those who Support an Autistic Adult



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



If you support an autistic adult, you can request support from the Integrated Autism Service (IAS). You can access a post-diagnostic support course designed specifically for those who support autistic adults, receive information and advice, or signpost to other services that may be able to offer further support.

Section 1: Supportive Persons Details

Forename(s):	<input type="text"/>	Surname:	<input type="text"/>		
Title:	<input type="text"/>	Gender:	<input type="text"/>	Pronouns:	<input type="text"/>
Address:	<input type="text"/>	DOB:	<input type="text"/>		
		NHS No:	<input type="text" value="If known"/>		
		Hospital No:	<input type="text" value="If known"/>		
Town:	<input type="text"/>	Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>		
Ethnic Origin:	<input type="text"/>	Preferred language:	<input type="text"/>		

Preferred method of communication: Telephone Letter Email Text

Section 2: Details of the Autistic Adult

Forename(s):	<input type="text"/>	Surname:	<input type="text"/>		
Title:	<input type="text"/>	Gender:	<input type="text"/>	Pronouns:	<input type="text"/>
Address:	<input type="text"/>	DOB:	<input type="text"/>		
		NHS No:	<input type="text" value="If known"/>		
		Hospital No:	<input type="text" value="If known"/>		

Relationship to person seeking support:

Where did this person receive their diagnosis?

Section 3: Support Requirements

How do you support this person currently?

Do you, or the autistic person, currently receive support from any other service?

What do you want the Integrated Autism Service to 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

Section 4: 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 Supporter: 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