Tower Hamlets Autism Service Referral Form

The Tower Hamlets Autism Service (THAS) offers assessment, diagnosis and short-term initial support to those who may be on the Autistic Spectrum.

To be considered for this service, referrals must meet the following criteria (please tick)

* Over 18 years
* Living in Tower Hamlets
* No diagnosis of Learning Disability
* No existing diagnosis of autism OR previous assessment for autism

Please fill out this form completely and provide as much detail as possible

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| Forenames: |  | Surname: |  |
| Date of Birth: |  | NHS/ Rio No.: |  |
| Gender: |  | Pronouns: |  |
| Address: |  | Phone No.: |  |
| Email address: |  |
| Employment: (tick all that apply) | Full-time employment  Part-time employment  Full-time education  Part-time education  Full/part-time carer (inc. parent)  No current employment/education  Please provide details: | Housing: | House ownership/ shared ownership  Private renting  Social housing / housing association  Temporary Acommodation  Supported Acommodation  Homeless / Unstable housing / Sofa surfing  Please provide details: |

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| --- | --- | --- | --- | --- |
| GP Name: |  | Phone No.: | |  |
| GP Practice address: |  | | | |
| Referrer Name: |  | Phone No.: | |  |
| Referrer address: |  | |  | |

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| --- | --- | --- | --- | --- | --- |
| Referral Date: |  | | New Referral  Re-Referral  Unsure | | |
| Has the person consented to the referral?  Yes  No  Please note, referrals will not be accepted without informed consent. | | | | | |
| Ethnicity: | (monitoring purposes) | Preferred Language: | |  | Is an interpreter required?  Yes  No |
| Next of Kin/  Carer |  | Phone Number: | |  | |
| Address: |  | | | | |

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| --- | --- | --- |
| Does the person report any current or childhood social interaction difficulties? If yes, please provide examples.  (e.g.: making and/or maintaining relationships; understanding and managing emotions; understanding other people’s emotions; understanding social rules etc.) | | |
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| Does the person report any current or childhood social communication difficulties? If yes, please provide examples.  (e.g.: in reciprocal communication; repetitive speech; eye contact; facial expression or gesturing; understanding things literally etc.) | | |
|  | | |
| Does the person report any current or childhood restrictive, repetitive patterns of behaviours or interests? If yes, please provide examples.  (e.g.: highly focused all-encompassing interests; excessive adherences to routines; resistance to change; inflexible thinking; repetitive or stereotyped movements etc.) | | |
|  | | |
| Does the person report any current or childhood sensory processing differences? If yes, please provide examples.  (e.g.: not noticing pain; noticing sounds, smells, tastes, or visual details that others do not; difficulties with textures or taste sensitivities etc.) | | |
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| Beyond diagnosis, what kind of help/ support might the person want from the Tower Hamlets Autism Service? | | |
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| Special considerations and reasonable adjustments(e.g.: difficulties attending appointments, or other special adjustments) | | |
|  | | |
| Risk assessment Please tick any that apply and provide further details | Risk to self/ suicidal thoughts  Self neglect  Risk to others  Risk from others  Other  None known | Further details: |
| **Please fill out the this referral form and all questionnaires included and provide any background information that you feel would be helpful such as previous assessments, to the address above.** **By making this referral, you are giving your consent for us to access your health and social care records as necessary to inform the screening and assessment process.**  **If you do not want us to access your records please contact us to discuss this, however be aware it may affect the care we are able to offer you.**  **If we are concerned about a potential risk to you or others, we may need to share information with other relevant teams without initially getting consent from you to do so.**  **Please be advised we do not support with Housing or Benefits.**  **Housing Inquiries: 020 7364 7474**  **Benefits support: 020 7247 1050**  **Mental health crisis support: NHS 111 (option 2 for mental health)**  **Samaritans: 020 7734 2800** | | |