**CLIENT INFORMATION FORM**

**To be eligible for this service you need to be:**

* **Not currently open Learning Disability services**
* **Do not currently have a care co-ordinator**

**Please return completed form by email to: admin@cotswoldneuro.com**

Email: Admin@cotswoldneuro.com we will try to respond within five working days of your contact.

Please try to complete all sections and discuss with us if you have problems with this.

**NB The ‘supporter’ is the person requesting assessment on your behalf (if applicable).**

**By submitting this form you are agreeing to your details being held on a confidential database.**

In order for us to process your referral:

1. We will need to share relevant confidential information with the clinicians.
2. We may also need to contact & share information with those who may be involved in your care & well-being such as your GP
3. We will need to send you information including your reports, via email.
4. **By signing this form you or your supporter are agreeing to the above.** All personal information will be treated as confidential and subject to the Data Protection Act 1998, by all services. You may request access to the personal information held about you.

|  |
| --- |
| **Your Name:****NHS NO (if known): DOB:****Email Address:****(By letting us know your Email Address you are giving us consent to email you)****Address:****Postcode: Telephone No:** **Ethnic origin: First Language:****Next of Kin:****Religion/belief:****Gender:****Name of your GP: Dr** **Practice Address:****Postcode: Telephone No:** |
| **Name of Supporter: Tel:** **Email Address:** **Supporter’s Address:** |

|  |
| --- |
| **Who do you live with?****Alone/Family/Spouse/with parents/paid carers/residential care? (please delete as appropriate)****Comments:****Are you currently employed? Yes/No****Please add any detail e.g. part time/full time/voluntary:**  |
| **What makes you think you may have autism?:** |

|  |
| --- |
| **What do you hope will be different by having a referral and diagnosis?** |
| **Supporter’s reasons for supporting Autistic Spectrum assessment request:** |
|  **Any particular concerns from Supporter or additional information:**  |
| **Do you have any particular sensory issues such as difficulties with noise, touch, light or smell or other difficulties?** |
| **Professionals currently or recently involved with you and/or family/carers:****Name:** **Profession/relationship: Tel No:****Name:** **Profession/relationship: Tel No:****Name:** **Profession/relationship: Tel No:** |
| **Relevant medical history, including current medication, possible related diagnoses and/or Mental Health Team involvement, current or past:** |
| **Does anyone in your family or wider family have autism, ADHD, Dyslexia or dyspraxia? Please give details if so (relationship and diagnosis)** |

**Thank you for taking the time to complete this form.**

**Your name: Your supporter/referrer’s name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Client Signature of Supporter**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□** I have supported the client to complete this form

**Corresponding by email with Cotswold Neurodevelopmental Service Ltd.**

We will not contact you via email, unless you have already contacted us this way or requested that we do so, by providing us with your email address & giving your consent below. Please only contact us by email admin@cotswoldneuro.com so we can ensure communication is as effective and confidential as possible.

***I consent to communicating by email with Cotswold Neurodevelopmental Service*** ***[ ]***

***(please complete the consent section below)***

***I do not wish to communicate by email with Cotswold Neurodevelopmental Service*** ***[ ]***

**Consent to correspond via email:**

I have read and I understand the information above and am happy to be contacted by email, either in response to email from me, or at my specific request.

Where I have provided details of a person I would like to be included in Cotswold Neurodevelopmental Service further correspondence with me, I am happy for Cotswold Neurodevelopmental Service to contact them by email.

I accept that confidentiality of email cannot be guaranteed and that Cotswold Neurodevelopmental Service is not liable for the confidentiality or security of any message once it has been sent to me.

I understand that I can change my mind and it is my responsibility to withdraw this consent and inform Cotswold Neurodevelopmental Service

I understand it is my responsibility to inform Cotswold Neurodevelopmental Service of any change to my email address in writing or face to face contact. An email from my new address will not be taken as informing of change.

***My email address is: ………………………………………………………………………………***

**Signed:**  **Date:**

----------------------------------------------------------------- --------------------------------------------