

***Dictates mandatory fields. If fields are not completed, your form will be returned**

NAS is a non-medical service and does not provide a diagnostic assessment for autism or mental health services. Receiving support from the NAS does not affect your entitlement to other services.

Parent(s) Details (Main Contact 1st):

*First Name	*Preferred Name	*Surname
*Address		
Postcode:		
Contact details:		
*Email:		
*Mobile:	Phone:	

Child's Details:

*First Name and Preferred Name	*Surname	*Gender at Birth and Now known as if different	*DoB	*NHS No. (no spaces)	Ethnicity
1.					
2.					
3.					
4.					

Autism Diagnosis:

*Child's Name	*Autism Y/N	*Date of diagnosis	*Any other Diagnoses?	*Who has been made aware?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Family: <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			Child: <input type="checkbox"/> Yes <input type="checkbox"/> No Family: <input type="checkbox"/> Yes <input type="checkbox"/> No

***GP Details of Child(ren)**

GP Name:
GP Practice Name and Address:

***Please state the specific support you/ the family requires:**

Please describe your three most prevalent concerns/ issues about the child/young person in question (e.g. recent diagnosis, behavioural issues etc. please give detail for us best to understand support requirements)

- 1.
- 2.
- 3.

Special requirements:

Language spoken at home:

Please write any other special requirements here e.g. Interpreter needed:

Type/ name of education setting child currently attends:

Other agencies the family is currently receiving support from:

- | | |
|--|---|
| <input type="checkbox"/> Child in Need Team | <input type="checkbox"/> Targeted Youth Support |
| <input type="checkbox"/> Children with Disabilities Team | <input type="checkbox"/> Family Centres |
| <input type="checkbox"/> Child Protection Team | <input type="checkbox"/> Other agencies that may be relevant: |

CONSENT: I consent to the processing of information as detailed on this form.

This data will be kept securely for the purpose of sharing information about our services that may be of interest/benefit to you. You can choose how we keep in touch with you. It helps us if you can select as many as possible of the options below. A telephone contact can be particularly helpful as it enables us to carry out telephone assessments and arrange appointments when needed. A Post or Email consent enables us to send information to you.

Please confirm if we may contact you by the following methods (please tick to confirm):

Email: Yes No **Post:** Yes No **Telephone:** Yes No **Text:** Yes No

Please tick if you **are** happy to receive information about events and services that may be of benefit/interest via email.

Sharing Information: If you are receiving a service from us, we may ask you to consent to information about you and/or your child being shared with other professionals or organisations to help provide you with support, where appropriate, either now or in the future. We will ask you at the time if such a referral is deemed appropriate. We will not share information without your consent except where disclosure is necessary for safeguarding purposes or as required by law.

Signed: _____ Date: _____

Name: _____

Please return to the Family Support Team:

Email:

Parents: surrey.familysupport@nas.org.uk

Professionals: surrey.nas@nhs.net

Post:

NAS Autism Family Support Surrey
Surrey Autism Resource Centre
6 Godalming Business park
Woolsack Way
Godalming
SURREY GU7 1XW