**Community Autism Support and Advice Service (CASA)**

**Self-Referral Form**

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| **Do you have a diagnosis of Autism?** | **Yes** |  | **No** |  |
| **Where and when (approx.) were you assessed?** | | | | |
| **Do you have a diagnosis of a Learning Disability?** | **Yes** |  | **No** |  |
| **Do you have any other diagnoses? E.g. mental health, developmental conditions and current physical conditions** | | | | |

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| **Date of referral:** |  |
| **Name:** |  |
| **Preferred pronouns:** |  |
| **Address:** |  |
| **Date of birth:** |  |
| **NHS Number: *(Mandatory)*** |  |
| **Contact telephone number:** |  |
| **E-Mail address:** |  |
| **Preferred method of contact:** |  |
| **Communication challenges we need to be aware of:** |  |

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| **G.P. Name:** |  |
| **Surgery:** |  |
| **Address:** |  |
| **Telephone:** |  |

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| **Can you tell us a little about yourself, for example, what interests/hobbies/skills do you have? What support do you have in the community (Family/Friends)?** |
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| **Reason for Referral:** *How would you like to use the service? Please explain..* | |
| 1:1 |  |
| Peer Support\* |  |
| Community Groups |  |
| Adult Education |  |
| Voluntary/Paid Work |  |
| Sensory Support |  |
| Reasonable Adjustments |  |

\*Please note individuals can access the online activities and drop ins without a referral

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| **Is there anything else you would like CASA to support you with?** |
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| **Are there any particular things that you are struggling with day to day?** |
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| **Are you currently being supported by any other services? If so please list below** |
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| **How did you hear about our service?** |
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| **Have you had assistance in completing this form? If so, who assisted you?** |
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| I understand that by referring myself to the CASA service I am ready to engage with the support offered- | Signature- |

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| **Please forward your completed referral to:** |
| *Referral & Outcome Officer*  *Independence Trust, Community House, 15 College Green, Gloucester, GL1 2LZ* |
| **Or by email to:** |
| *infocasa@grcc.org.uk* |