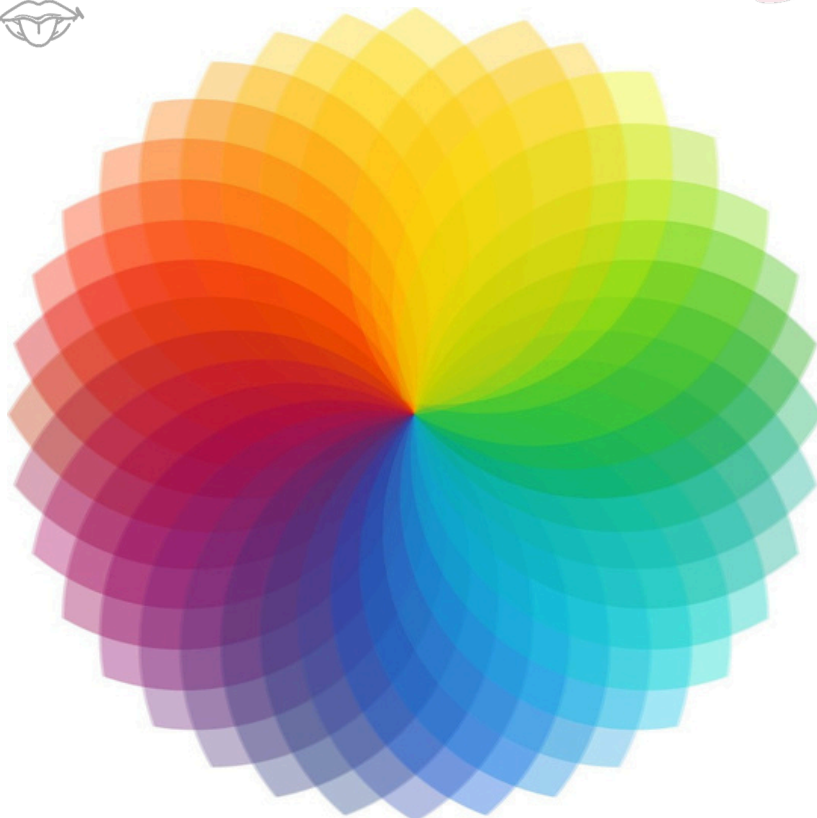
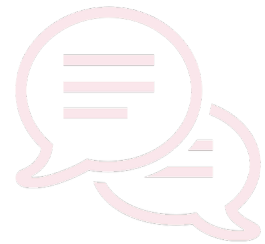
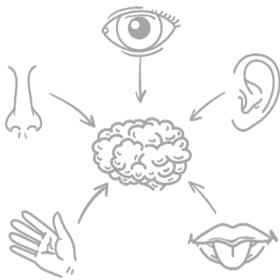




# Autism Passport



## Contact details

|                                    |  |
|------------------------------------|--|
| <b>Name</b>                        |  |
| <b>Preferred pronouns</b>          |  |
| <b>Address</b>                     |  |
| <b>Phone number</b>                |  |
| <b>Email</b>                       |  |
| <b>Preferred method of contact</b> |  |
| <b>NHS number</b>                  |  |
| <b>Allergies</b>                   |  |

## Emergency contact

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Relationship</b> |  |
| <b>Phone number</b> |  |

# Sensory reactions

These will change over time. Sensitivity can increase or decrease in stressful situations or when feeling overwhelmed. You may find it useful to add triggers in the boxes.

|       | Under-sensitive | Average | Over-sensitive | Extra information |
|-------|-----------------|---------|----------------|-------------------|
| Light |                 |         |                |                   |
| Noise |                 |         |                |                   |
| Touch |                 |         |                |                   |
| Smell |                 |         |                |                   |
| Taste |                 |         |                |                   |
| Pain  |                 |         |                |                   |
| Other |                 |         |                |                   |
|       |                 |         |                | 3                 |

# Abilities impacted by my autism

|                                    |   |
|------------------------------------|---|
| Balance                            |   |
| Speed of responding                |   |
| Social conversation                |   |
| Co-ordination                      |   |
| Short term memory                  |   |
| Time management                    |   |
| Concentration                      |   |
| Multi-tasking                      |   |
| Following complicated instructions |   |
| Filling in forms                   |   |
| Sense of direction                 |   |
| Sleep                              |   |
|                                    |   |
|                                    | 4 |

# Things that impact my ability to communicate

|  |   |
|--|---|
| <b>Tapping on a keyboard</b>                     |   |
| <b>Being touched</b>                             |   |
| <b>Close eye contact</b>                         |   |
| <b>Sudden noise e.g. fire alarms</b>             |   |
| <b>Being given too much information</b>          |   |
| <b>Flickering, bright or strip lighting</b>      |   |
| <b>Background noise and frequencies</b>          |   |
| <b>Being unclear about what I am being asked</b> |   |
| <b>My own emotional state</b>                    |   |
| <b>How well I know a person</b>                  | 5 |

# Characteristics of my autism

|  | Additional information |
|--|------------------------|
| <b>Busy/noisy places are stressful</b>   |                        |
| <b>Being with others is tiring</b>   |                        |
| <b>Bright or flickering lights upset me</b>                                    |                        |
| <b>Being touched upsets me</b>   |                        |
| <b>I have difficulty communicating my feelings and needs</b>                   |                        |
| <b>I struggle to read body language</b>  |                        |
| <b>I struggle to understand social nuances, metaphors or figures of speech</b> |                        |
| <b>I am anxious with strangers</b>   |                        |

|  |  |
|--|--|
| <b>I feel lonely and socially isolated</b>   |  |
| <b>I can get distracted easily</b>   |  |
| <b>I need time to plan what I am doing</b>   |  |
| <b>Changes of plans make me anxious</b>  |  |
| <b>I cannot easily switch between tasks</b>  |  |
| <b>I find it difficult to work under time constraints</b>  |  |
| <b>I get confused by too much information</b>  |  |
| <b>I will give inaccurate information in order to stop people asking me questions</b>                              |  |
| <b>I have difficulty seeing another persons perspective and I am likely to interpret from my own point of view</b> |  |

|  |  |
|--|--|
| <b>I may not be aware of symptoms in my body such as hunger, thirst or pain</b>  |  |
| <b>I am not always aware of my emotional state unless I specifically think about it or it becomes strong or overwhelming</b> |  |
|  |  |
|  |  |
|  |  |

# When I get distressed I may have reactions which affect my ability to do certain tasks

| I may...  | Additional information |
|---|------------------------|
| Get very agitated, loud and upset                                 |                        |
| Become passive, possibly non verbal and may appear to go to sleep |                        |
| Become unable to speak coherently                                 |                        |
| Attempt to remove myself from the situation                       |                        |
| Find it difficult to think clearly                                |                        |
| Get verbally or physically aggressive without meaning to          |                        |
| Need help to keep myself safe                                     |                        |

# Ways you can support me

|  | Additional information |
|--|------------------------|
| <b>Offer me a quiet space if i become overwhelmed</b>  |                        |
| <b>Be clear and direct when you speak to me rather than implying things indirectly</b>                 |                        |
| <b>Contact my emergency contact</b>  |                        |
| <b>Ask me what I need</b>  |                        |
| <b>Give me more time to think and process when you speak</b>   |                        |
| <b>Remind me of my coping strategies</b>   |                        |
| <b>Trust what I tell you even if you think my face or body language doesn't match what I am saying</b> |                        |

|  | Additional information |
|--|------------------------|
| <b>Tell me directly what you are thinking or feeling as I may not pick up on it otherwise</b>  |                        |
| <b>Offer me an object to keep my hands busy or provide needed sensory feedback</b>   |                        |
| <b>Talk 'to me' not 'about me' to my support worker or advocate. Even if I am not speaking and they are answering questions on my behalf</b> |                        |
| <b>Give me extra time to use alternative methods of communication (tablet, symbols, text)</b>  |                        |
| <b>Tell me clearly what is going to happen before it happens</b>   |                        |
| <b>Give me time to adapt to changes and new surroundings</b>   |                        |
|  | 11                     |

# Medical information

## Current Medication

**Please don't make any changes to my medication without talking to**

| Name           |  |
|----------------|--|
| Contact Number |  |

**Please do not assume there is nothing wrong with me if I don't express pain in an obvious way**

|                                       |  |
|---------------------------------------|--|
| How I experience pain                 |  |
| How I communicate pain                |  |
| Medical interventions I struggle with |  |

## Ways you can help me to avoid becoming stressed or anxious

### Appointment Information

| Date | Reason for appointment | Things I need you to know for this visit |
|------|------------------------|--|
|      |                        |  |
|      |                        |  |
|      |                        |  |

## Any other information including professionals supporting me

# Useful Contacts

| Organisation  | Phone Number                                   | Website   | Email   |
|---|--|---|---|
| <b>Adult Help Desk<br/>Gloucestershire<br/>County Council</b> | <b>01452 426868</b>                            | <b><a href="http://www.gloucestershire.gov.uk/health-and-social-care">www.gloucestershire.gov.uk/health-and-social-care</a></b> | <b><a href="mailto:customerservices@gloucestershire.gov.uk">customerservices@gloucestershire.gov.uk</a></b> |
| <b>P3/CCP<br/>Community Based<br/>Support</b>                 | <b>0300 365 8999</b>                           | <b><a href="http://www.ccp.org.uk">www.ccp.org.uk</a></b>   | <b>Use the online form via<br/>the website</b>  |
| <b>Forwards<br/>Employment</b>                                | <b>01452 425776</b>                            | <b><a href="http://www.forwardsgloucestershire.co.uk">www.forwardsgloucestershire.co.uk</a></b>                                 | <b><a href="mailto:forwards@gloucestershire.gov.uk">forwards@gloucestershire.gov.uk</a></b>                 |
| <b>Healthy Lifestyles<br/>Gloucestershire</b>                 | <b>0800 7555533</b>                            | <b><a href="http://www.hlsglos.org">www.hlsglos.org</a></b>   | <b><a href="mailto:glicb.hlsglos@nhs.net">glicb.hlsglos@nhs.net</a></b>                                     |
| <b>Life on the<br/>Spectrum</b>                               |  | <b><a href="http://www.healthtalk.org">www.healthtalk.org</a></b>   | <b>Online form via the<br/>website</b>  |
| <b>National Autistic<br/>Society</b>                          | <b>0808 800 4104</b>                           | <b><a href="http://www.autism.org.uk">www.autism.org.uk</a></b>   |   |
| <b>Gloucestershire<br/>Self Harm Helpline</b>                 | <b>0808 8010606<br/>Text -<br/>07537410022</b> | <b><a href="http://www.gloucestershireselfharm.org">www.gloucestershireselfharm.org</a></b>                                     | <b>Live Webchat on the<br/>website</b>  |
| <b>PDA (Pathological<br/>Demand<br/>Avoidance) Society</b>    |  | <b><a href="http://www.pdasociety.org.uk">www.pdasociety.org.uk</a></b>   | <b><a href="mailto:info@pdasociety.org.uk">info@pdasociety.org.uk</a></b>                                   |
| <b>Carers Hub</b>   | <b>0300 111 9000</b>                           | <b><a href="http://www.gloucestershirecarershub.co.uk">www.gloucestershirecarershub.co.uk</a></b>                               | <b><a href="mailto:carers@peopleplus.co.uk">carers@peopleplus.co.uk</a></b>                                 |
| <b>Qwell</b>  |  | <b><a href="http://www.qwell.io">www.qwell.io</a></b>   |   |
| <b>Samaritans</b>   | <b>116123</b>                                  | <b><a href="http://www.samaritans.org">www.samaritans.org</a></b>   | <b><a href="mailto:jo@samaritans.org">jo@samaritans.org</a></b>   |
| <b>Suicide Crisis</b>   | <b>07975 974455</b>                            | <b><a href="http://www.suicidecrisis.co.uk">www.suicidecrisis.co.uk</a></b>   | <b><a href="mailto:contact@suicidecrisis.co.uk">contact@suicidecrisis.co.uk</a></b>                         |
| <b>Your Circle</b>  |  | <b><a href="http://www.yourcircle.org.uk">www.yourcircle.org.uk</a></b>   | <b><a href="mailto:yourcircle@gloucestershire.gov.uk">yourcircle@gloucestershire.gov.uk</a></b>             |