 **Referral information in easy read**



Please answer the questions below:

|  |  |
| --- | --- |
|  | Name: |
|  | Date of birth: |
|  | Address: |
|  | Postcode: |
|  | Telephone number: |

|  |  |
| --- | --- |
|  | If I need to contact you again, how would you like to be contacted: |
|  | Email      Yes    No |
|  | Letter    Yes    No |
|  | Telephone    Yes    No |

|  |  |
| --- | --- |
|  | Will you be filling out this form by yourself?    Yes No |
|  | Do you prefer to have somebody else as a  contact for you?    Yes No |
|  | If yes please tell us:  The person’s name: |
|  | The person’s relationship to you. This means like a parent, support worker or friend: |
|  | The person’s telephone number: |
|  | The person’s email address: |
| **?** | Do you consent for us to share your information with the above person?You can take away your consent to share your information at any time.    Yes No |
| C:\Users\ecampling\Downloads\Group 43.png | Please tell us about any health conditions or disabilities that you have. These may be a physical disability, learning disability and / or mental health condition.- |

Please use this space if you would like to give any extra details about the above:



|  |  |
| --- | --- |
|  | When were you diagnosed with Autism? |

Please use this space if you would like to give any extra details about the above:

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|  |  |
| --- | --- |
|  | Are you under or over sensitive to? |
|  | Noise    Yes    No |
|  | Light    Yes    No |
|  | Colours    Yes  No |
|  | Smells    Yes  No |
|  | Touch    Yes    No |

Please tell us your:

|  |  |
| --- | --- |
|  | GP Practice Name: |
|  | Name of your Doctor: |
| xxx xxx xxxx  C:\Users\ecampling\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\8807D1F8.tmp | NHS Number: |

Please use this space if you would like to give any extra details about the above:



|  |  |
| --- | --- |
|  | These next questions will help me to understand the things you can do and the things you need help with. |
|  | They may show that you have social care needs. |
|  | If they do I will ask a team to check these needs. |
|  | Before I do this, I will check with you or your supporter that this is what you would like. |
|  | * Do you need help at home?   Help can mean prompting, supervision or physical support. |
|  | * Do you need help to do your own laundry and clean your clothes? |
| Chop onion2 | * Do you need help to make meals, snacks or hot drinks? |
|  | * Do you need help to shop for food and/or other essentials? |
|  | * Do you need help with washing and dressing? |
|  | * Do you need help to look after your money? |

Please use this space to give details about the above:



|  |  |
| --- | --- |
|  | * Do you have problems with moving around your home?   For example, do you have any balance or mobility problems that make it difficult to move safely around your home?    Yes    No |

Please use this space to give any details about the above:



|  |  |
| --- | --- |
|  | Do you have problems with your housing?  For example, do you need help to find a suitable home or paying your bills?    Yes    No |

Please use this space to give any details about the above:



|  |  |
| --- | --- |
|  | Do you need help going out and about?  For example:   * Can you go out into the community when you want to and on your own?      * Are you able to use public transport on your own? |

Please use this space to give extra details about the above:



|  |  |
| --- | --- |
|  | Do you need help with social activities?    For example:   * Do you need help to do volunteer work or get a job? * Do you need help to use community spaces or to do a hobby? * Are you able to understand body   language, speak with people face to face and have relationships? |

Please use this space to give any details about the above:



|  |  |
| --- | --- |
|  | Please tell us about any help you get from your family and friends. |

Please use this space to give any details about the

above:



|  |  |
| --- | --- |
|  | When I get your form, I will contact you or your supporter to talk about the options available to you. |
|  | I may have to ask you some more questions to give you the best advice. |
|  | If we find that you have social care needs Cornwall Council will do a needs assessment with you. |
|  | This can tell us what you can do and about the things that you need help with. |
|  | We will help you get in touch with the services you need help with. |
|  | If you need help to fill out a needs assessment and do not have family member or friend to do this, we may be able to find an independent advocate for you.  An independent advocate can:   * Help if you have great difficulty in understanding or working with the Council by yourself.      * Help you raise any concerns you may have.      * Make sure your views are listened to. |
|  | * Do you need an independent advocate?       Yes    No |

|  |  |
| --- | --- |
|  | Is there anything else you would like to say or need us to know? |

Please use this space to give any details about the above:



|  |  |
| --- | --- |
|  | If you have an Adult Autism Plan, which you would like us to see, please email it with your form. |

Please return this form to

[**accessteam.referral@cornwall.gov.uk**](mailto:accessteam.referral@cornwall.gov.uk)





Thank you for answering the questions.



Cornwall Council protects your information under

the law (General Data Protection Act).

Easy read made by the CHAMPs Team,

Healthy Cornwall. 2020

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