



INTEGRATED AUTISM SERVICE PARENT/CARER REQUEST FOR SUPPORT



Referrer details:	M Number: (office use only)
Name:	Date of referral:
D.O.B:	Gender:
Address:	
Email:	Phone:
Employment status:	Ethnicity:
Culturally Important Information:	Preferred language:
How do you support this person currently?	
Do you (or the person you care for) currently receive support from any other services?	
How do you think the IAS can support you as a parent/carer of someone with autism?	
Service users details (if applicable) WE ONLY NEED THIS INFORMATION IF YOU ARE THE PARENT/CARER OF SOMEONE WITH AUTISM ALREADY KNOWN TO THE IAS:	
Name:	Gender:
Address:	M Number: (office use only)
	D.O.B:
Where did this person receive their diagnosis?	

Please send this referral to:

**IAS Administrator,
Integrated Autism Service,
Keir Hardie Health Park
Merthyr Tydfil
CF48 1BZ**

Or by email to: CTT_IAS@wales.nhs.uk

Tel: 01443 715044