



INTEGRATED AUTISM SERVICE PROFESSIONAL REQUEST FOR CONSULTATION



Referrer details:	
Name:	Date of referral:
Email:	Phone (including ext):
Designation:	
Work Base:	
Service users details (if applicable):	
Name:	Gender:
Address:	M Number:
	D.O.B:
Have you discussed the referral with the person? Y <input type="checkbox"/> N <input type="checkbox"/>	
Please note, referrals will not be accepted without informed consent. Please advise the client that the IAS are a multi-agency team so information may be accessed by both local authority and health staff.	
Other Professionals involved:	
Current Diagnosis: Please note, all service users requesting support must have a formal diagnosis of autism unless your request is in relation to their suitability for autism assessment.	
How do you think the IAS can support you in your work with this client?	

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