

## Adult Autism Assessment Team - Referral Form

Please complete this form to request someone from the Adult Autism Assessment Team to make contact.

If you need help completing this form, please email [gram.adultautismteam@nhs.scot](mailto:gram.adultautismteam@nhs.scot)

There are 4 pages to complete.

Personal details	
Name:	Address:
Date of Birth:	Gender:
Preferred mode of contact:	GP details:
Contact number(s):	
Contact email:	
Date of referral:	

**Please also complete the consent form below:**

Team related consent (please place a X in the box where you agree)	X
I agree to a referral to the NHS Grampian Adult Autism Assessment Team.	
I understand that the Team is providing Autism assessment only, and that at completion of the assessment I will be signposted to other services.	
I understand that this is a multidisciplinary team consisting of Nurses, Speech and Language Therapists, Occupational Therapists, Psychologists and Assistant Psychologists, and that I will meet with an appropriate professional.	
I understand that information about me and my assessment will be treated as confidential, but will be discussed at the multidisciplinary team meeting. I understand that should there be concerns about my well-being or that of others, relevant others might need to be contacted.	
<b>Consent to accessing information</b>	
I agree that information about me that is being held by NHS Grampian in my paper and electronic notes and that is relevant to my assessment can be accessed by the team.	
<b>Consent to storing and sharing of information</b>	
I agree to information about my assessment being stored in my electronic notes held by NHS Grampian.	
I agree for my GP being copied into letters regarding my assessment.	

**Please note that the text boxes will expand as you type**

**Request information**

This referral is a request for an autism assessment. Have you been assessed for Autism before? Tell us about this.

Please tell us about your daily life and how this is affected?

What support do you have?

Please tell us about any medication that you are taking at the moment:

Is there anything else you would like to tell us?

**Once we receive this form, you will be contacted by a member of the Adult Autism Assessment Team.**

**Form completed by:**

Name:

Signature:

Relationship to the individual (if not self-referral):

Contact details (if not self-referral):

For referrers: I confirm that the individual has consented to this referral (Please place a cross X in the box)

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**Please send referrals to: [gram.adultautismteam@nhs.scot](mailto:gram.adultautismteam@nhs.scot) or  
AAAT Team Administrator, Macrobin Reception, Fulton Building, Royal Cornhill Hospital,  
Aberdeen, AB25 2ZH**