The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

REFERRAL INFORMATION

DATE: _____ _____
Hoffmann Foundation for Autism Contact

Personal Information

Name of client | Date of Birth

Address / Telephone

Address:

Telephone:
Mobile:

Current living situation

Parental home ○ Own home ○ Supported living ○ Residential home ○

Sex | Preferred language

Communication:

Does the person has language problems? Please specify e.g.: the client understands a few words or signs/or both.

Verbal ○ Signs ○

Non-verbal ○ Few words ○

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

REFERRAL INFORMATION

Person making referral:

Contact details of referrer (incl. email) :

_____

Relationship to Client:

Reason for Referral

_____

Is Client aware of/given consent for referral (circle one): Y N

Family/ Carer Information/Next of kin

Address / Telephone of Parent – Guardian / Carer

Other Contacts (Include relationship to Client)

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

Please describe any difficult behaviours such as i.e: physical aggression, obsessions, verbal abuse, difficulty in communication?

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

Brief account of client's history to date (inc. schools, services, medical, accommodation and employment).

School:

Previous Services/ accommodation:

Medical:

Employment:

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

NATURE OF DISABILITY

Comments:

Communication Difficulty ○

Autism ○

Aspergers Syndrome ○

Learning Difficulty ○

Physical Disability ○

Other (please specify) ○

If Client was diagnosed Autism Spectrum Disorder (ASD) / Aspergers Syndrome:

Date of diagnosis:

Name of clinician: _____

Address / Telephone:

If Client is NOT diagnosed ASD – Do they display Autistic tendencies?
Please describe. i.e social , communication problems, obsessive behaviours or rituals

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

Name of Client: ……..

What are the specific needs of this client?

SERVICE REQUEST

Residential	○
Supported Living	○
Art Centre	○
Respite	○
Counselling	○
HUB Services (Day Centre)	○
Outreach	○
Social Skills Group	○
Counselling	○
Diagnostic assessments	○
Other (please specify)	○

Comments

The Psychology Department
Fanz House, 99 Gray's Inn Road
London WC1X 8TY
Tel: 0207 269 6933
Email: psychology@hoffmannfoundation.org.uk

FUNDING INFORMATION

Funding Authority:

Social Care Manager: Address / Telephone/e-mail: GP's Name: Post address: Tel/email: