

UNDERSTANDING AUTISM North West

Referral to Counselling Service

This is not a crisis or emergency service

For urgent help please contact your doctor or go to A&E at the nearest hospital

Please tick below to indicate who the counselling is for:	
Adult <input type="checkbox"/>	Child 16yrs and under <input type="checkbox"/>
Parent <input type="checkbox"/>	
Their Full name:	
Preferred name:	
Date of birth:	Age: Gender:
Home Telephone number:	Can a voicemail be left yes / no (please delete)
Mobile number:	Can a voicemail be left yes / no (please delete)
Email address:	
Home address:	
Preferred method of contact:	Phone call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/>
Preferred method of counselling session:	At Warner St <input type="checkbox"/> Online <input type="checkbox"/> Telephone <input type="checkbox"/> Accrington
GP Name:	
GP Surgery Address:	
Telephone number:	

Contact details of the person completing this form:

(if different from the person who would like to be referred for counselling)

Name	
Relationship to person being referred	
Telephone number	
Email address	

Would the person being referred like us to contact them via you? Yes / No

Date Referral Received:

Office use only

More about the person who would like counselling

About diagnoses

Has an autism spectrum diagnosis been given?	If yes, what is the diagnosis: No In progress Self-diagnosed (please delete as appropriate)
Date of diagnosis:	
Details of any other diagnoses <i>e.g. dyspraxia, ADHD, EDS, dyslexia, OCD, Irlen syndrome</i>	

Does the person being referred have involvement from any other services?
Yes / No

If YES , please specify name of team, nature of involvement.

Does the person being referred have any accessibility needs or require any reasonable adjustments for their counselling session? Yes / No

If YES , please give details.

Is there is a preference for a particular counsellor? Female / male / name of counsellor seen previously:	
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Emergency Contact Details

Details of somebody we can contact in case of emergency

Name:		Relationship to person referred:	
Telephone numbers:			
Email:			

Where did you find out about Understanding Autism North West?

e.g. internet search, Facebook, word of mouth, attended previously for counselling

Fees

The charity does not charge for counselling.

Cost of Reports for PIP, DLA & ESA

The full cost of reports ranges from £50 to £80, depending on the time required to gather and arrange the necessary information. We appreciate this can be too much for some individuals and families to find. Therefore, for households in receipt of Universal Credit and/or ESA, the fee is **£15**.

We request that all others contribute the **full cost of their report**.

Payment should be made to: **Understanding Autism NW**
Sort Code: 20 15 70
Account No: 83454789

Please include your surname in the 'payment reference'

This charity operates on charitable funds and donations. We do not receive any funds from the NHS or the government. Please consider a monthly donation to the charity of £2, £5 or more if you can afford it via our JustGiving page: <https://www.justgiving.com/understandingautismnorthwest>

Please return this completed form to:
Understanding Autism NW, 25 Warner Street, Accrington. BB5 1HN
or email to: info@understandingautismnw.co.uk

(This page is for office use only)

Date of Contact	Details and/or message to UANW team	Contact Made By