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| Client Details |
| Name of child referred |       | DOB |       |
| NHI |       |
| Address |       | Ethnicity |       |
| Iwi/Hapu |       |
| Gender (please specify) |       |
| Preferred language |       | Interpreter needed (y/n) |       |
| General practitioner  | *Name* |       | Diagnosis (including secondary diagnosis) |       |
| *Practice* |       |
| *Phone* |       |
| Legal Status – child*(e.g. 141, 145 order)* |       | Person(s) with legal status *(if applicable)* |       |
| Person who requested assessment/ made diagnosis *(Paediatrician / Psychiatrist/ GP)* | *Name* |       | Diagnosis Year |       |
| *Service* |       |
| *Phone* |       |
| Other services involved *(name and details)* |       | NASC Coordinator |       |

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| Parent / Guardian Details |
| Name (s) |       | Address (if different from above) |       |
| Contact details | *Phone* |       |
| *Mobile* |       |
| *Email* |       |

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| Referrer Details *(if different from above)* |
| Name |       | Date of referral |       |
| Role with child |       | Contact details | *Phone* |       |
| *Email* |       |

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| Referral Consent |
| This referral has been discussed with the person and/or their guardian and agreement gained for Explore involvement. | *yes/no* |
|       |

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| Alerts |
| Identify any known risks *(environmental, people, animals etc...)* |       |

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| Additional Information  |
| Other programmes or education workshops attended |       |
| Other services involved now or previously |       |
| Any other relevant information |       |
| Please provide details of adult family/whānau members interested in participating in the Exploring Autism Programme e.g. parent, grandparent, aunt, support person, teacher etc. |
| Name and relationship to child |       | Name and relationship to child |       |
| Name and relationship to child |       | Name and relationship to child |       |
| Name and relationship to child |       | Name and relationship to child |       |
| If there are any days and times you are **not able** to participate in the programme, please indicate here |
| Days |       | Times |       |

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| Please note: * Where there is a presentation of behavioural challenges that are causing concern or presenting a risk to self or others, then a referral to Explore’s behaviour support service would be more appropriate via the NASC.
* Where there is an identified need for more than one Explore service at the same time, please don’t hesitate to contact us prior to referral to discuss the best referral outcomes. In most cases we would recommend that families are supported to access one service at a time.
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**Please attach relevant information regarding diagnosis or other specialist / psychological reports.**