

**Information for GP Practice regarding my autism diagnosis**  
**(to support with access and communication)**

**For the attention of:**

**Please treat as confidential and acknowledge receipt of this document.**

**Name:**

**Date of Birth:**

**NHS Number (optional):**

**Email:**

**Telephone:**

**Preferred staff member/GP:**

**Co-occurring Conditions:**

**Preferred Contact Method**

**I prefer to be contacted by (add ticks as appropriate)**

**Landline Telephone**

☐

**Mobile Telephone**

☐

**Text Message**

☐

**Email**

☐

**Post**

☐

**Online services (e.g. NHS App / Patient Access)**

☐

**Other - please specify:**

**Preferred Communication Method**

I prefer to be contacted by (add ticks as appropriate)

- Face to face using oral speech☐
- Face to face using augmentative technology☐
- Signed language / Makaton☐
- By telephone☐
- In writing (post/email)☐

Other things you may need to know about my communication needs:

**Personal Options**

(add ticks as appropriate)

- I may need a family member or friend to accompany me in appointments☐
- I need to know what will happen before any examinations, and why☐
- I need to know of any next steps in my treatment plan☐
- Time to ask questions at the end to reduce my anxiety☐

**Sensory issues which may affect me**

(add ticks and notes as appropriate)

☐ **SOUND**

It would be helpful if:

☐ **LIGHT**

It would be helpful if:

☐ **TOUCH**

It would be helpful if:

☐

**SMELL**

It would be helpful if:

**Other things you may need to know about my sensory profile for access purposes:**

**How being autistic may affect me**

**(add ticks as appropriate)**

**Busy, noisy places are stressful and can impact my concentration**

☐

**Bright or flickering lights are difficult**

☐

**I may need extra time to process information**

☐

**I may not make eye contact when you are speaking – this helps me to process**

☐

**I may need very detailed information**

☐

**I may need information provided orally**

☐

**I may need information provided in writing**

☐

**I may need extra time to respond**

☐

**Areas where I may need support**

**(add ticks as appropriate)**

**Completing forms**

☐

**Time management (appointments etc.)**

☐

**Short-term memory**

☐

**Following complex instructions**

☐

**Other**

**The leading provider of specialist autism care and support in the West Midlands.**

Autism West Midlands, Sense Touchbase Pears, Bristol Road,

Selly Oak, Birmingham, B29 6NA

Registered Charity Number 517077. Registered Company Number 1953344 (England & Wales)

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