





#### **Contact details**

| Name                           |  |
|--------------------------------|--|
| Preferred pronouns             |  |
| Address                        |  |
| Phone number                   |  |
| Email                          |  |
| Preferred method of<br>contact |  |
| NHS number                     |  |
| Allergies                      |  |

#### **Emergency contact**

| Name         |  |
|--------------|--|
| Relationship |  |
| Phone number |  |

# **Sensory reactions**

|       | Under-<br>sensitive | Average | Over-<br>sensitive | Extra information |
|-------|---------------------|---------|--------------------|-------------------|
| Light |                     |         |                    |                   |
| Noise |                     |         |                    |                   |
| Touch |                     |         |                    |                   |
| Smell |                     |         |                    |                   |
| Taste |                     |         |                    |                   |
| Pain  |                     |         |                    |                   |
| Other |                     |         |                    |                   |
|       |                     |         |                    |                   |

## Abilities impacted by my autism

| Balance                               |  |
|---------------------------------------|--|
| Speed of responding                   |  |
| Social conversation                   |  |
| Co-ordination                         |  |
| Short term memory                     |  |
| Time management                       |  |
| Concentration                         |  |
| Multi-tasking                         |  |
| Following complicated<br>instructions |  |
| Filling in forms                      |  |
| Sense of direction                    |  |
| Sleep                                 |  |
|                                       |  |
|                                       |  |

### Things that impact my ability to communicate

| Tapping on a keyboard                        |  |
|--|--|
| Being touched                                |  |
| Close eye contact                            |  |
| Sudden noise<br>e.g. fire alarms             |  |
| Being given too much<br>information          |  |
| Flickering, bright or<br>strip lighting      |  |
| Background noise and<br>frequencies          |  |
| Being unclear about<br>what I am being asked |  |
|  |  |
|  |  |

#### **Characteristics of my autism**

|  | Additional information |
|--|------------------------|
| Busy/noisy places are<br>stressful   |                        |
| Being with others is<br>tiring   |                        |
| Bright or flickering<br>lights upset me  |                        |
| Being touched upsets<br>me   |                        |
| I have difficulty<br>communicating my<br>feelings and needs                      |                        |
| I struggle to read body<br>language  |                        |
| I struggle to<br>understand social<br>nuances, metaphors or<br>figures of speech |                        |
| I am anxious with<br>strangers   |                        |

| I feel lonely and socially isolated   |  |
|---|--|
| I can get distracted<br>easily  |  |
| I need time to plan<br>what I am doing  |  |
| Changes of plans make<br>me anxious   |  |
| I cannot easily switch<br>between tasks   |  |
| I find it difficult to<br>work under time<br>constraints  |  |
| I get confused by too<br>much information   |  |
| I will give innacurate<br>information in order to<br>stop people asking me<br>questions                                 |  |
| I have difficulty seeing<br>another persons<br>perspective and I am<br>likely to interpret from<br>my own point of view |  |

### When I get distressed I may have reactions which affect my ability to do certain tasks

| I may  | Additional information |
|--|------------------------|
| Get very agitated, loud<br>and upset                                       |                        |
| Become passive,<br>possibly non verbal and<br>may appear to go to<br>sleep |                        |
| Become unable to speak<br>coherently                                       |                        |
| Attempt to remove<br>myself from the<br>situation                          |                        |
| Find it difficult to think<br>clearly                                      |                        |
| Get verbally or<br>physically aggressive<br>without meaning to             |                        |
| Need help to keep<br>myself safe   |                        |

# Ways in which you can support me if I appear anxious or stressed

|  | Additional information |
|--|------------------------|
| Provide a quiet safe<br>place for me to calm<br>down |                        |
| Communicate clearly<br>with me                       |                        |
| Contact my emergency<br>contact                      |                        |
| Ask me what I need                                   |                        |
|  |                        |
|  |                        |
|  |                        |

#### **Medical information**

#### **Current Medication**

| Please don't make any changes to my medication without talking to |  |  |  |
|---|--|--|--|
| Name  |  |  |  |
| Contact Number  |  |  |  |

| Please do not assume there is nothing wrong with me if I don't express pain in<br>an obvious way |  |  |
|--|--|--|
| How I experience<br>pain   |  |  |
| How I communicate<br>pain  |  |  |
| Medical interventions<br>I struggle with   |  |  |

| Ways you can help me to avoid becoming stressed or anxious |                        |   |  |
|--|------------------------|---|--|
| Appointment Information                                    |                        |   |  |
| Date   | Reason for appointment | Things I need you to<br>know for this visit |  |
|  |                        |   |  |
|  |                        |   |  |
|  |                        |   |  |

Any other information including professionals supporting me

#### **Useful Contacts**

| Organisation   | Phone Number                          | Website   | Email                                       |
|--|---------------------------------------|---|---|
| Adult Help Desk<br>Gloucestershire<br>County Council | 01452 426868                          | www.gloucestershire.gov.u<br>k/health-and-social-care | customerservices@glou<br>cestershire.gov.uk |
| P3/CCP<br>Community Based<br>Support                 | 0300 365 8999                         | www.ccp.org.uk  | Use the online form via<br>the website      |
| Forwards<br>Employment                               | 01452 425776                          | www.forwardsgloucestersh<br>ire.co.uk                 | forwards@gloucestershi<br>re.gov.uk         |
| Healthy Lifestyles<br>Gloucestershire                | 0800 7555533                          | www.hlsglos.org                                       | glicb.hlsglos@nhs.net                       |
| Life on the<br>Spectrum                              |                                       | www.healthtalk.org                                    | Online form via the<br>website              |
| National Autistic<br>Society                         | 0808 800 4104                         | www.autism.org.uk                                     |   |
| Gloucestershire<br>Self Harm Helpline                | 0808 8010606<br>Text -<br>07537410022 | www.gloucestershireselfha<br>rm.org                   | Live Webchat on the<br>website              |
| PDA (Pathological<br>Demand<br>Avoidance) Society    |                                       | www.pdasociety.org.uk                                 | info@pdasociety.org.uk                      |
| Carers Hub   | 0300 111 9000                         | www.gloucestershirecarers<br>hub.co.uk                | carers@peopleplus.co.u<br>k                 |
| Qwell  |                                       | www.qwell.io  |   |
| Samaritans   | 116123                                | www.samaritans.org                                    | jo@samaritans.org                           |
| Suicide Crisis                                       | 07975 974455                          | www.suicidecrisis.co.uk                               | contact@suicidecrisis.co<br>.uk             |
| Your Circle  |                                       | www.yourcircle.org.uk                                 | yourcircle@gloucesters<br>hire.gov.uk       |