HealthHarmonie Minds
Part of the Medinet Group

FAO: HealthHarmonie Minds
Company Number: 04724733
CQC Provider ID: 1-101726729

Please enclose a copy of the Summary Care Record and any other relevant information to support this referral.

Referral Form: HealthHarmonie Minds Adult Autism Service

Does the patient already have a formal UK diagnosis of Autism Spectrum Disorder? ◯ Yes ◯ No

Person being referred:

Full Name:

Date of Birth:

NHS Number:

Address:

Contact Number:

Email Address:

☐ Does the referred person have any communication needs and/or require information in a format other than standard print?

Summary Care Record:

Copy of SCR sent with referral?
Please note we will not be able to proceed without this. ◯ Yes

Phone : 0121 368 0698
Email: ASD@healthharmonie.co.uk

Referrer details:

Name:	
Designation:	
GP Email Address:	
GP Name and Address:	
ICB Name:	
ICB Email Address:	

Referral information:

Reason for referral:	dfsf
Physical Health diagnosis:	sfdf
Current medications:	hdfg

Any previous secondary mental health team involvement? (If yes please attach relevant clinic letters, inpatient / crisis discharge summaries herewith): ◯ Yes ◯ No

Any previous forensic history? (If yes please attach relevant summary or documents herewith): ◯ Yes ◯ No

Suicidality Risk Screening at Referral:

Please assess the patient's current risk level by ticking the relevant box below. If any high risk factors are identified, consider urgent escalation as we are unable to provide services to patients in high risk crisis.

Patient has experienced **suicidal thoughts in the past two weeks**?

☐ Yes ☐ No

Note: If the patient has active suicidal thoughts, a plan, or access to means OR a recent suicide attempt/self-harm history, immediate escalation to crisis services is required before ASD assessment.