**Request for information form**

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| Name:  | D.O.B: | Age: |
| Gender:  | Preferred pronouns:  |
| Referral date: | Referral source: |
| Borough: Camden/Islington/Barnet/Haringey/EnfieldOther (i.e., out of borough/currently moving boroughs):  |
| Diagnosis: Autism Spectrum Disorder (ASD) only /learning disability only/ASD and learning disability | Other diagnoses (e.g., Downs Syndrome, depression):  |
| On DSR? Yes/No | If yes, RAG rating on DSR: Blue/Red/Amber/Green |
| Hospital inpatient? Yes/No | If yes, name of hospital and length of inpatient admission:  |