Supplementary Information Form

**Please return this form via email to:** [**hdft.autism1@nhs.net**](mailto:hdft.autism1@nhs.net)

**If you are unable to send via email, please call us on 01423 557471 or post to Autism Assessment Service, Child Development Centre, Harrogate District Hospital, HG2 7SX**

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| --- | --- | --- | --- | --- |
| Who is filling this form in? | | | | |
| Name |  | | Relationship to young person |  |
| Young Person’s Details | | | | |
| Name |  | | Date of Birth |  |
| **Please note:**   * It is your responsibility to ensure that the parent(s)/carer(s) and young person (if aged over 14) are aware that you are sharing this information. * It is your responsibility to explain to the family that information will be shared with Early Help and may also be taken to the Multi-Agency Screening Team if appropriate. * Please see HDFT Privacy notice for more information: [www.hdft.nhs.uk/privacy-notices](http://www.hdft.nhs.uk/privacy-notices) | | | | |
| Date completed: | |  | | |
| **Please add any supplementary information in the box below.** | | | | |
| *Typing in here will make this box bigger if needed.*  *(If you prefer, you can attach reports/ letters to this supplementary information form)* | | | | |