



MY AUTISM INFORMATION BOOKLET

Please read this booklet as it will help
you to understand my social and
communication needs

Name: _____



My Contact Details

My Phone / Mobile Number	
My Address	
Email	
Preferred method of contact	
NHS Number	
Allergies (medicine, food, environmental)	

In an Emergency, please ring

Name	
Relationship to me	
Number	

My sensory reactions

	Under sensitive	Average	Over sensitive
Light			
Noise			
Touch			
Pain			
Smell			
Taste			



Abilities that may be affected by my autism

Tick statements below that apply to you:

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

Things that affect my ability to communicate

Tick statements below that apply to you:

- Tapping on a keyboard
- Being given too much information
- Flickering, very bright or strip lighting
- Background noise and frequencies other people cannot hear
- Being touched
- Close eye contact
- Sudden noises like a fire alarm drill
- Being unclear about what I am being asked

Anything else that affects my ability to communicate:



Characteristics of my Autism

Difficulties that might affect my ability to do certain tasks, in employment, or managing my home and social life:

	Yes	No
Busy / noisy places are stressful	<input type="checkbox"/>	<input type="checkbox"/>
Being with others is tiring	<input type="checkbox"/>	<input type="checkbox"/>
Bright or flickering lights upset me	<input type="checkbox"/>	<input type="checkbox"/>
Being touched upsets me	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty communicating my feelings and needs	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to read body language	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to understand social nuances, metaphors or figures of speech	<input type="checkbox"/>	<input type="checkbox"/>
I am anxious with strangers	<input type="checkbox"/>	<input type="checkbox"/>
I feel lonely and socially isolated	<input type="checkbox"/>	<input type="checkbox"/>
I can get distracted easily	<input type="checkbox"/>	<input type="checkbox"/>
I need time to plan what I am doing	<input type="checkbox"/>	<input type="checkbox"/>
Changes of plans make me anxious	<input type="checkbox"/>	<input type="checkbox"/>
I cannot easily switch between tasks	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to work under time constraints	<input type="checkbox"/>	<input type="checkbox"/>
I get confused by too much information	<input type="checkbox"/>	<input type="checkbox"/>
I have difficulty seeing another person's perspective and likely to interpret from my own point of view	<input type="checkbox"/>	<input type="checkbox"/>
I will give inaccurate information in order to stop people asking me questions	<input type="checkbox"/>	<input type="checkbox"/>



Other difficulties that might affect my ability to do certain tasks

When I get upset I may:

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

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

- Provide a quiet safe place where I can calm down
- Be clear
- Contact my Emergency Contact/s
- Encourage me to use 5, 4, 3, 2, 1 technique below

Take a deep breath

5. Look at 5 things you see around you.
4. Acknowledge 4 things you can feel.
3. Listen for 3 things you can hear.
2. Say out loud 2 things you can smell.
1. Say 1 thing you can taste e.g. toothpaste (if you cannot taste anything, say 1 thing that is your favourite taste).



Medical Page

My medication

Please don't make any changes to my medication without first talking to:

Name	
Contact number	

Please do not assume there is nothing wrong with me if I don't express pain in an obvious way.

How I experience pain	
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How I communicate pain	
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Medical interventions that I struggle with	
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Ways you can help me to avoid becoming distressed or anxious:

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Date	Reason for appointment	Things I need you to know for this visit



Useful Contacts

		
Adult Help Desk Gloucestershire County Council	(01452) 426868	www.gloucestershire.gov.uk/health-and-social-care/adult-social-care-information-advice-and-support/ Email: socialcare.enq@gloucestershire.gov.uk
Independence Trust	(01452) 317465	www.independencetrust.co.uk For details on current groups and drop-in's running across the County.
Life on the Spectrum		www.healthtalk.org For support, real life experiences and research
Mind	0300 123 3393	www.mind.org.uk
National Autistic Society	0808 800 4104 For support, advice and information	www.autism.org.uk
Gloucestershire Self Harm Helpline	0808 801 0606 Text 0753 741 0022	www.gloucestershireselfharm.org/
People Plus	0300 111 9000 Providing Carers services in the county	www.gloucestershirecarershubs.co.uk Email: carers@peopleplus.co.uk
Qwell		www.qwell.io Online counselling and emotional wellbeing support
Samaritans	116 123 Call free of charge	www.samaritans.org Email: jo@samaritans.org