

Aspect Assessments

Intake form



Full Name				
Date of birth			Gender	
Address				
Best person to contact in relation to the assessment				
Full Name				
Email			Phone	
Relationship to person being assessed:				
Self	Parent	Carer	Case manager	Other
Type of assessment/s required				
Initial autism assessment				
Review autism assessment				
Cognitive (IQ) assessment (not available via telehealth)				
Executive functioning assessment (with other assessment)				
Information about assessment types and fees is available in the "Participant Handbook" and "Fees Guide" or see: www.autismspectrum.org.au/how-can-we-help/getting-a-diagnosis				
Location of assessment:			Is an interpreter required?	
Chatswood	Coffs Harbour	Yes No		
Baulkham Hills	Telehealth	If yes, which language?		
Name of referrer: (if applicable)				

Once this completed form is received, Aspect Assessments will contact you to obtain some further information and arrange an assessment date. If you have any questions about the assessment process, please contact Aspect Assessments on assessments@autismspectrum.org.au or 1800 277 328.

Name:

Signed:

Date: