Dr. Nicolas Benard

Consultant Psychiatrist · Dublin, Ireland · benard.nicolas88@gmail.com

Patient Information Form - Autism (ASD)

Please complete this short form before your consultation. You may leave any question blank if you are unsure or prefer to discuss it during the appointment.

PATIENT DETAILS

Full name

Date of birth

Phone

Email

Home address

GP CONTACT

GP name

GP practice

GP contact details / address

EMERGENCY CONTACT

Name

Relationship to you

Phone

Email (optional)

REASON FOR CONSULTATION

Please briefly describe the main reason for your consultation and what you would like help with.

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MENTAL HEALTH HISTORY

Please briefly note any previous mental health diagnoses, psychiatric care, therapy, hospital admissions or relevant assessments.

AUTISM / ASD INFORMATION

Have you previously been formally diagnosed with autism / Autism Spectrum Disorder (ASD)?

☐ Yes ☐ No ☐ Not sure

If yes, who made the diagnosis and approximately when?

If you have previously been diagnosed with autism / ASD, please provide a copy of the diagnostic report or assessment where available.

Have you previously had an autism / ASD assessment that did not result in a diagnosis?

☐ Yes ☐ No ☐ Not sure

If yes, please provide brief details and the approximate date.

Is there a known family history of autism / ASD and/or ADHD?

☐ Yes ☐ No ☐ Not sure

If yes, please indicate the condition and relationship to you.

If you are requesting an autism / ASD assessment, please briefly describe the difficulties, experiences or characteristics that have led you to seek an assessment.

CURRENT MEDICATION

Please list your current medication, including dose and frequency where known.

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MEDICAL HISTORY

Please note any significant current or past medical conditions, operations, hospital admissions, allergies or other relevant medical information.

FAMILY HISTORY

Please note any other relevant family history of mental health, neurodevelopmental, neurological or other significant medical conditions.

ADDITIONAL INFORMATION

Please add anything else you think may be useful for your assessment.

GP COMMUNICATION AND CONSENT

Your consent allows relevant information to be exchanged with your GP where appropriate for your assessment and ongoing care.

I authorise Dr Nicolas Benard to contact my GP to request relevant clinical information.

☐ Yes ☐ No

I authorise Dr Nicolas Benard to contact and communicate with my GP where appropriate for the coordination of my care.

☐ Yes ☐ No

Useful documents

If available, you are invited to attach or bring a recent GP letter and your most recent blood test results. If you have previously received an autism / ASD diagnosis or assessment, please also provide a copy of the relevant diagnostic or assessment report where available.

Please return this form using the secure communication method agreed with the practice. This form is not intended for urgent or emergency communication.