

AUTISM SPECTRUM DISORDER DIAGNOSIS LETTER

Ref: _____ Patient ID: _____

Clinician Details:

Name: _____

Professional Qualification and Registration Number: _____

Clinic/Organisation: _____

Address: _____

Contact Number / Email: _____

Patient Information:

Full Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name(s) (if applicable): _____

Diagnosis Information:

The patient named above has been assessed by the undersigned clinician and meets the diagnostic criteria for Autism Spectrum Disorder (ASD) according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This diagnosis reflects a persistent pattern of differences in social communication and interaction across multiple contexts, alongside restricted, repetitive patterns of behavior, interests, or activities.

The assessment has been conducted through a comprehensive evaluation including clinical observation, developmental history, standardized assessment tools, and collateral information obtained from caregivers and relevant professionals.

Clinical Summary:

The patient demonstrates differences in social communication, including difficulties with social reciprocity and nonverbal communicative behaviors. Restricted and repetitive behaviors are noted, including intense interests and sensory sensitivities. These characteristics are consistent with ASD and impact daily functioning.

Recommendations:

Based on the diagnosis, it is recommended that the patient receive appropriate support and interventions tailored to their individual needs. This may include educational accommodations, therapeutic services such as speech and language therapy, occupational therapy, behavioral interventions, and social skills development. Ongoing monitoring and multidisciplinary collaboration are advised.

Legal and Confidentiality Statement:

This diagnosis letter is issued in accordance with UK law and confidentiality standards. It is intended for use by the patient, caregivers, and relevant professionals involved in the patient's care and support. Disclosure to third parties

requires the patient's or legal guardian's consent unless otherwise required or permitted by law.

Clinician Declaration:

I declare that this diagnosis is based on my professional clinical judgment and the evidence available to me at the time of assessment. I understand the legal responsibilities associated with this diagnosis letter under UK law.

Clinician's Signature

Patient/Guardian Signature

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

Original source of this document:

<https://legaltemplates-uk.com/autism-diagnosis-letter/>

Did you find this template helpful?

Find more updated templates at:

<https://legaltemplates-uk.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.