

GP Letter

To whom it may concern,

I am writing as the **General Practitioner** of

_____, DOB _____.

I have known _____ for _____ (years treated).
As you are aware, they have a diagnosis of Autism.

Their **medical and surgical history** includes:

- (Diagnosis/condition/surgery/past hospital visit/admission & year)

Their **regular medications** are:

- (Medication, dose, route of administration, any special considerations for medication administration)

_____ does not have any known **allergies** / is allergic to:

When last able to obtain this information, _____'s height was
_____ cm and weight was _____ kg.

This was taken on approximately _____

Please contact the Autism Association of Western Australia for more information.

Special considerations to assist with provision of medical care include:

Further information is found within the **attached information card**.

Thank you for your care and please do not hesitate to contact me if you have any queries.

Yours sincerely,

GP Name:

OR

GP Stamp

Practice:

Phone Number:

Address:

Signature:

Please contact the Autism Association of Western Australia for more information.

