**[](http://ourspace/StaffServices/AtoE/Comms/Communications%20Pictures/AWPcolourlogo.jpg)**

**Referral to the ADHD Service**

Please return to: [awp.specialisedADHDservices@nhs.net](mailto:awp.specialisedADHDservices@nhs.net)

**Please complete all sections – these must be completed in order for the referral to be accepted.**

**We cannot accept referrals in letter or other forms.**

PART 1 – to be completed by the GP/referrer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1. Service User Details** | | | | |
| **Date of Referral:** | | | | |
| Name |  | DOB |  | |
| Gender |  | NHS number |  | |
| Housing Status |  | Marital Status |  | |
| Current Address |  | Contact phone number |  | OK to leave message |
| Contact email address |  | OK to send to |
| Ethnicity |  | Language |  | Interpreter needed? |
| **GP Details** | | | | |
| Name |  | Contact phone number |  | |
| Surgery |  | Contact email address |  | |
| Address |  | | | |
| **Referrer Details (if not GP)** | | | | |
| Name |  | Contact phone number |  | |
| Organisation |  | Contact email address |  | |
| Address |  | | | |
| Has the service user consented to the referral? | | Yes | No | |
| Previous diagnosis of ADHD | | Yes ☐ | No☐ | |
| ***If Transition please include previous diagnostic reports and recent medication reviews.* If these are not provided then the assessment will be treated as 2. Previous Diagnosis but not in stable treatment**  ***Please note that we no longer accept referrals for transitions of care that do not have additional needs outside of ADHD****.* | | | | |
| **If this assessment results in a positive diagnosis and medication treatment, does the GP consent to shared care prescribing following complete titration** | | Yes | No | |
| **Secion 2. Reason for Referral** | | | | |
| *i.e. inattention (problems with focused or sustained concentration, organisation, planning etc) , hyper-activity (fidgetiness, restlessness, sitting still for long periods etc ), impulsivity (risk taking, problems with decision making, speaking over people etc).* | | | | |
| Main Presenting Problems as an Adult  (*employment, relationships, chores/tasks, self concept etc.)* |  | | | |
| Presenting problems in Childhood (before age of 12) |  | | | |
| History of Presenting Complaints as an Adult | Onset |  | | |
| Duration |  | | |
| Separate Episodes or Persistent? |  | | |
| **Section 3. Risk Assessment** | | | | |
| Risk to self  i.e. past and current suicidality, intent, self-harm, self neglect etc. |  | | | |
| Risk to others  i.e. past and current harm to others, domestic violence, child safeguarding, driving etc |  | | | |
| Criminal activity  Past or current cautions, convictions, prison sentences etc |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 4. Medical History** | | | | | |
| *Any Previous Problems with?* | | | | | |
| Acquired Brain Injury |  | Chest Pain |  | Heart Attack |  |
| Epilepsy |  | Cardiac Arrhythmia |  | Stroke |  |
| Meningitis |  | Palpitations |  | High Blood Pressure |  |
| Encephalitis |  | Fainting/syncope |  | Glaucoma |  |
| **None of the above** | | | | | |
| If Yes to any, please describe problem and investigations and treatment. | |  | | | |
| Any other physical health diagnoses? | |  | | | |
| Sleep related problems? | |  | | | |
| Allergies? | |  | | | |
| Current Medication? | |  | | | |
| If stopped taking ADHD medication when were they last prescribed (date)? | |  | | | |
| **Section 5. Psychiatric History** | | | | | |
| Co-morbid Psychiatric Problems?  *(anxiety, mood disorder, psychotic symptoms, interpersonal issues, trauma etc)* | |  | | | |
| Previous Treatment and Effectiveness?  (*medication, talking therapy etc.)* | |  | | | |
| Contact with Mental Health Services in past 6 months | | Primary Care / IAPT | | Secondary Care / Specialist Services | |
|  | | Other (please state) | |  | |
| **Please attach latest GP Summary** | | | | | |