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**Referral to the ADHD Service**

Please return to: 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

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| **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 selfi.e. past and current suicidality, intent, self-harm, self neglect etc. |  |
| Risk to othersi.e. past and current harm to others, domestic violence, child safeguarding, driving etc |  |
| Criminal activityPast or current cautions, convictions, prison sentences etc |  |

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| **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** |