**City & Hackney ADULT ADHD Service – Referral Form**

*GPs: This form is designed for patients to complete who are requesting referral for a new diagnostic assessment of ADHD only. Please also complete the standard mental health referral form.*

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| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Date of birth:** |  | **GP:** |  |
| **Contact Number:** |  | **Email:** |  |

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| --- |
| **What is the reason for this referral? I.e. current presenting problem, history of symptoms (including childhood), why are you seeking a diagnosis now?, etc.***Provide as much information as possible – more space is available on the last page if required****.***  |

**Please provide examples of any current difficulties in the following areas:**

|  |  |
| --- | --- |
| **Inattention:** | **Details:** |
|  |  |
| **Hyperactivity:** | **Details:** |
|  |  |
| **Impulsivity:** | **Details:** |
|  |  |

**Have you had any of the following:**

|  |  |
| --- | --- |
| **Problems in obtaining or sustaining education or employment:** | **Details:** |
|  |  |
| **Difficulties in initiating or sustaining social relationships:** | **Details:** |
|  |  |
| **A previous diagnosis of a mental health or neurodevelopmental condition (ie. Autism, dyslexia, dyspraxia:** | **Details:** |
|  |  |

**SECTION 2: IMPACT OF SYMPTOMS (Adult ADHD Self-Report Scale – ASRS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please circle:** | **Never** | **Rarely** | **Sometimes** | **Often** | **Very Often** |
| **Part A** |  |  |  |  |  |
| 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? | 0 | 1 | 2 | 3 | 4 |
| 2. How often do you have difficulty getting things in order when you have to do a task that requires organization? | 0 | 1 | 2 | 3 | 4 |
| 3. How often do you have problems remembering appointments or obligations? | 0 | 1 | 2 | 3 | 4 |
| 4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started? | 0 | 1 | 2 | 3 | 4 |
| 5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? | 0 | 1 | 2 | 3 | 4 |
| 6. How often do you feel overly active and compelled to do things, like you were driven by a motor? | 0 | 1 | 2 | 3 | 4 |
| **Part B** |   |
| 7. How often do you make careless mistakes when you have to work on a boring or difficult project? | 0 | 1 | 2 | 3 | 4 |
| 8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? | 0 | 1 | 2 | 3 | 4 |
| 9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? | 0 | 1 | 2 | 3 | 4 |
| 10. How often do you misplace or have difficulty finding things at home or at work? | 0 | 1 | 2 | 3 | 4 |
| 11. How often are you distracted by activity or noise around you? | 0 | 1 | 2 | 3 | 4 |
| 12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? | 0 | 1 | 2 | 3 | 4 |
| 13. How often do you feel restless or fidgety? | 0 | 1 | 2 | 3 | 4 |
| 14 How often do you have difficulty unwinding and relaxing when you have time to yourself? | 0 | 1 | 2 | 3 | 4 |
| 15. How often do you find yourself talking too much when you are in social situations? | 0 | 1 | 2 | 3 | 4 |
| 16. When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? | 0 | 1 | 2 | 3 | 4 |
| 17. How often do you have difficulty waiting your turn in situations when turn taking is required? | 0 | 1 | 2 | 3 | 4 |
| 18. How often do you interrupt others when they are busy? | 0 | 1 | 2 | 3 | 4 |

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| **Please use this space to record any additional information which you feel may be relevant:** |

**Please return this form to your GP**