East London NHS
NHS Foundation Trust

Newham ADULT ADHD Service: Referral Form

The Adult ADHD Service is a non-urgent service and is unable to offer urgent appointments.

Section A – To be completed by GP
Section B – To be completed by patient and returned via GP with section A
(GP should email completed forms, A&B, via e-Referral Service, ERS)

Please ensure the form is fully completed before sending, incomplete forms will be sent back to the referrer to complete. All questions are mandatory.

Date patient last seen:		
Referrer:		
Referrer's email:		
Referrer's contact number:		
Patient name:		
DOB:		
NHS Number:		
Patients Gender:		
Patients contact number		
Communication needs		
Main language		
Interpreter		

Please confirm the following:

1. *Has patient agreed to this referral?* ☐ yes ☐ no
2. *Has the patient with suspected ADHD completed Section B form?*
   (if section B form is not attached or fully completed the referral will be rejected)
   ☐ yes ☐ no

Newham ADULT ADHD Service: Section A

Please tick the appropriate box for the pathway you wish to make a referral for:
☐ **Assessment/Diagnosis of Adult Attention Deficit Hyperactivity Disorder (ADHD)** – *For patients with suspected ADHD, but no previous diagnosis of ADHD.*
☐ **Transfer/Transition of patient with childhood diagnosis of ADHD** – *From CAMHS or Paediatric Services. Please attach copies of clinical records (diagnostic assessment, last review).* Should any of these not be available, the patient will go on the waiting list for new assessment and expected to complete Section 2 Form.
☐ **Initiation of treatment for someone with a known diagnosis of Adult ADHD** *If diagnosed in the private sector, other NHS services or from abroad **we need detailed evidence of the previous assessment**. Should this not meet NICE 2018 / Good Psychiatric Practice 2009 standards (full clinical and psychosocial assessment, full developmental and psychiatric history, observer reports and/or quotes from school reports, use of Adult ADHD specific rating scales, mental state examination, assessment of substance use and other risks) the patient will go on the waiting list for new assessment and expected to complete Section 2 Form.*
☐ **A Medication Review for someone diagnosed and being treated for Adult ADHD**. (Please provide more details below) *If diagnosed in the private sector, other NHS services or from abroad **we need detailed evidence of the previous assessment**. Should this not meet NICE 2018 / Good Psychiatric Practice 2009 standards (full clinical and psychosocial assessment, full developmental and psychiatric history, observer reports and/or quotes from school reports, use of Adult ADHD specific rating scales, mental state examination, assessment of substance use and other risks) the patient will go on the waiting list for new assessment and expected to complete Section 2 Form.*
☐ **A Medication Review** (under Shared Care protocol) **for someone previously diagnosed under the Newham Adult ADHD Team. (***please note that patients under Newham ADHD Clinic Shared care protocol need not complete Section 2***)** *As part of a standard medication review a paper review will be undertaken. If a face-to-face consultation is required, please tick here* ☐

Details for medication review referral:

<u>Substance use</u>:

Heavy Alcohol use dependency	☐ **current***	☐ history	☐ none / no
Cannabis dependency	☐ **current**	☐ history	☐ none / no
Other illicit substances (e.g. cocaine) dependency	☐ **current**	☐ history	☐ none / no

Those with substance addiction and/or significant misuse will need to demonstrate evidence of engagement with the substance misuse team. Please provide evidence.

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Name of substance misuse team / contact person / evidence of engagement / other details:

Existing Mental Health Diagnoses:

Patients that require care coordination and/or patients with risk issues need to be referred to appropriate services prior to or alongside Adult ADHD referral. Please indicate if you have done this.

Other problems/Risks	***Referred to: (please provide details of services/professionals)***
Current or frequent suicidal ideation	
Active self-harm	
Criminal offending in the last year	
Risk of harm to others (incl. MARAC)	

Please select any previously confirmed diagnoses below:

Autistic Spectrum Disorder	☐	Depression	☐	Anxiety Disorder	☐
Schizophrenia	☐	Dyspraxia	☐	Dyslexia	☐
Tourette's	☐	Personality Disorder	☐	Bipolar	☐
PTSD	☐	Tic Disorders	☐	Substance Misuse	☐

Other (please specify:

_____

If there is any ongoing risk issue or mental health crisis, please refer in the first instance to appropriate Mental Health team.

Base Line information

Patients last Blood pressure: _____ Date of reading: _____
Pulse: _____
Weight _____
Height _____

Please note baseline bloods maybe requested from the GP prior to initiation of medications

Has a cardiovascular assessment been completed?
☐ Yes and nothing abnormal detected, Date of assessment _____

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☐ Yes and abnormal, (refer to cardiology for assessment)
☐ No (if not please complete prior to sending referral)

Past Medical and Cardiovascular History

History of epileptic seizures	☐ **Yes** ☐ **No**
If yes has this been treated and is the patient stable?	☐ **Yes** ☐ **No**
History or current Glaucoma	☐ **Yes** ☐ **No**
If yes has this been treated and is the patient stable?	☐ **Yes** ☐ **No**
History of Thyroid disease	☐ **Yes** ☐ **No**
If yes has this been treated and is the patient stable?	☐ **Yes** ☐ **No**
History of Eating Disorder	☐ **Yes** ☐ **No**
If yes has this been treated and is the patient stable?	☐ **Yes** ☐ **No**
Acquired brain injury	☐ **Yes** ☐ **No**

Cardiac Risks:

History of congenital heart disease or previous cardiac surgery	☐ **yes** ☐ **no**
Shortness of breath on exertion compared with peers	☐ **yes** ☐ **no**
Fainting on exertion or in response to fright or noise	☐ **yes** ☐ **no**
Chest pain suggesting cardiac origin	☐ **yes** ☐ **no**
Signs of heart failure	☐ **yes** ☐ **no**
A murmur heard on cardiac examination	☐ **yes** ☐ **no**
Raised Blood pressure	☐ **yes** ☐ **no**
History of sudden death in a first-degree relative under 40 years suggesting a cardiac disease	☐ **yes** ☐ **no**
Palpitations that are rapid, regular and start and stop suddenly (fleeting occasional bumps are usually ectopic and do not need investigation)	☐ **yes** ☐ **no**

{If yes to any of the above, please review and consider a cardiologist's opinion with the ADHD referral, as per NICE Guidelines 2018 (point 1.7.5)}

Last page of section A, please ensure section A and B are returned in full (with Cardiologist opinion where applicable). If an incomplete referral is received it will be rejected.

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