

Newham ADULT ADHD Service: Referral Form

Form B (To be completed by patient)

Your Name:		Gender:	
		Pregnancy status (if applicable)	
Date of Birth:	Click here to enter a date.	Marital Status:	Choose an item.
Address:		Ethnicity:	Choose an item.
Post Code:		Interpreter Required? If yes, what language?	Choose an item.
NHS number:		Employment status / student (please state if a student is higher education):	Choose an item.
Telephone Number(s):			
Email:		Type of accommodation (live with parents, homeless, etc.):	
What are the best ways to communicate with you or to send you information?	Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/>		
Please provide the details of someone who could provide an observer's report or collateral history of your symptoms – preferably someone that has known you since childhood, such as your parents or siblings.	Name: Phone number: Email address: Their Relationship to you: (kindly inform them that the ADHD clinic will be contacting them) <i>{We will not accept any referral without these details being provided}</i>		
Primary and secondary school reports (attached):	<input type="checkbox"/> yes <input type="checkbox"/> no <i>{please be aware that lack of these reports might delay your assessment}</i>		

Please list or explain current issues and why these issues could be possibly related to ADHD I.e. presenting problem, history of symptoms

Provide as much information as possible – more space is available on the last page if required

Please state how the above symptoms were present in childhood (Under 12 years)

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SYMPTOMS CHECKLIST (Adult ADHD Self-Report Scale – ASRS)

This section is mandatory. Any referrals submitted with the following page incomplete will be returned for completion.

The following screening must be completed by (or with) the patient:
 Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your GP.

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you have problems remembering appointments or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part B					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do you misplace or have difficulty finding things at home or at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How often are you distracted by activity or noise around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How often do you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How often do you find yourself talking too much when you are in social situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How often do you interrupt others when they are busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please hand the completed form to your GP to complete your referral to the ADHD Clinic.