



ADHD Referral – Patient Form

The information you provide in this form is necessary to progress your referral.

Please complete this form with as much detail as possible and return it to us by handing it into your surgery's front desk or by emailing a scan of the form to: hiowicb-hsi.livingwell.partnership@nhs.net

Patient Information

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
NHS No.	<input type="text"/>	Telephone	<input type="text"/>
GP Name	<input type="text"/>	Surgery	<input type="text"/>

I am completing the form for myself.

I believe that the information I have disclosed is true to the best of my knowledge.

I am completing the form for someone else.

Relationship to patient:

Section 1 – Reason for Referral

This section covers your reasons and expectations around your referral and confirms your understanding of the process.

Why did you decide to pursue an ADHD referral and how would it impact your life?

Tell us what made you begin the referral process (e.g., by therapist/clinical recommendation, diagnosis of a family member etc.) and how you feel it would affect your daily life.

Expectations for referral:

The current waiting time for NHS ADHD referrals is 5 years.

I confirm that I am aware of the current NHS waiting list time for ADHD referrals.

I am seeking (check all that apply):

An ADHD diagnosis.

Medication for ADHD.

Counselling/Therapy for ADHD.



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Section 2 – Your Symptoms & Experience

In this section we will ask you to provide information about your experience of symptoms commonly linked to ADHD and how they have impacted your education, employment and relationships in both childhood and adulthood.

Inattention

Inattention can vary in presentation. Examples of inattention can include poor time management skills, difficulty staying engaged in conversation or activities, misinterpreting instructions, losing/forgetting things regardless of their importance etc.

Hyperactivity

Hyperactivity can vary in presentation. Examples of hyperactivity can include fidgeting/inability to sit still, swings of high energy and excitability, restlessness and anxiety, feelings of needing to move as if driven by a motor etc.

Impulsivity

Impulsivity can vary in presentation. Examples of impulsivity can include interrupting in conversation, being impatient, starting tasks without planning or finishing them, having racing thoughts, engaging in risky behaviour without consideration of consequences, spending money without thought etc.



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Section 3 – Adult ADHD Self Report Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an **X** in the box that best describes how you have felt and conducted yourself over the past 6 months.

Symptom Checklist

Never Rarely Sometimes Often Very Often

Part A

How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?

How often do you have difficulty getting things in order when you have to do a task that requires organisation?

How often do you have problems remembering appointments or obligations?

When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

How often do you feel overly active and compelled to do things, like you were driven by a motor?

Part B

How often do you make careless mistakes when you have to work on a boring or difficult project?

How often do you have difficulty keeping your attention when you are doing boring or repetitive work?

How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?



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Symptom Checklist

	Never	Rarely	Sometimes	Often	Very Often
How often do you misplace or have difficulty finding things at home or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
How often do you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Section 4 – Important Measurements

To progress your referral, we will need the following information from you. Please complete a home blood pressure reading or use one of the machines the reception area of any of our surgeries.

Blood Pressure

Date Recorded

Pulse

Date Recorded

Weight

Date Recorded