Adult ADHD Referral form

Date:	**Referred by:**			
	Referral form completed by:			
Person Details: (Please include any previous name/otherwise known as)				
Surname:	**Forenames:**	**D.O.B:**		
Gender:	**Sexual Orientation:** (LGBTQIA-specify)	**Ethnicity:**	**Nationality:**	**Religion:**
NHS number:		**URN** (ADHD Foundation Staff use only)		
Current Address: Postcode: Telephone: Mobile: Email:		**Next of kin:** Name: Address: Postcode: Telephone: Mobile:		
Emergency contact name/Number:				
Consultant/Psychiatrist:		**GP Name/Surgery:**		
Have you been <u>diagnosed</u> with <u>any</u> conditions? Please ensure you include ALL disabilities, ill health, or medical conditions, including if you need to wear glasses when using a laptop. Please also disclose if you have contracted Covid-19 or have been in contact with someone who has and when this was.		**What conditions are currently being explored?**		

Adult ADHD Referral form

Current Medication:	**History of Brain injury or brain illness (severe enough to cause concussion and/or medical treatment). If yes please state when and the severity:**
Do you have a history of heart disease?	**Do you have a history of fainting?**
Do you have a history of high blood pressure?	**Is there a history of epilepsy in the family?**
Are you aware of any genetic conditions? Such as Raynaud's syndrome	**Have you been assessed for DCD? (Developmental coordination disorder). If so what was the outcome**
Have you experienced any traumatic experiences which may have resulted in post traumatic stress disorder?	**Have you been assessed for dyslexia, dyscalculia, dysgraphia or dyspraxia? If you have what was the outcome?**
Have you been screened for sensory processing disorder? If so what was the outcome?	**Is there a history of ADHD in the family? If so who?**
Is there a history of Autism in the family? If so who?	**Is there a history of Tourette's/tics in the family? If so who?**
Is there a history of Sensory processing disorder? If so who?	**Have you been assessed for any language disorders e.g. receptive language disorder?**

Adult ADHD Referral form

Any other agencies involved: e.g. Therapists e.t.c.	
Employment / Education Status: (e.g. Full time / College)	
Have you ever been fired from work?	**Were you ever excluded from school?** Yes ☐ No ☐ (If yes please give brief details/action)
Did your teachers ever recognise ADHD traits?	**Home Language:**
Attendance at work (circle): **over 96% / 90-96% / under 90%**	**Attendance when you were at school (circle):** **over 96% / 90-96% / under 90%**
Were all developmental milestones met?	
Why do you think you have ADHD?	

Adult ADHD Referral form

How does ADHD impact your day to day life?

Do you have any concerns about alcohol or substance misuse?

Any Police Involvement/Risk? (Brief details)

Any Significant/Relevant Information which you feel may be beneficial to the appointment?

Do you have any accessibility requirements (including hearing, large print documents)	Yes ☐ No☐ Don't Know ☐	If yes, please provide details:

Interpreter required? Yes ☐ No ☐

Do you consent to the ADHD Foundation recording, processing and sharing your information? (This is not related to marketing, it enables us to process and accept the referral e.g. adding you to out waiting list. If you do not select yes we will not be able to accept the referral form).

Yes ☐ No ☐

By ticking this box you confirm that you have read, understood, and agree to the policies detailed in the information guide.
Please note that if you do not tick this box we will not be able to proceed with your booking.

☐

Please tick which service you are referring to:

ADULT FULL assessment using the QbTest ☐

ADULT FULL assessment using the QbCheck ☐

ADULT QbTest Only ☐