

# Adult ADHD Referral Form

The Adult ADHD Service accepts referrals for patients in the Hampshire area for the purpose of ADHD assessment, diagnosis and treatment. If a patient has other neurodevelopmental or mental health needs, these must be managed separately and referred to the appropriate service.

**The referral must be completed in full.** If information is missing, the referral will be returned, and the patient will not be added to our waiting list. **No other screening tool is required for this ADHD referral.**

Please send completed forms to: [adhd.phl@nhs.net](mailto:adhd.phl@nhs.net)

## Patient details

Name .....

Gender ..... DOB ..... NHS N° .....

Address .....

.....

..... Postcode .....

Phone N° ..... Email .....

Is the patient aware of the referral? Yes  No

Has the patient consented to the referral? Yes  No

Is the patient aware that there are extended waiting times at present? Yes  No

## GP details

Name .....

Practice .....

Phone N° ..... Email .....

## Referrer details *if different to GP*

Name .....

Organisation .....

Job title .....

Phone N° ..... Email .....

Address .....

.....

..... Postcode .....

**Date of referral** .....

**Reason for referral** *please select ONE*

*Please complete Sections:*

**NEW ADHD diagnostic assessment** *Patient has not been assessed for ADHD before*

**A** **B** **D**

**EXISTING ADHD diagnosis requiring initiation/titration of ADHD medication**

*Patient has never been treated for ADHD*

**A** **B** **C**

**RESTART** of ADHD medication

*Patient has been treated for ADHD in the past but is not currently on treatment*

**A** **B** **C**

**REVIEW** of ADHD medication

*Patient is currently on ADHD treatment under shared care which needs adjusting*

**A** **B** **C**

**ADHD medication review TO SUPPORT SHARED CARE ARRANGEMENTS**

*Patient is on ADHD treatment, but needs review to facilitate shared care*

**A** **B** **C**

**Supporting information**

**SECTION A** Why is the patient being referred? What are their expectations?

.....  
.....

**SECTION B** Risk assessment

Is there current or past risk of harm to self or others? Yes  No

Are there any safeguarding concerns? Yes  No

Details: .....  
.....  
.....

**Supporting information** *clinical summary can be attached separately if easier*

**Past medical & psychiatric history** .....  
.....  
.....

**Medication including dose & frequency** .....  
.....  
.....

**Allergies** .....  
.....  
.....

**Details of any health, social care or education services involved** *please attach any reports which may be relevant*

.....  
.....

**SECTION C** For medication-related referrals

Observations *within the last three months*

BP	HR	Height	Weight
----	----	--------	--------

Supporting documents required:

**A:** Copy of ADHD diagnostic report (if not diagnosed by PHL) **B:** Copy of last ADHD clinic letter (if not provided by PHL)

**SECTION D**

Examples of inattentive symptoms causing difficulty *if applicable*

.....

.....

.....

Examples of hyperactive symptoms causing difficulty *if applicable*

.....

.....

.....

Examples of impulsive symptoms causing difficulty *if applicable*

.....

.....

.....

At what age did the symptoms start? .....

Have these symptoms persisted since childhood and throughout adulthood? Yes  No  N/A: Adult Onset

Which areas have been affected? *Please select as many as applicable*

Family  Work  Education  Life skills  Self-concept  Social  Risk

Please provide additional information *if applicable*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....