

Adult ADHD Service Referral Form Part 1

Patient to complete **all** questions and return to GP

Service User		Date of Birth	
		Ethnicity	
Address		NHS Number	
		Telephone No	
		Email address	
Next of Kin		Relationship	

Symptoms relating specifically to ADHD (DSM IV criteria)

1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
3. How often do you have problems remembering appointments or obligations?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<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?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
7. How often do you make careless mistakes when you have to work on a boring or difficult project?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>

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8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. How often do you feel restless or fidgety?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<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?	Very Often Often Sometimes Rarely Never	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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17. How often do you have difficulty waiting your turn in situations when turn taking is required?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>
18. How often do you interrupt others when they are busy?	Very Often	<input type="checkbox"/>
	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>
	Rarely	<input type="checkbox"/>
	Never	<input type="checkbox"/>

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	YES	NO
Do you consent to this referral?		
Are you at risk of losing employment or education?		
Are you at risk of family breakdown?		
Are you in receipt of other secondary mental health care?		
Have you previously been diagnosed with ADHD?		

If you have any other conditions or diagnosis can you please provide details of workers involved?

Should you have any mental health issues can you please note any current and historic factors, including self harming issues, drug and alcohol issues and or any special learning needs.

Please list any current medications (including doses and times)

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Medical History and any significant physical health problems (cardiovascular health and epilepsy in particular)