**Adult ADHD referral form**

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| Patient name: | Date of birth: |
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| Address: | Mobile number: |
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| 1. **Details of ADHD symptoms**. Please give details of your ADHD symptoms and how they might have been present throughout your life including in childhood and into adulthood. Please describe how these impact your life and how you manage, despite these difficulties. |
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| 1. **Severity of your symptoms**. Please describe the places where your ADHD symptoms are problematic. For example, impact on your work/school, relationships, social life and at home. You could also explain how your ADHD symptoms affect your health and mental health. |
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| 1. **Your childhood development.** Did you have a normal development through childhood? For example did you learn to walk later than average or learn to talk later than average? Did you have difficulties in early school or were you seen in the neurodevelopmental assessment unit at the Birnie Centre? |
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| 1. **Family History**. Is there anyone in your family that have been diagnosed with ADHD or Autism? |
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| 1. **Previous assessments.** Have you had any assessments? For example childhood assessments, educational psychology, non NHS mental health or ADHD assessments. |
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| 1. **Medical history.** Please give details of your medical history particularly information about heart or circulatory problems, neurological problems or liver problems. |
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| 1. **Treatment**. Please let us know what types of treatments you are interested or not interested in. New Craigs hospital are only able to offer medication currently and not psychological treatments which will hopefully be available in the future. New Craigs are currently not able to accept referrals that are purely for diagnosis, or for mild symptoms. |
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| 1. **BP & pulse.** Please ask for an appointment with a health care assistant to have your blood pressure and pulse checked. |
| **BP: Pulse:** |