

**Referral form - Service for adults with ADHD**

*The Adult ADHD Service, as part of the Neurodevelopmental Service, provides the assessment, diagnosis and treatment of ADHD. The service does not provide other specialist interventions.*

*The service is a non-urgent service. People are seen in order of receipt of referral. We are unable to prioritise referrals or respond to mental health crisis. If there is a change in the persons physical or mental health, a separate referral will need to be made to the appropriate service.*

*If this referral form is not completed in full, we will not be able to accept the referral onto our waiting list.*

Date of referral

# Referrer details

Name Address

Telephone number Profession

# Details of person referred

Name

NHS number

Gender

Date of birth Current address

Telephone numbers Home Mobile

Has the person consented to this referral?

YES or NO

Does the person have a diagnosed learning disability? YES NO

If YES, we will be unable to accept your referral. Please contact or refer to the local Community Learning Disability Services.

# GP details

Name

Surgery address

Telephone number Email address

# Reason for referral

**Diagnostic assessment of ADHD**

**Medication initiation / review for someone already diagnosed with ADHD**

Please note: Referrals for medication initiation can only be accepted if the diagnosis has already been confirmed. If this is the case, please attach a copy of the diagnostic report.

Please describe why you are referring the person to the Adult ADHD service, stating their

concerns, their expectations and what they wish to gain from an assessment?

# Please provide examples of the difficulties the person has in the following areas: Including onset of symptoms, impact upon education, employment and relationships.

Inattention

Hyperactivity

Impulsivity

# As Recommended in the NICE ADHD Guideline (NG87) for ADHD

Please refer the person for a cardiology opinion if they have any of the following. This will prevent further possible delay if ADHD treatment is indicated.

* History of congenital heart disease or previous cardiac surgery.
* History of sudden death in a first-degree relative under 40 years suggesting a cardiac

Disease.

* Shortness of breath on exertion compared with peers.
* Fainting on exertion or in response to fright or noise.
* Palpitations that are rapid, regular and start and stop suddenly (fleeting occasional bumps are usually ectopic and do not need investigation).
* Chest pain suggesting cardiac origin.
* Signs of heart failure.
* A murmur heard on cardiac examination.
* Blood pressure that is classified as hypertensive for adults.

# Baseline Physical Observations:

Blood Pressure Pulse Weight

* Please provide copy of recent ECG or cardiac history if this is available.

# Risk information:

 Are there any risks associated with this referral e.g. risk of harm to self or others?

 Please give details:

 Are there any safeguarding concerns for the individual or members of their family?

 Please give details:

# Please send the completed referral to:

Please find enclosed the ASRS Adult ADHD Screening tool to assist with the completion of this referral form.

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