

Gloucestershire Adult ADHD Service Self-Referral Form

- We provide a service for **18 year olds and over only**.
- We are not able to provide social care or care co-ordination.
- We only accept referrals for people where there is evidence of a moderate-severe impact associated with symptoms.

1 - Your personal details

Title	
First name	
Surname	
Home phone number	
Mobile phone number	
Email address	
Home address	
Postcode	
NHS number (if known)	
Date of birth	
Gender	
Occupation	

2 - GP details

GP name	
GP surgery	
GP surgery phone number	
GP surgery email	

3 - Supporting documents

Unfortunately, we may not be able to accept this referral without the following information.

ADHD informant questionnaire (attached to this document)	
If the patient has a previous diagnosis of ADHD please attach evidence to support this (previous diagnostic assessment report, paediatric reports confirming formal diagnosis). Unfortunately, we will not be able to accept the referral without this information, as this is required for effective triage.	

Please give name and contact details of a friend or family member (collateral informant) who can provide developmental history prior to the age of 12 years.

Title	
First name	
Surname	
Home phone number	
Mobile phone number	
Email address	
Home address	
Postcode	

4 - Significant physical health history

5 - Previous mental health history

We are unable to support with general mental health needs. If you are experiencing challenges with your mental health, please contact your GP or NHS Talking Therapies who can support for mental health conditions including depression, emotional wellbeing with a baby, anxiety, panic disorder, post traumatic stress disorder, obsessive compulsive disorder and phobias.



0800 073 2200



www.ghc.nhs.uk/talkingtherapies



6 - Please indicate if any of the following are applicable

Currently pregnant or had a baby in the last 12 months	
Currently in or entering higher education	


7 - Do you now or have you in the past posed a significant risk to yourself?

8 - Other relevant information

How to return your completed application form

Please return this form, together with the Further Information form to:

 ADHD.Admin@ghc.nhs.uk

 **ASC / ADHD Service**
Lexham Pavilion
Copt Elm Road
Charlton Kings
Cheltenham
GL53 8AG

Further information

Please ensure this section is fully completed.

We are unable to accept the referral form if this is not completed. Please give examples of how you feel and how your symptoms can affect you and how you have managed/ do manage these difficulties.

1 - How do you feel your symptoms affect you?

Do you have difficulties with attention, concentration and memory?

Please give detailed examples that may include being easily distracted, struggling to concentrate, difficulties following conversations, forgetting appointments or plans, not following conversations, forgetting and losing day-to-day items.

In childhood

In adulthood

2 - Anxiety and depression

Do you experience symptoms of low mood, depression or anxiety?

Please give detailed examples that may include continual worry, social anxiety, poor sleep, negative thoughts and feelings of low self-worth and sadness.

In childhood

In adulthood

3 - Challenges and difficulties your symptoms have on your life

Do you find your symptoms challenging?

Please give detailed examples that may include home life, work, education, friendships, relationships, risk, money management.

In childhood

In adulthood