

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	Day/Month/Year
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:

 ghc.adhd.admin@nhs.net



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

Informant Questionnaire

Please ask someone that has known you since you were a child to complete this form.

If it is not possible to have a parent or a carer complete this form, ask someone else, such as a sibling or a partner.

It is helpful for the assessment process if the person completing this form provides as much information as possible and gives specific examples where relevant. We appreciate this may take quite a bit of the informant's time and could bring up some difficult emotions, but it is very helpful to our diagnostic assessment process.

Please return this form within **THREE weeks** of receiving it. If there are any difficulties filling this form in, or if you would like it in an e-format or a more accessible version (e.g. larger print), you or your informant can contact us by telephone or email.

If you need more space for your answers, please use the last page titled, **Additional information**.

Please ensure you have provided the full name of the person you are referring to below as the 'individual'.

Details of the person completing this form

Today's date	Day/Month/Year		
Your name			
Name of individual			
Relationship to individual	☐ Parent	☐ Sibling	☐ Other
If other, how long have you known them?	How many years?		
Your home address			
Postcode			
Your phone number			
Your email address			

Reason for referral

What do you feel are this person's main difficulties in relation to inattention (concentration), hyperactivity (restlessness, fidgeting and a constant need to be active), impulsivity (acting quickly without thinking of consequences)?

When were you aware of these starting?

Education and employment

Please outline any exam results or qualifications they achieved.

**Did they need any additional support in school/ college/ university?
If yes, what types of difficulties did they have and what support was offered?**

Did school present any challenges? If so, what where they?

**Have they had any problems in getting or keeping a job?
If yes, what have been the problems?**

Daily living skills

How does the person plan and prioritise tasks and activities at home (manage household tasks, completing chores, managing schedules)?

Can you describe how forgetfulness affects their daily life?

What aspects of daily life do they manage successfully?

Physical and mental health

Has the person received any of the following diagnoses? Please add year of diagnosis, where applicable.

ADHD	Day/Month/Year	Dyslexia	Day/Month/Year
Autism	Day/Month/Year	Epilepsy	Day/Month/Year
Dyspraxia	Day/Month/Year	Tourettes	Day/Month/Year
Learning disability	Day/Month/Year	Dyscalculia	Day/Month/Year

Does the person have any physical health problems or allergies?

Have they ever had a head injury? If yes, please provide details.

**Have they ever had any mental health problems?
Please outline what these are and if they needed treatment.**

**Did they see any mental health professionals during childhood (other than a GP)?
If so, please give details.**

**Has anyone in their family ever had any mental health problems
or a diagnosis of ADHD? Include grandparents/ aunts/ uncles etc.**

Infancy and early childhood history

Were there any problems related to the pregnancy? If yes, please describe.

Were there any problems related to birth? If yes, please describe.

What were they like as a baby (sleep, feeding, behaviour etc)?

Compared with children their age, were they late in reaching any of their developmental milestones?

If you are able to recall, what age did they start?

Walking

Age?

Talking

Age?

Toilet training

Age?

School age

**Were any issues identified in pre-school or nursery -
your perception and/or any teacher observations?**

**Were any issues identified in school (infant, junior and secondary) -
your perception and/ or any teacher observations?**

What was the person's experience of secondary school like?

As a child, compared to other children, were they quiet or did they talk too much?

Was their behaviour the same at home as it was at school?

How were they at following instructions?

Did they follow instructions in the same way at home and school?

How did they engage in school? How did others describe them?

**How did they manage homework and meeting deadlines?
If unable to, please describe why.**

How do they manage starting and completing activities?

How did they engage socially, both in and out of school?

**What type of comments would their teachers give during parent-teacher evenings
and in report cards (nursery, primary, secondary school)?**

Between school and now

As an adult, how do they manage their friendships and relationships?

**How easy is it to have a conversation and engage with this person?
Does it feel balanced, or one sided and on their terms?**

How would others who know them well (friends, family, colleagues) describe them?

Have they ever been in trouble with the police?

Do they consume illicit substances? If so, from what age?

Do they seek thrill and engage in dangerous activities? If so, please describe.

Additional information

**Is there any other information you feel would be relevant to share?
If so, please summarise here.**

Thank you for completing this questionnaire