

Adult ADHD Referrals

Name: _____ DOB: _____
Email Address: _____ Contact No.: _____
Address: _____
Postcode: _____ Ethnicity: _____

Do you smoke? Yes No If yes, how many per day?
Do you drink? Yes No If yes, how much per week?

- a) Why do you believe that you have a diagnosis of ADHD?
(Please give details highlighting evidence of symptoms that have resulted in social, educational and/or occupational impairment)
- b) How is your daily life impacted due to ADHD?
- c) Do you have any history of ADHD during childhood and has persisted throughout life?
- d) Do you drink alcohol or take any illicit drugs/drugs not prescribed by the GP?
(If yes, please detail which substance and how often, and whether you are in contact with drug/alcohol services)

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1. Describe your current concerns
(Reason for the concerns, duration, level of stress, are you hearing voices or seeing things that others might not be able to, experiencing paranoia or enduring mood swings?)
2. Are you at risk of suicide, self-harm or causing harm to others? How are you keeping safe?
3. What is your past mental health history? Are you known to mental health services outside of Hertfordshire?
(Please provide details on any previous diagnosis, any support and treatment offered – both talking therapies and medication. Please provide any details of any out of county contact.
4. What are your home/family and occupational circumstances?
5. Do you have any physical health problems?
(Any long term health issues, chronic pain, recent significant life threatening diagnosis)

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6. Are you currently taking any medication?
(Please include the type, dosage and frequency – for mental health or physical health conditions)

7. Are there any other professional agencies working with you?
(e.g. social services, drug and alcohol services, MIND)