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GP ADHD Doc 4: Request for Adults (aged 16+)

ADHD Assessment / ADHD Medication Review and titration / Transfer from Paediatric to Adult Services

Nature of funding referral sought (tick one)		
ADHD Assessment (no previous diagnosis)	<input checked="" type="checkbox"/>	Complete ALL sections of this
Medication Review (existing diagnosis)	<input type="checkbox"/>	form Complete sections 1 – 4 only
Transfer from Paediatric to Adult Services	<input type="checkbox"/>	Complete sections 1 – 4 only

For ADHD Assessment requests this application form must be fully completed (including the ASRS v.1.1 in sections 5 and 6) and contain detailed information to enable comparison of the patient against the locally agreed criteria for funding for an assessment appointment for Adult ADHD assessment, treatment planning and medication titration (if appropriate).

The questions in the ASRS v1.1 are consistent with the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis.^[1]

For ADHD Medication Reviews and Transfer of Paediatric patients to Adult services sections 1-4 (inclusive) must be completed evidencing the need for a review.

Where the information within this application is inconclusive, more in-depth information may be required in order to reach a fully informed decision.

Section 1: Patient	
Details Patient Name	
Patient Address	
Patient Tel No/s	
Patient Date of Birth	
Patient Sex	
NHS No.	
Ethnicity	
Job Status	

Marital Status	
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Section 2: Referrer's Details	
Date seen by GP	
Referring GP Name Practice	
Address	
GP Tel No.	
GP Email	
PATIENT CONSENT	<p>I confirm that this application has been discussed in full with the patient or the patient's representative. They are aware that they are consenting to the IFR Team receiving and reviewing confidential clinical information about the patient's health to enable full consideration of this application for funding.</p> <p>I acknowledge that it is my responsibility to make the patient or the patient's representative aware of the outcome of this application.</p>
Signature of Requester	
Date of signature	

Section 3: General Information	
Is this person currently on the waiting list for an ADHD Assessment with	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Does the patient consent to a referral to the locally commissioned provider?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If not, which provider does the patient wish to be referred to?	
Insert details:	
<p>has been referred to local CMHT. they have advised GP to make individual funding request through the CCG if the patient meets the screening criteria on the ASRS v1 screening tool (scoring over 6).</p> <p>If the funding request is agreed send referral [REDACTED]</p>	
<p>PLEASE NOTE: If a patient chooses a provider that does not have a contract with [REDACTED] they will be issued with a private prescription for any medication prescribed during the titration period. If these prescriptions are not dispensed by the provider, the patient may be required to pay the cost of the private prescription when requesting that the drugs be dispensed by a local pharmacy.</p>	

Section 4: Clinical Information		
Current symptoms	Anxiety	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	Depression	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	Over-emotional (esp with family or at school/	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	work) Frequent feelings of sadness and	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	tearfulness Thoughts of suicide (but not acting on	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	it) Struggling in everyday life (school/work/home)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

	Increased alcohol or substance misuse	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Other current symptoms indicative of ADHD/Other MH need (please add any not included above)	Lot of social anxiety over the since age 18. Became self-conscious of impulsive nature and social communication style. Not comfortable with new people.	
	Impacting upon his mood. Wife reports mood often low.	
	Controls emotions hat work but often boils over at home/	
	Probable adhd symptoms impacting on relationship -caused brief separation from partner. Affecting opportunities at work. Often will struggle to focus in meetings and on work. Gets distracted in social situations and people mistake this for rudeness. <input type="text"/>	
	<p>Separated from wife late last year as result he feels. Now back together. Makes him difficult to live with. Works in <input type="text"/> Had been looking at ADHD symptoms and realised he has most of the symptoms. Always wondered about it and now would like to do something about it. Causes daily 'irritation.' Can be irritable or short. 4 jobs in 4 years. Struggles to focus in meetings. Very fidgety and unable to sit still. In zoom meetings has to turn camera off and do star jumps to help him cope with symptoms. Affecting career progression</p> <p>At university had friend who had brought some medication from India for narcolepsy. he used the medication and it allowed him to focus and helped him study.</p> <p>unable to sit still. restless and fidgets. gets easily distracted. still achieving but finds it is a hindrance. can be impulsive and can interrupt. affects relationships as can come across as rude</p> <p>Nil formal treatment so far. No local service provision. Requires IFR application as per local pathway. Needs specialist assessment and oversight to commence ADHD treatment</p> <input type="text"/>	<input type="text"/>
Details of current presenting risks	No thoughts of harm to self or others.	
Evidence that there have been similar difficulties in the past, starting prior to the age of seven.	E.g. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood. Grew up in <input type="text"/> in early years-would not stay still. School reports from age 6-7 report that <input type="text"/> does not focus in class and of constant under achievement. He reports long standing difficulties	

	with impulse control and focus from school years through to university and current employment. Change in roles repeatedly -4th role at same level in 3 years
Details of Psychiatric History (please provide copies of any reports or relevant clinical letters)	nil
Details of Forensic History	nil
Details of current and past pharmacological Treatments	Nil - reports did try friend's stimulant medication for narcolepsy while at university - did find very helpful in helping to focus

The IFR team will review all referrals:

Section 5: Results from Part A of the ASRS-v1.1 questionnaire					
How Often:	Never	Rarely	Some times	Often	Very Often
Do you have trouble completing the final details of a piece of work once the challenging parts have been finished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have difficulty getting things in the right order when you do a task that requires organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have problems remembering appointments or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
When you have a task that requires a lot of thought do you avoid or delay getting started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section 6: Results from Part B of the ASRS-v1.1 questionnaire					
How often:	Never	Rarely	Some times	Often	Very Often
Do you make careless mistakes when you have to work on something boring or difficult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have difficulty keeping your attention when you are doing boring or repetitive work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have difficulty concentrating on what people say to you, even when they are speaking to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

directly?					
Do you misplace or have difficulty finding things at home or at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How often are you distracted by activity or noise around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you leave your seat in meetings or other situations in which you are expected to remain seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> -will turn camera off on zoom meetings so can move about	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have difficulty unwinding and relaxing when you have time to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you find yourself talking too much when you are in social situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you're in a conversation, do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have difficulty waiting your turn in situations when turn taking is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you interrupt others when they are busy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This application should be submitted from a secure nhs.net email account to



Or posted to



[1] American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington DC, American Psychiatric Association. 2000: 85-93.