

# REFERRAL TO ADHD 360 - Referral for ADHD assessment 16+



**THE MASON  
FOUNDATION**

<b>THE MASON FOUNDATION - Unique reference No:</b> <i>(allocated by ADHD 360 for monitoring purposes)</i>	
<b>PROPEL PARTNER NAME</b> <b>(SCHOOL OR COLLEGE &amp; REGION)</b>	
<b>DATE OF REFERRAL:</b>	
<b>NAME/ADDRESS &amp; PHONE NUMBER OF REFERRER (GP or other appropriately trained clinician)</b>	

<b>SECTION A – TO BE COMPLETED BY THE PARENT / CARER / GUARDIAN</b>	
<b>PATIENT DETAILS</b>	
<b>Patient name:</b>	
<b>Home address:</b>	
<b>Date of birth:</b>	
<b>Contact tel no:</b>	
<b>Contact email address:</b>	
<b>Name/address/phone number for NEXT OF KIN:</b>	
<b>Does the patient consent to share information with their next of kin?</b>	<b>YES          NO</b>
<b>Name of GP:</b>	
<b>Practice address:</b>	
<b>NHS No:</b>	
<b>If the patient already has a diagnosis, please state if this is NHS/Right to choose, or Private</b>	<b>NHS RIGHT TO CHOOSE PRIVATE</b>
<b>When was the diagnosis given?</b>	
<b>Who gave the diagnosis?</b>	

**SECTION B – TO BE COMPLETED BY THE GP OR OTHER APPROPRIATELY TRAINED CLINICIAN  
 (and ideally return to CHLOE during the patient appointment)  
 SEND TO [adhd360.masonfoundationrtc@nhs.net](mailto:adhd360.masonfoundationrtc@nhs.net)**

<p><b>REASON FOR REFERRAL</b>                  Please give a <b>comprehensive summary</b> of current needs, please also include any current diagnosis and assessment of presenting risks and current issues with any supporting relevant reports and investigations.</p>	
<p>Have the difficulties been evident since childhood?</p>	<p><b>YES</b>                      <b>NO</b></p>
<p>Has the presentation been unexplained by previous diagnosis?</p>	<p><b>YES</b>                      <b>NO</b></p>
<p>Does the patient have any educational, psychological or social impairment needs?</p>	<p><b>YES</b>                      <b>NO</b></p>
<p>Has the patient had any unmet prescribing needs?</p>	<p><b>YES</b>                      <b>NO</b></p>
<p><b>Please indicate type of assessment/intervention required</b>  <i>(GP to answer)</i></p>	
<p><b>Are there any other relevant documents to support this referral?</b></p> <p>Please tick and submit those that apply. Please feel free to send other information from the school/college/workplace or another health care practitioner, to support this referral).</p>	<p><b>Patient summary</b></p> <p><b>Current medication/last review date</b></p> <p><b>Previous engagement in Mental Health Services</b></p> <p><b>Previous diagnoses</b></p> <p><b>Any reports undertaken by previous/current professionals</b></p> <p><b>Any previous ADHD diagnosis report if appropriate</b></p> <p><b>Completed ASRS screening – completed by patient (end of this form)</b></p>

<b>Name of current ICB</b>	
<b>Name of previous CCG</b>	
<b>Name of commissioning contact/mental health lead at local ICB</b>	
<b>Contact details of the above contact if known (telephone and email)</b>	
<b>Finance department contact information for billing at local ICB (if known) – normally held by the surgery finance department/colleague</b>	
<b>Trade shift code/payables code (if known) – normally held by your surgery finance department/colleague</b>	

## Adult (16+) ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Please answer **ALL** the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months.



**Once completed, please send to your GP along with this form, to discuss during your next appointment regarding your referral.**

Patient name:

Completed by:

Date:

	Never	Rarely	Sometimes	Often	Very often
1. How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					