

REFERRAL TO ADHD 360 - Referral for ADHD assessment **6-15**



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

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

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

<p>REASON FOR REFERRAL Please give a comprehensive summary 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>YES NO</p>
<p>Has the presentation been unexplained by previous diagnosis?</p>	<p>YES NO</p>
<p>Does the patient have any educational, psychological or social impairment needs?</p>	<p>YES NO</p>
<p>Has the patient had any unmet prescribing needs?</p>	<p>YES NO</p>
<p>Please indicate type of assessment/intervention required (GP/Clinician to answer)</p>	
<p>Are there any other relevant documents to support this referral?</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>Patient summary</p> <p>Current medication/last review date</p> <p>Previous engagement in Mental Health Services</p> <p>Previous diagnoses</p> <p>Any reports undertaken by previous/current professionals</p> <p>Any previous ADHD diagnosis report if appropriate</p> <p>Completed ASRS screening – completed by patient (end of this form)</p>

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

SNAP IV short form



Name of Child or Young Person:

Date Completed:

Date of birth	
Age next birthday	
Form completed by	
Parent/teacher/ or other	

Please tick the answer that best describes the young persons behaviour over the past two weeks. **Answer ALL questions and return this completed checklist to your GP along with the referral form to discuss during the young persons next appointment regarding their referral.**

		Not at all	Just a little	Quite a bit	Very much
		0	1	2	3
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2	Often has difficulty sustaining attention in tasks or play activities				
3	Often does not seem to listen when spoken to directly				
4	Often does not follow through on instructions and fails to finish schoolwork, chores or duties				
5	Often has difficulty organising tasks and activities				
6	Often avoids, dislikes or reluctantly engages in tasks requiring sustained mental effort				
7	Often loses things necessary for tasks or activities e.g. toys, school assignments, pencils or books.				
8	Often is distracted by extraneous stimuli				
9	Often is forgetful in daily activities				
10	Often fidgets with hands or feet or squirms in seat				
11	Often leaves seat in classroom or in other situations in which remaining seated is expected				
12	Often runs or climbs excessively in situations in which it is inappropriate				
13	Often has difficulty playing or engaging in leisure activities quietly				
14	Often is 'on the go' or acts as if 'driven by a motor'				
15	Often talks excessively				
16	Often blurts out answers before questions have been completed				
17	Often has difficulty awaiting turn				

18	Often interrupts or intrudes on others e.g. butts into conversations or games				
19	Often loses temper				
20	Often argues with adults				
21	Often actively defies or refuses adult requests or rules				
22	Often deliberately does things that annoy other people				
23	Often blames others for his / her mistakes or misbehaviours				
24	Often touchy or easily annoyed by others				
25	Often is angry and resentful				
26	Often is spiteful or vindictive				