ADHD Referral

Dear Parent or Guardian

We understand that you have made an enquiry about a referral for assessment for attention deficit hyperactivity disorder (ADHD) for your child.

To ensure the referral is done in a timely manner and sent with all the necessary supporting documentation, we ask that you complete the attached forms and bring them with you to your GP appointment. One form needs to be completed by parents/guardians and another form needs to be completed by your child’s school/teacher.

Please note failure to provide all the necessary supporting information may result in a delay in your referral being sent to the appropriate team or the department rejecting the referral.

Please contact us if you have any questions prior to your appointment with the GP.

Yours sincerely,

Bridge Cottage Surgery

ENHCCG Paediatric ADHD referral form

*Proforma developed from HCT Step 2 referral form*

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| **REFERRAL DATE** |
| **Referral Date** |  |

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| **CHILD / YOUNG PERSON DETAILS**  |
| **NHS Number:** |  | **First Name:** |  |
| **Date of Birth:** |  | **Surname:** |  |
| **Full postal address of child:** |  |
| **Preferred telephone number:** |  | **Second telephone number:** |  |
| **REFERRER DETAILS**  |
| **Referrer Name:** |  |
| **Referrer Address:** | 41 High Street, Welwyn, Herts, AL6 9EF |
| **Organisation:** | Bridge Cottage Surgery |
| **Role in organisation:** |  |
| **Contact Number(s):** | 01438 715044 | **Email:**  | general.bridgecottagesurgery@nhs.net |
| **Please briefly detail the reason you are referring this Child or Young person for an ADHD assessment:** |
| **OTHER FAMILY DETAILS & PARENTAL RESPONSIBILITY** |
| **Family Structure (who is the young person living with?)** |  |  |  |
| **Current education setting (name and address), if known** |  |
| **Has the young person/parent consented to this referral?** | [ ]  Yes [ ]  No |  |
|  | **Parental Responsibility Contact 1** | **Parental Responsibility Contact 2** |
| **Full Name** |  |  |
| **Address (if different from above)** |  |  |
| **Permission to contact?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Consented to referral?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Home Telephone** |  |  |
| **Mobile Telephone** |  |  |
| **Are both parents aware of this referral?** | [ ]  Yes [ ]  No | If no, please give detail as to why not:  |
| **Are there any learning needs, sensory impairments or language barriers for parents/carers.** | [ ]  Yes [ ]  No | If yes, please give details as to what and how we could adjust for these:  |
| **GP DETAILS (If not referrer)** |
| **GP Name:** |  |
| **GP Address:** |  |
| **Contact Number(s):** |  | **Email:** |  |

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| **FOR COMPLETION BY PARENT/CARER** |
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| **Family structure and significant life events****1.Please tell us who lives at home with your child, their age and relationship to the child (e.g. sibling, parent, step parent). Also tell us about extended family in the area.** **2.Have there been any relationship breakdowns, including separation and divorce?**[ ]  Yes [ ]  No**3.Has there been any bereavement in the family?**[ ]  Yes [ ]  No**4.Has there ever been domestic abuse in the family?**[ ]  Yes [ ]  No**5.Is the child fostered or a child looked after?**[ ]  Yes [ ]  No**6.Do any family members have ADHD or ASD and please give us details?**[ ]  Yes [ ]  No**What is your child’s behaviour like at home?**Please look at the last page of this form for guidance on how to fill it in.**Please indicate using the scale from 0-10, the level of difficulty your child is experiencing, 0 – not at all, 10- a lot. Please also give a specific example in the space provided.****1. Does your child often find it difficult to give close attention to details; or makes careless mistakes with his/her homework, or struggles to understand tasks and instructions?** Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**2. Does your child often have difficulties sustaining attention with tasks and play activities?**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**3. Does your child often not seem to listen when spoken to directly, for example their mind seems elsewhere?** Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**4. Does your child not follow through with instructions and does not to finish his/her schoolwork, chores, or duties? Starts tasks and then loses focus very quickly?**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**5. Does your child have difficulties organising tasks and activities, for example: difficulty keeping materials and belongings in order, messy and disorganised?** Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**6. Does your child avoid, dislike, or is reluctant to engage in tasks that require sustained mental effort, for example: homework or schoolwork, Easily distracted?**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**7. Does your child often lose things necessary for a task or activity, for example: pens, pencils, books, tools, paperwork or PE kit?**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**8. Does your child become easily distracted by irrelevant or unrelated things that have no relation to what they are supposed to be doing, for example: when studying or concentrating on a task?** Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**9. Does your child often forget daily activities, for example: doing chores, their school timetable, timings, when they are supposed to meet you or others?**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example:**10. Does your chid fidget, squirm or leave their seat in situation when you would expect child remain seated or sit still** Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example**11. Is your child often acting if driven by motor, always seen to be full of energy and have difficulty waiting their turn**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give an example**12.Does your child talk excessively, blurt out answers or interrupt conversations**Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotPlease give examples:**13. What is your child’s view of their difficulties?****14. How do the child’s difficulties affect the family?****Your child’s developmental history from birth**Was your child born before 37 weeks? [ ]  Yes [ ]  NoDid they meet their developmental milestones? [ ]  Yes [ ]  NoHas your child had any brain injury? [ ]  Yes [ ]  NoDoes your child have epilepsy? [ ]  Yes [ ]  NoWere there any complications with pregnancy? [ ]  Yes [ ]  NoWere there any complications at birth? [ ]  Yes [ ]  NoWere there any problems with attachment or bonding? [ ]  Yes [ ]  NoAre there any problems with your child’s appetite? [ ]  Yes [ ]  NoAre there any concerns regarding your child’s sleep? [ ]  Yes [ ]  NoDo you have any concerns about his/her self-care? [ ]  Yes [ ]  NoIs the young person on any medication?[ ]  Yes [ ]  NoDoes the young person have any physical or other health problems we need to be aware of? [ ]  Yes [ ]  No**1.If you have answered YES to any of the questions above, please can you give a brief description below of what the difficulties were/are:****2. At what age did you notice that your child had difficulties with concentration, hyperactivity and impulsivity** **3. Is there any other information that you think we should know about your child or family circumstances?****Interventions to date****1. How have you managed your child’s behaviour at home?****2. Have you attended a parenting course, if so how long ago and which course did you attend?****3. Please also tell us what was beneficial and what was not about the course?****4. Have you accessed any relevant support groups? If yes which support groups?****Name of Parent/carer completing this form: Relationship to child:** **Date:** **Please ensure you have completed a SNAP IV (See end of form)**

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| **FOR COMPLETION BY SCHOOL/EDUCATIONAL ESTABLISHMENT** |
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**Please state your name and your relationship to the child****Name:**   **Job title:** **1.Please give examples of impulsivity you have observed****2.Please give examples of hyperactivity you have observed****3. Please give examples of inattention you have observed****4.** **Are there times when these behaviours not seen****5. Please describe the child’s peer interactions and any difficulties in relationships****6. Please indicate to what extent you think the following applies to the child**Hyperactivity: Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lot Impulsivity: Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotInattention: Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lotDifficulties in peer interactions/friendships:Not at all [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 A lot **7. Is this child achieving their academic potential** [ ]  Yes [ ]  No**8. Interventions at school to date:** Please state who, where, date and impact. For example: parenting and classroom support, Individual education plan, school action plus, SEND plan: **9. Are there any current or previous Safeguarding / Child Protection concerns in relation to this family?**[ ]  Yes [ ]  No**If you ticked yes please give details.****10. Is the family currently open to Children’s Services?**[ ]  Yes [ ]  No**If you ticked yes please give details, ie. Child in Need/Child Protection:** |
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| **OTHER AGENCIES INVOLVED (provide details as appropriate)** |
| **If you are aware of any other agencies involved with this young person, please provide details below.** |
| **PROFESSIONAL / AGENCY** | **TELEPHONE NUMBER** | **EMAIL ADDRESS** |
| School Nurse |  |  |
| Social Worker |  |  |
| Paediatrician |  |  |
| School |  |  |
| Health Visitor |  |  |
| Educational Psychologist |  |  |
| Counsellor |  |  |
| Family Support |  |  |

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| **NEXT STEPS** |
| **Paper based pre screen**  |

**Please ensure a SNAP IV is completed and include the Staff details of who completes the form (see end of form)**

**For Parent to Complete**

**SNAP-IV Teacher and Parent 18-Item Rating Scale**

James M. Swanson, PhD., University of California, Irvine, CA 92715

|  |
| --- |
| Patient / Client Name: <Patient Name> |
| Date of birth: <Date of Birth> | Gender:  |
| Grade: Type of Class: ­­­­­­­­­­­­­­­­­­ | Class Size:  |
| Completed by:  | Date:  |
| Physician Name: <GP Name> |

For each item, check the column which best describes this child/adolescent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at All** | **Just A Little** | **Quite a bit** | **Very Much** |
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty sustaining attention in tasks or play activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often does not seem to listen when spoken to directly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty organising tasks and activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often loses things necessary for activities (e.g. toys, school assignments, pencils, books)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is distracted by extraneous detail
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is forgetful in daily activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often fidgets with hands or feet or squirms in seat
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often leaves seat in classroom or in other situations in which it is inappropriate
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often runs about or climbs excessively in situations in which remaining seated is expected
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty playing or engaging in leisure activities quietly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is ‘on the go’ or acts as if ‘driven by a motor’
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often talks excessively
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often blurts out the answer before questions have been completed
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty waiting their turn
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often interrupts or intrudes on others (e.g. butts into conversations/games)
 | [ ]  | [ ]  | [ ]  | [ ]  |

**For Teacher to Complete**

**SNAP-IV Teacher and Parent 18-Item Rating Scale**

James M. Swanson, PhD., University of California, Irvine, CA 92715

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| --- |
| Patient / Client Name: <Patient Name> |
| Date of birth:  | Gender:  |
| Grade: Type of Class:  | Class Size:  |
| Completed by:  | Date:  |
| Physician Name:  |

For each item, check the column which best describes this child/adolescent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at All | Just A Little | Quite a bit | Very Much |
| 1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty sustaining attention in tasks or play activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often does not seem to listen when spoken to directly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty organising tasks and activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often loses things necessary for activities (e.g. toys, school assignments, pencils, books)
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is distracted by extraneous detail
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is forgetful in daily activities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often fidgets with hands or feet or squirms in seat
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often leaves seat in classroom or in other situations in which it is inappropriate
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often runs about or climbs excessively in situations in which remaining seated is expected
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty playing or engaging in leisure activities quietly
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often is ‘on the go’ or acts as if ‘driven by a motor’
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often talks excessively
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often blurts out the answer before questions have been completed
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often has difficulty waiting their turn
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Often interrupts or intrudes on others (e.g. butts into conversations/games)
 | [ ]  | [ ]  | [ ]  | [ ]  |