**[](http://ourspace/StaffServices/AtoE/Comms/Communications%20Pictures/AWPcolourlogo.jpg)**

**REFERRAL TO THE ADHD SERVICE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service User Details** | | | | | | | | | |
| Name | | |  | | | DOB | |  | |
| Address | | |  | | | NHS number | |  | |
| Contact phone number | |  | |
| Ethnicity | | |  | | | Contact Email | |  | |
| **Referrer Details** | | | | | | | | | |
| Name | | |  | | | Phone | |  | |
| Address | | |  | | | Email Address | |  | |
| **GP details (if not referrer)** | | | | | | | | | |
| Name | | |  | | | Phone | |  | |
| Address | | |  | | | Email Address | |  | |
| **Other professionals involved?** | | | | | | | | | |
| 1 | Name |  | | Service |  | | Contact details | |  |
| 2 | Name |  | | Service |  | | Contact details | |  |
| 3 | Name |  | | Service |  | | Contact details | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Survey** | | | |
| Has the person consented to this referral? | Yes | | No |
| Reason for referral, ADHD presenting problems (extent and duration of difficulties) |  | | |
|  |  | | |
| Have referrals been made to other agencies or organisations to meet these needs? (We only assess and treat ADHD) | Yes | No | |
|  |  | | |

|  |
| --- |
| **Developmental History:** |
|  |
| **Psychiatric History:** |
|  |
| **Risk Issues – self/others, including historical:** |
|  |
| **Current Alcohol or Illicit Substances:** |
|  |
| **Current Medication:** |
| None |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The following documentation must be included with the referral form (please note that assessment will be delayed until this is supplied)** | | | | | |
| Completed ASRS v1.1 | | | Yes | | No |
| Primary Care Patient Summary | | | Yes | | No |
| Previous ADHD correspondence | | | Yes | | No |
| Other relevant reports | | | Yes | | No |
|  | | | | | |
| Signature |  | Base | |  | |
| Printed name |  | Date | |  | |
| Phone |  |  | |  | |

**This referral will be screened by our service and you will be notified by letter of the outcome.**

**Please contact the service on tel: 01275 796262**

**Adult ADHD Service**

**Avon and Wiltshire NHS Mental Health Partnership NHS Trust**

**Petherton Resource Centre**

**3 Petherton Road**

**Hengrove**

**Bristol**

**BS14 9BP**

**Tel: 01275 796262**

**Fax: 01275 796205**

**Email:** [**awp.specialisedadhdservices@nhs.net**](mailto:awp.specialisedadhdservices@nhs.net)