**Referral form - Birmingham and Solihull Adult ADHD Service**

**This referral form is to be used for primary and secondary care/internal referrals and relates to patients aged 18+ from Solihull and 25+ from Birmingham.**

**Any Birmingham patients under 25 are to be referred to Forward Thinking Birmingham.**

Please complete all sections, this information will ensure referrals are managed in an efficient manner and reduce unavoidable delays caused by requests for further information.

The completed referral form also needs to include:

* Completed ASRS scale (Appendix 1)
* Completed committment for appropriate Shared Care (Appendix 2)

There is a supplementary ASRS form for patient to complete independently (Appendix 3); this does not need to be returned

**If any sections of the form or Appendix 1 and 2 are not completed, the referral will be returned as incomplete.**

Please return completed form and information to: bsmhft.adhdreferrals@nhs.net

|  |  |  |  |
| --- | --- | --- | --- |
| **ASRS Scale Result** | Part A |  | / 6 |
|  | Part B |  | / 12 |

**Section 1: Patient details – to be completed by the referrer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **NHS No** |  | **Gender** |  |
| **Ethnicity** |  |  |  |
| **Address** | Mobile Telephone Number: Email Address *(if non primary care referral):*  |
| **Needs** | Does this person have any needs that we would need to consider when offering them an appointment (e.g. interpreter, disabled access, etc)? If so, what are these needs?*For GP referrals: If reasonable adjustments have been coded please ensure they are included in the medical summary and enter here ‘for RA see summary’*.  |
|  | Will the person consider online consultations if clinically appropriate? Y/N *They will need access to a computer/tablet/smartphone, with microphone, camera & Wi-Fi. You will also need to provide email address as above.* |
|  | Does the person have any form of LD that we need to be made aware of to support the person during the assessment process. Y/N If so, please detail below: |
| **Risk** |

|  |  |
| --- | --- |
| 1. Is the person expressing thoughts of suicide or self-harm?
2. Has the person ever made a suicide or self-harm attempt?
3. Is the person expressing thoughts or has previously engaged in episodes of violence /aggression?
4. Is the home environment safe to visit?
5. Is there concern about harm or exploitation from others e.g. domestic violence, sexual harassment or abuse, financial abuse? (If yes, please provide further details within important information below)
6. Are there any child protection/safeguarding issues? (If yes, please provide further details within important information below)
7. Is the person at risk of self-neglect, physically or emotionally?
8. Is there concern about the person’s concordance with existing mental-health treatment?
9. Is there concern about the person’s general current behaviour e.g. risk taking, sleep pattern, activities of daily living? (If yes please provide further details within important information below
10. Is there a history of misusing drugs or alcohol?
11. Is there a history of depression or serious mental illness, including any current episode?

*Where you have answered yes to questions 5 and 6 please ensure you provide additional information below – Please note, referrals will be returned if this information is not included* | **Yes No Not known**[ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |

Please provide any further information below: |

**Section 2: Reason for referral – to be completed by the referrer**

Do you want us to provide:

|  |  |
| --- | --- |
|  | **A full diagnostic assessment for Attention Deficit Hyperactivity Disorder (ADHD)**(Service user doesn’t have a past diagnosis of ADHD or there is no access to a past ADHD diagnostic report.) |

|  |
| --- |
| **What is the reason for referral?***In the box below, please describe any possible symptoms of ADHD the patient is presenting with – this can include problems with attention, concentration, organisation skills, irritability, restlessness, hyperactivity and impulsivity. Please comment on the impact this is having on relationships, employment/education and daily life.* |
| **Please describe any other mental health history or current condition or treatment.** **Please include alcohol or drug abuse.***If this is contained in GP medical summary, please indicate here* |
| **Please describe any physical health problems including any medication currently prescribed. (Majority of medications for ADHD have an impact on cardiac function. Please include, where possible, any history of cardiac problems and family history of cardiac problems). Please also include history of seizures, history of hypertension etc. Include recent pulse and blood pressure readings (with dates)***If this is contained in GP medical summary, please indicate here* |

|  |  |  |
| --- | --- | --- |
| Has the patient consented to the referral being made?*Please note that we will only accept referrals to which the patient has consented.*  | Yes  | No  |
| Does patient have a previous diagnosis of ADHD, either in the UK or overseas?*We will require documentary information to support this* | Yes  | No  |

**Section 3: Referrer information**

|  |  |
| --- | --- |
| Your name |  |
| Your profession or job title |  |
| Postal address |  |
| Your email address |  |
| Your tel. no. |  |
| Patient’s GP *(if different from above)* | Name:Practice address:Tel no: |
| Date of referral |  |

**Referral Checklist**

* All sections are complete
* ASRS completed (Appendix 1) and score recorded
* Completion of Shared Care committment (Appendix 2)
* GP referrals: copy of diagnostic report/medical records, clinic letters, up to date medication information (if required)

**For office use only**

|  |  |  |
| --- | --- | --- |
|  | Details | Staff Member |
| Date referral received  |  |  |
| Date referral triaged |  |  |
| Outstanding information |  |  |
| Outcome |  |  |

**Appendix 1**

**Adult ADHD Self Report Scale (ASRS v1.1)**

Description: The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

**Instructions:**

**Symptoms**

1. Ask the patient to complete both Part A and Part B of the Symptom Checklist by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.
2. Score Part A. If **four or more** marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.
3. The frequency scores on Part B provide additional cues and can serve as further probes into the patient’s symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

**Impairments**

1. Review the entire Symptom Checklist with your patients and evaluate the level of impairment associated with the symptom.
2. Consider work/school, social and family settings.
3. Symptom frequency is often associated with symptom severity, therefore the Symptom Checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how these problems have affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other.

**History**

Assess the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. 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, but full symptomology is not necessary.

**Adult ADHD Self Report Scale (ASRS v1.1) – to be completed by referrer**

|  |  |
| --- | --- |
| **Patient Name:** | **Todays Date:** |
| **PART A** | **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 organization? |  |  |  |  |  |
| 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? |  |  |  |  |  |
| **PART B** | **Never** | **Rarely** | **Sometimes** | **Often** | **Very Often** |
| 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? |  |  |  |  |  |

**Appendix 2 - Commitment to ESCA - Adult ADHD**

We are proud to have improved our service for patients with the support of BSOL CCG, when medication is prescribed, to try and normalise ADHD management as much as possible. Medication is only part of the approach we recommend following diagnosis, as outlined in NICE guidance.

We will **only** request shared care with yourselves for patients who are **non-complex** (as explained in shared care document), are taking responsibility for the management of their ADHD and are happy and keen to engage with primary care. We are **only** requesting for shared care for **prescribing of medications** at this stage as the **monitoring which includes yearly review will remain with BSMHFT**.

As a result of your referral, we may choose to prescribe medication for your patient and request your continuation of this prescribing, once the patient‘s medication has been optimised to the most effective dose and is **stable**. Successful shared care arrangements enable the combination of the best of both primary and secondary care for the benefit of the patient. They help to reduce the risk of medicines related problems for drugs that a GP may be unfamiliar with, or that require on-going joint arrangements between the GP, us and the patient.

Sometimes GPs have concerns around ESCAs and we hope this type of prescribing is reasonably straightforward. All ESCAs are agreed by the Birmingham, Sandwell, Solihull and Environs Area Prescribing Committee, whose membership includes representatives from the local trusts and CCGs.

**To be completed by the General Practitioner:**

|  |  |  |
| --- | --- | --- |
| In principle, I am happy to consider an effective shared care arrangement (ESCA) for (insert patient name) that meets the APC agreed criteria for sharing care for Attention-Deficit /Hyperactivity Disorder (ADHD)  | Yes  | No  |
| I require additional advice and guidance to support me prior to prescribing and/or taking on this shared care element | Yes  | No  |

*General Practitioner*

|  |  |
| --- | --- |
| Name (please print) |  |
| Name and address of GP Practice |  |
| Signature |  |
| Date |  |

**Appendix 3**

**Adult ADHD Self Report Scale (ASRS v1.1) – to be given to and completed by patient**

|  |  |
| --- | --- |
| **Patient Name:** | **Todays Date:** |
| **PART A** | **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 organization? |  |  |  |  |  |
| 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? |  |  |  |  |  |
| **PART B** | **Never** | **Rarely** | **Sometimes** | **Often** | **Very Often** |
| 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? |  |  |  |  |  |