GP ADHD Doc 4: Request for Adults

ADHD Assessment or ADHD Medication Review and titration

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| Nature of funding referral sought (tick one) |
| ADHD Assessment (no previous diagnosis) |  | Complete ALL sections of this form |
| Medication Review (existing diagnosis) previously medicated |  | Complete sections 1 – 4 only |
| Medication Review (existing diagnosis) no previous medication |  | Complete sections 1 – 4 only |

For ADHD Assessment requests this application form must be fully completed (including the ASRS v.1.1 in sections 5 and 6) and contain detailed information to enable comparison of the patient against the locally agreed criteria for funding for an assessment appointment for Adult ADHD assessment, treatment planning and medication titration (if appropriate).

The questions in the ASRS v1.1 are consistent with the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis.[[1]](#footnote-2)

This form should not be used for patient’s transferring from Paediatric ADHD services to Adult ADHD services. Those patients should be transferred by paediatric services directly to CWP.

Where the information within this application is inconclusive, more in-depth information may be required in order to reach a fully informed decision.

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| Section 1: Patient Details |
| Patient Name |  |
| Patient Address |  |
| Patient Tel No/s |  |
| Patient Date of Birth |  |
| Patient Sex |  |
| NHS No. |  |
| Ethnicity |  |
| Job Status |  |
| Marital Status |  |

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| Section 2: Referrer’s Details |
| Date seen by GP |  |
| Referring GP Name |  |
| Practice  |  |
| Address |  |
| GP Tel No. |  |
| GP EmailPlease provide a generic email address for our response |  |
| PATIENT CONSENT | I confirm that this application has been discussed in full with the patient or the patient’s representative. They are aware that they are consenting to the IFR Team receiving and reviewing confidential clinical information about the patient’s health to enable full consideration of this application for funding.I acknowledge that it is my responsibility to make the patient or the patient’s representative aware of the outcome of this application. |
| Signature of Requester |  |
| Date of signature |  |

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| Section 3: General Information |
| Is this person currently on the waiting list for an ADHD Assessment with CWP | YES / NO |
| Does the patient consent to a referral to the locally commissioned provider? | YES / NO |
| If not, which provider does the patient wish to be referred to? |
| Insert details:  |
| PLEASE NOTE: If a patient chooses a provider that does not have a contract with NHS Cheshire and Merseyside ICB (Cheshire East or West) they will be issued with a private prescription for any medication prescribed during the titration period. If these prescriptions are not dispensed by the provider, the patient may be required to pay the cost of the private prescription when requesting that the drugs be dispensed by a local pharmacy. |

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| Section 4: Clinical Information |
| Current symptoms  | Anxiety | YES / NO |
| Depression | YES / NO |
| Over-emotional (esp with family or at school/work) | YES / NO |
| Frequent feelings of sadness and tearfulness | YES / NO |
| Thoughts of suicide (but not acting on it) | YES / NO |
| Struggling in everyday life (school/work/home) | YES / NO |
| Increased alcohol or substance misuse | YES / NO |
| Other current symptoms indicative of ADHD/Other MH need (please add any not included above) |  |
| Details of current presenting risks |  |
| Evidence that there have been similar difficulties in the past, starting prior to the age of seven.E.g. 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. | THIS SECTION MUST BE COMPLETED |
| Details of Psychiatric History (please provide copies of any reports or relevant clinical letters)  |  |
| Details of Forensic History |  |
| Details of current and past pharmacological Treatments |  |

The IFR team will review all referrals:

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| Section 5: Results from Part A of the ASRS-v1.1 questionnaire |
| How Often: | Never | Rarely | Some times | Often | Very Often |
| Do you have trouble completing the final details of a piece of work once the challenging parts have been finished? |  |  |  |  |  |
| Do you have difficulty getting things in the right order when you do a task that requires organisation? |  |  |  |  |  |
| Do you have problems remembering appointments or obligations? |  |  |  |  |  |
| When you have a task that requires a lot of thought do you avoid or delay getting started? |  |  |  |  |  |
| Do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  |  |  |  |  |
| Do you feel overly active and compelled to do things, like you were driven by a motor? |  |  |  |  |  |

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| Section 6: Results from Part B of the ASRS-v1.1 questionnaire |
| How often: | Never | Rarely | Some times | Often | Very Often |
| Do you make careless mistakes when you have to work on something boring or difficult? |  |  |  |  |  |
| Do you have difficulty keeping your attention when you are doing boring or repetitive work? |  |  |  |  |  |
| Do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  |  |  |  |  |
| Do you misplace or have difficulty finding things at home or at work? |  |  |  |  |  |
| How often are you distracted by activity or noise around you? |  |  |  |  |  |
| Do you leave your seat in meetings or other situations in which you are expected to remain seated? |  |  |  |  |  |
| How often do you feel restless or fidgety? |  |  |  |  |  |
| Do you have difficulty unwinding and relaxing when you have time to yourself? |  |  |  |  |  |
| Do you find yourself talking too much when you are in social situations? |  |  |  |  |  |
| When you’re in a conversation, do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? |  |  |  |  |  |
| Do you have difficulty waiting your turn in situations when turn taking is required? |  |  |  |  |  |
| Do you interrupt others when they are busy? |  |  |  |  |  |

This application should be submitted from a secure nhs.net email account to ifr.manager@nhs.net

Or posted to

Individual Funding Request Team

Midlands and Lancashire Commissioning Support Unit

1829 Building - Mail Account

Facilities Services

Individual Funding Request Team

Countess of Chester Hospital NHS Foundation Trust

Liverpool Rd

Chester

CH2 1UL

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

Washington, DC, American Psychiatric Association. 2000: 85-93. [↑](#footnote-ref-2)