

We operate a specialist ADHD clinic seeing children who have issues with concentration and or hyperactive/impulsive behaviour *without* significant co-morbidity such as Autism, conduct disorder or mental health problems. Children with these co-morbidities should be referred to other service providers. In order to screen children appropriately, we need this referral form to be completed and parents and teachers to fill in the SNAP and Australian questionnaires. These are available on our website www.addmire.org.uk. Please use the email address Paediatric.2@asph.nhs.uk or ask to speak to a clinician on helpline 0193272 (2126), (2538) or (2764) for clarification, if needed. If you are using the email address above, it should not contain patient details.

If the child has features typed in red/italics, it is not appropriate to assess him/her in our clinic and he/she should be referred elsewhere.

ADHD Clinic Referral Form

Either email this form with screening questionnaires (SNAP for parents and teachers and Australian Questionnaires for parents and teachers available on www.addmire.org.uk) or send the form and questionnaires by post or by fax.

Email address: asph.appointments@nhs.net Fax number: 01932 723151

Postal address: Paediatric Department, ADHD Clinic, St Peter's Hospital, Guildford Road, Chertsey, KT16 0PZ.

Helpline: Paediatric.2@asph.nhs.uk (this is not a secure address and patient's details should not be sent).

Telephone 01932 722126, 01932 722538, 01932 722764 and ask to speak to Neurodevelopmental Disorders Clinician

Child's Details : Male/Female

DoB

Date of referral

Name

Postcode

Home Address

Telephone

GP Details

Name

Address

Telephone

Fax Number

Social interaction (please underline the problems and expand where necessary)

(Any possibility of Autistic Spectrum Disorder? Empathy problems? Insisting on sameness? Obsessions? Fixated interests? Socially isolated? No imaginative play?)

Behavioural difficulties (please underline the problems and expand where necessary)

(temper tantrums, lying, *stealing, criminal behaviour*, danger awareness, aggression, hyperactivity, concentration problems, impulsivity)

Mental Health/Trauma History: (please underline the problems and expand where necessary)

Child:

(Any history of serious upsets/ accidents/ losses/ separations/ deaths/ traumas/ domestic violence/ abuse? Have there been any child protection concerns? Past or current mental health services/ medications? *Substance misuse? Anxiety? Depression? Self-Harm?*)

Parent/Carer: Any mental health problems?