be completed by the Patient/Family/Carer

Completed by		
Patient ☐	Family member ☐ (*Insert Name Below*)	Carer ☐ (*Insert Name Below*)

Patient Details

Patient name: <Patient Name> **Date of birth**: <Date of Birth>
NHS number: <NHS number>
Primary address: <Patient Address>
Correspondence address: <Patient Address>
Next of Kin details:
Parental responsibility:
Children in household (Name and DOB):

Background Information	
Why are you seeking assessment for ADHD at this time?	
What would a diagnosis of ADHD mean for you?	

Main Problems	
What are your main problems? i.e. inattention, hyper-activity, impulsivity	

What is the impact of the problems on these areas of your life?	
Education/ employment	
Personal/ social relationships	

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Social interaction and communication difficulties	
Self-concept/ view of self	
Risks associated with offending behaviour	
Childhood symptoms of ADHD (before the age of 12)	
Impact on school/ learning problems	
Impact on family/ parental/ friendships	

Risk taking/ accidents (frequent A&E attendance, dangerous situations)	
Impulsivity/ consequence of actions	
General behaviour	

Developmental History – did you have any of the following?					
Pregnancy complications	☐	Delay/accelerated developmental milestones	☐	Behavioural issues	☐
Birth complications	☐	Settling/sleep problems	☐	Sensory processing difficulties	☐
Feeding/eating problems	☐	Social interaction issues	☐		
Language delay	☐	Reading/writing delay	☐		

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If YES to any, please describe problem and any investigations and treatment.	
Any developmental diagnoses? *i.e. autism, specific learning difficulty, learning disability etc.*	
Any childhood adverse events? *i.e. trauma, abuse, parental mental health problems, parental substance abuse/ safeguarding needs*	

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Family History	
Any known family history of ADHD? *Please give details of familial relationship and diagnosis*	
Any known family history of the following? *i.e. autism, specific learning difficulty, learning disability, dyslexia, dyspraxia, dyscalculia, anxiety, depression, OCD, Tourette's, psychosis, alcohol or substance use problem, genetic disorder, cardiovascular problems*	

Educational/Work History						
Currently in education?	School/ college	☐	Higher education	☐	No	☐
Mainstream or other schools attended? (Include primary and secondary)						
Any SENCO/ Educational Healthcare Plans (EHPs)						
Problems encountered during school day? (breaktimes, detentions)						
Academic results (GCSEs)						
Are school reports available?	Yes	☐	No	☐		
Employment						
Currently working?	Employed	☐	Self-employed	☐	Not in work	☐
What is your job?						
How long in current role?						
Please give details of any problems in work/ employment	Peers/colleagues					

	Managers
	Time management

Drug and Alcohol History	
Current weekly alcohol intake (units per week, on average)	
Current cannabis use (on average per week)	
Use of other recreational substances, in particular <u>stimulant drugs</u> (e.g. cocaine, amphetamines, MDMA etc)	Effect
	Current usage
	Past usage
Current caffeine intake (coffee, energy drinks etc)	

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Current nicotine intake (cigarettes and/or vaping)?	
Sleep history (please describe your sleeping pattern)	
Eating/ appetite history (describe any disordered eating)	

Risk Assessment	
Attempted suicide with genuine intent:	
Yes (Please give details) ☐	No ☐
Had any thoughts about ending your life	
Yes (Please give details) ☐	No ☐
Intentionally harmed yourself	
Yes (Please give details) ☐	No ☐
Experienced self-neglect	
Yes (Please give details) ☐	No ☐
Used alcohol/substances in a harmful way	
Yes (Please give details) ☐	No ☐

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Evidence of risk of harm from others				
Child Protection Plan (CPP) indicator (Social services involvement):				
As a child were you subject to a CPP? (please provide details) ☐			No ☐	Not known ☐
Victim of domestic violence				
Disclosed (Please give details) ☐		None disclosed ☐		Not assessed at this time ☐
Risk of Abuse				
Emotional/psychological (including bullying) ☐	Financial ☐	Physical ☐	Unlawful restrictions ☐	Sexual (unwanted, non-consensual) ☐

Evidence of risk of harm to others		
Arson ☐	Exploitation of others (e.g. financial) ☐	Risk to children ☐
Risk to vulnerable adults ☐	Sexual assault (including touching/exposure) ☐	On the sex offenders register ☐
Violence/aggression/abuse to family ☐	Violence/aggression/abuse to public ☐	MAPPA – police protection involvement? ☐
Correspondence ☐	Damage to property ☐	Incidents involving the police where you have been at fault ☐
Comments		

Evidence of risk of accidents		
Accidental harm outside the home (e.g. wandering) ☐	Driving/road safety ☐	Falls – to point where you cause physical harm ☐

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Fire ☐	Unsafe use of medication e.g. accidental double dosing. If yes, explore what happened and when. ☐
Comments	

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Adult ADHD Self-Report Scale Symptom Checklist					
Please answer the question below, rating yourself on each of the criteria shown using the scale on the right hand side of the page. As you answer each question, please place an X that best described how you have felt and conducted yourself over the past 6 months.	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 organisation?	☐	☐	☐	☐	☐
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 are driven by a motor?	☐	☐	☐	☐	☐
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 are 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?	☐	☐	☐	☐	☐