**East Kent Adult ADHD and Autism Service**

The single point of access for referrals is Psicon Ltd. Please email all referrals to:

[psicon.assessments@nhs.net](mailto:psicon.assessments@nhs.net)

The East Kent Adult Neurodevelopmental Service is jointly provided by Psicon and Psychiatry UK.

1. **PATIENT DETAILS**

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **NHS Number:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Full Address:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |
| **Contact Email:** |  |

1. **REFERRER DETAILS** *(if referrer is GP, please complete section below)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Referral Source:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Contact Email:** |  |

1. **GP DETAILS**

|  |  |
| --- | --- |
| **GP Name:** |  |
| **GMC Number:** |  |
| **GP Surgery Name:** |  |
| **GP Surgery Address:** |  |
| **Telephone Number:** |  |
| **Contact Email:** |  |

1. **REFERRAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Pathway** | **Indicate here**  **(Y/N)** | **Presentation**  **e.g. symptoms/behaviours** | **Problems caused by symptoms/behaviours**  **e.g. concentration at work, anxiety, problems in relationships** |
| **Attention Deficit Hyperactivity Disorder Pathway** |  |  |  |
| **Autism Spectrum Disorder Pathway** |  |  |  |
| **Medication review for Attention Deficit Hyperactivity Disorder already diagnosed** |  |  |  |

1. **SUPPORTING INFORMATION**

**Please attach relevant clinical correspondence and reports – important information includes:**

* **current/past CMHT reports**
* **previous ADHD Assessment letters**
* **copies of previous involvement with the Child & Adolescent Service**
* **GP Encounter Report**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does the patient have a previous diagnosis of ADHD and/or ASD? (Please attach original diagnostic letter as appropriate)** | | | |
|  | | | |
| 1. **Does the patient have any psychiatric history? (Please include any details of interaction with Mental Health Teams or hospital admissions)?** | | | |
|  | | | |
| 1. **Does this patient have a learning difficulty/disability?** | | | |
|  | | | |
| 1. **Does this patient have any diagnosed medical conditions? (If yes, please provide a brief summary)** | | | |
|  | | | |
| 1. **Is the patient currently being prescribed any medication? (If yes, please detail medication, dose and reason for use)** | | | |
|  | | | |
| 1. **Does the patient have any forensic history (If yes, please provide details)** | | | |
|  | | | |
| 1. **Current drug and alcohol use** | | | |
|  | | | |
| 1. **Is the patient currently being seen by a local mental health team e.g. CMHT, IAPT, LD?** | | | |
|  | | | |
| 1. **Risk and safeguarding concerns:** | | | |
| □ Suicide  □ Self-harm  □ Self-neglect | □ Risk from others  □ Posing risk to others  □ Child protection | | □ No risks or safeguarding issues |
| **Additional risk and/or safeguarding information:** | | | |
| 1. **For ADHD referrals, please provide baseline observations:** | | | |
| **Blood Pressure:** | |  | |
| **Pulse:** | |  | |
| **Height:** | |  | |
| **Weight:** | |  | |
| 1. **If applicable, please detail any relevant information not requested above:** | | | |
|  | | | |

1. **ADDITIONAL NEEDS**

|  |  |
| --- | --- |
| **British sign language interpreter** | Yes / No |
| **Step free access/ground floor consulting room** | Yes / No |
| **Language translation** | Yes / No |
| **Longer appointment** | Yes / No |
| **Further information:** | |

1. **CONSENT (please tick)**

|  |  |
| --- | --- |
| 1. **The patient has given consent for the information provided within this referral to be sent to the care provider.** | Yes / No |
| 1. **The patient has provided consent for the care provider to access the summary/full GP record for the duration of the period of care providing there is a legitimate reason to do so.** | Yes / No |
| 1. **The referral has been made through a ‘best interest’ decision** | Yes / No |

1. **SIGNATURE**

|  |  |
| --- | --- |
| **Referrer Signature:** |  |
| **Date of Referral:** |  |

Psicon handle all personal information in accordance with the Data Protection Act 2018 and the General Data Protection Regulations 2018. We will process personal information in ways that respect individual rights and in line with our company values, exercising the highest standards of confidentiality, integrity and trust. For more information, please see the Privacy Notice on our website at

<http://psicon.co.uk/privacypolicy.aspx>.