

IN CONFIDENCE

Referral Guidance

- Please note in order for the ADHD service to be able to start the assessment process the referral form needs to be completed in its entirety and sent in to us.
- You can submit this form either electronically by emailing it to refertoalderhey@nhs.net
- Or by post to the following address:

Referrals, Alder Hey Children's NHS Foundation Trust, Eaton Road, L12 2AP

- All referrals will need to be generated in collaboration with the Child or Young Person's school and with the support of Teachers and Special Educational Needs Coordinators. For those children who are Elective Home Educated, please liaise with the appointed EHE School Nurse.
- For the best outcome for the Child or Young Person, the form should be completed by a person who knows the child well and sees them on a regular basis i.e. a Teacher and/or Teaching Assistant
- Please note if the evidence is not received in totality or does not meet the criteria we will be unable to progress with the referral and the referral will be rejected.
- The 'Comment/Example' section on each question if completed will increase the likelihood of a child or young person progressing swiftly onwards through the assessment process to conclusion of diagnosis or non-diagnosis.
- Please refer Parents/Carers to our website for more information on our service and ADHD in general.
- If you are a GP and trying to refer to the ADHD assessment service you will need to signpost your patient/parent/carer to the school/Special Educational Needs Coordinator/other relevant member of staff to ensure the required evidence is made available.
- For further guidance on completing this form, please email ADHDQueries@alderhey.nhs.uk

It should be noted that as an ADHD assessment service we do not accept referrals regarding:

- Continence issues/constipation.
- Exclusively social and emotional difficulties.
- Dyslexia/dyscalculia
- Social communication, sensory or other autistic traits. These need to be referred to the Autistic Spectrum Disorder Service.
- Exclusively sleep-related problems

IN CONFIDENCE

<u>Alder Hey ADHD Assessment Referral Form</u>				Date	
<u>This form is to be completed by a SENCO or an appropriate member of teaching staff in liaison with parents/guardians.</u>					
Patient Details		NHS No/ AH number if known			
Name					
DOB		Age		Gender	
Address					
Postcode		Telephone			
Language (if not English)		Translator Needed		<input type="checkbox"/>	
Parent/Carer Email Address					
Social Status	Looked After Child <input type="checkbox"/>	Child Protection Plan <input type="checkbox"/>	Child In Need <input type="checkbox"/>	EHAT <input type="checkbox"/>	

GP Name		Practice Name	
Address			
Postcode		Telephone	

Referrer Details of SENCO/School Nurse/Relevant Professional

School Name		Year group	
Your Name		Role	
Postcode		Telephone	
Named School Nurse (if known)		Contact Details	

IN CONFIDENCE

Reason for Referral

Neurodevelopmental Behaviour Disorder – Concerns regarding the possibility of:			
ADHD <input type="checkbox"/>			
Does child/young person also have any other confirmed diagnosed for conditions regarding the possibility of:			
Autism <input type="checkbox"/>	Genetic Syndrome <input type="checkbox"/>	Developmental Delay <input type="checkbox"/>	Other <input type="checkbox"/>
Other Agencies Involved:	EHAT/Early Help <input type="checkbox"/>	CAMHS <input type="checkbox"/>	Speech and Language <input type="checkbox"/>
Educational Psychology <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Social Services <input type="checkbox"/>
Other			

[illegible]

IN CONFIDENCE

Comment/Example:								
Often is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								

IN CONFIDENCE

	Home				School			
Hyperactivity and Impulsivity Questions	Not at all	Just a little	Quite a bit	Very Much	Not at all	Just a little	Quite a bit	Very Much
Often fidgets with or taps hands or feet, or squirms in seat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often leaves seat in situations when remaining seated is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often unable to play or take part in leisure activities quietly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Is often "on the go" acting as if "driven by a motor".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often blurts out an answer before a question has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often has trouble waiting his/her turn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								
Often interrupts or intrudes on others (e.g., butts into conversations or games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment/Example:								

IN CONFIDENCE

Additional Questions

1	Does the student present with any difficulties when transitioning to the classroom? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment/Example (if yes)
2	Is the student often late for lessons/class? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment/Example (if yes)
3	Does the student have/prefer a specific seating place within the classroom? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give the reason for this.
4	Does the student attend smaller student work groups? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give the reason for this.
5	Does the student receive any extra support within the classroom for example one-to-one? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give the reason for this.
6	Does the student depend on the support of staff more than his/her peers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment/Example (if yes)
7	Does the student depend on the support of their peers (please consider whether the student will observe their peers to see what they are doing before they are able to get on task or whether they can do this independently from the instructions from the teacher). Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment/Example (if yes)
8	Is the student able to wait patiently or queue in situations that they are expected to, for example lunch times, waiting for equipment, waiting for their turn during a fun activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment/Example (if yes)

IN CONFIDENCE

9	<p>If the child or young person is given a number of tasks at the same time, would they complete them all?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Comment/Example
10	<p>Were there any concerns raised in the student's last school report from previous teachers?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Comment/Example (if yes)
11	How many students are there normally in the classroom?	
12	How many staff are there normally in the classroom?	
13	<p>Is there evidence of Low Mood, Anxiety or Emotional Difficulties?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Brief Description (if yes)
14	Please list any other concerns that may be relevant to this referral, such as sleep difficulties, trauma, significant life events etc.	
15	Please include any interventions you may have tried to mitigate behaviours or any parental courses you have attended.	

Consent

I can confirm that the child's parent/carer has given me verbal consent for a referral to the Developmental Paediatric Service and that the department can request information from other agencies involved prior to the first appointment.

Signed.....

Date.....

I have also enclosed copies of the following reports or assessments that may support the assessment and any relevant information regarding the child from other agencies with this consent form. Please tick those that apply:

EHCP ☐

Educational Psychology Report ☐

QB Check ☐

Upon review of the referral form, we will either accept referral or contact the referrer to outline reasons the referral was not accepted and suggest alternative route/service.

Referrer, parent/guardian, GP and school nurse team will be copied into all correspondence.