**Leeds Adult ADHD Service Referral Pack**

**Contents**

**Part 1 completed by referrer**

**Part 2 completed by service user and returned to referrer**

Further copies of the referral forms and scales can be found at www.leedsandyorkpft.nhs.uk/our-services/services-list/adult-adhd-service/

Please send completed referral including Parts 1 and 2 to: [referral.lypft@nhs.net](mailto:referral.lypft@nhs.net)

If you need any advice or guidance please contact the ADHD Service on

0113 85 59341

**Part 1 to be completed by referrer:**

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| --- | --- | --- | --- |
| **SERVICE USER DETAILS** | | | |
| **SURNAME** |  | **ADDRESS INC TOWN, COUNTY & POSTCODE** |  |
| **FORENAME** |  | **TELEPHONE NUMBER** |  |
| **TITLE** |  | **NHS NUMBER** |  |
| **SEX** | ☐Male  ☐Female  ☐Other | **LANGUAGE PREFERRED** |  |
| **DATE OF BIRTH** |  | **IS AN INTERPRETER REQUIRED?** | ☐ Yes  ☐ No |
| **EMAIL ADDRESS** |  | **CONSENT** | Does the service user fully consent to the referral? ☐ Yes ☐ No *(If no, please obtain consent - referrals are not accepted into the service if full consent is not given)* |
| Does the service user want someone to contact us on their behalf (e.g. partner, parent) when arranging an initial appointment? | | If YES, please provide name and contact details… | |
| What is the service user’s preferred method of contact? | | ☐Telephone  ☐Email  ☐Letter | |

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| --- | --- | --- | --- |
| **GP DETAILS** | | | |
| **NAME** |  | **ADDRESS INC TOWN, COUNTY & POSTCODE** |  |
| **EMAIL** |  | **TELEPHONE NUMBER** |  |
| **REFERRER DETAILS**  *(If different from GP details above)* | Name: Address: Contact Number/Email: | | |
| Please outline the reason for your referral including description of any areas of impaired functioning: | | | |
|  | | | |

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| Please provide information about any current or previous physical and mental health difficulties (including sleep) and details of current medication **(or attach GP summary care record)** |
|  |
| Is the service user at serious risk of harming themselves or others? |
| ☐ Yes – please give details….  ☐ No  **If you feel that the service user is currently acutely unwell or at significant risk to themselves or others then please refer to appropriate services e.g Crisis service, CMHT, Police.** |