Community Paediatrics ADHD Referral Forms

**You must be able to evidence the below requirements before making a referral into the Worcestershire Community Paediatric Service for an ADHD assessment.**

* The child is aged between 5 1/2 - 18 years old
* Showing core symptoms of inattention, hyperactivity or impulsivity for at least 6 months
* The symptoms are persistent at home and in school
* The symptoms are impacting on the child’s ability to carry out day-to-day tasks
* You have evidence/information from those close to the child from a home and school setting, this includes the child’s last school report.
* For children not attending school, you have alternative information from a second setting including evidence of inattention, hyperactivity and or impulsivity difficulties that have not responded to strategies at school and home over the last 6 months.
* You can evidence/demonstrate techniques used to support the child to date, including teaching support at school and parent/carer attendance at a parent training and education programme.

If the conditions outlined above have been met, please post the completed forms along with evidence of completed parenting/behaviour training, strategies implemented and their outcomes and a copy of the child’s latest school report to: **Community Paediatrics Service, Covercroft Centre, Colman Road, Droitwich WR9 8QU**

The referral process involves two sections, Part 1 for completion by the parent/guardian and Part 2, for completion by the child's school or education setting. If you're a parent completing the form, you must inform your child's school and request they complete Part 2 of the referral.

**Incomplete referral forms will not be accepted.**

# **PART ONE (for completion by child’s parent or guardian)**

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| **Child or young person being referred** | | | |
| **Surname:** |  | **Date of Birth:** |  |
| **First name(s):** |  | **NHS No (if known):** |  |
| **Ethnicity:** |  | **Gender:** |  |
| **Address:** |  | | |
|  | **Post Code:** |  |
| **Are there any communication or information support needs within the immediate family (child & parent/carer(s)** | Advocate  Audio  Braille  British Sign Language  Easy Read  Email  Hearing Loop  Interpreter  Large Print  Lip Reading  SMS Text  Telephone  Other  N/A | | |
| **Provide detail on any of the support needs identified above** |  | | |
| **Does the child or young person have a named social worker or family support worker?** | Yes – provide details  No | | |
| **Please provide names and details** |  | | |
| **Name and address of GP surgery** |  | | |
| **Does the child have any other physical or mental health conditions, please provide detail** |  | | |

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| **Details of parent/carer** | | | |
| **Parent/guardian current contact number** |  | **Your relationship to the patient/young person** |  |
| **Do you wish to receive text appointment reminders to the number you have provided** | Yes  No | **Parent/guardian email address** |  |
| **Parent/Guardian 1 - Do you give consent to this referral (if parents/guardians with parental responsibility live separately consent from both is required if possible)** | Yes  No | **Do you live with the child?** | Yes  No |
| **Parent/Guardian 2 - Do you give consent to this referral (if parents/guardians with parental responsibility live separately consent from both is required if possible)** | Yes  No | **Do you live with the child?** | Yes  No |
| **If neither parent has parental responsibility, please give details of who has parental responsibility** |  | | |

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| **Referral Consent:** | | | | | |
| **Consent given by** | Parent/guardian  Healthcare professional  Education/school professional  Children’s services professional  Other | | | |
| **Name** |  | **Relationship to patient** |  | |
| **Address** |  | | | |
| **Telephone number** |  | **Email address** | |  |
| **I consent to the ADHD Pathway using the above email address to contact me in regard to my child’s referral (see below for further information about email correspondence)** | Yes  No | **Sometimes it may be necessary to share information with other professionals in the interests of your child. Please indicate if you agree to the sharing of information with the following professionals:** | | **Early Help Hub**  Yes No  **Paediatrics**  Yes No  **CAMHS**  Yes No  **Starting Well Partnership**  Yes No |

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| **To be completed by parent/guardian based on presentation at home** | | |
| Please provide a brief description of current concerns and any impact this is having on home life. |  |
| Please give examples of IMPULSIVE BEHAVIOURS you have observed and how these are impacting on home life. |  | |
| Please give examples of INATTENTION BEHAVIOURS you have observed and how these are impacting on home life. |  | |
| Please describe their INTERACTION with others and any difficulties in relationships. |  | |

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| **NICHQ Vanderbilt Assessment Scale – Parent Information 1** | |
| **Is this evaluation based on a time when the child was on medication?** | Yes  No  Not sure |
| **1. Does not pay attention to details or makes careless mistakes with, for eg. homework** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **2. Has difficulty keeping attention to what needs to be done** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **3. Does not seem to listen when spoken to directly** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand).** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **5. Has difficulty organising tasks and activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **7. Loses things necessary for tasks or activities (toys, assignments, pencils or books)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **8. Is easily distracted by noises or other stimuli** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **9. Is forgetful in daily activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Parent Information 2** | |
| **10. Fidgets with hands or feet or squirms in seat** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **11. Leaves seat when remaining seated is expected** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **12. Runs about or climbs too much when remaining seated is expected** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **13. Has difficulty playing or beginning quiet play activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **14. Is ‘on the go’ or often acts as if ‘driven by a motor’** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **15. Talks too much** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **16. Blurts out answers before questions have been completed** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **17. Has difficulty waiting his turn or her turn** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **18. Interrupts or intrudes in on others’ conversations and/or activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Parent Information 3** | |
| **19. Argues with adults** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **20. Loses temper** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **21. Actively defies or refuses to go along with adults’ requests or rules** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **22. Deliberately annoys people** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **23. Blame’s others for his or her mistakes or behaviours** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **24. Is touchy or easily annoyed by others** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **25. Is angry or resentful** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **26. Is spiteful and wants to get even** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Parent Information 4** | |
| **27. Bullies, threatens, or intimidates others** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **28. Starts physical fights** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **29. Lies to get out of trouble or to avoid obligations (ie. ‘cons’ others)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **30. Is truant from school (skips school) without permission** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **31. Is physically cruel to people** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **32. Has stolen things that have value** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **33. Deliberately destroys others property** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **35. Is physically cruel to animals** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **36. Has deliberately set fires to cause damage** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **37. Has broken into someone else’s home, business or car** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **38. Has stayed out all night without permission** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **39. Has run away from home overnight** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **40. Has forced someone into sexual activity** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Parent Information 5** | |
| **41. Is fearful, anxious, or worried** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **42. Is afraid to try new things for fear of making mistakes** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **43. Feels worthless or inferior** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **44. Blames self for problems, feels guilty** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **45. Feels lonely, unwanted, or unloved; complains that ‘no lone loves him or her’** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **46. Is sad, unhappy, or depressed** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **47. Is self-conscious or easily embarrassed** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **Performance – Parent Information** | |
| **48. Overall school performance** | Excellent - 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **49. Reading** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **50. Writing** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **51. Mathematics** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **52. Relationship with parents** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **53. Relationship with siblings** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **54. Relationship with peers** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |
| **55. Participation in organised activities i.e. teams** | Excellent – 1  Above average - 2  Average - 3  Somewhat of a problem – 4  Problematic - 5 |

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| **Feedback from Parent** | |
| **Do you have any additional comments or information that you wish to share in support of your referral?** | Yes  No |
| **Please include a copy of your child's latest school report with this referral** | |
| **Please provide detail of the techniques used to support the child to date, including:**   * **Techniques used to support the child to date at home** * **Teaching support at school** * **Parent/carer attendance at a local parent training and education programme** |  |

# **PART TWO (for completion by child’s school or education setting)**

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| **Child or young person being referred** | | | |
| **Surname:** |  | **Date of Birth:** |  |
| **First name(s):** |  | **NHS No (if known):** |  |
| **Parent/ guardian form reference number** |  | | |

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| **To be completed by Professional in School/Home Educator who know the child well** | | | |
| **Your name** |  | **Relationship to the child** |  |
| **How long have you known the child** |  | **Are they achieving their academic potential?** |  |
| **Please provide details of their current learning levels** |  | | |
| **Please give examples of IMPULSIVE BEHAVIOURS you have observed and how these are impacting on school life:** |  | | |
| **Please give examples of INATTENTION BEHAVIOURS you have observed and how these are impacting on school life:** |  | | |
| **How long can he/she CONCENTRATE on one activity?** |  | | |
| **Please describe their INTERACTION with peers and any difficulties in relationships:** |  | | |
| **Are there any current or previous SAFEGUARDING CONCERNS in relation to this family?** | Yes  No | | |
| **If yes, please provide details** |  | | |
| **Is this child currently open to Social Services?** | Yes  No | | |
| **If yes, please provide details** |  | | |

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| **NICHQ Vanderbilt Assessment Scale – Teacher Informant 1** | | | |
| **Teachers Name** |  | **Child’s name** |  |
| **Class time** |  | **Class name/ period** |  |
| **Grade level** |  | **Today’s Date** |  |
| **Is this evaluation based on a time when the child was on medication?** | Yes  No  Not sure | | |
| **1. Fails to give attention to details or makes careless mistakes in schoolwork** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **2. Has difficulty sustaining attention to tasks or activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **3. Does not seem to listen when spoken to directly** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behaviour or failure to understand)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **5. Has difficulty organizing tasks and activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **7. Loses things necessary for tasks or activities (school assignments, pencil or books)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **8. Is easily distracted by noises or other stimuli** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |
| **9. Is forgetful in daily activities** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 | | |

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| **NICHQ Vanderbilt Assessment Scale – Teacher Informant 2** | |
| **10. Fidgets with hands or feet or squirms in seat** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **11.Leaves seat in classroom or other situations in which remaining seated is expected** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **12. Runs about or climbs too much when remaining seated is expected** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **13. Has difficulty playing or engaging in leisure activities quietly** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **14. Is ‘on the go’ or often acts as if ‘driven by a motor’** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **15. Talks excessively** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **16. Blurts out answers before questions have been completed** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **17. Has difficulty waiting in line** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **18. Interrupts or intrudes in on others’ (eg. butts into conversations/games).** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Teacher Informant 3** | |
| **19. Loses temper** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **20. Actively defies or refuses to go along with adults’ requests or rules** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **21. Is angry or resentful** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **22. Is spiteful and vindictive** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **23. Bullies, threatens or intimidates others** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **24. Initiates physical fights** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **25. Lies to obtain goods for favours or to avoid obligations (eg. cons others)** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **26. Is physically cruel to people** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **27. Has stolen items of non-trivial value** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **28. Deliberately destroys others’ property** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **NICHQ Vanderbilt Assessment Scale – Teacher Informant 4** | |
| **29. Is fearful, anxious, or worried** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **30. Is self-conscious or easily distracted** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **31. Is afraid to try new things for fear of making mistakes** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **32. Feels worthless or inferior** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **33. Blames self for problems feels guilty** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **34. Feels lonely, unwanted, or unloved, complains that ‘no one loves him/her'** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |
| **35. Is sad, unhappy, or depressed** | Never – 0  Occasionally – 1  Often – 2  Very often – 3 |

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| **Academic and classroom behavioural Performance** | |
| **36. Reading** | Excellent  Above average  Average  Somewhat of a problem |
| **37. Mathematics** | Excellent  Above average  Average  Somewhat of a problem |
| **38. Written expression** | Excellent  Above average  Average  Somewhat of a problem |
| **39. Relationship with peers** | Excellent  Above average  Average  Somewhat of a problem |
| **40. Following directions** | Excellent  Above average  Average  Somewhat of a problem |
| **41. Disrupting class** | Excellent  Above average  Average  Somewhat of a problem |
| **42. Assignment completion** | Excellent  Above average  Average  Somewhat of a problem |
| **43. Organizational skills** | Excellent  Above average  Average  Somewhat of a problem |
| **Additional comments** |  |

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| **Behaviour Assessment Pathway** | | |
| **Stage on Code of Practice; SEND support; EHCP; other - please state** | |  |
| **Educational psychology involvement?** | | Yes  No  N/A |
| **Behaviour support service involved?** | | Yes  No  N/A |
| **Learning support service involved?** | | Yes  No  N/A |
| **Turntaking** | | |
| **Does he/she find it more difficult to take turns than peers?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Intrusion** | | |
| **Can he/she join in a game without spoiling it?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Can he/she play peacefully in the playground?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Social and communication skills** | | |
| **Does he/she have friends?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Does he/she appear to enjoy the company of peers?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Does he/she understand social rules?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Does he/she mostly have the same interests as he/her peers?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Does he/she have any areas of special interest?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Language skills** | | |
| **Would you say that his/her speech is delayed?** | | Yes – Please provide details  No |
| **Provide details** | |  |
| **Behaviour** | | |
| **Does he/she exhibit difficult or challenging behaviour?** | Yes – Please provide details  No | |
| **Provide details** |  | |

Thank you for completing the referral forms. Please post the completed forms along with evidence of completed parenting/behaviour training, strategies implemented and their outcomes and a copy of the child’s latest school report to: **Community Paediatrics Service, Covercroft Centre, Colman Road, Droitwich WR9 8QU**

**Any incomplete referral forms will not be accepted.**