



Torkard Hill  
Medical Centre

## Patient Form & Questionnaires for referral to the Neurodevelopmental Specialist Service (NeSS) for assessment/treatment of Adult ADHD and Autism

*You have been asked by your doctor to complete the following form and questionnaires. Please complete as much of this as possible, answering all questions, as doing so will mean the service you are referred to, are able to get a better understanding of the problems and concerns you have.*

<b>Patient Name:</b>		<b>Date of Birth:</b>		<b>Gender identity/pronouns:</b>	
<b>NHS No:</b>			<b>Email Address:</b>		
<b>Address:</b>			<b>Contact Number:</b>		
			Mobile:		
			Today's Date:		
<b>Marital Status:</b>		<b>Religion:</b>		<b>Ethnicity:</b>	
<b>Employment Status:</b> (Tick as appropriate)					
Full Time:		Part Time:		Unemployed:	
Retired:		Student:		What is your job?:	
<b>Smoker:</b>					
Yes:		No:		(Tick as appropriate)	
<b>The name of GP who has asked you to complete this</b>				<b>Dependents</b> (e.g. children, carer of relative):	
Dr					
<b>Do you have any existing neurodevelopmental, psychiatric, or physical health diagnoses? If yes, please list these:</b>					

Please complete the relevant numbered section(s) below and questionnaires.

Box 1 is for Autism, Box 2 is for ADHD.

## 1. Autism Diagnostic Assessment

### Examples of any reported impairments with social communication or social interaction:

*Please give examples of both current and childhood impairments. Example include forming and sustaining friendships, literal understanding of jokes and sarcasm, understand body language, poor ability to read other's emotions*

### Examples of restricted interests, repetitive routines, difficulties coping with change:

*Please give examples of intense and preoccupying interests, rigid routines, resistance to change*

### Examples of sensory differences or sensitivities

*Please give examples relating to sight, sound, touch, smell, taste*

## 2. ADHD Diagnostic Assessment

### Examples of inattention, hyperactivity, or impulsivity, including current and childhood history of symptoms.

*Several symptoms must be present in at least two different settings (e.g. home, school, or work; with friends/relatives or other activities)*

**Examples of impairment related to ADHD symptoms:**

*There should be clear evidence that symptoms interfere with or reduce the level of social, academic, and occupational functioning for a diagnosis of ADHD*

**Next, please complete ALL three questionnaires below**

## Adult Self-Report Scale (ASRS-v1.1) Symptom Checklist

<p>Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, <b>place an X in the box</b> that best describes how you have felt and conducted yourself OVER THE PAST 6 MONTHS. Please give this completed checklist to your healthcare professional to discuss during today's appointment.</p>	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 were driven by a motor?					

**SCORING:** Only 1 point can be scored for each question. Score 1 point for Sometimes, Often or Very Often on each of items 1, 2, and 3. Score 1 point for Often or Very Often on each of items 4, 5, and 6. If the individual scores **at least 4 out of 6**, consider referring them for a specialist diagnostic assessment.

SCORE: \_\_\_\_\_

**AQ-10**

Place an X in the response box for each question.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1. I often notice small sounds when others do not.				
2. I usually concentrate more on the whole picture, rather than the small details.				
3. I find it easy to do more than one thing at once.				
4. If there is an interruption, I can switch back to what I was doing very quickly.				
5. I find it easy to 'read between the lines' when someone is talking to me.				
6. I know how to tell if someone listening to me is getting bored.				
7. When I'm reading a story I find it difficult to work out the characters' intentions.				
8. I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc).				
9. I find it easy to work out what someone is thinking or feeling just by looking at their face.				
10. I find it difficult to work out people's intentions.				

**SCORING:** Only 1 point can be scored for each question. Score 1 point for Definitely or Slightly Agree on each of items 1, 7, 8, and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 5, 6, and 9. If the individual scores more than 6 out of 10, consider referring them for a specialist diagnostic assessment.

**SCORE:** \_\_\_\_\_

## BFIS Quick Screen: Self-Report

### Instructions

How much difficulty do you have functioning effectively in each of these major life activities?

Please circle the number (or make **bold** if using electronic version) next to each item that best describes your difficulties in functioning DURING THE PAST 6 MONTHS. If the situation does not apply to you, please circle the 99 in the last column (under 'does not apply')

Major Life Activities	Not at all	Somewhat		Mild		Moderate			Severe		Does not apply
		1	2	3	4	5	6	7	8	9	
1. In your home life with your immediate family	0	1	2	3	4	5	6	7	8	9	99
2. In getting chores completed at home and managing your household	0	1	2	3	4	5	6	7	8	9	99
3. In your work or occupation	0	1	2	3	4	5	6	7	8	9	99
4. In your relationships with friends	0	1	2	3	4	5	6	7	8	9	99
5. In educational activities (college, night classes, occupational training)	0	1	2	3	4	5	6	7	8	9	99
6. In caring for yourself daily (dressing, bathing and hygiene, eating, sleeping, etc)	0	1	2	3	4	5	6	7	8	9	99

**Thank you for completing this form.**

**Please could you now hand this to reception for the attention of your doctor, who will review the information you have submitted.**

**If further information is required, you will be contacted to provide this.**