AAA Service

ADHD/Autism Referral Form

Black Country Healthcare NHS Foundation Trust

PLEASE COMPLETE ALL FIELDS, INCOMPLETE REFERRALS WILL BE RETURNED UNPROCESSED

Referring for (Please tick ONE)	ASD Assessment ☐	ADHD Assessment ☐	ADHD Ongoing Care ☐ with prev. NHS diagnosis
Score for attached self assessment	AQ50 =	ASRS =	

Patient Name		Date of Birth	
Address		NHS No	
		Tel.	

GP Name	Dr J Devikanand	Practice Code	Y00078
Practice Name and Address	Winshill Medical Centre Melbourne Ave Winshill DE15 0EP	Practice Tel.	012837 41920
		Practice Email	winshill@nhs.net

Learning Disabilities? (Not learning difficulties)	☐ Yes / ☐ No (If yes, please list in space to the right)	

Medical History and Current Medication

Presenting Concerns / Chief Complaints

☐ Social phobia	☐ Impulsiveness
☐ Excessive rumination	☐ Inattention
☐ Mood / Anxiety	☐ Hyperactivity
☐ Hyper-vigilance	☐ Procrastination
☐ Avoidance behaviours	☒ Disorganisation
☐ Rigid routines	☐ Aggression
☐ Resistance to change	☐ Self-esteem
☐ Self-stimming	☐ Relationship Difficulties
☐ Issues with academia / work	☐ Other, please detail below

Timeline of Symptoms

☐ Lifelong (Since childhood) ☐ Since Adolescence ☐ Other, please detail below

Office Use Only:

Any identified risks? ☐ Yes / ☒ No (If yes, please list in space to the right)

Patient Consented? ☒ Yes / ☐ No GP Signature 