

College Health Service, Trinity College Dublin: Referral for ongoing ADHD treatment and management

Please complete all sections. Incomplete sections will not be processed and will result in a return to the referring doctor. All referrals must be signed by the referring doctor and must be accompanied by a clinic stamp on the referral form.

The deadline for receipt of completed forms is October 1st.

Name of patient	
DOB	
Address	
Health insurance details: Health insurance number Ireland	Yes <input type="checkbox"/> No <input type="checkbox"/> VHI <input type="checkbox"/> AVIVA <input type="checkbox"/> LAYA <input type="checkbox"/>
Next of Kin Name: Name of person to provide collateral if required	
Name and Address of Referring Psychiatrist	

Date diagnosis made:	
Actual diagnosis:	ADD <input type="checkbox"/> ADHD <input type="checkbox"/>
Diagnostic tools used to establish diagnosis	Connors <input type="checkbox"/> DIVA <input type="checkbox"/> CADDRA <input type="checkbox"/> Other: please state _____ Please note that screening tools such as the ASRS are not sufficient to establish a diagnosis
Evidence of Impairment prior to the age of 12 Evidence of Impairment prior to the age of 12 established through:	Yes <input type="checkbox"/> School reports <input type="checkbox"/> Collateral history <input type="checkbox"/> Other: please state _____
Comorbid diagnosis	ASD <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Dyspraxia <input type="checkbox"/> Dyslexia <input type="checkbox"/> Generalized anxiety disorder <input type="checkbox"/> Panic Disorder <input type="checkbox"/> OCD <input type="checkbox"/> Anorexia Nervosa Bulimia Nervosa <input type="checkbox"/> Binge Eating Disorder <input type="checkbox"/> Psychosis <input type="checkbox"/> Other
Risk Assessment	Current deliberate self harm <input type="checkbox"/> History of deliberate self harm <input type="checkbox"/> Current Suicide ideation <input type="checkbox"/> History of suicide ideation <input type="checkbox"/>
Previous inpatient admission details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current alcohol intake	_____ units a week

Cannabis intake	Frequency per week _____		
Current Medication and dose	Ritalin <input type="checkbox"/> Concerta <input type="checkbox"/> Ritalin LA <input type="checkbox"/> Tyvense <input type="checkbox"/> Other: _____		
Previous Medication and reasons for discontinuation	_____		
Medication Allergy			
Family Psychiatric History	ADHD <input type="checkbox"/> Neurodevelopmental disorder: <input type="checkbox"/> ASD <input type="checkbox"/> Mood disorder <input type="checkbox"/> Addiction <input type="checkbox"/> BPAD <input type="checkbox"/>		
Patient will require ECG if a history of the following	History of congenital heart disease or previous cardiac surgery: Yes <input type="checkbox"/> No <input type="checkbox"/> History of SADS in first degree relatives under 40: Yes <input type="checkbox"/> No <input type="checkbox"/> SOB on exertion compared to peers: Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting on exertion or in response to fright or noise: Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations: Yes <input type="checkbox"/> No <input type="checkbox"/> Chest pain or cardiac origin: Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of heart failure: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal or Family Medical History		Personal	Family
	Hypertension		
	Tachycardia		
	Arrhythmia		
	Dyspnoea on exertion		
	Fainting		
	Chest pain on exertion		
SADS			
Physical examination completed	Yes <input type="checkbox"/> No <input type="checkbox"/> Findings <input type="checkbox"/>		
BP _____ Pulse _____	Weight _____		
Date that the patient was last assessed and ongoing care need established			
I have established and recommend an ongoing care need	Signed:		
I understand that clinical care for ADHD management will remain with me until the	Signed:		

patient has transferred care to another
consultant psychiatrist

Stamp of Care Provider: