

ADHD going care clinic referral form

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 for consideration for 1st semester clinic is October 1st.

The deadline for receipt of completed forms for consideration for 2nd semester clinic is March 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	Depression <input type="checkbox"/> ASD <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 <input type="checkbox"/> Bulimia Nervosa <input type="checkbox"/> Binge Eating Disorder <input type="checkbox"/> Psychosis <input type="checkbox"/> Bipolar Affective Disorder <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	Ritalin <input type="checkbox"/> Concerta <input type="checkbox"/> Ritalin LA <input type="checkbox"/> Tyvense <input type="checkbox"/> Other: _____		
Current dose			
Previous medication and reasons for discontinuation			
Other prescribed medications with doses			
Medication Allergy			
<u>Family</u> Psychiatric History	ADHD <input type="checkbox"/> Neurodevelopmental disorder: <input type="checkbox"/> ASD <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Addiction <input type="checkbox"/> BPAD <input type="checkbox"/>		
Patient will require ECG if a history of the following	Cardiovascular risk	YES	NO
	History of congenital heart disease or previous cardiac surgery		
	History of SADS in first degree relatives under 40		
	SOB on exertion compared to peers		
	Fainting on exertion or in response to fright or noise		
	Palpitations		
	Chest pain or cardiac origin		
	Signs of heart failure		
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"/>
Vital signs and BMI (must be monitored by healthcare professional - self reported/ monitored not accepted)	Date monitored: Blood pressure: Heartrate: Height: Weight: BMI:
Date that the patient was last assessed and ongoing care need established	
I have established and recommend an ongoing care need I understand that clinical care for ADHD management will remain with me until the patient has transferred care to another consultant psychiatrist	Signed: Signed: Stamp of Care Provider: