**ADHD Patient Questionnaire - University Health Service**

**Name:­­­­­­­­­­­­ Date of Birth:**

**Once you have complete this form please email it to** [**clinical.s70592@nhslothian.scot.nhs.uk**](mailto:clinical.s70592@nhslothian.scot.nhs.uk) **along with any supporting documentation requested below.**

ADHD is diagnosed and managed by psychiatry in NHS Scotland, we cannot initiate medications for ADHD in general practice. If you have a diagnosis of ADHD and have been started on a medication, it is imperative that you should provide all the information requested on this questionnaire, to facilitate prompt referral to a specialist, as the waiting time can be long.

1. Have you been diagnosed with a form of ADHD?

Yes Please proceed to question 2

No Please arrange a telephone review with a GP to discuss your concerns regarding ADHD

1. Do you have previous clinical letters to confirm the diagnosis of ADHD?

Yes Please write down the exact diagnosis, date and place of diagnosis, please attach any letters to your email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No Please obtain further evidence.

1. Have you been started on a medication for ADHD?

Yes Please state the medication name, dosage and how many months of supply you have, and please **submit evidence of the prescription**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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No Please arrange a telephone review with a GP to discuss your concerns regarding ADHD

1. Please complete and submit the **Adult ADHD Self-Report Scale (ASRS)** and **Weiss Functional Impairment Rating Scale Self Report (WFIRS-S)**; these can be found on our website on the registration page http://www.health-service.ed.ac.uk/how-to-register-with-us-58669-htm
2. Please provide evidence of symptoms and significant functional impairment from **before the age of 12 years** (collateral history from parents and school reports). Please **describe** the difficulties you experienced with inattention or hyperactive behaviour in primary school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you experienced the following **behaviours of ADHD**? (please tick all options that apply):

* Difficulty listening
* Ready distractibility
* Fidgeting
* Restlessness or inability to sit still in low-stimulation situations
* Difficulty keeping quiet, talking out of turn
* Blurting out responses; poor social timing in dialogue
* Trouble waiting if there is nothing to do
* Interrupting or intruding on others
* Irritability, impatience or frustration

1. After submitting this questionnaire and all of the evidence required, please arrange a telephone consultation with a GP to discuss referral to a specialist for further assessment.