Referral Guidance

* Please note in order for the ADHD service to be able to start the assessment process the referral form needs to be completed in its entirety and sent in to us.
* You can submit this form either electronically by saving it into a PDF format and email it over to our Booking & Scheduling team alderheyreferrals@alderhey.nhs.uk
* Or by post to the following address:

Referrals, Alder Hey Children’s NHS Foundation Trust, Eaton Road, L12 2AP

* All referrals will need to be generated in partnership with the Child or Young Person’s school and with the support of Teachers and Special Educational Needs Coordinators. For those children who are Elective Home Educated, please liaise with the appointed EHE School Nurse.
* For the best outcome for the Child or Young Person, the form should be completed by a person who knows the child well and sees them on a regular basis i.e. a Teacher and/or Teaching Assistant
* Please note if the evidence is not received in totality or does not meet the criteria we will be unable to progress with the referral and the referral will be rejected.
* The ‘Comment/Example’ section on each question if completed will increase the likelihood of a child or young person progressing swiftly onwards through the assessment process to conclusion of diagnosis or non-diagnosis.
* Please refer Parents/Carers to our website for more information on our service and ADHD in general.
* If you are a GP and trying to refer to the ADHD assessment service you will need to signpost your patient/parent/carer to the school/Special Educational Needs Coordinator/other relevant member of staff to ensure the required evidence is made available.
* For further guidance on completing this form, please email ADHDQueries@alderhey.nhs.uk
* Upon review of the referral form, we will either accept referral or contact the referrer to outline reasons the referral was not accepted and suggest alternative route/service.
* Referrer, parent/guardian, GP and school nurse team will be copied into all correspondence.
* Please note the Alder Hey ADHD service only accepts referrals for children and young people between the ages of 6 and 16 (up to 18 if CYP already open to Developmental Paediatrics AND in a special school). As we are only able to diagnose ADHD after the age of six, please use our ASD/Developmental Paediatric form for children with Neuro Developmental concerns.
* To improve patient outcomes we require referral age of 16 years plus to consent for ADHD team to progress with the assessment were clinically appropriate.

It should be noted that as an ADHD assessment service we do not accept referrals regarding:

* Continence issues/constipation.
* Exclusively social and emotional difficulties.
* Dyslexia/dyscalculia
* Social communication, sensory or other autistic traits. These need to be referred to the Autistic Spectrum Disorder Service.
* Exclusively sleep-related problems

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| **Alder Hey ADHD Assessment Referral Form** **This form is to be completed by a SENCO or an appropriate member of teaching staff in liaison with parents/guardians.** | Date |
| **Patient Details** | NHS No/ AH number if known |  |
| Name |  |
| DOB |  | Age |  | Gender |  |
| Address |  |
| Postcode |  | Telephone |  |
| Language ( if not English) |  | Translator Needed |[ ]
| Parent/Carer Email Address |  |
| Does the Parent/Carer have readily available internet access in a private setting?N.B. Parts of our assessment service will endeavour to use virtual appointments, however we can accommodate alternative arrangements if these are not possible | Yes[ ]  | No[ ]  |
| Do any of these apply: | Looked After Child [ ]  | Child Protection Plan [ ]  | Child In Need[ ]   | EHAT [ ]  |
|  |  |  |  |
| GP Name |  | Practice Name |  |
| Address |  |
| Postcode |  | Telephone |  |
|  |
| **Referrer Details of SENCO/School Nurse/Relevant Professional** |
| School Name |  | Year group |  |
| Your Name |  | Role |  |
| Postcode |  | Telephone |  |
| Named School Nurse (if known) |  | Contact Details |  |

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| **Reason for Referral** |
| Neurodevelopmental Behaviour Disorder – Concerns regarding the possibility of: |
| ADHD [ ]  |
| Does the child/young person have any of the confirmed diagnosed conditions below: |
| Autism[ ]  | Genetic Syndrome[ ]  | Developmental Delay [ ]  | Other[ ]  |
| Other Agencies Involved: | EHAT/Early Help [ ]  | CAMHS [ ]  | Speech and Language [ ]  |
| Educational Psychology[ ]  | Physiotherapy [ ]  | Occupational Therapy [ ]  | Social Services [ ]  |
| Other ………………………………………………..……………………………………………….………………………………………………………..……………………………………………… |
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| --- | --- |
|  Home |  School |
| **Attention Questions** | **Not at all** | **Just a little** | **Quite a bit** | **Very Much** | **Not at all** | **Just a little** | **Quite a bit** | **Very Much** |
| Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often has trouble holding attention in tasks or play activities. (e.g. has difficulty remaining focused during lessons, conversations or lengthy reading)  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often does not seem to listen when spoken to directly (e.g. mind seems elsewhere, even in the absence of any obvious distraction)  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often does not follow through on instructions and fails to finish schoolwork, chores, or tasks (e.g., loses focus, side-tracked). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Is often easily distracted, even from things they enjoy doing |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often has trouble organising tasks and activities. (e.g. difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadline) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |
| Often is forgetful in daily activities (e.g. doing chores, running errands)  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Comment/Example: |

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| --- | --- |
| Home | School |
| **Hyperactivity and Impulsivity Questions** | **Not at all** | **Just a little** | **Quite a bit** | **Very Much** | **Not at all** | **Just a little** | **Quite a bit** | **Very Much** |
| Often fidgets with or taps hands or feet, or squirms in seat. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often leaves seat in situations when remaining seated is expected. (e.g. leaves his or her place in the classroom) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often unable to play or take part in leisure activities quietly. |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:**  |
| Is often “on the go” acting as if “driven by a motor”. (e.g. is unable to be or uncomfortable being still for extended time such as in restaurants; may be experienced by others as being restless or difficult to keep up with). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often talks excessively |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often blurts out an answer before a question has been completed. (e.g. completes people’s sentences; cannot wait for turn in conversation). |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often has trouble waiting his/her turn. (e.g. while waiting in line) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |
| Often interrupts or intrudes on others (e.g., butts into conversations or games; may start using other people’s things without asking or receiving permission) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **Comment/Example:** |

**ADDITIONAL QUESTIONS**

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| --- | --- | --- |
| 1 | Does the student present with any difficulties when transitioning to the classroom?Yes [ ]  No [ ]  | **Comment/Example**  |
| 2 | Is the student often late for lessons/class?Yes [ ]  No [ ]  | **Comment/Example**  |
| 3 | Does the student have/prefer a specific seating place within the classroom?Yes [ ]  No [ ]  | **Please give the reason for this.** |
| 4 | Does the student attend smaller student work groups?Yes [ ]  No [ ]  | **Please give the reason for this.** |
| 5 | Does the student receive any extra support within the classroom for example one-to-one?Yes [ ]  No [ ]  | **Please give the reason for this.** |
| 6 | Does the student depend on the support of staff more than his/her peers?Yes [ ]  No [ ]  | **Comment/Example**  |
| 7 | Does the student depend on the support of their peers (please consider whether the student will observe their peers to see what they are doing before they are able to get on task or whether they can do this independently from the instructions from the teacher).Yes [ ]  No [ ]  | **Comment/Example**  |
| 8 | Is the student able to wait patiently or queue in situations that they are expected to, for example lunch times, waiting for equipment, waiting for their turn during a fun activity?Yes [ ]  No [ ]  | **Comment/Example**  |
| 9 | If the child or young person is given a number of tasks at the same time, would they complete them all?Yes [ ]  No [ ]  | **Comment/Example** |
| 10 | Were there any concerns raised in the student’s last school report from previous teachers?Yes [ ]  No [ ]  | **Comment/Example** |
| 11 | How many students are there normally in the classroom? |  |
| 12 | How many staff are there normally in the classroom? |  |
| 13 | Is there evidence of Low Mood, Anxiety or Emotional Difficulties?Yes [ ]  No [ ]  | **Brief Description (if yes)** |
| 14 | Please list any other concerns that may be relevant to this referral, such as sleep difficulties, trauma, significant life events etc. |  |
| 15 | Please include any interventions you may have tried to mitigate behaviours or any parental courses you have attended. |  |

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**Parent/Carer Consent**

I/We (print parent’s name) ……..…………………………….............

Parent/carer of (print child’s name) ……..……………………....................

I understand that my/our child has been referred to the Alder Hey ADHD Service and this referral has been fully explained to me/us.

**I/We give permission for the Alder Hey ADHD Service to undertake assessments as appropriate. Permission is also given to gather, discuss & share applicable information in respect to my/our child’s ADHD assessment** within the team & appropriate outside agencies. Where applicable, this may include:

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| --- | --- |
| School and SENCO; includingSchool observations | Speech and LanguageTherapy Service |
| Clinical Psychology | Health Visitor/School Nurse |
| Paediatrician | Social Worker, Social Services |
| Educational Psychology Service | Child and Adolescent Mental Health Services  |
| GP | Learning Disability Team |
| Alder Hey/Hospital Contact | ADHD Training Team |
| Occupational Therapy Service  | Other e.g. Children’s Centre, Children’s Services |

I can confirm I have read the above and give my consent as legal guardian.

 Signed: ……………………………..…… Date: …………………………………..

**Referrer Consent**

I can confirm that the child’s parent/carer has given me verbal consent for a referral to the Developmental Paediatric Service and that the department can request information from other agencies involved prior to the first appointment.

Signed:……………………………………….. Date:……………………………………..

I have also enclosed copies of the following reports or assessments that may support the assessment and any relevant information regarding the child or young person from other agencies with this consent form. Please tick those that apply:

EHCP [ ]

Educational Psychology Report [ ]

QB Check [ ]

**If the Young person is aged 16 and over, do they give consent for ADHD team to progress with the assessment?**

Young Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Any other comments: |
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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Support Agencies**

**Please note that there is more information around support on our website. https://www.alderhey.nhs.uk**

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| **Liverpool Specific** | **Sefton Specific** |
| **SENDIASS** **Tel. 0800 0129066****LivPaC (Parent Carer Forum)****Tel. 0151 7275271, 07504 544638****ADHD Foundation****Tel. 01512372661****SEND local offer**[**https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page**](https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page) | **SENDIASS****Tel. 0151 934 3334****Sefton Carers****Tel: 0151 288 6060.****Sefton Parent Carer Forum,** **seftonparentcarerforum@gmail.com** **Tel. 07541 326860** **SEND local offer**[**https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0**](https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0) |
| **CAMHS - Tel. 0151 293 362 (Mon-Fri 9am – 5pm)****ADDvanced Solutions Community Network - Tel. 0151 486 1788****YPAS - Tel. 0151 707 1025****CAMHS Crisis Line - Tel. 0151 293 3577 (Mon-Fri 8am to 8pm and on weekends/Bank Holidays from 10am – 4pm)** |