

Suitability Screening Tool for potential Adult ADHD Referrals

Please complete this screening tool in addition to the standard ARC Referral Form.

- The Clinic offers an assessment, diagnosis, and medication titration service for Adult ADHD patients
- We are not able to accept referral for patients with major mental health comorbidities or where there is current risk to self or others
- At present, the service is **not able to offer psychotherapy**.
- PWS will accept self-referrals for other symptoms such as anxiety, anger management

Tick responses (one tick per line)

Item response (score)	Never (0)	Rarely (1)	Sometimes (2)	Often (3)	Very Often (4)
"How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How often do you have difficulty getting things in order when you have to do a task that requires organization?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How often do you have problems remembering appointments or obligations?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"When you have a task that requires a lot of thought, how often do you avoid or delay getting started?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How often do you feel overly active and compelled to do things, like you were driven by a motor?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total score less than 14: individual unlikely to meet diagnostic criteria for ADHD, referral to Adult ADHD Clinic not indicated. Advise patient about support groups and IAPT self-referral where appropriate. **Discontinue screening form.**

Total score 14 or higher: proceed to next section overleaf

Add up total score (all items): TOTAL [] (range 0-24)

"I am now going to ask you specifically about your difficulties with attention, being impulsive, and being hyperactive... consider all these types of symptom together...

Tick responses (one tick per line)

Item response (score)	Not at all (0)	Mildly (1)	Moderately (2)	Very much (3)	Extremely (4)
"How much do these symptoms affect your ability to work or do academic activities?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How much do these symptoms affect your social life and leisure activities?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"How much do these symptoms affect your family life, or responsibilities at home?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up total score (all items): TOTAL [] (range 0-12)

Score less than 6: unlikely to meet threshold for medication treatment for ADHD, referral not indicated. Advise patient about support groups and IAPT self-referral where appropriate.

Score six or greater: ADHD Clinic Referral indicated