



Patient Waiting List Risk Assessment (PRA)

Please complete this form alongside your referral documents and provide this to your GP along with your referral form and ASRS screening. Your GP will review the contents and can provide additional support and signposting and send this to ADHD 360 with your referral.

If you do not feel comfortable with this, this form is also available for completion following receipt of your referral received and onboarding email from us.

A. Harm:

1. Have you ever hurt or injured yourself intentionally? Yes/ No

If so please explain...

2. Have you ever had thoughts of hurting yourself or others? Yes / No

If so please explain...

3. Have you ever acted on your thoughts? Yes/ No

If so please explain...

4. If you answered yes to any of these questions; when did you last have those feelings/actions?

B. Self-medication:

1. Do you take any unprescribed medication, or recreational drugs? Yes/No

2. Do you regularly drink more than the recommended limit of alcohol? (14 units a week across 3 days) Yes/No

Thank you for completing this short questionnaire. Please return it to your GP as part of your referral documents, or once we have confirmed receipt of your referral you will be able to complete a similar questionnaire as part of your onboarding process.