

**ADHD Clinic – Shared Care Actions**

Prior to starting ADHD medication this patient requires a *full cardiovascular assessment and examination. Please fill out this form and see shared care guideline for details.*

**Patient's name:** ..... **DOB:**.....

Please review the patient's Medical Record *or* confirm the following when you examine the patient:

<b>Patient's Cardiac History</b>	<b>Yes With details</b>	<b>Unknown</b>	<b>No</b>
Past MI			
Past Stroke			
Hypertension			
Angina			
Exercise syncope			
Chest pain on exertion			
Palpitations			
Ischaemic Heart Disease			
<b>Family Cardiac History</b>	<b>Yes with details if genetic link</b>	<b>Unknown</b>	<b>No</b>
Family Hx serious cardiac disease			
Family Hx stroke/ Transient Ischaemic Attack			
Hx of sudden death in young member of family <40 yrs old			

**Examination**

Pulse (rate/rhythm): \_\_\_\_\_ / \_\_\_\_\_      Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_      Weight: \_\_\_\_\_

Heart sounds: \_\_\_\_\_      BMI: \_\_\_\_\_

**ECG (See advice in Shared Care Guideline)**

We do not need to see the ECG but we do need to know it is *normal*. If any doubt refer to a cardiologist.

Sinus Rhythm      Yes      No  
            QTc Interval: \_\_\_\_\_ ms

I confirm the above details are correct and that the practice would be willing to support ADHD prescribing for this patient under the shared care agreement if the ADHD clinic agrees it is appropriate.

**Signed (by GP)** ..... **Date**.....

**Name:** ..... **GP Practice**.....  
(Please print clearly)

Please email completed form to [neuropsychology@berkshire.nhs.uk](mailto:neuropsychology@berkshire.nhs.uk)