**Additional Information:**

**Request to consider starting ADHD medication**

**(when child or young person already has an ADHD diagnosis)**

*Do not use this form for requests to consider taking over ADHD medication (for young people who already taking ADHD medication).*

This form should be completed by both the parent/carer and a member of staff in the school or educational setting who knows the child/young person well.

Please note that a GP referral is not required, and they will not know the child/young person well enough to complete the form.

Having information from families and the education setting gives us the best understanding of the child or young person to help us to decide what might help the most.

Completing the form together can help everyone develop a better understanding of the child or young person, and to think more about what support can put in place right now to help. Support must be based on the needs of the young person and should never wait for us to see the child or young person.

Thank you for your time in completing this extra information as it is essential to help us understand the child/young person’s needs.

**What to do now**

1. Please complete this form and save it
2. Return to the Berkshire Healthcare online referral form, complete it and upload this document when prompted. The form can be found here: <https://forms.berkshirehealthcare.nhs.uk/cypf/>
3. At the same time upload a copy of the support plan
4. You will also need to email a copy of the ADHD assessment report (unless we did the ADHD assessment) to: [CYPADHDandAutismTriage@berkshire.nhs.uk](mailto:CYPADHDandAutismTriage@berkshire.nhs.uk)

**Please note, we will not be able to proceed with the request for help unless you have uploaded both documents to the online referral form and also emailed the ADHD assessment report.**

If helpful, please look atthe information on our website relating to private assessments:[cypf.berkshirehealthcare.nhs.uk/adhd](https://cypf.berkshirehealthcare.nhs.uk/adhd-and-autism-neurodiversity/adhd/)

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| **Note on the online referral form:**  To avoid any risk of duplication and to save you time, please answer ***“see additional information form”*** to the following questions on the online referral form:   * Does the child/young person have any learning difficulties? * What are your primary concerns about the child/young person? * How are you hoping we can help? * Please explain the impact of this difficulty on the child/young person’s daily life * What impact is this difficulty having on the family? |

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| **Details of child** | | | |
| First Name |  | Date of birth |  |
| Last name |  | Age in years and months (eg 8y 6m) |  |
| Preferred name (if different to first name) | |  | |

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| **To be ready to refer you need to confirm the 2 statements below** | | **YES** |
|  | Is a support plan in place? ***You will need to upload a copy of the support plan when you submit the online referral*** |  |
|  | Has the support plan been fully implemented and reviewed for at least 6 months? |  |
| Date the support plan started | |  |

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| **Strengths**  **Please tell us about strengths, what is going well and/or what the young person enjoys** | |
| **Parent/carer response** | **School/Professional response** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **PLEASE READ: Important information about ADHD medication** |
| Mild to moderate ADHD can be managed by support strategies and environmental modification.  Where there is complexity or number of significant concerns it is important to be aware that ADHD will be only one contributing factor to the behaviour that is causing concern, and that ADHD medication will only address that relatively small component.  It is also important to note that children and young people with a learning disability are less predictable in their response to ADHD medication and more likely to have unwanted or intolerable side effects, which can include increased agitation and an increase in behaviour that challenges. This can result in children and young people dropping out of treatment at higher rates due to limited benefit, intolerable side effects or an increase in agitation/anger. Some ADHD medications can also delay sleep onset.  The national disruptions to ADHD medication continue for some medications and this may also have an impact on treatment, particularly for older young people. |

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| 1. **Please tell us how ADHD medication would help**   **Please review the statements below and select one or more that apply to the young person.** | |
| Young person is in care/adopted **and** there is a high risk of placement breakdown **and/or** ADHD medication may inform placement support/planning |  |
| Young person is involved in the criminal justice system **and** a diagnosis (if made) would inform understanding and reasonable adjustments when facing criminal proceedings/potential custodial sentence |  |
| Young person has not accessed education for the equivalent of a term or more due to permanent exclusion or has inconsistent attendance relating to suspected ADHD traits **and** medication may be required to support attendance |  |
| There are significant safeguarding concerns **and** ADHD medication is likely to reduce these risks |  |
| Young person displays impulsive behaviours that frequently result in significant harm (including accidental) to self/others **and** ADHD medication may help to reduce these risks |  |
| **Another reason (please explain below)**  Click or tap here to enter text. |  |

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| **What concerns you most?** | |
| **Parent/carer response** | **School/Professional response** |
| **I am most concerned by:** | **I am most concerned by:** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **What help are you hoping for?**  **How would ADHD medication help specifically with the concerns/needs/risks identified above? Please tell what you hope medication would change or lead to and why this is not possible now** | |
| **Parent/carer response** | **School/Professional response** |
| **I am hoping an assessment would help by:** | **I am hoping an assessment would help by:** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **2. Information about ADHD diagnosis** | |
| When was the ADHD diagnosis made?  *Please provide exact date if possible* | Click or tap here to enter text. |
| Who made the diagnosis of ADHD? | Berkshire Healthcare ADHD Team  Berkshire Healthcare CAMHS  Other NHS provider – please tell us which one Click or tap here to enter text.  Private provider – please tell us which one  Click or tap here to enter text. |
| If diagnosis was not made by Berkshire Healthcare please upload the full assessment report and any letter/s you have relating to ADHD medication. ***Please note that we are unable to accept a referral without the assessment report unless we provided the assessment.*** | **YES** |

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| **3. Information about PREVIOUS ADHD medication** | |
| Has the young person EVER taken ADHD medication in the past? | NO - has never taken ADHD medication  YES - has taken ADHD medication previously |
| IF YES: When did the young person stop taking ADHD medication? | Click or tap here to enter text. |
| IF YES: Why did they stop taking ADHD medication? | Click or tap here to enter text. |

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| **4. Education and Learning** | |
| **Does the young person attend:**  Special school  Specialist resource  Pupil referral unit  Mainstream school**/**college  Other educational setting **– please describe**:  Click or tap here to enter text.  Not attending school | **If they are not attending** **school, please** **tell us how their education is being managed:**  Click or tap here to enter text. |
| **Parent/carer response** | **School/Professional response** |
| Please tell us if you have ever been told your child has:  Learning disability  Learning difficulty/learning difficulties  Global developmental delay  None of the above | Broadly achieving above age related expectations  Broadly achieving at age related expectations  Broadly achieving below age related expectations  **If achieving below age related expectations what is the approximate delay**  up to 1 year behind  approx. 2 years behind  approx. 3 years behind  more than 3 years behind  Please tell us if there is a confirmed  Learning disability  Learning difficulty/learning difficulties  Global developmental delay  ***Please comment on learning below:***  Click or tap here to enter text. |

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| **5.Current impact of ADHD** | | | | | | | | | |
| **Parent/carer response** | | | |  | | **School/Professional response** | | | |
| **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, work or other activities | |  |  |  |  |
|  |  |  |  | Often has difficulty maintaining concentration in a range of different tasks or play activities | |  |  |  |  |
|  |  |  |  | Often does not seem to listen to what is being said as if the mind is elsewhere | |  |  |  |  |
|  |  |  |  | Often does not follow through on instructions and fails to finish tasks (not because of refusal or difficulty understanding) | |  |  |  |  |
|  |  |  |  | Often has difficulty organizing tasks and activities | |  |  |  |  |
|  |  |  |  | Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort | |  |  |  |  |
|  |  |  |  | Often loses things necessary for activities (e.g., toys, schoolwork, mobile) | |  |  |  |  |
|  |  |  |  | Often is distracted by extraneous stimuli (outside things) | |  |  |  |  |
|  |  |  |  | Often forgetful in daily activities | |  |  |  |  |
|  |  |  |  | Often fidgets with hands or feet or squirms in seat | |  |  |  |  |
|  |  |  |  | Often leaves seat in classroom or in other situations in which remaining seated is expected | |  |  |  |  |
|  |  |  |  | Often runs about or climbs excessively in situations in which it is inappropriate OR has extreme restlessness | |  |  |  |  |
|  |  |  |  | Often has difficulty playing or engaging in leisure activities quietly | |  |  |  |  |
|  |  |  |  | Often is “on the go” or often acts as if “driven by a motor” | |  |  |  |  |
|  |  |  |  | Often talks excessively | |  |  |  |  |
|  |  |  |  | Often blurts out answers before questions have been completed | |  |  |  |  |
|  |  |  |  | Often has difficulty awaiting turn | |  |  |  |  |
|  |  |  |  | Often interrupts or intrudes on others (e.g. conversations/ games) | |  |  |  |  |
|  |  |  |  | Often acts without awareness of risk | |  |  |  |  |
| **Please add any other information you would like to share about**  **concentration, focussing and activity** | | | | | | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |

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| 1. **Other factors** | | | | | | | |
| **Parent/carer response** | | |  | | **School/Professional response** | | |
| **Not**  **seen** | **Past** | **Now** | **Tick both past AND now if it is present now and has been for some time** | | **Not seen** | **Past** | **Now** |
|  |  |  | Presents as a day dreamer and often described as needing to apply themselves more (doesn’t appear to be motivated or to be trying) | |  |  |  |
|  |  |  | Presents with low levels of fidgeting (that may be less obvious) – eg below the desk, constant fiddling with hair or jewellery, biting fingernails | |  |  |  |
|  |  |  | Takes time to process information and instructions and it may seem as if they are not listening | |  |  |  |
|  |  |  | Verbally impulsive, changes topics, jumps between ideas and topics, may say things impulsively without thinking of the impact on others | |  |  |  |
| **Please add any other information you would like to share about other factors** | | | | | | | |
| Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |

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| **7. Overall impact of the difficulties** | | | | | | | | | |
| **Parent/carer response** | | | |  | | **School/Professional response** | | | |
| **Not at**  **all** | **Just a little** | **Quite a bit** | **Very much** |  | | **Not at all** | **Just a little** | **Quite a bit** | **Very much** |
|  |  |  |  | **What is the overall impact of the difficulties on day-to-day life?** | |  |  |  |  |
| **Parent/carer response** | | | |  | | **School/Professional response** | | | |
| Click or tap here to enter text. | | | | Please provide a few examples of the way in which you see the impact | | Click or tap here to enter text. | | | |
| **Please add any other information you would like to share about the impact of difficulties** | | | | | | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |

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| **8. Additional needs/ significant life events**  **Please tell us if any of the following apply** | | | |
|  | | Child/young person is in care | |
|  | | Child Protection Plan currently in place | |
|  | | Charged/likely to be charged with serious criminal offence/due to appear in court | |
|  | | Current input from Youth Offending Services or Liaison and Diversion Services | |
|  | | Permanently excluded from school | |
|  | | Armed forces family **and likely to need to move -** If **YES** please add likely date here:  Click or tap here to enter text. | |
|  | | Traveller family **and likely to move -** If **YES** please add likely date here:  Click or tap here to enter text. | |
|  | High risk of imminent significant harm to self or others | | |
|  | Significant recent life events | | |
| **If you have ticked any of the above please provide additional information below**  **(if not already provided)** | | | |
| **Parent/carer response** | | | **School/Professional response** |
| Click or tap here to enter text. | | | Click or tap here to enter text. |

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| **9. Additional information**  **Please tell us anything else you feel it is important for us to know** | |
| **Parent/carer response** | **School/Professional response** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Thank you very much for completing the form – this should provide all the information we need to decide on the best way to help the child/young person.**

**We would love to hear from you**

We would be very grateful if you could spare a few minutes to tell us about your experience of the referral process. This helps us know where things are going well and where we might have more work to do.

Please fill in this short form to give us your feedback and ideas: <https://forms.office.com/e/zysA3fzpeu>