The Lighthouse Care Centre, Townley Street, Morecambe, Lancashire, LA4 5JQ - Tel: 01524 411044

St. James Old School, Cannon Street, Accrington, Lancashire, BB5 2ER – Tel: 01254 352586

email: reception@adhdnorthwest.org.uk

#### REFERRAL FORM

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| **Date:** | **Referred by:** |
| **Have parent(s) / carer(s) consented to referral YES** [ ]  **NO** [ ]  **Date of Consent:** |
| **Family Address**  |
| **Postcode**  | **Tel:**  | **Email**  |
| **Parent/Carer (1)**  | **m / f** | **Ethnicity**  |
| **Parent/Carer (2)** | **m / f** | **Ethnicity** |
| **ADHD Child**  | **d.o.b.**  | **m / f** | **Ethnicity**  |
| **NHS No.** | **GP Practice** |
| **Sibling**  | **d.o.b.**  | **m / f** | **Ethnicity**  |
| **Sibling**  | **d.o.b.**  | **m / f** | **Ethnicity**  |
| **Sibling**  | **d.o.b.**  | **m / f** | **Ethnicity**  |
| **Sibling**  | **d.o.b.**  | **m / f** | **Ethnicity**  |

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| **ADHD Child** | **Being assessed YES** [ ]  **NO** [ ]  | **Diagnosis YES** [ ]  **NO** [ ]  | **Medication YES** [ ]  **NO** [ ]  |
| **School attended**  |
| **EHCP? YES** [ ]  **NO** [ ] **Tel:** |  **If NO is assessment ongoing? YES** [ ]  **NO** [ ]  | **SEN plan? YES** [ ]  **NO** [ ]  |
| **Details of any learning difficulties (e.g. dyslexia, developmental etc.)** |
| **Details of additional medical conditions** |
| **Details of prescribed medications, learning support, therapy or other support being provided** |
| **Details of Services/Agencies involved (e.g. CAMHS, Paediatrics, Social Services, etc.)** |
| **Risk assessment completed? YES** [ ]  **NO** [ ]  **Details if appropriate:** |
| **Reason for Referral** |