

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | | |