

Mexborough Health Centre

Dr Nair & Dr Kirana

Adwick Road, Mexborough, South Yorkshire, S64 0BY

ADHD/Autism Right to Choose Referrals

Name: _____

Date of birth: _____

Address: _____

Postcode: _____

For ADHD referral, please complete the Adult ADHD Self-Report Scale on page 2.

For Autism referral, please complete the Autism Spectrum Quotient on page 3.

For a combined ADHD and Autism referral, please complete all pages.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name	Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.		Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?						
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?						
3. How often do you have problems remembering appointments or obligations?						
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?						
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?						
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?						
Part A						
7. How often do you make careless mistakes when you have to work on a boring or difficult project?						
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?						
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?						
10. How often do you misplace or have difficulty finding things at home or at work?						
11. How often are you distracted by activity or noise around you?						
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?						
13. How often do you feel restless or fidgety?						
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?						
15. How often do you find yourself talking too much when you are in social situations?						
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?						
17. How often do you have difficulty waiting your turn in situations when turn taking is required?						
18. How often do you interrupt others when they are busy?						
Part B						

AQ-10

Autism Spectrum Quotient (AQ)

A quick referral guide for adults with suspected autism who do not have a learning disability.

Please tick one option per question only:

		Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1	I often notice small sounds when others do not				
2	I usually concentrate more on the whole picture, rather than the small details				
3	I find it easy to do more than one thing at once				
4	If there is an interruption, I can switch back to what I was doing very quickly				
5	I find it easy to 'read between the lines' when someone is talking to me				
6	I know how to tell if someone listening to me is getting bored				
7	When I'm reading a story I find it difficult to work out the characters' intentions				
8	I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)				
9	I find it easy to work out what someone is thinking or feeling just by looking at their face				
10	I find it difficult to work out people's intentions				

SCORING: Only 1 point can be scored for each question. Score 1 point for *Definitely or Slightly Agree* on each of items 1, 7, 8, and 10. Score 1 point for *Definitely or Slightly Disagree* on each of items 2, 3, 4, 5, 6, and 9. If the individual scores **6 or above**, consider referring them for a specialist diagnostic assessment.

This test is recommended in 'Autism: recognition, referral, diagnosis and management of adults on the autism spectrum' (NICE clinical guideline CG142). www.nice.org.uk/CG142

Key reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.



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autism research centre



Before making your choice, it is important you understand how each provider would carry out the assessment (online/remotely or in person) and if they would provide ongoing support or medication (ADHD only) should you or your child be diagnosed with ADHD or autism.

Chosen Provider: _____

Mexborough Health Centre does NOT prescribe ADHD medication which has been recommended via private clinics. This decision is a Practice wide policy and is not variable between our GP's.

I have enclosed the completed ADHD Self-Report Questionnaire

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I confirm that I understand that Mexborough Health Centre does not provide shared care for medication recommended by private ADHD providers.

Signed: _____

Dated: _____