



GLOBAL ADHD

CLINICIANS NETWORK

RE: [First Name] [Second Name] **DOB:** Gender:
Address:

Date:

Present: [First Name], [clinicians name]

Diagnosis: Attention Deficit Hyperactivity Disorder (ADHD) (combined)

Dear GP,

The purpose of this letter is to inform you of [First Name]'s ADHD assessment and diagnosis made today. Following a detailed evaluation, we have confirmed a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

The assessment process included:

- Detailed evaluation of referral reasons and analysis of the primary symptoms prompting the ADHD referral.
- Detailed patient history review and examination of any medical records provided to our clinic.
- A review of a detailed pre-assessment questionnaire including informant reports and all provided educational reports.
- In-depth assessment based upon DSM-5 Criteria: Utilising tools such as Adult Self-Report Scale (ASRS v1.1), Diagnostic Interview for ADHD (DIVA 5) and SNAP-IV, Young DIVA substantiated by clinical observations.

Full records of the assessment are held in our patient records.

[If we have started treatment we will issue prescriptions. Once treatment is optimised, we will write to you again if we need to agree shared care. We will monitor physical health and observations once treatment is started. We may arrange and request further investigations should they be deemed clinically necessary.]

We will continue reviews regarding ADHD, future titrations/medication changes and follow ups.

ASRS/SNAP-IV Scores

	Never	Rarely	Sometimes	Often	Very Often
Pre Assessment					

History of Presenting Complaint + Preliminary Assessment



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[First Name] attended via video consultation after reflecting on life long differences and symptoms of inattention and hyperactivity.

A pre- assessment review of [First Name]'s experiences and medical history, including their medical records and detailed pre assessment questionnaires, we have observed significant impacts of inattention, hyperactivity, and impulsivity on their life since childhood onwards.

Assessment Overview

During the completion of the diagnostic semi-structured interview, it was observed that [First Name] demonstrates a range of symptoms associated with inattention, and hyperactivity/impulsivity. [First Name] was assessed against the DSM criteria and a summary of relevant assessment outcomes can be found below.

A1. Often fails to pay close attention to details, or makes careless mistakes in schoolwork, work or during other activities-

A2. Often has difficulty sustaining attention in tasks or play -

A3. Often does not seem to listen when spoken to directly -

A4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace. -

A5. Often has difficulty organizing tasks and activities -

A6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school or homework)

A7. Often loses things necessary for tasks or activities

A8. Often easily distracted by extraneous stimuli

A9. Often forgetful in daily activities

Regarding symptoms of hyperactivity and impulsivity, [First Name] displayed the following:

H/I 1. Often fidgets with hands or feet or squirms in seat

H/I 2. Often leaves seat in classroom or in other situations in which remaining seated is expected

H/I 3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults this may be limited to subjective feelings of restlessness)

H/I 4. Often has difficulty playing or engaging in leisure activities quietly

H/I 5. Is often on the go or often acts as if 'driven by a motor'

H/I 6. Often talks excessively

H/I 17. Often blurts out answers before questions have been completed



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H/I 8. Often has difficulty awaiting turn

H/I 9. Often interrupts or intrudes on others

Impact on Life:

1. **Education:**
2. **Employment:**
3. **Emotional Health:**
4. **Finances:**
5. **Friendships and Family Relationships:**
6. **Leisure Time/Relaxation/Sleep:**

Past Psychiatric History

Past Medical History

Family history:

Developmental History + Education:

Employment, Personal and Social History:

Drug History:

Allergies and Other Relevant Information:

Mental State Examination: - Example only

[The patient was neatly attired and exhibited appropriate hygiene. Throughout the evaluation, they maintained consistent eye contact and engaged in a cooperative/restless manner. Speech was normative in rate, volume, and productivity, with no evidence of formal thought disorder. Affect was broad and congruent with the stated mood of "stable and content." Their affective display was euthymic throughout the interaction. Thought processes characterised by coherence and goal-directed logic, no thought disorder was found. There were no indications of perceptual disturbances, and the patient denied any delusional content or hallucinatory experiences. Insight and judgment were assessed as intact; the patient demonstrated a clear understanding of their situation and exhibited decision-making capabilities there was no reason to doubt their capacity.]



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Risk to self - Low risk (denies suicidal thoughts or plans)

Risk to others - Low risk

Safeguarding- No safeguarding issues identified]

Diagnostic Conclusion:

Upon completion of the DIVA 5 semi-structured interview, I am satisfied [First Name] meets the DSM-5 criteria for a diagnosis of ADHD, demonstrating impairments in [all 3 domains: inattention, hyperactivity and impulsivity.]

Upon thorough evaluation of all of the information against the DSM, examining the characteristics and number of the symptoms the symptomology present since childhood could not be better explained by another mental disorder. The symptoms have caused impairment in multiple aspects of their life. They have had these difficulties persistently since before the age of 12 and satisfy the domains of the DSM criteria for ADHD.

Management

I have counselled [First Name] on the pathophysiology of ADHD and neurodiversity and explained the unique challenges and strengths of ADHD. We have discussed both non pharmacological options as well as medication treatment options. We have provided useful links and information on relevant topics at the end of this letter.

Under the Equality Act 2010, ADHD is considered a disability it has a substantial and long-term negative effect on a person's ability to carry out normal day-to-day activities, under this act those diagnosed with ADHD are entitled to reasonable adjustments to ensure they are not disadvantaged.

Conclusion:

Thank you for your attention to [First Name]'s ADHD diagnosis and management plan. Should you have any questions or require additional information, please do not hesitate to contact us. We appreciate your collaboration in ensuring the best possible outcomes for [First Name].

Interpretation of the diagnosis:

[First Name] is diagnosed with **[ADHD]** based on the results above and the full clinical presentation. If they are keen on considering medication for ADHD and will be referred to our specialist titration team who will initiate and monitor their medication if appropriate until they are stable on their dose.

All of our ADHD assessments are comprehensive and in compliant with NICE guideline [NG87] [Attention deficit hyperactivity disorder: diagnosis and management \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng87).

Treatment with Medications:

Medication is recommended as the first-line treatment in ADHD for adults and certain age groups in children with clinically significant impairment in their life (NICE, 2008). Any medication must be considered carefully along with any health concerns or other issues that would contraindicate a trial of medication.

Given your level of impairment, consideration of a trial of medication would be appropriate to see if this would assist you with your ADHD symptoms. Medications have been found to improve attention span, task



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completion and self-organisation, whilst reducing impulsivity, distractibility, and restlessness. Please find a video link here on medications and ADHD.

<https://www.youtube.com/watch?v=FcTXHy35nWE>

If you have concerns about taking medications for ADHD, you will have the opportunity to discuss this with an ADHD Specialist. There are many myths about treatment. Treatment carries fewer risks than not taking treatment.

Please find a useful video discussing common myths around ADHD medication:

<https://www.youtube.com/watch?v=JCIT0YbNSCU>

Life with unrecognised ADHD often leads to mental health problems. It is important to consider the impact of these as well as ADHD on wellbeing. Treatment with medication will likely improve your symptoms of ADHD and this can change how other issues impact on your wellbeing.

Other Treatments and Support

[You may wish to look into and consider receiving support from the following in your local area:

- Cognitive behavioural therapy, specifically ADHD focused which involves self-instructional training administered in a group or individual basis. It may help to develop a more planned and reflective approach to thinking and behaving, including social interactions. It may also help adopt a more reflective, systematic, a goal-oriented approach to everyday tasks, activities and problem solving.

ADHD coaching. You and your coach will work together to support you in managing daily tasks in an organised and goal-orientated, timely way. You can contact us for further details on any of the mentioned therapies.]

Further Advice

Alcohol and Illicit Drugs:

Do not drink alcohol while taking stimulant medicines. Alcohol may make the side effects of stimulants worse. Remember that some foods and medicines contain alcohol, please discuss this further with your consultant, if required. Also, it is potentially fatally dangerous to use illicit drugs, such as cocaine and amphetamines, when prescribed ADHD medication.

Some Books for ADHD

1. Taking Charge of Adult ADHD by Russell Barkley.
2. Delivered from Distraction by Edward Hallowell
3. Out of the Fog by Kevin Murphy.

Mobile phone Apps

There are mobile apps available (some of which are free to download) that can be used to people with ADHD in their organisation, and focus.

Some Free recommended Apps include:

Habitica (free download and combining daily chores and to-do lists into a game)

Remember the Milk (Free download, keep personal activities in order).



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Sweepy (keeping track of household chores).

[insert clinician's name and credentials]

Additional Resources:

- PrivateADHD.com/blog
- ADHD UK website: <https://adhduk.co.uk/>
- NHS website: <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>
- ADHD Foundation Charity: <https://www.adhdfoundation.org.uk>
- AADD-UK: www.aadduk.org
- National Attention Deficit Disorder Information and Support Service: www.addiss.org.uk
- Royal College of Psychiatrists: www.rcpsych.ac.uk/mental-health/problems-disorders/adhd-in-adults
- UK Adult ADHD Network: www.ukaan.org/what-is-adhd.htm
- How to ADHD: <https://howtoadhd.com>
- ADDitude: <https://www.additudemag.com>

Some books on the subject of ADHD:

- *ADHD 2.0* by Edward M Hallowell and John J Ratey
- *Driven to distraction and Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder* by Edward M Hallowell and John J Ratey
- *Taking charge of adult ADHD* by Russell Barkley
- *Fast Minds: How to thrive if you have ADHD* by Craig Surman
- *Adult ADHD Tool Kit: Using CBT to Facilitate Coping Inside and Out* by Russell Ramsay and Anthony Rosstain
- *Reinventing Your Life* by Jeffrey E Young
- *The mindfulness prescription for adult ADHD: An 8-step program for strengthening attention, managing emotions, and achieving your goals* by Lidia Zylowska
- *Mastering your adult ADHD: Client Workbook* by Steven Safren, Susan Sprich, Carol Perlman and Michael Otto

[\[insert company policy and crisis policy\]](#)