Oxford CBT

**Neurodevelopmental Assessment Referral – Pre-Assessment Information**

Name of Client | DOB

Email | Mobile

Home Address

GP Practice

## Who do you currently live with?

| Name | Relationship to you | Age |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Please briefly summarise what led you to seek the current assessment?

Please list your 3 main challenges and/or concerns.

1.
2.
3.

What would be a good outcome for you following the assessment?

What are your interests, strengths and qualities?  How do you spend your free time?

| |
|---|
| |

| What differences or challenges, if any, have you noticed in the following areas: | Comments |
|---|---|
| Friendships – forming and/ or sustaining them? | |
| Social communication skills (e.g. use of eye contact, gesture, tone of voice, facial expression)? | |
| Sensory interests or sensitivities?<br>e.g. noise, texture, light, taste | |
| Managing changes to routines or adjusting to life transitions? | |
| Ability to concentrate and sustain attention? | |
| Energy or activity levels? | |
| Managing or expressing emotions? | |
| Getting along with others (e.g. partner, family, work colleagues)? | |

## Education

| | Subjects | Grades | Difficulties, or areas of support |
|---|---|---|---|
| Primary | | | |
| Secondary | | | |
| College | | | |
| University | | | |

## Work History

| Role | Positives | Difficulties or challenges? | Reason for moving on? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Mental health history

| Date | Difficulties experienced (e.g. depression, anxiety, OCD) | Treatment received |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Risk and safety

Have you ever experienced thoughts of self-harm, or suicidal thoughts or behaviours?

## Medical history

Do have any previous or current medical conditions?

Have you previously been diagnosed with a neurodevelopmental condition (e.g. autism, ADHD, dyslexia, dyspraxia)?

Are there any members of your family with a neurodevelopmental condition (e.g. autism, ADHD, dyslexia, dyspraxia)?

**As part of your diagnostic assessment, we need to contact a person who knows you well. This can be either a parent, partner or close friend or relative. Please include their contact details in the table below:**

Thank you for providing this preliminary information

# Adult ADHD Self-Report Scale (ASRS) Symptom Checklist Instructions

Client 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. For each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please return once completed.

## Part A

| | | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|---|
| 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 organisation? | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 B

| | | | | | | |
|---|---|---|---|---|---|---|
| 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? | ☐ | ☐ | ☐ | ☐ | ☐ |

Reference: The World Health Organization Adult ADHD Self-Report Scale (ASRS): a short screening scale for use in the general population, Kesler, Adler, Ames et al March 2005 Psychological Medicine 35(2):245-56.



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