Bicester Health Centre

ADULT ADHD ASSESSMENT

Right to Choose (RTC) referral: patient information and eligibility form

Patient name		**Date of birth**	

Dear Patient,

Thank you for contacting us about an ADHD assessment.

As of September 2026, NHS Thames Valley Integrated Care Board (ICB) has introduced "Thresholds for Intervention" for adult ADHD referrals. These apply to referrals to local NHS services and to Right to Choose (RTC) providers. The ICB says the thresholds are intended to prioritise people with the most urgent needs who are likely to benefit from diagnosis and treatment, within the resources available.

A referral can be considered only if at least one priority criterion below is met and supported by written evidence.

Completing this form does not guarantee a referral or an assessment. You do not need to meet every criterion: please complete any section(s) that you believe apply to you and explain your circumstances in your own words.

If you are eligible for referral, we will contact you about your choice of RTC provider. If you are not, we will let you know.

IMPORTANT: Bicester Health Centre does not prescribe adult ADHD medication following RTC/private assessment. Medication initiation, monitoring and ongoing prescribing must come from your chosen provider.

Please complete these questions.

☐ I am aged 18 or over.

☐ I have completed, or will complete with the surgery, the ADHD screening questionnaire (ASRS-v1.1) which is included at the end of this document. The ICB flowchart refers to a score of more than 4 being the required threshold.

At least ONE of the following criteria must apply. Please explain the situation and attach supporting evidence where available.

A. Safeguarding

The criterion: The patient, or a child in their care, is open to a safeguarding team and ADHD treatment has been identified as a need.

☐ **I believe this criterion applies to me.**

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:

Examples of evidence (not an exhaustive list): Examples of evidence: safeguarding plan or risk assessment; letter or record from a safeguarding team; evidence of involvement with MASH, MARAC or another relevant safeguarding process; relevant safeguarding referral or concerns.

B. Criminal justice involvement

The criterion: The patient is open to Criminal Justice Liaison and Diversion, street triage/link, or probation, and ADHD treatment has been identified as a need. Family law proceedings and medico-legal assessments are excluded from this criterion.

I believe this criterion applies to me.

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:
Examples of evidence (not an exhaustive list): Examples of evidence: letter/report from liaison and diversion or probation; relevant police, probation or license documentation; records of current/recent criminal justice involvement.

C. Long-term physical health condition

The criterion: The patient has a long-term physical health condition and is struggling to manage its care plan because of ADHD symptoms; ADHD treatment has been identified as a need.

I believe this criterion applies to me.

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:

Examples of evidence (not an exhaustive list): Examples: difficulties taking medication, attending appointments, self-monitoring or following a treatment plan, with an impact on control of the condition (for example, diabetes). Evidence may include a letter from the treating clinician or relevant care records.

D. Unpaid caring responsibilities

The criterion: There is evidence that the patient has been unable to fulfil unpaid caring responsibilities because of ADHD symptoms.

I believe this criterion applies to me.

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:

Examples of evidence (not an exhaustive list): Examples: description of caring responsibilities and their impact; a carer's assessment or other relevant supporting documentation, if available.

E. Education or vocational course

The criterion: The patient is enrolled in an academic or vocational course and ADHD-related difficulties have led to a risk of failing or not completing it. Student support/SEND evidence must show reasonable adjustments have been implemented consistently for at least one term, and treatment is required to access further support.

I believe this criterion applies to me.

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:

Examples of evidence (not an exhaustive list): Examples: school/college reports; Education, Health and Care Plan (EHCP) or SEN documentation; educational psychologist report; evidence of additional support, reasonable adjustments, attendance, organisation, concentration or attainment difficulties.

F. Employment

The criterion: There is a pattern of repeated loss of employment due to ADHD symptoms, or the patient is at risk of losing current employment despite reasonable adjustments; treatment is considered essential to access or maintain employment. This can include unpaid employment.

☐ **I believe this criterion applies to me.**

Please explain how it applies to you, with specific examples and dates where possible:
Examples of evidence (not an exhaustive list): Examples: employer or occupational health letters; disciplinary or absence records; evidence of workplace adjustments/support; records showing repeated difficulty sustaining employment.

G. Continuity of care — existing documented ADHD diagnosis

The criterion: The patient has a documented ADHD diagnosis confirmed by an NHS service in accordance with NICE guidance, or by another comparable healthcare system. In addition, at least ONE of the following must apply: (1) objective evidence that stopping medication previously caused, or would cause, significant impairment or risk (for example, loss of employment, withdrawal from education or imprisonment); OR (2) the patient previously benefited from ADHD medication which was stopped on medical advice (for example, pregnancy or another health condition) and wishes to restart treatment.

☐ **I believe this criterion applies to me.**

Please explain how it applies to you, with specific examples and dates where possible:
Supporting evidence attached / source of evidence:

Examples of evidence (not an exhaustive list): Examples: diagnostic or assessment report; historic clinical letters; previous medication records and response; specialist service correspondence; objective evidence of significant impairment/risk associated with stopping medication.

Step 3 — Medication and health information

Please tell us about any factors that may affect the safety or suitability of ADHD medication.

Question	No	Yes
Do you have a heart or cardiovascular condition, or have you been told you have a heart-related risk?	☐	☐
Do you have high blood pressure or are you being investigated/treated for it?	☐	☐
Do you have a significant physical health condition or take medicines that may interact with ADHD medication?	☐	☐

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Have you had significant alcohol or substance misuse in the last six months, or do you currently need support for alcohol/substance misuse? ☐ ☐

Have you deliberately harmed yourself recently, or had a recent episode of self-harm? ☐ ☐

Are you currently having thoughts of suicide or feel you may act on thoughts of harming yourself? ☐ ☐

Are you currently under the care of a community mental health team, learning disability service or another specialist service for relevant needs? ☐ ☐

If you answered Yes to any of the above, please provide details below:

Important: If you are currently at immediate risk of harming yourself, or feel unable to keep yourself safe, seek urgent help from NHS 111 (mental health option where available), your local crisis service, or 999/A&E in an emergency. The ADHD referral pathway is not an emergency service. Your GP will consider whether another service or urgent support is more appropriate before any ADHD referral.

Step 5 — Declaration and return

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that the practice will review this form, any supporting evidence and my medical record to decide whether at least one Threshold for Intervention is met and whether referral is clinically appropriate. I understand that the practice may ask for further information, and that completing the form does not guarantee referral.

Patient signature: _____ Date: _____

Please return the completed form and copies of any supporting evidence to your GP surgery.

Important: If you do not meet a threshold, the ICB guidance says you should not be referred through the adult ADHD assessment pathway at this time.

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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