Gosforth Clinic

Checklist for Referring General Practitioners

- [ ] **Referral letter** - Addressed to Dr Philip Bird.
- [ ] **Adult ADHD Self-Report Scale (ASRS)** - You can complete the questionnaire using this link https://response.novopsych.com/?uuid=9b8365dc-02e6-4011-b44c-965b20f5398d The results will be emailed to the Gosforth Clinic info@gosforthclinic.com.au. The patient will be emailed a copy of the report.
- [ ] **Urine Drug Screen (UDS)** - A clear result is required.
- [ ] **Electrocardiogram (ECG)** - Either a copy OR a written confirmation of sinus rhythm without abnormalities.
- [ ] **Previous Diagnosis** - If the patient has previously been diagnosed with ADHD, including transition from Paediatrician to a Psychiatrist from age 18 years, please send any previous reports or notes from other healthcare providers to the Clinic.
- [ ] **Essential Information Form** - Electronic form emailed to info@gosforthclinic.com.au. You will be able to save and print a version for your records.

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This electronic form will be emailed to info@gosforthclinic.com.au. You will be able to save and print a version for your records.

Essential Information (GP to complete)

Date:			
Doctor:		Email:	
Patient:		Date of Birth:	

Thank you for referring your patient to The Gosforth Clinic.

Once we have received these results, we will review the referral and, if appropriate, contact your patient to schedule a pre-assessment at the Clinic prior to the review with Dr Philip Bird. The pre-assessment has a fee of $200, payable at the time of booking to secure the appointment.

Blood Pressure:		Pulse:	
Weight:		Height:	

Has the patient been previously diagnosed with ADHD?	☐	Yes	☐	No
Year and diagnosis:		Diagnosed by:		
If yes, is the patient currently taking medication?	☐	Yes	☐	No
If yes, please list medications:				

Please provide a copy of the previous treating specialist's report regarding diagnosis and treatment. If you do not have one on file, please ask the patient to forward it to our clinic via info@gosforthclinic.com.au.

Other mental health conditions (please list):	
Previous Psychiatrist/s:	
Year/s:	
Diagnosis:	
Treatment:	

Hospital admissions for mental health:	☐	Yes	☐	No
If yes, please provide details:				

Episodes of self-harm in the last 12 months:
If yes, please provide details:

Illicit drug use/Medication misuse/Alcohol abuse in the last 2 years (please include details):						
Substance/s:						
Duration and frequency:						
Most recent use:						
Prescribed CBD:	☐	Yes	☐	No	By whom:	

Note: Should the Urine Drug Screen show illicit substances, 3 clear results will be required prior to an appointment being offered. If patients have concurrent drug abuse or dependency, we request that they be initially referred for appropriate drug/alcohol counselling. For particular issues, please contact the Clinic to speak with Dr Bird directly.

GP Referrer Involvement
The Gosforth Clinic triages and accepts referrals based on the information provided in your referral letter; therefore, please include all relevant history. We are not an acute mental health service; patients requiring urgent treatment may require alternate referral pathways.

N.B. Your patient will be returning for ongoing treatment. Please confirm your agreement to prescribe stimulant medication if recommended, noting that for all patients assessed at the Adult ADHD Clinic, the referring doctor is expected to be involved in ongoing management, including prescribing responsibilities.

As your patient will be returning for ongoing treatment, please confirm that you agree to prescribe stimulant medication if it is recommended.	☐	Yes	☐	No

Referring Doctor's signature:		Date:	

SUBMIT FORM

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