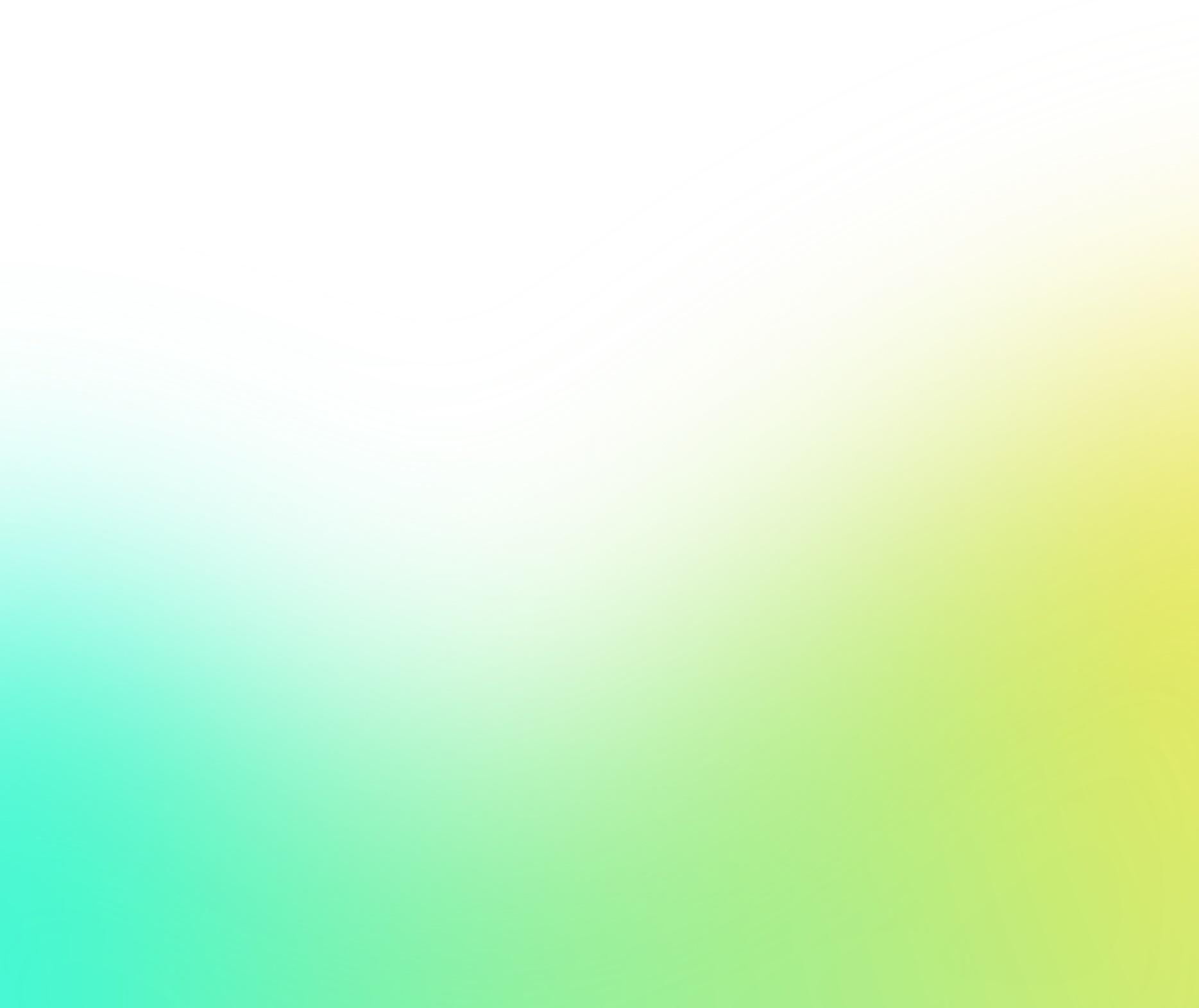
Right to Choose

Neurodevelopmental lifespan services

Attention deficit hyperactivity disorder (ADHD) assessment report



**REPORT DETAILS**

| Assessment date(s) | {{AssessmentDate}} |
| --- | --- |
| Report date | {{ReportDate}} |
| Clinical team | YYY (Paediatrician)  YYY (Child & Adolescent Psychiatrist)  YYY (Clinical Psychologist)  YYY (Specialist ADHD Nurse) |
| Report sent to: | Parent/Carer |
| GP |
| If applicable and consent sought, clinician to add any other name/email here for report to be sent to (e.g. social worker) |

This report aims to provide greater understanding of {{ClientFirstName}}’s experiences, strengths, and challenges, and to explore whether a diagnosis may help explain their unique profile. It is based on the information available at the time of the assessment. This assessment was not conducted for medico-legal purposes and, as such, is not intended for use in that context.

**CLIENT DETAILS**

| First name | {{ClientFirstName}} |
| --- | --- |
| Surname | {{ClientSurname}} |
| Age at assessment | {{ClientAge}} |
| Date of birth | {{DOB}} |
| NHS number | {{NHSNumber}} |
| Client ID | {{ClientID}} |
| Address | {{ClientAddress}} |

**ASSESSMENT OUTCOME**

{{AssessmentOutcome}}

**ASSESSMENT INFORMATION**

Psicon was commissioned to carry out an attention deficit hyperactivity disorder (ADHD) assessment.

The assessment offered by Psicon consists of the completion of a Conners questionnaire (a screening tool for ADHD) by the child’s parent/carer and school. This is then followed by an appointment with a specialist clinician with expertise in ADHD who takes a developmental history, evaluates the available evidence, and makes a decision in regard to diagnosis and future plan.

• {{AssessmentMode}}

• {{HistoryProvidedBy}}

• {{ChildPresenceConfirmation}}

**WHO WE ASSESSED**

• {{WhoWeAssessed}}

**CONSENT**

• {{Consent}}

**UNDERSTANDING OF APPOINTMENT**

• {{UnderstandingOfAppointment}}

**REASON FOR REFERRAL AND PRESENTING CONCERNS**

• {{ReasonForReferral}}

**PAST MEDICAL HISTORY**

• {{PregnancyBirthHistory}}

• {{BirthDetails}}

• {{Allergies}}

• {{Medications}}

• {{Immunisations}}

• {{Vision}}

• {{Hearing}}

• {{Safeguarding}}

**EARLY DEVELOPMENTAL HISTORY**

• {{Babyhood}}

• {{DevelopmentalMilestones}}

• {{SpeechLanguage}}

• {{Regression}}

• {{Toileting}}

• {{NurseryStart}}

• {{NurseryConcerns}}

• {{SeparationAnxiety}}

• {{SocialPlaySkills}}

**FAMILY AND SOCIAL HISTORY**

• {{HouseholdDetails}}

• {{MothersAgeOccupation}}

• {{FathersAgeOccupation}}

• {{Siblings}}

• {{FamilyHistory}}

• {{SignificantLifeEvents}}

**MENTAL HEALTH AND WELLBEING**

• {{AnxietyMood}}

• {{MentalHealthServices}}

• {{SelfHarmSuicidalConcerns}}

**CURRENT DEVELOPMENT AS REPORTED BY PARENT/GUARDIAN**

Attention & Concentration

• {{AttentionAndConcentration}}

Activity Levels

• {{ActivityLevels}}

Impulsivity

• {{Impulsivity}}

• {{RiskyBehaviours}}

• {{DangerAwareness}}

Executive Functioning & Organisational

• {{ExecutiveFunctioning}}

Emotional & Behavioural Regulation

• {{EmotionalRegulation}}

Self-Care & Independence

• {{SelfCareAndIndependence}}

Social Communication & Interaction

• {{SocialCommunication}}

Friendships & Relationships

• {{FriendshipsAndRelationships}}

Restricted & Repetitive Behaviours and Interests/Activities

• {{RestrictedRepetitiveBehaviours}}

• {{SensoryIssues}}

**EDUCATION**

• {{Education}}

**OBSERVATIONS FROM CLINICAL INTERVIEW**

• {{ObservationsFromClinicalInterview}}

• {{PhysicalExamination}}

**WHY DID WE DIAGNOSE? / WHY DID WE NOT DIAGNOSE?**

The assessment aimed to rule out or confirm a diagnosis of ADHD. {{WhyDiagnosis}}

**NOT DIAGNOSED: MOVING FORWARD***[delete section if not applicable]*

We have discussed the outcome of this assessment and offered the rationale for the decision that was made. We recommend that the family read through the materials enclosed/attached to this report.

Although a diagnosis of ADHD has not been given, this does not diminish the challenges faced by this young person and their family. The absence of a diagnosis does not mean an absence of attention-related or executive functioning difficulties, and we recognise that reaching this point in the process may have taken time. It is completely understandable that coming to the end of the assessment pathway without a definitive explanation can feel frustrating or disappointing.

Ruling out ADHD can be just as valuable as receiving a diagnosis, as it helps narrow down the possibilities and guide the next steps. Some young people may display traits associated with ADHD—such as inattention, impulsivity, or hyperactivity—but these may not be significant enough, or consistently present across multiple settings, to meet the criteria for a diagnosis. In other cases, there may be different explanations for a young person’s presentation. Anxiety, low mood, trauma, and other forms of psychological distress can sometimes lead to difficulties with focus, restlessness, or emotional regulation, making it essential to consider a wide range of factors. Additionally, other neurodevelopmental conditions—such as autism or specific learning difficulties—share overlapping characteristics with ADHD, and concerns around processing speed, working memory, or emotional well-being may also contribute to the way a young person presents.

We strongly encourage ongoing conversations with your GP and the school to explore the best ways to support this young person. While a diagnosis can be helpful, their needs go beyond a label, and the most important outcome is understanding how to meet those needs effectively.

Each school may approach student support differently, and sharing this report with them will provide valuable insights into how best to meet this young person’s needs, regardless of diagnosis. Open discussions with the school can help create the right support plan moving forward.

If you need any further guidance, please do not hesitate to contact us. We are here to support you in finding the next step on this journey.

**DIAGNOSIS: MOVING FORWARD** *[delete section if not applicable]*

We have discussed the outcome of this assessment and offered the rationale for the decision that was made. We have signposted to local services and other sources of further information and support. We recommend that the family read through the materials enclosed/attached to this report.

Every child and young person with ADHD will have a range of skills and abilities. They will also have individual needs that require us to adapt our teaching and environment so that they can thrive.

ADHD can potentially impact on a young person’s capacity to access and thrive in education. Specific recommendations for school or education are beyond the scope of this clinical diagnostic assessment and each school will have a unique policy on offering support to those young people who have additional needs. The outcome of this assessment should be discussed with school to establish what support is needed and the following suggestions should be considered.

To help a child reach their full potential and develop in a way that works best for them, it may be helpful to further understand their brain and the way it works. We recommend that all parent/carers attend a post-diagnosis workshop. To find a programme in your area, search your council’s “local offer”. If you're not ready immediately after the assessment, you can always refer later.

**RECOMMENDATIONS AND FURTHER CONSIDERATIONS**

• {{RecommendationsGeneral}}

The following are tailored recommendations based on concerns discussed.

***Autism Screening***

• {{AutismScreening}}

***If only referred for ADHD assessment initially:*** Parent/guardian mentioned that XXX shows [a strong preference for routines and becomes distressed with minor changes]. The school report also noted [repetitive behaviours, sensory sensitivities, and difficulty understanding social cues]. Observations from today’s assessment (e.g. no eye contact and limited facial expressions) also suggest that XXX may benefit from screening for autism. Should parent/carer wish to consider further assessment, they are advised to discuss a new referral with their GP.

***If referred for DUAL assessment initially but declined for autism:*** While XXX was originally declined for a dual assessment based on initial screeners measures, observations from today’s assessment suggest that an autism assessment may be appropriate. For example, parent/guardian mentioned that XXX shows [a strong preference for routines and becomes distressed with minor changes]. The school report also noted [repetitive behaviours, sensory sensitivities, and difficulty understanding social cues]. In the clinic, XXX [did not hold eye contact]. Should parent/carer wish to continue with an autism assessment, they can email righttochoose@psicon.co.uk (including their child’s full name and DOB) to request that the autism referral be re-opened.

***ADHD Medication***

• {{ADHDMedication}}

***Mild/moderate ADHD*** - Following the diagnosis, you may wish to search your “local offer” to see if there are any post-diagnostic programmes or educational workshops available in your area. We advise that ADHD behavioural strategies are implemented at home and school in the first instance (see attachment for further resources). Following this, family can contact Psicon to consider medication. To do so, email ADHDappointments@psicon.co.uk (including their full name and DOB) to request to be added to the medication wait list. The current estimated wait time is approximately 3 months from the date of request. While a new referral will not be needed, depending on the length of time between your assessment and request, we may need to contact your GP to confirm any health changes.

***Moderate-severe ADHD***- Given the diagnosis and ongoing difficulties, family expressed interest in exploring medication as a treatment option. Should they wish to pursue this, they can email ADHDappointments@psicon.co.uk (including their full name and DOB) to request to be added to the medication wait list. The current estimated wait time is approximately 3 months from the date of request.

***• Speech & Language / Occupational Therapy / Ed Psych***

⁃ {{SpeechLanguageOTEdPsych}}

***• Physical Health***

⁃ {{PhysicalHealth}}

***• Sleep***

⁃ {{Sleep}}

***Mental Health Support (High severity)***

• {{MentalHealthSupport}}

**SUMMARY AND SIGN OFF**

It was a pleasure to meet with {{ClientFirstName}} and their family today. We sincerely hope that this assessment will help further the understanding of their individual needs and provide some guidance for the future.

Yours sincerely,

Clinician Name  
Job Title

ENC:

• Appendix – Conners questionnaires

• Appendix – QB check [if applicable]

• Appendix – DSM-5 criteria

• PDF – post-assessment support

**Appendix – Conners Questionnaires**

The **Conners Rating Scales** is a screening tool used to explore a young person’s attention, impulsivity, hyperactivity, and executive functioning across different environments. Completed by parents and teachers, it helps identify whether a full ADHD assessment is indicated and provides additional information to support the assessment process. While not diagnostic, the Conners offers valuable insights into the young person’s unique strengths and challenges in both home and school settings.

A T-score of 60–69 indicates elevated behaviours in that area compared to peers. A T-score of 70 and above suggests behaviours that are significantly different and often align with the ways in which individuals with ADHD experience and interact with the world. Scores above 70 are commonly observed in areas such as inattention, hyperactivity, and impulsivity for individuals with ADHD, providing valuable insights to guide further assessment and support.

XXX’s scores are presented below.

|  | **Parent/Carer** | **School** |
| --- | --- | --- |
| Inattention |  |  |
| Hyperactivity |  |  |
| Hyperactivity |  |  |
| Emotional Dysregulation |  |  |
| School Work |  |  |
| Peer Interactions |  |  |
| Family Life |  | - |

Whilst these questionnaires are important to help a clinician decide on the presence or absence of a diagnosis, the final conclusion is based on all information collected during the assessment process. The outcome may be different from what the Conners scores suggest. For example, it is not uncommon for scores between home and school to be different. Therefore the clinical expertise goes beyond the results to tease out features that may or may not be reflected on the scores of these quantitative measures.

There are many factors that influence how a child is rated at school and home, for example, a child’s motivation to do well in school, their ability to perform for shorter periods of time, how they may feel more supported/relaxed at home, anxiety levels and learning ability (to name a few). The clinician will interpret the results in light of the information they collect about the child’s overall functioning to reach a final conclusion regarding the presence of ADHD.

**Appendix – QB Check**

The **Quantified Behavioural Check (QB Check)** objectively measures the three core symptom domains of ADHD: hyperactivity, inattention and impulsivity, to provide quantitative assessment of a patient’s activity level, ability to pay attention and inhibit impulses. In addition to the QB Check, the patient performs an Ability Test that provides important information regarding their ability to manage the test situation.

A score above 1.0 identifies some difficulties and a score above 1.5 is clinically significant.

{{ClientFirstName}}’s scores are presented below.

|  | | Q-Score | Percentile |
| --- | --- | --- | --- |
| Hyperactivity | |  |  |
| Impulsivity | |  |  |
| Inattention | Omission errors |  |  |
| Reaction time |  |  |
| Reaction time variation |  |  |

Total ADHD symptom score: ###

**Appendix – DSM-5 Criteria for ADHD Diagnosis**

1. **A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterised by:**
2. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

* Fails to give close attention to details or makes careless mistakes
* Difficulty sustaining attention in tasks or play activities
* Does not seem to listen when spoken to directly
* Does not follow through on instructions and fails to finish tasks
* Difficulty organising tasks and activities
* Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
* Loses things necessary for tasks or activities
* Easily distracted by extraneous stimuli
* Forgetful in daily activities

1. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

* Fidgets with or taps hands or feet or squirms in seat
* Leaves seat in situations when remaining seated is expected
* Runs about or climbs in situations where it is inappropriate (may be limited to restlessness in adolescents and adults)
* Unable to play or engage in leisure activities quietly
* Is often “on the go,” acting as if “driven by a motor”
* Talks excessively
* Blurts out an answer before a question has been completed
* Difficult waiting his or her turn
* Interrupts or intrudes on others

1. **Symptoms were present prior to age 12.**
2. **Several symptoms are present in two or more settings (e.g., home, school, work).**
3. **The difficulties interfere with, or reduce the quality of, social, academic, or occupational functioning.**
4. **The difficulties are not better explained by another mental disorder, such as anxiety, mood disorder, or personality disorder.**