**Enter your details:**

Student Name:

Student Date of Birth:

UCC Student Number:

**Date Completed: / /**

**Request for an adult ADHD diagnostic assessment- please enter your answers to the questions below and then upload to UCC Student Health**

* What would you like to achieve through this referral?
* Describe in detail how features of ADHD affect your work, home, life or studies?
* How do features of ADHD affect your relationships?
* When did this first become an issue?
* How troublesome are these difficulties?

        a) Minor and easily overcome.

        b) Moderate and troublesome

        c) Severe and disabling.

* If moderate to severe, please give examples below.
* What do you do to relax?
* What strategies do you use to focus better?
* Please provide any details of relevant medical history.
* Any family history of Neurodiversity or Mental Health issues?
* Do you have any other conditions that might be important for us to know.
* if there was one thing above all else that you would like to achieve through this referral, what would that be?