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**Neurodiversity- Further information**

**Patient to complete**

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| **PATIENT NAME** |  |
| **DOB** |  |
| **ADDRESS** |  |
| **EMAIL ADDRESS** |  |

We would be very grateful if you could answer the following questions, **providing examples** of how you feel impaired, how you have managed/do manage where possible.

**1) Describe any difficulties with attention, concentration and memory.** e.g. being easily distracted, struggling to concentrate, difficulties following conversations, forgetting appointments or plans, not following conversations, forgetting and losing day to day items.

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| **Childhood** | **Adulthood** |
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**2) Describe any times you have experienced Impulsivity and restlessness.** e.g. experiencing high levels of impatience and frustration, risk taking behaviour, using substances, poor sleep, racing thoughts, struggling to relax or sit still and fidgeting a lot.

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| **Childhood** | **Adulthood** |
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**3) Please comment on what impact these difficulties have had on your life. (home, work, education, friendships, relationships, risk-taking, money management etc):**

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| **Childhood** | **Adulthood** |
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