

08/01/2026

Adult ADHD Assessment
Bennett Centre
Richmond Terrace

STOKE-ON-TRENT
ST1 4ND

Tel: 07793 180280 AdultADHDTeam@combined.nhs.uk

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Dr Ss Gubbi
Werrington Village Surg.
Ash Bank Road, Werrington
Stoke-On-Trent
Staffordshire
ST9 0JS

Dear Dr Gubbi

OUTCOME OF ATTENDANCE LETTER

Mr Bobbie Hodgetts
91 Meigh Road
Ash Bank
Stoke-On-Trent
ST2 9QJ

DOB: 14-Jun-1981
NHS No: 606-580-5084

This patient had an appointment with a member of the **Adult Adhd Assessment** team on 07-Jan-2026 16:00:00 and attended as requested.

Outcome of this appointment

Demographics

Confirmed

Who is present for the appointment and via what modality

Bobbie present via a video call today

When was the patient last seen and by whom

You last saw myself in November 2025

Diagnosis and Psychiatric co-morbidities

Attention deficit hyperactivity disorder (ADHD) - inattentive type



Chair: Janet Dawson

Chief Executive: Dr Buki Adeyemo

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Current medications and dosages (including non-ADHD treatments)

Elvanse 30mg in the morning
Bisoprolol as required for AF

Who is currently prescribing medication? Does the patient have an ESCA?

ADHD team

Plan from the last appointment

Stop Concerta XL 54mg in the morning and start Elvanse 30mg in the morning

Efficacy of ADHD treatment/ any side effects/ how is sleep and appetite?

Since we changed from Concerta to Elvanse, Bobbie has noted a dip in his concentration. His sleep has remained good, and he has not had any side effects. He feels his appetite has dipped a little, but he is still eating plenty.

Medical conditions (any changes since last appointment or new investigations?)

Atrial fibrillation – paradoxical and this is monitored by cardiology on a yearly basis.

Cardiac history (any new symptoms)

As above

Allergies (including drug allergies)

Nil
No known drug allergies

Physical observations

6/1/26

BP reading 119/78 (stable)
pulse 56 (stable)
86kg (stable)
185cm

Risk assessment (self/others/neglect/vulnerability etc)

No risks at present

Any historical risk

Nil

Mental state examination

Bobbie appeared as an average built Caucasian man who was well kempt. He was polite and engaged well. His speech was of a normal rate, rhythm, tone and volume. His mood was objectively and subjectively euthymic. There was no formal thought disorder or evidence of psychosis. He denied any suicidal ideation or self-harm at present. His cognition was grossly intact, and he appeared to have excellent insight.

Recent substance misuse (alcohol/smoking/vaping/illicit/ caffeine)



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Nil illicit

Non-smoker

Nil caffeine

Drinks alcohol at the weekend – has around 3-6 units

Are there any other agencies involved in the patient's care (CMHT, social care, private sector, forensic services)

None at present

Further treatment plan discussion including medication breaks

We shall now increase Bobbie's Elvanse to 50mg in the morning. We shall review him again in 4 weeks' time

Is the patient capacitous and can they consent to treatment?

Yes

Summary of plan

- 1) Increase Elvanse to 50mg in the morning
- 2) Further review in 4 weeks
- 3) Bobbie will provide physical observations during the video call

Yours sincerely

Electronically signed

Dr Marie Cawley

Consultant Psychiatrist

Adult ADHD Assessment Team



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