

Create your profile

| | | |
|---------------------------------|-------------------------------|--|
| Title | First Name | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Professional Title | Gender | |
| <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Email Address | Contact Number | |
| <input type="text"/> | <input type="text"/> | |
| Office Location (If Applicable) | | |
| Building Number | Street Name | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Bio

Your bio is what patient's will be reading to determine between yourself and other psychiatrists on our site. We recommend following the guidelines that we have provided to attract patients to your services:

- Capture your audience with a good first line
- Give a brief description on how you deal with patients with ADHD
- Provide a brief description on any experience/training you have had with diagnosing and treating ADHD
- Avoid putting your name or contact details on your bio
- Avoid asking patients to contact you privately to set up a session or to provide more information on your services

Qualifications

Please list any relevant qualifications to ADHD along with the year in which this was obtained in the box below:

| | Year Obtained |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Please list any other qualifications that support your role as a mental healthcare professional.

| | Year Obtained |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Training

Please provide any training relevant to ADHD in your first paragraph, along with any other training that you have completed as a mental healthcare professional. Please include the year of when each of the trainings were completed:

Accreditations

Please provide any accreditations that you have, you may add more than one.

| Professional Body | Year | Valid Until (MM/YY) | Registration Number |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

DBS

Please provide information on your enhanced DBS check

| | | |
|----------------------|----------------------|----------------------|
| DBS Type | DBS Number | DBS last renewal |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Availability

Please provide your general availability of when you would be able to conduct the consultations with the patient. Please note that we will confirm any appointments with you before we let the patient know, therefore a general availability would be sufficient for now. You may enter more than one time frame for each day to reflect your availability.

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| <input type="text"/> |

You can decide on the settings of how far in advance patients can book with you, as well as the notice period you require for a patient to book with you.

Available Booking Timeframe

One week Two weeks Three weeks One month Two months

Notice Period Required

6 hours 12 hours 24 hours 48 hours Other:

- I can confirm that I have indemnity insurance
- I can confirm that I have experience with ADHD diagnosis and treatment

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | Name | Date |

In addition to this PDF document, we require a photo of you, preferably a headshot so that this can be published on your profile. We also recommend creating a short video (no more than 2minutes long) to introduce yourself and give a brief statement on your approach and experience that you have with ADHD.

Once this PDF is completed, please save and attach this in an email along with a photo and video (optional) and have this sent to hello@adhdme.care