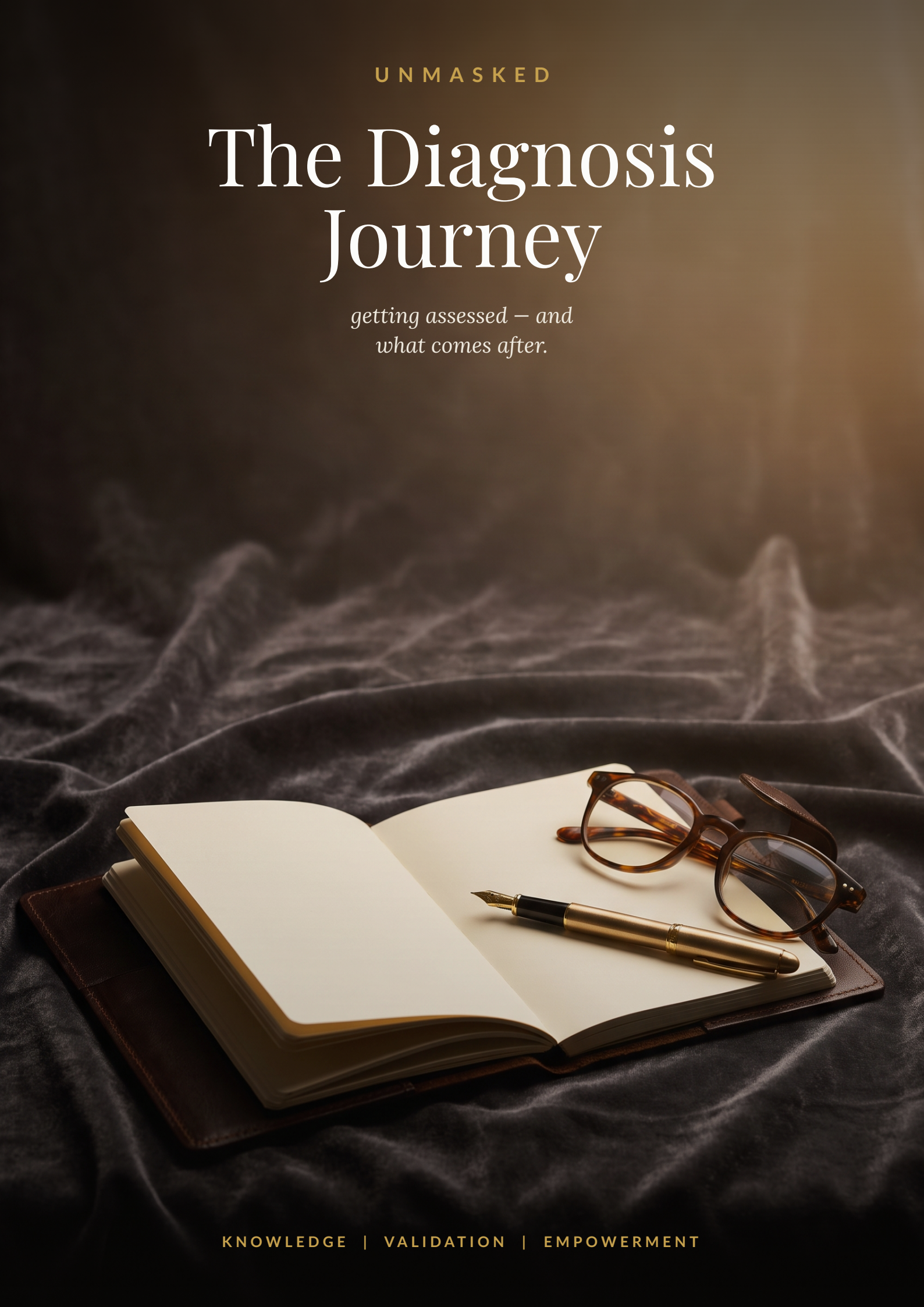
UNMASKED

The Diagnosis Journey

getting assessed — and what comes after.



KNOWLEDGE | VALIDATION | EMPOWERMENT

BEFORE YOU START

Two journeys, really

Getting an ADHD diagnosis later in life is two journeys, really.

First, the fight to be taken seriously — the appointment, the right words, the not-being-dismissed. Then the quieter one that comes after: working out who you are, now that you finally have an answer.

This guide walks you through both. **Part One** is exactly what to say to get assessed — and what to say back if you're brushed off. **Part Two** is for the days after, when the relief and the grief tend to arrive together.

> HOW TO USE THIS
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> Take Part One with you to your appointment — on paper or on your phone. Come back to Part Two when you need it. There's no rush, and no right order to feel things in.

PART ONE

I Getting assessed

Most women in the UK end up advocating for their own ADHD assessment. The system is still catching up. That isn't fair, but it's the reality you're walking into. Here's what to bring, what to say, and what to do if you get dismissed.

BEFORE THE APPOINTMENT — WHAT TO BRING

- Print or write down a short list of **specific examples** from your real life of the patterns you noticed in The 7 Signs of ADHD in Women. Vague feelings get dismissed; specific examples land. Aim for 5–8 examples across at least three different signs.
- If anyone in your family has been diagnosed with ADHD or autism, write it down. ADHD is highly heritable, and it carries weight in the conversation.
- Note when symptoms started or worsened, and any major life events that coincided (postpartum, perimenopause, divorce, a job change). Hormonal markers in particular are useful evidence.

WHAT TO SAY

> OPENING SCRIPT
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> *"I'm here because I think I may have ADHD. I've spent the last few months looking into how it presents in women, and I'm recognising specific patterns in my own life — not just feelings, but concrete behaviours. I'd like to discuss a referral for a formal assessment. I'm not asking for medication today — I'm asking to start the diagnostic process."*

IF YOU GET PUSHED BACK

Some of us will be brushed off. If you are, you have **not** been disproven — you've been under-served. Here's what to say.

IF YOU'RE TOLD "BUT YOU'RE TOO HIGH-FUNCTIONING"

"What looks like high-functioning is years of masking and compensation. The research on adult ADHD in women specifically addresses this — late-diagnosed women are often missed precisely because they appear to be coping. I'd like to be assessed by someone trained in this presentation."

IF YOU'RE TOLD "YOU'D HAVE BEEN PICKED UP AS A CHILD"

"That's a common assumption, but the diagnostic criteria used when I was a child weren't designed to identify ADHD in girls. The current understanding of how ADHD presents in girls and women has changed substantially in the last decade. I'd like to be assessed using current criteria."

IF YOU'RE STILL DISMISSED

You have options. You can request a different GP at the same practice. You can use **NHS Right to Choose** to refer yourself to an approved provider with shorter waits. You can pursue private assessment with a qualified clinician (look for one who lists adult ADHD in women specifically). A dismissive first appointment is not the end of the process — it's a data point.

ONE FINAL THING

Take a friend, partner or family member with you if you can. They can speak to what they've observed — that's clinical evidence, and it makes dismissal much harder.

PART TWO

II What comes after

There is a moment, somewhere after the recognition, when something quieter arrives. Not relief, exactly. Not closure. Something more like grief.

It's the grief of looking back at the version of you who didn't know. The teenager who was told she was lazy. The mother who couldn't understand why she was so exhausted. The professional who burned out and was told she wasn't resilient enough. The friend who was "too much." The daughter who felt like she was failing on a level no one could quite name.

If you find yourself in that grief, you are not being dramatic. You are doing the work that has to be done. You are mourning the version of you that could have had more support, more understanding, less self-blame. That mourning is valid, and it's important. It is also temporary.

WHAT CHANGES

You stop fighting yourself. The internal monologue that's been running for thirty years — *why can't you just* — softens, eventually, into something more like *oh, that's what was happening*. Tasks don't get easier overnight, but the moral weight you've been adding to every dropped ball starts to lift. You begin to design your life around how your brain actually works, rather than how you wish it did.

WHAT DOESN'T CHANGE

You will still have hard days. Diagnosis is not a cure. Medication, where it helps, is a tool — not a transformation. The people in your life who were impatient before may still be impatient after. Some relationships shift; some don't. The people who love you well will rise to meet that. The ones who don't will reveal themselves.

WHAT TO HOLD ON TO

You have been navigating a brain difference no one named for you, for a very long time, with no map. The fact that you are still here — still curious, still looking for tools, still capable of love and work and connection — says everything about who you are at the core.

The diagnosis is not who you are. It's information about how you work. And with that information, you can finally stop blaming yourself for being something you were never given the tools to understand.

> **WHERE TO GO NEXT INSIDE UNMASKED**
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> This guide gets you through the diagnosis. The rest of UNMASKED helps you live it day to day — The Midlife Unmasking Guide, The HRT Conversation, The Daily Containment System, Can't Switch Off and the Emergency Reset Cards.
>
> adhdinwomen.uk/unmasked

— ADHD in Women · adhdinwomen.uk · hello@adhdinwomen.uk

IMPORTANT

This guide is educational, not medical advice

Nothing in this guide constitutes medical diagnosis or treatment. It is information shared from lived experience to help you advocate for yourself — it is not a substitute for clinical support. If you are struggling with your mental health, please speak with a qualified professional. If you are in crisis in the UK, you can contact Samaritans at **116 123** (free, 24/7).