**PLEASE ASK THE GP TO SEND A 'GP REFERRAL LETTER' TO US WITH THIS FORM. OTHERWISE, YOUR REFERRAL WILL NOT BE ACCEPTED.**

[insert your home address here]

[insert your email address here]

[insert date here]

Dear [insert name of your GP here]

I understand that under the NHS Constitution, I now have the right to choose from where I receive my treatment for any of my mental health issues, when referred by a GP to a consultant or specialist in mental health. This change in the law is set out in NHS Gateway Publication number 07661, “Choice in Mental Health Care”, updated in February 2018.

https://www.england.nhs.uk/wp-content/uploads/2018/02/choice-in-mental-health-care-v5.pdf

**About Right To Choose**

The criteria for referral are that I *"... must be offered, in respect of a first outpatient appointment with a team led by a named consultant or a named healthcare professional, a choice of any clinically appropriate health service provider with whom any relevant body has a commissioning contract for the service required as a result of the referral, and a choice of a team led by a named consultant or a named healthcare professional."*

The legal rights to a choice of mental health provider and team apply when a patient is seeking an elective referral for a first outpatient appointment and is referred by a GP. The referral must be clinically appropriate, and the service provider must have a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service.

**About me and why I seek this referral**

Having researched the subject and undertaken a self-assessment, using an accredited online rating scale, I believe that I have a neurodevelopmental condition, such as Attention Deficit (Hyperactivity) or Autistic Spectrum Disorder.

I confirm that I am not exempt from RTC as stated in NHS guidance as none of the exclusion criteria apply to me, I am not:

* already receiving mental health care following an elective referral for the same condition; or
* referred to a service that is commissioned by a local authority, for example, a drug and alcohol service (unless commissioned under a Section 75 Agreement); or
* accessing urgent or emergency (that is, crisis) care; or
* accessing services delivered through a primary care contract; or
* in high secure psychiatric services; or
* detained under the Mental Health Act 1983; or • detained in a secure setting. This includes people in or on temporary release from prisons, courts, secure children’s homes, certain secure training centres, immigration removal centres or young offender institutions; or
* serving as a member of the armed forces (family members in England have the same rights as other residents of England).

**My elected choice of provider**

If you agree that there does seem to be an indication that I might have ADHD or ASD and agree that I should be referred to a consultant or specialist for this, I would like to use my Right to Choose to be referred to Dr J and colleagues, who fulfil the referral criteria as they have a commissioning contract with the following:

* Lincolnshire ICB

The contract details are:

* Contract title: ADHD and ASD
* Ref: 10657
* NHS Standard Contract

Their Adult ADHD and ASD Service is led by Dr Jajawi, Consultant Psychiatrist MBCHB, MRCPsych.

In order to be accepted the referral **must:**

* Be addressed to Dr J and colleagues
* State that the patient is to be referred to Dr J and Colleagues for an ADHD & ASD Assessment under the NHS Right to Choose Legislation
* Be signed off by a GP
* Include a completed ASRS form
* Include a patient summary along with patient contact details (phone and email address)
* Approval of the corresponding Local health authority of funding.

Referrals can be submitted on our website at: <https://www.drsj.co.uk/gp-referral>

Regards,

[your name and signature]