

**Surrey Lodge Group Practice**

11 Anson Road, Victoria Park,  
Manchester M14 5BY

0161 224 2471

slgp.reception@nhs.net

www.surreylodge.co.uk

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**PRIVATE PROVIDER REFERRAL FORM**

Please complete the below sections. Please note we will be unable to process your referral without all sections completed.

Name of chosen provider	
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**Patient Details**

Name	
Date of Birth	
Address	
Contact Number	
Email Address	
Practice Info:	Surrey Lodge Group Practice, 11 Anson Road, Manchester. M14 5BY gmicb-mh.slgp.reception@nhs.net

**Think ADHD Assessment Tool completed – Yes / NO**

**What are the symptoms, problems or experiences that lead you to suspect that you may have ADHD/Autism?**

**How do these symptoms impact on your life? (eg education/work/home)**

**Do you have a family history of ADHD/Autism? (and if yes who has this diagnosis?)**



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**Patient Declaration:**

By submitting this form, I confirm I have read the guidance associated with this referral document and I consent to the referral to the private provider named above. I am happy for my GP to email this along with the results from the Think ADHD assessment tool and a summary of my medical records to the provider.

**Patient name**

**Signature**

**Date**



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**To be completed by Surrey Lodge Group Practice**

Dear Provider,

Re Patients -

This is a referral for the above-named patient for a private referral.

The patient details and reasons for the referral are set out above. Due to the large range of providers and their different referral mechanisms this practice is unable to complete any specific referral process or forms that you may use and instead presents the information below as a contractually valid referral. If you are unable to accept the information in this format, please advise the patient who can consider their choice of provider and inform the practice.

Please also find enclosed the Think ADHD questionnaire the patient has completed and a summary of the patients medical records, to support this referral. Please note that for reasons of patient safety a shared care prescribing request from you is not likely to be accepted so prescribing of any shared cared protocol designated drugs will remain your responsibility.

Signed by GP