Surrey Lodge Group Practice
11 Anson Road, Victoria Park,
Manchester M14 5BY
0161 224 2471
slgp.reception@nhs.net
www.surreylodge.co.uk

ADHD Right to Choose 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		
Pathway to refer (letter via email/form/link on website) *Please provide information on how the GP refers to their service.*		
Email of Right to Choose provider to send the referral to		
Are they regulated by the CQC (Care Quality Commission)?	Yes	No
Name of Integrated Care Board (ICB) who they hold a contract with		

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

Information regarding our local Integrated Care Board (ICB).

Name of ICB	Greater Manchester ICB
ICB Address	Parkway Business Centre, Princess Road, Manchester, M14 7LU
Finance department information for billing	
Trade Shift Code / Payables Code Required	

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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?)

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 Right to Choose 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 Right to Choose provider.

Patient name

Signature

Date

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To be completed by Surrey Lodge Group Practice

Dear provider,

This is a referral for the above-named patient under their Right to Choose their NHS provider. 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 usually use and instead presents the information above as a 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 find enclosed the results of the patient Think ADHD assessment tool that the patient has completed and a summary of the patients medical records. 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 designated drugs will remain your responsibility.

Signed by GP