INSIGHT DIAGNOSTICS GLOBAL
Bringing clarity to global health diagnostics

**CANTERBURY OFFICE, 12 – 17 UPPER BRIDGE STREET, CATENBURY, CT1 2NF**
REGISTERED IN ENGLAND & WALES, NO: 16105603
CQC REGISTRATION NO: CRT1-27098735597

+44 203 657 0737
admin@InsightDiagnostics.co.uk
www.InsightDiagnostics.co.uk | Click to Visit

# GP Referral Form

NHS Right to Choose — Adult ADHD & ASD

Please email this referral form to: **kmicb.insightdiagnostics@nhs.net**

## Referral Type

Please indicate the type of referral (tick as appropriate):

☐ NHS (Right to Choose) Adult ADHD Assessment and Treatment (Video Consultation)
☐ NHS (Right to Choose) Adult ASD Assessment (Video Consultation)
☐ NHS (Right to Choose) Adult ADHD & ASD Combined Assessment (Video Consultation)
☐ NHS (Right to Choose) Adult ADHD Medication Titration or Annual Review (Video Consultation)

## Person Being Referred

| | | | |
|---|---|---|---|
| **Full Name** | | **Date of Birth** | |
| **NHS Number** | | **Ethnicity** | |
| **Address** | | | |
| **Phone Number** | | **Email Address** | |
| **Existing ADHD Diagnosis?** | Yes / No | **Existing ASD Diagnosis?** | Yes / No |

## Referrer Details

| | | | |
|---|---|---|---|
| **GP Name** | | **Date of Request** | DD/MM/YYYY |
| **GP Phone Number** | | **GP Email Address** | |
| **GP Address** | | | |
| **Referring ICB** | | **ICB Contact Email** | |

## Suicidality Risk Screening at Referral Stage

Please evaluate the patient's current level of risk by selecting the appropriate option below. If any high-risk indicators are identified, please initiate urgent escalation, as we are unable to deliver services to patients experiencing a high-risk crisis.

☐ There are no reported suicidal ideations, significant distress, or history of self-harm. The patient may proceed with the standard referral pathway.

☐ The patient has reported experiencing suicidal ideation within the past two weeks, with no current plan or intent. Priority assessment is recommended.

***Important: When submitting this priority referral, please ensure the phrase "Priority Referral" is included in the subject line of the email.***

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☐ The patient is presenting with active suicidal ideation, including a plan and/or access to means, or has a recent history of suicide attempt or self-harm. Immediate escalation to crisis intervention services is required prior to any assessment.

## Physical Health Risk Screening at Referral Stage

☐ The patient has a life-limiting physical health condition. Priority assessment is recommended.

***Important: When submitting this priority referral, please include the phrase "Priority Referral" in the subject line of the email.***

## Communication Needs — Accessible Information Standard

Please explain if the patient and/or their family member/carer have any needs relating to hearing, speech, vision, language or other barriers or difficulty relating to communication.

Please specify if the patient and/or their family member/carer require an interpreter (which language?), BSL interpreter or lip speaker.

## Shared Care Agreement

☐ I confirm that this practice is willing to accept Shared Care for NHS Right to Choose referrals, should the patient receive a diagnosis and successfully complete the titration pathway. A full copy of the Shared Care Agreement will be issued once the patient is stabilised on their medication.

*Note: The Shared Care Agreement applies to adult patients aged 18 years and over. As part of this arrangement, annual reviews will be provided by our service, which the patient is required to attend in order for their GP to continue prescribing.*

## Summary Care Record & Current Medications

| | |
|---|---|
| **SCR being sent with this referral?** | |
| **Current Medications** | |
| **Any Allergies** | |

## Exclusion Criteria

People with a complex mental health comorbidity and/or learning (intellectual) disability where the needs of the individual might be better supported by the specialist services commissioned locally.

Further discussion between the Referrer and the Provider (in which case exclusion criteria may be exempted) may be needed if there is:

- Active or recent involvement from the following teams: Crisis / Home-Based Treatment, Assertive Outreach
- Active and recent involvement with Drug and Alcohol Services
- Active or recent admission to Acute Mental Health Inpatients or 136 Suite
- Active or recent admission to Psychiatric Intensive Care Unit

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- Psychosis or treatment for psychotic episode
- Active or recent safeguarding issues
- Active or recent police involvement
- Diagnosis of learning disability / impaired cognitive functioning
- Active or recent question over mental capacity

## Confirmation

☐ **I confirm that the patient does not meet the exclusion criteria outlined above and is appropriate to be referred for an Adult ADHD and/or ASD Assessment to Insight Diagnostics Global.**

| | | | |
|---|---|---|---|
| **GP Signature** | | **Date** | |
| **GP Name (Print)** | | **Practice Stamp** | |