INSIGHT DIAGNOSTICS GLOBAL
Bringing clarity to global health diagnostics

CANTERBURY OFFICE, 12 – 17 UPPER BRIDGE STREET, CANTERBURY, 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 (***click*** **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)

All field marked with * are required to proceed with the referral

Person Being Referred

Full Name*		**Date of Birth***	
NHS Number*		**Ethnicity***	
Address*			
Email Address* *Without a patient email we cannot provide access to our portal*			
Phone Number*		**Language**	
Existing ADHD Diagnosis?*	☐ Yes (If Yes, please include the report) ☐ No	**Existing ASD Diagnosis?***	☐ Yes (If Yes, please include the report) ☐ No

Referrer Details

GP Surgery/Practice Name*		**Date of Request**	
GP Email Address*		**GP Phone Number***	
GP Address*			
Referring ICB Name*			

Suicidality Risk Screening at Referral Stage

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

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.

☐ 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.

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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.

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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
- 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.**

The Practice accepts Shared Care

GP Name (Print)	
GP Signature or Practice Stamp	
Date	