GP Referral Form

Please email this referral form to **kmicb.berkeley.psychiatrists@nhs.net**

NHS (Right to Choose) Adult ADHD assessment and treatment (Video Consultation) ☐

NHS (Right to Choose) Adult ADHD medication titration or annual review (Video Consultation) ☐

If patient is being referred for medication titration, please provide the name of the current provider and (if different) the provider who provided the diagnosis. Please be aware that a discharge letter will be required for acceptance onto Right to Choose for patients referred directly to titration without a new assessment.

Person Being Referred

Full Name	
Date of Birth	
NHS Number	
Ethnicity (for data reporting purposes)	
Address	
Phone Number	
Email Address	

Does the patient have an existing diagnosis of ADHD? Yes / No

Referrer Details

GP Name	
Date of Request	
GP Phone Number	
GP Address	
GP Email Address	
Referring ICB	
Referring ICB Contact Email Address	

Suicidality Risk Screening at Referral Stage

Please evaluate the patient's current level of risk by selecting the appropriate options below (please tick or mark X). 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 ADHD referral pathway. ☐

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

Important: When submitting this priority referral, please ensure the phrase **"Priority Referral"** is included in the body of the email to facilitate appropriate prioritisation.

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 ADHD assessment. ☐

Physical Health Risk Screening at Referral Stage

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

Important: When submitting this priority referral, please include the phrase **"Priority Referral"** in the body of the email to ensure it is appropriately prioritised.

Difficulty With Communication-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

Please indicate by ticking the box whether you are 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.

GP Record

Please tick if the Patient gives consent for Berkeley Psychiatrists to access their GP Record. Access to the patient's medical record is essential for the safe prescribing of any medication. ☐

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

Please sign to confirm that the patient does not meet the exclusion criteria outlined above and is appropriate to be referred for an Adult ADHD Assessment to Berkeley Psychiatrists.