[insert your name and home address here]

[insert your chosen providers name and address here]

]insert provider email address here]

 [insert date here]

Dear [insert name of your GP here]

I understand that under the NHS Constitution, I now have the right to choose from where I receive my treatment for any of my mental health issues, when referred by a GP to a consultant or specialist in mental health. This change in the law is set out in NHS Gateway Publication number 07661, “Choice in Mental Health Care”, updated in February 2018.

The criteria for referral if I am deemed clinically suitable for an *ADHD/ASD (delete as appropriate)* assessment by my GP, are that “I *(insert your name here) must be offered, in respect of a first outpatient appointment with a team led by a named consultant or a named healthcare professional, a choice of any clinically appropriate health service provider with whom any relevant body has a commissioning contract for the service required as a result of the referral, and a choice of a team led by a named consultant or a named healthcare professional."*

The legal rights to a choice of mental health provider and team apply when a patient is seeking an elective referral for a first outpatient appointment and is referred by a GP. The referral must be clinically appropriate, and the service provider must have a commissioning contract with any Integrated Care Board (ICB) or NHS England for the required service.

Having researched the subject and undertaken a self-assessment, using an accredited online rating scale, I believe that I have the neurodevelopmental condition, *Attention Deficit (Hyperactivity) Disorder/Autism Spectrum Disorder (delete as appropriate).* I am happy to provide you with a copy of this rating scale or to fill out one that you provide if you would like to have a look at it.

If you agree that there does seem to be an indication that I might have *ADHD/ASD* *(delete as appropriate)* and agree that I should be referred to a consultant or specialist for this, I would like to use my Right to Choose to be referred to *(insert your chosen provider here)* who fulfil the referral criteria as they have a commissioning contract with the following ICB:

NHS Cheshire and Merseyside Integrated Care Board
No. 1 Lakeside, 920 Centre Park, Warrington, WA1 1QY

Regards,

[your name and signature]