Right to Choose – Referral Letter

Patient Name:
Patient Address:
Patient Date of Birth:
Patient Email Address:

Dear

I have completed the Adult ADHD Self-Report Scale (ASRS) questionnaire (attached), which indicates that I may have ADHD. I would like to discuss my symptoms with you and request a referral for a full Attention Deficit Hyperactivity Disorder (ADHD) assessment under the NHS Right to Choose pathway, through my chosen provider, Mentalwell.

I appreciate that you will want to make your own assessment of my difficulties. If, following that assessment, you consider that a formal ADHD diagnostic assessment is appropriate, I would like to exercise my right under the NHS Constitution to choose my provider. I am requesting that you refer me to Mentalwell Ltd to complete my ADHD Diagnostic Assessment via the NHS Right to Choose scheme.

My right to choose is established under the NHS Constitution and the NHS Choice Framework (available at gov.uk/government/publications/the-nhs-choice-framework). Further guidance on choice in mental health care is set out in NHS England's publication "Choice in Mental Health Care" (available at england.nhs.uk).

Mentalwell Ltd holds an NHS commissioning contract to deliver Adult ADHD Diagnostic Assessments and therefore meets the criteria to offer this service via NHS Right to Choose. Mentalwell is a CQC-registered provider operating in line with NICE guideline NG87.

I would be very grateful for your support with this referral. I have included the referral instructions for Mentalwell on the following page to make the process as straightforward as possible for you and your practice.

Thank you for your time.
By signing this letter, I confirm that I agree to Mentalwell's Terms and Conditions.

Yours sincerely,

Continue to see next steps ›

Website: www.mentalwell.co.uk
Contact: hello@mentalwell.co.uk
CQC provider ID: 1-19893971465

GP Instructions:

In order to proceed with the referral, Mentalwell requires:

Patient Full Name	
Date of Birth	
NHS Number	
Home Address	
Email Address	
Contact Phone Number	
GP Practice Code	
GP Postcode	
GP Email Address	

Patient Summary (patient's current difficulties, differences, and relevant history)

Please also attach the following documents:

- The patient's **completed ASRS questionnaire** (the patient should be able to provide this)
- Up-to-date **Summary of Care**
- Any previous **psychiatric or psychological assessments**, if available
- Any relevant **specialist correspondence**, if available
- Any **safeguarding or risk information**, if applicable

Please send the completed referral letter and supporting documents to Mentalwell via mentalwell.referrals@nhs.net.

All fields are mandatory. Incomplete submissions will not be processed.

Thank you

Please note, we are not equipped to handle emergencies or crisis situations. In case of a medical emergency, contact NHS services immediately at 111 for non-critical issues and 999 for life-threatening conditions.

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