

# Right to Choose — GP Referral Letter Template

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**Date:** [DATE]

**Your GP Name:** [YOUR GP NAME]

**GP Surgery:** [GP SURGERY ADDRESS]

**Surgery Code:** [CODE]

**RE: Referral for ADHD Assessment under Right to Choose**

**Patient Details:**

Name: [YOUR FULL NAME]

Date of Birth: [DATE OF BIRTH]

NHS Number: [NHS NUMBER if known]

Address: [YOUR ADDRESS]

**Dear [GP NAME],**

I am writing to request a referral for an ADHD assessment under my right to choose, as outlined in Section 75 of the NHS Act 2006 and the NHS Choice Framework. I have been experiencing ongoing difficulties that I believe are consistent with Attention Deficit Hyperactivity Disorder (ADHD). These symptoms have significantly impacted my daily functioning, including [DESCRIBE KEY SYMPTOM AREAS: e.g. work/study performance, relationships, time management, emotional regulation, organisation]. I would like to be referred to **[CHOSEN PROVIDER NAME]** for a comprehensive ADHD assessment. This provider is approved by my local ICB and I have verified their availability. I understand that you will consider this request in accordance with NHS policy and will provide your response within the prescribed timeframe.

Yours sincerely,

[YOUR SIGNATURE]

[YOUR PRINTED NAME]

## BEFORE YOUR APPOINTMENT

- Keep a symptom diary for 2 weeks before assessment
- Gather any childhood school reports if possible
- Note how symptoms impact your daily life
- List any medications you're currently taking
- Prepare a brief family history of ADHD (if known)

## IF YOUR GP REFUSES

Your GP must provide written reasons. You can appeal to your local ICB if you believe the refusal is unreasonable. Contact Patient Advice and Liaison Services (PALS) for support.