



FAO: HealthHarmonie Minds

Company Number: 04724733

CQC Provider ID: 1-101726729

Please enclose a copy of the Summary Care Record and any other relevant information to support this referral.

Referral Form: HealthHarmonie Minds Adult ADHD Service

Does the patient already have a formal UK diagnosis of ADHD?

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Yes

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No

NHS (RTC) Adult ADHD assessment and treatment

Person being referred:

Full Name:

Date of Birth:

NHS Number:

Address:

Contact Number:

Email Address:

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Does the referred person have any communication needs and/or require information in a format other than standard print?

Summary Care Record:

Copy of SCR sent with referral?

Please note we will not be able to proceed without this.

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Yes

Referrer details:

Name:

Designation:

GP Email Address:

GP Name and Address:

ICB Name:

ICB Email Address:

Referral information:

Reason for referral:

Height:

Weight:

Blood Pressure:

ECG:

Suicidality Risk Screening at Referral:

Please assess the patient's current risk level by ticking the relevant boxes below. If any high risk factors are identified, consider urgent escalation as we are unable to provide services to patients in high risk crisis.

Patient has experienced **suicidal thoughts in the past two weeks?**

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Yes

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No

Note: If the patient has active suicidal thoughts, a plan, or access to means OR a recent suicide attempt/self-harm history, immediate escalation to crisis services is required before ADHD assessment.

Shared Care:

Please place an X below to indicate whether you will accept Shared Care for NHS RTC referrals if the patient is diagnosed and successfully completes the titration pathway. A full copy of the agreement will be provided once the patient is stabilised on their medication.

Note: Our Shared Care Agreement is for adult patients aged 18+. As part of the agreement, we will provide annual reviews which the patient must attend for their GP to continue prescribing.

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Yes

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No