Augmentive

GP Referral Form
Adult ADHD Service

November 2026 · Version 1.0
NHS Right to Choose · Augmentive Ltd (ODS P1W2U)

About this referral

For adults aged 18 and over who have chosen Augmentive under NHS Right to Choose, commissioned by NHS Thames Valley ICB. Please complete every section and attach the documents in section 9. Where a field says “see summary”, you can write that instead if the attached medical summary already covers it. Notes for referrers are on the last page.

Referral route	Details
How to refer	NHS e-Referral Service (e-RS)
Queries	020 3004 0515

This is not an urgent or crisis service. If the patient is at immediate risk, please use local crisis pathways (NHS 111, option 2 for mental health, or 999).

1. Eligibility

All must apply. Please tick each one.

☐ The patient is aged 18 or over

☐ The patient is registered with a GP practice in England

☐ The patient has chosen Augmentive under NHS Right to Choose

☐ A specialist ADHD assessment is clinically appropriate, the referral meets the Thames Valley adult neurodivergence access criteria, and there is evidence of functional impact

☐ The patient’s completed Adult ADHD Self-Report Scale (ASRS v1.1), with a Part A score of 4 or more, is attached to this referral

☐ The patient consents to this referral and to Augmentive contacting them

☐ None of the Right to Choose exclusions apply (see notes for referrers)

2. Referral type

Tick one.

☐ New ADHD assessment

☐ Existing ADHD diagnosis, transfer of care (for example moved into the area, diagnosed abroad, or moving from children’s services). Please attach the diagnostic report and current prescribing details.

☐ Right to Choose transfer from another provider after waiting more than 18 weeks

Field	Details
Previous provider (transfers only)	

Field	Details
Original referral date (transfers only)	

3. Patient details

Field	Details
Full name	
Date of birth	
NHS number	
Gender identity	☐ Male ☐ Female ☐ Non-binary ☐ Other ☐ Not known ☐ Not stated
Same as gender assigned at birth?	☐ Yes ☐ No ☐ Not known ☐ Not stated
Ethnic category (if recorded)	
Address and postcode	
Mobile number	
Email address	
Preferred contact method	
OK to leave voicemails and send letters?	☐ Yes ☐ No
Preferred language	
Interpreter needed?	☐ No ☐ Yes (including BSL)
Known autism diagnosis?	☐ Yes ☐ Suspected or awaiting assessment ☐ No ☐ Not known
Known learning disability?	☐ Yes ☐ No ☐ Not known
Reasonable adjustments or accessibility needs	

4. Referrer and practice

Field	Details
Referring GP	
Practice name	
Practice ODS code	
Practice address	
Practice phone	
Practice secure email (nhs.net)	

5. Reason for referral

Field	Details
Current difficulties and functional impact (work or education, relationships, finances, daily living, driving or safety), including evidence of onset in childhood if known	
Previous ADHD or neurodevelopmental assessments (or “see summary”)	

6. Prioritisation (optional)

Prioritisation is at the clinician’s discretion. Tick any where there is a significant risk that a delay in assessment would cause:

☐ A marked deterioration in the patient’s mental health

☐ A significant increase in risk to self or others

☐ An increased likelihood of losing their job or accommodation, leading to either of the above

Field	Details
Details	

7. Mental health, risk and safeguarding

Field	Details
Current or past mental health diagnoses (or “see summary”)	
Current involvement with mental health services, with service and contact (or “see summary”)	
Current alcohol or substance use (or “see summary”)	
History of self-harm or suicide attempts, and current risk (please complete)	
Safeguarding concerns, adults or children (please complete, or write “none known”)	

8. Physical health and medication

Tick any that apply:

☐ Personal history of heart disease or a structural cardiac abnormality

☐ Unexplained fainting, palpitations, or chest pain or breathlessness on exertion

☐ Family history of sudden cardiac death under the age of 40

☐ Hypertension

☐ Epilepsy or seizures

☐ Pregnant, breastfeeding or planning a pregnancy

Field	Details
Other relevant medical history (or “see summary”)	

Field	Details
Most recent blood pressure, pulse, weight and height, with dates, if recorded in the last 12 months (or “see summary”)	
Current medication (or “see summary”)	
Previous ADHD medication and response	
Allergies (or “see summary”)	

9. Attachments

Required

☐ Completed ASRS v1.1, Part A score of 4 or more

☐ Medical summary

☐ Medication summary

If available

☐ Previous psychiatric or psychological assessments

☐ Previous ADHD diagnostic report and prescribing history (transfers of care)

☐ Relevant specialist letters

☐ Safeguarding or risk information

Notes for referrers

Right to Choose exclusions

Under NHS England choice rules, the patient cannot use Right to Choose if they:

- are already receiving mental health care following an elective referral for the same condition
- are receiving ADHD treatment as part of secondary mental health care for a co-existing condition
- are accessing urgent or emergency (crisis) mental health care
- are detained under the Mental Health Act 1983, are in high secure psychiatric services, or are detained in a secure setting (including prison, courts and immigration removal centres)
- are serving members of the armed forces (family members are eligible)
- have been referred to a service commissioned by a local authority, such as a drug and alcohol service

Alcohol and substance use

Where alcohol or substance use affects the current presentation in a way that would make the assessment invalid, we may accept the referral but delay the assessment.

Physical health checks

We arrange any pre-treatment physical health checks and ECGs that are needed. Please share recent readings only if they are already on the record.

What happens next

- We aim to triage referrals within 5 working days of receipt and will write to the practice with the outcome.
- If we cannot accept a referral, we will explain why to the patient and the practice and signpost to other support.
- Once a patient is stable on medication, we will invite the practice to join a shared care agreement. Practices may decline, in which case we continue prescribing.