[insert your home address here]

[insert your 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 ASD 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 diagnostic questionnaire, AQ10, I believe that I might have the neurodevelopmental condition, Autistic Spectrum Disorder (ASD). I enclose my completed AQ10 for your review.

If you agree that there does seem to be an indication that I might have ASD 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 Psychiatry UK, who fulfil the referral criteria as they have a commissioning contract with the following ICB:

* NHS Devon Integrated Care Board

Their Adult ASD Service is led by Dr Owen Roberts BSc (Hons), MSc, MBBCh, MRCPsych.

.

Regards,

[your name and signature]

**Please also include this sheet for your GP.**

**GP Information:**

***Note: Patients who live in an area that falls under the above named ICB, do not need to exercise their right to choose Psychiatry UK as their provider. The ICB will refer the patient to Psychiatry UK directly.***

**IMPORTANT – PLEASE NOTE THE FOLLOWING:**

In order to be accepted the referral **must:**

* Be **emailed** to: RTC-Referrals@psychiatry-uk.com (we no longer accept postal referrals)
* State that the patient is to be referred to Psychiatry UK for an ASD Assessment under the NHS Right to Choose Legislation
* Be signed off by a GP or Advanced Nurse Practitioner
* Include a brief medical summary of the patient along with patient contact details (phone **and** email address)