

Dear Consultant Psychiatrist,

Re: Patient Name: _____

NHS number: _____

Date of birth: _____

You have requested our Surgery enters a shared care agreement for an ADHD medication. Our policy states we will only consider this request from a non-NHS provider if you can confirm the following three points.

1. You have carried out a specialist assessment in line with the NICE guidance to establish if the patient meets the DSM-V criteria for ADHD diagnosis including (as outlined in the NICE guidance)
 - a. A full clinical and psychological assessment, including discussion of behaviour and symptoms in different settings in the person's life.
 - b. A full developmental and psychiatric history.
 - c. Observer reports and assessment of the person's mental state.
 - d. A holistic assessment of the person's needs, social circumstances, and physical health and comorbidities.
 - e. For children, there should also be an assessment of their parents' or carers' mental health.
2. You have informed the patient they must contact you directly should they wish to change the dose or are experiencing side effects.
3. You will inform the patient if you plan to cease your private practice and help them find an alternative provider.

If you can confirm the above three statements are true, please sign the declaration below. Once we have **received this declaration and a signed Shared Care Agreement**, one of our GPs will consider the request to take on Shared Care prescribing.

I confirm the above statements are true.

Signed _____ GMC _____

Print Name: _____ Date: ____/____/____