[your home address here]

[your email address here]

[date here]

Dear [name of your GP here]

Under the NHS Constitution I have the right to choose from where I or my child receive treatment when referred by a GP to a consultant or specialist in mental health. As per NHS Gateway Publication number 07661, “Choice in Mental Health Care” I wish to request a referral to a provider of my choice for the purposes of an assessment of possible [Autism / ADHD / Autism and ADHD].

If you agree that I or my child should be assessed for possible [Autism / ADHD / Autism and ADHD], 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 RTN Mental Health Solutions who fulfil the referral criteria as they have a commissioning contract with the following ICBs:

* NHS Lancashire and South Cumbria ICB
* NHS South East London ICB

Their service is led by an accredited specialist in mental health, Dr Renata Fialho?

To refer, please e-mail a recent clinical summary document and completed referral form along with a brief cover letter, on headed paper, clearly stating that this is an NHS Right to Choose Referral, along with the diagnostic assessment requested, to: enquiries@rtnmentalhealthsolutions.com

Alternatively, please call 0333 772 1164, or send a letter to 71-75 Shelton Street, London WC2H 9JQ.

Regards,

[your name and signature]