[Your Home Address]

 [Your Email Address]

[Date]

NEW LOGO

Dear [Insert Name of Your GP],

I am writing to formally request a referral for my child to undergo an attention deficit hyperactivity disorder (ADHD) assessment under the Right to Choose via my chosen provider. As a parent, I understand that under the NHS Constitution, I have the right to select the provider for my child’s mental health treatment when referred by a GP to a consultant or specialist. The criteria for referral stipulate that my child must be offered an appointment with a team led by a named consultant or a named healthcare professional.

Xyla is an accredited provider with [insert name of your ICB] for children’s ADHD assessments and treatment.

I have attached my child’s completed Child ADHD Self-Report Scale (ASRS), which indicates a potential need for further assessment for ADHD. I confirm my child meets the eligibility for this assessment. To initiate my referral to Xyla, please visit xylaservices.com [GP Referral Page](https://xylaservices.com/professionals/our-services/mental-health-support/right-to-choose-gp-referral/)(xylaservices.com/professionals/our-services/right-to-choose-gp-referral/)and complete the online referral form, including my child’s ASRS form and their patient summary care record, which includes both my phone number and email address.

Thank you for your attention to this matter. I look forward to your response.

If you have any questions, please contact xyla.RTC@nhs.net.

Yours sincerely,

[Insert Your Full Name]

[Insert Your Contact Phone Number]