**Dear GP,   
we are CURRENTLY BOOKING ASD ASSESSMENTS WITHIN ABOUT 6 WEEKS FOLLOWING REFERRAL, BUT WE ANTICIPATE THAT THIS WILL INCREASE. please check waiting times with local services before making a referral.**

**Regards,   
Solutions 4 Diagnostic +**

[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 are that I *"... 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 Solutions 4 Diagnostic +, who fulfil the referral criteria as they have a commissioning contract with the following ICB:

* Hampshire and Isle of Wight Integrated Care Board (ICB), Hampshire Fire and Police Headquarters, Leigh Road, Eastleigh, SO50 9SJ\*

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

* Be addressed to Solutions 4 Diagnostic +.
* State that the patient is to be referred to Solutions 4 Diagnostic + for an ASD Assessment under the NHS Right to Choose Legislation
* Be signed off by a GP
* Include a completed AQ10 form and the total score
* Include a patient summary along with patient contact details (Full postal address, phone and email address)

Referrals can be sent as an attachment to s4d.rtc@nhs.net  
  
Alternatively, the address for written referrals is:

**Solutions 4 Diagnostic +**

**Unit 1 Thames Court  
Richfield Avenue  
Reading  
RG1 8EQ**

The current wait time for an appointment with Solutions 4 Diagnostic + can be found on their website on the Right to Choose page (……………………………………..).

Regards,

[your name and signature]