

New patient ADHD shared care transfer request

Thank you for registering with us at Claypath & University Medical Group.

When you register with a new surgery, ADHD medications you had on “repeat” at any previous surgery under a shared care agreement **do not** automatically carry over to our surgery. This is for safety reasons. Our doctors ultimately take responsibility for any prescription we issue, even if the course was initiated by a doctor elsewhere, so we like to make sure that the medication is right for you.

Please complete the below form with as much information as you can. If you don’t know the answer to any part, leave the section blank. Please return the form to [nencicb-cd.a83011.prescriptionrequests@nhs.net](mailto:nencicb-cd.a83011.prescriptionrequests@nhs.net). Please note, this email address is not monitored for more general queries.

Our approach to shared-care agreements can be found at: <https://durhamstudenthealth.co.uk/information/clinical-information/adhd-treatment-at-claypath-university-medical-group-what-you-need-to-know/>

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| --- | --- |
| **Your name** |  |
| **Date of Birth** |  |
| **NHS Number** If known |  |
| **Address** |  |
| **Previous GP Surgery**  Name and Town |  |
| **Which chemist would you like your prescriptions to be sent to?** |  |

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| --- | --- | --- | --- | --- |
| **Medication name** |  | | | |
| **Current dosage** |  | | | |
| **Name of specialist and the organisation who started the medication**  E.g. Dr Jones, South London NHS Trust |  | | | |
| **What type of specialist is this?** | NHS In-Person | NHS Remote-only | | Private |
| **Do you currently get the medication from your GP or the specialist directly?** | GP | | Specialist | |
| **Please provide the following as attachments to this form**  If you are unable to provide these, it does not mean we will be unable to prescribe for you, but it may delay the process as we will need to obtain them from your specialist which may take time. | * Your diagnostic report (when you were first diagnosed) * Your most recent 2 specialist clinic letters * Any existing shared care agreement between your specialist and a GP | | | |