

Neurodevelopmental Assessment GP Right To Choose Referral Form

The Owl Centre provides comprehensive online neurodevelopmental services (autism and ADHD) for children, young people and adults (aged 7+), including assessments, titration, shared care, and annual reviews. These services align with the NHS Standard Contract and have been accredited and quality-assured by the NHS Norfolk and Waveney Integrated Care Board (ICB) and NHS Hampshire and Isle of Wight Integrated Care Board (ICB).

As an approved Right to Choose provider, The Owl Centre meets key criteria:

- Holding a standard NHS contract with at least one Integrated Care Board (ICB).
- Being led by a named healthcare professional.

Our contracts ensure that GPs can have confidence in our commitment to diagnostic assessments, shared care agreements and delivering annual reviews for patients who are stabilised on medication (where applicable).

Please send the completed form, along with the patient's screening form and summary care record, to owl.rtc@nhs.net.

Optional information: Any reports undertaken by previous or current professionals

Patient Details			
NHS Number:		Name:	
D.O.B:		Email:	
Gender		Address:	
Age			
Tel:			

Accessible Information Standards
Communication needs and health inequalities: e.g. Suitable for online assessment, interpreter required (please state language), hearing or visual impairment, other communication difficulties, mental or physical disability, learning difficulties, homelessness, deprivation, digital exclusion, etc.

GP Referrer Details			
Referring GP:		Date of Request	
GMC Number:		Referring Practice:	
Contact Number:		Practice Address:	
Practice Code:			



Reason For Referral					

Referral Type (please select)					
Autism Assessment		ADHD Assessment		ADHD titration	

Current Medication and Allergies	

Relevant Medical, Psychiatric or Forensic History	

Risk	

Referral to	
Please confirm the name of the organisation the patient is being referred to: The Owl Centre	

Local Integrated Care Board (ICB)	
Name of current ICB (required):	
Name of Mental Health Lead at local ICB (if known):	
Contact telephone number of the above contact (if known):	
Finance department contact information for billing at local ICB (if known). This is generally held by your surgery's finance department/colleague:	