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# North East London Shared Care Guideline for the Use of Methylphenidate, Dexamfetamine, Lisdexamfetamine dimesylate and Atomoxetine for the Management of Attention-deficit Hyperactivity Disorder (ADHD) in Adult Patients

# SCG AGREEMENT REQUEST FORM - TO BE UPLOADED INTO ELECTRONIC RECORDS AND FILED IN PATIENT NOTES

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| **To be completed by the specialist initiating the treatment** |
| **GP Practice Details:****Name: ………………………………………****Address: ……………………………………****Tel no: ………………………………………****Mob no: ………………………………………****NHS.net e-mail: ……………………………** | **Patient Details:****Name: ………………………………………………****Address: ……………………………………………****DOB: ……………………………****Tel number: …………………………………** **NHS number (10 digits): …………………………** |
| **Specialist name: ……………… CMHT/PCN: ………………………………….****Contact details:****Address: .........................................................................................................................****Tel no: ……………………………………… Mob no: ………………………………………****NHS.net e-mail: ……………………………** |
| **Diagnosis:**……………………………………… | **Medicines to be prescribed by GP (include drug name, form, dose and frequency)****……………………………………………………………..** |
| **Date of first prescription by specialist: ……………………………………………………………….****Estimated date for prescribing to be continued by GP: ……………………………………………** |

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| **Agreement to Shared Care to be signed by GP and Specialist before prescribing is transferred to GP** |
| **Specialist Signature …………………………………………………………………………………...****Date ………………………………………………………………………………………………………**  |
| **GP Signature …………………………………………………………………………………………...****Date ………………………………………………………………………………………………………**  |
| **Discussed with Patient ………………………………………………………………………………………****Date ………………………………………………………………………………………………………**  |