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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 ………………………………………………………………………………………………………** |