

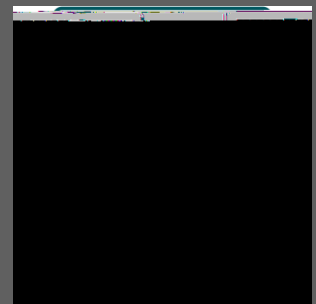
GP ADHD Shared Care Program: A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GP Partners Australia (GPPA)

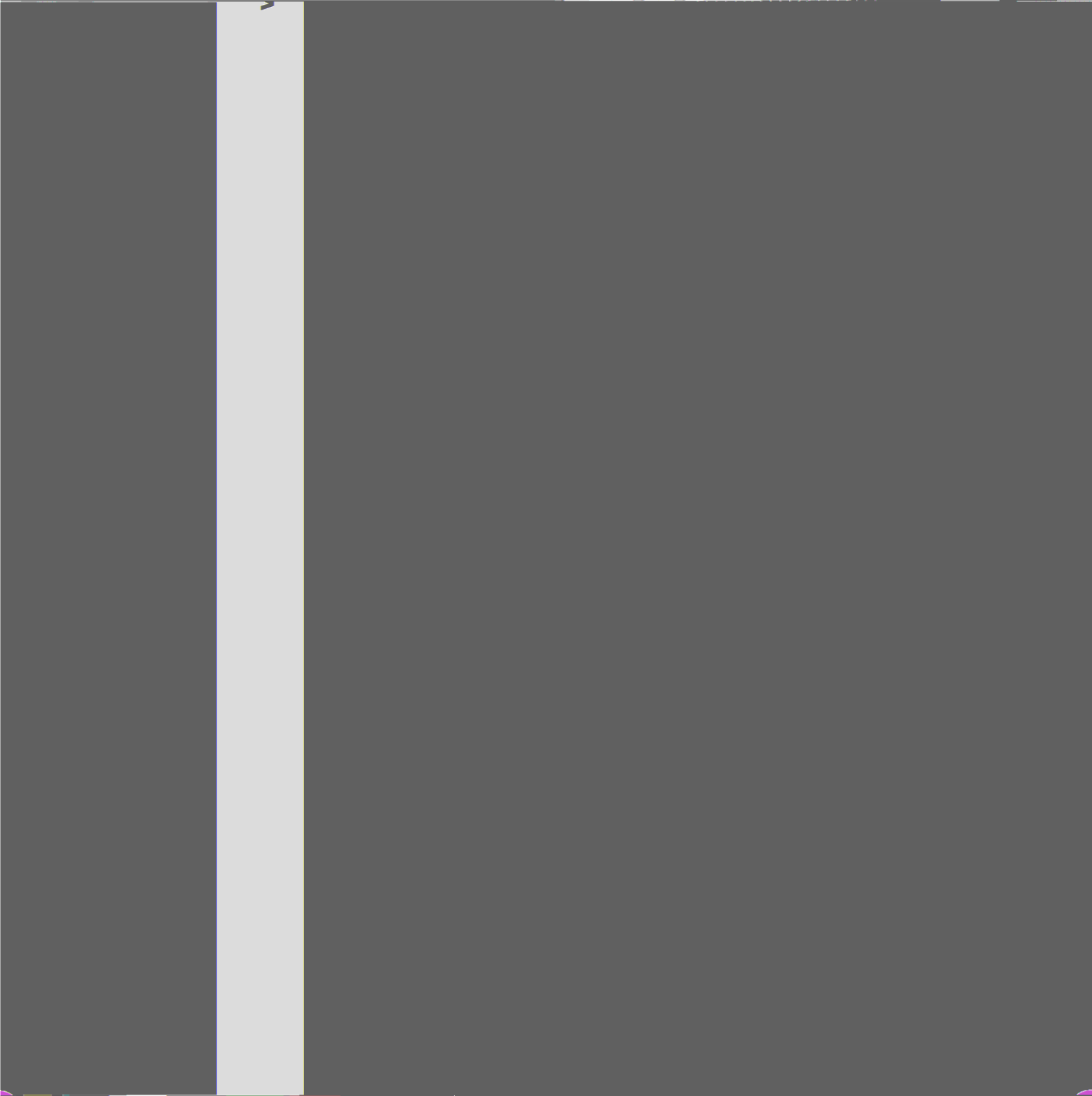
Version 3: Transition Psychiatrist
Endorsed Clinical Director CAMHS, Unit Head General Medicine December 2023

Introduction

Eligibility & next steps

Further Information:







PATIENT (YOUNG PERSON'S) CONSENT FORM

GP ADHD Shared Care Program:

Attention: Leanne March
GP Shared Care Programs Manager
PO Box 579
Unley SA 5061

PATIENT (YOUNG PERSON'S) CONSENT FORM

GP ADHD Shared Care Program:

I, (Patient name), (Date of birth)

confirm that: (Please tick and initial each statement)

I have read and understood the Patient Information Summary provided above.

My referring Paediatrician is:

.....
.....
(Paediatrician Name & Contact Details)

I consent to the GP Partners Shared Care Manager contacting me to finalise my ADHD Shared Care,
.....

My contact details:

Mobile/Phone
.....
.....

I will discuss the program with my regular GP, who will determine if they can provide my ADHD Shared Care and any associated medication prescribing. My regular GP is:

GP Name, Practice & Contact Details:

.....
.....

If my regular GP is not able to provide my ADHD Shared Care, I understand the Shared Care Manager will assist me to connect with an alternative ADHD Shared Care GP registered with the program. I will continue to see my regular GP for all other care

I will ensure I attend review appointments with my Shared Care GP for regular clinical monitoring as
.....
height and weight checks).

I am aware I cannot have medication prescribed without regular face-to-face follow-up with my Shared Care GP, at the time intervals advised by my Shared Care GP or specialists.

I will ensure I attend review appointments with my treating specialist (psychiatrist or paediatrician) as advised by my treating specialist.

I am aware continued prescriptions for my medication will not be issued without attending advised specialist review appointments.

I understand failure to attend review appointments with my specialist, except in extenuating circumstances, will lead to termination of the shared care agreement with the GP

I will ask my specialist or ADHD Shared Care GP for information at any time I do not have a clear understanding of the treatment.

I will not use alcohol, recreational drugs, the counter products, herbal supplements and naturopathic preparations.

I will safely store my medications in a child-proof cupboard

I have read the patient information leaflet included with my medication and will report any side effects or concerns to my Shared Care GP and specialist.

I will adhere to the treatment as advised, and will let my Shared Care GP and specialist know if there are any problems with this.

I understand there are no special costs for the GP ADHD Shared Care Program but that my Shared