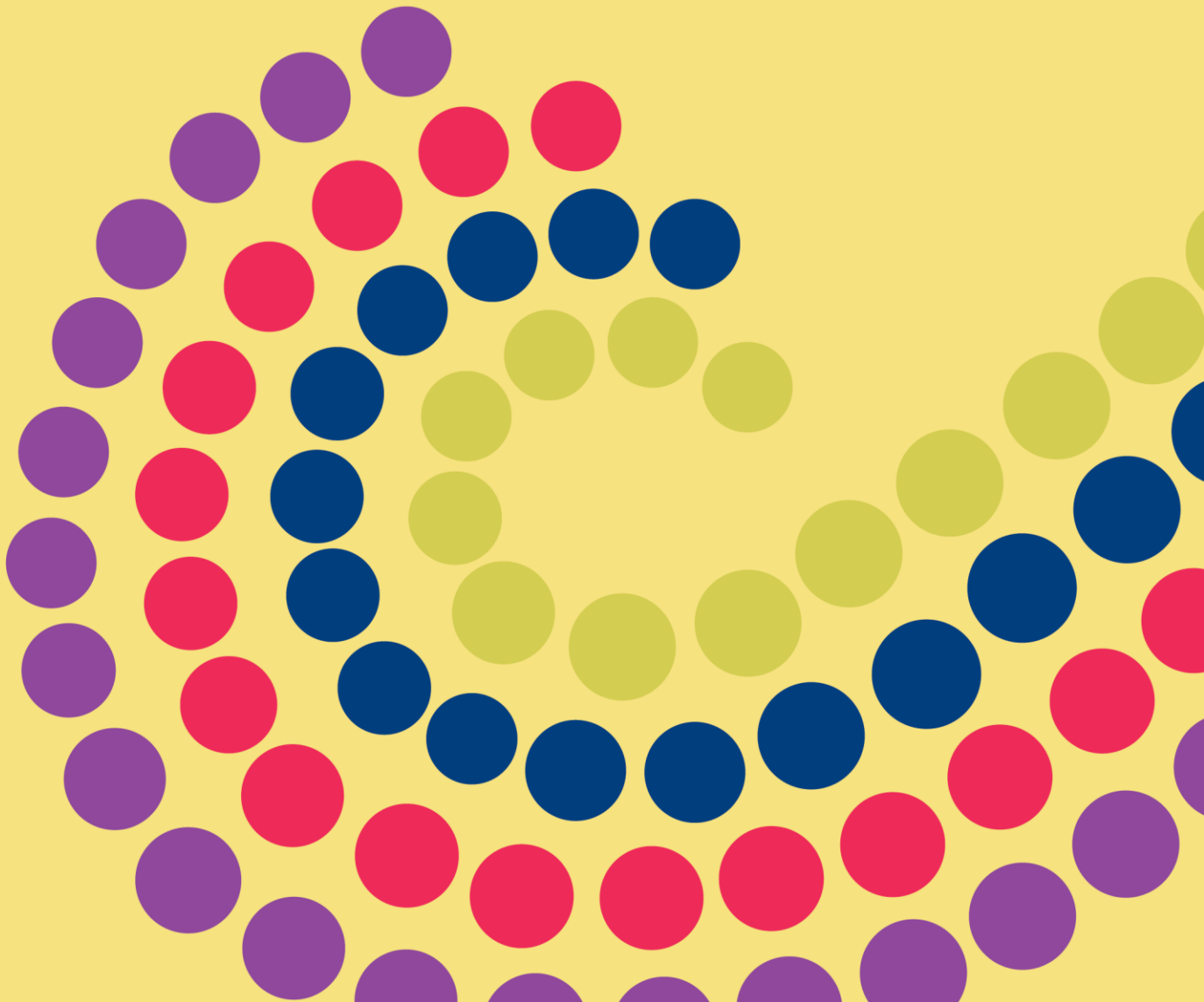


PATIENT INFORMATION SUMMARY, GP LETTER & YOUNG PERSONS CONSENT FORM

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

Version 3: Paediatrician

Endorsed Clinical Director CAMHS, Unit Head General Medicine December 2023



GP ADHD Shared Care Patient Information

Where a child or young person is diagnosed with ADHD, and their condition is stable, Child and Adolescent Mental Health Services (CAMHS) is now able to facilitate the option of transition care under the GP ADHD Shared Care program.

Introduction

The GP ADHD Shared Care Program is modelled on the highly successful South Australian Statewide GP Obstetric Shared Care Program managed by GP Partners Australia on behalf of SA Health.

Eligibility & next steps

This service is available to young people who are currently public patients, aged 16 years and over, of the Women's & Children's Health Network (WCHN), Northern Adelaide Health Network (NALHN) and Southern Adelaide Health Network (SALHN). This service is not available to patients who are on short-term or early phase Schedule 8 stimulant support, or have not yet reached a stable dosage requirement. It is also not available to patients who are currently linked with CAMHS, Youth Mental Health Team or a Private Psychiatrist.

Your specialist Paediatrician has advised that you are now stable on your medication and are now eligible for transfer to the GP ADHD Shared Care Program, in partnership with a CAMHS psychiatrist to provide the first transition psychiatry visit.

The GP ADHD Shared Program supports a GP to apply for authority to take over the ongoing management of your medication, in an ongoing partnership with your treating specialist, which will enhance the continuity of your care.

There is no obligation for your regular GP to take on this role. In the event that your regular GP determines it is not suitable for them to take on this role, the GP ADHD Shared Care Program Manager will provide you and your GP with the details of another GP who can take on this aspect of your care.

Further Information:

We have included in this information sheet an Introductory letter for your GP. Please make an appointment to see your GP to discuss the option of GP ADHD Shared Care further. We also encourage you to access the full details of the program here:

[ADHD GP Shared Care | GP Partners Australia \(gppaustralia.org.au\)](https://gppaustralia.org.au)

For more information please contact the GP ADHD Shared Care team at: leanne.march@gpex.com.au or CAMHSResources@sa.gov.au



ADHD SHARED CARE



GP Introductory Letter

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

To the General Practitioner,

When a young person diagnosed with ADHD is transitioning to adult care, and their condition is stable, Child and Adolescent Mental Health Services (CAMHS) is now able to facilitate the option of GP ADHD Shared Care for these patients. The GP ADHD Shared Care Program is modelled on the highly successful South Australian Statewide GP Obstetric Shared Care Program managed by GP Partners Australia on behalf of SA Health.

Your patient's Specialist Paediatrician has advised that this young person is stable on their medication and is now eligible for transfer to the GP ADHD Shared Care Program, in partnership with a CAMHS psychiatrist to provide the first transition psychiatry visit.

The GP ADHD Shared Care Program supports the GP to apply for authority to take over the ongoing management of their patient's medication, in ongoing partnership with their treating specialist. Your patient has been advised to make an appointment to see you to discuss this option further, and to access the full details of the program (including consent forms) at [ADHD GP Shared Care | GP Partners Australia \(gppaustralia.org.au\)](http://gppaustralia.org.au)

There is no obligation for the patient's regular GP to take on this role. In the event the regular GP determines it is not suitable for them to take on this role, the GP ADHD Shared Care Program Manager will provide the patient with the details of another GP who can take on this aspect of the patient's care, ensuring close collaboration with the patient's regular GP.

Our team have developed supporting documentation to assist GP's in managing psychostimulant medication in the community, available at the above website, with further information available here: [Drugs of dependence | SA Health](#)

We welcome any questions or concerns and for more information please do not hesitate to contact us.

Kind regards,

Ms. Leanne March,
GP Shared Care Programs Manager
Registered Midwife
GP Partners Australia
E: leanne.march@gpex.com.au

Dr Michaela Boulderstone
General Practice Liaison Consultant
Child & Adolescent Mental Health Services
(CAMHS)
E: CAMHSResources@sa.gov.au





PATIENT (YOUNG PERSON'S) CONSENT FORM

GP ADHD Shared Care Program:

A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GP Partners Australia (GPPA)

The service has been offered to you as your Paediatrician considers your situation to be stable with optimal medication dosing being achieved. Shared Care with your GP will occur in partnership with your Paediatrician and the Adult Psychiatrist who will provide the first Transition Psychiatry Visit, preparing for when you turn 18 and transition to adult services.

Return to:

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



PATIENT (YOUNG PERSON'S) CONSENT FORM

GP ADHD Shared Care Program:

A Child & Adolescent Mental Health Services (CAMHS) initiative in partnership with GP Partners Australia (GPPA)

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, including my ADHD Shared Care GP's name address and the date of my first appointment.

My contact details:

Mobile/Phone number:

Email:

Postal address:

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 outlined in my Paediatrician's original transfer of prescribing letter to my GP (e.g. regular BP, pulse, 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 tell my specialist and Shared Care GP of any other medications I am taking, including over-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 Care GP's normal out-of-pocket costs will continue to apply.
- I will seek explicit information regarding any out-of-pocket costs with my Shared Care GP before booking an appointment under their care.

Acknowledging the above, I hereby consent to my enrolment in the GP ADHD Shared Care Program.

I also consent to the sharing of relevant health information with the following members of my healthcare team (please leave blank if they do not apply):

- Child & Adolescent Mental Health Service (CAMHS)
- Paediatrician
- General Practitioner
- Psychiatrist.....
- Private therapists, e.g. ADHD Therapist, Developmental Educator, Psychologist, Occupational Therapist
.....
- Other

Signature: ****PLEASE SIGN HERE****

Printed Name:.....

Date:/...../.....

Valid until/...../..... unless withdrawn earlier in writing.

