**[PLEASE DELETE ALL SECTIONS IN BOLD AND REPLACE WITH YOUR DETAILS.]**

**[Your home address]**

**[Your email address]**

**[Your phone number]**

**[Date of letter]**

**[Insert (on the left) the address of whoever you are writing to, ether your GP surgery’s practice manager in the first instance, or your local Clinical Commissioning Group to escalate the complaint.]**

Name: **[Your full name]**

Date of birth: **[Your date of birth]**

Dear Sir/Madam

I am writing to you because my request for a referral for NHS testing for Auditory Processing Disorder/APD has been refused by **[name of GP or other referring professional]** at **[name of your surgery, hospital etc.]**

It is my understanding that under NHS Patient Choice, I *have “the right to choose which hospital in England to go to,”* also *“which consultant-led team will be in charge”* and that this is a legal right, which has been denied to me. <https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/about-nhs-hospital-services/>

I do not wish to be referred to my local hospital because this is a specialist service only provided in certain locations and there is no such equitable service in my area. There is also no need to be seen at my local hospital first and referred on, which also wastes valuable time and resources. I attach the document “APD testing centres 2021” for your consideration. As you will see, a direct GP referral is acceptable.

I therefore wish that the referral for APD testing is sent to **[name of consultant]** at **[address of APD testing centre].**

You have my consent to investigate this matter. Given that the symptoms of the condition are causing me considerable distress and there has already been a delay in referring me, I would appreciate it if this matter could be investigated and a referral sent as soon as possible.

Yours faithfully