



NHS Veterans Mental Health and Wellbeing Service South East referral form

Please complete all sections.

Personal details			Military details					
Full name			Service no.					
Date of birth			Service					
NHS number		Rank/Unit/T	rade					
NI number		Joining up o	late					
Gender			Discharge of	late				
Sexuality			No. years served		No. years since leaving			
Ethnicity	hnicity		Referral details					
Current address			Self-referral (please tick)					
			Referrer's name					
Postcode			Rank/ Title					
Telephone			Relationship	o to s	service person			
Mobile			Address					
Email								
Preferred means	ans of communication:		Postcode	ode				
Telephone	Mobile	Email	Telephone					
Disability details			Mobile					
None	Mental health	Sensory	Email					
Physical	Not disclosed	Other	Confirm consent		to refer to our	service	Yes No)
If other, please describe:								
Planned change of address/ Discharge details (if leaving forces)			General Practitioner (GP) details					
A dalago o o			GP name					
Address			Practice name					
Postcode			Addross					
Telephone			Address					
Next of kin details		•	Postcode					
Name			Other s	ervic	es involved (p	rovide	details below	w)
Relationship			DCMH	PRU	J	L	_ocal Authorit	у
A dalac co			NHS	3 rd s	ector/charities	(Other	
Address			If other, please specify:		specify:			
Postcode			1		, J.			
Telephone			1					

Reason for referral, presenting problems, and help and support the client would like from the service Explain nature of problem, triggers, time of onset, and client's view of what they want help with (response required):					
Reason for discharge					
ICD-10 code					
Risk issues – the following sections below must all be completed Provide as much detail as possible regarding risk to self and/or others, AND any safeguarding issues. <u>Do not leave blank.</u> Put 'no current evidence identified or expressed' if no answer					
Risk to self					
Risk <u>from</u> others					
Risk <u>to</u> others					
Forensic					
Safeguarding issues/ concerns					
Current alcohol or illicit substance use					
Current medication					
Other issues to be considered					

When complete, please email this referral form to gateway@berkshire.nhs.uk
Any questions please call us 0300 365 2000 (option 4)

Visit our website: www.opcouragesoutheast.nhs.uk to find out more about what we do and how we use your information.