

**NHS transition, intervention and liaison veterans' mental health service
South West and South Central Service referral form**

Please complete all sections of the form.

Date of Referral: _____

Personal				Military			
Name				Service Number if known			
Date of birth				Rank			
NHS Number							
NI Number				Trade			
Ethnicity				Joining up date			
Gender				Discharge date			
Disability:				Referral			
None		Mental Health		Self		Do you have consent from service user to refer	
						Yes / No	
Sensory		Physical		Referrers name			
Other		Not disclosed		Rank / Title			
If other, please describe				Relationship to service person			
Current address				Address			
Postcode				Postcode			
Telephone				Telephone			
Mobile				Mobile			
Email				Email			
Planned Change of address/ Discharge Details (if leaving Armed Forces)				GP			
Address				GP Name			
Postcode				Practice			
Telephone				Address			
				Postcode			
Next of kin				Other services involved, brief details; None			
Title				DCMH			
Name				PRU			
Relationship				Local Authority			
Address				NHS			
Postcode				3 rd sector			
Telephone				Charities			

REASON FOR REFERRAL, PRESENTING PROBLEMS

If possible please include: the nature of the problem; triggers; time of onset and the clients view of what they want help with.

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Reason for discharge:		ICD-10 code:	
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RISK ISSUES – SELF/OTHERS

if so please provide as much detail as possible

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CURRENT ALCOHOL OR ILLICIT SUBSTANCE USE:

please consider referral to substance misuse services if this is the primary presentation

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CURRENT MEDICATION:

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OTHER ISSUES TO BE CONSIDERED

(Other factors, such as physical health, finance, accommodation, legal)

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**When complete – please email referral form to Bks-tr.referralhub@nhs.net
Any questions please contact us on 0300 365 0300**