

NHS Transition, Intervention and Liaison veterans' mental health service (TILS)
South West and South Central
Service referral form – Please complete all sections of form below

Personal				Military			
Full name				Service Number if known			
Date of birth				Service		Choose an item.	
NHS Number				Rank			
NI Number				Unit			
Ethnicity		Please select an option from the list: <input type="text"/>		Trade			
Gender				Joining up date			
				Discharge date			
Disability				Referral			
None		Mental Health		Self referral (please tick)		Do you have consent from service user to refer	
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				Please confirm consent to refer to our service: yes / no		Yes No	
Planned Change of address/ Discharge Details (if leaving forces)				GP			
Address				GP Name			
				Practice			
Postcode				Address			
Telephone				Postcode			
Next of kin				Other services involved, brief details			
Title				DCMH			
Name				PRU			
Relationship				Local Authority			
Address				NHS			
Postcode				3 rd sector			
Telephone				Charities			

REASON FOR REFERRAL, PRESENTING PROBLEMS HELP AND SUPPORT CLIENT WOULD LIKE FROM THE SERVICE

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

Reason for discharge:

ICD-10 code:

Current Risk and Safeguarding issues

*Please provide as much detail as possible regarding risk to self and / or others **and** any safeguarding issues*

Risk to self:

Risk from others:

Risk to others:

Forensic:

Safeguarding:

Current alcohol or illicit substance use:

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

Current medication:

OTHER ISSUES TO BE CONSIDERED

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

When complete – please email referral form to Bks-tr.referralhub@nhs.net

Any questions please contact us on 0300 365 0300

Visit our website www.berkshirehealthcare.nhs.uk/veterans-tils

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