

Referral & Consent Form

Please complete all sections of the form



Veterans' Mental Health
High Intensity Service

If you would like further information about the Veterans' High Intensity Service or need help filling out this form, you can call us on 02394 387 924 between the hours of 0600 and 2200.

Date of Referral		NHS Number	
Has the client been made aware of this referral and given consent?		YES	NO

Personal Details		Military Details (if known)	
Full Name		Service Number	
Telephone Number		Service	
Mobile Number		Rank on Discharge	
Email Address		Unit / Trade	
Date of Birth		Date Joined	
Gender		Date Discharged	
Ethnicity		Type of Discharge	
Marital Status		Service Type	Regular Reserves
Religion		If still serving, discharge date.	
Current Address		Next of Kin Details (if known)	
		Full Name	
		Telephone Number	
Postcode		Email Address	
Address Type	Permanent Temporary	Relationship to Client	
Message Consent - Client consents to contact via:		Address	
Phone Call	YES NO		
Voice Mail	YES NO		
Text Message	YES NO		
Email	YES NO	Postcode	
		Consent to Contact	

Does the client have any communication issues?		YES	NO
If yes, please describe			

GP Details		Referrer Details	
GP Name		Service / Organisation	
Practice Name		Referrer Name	
Address		Relationship to client	
		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	

Has client previously been open to TILs (Transition, Intervention & Liaison Service) AND/OR CTS (Complex Treatment Service)?	YES	NO	UNSURE
The Veterans' High Intensity Service requires clients to be open to another mental health service. Is this client currently open to another service?	YES	NO	UNSURE

NOTE: The Veterans' High Intensity Service is a wrap-around service. Professional referrals where no other services are engaged with client or no concurrent referrals to a mental health service are made, may result in referral being rejected.

Other Services Involved (brief description of involvement and contact details)	
Mental Health	
Physical Health	
Social Support	

Presentation, Risk issues & Safeguarding	
Please give us much information as possible around the reasons for this referral and any risk to client or others. Where risk is present, please give details of steps you have taken to manage that risk.	
Presenting Issue (Reason for referral)	

Previous Involvement with Mental Health Services	
Risk To Self	
Risk To Others	
Risk From Others	
Forensic	
Does Client Have Children?	YES NO
Children (under 18) living with client: Please list names and date of birth.	
Any Safeguarding Issues or Concerns?	
Any Alcohol or Illicit Substances? Please give details of substance, amount & frequency:	

Medication, Physical Health & Disabilities	
Physical Health Problems	
Disabilities	
Medication Being Taken	
Other Issues	

Consent to Release Medical & Service Information	
I give consent for the Veterans' Mental Health Service – (High Intensity Service) to request verification of my military service with the Ministry of Defence and if necessary, to request copies of my service/medical records (e.g. from DCMH, PRU and/or DMS).	
I give consent for my information to be used anonymously for research and evaluation purposes.	
I give consent for my information to be shared with the appropriate OpCourage* service provider. <i>*OpCourage is the collective term for NHS Veteran's Mental Health Services, including the Transition, Intervention & Liaison service (TILS), Complex Treatment Service (CTS) and High Intensity Service (HIS) which may be being delivered by a different NHS Trust in your area.</i>	
I understand that I have the right to withdraw my consent at any time by: <ul style="list-style-type: none"> - Speaking to staff at the Veterans' High Intensity Service – (HIS) - Letter to The Veterans' High Intensity Service, 1st Floor, 8F The Pompey Centre, Fratton Way, Portsmouth, PO4 8TA - Phone: 02394 387 924 - Email: snhs.veteranshis.se@nhs.net 	
The HIS follows national NHS guidance supporting a zero-tolerance approach to abuse towards our staff members. Acts of violence, abuse or threatening behaviour are not acceptable and will not be tolerated. This includes the serious or persistent use of verbal abuse, aggressive tone, and / or swearing or foul language. I understand my access to the service may be withdrawn if I am in any way abusive towards HIS staff.	

I understand that information shared with the Veterans' Service will remain confidential to the Veteran Service, my GP, my mental health provider (where applicable) and the person(s) who referred me to the service unless otherwise approved by me. However, I understand that the Veteran Service are legally bound to break confidentiality and take action if I disclose a serious crime, disclose a plan to harm another person and/or disclose a plan to harm myself. I understand that wherever possible appropriate action will be discussed with me first to make sure that my best interests are represented.

Information shared with the services indicated above shall be: the minimum necessary; in compliance with both the Data Protection Act (2018) and the General Data Protection Regulation (GDPR, 2016); and accessed only by appropriate staff on a need to know basis.

Please note that consent is not required to share information across the healthcare the care pathway. Please see the privacy notice regarding how your information is stored and used.

Full Name: _____ Signature: _____

Please email referral to: snhs.veteranshis.se@nhs.net

Our service does not provide emergency care. In the event of an emergency, please contact your GP, local crisis number, attend your nearest A&E Department or dial 999.