|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Referrer** |  | | Choose an item. | | |
| **Date** | Click or tap to enter a date. | **Time** |  | | |
| **Organisation** |  | | | | |  |
| **Has the Veteran consented to Op Courage referral?** | Choose an item. | | | | |  |
| **Veterans Details** | | | | | |
| **Title** |  | **First Name** |  | | |
| **Preferred Name** |  | **Any Middle Names** | | |  |
| **Surname** |  | **D.O.B** |  | | |
| **Gender** | Choose an item. | **Nationality** |  | | |
| **Contact Number** |  | **E-mail Address** |  | | |
| **Address** |  | | | | |
| **Military Service Number** |  | | | | |
| **Reason for Referral including identified risks to self and others** | Choose an item.  ……………………………………………………………  Please further information on reason for referral:  \*\*Please be aware we are not a 24hr crisis service. Please ensure the veteran has a safety plan in place appropriate for their current mental health presentation and aware of their safety plan. We will contact a veteran within 72hrs.\*\* | | | | |
| **For HIS use at point of Triage**  **If not appropriate at Triage – information to be gained at follow up assessment** | | | | | |
| **ARM – Navy/Army/RAF** | Choose an item. | | | | |
| **Regiment/Corp/ Unit** |  | | | | |
| **Date Joined** |  | | | | |
| **Date Left** |  | | | | |
| **NHS Number** |  | | | | |
| **Next of Kin/Emergency Contact - Name** |  | **Phone/Email** |  | | |
| **Relationship Status** | Choose an item. | | | | |
| **Dependants/Caring responsibilities** |  | | | | |
| **Pets** |  | | | | |
| **Risks** | | | | | |
| **Risks to self** |  | | | | |
| **Risk to Others** |  | | | | |
| **Risk from Others** |  | | | | |
| **Access Needs** | | | | | |
| **Sight** |  | **Hearing** |  | | |
| **Mobility** |  | **Other** |  | | |
| **Other Services Involved** | | | | | |
|  | | | | | |
| **Medical Information** | | | | | |
| **GP Name** |  | | | | |
| **Practice Address** |  | | | | |
| **Contact Number** |  | | | | |
| **Medical Conditions** |  | | | | |
| **Any additional information gained at point of Triage** | | | | | |
| **\*\*Please identify any immediate concerns- eg Food, housing, finances and discuss with VSLO\*\*** | | | | | |
| **Date Triaged** | Click or tap to enter a date. | **Accepted/ Not Suitable for HIS** | |  | |
| **If not suitable for HIS why? What further actions taken to support Veteran?** | | | | | |
|  | | | | | |
| **HIS contact details given** | YES/ NO | **Emergency contact details given** | YES/ NO | | |
| **Agreed when next contact will be made with veteran for follow up appointment.** | Date:  Time: | **Veterans Record Created on Lorenzo** | Date: | | |