|  |  |  |
| --- | --- | --- |
| **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:  |