

**NHS Transition, Intervention and Liaison veterans’  
 Mental Health Service (TILS) - (Op COURAGE)  
 South West and South Central Service referral form  
 Please complete all sections of form**

Personal details		Military details	
Full name		Service Number if known	
Date of birth		Service	
NHS Number		Rank	
NI Number		Unit	
Gender		Trade	
Ethnicity		Joining up date	
Current Address		Discharge date	
		Referral details	
		Self referral? (please tick)	
		Referrers name	
Postcode		Rank / Title	
Telephone		Relationship to service person	
Mobile		Address	
Email		Postcode	
Disability details		Telephone	
None	Mental Health	Mobile	
Sensory	Physical	Email	
Not disclosed	Other	Please confirm consent to refer to our service: yes / no	Yes      No
If other, please describe			
Planned Change of Address/ Discharge Details (if leaving forces)		GP details	
Address		GP Name	
Postcode		Practice name	
Telephone		Address	
		Postcode	
Next of kin details		Other services involved, brief details	
Title		DCMH	
Name		PRU	
Relationship		Local Authority	
Address		NHS	
Postcode		Third sector	
Telephone		Charities	

**Reason for referral, presenting problems, and help and support client would like from the service**

*Please explain the nature of the problem, triggers, time of onset, and the clients view of what they want help with. (Response required)*

Reason for discharge:

ICD-10 code:

**Risk Issues - the following sections below must all be completed**

*Please provide as much detail as possible regarding risk to self and/or others, AND any safeguarding issues. Do not leave blank. Put 'no current evidence identified or expressed' if no answer.*

Risk to self:

Risk **from** others:

Risk **to** others:

Forensic:

Safeguarding  
issues/concerns:

**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 this referral form to [gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)

Any questions please call us 0300 365 2000 (Option 4)

Visit our website [www.berkshirehealthcare.nhs.uk/veterans-tils](http://www.berkshirehealthcare.nhs.uk/veterans-tils)