

**South Central Veterans Service– Referral Form**

**About the service**

South Central Veterans Service is a specialist out-patient service. We provide an assessment and signposting service for veterans with mental health difficulties. In addition we offer specialist treatment for veterans suffering from Post-Traumatic Stress Disorder (PTSD) following exposure to traumatic events during their military service.

We offer a phase-based approach to the treatment of PTSD and suitable clients are offered a tailored pathway which can include the following interventions:

* ‘Understanding PTSD’ 6-session psycho-education course offered on a group or 1:1 basis
* Individual evidence-based treatments for PTSD including trauma-focused CBT (TF-CBT), Eye Movement Desensitization & Reprocessing (EMDR) and Narrative Exposure Therapy (NET)

**Who to refer**

We will consider referrals for veterans who have serviced in the British Armed Forces who are presenting with mental health problems. We offer assessments for veterans presenting with any mental health difficulties, and offer ongoing treatment for those whose primary presenting problem is PTSD.

We frequently see clients whose PTSD is comorbid with other problems (e.g. depression, personality disorders or psychosis) but we are only able to offer treatments specific to PTSD in our service.

**How to refer**

**All referrals to the South Central Veterans Service must be processed via COMMON POINT OF ENTRY (CPE). You can contact CPE via:**

**Email:** **Bks-tr.referralhub@nhs.net**

**Tel: 0300 365 0300**

**Fax: 03003650200**

**For more information**

We are always happy to speak to you to discuss a potential referral. Please contact us on 0118 929 6400 and ask to speak to one of the clinicians in the South Central Veterans Service.

*Please provide the following information in order for us to gauge whether this person may be suitable for the service.*

**Person being referred:**

**Name: D.O.B:**

**Address:** **Telephone number:**

**NHS No:**

**GP details (name/address):**

**Are there any other Services involved? (If yes, please provide details):**

**Ethnicity:**

**Is an interpreter required?**

If yes, which language?

**Military History**

Which Service?

Length of Service:

Date of discharge:

**Known Forensic History:**

**Referrer:**

**Name:**

**Service:**

**Date of referral:**

**Contact Details:**

**Has this referral been discussed with the client? (If not, please state why):**

**Have you made any other referrals for this client? (If yes, please provide details):**

**Please complete all of the following questions, giving as much detail as possible:**

**Current presenting problems**

**PTSD Symptoms Present?**

*(please give detail of any re-experiencing symptoms, avoidance, hyperarousal, negative alterations in beliefs and mood)*

**Are there any concerns regarding risk?**

**Is there any drug or alcohol use?**

**What are the client’s goals for therapy?**

**Please state any other information you feel is relevant.**

*(If there are any additional reports/letters regarding this patient please attach a copy).*