**Centre for Veterans’ Health**

**Referral to the Veteran Pain Management Programme**

We would be very grateful if you could complete the following questions. The information you give will be treated confidentially and in line with GDPR guidelines. We will only share your medical information with your GP. We may share your name, rank and military number with other Military Charities only for the purpose of funding Pain Management Programmes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| First Name | | Surname | |
| Preferred Name | | Male / Female | Date of Birth |
| Address:  Postcode | | | |
| Home Telephone No | | Mobile No | |
| Email | | | |
| Preferred Method of Contact. Email / Phone / Post | | | |
| **Next of Kin details** | | | |
| Name |  | | |
| Relationship to you |  | | |
| Telephone numbers |  | | |
| **GP Details** | | | |
| Name of GP & Surgery |  | | |
| GP Address |  | | |
| GP Telephone number |  | | |

* **Reasons you would like to attend a Pain Management Programme:**
* **Where is your Pain?**
* **How long have you had your Pain?**
* **How did your Pain start?**
* **Do you need to use a wheelchair, crutches or walking sticks, if so, which?**

**Please provide us with the following contact details if applicable to you (please be aware that we very rarely use these contacts; we only need them on the very rare occasion of an emergency):**

|  |  |  |
| --- | --- | --- |
| **Mental Health Details** | | **Contact Number** |
| Mental Health Team |  |  |
| Psychiatrist |  |  |
| Case Manager |  |  |
| Charity/Mentor contact |  |  |

* **How did you hear about the Pain Management Programme?**

H4H  NHS TILS  INTERNET  SOCIAL MEDIA  OTHER (please state)

**Military career:**

Enlistment Date: / / Discharge Date: / /

Rank: Regiment: Service No:

Army  Royal Marines  RAF  Royal Navy  Reserves

**In order to participate in the Pain Management Programme you will need access to internet and a computer/laptop with video and audio functions.**

**Please provide a copy of your proof of service with your application.**

Date: / / Signed:

Please email back to [carolinedunne@kingedwardvii.co.uk](mailto:carolinedunne@kingedwardvii.co.uk)

Or post to:

Caroline Dunne

Centre for Veterans’ Health

King Edward VII’s Hospital

Beaumont Street

London W1G 6AA

If you have any queries please call 0207 467 4348