**GP ACTION REQUIRED**

Dear Doctor

Your patient has shown an interest in attending a **Veteran Pain Management Programme** held at the Centre for Veterans’ Health at King Edward VII’s Hospital. Your patient will provide a significant amount of their clinical information, but in order for us to be able to offer your patient an assessment we will require you to provide some specific information as appropriate:

**Re:**

**DOB:**

General Medical history:

Adult Mental Health issues that require ongoing management:

Patient Summary

Where appropriate please give contact details for current support for adult mental health:

1. Your Practice emergency telephone number
2. The patient’s mental health team
3. Your local mental health crisis team
4. The patient’s case manager

Current medication:

Could you send a copy of most recent clinic letters regarding relevant medical and psychological treatments

GP Name Signature

------------------------------ --------------------------------------

Sugery Stamp Date

Please feel free to provide us with any relevant information you consider appropriate.

Yours sincerely

King Edward VII’s Hospital Pain Team

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

Or post to:

Caroline Dunne

Administrator

Centre for Veterans Health

King Edward VII’s Hospital

Beaumont Street

London

W1G 6AA