**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 |  |

* **Do you have any allergies?**
* **Reasons you would like to attend a Pain Management Programme:**
* **Where is your Pain?**
* **How long have you had your Pain?**
* **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 attend the virtual Pain Management Programme you will need access to the internet and a laptop/computer with audio and video.**

**Please provide a copy of your proof of service. This can be any of the following:-**

**Certificate of Service**

**Pension Entitlement Letter**

**Medical Discharge Letter**

**A copy of your Red/Blue Book**

**A copy of your ID card**

Date: / / Signed:

Please email back to carolinedunne@kingedwardvii.co.uk

 0207 467 4370

Or post to:

Caroline Dunne

Centre for Veterans’ Health

King Edward VII’s Hospital

Beaumont Street

London

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