



Veterans Outreach Support, The Royal Maritime Club, Queen Street, Portsmouth, Hampshire PO1 3HS
t. 023 9273 1767 e. admin@vosuk.org

www.vosuk.org

VETERANS OUTREACH SUPPORT (VOS) REFERRAL FORM

Please complete all sections of the form

Personal details			
Date of birth			
NHS number (if known)		Post code	
NI number (If known)		Telephone number	
Gender		Mobile number	
Ethnicity		Email	
Military details			
Service number (if known)		Trade	
Service		Joining up date	
Rank		Discharge date	
Unit		Reason for discharge	
Disability/ accessibility details			
None		Physical health	
Mental Health		Not disclosed	
Sensory		Other	
Next of kin details			
Title		Address	
Name			
Relationship		Telephone number	
GP details			
Name of GP		Address	

Telephone number		Post code	
Referral details			
Name		Address	
Rank/ Job title			
Relationship to person		Post code	
		Telephone number	
Please confirm consent to refer to our service		Email	
Other services involved			
Reason for referral, presenting problems, and help and support client would like from the service			
Reason for discharge			
ICD-10 code			
Risk issues:			
To self			
To others			
Risk to others			
Safeguarding issues/concerns (Please provide as much detail as possible and do not leave this section blank)			
Current alcohol/ illicit substance use			

Current medication
Other factors to be considered (physical, domestic, social, housing, financial, legal)

Please send completed referral forms to Veterans Outreach Support at
snhs.vosportsmouth@nhs.net
If you wish to discuss the referral please contact 02392 731767 in office hours.