

## Referral and consent form

The OpCourage Warm Welcome Afghan Service offers mental health assessment, advocacy and support for Afghan people living in England who supported the British Armed Forces in Afghanistan between October 2001 and August 2021, and who relocated to the UK under the Afghan Relocations and Assistance Policy (ARAP). Once we receive your referral we will connect you with your local Op-Courage: Veterans' Mental Health and Wellbeing Service in England.

Please complete as much as you can. The more you tell us, the better we can understand what you need. Fields marked \* are required.

**This service does not provide 24-hour emergency care.** In an emergency, contact your GP or your local NHS crisis number, attend your nearest Accident and Emergency department, or call 999.

If you have questions about whether this is the right service for you, or you would like help completing this form, call the Afghan Service on 020 3317 7979 or email [nlft.afghanservice@nhs.net](mailto:nlft.afghanservice@nhs.net). You can read more about the service at [londonveteranservice.nhs.uk/warm-welcome-afghan-service](https://londonveteranservice.nhs.uk/warm-welcome-afghan-service)

Completed forms should be emailed to [nlft.veterans@nhs.net](mailto:nlft.veterans@nhs.net), which is where referrals are received. By completing this form you give your consent for us to process the information in it.

### About you

Family name \*

First name \*

Date of birth \*

Gender

NHS number (if known)

Address \*

Postcode \*

☐ This address is permanent ☐ This address is temporary

Telephone \*

Email

Do you agree to us contacting you in these ways?

☐ Text message ☐ Voicemail ☐ Email ☐ Letter

Ethnicity

Religion

Relationship status

Employment status

### Your eligibility for this service

Please tick what applies to you

☐ Worked alongside the British Armed Forces ☐ Afghan National Army ☐ Military Police ☐ Interpreter ☐ Another role

ARAP date of relocation \*

Afghan military or police service number (if you had one)

Please tell us about your role, where you were based, and the years you served (include work for the United Nations or other organisations if relevant)

## What you would like help with

In your own words, please describe the difficulties you are experiencing and what you would like help with \*

Please tick anything you are experiencing

- ☐ Low mood   ☐ Worry or anxiety   ☐ Difficulties due to trauma   ☐ Nightmares   ☐ Flashbacks   ☐ Sleep problems  
☐ Anger or irritability   ☐ Feeling isolated   ☐ Grief or loss   ☐ Something else

Are any of these difficulties a direct result of the work described above?

☐ Yes   ☐ No   ☐ Not sure

## Physical health and practical needs

Do you have any physical health problems or pain?

☐ Yes   ☐ No

Do you have any hearing difficulties?

☐ Yes   ☐ No

Do you consider yourself to have a disability?

☐ Yes   ☐ No

Do you have any accessibility needs, for example mobility or step-free access?

☐ Yes   ☐ No

If you answered yes to any of the above, please give details

Practical needs

- ☐ Housing   ☐ Finance or benefits   ☐ Employment   ☐ Education or training   ☐ Family reunion   ☐ None of these

## Children and other dependants

Do you have any children under 18?

☐ Yes   ☐ No

How many, and their ages

Do they live with you?

Anyone else you care for?

Do you have any concerns about your children, or anyone else you look after?

☐ Yes   ☐ No

If yes, please give details

## Planning your appointment

Do you need an interpreter? \*

☐ Yes ☐ No

Language needed

☐ Pashto ☐ Dari ☐ Another language

Interpreter gender preference

☐ Woman ☐ Man ☐ No preference

Which languages can you read and write?

☐ English ☐ Pashto ☐ Dari ☐ None of these

Anything else we should know when arranging your appointment (dates you are away, times that suit you, childcare, travel)

## Your GP

GP name

Practice name \*

Practice address \*

Telephone

## Who is making this referral

Is this a self-referral?

☐ Yes ☐ No, someone is referring me

If someone is referring on your behalf, please complete the section below.

Referrer name

Position or role

Organisation

Telephone

Email

## Other services and previous care

Are any other services currently involved in your care?

☐ Yes ☐ No

If yes, please give the name of the professional, the service and contact details

Have you had mental health difficulties or contact with mental health services before?

☐ Yes ☐ No

If yes, please give details

Are you currently under an NHS crisis team or in hospital for your mental health?

☐ Yes ☐ No

## Who we can contact in an emergency

Name \*

Relationship to you

Telephone

Email (if known)

Is it all right for us to contact this person?

☐ Yes ☐ No

## Consent

Please answer each of the following. Information shared will be the minimum necessary, will comply with the Data Protection Act 2018 and the UK General Data Protection Regulation, and will be seen only by appropriate staff who need it. There may be specific situations relating to risk to yourself or others where confidentiality has to be broken. You can discuss any question about information sharing with a clinician before your assessment.

I give permission for information about my care to be shared with my GP. We are unable to proceed with your referral if you do not agree to this. ☐ Yes ☐ No

I give permission for my referral information to be shared with the appropriate Op-Courage Veterans' Mental Health and Wellbeing Service. Without this, your referral may not be passed on promptly, which may delay your care. ☐ Yes ☐ No

I give permission for the service to request copies of my medical or service records if this is clinically necessary. We would discuss this with you first. ☐ Yes ☐ No

I give permission for my GP to provide my medical records to the service. ☐ Yes ☐ No

If it is necessary to meet my agreed support needs, I give permission for information to be shared with other organisations, such as the local authority or a housing department. We would discuss any such sharing with you first. ☐ Yes ☐ No

I agree to be contacted by email or text message with information about the service. ☐ Yes ☐ No

I give permission for my information to be used anonymously for research. No details that identify me will be shared. ☐ Yes ☐ No

I understand that I can withdraw my consent at any time, by speaking to staff at the Veterans' Mental Health and Wellbeing Service, by telephone on 020 3317 6818, by email to [nlft.veterans@nhs.net](mailto:nlft.veterans@nhs.net), or by writing to 4th Floor West Wing, St Pancras Hospital, 4 St Pancras Way, London NW1 0PE. ☐ Yes ☐ No

Your information will be held by North London NHS Foundation Trust and entered on your NHS electronic patient record. If you are referring someone else, please make sure they have seen and agreed to the above. A physical signature may be requested at a later stage.

## Finally

How did you hear about the OpCourage Warm Welcome Afghan Service?

Are there any days or times in the next two weeks when you cannot take a telephone call?

**Please email your completed form to [nlft.veterans@nhs.net](mailto:nlft.veterans@nhs.net)**

If you have questions, or would prefer to give this information over the telephone, call the Afghan Service on 020 3317 7979 and we will complete the form with you. An interpreter can be arranged in Pashto or Dari.