



BROOKE HOUSE
HEALTH & WELLBEING CENTRE

Client Referral Form - Confidential

Brooke House is an Ely Centre project, funded by H.M Treasury through the LIBOR grant scheme. This new project seeks to improve the physical and mental health and family wellbeing of former Royal Ulster Constabulary Officers who reside in or have served in the Counties of Armagh, Fermanagh or Tyrone, and Military Veterans from the three services post 2008 who reside in Northern Ireland.

Please complete the following form in full. The information you provide will be anonymised and used exclusively for Brooke House research strategy.

CLIENT DETAILS	
First name:	Surname:
Title:	Gender:
Mother's maiden name:	Date of Birth:
Relationship / marital status:	Employment status:
Home address:	Postcode:
Home telephone:	Mobile:
Email address: _____	
If you have an email address we will increasingly aim to communicate with you via this method. Please ensure that you provide us with your correct email address and that you check it regularly.	
GP CONTACT DETAILS	EMERGENCY CONTACT DETAILS
GP name: _____	Name: _____
GP Practice: _____	Relationship: _____
GP Telephone: _____	Telephone: _____



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MEDICAL INFORMATION
Do you have any key medical problems, conditions and / or disabilities? Yes / No (e.g. Mental Health Diagnosis, Arthritis, Asthma, Cancer, COPD, Diabetes, Dementia, Epilepsy, Heart Disease, Hypertension, Parkinson's, Stroke, other)
If yes, please provide details:
Please list any medication you are currently taking.
Please list any allergies you may have.

ELIGIBILITY			
Please indicate which category of Eligibility you fall under and list your military service number or RUC force number if applicable and dates of service.			
Royal Navy / Royal Marines		Service Number:	
		Dates:	
British Army Veteran		Service Number:	
		Dates:	
Royal Air Force Veteran		Service Number:	
		Dates:	
Royal Ulster Constabulary		Force Number:	
		Dates:	
Family member (Of one of the services listed above)		Relationship:	
		Which service:	
		Dates:	
Please indicate how you have suffered as a result of your service / your family member's service?			
Physically Injured		Psychologically Injured	
Bereaved		Other	
Please provide details:			



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Are you currently receiving help from any other Victims / Military / RUC charity or support organisation(s)? Yes / No		
If yes, please indicate below:		
Military charity / support organisation		Name of organisation(s)
RUC charity / support organisation		Name of organisation(s)
Victims Charity / support organisation		Name of organisation(s)
Other (please specify)		Name of organisation(s)

REFERRER DETAILS			
Who referred you to Brooke House? (Please tick)			
Self-referral		GP	
Victims & Survivors Service		Counsellor	
Military support organisation		Other healthcare professional	
RUC Support organisation		Brooke House member of staff	
Ely Centre		Other Victims' group (please specify)	
Please provide details:			
Please list the reason(s) for your referral. You may tick more than one of the following options:			
PTSD		Stress/ tension	
Physical Injury / pain		Insomnia	
Bereavement		Loneliness	
Low mood/ depression		Relaxation	
Anxiety		Confidence building	
Other (please specify):			



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Please list which of the following services you are interested in being assessed for? (These are subject to eligibility and availability.)

Psychological / Talking Therapies		Respite Days	
Physiotherapy		Brooke House Weekend Respite Package (assessment required)	
Complementary Therapies (e.g. Body Massage, Reflexology)		Brooke House Five-Day Retreat Programme (assessment required)	
Horticultural / Garden Therapy		Gym/ Gentle Exercise Classes	
Outdoor Activities		Family Visitation	

Would you prefer a face-to-face or telephone assessment? (Please tick)

Face-to-face		Telephone	
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Are you interested in Individual Needs Assessment for help with benefits, disability aids, education/training for persistent pain management etc.? **Yes / No**

If Yes, do you grant Brooke House permission to signpost you to the relevant support organisation? **Yes / No**

DECLARATIONS

Client Signature	
Date	

We keep client records in accordance with the GDPR. This information will remain confidential. Have you completed the General Data Protection and Privacy Consent Form on page 6? (Please tick)

Yes		No	
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OFFICE USE ONLY

ELIGIBILITY CRITERIA MET?

Yes		No	
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ACTION TAKEN

Referred to Brooke House Clinical Manger	
Referred to Brooke House Health and Wellbeing Coordinator	
Referred to Brooke House Respite and Retreat Coordinator	
Referred to other (please specify)	

ADDITIONAL NOTES	

Brooke House Staff Signature:	
Date Logged:	



HM Treasury



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General Data Protection Regulation Consent Form

Brooke House is required by the General Data Protection Regulation, which came into effect in the UK from 25th May 2018, to obtain consent to use your personal details as a client of Brooke House in the following ways:

Personal Data Consent

- To store it securely for organisation purposes only;
- To communicate with you as a Client of Brooke House;
- To obtain your permission if we are going to share data with any organisation in line with the overall support that we give to clients i.e. welfare, financial, psychological support and signposting to other support agencies or statutory bodies; and
- In cases of exceptional / urgent circumstances (e.g. harm to yourself or other, serious criminality or protection of a child, young person or vulnerable adult we may consider passing on your information without obtaining consent.

If you are agreeable to your data being used in this way, please sign below and return to: Brooke House, Veterans’ Health & Wellbeing Centre, Colebrooke Park, Brookeborough, County Fermanagh, BT94 4DW or by email to info@brookehouse.co.uk

I consent to my data being used by Brooke House for purposes as detailed above.

Signed	
Print name	
Date	

PLEASE NOTE: IF YOU DO NOT RETURN THIS CONSENT FORM, BROOKE HOUSE IS OBLIGED TO REMOVE YOUR PERSONAL DATA FROM ITS DATABASE.

You can request for your data not to be used at any time by contacting: Brooke House by telephone +44 (0) 28 89531223 or by email: info@brookehouse.co.uk