



The Police Rehabilitation Centre (PRC) - Flint House

Physiotherapy Treatment - Application for Admission

RETIRED OFFICER

PART 1 - To be completed by the Patient (please print and tick all relevant boxes)

Title Mr Mrs Miss Ms Other

Surname

Forenames

Any Previous Surname

Date of Birth

 D D M M Y Y Y Y

Gender Male Female

Home Address

Postcode

Mobile Tel. Number

Personal E-Mail Address

**Correspondence will be by e-mail and SMS/text message.*

Person to contact in an Emergency / Relationship to you

Emergency contact Tel. Number

Length of Service Years Months

Name of Force

Have you been admitted to the PRC previously? YES NO

Please give approximate date of last attendance

If YES, was it with the same or similar condition? YES NO

If YES, did you receive physiotherapy treatment? YES NO

First available date for admission.....

Can you attend at short notice?
(i.e. 1 weeks' notice) YES NO

Dates to be avoided for the next 12 weeks (E.g. prior commitments).....

MOBILITY

a) I CAN WALK UNAIDED YES NO

b) I CAN CLIMB STAIRS YES NO

c) I USE A STICK CRUTCHES WHEELCHAIR

d) I AM MOBILE PARTIAL NON
weight bearing weight bearing

e) I CAN CLIMB INTO A BATH TO USE A SHOWER YES NO

IS ASSISTANCE REQUIRED WITH DAILY ROUTINE?

E.g. Washing, Dressing, Bathing, Feeding, Wound Dressing YES NO

If YES, please specify the nature of the support required

In order for us to offer you appropriate care, please specify the following details

Height (if over 183 cm tall)..... Weight (if over 127 kg).....

Hearing or Sight impaired (re. fire alarms)

.....
.....
.....

What benefit do you hope to gain from your admission to The PRC?

.....

.....

.....

DIETARY REQUIREMENTS

(medical/religious/cultural/allergies or intolerances).....

.....

.....

LEGAL CLAIMS

Have you any legal claims pending or contemplated? (relevant to current treatment)

YES NO

In accordance with the eligibility criteria I confirm that I am a retired Police Officer

- in receipt of a full police pension, or
- have served a minimum of 25 years, or
- am in receipt of a medical pension, and
- whilst serving donated to The PRC, and
- was not dismissed as a result of a finding of Gross Misconduct

I confirm that all the information supplied within this application is correct and, if that is not the case, any application to attend maybe refused.

I understand that a charge of £400 is applicable for a five night stay.
£200 to be paid on receipt of written confirmation of treatment dates from The PRC.
£200 balance payable on arrival.

Payment details will be provided in the booking letter.

I give consent for any relevant medical information required from my GP / Hospital Consultant to be sent to the physiotherapy Manager/Health & Wellbeing Manager as appropriate at The PRC.

I give consent for The PRC to contact my existing health care professionals to share relevant medical information about me in order to support the application and treatment process. This will ensure continuity of care is provided during and at the conclusion of my treatment.

Signature of Patient..... **Date**.....

PART 2 - MEDICAL INFORMATION

TO BE FULLY COMPLETED BY YOUR GP/ HOSPITAL CONSULTANT

*Please note that the PRC does **not** admit patients suffering from acute psychiatric illness or dementia*

FULL Diagnosis (and type of surgery with date if applicable):

.....
.....

Date of onset of condition

NAME OF CONSULTANT.....HOSPITAL.....

Any other procedures / investigations (with dates) / Hospital Admissions within the last 6 months

.....
.....

From what date is Physiotherapy/Physical Rehabilitation Required:

Give additional information of underlying conditions / relevant medical history and any relevant Reports

.....
.....

Any recent infection? YES NO

If YES, please specify.....

Please list all current medication.....

.....

In the last 6 months has the applicant had any Mental Health treatment or medication ? YES NO

**I HEREBY AUTHORISE THE ABOVE NAMED PATIENT TO RECEIVE
PHYSIOTHERAPY/PHYSICAL REHABILITATION TREATMENT**


Please add Practice Stamp

SIGNATURE OF DOCTOR:

PLEASE PRINT NAME:

DATE:

TEL.NO:



Please note: This form is valid for 3 months from the date of Doctor's signature

PART 3 – PERSONAL INFORMATION

Please tick the boxes if in agreement

- In order to improve levels of service, updates and other information I agree to the PRC contacting me using the details I have provided.

- I understand that all personal information provided will be confidential to the Clinical and Administrative staff of the PRC. The PRC operates in accordance with the Data Protection Act 1998, the provisions of the General Data Protection Regulation and the Access to Health Records Act 1990. Our Privacy Policy is available on our website www.flinthouse.co.uk/privacy.html

- I agree to include any claim for damages pursued by me against the third party in respect of the incident resulting in my injury such sums as may be specified by the PRC as the costs of its provision of my treatment.

- I agree that the PRC can contact me regarding any promotional activity for the Centre such as the Lottery.

Signature.....

Date.....

Patient Checklist

Check	All parts to be completed before being sent to the Admissions Department
	Part 1: Completed & Signed by patient
	Part 2: Completed & Signed by GP/ Hospital Consultant
	Part 3: Completed & Signed by patient

Please submit completed forms to

**The Police Rehabilitation Centre
Flint House
Reading Road, Goring on Thames
Oxon RG8 0LL**

If you have any queries please telephone **01491 874499**

For questions on how we store, process or use your data, contact dpo@policerehab.co.uk