



**The Police Rehabilitation Centre - Flint House**  
**Physiotherapy Treatment - Application for Admission**  
**SERVING OFFICER**

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

Title                      Mr     Mrs     Miss     Ms

Surname

Forenames

Any Previous Surname

Date of Birth  
  
D D M M Y Y Y Y

Gender    Male     Female

Home Address

Post Code

Best Contact Tel. Number

E-Mail Address

Preferred method of contact for booking confirmation    E MAIL                       POST

I am happy for you to contact me by text message on

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 Police Rehabilitation Centre 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? (ie 1 weeks' notice) YES  NO

Dates to be avoided (e.g. prior commitments) .....  
.....

Are you currently on

Full Duty  Restricted Duty  Recuperative Duty  Off Duty

Was the condition caused On Duty  Off Duty

**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 WEIGHT BEARING  NON 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

.....  
.....

What benefit do you hope to gain from your admission to The Police Rehabilitation Centre?

.....  
.....

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

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

Hearing or Sight impaired (re. fire alarms)

.....  
.....

**DIETARY REQUIREMENTS**

(medical/religious/cultural/allergies or intolerances)

.....  
.....

**LEGAL CLAIMS**

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

YES  NO

I confirm that I am a serving police officer and that I understand this status must remain so for the duration of my treatment period.

I confirm that I donate to the Charity and I am enclosing 3 copy payslips showing such.

This includes my LATEST payslip, 1 from 12 months ago. (Please note that payslips will be destroyed and not returned)

I understand that all the information on this form will be confidential to the Clinical and Administrative staff at The Police Rehabilitation Centre.

I give my consent for any relevant medical information required from my GP / Consultant to be sent to the Health & Wellbeing Manager / Physiotherapy Manager as appropriate at The Police Rehabilitation Centre.

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

Date .....

**PART 2 – To be completed by your relevant force authority.**

I confirm that this person is a donating serving police officer.

JOB TITLE .....

**FORCE WELFARE OFFICER/ O.H. DEPT/ FEDERATION REP/ LINE MANAGER** (Please tick)

SIGNED .....

NAME ..... (PLEASE PRINT)

TEL NO.....Date.....

**PART 3 - MEDICAL INFORMATION**

**To be completed by your GP / Force Medical Officer / Hospital Consultant**

**Please note that we do not admit patients suffering from acute psychiatric illness or dementia**

Please ensure that this section is fully completed or it may delay your admission

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:

.....

Please 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 have you had any Mental Health treatment, medication or otherwise YES  NO

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

**SIGNATURE OF DOCTOR:** .....

**PLEASE PRINT NAME:** .....

**DATE:** .....

**TEL.NO:** .....

Please add Practice Stamp



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

**PART 4 – PERSONAL INFORMATION**

Please tick the boxes if in agreement

- In order to provide the best possible levels of service, updates and other information I agree to The Police Rehabilitation Centre contacting me using the details I have provided.
- I understand that all personal information on this form will be confidential to the Clinical and Administrative staff of The Police Rehabilitation Centre and no personal information or clinical reports will be shared without my express consent unless required by law.
- 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 Police Rehabilitation Centre as the costs of its provision of my treatment.
- I agree that The Police Rehabilitation Centre 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 Force Welfare/OH/Federation Representative
	Part 3: Completed & Signed by GP/Consultant/Force Medical Officer
	Part 4: Completed & Signed by patient
	<b><u>Enclosed - 3 pay slips</u></b> 1 x latest    1 x from 12 months ago    1 x other in-between

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**