

Length of Service Years Months Date Due To Retire

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 Mental Health Support? 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)

.....

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

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.....

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)

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.....

DIETARY REQUIREMENTS

(medical/religious/cultural/allergies or intolerances)

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.....

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/PCSO/Special Constable/Detention Officer and that I understand this status must remain so for the duration of my treatment period.

I confirm that I regularly donate to the Charity through payroll or by Direct Debit.

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 Mental Health Team as appropriate at The Police Rehabilitation Centre.

Signature of Patient **Date**

PART 2 – To be completed by Force Welfare Officer/ O.H. Dept/ Federation Rep/ Line Manager

I confirm that this person is a currently employed as:

Police Officer PCSO Special Constable Detention Officer

Your Name Signed.....

Your Job Title

Tel Nos..... 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:

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Date of onset of condition

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

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

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.....

Is the Applicant currently receiving Psychological Intervention : Yes No

.....
Please attach any additional information for the Mental Health team if appropriate

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.....

Any recent infection? YES NO

If Yes please specify.....

Please list all current medication.....

.....

If there is a deterioration to the patients mental health prior to admission it is essential that you inform us as we do not admit patients suffering from acute psychiatric illness.

**I HEREBY AUTHORISE THE ABOVE NAMED PATIENT TO RECEIVE
MENTAL HEALTH SUPPORT**

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.
- The Police Rehabilitation Centre operates in accordance with the Data Protection Act 1998 and the Access to Health Records Act 1990. 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/Line Manager
	Part 3: Completed & Signed by GP/Consultant/Force Medical Officer
	Part 4: Completed & Signed by patient
	Part 5: Completed GAD-& and PHQ – 9 Forms <u>Please note that we are unable to proceed with your application form unless the whole of Part 5 & the relevant assessment forms have been completed</u>
	<u>If donating via payroll please enclose 3 pay slips</u> 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**

PART 5 – SELF ASSESSMENT

1. What is the nature of your condition which requires Mental Health Support and what is the cause, if known? (e.g. Date of onset, etc.)

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2. What treatment have you already had for this condition? (e.g. counselling, psychological input, medication)

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3. Is your condition improving/getting worse/staying the same/other? (please describe)

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4. Ongoing investigation/treatment?

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5. From your understanding of the nature of your condition, what benefit do you hope to gain from your admission to the Centre?

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Please complete the attached GAD-7 and PHQ-9 questionnaires to provide us with an assessment of your current level of needs.

A member of the Mental Health Team will contact you to discuss your application further.

GAD-7 Anxiety

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

For Office Coding: Total score

T ____ + ____ + ____ + ____

= Total Score ____

(PHQ-9)

Over the last <u>two weeks</u> , how often have you been bothered by any of the following problems? (Use ✓ to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	Total:			

For Office Coding

_____ 0 _____ + _____ + _____ + _____

= Total Score _____

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult