



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

**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

Post Code

Best Contact Tel. Number

Personal E-Mail Address

Our preferred method of correspondence is by email.  
If this is not suitable please indicate your preference. Email  Post

Person to contact in an Emergency / Relationship to you

Emergency contact Tel. Number

Please tick the box that reflects your role.  
Police Officer  PCSO  Special Constable  Detention Officer



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)

.....  
.....

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

.....  
.....

**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/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 Health & Wellbeing Manager / Physiotherapy Manager 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.

*(Please tick)*

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 (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 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**

**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**

<b>Check</b>	<b>All parts to be completed before being sent to the Admissions Department</b>
	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
	<b><u>If donating via payroll please enclose 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**