

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 (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 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 Mental Health Team 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 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 12 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.

Any recent infection? YES NO

If Yes please specify.....

Please list all current medication.....

.....

If there is deterioration to the patient’s 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

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 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
	Part 5. Completed GAD-7 & PHQ-9 Forms 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.
	Enclosed – 3 pay slips 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 ____

