



The Police Rehabilitation Centre - 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

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)

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

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 for a minimum of 25 years, or
- am in receipt of a medical pension, and
- whilst serving donated to Flint House and
- was not dismissed as a result of a finding of Gross Misconduct

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 Physiotherapy Manager and/or Health & Wellbeing Manager as appropriate at The Police Rehabilitation Centre.

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 from Flint House of treatment dates. Balance of **£200** payable on arrival.

Payment details will be provided in the booking letter.

Signature of Patient

Date

PART 2 - MEDICAL INFORMATION

To be completed by your GP / 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**

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 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 GP/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**