

Section B

Your Role (Complete Section A or Section B)

MoD Police British Transport Police Civil Nuclear Police

Portland Port Police Tilbury Port Police

Date Due To Retire
D D M M Y Y Y Y

Have you been admitted to the PRC 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?
(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 NON
weight bearing 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 cm 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 or eligible Police Personnel 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 direct debit.

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

I give consent for The PRC to contact my existing health care professionals to share relevant medical information about me in order to support the application and treatment process. This will ensure continuity of care is provided during and at the conclusion of my treatment.

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

PART 2 - To be completed by Force Welfare Officer / OH Dept / Fed Rep / Line Manager

I confirm that this person is currently employed as

Police Officer Special Constable PCSO Detention Officer MoD Police

British Transport Police Officer Civil Nuclear Police Officer Tilbury Port Police Portland Port Police

Name..... Signed.....

Job Title.....

Tel Nos..... Date.....

PART 3 - MEDICAL INFORMATION

TO BE FULLY COMPLETED BY YOUR GP/ HOSPITAL CONSULTANT / FORCE MEDICAL OFFICER

*Please note that the PRC does **not** admit patients suffering from acute psychiatric illness or dementia*

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.....

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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**

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 improve levels of service, updates and other information I agree to the PRC contacting me using the details I have provided.
- I understand that all personal information provided will be confidential to the Clinical and Administrative staff of the PRC. The PRC operates in accordance with the Data Protection Act 2018, the provisions of the General Data Protection Regulation and the Access to Health Records Act 1990. Our Privacy Policy is available on our website www.flinthouse.co.uk/privacy.html
- I agree to include in any claim for compensation pursued by me against a third party giving rise to injuries resulting in my attendance at PRC for treatment of such injuries, such sums as may be specified by the PRC as the reasonable cost of the provision of treatment of such injuries and as a subrogated claim.
- I agree that the PRC 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/Fed Rep/Line Manager
		Part 3: Completed & Signed by GP/Hospital Consultant/Force Medical Officer
		Part 4: Completed & Signed by patient
		Part 5: Completed Self Assessment, GAD-7 and PHQ-9 forms
		<u>If donating via Payroll please enclose your latest payslip (Section A Roles)</u> <i>All payslips will be destroyed once checked by PRC admissions staff.</i>
Yes	No	Please indicate if you are donating directly to the charity via Direct Debit

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

GAD-7 Over the last <u>two weeks</u>, how often have you been bothered by any of the following problems?	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

PHQ9 Over the last <u>two weeks</u>, how often have you been bothered by any of the following problems?	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

If you have given a score of either a 1, 2 or 3 on question 9 ('Risk of Harm'), please indicate

- NO, I feel I am currently not a risk to myself
- YES, but I have things in place that keep me safe (e.g. Family, GP etc.) and feel I am currently not a risk to myself
- YES and I feel I am at risk of harming myself in some way