

What benefit related to this referral do you hope to gain from your admission to the PRC ?

Details

DIETARY Requirements

Do you have any cultural or religious dietary requirements ? YES NO

Do you have any food allergies or intolerances ? YES NO

Do you carry an adrenalin pen or take medication for the above ? YES NO

If YES to any of the above give us details

LEGAL CLAIMS Have you any legal claim pending or contemplated? (Relevant to current referral.)

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 a minimum of 25 years, **or**
- am in receipt of a medical pension, **and**
- whilst serving donated to the PRC, **and**
- was not dismissed as a result of a finding of Gross Misconduct.

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 four night stay.

Payment details will be provided in the booking letter.

I give consent for any relevant medical information required from my GP / Hospital Consultant to be sent to the Physio Therapy manager / Health & Wellbeing 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 MEDICAL INFORMATION

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

FULL Diagnosis (and type of surgery with date if applicable)

Date of onset of condition

Name of Consultant

Hospital

Any other relevant procedures / investigations (with dates) / Hospital Admissions within last 6 months

Any other medical conditions that will affect their treatment at the PRC

Has the patient had any Mental Health treatment or medication in the last 6 months

Any recent infections? YES

NO

If YES please specify

Please attach separately relevant medical history and reports E.g MRI scans/X-Rays

Details of all current medication

I HEREBY ENDORSE THE ABOVE NAMED PATIENT TO RECEIVE PHYSIOTHERAPY / PHYSICAL REHABILITATION TREATMENT

SIGNATURE OF GP/Hospital Consultant

PLEASE PRINT NAME

DATE

Please add practice Stamp or Address

Tel.No:

Practice e-mail address

NB. If treatment is endorsed by Hospital Consultant please complete details below.

Name of GP

Full name &
address of surgery

Tel. No

Surgery email address

PART 3 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 promotional activity for the Centre such as the Lottery.

Signature.....

Date.....

PATIENT CHECKLIST

All parts to be completed before posting to the Admissions Department.

We are unable to accept electronic applications at this time.

- Part 1: Completed & Signed by patient.
- Part 2: Completed & Signed by GP / Hospital Consultant.
- Part 3: Completed & Signed by patient.

Please submit completed applications form to:

**The Police Rehabilitation Centre
Flint House, Reading Road,
Goring on Thames OXON RG8 0LL**

If you have any queries please telephone:

01491 874499