



The Police Rehabilitation Centre (PRC) Flint House
Mental Health Support – Application for Admission

PART 1 To be completed by the patient *(please print and tick all relevant boxes)*

Mr Mrs Miss Ms Other

Surname

Forenames

Any Previous Surname

Date of Birth Sex (m/f)

Home Address

Postcode

Mobile Telephone Number

Personal e-mail address *Correspondence will be by e-mail and SMS/Text Message*

Person to contact in an emergency & relationship to you

Their emergency contact telephone number

Section A **Your Role** (Complete Section A or B)

Police Officer Special Constable PCSO DDO

Length of Service Date Due to Retire

Name of Force

In order for us to offer you appropriate care, please specify the following details

Height M/Cm

Weight Kilos

Hearing or sight impaired* YES NO

**Detail any assistance required in the event of a fire alarm and/or an evacuation of the building ?*

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

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 donates to the Charity through payroll or Direct Debit
and is employed as Police Officer Special Constable PCSO DDO MOD Police
BTP NCA Civil Nuclear Police Portland Port Police Tilbury Port Police

Name _____ Signature _____

Job Title _____

Tel No. _____ Date _____

PART 3 MEDICAL INFORMATION

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

FULL Diagnosis

Date of onset of condition

Name of Consultant

Hospital

Other relevant procedures / investigations (with dates) / Hospital Admissions / Contact with CMHT/Crisis Teams within last 6 months

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

Is the applicant currently receiving Psychological Intervention ?

YES

NO

Please attach any additional information for the Mental Health team if appropriate

Any recent infections ?

YES

NO

If YES please specify

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 ENDORSE THE ABOVE NAMED PATIENT TO RECEIVE MENTAL HEALTH SUPPORT

SIGNATURE OF GP/Hospital Consultant/Force Medical Officer

PLEASE PRINT NAME

DATE

Please add practice Stamp or Address

Tel.No:

Practice e-mail address

NB. If treatment is endorsed by Hospital Consultant or Force Medical Officer please complete details below.

Name of GP

Full name &
address of surgery

Tel. No

Surgery email address

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 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 Force Welfare *or* OH *or* Line Manager.
- Part 3: Completed & Signed by GP *or* Force Medical Officer.
Must include full GP details including e-mail address.
- Part 4: Completed & Signed by patient.
- Part 5: Completed Self Assessment, GAD-7 and PHQ-9 Forms
- Please tick if you are donating through payroll
- Or --
- Please tick if you are donating directly to the charity via Direct Debit

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

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.)

2. What treatment have you already had for this condition ? (E.g. Counselling, psychological input, medication)

3. Is your condition improving/getting worse/staying the same/other ? (Please describe)

4. Ongoing investigation/treatment ?

5. From your understanding of the nature of your condition, what benefit do you hope to gain from your admission to the centre ?

Please complete the attached GAD-7 and PHQ-9 questionnaires to provide us with an assessment of you current level of need. A member of the Mental Health Team will contact you to discuss your application further.

Psychometric Scoring

Office Use:

GAD-7 Over the last two weeks, 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 two weeks, 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 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 (Family, GP etc.) and feel I am currently not a risk to myself
- YES and I feel I am risk of harming myself in some way