

# APPLICATION FOR ADMISSION

All parts to be completed before being sent to the Chief Executive at:-

The Police Rehabilitation Centre, Flint House, Reading Road,  
Goring-on-Thames, Oxon, RG8 0LL. Telephone: 01491 874499

Office Use Only			
P/N		Score	
Code		Booking Ref	
		Room	
V		Date	

## PART 1 TO BE COMPLETED BY PATIENT

(Mr,Mrs,Miss,Ms) Name..... Date of Birth.....

Home Address..... Postcode .....

My Tel No: ..... My Mobile No: .....

E-Mail Address.....

Person to Contact in Emergency..... Emergency Contact Tel No:.....

Serving Officer / Police Cadet / Retired (delete as appropriate) POLICE FORCE.....

Have you been admitted to Flint House previously? YES / NO YEAR .....

If in the past 12 months please give dates of attendance .....

Did you receive physiotherapy at Flint House? YES / NO

First available date for admission ..... Can you attend at short notice? YES / NO

Dates to be avoided (e.g. prior commitments) .....

Is the condition a result of an ACCIDENT YES / NO

ASSAULT YES / NO

Was it ON DUTY / OFF DUTY

MOBILITY: CAN WALK UNAIDED YES / NO

CAN CLIMB STAIRS YES / NO

USES STICK / CRUTCHES / WHEELCHAIR (delete as appropriate)

CAN YOU CLIMB INTO A BATH TO USE A SHOWER YES / NO

IS NURSING ASSISTANCE REQUIRED WITH DAILY ROUTINE? YES / NO

eg. Washing, Dressing, Bathing, Feeding, Wound Dressing -

Please specify .....

In order that we may allocate suitable accommodation please specify :-

Height( if over 6 feet tall) ..... Weight ..... Hearing or Sight impaired (re fire alarms).....

I confirm that I am

a) a serving police officer ) (delete as appropriate)

b) a retired police officer in receipt of a FULL Police pension, who donated whilst serving )

c) I enclose my LATEST payslip showing I donate to the Charity and 2 others spanning 12 months (serving officers only – photocopies accepted – payslips will be returned)

I understand that all the information on this form will be confidential to the Professional and Administrative staff at Flint House.

I give my consent for any relevant medical information required from my GP / CONSULTANT to be sent in confidence to the Physio/Nurse Manager as appropriate at Flint House.

Signature of Patient:..... Date:.....

## PART 2 To be completed by FORCE WELFARE OFFICER / O.H. DEPT / FEDERATION REP.

I confirm that this person is a serving police officer / a retired police officer in receipt of a FULL Police pension and donated whilst serving. (delete as appropriate)

NAME: ..... (Please print name) Job Title: .....

SIGNED: ..... Tel No: ..... Date:.....

**CONFIDENTIAL**

**N.B. PHYSIOTHERAPY AND 24-HOUR NURSING SERVICE IS PROVIDED BUT NOT THE FACILITY FOR NURSING ACUTE ILLNESS.**

<b>PART 3 – for completion by Force Medical Officer / Hospital Consultant / GP</b> <b>Please ensure the form is fully completed or it may delay admission</b>		Admin Use Only
1	FULL Diagnosis (and type of surgery with date if applicable): .....	
2a	Date of onset of condition.....	
2b	<b>CONSULTANT</b> ..... <b>HOSPITAL</b> .....	
3	Is this a chronic condition Yes / No If the condition is chronic, is it a recent flare up? Yes / No Due to this condition the patient is on Full Duty / Restricted Duty / Off Duty (Serving Officers only) (delete as applicable)	
4	Any other Procedures / Investigations (with dates) / Hospital Admissions within last 6 months? .....	
5	The patient:- a) is attending local therapy b) has recently completed a course of local therapy - if so please provide date completed..... c) there is no local therapy available (delete as applicable) Therapy: Physiotherapy, Osteopathy, Chiropractic, Rehabilitation Classes (delete as applicable) Other please specify ..... The patient has attended Flint House previously for treatment of this condition Yes / No If so when? .....	
6	Is Physiotherapy required YES / NO If YES from what date? ..... Please give additional information of condition and include X-rays or report .....	
7	Is the Applicant receiving or do they require any psychological intervention? YES / NO Please send additional information in confidence to Nurse Manager, Flint House; if appropriate	
8	Please note that we do not admit patients suffering from serious psychiatric problems or dementia	
9	Any recent infection? YES / NO If YES, please specify.....	
10	ALL Current Medication..... .....	
11	<b>SIGNATURE OF DOCTOR:</b> .....  <b>PLEASE PRINT NAME:</b> ..... <b>Date:</b> ..... <b>Tel No:</b> .....	<i>Please add your Practice Stamp</i>