



The Police Treatment Centres

Application for Admission - OUTPATIENT

Completed form should be **FAXED** to the physiotherapy department: *(Delete one)*

Castlebrae, Auchterader	Tel: 01764 664369	Fax: 01764 664598
St Andrews, Harrogate	Tel: 01423 504448	Fax: 01423 527543

PART 1 – To be completed in full (please print)

Surname:	Forenames:	Office Use Only	
		Date received	
		Donation check	
Any previous names: Surname:		Date entered on system	
Forenames:		Date @ Nurse	
Date of birth:	Gender (please circle): M / F	Date @ Physio	
Current police force, or if retired, previous force:		1 st allocated	
		2 nd allocated	
If serving: Date joined: Collar Number:		3 rd allocated	
If retired: Date of retirement: Police Pension No:			
Address:		Contact details: Home telephone: Mobile telephone: Other telephone (state): Email 1: Email 2:	
Post Code:			
Next of Kin - Name & relationship:		Next of Kin - Contact Details:	
Dates to Avoid: (please include all leave/holiday, Court, or other known commitments): 			
Legal Claims: Has the applicant any legal claims pending, or contemplated, in their current circumstance: YES / NO			
Personal Information: Personal information which you supply to us may be used in a number of different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.			
<input type="checkbox"/> I understand that all personal information on this form will be confidential to the professional and administrative staff of the PTC and no personal information or clinical reports will be shared without my express consent unless required to do so by law.			
<input type="checkbox"/> I agree to include in any claim for damages pursued by me against the third party in respect of the accident resulting in my injury such sums as may be specified by The Police Treatment Centres as the costs of its provision of my treatment.			

In order to provide the best possible levels of service, updates or other information I agree to the PTC contacting me using the details I have provided.

I have supplied my most recent pay slip and one from at least six months previously validating my regular donation to the PTC.

Signature: Date:

PART 2 – To be completed in full - Please indicate which of the following applies to the applicant:

At work On recuperative/ On sick leave Other (specify)

restricted duties

Describe the applicant's condition and how it happened e.g. accident/event at work/post-operative/long-term illness/other:

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.....

What treatment has the applicant already had for this condition e.g. medication/operation/physiotherapy:

.....

.....

Physiotherapy: If available, please bring any treatment protocols or guidelines, X-rays / MRI scans / reports that may be of benefit to our physiotherapists during your stay i.e. ACL rehab details, weight bearing details in the case of lower limb fracture, shoulder surgery rehab guidelines etc.

Has the applicant attended PTC before?: YES / NO	If YES , when was the most recent attendance?
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If **YES**, was it with the same or similar condition / a different condition to the current condition?

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PART 3 – Signature of: Force Medical Officer or Occupational Health Nurse or Physiotherapist or G.P.

Certified by (signature):..... Print name:.....

Job Title: Date:

Address: Post Code:

Tel No: Email:

PART 4 – To be completed by Force representative:

Please note: Treatment will not be provided free of charge if the applicant does not make the weekly donation to the charity. If you are unable to verify the applicant is (or was, in the case of a retired officer) a regular donor to the charity, the applicant MUST fax two payslips, including the most recent and the other at least six months earlier, to the physiotherapy department otherwise treatment will not commence.

The applicant is (or was, in the case of a retired officer) a regular donor to The Police Treatment Centres.

Certified by (signature): Print name:

Date: Job Title: Department:

Tel No: Email:

Any other relevant information: