The Police Treatment Centres

Carer - Application to Accompany an IN-Patient

PLEASE NOTE THAT THERE WILL BE A COMPANIONS CHARGE OF £150 PER WEEK
(please refer to the PTC User Guide for further information)

PART 1 - To be completed by the companion (*Please print in **BLACK ink*):**

Surname: **Forenames:** **Date of Birth:**

…….. …… …… ……..……

(*Preferred Name:* **)** **Gender:**…….

Prefer not to state: ☐

Address:	**Contact details:**
……..	Home telephone: ……..……
……..…	Mobile telephone: …….....
……..……	Other telephone (state): ……
Post Code: …….	Email 1: …….....

Name of the person you wish to accompany:

Surname:……**Forenames:**……**Date of Birth:**……

Relationship to the person you wish to accompany:

Reason for your request to accompany the applicant: Do you provide, or require, some aspect of support? If so please give full details

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Emergency Contact details: (*e.g. next of kin – but **NOT** the person you wish to accompany):*

Name: …… **Relationship:** ……

Contact Details:

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Any specific accommodation requirements: *(e.g. Hearing impaired – re fire alarms; etc.):*

Height (if over 6')…… Weight (if over 20 stone)……..…… Other: ……

Any special dietary requirements: *(e.g. allergies or intolerances):*

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PART 2 - CONFIDENTIAL

Companion – Your Medical Conditions If any: **Date of Diagnosis:**

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Companion – Your Mobility and Access: *Can you climb stairs / walk unaided? Please give distance. Are you a wheelchair user? Full / partial or non-weight bearing? Expand fully on assistance level if needed on a daily basis and especially if at risk from falling:*

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Will anyone else be attending (for self-catering cottage use only): *e.g. dependent children - Please give details, Name; Date of birth; medical condition (if any).*

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Details of any dependents, medication/allergies/infections:

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Companion - Your GP's Details:

Dr:

……..

Address: .....

..... Post Code: .....

Tel No: ….....Email: .....

PART 3 – To be signed by the companion

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.

☐ 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.

☐ 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 understand that there will be charge of £150 per week for my attendance as a companion and that this must be paid no later than the date of admission e.g. cheque or credit card payment before or upon arrival

Signature: ..... **Date:**.....

Office Use Only:	
Date contact made by Nurse:	
Comments:	
Approved / NOT Approved:	**Nurse Signature:** **Name:** **Date:**

The Police Treatment Centres: Companion Health And Fitness Questionnaire

Name:	DoB:
Name of the Patient you are accompanying:	Telephone No:
Emergency Contact Name:	Emergency Contact Relation:
Emergency Contact No:	

HEALTH

Current body weight: _____

(We ask this as some of our machines and our pool rescue board have weight restrictions)

Have you ever had any heart trouble?		YES NO	If yes, when?
Do you frequently have pains in your chest at rest or during normal activities?		YES NO	Details:
Have you ever been told that your blood pressure is too high?		YES NO	Details:
Do you experience shortness of breath when not exercising?		YES NO	Details:
Do you suffer, or have you suffered from any muscular or joint problems? Especially those which may be aggravated by exercise.		YES NO	Details:
Have you ever suffered a major illness or had surgery?		YES NO	Details:
Are you now, or have you been, pregnant within the last 3 months?		YES NO	Details:
Are you currently on any medication?		YES NO	Name and Dosage:
Have you ever suffered, or do you suffer from any of the following?	Asthma: YES NO Epilepsy: YES NO Diabetes: YES NO Bronchitis: YES NO Convulsions: YES NO Thyroid Disorder: YES NO Pneumonia: YES NO		Details:

FITNESS

1. At present what sort, if any, of physical activity are you doing and how frequently?

   _____

   _____

2. If you are not doing any physical activity, how long is it since you last did any?

   _____

   _____

3. Are there any other reasons not mentioned previously which could affect your participation in resistance/fitness training?

   _____

   _____

Informed Consent

You are required to complete this form prior to using the gym and pool facilities at the PTC. By signing you agree that you have read and understood the following

- The clinical team will check the information given on this form and deem whether you are safe to use the facilities. We will inform you if we deem you clinically unsuitable.
- Individuals participate in using gym equipment and leisure facilities at their own risk. Accidents or incidents must be reported immediately to the fitness/physiotherapy or nursing teams.
- If you are unfamiliar with any item of equipment, or uncertain of the correct method of operation, then you must ask a fitness instructor for assistance prior to use.
- If you are a non/weak swimmer or have not swam for a long time please let the on duty pool responder know before commencing swimming.
- It is the individual's responsibility to participate at a level which is appropriate to their symptoms and capabilities and to stop at any time due to fatigue or discomfort.
- There are some risks associated with exercise, such as abnormal blood pressure, fainting, irregular heart rhythm and, in rare circumstances, serious illness. It is impossible to predict the body's exact response to activity and if symptoms do occur, or if you feel at all unwell whilst exercising, please inform a member of the fitness/physiotherapy or nursing team.
- The hydrotherapy is for **Physiotherapy** patients only.
- Information about using the steam and sauna can be found outside the rooms, please be mindful of using the leisure facilities. If in doubt, please ask a member of staff to ensure your wellbeing and safety at all times.

I freely consent to the Charity recording such information and matters regarding myself on file as required by the Data Protection Act (1998) and in line with GDPR.

The information that I have provided is correct to the best of my knowledge, and I understand that I use the facilities and equipment at my own risk. I understand that if anything changes regarding my information, it is MY RESPONSIBILITY TO INFORM THE CLINICAL TEAM OF THESE CHANGES.

Participant Name:	
Participant Signature:	
Date:	