CONFIDENTIAL INFORMATION
Hospital Transfer Form

From (Station name) …… **Date** ……
Time…… (am/pm)

Custody Sgt ……..… **Custody ref number** ……..……

Section A - Patient Details (TO BE COMPLETED IN ALL CASES)

Title…… Surname……
Forename……

DOB…… Age yrs. old…… Gender (circle)
M **F**

Postal Address (no & street)……
……

Post Town…… County…… Post Code……

GP (if known)……
……

Reason for transfer (nature and cause of injury, any treatment received in custody prior to transfer)

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……

Seen by HCP – *Yes* *No* (circle answers as appropriate)

Blood pressure…… **Pulse**…… **Body mass**……

Respiration…… **Temperature**…… **Cap refill**

Section B - Observations (only to be completed by Healthcare Professional IF PRESENT)

AVPU……

Airway *Clear* *Obstructed* *Noisy* **Circulation** *Normal* *Pale* *Cyanosed* *Flushed*

GCS…… **Pupil Size**……

Past Medical History if known (i.e. Alcoholic/Drug user/Self harmer/etc)

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……

Known allergies

….Section C - Observations – completion by Custody staff & Healthcare ….Professional

Current medication……
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……

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Section B – Discharge Summary (to be completed by Doctor/Nurse in charge and returned with escorting officer)

Treatment……

Alternatively a copy of the A&E care card may be attached

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Medication administered……

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Time given …… Dosage

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Time given …… Dosage

……

Route of administration ……

Outcome (to include any OPD, ODA Clinic, Minor injuries advice Sheet)

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Drugs dispensed on discharge

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ONCE COMPLETED THIS FORM MUST BE PLACED IN A SEALED ENVELOPE AND HANDED TO THE ESCORTING OFFICER. THE ENVELOPE SHOULD HAVE THE PATIENTS NAME PRINTED, ALONG WITH 'TO BE OPENED BY HEALTHCARE PROFESSIONAL ONLY – UNLESS CONSENT HAS BEEN GIVEN

Consent: I hereby give my consent that the information on this form shall be shared with the Force and I understand that the purpose of sharing it is to provide on-going healthcare needs and safety whilst within custody

Signature……

Declaration