

CONFIDENTIAL INFORMATION Hospital Transfer Form

12	tody Sgt Custody ref number
	Section A - Patient Details (TO BE COMPLETED IN ALL CASES)
	le Surname
	rename
×	08 Age yrs. old Gender (circle) M F
	stal Address (no & eet)
	st Town
31	(if
	own)
Re	ason for transfer (nature and cause of injury, any treatment received in custody prior to transfer)
31	en by HCP – Yes No (circle answers as appropriate) ood pressure
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A A A G G S i	Pulse Body ass Cap spiration Temperature Cap Section B - Observations (only to be completed by Healthcare Professional IF PRESENT) PPU Professional Formula Pale Cyanosed Flushed CS Pupil Set Medical History if known (i.e. Alcoholic/Drug user/Self harmer/etc) Section C., Observations - completion by Custody staff & Healthcare Professional
A A G G Si	Pulse Body ass Body ass Spiration Temperature Cap fill Section B - Observations (only to be completed by Healthcare Professional IF PRESENT) Proc. Pupil Section B - Observations (only to be completed by Healthcare Professional IF PRESENT) Proc. Pupil Section B - Observations (only to be completed by Healthcare Professional IF PRESENT) Professional Body



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