

Discharge of patient from
the Emergency Department (ED) to
police custody

Date.....Time.....
(24 hour clock)

Addressograph

Patient Name.....

Hospital number.....

Date of birth.....

Police Officers

Name.....

Collar Number.....

Calderdale Royal Emergency Dept Direct Line: 0142222325
Huddersfield Royal Emergency Dept Direct Line: 01484342396

Diagnosis

Treatment received

Medication

Given in the ED or by paramedics	Dose	Time given	Given in the ED or by paramedics	Dose	Time given
1.			4.		
2.			5.		
3.			6.		

Drugs on discharge	Indication (eg pain, antibiotic)	Dose	Give regularly (state frequency)	Give as required (state max frequency)
1.				
2.				
3.				
4.				

Recommendations and specific problems to be aware of (eg signs of deterioration.
Details of Patient Information Leaflets provided)

Patient: I have read both pages of the completed version of this form and agree to its contents being shared with
the police in the interests of my ongoing medical care.

Patient signature _____

NB. If patient declines/refused to sign place form in sealed envelope addressed to Custody Health Care
Services and give to Police Officer

Doctor: Name and signature _____ **Designation** _____