

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: 01422223849  
 Huddersfield Royal Emergency Dept Direct Line: 01484343572

**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** \_\_\_\_\_