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| **RESTRICTED**  **DETAINED PERSON’S MEDICAL FORM** | | | | | | | | | | | | | |
| Custody Record No. 01YD/3247/21 Detention Period 1 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Officer Assessment | |  | | | | |  | | | |  | | |
| Version No. | | **1** | | | | | Time / Date | | | | **00:19 12/05/2021** | | |
|  | | | | | | | | | | | | | |
| Name | | **CORDELL Simon Paul** | | | | | DOB | | | | **26/01/1981** | | |
| Reason Health Care Professional requested | | | | | | | |  | | | | |
| pd has crone’s disease and also clearly suffering MH –  pd has not disclosed his MH and may benefit from a background check | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Health\Care Professional Requested by | | | | | **Police** | | | | | | | | |
|  | | | | | | | | | | | | | |
| As a Result of Medical Review Yes  No | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Visual Assessment | | | | | | | | | | | | | |
| Injury Type: | | | | Body part | | | | | | location | | | |
|  | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | |
| Signs/symptoms and first aid given | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| First aid given by | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Health Care Professional Input.** | | | | | | | | | | | | | |
| Name of HCP | | **Nurse COUCH** | | | | | HCP’s ref | | | | **718809** | | |
|  | | | | | | | | | | | | | |
| Time/date of examination | | **08:05 12/05/2021** | | | | | Time/date concluded | | | | **08:10 12/05/2021** | | |
|  | | | | | | | | | | | | | |
| Opinion | | | | | | | | | | | | | |
| **DP refused full assessment. Alert & orientated time, place & person. Nil resp distress; speaking in complete sentences, nil SOB/audible wheeze. Appears well perfused; nil pallor/sweating. Nil breath s mell of intoxicating liquor; nil slurred speech/red sclera. Nil clinical signs of intoxication through substances. Nil obvious injuries apparent. DP appears acutely mentally unwell; speech slightly pressured and he is irritable. He appears grandiose and delusional; stating he has multibillion-pound insurance claims against the police, Enfield Council, and the NHS.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Medical advice | | | | | | | | | | | | | |
| FTDB. PLN r/v 30min welfare checks. Refer to CNP as required. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Examination | **Completed** | | Observations: | | | **Completed** | | | Risk of self-harm | | | **Standard** | |
|  | | | | | | | | | | | | | |
| Location of examination | | | | | **cell** | | | | | | | | |
|  | | | | | | | | | | | | | |
| Station | | | | | **Wood Green Police Station** | | | | | | | | |
|  | | | | | | | | | | | | | |
| **RESTRICTED**  Page 1 of 5 | | | | | | | | | | | | | |

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| **RESTRICTED**  **DETAINED PERSON’S MEDICAL FORM** | | | | | | | | | | |
| Custody Record No. 01YD/3247/21 Detention Period 1 | | | | | | | | | | |
|  | | | | | | | | | | |
| Observations | | | | | | | | | | |
| Current Observations | Detainee to be visited at least every | | | | |  | 30 | | |  |
|  | | | | | | | | | | |
| Recommended Observations | Agree with current level | | | | |  | | | | |
|  | | | | | | | | | | |
| Comment | | | |  | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Recommendations | | | | | | | | | | |
|  | | | | | | | | | | |
| Appropriate adults | | Yes  No  Other | | | | | | | | |
| **MH** | | | | | | | | | | |
|  | | | | | | | | | | |
| Fit to be detained . | | Yes  No | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Fit for interview | | Yes  No | | | | | | | | |
| **Requires PLN r/v** | | | | | | | | | | |
|  | | | | | | | | | | |
| Fit for charge | | Yes  No | | | | | | | | |
| **Requires PLN r/v** | | | | | | | | | | |
|  | | | | | | | | | | |
| Fit for Transfer | | Yes  No | | | | | | | | |
| **Requires PLN r/v** | | | | | | | | | | |
|  | | | | | | | | | | |
| Medical review required | | Yes  No | Time | |  | | | Date |  | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
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|  | | | | | | | | | | |
| Clinical findings retained by | **Health Care professional** | | | | | | | | | |
|  | | | | | | | | | | |
| Health Care Professional signature |  | | | | | | | | | |
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| **RESTRICTED**  Page 2 of 5 | | | | | | | | | | |

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| **RESTRICTED**  **DETAINED PERSON’S MEDICAL FORM** | | | | | |
| Custody Record No. 01YD/3247/21 Detention Period 1 | | | | | |
|  | | | | | |
| Administration and Movement Times | | | | | |
| HCP already at station | | Yes  No | | | |
|  | | | | | |
| HCP called | **Time** |  | **Date:** |  |  |
|  | | | | | |
| HCP replied | **Time** |  | **Date:** |  |  |
|  | | | | | |
| Agreed arrival time | **Time** |  | **Date:** |  |  |
|  | | | | | |
| HCP arrived | **Time** |  | **Date:** |  |  |
|  | | | | | |
| HCP departed | **Time** |  | **Date:** |  |  |
|  | | | | | |
| Ambulance called | **Time** |  | **Date:** |  |  |
|  | | | | | |
| Ambulance arrived | **Time** |  | **Date:** |  |  |
|  | | | | | |
| Departure to hospital | **Time** |  | **Date:** |  |  |
|  | | | | | |
| HCP called | **Time** |  | **Date:** |  |  |
|  | | | | | |
| **The HCP has been made aware of this assessment** | | | | | |
| **RESTRICTED**  Page 3 of 5 | | | | | |

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| **RESTRICTED**  **DETAINED PERSON’S MEDICAL FORM** | | | | | | | | | | |
| Custody Record No. 01YD/3247/21 Detention Period 1 | | | | | | | | | | |
|  | | | | | | | | | | |
| Medication Instructions | | | | | | | | | | |
| **Name** | **Strength** | | **Quantality** | **Frequency** | **Occurs** | **Start Time** | **Status** | | **D** | **E** |
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| D = Give to detainee on release. E = Transfer to Escort Service | | | | | | | | | | |
| **Medication Instruction Action History** | | | | | | | | | | |
| **Time** | **Date** | **Medication Instruction Changes** | | | | | |  | | |
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| **RESTRICTED**  Page 4 of 5 | | | | | | | | | | |

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| **RESTRICTED**  **DETAINED PERSON’S MEDICAL FORM** | | | | | | | | | | | | | | | |
| Custody Record No. 01YD/3247/21 Detention Period 1 | | | | | | | | | | | | | | | |
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| Regular Medication  R = Remaining Occurrences | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Name** |  | | **Quantality** | |  | | | **Occurs** | |  | **Strength** |  | | **Frequency** |  |
|  | | | | | | | | | | | | | | | |
| Due Date | | Due Time | | Date | | Time | R. | | . Given by | | Not given by | | Reason not given | | |
|  | |  | |  | |  |  | |  | |  | |  | | |
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| Regular Medication  R = Remaining Occurrences | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Name** |  | | **Quantality** | |  | | | **Occurs** | |  | **Strength** |  | | **Frequency** |  |
|  | | | | | | | | | | | | | | | |
| Due Date | | Due Time | | Date | | Time | R. | | . Given by | | Not given by | | Reason not given | | |
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| Regular Medication  R = Remaining Occurrences | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Name** |  | | **Quantality** | |  | | | **Occurs** | |  | **Strength** |  | | **Frequency** |  |
|  | | | | | | | | | | | | | | | |
| Due Date | | Due Time | | Date | | Time | R. | | . Given by | | Not given by | | Reason not given | | |
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