



Fitness for detention and interview

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Confidential

Note: This form has been designed by Prof Ian F Wall on behalf of the Faculty of Forensic & Legal Medicine for use by Forensic Physicians (also known as Police Surgeons or Forensic Medical Examiners). The form is provided to assist Forensic Physicians in determining whether a person is fit to detain and interview. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor.

1. General details

Name _____

Address _____

Date of birth _____

Occupation _____

Reason for arrest _____

Relevant property _____

PNC Warning _____

Police station _____

Custody record No _____

Arrest date _____ Arrest time _____

Date called _____ Time called _____

Time arrived _____

Time examination started _____

Time examination completed _____

Time case completed _____

GP _____

2. Visit requested by

Detainee Police

3. Reason for examination

Detention Interview Need for appropriate adult

Injuries Charge Transfer

Other _____

4. Place of examination

Medical room Cell

Other _____

5. Background information

Information from arresting officer (PC _____)

Information from custody officer/police risk assessment/
restraint/DIP test, etc (PS _____)

6. Consent

Verbal consent obtained YES NO

Special features _____

*"I consent to a medical examination, including taking of
samples if appropriate, on myself or my _____
as explained to me by _____.*

*I understand that Dr _____ may have
to produce a report based on the examination and that
details of the examination may have to be revealed in court."*

Signed _____

Witnessed _____

Relationship of witness _____



7. Medical consultation

History of recent events/ causation of injuries _____

Social history (*Please see safeguarding note on page 4**) _____

Current medical problems _____

Relevant educational history (to assess if learning disability etc)

Past medical history _____

Specific enquiry

- Sickle-cell disease Trait
 Hearing Vision Asthma Diabetes
 Epilepsy Renal Hepatic Cardiac

Past psychiatric history _____

Allergies _____

Tetanus status _____ R/L handed _____

Alcohol intake and times in last 24 hours _____

Previous self-harm attempts _____

Weekly alcohol intake _____ Units per week

Time last ate _____ Time last slept _____

Smoker YES NO

Medication	Dose	Duration	Route	Last taken
Prescribed				
OTC medicines				
Non-prescribed				
Heroin				
Methadone				
Crack/cocaine				
Cannabis				
Benzodiazepines				
Other				



8. Medical examination

Examined in presence of _____ Speech (content/articulation) _____

General demeanour _____

State of clothing _____ Breath _____

Areas of body examined (note injuries on separate body diagrams) _____ Mouth _____

Physical signs (as appropriate)	Vital signs	Chest	GIT	CNS
Needle marks	RR	HS	Soft	Power
Shivering	SpO2	PN	Tender	Tone
Yawning	Temp	BS	LKKS	Reflexes
Rhinorrhoea	BP	Added sounds	Bowel sounds	Co ordination
Gooseflesh	HR	VR		Gait
Lachrymation	ACVPU	PEFR		Romberg's
COWS (score)	NEWS Total:			
CIWA (score)	Blood glucose			

Other abnormal findings _____

Eyes	Conjunc	Pupils	Direct	Indirect	V/A	Specs	C lens	HGN	VGN
R									
L									

9. Mental state

Body/eye contact: restless, agitated, behaviour appropriate etc. _____ Mood: objective _____

_____ Cognitive: orientation

Speech: rate, volume, appropriate etc. _____ time _____ place _____ memory _____ short _____

_____ long _____ concentration _____ Serial 7s etc _____

Thoughts: appropriateness, association of ideas, content (delusions, overvalued ideas) _____ Risk behaviour: self-harm _____

_____ harm to others _____

_____ Other observations _____

Perception: hallucinations (auditory, visual) _____

Obsessive/compulsive _____ Biological symptoms _____

Mood: subjective _____



10. Conclusions

Diagnosis _____

Is the person fit to be detained? YES NO

If **NO**, make note of reasons and subsequent action _____

Is the person fit to be interviewed? N/A YES NO

If **NO**, make note of the reasons _____

Is an Appropriate Adult required? N/A YES NO

If **YES**, make note of the reasons _____

Is the person fit to be charged? N/A YES NO

Is the person fit to be transferred? N/A YES NO

Arrest referral worker recommended? N/A YES NO

Assessment of suicide risk? Standard High

Level of observations
Half-hourly Hourly CCTV

Constant Supervision Rouse Other

Medical review required? YES NO

If **YES**, when _____

Has a confidential copy of the medical notes been left? YES NO

Examination

Completed Refused Observation only

Body samples

Taken Refused

Body chart completed YES NO

Medication	Dose	Duration	Route	Expiry	Batch No

Other treatment, recommendations, advice to custody staff or comments _____

***Please address any child safeguarding issues: either because the detained person (DP) is a child, or because the DP being in custody has or may have an impact on the care, safety or welfare of children.**