



Fitness for detention and interview

Confidential

Note: This form has been designed by Prof Ian F Wall on behalf of the Faculty of Forensic and 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 _____

Current medical problems _____

Past medical history _____

Past psychiatric history _____

Previous self-harm attempts _____

Social history _____

Relevant educational/employment history (*to assess if intellectual disability etc.*) _____

Specific enquiry

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Sickle-cell disease | <input type="checkbox"/> Trait |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Hepatic | <input type="checkbox"/> Cardiac |

Allergies _____

Tetanus status _____ R/L handed _____

Alcohol intake and times in last 24 hours _____

Weekly alcohol intake _____

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

In presence of _____ Speech (*content/articulation*) _____

General demeanour _____

State of clothing _____ Breath _____

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

Drug misuse	CVS / other	RS	GIT	CNS
Needle marks	Initial pulse	PN	Soft	Power
Shivering	BP	BS	Tender	Tone
Yawning	Temp	Added sounds	LKKS	Reflexes
Rhinorrhoea	Heart sounds	VR	BS	Coordination
Gooseflesh	Blood sugar	PEFR		Gait
Lachrymation	A V P U			Romberg's

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. _____

Speech: rate, volume, appropriate etc. _____

Thoughts: appropriateness, association of ideas, content (delusions, overvalued ideas) _____

Perception: hallucinations (auditory, visual) _____

Obsessive/compulsive _____

Mood: subjective _____ objective _____

Cognitive: orientation time _____ place _____ memory _____ short _____ long _____ concentration _____ Serial 7's etc _____

Risk behaviour: self-harm _____ harm to others _____

Other observations _____

Biological symptoms _____

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 reasons, likely time fit for interview and subsequent action

Is an Appropriate Adult required? N/A YES NO
 If **YES**, make note of 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 _____
