



# Pro Forma

## Assessments (alcohol & drugs) under the RTA

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This form has been designed by Prof Ian Wall and updated by Dr Margaret Stark on behalf of the Faculty of Forensic & Legal Medicine (FFLM) for use by Healthcare Professionals (HCPs) who have been trained to the *Quality Standards of Drug-Driving competencies* as defined by the FFLM.

The form is provided to assist HCPs in determining whether a person has a condition, which may be due to drink or drugs. It is very important to try and establish the type of drug that has been used and whether this drug is prescribed (statutory medical defence). There is no requirement to establish impairment but if competent the HCP may provide an opinion.

The form is to be regarded as an aide-mémoire and it is therefore not necessary for all parts of the form to be completed. Some details are included so as to aid possible subsequent assessment of fitness for detention in custody. On completion this form is the property of the examining HCP. It is not appropriate for any clinical assessment including taking samples to be video recorded.

### 1. General Details

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Police Station \_\_\_\_\_

Custody record No \_\_\_\_\_

PNC Warning \_\_\_\_\_

Arrest Date \_\_\_\_\_

Arrest time \_\_\_\_\_

Time called \_\_\_\_\_

Time arrived \_\_\_\_\_

Time examination started \_\_\_\_\_

Time examination completed \_\_\_\_\_

Time case completed \_\_\_\_\_

### 2. Background Information

Roadside breath test \_\_\_\_\_

Evidential breath readings \_\_\_\_\_

Drugwipe result \_\_\_\_\_

Information from arresting officer (PC \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preliminary Impairment Test (PIT) results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information from Police / Risk Assessment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Consent (for Section 4 RTA Assessment)

Consent witnessed by \_\_\_\_\_

*“My name is HCP \_\_\_\_\_ and I have been asked to examine you to ascertain whether in my opinion, you have a condition which might be due to drink or drugs. You should be aware that any conversation with me might not be treated confidentially, as I may have to give a report to police and the court. You may decline this examination.”*

*“Do you agree to this examination?”* YES  NO

If NO, make observations of accused's behaviour \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, consider written consent

I consent to this examination as explained to me above:

Signed \_\_\_\_\_



4. Medical Consultation

Consultation commenced at \_\_\_\_\_ hours      Weekly alcohol intake \_\_\_\_\_ Units per week

History of recent events \_\_\_\_\_      Time last ate \_\_\_\_\_

\_\_\_\_\_      Time last slept \_\_\_\_\_

\_\_\_\_\_      Past psychiatric history \_\_\_\_\_

Current medical problems \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

Past medical history \_\_\_\_\_      Previous self-harm attempts \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      Social history \_\_\_\_\_

Hearing problems \_\_\_\_\_      \_\_\_\_\_

Visual problems \_\_\_\_\_      \_\_\_\_\_

Diabetes \_\_\_\_\_      Relevant educational history (to assess learning disability)

Renal impairment \_\_\_\_\_      \_\_\_\_\_

Balance problems \_\_\_\_\_      \_\_\_\_\_

Asthma \_\_\_\_\_      Possible trauma - consider asking the following questions:

Epilepsy \_\_\_\_\_      Have you had any fractures or dislocation to your bones or joints?

Motor neurone disease \_\_\_\_\_      \_\_\_\_\_

Multiple sclerosis \_\_\_\_\_      \_\_\_\_\_

Myotonic dystrophy \_\_\_\_\_      \_\_\_\_\_

Parkinson's disease \_\_\_\_\_      Have you been injured in a road traffic collision? \_\_\_\_\_

Sleep disorders \_\_\_\_\_      \_\_\_\_\_

Hepatic impairment \_\_\_\_\_      Have you injured your head? \_\_\_\_\_

Alcohol intake and times in the last 24 hours \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      Have you been in a fight or assault? \_\_\_\_\_

Allergies \_\_\_\_\_      \_\_\_\_\_

| Medication     | Dose | Duration | Route | Last taken |
|----------------|------|----------|-------|------------|
| Prescribed     |      |          |       |            |
| OTC medicines  |      |          |       |            |
| Non-prescribed |      |          |       |            |



**5. Medical Examination**

Examined in presence of \_\_\_\_\_ Specimen of handwriting \_\_\_\_\_

General demeanour \_\_\_\_\_  
 \_\_\_\_\_

State of clothing \_\_\_\_\_  
 \_\_\_\_\_

Mental state \_\_\_\_\_

Areas of body examined for injuries  
 (if relevant see body diagrams, photographs)

Speech \_\_\_\_\_

Breath \_\_\_\_\_

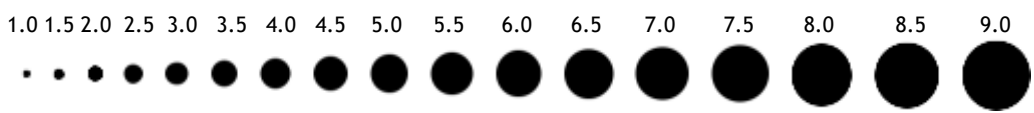
Mouth \_\_\_\_\_

| 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 | Coordination |
| Gooseflesh                      | HR            | VR           |              | Gait         |
| Lachrymation                    | ACVPU         | PEFR         |              | Romberg's    |
| COWS (score)                    | NEWS Total:   |              |              |              |
| CIWA (score)                    | Blood glucose |              |              |              |

Other abnormal findings (F5, F6, F7, F8 from the PIT may be repeated) \_\_\_\_\_

**Eye examination**

Use this gauge or a printed laminate card to assess pupil size



| Eye signs                 | Right | Left |
|---------------------------|-------|------|
| Conjunctiva               |       |      |
| Pupil size                |       |      |
| Direct reflex             |       |      |
| Indirect reflex           |       |      |
| Visual acuity             |       |      |
| Visual fields             |       |      |
| Horizontal gaze nystagmus |       |      |
| Vertical gaze nystagmus   |       |      |
| Lack of smooth pursuit    |       |      |

Convergence YES  NO

Spectacles YES  NO

Contact Lens YES  NO

Other abnormal eye findings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



6. Conclusions

Is the person fit to be detained? YES  NO

If NO, make note of the reasons and subsequent action

\_\_\_\_\_

\_\_\_\_\_

Level of observation \_\_\_\_\_

Is the person fit to be interviewed? YES  NO

If NO, make note of the reasons and advice provided

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AA required YES  NO

“Is there a condition due to a drug?” YES  NO

If YES, make note of the findings in the history and examination which supports this

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police officer advised that a condition present that might be due to a drug at \_\_\_\_\_ hours

Is there evidence of impairment? YES  NO

If YES, make note of this evidence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is a condition present that might be due to a drug, the police officer will proceed as on Form MG DD/B to request a sample.

7. Subsequent procedures

Blood or urine decision

Are there medical reasons for the sample not to be blood? YES  NO

If YES, make note of the reason (Officer will then proceed to require urine)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Consent for blood sample (Section 4 or Section 5A)

Consent witnessed by \_\_\_\_\_

“My name is HCP \_\_\_\_\_ and I have been asked to take a sample of blood from you which will be tested for alcohol and/or drugs”

“Do you agree to a blood test?” YES  NO

If NO, ask “Is there any medical reason why I should not obtain a sample of blood from you?”

Make notes of accused’s reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, details as below

Blood specimen successfully taken at \_\_\_\_\_ hours

Site \_\_\_\_\_

Blood specimen given to \_\_\_\_\_

at \_\_\_\_\_ hours

Kit batch number \_\_\_\_\_

Expiry date \_\_\_\_\_

If venepuncture unsuccessful give reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Police can still proceed with a urine requirement under Section 4 RTA on form MG DD/B.)

It is also useful to assist the Police Officer in completion of Form MG DD/E Drugs Sample Information Form.

For more information see *Department for Transport Code of Practice for Preliminary Impairment Tests*