



# Telephone advice proforma (custody)

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**Confidential**

Note: This form is for use by Healthcare Professionals (HCP) (forensic physicians, nurses and paramedics). The form is provided to assist the Healthcare Professional 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 HCP.

## 1. General Details

**Ideally telephone advice between clinicians or clinicians and police officers/police staff/others should be recorded.**

Date \_\_\_\_\_

Time of call \_\_\_\_\_

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

Caller's name \_\_\_\_\_

Name of DP \_\_\_\_\_

Custody ref \_\_\_\_\_

DOB \_\_\_\_\_

English Speaking? YES  NO

Estimated time for interpreter \_\_\_\_\_

Reason for arrest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of arrest \_\_\_\_\_

Time of arrival at police station \_\_\_\_\_

Nature of enquiry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information given on current police risk assessment/previous police records e.g. Connect, NSPIS, NICHE, or clinical records such as SystemOne, SCR or equivalent

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\_\_\_\_\_

## 2. Medical Information

Current medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last taken \_\_\_\_\_

Whereabouts of medication? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Own tablets in custody YES  NO

Labelled box YES  NO

Allergies YES  NO



Consider alcohol and other substance use issues specifically

Horizontal lines for notes on alcohol and substance use issues.

Advice given (where telephone advice is not recorded a written copy of any advice should be provided by email/on the clinical and/or police computerised record systems)

Horizontal lines for notes on advice given.

Any injuries? \_\_\_\_\_

Horizontal lines for notes on injuries.

Any other relevant factors (e.g. child safeguarding/vulnerable adults)

Horizontal lines for notes on other relevant factors.

Name \_\_\_\_\_

Regulatory registration number \_\_\_\_\_

Signature \_\_\_\_\_