First reception health screen

For FEMALE prisoners aged 18 and over

Introduce yourself. Explain to the prisoner that the purpose of this interview is to gain a brief confidential medical and psychiatric history. This will help to ensure that she gets medical help if she needs it.

HM Prison:

<table>
<thead>
<tr>
<th>First Names</th>
<th>Surname</th>
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<table>
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<tr>
<th>Also known as (alias)</th>
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<table>
<thead>
<tr>
<th>Prison Number</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
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<tr>
<th>Current Charge</th>
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**Prisoner Status**

- Remand □ until □ Detained □
- Convicted – not sentenced □
- Convicted – sentenced □
- Length □
Home Address

Are you currently registered with a GP? No ☐ Yes ☐ Don’t know ☐

GP’s Name

GP’s Address

Medical/psychiatric report required? No ☐ Yes ☐

Health information received from outside source? No ☐ Yes ☐

If so, what and from whom?

Clarify whether the prisoner has been homeless in the past year. No ☐ Yes ☐

Clarify whether the prisoner has been in prison before. No ☐ Yes ☐

If so, where and when the prisoner was last in.

If charged with murder or manslaughter, refer for mental health assessment.
Physical health

1. Have you seen a doctor in the last few months?  No  Yes
   If yes, why?

2. Are you receiving any prescribed medication?  No  Yes
   If yes, what type?

3. Have you received any physical injuries over the past few days?  No  Yes
   If yes, when?  Date
   What injuries?
   Treatment received?

Medical in Confidence
4. Do you have problems with:

- Asthma
  - No
  - Yes

- Diabetes
  - No
  - Yes

- Epilepsy or fits
  - No
  - Yes

- Chest pain
  - No
  - Yes

- Tuberculosis
  - No
  - Yes

- Sickle cell disease
  - No
  - Yes

- Allergies
  - No
  - Yes

Other, please specify

5. Do you have any reason to believe you might be pregnant?

- Yes

If yes, note details

*If reports pregnant, consider contacting local maternity unit and referring to midwife*

6. Would you like a pregnancy test?

- Yes

7. Do you have any (other) concerns about your physical health?

- Yes

If yes, note details

Record any health related observations about the prisoner’s physical appearance.

- If nil of note, please tick

*If “yes” recorded to any of Questions 2–7 refer to doctor or relevant clinic.*
Substance use

8. Do you drink alcohol?  
   No ☐  Yes ☐

   If yes, how much do you usually drink?  
   ________________________________

   In the week before coming into custody, 
   how much were you drinking?  
   ________________________________

   If more than about 14 units daily or showing signs of 
   withdrawal, refer to doctor or relevant clinic.

9. Have you used drugs in the past month?  
   No ☐  Yes ☐

   If yes, please complete the following:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Last used</th>
<th>Urine result</th>
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<tbody>
<tr>
<td>1. Heroin</td>
<td></td>
<td></td>
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<tr>
<td>2. Methadone</td>
<td></td>
<td></td>
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<td>3. Benzodiazepines</td>
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<td></td>
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<td>4. Amphetamine</td>
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<tr>
<td>5. Cocaine/Crack</td>
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<tr>
<td>6. Other</td>
<td>(please specify)</td>
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   Do you take any of these intravenously?  
   No ☐  Yes ☐

   If using more than once a week or positive urine test, 
   refer to doctor or nurse-led drugs service.
Mental health

10. Have you ever received treatment from a psychiatrist outside prison? No Yes

If yes, what was the nature of the problem?

Have you ever stayed in a psychiatric hospital? No Yes

(Detail most recent discharge date and name of hospital/consultant)

Do you have a psychiatric nurse or care worker in the community? No Yes

Who, and where?

11. Have you ever received medication for any mental health problems? No Yes

(Assume yes if antidepressants or antipsychotics)

If yes, when and what?

If current, what dose?

12. Have you ever tried to harm yourself? No Yes (in prison) Yes (outside prison)

Details of most serious and most recent

If “yes” recorded to Questions 10, 11 or 12 (outside prison) refer for mental health assessment.
13. For some people, coming into prison can be difficult, and a few find it so hard that they may consider harming themselves. Do you feel like that?  

No ☐  Yes ☐  

Record your impression of the prisoner’s behaviour and mental state.

If nil of note, please tick ☐

If “yes” recorded to Questions 12 or 13 consider opening a F2052SH.

I do not have any more specific questions. Is there anything you would like to ask me, or anything about your health that you think I should know?

If no indications for medical referral:

Do you think there is any reason why you might need to see a doctor?  

No ☐  Yes ☐
Planned action

Healthcare services information leaflet given

No immediate action required

Refer to Doctor

Re: physical health

Re: substance use

At prisoner’s request

Refer to drugs service

Refer for mental health assessment

Open F2052SH

Other referral

FIT FOR NORMAL LOCATION, WORK AND ANY CELL OCCUPANCY

YES

REFERRED TO DOCTOR

Health care worker

Date

PRINT NAME