

# First reception health screen

**For MALE 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 he gets medical help if he needs it.

HM Prison:

First Names  Surname

Also known as (alias)

Prison Number  Date

Date of Birth

Current Charge

## Prisoner Status

Remand  until  Detainee

Convicted – not sentenced

Convicted – sentenced

Length

Home Address

	POSTCODE

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 yes, note where and when the prisoner was last in.



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

# Physical health

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1. Have you seen a doctor in the last few months? No  Yes

If yes, why?

Do you have any outstanding hospital or doctor's appointment? No  Yes

If yes, when? Date  With whom?

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?

4. Do you have problems with:

Asthma	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Diabetes	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Epilepsy or fits	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Chest pain	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Tuberculosis	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Sickle cell disease	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Allergies	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

Other, please specify

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

No  Yes

If yes, what?

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

If nil of note, please tick



**If "yes" recorded to any of Questions 2–5 refer to doctor or relevant clinic.**

# Substance use

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6. 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 20 units daily or showing signs of withdrawal, refer to doctor or relevant clinic.**

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

If yes, please complete the following:

	Frequency	Last used	Urine result
1. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Benzodiazepines	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Amphetamine	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Cocaine/Crack	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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8. 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?

9. Have you ever received medication for any mental health problems?

No  Yes

(Answer yes if antidepressants or antipsychotics)

If yes, when and what?

If current, what dose?

10. 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 8, 9 or 10 (outside prison) refer for mental health assessment.

11. 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 10 or 11 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

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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