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:

<table>
<thead>
<tr>
<th>First Names</th>
<th>Surname</th>
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<table>
<thead>
<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 yes, note where and when the prisoner was last in.

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

Medical in Confidence
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 (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

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:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Last used</th>
<th>Urine result</th>
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</thead>
<tbody>
<tr>
<td>1. Heroin</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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<td></td>
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<tr>
<td>5. Cocaine/Crack</td>
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<td>6. Other (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.]

*Medical in Confidence*
Mental health

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

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