OUTPATIENT
Physiotherapy Application Form

Please tick the centre you wish to attend:

St Michaels Lodge ☐ Cheshire HQ ☐ Merseyside Fed ☐ Cumbria Fed ☐ Progress house ☐

PERSONAL INFORMATION

Surname:	Forenames:
D.O.B	Gender (please tick) Male ☐ Female ☐
Current Police Force (if retired, previous force)	If serving Date joined Collar Number
If retired Date of Retirement:	Police pension number:
Home Address:	Home telephone: Mobile telephone:
Postcode:	Email:

NEXT OF KIN

Name	
Relationship	Contact telephone number

DATES TO AVOID

(Please include all leave/holiday, court or other commitments)

LEGAL CLAIMS:

Has the applicant any legal claims pending or contemplated in their current circumstance (please tick)

Yes ☐ No ☐

WHICH APPLIES

Please indicate which of the following applies to the applicant (please tick)

Work ☐ Recuperative duties ☐ Restricted duties ☐ Sick leave ☐

PLEASE NOTE It is important that you notify the centre as soon as possible if you are unable to attend your appointment.
Contact number regarding all appointments: 01254 244980

Return email address: enquiries@nwpbf.org
Return postal address: The Ben Fund, St. Michael's Lodge, Northcote Road, Langho, Lancashire, BB6 8BG
Registered Charity No. 503045

APPLICANT'S CONDITION

Please briefly describe the applicant's condition e.g. accident/event at work/post -operative/long-term illness/other

SURGERY / OTHER INTERVENTIONS

Time length including onset of condition/dates of any surgery or other interventions

PREVIOUS OR ONGOING TREATMENT

Previous or ongoing treatment in relation to this condition e.g. other therapy services

SERVICES USED

Has the applicant used our service before (please tick)?

St Michaels Lodge ☐ Cheshire HQ ☐ Merseyside Fed ☐ Cumbria Fed ☐ Progress house ☐

Date from:	If **YES**, was this for the same condition (please circle) Yes ☐ No ☐
Has the applicant attended within the last 6 months or awaiting to attend the services at the PTC/Auchterarder for this condition	Yes ☐ No ☐ Date:

PLEASE NOTE If available; Please bring any treatment protocols/ X-rays/ scans/ medical reports that may be of benefit to our physiotherapists.

PERSONAL INFORMATION

The information which you supply to us may be used to make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.

☐ I understand that all personal information on this form will be confidential to the professional and administrative staff of the NWPBF and no personal information or clinical reports will be shared without my express consent unless required by law.

☐ I agree to include any claim for damages pursued by me against the third party in respect of the accident resulting in my injury such as sums specified by the NWPBF.

☐ I agree to the NWPBF contacting me using the details I have provided

Signature	Date

INFORMATION

Name: DOB:

CONSENT FORM - GYM, POOL, HOT-TUB, SAUNA, HOLISTIC TREATMENTS & CLASSES

ABSOLUTE CONTRAINDICATIONS	YES	NO	COMMENTS
Acute vomiting/diarrhoea	☐	☐	
Weight more than limit on evacuation equipment (25st)	☐	☐	
Proven chlorine allergy	☐	☐	
Severe medical condition, acute episode e.g. Heart Attack/Failure, Stroke, CVA (less than 3 months)	☐	☐	
Resting angina	☐	☐	
Shortness of breath at rest	☐	☐	
Uncontrolled cardiac failure or PND	☐	☐	

RELATIVE CONTRAINDICATIONS	YES	NO	COMMENTS
Acute systemic illness	☐	☐	
Irradiated skin during radiotherapy course	☐	☐	
Known aneurysm	☐	☐	
Poorly controlled epilepsy	☐	☐	
Unstable diabetes	☐	☐	
Open wounds	☐	☐	

PRECAUTIONS	YES	NO	COMMENTS
Epilepsy/Haemophilia/MRSA	☐	☐	
Pregnancy/Conjunctivitis/Vision Issues	☐	☐	
Hypotension/Hypertension	☐	☐	
Renal failure/Poor skin integrity	☐	☐	
Drop attacks/Fainting	☐	☐	
Poor mobility (walking aid etc)	☐	☐	

GUEST DECLARATION

Personal information which you supply to us may be used in several different ways, for example: To make admission and clinical decisions; for audit and statistical analysis; for fraud prevention.

The Ben Fund is committed to protecting your privacy and security. Whenever you provide personal information, we will treat that information in accordance with UK Data Protection legislation and Internet best practice. Further details can be found in our Privacy Policy which can be found on our website at: www.thebenfund.co.uk

☐ I understand that all personal information on this form will be confidential to the professional and administrative staff of the NWPBF and no personal information or clinical reports will be shared without my express consent unless required by law.

☐ I agree to include any claim for damages pursued by me against the third party in respect of the accident resulting in my injury such as sums specified by the NWPBF.

Signature

Date

OFFICE USE ONLY

Certified by (signature):

Name:	Department:
Addition information:	
Date received:	Donation check:
Date on system:	Date @ physio:

Return email address: enquiries@nwpbf.org
Return postal address: The Ben Fund, St. Michael's Lodge, Northcote Road, Langho, Lancashire, BB6 8BG
Registered Charity No. 503045