DETAINED PERSON'S MEDICAL FORM

Custody Record No.	01YD/3247/21	Detention Period	1

Officer Assessment

Version No.	1	Time / Date	00:19 12/05/2021
Name	CORDELL Simon Paul	DOB	26/01/1981

Reason Health Care Professional requested

pd has crone's disease and also clearly suffering MH –
pd has not disclosed his MH and may benefit from a background check

Health\Care Professional Requested by	Police
As a Result of Medical Review	Yes ☒ No ✔

Visual Assessment

Injury Type:	Body part	location

Signs/symptoms and first aid given

First aid given by	
Telephone number	

Health Care Professional Input.

Name of HCP	Nurse COUCH	HCP's ref	718809
Time/date of examination	08:05 12/05/2021	Time/date concluded	08:10 12/05/2021

Opinion

DP refused full assessment. Alert & orientated time, place & person. Nil resp distress; speaking in complete sentences, nil SOB/audible wheeze. Appears well perfused; nil pallor/sweating. Nil breath s mell of intoxicating liquor; nil slurred speech/red sclera. Nil clinical signs of intoxication through substances. Nil obvious injuries apparent. DP appears acutely mentally unwell; speech slightly pressured and he is irritable. He appears grandiose and delusional; stating he has multibillion-pound insurance claims against the police, Enfield Council, and the NHS.

Medical advice

FTDB. PLN r/v 30min welfare checks. Refer to CNP as required.

Examination	Completed	Observations:	Completed	Risk of self-harm	Standard

Location of examination	cell
Station	Wood Green Police Station

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Observations

Current Observations	Detainee to be visited at least every	30
Recommended Observations	Agree with current level	
Comment		

Recommendations

Appropriate adults Yes ✔ No ☒ Other ☐

MH

Fit to be detained . Yes ✔ No ☒

Fit for interview Yes ☐ No ✔

Requires PLN r/v

Fit for charge Yes ☐ No ✔

Requires PLN r/v

Fit for Transfer Yes ☐ No ✔

Requires PLN r/v

Medical review required Yes ☐ No ✔ Time Date

Clinical findings retained by	Health Care professional
Health Care Professional signature	

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Administration and Movement Times

HCP already at station Yes ☐ No ☐

HCP called	Time		Date:	
HCP replied	Time		Date:	
Agreed arrival time	Time		Date:	
HCP arrived	Time		Date:	
HCP departed	Time		Date:	
Ambulance called	Time		Date:	
Ambulance arrived	Time		Date:	
Departure to hospital	Time		Date:	
HCP called	Time		Date:	

The HCP has been made aware of this assessment

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Medication Instructions								
Name	Strength	Quantality	Frequency	Occurs	Start Time	Status	D	E
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐
D = Give to detainee on release. E = Transfer to Escort Service								

Medication Instruction Action History			
Time	Date	Medication Instruction Changes	

RESTRICTED

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Regular Medication
R = Remaining Occurrences

Name ___ Quantality ___ Occurs ___ Strength ___ Frequency ___

Due Date	Due Time	Date	Time	R.	. Given by	Not given by	Reason not given

Regular Medication
R = Remaining Occurrences

Name ___ Quantality ___ Occurs ___ Strength ___ Frequency ___

Due Date	Due Time	Date	Time	R.	. Given by	Not given by	Reason not given

Regular Medication
R = Remaining Occurrences

Name ___ Quantality ___ Occurs ___ Strength ___ Frequency ___

Due Date	Due Time	Date	Time	R.	. Given by	Not given by	Reason not given

RESTRICTED