

SEARCH FORM

WARD

PART A (to be completed in all circumstances)

Patient's name:		Type of Search:	
Date of Search:		Routine <input type="checkbox"/>	Personal Search <input type="checkbox"/>
		Reactive <input type="checkbox"/>	Room Search <input type="checkbox"/>
		Metal Detector Search <input type="checkbox"/>	
Name of Staff conducting Search: 1. 2. 3.		Comments/additional information: e.g. reason for Search	
Degree of Service User Consent: (Please Tick)		Outcome of Search: (include any items removed)	
Full Consent <input type="checkbox"/>		Receipt of removed items given to patient Yes <input type="checkbox"/> No <input type="checkbox"/>	
No Consent <input type="checkbox"/> Complete Part B			

PART B

Outline justification for search to proceed without consent:	
Personnel contacted: Duty Co-ordinator: Senior Nurse Manager: Responsible Clinician: Clinical Director: Security Department:	Consent to search issued by: Assistant Director: Clinical Director: