**Record for when a search of a person or their property is undertaken**

Ward………………Date ……………Time …………Patient name…......................

Legal status……………Consultant …………………… NHS number………………

Name and job title of clinician authorising search …………………………………….

If it is a patient search are they consenting (please circle) YES NO

If consenting patient to sign …………………………………………………………….

Name and job title of clinician undertaking search ……………………………………

Name and job title of clinician observing search…………………………………………

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Is it a room Patient Visitor search

Reason for search

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If it is a person search was it (please tick which applies) :

|  |  |  |  |
| --- | --- | --- | --- |
| Type of search. | Please tick | Details of any items found | Additional information(including if items removed have been stored or destroyed ) |
| Quadrant pat down |  |  |  |
| Body search level 1 |  |  |  |
| Body search level 2 |  |  |  |

Further action (if appropriate )

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Date completed** | **Name of person completing** | **Signature** |
| Inform patients Consultant of search outcome. |  |  |  |
| Update patients risk assessment. |  |  |  |
| Review patients’ observation level. |  |  |  |
| Review patients leave arrangements’. |  |  |  |

Patients view of the search

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