Starley Hall School
Aberdour Road
Burntisland
FIFE
KY3 0AG

Tel: 01383 860314
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Principal: Philip Barton BA

28 March 2003

Mr & Mrs Smart
103 Tarvit Terrace
Springfield
Fife
KY15 5SE

Dear Mr and Mrs Smart

Graham has come to me requesting help to give up smoking. I can approach the school doctor, Dr Halliday, to see if he can prescribe nicotine patches to help him give up. However, I would require your permission to carry this out as he is under 16. If you are happy for Graham to have the patches please sign the slip below and return it to school. I should also be grateful if you would discuss this matter with Graham at the weekend and give him the necessary support to give up smoking.

Yours sincerely

Liz Duff.

Liz Duff
Senior Practitioner

I hereby give my permission for Graham Smart to be prescribed nicotine patches.

Signed: H. Smart

Date: 29.03.03

HOME VISIT BY LIZ DUFF TO MRS SMART

12-9-2002

Home visit today to Mrs. Smart to begin helping her to understand the disorder ADHD.We discussed Graham's current behaviors then ADHD behaviors Mrs. Smart stated she has always been convinced Graham has more than ADHD wrong with him.
We discussed the causes, treatments, and the difficulties Graham experiences in the school because of these symptoms.
Mrs. Smart stated that she felt brown sauce has influenced his behavior therefore she stopped allowing Graham to eat it. I suggested we discuss this with Dr Steer who may have some advice.
We spoke about poor sleep pattern e.g. difficulty settling I suggested I attend with mum and Graham to next outpatient appointment at VHK to discuss current concerns with Dr Steer. Following our discussion Mrs. Smart felt more assured that the symptoms she described were in fact a typical presentation of ADHD.
Gave Mrs. Smart some articles to read over and discuss with her husband and son who has a very low tolerance of Graham hopefully this will assist him to be more able to accept Graham's limits and adjust his expectations. Also discussed a number of issues that I said I would discuss with the team leader Sarah .To offer a further home visit towards middle of October.

Liz Duff

SARAH

18-9-2002

During my last family contact visit with Mrs. Smart she requested we ask all staff working with Graham to encourage him to clean his teeth. There has been a marked deterioration since coming to Starley hall.

To encourage Graham to telephone his mother to say he has safely returned from a weekend home. Also if a new member of staff is collecting Graham could staff inform her with his name etc.

If staff are going on a school trip for several days to let her know as she had tried constantly with no reply last time to discover the house was closed as all were away on a camping trip.

Liz Duff

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Also would like informed of change of responsible adult.

STARLEY HALL
MEDICAL REPORT FORM

NAME IN FULL: GRAHAM ROBERT. SMART.

DATE OF BIRTH: 18/3/88

Family Doctor and Address:

DR. GRAY. CUPAR HEALTH CENTRE BANK ST CUPAR.

1. ***Family History****(Important Illnesses and defects)*
   Mother:
   Father:

2. ***Previous Medical History*** *(Please Tick)*

Whooping Cough	*Tuberculosis*
Measles	*Rheumatic Fever*
Diphtheria	*Chorea*
Scarlet Fever	*Fits*
Mumps	*Bed Wetting*
Chicken Pox ✓	*Asthma* .
German Measles	

3. ***Operations:*** ***Date:*** ***Details:***

4. ***Injuries:*** ***Date:*** ***Details:***

5. ***Vaccinations or Inoculations:*** *(Please Tick)*

Diphtheria ✓	*Polio* ✓
Smallpox ✓	*BCG* ✓
Whooping Cough ✓	*German Measles* ✓
Tetanus ✓	

6. ***Has your child any physical defects?*** ***Yes*** ***(No)***

7. ***Is your child allergic to penicillin?*** ***Yes*** ***(No)***

   Has your child any other allergies? ***Yes*** ***(No)***
   If yes, please specify.

8. ***Is your child on any medication?*** (Yes) / ***No***
   If so please specify:
   Ritilan. 10mgs.

9. ***Does your child wear glasses?*** (Yes) ***No***
   Has she/he other optical defects?

10. ***Has your child any hearing defect?*** ***Yes*** (No)

Any additions to this list please state below.

I agree to my child having any treatment considered necessary by the Medical Practitioner including:-

Dental Treatment	***Hospital Treatment***
Optical Treatment	***Operations***
Blood Transfusion	

Signed ...H. Smith.....

practitioner services

for the National Health Service in Scotland

New entrant full-time university/college students

Meningococcal Group C Vaccine

Personal details – please complete before attending for immunisation

Surname:	SMART
Forename:	GRAHAM ROBERT.
Date of Birth:	18/3/88.
Home Address:	103 TARVIT TERRACE SPRINGFIELD.
	CUPAR.
	Postcode: KY15 5SE.
University/College:	

I have read and understood the guidance that has been given to me and I agree to be immunised against meningococcal Group C disease.

I understand that the immunisation does not protect against all forms of meningococcal disease.

Signed: H. Smart Date 9.1.07.

For Official Use Only

Practice Ref: ..... GP Ref. .....

Date of immunisation..... Batch No:.....

I have immunised the above person with the full recommended course of meningococcal Group C Vaccine.

Signature. ..... Date.....

Practice Stamp

Note: This form applies only in Scotland

CLINICAL NOTES

TIME 1451 (R) hand dominant

PLAYING FOOTBALL TODAY : STRUCK ON DORSUM OF HAND BY FOOTBALL

O/E : SWOLLEN AROUND WRIST
TENDER OVER DISTAL RADIUS / ULNA
DISTAL SENSATION / CIRCULATION INTACT

Xray (R) WRIST : irregularity over distal radius / epiphysis
dw Radiologist : Normal variant : not Salter Harris 2 fracture

Plan : fibreglass bandage
high elevation sling
advice re management / analgesia
discharge

PRESCRIBED MEDICATION (ie tetanus, booster/course)

DISPOSAL discharged 1605
Admitted to

~~DOCTORS~~ NAME ENT Gilmour | SIGNATURE

COPIES: White: G.P. | Pink: Notes | White: Casualty Card

FIFE ACUTE HOSPITALS NHS TRUST VICTORIA HOSPITAL, KIRKCALDY

V. No. | FORENAME GRAHAM | SURNAME SMART

DATE OF ARRIVAL 3.4.03 | TIME OF ARRIVAL 1436

DATE OF INCIDENT | TIME OF INCIDENT

ADDRESS c/o STARLEY HALL SCHOOL BURNTISLAND

PLACE OF INJURY:
WORK ☐ HOME ☐ SCHOOL ☐
RTA ☐ OTHER ☑

POSTCODE

TEL.

ARRIVAL: AMBULANCE
Y ☐ N ☑

D.O.B. 18.3.88 AGE 15

REFERRED BY: SELF

SEX M F MARITAL STATUS S
MR MRS MS MISS MASTER

TEMPORARY ADDRESS

OCCUPATION/SCHOOL STARLEY HALL SCHOOL

RELIGION

PREVIOUS ATTENDANCE Y N

POSTCODE

TEL.

N.O.K./RELATIONSHIP

NAME

ADDRESS

GP

ADDRESS DR. HALLIDAY
B/ISLAND

TEL NO.

NOTIFIED Y N

TIME

TRIAGE	T	P	BP	R	O_2 SATS	BM
CAT	1 ☐	2 ☐	3 ☐	4 ☑	5 ☐	

COMPLAINT

INJ 2/24 (L) WRIST