Medical Records Evidence Review

Shrunk / Shrunk 2 / Shrunk 3 - page-referenced extraction schedule

Prepared from the three highlighted sections of the 239-page iGPR report supplied for review

Important review note: The highlighted copies contain broad page-level boxes rather than line-specific highlighting. This schedule extracts only information that falls within the requested evidential categories. No symptom, diagnosis or medication is treated as proof of abuse unless the record itself makes that connection. Several pages are medication lists or later specialist correspondence and provide impact/treatment evidence only.

Executive findings

• No clear evidence of placement in a children's home, residential school, foster placement, assessment centre or other care setting was identified in the highlighted pages.

• No direct or contemporaneous disclosure of physical abuse, sexual abuse, emotional abuse or neglect in care was identified in the highlighted pages.

• The strongest relevant material concerns adult mental-health symptoms and diagnoses, long-term psychotropic medication, alcohol use, and later psychosocial stress.

• The records show depression screening, anxiety, low mood, a bipolar diagnosis recorded in one consultation, schizophrenia-related care/support coding, and repeated prescribing of citalopram, venlafaxine, mirtazapine, propranolol and a short diazepam course.

• None of the verified highlighted entries explicitly connects those conditions, medicines or alcohol use to childhood abuse or residence in care.

Detailed extraction schedule

PDF page	Date	Document / clinician	Category	Exact evidence / faithful summary	Care setting / perpetrator	Impact / treatment / follow-up	Link & evidential value
6	16-Dec-2022	GP telephone call - Dr Gregory Tooke	Neutral / physical health	Consultation concerns cough, constipation, rash/itching and scrotal skin symptoms. No mental-health, abuse or care-placement disclosure is recorded.	None recorded.	Symptomatic advice and review if worsening.	Neutral entry; no placement or abuse evidence.
21	02-Mar-2016	Keep Well health check	Alcohol / social impact	Recorded as a moderate drinker, alcohol consumption 19 units per week. Low-income-benefit status and family support for coping are noted.	None recorded.	Lifestyle and alcohol health education; cardiovascular assessment.	Adult alcohol/social-context evidence only; no abuse link recorded.
22	26-Jan-2015	GP consultation - Dr C A Kelly	Mental health / alcohol	Mental-health-problem annual review; schizophrenia and support are recorded. Depression screening notes low mood, staying at home and anxiety attacks. Alcohol consumption recorded as 24 units per week.	None recorded.	Medication review, assessment of needs and health education.	Direct adult mental-health and alcohol evidence; no care or abuse connection.
22	06-Mar-2014 and 11-Feb-2014	GP consultation - Dr Sanjeev Dhillon	Mental health / medication	Mood described as static with recent behavioural issues; citalopram continued/reviewed. Historic coding records major depression, moderately severe, and a biopsychosocial assessment.	None recorded.	Depression medication review and ongoing citalopram.	Treatment and impact evidence; no historic-abuse link recorded.

PDF page	Date	Document / clinician	Category	Exact evidence / faithful summary	Care setting / perpetrator	Impact / treatment / follow-up	Link & evidential value
23	11-Feb-2014	GP consultation - Dr Sanjeev Dhillon	Mental health / alcohol	Patient described as stressed and anxious, with bipolar disorder recorded; had left job and had physical symptoms of anxiety. Mood low at times. Depression screen: mild depressive. Alcohol consumption 12 units per week.	None recorded.	Citalopram started; review planned in three weeks; support/care-programme information recorded.	Direct adult mental-health and occupational-impact evidence; no abuse link.
30	13-Jul-2010	Alcohol screening - Dr S Gaddis	Alcohol use	FAST alcohol screening completed; lifestyle advice regarding alcohol recorded. Heavy drinking day recorded as 26 units and weekly alcohol consumption as 40 units.	None recorded.	Brief alcohol intervention/advice completed.	Strong adult alcohol-use evidence; record does not state alcohol was used to cope with abuse.
35-36	2025-2026 medication list	Medication record	Mental-health medication	Repeated propranolol 40 mg prescriptions are listed, including current/recent issues. The indication is not stated on the medication list.	None recorded.	Ongoing/repeated prescribing.	Medication evidence only; no trauma or abuse link can be inferred from medication alone.
37	06-Jan-2020	Medication record	Sedative / anxiety medication	Diazepam 5 mg tablets issued as a short acute course. The medication page does not state the clinical reason.	None recorded.	Short-course prescribing.	Treatment evidence only; no abuse link recorded.
38-39	2014-2017	Medication record	Antidepressant medication	Repeated mirtazapine prescribing is shown, alongside repeated citalopram prescriptions in 2014-2015.	None recorded.	Longitudinal antidepressant treatment.	Strong treatment-duration evidence; no cause or abuse connection stated in the medication list.
40-44	2005-2013	Medication record	Antidepressant / anxiety medication	Long-running prescriptions include venlafaxine, citalopram and propranolol across multiple years. The pages are prescribing histories and do not contain a narrative linking treatment to childhood trauma.	None recorded.	Repeated/long-term medication treatment.	Longitudinal mental-health treatment evidence; medication alone does not establish trauma or abuse.
45	2007-2010 referrals index	Referrals / third-party records	Third-party records	Referral entries include hospital and specialist services. No highlighted referral clearly identifies a care setting, social worker, abuse service or safeguarding referral.	None recorded.	Shows existence of attached specialist correspondence.	Potential source index only; no direct placement or abuse evidence in the highlighted entry.
210-212 (Shrunk 3 PDF pages 40-42)	18-Nov-2025 neurology review	Neurology clinic letter	Psychosocial impact / treatment	Neurology letter records ongoing family conflict and psychosocial stressors related to a family member with bipolar disorder. It describes episodic headaches, non-smoking status and alcohol intake of 3-4 beers a few times weekly. The clinician considered recorded episodes functional/non-epileptic and planned neuropsychology referral.	No care setting or perpetrator recorded.	Neuropsychology referral; advice on dissociative/non-epileptic episodes; medication-overuse counselling and headache treatment plan.	Adult psychosocial and treatment evidence only. No childhood-care or abuse link is made.
Shrunk 2 - highlighted copy	Pages 101-170 of combined report	Scanned hospital correspondence	Neutral / physical health	No page-level highlight annotations were present in the supplied highlighted copy. Review of the visible material did not identify clear placement, abuse-disclosure or abuse-linked mental-health evidence.	None identified.	Predominantly adult hospital and specialist physical-health records.	No extractable relevant entry identified from the highlighted copy.

Category findings not identified in the verified highlighted entries

No clear verified entry was identified describing a named care institution, institutional address, admission or discharge date, GP registration while resident in care, social worker or residential staff involvement, physical assault in care, corporal punishment, sexual assault, abuse-related injury, neglect by a care provider, contemporaneous disclosure, safeguarding referral, police action, or a clinician-recorded causal link between adult symptoms and childhood abuse. This does not prove that such evidence does not exist elsewhere in the full record; it records only what is supported by the highlighted pages reviewed.

Recommended evidential use

The most useful highlighted entries are PDF pages 22-23 for documented mental-health symptoms and diagnoses, page 30 for significant alcohol use and brief intervention, pages 35-44 for longitudinal psychotropic prescribing, and combined report pages 210-212 for later psychosocial stress and neuropsychology referral. These passages may support evidence of treatment and adult impact, but they should not be presented as proof of placement or abuse because the records do not make that connection.