

TO BE COMPLETED FOR ALL PRESCRIPTION MEDICATION

NAME PAUL HEPBURN

Date of Birth 12/01/1988

[illegible]

PRESCRIBED MEDICATION

NAME _____ Paul Hepburn	Date of Birth__ 12/01/88
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Medication	Dosage	Frequency	Duration of Presc.	Total prescribed	Entered BY
A INHALER	2 Puffs	when req	AS PRESCRIBED		[REDACTED]
B DIPROBASE	Thin layer to affected areas	when required	AS PRESCRIBED	500g TUB	
C Hydrocortizone	Thin layer to affected areas	2 X DAILY	AS PRESCRIBED	50g TUBE	
D Ointment	1 capful to bath water.	when required	AS Prescribed	250ml Bottle	
E FLUCLOXACILIN	one 4 X DAILY	4 X Daily	AS Prescribed	28 X 250mg	
F					
G					
H					

KEPT WITH PAUL.
NO LONGER USES.

TO BE COMPLETED FOR ALL NON-PRESCRIPTION MEDICATION.

Name PAUL HEPBURN

Date of Birth	12/01/88
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[illegible]

PLEASE ENSURE THAT ALL DETAILS ARE CLEARLY FILLED IN.

GEORGE STREET DENTAL PRACTICE

15 George Street,
BATHGATE,
West Lothian.
EH48 1PH.



05/03/04

Master Paul Hepburn
Moorehouse School
Edinburgh Road
Bathgate

Dear Master Hepburn,

Registration for NHS Dental Care

It is approaching 15 months since your last registration date and under NHS regulations your registration with the practice is due to lapse soon.

To be eligible for the full range of NHS dental treatment including emergency care, it is necessary to be registered with the dentist of your choice. In order that your registration may be kept current would you please contact the surgery to arrange an appointment.

Thankyou

Simpson Medical Group

Bathgate Primary Care Centre, Whitburn Road, Bathgate, EH48 2SS

Partners: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED]

Phone: [REDACTED]

9th February 2004

**Carer of
Master Paul Hepburn
Moorehouse School
21 Edinburgh Road
Bathgate**

Dear Sir/Madam

Due to a change in clinic times Paul's appointment for asthma review has been changed to 2nd March at 2 pm. If this is not convenient then please telephone the Surgery to arrange a more suitable one.

Yours sincerely

[REDACTED]

[REDACTED]

2-4 GEORGE STREET
BATHGATE
WEST LOTHIAN
EH48 1PW



DOLLOND & AITCHISON
The Opticians

Tel: [REDACTED]

Master P Hepburn
Moorhouse School
21 Edinburgh Road
Bathgate
West Lothian
EH48 1EX

14th April 2003

Dear Master Hepburn

We recently contacted you to advise you that your spectacles are ready for collection. If you have already collected your spectacles and this letter has crossed in the post, please accept our apologies.

We want to ensure you are happy with the comfort of your spectacles. When you collect them an Optical Adviser will adjust your new spectacles to fit your face, check your vision and advise you on how to care for them. It is therefore important that you visit to pick up your new spectacles and if you are unable to do so in the next week, please let us know.

Our opening times are shown below and we look forward to seeing you soon. If you have any queries about your spectacles, please do call us at the number above.

Monday to Saturday
9.00am to 5.30pm

Yours sincerely

[REDACTED]
Owned and operated by
[REDACTED]

Ref A2/024751 88

SIMPSON MEDICAL GROUP

Partners: [REDACTED]

~
Bathgate Primary Care Centre, Whitburn Road, Bathgate, EH48 2SS

Phone: [REDACTED]

15 JAN 2004

Our Ref: ASTHMA REVIEW

Mr Paul Hepburn
Moorehouse School
21 Edinburgh Road
Bathgate
EH48 1EX

Dear Mr Hepburn

According to our records, you are due to attend the Asthma Clinic for a follow-up visit.

Please arrange an appointment with our Receptionists to attend one of the Asthma Clinics being held during the month of FEBRUARY.

When you attend, please bring with you:-

- 1) current inhalers
- 2) Peak flow recordings, if you are doing these.

We look forward to seeing you again.

Yours sincerely

[REDACTED]

SIMPSON MEDICAL GROUP

Partners: [REDACTED]

~
Bathgate Primary Care Centre, Whitburn Road, Bathgate, EH48 2SS

Phone: [REDACTED]

DATE AS POSTMARK

Our Ref: ASTHMA REVIEW

Mr. Paul Hepburn
Moorehouse School
21 Edinburgh Road
Bathgate
EH48 1EX

Dear Mr. Hepburn

According to our records, you are due to attend the Asthma Clinic for a follow-up visit.

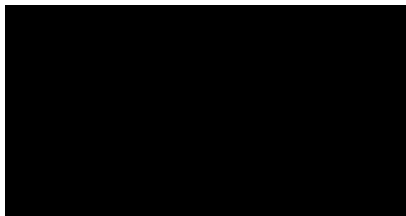
Please arrange an appointment with our Receptionists to attend one of the Asthma Clinics being held during the month of JANUARY.

When you attend, please bring with you:-

- 1) current inhalers
- 2) Peak flow recordings, if you are doing these.

We look forward to seeing you again.

Yours sincerely



CONFIRMED BY [REDACTED] on 28/10/02.

Car bkd & diaried, also with Admin. [REDACTED]

RECEIVED
28 OCT 2002

EDINBURGH
ORTHODONTICS

ORTHODONTIC SPECIALISTS

Parent/Guardian of :Mst Paul Hepburn
Moorehouse School
Bathgate

EH48 1EX

Orthodontist: [REDACTED]
Please Quote: 07762
25th October 2002

Dear Parent/Guardian,

Re: Mst Paul Hepburn

Your dentist has referred Paul for an orthodontic assessment.

An appointment has been made on:

Thursday 20th February 2003 at 15:15

THIS APPOINTMENT MUST BE CONFIRMED BY TELEPHONING US ON [REDACTED] WITHIN FIVE DAYS OF RECEIVING THIS LETTER. IF THIS APPOINTMENT IS NOT CONFIRMED IT MAY BE OFFERED TO ANOTHER PATIENT. If this appointment is not suitable we will be happy to arrange an alternative with you.

At this appointment, [REDACTED] will take full clinical records and discuss any treatment that is appropriate. Your visit may take up to 30- 40 minutes.

A charge will be made if an appointment is not kept, or is cancelled with less than 24 hours notice.

A practice leaflet is enclosed. We look forward to welcoming you to the practice.

Yours sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**INITIAL MEDICAL AND HEALTH ASSESSMENT
(LOOKED AFTER CHILD/YOUNG PERSON) (PART 2)**
(TO BE COMPLETED WITHIN SIX WEEKS OF BEING LOOKED AFTER)

PLEASE READ NOTE BELOW BEFORE COMPLETING FORM

CONFIDENTIAL

Instructions to Social Worker

- ▶ If it is unclear who will carry out Part 2 of the assessment, the District Medical Adviser should be notified without delay and will co-ordinate arrangements.
- ▶ Copies of Form 170 and 169 should be distributed to the child/young person's file; the current carer; the GP with whom the child/young person is registered and the District Medical Adviser.
- ▶ The Practice Team responsible for the child/young person must ensure that any prescribed treatment or advice on promoting the health of the child/young person is followed through.

PLEASE USE BLOCK CAPITALS

TO BE COMPLETED BY SOCIAL WORKER

Date

29.3.02

Surname HELBURN		Forename PAUL.	
Known As			Date of Birth 12.1.88
Date of start of being looked after 01-03-02		Legal Status SENT TO	
Home Address		Current Address at which he/she is being looked after MOORE HILLS SCHOOL 21 EDINBURGH ROAD BATHCATE	
School/Nursery Attended			
Place of Examination SIMPSON MEDICAL GROUP			Date of Examination 29/03/02
Person Accompanying Child/Young Person CARER.		Social Worker [REDACTED]	
		Practice Team DUMFRIES & GALSWAY.	
Source of Consent to Examination (ie parent, young person, person holding parental rights)			

SURNAME

HEPBURN

DATE OF BIRTH

12.1.88.

1 Immunisation Status Complete?

Yes

☐

No

☐

Unknown

☒

Comments (eg if unknown, who will check records)

- Haini had BCG yet.
- Previous records not available re other immunisations.

2 Developmental assessment (include information from most recent screening with date, if available)

Gross Motor	Date
No obvious problem	
Fine Motor/manipulative/vision	Date
Vision okay with glaucoma [REDACTED]	
Hearing/communication	Date
No gross problem today	
Social/behaviour (including self-care skills and toilet training)	Date
No problem identified today	
Level of Educational Attainment in relation to potential	Date
No information available	

3 Relevant Background Information

Past Medical History (include any conditions requiring medication, any known allergies and specialist referrals)	Family History
- Born over bank at age 2yr - Asthma. - Eczema	Dad - asthma and angina

4 Do you consider that there is an issue concerning HIV or Hepatitis infection for this child/young person or his/her family?

None known to me.

Previous records not available to me as yet.

SURNAME HEBURN	DATE OF BIRTH 12-1-88
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5 Problems (including specific diagnosis) identified during this assessment

- Eczema - Dry & excoriated. Flexures and chest wall.

6 Further action required

(a) Further investigation of identified or potential medical factors No.	Referred to
(b) Further developmental/educational assessment No.	Referred to
(c) Referral to Special Needs Register No.	Referred to
(d) Other (eg, counselling, family planning advice, bereavement work) No.	Referred to

Action taken

Further appointment arranged with current practitioner ☐	Specify	None
Referred to specialist/ paediatrician ☐	Specify	
Social Worker informed ☐	Specify	

Signature	[Redacted]			Address	[Redacted] SIMPSON MEDICAL GROUP BATHGATE PRIMARY CARE CENTRE WHITEBURN ROAD, BATHGATE. EH48 2SS	
Name	[Redacted]			Phone Number	[Redacted]	
Designation	G.P.			Date	29-3-02	

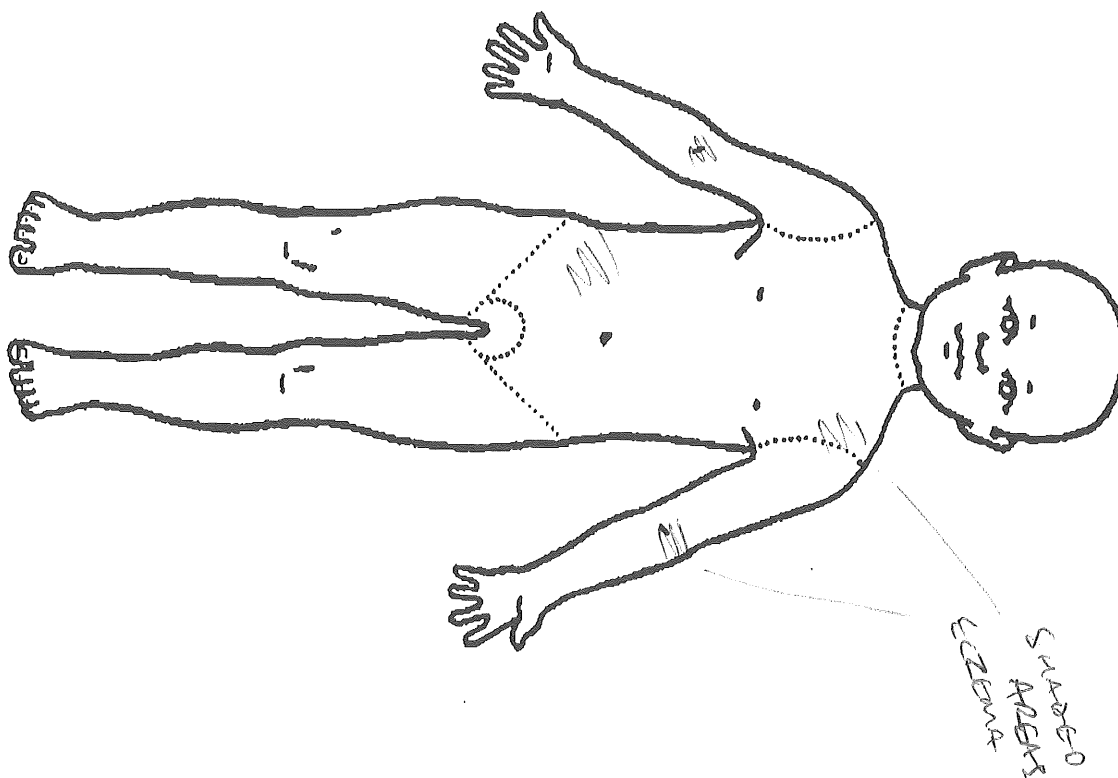
Child/Young Person's Surname

Hickman

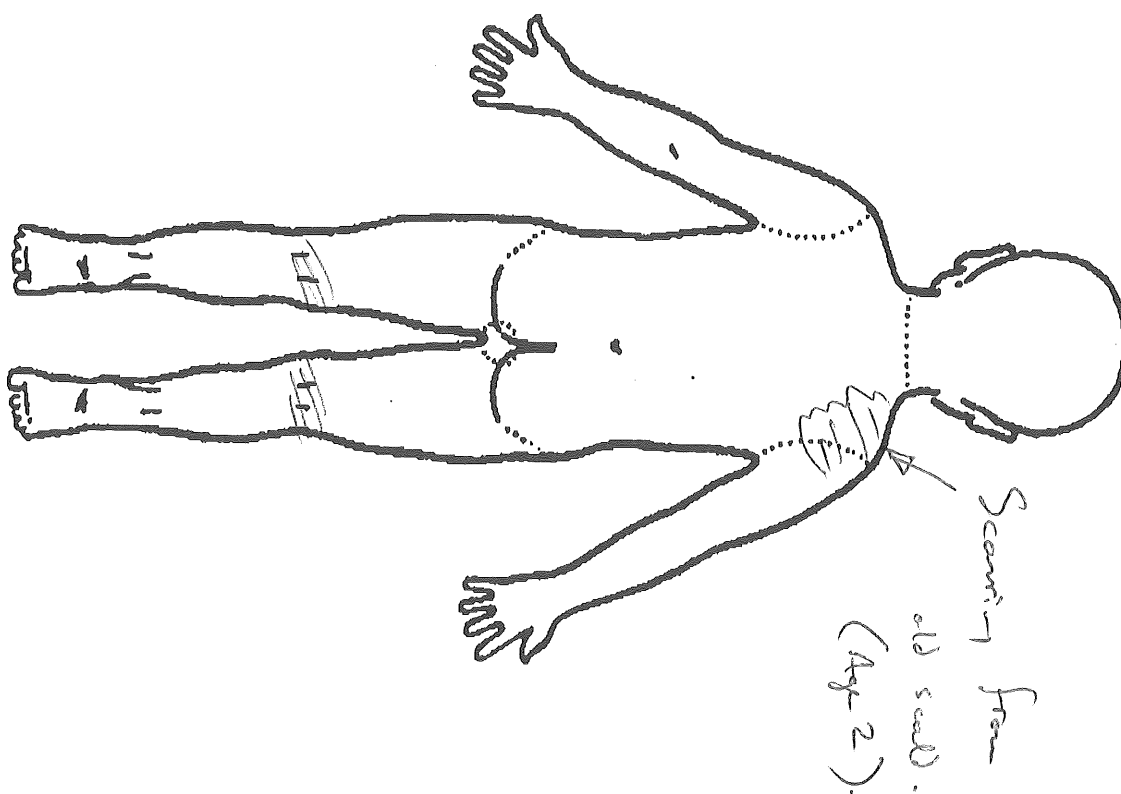
Date of Birth

12 . 1 - 88

FRONT



BACK



Please indicate on the charts any areas of bruising or abrasions and describe clearly on the form.

HEALTH

All correspondence, reports, etc. from G.P, Dentist, Hospital, etc.
Medication record to be kept in this module.

Note: Medical forms should be kept in this module.

NAME: Paul Hepburn

[illegible]

1

2

Page No.

19/01/04

Date Completed

[Redacted]

Person completed sheet handed to.

A SEPARATE RECORD SHOULD BE FILED FOR EACH PERSON INVOLVED. It should then be removed and handed to the person or Department noted on the front cover of the book for safe keeping.

Pupil Injured

Name.....PAUL HARBURN.....
Year.....MOORE HOUSE SCHOOL.....Form.....COACH HOUSE.....

Person Reporting Incident

Teacher ☐ Pupil ☐ Other ☒
Name.....[Redacted].....
Dept/Form.....COACH HOUSE.....

Incident Details

Date.....19/01/04.....Time.....
Place.....OUTSIDE AREA - COACH HOUSE.....

Description of Incident

WHILST PLAYING PAUL TRIPPED CAUSING
CUT TO LEG

Pupil treated by.....[Redacted].....
Position.....SCCW.....
Action taken.....FIRST AID TREATMENT AND
SENT TO A&E FOR STITCHES

Parents informed? Yes ☒ No ☐
Signed.....[Redacted].....Date.....19/01/04.....

Initial box if incident is reportable under RIDDOR ☐

Tick if risk assessment required ☐