

LINKS HEALTH CENTRE
MONTROSE Hospital

USE BALL POINT PEN AND BLOCK LETTERS

Accident and Emergency No.

Maiden Name

20 AUG 2009

Age

17

Next of Kin and Relationship (Contacted YES / NO)

Surname Red 2055 100592 D. of B.

First Name Lee C. State

Address C/O ROSSIE SECURE ACC Sex

Montrose DD10 9TW

Occupation ... MPI No. (last 4 digits)

Date and Time of Injury 190809 1030 Accident Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic

Other (Specify)

Drugs: Pencillin Allergy YES Insulin NO Steroids NO A.T.S.

DIAGNOSIS:

SELF-INFLICTED LACERATION
(L) UPPER ARM.

MEDICINES PRESCRIBED

DOSE

GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

Allergies - PENICILLIN Med-Nil

DMH - Nil

PATIENT C/H HAS (L) UPPER ARM THIS MORNING WITH A PIECE OF GRASS -
SELF-HARMING.1/4" HORIZONTAL SKIN-THICKNESS LACERATION TO (L) UPPER ARM JUST ABOVE
ELBOW CREASE - WIDEST AT LATERAL END WHERE IT IS APPROX 0.75CM WIDE
TAPERING TO ZERO AT MEDIAL END. BASE OF WOUND VISUALISED WITH NO APPARENT
SUBCUTANEOUS DAMAGE. NORMAL & FULL RANGE OF MOVEMENT IN (L) ELBOW.

IMP - SELF-INFLICTED SKIN-THICKNESS LACERATION.

PLAN - WOUND TREATED WITH NORMASOL - 1/4" STERIS X 6 WITH GOOD EDGE
APPOSITION.

ALGOSTERIL GAUZE CRUX.

TO LEAVE DRESSING INSTU FOR 48 HOURS AND REVIEW AS NECESSARY.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Doctors' Signature

Print Name For Legal Reasons

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster
To: G.P.		Discharged	
OP Clinic			
Ward No.			
Other Hospital			

Name and Address of Family Doctor:

Annabank

CODE

A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z

LINKS HEALTH CENTRE
MONTROSE Hospital

USE BALL POINT PEN AND BLOCK LETTERS 2055

Accident and Emergency No.

Maiden Name ... Age ...

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

Date Times (24hr. clock) Referred by G.P. Transport Ambulance Other

DIAGNOSIS:

Surname REID 100592 D. of B.

First Name LEE C. State

Address 10 ROSSIE SCHOOL H Sex

Occupation ... MPI No. (last 4 digits)

Date and Time of Injury Accident Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (Specify)

Drugs. Penicillin Allergy Insulin Steroids A.T.S.

MEDICINES PRESCRIBED DOSE GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

Returned

Opened again & bleedie
Patient denies any
involvement in opening
wound.

Rx 1% lignocaine 0.5ml.

W.O problem to close lateral
edge of wound

SITES X-RAYED:

X-RAY FINDINGS:

THB(MR)5A (Rev.3/94)

release crink - repad as
necessary. Rossie nurse to care
ROS 7/10 day for.

Doctors Signature S.M. Q. U. S. T. A. N.

Print Name For Legal Reasons S.M. Q. U. S. T. A. N.

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster
To: G.P.		Discharged	
OP Clinic			
Ward No.			
Other Hospital			

Name and Address of Family Doctor:

A' BANK

CODE		
A	P	V
B	Q	W
C	R	X
D	S	Y
E	T	Z