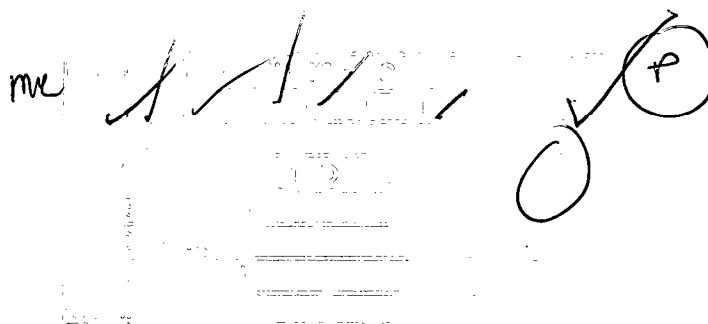
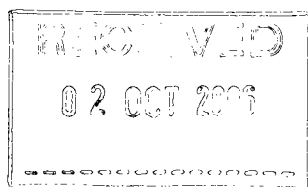


FRASERBURGH HOSPITAL

REID, LEE
BREEDLESS CROFT
TURRIFF

0968366H DR. R. LIDDELL (31723)
10/05/1992 OP NLMI CLINIC FRASERBURG
1005922055

27/09/2006 GEF06-3681 L WRIST
I am not convinced of any definite bony injury.



DR. A. THOMPSON/TS
29/09/2006 WRIST

REPORTED USING VOICE
Final CHI: 1005922055
GEF06-3681/0968366H

Hospital Use only	Clinic	Day Date	Time	Hospital No:
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Ambulance required?

No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

--	Royal Cornhill Hospital Cornhill Road Aberdeen AB25 2ZF
Young People's Department	
Hosp email:	
Hospital Unit No: 0968366	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

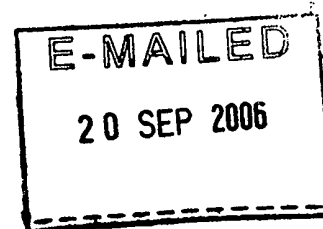
Reid	Breedless Croft DUNLUGAS TURRIFF
Lee	
Previous surnames:	
Title: Mr	
Male	
10/05/1992	AB53 4NR
1005922055	01261 821380

REFERRING PRACTITIONER DETAILS:

Dr Katrina Duthie	Turriff Medical Practice Balmellie Road Turriff AB53 4DQ
Tel: 01888 562323	
Fax: 01888 564010	

REGISTERED GP DETAILS:

Dr C Nickford	Turriff Medical Practice Balmellie Road Turriff AB53 4DQ
Practice No: 31723	
GP No: N63720	
Fax: 01888 564010	Tel: 01888 562323



BS

History of Presenting Complaint

This pleasant 14 year old chap attended today with his foster dad. He has been in foster care for a year and seems to be quite settled there. The problem appears to be that he has been excluded from a couple of schools. He says himself that he can be fine a lot of the time and then he does not know what happens he just changes and he has to be horrible, offensive, swears etc.

Apparently his mum died when he was 9 and he was with her when she died. I am not exactly sure what she died of. He stayed with his maternal grandmother until the last 1 1/2 years when she got fed up of his behaviour and said that she could not cope any more. He sees his father every week at the weekends in Aberdeen. He has a 17 year old sister who he does not see very often. He enjoys his food, sleeps well, gets weepy at times and struggles in relation to his behaviour.

I wondered if he could be seen to see if talking through his problems might have a beneficial effect on his long-term behaviour. He seemed to be a pleasant young man who has had a tough time.

Many thanks.

Reason for Referral (& Expectation of Outcome)**Past Medical History**

01/01/1992 Acute bronchitis and bronchiolitis (H06..)
 01/10/1992 Asthma NOS (H33zz)
 01/10/1992 Atopic dermatitis/eczema (M111.)
 01/12/1992 Acute exacerbation of asthma (H333.)
 01/01/1993 Constipation (19C..)
 01/01/1995 Chronic constipation with overflow (J5201)
 01/01/1995 Diagnostic proctoscopy and biopsy of lesion of rectum (772A0)"excluded Hirschsprung's disease"
 01/01/1997 Referral to child psychiatrist (8H4P.)"Long standing constipation and encopresis"
 05/05/1999 Chronic constipation without overflow (J5202)
 23/03/2000 Leg pain (N245.)"NAD - probably behavioural"
 01/01/2001 Suspected malignancy hyperpyrexia under GA
 01/01/2002 Fracture of scaphoid (S2420) [Left]
 01/01/2004 Head injury (S646.)"after fall at school". No loss of consciousness.
 01/01/2005 Head injury (S646.)"after falling off rope swing"

Current and Recent Medication

Nil

Clinical Warnings (eg allergies blood-borne viruses)

01/01/2005 H/O: penicillin allergy (14L1.)
 "Rash"

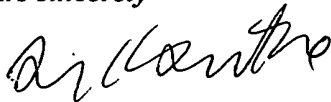
Additional Relevant Information

Smoking

Current smoker (24/01/06)

Alcohol

Yours sincerely



Dr Katrina Duthie

19 September 2006