Registration Details - Patient No: 9626

Personal details...		Address details...	
Date of birth	28/02/1992	**Post Code**	G21 3SX
Sex	M	**House Name Flat No**	1-1
Surname	McCulloch	**No and Street**	46 Galloway Street
Previous Surname	Pyrah	**Village**	
Forenames	Steven	**Town**	GLASGOW
Calling Name	Steven	**County**	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	707 501 6458		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	**Home Tel No**	0141 534 7482
Registered GP	Dr Ula Chetty	**Work Tel No**	
Usual GP	Dr Helen Campbell	**Mobile Tel No**	07544972710
Residential Inst		**E Mail Address**	
Branch Surgery	Allander Surgery SB	**Next of Kin**	
CHI Number	2802926411	**Carer**	

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number	S	**Blocked Special**	
Records At	Allander SB	**Walking Quarters**	

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	05/02/2014		

AMS\MCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Consultations

08/09/2023 11:16	Dr Helen Campbell at Medicine Management
Medication	Co-Codamol 30/500 Tablets *50 TABLET TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) DO NOT TAKE WITH PARACETAMOL. CAN CAUSE DROWSINESS*
08/09/2023 08:56	Ms Amanda McLean at Medicine Management
Comment	Sister Stacy called, Pt had accident a&e letter in docman, taking paracetamol and ibuprofen not helping in lot of pain cant sleep asking for stronger painkiller
18/01/2022	Dr Linda Cherry at Allander Surgery Possil
Problem	mood ok not going out a bit agrephobia years no panoc attacks general issues sleep poor apetite ok look at councilling heart burn no abd pain haedaches for wye check check h pylori look at gamh review few weeks
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*
Test Request	Full Blood Count - *Requested*, Helicobacter Faecal Antigen - *Requested*
12/01/2022	Dr Linda Cherry at Allander Surgery Possil
Problem	Telephone consultation (instead of face to face) due to COVID-19- had drink new year and now very confuse d . had 3 bts buckfast and very confused . STILL VERY ANXIOUS now sitting and very anxious mood ok till drinking not as bad some underlying no voices and very confused with tv . has had some

	diazepam had diazepam tid for a frew day no different
Medication	Diazepam Tablets 2 mg *21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
	Mirtazapine Tablets 15 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Test Request	Glucose - *Requested*, Vitamin B12 - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, Gamma GT - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*
Follow Up	much the same
---	---
-	----
05/05/2021	Dr Linda Cherry at Telephone Consultation
Problem	Telephone consultation (instead of face to face) due to COVID-19- confusion better and a bit better not wish councouncilling
---	---
-	----
04/05/2021	Dr Linda Cherry at Data Entry
Problem	low folate raised alt and wbc
Medication	Folic Acid Tablets 5 mg *84 tablet ONE TO BE TAKEN EACH DAY*
Test Request	Full Blood Count - *Requested*, Liver Function Tests - *Requested*
---	---
-	----
28/04/2021	Dr Linda Cherry at Telephone Consultation
Problem	from sister very anxiuys palpitations sweats and cofuse no low mod not eating or getting pot of bed no symptoms of psycosis consider springpark
Medication	Mirtazapine Tablets 15 mg *28 tablet ONE TO BE TAKEN AT NIGHT*
Test Request	Glucose - *Requested*, Vitamin B12 - *Requested*, Bone Profile - *Requested*, CRP - *Requested*, Urea and Electrolytes - *Requested*, Ferritin - *Requested*, Liver Function Tests - *Requested*, Folate - *Requested*, Thyroid function tests - *Requested*, ESR - *Requested*, Full Blood Count - *Requested*
Medication	Diazepam Tablets 2 mg *42 tablet TWO TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED*
---	---
-	----
27/04/2021	Dr Alastair Douglas at Allander Surgery Possil
History	at OOHs. Acute anxiety. ?xs caffeine
---	---
-	----
19/01/2018	Anp Emma Griffiths at Allander Surgery Possil
Comment	DNA asthma review
---	---
-	----
08/01/2018	Dr Linda Cherry at Allander Surgery Possil
Problem	cough and spit greem wheezey and braethless see nurse p90 0296 chest nad
Medication	Prednisolone Tablets 5 mg *40 TABLET EIGHT TO BE TAKEN IN THE MORNING*
	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
	Salbutamol Cfc-free inhaler 100 micrograms/puff *1 INHALER ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY*
---	---
-	----
08/01/2018	Dr Margaret Craig at Telephone Consultation
History	flu symtoms had for 3 weeks 07516491298 partner TRIAGE. cough/ sore chest 3/52/ now sore head++ cough ongoing see
---	---
-	----
28/05/2015	Dr Alastair Douglas at Encounter
History	Current smoker Frontal headache left side of forehead - intermittant for a few days. Worse when stooping. Some nasal congestion. No photophobia. PERLA. Imp - sinusitis
	Smoking cessation advice
Examination	O/E - BP reading
	Blood pressure reading 130/80 mm Hg
Social	Teetotaller
Medication	Amoxicillin Capsules 500 mg *15 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY*
	Paracetamol Tablets 500 mg *64 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)*
Additional	Fast alcohol screening test, 0 /16
	Alcohol screen - fast alcohol screening test completed
---	---
-	----
13/01/2015	Dr Susan McKean at Allander Surgery Springburn
History	Lump on left elbow - had it for months >1 year. Not sore or really bothering him, but getting steadily bigger and more prominent. Funny colours at times - can be bright red or blue. Small but very prominent dark pink, cystic lesion just below

	point of left elbow. Not tender. Started as very small thing, but getting steadily bigger. Refer Surgical.
02/05/2014	Dr Susan McKean at Data Entry
History	DNA appointment
10/04/2014	Dr Susan McKean at Data Entry
History	DNA appointment
12/02/2014	Dr Susan McKean at Allander Surgery Springburn
History	Partner with him - doing most of the talking initially. Needs a sick line.. Suffers from depression, bad since GM died, self harm - bites at knuckles a lot. Moved from east Glasgow. Has been feeling down for months. Was referred to Psychiatrist in August - seen for first assessment at Parkhead - started on Fluoxetine, but only took for a month, not sure if it was helping much. Partner says that he was doing better before they moved, sister nearby, did better then, but now away from sister and more withdrawn, does not want to do anything, feeling down all the time. Had been helping more with young child, but not now. Has Social Worker - seen once a week - Helen - has said she is arranging counselling and bereavement counselling for him - but she is on holiday this week. Initially very distant, but more spontaneous towards end of consultation. He was brough up in care - mother abandoned him, feels it all came back to him when his grandmother died recently, difficult past. Given contact details for Lifelink / Lifelink crisis. Start Fluoxetine again. Review in 3 weeks.
Medication	Fluoxetine Hydrochloride Capsules 20 mg *28 capsule ONE TO BE TAKEN EACH DAY*
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: ND; Duration: 11/02/2014 - 13/05/2014)
23/01/2014	Ms Vanda Clelland at Allander Surgery Springburn
Comment	moved to the area with partner and child

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7358709**	Receive Date:	**29-Jun-2024 15:19**
Patient's Name:	**Steven Mcculloch**		
Date of birth:	**28-Feb-1992 (32 years)**	Gender:	**M**
Address:	**1/1** **46 Galloway Street** **Glasgow** **G21 3SX**	Current Address:	**1/1** **46 Galloway Street** **Glasgow** **G21 3SX**
Return Contact No:			
Tel No:	**07799 468205**		**07799 468205**
Mobile No:			
Priority:	**within 4 hours**	Call Origin:	
Received:	**29-Jun-2024 15:19**	Calltype:	**Attend OOH Appointment**
Advised:	**15:44**	Arrived PCC:	**29-Jun-2024 19:16**
Cons start:		Cons End:	
Consulting Doctor:	**Tracy Crawford**	Own doctor:	**Alastair Douglas**

CHI Number:
2802926411

NHSD details:

Receptionist:
NECK PAIN - 1/7
PCC4 PCEC within 4 Hrs
Clinical summary created by: Angela Martin (Call Taker Si) () [29/06/2024 15:45:05] Reason for call: NECK PAIN - 1/7 29:06:2024 15:19:48 MARTINA4.. 3/7 - UNWELL - 1/7 NECK PAIN & SWELLING, TONSILS HAVE PUSS, SORE TO SWALLOW & TEMP - SHIVERING.. 29:06:2024 15:43:23 RODGERT.. HAS BEEN UNWELL FOR PAST 3/7. HAS ONGOING PAIN & SWELLING . GLANDS ARE SWOLLEN AND HAS VISABLE PUSS ON TONSILS. HAS ONGOING TEMP AND HAS BEEN SHIVERING... NO SWOLLOWING AND BREATHING CONCERNS. HAS PAIN WHEN SWOLLOWING . HAS BEEN TAKING PAIN RELIEF FOR THE PAIN . NO OTHER SYMPTOMS PCEC 4HRS.. Outcome: PCEC within 4 Hrs

Triage details:

History - **in clinic area with partner**
3 day hx feeling unwell
initial headache and lethargy
yesterday developed pain in L side of neck and this morning a sore throat
fever 38.4 earlier, feeling shivery
no cough or rash
no photophobia
feels miserable
last dose brufen 3.5hrs ago

Examination - **temp 37.2 spo2 98% hr 86 bp 134/86**
k.duncan hcsw

attends with partner
talking freely no DIB
no trismus
both tonsils swollen with exudate L>R
bilateral cervical LN

Diagnosis - **tonsillitis**

Treatment - **7 days Pen V**
analgesia and worsening advice

Prescriptions:

Phenoxymethylpenicillin 250mg tablets 2 tablets - every 6 hours - an hour before food or on an empty stomach - oral 28.00

Followups:

No Follow Up

Clinical Codes:

H03.. Acute Tonsillitis

McCulloch Steven CHI: 2802926411

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 07/09/2023

Consultant: Dr Fiona Ritchie

AM Douglas
Allander Surgery
191 Denmark Street
Glasgow
Glasgow
G22 5SS

Dear AM Douglas

Re: **McCulloch Steven** DOB: **28/02/1992** CHI: **2802926411**
FLAT 1-1
Glasgow G21 3SX

Attended on: **06/09/2023 at 15:33 hrs.** Departed on: **06/09/2023 at 16:24 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
fall from motorbike

Nursing Assessment:

Investigations in ED:
1. XR Ankle Rt **2. XR Foot Rt**

McCulloch Steven CHI: 2802926411

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Other and Unspecified Parts of Foot	**Right**	**Foot**

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

***No GP action required* States fell from motorbike at ~20-30mph and injured ankle. Denies HI/LOC or any other injury. On examination there was tenderness of the anterior ankle and dorsal mid-foot. Ankle stable. XR showed NBI. Imp: Sprain. Discharged with management advice, crutches and exercises. Worsening advice given.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Elaine Urquhart
Physiotherapist

Copies to:

1. AM Douglas (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**6329322**	Receive Date:	**26-Apr-2021 21:38**
Patient's Name:	**Steven Mcculloch**		
Date of birth:	**28-Feb-1992 (29 years)**	Gender:	**M**
Address:	**1/1** **46 Galloway Street** **Glasgow** **G21 3SX**	Current Address:	**1/1** **46 Galloway Street** **Glasgow** **G21 3SX**
Return Contact No:			
Tel No:	**07799 468205**		**07799 468205**
Mobile No:			
Priority:	**Pr 4 Within 4 hrs**	Call Origin:	
Received:	**26-Apr-2021 21:38**	Calltype:	**Attend PCEC**
Advised:	**22:14**	Arrived PCC:	**26-Apr-2021 22:57**
Cons start:	**26-Apr-2021 23:23**	Cons End:	**26-Apr-2021 23:58**
Consulting Doctor:	**Ifeyinwa Ibeabuchi**	Own doctor:	**Alastair Douglas**

CHI Number:
2802926411

NHSD details:

Receptionist:
Possible Coronavirus : FEELING CONFUSED 2WKS
DPP2 Speak to clinician within 1 Hr
Clinical summary created by: Natalie Mckenzie (Call Taker Si) () [26/04/2021 22:14:42] Reason for call: Possible Coronavirus : FEELING CONFUSED 2WKS WATCHING TV NOTHING MAKING SENSE- KEEPS CHECKING THE TIME AND ITS NOT MAKING SENSE, FEELING ANXIOUS, FEELING SWEATY&SHAKY EVEN TAKING DOG OUT, OUT OF CHARACTER FOR HIM, NO COUGH, NO FEVER, NO CHANGES TO SMELL/TASTE Confirmed Symptom(s): Symptoms of Covid-19 for more than 10 days COVID 19 Assessment Risk Factor(s): Overweight Call Detail(s): Clinical supervisor: M MCNAIR 26:04:2021 21:40:01 MCKENZIEN.. DOSENT GO TO DOCTORS, TAKEN ALOT FOR PT TO DISCUSS HIS FEELINGS TO FAMILY.. DW CS M MCNAIR ADVISED TO USE COVID19 AS KW.. C19 V14 NEW CONFUSION, BREATHING FASTER THAN NORMAL-JUST WHEN ANXIOUS, FEELS HEARTS BEATING OUT OF CHEST , DW CS M MCNAIR ADVISED TO CONTINUE ASSESSMENT.. C19 V14 SWEATING ALL THE TIME, HANDS ARE SWEATY, FEELS HEARTS BEATING FASTER IN CHEST WHEN

ANXIOUS,CONFUSED, DIFFICULTY WITH CONCEPT OF TIME, LOSS OF APPETITE, DW CS M MCNAIR OUTCOME SPEAK TO DR 1.. Outcome: Speak to clinician within 1 Hr

---

Consultation details:

History - **In attendance with sister as confusion and anxiety present. (ACannon)**

2 weeks hx of confusion-doesnt feel with it.

Very anxious when out and about.

Anxious when walking dog.

Carer for son with autism.
Similar reaction when drank alcohol few years ago but this has lasted longer.

Did drink alcohol 2 weeks ago.
no pmh.

Does not normally drink.no drugs ,

Denies life stressor.
? anxiety state triggered by alcohol.
Family concerned and Steven keen for review.

History as previously documented
drinks 4-5 cans of large red bull/ day.
more than 2 coffees and teas/ day.
blanking out a lot in conversations so not making any sense to him
mood ok. very little sleep, reduced appetite.
worried about anxiety
denies any illicit drugs.
not suicidal , no auditory or visual hallucinations.

Examination - **BP 154/96 Temp 36.3C Pulse 90 02 99% BM 6.1 mmols (ACannon)**

AMT 4/4,
good eye contact. well presented.

Diagnosis - **panic attack**
Anxiety

Treatment - **advised to stop energy drinks and to cut down on coffee and teas**
follow up with GP re anxiety
Piriton nocte issued from stock

worsening advise given

Followups:
GP Follow Up

Clinical Codes:
E28.. Acute Reaction To Stress/Panic Attacks

McCulloch Steven CHI: 2802926411

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/07/2015

Consultant: Mr Alastair Ireland

AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
Glasgow
G22 5SS

Dear AM Douglas

Re: **McCulloch Steven** DOB: **28/02/1992** CHI: **2802926411**
87H LENZIE TERRACE
Glasgow G21 3TN

Attended on: **23/07/2015 at 16:37 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
left thumb laceration / injury

Nursing Assessment:

Investigations in ED:
1. XR Thumb Lt

McCulloch Steven CHI: 2802926411

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of finger(s) and thumb		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:
Patient slammed left thumb in door. Pain and small laceration. NV intact. No fracture on xray of the thumb. Discharged with analgesia and worsening advice.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Grant David Blair Burns
Doctor

Copies to:
1. AM Douglas (GP)
School Address:

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde

Call No: 4452254 **Date** 27/05/2015 **External Case**
Patient's Name: Steven Mcculloch **DOB:** 28/02/1992 **Age:** 23 years

Address Today
Flat H 87 Lenzie Terrace

Glasgow
Postcode: G21 3TN

Home Address (If Different)

Postcode:

Current Phone 07742 508638

Home Phone (If Different) 0141 316 2391

CHI Number 2802926411

Callers Name: Stacey (Sister)

Relationship to patient:

Name of GP: Douglas,Alastair(130)

Time Call Received NHS24 27/05/2015 21:23:42

Surgery: 130 191 Denmark Street / Springburn HC

Time Received OOH

Call Type: No Action Required
By Co-op

Time Patient Arrived

Priority

Consultation Start

Consultation End

Receptionist: **Time Arrived:** **Time Complete:** 27/05/2015 21:44

PAIN IS IN THE LHS OF FOREHEAD. SWELLING ON LHS OF FOREHEAD - LOOKS LIKE A LUMP BUT DOES NOT FEEL LIKE IT. SWELLING IS COMING AND GOING. SHOOTING PAINS IN HEAD WHEN HE BENDS OVER, COUGHING AND SHOUTING. ((User) (Edinburgh))

HEADACHE 4DYS SEE A/V

NOA6 Pt advised to contact practice within 12 Hrs - For Information Only

Clinical summary created by: (Nurse Advisor) (Highlands) [27/05/2015 22:44:30]
HEADACHE LHS FOR 4/7 COME & GOES AND NO HEADACHE @ CALL-THROBBING- FEELS WORSE WITH COUGHING/ BENDING- PARTNER THINKS SWELLING BUT PT NOT- BRUFEN 200MG 14;00/21;45 GOOD EFFECT- ADVISED CONTINUE/ HOME REMEDIES- WORSENING STATEMENT- GP12

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:
Started-
Finished-
Initial Assessment

History

Examination

Diagnosis

Treatment

Clinical Coding

Prescription Details

NHS Confidential: Personal data about a patient

NHS
Greater Glasgow
and Clyde

Minor Operations List – Discharge Instructions For Patient and Practice Nurse

Date: 09/03/15

Patient Details: 2802926411
MCCULLOCH M
Steven 28/02/1992
87H LENZIE TERRACE
Glasgow, Lanarkshire
G21 3TN

G.P. Details: Dr. AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
G22 5SS

Surgeon: MS T FERNANDEZ

Hospital: STOBHILL

Procedure: excision lesion under LA

Area: Left elbow

Number of Sutures: 5 stitches

Suture Material: 2-0 Dermalon

Wound Assessment Due: 16/3/15

Specific Instructions:

1. Keep a dry dressing on the wound for 48 hours
2. Your Practice Nurse will assess the wound at the above date and consider stitch removal if the wound is healing well
3. Your Practice Nurse will apply supportive tape ('Steristrips' or 'Mepore Tape') to the wound for 1 week after stritch removal if deemed necessary
4. Do not put excessive strain on the area now until 1 week after stitch removal

If you have any problems following your procedure contact:
Between 8am and 7pm Monday to Friday 0141 355 1360 or 0141 355 1359 (Day Surgery Helpline)
~~After 7pm contact NHS 24~~

16/3/15. 2.5pm 5 sutures removed as requested. Area is dry and intact. Not leaking, not gaping. No erythema. Premiapore applied and supplied. Advised to see doctor if any concerns. [illegible]

McCulloch Steven CHI: 2802926411

Clinical letter - GP: GP LETTER

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: GYNAECOLOGY
Contact Tel: 0141 355 1504
Enquiries to: Kelly Lynch
Letter Date: 16/03/2015
Reference: TF/AMMCS
Dictated Date: 09/03/2015
Transcribed Date: 09/03/2015

Dr. AM Douglas
Drs Craig douglas cherry & mckean
191 Denmark Street
Glasgow
G22 5SS

Dear Dr. Douglas,,

Steven McCulloch; D.O.B: 28/02/1992; CHI: 2802926411
87H LENZIE TERRACE, Glasgow, Lanarkshire, G21 3TN

This gentleman has attended the minor ops clinic at Stobhill Hospital to get a small sebaceous cyst removed from his left elbow. The procedure has been carried out uneventfully under local anaesthetic. There are stitches in place which will need to be removed in one week's time.

Yours sincerely

Electronically Signed: Dr Teresa Fernandez, Consultant

cc.

Registration Details - Patient No: 9145

Personal details...		Address details...	
Date of birth	28/02/1992	Post Code	G33 3PL
Sex	M	House Name Flat No	1-1
Surname	McCulloch	No and Street	23 Gantock Crescent
Previous Surname		Village	
Forenames	Steven	Town	Glasgow
Calling Name	Steven	County	Scotland
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	01501493132
Registered GP	Dr Alan Winter	Work Tel No	
Usual GP	Dr Alan Winter	Mobile Tel No	078 585 38725
Residential Inst		E Mail Address	
Branch Surgery	Edinburgh Road Surgery		
CHI Number	2802926411		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	
NHS Number			
GPass Patient ID			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	26/05/2011		

AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems

		Authorised By	Code

Past Problems

		Authorised By	Code
03/03/2012	Bell's (facial) palsy	Ms Summariser	F310
16/09/2005	Closed fracture of the distal radius, unspecified (R) greenstick	Ms Summariser	S2342
02/08/2004	O/E - divergent squint	Ms Summariser	2BD2
27/08/1999	[V]Behavioural problems	Ms Summariser	ZV40-1
01/01/1996	Foster care also 1999	Ms Summariser	8GE7
10/12/1993	Chickenpox	Ms Summariser	A52-1

Values

Date	Last Entry	Normal Range Indicator	Normal Range
05/03/2012	Ideal weight 62.62 Kg		
05/03/2012	Body Mass Index 26.08		
05/03/2012	O/E - weight 71 Kg	I	20-25
05/03/2012	O/E - height 165 cm	I---	10-250

05/03/2012 Blood pressure reading 138/75 mm Hg
05/03/2012 Cigarette smoker 10 cigarettes/day

Attachments

		Authorised By	Code
06/11/2013	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: DEPRESSION; Duration: 06/11/2013 - 05/02/2014) FitNote_304536c1-c1df-40b3-83d8-d58cb99905ce.pdf	Dr Winter	9D15

Due Diary Entries

		Authorised By	Code
27/02/2057	Influenza vaccination	Dr Winter	65E..

Overdue Diary Entries

None — Authorised By — Code

Alerts

None — Authorised By — Code

Drug Allergies

None — Authorised By — Code

Non Drug Allergies

None — Authorised By — Code

Family History

None — Authorised By — Code

Referrals

		Authorised By	Code
01/08/2013	8Hc..: Referral to mental health team (SCI Gateway Referral)	Dr Al-Agilly	8Hc

Immunisations

		Authorised By	Code
04/09/2000	Single meningitis C vaccination	Ms Summariser	657I
15/04/1997	Pre school booster dTap/IPV (Low Dose Diptheria) + MMR	Ms Summariser	PCS15905PR2
15/04/1994	Booster (single) haemophilus B vaccination	Ms Summariser	657D
15/04/1994	Measles/mumps/rubella vaccn.	Ms Summariser	65M1
07/07/1992	Third DTP (triple)+polio vacc.	Ms Summariser	65I3
02/06/1992	Second DTP (triple)+polio vacc	Ms Summariser	65I2
05/05/1992	First DTP (triple)+polio vacc.	Ms Summariser	65I1

Health Status

05/03/2012			
05/03/2012		Height 165 cm	
05/03/2012		Weight 71 Kg	
05/03/2012		Body Mass Index 26.08 kg/m2	
07/10/2013		Blood pressure reading 138/75 mm Hg	
05/03/2012		Smoking Status Current smoker	

Other Observations

		Authorised By	Code
06/11/2013	MED3 issued to patient	Dr Winter	9D11
08/10/2013	MED3 issued to patient 9/10/13 TO 6/11/13 - DEPRESSION	Dr Winter	9D11
18/09/2013	Did not attend - no reason	Dr Winter	9N42
11/09/2013	MED3 issued to patient 4 weeks from 11/9 till 9/10 depression	Dr Al-Agilly	9D11
29/08/2013	Did not attend - no reason	Dr Winter	9N42
14/08/2013	MED3 issued to patient 14/8/13 TO 11/9/13 - LOW MOOD	Dr Winter	9D11
01/08/2013	MED3 issued to patient mobile 07544972710 Sarah (partner) 07874300411 Home 0141 3217991 Discussed AW: for urgent referral Anvil Centre. Commence fluoxetine. R/v 1-2 weeks.	Dr MacLeod	9D11

21/06/2013	Did not attend - no reason		
15/11/2012	Computer summary updated		
18/03/2012	Did not attend - no reason	Dr MacLeod	9N42
05/03/2012	MED3 issued to patient beats palsey dx fom hosp / not managed to get all tabs/ px issued / rt eye not abse to close properly /plan 2 weeks rev 2 week	Ms Summariser	9348
05/03/2012	Current smoker	Dr Winter	9N42
05/03/2012	Brf intervention smoking cessn	Dr Al-Agilly	9D11
05/03/2012	Smoking cessation advice	Dr Al-Agilly	137R
14/07/2011	Computer summary updated	Dr Al-Agilly	67H6
26/05/2011	Scottish - ethnic category 2001 census	Dr Al-Agilly	8CAL
		Ms Summariser	9348
		Mrs Bowers	8121

Consultations

08/11/2013 10:05	Dr Alan Winter at Data Entry
Comment	MED3 issued to patient
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: DEPRESSION; Duration: 06/11/2013 - 05/02/2014)
08/10/2013 12:51	Dr Alan Winter at Data Entry
Comment	MED3 issued to patient 9/10/13 TO 6/11/13 - DEPRESSION
07/10/2013	Mrs Elizabeth Bowers at Edinburgh Road Surgery
Comment	patient has appt with Physchiatry on 11th October
19/09/2013 15:13	Dr Alan Winter at Data Entry
Comment	LETTER TO ATOS
18/09/2013 09:55	Dr Alan Winter at Data Entry
Comment	Did not attend - no reason
11/09/2013 12:34	Dr Sally Al-Agilly at Data Entry
History	MED3 issued to patient 4 weeks from 11/9 till 9/10 depression
28/08/2013 09:58	Dr Alan Winter at Data Entry
Comment	Did not attend - no reason
15/08/2013 09:54	Dr Alan Winter at Edinburgh Road Surgery
History	SEEN SEEN BY CPN AT ANVIL CENTRE. NOT MUCH BETTER. NEEDS TO BE ATTENDED WHEN HE GOES OUT. SLEEP PATTERN POOR. SOME THOUGHTS OF WORTHLESSNESS. DOES NOT HAVE SUICIDAL IDEATION
Comment	DUE TO SEE PSYCHOLOGY/CPN 26/8/13
14/08/2013 11:43	Dr Alan Winter at Data Entry
Comment	MED3 issued to patient 14/8/13 TO 11/9/13 - LOW MOOD
01/08/2013 16:38	Dr Caren MacLeod at Data Entry
Comment	Referred to mental health team.
01/08/2013 10:21	Dr Caren MacLeod at Edinburgh Road Surgery
Problem	Reactive depression
History	Attended with partner Sarah. Low mood and isolated in bedroom since grandmother died. He states he saw her take her last breath. Found this very hard.
Examination	Poor eye contact, low voice. Expressing thoughts of self-harm. Little speech; allows partner to tell his story.
Family History	Mother has bipolar disorder and was apparently institutionalised.
Social	Lives with partner, son and partner's father. Attends Job centre. No alcohol Smoking: has incressed recently. Was fostered as a child. Appears mother was detached and favoured his sister over him.
Comment	MED3 issued to patient mobile 07544972710 Sarah (partner) 07874300411 Home 0141 3217891 Discussed AW: for urgent referral Anvil Centre. Commence fluoxetine. R/v 1-2 weeks.

Medication	Fluoxetine Hydrochloride Capsules 20 mg *56 CAPSULE ONE TO BE TAKEN EACH DAY*
21/08/2013 09:37	Dr Caron MacLeod at Edinburgh Road Surgery
Comment	Did not attend - no reason
19/03/2012 09:47	Dr Alan Winter at Data Entry
Comment	Did not attend - no reason
05/03/2012 11:47	Dr Sally Al-Agilly at Edinburgh Road Surgery
History	MED3 issued to patient bells palsey dx fom hosp / not managed to get all tabs/ px issued / rt eye not aboe to close properly /plan 2 weeks rev 2 week
Examination	Cigarette smoker, 10 cigarettes/day Blood pressure reading 138/75 mm Hg O/E - height, 165 cm O/E - weight, 71 Kg Body Mass Index, 26.08 Ideal Weight, 62.62 Kg
Medication	Aciclovir Dispersible tablets 800 mg *28 tablet ONE TO BE TAKEN FIVE TIMES A DAY FOR SEVEN DAYS*
Additional	Smoking cessation advice
05/03/2012	Dr Sally Al-Agilly at Edinburgh Road Surgery (18805)
Additional	Brf intervention smoking cessn Current smoker

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
None				

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/08/2013	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	01/08/2013P	Dr Alan Winter	ACUTE
05/03/2012	**Aciclovir Dispersible tablets 800 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR SEVEN DAYS 28 tablet	05/03/2012P	Dr Sally Al-Agilly	ACUTE

Registration Details - Patient No: 9145

Personal details...		Address details...	
Date of birth	28/02/1992	**Post Code**	G33 3PL
Sex	M	**House Name Flat No**	1-1
Surname	McCulloch	**No and Street**	23 Gantock Crescent
Previous Surname		**Village**	
Forenames	Steven	**Town**	Glasgow
Calling Name	Steven	**County**	Scotland
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	**Home Tel No**	01501493132
Registered GP	Dr Alan Winter	**Work Tel No**	
Usual GP	Dr Alan Winter	**Mobile Tel No**	078 585 38725
Residential Inst		**E Mail Address**	
Branch Surgery	Edinburgh Road Surgery		
CHI Number	2802926411		

Practice Information...		Distances	
Dispensing	N	**Rural Mileage**	
Hospital Number		**Blocked Special**	
Records At		**Walking Quarters**	
NHS Number			
GPass Patient ID			

Further Information		Upload Consent	
Long/Short stay or Dead		**SCI-DC Consent**	Implied Consent (default)
Date of registration	26/05/2011		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	**Patient Consent**	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems		Authorised By	Code

Past Problems		Authorised By	Code
03/03/2012	**Bell's (facial) palsy**	Ms Summariser	F310
16/09/2005	**Closed fracture of the distal radius, unspecified** (R) greenstick	Ms Summariser	S2342
02/08/2004	**O/E - divergent squint**	Ms Summariser	2BD2
27/08/1999	**[V]Behavioural problems**	Ms Summariser	ZV40-1
01/01/1996	**Foster care** also 1999	Ms Summariser	8GE7
10/12/1993	**Chickenpox**	Ms Summariser	A52-1

Medication

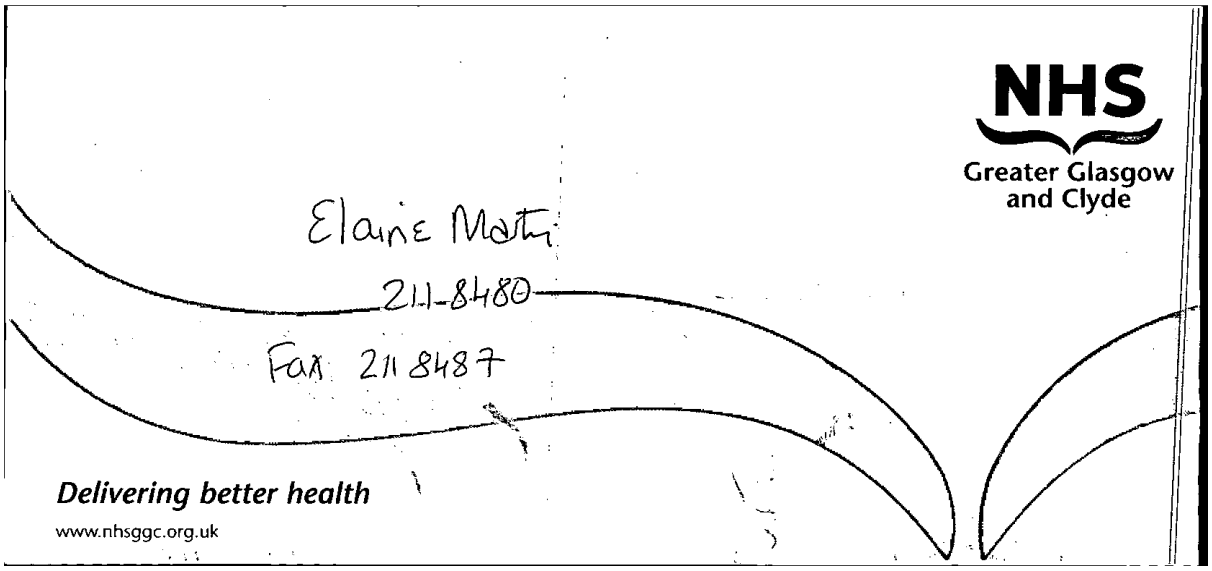
Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
01/08/2013	**Fluoxetine Hydrochloride Capsules 20 mg** ONE TO BE TAKEN EACH DAY 56 CAPSULE	01/08/2013P	Dr Alan Winter	ACUTE
05/03/2012	**Aciclovir Dispersible tablets 800 mg** ONE TO BE TAKEN FIVE TIMES A DAY FOR SEVEN DAYS 28 tablet	05/03/2012P	Dr Sally Al-Agilly	ACUTE



NHS
Greater Glasgow and Clyde

Glasgow City Community Health Partnership
North-East Sector

Anvil Centre
81 Salamanca Street
Parkhead
Glasgow
G31 5BA
Tel: 0141-211-8480
Fax: 0141-211-8474

Our Ref EM/AC

Dr Al-Agilly
Edinburgh Road Surgery
463 Edinburgh Road
G33 3AL

16.12.13

Dear Dr Al-Agilly

RE: - Steven McCulloch Chi No 2802926411 1-1 23 Gantock Crescent Glasgow G33 3PL

Thankyou for your referral of the above named gentleman whom I have only seen on one-occasion for assessment. Thereafter despite numerous telephone calls and also the offer to see him at his home I have been unable to engage with Mr McCulloch due to his non-contact and attendance.

When I seen Mr McCulloch he was in the presence of his partner who did most of the talking for him at his request when I explained the need for him to tell me things himself he did interact. His partner Sarah told me that she had great difficulty getting him to leave his bed which is why I offered him a home visit. My aim was to do an ongoing assessment to determine short-term and long standing concerns which Steven presented with.

At this time I have no option but to discharge Steven due to non-engagement despite numerous attempts to engage him as I have already said.

Please do not hesitate to contact me if you wish to discuss this further or you would like more information.

Yours Sincerely

Elaine Martin

Elaine Martin
Community Psychiatric Nurse

NHS Confidential: Personal data about a patient

MALE	SURNAME	CHRISTIAN NAMES
	McCULLOCH.	STEVEN

ADDRESS 27 HARBOUR PLACE BURNTISLAND | Date of Birth 28 02 92

DATE	* C * F	CLINICAL NOTES	DIAGNOSIS
26/7/05		Coughing fits c̄ Exercise Nitwhear → Atrovent Forte	
		361 Ashgill Rd	
		Milltown-	
		Glasgow	
		Dr Trolland	

DATE	* C * F	CLINICAL NOTES	DIAGNOSIS

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27/223 TR. F15

MALE

SURNAME: M COLLOCH

CHRISTIAN NAMES: STEVEN

ADDRESS: C/O BROWN 93 LANRIG G69 9NT

Date of Birth: 28 | 2 | 82

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
13/6/96		Bed wetter MSM. supported by Yorkhill.	
		Home Address:	
		998 Carlton Rd	
		Gathamlock	
		J f SCULLION	

NHS Confidential: Personal data about a patient

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS

McCulloch, Steven Milton Medical Centre
DoB: 28/02/1992 **Report Valid On 16/05/05 10:33** Page number 1

Registration

Mr Steven McCulloch
361 Ashgill Road
MILTON
GLASGOW
G22 7HN
Telephone:
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2802926411
Occupation:
Registered GP: Dr RM Trollen
Registered: 27/10/1999
BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 28/02/1992
Age: 13
Marital Status: Single

Priority Clinical / User Marker

02/08/2004	High	Divergent squint
26/04/2002	High	[V]Behavioural problems
27/08/1999	High	Enuresis
27/08/1999	High	Hyperactive behaviour
27/08/1999	High	Soiling - encopresis
29/07/1994	High	Head injury
07/02/1994	High	Burn - unspecified Hand

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Clinical / User Marker

02/08/2004	High	Divergent squint
26/04/2002	High	[V]Behavioural problems
27/08/1999	High	Enuresis
27/08/1999	High	Hyperactive behaviour
27/08/1999	High	Soiling - encopresis
29/07/1994	High	Head injury
07/02/1994	High	Burn - unspecified Hand
24/11/1999	Medium	Patient MRE received from HB
27/10/1999	Medium	Patient reg. form sent to HB
27/08/1999	Medium	Dental caries
02/09/1995	Medium	[D]Abdominal pain
02/09/1995	Medium	[D]Vomiting

02/09/1995	Medium	Acute tonsillitis
15/12/1993	Medium	[X]Abdominal wall abscess
16/05/2005	Low	Notes summary on computer
02/08/2004	Low	Seen in ophthalmology clinic
29/06/2004	Low	Child and adolescent psychiatry
27/08/1999	Low	Seen in developmental clinic
02/09/1995	Low	Admission to hospital
29/07/1994	Low	Admission to hospital
24/02/1994	Low	Seen in other clinic review hand clinic
10/02/1994	Low	Seen in other clinic review hand clinic
07/02/1994	Low	Admission to hospital

Screening

04/09/2000	**Meningitis C Imm**	First Meningitis C Vaccination	
No Action Required		Do not send recall letter	Do not send result letter
15/06/1999	**Mmr Immunis.$$**	Measles/mumps/rubella vaccn.	
No Action Required		Do not send recall letter	Do not send result letter
15/04/1997	**Hib Imm(over 13 Mth)$$**	Single Hib vaccination	
No Action Required		Do not send recall letter	Do not send result letter
15/04/1997	**Preschool Immunis.$$**	Booster DT + Polio + MMR	
No Action Required		Do not send recall letter	Do not send result letter
07/07/1992	**3rd Primary Immunis.$$**	Third DTP (triple)+polio vacc.	
Repeat after an Interval - 9 Weeks		Do not send recall letter	Do not send result letter
02/06/1992	**2nd Primary Immunis.$$**	Second DTP (triple)+polio vacc	
Repeat after an Interval - 6 Weeks		Do not send recall letter	Do not send result letter
05/05/1992	**1st Primary Immunis.$$**	First DTP (triple)+polio vacc.	
Repeat after an Interval - 6 Weeks		Do not send recall letter	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	
07/12/1999	Medium	Stobhill NHS Trust	A+E	Investigate	Self Referral
01/02/2000	Medium	Stobhill NHS Trust	A+E	Investigate	Out Patient
09/03/2004	Low	Stobhill NHS Trust	Ophthalmology	Investigate	Out Patient

Dr PM Geddes

1st Visit

Full Report

Mr Steven Mcculloch **28/02/1992** **Male** **707 501 6458** **Permanent**

Address
26 Ainsdale Road Bolton BL3 3BY Address Type: Main address

Communication numbers
Mobile phone 07858538725

Problems
Currently Relevant Started: 16/08/2012 Ended:

Medical History
02/10/2012 Notes summary on computer Dr Bolton Medical Centre
02/10/2012 Lloyd George-culled+tagged Dr Bolton Medical Centre
02/10/2012 Lloyd George record received Dr Bolton Medical Centre
10/09/2012 Failed encounter HCA Dr Bolton Medical Centre
06/09/2012 Implied consent for core Summary Care Record dataset upload Initial SCR consent is 9Ndl.
03/09/2012 Health assessment questionnaire Well Person Questionnaire Bolton Medical Centre Well Person Questionnaire Mrs Vicki Lea
03/09/2012 Smoking cessation advice Mrs Aneesa Vahora
03/09/2012 Alcohol screen - AUDIT C completed score 1 Mrs Aneesa Vahora
03/09/2012 No relevant past medical hist. Mrs Aneesa Vahora
17/08/2012 Failed encounter HCA-NPHC Dr Bolton Medical Centre
16/08/2012 Alcohol screen - AUDIT C completed Score 0 Dr Bolton Medical Centre
16/08/2012 Disability assessment-physical No known disability Dr Bolton Medical Centre
16/08/2012 Christian Dr Bolton Medical Centre
16/08/2012 Main spoken language English Dr Bolton Medical Centre
16/08/2012 British or mixed British - ethnic category 2001 census Dr Bolton Medical Centre
14/09/2005 Fracture at wrist and hand level right distal radius
02/08/2004 O/E - divergent squint
27/08/1999 Hyperactive behaviour
29/07/1994 Head injury

Consultation
02/10/2012 Administration Mrs Vicki Lea
02/10/2012 Administration Mrs Denise Monks
10/09/2012 Administration Mrs Vicki Lea
04/09/2012 Third Party Consultation Mrs Vicki Lea
03/09/2012 Clinic Mrs Aneesa Vahora
17/08/2012 Administration Mrs Vicki Lea
16/08/2012 Administration Mrs Vicki Lea

Blood pressure
03/09/2012 17:33.00 BP 118/81 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading

Smoking
03/09/2012 Smoker cigarettes per day Not interested in stopping smoking Mrs Aneesa Vahora
03/09/2012 Smoker 20 cigarettes per day Cigarette smoker Mrs Aneesa Vahora
16/08/2012 Smoker 20 cigarettes per day Cigarette smoker Dr Bolton Medical Centre

Alcohol
03/09/2012 Current drinker units per week Drinks occasionally Mrs Aneesa Vahora

Weight
03/09/2012 Weight: 79 kgs BMI: 29.3 O/E - weight

Height

Full Report

Mr Steven Mcculloch **28/02/1992** **Male** **707 501 6458** **Permanent**

03/09/2012 Height: 1.64 metres O/E - height Mrs Aneesa Vahora

Immunisations

15/06/1997	MUMPS	Stage: B	Given	Routine Measure	Due
15/06/1997	RUBELLA	Stage: B	Given	Routine Measure	Due
15/06/1997	MEASLES	Stage: B	Given	Routine Measure	Due
15/04/1997	POLIO	Stage: B	Given	Routine Measure	Due 15/04/2007
15/04/1997	TETANUS	Stage: B	Given	Routine Measure	Due 15/04/2007
15/04/1997	DIPHTHERIA	Stage: B	Given	Routine Measure	Due 15/04/2007
15/04/1996	HIB	Stage: 0	Given	Routine Measure	Due
15/06/1994	MUMPS	Stage: 1	Given	Routine Measure	Due 15/10/1996
15/06/1994	RUBELLA	Stage: 1	Given	Routine Measure	Due 15/10/1996
15/06/1994	MEASLES	Stage: 1	Given	Routine Measure	Due 15/10/1996
07/07/1992	POLIO	Stage: 3	Given	Routine Measure	Due 28/02/1996
07/07/1992	PERTUSSIS	Stage: 3	Given	Routine Measure	Due 07/07/1995
07/07/1992	TETANUS	Stage: 3	Given	Routine Measure	Due 07/07/1995
07/07/1992	DIPHTHERIA	Stage: 3	Given	Routine Measure	Due 07/07/1995
02/06/1992	POLIO	Stage: 2	Given	Routine Measure	Due 30/06/1992
02/06/1992	PERTUSSIS	Stage: 2	Given	Routine Measure	Due 30/06/1992
02/06/1992	TETANUS	Stage: 2	Given	Routine Measure	Due 30/06/1992
02/06/1992	DIPHTHERIA	Stage: 2	Given	Routine Measure	Due 30/06/1992
05/05/1992	POLIO	Stage: 1	Given	Routine Measure	Due 02/06/1992
05/05/1992	PERTUSSIS	Stage: 1	Given	Routine Measure	Due 02/06/1992
05/05/1992	TETANUS	Stage: 1	Given	Routine Measure	Due 02/06/1992
05/05/1992	DIPHTHERIA	Stage: 1	Given	Routine Measure	Due 02/06/1992

Diet

03/09/2012 Diet - patient initiated Eating habits: Moderate Type of diet:
Mrs Aneesa Vahora

Exercise

03/09/2012 Exercise grading Moderate alot of walking Mrs Aneesa Vahora

New Registration Consultation

03/09/2012 New patient consultation Seen by: Clinician: Mrs Aneesa Vahora

Urinalysis - Glucose

03/09/2012 Urine glucose test not done =

Urinalysis - Protein

03/09/2012 Urine protein test not done =

Family History

03/09/2012 Family history of mental health - mother
Mrs Aneesa Vahora
03/09/2012 FH: Depression of Depressive disorder NEC mother
Mrs Aneesa Vahora

Full Report

Mr Steven Mcculloch **28/02/1992** **Male** **707 501 6458** **Permanent**

03/09/2012 FH: Neoplasm - * of Neoplasms grandmother- lung
Mrs Aneesa Vahora
03/09/2012 FH: Cardiovascular disease of Cardiovascular system diseases maternal auntie
Mrs Aneesa Vahora

Occupation
03/09/2012 Occupations unemployed Mrs Aneesa Vahora

Total patients for report 1

Encounter Report

Mr Steven Mcculloch **28/02/1992** **Male** **611/92/229** **Permanent**

Address
19 Cadham Terrace Cadham Glenrothes KY7 6PJ Address Type: Main address

Communication numbers
Mobile phone 07547 821771

Problems

Smoking cessation	Started: 06/01/2010	Ended:
Currently Relevant	Started: 14/12/2009	Ended:

Medical History

27/01/2010	Notes summary on computer	Mrs Christina Inglis
05/01/2010	Lloyd George record received	Mrs Phyllis Moir
14/12/2009	White Scottish	Mrs Hazel Reekie
02/08/2004	O/E - divergent squint	Mrs Christina Inglis
27/08/1999	Enuresis	Mrs Christina Inglis
27/08/1999	Hyperactive behaviour	Mrs Christina Inglis
27/08/1999	Soiling symptom encopresis	Mrs Christina Inglis
29/07/1994	Head injury	Mrs Christina Inglis
09/08/1992	Date records held from	Mrs Christina Inglis

Consultation
27/01/2010 Repeat Issue Mrs Christina Inglis

Smoking
06/01/2010 Smoker cigarettes per day Cigarette smoker Mrs Hazel Reekie

Alcohol
06/01/2010 Current drinker units per week Drinks occasionally Mrs Hazel Reekie

Height
06/01/2010 Height: 1.702 metres O/E - height Mrs Hazel Reekie

Total patients for report 1

McCulloch, Steven Dr R Hitchcock
DoB: 28/02/1992 **Report Valid On 18/12/09 11:27** Page number 1

Registration

Mr Steven McCulloch
27 Harbour Place
BURNTISLAND
FIFE
KY3 9DP
Telephone:
Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2802926411 NHS Number: 611/92/229
Patient ID:
Occupation:
Registered GP: Dr R Hitchcock
Repeat Consultation: ?
Registered: 08/09/2005 Confirmed: 09/09/2005
BMI: 0.0 Height: 0 m Weight: 0 kg
Parity: 0 Gravida: 0

Service Code: Permanent
DoB: 28/02/1992
Age: 17
Dispensing: No
Road: 0 Water: 0 FootPath: 0
Marital Status: Single
Seen By GP: Dr R Hitchcock
Acute Consultation: 15/01/2009
Records Received: 10/01/2007
BP: 0/0

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
02/08/2004	None	Medium	Divergent squint	
26/04/2002	None	Medium	Behavioural problem	
27/08/1999	None	Medium	Hyperactive behaviour	
15/01/2009	None	Low	Never smoked tobacco	
15/01/2009	None	Low	Smoking cessation advice	
10/01/2007	None	Low	Notes summary on computer	
10/01/2007	None	Low	Patient MRE received from HB	
16/09/2005	None	Low	Fracture of upper limb	
Freetext:	right distal radius			
09/09/2005	None	Low	Pat. GP7B/GP8B card from HB	
08/09/2005	None	Low	Patient reg. form sent to HB	
27/08/1999	None	Low	Enuresis	

Screening

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type

McCulloch, Steven Dr R Hitchcock
DoB: 28/02/1992 **Report Valid On 18/12/09 11:27** Page number 2

Ref. Appt.	Reason For Referral	Referred By	Attendance Type

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Aspirin Dispersible TABS 300MG	32 2 Tabs 4 times daily	15/01/2009

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Review

Last Encounter

Dr R Hitchcock Date: 15/01/2009

sore throat today; O/e - temp 36.5; tonsils ok; Imp - viral throat; Rx - Gargle sol aspirin 2 qds

Clinical / User Markers:

Never smoked tobacco - -

Smoking cessation advice - -

Acute Prescriptions:

Aspirin - Dispersible TABS 300MG	2 Tabs - 4 times daily	32

Disease Protocol Sessions:

Acute - 1st SPICE Index	15/01/2009	Recall Period - N/A
Acute - SPICE Basic Health Values	15/01/2009	Recall Period - N/A

==========

Clinical / User Markers:

Behavioural problem - -

Divergent squint - -

Enuresis - -

Fracture of upper limb - - right distal radius

Hyperactive behaviour - -

Notes summary on computer - -

==========

Automatically generated by transaction

Clinical / User Markers:

Patient MRE received from HB - -

==========

Automatically generated by transaction

Clinical / User Markers:

Pat. GP7B/GP8B card from HB - -

==========

Automatically generated by transaction

Clinical / User Markers:

Patient reg. form sent to HB - -

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Appointments List:

Dr R Hitchcock	Jan 15 2009 4:10PM
Dr J H B Macdonald	Feb 14 2007 4:10PM

Last 4 Clinical Notes

Date	Clinical Notes
15/01/2009	sore throat today; O/e - temp 36.5; tonsils ok; Imp - viral throat; Rx - Gargle sol aspirin 2 qds
10/01/2007	Automatically generated by transaction
09/09/2005	Automatically generated by transaction
08/09/2005	Automatically generated by transaction

Registration Details - Patient No: 9145

Personal details...		Address details...	
Date of birth	28/02/1992	Post Code	G33 3PL
Sex	M	House Name Flat No	1-1
Surname	McCulloch	No and Street	23 Gantock Crescent
Previous Surname	Pyrah	Village	
Forenames	Steven	Town	GLASGOW
Calling Name	Steven	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		

HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	Home Tel No	
Registered GP	Dr Alan Winter	Work Tel No	
Usual GP	Dr Alan Winter	Mobile Tel No	07546134619
Residential Inst		E Mail Address	
Branch Surgery	Edinburgh Road Surgery		
CHI Number	2802926411		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	
NHS Number			
GPass Patient ID			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	26/05/2011		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	Yes		

Medical Record

Problems

Active Problems	Authorised By	Code

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
05/03/2012	Height 165 cm
05/03/2012	Weight 71 Kg

05/03/2012	Body Mass Index 26.08 kg/m2
05/03/2012	Blood pressure reading 138/75 mm Hg
05/03/2012	
05/03/2012	Smoking Status Current smoker

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
05/03/2012	Aciclovir Dispersible tablets 800 mg ONE TO BE TAKEN FIVE TIMES A DAY FOR SEVEN DAYS 28 tablet	05/03/2012P	Dr Sally Al-Agilly	ACUTE

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): M^cCULLOCH	Forenames (Block Letters): STEPHEN
	Address: 6 CRAIGLOCKHART SW	Date of Birth: 28/2/92.

Date	*	
9/6/92.		O + V since this am. o/e Well. T/ns – NAD
		Rx Rehidrat Sachets x 20.
		? Small amount of Thrush under tongue (?) Rx Nystatin (Oral)
18/8/92 pm	V	H/C request No answer obtained on arrival. as per notes in Stacey McCullogh.
30/9/92		O.N.A. 8/12 check.
15/1/93.	U.	Cld + lips going blue since this AM. Spitting out milk + feeding less. Bowels loose this afternoon. o/e looks very well. Ent/chest/Abdo – NAD. 99.5 ... Dx ? Viral. Rx Calpol (100ml), Suboxon (100g)
8/2/93	B.	Cough 2/7 – o/e Well. Chest – Mild exp. rhonchi. Not distressed. ∩ Wheezy Bronchitis – Rx Amoxil (Oral)
15/4/93.		Mother in hospital c overdose till 14/4/93. Steven staying c aunt. DOS ... c Viral illness. Mum says o/s yesterday, but diarrhoea + vomiting today. o/e Well. Ent / Abdo – NAD Ears. Dx Gastroenteritis. Rx Fluids only till AM. Dioralyte Sachets (12)
29.7.93		URTI. Penicillin 125mg/5ml. Calpol 150ml Suboxen.
24/8/93		DNA
1/11/93		(Seen c mother) – Rash on feet for a week or so.
	o/e	Excoriated area (R) lower shin. A few papules on dorsal (R) foot near 4th/5th toes.
		Try Hydrocortisone Cream (30g).
4/11/93.	U	Green catarrh, vomited x1 + fever/cough today. Fluids
	o/e	Fairly well. ENT/chest/Abdo. NAD. Dx Viral URTI.
		Rx Calpol (100ml) + fluids
5/11/93.	U.	(S. Steven) Watery (R) eye yesterday. Reduced ... eye today. o/e Well. Mild erythema around (R) eyelid (lower) ... Dx ? Related to URTI ? allergy to cat. Rx Bathe c H_2O/Salt. Advised Mother that this is an inappropriate house-call.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	
10/12/93		Chickenpox measles Varicella
		? when seen spots + Rx Canesten x 30g
		5/5/92 .. triple + polio
		2/6/92 " "
		7/7/92 " "
15/4/94		MMR ① Hib ® Diptheria (cont).
17.6.94		Goathletes foot – Peer clear.
		? Capes bum rp – no treatment needed.
28/7/94	V	Was with little sister who says she fell – has vomited 3 times & drowsy.
		Pupils = react to light. → GRI obs/walk
2/11/94.		Intermittent diarrhoea 6-7x daily.
		- Stools 6 Tabs. → Kaolin pediatric 250ml
		Timodine 30g.
16/1/95.		DNA – very wet morning! (DNS x 11 H/V x 6
27/1/95	1	marked behavioural prob at home
		mum not coping well
		Waiting to see psychologist 13/2/95
	2	Intermittent diarrhoea.
		x4 on days has it
		"Seems well" c/o pain prior to bowel.
		no vomiting. FTT.
		nursery won't let him go.
		unclear re diet (gets what wants)
		→ Stool spec O/E abdo soft
		MSU non tender
		Diet observe. Chest NAD

*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

	National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MCCULLOCH	Steven 28/10/92

Address	Date of Birth
361 Ashgill Rd. G22 7HN.	[illegible]/92

Date	*	
27/10/99		GPR sent to GGHB.
		Foster child. - of Mr./Mrs John Ross.
4/4/00		[illegible]
		[illegible]
		[illegible] 12.0.75 (100)
4/4/00		Men C Vaccine [illegible] 47030 [illegible]
8/9/01		URTI Rx Amoxycillin 5250 [illegible] Reed. (E)
2/6/02		[illegible] [illegible] - [illegible]
		[illegible]
		[illegible] [illegible] + stop biting [illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	

*This column has been provided for doctors to enter A, V or C at their discretion

Printed for TSO, R.P.(53791)

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): MC COLLOCH	Forenames (Block Letters): STEPHEN
	Address: 998 Gartloch Rd	Date of Birth: 28.2.92

Date	*	
22.3.95		3d hx diarrhoea. ~ 8/d.
		watery
		has nappy rash
		O/E: well, undis apyrexial
		ENT ✓ no nodes
		Abdo soft, NAD
		ammoniacal dermatitis of nappy area
		Rx c̄ Dioralyte (500g)
		push fluids.
		[signature]
22.6.95.	V.	c/o sore throat and a [illegible]
		O/E throat clear. chest [illegible]. Slight [illegible].
		[illegible]
12/10/95	S	C/O sore ear, throat + stomach
		O/V
		O/E Apyrexial (R) OM ++
		throat - NAS clear
		{Calpol 10mls QID x 300mls
		{Augmentin 5mls TID x100mls [signature]
11.4.96		Into care medical.
		Mother says he now has enuresis once per few
		weeks. No dysuria. ∴ emotional upset.
		c/o pain (R) ear. Very slight swelling behind [illegible]
		Throat ears heart chest heart - all clear.
		testes not palpable.
		Needs [illegible] school doctor

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	*	
2/8/96		Hidden getting back home today. Medical :
11/1.96		rash [illegible]
7/2/98.	Ext.	With [illegible]. Sent home from school am c̄
		fever, dizziness + abdo. pain.
		[illegible] friday [illegible]. [illegible]. [illegible] / [illegible] / Abdo ~ [illegible]
		? URI Rx Paracetamol 250/5ml / (100ml)

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by HMSO Print Centre Dd 8373648 1/95 (080570)

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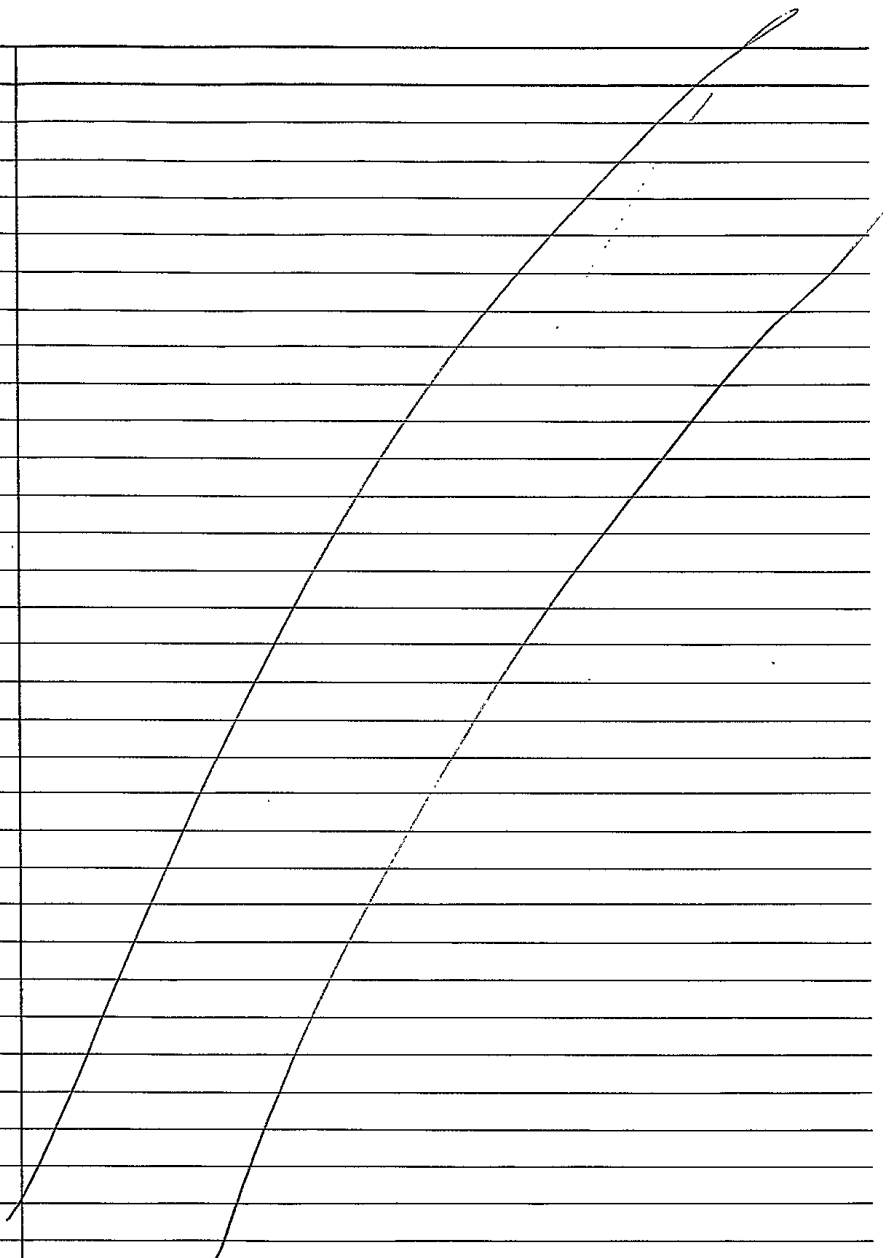
	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): McCulloch	Forenames (Block Letters): Steven
	Address	Date of Birth: 28/2/92

Date	*	
1.2.95		terrible cough + c/o sore throat. O/E Creps (L) base. Mum says also has noct. cough but better recently. ?A asthma.
		→ amoxycillin 125/5ml tds
		To make appt asthma clinic if noct cough persists.
		R/V as necessary. Hasn't yet handed in samples req. 27.1.95
13/2/95		Dna
24/2/95		DNA Dietitian

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

Date	*	



*This column has been provided for doctors to enter A, V or C at their discretion

Dd 8277708 1500M 11/91 Ed(295286)

National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Address	Date of Birth
McCULLOCH	STEVEN	27 HARBOUR PLACE BURNTISLAND	28.2.92.

Date	*	Clinical Notes	Diagnosis
23/1/06		— Dizzy/nausea couple of times during night. BP 140/70 HS I+II, eyes closed - Romberg's -ve. Urine - M'stix Protein +.	
22.5.06	A	Brief episode (L) loin pain 4/7 ago - severe, lasted few hours. No associated bowel / bladder symptoms or systemic upset. 2x similar episodes ~ 6 & 12 months ago. O/E Well. P 84. Afebrile. Abdo SNT. No discernable cause. RV if recurs.	JOHNSTON

* This column has been provided for doctors to enter A, V or C at their discretion

1F

PRINTED FOR ASTRON, B41219 4/05 (017302)

Date	*	Clinical Notes	Diagnosis

* This column has been provided for doctors to enter A, V or C at their discretion

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IMMUNISATIONS AND SCREENING INVESTIGATIONS

National Health Service Number	
Surname (Block letters): M'Culloch	Forename (Block letters): Steven
Address	Date of Birth

IMMUNISATIONS (insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	~~Rubella~~ Hib.	MMR	BCG
Date	5/5/92	〃	〃	〃		15/4/94.	15/4/94.	
Manufacturer & Batch No.								
Date	2/4/92	〃	〃	〃			15/4/97.	
Manufacturer & Batch No.								
Date	7/7/92	〃	〃	〃				
Manufacturer & Batch No.								
Date	15/4/97	〃		15/4/97.		ALLERGIES & HYPERSENSITIVITIES		
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY		MAMMO-GRAPHY		CHEST X-RAY		OTHERS	
Date	Result	Date	Result	Date	Result	Date	Result

8435641 C3000 7/93 Ed(213244)

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	National Health Service Number	
SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS	Surname (Block Letters): McCulloch	Forenames (Block Letters): Steven
	Address	Date of Birth: 28/2/92

Date	
3/3/92	DTP + polio
2/4/92	DTP + polio
7/7/92	DTP + polio
13/4/97	DT + polio + Hib + MMR
13/6/97	MMR
4/9/00	Men C
13/12/93	Abscess anterior abdominal wall I+D MO9
7/2/94	Admitted ĉ burn hand 8Hd / SH9.
10/2/94	Burns clinic review 9N1y
24/2/94	Burns " " 9N1y
24/7/94	Admitted ĉ head injury 8Hd / S646
2/9/95	Admitted ĉ tonsillitis; abdominal pain + vomiting 8Hd / HO3 / 2U40 / R070
27/8/95	Community child health assessment - dental caries 9NOP / J010 / 1A22 / 1982 / 1P00
	concerns: sleeping: hyperactivity
26/4/02	Community child health assessment - behaviour problem 1ZU40
24/6/04	Referred to family psychiatry · behaviour problem 46A2 / ZU40
21/8/04	Ophthalmology referral - squint 9N1K / F4[illegible]

Form GP111G 355—2096

Printed by HMSO Print Centre Dd 8373632 300m 8/94 (047551)

Date	

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MEDICAL-IN-CONFIDENCE GREATER GLASGOW HEALTH BD **GP COPY**

Pre-School Review

SCHEDULED DATE OF EXAMINATION

MCCULLOCH STEVEN CHI NO 2802926411 M/S G
993 GARTLOCH RD SEX MALE
GLASGOW HEALTH VISITOR 3705
TREATMENT CENTRE 3047
G 33 5AL GP SCULLION

Please check the information above and enter amendments below if appropriate

Change of name to: _____
Change of address to: _____ Postcode: _____ Change of Case Load Health Visitor to: _____
Change of GP to: _____ Practice Code No: _____
Address: _____ Postcode: _____

Proposed school: School entry deferred **Father** In Employment (Y/N) [N] **Mother** In Employment (Y/N) [N]

Social circumstances:
Whether adults smoking in the household: (Y/N) [Y] Housing problems (Y/N): Overcrowding [ ] Heating [ ] Dampness [Y] Noise [ ]

Parental concerns: enter R - raised and problem discussed
Diet and nutrition [ ] Illness [ ] Appearance [ ] Behaviour [ ] Hearing [ ] Vision [ ] Movement [ ]
Sleeping [ ] Toilet training [ ] Growth [ ] General maturity [ ] Other [ ] _____

Are you brushing your child's teeth daily?(Y/N) [Y] Have you registered your child with a dentist? (Y/N) [N]

Development: In the left-hand box enter **N** - normal, **A** - abnormal, **D** - doubtful or uncertain for each of the areas listed. When indicated, state the nature of a problem and enter the appropriate letter in each right-hand box. In right-hand boxes enter **Y** - yes, **N** - no as relevant.

	Concern	Whether action indicated now	Whether should be monitored in school
[N]	Gross motor skills	[N]	
[N]	Fine motor or manipulative skills; vision	[N]	
[N]	Communication skills; hearing	[N]	
[D]	Social skills and behaviour	[N]	
	Physical health: (1)		
	(2)		
	(3)		

Any significant change since last examination (Y/N) [ ] *Centile* Date [12/06/96]

Physical examination: Height (cms) 98 cms Centile 10th Weight(Kg) 17kgs Centile 50th

Version B.01 DEC 95 **CHILD HEALTH SURVEILLANCE PROGRAMME PRE-SCHOOL** PSR 1/2

CHI No. 2802926411 **GP COPY**

Hospital admissions (since birth):

	Age in months	Reason/diagnosis	READ Code
(1)	23	Burn to hand	
(2)	30	Head injury + URTI.	
(3)			
(4)			

Problems ongoing and identified at this examination (including specific diagnoses):
This section will be "READ" coded. Enter diagnoses or other problems that are likely to be relevant to the continuing health and development of the child in order of their significance. Include congenital anomalies. If the child is referred or has been referred for other assessment or services, enter the appropriate code numbers in the "referral" boxes and "outcome" boxes.

Problem identified (Y/N) [Y] If no, proceed to History report

		Referral code	Referral outcome	Overall outcome	READ Code
(1)	Behavioural problems	28	5	3	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Refer to Special Needs System (Y/N) [N] Special Needs status (N) *Preprinted from computer* History report (Y/N) [N] Parent in Armed Forces (Y/N) [N]

Immunisation status: *Preprinted from computer* **C** - complete, **I** - incomplete, **N** - not known, **R** - Refused. Primary is left hand and booster is right hand box.
BCG ( ) Diphtheria (C) (I) Tetanus (C) (I) Pertussis (C) (I) Polio (C) (I) MMR (C) ( ) Hib (C)

Surveillance status: *Preprinted from computer* **Y** - complete, **N** - not done
HV First Visit Report (Y) 6-8 Week Examination (Y) 8-9 Month Examination (N) 21-24 Month Examination (N) 39-42 Month Examination (N)

Childhood illnesses: (enter age in years or N = No)
Chickenpox [N] Measles [N] Mumps [N] Pertussis [N] Rubella [N] Other [N]

Any comment about this visit (include matters that should be considered at later age) _____

Signature _____ Date [12/06/96] Examining Health Visitor Code No. [3785]

CHILD HEALTH SURVEILLANCE PROGRAMME PRE-SCHOOL PSR 2/2

pt - 8/5/92

2nd 2/6/92.

3rd 7/7/92

[illegible] 15/4/94.

NORTHGATE
DOCUMENT STAMPED
TO ENSURE DETECTION
BY SCANNER

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HEALTHCALL
401 South Row, Central Milton Keynes MK9 2PH

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
SEP 1'95 21:42	107	Hooper	0890

TIME PASSED	DEP. No.	DEP. NAME	S.C.O./O.B.S.
SEP 1'95 22:09	76	Grieve	

TIME ARRIVED	PATIENTS NAME	M	F
SEP 1'95 23:31	Steven McCulloch		T.R.

AGE YEARS	AGE MONTHS	ADDRESS	TEL.
3		998 Gartlock Rd Gartlamlock	

D.O.B. 1/1

ORIGIN	DIRECTIONS	P.X. No.
EHC		

MESSAGE

Temp & stomach pain
Since 7pm

OPERATOR

DIAGNOSIS
TREATMENT

Abdo pain
? diagnosis
→ YHSC
Amb

REVISIT AM

F.P. 10 276

ADMISSION / AMBULANCE / TIME

OPERATOR

AUGMENTIN

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AUG 18'95 18:43

HEALTHCALL
401 South Row, Central Milton Keynes MK9 2PH

B

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
	107	Hooper	0538
TIME PASSED	DEP. No.	DEP. NAME	S.C.O./O.B.S.
AUG 18'95 20:09	90	EMANUELLE	
TIME ARRIVED	PATIENTS NAME		M / F
AUG 18'95 20:41	Stephen McCulloch		T.R.

AGE: YEARS / MONTHS	ADDRESS	
2	998 GARTLOCH Rd	
	Garthamlock	
D.O.B.		TEL.
280292	Bugg 1/1	N 774 0594
O[illegible]	DIRECTIONS	P.X. No.
c House of C		

MESSAGE

Htemp
shivering
swollen glands
abd pain
} all day

14ph

OPERATOR

DIAGNOSIS
TREATMENT

Δ Tonsillitis
Klaricid 125mg bd
Calpol paed susp

H.72
1–2 hours

AUG 18'95 19:35

REVISIT

F.P. 10
0276

ADMISSION / AMBULANCE / TIME

OPERATOR
JF

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
APR 17 '95 18:37	107	Walker	197
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
APR 17 '95 21:02	48	MAHOOD	
TIME ARRIVED	**PATIENTS NAME**	**M / F**	
APR 17 '95 22:27	Stephen McCulloch	T.R.	

AGE YEARS | MONTHS	ADDRESS
28 | 2 | 92	998 Gartloch Rd 1/1 Gartlanluck
ORIGIN	**TEL.**
12 C	774-2995

DIRECTIONS | **MAP REF.**

MESSAGE

Out in rash - night -

OPERATOR RB

DIAGNOSIS / TREATMENT M32 NOW UKSELT

APR 17 '95 20:31

APR 17 '95 21:54 Rang re. delay - still to come.

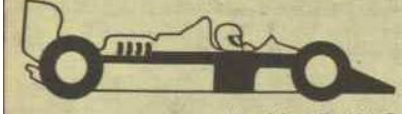
REVISIT

△ FINE MACULAR RASH.

F.P. 10 0276

ADMISSION / AMBULANCE / TIME ? RUBELLA

OPERATOR AG.



Tylex* CAPSULES

Healthcall, 401 South Row, Central Milton Keynes MK9 2PH

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
JAN 19'93 19:26	107	Grant	0068
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O/O.B.S.**
JAN 19 '93 20:01	87.	HARDMAN	
TIME ARRIVED	**PATIENTS NAME**		**M / F**
JAN 19'93 21:43	Stephen McCulloch		T.R.
AGE YEARS / MONTHS	**ADDRESS**		
11	40 Craiglockhart St Garthamlock		
ORIGIN		**TEL.**	
DIRECTIONS		**MAP REF.**	
GR			

MESSAGE seen by GP Friday D.

not eating
drowsy temp

OPERATOR

DIAGNOSIS TREATMENT

Δ. Viral. Bowel ort
Dioralyte
fluids.

REVISIT

F.P. 10 264

ADMISSION / AMBULANCE / **TIME**

OPERATOR GC

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
DEC 18 '92 20:02	107	GRANT.	C 022
TIME PASSED DEC 18 '92 21:43	DEP. No. 15	DEP. NAME Singh	S.C.O/O.B.S.
TIME ARRIVED DEC 18 '92 23:06	PATIENTS NAME STEVEN M McCULLOCH		M / F T.R.

AGE YEARS	MONTHS	ADDRESS	
—	10	40 CRAIGLOCKHART ST. GATHLAMLOCK 0/1	TEL.
ORIGIN			

DIRECTIONS

MAP REF.

MESSAGE

%o ALL OVER BODY RASH. SINGER TEST NTD

OPERATOR Jean

DIAGNOSIS TREATMENT M09 nonurgent
DEC 18 '92 20:38

Rash
Calpol

REVISIT

F.P. 10 0264

ADMISSION AMBULANCE / TIME

OPERATOR H

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TIME RECEIVED MAR 19 '92 19:21	G.P. No. 107	G.P. NAME Grant.	CALL No. 208
TIME PASSED MAR 19 92 19:29	DEP. No. 46	DEP. NAME Read.	S.C.O. B.S.
TIME ARRIVED MAR 19 92 20:16	PATIENTS NAME Steven McCulloch.	M F T.R.	
AGE YEARS 3 MONTHS 5/52	ADDRESS 40 Craiglochar Sv. Currie		
OR		TEL. 724 7345	
DIRECTIONS G/R		MAP REF.	
MESSAGE V. T + cough.		OPERATOR HMG.	
DIAGNOSIS TREATMENT Viral Infection Fluids diluted feeds			
ADMISSION AMBULANCE / TIME		REVISIT F.P. 10 0264 OPERATOR Lck	

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TIME RECEIVED DEC 15'93 19:05	G.P. No. 107	G.P. NAME HOOPER	CALL No. B 0938
TIME PASSED DEC 15'93 19:43	DEP. No. LG	DEP. NAME GOLDER	S.C.O[redacted].S.
TIME ARRIVED DEC 15'93 21:05	PATIENTS NAME STEVEN McCULLOCH	M ○ F	T.R.
AGE YEARS 1 MONTHS 6.	ADDRESS 998 CARLUCH Rd. CARTHAMLOCK		
ORIGIN L[redacted]SE H/C.		TEL. 774 0594	
DIRECTIONS 1/1		MAP REF.	

MESSAGE

LUMP ON STOMACH NOW BIGGER & HARDER.
ON ANTIBIOTICS
AT GRI ON LAST WEEK.

OPERATOR CD.

DIAGNOSIS
TREATMENT NFO.

Abscess on head
RHSC
Lab arranged.
WITHIN 2HRS.

ADMISSION / AMBULANCE DEC 15'93 TIME 21[redacted] Liver transplant

REVISIT

F.P. 10 0276.

OPERATOR RS

AUGMENTIN

NHS Confidential: Personal data about a patient

TIME RECEIVED DEC 10 '93 21:20	G.P. No. 107	G.P. NAME Hooper	CALL No. 0485
TIME PASSED DEC 10 '93 22:50	DEP. No. 15	DEP. NAME Singh	S.C. B.S.
TIME ARRIVED DEC 10 '93 23:31	PATIENTS NAME Steven M-Cullach	M / F	T.R.

AGE YEARS 1 MONTHS 9

ADDRESS 998 Gartlock Rd
Gartlamlock

ORIG Ellie

TEL. NG 774 0594

DIRECTIONS 1/2

MAP REF.

MESSAGE

has chicken pox
↑ temp
Mother distressed

OPERATOR

DIAGNOSIS
TREATMENT

A chicken pox
Calpol
Dioralyte
to recall if
gets dehydrated not
good appetite

REVISIT

F.P. 10 276

ADMISSION / AMBULANCE / TIME

OPERATOR

AUGMENTIN

Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

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TIME RECEIVED SEP 11 '93 20:04	G.P. No. 107	G.P. NAME HOOPER.	CALL No. 983
TIME PASSED SEP 11 '93 23:03	DEP. No. 03	DEP. NAME McKELVIE	S.C. B.S.
TIME ARRIVED SEP 11 '93 23:17	PATIENTS NAME Steven McCulloch		M (circled) F T.R.

AGE YEARS 1 MONTHS —	ADDRESS 998 Gartloch Rd Garthamlock.
ORIGIN e[illegible]ne.	TEL. n/B 774-6594
DIRECTIONS 1/1.	MAP REF.
MESSAGE body rash NFD	OPERATOR DW.

DIAGNOSIS
TREATMENT
SEP 11 '93 21:04

26
2 hrs
1 [illegible]
[illegible]
[illegible]

REVISIT	
F.P. 10	0276.
OPERATOR	JIMcC

ADMISSION / AMBULANCE / TIME

Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

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TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
JUL 13 '93 18:43	107	Hooper	582

TIME PASSED	DEP. No.	DEP. NAME	S.C.O./O.B.S.
JUL 13 '93 19:13	02	UNIT	

TIME ARRIVED	PATIENTS NAME	M / F
JUL 13 '93 20:03	STEVEN MCCULLOCH	(M)

T.R.

AGE YEARS | MONTHS: 17

ADDRESS:
C/O PYEAH
998 GARTLOCH Rd.
GARTHAMLOCK

N/S

TEL. 774 8196

ORIGIN: E

DIRECTIONS: 1/1

MAP REF.

MESSAGE:
EYE INFECTION
NRD

OPERATOR: MR

DIAGNOSIS TREATMENT:
NKFIN
CHLORAM

REVISIT

F.P. 10: 0276

OPERATOR: G

ADMISSION / AMBULANCE / TIME

Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

NHS Confidential: Personal data about a patient

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
APR 11 '93 21:23	107	HOOPER	0172
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C. B.S.**
APR 11 '93 21:35	31	HARRISON	
TIME ARRIVED	**PATIENTS NAME**		**M / F**
APR 11 '93 22:06	STEVEN M'CULLOCH		T.R. ✓

AGE: YEARS 1 | MONTHS

ADDRESS: 3 AUCHINGILL PL
EIH

TEL. 773 3196

ORIGIN: [redacted]C

DIRECTIONS: C/o GIBB 1/1

MAP REF.

MESSAGE: CHESTY COUGH.. (V).

OPERATOR: CC

H6 ? ASTHMA

DIAGNOSIS TREATMENT: MOTHER O/DOSED IN HOSPITAL
? KIDNEY FAILURE

REVISIT

F.P. 10 0276

OPERATOR: RS

ADMISSION AMBULANCE / TIME

Ciproxin®

Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

NHS Confidential: Personal data about a patient

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
FEB 24 '93 18:42	107	Grant	B 0259
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C. B.S.**
FEB 24 '93 18:53	81	ALLAHABADIA	
TIME ARRIVED	**PATIENTS NAME**		**M F**
FEB 24 '93 20:38	Steven McCulloch		T.R.

AGE YEARS	AGE MONTHS	ADDRESS
1		40 Craiglochart St Cumbernauld NLB

ORIGIN [redacted]

TEL. 77[redacted]

DIRECTIONS GR

MAP REF. 5647

MESSAGE

Diarrhoea
N.F.D avail

OPERATOR Linda C

DIAGNOSIS
TREATMENT

Dioralyte

REVISIT

F.P. 10 0264

OPERATOR KS

ADMISSION / TIME
AMBULANCE

NHS Confidential: Personal data about a patient

TIME RECEIVED	G.P. No.	G.P. NAME	CALL No.
FEB 8'93 21:53	107	Grant	0435
TIME PASSED	**DEP. No.**	**DEP. NAME**	**S.C.O. / B.S.**
FEB 8'93 22:13	38	Beech	
TIME ARRIVED	**PATIENTS NAME**	**M / F**	
FEB 8'93 22:44	Steven McCulloch	M	T.R.

AGE YEARS	AGE MONTHS	ADDRESS	TEL.
1	—	40, Craiglockhart St Gartcambeth NIB	774-5647

ORIGIN: E.H.C.

DIRECTIONS: GIR

MAP REF.

MESSAGE: Cough chesty

N.F.D

OPERATOR: ET

DIAGNOSIS / TREATMENT: Ad Saw G.P. today Amoxil given and not helping,

△

REVISIT

F.P. 10: 0264

OPERATOR: M.

ADMISSION / AMBULANCE / TIME

NHS Confidential: Personal data about a patient

DUTY DOCTOR 33	CALL NO.
PATIENT'S NAME & ADDRESS STEVEN McCULLOCH 998 GARTLOCH RD c/o PRYAH 1/1 G'LOCK	D.O.B. 18 MT DATE 27/[redacted]/93 TIME RECEIVED C/R 2228
TELEPHONE INFORMATION RECEIVED T.T. [redacted] N.F.D	TIME PASSED TIME ARRIVED
HISTORY & EXAMINATION Cough Diarrhoea No vomiting - Apyrexial Chest clear. Abdo ✓ Alert and active	TIME COMPLETED TEMP. PULSE B.P. /
DIAGNOSIS Flu-like illness	PATIENT TO CALL IF NECESSARY
TREATMENT/DISPOSAL Calpol stat then 150ml. [redacted] Dioralyte (B) - fluids	TO SURGERY ON DAY PLEASE REVISIT ON DAY
PATIENT'S OWN DOCTOR Hooper / GENERIC DRUG BATCH/LOT NO. 276	HOSPITAL ADMISSION ARRANGED

Healthcall Services Limited, 401 South Row, Central Milton Keynes MK9 2PH

(20) 17/8 DNA

BOLTON MEDICAL CENTRE - WELL PERSON QUESTIONNAIRE

The information you provide will be handled confidentially by your doctor but if you are concerned about any of the questions, please feel free to leave them blank.

(Mr)/Mrs/Miss/Other ..... Surname McCulloch First names Steven
Date of Birth: 28/09/93 E-mail address: .....
Address: 26 Ainsdale Road Bolton
Post Code BL3 3BY Tel. No: ..... Mobile 07859588725
Other contact no. (please state relationship) 07425097368 (girlfriend)
Emergency Contact No: 07707435420 (mum)

HOW/WHERE DID YOU HEAR ABOUT US? family

IS THERE ANY SPECIFIC REASON YOU JOINED OUR SURGERY? (answer optional) .....

HEIGHT 1.64m **WEIGHT** 79kg **BP** 118/81

DO YOU HAVE ANY DISABILITIES? NO

MAJOR ILLNESSES (please circle any of the following for which you are or have received treatment)

Diabetes Heart Attack/Angina/CHD/AF Stroke/TIA Epilepsy Asthma CKD Depression Mental Health Obesity Dementia Depression Cancer Thyroid COPD Hypertension Learning Difficulties Chronic Kidney Disease **ADD TO REGISTER AND BOOK BLOODS & REVIEW APPT-RECORD IF NO MAJOR ILLNESSES ALSO** NO.

FAMILY HISTORY: Do any of your close family i.e. parents or brothers or sisters have any of the following conditions (please circle as appropriate)

aunty — niece/stephen. — mother — mother

Diabetes Heart Attack/Angina/CHD/AF Stroke/TIA Epilepsy Asthma CKD Depression Mental Health Obesity Dementia Depression Cancer Thyroid COPD Hypertension Learning Difficulties Chronic Kidney Disease **RECORD IF NO FAMILY HISTORY ALSO**

grandmother. lungs/skin

PRESENT ILLNESSES – please list any **OTHER MAJOR** illnesses for which you are currently receiving treatment:

.....

PLEASE PROVIDE US WITH A LIST OF PRESCRIBED OR OVER THE COUNTER MEDICATION.

ALCOHOL CONSUMPTION: USE ALCOHOL TEMPLATE - GUIDELINES (please circle which applies)
Never Drank Ex Drinker Currently Drink

If you currently drink would you please say how many units do you drink per week? occasionally
(E.g. a unit is 1 glass of wine or spirit and ½ pint of beer)

Audit C – Please circle the following relevant answers to the 3 questions below

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

RECORD CVD RISK BY USING APPROPRIATE TABS

SMOKING (please circle which applies) Never smoked, Ex-smoker.....Date stopped
(Smoker) No of cigarettes smoked. 20 per day CODE & OFFER ADVICE

CHECK URINE SAMPLE AND CODE USING TABS

DRUG ALLERGIES/INTOLERANCES
Are you allergic or sensitive to eggs Yes (No)
Any medicines Yes (No) If yes which.....

CONTRACEPTION – What contraception do you currently use. none
Where do you get advice.....

DATE OF LAST SMEAR.....

CARERS INFORMATION - Are you a CARER YES (NO)
Do you NEED the help of a CARER
If yes to either please give details of contact Name.....Tel.....

Do you have your prescription picked up by the pharmacy? YES (NO)

If so which pharmacy.....(will need to sign consent form)

Are you a War Veteran YES (NO) (If yes please record on yellow post it note in Vision)

Exercise= walking.
Diet= moderate, advised on regular meals and a good water intake.
occupation= unemployed

SP HEALTH

MEETING EVERYONE'S HEALTH NEEDS

We would be very grateful if you could take time to complete this form. Please remember any information given will be treated confidentially. If you have any queries about completing this form, please ask a member of staff. For question 1, if you feel you are descended from more than one group, please tick the one you feel you most belong to, or choose the 'Any Other Ethnic Group' option. We are also asking your religion and preferred language Again this is to help us ensure we meet your health care needs appropriately. Please hand in the completed form to staff.

THANK YOU.

1. What is your ethnic group?
Choose ONE section from A to E, and then tick the appropriate box to indicate your ethnic group.

A : White
- [x] British
- [ ] Irish
- [ ] Any other White background (please write in)

B : Mixed
- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other mixed background (please write in)

C : Asian or Asian British
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background (please write in)

D : Black or Black British
- [ ] Caribbean
- [ ] African
- [ ] Any other Black background (please write in)

E : Any Other Ethnic group
- [ ] Chinese
- [ ] Vietnamese
- [ ] Any other (please write in)

F : Not stated
- [ ] Do not wish to state.

2. Religion
What is your religion?
Tick one box only.
- [ ] None
- [x] Christian (Including Church of England, Catholic, Protestant and all other Christian denominations)
- [ ] Buddhist
- [ ] Hindu
- [ ] Jewish
- [ ] Islam
- [ ] Jehovah's Witness
- [ ] Any other religion (please write in)
- [ ] Not stated

3. What is your preferred language? (please choose one)	Written	Spoken
English	☐	☑
Vietnamese	☐	☐
Chinese	☐	☐
Hindi	☐	☐
Panjabi	☐	☐
Urdu	☐	☐
Cantonese	☐	☐
British sign Language	☐	☐
Other Please Describe:		

Name: Steven McCulloch DOB: 28/2/1992

Jobseeker's
Allowance

Your reference is JR201523D
Please tell us this number
if you get in touch with us

07641
MR S MCCULLOCH
26 AINSDALE ROAD
BOLTON
BL3 3BY

Bolton Benefit Centre
Pittman Way
Preston
PR11 2AH

Phone 0845 6088531
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 2 August 2012

Dear Mr McCulloch

YOUR CLAIM FOR JOBSEEKER'S ALLOWANCE

Bank/Building society: BARCLAYS BANK PLC
BOLTON WELLSPRINGS

We also hold your account number/sort code but for security reasons they have not been included in this letter.

We will pay your allowance into the above account from 2 August 2012.

PAYMENT TO YOUR BANK/BUILDING SOCIETY

These notes are about allowance payments into a bank or building society account. Please make sure you read them.

You must tell us straight away if any details about the account change. Otherwise you may not be able to get your money.

You should check the account to see how much is paid in. We will tell you if your allowance is going to change.

If you think the payment is wrong, you should get in touch with us straight away. We will check your payment and tell you what will happen.

If your money is due on a Bank Holiday we will pay it into the account on the last weekday before the Bank Holiday.

If the account goes overdrawn, the bank or building society may not let you take any money out of the account. Talk to the bank or building society if this happens. You should also tell us as we can change how we pay you.

Yours sincerely

Mike Kelly

Manager

Begin record:

CHI: 2802926411

NHS: 611/92/229

Name: McCulloch Steven

The information enclosed is a reproduction of the medical information for the patient that is held electronically.

[X] Please file as appropriate into the paper record for the patient.

[ ] This is the full medical record for the patient.

ACCIDENT AND EMERGENCY DEPARTMENT
Victoria Hospital, Hayfield Road, Kirkcaldy KY2 5RU

GP NAME AND ADDRESS	PATIENT DATA
Robert Hitchcock **The Health Centre** **74 Sommerville Street** **Burntisland** **Fife** **KY3 9DF** **01592 873321**	DOB **28/02/1992** Surname **Mcculloch** Forename(s) **Steven** Address **27 Harbour Place** **Burntisland** **Fife** **KY3 9DP** Phone No **874717**

Date & Time of Attendance	Date and Time of Accident
14/09/2008 **23.27**	**14/09/2008** **14.30**

School: Balwearie High

Occupation: **School Child**

Religion: **Protestant**

Next Of Kin: **Mrs Linda Adam**
Address: **27 Harbour Place**
Burntisland
KY3 9DP

16 SEP 2008

Relationship: **Guardian**

Home Phone: **874717**

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other *(Specify)*
ACCIDENT

LOCATION	SOURCE OF REFERRAL
OTHER (PLEASE SPECIFY)	**SELF REFERRAL**

CRIS Number

Name of doctor JASMINE NG

Time seen 00:35 **hours**

Presenting Complaint:
INJURY RIGHT FOOT

T. P. R.

B.P. BM O2 Sats

Investigation(s):

Diagnosis: STI (R) ankle

Treatment: (1) Analgesia (2) RICE (3) Advice/Education

Follow-up: —

14-9-08

V640684B 28/02/92 2802926411

MCCULLOCH STEVEN 27 Harbour Place BURNTISLAND KY3 9DP

Tick once copy has been sent to GP/School/Health Visitor	✓

Reason For Reattendance	Date Of Reattendance	Time Of Reattendance
A&E clinic		
A&E clinic		
A&E clinic		

NEW PATIENT QUESTIONNAIRE

Name: Steven McCulloch (Male)/Female

Present Address: 23 1/1 Gantock Cresent
Marital Status:
Birthplace: Glasgow

Date of Birth: 28/2/92
Tele No: 07546134684
Occupation: U/E

Are you entitled to NHS Care?

Are you seeking asylum in the UK?	NO
Do you hold refugee status?	NO
Do you require an interpreter? If yes, which language?	NO

For Staff Use Only
Read code: .13zn.
Read code: .13zb.
Read code: .9mu..

Previous Doctor:
Have you ever been a patient at this practice? Yes/(No)

Carer/Next of Kin: William Wilson
Carers Contact telephone number: 07858538725

Past Medical History

FAMILY HISTORY
(Please circle if applicable)
Coronary heart disease, Stroke, Hypertension, Asthma, Diabetes

CURRENT MEDICATION
(Please give details of all medication being taken)

Drug Name	Strength	Dose

ANNEX D

Edinburgh Road Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.
We should be grateful if you could complete one for each family member within/joining the practice.

Name Steven McCulloch DOB 28/02/92

Do you need an interpreter or sign language support? ☐Yes ☑No

If you do need an interpreter what language do you speak?

Please state .....

What is your ethnic group?
Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White
- ☑ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in .....

B Mixed or multiple ethnic groups
- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British
- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in.....

D African, Caribbean or Black
- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group
- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

Annex E Patient Information

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

Why am I being asked these questions?
Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

What do you mean by ethnic group?
An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality - for example people of many different ethnic groups have British nationality.

What has my ethnic group got to do with my health care?
Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

Isn't it obvious what my ethnic group is?
No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

Why do I need to answer a question about needing an interpreter?
We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

Who will have access to this information?
Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.

Call No: **3372508** Date: **03 Mar 2012** Time of Call: **18:09**

Patient's Name: **Steven Mcculloch** DOB: **28/02/1992** Age: **20** **Y**

Address Today: **1/1 23 Gantock Crescent** Home Address If different: **1/1 23 Gantock Crescent**

Glasgow **Glasgow**

Post Code: **G33 3PL** Post Code: **G33 3PL**

Phone Number Today: **(0141) 316 2391** - Home Phone If different: **() -**

NHS24 Call ID : 11330216

Callers Name: Relationship to patient:

Name of GP: **Winter A** Practice No: **204**

Surgery: **204 2 Budhill Avenue / Edinburgh Rd** Cipher No: **G0503 7**

Address: **2 Budhill Avenue 2 Budhill Avenue Glasgow G32 0PN** Fax No: **0141 7704060**

Speed Dial: **125**

Call Type: **Patient Transport** **Priority 3 Within 90** NHS24 Time Passed:

Receptionist's Name:**IIF** Time Arrived: **03/03/2012** Time Complete: **03/03/2012 19:45:50**

Patient's Complaint: **Patient's Complaint:**

PAIN TRAVELLING UP TO EYE ((Non-Clinical User) (Glasgow))
—
CB JAW PAIN 4 DAYS
—
Clinical summary created by: (Non-Clinical User) (Cardonald) [03/03/2012 18:08:38]
X FOR X AND UNTRIAGED CALL. PASSED TO PARTNERS TO ACTION
—
This call should be directed via triage telephony route.
WORSENING: Whilst waiting for a return call, if symptoms change, or any new symptoms develop, call us back immediately.
TO BE CALLED BACK: Your call will be placed on a queue and will be prioritised and monitored. We will aim to call back within one hour.

Remarks:

BP: PR: per min Temp:

Clinical Notes:

Triage Doctor **D307** Follow Up: GP Follow Up

Consultation(s):

By: ONeil E **Start:** 03/03/2012 19:20:11 **Finish** 03/03/2012 19:45:35

Clinical Assessment Details
Started-03/03/2012 19:20:11
Finished-03/03/2012 19:45:35
History
dr eon - good story of a Bells palsy now more than 72 hours - 4 days probably . Loss of taste hyperacusis and usual signs of LMN lesion on rt side . Ear canal normal.No history of HS or HZ - otherwise well . gliven 12 x 5 mgs of pred and 800mgs of aciclovir stat from stock . Advised protection of eye and FU by GP

Examination

Diagnosis

Treatment

Clinical Coding
Clinical code: F3... (Peripheral nervous system dis.)
Prescription Details
Drug Name-prednisolone tablets 5mg
Preparation-tablet(s)
Dosage-as directed - reducing course now - 11 /10/9/8/7/6/5/4/3/2/1 till finished
Quantity-66
Drug Name-aciclovir tablets 800mg
Preparation-tablet(s)
Dosage-one 5 x a times
Quantity-35
Drug Name-hypromellose eye drops 1%
Preparation-mls
Dosage-2 drops 4x a day
Quantity-10

Consultation(s):

By: Pickering CP **Start:** 03/03/2012 18:16:08 **Finish** 03/03/2012 18:19:14

Clinical Assessment Details
Started-03/03/2012 18:16:08
Finished-03/03/2012 18:19:14
History
r facial pain and in the jaw-- full side of face-- swollen -- no taste - feels as if r eye wont close properly-- feels jaw sagging-- feels as if teeth ok-- querey querey bells palsy
Examination

Diagnosis

Treatment

Clinical Coding
Prescription Details

Consultation(s):

By: Russell SA **Start:** 03/03/2012 18:15:15 **Finish** 03/03/2012 18:15:15

Patient Contact Attempt Details
Date - 03/03/2012 18:15:15 Started - 03/03/2012 18:15:15
Finished - 03/03/2012 18:15:15
Performed By - D439
Summary - Contact (0141 316 2391): Engaged - (Online Consultation) Comments - Reason - Failure -

Consultation(s):

By: Mcmillan Stella **Start:** 03/03/2012 18:11:44 **Finish** 03/03/2012 18:11:44

Patient Contact Attempt Details
Date - 03/03/2012 18:11:43 Started - 03/03/2012 18:11:44
Finished - 03/03/2012 18:11:44
Performed By - 879
Summary - Contact (0141 316 2391): Engaged - (Online Consultation) Comments - Reason - Failure -

CHI: 2802926411

NHS: 611/92/229

Name: McCulloch
Steven

End Record.

Victoria Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Hayfield Road, Kirkcaldy KY2 5AH

GP's NAME AND ADDRESS

HALLIDAY, Iain
BURNTISLAND HEALTH CENTRE
74 SOMERVILLE STREET
BURNTISLAND
FIFE
KY3 9DF (01592 872761)

Date and Time of Attendance	Date and Time of Accident
30/03/06 21:45	30/03/06 20:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

LEISURE / SPORT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

Back inj

TIME FIRST SEEN BY DOCTOR 23.30 pm

PATIENT DATA

D.O.B. 28-FEB-92 Unit No. V640684B
Surname MCCULLOCH
Forename(s) STEVEN
Address 27 Harbour Place
BURNTISLAND
Fife
KY3 9DP
Occupation SCHOOL CHILD Religion PROTESTANT
Phone No. 874717
Consultant
Next of Kin
LINDA ADAM
27 Harbour Place
BURNTISLAND
Fife
Home Phone
Work Phone 874717

3 - APR 2006

Balmeorie
High

wt = 75.5 kg.

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

3 APR 2006

Prescription Issued:

HISTORY/CLINICAL DETAILS

14 ♂. While playing football, fell down and injured the back of his ®side of the chest today. NO SOB/nausea/vomiting/Abd. pain

O/E: Pt conscious, oriented, not distressed

CVS - S1, S2 (+) Chest - clear

Tenderness (+) over the lower post. ribs - ® side
Adequate and equal air entry both sides

Abd - soft, NAD, BS (+)

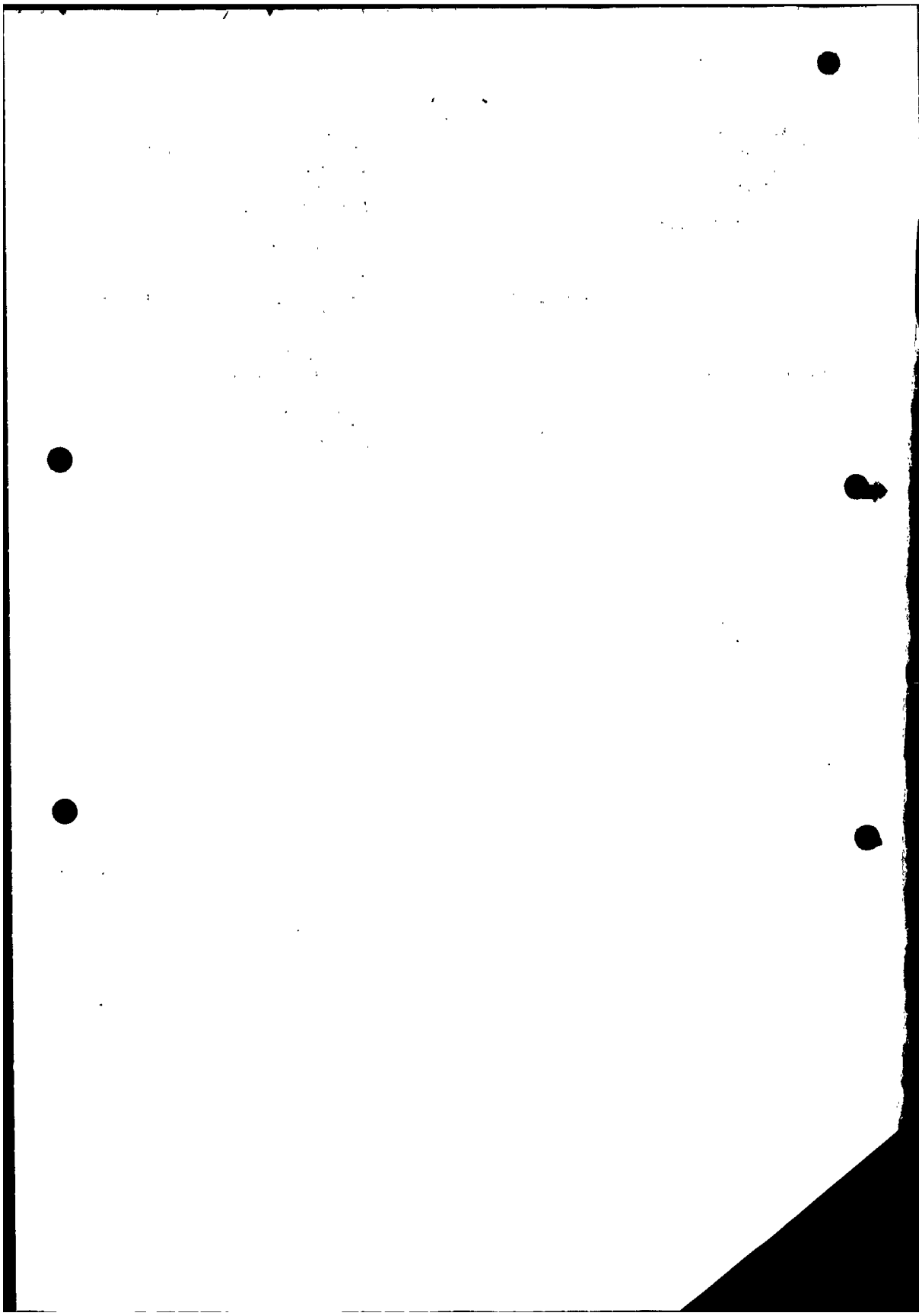
FILE
NOTES
SCRIPT
APPT.
VISIT
OTHER

dx: Contusion ® Post. chest wall

Plan: Analgesia/deep breathing Exercises

Signature ..... (SHO A/E)

PLEASE USE BALLPOINT PEN
COPIES: WHITE - GP PINK - NOTES ORANGE - CAS CARD



Fife Acute Hospitals
Victoria Hospital

Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone 01592 643355
www.show.scot.nhs.uk/faht

NHS
Fife

ORTHOPTIC CLINIC
Dr J MacDonald,
Masterton Health Centre,
Burntisland

Date:21st Dec 2005
Ref:
Ext: 8401

Dear Dr MacDonald,

Steven Mc Culloch, 27, Harbour Place , Burntisland

I saw this boy in the Orthoptic clinic today who had previously been seen at Stobhill Hospital last year.His corrected visual acuity was R6/9 L6/9 and cover test showed a definite R divergent squint with glasses for near and distance of 20/25 Δ for near and 18 Δ for distance . Without the glasses his squint reduced markedly and he was in fact exophoric for distance . His foster mother was querying the possibility of contact lenses as he plays a lot of football and from the squint point of view Steven would be a good candidate for lenses as the glasses only serve to increase his deviation. (I did in fact have a pre- reg optician sitting in with me this morning who was able to give her some advice as regards children and contact lenses)

In the first instance I have referred him to the optician for a routine refraction as he needs new glasses and I will then re-assess him and we will discuss contact lenses further

Yours sincerely,

Mrs Lynne Morrison
Head Orthoptist

22 DEC 2005

FILE	
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

Dr James MacDonald M.B. ChB
Tel: 01592 873321
Fax: 01592 871338

Masterton Health Centre
Somerville Street
Burntisland
Fife
KY3 9DF

26 October 2005

The Orthoptic Clinic
Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Dr

Steven McCulloch , 27 Harbour Place, Burntisland, KY3 9DP

Date of Birth 28.02.1992 CHI 6411 V 640684

Allergies None Recorded

I enclose a copy of a report from Stobhill General Hospital. As Steven has recently moved into the Fife area, I would be grateful if you could give him a follow up appointment

Yours sincerely

Dr J H B MacDonald

Fife Acute Hospitals
Victoria Hospital

Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone 01592 643355
www.show.scot.nhs.uk/faht

NHS
Fife

07 October 2005

Dr McDonald
Health Centre
Somerville Street
Burntisland

Your Ref:
Our Ref: IW/PS/LB/V.640684b
CHI No: 280292/
Enquiries to: Mr Weir's Secretary
Extension 8632.
E-mail: lisa.bell@faht.scot.nhs.uk
Fax No: 01592 648044

Dear Dr McDonald

Steven McCulloch DOB 28 2 92
27 Harbour Place, Burntisland

I reviewed this young lad in the clinic today. Out of cast he had no tenderness over the previous fracture site and he can move his wrist without too much discomfort. I have reassured him that the bone has sufficiently healed now and that he can mobilise it as he feels able.

Discharged

Yours sincerely

P Simpson
Specialist Orthopaedic Registrar

14 OCT 2005

FILE	
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

KIRKCALDY ACUTE HOSPITALS

HISTORY CONTINUATION SHEET

Surname	MCCULLOCH
Forename	STEVEN
Address	27 HARBOUR PLACE BURNTISLAND
D.O.B.	28 2 92
Mar. Status	
Sex	M

Dr McDonald
Health Centre
Somerville Street
Burntisland

Dear Dr McDonald

DATE 16 9 5

DIAGNOSIS Undisplaced greenstick fracture right distal radius

DATE OF INJURY 14 9 5

HISTORY
Fell off his bike landing on his right wrist. There is a minor abrasion to his chin which has been dealt with in casualty.

EXAMINATION
Comfortable in back slab. There is no deficit in the hand.

X RAY
As above

PLAN
Can go into a forearm cast today, review 3 weeks with cast off on arrival.

Yours sincerely

I Weir, FRCS.,
Consultant Orthopaedic Surgeon

LB

26 SEP 2005

FILE	
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

NHS Confidential: Personal data about a patient

Victoria Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Hayfield Road, Kirkcaldy KY2 5AH

GP's NAME AND ADDRESS
MCDONALD,James
BURNTISLAND HEALTH CENTRE
74 SOMERVILLE STREET
BURNTISLAND
FIFE
KY3 9DF (01592 873321)

Date and Time of Attendance	Date and Time of Accident
14/09/05 19:52	14/09/05 19:15

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
FALL

LOCATION	SOURCE OF REFERRAL
BIKE	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
Inj (R) Wrist / Chin

TIME FIRST SEEN BY DOCTOR

PATIENT DATA

D.O.B. 28-FEB-92 Unit No. VC640684B
Surname MCCULLOCH
Forename(s) STEVEN
Address 27 Harbour Place
BURNTISLAND
Fife
KY3 9DP
Occupation SCHOOL CHILD Religion PROTESTANT
Phone No. 874717
Consultant
Next of Kin LINDA ADAM
27 Harbour Place
BURNTISLAND
Fife
Home Phone 874717
Work Phone

20 SEP 2005

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P.
Minor Procedure -
Analgesia Antibiotics ATS
Prescription Issued:

FILE	✓
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

HISTORY/CLINICAL DETAILS
PC: hy (R) wrist / chin
HPC: He fell off his bike earlier on & he landed on his (R) side. Injury his (R) wrist & chin. No LOC.
O/E: AERUM GCS 15/15 °LOC °Vomit °Dizziness °Balance / °Blurred vision / °Neuro abnormal
Tenderness over dorsal radius
(R) middle & ring fingers
↓ ROM. N-V intact
sensation intact
CRT <2sec
Tone - Reflexes - N

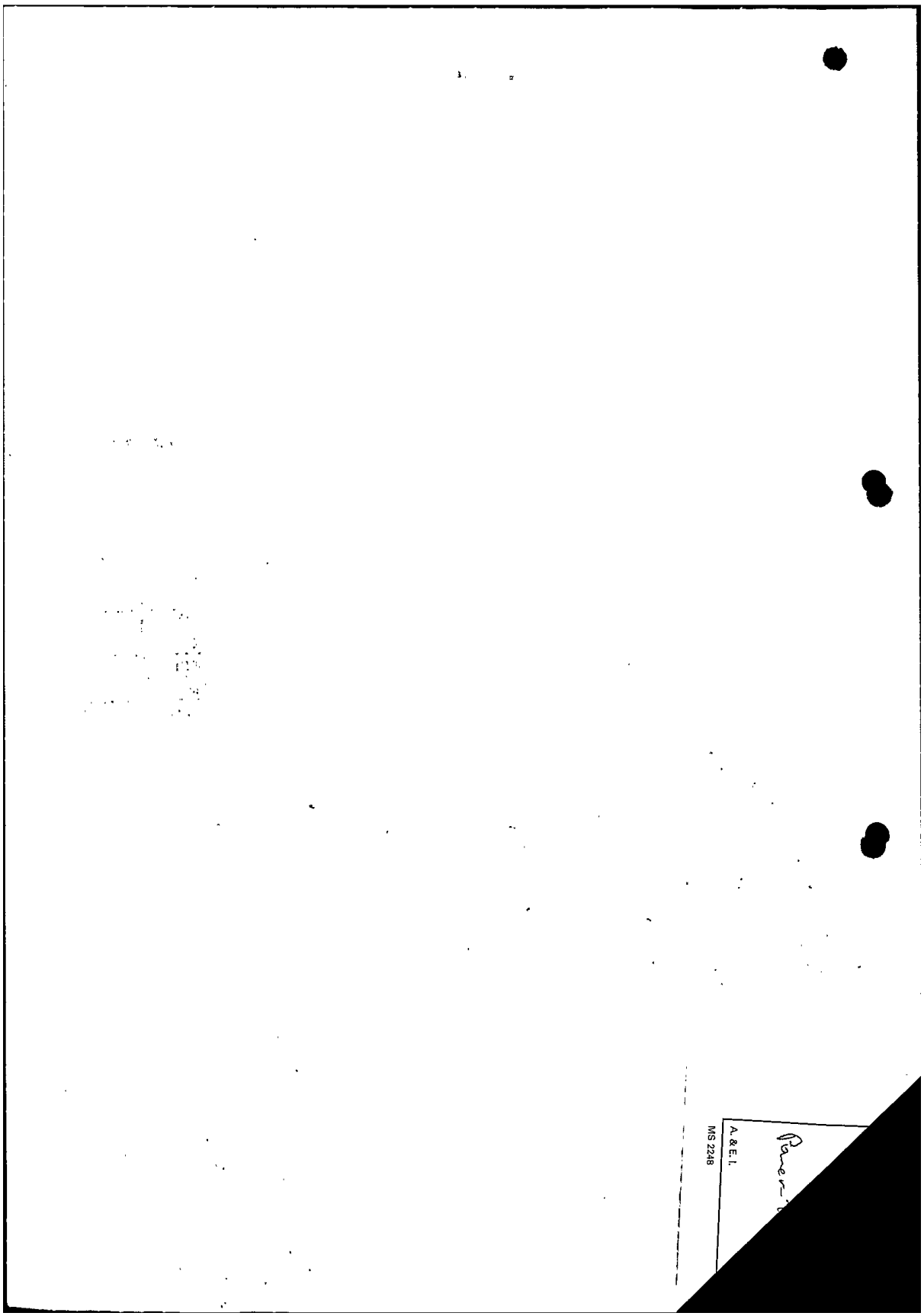
Small superficial laceration at the chin

Rx: Analgesia
- XR hy (R) wrist / chin
=> # greenstick dorsal radius
=> sports club
=> F/U clinic in
=> Analgesia

Signature .....

=> wound toilet
=> stitches

PLEASE USE BALLPOINT PEN
COPIES: WHITE - GP PINK - NOTES ORANGE - CAS CARD


A. & E. I.
MS 2248

0141 201 3137

Stobhill General Hospital
133 Balornock Road
Glasgow G21 3UW

07 Jun 2005 MRDCH

10664506W

CHI NO: 2802926411

STEVEN MCCULLOCH
361 Ashgill Road
GLASGOW
G22 7HN

Dear STEVEN MCCULLOCH

RETURN APPOINTMENT

A return appointment has been made for you at the following clinic:

Clinic: EYE/ORTHOP PAM40 TUES PM
PAM-ORTHOPTIST-BALLANTYNE
Tuesday
30 Aug 05
14:40

If this appointment is unsuitable please telephone as soon as possible for an alternative date.

Appointment Desk: 0141 201 3480

Orthoptic Clinic

MISS LORRAINE DUDDY
CLINIC CO-ORDINATOR
OPHTHALMOLOGY SUITE

North Glasgow University Hospitals Division

DEPARTMENT OF OPHTHALMOLOGY

Dr T Barrie
Dr B H Browne
Dr M Gavin
Dr D M I Montgomery
Mr J R Murdoch
Dr S N Saba (ASSP)

Surgical Services
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Direct Line 0141 201 3479
Fax Number 0141 201 4153

NHS
Greater Glasgow

HM/AK/10664506W

RECEIVED 02 08 2004
TYPED 03 08 2004

PRIVATE & CONFIDENTIAL
DR P GEDDES
MILTON MEDICAL CENTRE
109 EGILSAY STREET
MILTON
G22 7JL

Dear Dr Geddes

STEVEN McCULLOCH 28 02 1992 361 ASHGILL ROAD GLASGOW G22 7HN

Further to referral from the Visual Screening Clinic, Steven was today seen at the Shared Care Paediatric Orthoptic/Optometry Clinic.

Orthoptic examination revealed a large latent divergent squint becoming manifest easily.

VAR 6/6 part
VAL 6/6 part

Dilated refraction was therefore performed and the following prescription was issued for constant wear:

RE: +5.50/+2.00 x 90
LE: + 5.00/+1.75 x 95

Ocular fundi, media and macula are healthy.

Exercises have been commenced which will hopefully help Steven to control his squint more of the time. The above prescription is slightly reduced from his normal prescription again to aid control.

Steven will be reviewed at the Orthoptic Clinic in three weeks.

Many thanks for your attention

Yours sincerely

HAZEL McSHANE
SENIOR ORTHOPTIST

MILTON MEDICAL CENTRE
09 AUG 2004
Dr Trollen
Dr Geddes
Dr
Pass to HV
PN
Records

01811

17/4330 RM Trollen

Yorkhill NHS Trust
Department of Child and Family Psychiatry

LAACMHT
90 Kerr Street
Bridgeton
Glasgow
G40 2QP

NHS
Greater Glasgow

JA		[illegible]	
[illegible]		MAKE APPT	
Related		[illegible]	
JH		[illegible]	
ES			

Dictated 29th June 04
Date typed 30th June 04
Your Ref
Our Ref GB/Sdl

Direct Line 0141-531-3301
Fax 0141-531-3302

Dr Margaret Burns
LAAC & YP Health Team
1st Floor
Springburn Health Centre,
200 Springburn Way,
Glasgow
G21 1TR

050704

Dear Dr Burns,

Re: Steven McCulloch – DoB 28.02.92 6411

Stephen is a twelve-year-old boy who has been looked after and accommodated for over four years, most of which he has spent living with his current carers, John and Isabel Ross. You had written to me some time ago about Steven, inviting our involvement. I had written back to say that we would not be able to action that straight away, because of pressures at that stage. However, it was only when your nursing colleague Alan Lynn got in touch to enquire about Steven that we became aware that the initial request had not been followed up I apologise for this. We held a meeting on the 24th June at which Steven's carers, their social worker and Steven's social worker joined Alan, James Wilson, one of my nursing colleagues, and myself.

Steven is twelve years old currently coming to the end his final year at Churnside Primary. He is in good physical health and, as became clear over the course of our meeting, is now getting on reasonably well. The concerns that were prominent a year or two ago were particularly around his response to being told off, at which point Steven hit himself, often quite ferociously. However, Mr and Mrs Ross reported that this has diminished steadily as an issue and, as far as they are aware, has happened no more than once this year, and that was many months ago. There are no other reported concerns about Stephen's behaviour at present. He is said to get on well with his carers, both of whom speak warmly of him. He is said to get on well with other youngsters.

Stephen leaves Churnside Primary this year to move on to Springburn Academy. He repeated a year in primary school, reportedly because of learning difficulties. This has never been investigated, as far as we could establish, although there may have been a referral to psychological services in the past. We considered whether this should be followed up but agreed to take no further action at present, in light of the carers' confidence in the learning support available at Springburn Academy. If there is a lack of progress there, I think further investigation would be appropriate.

Headquarters
Dalnair Street, Glasgow, G3 8SJ
Telephone 0141 201 0000
www.show.scot.nhs.uk/yorkhill

Chairman Sally Kuenssberg CBE
Chief Executive Jonathan Best

The main area of concern at present arises in relation to contact arrangements. Stephen has regular contact with his mother and his older sister, Stacy, who is fourteen. This is supervised and time limited, on the strength of the observation that their mother finds it difficult to manage the two children when they are together. Stephen is said to be happy with the current level of contact, although he would prefer to see his mother alone. However, his mother may seek a review of this arrangement and propose increased contact. The Social Work Department will have to consider their response, a matter which is made difficult by the voluntary nature of the care arrangement.

In conclusion, Stephen is currently well settled with his carers and there is ample evidence that he is benefiting from this placement. Should the care arrangement come into question, it will be important that those involved give due weight to Stephen's needs and bear I mind the changes and gains he has been able to make over the recent years of this placement.

However, all were agreed that, for the time being at least, there is no indication for active mental health input. We therefore agreed to close his file for now. We would, however, be happy to hear further about him at any stage.

With best wishes

Yours sincerely,

Dr Graham Bryce
Consultant Child and Adolescent Psychiatrist

CC
Dr D Smith, GP, Easterhouse Health Centre, Glasgow, G33
Tom McGowan, Social Worker, Newlands Centre, 871 Springfield Road, Glasgow G31 4HZ
Mike Fallon, Social worker, Families for Children, Centenary House, 100 Morrison Street, Glasgow

NHS Confidential: Personal data about a patient

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital STOBHILL HOSPITAL Date 09 03 04

CHI No. 2 8 0 2 9 2 6 4 1 1

Please arrange for the patient to attend the OPHTHALMOLOGY CLINIC clinic of Dr / Mr

Patients Surname McCULLOCH Maiden Surname

First Names STEVEN Single / Married / Widowed / Other

Address 361 ASHGILL ROAD Date of Birth 28 02 92

GLASGOW Patients Occupation

Postal Code G22 7HN Contact telephone number 564 8497

Has the patient attended hospital before ? NO If "YES" please state:

Name of Hospital

Year of attendance Hospital No.

If the patients name and/or address has/have changed since then please give details:

Can the patient attend at short notice?

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTIONER

DR P GEDDES
109 EGILSAY STREET
GLASGOW G22 7JL
TEL: 0141 772 1183 FAX: 0141 772 2331
G01732 43307

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given below:

I would be very grateful if you could see this boy who was seen at his opticians as you will see from his enclosed Optician's report and they have requested that he be referred to an Orthoptist.

Thank you for seeing him and advising further.

Steven is otherwise well and not on any regular medication.

Diagnosis / provisional diagnosis: See optician's report

Present drug treatment and potential special hazards: None regular

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. Trolland

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) McCULLOCH. OTHER NAME(S) Stephen

ADDRESS 361 Ashgill Rd
Milton

POSTCODE G22 7HN TEL No.

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 1/3/04

Previous corrected V.A. Date

Date of Birth 25.2.92

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R		+6.50	1.00	90			6/6	2	
L		+6.25	1.75	95			6/6	3	

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Stephen attended today, 1.3.04, for an eye test. Refraction found the above glasses which were prescribed for constant wear. Stephen does have an alternating divergent squint — could you please refer Stephen to an orthoptist for binocularity exercises.

Optic discs

IOP R mmHg L mmHg

Tonometer used: Applanation/Tonometer

Visual Fields R L

Plot attached .... Y/N

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed ..... Date .....

Name and Address of Optometrist/OMP
Framesavers
190 Saracens St.
Possil

Signed (Optometrist/OMP) 1/3/04 Date

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

d must accompany any referral and be retained by the
edical Practitioner

Signed (GMP) Date

355-2023

COMMUNITY CHILD HEALTH SERVICES

Medical Examination Report

THE LOOKED AFTER CHILDREN HEALTH TEAM
Yorkhill NHS Trust
Springburn Health Centre, 200 Springburn Way
Glasgow G21 1TR
Tel: 0141-531-6758

28/05/02
NOT SSM

Ref No.: 2107 **Date Typed:** 26/04/02

Re: Steven McCulloch **Date of Birth:** 28 February 1992

c/o: Mr & Mrs Ross
361 Ashgill Road

Glasgow G22 7HN

The aboved named child is currently being looked after by the local authority. At a recent Medical Examination, the following SIGNIFICANT MEDICAL PROBLEMS were noted:

Date of Examination: 26 April 2002 **Examining Doctor:** Dr Burns

Identified Problem List

1: **Behavioural/Emotional problems**
2:
3:
4:
5:
6:

090502

✓

Actions Taken:

1. Referral to Dr Bryce, The LACES Project
2.
3.
4.
5.
6.

Further Actions Recommended to Parent/Carer or Social Work Department:

1.
2.
3.
4.
5.
6.

Medical Examination Report **Ref No.:** 2107

Re: Steven McCulloch **Date of Birth:** 28 February 1992

Summary/Opinion and Conclusions or Other Comments

Healthy boy. Wears glasses. He sleeps well and has a good appetite.
Height 131.5cms (9th Centile)
Weight 31 kgs (50th Centile)

His foster parents report that at home his behaviour can be difficult due to his anger - he hurts himself and has difficulty accepting his part in wrong doing.

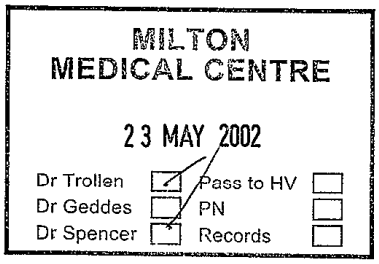
This behaviour has escalated over the 3 years he has been with Mr and Mrs Ross. Behaviour in school is not problematic. I have referred Steven to Dr Bryce, DCFP, Kerr Street.

Review Date by:

April 2003

Signature: M P Evans

Community Paediatrician


MILTON
MEDICAL CENTRE
23 MAY 2002
Dr Trollen
Dr Geddes
Dr Spencer
Pass to HV
PN
Records

NHS Confidential: Personal data about a patient

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT Rm 1.

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCCULLOCH	STEVEN	7	28/02/1992	31/01/00	09:55	[illegible]

Address	Sex	Religion	Date of Inc.	Time
361 ASHGILL RD GLASGOW	MALE		31/01/00	~

Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
SINGLE		SCHOOL	WALKED

PC G22 7HN Tel 564 8497

GP

Name	Address	Referred by
TROLLEN	109 EGILSAY STREET GLASGOW G22 7JL	

NEXT OF KIN

Name	Address	Complaint
FOSTER FATHER	S/A	LACERATION L/EYE

Relat.

Tel No.

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

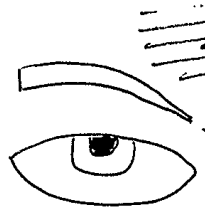
THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS_____ INVESTIGATION SHOWS_____

TREATMENT GIVEN 10.10 am

PC Swinging with boys of own age + was dropped to ground
→ ① frontal abrasion + ① lateral eyebrow laceration
No LOC/confusion/vomiting/neurol symptoms/neck pain

DE



acuity + ROM = (N) = L = R
PERLA
CN II - XII intact
no facial tenderness
no H.I.

- 1 FEB 00

WOULD YOU PLEASE ARRANGE clean + stenstrip, D/C with HHC + Calpol 6hr

Investigations	X-Ray	Lab	ECG	Match	Bact

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
		Sten			

Pop | Resusc | Nurse's Signature: CMitchell

Admitted to ward | Consultant

Hospital Transferred

Comments

Medical Officers Signature: [signature] | Medical Officers Name (BLOCK): MCROBERT

Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
✓									

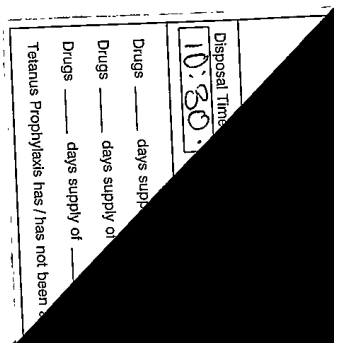
STAFF GRADE: REG (SHO) JHO CA (PLEASE CIRCLE)

...ly of _____ has been given

Written Advice Issued:

...dministered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)

Patients Name



NHS Confidential: Personal data about a patient

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

Car 1

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCCULLOCH	STEVEN	7	28/02/1992	02/12/99	17:49	046237

Address	Sex	Religion	Date of Inc.	Time
361 ASHGILL ROAD GLASGOW	MALE		02/12/99	~

PC	Tel	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
		SINGLE		HOME ACC	WALK/OT

GP

Name G22 7HN 564 8497 TROLLEN — Address 109 EGILSAY STREET GLASGOW G22 7JL

Referred by

NEXT OF KIN

Name

Relat. JOHN ROSS

Tel No. FOSTERPARENT SA

Complaint: FALL L EYE LAC

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

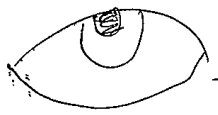
THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

DIAGNOSIS _____ INVESTIGATION SHOWS _____

TREATMENT GIVEN 1800h

Pt Fell + struck (L) side orbit against a chair
No loc/neuro/usual symptoms

OE



2cm laceration through skin, oozing blood
sensation ✓

acuity ✓
Read ✓
PERLA

WOULD YOU PLEASE ARRANGE clean + glue + Steristrips

Investigations	X-Ray	Lab	ECG	Match	Bact

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
					✓

Pop	Resusc	Nurse's Signature

Admitted to ward | Consultant

Hospital Transferred

Comments: used steristrips not glue

Medical Officers Signature | Medical Officers Name (BLOCK) MCROBERTS

me	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW

STAFF GRADE
REG (SHO) JHO
CA
PLEASE CIRCLE

pply of _____ has been given

f _____

Written Advice Issued:

administered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)

Patients Name

COMMUNITY CHILD HEALTH SERVICES

YORKHILL NHS TRUST

Adoption and Fostering Clinical Team

Report to General Practitioner

30-Aug-99

Registered General Practitioner Details *Foster Carer's General Practitioner Details*

Dr Smith
Easterhouse Health Centre
9 Auchinlea Rd

Glasgow **G34**

Child's Details

ID: **2107** CHI: **2802926411** D.o.B: **28/02/92**

NAME: **Steven** **McCulloch**

Current Address: **Mrs Meechan**
948 Cumbernauld Road
Glasgow **G33 2QR**

The above named child is currently in the care of the local authority. At a recent Medical Examination, the following significant medical problems were noted:-

Date of Examination: **27/08/99** Examining Doctor: **Dr Burns**

Significant Findings Identified:-

1 Minor dental caries.
2 Nocturnal enuresis. POC.
3 Soiling (of recent onset).
4 Overactivity withshort attention span.
5
6

Referrals to Other Professionals/ Actions Taken:-

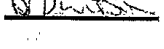
1 Attenting dentist
2 Letter to Paediatric Outreach Clinic
3
4
5
6

Further Information: Steven will be reviewed in 6 months if still in local authority care.

Dr S E Evans, Consultant Community Paediatrician

Based at: Community Services Department (1st Floor)
Springburn Health Centre
200 Springburn Way
Glasgow G21

Tel No.: 0141-531-6758 *Fax: 0141-531 6757*

Signature:- 

Routine	Hospital			
	Clinic	date		
Urgent	use only	day	time	hospital
Soon	GP112			

Hospital	Yorkhill	CHI No.
Clinic	Ophthalmology	Hospital No.
Consultant		Name Of Hospital
		Year of Attendance
Patient Details		
Marital Status		
Surname	McCulloch	Dr. JOHN SCULLION
First Names	Steven	EASTERHOUSE HEALTH CENTRE
Date of Birth	28/02/92	9 AUCHINLEA ROAD
Address	C/o Gibb	GLASGOW
	F1/1 3 Auchingill Place	
	Glasgow	G34 9HQ
Postal Code	G34	Practice No. 46221. (0141 531 8180)
Telephone No.		

Dict 09/02/99 typed 10/02/99

Dear Doctor,

I would be grateful for you seeing this boy who will soon be 7years old. Please find enclosed a letter GOS (S) (M) from Forde opticians dated 04/02/99.

I would be grateful for your help with further management with regards to his eyesight. He is on no current medication.

Yours sincerely,

Dr John Scullion,
AC/Dr J Scullion,
10/02/99.

NHS Confidential: Personal data about a patient

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. SCULLION

PATIENT'S DETAILS

SURNAME (~~Mr, Mrs, Miss, Ms~~) McCULLOCH

OTHER NAME(S) STEVEN

ADDRESS 3 AUCHINGILL PL.

EASTERHOUSE

POSTCODE G34

TEL No. 771 2096

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE: 3.2.99

NB – Sheridan Gardner

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/18	+5.00	+2.25	90	←	modified ret			
L	6/18	+5.00	+2.25	90		result given			

Previous corrected V.A. NO VAs Date possible – guessing

Date of Birth 28.2.92

Specify Cycloplegic/Mydriatic if used. cyclo in 1.98 (see below)

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Steven had his 1st sight test Jun 98 when a partial Rx of (R) +3.00/+2.50 x 80 (L) +3.00/+2.00 x100 was given for constant wear & he was to come back in 1/12 to increase the strength. He wasn't brought back till May 98 because the specs broke & I gave Rx again & stressed I wanted him back in 1/12. VAs at the time were impossible as he pointed to the letters without looking. Yesterday I tested him for glasses, again because they are broken. He is behind in school & reading & the alphabet. I feel I can do no more due to the non-compliance ∴ maybe a word from the ophthalmologist is necessary.

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner. I would be grateful if you could arrange an assessment soon as the schoolwork is being hindered.

Signed ..... Date .....

Optic discs normal R&L

IOP R mmHg L mmHg

Tonometer used: Applanation/Tonometer

~~Visual Fields~~

R NOTE – cyclo RET

R +6.00/+2.50 x 80

L +6.00/+2.00 x100

Plot attached . . . Y/N

Name and Address of Optometrist/GMP

FORDE OPTICIANS
EASTERHOUSE SHOPPING CENTRE
SHANDWICK SQUARE
GLASGOW G34
Tel: 041-771 8400

Signed (Optometrist/GMP) Audrey Bell Date 4.2.99

SECTION TWO: To Be Completed By General Medical Practitioner (If not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms .....

Urgency Rating: Urgent/Soon/In turn

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

...ust accompany any referral and be retained by the ...ner

Signed (GMP) Date

...20 11/96

355-2023

ROYAL HOSPITAL FOR SICK CHILDREN

SURGICAL DIRECTORATE

Telephone
0141-201 0000

Yorkhill
Glasgow G3 8SJ

CD/jg

13 September 1995

Dr K Hooper
The Surgery
9 Auchinlea Road
GLASGOW
G34 9HQ

NORMAL		JJG	
MAKE APPT.		KMH	
COLLECT		JFS	✓
NOT FU		MRT	

Dear Dr Hooper

Steven McCulloch dob 28.02.92 hn 432622
998 Gartloch Road, GLASGOW G33 5AU

Date of Admission 02.09.95
Discharge 02.09.95

Diagnosis: Abdominal Pain, Vomiting

Procedure: Observation

Drugs on Discharge: Augmentin

Follow Up: Nil

Steven was admitted on 2 September 1995 with abdominal pain and vomiting. He had been prescribed a course of antibiotics seven weeks beforehand in 4A with laryngitis. Abdominal examination did not suggest appendicitis but rather mesenteric adenitis, associated with some chronically enlarged tonsils. He was continued on augmentin and discharged home later the same day. No arrangements were made for review.

Yours sincerely

Justine Goodall

pp Carl Davis
Consultant Paediatric Surgeon

R.H.S.C.
DEPARTMENT OF PAEDIATRIC SURGERY
DISCHARGE FORM

Outstanding

Dear Dr ... HOOPER ...

Codes

Addressograph
STEVEN McCULLOCH,
998, GARTLOCH RD,
GLASGOW.

Referral:
1. G.P.
2. A & E
3. Internal
4. Other hospital

Emergency/~~Elective~~/~~Day Bed~~ Area

Consultant Surgeon: MR DAVIES

Date of Admission: 2/9/95

Date of Discharge: 2/9/95

NORMAL | JMC
MAKE APPT. | KMH
COLLECT | JFS ✓
NOTES REQ'D | MRT

Admission Problems:
1. Abdominal pain
2. Vomiting.
3.

Active Long Term Problems:
1.
2.
3.

Management: ~~Operative~~/Non-operative Date: 2/9/95
1. Observation
2.
3.

Complications: yes/no

Comments:
No further vomiting. Became slightly pyrexial overnight and developed sore throat and cough. Started on Augmentin.

Diagnosis on Discharge:
1. Tonsillitis
2. Mesenteric Adenitis
3.
4.

on Discharge: Augmentin
NFU

DR TURLEY Signature J.Turley

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-201 0000

Yorkhill
Glasgow G3 8SJ

PAMR/VMCD

22 August 1994

Dr K Hooper
9 Auchinlea Road
Glasgow
G34 9HQ

Dear Dr Hooper

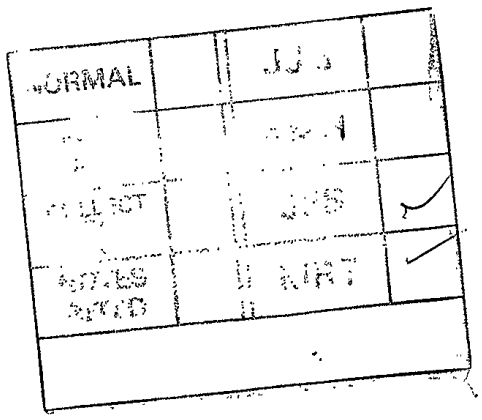
Steven McCulloch DOB 28.2.92 HN 432622
998 Gartloch Road Glasgow G33 5AU

Steven was admitted to Yorkhill on 29.7.94 following a fall in which he sustained a head injury. Following that he was rather drowsy and miserable but on examination here we could make out no sign of any neurological abnormality. His neurological observations were stable. He did have some evidence of a throat infection and was started on Amoxycillin and Calpol. He was discharged on this regime and does not have any further appointment.

Yours sincerely

P A M Raine
Consultant Paediatric Surgeon

Diagnosis: Head injury and upper respiratory tract injection



NHS Confidential: Personal data about a patient

R.H.S.C.
DEPARTMENT OF PAEDIATRIC SURGERY
DISCHARGE FORM

Outstanding

Dear Dr ..... HOOPER .....

Codes

Addressograph
STEVEN MCCULLOCH
998 GARTLOCH RD.
GLASGOW

432622

28-2-92

Referral:
1. G.P.
(2.) A & E
3. Internal
4. Other hospital

(Emergency)/Elective/Day Bed Area

Consultant Surgeon: RAINE

Date of Admission: 29-7-94

Date of Discharge: 30-7-94

Admission Problems:
1. FELL IN GARDEN BUMPED HEAD
2. SORE THROAT
3.

Active Long Term Problems:
1. NONE
2.
3.

Management: Operative/~~Non-operative~~ Date:
1. STARTED ON ANTI-BIOTICS FOR THROAT INF'N
2. NEURO-OBS STABLE
3.

Complications: yes/(no)

Comments:

Diagnosis on Discharge:
1. THROAT INF'N
2. NEURO-OBS STABLE
3.
4.

...on Discharge: AMOXICILLIN & CALPOL
NONE

...KAREN CARTER Signature KAREN CARTER

ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Extn 4295

AA/jvegw

Yorkhill
Glasgow G3 8SJ

16 March 1994

Dr K Hooper
The Health Centre
9 Auchinlea Road
GLASGOW
G34 9HQ

Dear Dr Hooper

Steven McCulloch Dob 28 02 92 HN 432622
998 Gartloch Road GLASGOW G33 5AU

Date of Admission 07 02 94
Discharge 08. 02 94

Diagnosis: Burn to hand

Procedure: Conservative

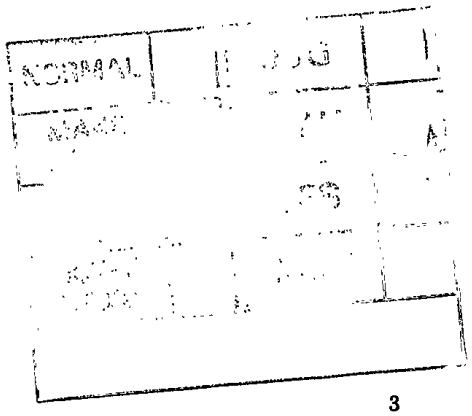
Drugs on Discharge: Nil

Follow Up: Burns Clinic

Your patient was admitted as an emergency on 7 February 1994. He was treated conservatively while on the ward and was discharged home on 8 February 1994. He will be reviewed in the Burns clinic.

Yours sincerely

A Azmy
Consultant Paediatric Surgeon



ROYAL HOSPITAL FOR SICK CHILDREN

RS:cb

Out-patient Department
(Ext. 4818)

Telephone
041-339 8888

Yorkhill
Glasgow G3 8SJ

Dictated 24.2.94
Typed 11.3.94

Dr. K. Hooper,
Easterhouse Health Centre,
9, Auchinlea Road,
EASTERHOUSE, G34 9HQ.

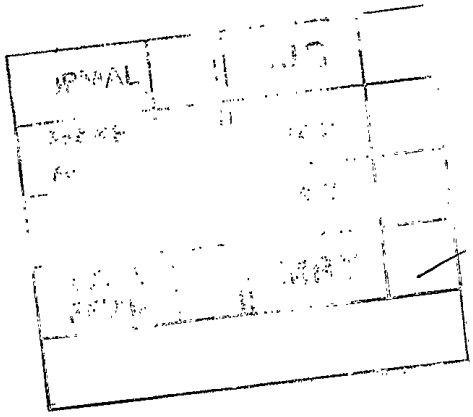
Dear Dr. Hooper,

Steven McCulloch - d.o.b. 28.2.92 - 432622
998, Gartloch Road, GLASGOW, G33 5AU.

I reviewed Steven in the clinic today on behalf of Mr. Azmy. This young lad sustained partial thickness burns to the dorsum of his hand. The burns are healing well and the area looks absolutely dry. I have told mum to continually moisturise the hand and will we see him again next week.

Yours sincerely,

R. SHAH,
Surgical Registrar.



ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill
Glasgow G3 8SJ

RS/VMCD

Dictated: 10.2.94
Typed: 16.2.94

Dr Hooper
9 Auchinlea Road
Glasgow

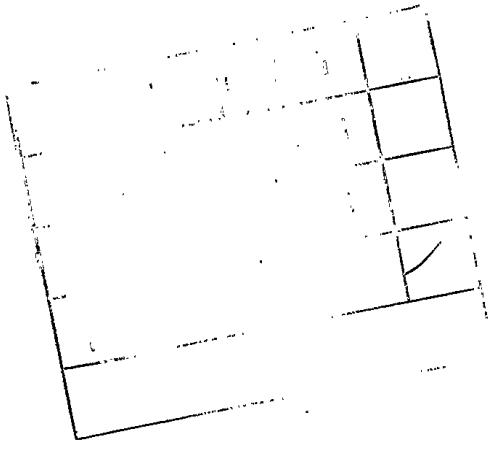
Dear Dr Hooper

Steven McCulloch DOB 28.2.92 HN 432622
998 Gartloch Road Glasgow G33 5AU

Steven was reviewed in the Burn's Clinic today. The burns on his hand still seem to be fresh. We are continuing with dressings on a weekly basis. We will keep you informed of Steven's progress.

Yours sincerely

Mr R Shah
Registrar in Paediatric Surgery



NHS Confidential: Personal data about a patient

THE ROYAL HOSPITAL FOR SICK CHILDREN, GLASGOW

DISCHARGE CHECKLIST

F: STEPHEN McGILLOCH

DATE OF ADMISSION: 7/2/94

ADDRESS: 998 GARTLOCH RD GLASGOW G33

DATE OF BIRTH: 28.2.92 AGE:

HOSPITAL No.: 432622 WARD: 4B.

CONTACT TEL. No.: 774 2440 Uncle. NAME:

NOTICE REQUIRED BEFORE DISCHARGE: Parent/Professional - (see over)

LETTER CODE:	HRS/DAYS NEEDED:

DATE OF DISCHARGE: 7.2.94 REGULAR/TRANSFER/IRREGULAR

TO ADDRESS (if different from admission): HOME

TO CARE OF PARENT/GRANDPARENT/GUARDIAN/OTHER

SIGNATURE: A Kenny

PARENT - NAME: DATE: SIG:

A WENDY PYRAH DATE: SIG:

SPECIFIC INSTRUCTIONS GIVEN: KEEP BANDAGE DRY + INTACT.

SUBJECT: DATE: VERBAL - SIG:

Home care guidelines or other written instructions - SIG:

EQUIPMENT FOR HOME USE:

ITEM(S)

DATE ORDERED: LOAN FROM:

EQUIPMENT FOR HOME USE:

GUIDANCE GIVEN:

VERBAL/WRITTEN: DATE/SIG:

TRANSPORT HOME ARRANGED:

TO COLLECT AT:

DATE: SIG:

OUTPATIENT: APPOINTMENT(S) SIG: BURNS CLINIC

DATE: 10-2-94 TIME: PLACE: OPD RHSC

TRANSPORT ORDERED FOR ABOVE:

DATE: TIME: PLACE:

PRESCRIPTION/MEDICATION GIVEN: YES/NA DATE: SIG:

DRESSING etc: YES/NA DATE: SIG:

INTERIM GP LETTER GIVEN: YES/NO

WOUND/IV SITE/OTHER CHECKED - DESCRIPTION

BANDAGE INTACT

DATE: SIG:

ADVICE/INSTRUCTIONS:

ACTIVITY/MOBILITY - NORMAL DATE: SIG:

SUGGESTED RETURN TO SCHOOL/NURSERY/etc: AS DESIRED

DATE: SIG:

NAME OF CONSULTANT: AZM

BELONGINGS:

HAVE ALL PERSONAL BELONGINGS BEEN GATHERED TO RETURN HOME:

YES / NO DATE: SIG:

HAVE RELATIVE ROOM/FLAT KEYS BEEN RETURNED:

YES / NO DATE: SIG:

JMcC/931003

R.H.S.C.
DEPARTMENT OF PAEDIATRIC SURGERY
DISCHARGE FORM

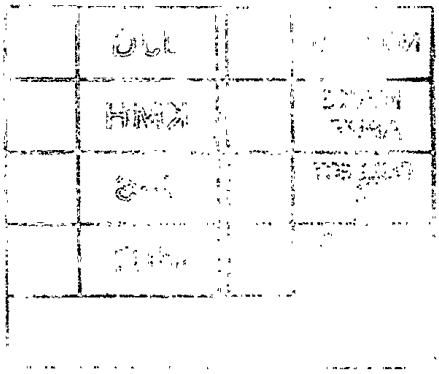
Outstanding

Dear Dr Hooper

Codes

432622 MCCULLOCH STEVEN 998 GARTLOCH RD M GLASGOW S 28/02/1992 G33 5AU G.P.Prac.46221 W048	Referral: 1. G.P.	
	2. A & E	
	3. Internal	
	4. Other hospital	
Emergency/Elective/Day Bed Area	Consultant Surgeon: MR Azmy	
Date of Admission: 7/2/94	Date of Discharge:	
Admission Problems: 1. Deep Partial thickness burn c 1% Dorsum R Hand		
2.		
3.		
Active Long Term Problems: 1.		
2.		
3.		
Management: ~~Operative~~/Non-operative Date: 1.		
2.		
3.		
Complications: yes/no		
Comments: Dressed	NORMAL / JJG MAKE APPT. / KMH COLLECT / JFS YES / MRT	
Diagnosis on Discharge: 1. Burn to Hand		
2.		
3.		
4.		
s on Discharge:		
10/2/94 Burns clinic		

DOTOD ..... Signature .....



ROYAL HOSPITAL FOR SICK CHILDREN

Telephone
041-339 8888

Yorkhill
Glasgow G3 8SJ

ACCIDENT AND EMERGENCY DEPARTMENT

EXT.4078

PATIENT'S NAME STEVEN McCULLOCH

ADDRESS 198 GARTLOCH ROAD, GLASGOW

SEX (M)/F D.O.B. 29/2/92 DATE 15/12/97

Dear Doctor Hooper

This child was brought by parents/~~ambulance/school teacher~~/.....

on 15/12/97 with a history of ABSCESS ON ANTERIOR ASPECT OF RIGHT THIGH 2/7 TO VARICELLA LESION

Clinically, ?/E Well, appears well. No lymphadenopathy
Multiple varicella lesions
Large 2cm x 2cm abscess on thigh

Treatment: INCISION AND DRAINAGE OF ABSCESS UNDER LOCAL ANAESTHETIC

Investigations: NIL

Magnesium sulphate dressing - please change on Friday.
Scratching lesions ↓ → infect°

Advised to attend your Surgery/~~Clinic/A&E Department~~/.....

~~Out-patient clinic~~/..... on .....

for REVIEW IF ANY FURTHER PROBLEMS

Given Flucloxacillin 120mg QID.

Signed: .....

M~~r~~/Dr S.D. MARKS

A/E Consultant/A&E MO/ JMO

NHS Confidential: Personal data about a patient

Victoria Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Hayfield Road, Kirkcaldy KY2 5AH

GP's NAME AND ADDRESS
LOCUM,
BURNTISLAND HEALTH CENTRE
74 SOMERVILLE STREET
BURNTISLAND
FIFE
KY3 9DF (01592 873321)

Date and Time of Attendance: 30/01/07 09:09
Date and Time of Accident:

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
ACCIDENT

LOCATION: RIGHT ARM INJ
SOURCE OF REFERRAL: SELF REFERRAL

PATIENT DATA

D.O.B. 28-FEB-92 Unit No. V640684B
Surname MCCULLOCH
Forename(s) STEVEN
Address 27 Harbour Place
BURNTISLAND
Fife
KY3 9DP
Occupation SCHOOL CHILD Religion PROTESTANT
Phone No. 874717
Consultant BALWEARIE H/S
Next of Kin LINDA ADAM
27 Harbour Place
BURNTISLAND
Fife
Home Phone 874717
Work Phone

ALLERGIES - Penicillin
OTHER - *(Specify)*
ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray CRIS NO: 433696.

PROVISIONAL DIAGNOSIS
(R) ARM INJ

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

6 FEB 2007

TIME FIRST SEEN BY DOCTOR 0912.

Prescription Issued: Happy to self-care!

HISTORY/CLINICAL DETAILS

pmh: nil.
meds: nil.
Allergies nil.

H/o PE claims to have struck this (R) elbow on a bus shelter when he fell playing football last night.

C/o Pain (R) elbow.

O/E
- shoulder
- upper arm tenderness
- slight swelling lat epicondyl
- Tender supracondylar region
- Tender lat epicondyl & olecranon.
- Radial head Tenderness
- ↓ ROM (Pt however can't fully extend at elbow)
- colour & sensation intact distal to inj

- Legibility

FILE	✓
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

(R) Hand Rx

- 1 FEB 2007

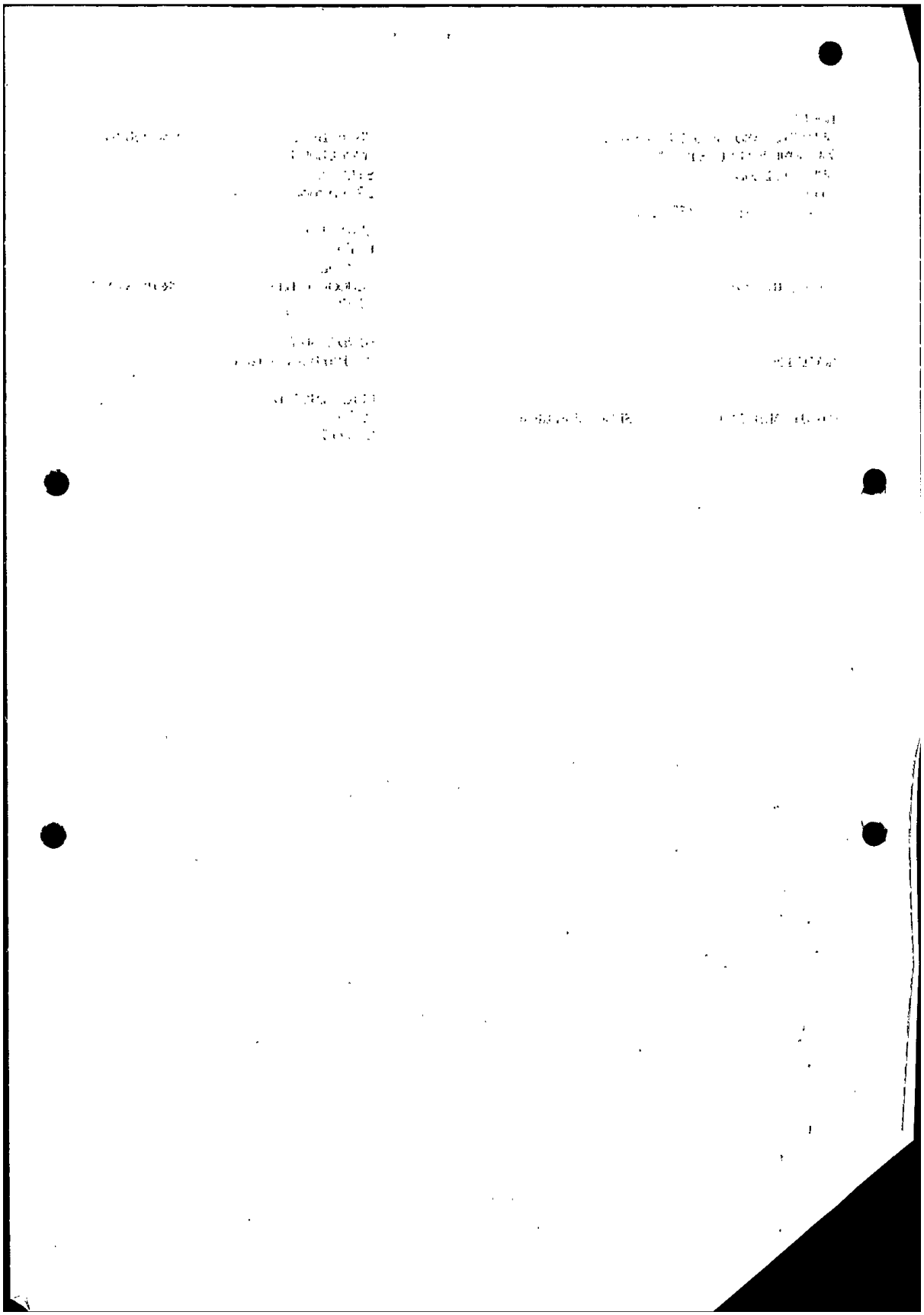
XRAY: (R) elbow.

INV: No obvious bony inj ⇒ soft tissue inj

Treat: PTG
Sling
RICE
Analgesic Advice / use of NSAI advice.
Return ME 7-10 days if no better.

ME 0939. Signature ..... SSCN CANDIDATE (EMP).

PLEASE USE BALLPOINT PEN
COPIES: WHITE - GP PINK - NOTES ORANGE - CAS CARD



NHS Confidential: Personal data about a patient

Victoria Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Hayfield Road, Kirkcaldy KY2 5AH

GP's NAME AND ADDRESS

LOCUM,
BURNTISLAND HEALTH CENTRE
74 SOMERVILLE STREET
BURNTISLAND
FIFE
KY3 9DF (01592 873321)

Date and Time of Attendance	Date and Time of Accident
09/07/06 13:45	08/07/06 21:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
ACCIDENT

LOCATION

SOURCE OF REFERRAL
SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

NAD (R) FOOT.
STI - (R) foot
fell from ~~foll~~

TIME FIRST SEEN BY DOCTOR

PATIENT DATA

D.O.B.	28-FEB-92	Unit No.	V640684B
Surname	MCCULLOCH		
Forename(s)	STEVEN		
Address	27 Harbour Place		
	BURNTISLAND		
	Fife		
	KY3 9DP	BALWEARIE	
Occupation	SCHOOL CHILD	Religion	PROTESTANT
Phone No.	874717		
Consultant			
Next of Kin	LINDA ADAM		
	27 Harbour Place		
	BURNTISLAND		
	Fife		
Home Phone	874717		
Work Phone			

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS
Prescription Issued:

Dihyp - STI - (R) foot

HISTORY/CLINICAL DETAILS

PC - Injury (R) foot
HPC fell from a chair awkwardly last night ⇒ painful (R) foot since then
H/E (R) foot +
⇒ no swelling / bruise
⇒ no bony tenderness
⇒ full WB bearing
⇒ (R) ROM - (R) ankle ↓
⇒ no N/V deficits.
(R) ankle ↓ ⇒ clinically normal.

13 JUL 2006

FILE	✓
NOTES	
SCRIPT	
APPT.	
VISIT	
OTHER	

Plan ⇒
Simple analgesics
Active mobilisation
⇒ follow up and discharge

11 JUL 2006

Signature .....

PLEASE USE BALLPOINT PEN
COPIES: WHITE - GP PINK - NOTES ORANGE - CAS CARD

NHS Confidential: Personal data about a patient

THE ROYAL HOSPITAL FOR SICK CHILDREN, GLASGOW

DISCHARGE CHECKLIST

NAME: Steven McCulloch DATE OF ADMISSION: 2/09/95

ADDRESS: 998 Gairloch Rd Glasgow

DATE OF BIRTH: 28/02/93 AGE:

HOSPITAL No.: WARD: 4A

CONTACT TEL. No.: NAME:

NOTICE REQUIRED BEFORE DISCHARGE: Parent/Professional – (see over)

LETTER CODE:	HRS/DAYS NEEDED:

DATE OF DISCHARGE: 2/9/95.

REGULAR/TRANSFER/IRREGULAR

TO ADDRESS (if different from admission):

TO CARE OF PARENT/GRANDPARENT/GUARDIAN/OTHER

SIGNATURE: X Wendy McCulloch

PARENT - NAME: DATE: SIG:

A DATE: SIG:

JJF KMH JFS MRT

SPECIFIC INSTRUCTIONS GIVEN: ENSURE DRINKS PLENTY OF FLUIDS

SUBJECT: DATE: VERBAL - SIG:

Home care guidelines or other written instructions - SIG:

EQUIPMENT FOR HOME USE: N/A.

ITEM(S)

DATE ORDERED: LOAN FROM:

EQUIPMENT FOR HOME USE:

GUIDANCE GIVEN: N/A.

VERBAL/WRITTEN: DATE/SIG:

TRANSPORT HOME ARRANGED: OWN CAR

TO COLLECT AT:

DATE: SIG:

NORMAL MAKE APPT.

OUTPATIENT: APPOINTMENT(S) NO follow up SIG:

DATE: TIME: PLACE:

TRANSPORT ORDERED FOR ABOVE:

DATE: TIME: PLACE:

PRESCRIPTION/MEDICATION GIVEN: (YES)/NA DATE: 2/9/95 SIG:

DRESSING etc: YES/NA DATE: SIG:

INTERIM GP LETTER GIVEN: YES/NO

WOUND/IV SITE/OTHER CHECKED - DESCRIPTION

DATE: SIG: N/A

ADVICE/INSTRUCTIONS: N/A

ACTIVITY/MOBILITY - DATE: SIG:

SUGGESTED RETURN TO SCHOOL/NURSERY/etc:

DATE: SIG:

BELONGINGS:

HAVE ALL PERSONAL BELONGINGS BEEN GATHERED TO RETURN HOME:

(YES) NO DATE: 2/9/95 SIG: X Wendy McCulloch

HAVE RELATIVE ROOM/FLAT KEYS BEEN RETURNED:

YES / NO DATE: SIG:

NAME OF CONSULTANT: MR DAVIS.

NHS Confidential: Personal data about a patient

HMPI

HOSPITAL MEDICINE PRESCRIPTION FORM

THIS FORM MUST BE COMPLETED FULLY BEFORE IT WILL BE DISPENSED

YORKHILL N.H.S. TRUST
YORKHILL
GLASGOW G3 8SH
Telephone 0141-201 0624

FORM NO. 41526

Dear Dr. HOOPER
Your patient STEVEN MCCULLOCH
Age 3 Weight ..... Unit No 432622
Address 9/8 GARLOCH RD,
GLASGOW
Under the care of MR DAVIES
was seen as ~~an outpatient~~/discharged from Ward* AA on 2/9/95
with a diagnosis of TONSILLITIS
Please TICK box if child proof containers are UNSUITABLE ☐

A discharge letter will follow. The patient was discharged on the medicine treatment detailed below. Further duration of treatment ***from date of discharge*** is shown in "Recommended Duration of Treatment" column.Please check Pharmacy use column to identify the product supplied.
(A SEVEN DAYS SUPPLY HAS/HAS NOT* BEEN DISPENSED BY THE HOSPITAL.)
(*Delete as applicable).

Note to hospital prescriber :
(a) Use a ballpoint pen
(b) In the "Recommended Duration of Treatment" column it is important to state the number of days for which the treatment should be continued from the date of discharge.
(c) If treatment is to be for an indefinite period, mark 'INDEFINITE".
(d) If treatment is to be intermittent or irregular, give FULL DETAILS in the COMMENTS space below.

Medicine	Dosage Form eg. Tablets	Dose	Times of Administration	Recommended Duration of Treatment from Date of Discharge (Days)	PHARMACY USE: No. of Days Supply	PHARMACY USE: Quantity, Name and Strength supplied by Pharmacy.
AUGMENTIN 125/31	SYRUP	5ML	TID	5		1x75ml Beecham
PARACETAMOL C	SYRUP	120mg	4-6 HOURLY PRN	5		1x100ml Rx C

Medicine Sensitivity 1. _____ 2. _____ Dispensed by: H/S Checked by: P. Sweeney Date Dispensed 2/8/95

OTHER TREATMENT and COMMENTS (Including details of appliances, etc.)

MEDICATION COLLECTED BY (MESSENGER)
.....

FOR WARD USE ONLY
Received on Ward by PEO
Issued by KOT
Date Issued 2/9/95
Signature of Patient or Representative X Wendy McCulloch

DRs. NAME IN BLOCK CAPITALS DR TURLEY SIGNATURE J.TURLEY DATE 2/9/95

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Radiopager No 2094