NHS Confidential: Personal data about a patient

SEIRBHEIS FALA TAOBH TUATH ALBAINN

NORTH OF SCOTLAND BLOOD TRANSFUSION SERVICE

RAIGMORE HOSPITAL, INVERNESS
TEL (01463) 704212 FAX (01463) 237020

CLINICAL SERVICES LABORATORY REPORT

PATIENT DETAILS

Surname	GOLABEK	Maiden Name	
Forename	AMANDA		
Address	CO 26 FIRHILL AINESS	Sex	F
		D.O.B.	12-Nov-79
Consultant		Hosp / GP	Ward
Hosp ID	D050602H	EDD (if applic)	29-Aug-97

Reported To: DR A SNOW
AINESS
HIGH STREET
AINESS IV17OIL

Copied To

30 JUN 1997

PD	
JDSC	✓
JMcF	
[illegible]	
SJC	✓
JFH	
AFS	✓
PAB	
RM	

RESULTS

ABO + Rh(D)	PHENOTYPE	ANTIBODY SCREEN	DIRECT ANTIGLOBULIN TEST
O NEGATIVE		NEGATIVE - NORMAL RESULT	

OTHER SEROLOGICAL INFORMATION

—

Laboratory Reference Number 160451

Authorised by

Date sample taken

Date sample received 27-Jun-97

Date reported 27-Jun-97

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HAEMATOLOGY DEPARTMENT

RAIGMORE HOSPITAL Tel (01463) 7040
INVERNESS IV2 3UJ Ext 4258/9

Number	Forenames	Surname	Report No.
425545	Amanda Golabeck		Dr Alice SNOW

Address: C/O 25 FIRHILL
ALNESS

CHI/PAS No.: 2017703Z

D.O.B.: 12.11.1979

The Health Centre Alness IV17 0T
Alness
Ross & Cromarty IV17 0SL

Clinical Details: A/N 31/40,

						10^9/l	
Haemoglobin	121	g/l	(120 - 160)	White Cells	9.8	(4.0 - 11.0)
RBC	3.95	10^12/l	(3.8 - 5.2)	Neutrophils	7.3	(2.0 - 7.5)
HCT	.35	L*	(0.37-0.47)	Lymphocytes	1.7	(1.5 - 4.0)
MCV	87.6	fl	(80.0-96.0)	Monocytes	0.7	(0.2 - 1.0)
MCH	30.6	pg	(27.0-32.0)	Eosinophils	0.0	(0.1 - 0.4)
MCHC	349	g/l	(310 - 360)	Basophils	0.1	(0.0 - 0.2)
RDW	12.8	%	(10.0-14.0)			
RETICS		10^9/l				
PLATELETS	262	10^9/l	(150 - 400)	GF Slide Test		
ESR		mm/hr		PL VISCOSITY		

Interpretive Report: Normal RBC Pop,
Normal PLT Pop,

FILM Comments:

27 JUN 1997

PD		
JDSC	✓	
JDJ	cp	
JMcR		
PHS		
SJC		
JFH		
AFS	✓	
PAB		

Collected 25.06.97 Received 26.06.97 Reported 26.06.97 10:35

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MICROBIOLOGY

RAIGMORE HOSPITAL - N.H.S. TRUST
Telephone (01463) 704206/7

INVERNESS

Lab. Number
7178039

Forenames
AMANDA GOLABECK

Surname

Report to
Dr D K M Black
Ferry Road
DINGWALL
ROSS & CROMARTY IV15 9QS

Specimen
URINE, MIDSTREAM

Address
FERINTOSH HOUSE
CONON BRIDGE

CHI/PAS No.
Z0177032

D.O.B.
12.11.1979

CLINICAL DETAILS
L.LOIN PAIN

CHEMISTRY: Blood: nil Glucose: nil Protein: nil pH: 8

MICROSCOPY: WBC (x10^6/L): nil Yeasts: nil
RBC (x10^6/L): nil Casts : nil

CULTURE: 1.no significant growth
2.
3.

COMMENT:

NORMAL ✓
FILE ✓
SPEAK TO DR
NOTES PLEASE

SENSITIVITIES: 1 2 3 1 2 3

Collected 20.06.95 Received 20.06.95 Validated by M Davidson 11:04:53 21 Jun

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St James's & Seacroft University Hospital NHS Trust. Leeds (0113) 2065551

Report to Dr.D.W.Forrester 016 Shaftesbury Medical Cntr 480 Harehills Lane Leeds LS9 6DE *Pathology GP Liaison Officer - Mrs F Dunn (0113) 2063607*	GOLABEK Amanda F NHS No: 72 Carden Avenue 12.11.79 Dr.D.W.Forrester 016
Clinical details and antibiotic therapy Late for Depo AB Tx:None stated	Lab No M,98.0601621 Report date 19.03.98 Authorised by MIS Copy for: Shaftesbury Medical Cntr

Pregnancy Test: NEGATIVE at 200 iu/l

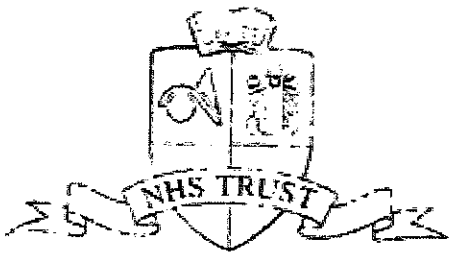
20 MAR 1998

Read by	Dr	Sr
SMC	Normal	

Comments:

Sample date 19.03.98	Pregnancy test Microbiology CPA accredited	Received by

NHS Confidential: Personal data about a patient



St JAMES'S & SEACROFT

UNIVERSITY HOSPITAL

NHS Confidential: Personal data about a patient

[redacted]

Specimen & Site: MSU

Date taken: 16/2/95 a.m./p.m. | Date received: 16.2.

Examination requested: M.C.&S. Mgm

MO's Signature: H R Walker

Ward / Clinic Hosp.: DRS RJ WALKER & KC SCALLAN FRIOCKHEIM HEALTH CENTRE

Surname: GOLABEK

First Name: AMANDA

Address: ROSSIE SCHOOL, BY MONTROSE DD10 9TW

Locn:

D of B: 12.11.79

M. State:

Sex: F

CHI No.: 05.41 [last 4 digits]

Diagnosis, Clinical Details: ? UTI

Current Antibiotic Therapy:

LAB. REPORT:

PUS CELLS [redacted] FEW

RED CELLS NONE SEEN [redacted]

DATE RCD 20 02 95.

DR NORMAL ✓

CC PT

NO GROWTH

GP PHONE

RX

17 FEB 95

HB 290 (Rev 93)

Bacteriologist: klpp Date Reported:

BACTERIOLOGY | DUNDEE: NINEWELLS HOSPITAL Tel. 0356 60111 Ext. 2559 | ANGUS: STRACATHRO HOSPITAL Tel. 0356 647291 Ext. 227/8 | Lab. No. 23429

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[redacted] OTES AND CURRENT THERAPY:

Period late ?

unreliable girl

dical Officer A Scallan

Ward / Clinic
Hosp.

Surname GOLABEK

First Name AMANDA

Address ROSSIE SCHOOL
BY MONTROSE

Cons

D of B 12-11-79

M. State

Sex F

CHI No. 0541
(last 4 digits)

G.P. & Address (G.P. Requests only)
DRS RJ WALKER & KC SCALLAN
FLOCKHEAM HEALTH CENTRE

USE BLOCK LETTERS OR HAND IMPRINTER

Arterial / Blood Venous / Capillary	Urine	CSF	Other Sample (specify)	Date Received	Collection Dates: from / to	Date of Specimen	Time Taken
						9/8/94	

SODIUM	mmol/l		TOTAL PROT.	g/l		CALCIUM	mmol/
POTASSIUM	mmol/l		ALBUMIN	g/l		ALB.-ADJ. CALC.	mmol/
TOTAL CO_2	mmol/l		BILIRUBIN	µmol/l		PHOSPHATE	mmol/
UREA	mmol/l		AP	U/l	✓	PREG. TEST	negative
CREATININE	µmol/l		AST	U/l		OTHER REQUESTS	
GLUCOSE	mmol/l						
AMYLASE	U/l		HBD	U/l			

clearasil negative

R LAB. USE

R 014 (Rev 93)

IOCHEMICAL MEDICINE

ANGUS: STRACATHRO HOSPITAL
Edzell (0356) 647291 Ext. 276 / 443

Report seen by:

64902

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[redacted]

ADULT REFERENCE RANGES

These should not be interpreted too strictly since (a) they are calculated to include 95% of values from a [redacted]mal ambulent, adult reference population and (b) they may vary according to age, sex of patient, duratio[redacted]f venous stasis, drug therapy and other factors.

Sodium	135 - 147	mmol/l
Potassium	3.5 - 5.0	mmol/l
Chloride	95 - 105	mmol/l
Total CO_2	22 - 30	mmol/l
Urea	3.3 - 6.6	mmol/l
Glucose (fasting)	3.3 - 5.8	mmol/l
Creatinine	44 - 150	µmol/l
Amylase	50 - 200	U/l
Osmolality (plasma)	280 - 300	mmol/Kg
Creat. Clear.	85 - 130	ml/min

Total Prot.	65 - 80	g/l
Albumin	36 - 50	g/l
Bilirubin	0 - 17	µmol/l
AP	30 - 113	U/l
ɣ GTP (male)	8 - 50	U/l
(female)	5 - 35	U/l
AST	10 - 40	U/l
HBD	150 - 350	U/l
ALT	0 - 45	U/l
Triglycerides (fasting)	0.5 - 1.9	mmol/l
HDL Cholesterol	0.4 - 2.2	mmol/l
CK (male)	0 - 250	U/l
(female)	0 - 180	U/l

Calcium	2.10 - 2.55	mmol/l
Albumin Calcium	2.15 - 2.60	mmol/l
(Ionisable)	0.8 - 1.50	mmol/l
Urate	0.12 - 0.39	mmol/l
(male)	11 - 27	µmol/l
(female)	25 - 22	µmol/l
(male)	35 - 70	µmol/l
(female)	16 - 22	µmol/l
CSF Protein	150 - 450	mg/l
CSF Glucose	60 - 70% of plasma glucose	

INTERPRETATION AND ADVICE

Ring Ext. 379 for help with interpretation of results or further advice on biochemical investigation of patients.

SAMPLE DELAYED

This sample was separated at least one day after venepuncture. The plasma potassium is often greatly elevated and there may be some changes in other plasma constituents also.

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ACTERIOLOGY RAIGMORE HOSPITAL, INVERNESS [redacted] L POINT PE... FORM FOR E... [redacted] ...S

MPTOMS

DATE OF ONSET

URINARY SYMPTOMS
+++ Pain

PATIENT'S NAME & ADDRESS

AMANDA GOLABEK
19 PERRINS Rd
ARNESS

D. O. B

Unit No

ECIMEN

DATE OF COLLECTION 22/11/95

MSSU - DS

CLINICIAN

DR CARRACHER

AMINATION REQUIRED

CMS Please

WARD

ARNESS

HOSPITAL

HEALTH Centre

Tel. No.

LTURE 1. NO GROWTH

2.

3.

ANTIBIOTIC GIVEN

- 1 DEC 1995

CROSCOPY

ithelial Cells

B.C. [x 10⁶/L.]

3.C. [x 10⁶/L.]

100

Nil

A.A.F.B.

Vincents

Yeasts

Trichomonas

[redacted]

ein

Nil

Nil

Nil

Nil

Gm + cocci

Gm – cocci

Gm + bacilli

Gm – bacilli

A NGH 1995

	1	2	3
Penicillin			
Erythromycin			
Clindamycin			
Fucidin			
Flucloxacillin			
Bacitracin			
Polymyxin B			
Neomycin			
Framycetin			
Chloramphenicol			
Metronidazole			

Ampicillin
Augmentin
Cephalexin
Cotrimoxazole
Nitrofurantoin
Ciprofloxacin
Carfecillin
Piperacillin
Cefotaxime
Ceftazidime
Gentamicin
Tetracycline

DSC

CR

[redacted]

NHS Confidential: Personal data about a patient

Department of Transfusion Medicine
Ninewells Hospital, Dundee

CPA

IMMUNOHAEMATOLOGY

AC

Name (Surname & Forename) & Address:
GOLABEK, AMANDA
66 Knowehead Crescent
KIRRIEMUIR
DD8 5AH

EDD / Gest^{n}: 07/08/2005 / 32 weeks

Date Specimen Received: 08/06/2005

Report Date: 09/06/2005

Sex: **Female**
D.O.B.: 12/11/1979 CHI / Unit No.: 1211799123

SNBTS No.: 6409925

Results for Specimen No: **1546325**

Comments:

L
W
F

14 JUN 2005

A
R
S
SPICE

ABO / RhD: **O RhD Negative**

Additional Blood Groups:

Red Cell Antibody Screen: **Negative**

Other Screening Results:

Signed: .....

Report Destination:
Dr. WILMSHURST

Kirriemuir Health Centre
Tannage Brae
Kirriemuir
DD8 4DL

Copies of Report to:

NHS Confidential: Personal data about a patient

Department of Transfusion Medicine
Ninewells Hospital, Dundee

CPA

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

GOLABEK, AMANDA
66 Knowehead Crescent
KIRRIEMUIR
DD8 5AH

EDD / Gestn: 07/08/2005 / 28 weeks

Date Specimen Received: 11/05/2005

Report Date: 12/05/2005

D.O.B.: 12/11/1979 Female

CHI / Unit No.: 1211799123

SNBTS No.: 6409925

Results for Specimen No: 1519131

ABO / RhD: O RhD Negative

Additional Blood Groups:

Red Cell Antibody Screen: Negative

Other Screening Results:

Comments:

L
W
F
16 MAY 2005
F
S
SPECE
ATT

Signed:

Report Destination:

Dr. WILMSHURST

Kirriemuir Health Centre
Tannage Brae
Kirriemuir
DD8 4DL

Copies of Report to:

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR:

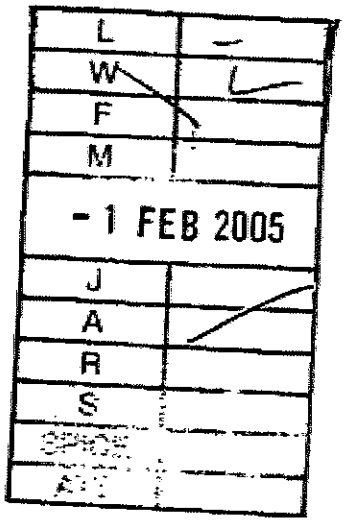
Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 632559

Name : GOLABEK, Amanda
CHI No : 1211799123
DoB : 12 Nov 1979 Sex: F
Post Code: DD8 5AH

COPY REPORT
Clinician: Dr A.P. WILMHURST
Kirriemuir Health Centre

ROUTINE SEROLOGY. VENOUS BLOOD
Specimen Number 05V001576
Date Taken 24 Jan 2005

Rubella IgG:	89	IU/ml
Hepatitis B (HBsAg) screen:	Negative	
HIV 1&2 antibody screen:	Negative	
Syphilis total antibody:	Negative	



RUBELLA IgG: 10 IU/ml or GREATER = Immune, BELOW 10 IU/ml = Susceptible.
SUSCEPTIBLE PATIENTS are recommended to be vaccinated taking precautions to avoid vaccination during pregnancy.
PATIENTS AT RISK OF HEPATITIS B INFECTION: please consider vaccination of such patients who are currently HBsAg negative.

Date of Report: 28 Jan 2005
FICMW AGUP1H

REPORT RECEIV
DOCTOR'S INITIA

NHS Confidential: Personal data about a patient

Department of Transfusion Medicine
Ninewells Hospital, Dundee

IMMUNOHAEMATOLOGY

CPA

Name (Surname & Forename) & Address:
GOLABEK, AMANDA
66 Knowehead Crescent
KIRRIEMUIR
DD8 5AH

EDD / Gest^{n}: 07/08/2005 / 13 week(s)

Date Specimen Received: 25/01/2005

Report Date: 27/01/2005

Sex: Female
D.O.B.: 12/11/1979
CHI / Unit No.: 1211799123
SNBTS No.: 6409925

Results for Specimen No: 133185X

Comments:

ABO / RhD: O RhD Negative

"This patient is eligible to participate in the Anti-D prophylaxis programme."

Additional Blood Groups:

Red Cell Antibody Screen: Negative

Other Screening Results:

L	
W	
F	
M	
31 JAN 2005	
J	
A	✓
R	
S	
SPICE	
ATT	

Signed: L Comack

Report Destination:

Dr. WILMSHURST

Kirriemuir Health Centre
Tannage Brae
Kirriemuir
DD8 4DL

Copies of Report to:

NHS Confidential: Personal data about a patient

MICROBIOLOGY

DMR:

Tayside Clinical Laboratory Services **BACTERIOLOGY** 01382 632559

Name : GOLABEK, Amanda
CHI No : 1211799123
DoB : 12 Nov 1979 Sex: F
Post Code: DD8 5AH

COPY REPORT
Clinician: Dr A.P. WILMHURST
Kirriemuir Health Centre

05B109826 Date/Time of Specimen: 24 Jan 2005 15:20
DIPSLIDE-Unspecified

L	
W	
F	
M	✓
27 JAN 2005	
J	
A	✓
R	
S	
SPICE	
ATT	

No Growth

Date of Report: 26 Jan 2005 AUTH:
FICMW AGUP1H

REPORT RECEIV

DOCTOR'S INITIA

NHS Confidential: Personal data about a patient

HAEMATOLOGY

DMI

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

NAME: GOLABEK Amanda — Sex: F — CHI Number: 1211799123 — DoB: 12 Nov 1979

Kirriemuir Health Centre — Clinician: Dr A.M. FARQUHAR — Lab No: H04491253

KIRR FARA1G

HGB	13.3	g/dl	(12-16)
RBC	4.54	x10^12/l	(3.8-4.8)
HCT	0.406		(0.37-0.47)
MCV	89.4	fl	(80-96)
MCH	29.3	pg	(27-32)
MCC	32.8	g/dl	(31.5-36.0)

WBC	4.4	x10^9/l	(4-11)
NE#	2.1	x10^9/l	(2.0-7.5)
LY#	1.7	x10^9/l	(1.5-4.0)
MO#	0.5	x10^9/l	(0.2-0.8)
EO#	0.10	x10^9/l	(0-0.4)
BA#	0.0	x10^9/l	(0-0.1)
PLT	224	x10^9/l	(150-400)

L	
W	
F	
M	
13 DEC 2004	
[illegible]	
A	
R	
[illegible]	
SPUE	
ATT	

Lab.Comments:

Received 10 Dec 2004 13:43 — Date of FBC Request 10 Dec 2004 — Report Issued 10 DEC 2004

REPORT RECEI

DOCTOR'S INITI

May contain CONFIDENTIAL and/or PATIENT IDENTIFIABLE data

Emergency Department Discharge Letter

NHS Highland

Regarding:	**Amanda Golabek**	Patient CHI:	**1211799123**
Who attended:	RAIGMORE HOSPITAL OLD PERTH ROAD INVERNESS IV2 3UJ 01463 704444	Patient Address:	**61 HIGHFIELD CIRCLE** **MUIR OF ORD** **ROSS-SHIRE** **IV6 7TF**
Discharged:	23/01/2022 11:30:00		

Presenting complaint: AMB - OD

Triage Information: MIXED OD

Primary A&E Diagnosis: SELF HARM - POISONING (SUICIDE) BY AND EXPOSURE TO DRUGS, MEDICAMENTS, OR BIOLOGICAL SUBSTANCES

Additional A&E Diagnosis: None

Medication: No Medications Recorded in EDIS

Allergies / Alerts: No Alerts recorded in EDIS

Investigations carried out: None

Treatment given: None

At conclusion patient was: HOME

Follow-up: DISCHARGED TO OWN GP

Additional Information: Intentional mixed overdose of propranolol, paracetamol, flu tablets, ibuprofen, penV and diazepam with alcohol. Triggered by family conflicts and argument with daughter. States her daughter bit her on the right forearm.

On examination alert, abdo SNT, no focal neurology. Bite mark and superficial abrasion right arm.

Bloods showed paracetamol level under treatment line and otherwise normal. ECG normal.

Observed for 6 hours. Reviewed by psychiatry and they will arrange follow-up. Declined hepB vaccine.

Discharged with worsening advice for infection.

Yours sincerely,

HELENA RANKIN

GP SPECIALITY TRAINEE

May contain CONFIDENTIAL and/or PATIENT IDENTIFIABLE data

Emergency Department Discharge Letter

NHS Highland

Regarding:	**Amanda Golabek**	Patient CHI:	**1211799123**
Who attended:	RAIGMORE HOSPITAL OLD PERTH ROAD INVERNESS IV2 3UJ 01463 704444	Patient Address:	**61 HIGHFIELD CIRCLE** **MUIR OF ORD** **ROSS-SHIRE** **IV6 7TF**

Discharged: 05/12/2020 23:25:00

Presenting complaint: L ANKLE INJ

Triage Information:

Primary A&E Diagnosis: CLOSED FRACTURE - ANKLE - LEFT

Additional A&E Diagnosis: None

Medication No Medications Recorded in EDIS

Allergies / Alerts No Alerts recorded in EDIS

Investigations carried out: None

Treatment given: None

At conclusion patient was: HOME

Follow-up: DISCHARGED TO FRACTURE CLINIC

Additional Information:
Inversion injury yesterday
limping with boot
xray #tip of left lateral malleolus
Managing with boot
Hasnt taken any analgesia yet, but will do so
Virtual Fracture Clinic Follow Up

Yours sincerely,

ARUN SHARMA

GENERAL PRACTITIONER

Emergency Department
Raigmore Hospital
Old Perth Road
Inverness

Dr R Forsyth
Croyard Road - Beauly
The Surgery
Croyard Road
Beauly
IV4 7DT

26 JAN 2016

24 January 2016

Dear Dr Forsyth

Re: AMANDA GOLABEK, 32 BALVAIRD TERRACE, MUIR OF ORD, IV6 7TR
Date of Birth: 12.11.79 Hospital Number: 1211799123 CHI Number: 1211799123

Your patient attended Raigmore Hospital on the 23 JAN 2016 at 15:02 pm.

The presenting complaint was:	**Self Overmedicated - N24 Ref**
Triage Information:	**Nil**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Dental Problem**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Home**
Follow-up:	**Discharged To Own Dentist**
Additional Information:	**PC- NHS24 referral re ? paracetamol overdose** **HPC- toothache-taken paracetamol/ibuprofen past 1/52** **phoned NHS24 today-dental review organised for tomorrow** **NHS24 told her to attend ED re ?therapeutic overdose paracetamol.patient states that communication was less than ideal because nurse was rude and patients mobile phone was playing up** **NHS24 state that patient took 6g over 24 hrs- approx94.5mg/kg** **patient states that has taken 2 tabs evry 4-6 hrs but not overnight- very clear that she not exceeded 8 tabs in 24hr period- I checked this with her several times** **reassured - continue as before,not to exceed 8 tabs/24hrs**

Yours sincerely,

Dr Gary Kerr
Consultant

Emergency Department
Raigmore Hospital
Old Perth Road
Inverness

Dr
Alness/Invergordon Med Prcte
Robertson Health Centre
Dalmore Road
Alness
IV17 0UN

3 June 2014

Dear Dr

Re: AMANDA GOLABEK, 4 MUNRO TERRACE, Alness, IV17 0RP
Date of Birth: 12.11.79 Hospital Number: 1211799123 CHI Number: 1211799123

Your patient attended Raigmore Hospital on the 2 JUN 2014 at 04:53 am.

The presenting complaint was:	**L Shoulder Inj**
Triage Information:	**Recent Problem**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Unspecified Injury Of Shoulder And Upper Arm**
The following treatment was given:	**Nil**
At the conclusion of treatment the patient was:	**Home**
Follow-up:	**Discharged To Own Gp**
Additional Information:	**Describes dislocation of shoulder that went 'back in' while in ambulance. Certainly clinically in joint when seen. This has apparently happened several times previously - plans to see yourself regarding Ortho referral.**

Yours sincerely,

Generic Locum Doctor
Locum Doctor

Consultants

NHS Confidential: Personal data about a patient

Whitehills main Hospital

Accident and Emergency No. .....

USE BALL POINT PEN AND BLOCK LETTERS

Surname . GOLABEK ..... 121179 ... D. of B.

First Name ... AMANDA.

Maiden Name BRITTSH | Age 33

Address . 66. KNOWEHEAD CRESCENT ... Sex

... KIRRIEMUIR DD8 5AH. ... C. State

Next of Kin and Relationship Partner (Jamie (Contacted YES / NO)

Occupation ... House w.fe. 9123 MPI No. (last 4 digits)

Tel. No.: 07563339510

Date and Time of Injury 05/12/12 1510 (Accident) Emergency Casual

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P.	Transport
05/12/12	1530	1635	1650	YES / (NO)	(Ambulance) Other

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

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

DIAGNOSIS:

Injury to left shoulder

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

PMH: NIL P.C. Injury to left shoulder.

HPC. Tripped in own home, struck left shoulder on edge of wooden frame, states dislocated shoulder, felt deformity at humeral head and external, painful. Spontaneously reduced.

Meds NIL C/E No deformity, swelling or bruising. Sensation and circulation intact, radial pulse present.

Allergies NIL No bony tenderness to palpate humeral head or humerus. Full range of movement.

SITES X-RAYED:

X-RAY FINDINGS: NAD - Dislocated left shoulder which spontaneously reduced.

TREATMENT: Plan - Broad arm sling applied for next 48hrs. Pain control as required. Review or contact own G.P. for further conservative.

Doctors' Signature ... D. Donald

Print Name For Legal Reasons ... L. Donald

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

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. (Discharged)

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

Kirriemuir Health Centre

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

NHS Confidential: Personal data about a patient

M.I.U. WHITEHILLS FORFAR Hospital

Accident and Emergency No. .....

Maiden Name

Age 28

Next of Kin and Relationship (Contacted YES / NO)

Tel. No.:

USE BALL POINT PEN AND BLOCK LETTERS

Surname Gdaber 12.11.79 D. of B.

First Name Amanda, C. State

Address 66 Knowshead Gdns, F. Sex

... KIRRIEMUIR.

Occupation... DOSSIAH 9123 MPI No. (last 4 digits)

Date and Time of Injury Accident Emergency Casual

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

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

Date	Times (24hr. clock) Arrived	Seen	Discharged	Referred by G.P. YES (NO)	Transport Ambulance Other
6/2/09	1200	1210	1250		

DIAGNOSIS:

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T. P. B.P.

HISTORY / COMPLAINT:

P.C. LEFT ELBOW INJURY

PMH

NIL

HPC. Fell on tee. Landed on left elbow.

NKDA

NIL

O/E. No bruising, swelling, deformity. Able to actively flex and extend elbow. Limb more comfortable held in flexion. Can pronate / supinate.

ALLERGIES

NIL

Tender over olecranon.

?Bruise ?# Sling. Analgesia. Ice Review tomorrow if no improvement.

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

W	✓
F	
M	
J	
A	/
12 FEB 2009	
B	
G	
A	
S	
SPICE	
ATT	

Doctors' Signature .....

Print Name For Legal Reasons .....

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

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

Kirriemuir H/C.

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

UC113

UC Universal Credit
HEALTH ASSESSMENT ADVISORY SERVICE

Sent 13/11

D_ty Dr
C=DYARD MEDICAL PRACTICE
STRATHLENE SURGERY
BL▪CK ISLE ROAD
MU▪R OF ORD
IV▪ 7RR

06900/4 40530

Our phone number is: 0121 335 0702

If you have a textphone,
you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this reference number: PW854236A

Date: 9th November 2025

About your patient

Full Name: Miss Amanda Golabek

Address: 61, Highfield Circle, Muir Of Ord, IV6 7TF

NINo: PW854236A

Date of Birth: 12th November 1979

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely

Ms Claire Sanderson

UC113

Patient Name:
Miss Amanda Golabek

Patient NINo: PW854236A

Patient Date of Birth: 12.11.1979

Freepost RUGX-LSEX-HHAJ
Edinburgh BSC UC
Mail Handling Site A
Wolverhampton
WV98 2HE

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

06/11/25

2 Current conditions affecting ability to work: Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
GENERALISED ANXIETY DISORDER 2016 – PRESENT		
HAS INPT FROM PRIVATE MENTAL HEALTH TEAM PENINE.		
AGGRESSION AND LOW COMPLIANCE FELLS OVERALL		
MENTAL HEALTH ACT		
– MELLS CITALOPRAM 40mg OD		
– MELLS PROPRANOLOL 160mg OD		
PREVIOUS OVERDOSE JAN 2022		
LOW MOOD ON/OFF SINCE 1997		

UC113

About your patient - continued

NINo: PW854236A

3 Current conditions not affecting ability to work

Please list any other relevant conditions that do not affect the ability to work.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour?

No ☑

Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi?

No ☐

Yes ☑

Please tell us why at **Part 7**

7 Additional information

Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

UC113

Signature

Name in CAPITALS: DR R JAFFREY

Profession in CAPITALS: GP

Date: 12 / 11 / 2025

Practice stamp

Drs JAFFREY, BARR, SIMPSON
& CRAWLEY
THE SURGERY
CROYARD ROAD, BEAULY IV4 7DJ

NHS Confidential: Personal data about a patient

NHS Highland	Notification of Treatment/Change of Treatment		Date: 9-Nov-2023
Patient:			
Forename	Amanda	**CHI**	1211799123
Surname	Golabek	**Main Contact No**	
DOB	12/11/1979 (43)	**Mobile Contact No**	
Address	61 HIGHFIELD CIRCLE Muir of Ord Ross-Shire IV6 7TF		
Registered GP Practice	(55709) Croyard Road Surgery 1 Croyard Road Beauly		

Dear Dr. Barr

Your patient: Golabek Amanda

Was seen under the care of

today.

Diagnosis

Note: Please avoid abbreviations

☑ **New Medication**			
Date Started	**Dose**	**Frequency**	**Route**
9-Nov-2023	1mg	nocte	PO
New Medication (Approved Name)	**Indication**		**Duration of Therapy**
Prazosin	Increase to 2mg nocte after 1 week		

If recommending a Non-formulary medicine(s), please denote by an * and give the reason it has been recommended.

(If a reason is not given the GP may ask for further information or consider prescribing a formulary alternative).

A full letter will follow.

Yours sincerely

Dr Calum Laird

NHS Confidential: Personal data about a patient

NHS Highland	Notification of Treatment/Change of Treatment		Date: 9-Nov-2023
Patient:			
Forename	Amanda	**CHI**	1211799123
Surname	Golabek	**Main Contact No**	
DOB	12/11/1979 (43)	**Mobile Contact No**	
Address	61 HIGHFIELD CIRCLE Muir of Ord Ross-Shire IV6 7TF		
Registered GP Practice	(55709) Croyard Road Surgery 1 Croyard Road Beauly		

Dear Dr. Barr

Your patient: Golabek Amanda

Was seen under the care of

today.

Diagnosis

Note: Please avoid abbreviations

☑ **New Medication**			
Date Started	**Dose**	**Frequency**	**Route**
New Medication (Approved Name)	**Indication**		**Duration of Therapy**
Prazosin	Further to previous Formstream, please can you check if you have recent blood pressure on record before prescribing prazosin, especially since she also on propranolol. Thank you.		

If recommending a Non-formulary medicine(s), please denote by an * and give the reason it has been recommended.

(If a reason is not given the GP may ask for further information or consider prescribing a formulary alternative).

A full letter will follow.

Yours sincerely

Dr Calum Laird

NHS Confidential: Personal data about a patient

OPFR PW854236A: Miss AMANDA GOLABEK

received 25/8/22

Independent Assessment Services
Delivered by Atos

dated 29/8/

16334 003207 0001 E 31300 H2

DR PATTERSON
STRATHLENE SURGERY
BLACK ISLE ROAD
MUIR OF ORD 31300
IV6 7RR

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: PW854236A

Date: 14th August 2022

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,
I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Miss AMANDA GOLABEK**
Date of birth: **12/11/1979**
Address: **61 HIGHFIELD CIRCLE, MUIR OF ORD, IV6 7TF**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

You should base your report on your knowledge of the patient and on her records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

Providing assessment services on behalf of Department for Work & Pensions

GPFR PW854236A: Miss AMANDA GOLABEK

Independent Assessment Services
Delivered by Atos

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together* in the enclosed business reply envelope. **Please reply within 5 working days.**

*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Ms Loni Onslow-Goodship (Nurse, 18B0366E)

Providing assessment services on behalf of Department for Work & Pensions

GPFR PW654236A: MISS AMANDA GOLABEK

Independent Assessment Services
Delivered by Atos

Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care -"rose unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions - recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

Providing assessment services on behalf of Department for Work & Pensions

Your GP Factual Report

Patient's name & Ref No Miss AMANDA GOLABEK **804610111** **PW854236A**

Date when patient last seen by a health professional 11/08/22

Where and by whom TELE CONTACT GP 11/08/22
face to face physio 25/07/22

Notes:

- *Please record relevant information based on your knowledge of the patient and their medical records.*
- *Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.*
- *It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family*
- *Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.*
- *Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.*

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

- ENT symptoms : dizziness / tinnitus
  ? vestibular migrain
  previous ENT input
- Back Pain - seen in house physio
  + referred hospital physio
- Mental health - anxiety
  - previous self harm

2. History of condition(s). Include details of any relevant special investigations

- MH → last assessment 23/04/22
  → ongoing Psych Review appointment
- Back Pain → ongoing physio
- ENT symptoms → GP Review

3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

Back pain → chronic lower back = chronic

MH → variable ; anxiety , low mood = variable
→ social stressors

Dizziness → causing unsteadiness = intermittent

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

- Acute Mental Health assessment on 23/09/22
  → awaiting to be seen by consultant
  anxiety / low mood presentation to GP

- back pain → chronic lower back pain
  good ROM , min edema?
  15 years → no formal phys?
  ? mild MS

- ENT →

5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

- As documented previously
- MH medication prescribed + titrated prn
- ENT medications
  - → B.P. Review
  - → Summarised Ciprofloxacin / Becc
- Back Pain - co-codamol
  - await physio

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- *Manage their health conditions and treatment* ✓
- *Communicate* ✓
- *Walk or move around* ✓
- *Get somewhere on their own* ✓
- *Make simple decisions* ✓
- *Prepare, cook and eat food* ✓
- *Wash, bathe and use the toilet/ manage incontinence* ✓
- *Dress and undress* ✓

Only include information that has been confirmed by a health professional. Please state if this is not known.

- Back pain makes difficult to mobilise
- ENT symptoms → stable. Feels unwell / drunk / unbalanced
- MH stable but awaiting further assessment

7. Does the patient have a history of threatening or violent behaviour?

No ☐ Yes ☐ Don't know ☑

If yes, tell us about their behaviour within the last 5 years. Use the space below at **Part 9**

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes ☑ No ☐ Don't know ☐

If no, please tell us why. Use the space below at **Part 9**

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. **Do not use the section to provide an opinion.**

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature [signature]

Name in capitals R. KHANAM

Date 26/08/22

Stamp

Drs JAFFREY, BARR, SIMPSON
& CRAWLEY
THE SURGERY
CROYARD ROAD, BEAULY IV4 7DJ

GP Factual Report Invoice

To: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report

GPFR serial no:	**804610111**
Date requested:	**14th August 2022**
DWP ref:	**PW854236A**
Patient's name:	**Miss AMANDA GOLABEK**
Date of birth:	**12/11/1979**
GP/surgery invoice ref:	

Payee details:

Payee name:

Payee name to be the same as the account holder

Surgery name and address:

Postcode:

VAT status

☐ VAT registered: VAT no:

NET amount: £33.50
VAT 20%: £6.70
Total amount £40.20

☐ Not VAT registered: Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)

Sort code: Account no:

I hereby claim the appropriate fee for completing the above GP factual report

Print name: Tel no:

Signature: Date: / /

GMC no. of the GP who completed the GPFR (must be completed):

Authorisation (ATOS USE ONLY) WBS: GB.704471.010.06 GL code: 604102

Print name: GPFR received: / /

Signature: Payment Approved: / /

NHS Highland	Notification of Treatment/Change of Treatment		Date: 22-Nov-2020
Patient:			
Forename	Amanda	**CHI**	1211799123
Surname	Golabek	**Main Contact No**	
DOB	12/11/1979 (41)	**Mobile Contact No**	
Address	61 HIGHFIELD CIRCLE MUIR OF ORD IV6 7TF		
Registered GP Practice	(55709) Croyard Road - Beauly The Surgery Croyard Road Beauly		

Dear Dr. Barr

Your patient: Golabek Amanda

Was seen under the care of today.

Diagnosis

Recommended Treatment

☑ Current Medication Stopped

Stop Date	Dose	Frequency	Route
22-Nov-2020	150mg	mane	PO
Current Medication Stopped (Approved Name)		**Reason**	
Sertraline		Ineffective. Taper and stop	

Stop Date	Dose	Frequency	Route
22-Nov-2020	25mg	BD	PO
Current Medication Stopped (Approved Name)		**Reason**	
Promethazine		Ineffective. Possible interaction with citalopram	

☑ New Medication /Change to Medication

Date Started / Changed	Dose	Frequency	Route
22-Nov-2020	10mg	OD	
New Medication / Change to Current Medication (Approved Name)		**Indication**	
Citalopram		When sertraline stopped. Increasing to 20mg OD as tolerated	

If recommending a Non-formulary medicine(s), please denote by an * and give the reason it has been recommended.

(If a reason is not given the GP may ask for further information or consider prescribing a formulary alternative).

A full letter will follow.

Yours sincerely

Dr Calum Laird

K. F. McKECHAN, M.B., ChB., M.R.C.G.P.
N. PAUL., M.B., ChB., M.R.C.G.P., D.R.C.O.G.
R. S. FORSYTH, M.B., ChB., M.R.C.G.P., Dip.Obst.
R JAFFREY, MB, ChB, M.R.C.G.P, PhD

THE SURGERY
CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ
TEL: 01463 782794
FAX: 01463 782111

EB/CP

31 March 2017

To Whom It May Concern
Criminal Injuries Compensation Service

Dear Sir/Madam

Amanda Golabek, 32 Balvaird Terrace, Muir of Ord, IV6 7TR
DOB: 12/11/79

This lady has asked for a letter clarifying the significant injuries she sustained following an attack 7/6/15. She was examined 8/6/15 and found to have a contusion of her cheek, right upper breast, upper limb - linear bruise left forearm and multiple smaller bruises of her lower limbs.

After the event she suffered post concussion syndrome which worsened anxiety and vertigo and resulted in three further consultations with ourselves.

Ms Golabek had suffered from some level of anxiety prior to the attack but had been very stable and had not required to be seen in surgery for the six months prior. The fact she missed a psychology appointment was known to ourselves but she felt unable to go to New Craigs as her attackers had some dealings there. We felt we were able to manage her mental health adequately in primary care at that time.

The judgement on whether or not she was to receive compensation she feels was judged solely on her previous mental health issues which would be discriminatory.

Many thanks for re-considering her case.

Yours sincerely,

Dr E Barr
Salaried GP
Dictated by Dr Barr and signed in her absence by Dr R Jaffrey

Criminal Injuries Compensation Authority

Criminal Injuries Compensation Authority
Alexander Bain House
Atlantic Quay
15 York Street
GLASGOW
G2 8JQ

T: 0300 003 3601
DX: DXGW 379 GLASGOW
F:

www.gov.uk

VICTIM SUPPORT HIGHLANDS& ISLANDS
FAIRWAYS HOUSE
FAIRWAYS BUSINESS PARK
INVERNESS
IV2 6AA

Our reference: G/15/715935-TM1A
Your reference: 300-730717

27 June 2016

Dear Sir/Madam,

Regarding: Amanda Golabek

Incident date: 07/06/2015 19:30

We have considered the information in your application form and in the police report. We now need medical evidence to help us decide if your injuries mean that you could be eligible for compensation under the terms of the Criminal Injuries Compensation Scheme 2012.

We understand that you cannot meet the cost of obtaining the initial medical report and we will therefore pay for this. You should now ask your GP to complete the attached form and return it to you within 30 days. You should then send the report to us at our address above.

Please note that we will deduct the cost of the completed report, up to a maximum of £50 including VAT, from any compensation award that may be offered to you.

If you wish us to provide you with a copy of your medical report, or any other personal information we hold about you, earlier in the process you can do so by making a Subject Access Request (SAR) under Section 7(1) of the Data Protection Act 1998. The prescribed fee for making a SAR is £10 which you should send by crossed cheque marked "A/C payee only" or by crossed postal order made payable to CICA. We cannot consider any request until we receive this payment.

In the meantime, please tell us if there are any changes to your circumstances, including any change of address. If you have any questions you can write to us at our address above or call us on 0300 003 3601. Please provide your CICA reference number in all letters and have it available when calling.

Yours faithfully,

SCOTLAND AND WALES REGION

Our Ref G/15/715935-TM1A

Report fee payment voucher

To enable prompt payment please complete all fields using block capitals.

Please note that failure to complete this voucher may mean we are unable to make any payment.

Cheque made payable to: .....

Fee charged: £ 50

Doctor's Name: DR E. BARR

Position: HON.M

Hospital Department: .....
(if appropriate)

GMC number: 6156955

Qualifications: MB ChB MRCGP. DFSRH. DRCOG

Are you VAT registered?: Yes/No (delete as appropriate)

VAT registration number: .....

Main employment address: Drs McKECHAN, PAUL, FORSYTH & JAFFREY
THE SURGERY
CROYARD ROAD, BEAULY IV4 7DJ

The Criminal Injuries Compensation Scheme is a government funded programme which compensates blameless victims of crimes of violence. Information is obtained from a wide variety of sources. Accurate medical information is essential in deciding how much compensation may be due. We are grateful for your help.

2F879BAEFF77411DA14A709391E5A69D-PILL-005

Victim Support Scotland

VSS Ref: 300-730717

Date: 30 June 2016

Amanda Golabek
32 Balvaird Terrace
Muir of Ord
IV6 7TR

PRIVATE & CONFIDENTIAL

Dear Amanda

Please find enclosed correspondence received in this office today requesting further information required in relation to your criminal injuries claim.

Can you please get your GP to complete the enclosed Medical report forms and **return it to this office** as soon as possible to allow us to progress your claim.

If you require any assistance please do not hesitate to contact us using the local contact details below.

Yours sincerely

Chrissie Campbell

Chrissie Campbell
Service Delivery Officer
Victim Support Highlands & Islands
01463 258834
victimsupport.highland@victimsupportsco.org.uk

Criminal Injuries Compensation Authority

Criminal Injuries Compensation Authority
Alexander Bain House
Atlantic Quay
15 York Street
GLASGOW
G2 8JQ

T: 0300 003 3601
DX: DXGW 379 GLASGOW
F:

www.gov.uk

VICTIM SUPPORT HIGHLANDS& ISLANDS
FAIRWAYS HOUSE
FAIRWAYS BUSINESS PARK
INVERNESS
IV2 6AA

Our reference: G/15/715935-TM1A
Your reference: 300-730717-

27 June 2016

Dear Sir/Madam,

Regarding: Amanda Golabek

To enable the Authority to fully consider the above application for compensation and to make a proper and fair assessment, we require

MEDICAL EVIDENCE
Please have your client take a copy of this current signed authorisation form to her GP along with the TCX2 (which is enclosed) as the one we have on her case is dated 10/07/2015.

Accordingly, I should be grateful if your client would sign and return the attached form of authorisation to us as soon as possible.

Yours faithfully,
A Connor
SCOTLAND AND WALES REGION

TA53 (1.1)

PLEASE MAKE SURE YOUR CLIENT TAKES A COPY OF THE SIGNED AUTHORISATION FORM WITH THE TCX2 TO HER GP THANK YOU
A Connor 27.6.16

Criminal Injuries Compensation Authority

Authorisation Form

Reference Number: G/15/715935-TM1A

I, [redacted] (DOB. 12.11.79), living at, [redacted]

give my written consent to CICA to get information from any of the organisations listed below to help establish if I am eligible for compensation in connection with the application referenced above.

I understand that CICA meets the conditions for processing both personal and sensitive personal data as set out in Schedules 2 and 3 of the Data Protection Act 1998 and that any information provided will be used only to determine my eligibility and in full compliance with the terms of the Data Protection Act.

- Medical authorities (to include full medical records, if considered necessary)
- My employers (past and present)
- The Department for Work and Pensions
- HM Revenue and Customs (National Insurance contributions and tax information)
- Any other person or organisation with information relevant to this application

GP DETAILS: Please tell us your GP's name and address:

GP'S NAME: [redacted]

GP'S ADDRESS: Drs McKECHAN, PAUL, FORSYTH & JAFFREY
THE SURGERY
CROYARD ROAD, BEAULY IV4 7DJ

National Insurance number: [redacted]

Applicant's signature [redacted]

Date 5.7.16

If the applicant is under 18 years of age, his/her parent or guardian should complete this form.

NHS Confidential: Personal data about a patient

Criminal Injuries Compensation Authority

Criminal Injuries Compensation Authority
Alexander Bain House
Atlantic Quay
15 York Street
GLASGOW
G2 8JQ

STRATHLENE SUGERY
STRATHLENE SURGERY
BLACK ISLE ROAD
MUIR OF ORD
IV6 7RR

T: 0300 003 3601
DX: DXGW 379 GLASGOW
F:

www.gov.uk

Our reference: G/15/715935-TM1A

Your reference:

27 June 2016

Dear Sir/Madam,

Regarding: Amanda Golabek

Date of Birth: 12/11/1979

The person named above has applied to the Criminal Injuries Compensation Authority (CICA) for compensation for injuries which required medical treatment. We rely on doctors and dentists for clear and full information to help us in our work.

Please complete the attached form by referring to the applicant's medical records. We will process the information received from you in line with the Data Protection Act 1998. Your role is vital, so please return this form to the person named above within 30 days and please type or write clearly.

We will pay for the costs of preparing this report but you should be aware that we will deduct the cost of the report, up to a maximum of £50, from any award we offer to the applicant. To claim this fee, please complete the attached payment voucher and return it with the report direct to the applicant.

With thanks in advance for your help in this important work.

Yours faithfully,

SCOTLAND AND WALES REGION

TCX2 (1.0)

Our Ref G/15/715935-TM1A

Incident Details:

Place: 9d Friars Street
Inverness
Iv1 1rj

Date: 07/06/2015 19:30

Date of first treatment:

Hospital reference number:

Name Of Injured Person: Amanda Golabek, 32 Balvaird Terrace, Muir Of Ord, Iv6 7tr

G/15/715935-TM1A

1. Please give details of any physical injuries, treatment given, and any recognised psychological condition resulting from the incident.

8/6/15 Contusion cheek, contusion upper right breast, contusion upper limb - linear bruise (L) forearm, contusion lower limb - multiple small bruises.
Post concussion syndrome (vertigo) - 15/6/15, 22/6/15, 23/6/15

Date of first visit 8/6/15 Date of last visit 23/6/15 No. of visits 4 including phone consults.

2. In your opinion has the applicant made a substantial recovery? **Yes/No**
If **yes**, how long did the main effects last?

8/6/15 - 5/7/15.

3. If **no**, do you expect the applicant to make a substantial recovery in the future? **Yes/No**
If so, what is the approximate timescale?

4. Please give details of any likely continuing disability or residual scarring.

N/A

5. Is the applicant still receiving treatment from you for these injuries (including psychological injuries)? **Yes/No**

6. For how long (in weeks) was the applicant certified unfit for work as a direct result of the injuries?

8/6/15 - 5/7/15.

7. Has the injury accelerated or exacerbated an existing condition? **Yes/No**
If so:
a) what condition and what percentage is attributable to acceleration or exacerbation?

Anxiety. Unable to quantify a percent.

G/15/715935-TM1A

b) how long did any exacerbation last?

Unable to quantify

8. Is the applicant receiving treatment from anyone else for these injuries? Yes/No
If **yes**, please give the names and addresses.

9. If you currently hold **any letters and reports** from A & E units, consultants and other practitioners about the applicant's injuries, **please attach a copy.**

10. Do you have any additional information that would be helpful to us?

CAN YOU PLEASE SEND US COPIES OF ALL ENT REPORTS YOU HOLD FOR THE TINNITUS MISS GOLABEK SUSTAINED DUE TO THE INCIDENT ON 07/06/2016?
CAN YOU PLEASE LET US KNOW IF MISS GOLABEK TINNITUS HAS LASTED 13 WEEKS OR MORE?

MISS GOLABEK HAS TOLD US SHE HAD A PRE-EXISTING CONDITION OF ANXIETY AND DEPRESSION AND THE INCIDENT HAS MADE THIS WORSE.
CAN YOU PLEASE SEND US COPIES OF ALL REPORTS/EVIDENCE YOU HOLD WITH REGARDS HER MENTAL HEALTH PRIOR AND AFTER THE INCIDENT TO THE CURRENT DATE?

G/15/715935-TM1A

Signature: [signature]

Date: 7/7/16

Name: Dr EBARR Professional status: GP.

Main employment address: CROYARD ROAD
BEAULY
IV4 7DT.

GOLABEK
AMANDA
32 Balvaird Terrace
Muir Of Ord
Ross-Shire
IV6 7TR

12/11/1979 F
Dr R Forsyth
81469
55709
Croyard Rd Surgery
1211799123

JESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered ~~by any of~~ the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓ 2	3
2. Feeling down, depressed, or hopeless	0	1	✓ 2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	✓ 3
4. Feeling tired or having little energy	0	1	✓ 2	✓ 3
5. Poor appetite or overeating	0	1	✓ 2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	✓ 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	✓ 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	✓ 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	✓ 1	2	3

add columns: _____ + _____ + _____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.) **TOTAL:** _____

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- **Not difficult at all** _____
- **Somewhat difficult** _____
- **Very difficult** ✓
- **Extremely difficult** _____

ZT242043

27 January 2016

BIO-PSYCHOSOCIAL ASSESSMENT

Miss Amanda Golabek (12/11/1979)
32 Balvaird Terrace Muir Of Ord Ross-Shire IV6 7TR
Home: 07419320291

Please fill out this form **before you leave**, and drop it off for me (in a sealed envelope) at reception. You may well have discussed much of this already today, but please answer the following questions below to help us better care for you...

What are your main current symptoms? Including how long you have had these symptoms)

Feeling very lonely sad and bored, no confidence no motivation.

How would you rate your mood most days?
Circle the response on the scale below that best indicates this.

Very Unpleasant — *Very Pleasant*

-10 -9 -8 -7 -6 -5 -4 (-3) -2 -1 0 1 2 3 4 5 6 (7) 8 9 10

Have you had any previous episodes of depression?
If your answer is YES, please state how long ago to the best of your knowledge?

Tick Answer	
YES	NO

around 3 years ago

Do you know of any other immediate family members that suffer from depression, now or in the past?
If your answer is YES, please state relationship.

Tick Answer	
YES	NO

most of mothers side of family

27 January 2016 BIO-PSYCHOSOCIAL ASSESSMENT

Have you had any previous treatments for depression, and what has been your response to them? If your answer is YES, please include treatment(s) and response if possible.	Tick Answer	
	YES ✓	NO

Describe your current quality of interpersonal relationships? For example, work colleagues, with partner, children and/or parents.

What are your current living circumstances? (i.e. Do you live alone, type of residence)

Are you currently employed?	Tick Answer	
	YES	NO

Do you currently have any financial concerns?	Tick Answer	
	YES ✓	NO

Do you have any current or previous issues with substance or alcohol misuse?	Tick Answer	
	YES	NO ✓

Do you have any suicidal tendencies currently, or have had in the past? Please feel free to elaborate.	Tick Answer	
	YES	~~NO~~

no but i am scared that i might get so bad i might do something

What treatment are you expecting/hoping for your depression?

Please drop this off to me (in a sealed envelope) at reception.

Do make an appointment to come back and see us in 2 to 3 weeks' time so that we may review you and discuss this further.

Thank you

Full Report

Miss Amanda Golabek **12/11/1979** **Female** **Transferred Out**

Address
4 Munro Terrace Alness IV17 0QJ Address Type: Main address

Communication numbers
Telephone - home 07523 180588

Problems
Currently Relevant Started: 15/02/2005 Ended:

Medical History

10/09/2014	Had a chat to patient Due to give evidenc against expartner, v stressed letter to court re state also advising may be possible via video link . rpt rx Dr J F Hutton	
10/09/2014	Telephone triage encounter sorry Jim, slightly messy one - has increased citalopram to 30mg without discussing, only just picked up sleeping tabs today, has been sent home from work as "not coping" and spoken to PF about court case in Dundee who has apparently said she needs to see us today... Dr Dawn Neville	
10/09/2014	Telephone triage encounter looking to see doc but any suggestion met with "unable to get out of work", hasn't picked up Monday's prescription yet, suggest do so and try and get back to us if needed, adv getting out of court not as easy as just saying can't face it, would need to be assessed and even if we do write court can decline to accept Dr Dawn Neville	
08/09/2014	Telephone triage encounter chat due in court and not sleeping, wants something to help with sleepi in short term	Dr S Kelly
08/09/2014	Failed encounter - message left on answer machine	Dr S Kelly
11/08/2014	Discharged from hospital Discharge Letter/Summary INVERGORDON COUNTY HOSPITAL Physiotherapy	Mrs June Wilson
18/07/2014	Letter encounter from patient Clinical Letter .Raigmore Hospital Child,Family publ;ic health service	Mrs June Wilson
25/06/2014	Failed encounter unnamed answetrphone	Dr Dawn Neville
11/06/2014	Shoulder pain weak rotator cuff - left. physio x 2	
09/06/2014	Telephone encounter agreed to mske appt . -re citalopram and for bp ht and wt	Dr M J Mckenna
09/06/2014	Failed encounter	Dr M J Mckenna
09/06/2014	Telephone encounter cut off	Dr M J Mckenna
03/06/2014	Telephone triage encounter discussed recurrent dislocations, declined further analgesia, suggset physio self ref initially and review prn Dr Dawn Neville	
03/06/2014	Failed encounter straight to messaging service again 15.10	Dr Dawn Neville
03/06/2014	Failed encounter unnamed O2 messagin service x2	Dr Dawn Neville
02/06/2014	Other shoulder injuries - possible dislocation, seen A+E, to be referred to Ortho by GP	
02/06/2014	Letter encounter from patient Clinical Letter .Raigmore Hospital Accident Emergency	Ms Jackie Torrie
02/06/2014	Letter from outside agency Out of Hours Out of Hours Service	Ms Jackie Torrie
29/05/2014	Notes summary on computer	
12/05/2014	Did not attend - no reason 2 x 10 min OTD appts	Mrs Shona Lowe
08/05/2014	Telephone triage encounter newly registred pt - RE-REGISTRATION WITH US. TB	Dr M Idris
07/05/2014	Telephone encounter wishes to be tested for Chlamydia. had urine sample sent in the past	Dr S Lydon
07/05/2014	Failed encounter - no answer when rang back O2 messaging service	Dr S Lydon
06/05/2014	Guttate psoriasis has been treated in past with ketoconazole which has worked, chat	Dr S Kelly
06/05/2014	Telephone encounter psoriasis worse	Dr S M Smith
06/05/2014	Telephone encounter now diversion system	Dr S M Smith
06/05/2014	Telephone encounter sounds like problem with phone	Dr S M Smith
30/04/2014	Patient MRE received from HB - docman images only - no paper records to follow.confirmed by Pract Services.tb CHASING UP DOCMAN FROM BEFORE 2006 - CONTACTED PSD - PREV GP PRACTICE IS A BACK-SCANNING PRACTICE AND ALL SCANNED INTO DOCMAN. tb 23/5/14 Dr S M Smith	
30/04/2014	Administration Previous Practice Records Imported - Complete KF	Dr S M Smith
30/04/2014	Failed encounter - message left on answer machine	Dr S Kelly
23/04/2014	Telephone encounter stress has made psoriasis much worse	Dr S M Smith
23/04/2014	Patient registered - GPR	Dr S M Smith
22/04/2014	Letter encounter from patient Admin Letter Registration	Ms Helen Laing
16/12/2013	Psoriasis unspecified - flare up.	
03/06/2013	DNA hospital appointment x 2 Psychology appts	
05/12/2012	Other shoulder injuries - left - seen A & E.	
08/10/2012	Patient failed to respond to appointment opt-in letter - for Psychology	
12/09/2012	Low mood - to see CPN.	
06/08/2012	Poor sleep pattern , more anxious & distressed. Nausea, avoiding contact with people.	
06/08/2012	[X]Depressive episode	
01/08/2012	DNA hospital appointment x 2 for laser removal at Plastic Surgery clinic.	
19/12/2011	Rib pain - after night out - nil on examination.	
25/10/2011	Seen in plastic surgery clinic - for consideration of laser removal of self-inflicted tattoo marks, done when she was around 12.	
01/08/2011	Stress at home	
11/07/2011	Hearing loss - sensorineural hearing loss - high frequency, possibly due to noise exposure.	
25/03/2011	Tinnitus	
09/07/2010	[D]Dizziness	
21/04/2010	Viral labyrinthitis	
05/12/2009	Other elbow injuries - left - seen A & E	
22/06/2009	Cervicalgia - pain in neck - had been in a fight. Seen Minor Injuries.	
16/09/2008	[D]Dizziness - ?panic attack	
25/08/2008	Guttate psoriasis - worse on areas where she has sunburn	
07/12/2007	Miscarriage - medical evacuation of uterus	
07/07/2006	Insect bites - non venomous - itchy and erythematous - no sign of infection	
23/07/2005	Spontaneous vaginal delivery - male	

Full Report

Miss Amanda Golabek **12/11/1979** **Female** **Transferred Out**

14/02/2002	GP22-moved out of area Automatically generated by transaction : PRIORITY=Medium	Dr Staff Unknown Member
Of Staff		
01/06/2001	Spontaneous vaginal delivery - female	
18/01/1999	Patient signed reg. form Migrated Data : PRIORITY=Low	Dr Staff Unknown Member
Of Staff		
01/01/1995	Anxiousness - symptom	
02/04/1984	Anal fissure & dilation performed	
10/03/1980	Date records held from	

Repeat Masters

Acute and Repeat Issue Therapy

10/09/2014	issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
10/09/2014	issued	Ketoconazole 2% cream	Supply: (15) gram	1 APP THREE TIMES A
DAY				
08/09/2014	issued	Zolpidem 5mg tablets	Supply: (14) tablet	1 TABLET AT BEDTIME
08/09/2014	issued	Rigevidon tablets (Consilient Health Ltd)	Supply: (63) tablet	1 TABLET ONCE A DAY
FOR 21 DAYS FOLLOWED BY 7 TABLET FREE DAYS.				
21/07/2014	issued	Citalopram 20mg tablets	Supply: (56) tablet	1 TABLET DAILY
09/06/2014	issued	Rigevidon tablets (Consilient Health Ltd)	Supply: (63) tablet	1 TABLET ONCE A DAY
FOR 21 DAYS FOLLOWED BY 7 TABLET FREE DAYS.				
09/06/2014	issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
08/05/2014	issued	Microgynon 30 tablets (Bayer Plc)	Supply: (21) tablet	1 TABLET ONCE A DAY
FOR 21 DAYS FOLLOWED BY 7 TABLET FREE DAYS.				
08/05/2014	issued	Citalopram 20mg tablets	Supply: (28) tablet	1 TABLET DAILY
06/05/2014	issued	Daktacort cream (Janssen-Cilag Ltd)	Supply: (90) gram	APPLY TWICE TWICE A
DAY				
06/05/2014	issued	Cocois ointment (Focus Pharmaceuticals Ltd)	Supply: (100) gram	EVERY DAY
06/05/2014	issued	Coal tar extract 2% shampoo	Supply: (250) ml	WHEN REQUIRED
23/04/2014	issued	Diprobase cream (Merck Sharp & Dohme Ltd)	Supply: (1000) gram	APPLY THREE TIMES A
DAY				
23/04/2014	issued	Sebco ointment (Derma UK Ltd)	Supply: (100) gram	AS DIRECTED
22/03/2001	0 issued	Gaviscon Sf Peppermint LIQ	Supply: (1) OP	10 ml QDS PRN
28/04/2000	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
14/03/2000	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
17/01/2000	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
14/09/1999	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
23/07/1999	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
01/06/1999	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY
22/03/1999	0 issued	Half Inderal La CAPS 80MG	Supply: (56)	1 CAP DAILY

Recall

03/06/2013	Recall on 03/06/2016 for Ca cervix - screen done with Dr S M Smith	Status:Complete
24/05/2010	Recall on 24/05/2013 for Ca cervix - screen done with Dr S M Smith	Status:Complete
19/08/1999	Recall on 19/08/2002 for Cervical smear: negative with Dr Staff Unknown Member Of Staff	Status:Outstanding
ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due		

Consultation

10/09/2014	Surgery consultation	Dr J F Hutton
10/09/2014	Surgery consultation	Dr Dawn Neville
10/09/2014	Surgery consultation	Dr Dawn Neville
08/09/2014	Surgery consultation	Dr S Kelly
08/09/2014	Surgery consultation	Dr S Kelly
12/08/2014	Third Party Consultation	Mrs June Wilson
24/07/2014	Third Party Consultation	Mrs June Wilson
21/07/2014	Surgery consultation	Dr K Miller
11/07/2014	Surgery consultation	Dr S Lydon
11/07/2014	Surgery consultation	Dr S Lydon
25/06/2014	Surgery consultation	Dr Dawn Neville
16/06/2014	Other	Mrs Claire Nimmons
10/06/2014	Administration	Ms Rona Hooper
09/06/2014	Surgery consultation	Dr M J Mckenna
09/06/2014	Surgery consultation	Dr M J Mckenna
04/06/2014	Third Party Consultation	Ms Jackie Torrie
03/06/2014	Surgery consultation	Dr Dawn Neville
02/06/2014	Third Party Consultation	Ms Jackie Torrie
29/05/2014	Administration	Ms Rona Hooper
26/05/2014	Administration	Miss Tracy Black
23/05/2014	Administration	Miss Tracy Black
22/05/2014	Administration	Miss Claire Munro
19/05/2014	Administration	Miss Tracy Black
19/05/2014	Administration	Miss Claire Munro
13/05/2014	Administration	Miss Claire Munro
12/05/2014	Surgery consultation	Mrs Shona Lowe