NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org

NHS Fife

MMA Legal
Stock
Princes Street
Stockport
SK1 1RY

Date: 22 June 2026
Your Ref: 100117
Our Ref: JW SR26/1514
Enquiries to: Ms J Whitfield
Extension: 24101

Dear Sirs

Thomas Edgar Birch

I refer to your letter dated 26 May 2026 requesting copy medical records from NHS Fife of your above named client. As requested, I now enclose copy medical records from NHS Fife relating to your above-named client together with one digital disc containing radiological images and trust that these will be of some assistance to you.

Please note that the digital disc you have been provided with containing radiological images is in encrypted form and a password will be required to allow access to the radiological images. I should be grateful therefore if you would e-mail Tracy.paterson@nhs.scot on receipt of this letter quoting **only** our reference as detailed above, following which the appropriate password will be e-mailed direct to yourself. You should not include any details of the patient.

Yours faithfully

Joanna Whitfield
Legal Services Manager

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Unscheduled Care Assessment Team
Tel: 01592 643355 23999
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: SF5532314L

Letter ID: 2106392

Dear Dr Stewart

Clinic Date: 06/08/2016

Date: 10/08/2016

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Seen on 6 August 2016 in Accident & Emergency, Victoria Hospital, Kirkcaldy by Charge Nurse Lesley Downie and Charge Nurse Anita Syme.

Reason for Referral
Referred by out-of-hours GP with suicidal ideation, low mood and paranoia.

Presenting Complaint
Thomas is a 30 year old gentleman who describes having low mood since January of this year. At this time he split with his long-term partner. He also has a long history of anxiety and paranoia but feels this is "ten times more magnified" at present. Yesterday he was visiting his young daughter and had an argument with his ex. He stated she had invited people round to the house that had "done bad things to me and her" and that he did not want them being around his daughter. This resulted in him leaving and getting drunk. He felt that he would either do things to harm himself or someone else so he contacted NHS 24 for help. Thomas reports increased paranoia - states he "walks about thinking people are saying things about me"

Past Psychiatric/Medical History
Known to psychiatry as a child due to anger issues.
Psychology referral September 2015. Thomas did not attend, at the time of referral he felt really low however by the time the appointment came he had started feeling better and more positive so did not feel the need for support.
Sciatic back pain. No other medical history.

Current Medication & Allergies

- Naproxen 500mg one tablet twice daily
- Tramadol 50mg one – two tablets four times daily
- Previously prescribed Mirtazapine but stopped taking this as he felt "groggy"

No known allergies.

Personal History
Lived in Grimsby however parents split up when Thomas was young and he moved to Fife with his mother, younger sister and two older brothers. He was placed in care aged 12 for accidentally setting his mother's hair alight whilst playing with a box of matches resulting in her allegedly attempting to strangle him. Thomas had no contact with his father when he was growing up. He was led to believe his father had abused his mother and wanted no contact with him. It turned out his father had been denied contact and had sent letters that had been withheld from Thomas. He made contact with his father last year, sadly his father died a few weeks later, from a smoking related illness, without Thomas meeting him. Raised by his maternal grandparents. His grandfather died two weeks after Thomas was sentenced for attempted murder and Thomas states "it always plays on my mind that I didn't see him before he died". He feels he has not grieved for his grandfather yet because of being in jail. He no longer visits his grandmother as she has a new partner and it "feels weird". Thomas was in the Black Watch Regiment when he was 18, however was discharged half-way through his training after being involved in an assault where someone was trying to set his house on fire whilst he and an ex-partner were inside. Thomas explained he punched the victim three times causing a head injury and resulting in brain damage. He is remorseful for this. He served almost 6 years in prison and was released in September 2011. He is currently unemployed. He previously worked in telesales selling kitchens and bathrooms however left his job in January 2016 after finding out his ex-partner (who works for the same company) had been cheating on him. He would like to work but finds it hard to because of his criminal record. He is currently single. He has one daughter, Chloe, aged 23 months with whom he has regular contact.

Family Psychiatric History
Father ? depression ? suicide attempts.

Social Circumstances
Lives alone in a council tenancy. Thomas was evicted from his property for 6 weeks between May and June this year for abandonment. He stated he had visited Grimsby for just over a week and when he returned his locks had been changed. The council had removed all of his personal belongings. He won his property back and is currently going through a claim for loss of property and breach of human rights. He is in receipt of Employment Support Allowance. He spoke of having friends and enjoying playing pool with them and of also going to house parties every couple of weeks he then contradicted himself by saying that he "used to have loads of pals but I've stopped seeing them because I thought my ex was eyeing them up". Initially Thomas denied any hobbies saying he does "nothing, I get up, I don't feel like doing anything" but then stated he likes outdoor pursuits such as hill walking and gorge walking which he says he does "all the time".

Alcohol/Drug & Forensic History
Social cannabis use a couple of times a week. Alcohol use every couple of weeks in the company of friends. Denies any other illicit drug use. Charged with attempted murder aged 18. Jailed for five years. No other forensic history.

Mental State Examination
Appearance/ behaviour

Well kempt, dressed appropriately. No evidence of neglect. Poor eye contact. Thomas appeared relaxed during assessment and willing to engage. Easy to establish a rapport.

Speech
Normal in all modalities.

Mood
Subjectively - Reports to being "up and down" since January. Spoke of having depression, anxiety and paranoia.
Objectively - Displaying some symptoms of low mood with reactive affect.
No issues identified with sleep. Reports to having no appetite and a weight loss of 19kg since January.

Thought Content
Feels his thoughts are "paused". He has the same thoughts constantly "what have I done wrong in my life?", "do I want to be here?" and "why do I fuck everything up?". Denied any current suicidal ideation but states he is impulsive and does not know how long he can keep himself safe. No evidence of formal thought disorder.

Hopelessness
Very negative about himself. States he puts himself down all the time. No evidence of future planning.

Perceptions
Denies any perceptual disturbances. No evidence of same.

Cognition
Fully orientated. Cognition appears intact.

Insight
Feels his current situation may be down to cannabis use but mostly related to childhood. Thomas is usually against medication as he worries about side effects but feels he may require something to help lift his mood.

Current Risk of further Self-Harm/Suicide
Feels negative about himself. No drive or motivation. Impulsive. May not engage with psychology if referred, he does not see how this will help with his thoughts. Previously thought he would be too scared to take his life but recently has been thinking about it more.

Potential for Positive Risk Taking
Denies any current suicidal thoughts or plans. Told us his partner a few weeks ago that he was going to kill himself but sees this as a cry for help, "I obviously don't want to do that if I have told someone". Spoke of his daughter being a protective factor. Realises he needs help to cope and was agreeable to the treatment plan.

Collateral History
.No informant available.

Summary

a) Assessment

Thomas is a 30 year old man with a history of paranoia and low mood. He has a low opinion of himself and has trust issues which add to his anxiety. This is a longstanding problem, he reports, since childhood. Current issues may also be in relation to social stressors (relationship breakdown and unemployment).

b) Risk

No evidence of major mental illness however may benefit from support from psychology to help deal with negative thoughts and feelings. Alcohol and cannabis use may increase further risk.

Treatment Plan

- Discharge home.
- Thomas to make an appointment with GP for review and possible medication introduction. GP to consider referral to Beating the Blues.
- Samaritans contact accepted and arranged.
- Keeping Connected Fife and Calm information provided.
- Refer to LMHT for possible referral to Psychology.
- Thomas agreeable to abstain from cannabis and alcohol use.
- Thomas will contact GP if mental state deteriorates or NHS 24 out-of-hours.

Yours sincerely

Lesley Downie, Charge Nurse
Unscheduled Care Assessment Team

Authorised on 10/08/2016 08:56:07 by Lesley Downie.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
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Fife Health & Social Care Partnership

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

ADMINISTRATIVE LETTER

2507860596

CHI: 2507860596
Hospital ID: SF5532314L

Letter ID: 2110778

Dear Dr Stewart

Date: 11/08/2016

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

This letter was discussed at the LMHT meeting of today, 10 August 2016. It was agreed that the first number of actions given in the treatment plan were appropriate, i.e., review by yourself with respect to a possible role for medication, abstaining from cannabis and alcohol use and information regarding Keeping Connected Fife and Calm information. It was not thought that a referral to psychology was necessary in the first instance but might be something that is worth considering should there be symptoms not connected to direct stressors in the future.

Yours sincerely

Dr Marie Boilson
Consultant Psychiatrist

Authorised on 11/08/2016 19:12:54 by Marie Boilson.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Tel: 01592 643355 22023
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ADMINISTRATIVE LETTER

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Yours sincerely

Dr Marie Boilson
Consultant Psychiatrist

Authorised on 11/08/2016 19:12:54 by Marie Boilson.

Draft (nothing in notes – new patient)

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Dear Dr Stewart

Clinic Date: 06/08/2016

Date: 10/08/2016

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Seen on 6 August 2016 in Accident & Emergency, Victoria Hospital, Kirkcaldy by Charge Nurse Lesley Downie and Charge Nurse Anita Syme.

Reason for Referral
Referred by out-of-hours GP with suicidal ideation, low mood and paranoia.

Presenting Complaint
Thomas is a 30 year old gentleman who describes having low mood since January of this. At this he split with his long-term partner. He also has a long history of anxiety and paranoia. Yesterday he was visiting his young daughter and had an argument with his ex. He stated she had invited people round to the house that had "done bad things to me and her" and that he did not want them being around his daughter. This resulted in him leaving and getting drunk. He felt that he would either do things to harm himself or someone else so he contacted NHS 24 for help.

Past Psychiatric/Medical History
Known to psychiatry as a child due to anger issues. Psychology referral September 2015. Thomas did not attend. He stated at the time of referral he felt really low and by the time the appointment came he had started feeling better and more positive.

Sciatic back pain.

LMHT Date:- 10/8/16

Action:- _____
Notes:- _____
C/F:- _____

Current Medication & Allergies

- Naproxen 500mg one tablet twice daily
- Tramadol 50mg one – two tablets four times daily
- Previously prescribed Mirtazapine but stopped taking this as he felt "groggy"

No known allergies.

Dr to F/U GP
plan as per letter
no need for psychology
? Veterans 1st post.

Personal History

Lived in Grimsby however parents split up when Thomas was young and he moved to Fife with his mother, younger sister and two older brothers. He was placed in care aged 12 for accidentally setting his mum's hair alight whilst playing with a box of matches. Thomas had no contact with his father when he was growing up. He was led to believe he had abused his mother and wanted no contact with him. However it turned out his father had been denied contact and had sent letters that had been withheld from Thomas. He made contact with his father last year however his father died a few weeks later without Thomas meeting him. He was raised by his maternal grandparents. His grandfather died two weeks after Thomas was sentenced for attempted murder and Thomas states "it always plays on my mind that I didn't see him before he died". He feels he has not grieved for him yet because of being in jail. He no longer visits his gran as she has a new partner and it "feels weird". Thomas was in the Black Watch Regiment when he was 18 however he was discharged half-way through his training after being involved in an assault where someone was trying to set his house on fire whilst he and an ex-partner were inside. Thomas explained he punched the victim three times causing a head injury and resulting in brain damage. He served almost 6 years in prison and was released in September 2011. He is currently unemployed. He previously worked in telesales selling kitchens and bathrooms however left his job in January 2016 after finding out his ex-partner (who works in the same place) had been cheating on him. He would like to work but finds it hard to work because of his criminal record. He is currently single after being in a relationship. He has one daughter, Chloe, aged 23 months with whom he has regular contact.

Family Psychiatric History

Father ? depression ? suicide attempts.

Social Circumstances

Lives alone in a council tenancy. Thomas was evicted from his property for 6 weeks between May and June this year for abandonment. He stated he had visited Grimsby for just over a week and when he returned his locks had been changed. The council had removed all of his belongings. He won his property back and is currently going through a claim for loss of property and breach of human rights. He is in receipt of Employment Support Allowance. He spoke of having friends and enjoying playing pool with them and of also going to house parties every couple of weeks. Initially Thomas denied any hobbies but then stated he likes outdoor pursuits such as hill walking and gorge walking which he says he does "all the time".

Alcohol/Drug & Forensic History

Social cannabis use a couple of times a week. Alcohol use every couple of weeks in the company of friends. Denies any other illicit drug use. Charged with attempted murder aged 18. Jailed for five years. No other forensic history.

Mental State Examination

Appearance/behaviour

Well kempt, dressed appropriately. No evidence of neglect. Poor eye contact. Thomas appeared relaxed during assessment and willing to engage.

Speech

Normal in all modalities.

Mood

Reports to being "up and down" since January. Spoke of having depression, anxiety and paranoia. Displaying some symptoms of low mood with reactive affect. No issues identified with sleep. Reports to having no appetite and a weight loss of 19kg since January.

Thought Content

Feels his thoughts are "paused". He has the same thoughts constantly "what have I done wrong in my life", "do I want to be here" and "why do I fuck everything up". Denied any current suicidal ideation but states he is impulsive and does not know how long he can keep himself safe. No evidence of formal thought disorder.

Hopelessness

Very negative about himself. States he puts himself down all the time. No evidence of future planning.

Perceptions

Denies any perceptual disturbances. No evidence of same.

Cognition

Fully orientated. Cognition appears intact.

Insight

Feels his current situation may be down to cannabis use but mostly related to childhood. Thomas is usually against medication as he worries about side effects but feels he may require something to help lift his mood.

Current Risk of further Self-Harm/Suicide

Feels negative about himself. No drive or motivation. Impulsive. May not engage with psychology if referred. Does not see how this will help with his thoughts. Previously thought he would be too scared to take his life but recently has been thinking about it more.

Potential for Positive Risk Taking

Denies any current suicidal thoughts or plans. Told us his partner a few weeks ago that he was going to kill himself but sees this as a cry for help "I obviously don't want to do that if I have told someone". Spoke of his daughter being a protective factor. Realises he needs help to cope was agreeable to the treatment plan.

Collateral History

Summary

a) Assessment

Thomas is a 30 year old man with a history of paranoia and low mood. He has a low opinion of himself and has trust issues which add to his anxiety. This is a longstanding problem, he reports, since childhood. Current issues may also be in relation to social stressors (relationship breakdown and unemployment).

b) Risk

No evidence of major mental illness however may benefit from support from psychology to help deal with negative thoughts and feelings.

Treatment Plan

- Discharge home.
- Thomas to make an appointment with GP for review and possible medication introduction. GP to consider referral to Beating the Blues.
- Samaritans contact accepted and arranged.
- Keeping Connected Fife and Calm information provided.
- Refer to LMHT for possible referral to Psychology.
- Thomas agreeable to abstain from cannabis and alcohol use.
- Thomas will contact GP if mental state deteriorates or NHS 24 out-of-hours.

Yours sincerely

Lesley Downie, Charge Nurse
Unscheduled Care Assessment Team

This document has NOT been verified.

File copy.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
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CLINIC LETTER

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CHI: 2507860596
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Dear Dr Stewart

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Date of Birth: 25/07/1986

Seen on 6 August 2016 in Accident & Emergency, Victoria Hospital, Kirkcaldy by Charge Nurse Lesley Downie and Charge Nurse Anita Syme.

Reason for Referral
Referred by out-of-hours GP with suicidal ideation, low mood and paranoia.

Presenting Complaint
Thomas is a 30 year old gentleman who describes having low mood since January of this year. At this time he split with his long-term partner. He also has a long history of anxiety and paranoia but feels this is "ten times more magnified" at present. Yesterday he was visiting his young daughter and had an argument with his ex. He stated she had invited people round to the house that had "done bad things to me and her" and that he did not want them being around his daughter. This resulted in him leaving and getting drunk. He felt that he would either do things to harm himself or someone else so he contacted NHS 24 for help. Thomas reports increased paranoia - states he "walks about thinking people are saying things about me"

Past Psychiatric/Medical History
Known to psychiatry as a child due to anger issues.
Psychology referral September 2015. Thomas did not attend, at the time of referral he felt really low however by the time the appointment came he had started feeling better and more positive so did not feel the need for support.
Sciatic back pain. No other medical history.

Current Medication & Allergies

- Naproxen 500mg one tablet twice daily
- Tramadol 50mg one – two tablets four times daily
- Previously prescribed Mirtazapine but stopped taking this as he felt "groggy"

No known allergies.

Personal History

Lived in Grimsby however parents split up when Thomas was young and he moved to Fife with his mother, younger sister and two older brothers. He was placed in care aged 12 for accidentally setting his mother's hair alight whilst playing with a box of matches resulting in her allegedly attempting to strangle him. Thomas had no contact with his father when he was growing up. He was led to believe his father had abused his mother and wanted no contact with him. It turned out his father had been denied contact and had sent letters that had been withheld from Thomas. He made contact with his father last year, sadly his father died a few weeks later, from a smoking related illness, without Thomas meeting him. Raised by his maternal grandparents. His grandfather died two weeks after Thomas was sentenced for attempted murder and Thomas states "it always plays on my mind that I didn't see him before he died". He feels he has not grieved for his grandfather yet because of being in jail. He no longer visits his grandmother as she has a new partner and it "feels weird". Thomas was in the Black Watch Regiment when he was 18, however was discharged half-way through his training after being involved in an assault where someone was trying to set his house on fire whilst he and an ex-partner were inside. Thomas explained he punched the victim three times causing a head injury and resulting in brain damage. He is remorseful for this.. He served almost 6 years in prison and was released in September 2011. He is currently unemployed. He previously worked in telesales selling kitchens and bathrooms however left his job in January 2016 after finding out his ex-partner (who works for the same company) had been cheating on him. He would like to work but finds it hard to because of his criminal record. He is currently single. He has one daughter, Chloe, aged 23 months with whom he has regular contact.

Family Psychiatric History

Father ? depression ? suicide attempts.

Social Circumstances

Lives alone in a council tenancy. Thomas was evicted from his property for 6 weeks between May and June this year for abandonment. He stated he had visited Grimsby for just over a week and when he returned his locks had been changed. The council had removed all of his personal belongings. He won his property back and is currently going through a claim for loss of property and breach of human rights. He is in receipt of Employment Support Allowance. He spoke of having friends and enjoying playing pool with them and of also going to house parties every couple of weeks he then contradicted himself by saying that he "used to have loads of pals but I've stopped seeing them because I thought my ex was eyeing them up". Initially Thomas denied any hobbies saying he does "nothing, I get up, I don't feel like doing anything" but then stated he likes outdoor pursuits such as hill walking and gorge walking which he says he does "all the time".

Alcohol/Drug & Forensic History

Social cannabis use a couple of times a week. Alcohol use every couple of weeks in the company of friends. Denies any other illicit drug use. Charged with attempted murder aged 18. Jailed for five years. No other forensic history.

Mental State Examination

Appearance/ behaviour

Well kempt, dressed appropriately. No evidence of neglect. Poor eye contact. Thomas appeared relaxed during assessment and willing to engage. Easy to establish a rapport.

Speech
Normal in all modalities.

Mood
Subjectively - Reports to being "up and down" since January. Spoke of having depression, anxiety and paranoia.
Objectively - Displaying some symptoms of low mood with reactive affect.
No issues identified with sleep. Reports to having no appetite and a weight loss of 19kg since January.

Thought Content
Feels his thoughts are "paused". He has the same thoughts constantly "what have I done wrong in my life?", "do I want to be here?" and "why do I fuck everything up?". Denied any current suicidal ideation but states he is impulsive and does not know how long he can keep himself safe. No evidence of formal thought disorder.

Hopelessness
Very negative about himself. States he puts himself down all the time. No evidence of future planning.

Perceptions
Denies any perceptual disturbances. No evidence of same.

Cognition
Fully orientated. Cognition appears intact.

Insight
Feels his current situation may be down to cannabis use but mostly related to childhood. Thomas is usually against medication as he worries about side effects but feels he may require something to help lift his mood.

Current Risk of further Self-Harm/Suicide
Feels negative about himself. No drive or motivation. Impulsive. May not engage with psychology if referred, he does not see how this will help with his thoughts. Previously thought he would be too scared to take his life but recently has been thinking about it more.

Potential for Positive Risk Taking
Denies any current suicidal thoughts or plans. Told us his partner a few weeks ago that he was going to kill himself but sees this as a cry for help, "I obviously don't want to do that if I have told someone". Spoke of his daughter being a protective factor. Realises he needs help to cope and was agreeable to the treatment plan.

Collateral History
.No informant available.

Summary

a) Assessment

Thomas is a 30 year old man with a history of paranoia and low mood. He has a low opinion of himself and has trust issues which add to his anxiety. This is a longstanding problem, he reports, since childhood. Current issues may also be in relation to social stressors (relationship breakdown and unemployment).

b) Risk

No evidence of major mental illness however may benefit from support from psychology to help deal with negative thoughts and feelings. Alcohol and cannabis use may increase further risk.

Treatment Plan

- Discharge home.
- Thomas to make an appointment with GP for review and possible medication introduction. GP to consider referral to Beating the Blues.
- Samaritans contact accepted and arranged.
- Keeping Connected Fife and Calm information provided.
- Refer to LMHT for possible referral to Psychology.
- Thomas agreeable to abstain from cannabis and alcohol use.
- Thomas will contact GP if mental state deteriorates or NHS 24 out-of-hours.

Yours sincerely

Lesley Downie, Charge Nurse
Unscheduled Care Assessment Team

Authorised on 10/08/2016 08:56:07 by Lesley Downie.

****
*** TX Result Report ***
****

Sending is complete.

Job Number	2828
Address	01592644550
Name	
Start Time	08/08 08:10
Call Length	00'30
Sheets	2
Result	OK

NP
Rec'd
JSTATS
JORSIS

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Stewart

From:
Unscheduled Care Assessment Team
Kirkcaldy

Pages: 1+1

Fax: **01592 261092**

Date: 08/08 06/08/16

Phone: **01592 643355 ext 23999**

Re (Full Name):
THOMAS EDGAR

c.c.

☐ Urgent ☑ For Review ☐ Please Reply ☐ Please Comment

Tel: 01592 805100

Fax: 01592 644550

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: DI Stewart

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Unscheduled Care Assessment Team
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Pages: 1+1

Fax:
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Re (Full Name):
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c.c.

☐ Urgent ☑ For Review ☐ Please Reply ☐ Please Comment

Tel: 01592 805100

Fax: 01592 644550

NHS Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team, Whyteman's Brae Hospital Tel: 01592 643355 Ext.23999

Date 6/8/16 Referrer Dr Melville OOHS GP, Time 1715

Patient's Name Thomas Edgar DOB, CHI 25/07/86-0596

Address 98 Dallas Drive, KIRKCALDY

GP Dr Stewart Practice Path House MP

Reason for Referral & Significant Recent History:

Paranoia & low mood. Suicidal ideation

Time/Place Patient Seen A&E, VHK ↙ OOHS GP room By CN Syme & CN Downie

Outcome of Assessment Discharged home

Agrees to making an appointment with GP asap to possibly be restated on anti-depressant medication.
Keeping connected file & CAHM information provided.
Re-referral to psychology.
Samaritans contact offered and accepted.
Advised to abstain from cannabis & alcohol.
Agrees to contact GP if mental state deteriorates or NHS24 (OOH)

On completion, this form should be faxed to:

1) GP 2)

Then filed in case notes; please note that a typed letter will/will not follow.

Signed Downie

(Print Name) KESLEY DOWNIE

Surname EDGAR
First Names THOMAS
Maiden Surname
Address 98 DALLAS DRIVE KIRKCALDY

D.B./Chi 2507860596

Unit No.
Date seen or Admitted 06/08/16
Seen at A&E
Seen by C/N SYME BCN DOWNIE
Consultant in Charge
Family Dr. STEWART - PATH HOUSE
Referred by DR MELVILLE

D. of B 25/07/86 Sex M F. M.S.W.D. Religion Occupation UNEMPLOYED

Reason for Referral Referred by OOH GP with suicidal ideation, low mood and paranoia. ~~Had contacted NHS 24 himself.~~

Presenting Complaint: Thomas is a 30 year old gentleman. He describes having low mood since January this year, at this time he split with his long term partner. He also has a long history of anxiety and paranoia. Yesterday whilst visiting his young daughter he had an argument with his ex. ~~resulting in him leaving the house and getting drunk.~~ He stated ~~there people~~ his ex had invited people round to the house that "had done bad things to me & her" and that he did not want them being around his daughter. This resulted in him leaving and getting drunk. ~~He spent time walking around~~ he felt he would either do something to harm himself or someone else so he contacted NHS 24 for help.

Past Psychiatric/Medical History:
Known to psychiatry as a child - anger issues
Psychology referral Sept 2015 - DNA - states at time of referral he felt really low but by time of appointment ~~his life~~ he had started feeling better and was more +ve
Sciatic back pain

Drug /Alcohol & Forensic History:

Social Cannabis use a couple of times a week.
Alcohol use every couple of weeks in the company of friends.
Denies any other illicit drug use.
Charged with attempted murder aged 18 - jailed for 5 years ~~tele~~ No other forensic history.

Mental State Examination:

Appearance & Behaviour
Well kempt. ~~Ap~~ Dressed appropriately. No evidence of neglect. Poor eyecontact. Thomas appeared relaxed during assessment & willing to engage.

Speech
~~No~~ Normal in all modalities

to being "up & down"

Mood - Reports ~~low~~ mood since January. Spoke of having depression, anxiety & paranoia ~~which might be linked to cannabis but I think its mostly related to my childhood~~
Displaying some symptoms of low mood with a reactive affect. Sleep - no issues identified. Reports to having no appetite - weight loss of ~~stone~~ 19Kg since Xmas

Thought Content (Suicidal Ideation, Plan)
Feels his thoughts are "paused" - has the same thoughts constantly - "What have I done wrong in my life?" "Do I want to be here" & "Why do I fuck everything up?"
Denies any current suicidal ideation but states he is impulsive and does not know how long he can cope & keep himself safe.

Hopelessness
Vague Negative about himself. States he puts himself down all the time

Perceptions
Denies any Perceptual disturbances. No evidence of formal thought disorder.
No evidence of ~~responding to~~ same.

Cognition
Fully orientated, cognition appears intact.

Insight
Feels current situation may be down to Cannabis use ~~and~~ but mostly related to childhood.
Usually against medication as worried about side effects but feels he may require something to help lift his mood

NAME THOMAS EDGAR	Continuation Sheet No. 2	Unit No.

Summary: (Assessment, Risk & Treatment Plan)

a) Assessment

Thomas is a 30 year old man with a history of paranoia, low mood ~~and anxiety~~. ~~He has ex~~, He has a low opinion of himself and has trust issues which add to his anxiety - this is a long standing problem - he reports since childhood. Issues may also be in relation to social stressors (relationship breakdown and unemployment) current.

b) Risk

No evidence of major mental illness. However may benefit from support to from psychology to help deal with negative thoughts & feelings.

Treatment Plan:

(to include risk management plan & actions including D/C with other parties / agencies)

Discharge home.
Thomas to make an appointment with GP for review & possible medication introduction
GP to consider referral to "Beating the Blues"
Samaritans follow contact accepted & arranged.
- Keeping connected file to & Crisis information provided
- Refer to LMHR for possible re-referral to psychology.
- Thomas agreeable to abstain from cannabis & alcohol use.

Name of Assessor: L Donnie (Block Capitals)

Signature: L Dowie
Unscheduled Care Assessment Team

Contact GP if mental state deteriorates or NHS 24 (out of hours).

phoned ✓

NHS Fife

UNSCHEDULED CARE ASSESSMENT TEAM

SAFETY PLAN

Date: 06/08/16

Name: THOMAS EDGAR

Telephone Number: 07428401385

Following your assessment today the following plan was agreed:

- Make an appointment with GP ASAP re possible medication introduction for low mood
- Keeping connected life leaflet provided
- Psychology re-referral
- Samaritans contact offered and accepted
- Contact GP if mental state deteriorates or NHS 24 (out of hours)
- CALM information
- Abstain from cannabis and alcohol

Consent for Samaritans Contact (Y)/N

Consent Given to discuss safety plan Y/N

Discussed with :.....

Due to the nature of Unscheduled Care Assessment Team working we are unable to take direct telephone calls from the public. If you have a query about the agreed plan please contact your GP who will receive a copy within 24hours (Monday morning for weekend appointments).

Locality Mental Health Team Referrals (LMHT)

If a referral to LMHT is to be considered your case will be discussed at the relevant Locality Health Team Meeting and either

(a) An appointment offered or

(b) Advice provided to your GP about managing your care.

UPLOADED TO SCI-STORE Clerical

NHS Fife Dermatology Tumour Assessment Clinic

NHS Fife

Consultant: Dr S Allan, Dr S Russell, Dr M Mowbray, Dr S McCormack, Dr S Fraser

Tel: 01383 623 623

GP Details		
Dr. Path Haze Medical Practice Kirkcaldy	36	Edgar, Thomas, 98 Dallas Drive, KIRKCALDY, KY2 6NG 2507860596 GA Campbell

Complaint(s) Suspicious mole left foot NEW ? ill defined

Clinical features	Yes	No		Yes	No
Increase area			Pain/Itch		
Increase elevation			Change in colour		
Bleeding/Oozing/Crusting					

Medical History Tietze's disease / ? dilated capillaries

	Yes	No
Previous skin cancer		✓
Immuno-suppression		✓
Significant past sun exposure		✓

Allergies grapefruit

Current relevant medication No old things

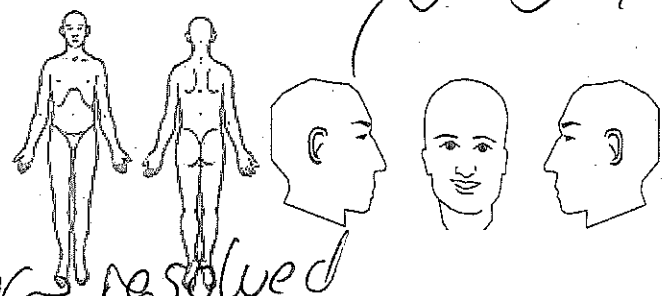
Skin type I–II Sun bed use a few months ago Occupation/Hobbies NCA rowing every AM

Examination

Site Sole (L) foot

Size — normal ankle

Impression – venous + old blister now resolved



Diagnosis Benign blood blister – resolved

Likelihood of ~~BCC/SCC~~/MM

Low 0 1 2 3 4 5 6 7 8 9 10 High

Action			
	Reassured ✓	Excision	Incisional biopsy
	Shave	Curettage	Cryotherapy
Follow-up	Discharge ✓	Awaiting pathology (letter will follow)	
	Appointment made:	Referred to:	

Name of Doctor	Grade	Signature	Date
MEGAN MOWBRAY	CONS		29.8.22

MS2726

HISTORY/CONTINUATION SHEET

Ward/Clinic/
Hosp .....

Surname .... Edgar
First Name .. Thomas
Address .... 98 Dallas Drive
KIRKCALDY
KY2 6NG
.....
Occupation ..
.....
G.P. & Address

2507860596

GA Campbell

Cardiac ..... UNIT/WARD/DEPT

..... Cons
..... Unit No
..... D. of B
..... M. State
..... Sex
.....
.....
USE BLOCK CAPITAL

DATE	
30.11.2021 18.50 PM	weight 95.1kg HCSW A MURRAY HCSW A Murray

B/P.
128/75

NHS Fife

Victoria Hospital
FINAL DISCHARGE DOCUMENT

V4409806 Version: 1

H/L

This letter was printed outwith pharmacy hours, the prescription has not been verified by pharmacy

Surname	Edgar	Address	98 Dallas Drive
Forename	Thomas		
CHI No.	2507860596		Kirkcaldy
Date of birth	25/07/1986	Postcode	KY2 6NG

Casenote Copy

Admission Date	20 Jan 2022	**GP**	Dr.GA Campbell
Admission Type	Emergency Non-Injury (e.g. Stroke, MI, Ruptured Appendix)	**GP Address**	Path House Medical Practice 7 Nether Street Kirkcaldy Fife KY1 2PG
Reason for Admission / Transfer	Acute Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified		
Discharge Date	20-Jan-22		
Discharge Ward	V AU1 Red Assessment		
Discharge To	Home	**GP Practice Code**	20998
Discharging Consultant	Dr Emma Turtle	**Patient's Weight**	0 kg
Specialty	Acute Medicine	**Compliance Aid**	No
Community Pharmacy			

A further transfer/discharge communication will not follow this document

Presenting Complaint

Chest pain

Principal Diagnosis

Costochondritis secondary to Covid-19

Clinical Summary

Dear doctor,

Thank you for your ongoing care of this patient.

Mr Edgar was admitted to AU1 for assessment on 20th January 2022 having developed chest pain. He has tested positive for Covid 19 on lateral flow tests 2 days ago. He had sharp right sided chest pain worse on inspiration.

CXR: clear
ECG : normal
D dimer: 235
CRP 25; WCC normal

It was felt he most likely has costochondritis secondary to Covid-19. His observations are stable and he is fit for discharge with reassurance and worsening advice. Simple analgesia was provided.

Kind Regards

Dr Mikolaj Kotts
Clinical Fellow

Drug / Type of Preparation	Form	Route of Admission	Dose	Frequency	Course Length	Quantity Supplied
IBUPROFEN 400mg TABLETS	TABLET	Oral	400mg	When required every 8 hours max 3 times daily	7 days	At least 7 days
PARACETAMOL 500mg TABLETS	TABLET	Oral	1g	When required 4 hourly max qds	7 days	At least 7 days

Action	Drug Type of Preparation	Reason
Started	IBUPROFEN 400mg TABLETS	Pain
Started	PARACETAMOL 500mg TABLETS	Pain

Unless otherwise stated, a minimum of 7 days supply has been given for each of the prescribed medicines

Prescriber's name	Mikolaj Kotts	**Prescriber Tel No.**	**Prescriber's Signature**
Prescriber's grade	Clinical Fellow	21854	

Please remember to bring your own medications into hospital if you are admitted

Document Created 20/01/2022 17:28:25

NHS Fife

Victoria Hospital
FINAL DISCHARGE DOCUMENT

Version: 1

This letter was printed outwith pharmacy hours, the prescription has not been verified by pharmacy

Surname	Edgar	Address	98 Dallas Drive
Forename	Thomas		
CHI No.	2507860596		Kirkcaldy
Date of birth	25/07/1986	Postcode	KY2 6NG

Casenote Copy

Pharmacist's Comments

	Sign	Print	Date
Pharmacist Assessment			
Dispensed By			
Checked By			

Allergies NKDA

Other Diagnoses

Principal Operation	Date	Consultant
er Operations		

Clinical Progress and Results Awaited / Investigations Pending

Patient Information Transfer/Discharge Summary not given to patient and/or carer or relative

Explanation Given to patient

Follow Up Arrangements

Medication not currently prescribed by day hospital

Fitness note not issued | **Duration of Fitness Note**

Prescriber's name	Mikolaj Kotts	Prescriber Tel No.	Prescriber's Signature
Prescriber's grade	Clinical Fellow	21854	

Please remember to bring your own medications into hospital if you are admitted

Document Created 20/01/2022 17:28:25

RESPIRATORY

AV. 1.

Registration Details - Patient No: 13504

Personal details...		Address details...	
Date of birth	25/07/1986	Post Code	KY2 6NG
Sex	M	House Name Flat No	
Surname	Edgar	No and Street	98 Dallas Drive
Previous Surname		Village	
Forenames	Thomas	Town	Kirkcaldy
Calling Name	Thomas	County	Fife
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Fife	Home Tel No	
CHI Number	2507860596	Work Tel No	
NHS Number	EZBXS/188	Mobile Tel No	07493 261257
Registered GP	Dr Suguna L Narayana	E Mail Address	
Usual GP	Dr Suguna L Narayana	Next Of Kin	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Hospital Number	V440980 Unknown Hospital	Blocked Special	
Records At	Path House Medical Practice	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	16/12/2020		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
30/11/2021	Atypical chest pain for CTCA	Any Man	1828
01/08/2019	Toe fracture big toe	Dr Narayana	S36-1
17/02/2017	Closed fracture of clavicle (Left) DISTAL	Ms Wishart	S200
08/02/2017	Cervicalgia - pain in neck	Dr Stewart	N131
10/04/2015	Smoking cessation	Dr Stewart	137P

Past Problems		Authorised By	Code
24/03/2012	**Fracture of metatarsal bone** - left 5th metatarsal base PRIORITY=2	Dr Barclay	S356
2004	**DNA hospital appointment** Scrotsal ultrasound PRIORITY=2	Dr Locum	9N4H
2004	**Tietze's disease** Possibly PRIORITY=2	Dr Locum	N336
2004	**Mitral regurgitation** Trivial PRIORITY=2	Dr Locum	G540
2004	**[D]Chest pain** PRIORITY=2	Dr Locum	R065

2003	**Cls # finger middle phalanx** r small finger PRIORITY=2	Dr Campbell	S260K

Due Diary Entries		Authorised By	Code
31/12/2099	**Key information summary, special note expiry date**	Ms Ramsay	EMISNQKE5
01/04/2022	**Key information summary review date**	Mrs Winton	EMISNQKE7

Overdue Diary Entries		Authorised By	Code
02/04/2020	**Medication review OVERDUE**	Dr Narayana	8B314

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Health Status	
17/12/2020	**Height 182 cm**
17/12/2020	**Weight 94.5 Kg**
17/12/2020	**Body Mass Index 28.53 kg/m2**
17/12/2020	**Blood pressure reading 114/71 mm Hg**
11/07/2017	**Blood pressure reading O/E - BP reading**
17/12/2020	**Smoking Status Cigarette smoker 10 Cigarettes/day**
17/12/2020	**Exercise grading Aerobic exercise 3+ times/week**
17/12/2020	**FH: Ischaemic heart dis. <60**
17/12/2020	**FH: Ischaemic heart dis. >60**

Consultations

20/01/2022 12:14	Dr A. J. Stewart at Path House Medical Practice
Problem	rt sided chest pain day 3 pos lat flow cough pain ++ lt sided tender ant chest lt axilla pain feels sob viral pain in legs
Examination	t 38.3 at home hr 78 sats 98 bp 111/53 see prev hx atypical chest pain awaiing ctca ?? covid ?? pe
Family History	needs ecg cxr d dimer
Comment	RESP AU1 thankj you for seeing him
-	---
20/01/2022 11:07	Dr A. J. Stewart at Path House Medical Practice
Problem	positive LFT on tues rt sided chest pain painful to breathe temp 38.7
-	---
20/01/2022	Any Doc Man at Docman
Additional	Out of hours, practice note Unscheduled Care Report PCES - Fife NHS 24
-	---
30/11/2021	Any Doc Man at Docman
Problem	**Atypical chest pain** for CTCA
-	---
30/11/2021	Any Doc Man at Docman
Additional	Letter from consultant Clinic Letter Victoria Hospital Cardiology Dr Ajay Yerramasu Consultant Cardiologist

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
02/04/2019	**Ibuprofen Tablets 400 mg** 1 THREE TIMES DAILY 112 tablet	Not Issued	Dr A. J. Stewart	REPEAT
08/03/2017	**Paracetamol Tablets 500 mg** TAKE ONE OR TWO UP TO FOUR TIMES A DAY 448 tablet	10/01/2018P	Dr G. Campbell	REPEAT

Detailed Print

Case Details:

Case No.	User Description
56469	HEGGIEL

Patient's Name: Thomas Edgar
Address: 98 Dallas Drive Kirkcaldy
Fife
KY2 6NG
Tel: 07836 368989
Call Origin GP Surgery
Caller Name: Dr Stewart

Date of Birth: 25/07/1986
Own Doctor: Stewart
Surgery: Path House
Confidential: False

Tel: 07836 368989

HEGGIEL
Case initially received
Start Time: 12:16 20/01/2022
End Time: 12:18 20/01/2022

Symptoms: MAC 1hr.
Comments: These cases were received and finished within the last 72 hours:COVID19 Advice #56445 at 20-Jan-22 09:48:47

HEGGIEL
Case type set to Telephone/Virtual Assessment
Start Time: 12:18 20/01/2022
End Time: 12:18 20/01/2022

HEGGIEL
Priority On reception set to Within 4 Hours
Start Time: 12:18 20/01/2022
End Time: 12:18 20/01/2022

HEGGIEL
Case status set to OLC
Start Time: 12:18 20/01/2022
End Time: 12:18 20/01/2022

Emergency Care Summary
Start Time: 12:18 20/01/2022
End Time: 12:18 20/01/2022

MARTYNB
Consultation Telephone/Virtual Assessment by Berrie, Martyn
Start Time: 12:30 20/01/2022
End Time: 12:32 20/01/2022

History:RESPIRATORY AU1
35M
Signif R side chest pain, slight to left
T: 38.3, Sats 97, Bp 100 sys
Day 3 right side chest pain
Query PE
LFD +
RESPIRATORY AU1

Detailed Print

Case Details:

Case No.	User Description
56469	MARTYNB

Patient's Name: Thomas Edgar

Address: 98 Dallas Drive Kirkcaldy
Fife
KY2 6NG

Tel: 07836 368989
Call Origin GP Surgery
Caller Name: Dr Stewart

Date of Birth: 25/07/1986
Own Doctor: Stewart
Surgery: Path House
Confidential: False

Tel: 07836 368989

MARTYNB
Case type set to Acute Admissions
Start Time: 12:32 20/01/2022
End Time: 12:32 20/01/2022

MARTYNB
Priority After assessment set to Urgent - 60 Mins
Start Time: 12:32 20/01/2022
End Time: 12:32 20/01/2022

Special Patient Notes

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Tel: 01592 643355
Extension 29062
AMAU
Heather Williamson
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

2507860596

CHI: 2507860596
GD/JFW

Letter ID: 2570637

Dear Dr Stewart

Clinic Date: 20/07/2017

Date: 14/08/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Consultant: Dr K Baker

Diagnosis: Headache likely secondary to sinusitis.

Medications: Clarithromycin 500mgs bd for 7 seven days
Beclomethasone nasal spray bd for 7 days

Follow up: Nil

Thomas Edgar is a 50 year old gentleman with a past history of costochondritis and lower back pain with associated sciatica. He was referred to the hospital referred to the ECAS Clinic by his GP with sudden onset and severe headache 3 weeks prior to the point of referral. Mr Edgar described the onset of his headache while lifting heavy weights at the gym. He described right sided frontal pain which radiated behind the eye which was sudden and severe at onset, at this time he felt light headed and fell to his knees but with no loss of consciousness. Since this onset he had been aware of the headache persisting and had no relief with his Naproxen and Tramadol which he used for his back pain. He felt the headache was much worse when leaning forward but otherwise no other exacerbating factors. The GP had trialled this gentleman with Sumatriptan but with no benefit. This gentleman described no visual disturbance and no associated weakness of the arms and legs. He had experienced increased severity when straining or attempting further heavy lifting, this was usually associated with the feeling of being light headed but with no further episodes of further collapse. This gentleman has had no recent infective or coryzal symptoms. He had described that he had had some left sided chest tightness and felt that he was struggling to take a deep breath in over recent weeks. He further describes 2 episodes of haemoptysis that had occurred last week, although he did note that he had a nose bleed earlier those days.

CHI: 2507860596

Mr Edgar lives alone but has a partner and daughter who live nearby. He is a non-smoker and denies regular alcohol. He denies any illicit drug use, specifically any exercise enhancing medication.

On examination observation stable. Pupils equal and reactive. Pulse regular, heart sounds normal. Chest clear. Cranial nerves intact although squint in left eye noted, the patient tells me this is a longstanding issue. No neck, face or scalp tenderness. No focal neurology.

Due to the onset of this gentleman's headache being 3 weeks ago we were required to perform a CT angiogram. This showed no acute abnormalities specifically no evidence of aneurism. They noted a left maxillary sinusitis evident on the scan.

White blood cells 7.1, CRP 0.7. D-dimer performed due to the history of chest pain with associated collapse, this was negative. LFT's, U&E's normal range.

This gentleman has an underlying sinusitis and I do wonder if this is what has caused his headaches over the last few weeks. I have treated him with sinusitis and advised him if symptoms do not improve that he should see his GP for further review. It is possible that since these headaches seem to be exacerbated by exercise that they are specifically exercise induced headaches, I have advised this gentleman to make sure he is well hydrated and to try a non-steroidal anti-inflammatory medication prior to exercise if his symptoms are persisting on after the treatment of sinusitis.

Kind regards.

Yours sincerely

Dr Gillian Devlin
Clinical Fellow in Acute Medicine

This document has NOT been verified.

Many Thanks for seeing

Dr. C. Murphy
PATH HOUSE MEDICAL PRAC
7 NETHER STREET
KIRKCALDY KY1 2P
TEL: 01592 8051
FAX: 01592 64455

Registration Details - Patient No: 13504

Personal details...		Address details...	
Date of birth	25/07/1986	Post Code	KY2 6NH
Sex	M	House Name Flat No	
Surname	Edgar	No and Street	98 Dallas Drive
Previous Surname		Village	
Forenames	Thomas	Town	Kirkcaldy
Calling Name	Thomas	County	Fife
Title	Mr		
Birth Surname			
Marital Status	Marital status unknown		
Ethnic Origin			

See Page 2.

HA/HB Details...		Contact details...	
Trading partner	Fife	Home Tel No	
CHI Number	2507860596	Work Tel No	
NHS Number	EZBXS/188	Mobile Tel No	07428 401385
Registered GP	Dr Suguna L Narayana	E Mail Address	
Usual GP	Dr Suguna L Narayana	Next Of Kin	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing		Rural Mileage	
Hospital Number	V440980 Unknown Hospital	Blocked Special	
Records At	Path House Medical Practice	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	19/07/2017		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	No		
CMS Suitability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
19/07/2017	Headache	Dr Murphy	1B1G
17/02/2017	Closed fracture of clavicle (Left) DISTAL	Ms Wishart	S200
08/02/2017	Cervicalgia - pain in neck	Dr Stewart	N131
10/04/2015	Smoking cessation	Dr Stewart	137P

Past Problems		Authorised By	Code
24/03/2012	**Fracture of metatarsal bone** - left 5th metatarsal base PRIORITY=2	Dr Barclay	S356
2004	**DNA hospital appointment** Scrotsal ultrasound PRIORITY=2	Dr Locum	9N4H
2004	**Tietze's disease** Possibly PRIORITY=2	Dr Locum	N336
2004	**Mitral regurgitation** Trivial PRIORITY=2	Dr Locum	G540
2004	**[D]Chest pain** PRIORITY=2	Dr Locum	R065
2003	**Cls # finger middle phalanx** r small finger PRIORITY=2	Dr Campbell	S260K

Due Diary Entries		Authorised By	Code
08/02/2018	**Diary event: Medication review**	Dr Stewart	8B3S.

Overdue Diary Entries		Authorised By	Code
	None		

Alerts		Authorised By	Code
29/10/2012	**PT NOT AT 3E WEST BRIDGE MILL, KDY. 29/10/2012**		EMISALERT
04/12/2009	**ASSIGNED 25.3.03**		EMISALERT

Drug Allergies		Authorised By	Code
	None		

Non Drug Allergies		Authorised By	Code
	None		

Health Status	
20/06/1994	**Height 107 cm**
28/08/1991	**Weight 20 Kg**
28/08/1991	**Body Mass Index 0 kg/m2**
11/07/2017	**Blood pressure reading O/E - BP reading**
11/07/2017	**Blood pressure reading 137/81 mm Hg**
07/04/2016	**Smoking Status Cigarette smoker**

Consultations

19/07/2017	Dr C. Murphy at Path House Medical Practice
Problem (FIRST)	**Headache**
History	sudden osnet frontal headache 2w ago immediately after 230kg dead lift. worsening daily since then worst in am, and if bends over. o/e no neuro signs, BP normal, no vomiting, power tone sensation normal. d/w medics, ?? risk ICH / aneurysm. d/w dr mackenna, will kindly see tomorrow on ECAS.
11/07/2017 10:40	Dr A. J. Stewart at Path House Medical Practice
Problem (REVIEW)	**Cervicalgia - pain in neck**
History	headache since dead weight lifting episode nose bleeds frontal headache no tenderness no neck stiffness no photohobia all day headaches sudden onset wt lifting heacahe migrine
Examination	Baseline heart rate 65 beats/minute O/E - BP reading Blood pressure reading 137/81 mm Hg
Medication	Sumatriptan Succinate Tablets 50 mg *6 TABLET ONE TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET OF MIGRAINE, REPEAT AFTER 2 HOURS IF SYMPTOMS RECUR*
11/04/2017	Any Doc Man at Docman
Additional	Letter encounter Clinic Letter Victoria Hospital Orthopaedics
10/03/2017	Dr Catriona Clark at Path House Medical Practice
Problem	metatarsalgia
History	R foot 3rd and 4th space. pain as if walking on something. and numbness small ? mortons neuroma palpable flat feet. frefer USS insoles
07/03/2017	Any Doc Man at Docman
Problem	**Sprain, acromio-clavicular ligament** LT

Medication

Current Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
08/03/2017	**Paracetamol Tablets 500 mg** TAKE ONE OR TWO UP TO FOUR TIMES A DAY 448 tablet	08/03/2017P	Dr G. Campbell	REPEAT
08/02/2017	**Naproxen Tablets 500 mg** 1 TABLET(S) TWICE A DAY Notes for patient: stop if causes indigestion or wheeze. 112 [tablet]	04/04/2017P	Dr A. J. Stewart	REPEAT
08/02/2017	**Tramadol Hydrochloride Capsules 50 mg** 1 OR 2 CAPSULES FOUR TIMES A DAY 112 CAPSULE	28/06/2017P	Dr A. J. Stewart	REPEAT

Emergency Care Assess... ument — **NHS Fife Victoria Hospital Kirkcaldy KY2 5AH**

2507860596

Ad THOMAS
EDGAR
98 Dallas Drive
KIRKCALDY
KY2 6NG

25-07-1986

Date: 20/7/17		Time of Arrival: 11.00.	
BP	133/88	Temp	36.7
Pulse	68	RR	
SpO2	95/.	BM	
Nurse: E. Gabellone.			

History and Clinical Examination

30 Referred by GP

Sudden onset and severe headache at 3/52 ago.

Lifting heavy weights in gym at onset

(R) sided frontal pain radiating behind eye

felt light headed and fell to knees

- no LOC

Headache persisted since then. Worse leaning forward

Never had hx headaches

No relief with Naproxen or Tramadol

GP mailed with Sumitriptan - no relief.

No visual or speech disturbance

No weakness arms/legs

Neck feels stiff. No photophobia

Severity when straining or attempting heavy lifting

- associated feeling of being light headed.

- no collapse.

No recent infective or coryzal symptoms

Had some (L) sided chest tightness and feels he is struggling to take deep breath.

Had x2 episodes haemoptysis last week - does not had nosebleed earlier these days

PMHx Costochondritis
- Tietze.
Sciatica

Meds Naproxen } prn
Tramadol }

Social lives alone has partner and daughter
Non smoker
No regular alcohol
Denies steroid use or illicit drug use.

O/E / GCS 15. PEARL. Alert and orientated.

Pulse regular
HS (N)
Chest clear.
Abdo SNT.

Cranial nerves intact.
(L) eye squint (not new)
No neck, face or scalp tenderness

No focal neurology
(L) plantar ? (R) ↓.

MS 2762

Impression and Management plan

→ Needs CT Angiogram to exclude aneurysm since at 3/52 post headache.
D-dimer to exclude PE - haemoptysis, SOB, collapse/lightheaded
Imp d-dimer negative.
CT Angio NAD. ? sinusitis causing issue - worse leaning forward.
Plan/Treat as sinusitis - Clarithromycin + Beclomethasone nasal spray

Name: GLENDENNING Sign: GR Designation: CF

WBC	7.1	CRP	0.7	CXR Nil focal.
HB	149	ALB	45	
MCV	87.1	ALP	50	
PLT	349	ALT	8	ECG
DDIMER	190	BIL	6	
INR		Urea	5.2	
TSH		Na+	141	CT/ Echo/ Other
Trop		K+	4.6	CT Angiogram - Nil acute (L) maxillary sinusitis
Glucose	5	Creat	99	

Review

Advised if headaches exercise induced, ensure well hydrated and try NSAID prior to exercise.

→ See GP if ongoing after treatment or worsens

V4409806

EDGAR
THOMAS
98 Dallas Drive

KIRKCALDY
KY2 6NG

2507860596

25-07-1986

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
14/10/17	FY3 FDSGR
	PC
	HPC Monday - [illegible] Daughter [illegible] [illegible] onchus when swimming. Extraction yesterday - 1 tooth + ½ tooth (root left behind) Offered amox but didn't take. Face swollen up since yesterday. Pain - infection kind of pain whole cheek, inside + out. Vomiting, hot + sweaty, feeling ill, slightly feverish

Senior review by: Time seen : hrs

EDGAR
THOMAS
98 Dallas Drive

KIRKCALDY
KY2 6NG

2507860596

25-07-1986

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
14/10/17	FY3 FOSTER
	Not eaten today. Drinking water OK. Sleep disturbed.
	Extractions were due to infection + fracture in other tooth. Was due for 2/52 review + extraction of root.
	PMH Nil / Sciatica
	O/E: Looks well. Obs stable
	Poor dentition. DH Naproxen, Tramadol
	~4cm firm swelling over (R) cheek / upper jaw. Not affecting eye. 541 Recent extractions. SH Not working. Lives w partner + daughter 8yo. Alcohol on Fri ~2pts ~4-5/week
	Imp Failed / Partial extraction + ? Developing abscess
	Plan (1) Max Facs review (2) ? Abx
	TFost
	D/w MaxFacs on call - will review in dept. FOSTER

Do not write in this margin

EMERGENCY DEPARTMENT NHS 24 FAX ACTION PLAN

EDGAR
THOMAS
98 Dallas Drive

KIRKCALDY
KY2 6NG

2507860596

25-07-1986

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
14/10/17	OMFS C.TORBER
1338h.	
	Co: Swelling (L) face
	HPC: 9/10/17 whilst swimming clash with daughter ? dental trauma?
	~~12/10/17~~ 12/10/17 evening - pain, throbbing
	13/10/17 - attended A&E dental, had extractions, Px Amoxicillin 500mg, but pt felt had ABx at home - didn't take any, no ABx at home.
	Swelling started 13/10/17 evening ↑ severity
	MH: ~~FH, ABx, ...~~
	Sciatica: Tramadol PRN, ~~Diclofenac~~ - Naproxen 500mg BD
	NKDA
	SH: smoker - 8/day EtOH - 12 units/week.
	Occupation - unemployed, daughter 3yo.
	~~OE / Obs~~:
	DH: 13/10/17; 54| extracted
	5| - decoronated, root left in situ
	No Tx since 2012
	2012 - dental abscess ⌈6 - OPG showed 5⌉ caries - deep, almost to pulp
	Appt 26/10/17 - Whiteman's Brae for ... root 5⌉

ORAL AND MAXILLO-FACIAL SURGERY

EDGAR
THOMAS
98 Dallas Drive

KIRKCALDY
KY2 6NG

2507860596

25-07-1986

DATE	NOTES
14/10/17	OE: Obs: FTWS=0, alert, orientated (R) Buccal swelling, ~4cm, soft not involving eyes, not involving neck IO: No swelling Extraction socket 54 No pus Mouth opening unrestricted; >2" fingers OPG: 5] retained root, 4] extraction socket, Imp: 5] residual infection (P) Abx - Amoxicillin 500mg TDS - Metronidazole 400mg TDS RV tomorrow OOH - arrange via NHS24 Call Whitehaven's Brae to arrange follow-up appt sooner - do this Monday. ↳ WB can call OMFS if adv required D/c - Written instructions provided SHO [illegible]

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma & Orthopaedics
Tel: 01592 643355 Ext: 28930
Mandy Adamson
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

2507860596

CHI: 2507860596

Letter ID: 2429617

Dear Dr Stewart

Clinic Date: 11/04/2017

Date: 18/04/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

The above named patient failed to attend their orthopaedic out-patient appointment today.

Due to the increased pressure on appointments and in line with NHS Fife Hospital Policy, no further appointment will be arranged.

Yours sincerely

Mr R A E Clayton
Consultant Orthopaedic Surgeon

This document has NOT been verified.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma & Orthopaedics
Tel: 01592 643355 Ext: 28930
Mandy Adamson
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 2382699

Dear Dr Stewart

Clinic Date: 07/03/2017

Date: 09/03/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Diagnosis: Left grade I ACJ sprain

Outcome: Self-directed range of movement exercises over next 5 weeks
Review in 5 weeks +/- referral to physiotherapy

This gentleman is currently unemployed, but goes to the gym 5 days per week. He was lifting with 50kg dumbbells in a supine position and slipped. The dumbbell fell on to his collar bone. He was able to continue after this, but then later, he felt a sudden severe pain in the anterior aspect of his left shoulder over the ACJ. He tried to continue with exercising with his gym partner, but felt unable and attended A&E the same day on 17 February.

On examination he is a very well built gentleman with good musculature. He is tender over the ACJ on the left. He has some pain radiating down the distribution of the long head of bicep and speed test aggravates pain, but more centered at the ACJ. His rotator cuff is clinically intact, although painful to stress. His range of movement is limited, particularly on movements towards the scarf test. He can however abduct to nearly 90 and externally rotated relatively comfortably.

X-rays show some wispiness to the distal end of the clavicle in-keeping with an ACJ sprain. It is not displaced.

I have asked the patient to keep off upper body gym exercises for the next few weeks. I have recommended he commence pendular exercises with the aid of simple analgesia as tolerated. I have encouraged him to quit smoking if possible. We will clinically re-assess his long head of bicep when his pain is a little bit better and refer to physiotherapy, if required.

Yours sincerely

Mr Thomas Howard
ST3 Orthopaedics

This document has NOT been verified.

DIR

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

NAME AND ADDRESS
[illegible] Stewart
[illegible] House Medical Practice
[illegible] Nether Street
Kirkcaldy
KY1 2PG

01592 805100

PATIENT DATA

DOB 25/07/1986
Unit No V440980E
CHI No 2507860596
Surname Edgar
Forename(s) Thomas
Address 98 Dallas Drive
Kirkcaldy
Fife
KY2 6NG

Phone No Home :
Mobile :07450864165
School
Religion None
Next Of Kin Address Miss Corrie Drummond
62 Smeaton Gardens
Kirkcaldy
KY2 5BP
Relationship Partner
Home Phone 07539925884

Date & Time of Attendance	Date and Time of Accident
17/02/2017 14.29	17/02/2017 13.45

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

LOCATION	SOURCE OF REFERRAL
OTHER (PLEASE SPECIFY)	SELF REFERRAL

me of doctor TMcM

Time seen 15 : 30 hours

senting Complaint:
HOULDER INJ

T.	P.	R.
B.P.	BM	02 Sats

FEWS	If FEWS ≥ 3 consider SIRS	Weight Kg

ow Up: # CLINIC

Time Discharged 16:20 hours

Senior Review Sticker

PVC Bundle Audit

Reason for insertion:

Insertion date:	Time:
Gauge/Colour:	Position:

Hand hygiene performed	Yes	No
Skin cleansed with antiseptic & left to dry prior to insertion	Yes	No
Aspetic technique throughout	Yes	No
Dressing dated & timed	Yes	No

Inserted by:

2507860596

2507860596

KIRKCALDY
KY2 6NG

EDGAR
THOMAS
98 Dallas Drive
KIRKCALDY
KY2 6NG

V440980E

25/07/1986
2507860596

Date and Time	MULTIDISCIPLINARY NOTES
	Name MUST be printed against each note entry
12/12/12 18:[illegible]	[illegible] left shoulder injury
	Today's [illegible]
	[illegible] shoulder [illegible]
	[illegible] shoulder [illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible] Tramadol
	[illegible]
	[illegible]
	[illegible] shoulder
	[illegible]
	[illegible] shoulder
	[illegible]
	[illegible]
	[illegible] 60
	[illegible] 60
	[illegible] cuff off [illegible]
	X-ray - [illegible] - not displaced
	+ ? Rotator cuff tear
	[illegible]
	[illegible]
	[signature]

Whytemans Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Orthopaedic Triage Clinic
Outpatients 3
Tel: 01592 643355 Ext: 23977
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr GA Campbell
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1056968

Dear Dr Campbell

Clinic Date: 05/06/2014

Date: 05/06/2014

Thomas Edgar, 21 Maryhall Street, Kirkcaldy, Fife, KY1 1BH
Date of Birth: 25/07/1986

Unfortunately the above patient failed to attend his appointment at my orthopaedic knee triage clinic today. Due to the pressure on appointments and as per departmental policy I will not be sending out any further appointment unless at your request.

Yours sincerely

Dr Lars Halford
GPwSI Orthopaedics

Authorised on 05/06/2014 11:37:47 by Dr Lars Halford.

Kirkcaldy & Levenmouth CHP

Orthopaedic Triage Clinic
Physiotherapy Department
Whyteman's Brae Hospital
Whyteman's Brae
KIRKCALDY
Fife KY1 2ND
Telephone 01592 643355
Extension: 23977
www.show.scot.nhs.uk/faht

NHS Fife

Mr Thomas Edgar
21 Maryhall Street
Kirkcaldy
Fife
KY1 1BH

28 April 2014
CHI No.2507860596

* 2 5 0 7 8 6 0 5 9 6 *

Dear Mr Edgar

An appointment has been made for you to attend the Orthopaedic Triage Clinic within the Physiotherapy Department at the above hospital as detailed below –

Consultant:	Dr Lars Halford
Specialty:	Orthopaedic Surgery
Date:	05/06/2014
Time:	11:00

If you are unable to keep your appointment, please call the above number between 0800-1200 Monday-Thursday. **Please note, failure to attend your appointment without informing us, may result in you being returned to the care of your GP.** When telephoning it is very helpful to quote your hospital number which is V440980E.

Enclosed is a Patient Questionnaire which should be completed and handed to the clinic receptionist on arrival for your appointment.

We are always trying to improve the service and would appreciate any suggestions/comments you might like to make.

Yours sincerely

Heather Fernie
CHP BUSINESS MANAGER

COPY ONLY

vwphnew

Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No
Manual entry to Topas	Unknown

BOOKING DETAILS

CLINIC:	Whytemans brae GPwSI (Knee)-Lars Halford		
DATE:	17/04/2014	SCREENED BY:	Fiona Cameron:Screening User
SPECIALTY:	F704H_C8		
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.
				V1404980H

Unique Care Pathway Number: 101007078513H

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

TRAUMA-AND-ORTHOPAEDIC-SURGERY

REFERRAL TO

Trauma and Orthopaedic Surgery C8
Fife General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

— **Hospital** and **hospital address**

Hospital Location Code: F704H

Email address: -

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)

Voice: 07752360307

REFERRING PRACTITIONER DETAILS

Name	Dr. Grant Campbell		
GMC code	4106656	GP code	90611
Practice name	Path House Medical Practice (20998)		
Practice code	20998		

Practice address

7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

Date submitted by practice: 17-Apr-2014
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

Stylesheet version: 13.0.1.1 7-Oct 2010 Comments to: fife-uhb.fifeecci@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: BILATERAL KNEE PAIN FOR MANY YEARS

Comment: ** PLEASE REPLY ONLY TO THE REFERRING GP ** Dear Doctor I wonder if you could see this pleasant 27 year old gentleman who has had bilateral knee pain for many years. He recalls even as a child having clicking and grinding in both his knees. The pain has been becoming over the years and now he has pain every day which seems to be worse at the end of the day. He also experiences discomfort when he is sitting and the rising from sitting. Also stairs are painful. It tends to be worse at the end of the day but it is not affecting his sleep. He works in a call centre and so is not particularly active at his work but it is now affecting him going to the gym and he is unable to cycle because of the pain and it affects doing things like squats. On examination there was no swelling or redness but there was some tenderness in the anterior part of both knees. There was no tibial tuberosity tenderness. He has not been experiencing any giving way or locking and there has been no acute injury. However I wonder if he could be seen to offer to advice on further investigation of his troubling and deteriorating knee problem. Many thanks for your help. Yours sincerely Dr G Campbell GC/HR PS I note x-ray was unremarkable.

Examinations and Investigations

Blood Pressure (systolic):	123	-
Blood Pressure (diastolic):	76	-
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2010.	18-Dec-2013
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20.	27-Nov-2003

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Fracture of metatarsal bone	-	- left 5th metatarsal base	24-Mar-2012
Tietze's disease	-	[YEAR OF EVENT 2004] NOTES: Possibly.	01-Jan-2004
Mitral regurgitation	-	[YEAR OF EVENT 2004] NOTES: Trivial.	01-Jan-2004
[D]Chest pain	-	[YEAR OF EVENT 2004]	01-Jan-2004
Cls # finger middle phalanx	-	[YEAR OF EVENT 2003] NOTES: r small finger.	01-Jan-2003

Current Medication (Active Repeat medication issued within the last 12 months)

No medications recorded

Recent Medication (Any medication issued within last 90 days not shown above)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ciprofloxacin 500mg tablets	67980020	tablet	TAKE ONE TWICE A DAY	-	20-Mar-2014	-
Fucidin 2% cream (LEO Pharma)	52789020	gram	APPLY 3 TO 4 TIMES DAILY	-	07-Mar-2014	-
Flucloxacillin 500mg capsules	59409020	capsule	1 CAPSULE FOUR TIMES A DAY	-	07-Mar-2014	-

Lifestyle risks

Exercise status: Not Known

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Urology
Tel: 01383 623623 Ext: 21162
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E
Our Ref: RJSW/AMK

Letter ID: 1600776

Dear Dr Stewart

Clinic Date: 22/07/2015

Date: 23/07/2015

Thomas Edgar, 62 Smeaton Gardens, Kirkcaldy, Fife, KY2 5BP

Date of Birth: 25/07/1986

This patient was due to be seen in my clinic today but failed to attend. Due to pressure on appointments, we are unfortunately unable to offer a further appointment at this stage. If you would like us to see your patient in the future, please re-refer.

Yours sincerely

Robyn Webber
Honorary Senior Clinical Lecturer
University of Edinburgh

This document has NOT been verified.

Screening Notes

Ambulance required	No
Redirected between specialties	No
Redirected between locations	No
Clinic booking recommendation	Yes
Cancelled	No
Manual entry to Topas	Unknown

BOOKING DETAILS

CLINIC:	VHK - Any consultant OSC		
DATE:	01/02/2015	SCREENED BY:	Ian Mitchell:Screening User
SPECIALTY:	F704H_CB	BOOKED IN TOPAS:	No
ORIGINAL URGENCY:	Routine	LATEST URGENCY:	Routine
BOOKED FOR TEST:	Consult Only		
INSTRUCTIONS:	None entered		
SUGGESTED CLINICIAN:	None selected		
CLINICAL INSTRUCTIONS:	None entered		

CRN: V4409805 H/L B/O – NewNotes
Address inc POSTCODE: ☑
Home & Mobile nos inc STD: ☑
Interpreter Required ~~Yes~~/No
BSL / Face to Face / Language Line
Referral Diagnosis completed: ☑
Ticked the RTT box on Partial Booking ☑
Clinic: Uro1 Date or W/L:
Staff member initials: DC

REFERRAL LETTER

MEDICAL IN CONFIDENCE

NHS Tayside

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 101008619451M

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

UROLOGY

REFERRAL TO

Urology CB
Fife General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

— **Hospital** and **hospital address**

Hospital Location Code: F704H

Email address:

Urgency of referral: Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address

21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)

Voice: 07450864165

REFERRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart
GMC code	3495773
GP code	92258
Practice name	Path House Medical Practice (20998)
Practice code	20998

Practice address

7 Nether Street
Kirkcaldy

Contact number(s)

Voice: 01592 805100

Date submitted by practice: 29-Jan-2015

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Administrative Information

Patient can accept a short notice appointment:yes

Interpreter Required:no

Stylesheet version: 13.0.1.1 7-Oct 2010 Comments to: fife-uhb.fifeecci@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: CHRONIC EPIDIDYMITIS

Comment: ** PLEASE REPLY ONLY TO THE REFERRING GP ** Dear Doctor, This very nice man has chronic epididymal pain. His ultrasound scan we did in November 2014 confirms epididymitis. He had several episodes of recurrent pain despite ANTIBIOTIC treatment. In view of his chronic epididymitis I would be grateful if you could see him to discuss other treatment modalities. With kindest regards. Yours sincerely, Dr A J Stewart AJS/JR

Examinations and Investigations

Blood Pressure (systolic):	123	-
Blood Pressure (diastolic):	76	-
Ex smoker:	Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2010.	18-Dec-2013
Alcohol consumption:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20.	27-Nov-2003

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Fracture of metatarsal bone	-	- left 5th metatarsal base	24-Mar-2012
[D]Chest pain	-	[YEAR OF EVENT 2004]	01-Jan-2004
Mitral regurgitation	-	[YEAR OF EVENT 2004] NOTES: Trivial.	01-Jan-2004
Tietze's disease	-	[YEAR OF EVENT 2004] NOTES: Possibly.	01-Jan-2004
Cls # finger middle phalanx	-	[YEAR OF EVENT 2003] NOTES: r small finger.	01-Jan-2003

Current Medication (Active Repeat medication issued within the last 12 months)

No medications recorded

Recent Medication (Any medication issued within last 90 days not shown above)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ciprofloxacin 500mg tablets	67980020	tablet	1 TAB BD	-	26-Jan-2015	-
Tramadol 50mg capsules	75786020	capsule	1 OR 2 CAPSULES FOUR TIMES A DAY	-	26-Jan-2015	-
Paracetamol 500mg tablets	58932020	tablet	TAKETWO UP TO FOUR TIMES A DAY	-	26-Jan-2015	-
Mirtazapine 15mg tablets	88879020	tablet	1 TABLET ONCE A DAY AT NIGHT	-	26-Jan-2015	-
Tramadol 50mg capsules	75786020	capsule	1 OR 2 CAPSULES FOUR TIMES A DAY	-	15-Jan-2015	-
Naproxen 500mg tablets	58923020	tablet	1 TABLET(S) TWICE A DAY	-	15-Jan-2015	-
Naproxen 500mg tablets	58923020	tablet	1 TABLET(S) TWICE A DAY	-	17-Dec-2014	-
Tramadol 50mg capsules	75786020	capsule	1 OR 2 CAPSULES FOUR TIMES A DAY	-	17-Dec-2014	-
Tramadol 50mg capsules	75786020	capsule	1 OR 2 CAPSULES FOUR TIMES A DAY	-	13-Nov-2014	-
Naproxen 500mg tablets	58923020	tablet	1 TABLET(S) TWICE A DAY	-	13-Nov-2014	-

Lifestyle risks

Exercise status: Not Known

Date Received: Fri 05/09/14
CHI: 2507860596 **Hospital Number: 2507860596**

V440980E

Hospital use only	Clinic	Day Date	Time	Hospital No.

101007839809Z
Unique Care Pathway Number: 101007839809Z

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

RFC

OPHTHALMOLOGY
OPHTHALMOLOGY

REFERRAL TO

Ophthalmology C7
Fife General Referral

Central Ophthalmology Electronic Referring Unit

Consultant / receiving practitioner and/or specialty clinic

Hospital and hospital address

Hospital Location Code: F004G

Email address:

Urgency of referral Routine

PATIENT DETAILS

Surname	EDGAR
Forename(s)	THOMAS
Title	MR
Sex	Male
Date of birth	25-Jul-1986
CHI no.	2507860596

Patient's address
21 MARYHALL STREET
KIRKCALDY
FIFE
KY1 1BH

Contact number(s)
Voice: 07752360307

REFERRING PRACTITIONER DETAILS

Name	Dr. Alan Stewart
GMC code	3495773 GP code 92258
Practice name	Path House Medical Practice (20998)
Practice code	20998

Practice address
7 Nether Street
Kirkcaldy

Contact number(s)
Voice: 01592 805100

Date submitted by practice: 05-Sep-2014
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

Administrative Information
Patient car
Interprete

Date Received: 5/9/14 Date Screened: 5/9/14

GP SCI **GP Paper**
Other:

Medical Info:- Match with original Optician referral.

As per message
log sheet inside
Please pass back to
NR Please

Date	Action	Initial
5/9/14	Notes then to MK cSM	NR
Final Decision:- Urgent Soon Routine		
10/9/14	AGNBass Ons	NB

05/09/2014 12:28 Intake

ORMATION

presenting complaint / examination findings / investigation results

ing complaint

tion: LEFT LOWER LID MEIBOMIAN CYST

ment: ** PLEASE REPLY ONLY TO THE REFERRING GP **

Dear Doctor,

This very nice gentleman had a left lower lid meibomian cyst operated on in May 2014. There was a moderate tarsal cyst. He has got a needle phobia and the procedure I think was quite traumatic for him. We re-referred him back to the clinic where he was offered a letter requesting him to telephone the department. he said he did so but was unable to get through to anybody. He has since been discharged. He continues to have a meibomian cyst that requires treatment but he is very worried about any kind of treatment in so far as his last episode was quite problematic in view of his needle phobia and he would much prefer to speak to somebody first rather than opting straight in for incision and drainage of his meibomian cyst. I would therefore be very grateful if he could be seen at the clinic. He is a very sensible chap and I would be grateful for your help in managing him.

With kindest regards.

Yours sincerely,

Dr A J Stewart
AJS/JR

Examinations and Investigations

Blood Pressure (systolic): 123

[redacted]ood Pressure (diastolic): 76

t smoker: Smoking status on date of event: Ex-smoker, Date patient stopped smoking: 2010. 18-Dec-2013

Alcohol consumption: Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 20. 27-Nov-2003

Past Medical History

Pre-existing conditions (High and Medium Priority)

Description	Modifier	Comment	Date Recorded
Fracture of metatarsal bone	-	- left 5th metatarsal base	24-Mar-2012
Tietze's disease	-	[YEAR OF EVENT 2004] NOTES: Possibly.	01-Jan-2004
Mitral regurgitation	-	[YEAR OF EVENT 2004] NOTES: Trivial.	01-Jan-2004
[D]Chest pain	-	[YEAR OF EVENT 2004]	01-Jan-2004
Cls # finger middle phalanx	-	[YEAR OF EVENT 2003] NOTES: r small finger.	01-Jan-2003

Current Medication (Active Repeat medication issued within the last 12 months)

No medications recorded

Recent Medication (Any medication issued within last 90 days not shown above)

[redacted]ug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Gabapentin 300mg capsules	68253020	capsule	1 CAPSULES THREE TIMES DAILY	-	04-Sep-2014	-
Naproxen 500mg tablets	58923020	tablet	1 TABLET(S) TWICE A DAY	-	04-Sep-2014	-

Lifestyle risks

Exercise status: Not Known