

28.9.05



PARK AVENUE MEDICAL CENTRE  
DRS AFFLECK, DUFFY & WOOD

**PATIENT INFORMATION**

**PATIENT DETAILS UPDATE**

We are currently updating our patient records to ensure we have up to date contact details in case we need to contact you at short notice and to ensure we hold the correct information regarding your smoking status. It is very important that we have up to date contact details for you in case we ever need to get an urgent message to you. Please let us know if you change your address or telephone number.

Please complete the following and hand in to reception.

Name: DAVID STANDISH CHARLOTTE STANDISH

Date of birth: 5/3/70 5/5/95

Home address: 9 MANSION DRIVE DUNDEE DD4 9DD

Home telephone:

Work telephone:

Mobile telephone: 07746383354

Do you smoke? Yes/~~no~~

If you have stopped smoking, when (approximately) did you stop?

We recommend that patients do not smoke. If you would like advice or help to give up smoking please speak to either your GP, nurse or enquire at reception for details of our smoking cessation services.

Patient's signature: D. Standish

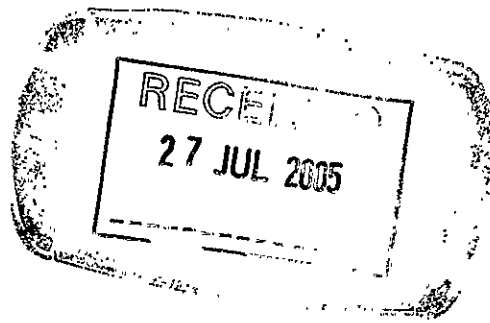
Today's date: 28/9/05

Thank you for your co-operation.

**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST  
ACCIDENT & EMERGENCY SERVICES,  
NINEWELLS HOSPITAL**

DR. CC Affleck  
PARK AVENUE MEDICAL CENTR  
PARK AVENUE  
DUNDEE  
DD4 6PP

Date: 25 Jul 2005



Dear Doctor Affleck

Your Patient: **David Standish**  
4E BALCARRES TERR  
DUNDEE  
DD4 8QX

Date of Birth: 05 Mar 1970  
ACHI Number: 0503700053  
A&E Attendance No: AE-05-026803-1  
No. of Previous Attendances: 1  
Occupation/School: none

Tel : 07746383354

The above patient attended the A&E department on 24 Jul 2005 at 01:14. The incident occurred at an unspecified public place. The complaint was facial injuries. The patient was seen by S Sayed , A+E SHO.

**Diagnosis**

Laceration, Nose, Mid-line

alleged to have been assaulted by some unknown persons was kicked on the face, deep laceration on the bridge of nose, sutured with 3 0 ethilon, ros by gp after 1/52

**Treatment**

Sutures - clening of wound,dressing, ros by gp after 1/52 Applied

Your patient was discharged.

Yours sincerely

Accident & Emergency Dept

CA	✓
MD	✓
CV	✓
N	
Comp	

Department of Neurology  
Acute Services Division  
NHS Tayside  
South Block, Level 6  
Ninewells Hospital  
DUNDEE  
DD1 9SY  
Telephone Number: 01382 425720  
Fax Number: 01382 425739  
www.nhstayside.scot.nhs.uk

Comp	N	CA	✓
	MR		

Dr C Affleck  
Park Avenue Medical Centre  
Park Avenue  
Dundee  
DD4 6PP

Date Typed 23<sup>rd</sup> June 2005  
Clinic Date 21<sup>st</sup> June 2005  
Your Ref  
Our Ref DS/FB 05.03.70 0053

Enquiries to Anne Crosby, Secretary to Dr Roberts  
Direct Line (01382 ) 632134  
E-mail anne.crosby@tuht.scot.nhs.uk

Dear Dr Affleck,

**David Standish, 4E Balcarres Terrace, Dundee, DD4 8QX**

Many thanks for referring Mr Standish who attended Dr Roberts epilepsy clinic on the morning of the 21<sup>st</sup> June 2005.

He is a 35 year old left handed man who has no significant background medical history. He has no early life risk factors for epilepsy. His current symptoms date back approximately one year. "Attacks" always occur in bed before going to sleep, when he is trying to relax. He develops a diffuse aching discomfort throughout both lower limbs which gradually builds in intensity. He feels the urge to move the legs and rub the muscles, but notably the discomfort is not relieved on getting up and walking about. He finds the only way to relieve his symptoms is to take a bath. If he does not do this his legs become increasingly uncomfortable and stiff and eventually he develops marked tremulous movements of both lower legs, which may persist for up to 40 minutes. Both he and his partner are quite clear in their account of these episodes, and both are adamant that he remains fully aware throughout with no impairment or loss of consciousness. During this time he has developed no persistent or progressive neurological symptoms affecting his lower limbs or elsewhere. He is prone to cramp in the gastrosolei bilaterally which can be relieved by "stretching off". His exercise tolerance remains normal and he does not described exercise related myalgia. Systemic enquiry is otherwise negative.

Past medical history includes only mild bronchial asthma. I note the family history of a first cousin who has recently been diagnosed with epilepsy at the age of 35. He is a smoker of 6 cigarettes per day and takes moderate alcohol on a recreational basis.

On examination today, he was orientated and comfortable. Fundoscopy revealed normal optic discs bilaterally and the remainder of cranial nerve examination was entirely unremarkable. Tone, power and reflexes were normal and symmetrical in upper and lower limbs with negative Hoffman and flexor plantar responses bilaterally. Upper and lower limb co-ordination was normal and symmetrical and there was no sensory deficit. Cardiovascular examination revealed the heart rate at 70 bpm regular, heart sounds were dual and pure with no audible murmur or bruit. The remainder of systemic examination was normal.

In summary there is no suggestion in the given history of an epileptic aetiology for his current symptoms. His symptoms are not suggestive of restless leg syndrome. They are reminiscent of a "muscle over use syndrome" but do not fit comfortably with any specific syndrome. A further possibility would be paroxysmal nocturnal myoglobinuria, but there is no history of altered urine or weakness, making this less likely. It might be worth dipping a nocturnal urine during an attack.

I understand that he has tried Quinine with some improvement, and if this is not already at 300 mg this could be increased. In addition it might be worth giving him 0.5 mg Clonazepam at night empirically. We will see him back in clinic in due course.



Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Peter Bates  
Chief Executive, Professor Tony Wells

Yours sincerely,

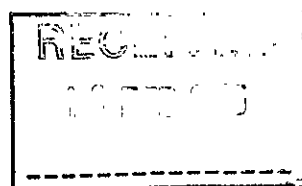
*Dr D Simpson*

*Signed electronically on the 1<sup>st</sup> July 2005*

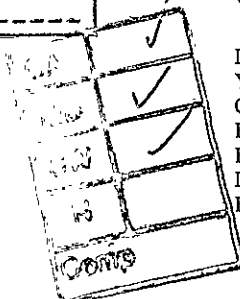
Dr D Simpson  
Specialist Registrar in Neurology

P.S. FBC, PV, U+E, LFT, Ca<sup>2+</sup>, Glu, Mg<sup>2+</sup>, CRP all normal. Unfortunately CK was omitted, and I would be grateful if you could send a sample.

Community Mental Health Team 3  
Primary Care Division  
NHS Tayside  
Alloway Centre  
1 Alloway Place  
DUNDEE  
DD4 8UA  
Telephone Number 01382 808101  
Fax Number 01382 808111  
www.nhstayside.scot.nhs.uk



Dr C Affleck  
Park Avenue Medical Centre  
Park Avenue  
DUNDEE



Date 11 February 2005  
Your Ref  
Our Ref SI/AT  
Enquiries to Sandra Imrie  
Extension  
Direct Line 01382 808101  
Email

Dear Dr Affleck

**David Standish dob 050370 0053**  
**4e Balcarres Terrace, Dundee, DD4 8QX**

Thank you for referring the above named gentleman to Community Mental Health Team 3. He did not attend his first arranged appointment in January because he was on a family holiday in Tenerife, he did however attend on 07 February 2005.

Mr Standish attended with his partner. He was well groomed, his speech was coherent, fluent and concise in conversation and his eye contact was good. He denied any delusional or perceptual abnormalities and he was orientated to time, place and person. He stated his memory was good in both long and short term.

Mr Standish reported that due to a situational crisis last year within the family he has become increasingly more angry. His parents split last summer after he told his mother that his father was stealing money. Now his father no longer wishes contact with him. Mr Standish also has difficulties getting on with his neighbours and wishes to be rehoused.

He states that on wakening he feels angry but the extent of his anger depends on the events of the day.

Mr Standish has been unemployed since 2000 and currently lives with his partner; they have three children between them. He states that he smokes 2 grams of Cannabis per day (which he grows himself). He is unwilling to address this habit of 20 years standing. Mr Standish then went on to say that he had a Cocaine addiction from 1985 to 1995, spending in excess of £200 per day consuming 6 – 8 grams daily. He did admit to having 2 grams of Cocaine 2/3 months ago.

His case was discussed at the team allocation meeting on 10 February where it was recommended he be referred to primary care psychology for anger management, after he addresses his drug problems, and would be grateful if you could arrange for this referral to be arranged.

Mr Standish was also advised to discuss some alternatives to Diazepam with you, due to his history of drug misuse.

Yours sincerely

Sandra Imrie  
Community Mental Health Nurse



Headquarters  
Ashludie Hospital, Monifieth, Angus, DD5 4HQ

Chairperson, Professor James McGoldrick  
Head of Services, Mr Daniel McLaren

SPECIALTY: Neurology Epilepsy

CLINICIAN: ANY CONSULTANT

SOURCE: COLIN AFFLECK

**CLINICAL INFORMATION****Reason for Referral** (including expectation of referral outcome)

REFERRAL TO FIRST FIT CLINIC ?fits.

**History of presenting complaint/examination findings/Investigation results**

This patient was seen on 14/02/05 when he gave a history of a possible fit while on holiday recently. It was witnessed by his girlfriend who I was unable to speak to today. Apparently it was characterised by shaking, a feeling of not being quite with it and 'feeling sleepy afterwards'. He has had these attacks really infrequently, though it appears that the first one may have been one and a half years ago. At present he is taking Diazepam as he is under severe stress.

**Past medical History****Current and recent medication**

Ventolin, Seretide, Simvastatin.

**Clinical Warnings** (e.g allergies, blood-borne, viruses)**Additional relevant information** (including patients issues, social circumstances and special needs)**Smoking status / Alcohol consumption**

Smoking Status: NOT APPLICABLE

Alcohol Consumption: NOT APPLICABLE

**Electronic Signature**

SIGNATURE: Unsigned at time of printing

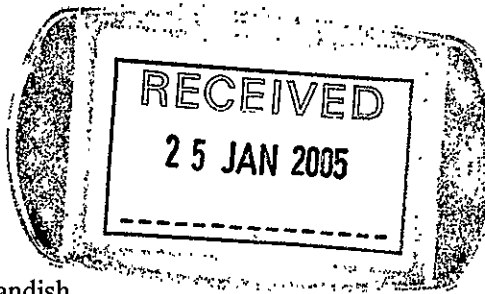
DATE: 15/02/2005

**Referral Attachment Summary**

PDF DOCUMENTS: 0

IMAGES: 0

TOTAL ATTACHMENTS: 0



Mr David Standish  
4e Balcarres Terrace  
Dundee  
DD4 8QX

CMHT 3  
Primary Care Division  
Alloway Centre  
1 Alloway Place  
DUNDEE  
DD4 8UA  
Tel No: 01382 808101  
Fax No: 01382 808111  
[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)



Date 20 January 2005  
Your Ref  
Our Ref SI/JN 050370/0053  
Enquiries to Sandra Imrie  
Extension  
Direct Line 808100  
Email

Dear Mr Standish

Thank you for calling to request another appointment with Sandra Imrie, Community Mental Health Nurse for Team 3.

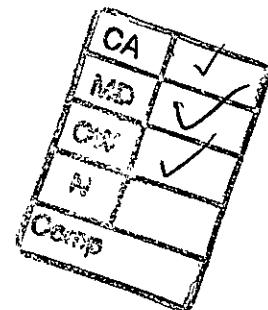
An appointment has been arranged for you to be seen at 3:30pm on Thursday 3 February 2005 at the Alloway Centre.

If you are unable to keep this appointment then please contact us at the above number so that an alternative appointment can be arranged.

Yours sincerely

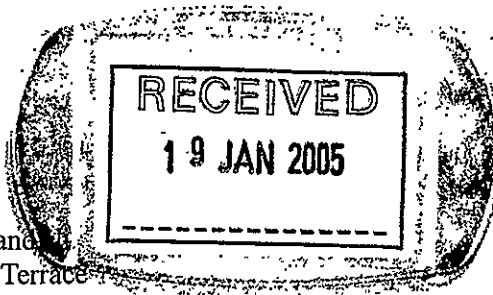
Jenny Nicoll  
Receptionist

Copy to:  
Dr C Affleck, Park Avenue Medical Centre, Park Avenue, Dundee ✓



Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Professor James McGoldrick  
Chief Executive, Professor Tony Wells



CMHT 3  
Primary Care Division  
Alloway Centre  
Alloway Place  
DUNDEE  
DD4 8UA  
Tel No: 01382 808101  
Fax No: 01382 808111  
www.nhstayside.scot.nhs.uk



Mr David Standish  
4e Balcarres Terrace  
Dundee  
DD4 8QX

Date 17 January 2005  
Your Ref  
Our Ref SI/JN 050370/0053  
Enquiries to administrator  
Extension  
Direct Line 808100  
Email

Dear Mr Standish

I am sorry that you were unable to attend your appointment with Sandra Imrie, Community Mental Health Nurse for Team 3, at 9:30am on Monday 17 January 2005 at the Alloway Centre.

If you would like another appointment and could confirm your willingness to attend, I would be grateful if you could telephone me on 01382 808100 and this will be arranged. If I do not hear from you within the next 7 days I will presume that you do not wish to be seen at present and you will be discharged back to the care of your GP.

Yours sincerely

Jenny Nicoll  
Receptionist

Copy to:  
Dr C Affleck, Park Avenue Medical Centre, Park Avenue, Dundee ✓

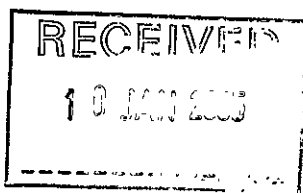
CA	✓
MD	✓
CW	✓
N	
Comp	



Headquarters  
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Professor James McGoldrick  
Chief Executive, Professor Tony Wells





CMHT 3  
Primary Care Division  
Alloway Centre  
1 Alloway Place  
DUNDEE  
DD4 8UA  
Tel No: 01382 808101  
Fax No: 01382 808111  
www.nhstayside.scot.nhs.uk



Mr David Standish  
4e Balcarres Terrace  
Dundee  
DD4 8QX

Date 6 January 2005  
Your Ref  
Our Ref SI/JN 050370/0053

Enquiries to Sandra Imrie  
Extension  
Direct Line 808100  
Email

Dear Mr Standish

You have been referred to Community Mental Health Team 3 by GP, Dr C Affleck from Park Avenue Medical Centre. An appointment has been arranged for you to see Sandra Imrie, Community Mental Health Nurse, at **9:30 am on Monday 17 January 2005 at the Alloway Centre.**

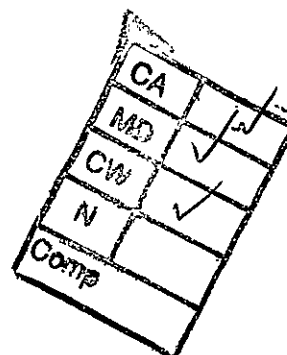
This appointment is for an initial assessment and will take about an hour. You may bring someone with you if you wish. I enclose some information about our service.

If you are unable to attend this appointment, please let us know as soon as possible by telephoning the number at the top of this page. If you fail to attend this appointment and we do not hear from you, you will be discharged back to the care of your GP.

Yours sincerely

Jenny Nicoll  
Receptionist

Copy to:  
Dr C Affleck, Park Avenue Medical Centre, Park Avenue, Dundee ✓



Headquarters  
King's Cross, Cleington Road, Dundee DD3 8EA

Chairperson, Professor James McGoldrick  
Chief Executive, Professor Tony Wells

SPECIALTY: General Psychiatry [Team3]

CLINICIAN: ANY CONSULTANT

SOURCE: COLIN AFFLECK

**CLINICAL INFORMATION****Reason for Referral** (including expectation of referral outcome)

? need for psychotherapy.

**History of presenting complaint/examination findings/Investigation results**

This man has attended a counsellor recently on about 10 occasions. This is related to what he calls mental abuse as a child and apparently the counsellor believes that he is in need of further assessment and treatment. At present he tends to get anxious and angry at times and requires Diazepam 5 mg 4 times a day to control this. I would be grateful if someone from Team 3 could see and assess him.

**Past medical History****Current and recent medication****Clinical Warnings** (e.g allergies, blood-borne, viruses)**Additional relevant information** (including patients issues, social circumstances and special needs)**Smoking status / Alcohol consumption**

Smoking Status: NOT APPLICABLE

Alcohol Consumption: NOT APPLICABLE

**Electronic Signature**

SIGNATURE: Unsigned at time of printing

DATE: 21/12/2004

**Referral Attachment Summary**

PDF DOCUMENTS: 0

IMAGES: 0

TOTAL ATTACHMENTS: 0

## FLU VACCINE

NAME .....DMD STANISLIV..... DATE OF BIRTH.....050370.....

HAVE YOU HAD A FLU VACCINE BEFORE?

YES/NO ☒

ARE YOU ALLERGIC TO EGGS?

YES/NO ☒

ARE YOU ON AN ANTIBIOTIC AT PRESENT?

YES/NO ☒

ARE YOU ON WARFARIN?

YES/NO ☒

DO YOU HAVE ANY OF THE FOLLOWING?

- DIABETES
- CORONARY HEART DISEASE
- ASTHMA
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- OTHER .....

POST VACCINE ADVICE GIVEN?

YES/NO ☒

ASKED TO WAIT 10 MINUTES POST VACCINE

YES/NO ☒

VACCINE NUMBER

Batch: 046206  
Expiry: 06/2005  
Date:

.....

GIVEN BY .....C. WOOD.....

DATE .....6/12/4.....

PATIENT'S CONSENT SIGNED

.....

Age 34

# ASTHMA CLINIC

NAME: David Standish DOB 5/3/70 DOE 3/3/04

## ASTHMATIC HISTORY

Year of onset symptoms 1989

Year of asthma diagnosis 89

Age at asthma diagnosis 19

Family history None

Occupational history Unemployed  
prev glass fibre - wind turbines

Eczema (Y or N) Nil

Post nasal drip - night —  
day —

Whooping Cough Nil

Rhinitis —

Hay fever No - used to have, but  
has "grown out of it"

Drug allergies (specify)

## Provocation

House Dust X

Exercise X

Cold air X

Respiratory Infection X

Emotion X

Laugh X

Work Related X

Animals X

Seasonal element X  
(Specify reason)

## Respiratory Symptoms

Respiratory Infection X

Sputum X

Cough X

If YES specify night/day X

Whooping X

If YES specify night/day both

## ASTHMA STATE

Persistent X

Episodic

## ASTHMA TREATMENT (INCLUDE ORAL AND INHALED STEROID THERAPY)

Current Salbutamol

Other medical conditions and drug therapy Nil

## INVESTIGATIONS

Height 175.5

Weight 80 kg

Peak flow rate 550

Predicted 640

Smoking Yes or No 10 per day

When stopped and how many —

Blood pressure 117/68 p 60

Urine

Smoker in house

## EDUCATION

Present level of understanding High/Medium/Low

Booklet given Yes or No

Inhaled technique Good/Moderate/Poor

Compliance Good/Moderate/Poor

Further appointment

Comment and plans

NIGHT <u>3</u>	A.M. <u>3</u>	E.V. <u>3</u>
PEFR:	COMPLIANCE INH. TECH.	
DAYS OFF:	FOLLOW UP <u>2/52</u>	

Asthma symptoms started before working to glass fibre  
Currently using B2 up to 6x per day

**DRS AFFLECK, DUFFY & WOOD**



CCA/NB

21<sup>st</sup> November 2002

*Park Avenue Medical Centre  
Park Avenue  
DUNDEE  
DD4 6PP*

Mr D. Standish  
10F Ballindean Terrace  
DUNDEE  
DD4 8PB

*Telephone: 01382 462222  
Fax: 01382 452866*

Dear Mr Standish

I would be grateful if you could make an appointment with me in the next week or two to discuss possible medical treatment.

Yours sincerely

Dr C. C. Affleck

Your Ref:

Our Ref: **FJ/MB.M.P.I.**  
**Dr. F. Jenkinson**  
Enquiries to: **Ward 15.**

**05 03 70 0053**



**TAYSIDE**  
University Hospitals  
NHS Trust

**MEDICAL ADMISSIONS**

Ninewells Hospital and Medical School  
Dundee DD1 9SY  
Telephone: 01382 660111  
18<sup>th</sup> February, 2002

Dr. C. Affleck,  
Park Avenue Medical Centre,  
Park Avenue,  
DUNDEE.

Dear Dr. Affleck,

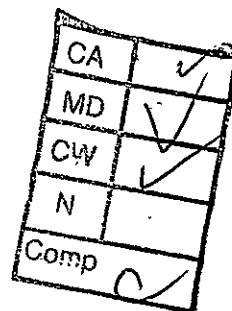
**DAVID STANDISH, 10 BALLINDEAN TERRACE, DUNDEE.**

I now have available the results of this gentleman's upper GI motility studies. These studies showed normal oesophageal motility however they did show evidence of both postprandial and supine acid reflux with delayed clearance. This is likely to be causing this gentleman's retrosternal chest pain and therefore I recommend that you should commence him on a proton pump inhibitor such as Omeprazole or Lansoprazole when you next see him to try and reduce his symptomatology.

Yours sincerely,

*C. Glan*

*Dr. Fiona Jenkinson*  
Senior House Officer.



Headquarters  
Ninewells Hospital & Medical School, Dundee, DD1 9SY

Chairperson, Professor Jim McGoldrick  
Chief Executive, Mr Gerry Marr  
Tayside NHS Board is the common name of Tayside Health Board

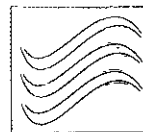
Chairman: Professor Jim McGoldrick Chief Executive: Mr Poul M White



Your Ref:

Our Ref: **FJ/MB.M.P.I. 05 03 70 0053**

Enquiries to: **Dr. F. Jenkinson**  
**Ward 15.**



**TAYSIDE**  
University Hospitals  
NHS Trust

**MEDICAL ADMISSIONS**

Ninewells Hospital and Medical School  
Dundee DD1 9SY  
Telephone: 01382 660111

20<sup>th</sup> November, 2001.

Dr. C. Affleck,  
Park Avenue Medical Centre,  
Park Avenue,  
DUNDEE.

**24 NOV 2001**

CA	✓
MD	✓
CW	✓
N	
Comp	

Dear Dr. Affleck,

**DAVID STANDISH, 10 BALLINDEAN TERRACE, DUNDEE.**

DATE OF ADMISSION: 22.10.01

DATE OF DISCHARGE: 23.10.01

This 31 year old gentleman was admitted with a history of retrosternal chest pain with no radiation for approximately 24 hours. 1x GTN and Paracetamol had relieved the pain. He also described upper abdominal pain spreading round the flanks to his back. He also had some sweating with this and shortness of breath on exertion. He is noted to have previous episodes of chest pain and had a negative ETT.

On examination he was afebrile, pulse 69, blood pressure 156/85. His JVP was not raised, his heart sounds were pure and his chest was clear. He had generalised tenderness over his upper abdomen with some guarding but no rebound. There were no palpable masses, no ascites and his bowel sounds were normal. Blood testing was within normal limits. Both his CKs were raised but a Troponin T was negative and amylase was 38. ECG was non-specifically abnormal. It was felt most likely that this was actually an abdominal problem and we requested oesophageal motility studies as an out-patient which I believe will be carried out some time in November. At this time we have arranged no further follow up.

Yours sincerely,

Dr. Fiona Jenkinson  
Senior House Officer.

FOR PHARMACY  
USE:

Checked by

Clinical Pharmacist

Patient Counsellor

(Initials)

# DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Ward/Clinic/ 15  
Hosp. N.W.

*Morley*

Cons.

D D M M Y Y  
0 5 0 3 7 0 0 0 5 3

C.H.I. No.

Hosp./Inf.

Surname *Stendish*

First Name *David*

Address *16 BALLINDAN TCE  
DUNDÉE*

M. State

Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS  
OR PATIENT LABEL

THIS IS THE \*ONLY / \*INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List

(if appropriate)

\*Delete as appropriate

Date of Admission: *22/10/01*

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO:		
					HOSPITAL	SPECIALITY	CONSULTANT
	<i>23/10/01</i>	<i>GEN MED</i>	<i>Morley</i>	<i>Home</i>			

DIAGNOSIS AND OPERATIONS	PRINCIPAL DIAGNOSIS:	PRINCIPAL OPERATION / PROCEDURES:
	<i>CHEST PAIN - ? ↑ CK ECG → LVH also MSM? cause</i>	
	OTHER CONDITIONS:	OTHER OPERATIONS / PROCEDURES:

MEDICINE TREATMENT ON DISCHARGE		DOSE	STOP DATE	Times of Administration (Mark ✓ )										DISPENSED BY PHARMACY											
NAME — State Date when Medicines should be stopped	8			10	12	14	16	18	20	22	24	Number	Brand Names (for information only)												
SMASOLIN	10mg									✓					<table><tr><td>CA</td><td>✓</td></tr><tr><td>MD</td><td>✓</td></tr><tr><td>CW</td><td>✓</td></tr><tr><td>N</td><td></td></tr><tr><td>Comp</td><td>✓</td></tr></table>	CA	✓	MD	✓	CW	✓	N		Comp	✓
CA	✓																								
MD	✓																								
CW	✓																								
N																									
Comp	✓																								

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION	<i>No Oesophageal motility test to be done as O/P</i>
--	---

CONDITION ON DISCHARGE	COMPLETELY AMBULANT <input checked="" type="checkbox"/>		CONFINED TO HOUSE <input type="checkbox"/>	PARTIALLY BEDRIDDEN <input type="checkbox"/>	CONFINED TO BED <input type="checkbox"/>
FOLLOW-UP APPOINTMENTS	DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT
					GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT	1. <i>MORLEY</i> Consultant
	2. Sen. Registrar/Registrar
	3. Ward/Unit Secretary Telephone Ext.

TO PHARMACY	MEDICINES REQUIRED ON WARD AT	(TIME)

Signature	Status	Dispensed By
<i>Morley</i>	<i>MRHO</i>	
for <i>Morley</i>	Consultant Date <i>23/10/01</i>	Checked By Date

When Medicines are  
to be dispensed all  
copies to be sent to  
Pharmacy

..... 1st Fold .....

Approx. 5  
days supply  
is usually  
dispensed.  
Where the  
period is  
different,  
indicate the  
number of  
days in box  
provided.

Discharge  
Prescriptions should  
normally be sent to  
pharmacy at least 24  
hours before  
discharge.

Final Distribution  
WHITE - G.P.  
PINK - General  
Office  
Medical  
Records  
YELLOW - Case  
Records  
BLUE - Pharmacy



Hosp

**Cons.**

IMMEDIATE  
OUT-PATIENT  
COMMUNICATION

Surname

First Name

Address

DDMMYY

0	5	0	3	7	0	2	0	5	3
---	---	---	---	---	---	---	---	---	---

C.H.I. No.

M State

Sex

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS  
OR PATIENT LABEL

## Clinic

Date .....

Dear Doctor,

The above patient attended my clinic today, please accept this as the only / interim\* communication in respect of this visit.

Provisional/Diagnosis is

**Comment/Recommendations**

## Commence Summary

Next appointment (if any) ..... weeks/months

**MEDICINE TREATMENT RECOMMENDED**

**NAME—State Date when Medicines should be stopped**

## DOSE

STOP

DATE \_\_\_\_\_

**Times of Administration (Mark ✓)**

## SIMYASTATIN

One

Prescription given / Medicines supplied / Medicines not supplied \*

Signed by \_\_\_\_\_

**.for**

**Consultant**

**Do not write below this line**

\* Delete as appropriate

Dr

Your Ref:

Our Ref:

AC/KC

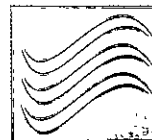
Enquiries to:

**RHEUMATIC DISEASES UNIT**

Dr Alison Clarke

☎ Secretary ext 33039

Fax: 01382 425509



**TAYSIDE**  
University Hospitals  
NHS Trust

Ninewells Hospital and Medical School

Dundee DD1 9SY

Telephone: 01382 660111

20 September 2001

Clinic: 22 08 01

29 SEP 2001

Dr C Affleck  
Park Avenue Medical Centre  
Park Avenue  
Dundee

Dear Dr Affleck

Re: **David Standish, 050370 0053, 10 Ballindean Terrace, Dundee**

31 year old David was reviewed in clinic today. Since his last clinic attendance in April David has been well having only one episode of chest pain two nights ago. He was lying in his bed at the time. He describes it as sharp, localised to the left pericardium and subsided spontaneously within 20 minutes. He did mention that he has had a few home problems, separating from his partner and having to bring up his 6 year old daughter by himself. He has also had to give up work due to this.

On examination today he looked well. I did note that he had lost 4½ kg in weight since April. He did admit he had not been eating quite as much, probably due to stresses of home life. Pulse was 70 beats and regular, two heart sounds were audible with nil added and his chest was clear. The exercise tolerance test performed in July showed no evidence of inducible ischaemia and he achieved an exercise time of 12 minutes. Happily an echocardiogram carried out on the 29<sup>th</sup> of June was also normal. Although we have not yet found a cause for this intermittent chest pain all cardiac tests have been normal. He continues to smoke approximately 10 cigarettes a day and I note that he had a high cholesterol level at 7.15 in January of this year. As yet he has not been on any treatment and therefore I have commenced Simvastatin 10 mg at night. I have also advised him to follow a low fat diet.

In view of the fact that all of our tests have been normal I am discharging David from our clinic today. If the chest pain does become more frequent or troublesome I think it would be appropriate to refer David to our cardiology colleagues.

Yours sincerely

*Alison Clarke*

Dr Alison Clarke  
Senior House Officer in Rheumatology

Date signed... 270901

CA	✓
MD	✓
CW	
N	
Comp	

NB: Probably 20mg simvastatin at night is more appropriate. *Alison*

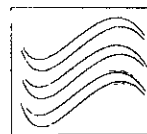
Chairman: Professor Jim McGaldrick Chief Executive: Mr Paul M White



Your Ref:

Our Ref: PK/LW/MPI 05 03 70 0053

Enquiries to: Dr P Kumar, Wards 1 and 2  
☎ Ext 33015 Fax 425509



**TAYSIDE**  
University Hospitals  
NHS Trust

**Medicine and Cardiovascular Group**  
Ninewells Hospital and Medical School  
Dundee DD1 9SY  
Telephone: 01382 660111

22 April 2001  
Clinic 18 04 2001

8 - MAY 2001

Dr C Affleck  
Park Avenue Medical Centre  
Park Avenue  
DUNDEE  
DD4 6PP

Dear Dr Affleck

**David Standish, 16 Fintryside, Dundee, DD4 9JW**

I reviewed this gentleman in the Clinic today.

He says that his chest pain has got much better and he has had only two episodes since his last visit three months ago. He tells me that his chest pain is always sharp, localised to the left pericardium and subsides within 20 minutes spontaneously. He also says that the pain always occurs while he is relaxing rather than exerting.

On examining him today he looks well at rest. Pulse rate is 70 per minute regular. Heart sounds were normal without any murmur.

I have re-booked for an Exercise Tolerance Test as I understand that it has been missed during his last visit.

We will see him again in the Clinic in four months time when hopefully the treadmill test will have been done.

Yours sincerely

Dr P Kumar  
Specialist Registrar

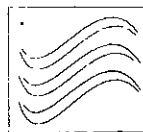
Date signed .....

CA	<input checked="" type="checkbox"/>
MD	<input checked="" type="checkbox"/>
CW	<input type="checkbox"/>
N	<input type="checkbox"/>
Comp	<input type="checkbox"/>

Your Ref:

Our Ref: AA/MJ/MPI 05 03 70 0053

Enquiries to Dr Anwar Arshad, Wards 1 & 2  
Ext 33015 Fax 01382 425509



**TAYSIDE**  
University Hospitals  
NHS Trust

Medicine & Cardiovascular Group

Ninewells Hospital and Medical School  
Dundee DD1 9SY  
Telephone: 01382 660111

- 6 FEB 2001

1 February 2001  
Dictated: 24.01.01  
Clinic: 24.01.01

Dr C Affleck  
Park Avenue Medical Centre  
Park Avenue  
DUNDEE  
DD4 6PP

Dear Dr Affleck

**David Standish, 18 Fintryside, Dundee, DD4 9LW**

Thank you for referring the above patient whom I saw in the General Medical Clinic today. He is a 31 year old gentleman who presented with intermittent chest pain over the last 6 months. He described the chest pain as dull aching, mostly localised to the left precordium without any radiation. The chest pain was constant and occurred mostly when he is relaxed. There was no evidence of nausea or vomiting. There was no pain on exertion. There was no history to suggest thromboembolic disease. Risk factors include smoker, high cholesterol as well as some history. He is asthmatic on prn Ventolin inhaler. He lives with his girlfriend and occasionally consumes alcohol.

Blood pressure was 110/70. Pulse rate was 70 and regular. Cardiovascular, lung, abdomen and other system examinations were unremarkable.

From the nature of his pain I do not think it is cardiac in origin however the strong risk factors we ought to investigate further. In the first instance I have repeated all the blood investigations, organised an ECG as well as an exercise tolerance test and given him a further follow up in 2 months' time. I have also organised a chest x-ray today.

Yours sincerely

Anwar Arshad  
Specialist Registrar

Date signed ...2/2/1

continued

CA	✓
MD	✓
CW	✓
N	
Comp	

PARTICULARS OF PATIENT  
IN BLOCK LETTERS PLEASE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112
-------------------------	--------	-------------	------	-----------------	-------

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

Appointment Category  
Routine ☒ Soon ☐ Urgent ☐

Hospital NINEWELLS Date 05 01 01 CHI No. 0503700053

Please arrange for this patient to attend the GENERAL MEDICAL clinic of Dr/Mr .....

Patient's Surname STANDISH Maiden Surname .....

First Names DAVID Single/Married/Widowed/Other .....

Address 18 FINTRYSIDE Date of Birth 05.03.70  
DUNDEE

Postal Code DD4 9JW Patient's Occupation .....

Contact telephone number .....

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

Name of Hospital .....

Year of attendance ..... Hospital No. ....

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

.....

Can patient attend at short notice? YES / NO

If YES, minimum notice required ..... days

<p align="center">Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER</p> <p><u>Dr COLINE AFFLECK</u> <u>Park Avenue Medical Centre</u> <u>Dundee</u> <u>DD4 6PP</u> <u>Tel.: 01382 462222</u></p>
--

Please use rubber stamp

11005

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

This 30 year old man has been experiencing chest pains recently. The pain does not sound particularly cardiac in nature but there is a fairly strong family history of heart disease. His fasting serum cholesterol and triglycerides were somewhat raised.

### Chest pains

Diagnosis / provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

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

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

Signature .....

DR C C AFFLECK 355-2104

## DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Call Number: 27755

Date: 25-Dec-00

Time: 09:14

Passed: 0914

### Patient Details:

Name:	David Standish
Address:	18 Fintryside ground left
Town:	Dundee
Region:	Tayside
Post Code:	

**Call Location:**

18 Fintryside  
ground left  
Dundee  
Tayside  
860346

**Patient is Non Registered:** ☐

**Home Details:**

Sex:	Male
DOB:	05-Mar-70
Tel:	860346
Contact:	girlfriend

**Registered GP Details:**

Dr Name	Affleck
Practice:	Park Ave
Script No	T7130-7

**Home GP**  
**Home Practice:**

<b>Complaint:</b>	chest pains
-------------------	-------------

Consultation Start: 0940

Status: Visit: ☐ Tel: ☐ Base: ☒ Cancelled: ☐ DNA: ☐

## History / Examination

Pain (1) Ant cancer / (1) Mth / (1) Your Day / (1) Ant cancer  
 Started 1/2 hr ago when opening present. Pain abates ~~for 1/2 hr~~ <sup>rel. but all</sup> <sup>time</sup> <sup>Also a</sup>  
 Previous episode about 1 week ago = Sam. started pain → 1/2 hr. under exp  
 Child like pain/ache, not able to keep still with it.  
 not bad at. Every all over. Cris 16/7 day Dr. Ross  
 2/2 cancer - 30 37/50. P 66 Sheep ✓. Pain (1) cancer ↑  
 — Senses - Chest curbing case i moved  
 — worried re fear of mxt (we did not accept screaming  
 cancer re job security  
 Pain (1) to all in Sp. FORTAL of Screen (in view of) FH Therapist  
 (2) Therapist Therapist Therapist

## Diagnosis

Diagnosis: Panic Attacks.  
Anxiety → muscle spasm  
(Full body m.t.)

## Drugs

Form	Strength	No	Category
------	----------	----	----------

**Outcome**      **Death:** ☐      **GP to certify** ☐

**Refer To:**

**Dept:**

Review by GP ☒

**Where:**

**When:**

**Patient to contact GP** ☒

Call Handled as: TR ☐ ET ☐ INT ☐

Signature: \_\_\_\_\_  
Duty Doctor: \_\_\_\_\_

Print: S. Foster

Call Complete: 5/2/00 0950

# DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

CALL NUMBER  
98/48476

DATE: 13/09/98

CALL RCD: 12:17

CALL PASSED: 12:17

CALL COMPLETE: 1403

NAME: DAVID STANDISH

SEX:

Male

ADDRESS: 18 FINTRYSIDE

DUNDEE

DATE OF BIRTH: 05/03/70

POSTCODE: DD

TELEPHONE No: 860346

LOCATION:

c/o ADDRESS:

CONTACT NAME: SELF

REG. GP/PRACTICE:

Affleck, C Park Avenue

GP. NUMBER

T7130-7

EMERGENCY TREATMENT: ☐ TR: ☐ INT: ☐

TR DETAILS:

HOME ADDRESS:

HOME GP:

COMPLAINING OF: CHEST INFECTION

STATUS:

BASE

HISTORY/EXAMINATION:

Coughed & sore throat / hoarseness - 3-4 <sup>52</sup>!

O/E Cx & occipital nodes &. Throat - pharynx inflamed & tonsils enlarged. Catarrh. Chest - sparse adenopathy.

Advised stop smoking.

Rx Amoxycillin

Advised should see own GP if not settling  
(? GWT ref.)

Also request for routine med. flying back to Holland tonight where he works !!!

DIAGNOSIS:

Pharyngitis.

DRUG EMERGENCY TREATMENT PRESCRIBING

FORM	STRENGTH	No.

DRUG PRESCRIPTION

DRUG	FORM	STRENGTH	DOSAGE	No.
Amoxycillin	CAO	500g	TID	2)
Sarbutamol	INH			(2)

OUTCOME:

HOSPITAL

SPECIALITY

REFER TO HOSPITAL:

REVIEW BY GP:

WHEN

DEATH:

GP TO CERTIFY

REFERRAL TO:

SPECIFY:

DUTY DOCTOR: GARDINER

Hospital ORI

## CONSULTANTS

Dr. MORRISON	<input checked="" type="checkbox"/>
Mr JOHNSTON	<input type="checkbox"/>
Miss GULY	<input type="checkbox"/>

**DUNDEE TEACHING HOSPITALS  
NATIONAL HEALTH SERVICE TRUST**

A&amp;E No.

95/320/2/  
1

PATIENT	SURNAME	STANDISH. (S)	MPI No.	0053	DATE	6/9/95	TIME OF ARRIVAL	12.15.
	FORENAME	DAVID A.	SEX	M.	DATE OF INCIDENT	6.9.95.	TIME OF INCIDENT	12.05.
	ADDRESS	26 ELLINGOWAN DR. DUNDEE DD4 6HZ.	DOB	5.3.70.	COMPLAINT	CUT TO RIGHT HAND		
	TEL	452508	AGE	25.	RELIGION	PROT.		
	T	TEMPORARY ADDRESS	OCCUPATION/SCHOOL			GP		
NOK	TEL		LAMINATOR.			NAME C. AFFLECK.		
	NAME D. STANDISH		PREVIOUS ATTENDANCE			ADDRESS		
	ADDRESS 40 ELLINGOWAN DR.		Y N			PARK AVE M/C		
	TEL DUNDEE		RTA			DUNDEE		
	452632.		Y N					
NOTIFIED N/Y		RELATIONSHIP			REFERRED BY			
FATHER		ARRIVAL: AMBULANCE			SELF-			
		Y N			WORK			

**TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT**

Dear Doctor

The above named patient attended Accident &amp; Emergency department today

DIAGNOSIS Screw driver stuck into @ hand 1st web spaceX RAY / ECG / INVESTIGATIONS SHOW X ray 1st web space => very small fragments of metal (too small to remove)TREATMENT GIVEN Wound irrigated with Normal saline  
Wound cleaned & dressed High arm sling.  
Asked to look for signs of infection => to see GP if any occur.

DRUGS \_\_\_\_\_ DAYS SUPPLY OF \_\_\_\_\_

TETANUS PROPHYLAXIS ~~given~~ HAS NOT BEEN GIVEN TT COURSE \_\_\_\_\_ TT BOOSTER \_\_\_\_\_ HATI \_\_\_\_\_**DISPOSAL**

ADMITTED TO \_\_\_\_\_ OP CLINIC \_\_\_\_\_

DISCHARGED TO \_\_\_\_\_

DOCTORS NAME (print)

RAHMAN

SIGNATURE

Afir Rahman

CONSULTANT

Dr Morrison.

TIME OUT

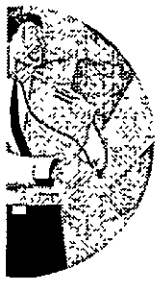
13<sup>15</sup>



P 1340  
F 1400

T 7130-7

95/4775



# DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

Tel. 452632

Date 1203 95 Time 1331 Co-Op Doctor Summers

Name DAVID STANDISH M ☒ F ☐ Date Of Birth 050370

Address 8 EDEN ST.  
DUNDEE Postcode

Registered Doctor  
APPLECK PIA

☐ Telephone  
☒ Visit

## HISTORY CUT TO FINGER WITH GLASS, -

Needs adv re dressing  
Needs seen.

## EXAMINATION

Loss of skin pulp  
(R) index.  
Tenderness.

## DIAGNOSIS

Cut finger.

## OUTCOME

No follow-up ☐ Necessary ☐ Unnecessary ☐  
Refer to hospital ☐ Hospital ☐ Specialty ☐  
Review by <sup>PN</sup> ~~G.P.~~ ☒ Place SURG Date 14/3

## EMERGENCY TREATMENT

DRUG	Form	Strength	Number	Batch No.	Exp. Date

## PRESCRIPTION

DRUG	Form	Strength	Dosage	Number

TAYSIDE HEALTH BOARD — DUNDEE DISTRICT

L M S

Telephone - 0382 26513

MINIATURE X-RAY UNIT,

Your Ref.

55 CONSTITUTION ROAD,

Our Ref.

DUNDEE.

Enquiries to:—

DD1 1LB

13th January 1986

X-Ray Ref. No. ....30580.....

Dr. P.W. Grant,  
79, Albert St.,  
Dundee.

Dear Doctor,

.....David Standish.....

.....40, Ellengowan Drive.....

.....Dundee.....

Your patient who attended on .....4th December 1985.....

for a miniature X-ray of his/hers chest, was recalled for a repeat/larger film, and

attended on .....10th January 1986.....

Report:

Probably vascular and otherwise normal.  
No further action.

A further appointment ~~will~~ / will not be sent to your patient.

Yours faithfully,



CHEST PHYSICIAN.

TAYSIDE HEALTH BOARD  
CHILD AND FAMILY PSYCHIATRIC SERVICE

Administrative and general enquiries  
to Chairman of Division *h*

1. Area 2A, Polyclinic, Ninewells Hospital, Dundee. DD1 9SY
2. Young Peoples Psychiatric Department, Royal Infirmary, Dundee. DD1 9ND
3. Child and Family Psychiatry Clinic, Murray Royal Hospital, Perth. PH2 7BH
4. Liff House Childrens Unit, Royal Dundee Liff Hospital, Dundee. DD2 5NF

Telephone: 0382 60111 Ext. 2720  
Telephone: 0382 23125 Ext. 346  
Telephone: 0738 21151 Ext. 269  
Telephone: 0382 580441 Ext. 346

Your Ref.: Our Ref.: *DW/M* Please reply to Address No.: 2. Date: 10 December, 1984.

Dr. P. Grant,  
Albert Street,  
DUNDEE.

Dear Dr. Grant,

re: David Standish b.5.3.70, 40 Ellengowan Drive, Dundee.

I am writing to let you know that David was referred to me by the Children's Hearing in June of this year following a spate of defiance and disobedient behaviour which had caused considerable concern.

When I saw him with his family in June, I recommended to the Children's Hearing, that rather than David being placed in a residential institution, that he remain at home, that he be provided with social work supervision and I also offered the family the opportunity of a number of meetings with myself. In all, I had five such meetings with the family from June to August of 1984 and at the last of these both David and his parents felt that his difficult behaviour had subsided and that as a family they were getting on much better than they had.

As is my usual practice, I arranged for a review session with the family some months after that interview, but in the event the Standish's did not attend for this. I hope this means that things have settled down and David's progress has been maintained, but should there be further difficulties I would be delighted to see them again.

Yours sincerely,

*David Will*  
David Will  
Consultant Psychiatrist.

TAYSIDE HEALTH BOARD—DUNDEE DISTRICT  
DEPARTMENT OF ORTHOPAEDICS

Telephone - 0382 23125

Your Ref

Our Ref. JAD/EAB/ 05 03 70/0053

Enquiries to:— Fracture Clinic

ROYAL INFIRMARY  
DUNDEE  
DD1 9ND

10th June 1983  
(dict. 8/6/83)

Dr. P. Grant,  
79 Albert Street,  
DUNDEE.

Dear Dr. Grant,

David Standish, 40 Ellengowan Drive, Dundee.

David sustained a Greenstick fracture of his lower left radius on 17th May. This was treated in a plaster and on review out of plaster today he has a full range of movements.

I have discharged him from the Clinic but advised him to refrain from strenuous exercises for another week.

Yours sincerely,



J.A. DENT.  
Registrar in Orthopaedics

cc CHS

David Stansfield  
05-03-70  
10 Robinson Lane  
Savannah, Georgia  
05-03-70

DOCUMENT STAMPED  
T. DETECTION  
DOCUMENT STAMPED  
ENSURE DETECTION

**? PRESCRIBE**

2000 long 7 1/2 (84)

**YES / NO**

**? ADD TO**

**COMPUTER**

**YES / NO**

DOCUMENT STAMPED  
TO ENSURE DETECTION  
BY SCANNER

DOCUMENT STAMPED  
TO ENSURE DETECTION  
BY SCANNER

Tayside Health Board DR1 HospitalAccident and Emergency No. 92/22480

Maiden Name

Age

Next of Kin and Relationship

(Contacted YES / NO)

Tel. No.:

Date 28/6/92 Times (24hr. clock) 13.40

Arrival

Seen

Discharged

Referred by  
G.P.

YES / NO

Transport  
Ambulance

Other

DIAGNOSIS:

# base 5<sup>th</sup> metacarpal

P.

B.P.

HISTORY / COMPLAINT:

Hand / ~~WRIST~~  
ASS.

hit dorsum (R) hand 3 1/2 ago

swollen hand

tender 4<sup>th</sup> metacarpal

bleom

SITES X-RAYED:

(R) hand

X-RAY FINDINGS:

# base 5<sup>th</sup> metacarpal

TREATMENT:

HAD fr  
GP review

USE BALL POINT PEN AND BLOCK LETTERS

Surname

First Name

Address

Occupation

Date and Time of Injury

Accident

Emergency

MPI No.  
(last 4 digits)

Casual

Place of Injury: Work

School

Home (Indoor)

Road Traffic

Drugs: Pencillin Allergy

Insulin

Steroids

A.T.S.

MEDICINES PRESCRIBED

DOSE

GIVEN BY

THB(MR)5A (Rev. 2/86)

Signature

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

Name and Address of Family Doctor:

DR. P. GRANT  
49 ALBERT ST.  
DUNDEE.

CODE

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



Tayside Health Board ..... Hospital

Accident and Emergency No. 88/34/1A

Maiden Name ..... Age 18

Next of Kin and Relationship (Contacted YES / NO)

Parents 40 CHENGOWAN DR DUNDEE

Tel. No.: 453632

Date	Times (24hr. clock)			Referred by G.P.	Transport Ambulance
	Arrival	Seen	Discharged		
30/9/88	10:10		11:00	YES / NO	Other

DIAGNOSIS:

Sore back.

USE BALL POINT PEN AND BLOCK LETTERS

Surname STANDISH 5-3-40 D. of B.

First Name DAVID A. C. State

Address 30 SPRINGHILL X F-111 M. Sex

... DUNDEE DD4 6H METHODIST

Occupation U/E 0053 MPI No. (last 4 digits)

Date and Time of Injury 30.9.88 Accident Emergency Casual

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

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

MEDICINES PRESCRIBED DOSE GIVEN BY

PARACETAMOL (x6) 1gram J. J. B. 20

T. P. 100 B.P. 130/82

HISTORY / COMPLAINT:

TROTLEY BAY

Fell 10 feet off fork-lift onto concrete at work

- landed on back.

- no other injuries. Not head injured.

R/E Tender (R) lower back - no visible bruising.

No limb paraesthesiae.

Full R.O.M. at back.

Walks with slight limp.

(Has had "viral cold" for a week - has been feeling

faint during this).

X-RAYED: None.

X-RAY FINDINGS:

TREATMENT: Reassured.

Simple analgesia - paracetamol starter pack

Rest for couple of days.

THB(MR)5A (Rev. 2/86)

Signature

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

Name and Address of Family Doctor:	CODE
DR. P. GRANT	A P V
79 ALBERT ST	B Q W
DUNDEE	C R X
	D S Y
	E T Z



# COLD SIDE MEDICAL PRACTICE

## New Patient Questionnaire

**PLEASE COMPLETE THE FRONT OF THIS FORM (Print clearly)**

Name	DAVID STANDISH	Date of Birth	05/03/70
Address	20 CANNING PLACE DUNDEE		
Post Code	DD3 7RT	Telephone No.	07402993659
Occupation			
Next of Kin	EILEEN STANDISH	Relationship:	MOTHER
Address	4 KEATS PLACE DUNDEE		
Tel No.	01382 819449		

Which Ethnic Group do you belong to?

~~WHITE~~ ENGLISH

Have you ever had a heart attack or suffered from angina?

Yes ☐ .G3z No ☐

Have you ever had a stroke?

Yes ☐ .G66 No ☒

Have your mother, father, brother or sister had any of the following:

either a heart attack before the age of 60  
or a stroke at any age  
or high blood pressure  
or Diabetes On Insulin  
No Insulin

Yes ☒ 12C2 No ☐  
Yes ☒ 12C4 No ☐  
Yes ☒ 12C1 No ☐  
Yes ☒ 1252 No ☐  
Yes ☐ 1252 No ☐

Do you have a history of any of the following illnesses?

Hepatitis Yes ☐ No ☒

HIV Yes ☐ No ☒

Have you ever had vaccination or immunisation to protect you against the following infections?

Hepatitis B Yes ☐ No ☒

Do you help to care for a parent or a family member who is ill or has a disability? YES (918A) ☐ / NO ☒

Do you have a carer? YES ☐ (918F) / NO ☒

If YES, please give name and telephone number of Carer

.....

Do you wish to receive information on Carer services that may be available to you? YES ☐ / NO ☐

**TO BE COMPLETED BY PRACTICE NURSE**

**NEW PATIENT REGISTRATION (contd..)**

Past History P.V.D since 2007. 200

Bypass graft 1 leg.

Social History Lives alone.

List of Allergies None known.

List Of Regular Prescriptions

four acid supps  
Lansoprazole 10mg. Subtotal MD.  
Fenofibrate 200mg capsules  
Amlodipine 5mg  
Clopidogrel 75mg.

Does the patient buy any medication from the Pharmacy eg. Aspirin? Please detail.

**ACTIONS**

1 Leaflets given (specify) \_\_\_\_\_

2. Requires to attend Disease Management Clinic

YES

☐

NO

☐

Please specify

Signed (Nurse) : Chamsey.

Date: 6/5/15

Entered on Vision (Initials): CW

Date: 07/05/15