

Subject Access Request



Patient	Mr Ryan Mudie
Date of birth	16-Oct-1994 (age 31)
Gender	M
NHS number	4995766588
Patient's address	Flat 10 455 Caledonian Road London N7 9BA
Date range selected	Full record
Organisation	MMA Legal
Reference	100400

Problems

Active

24-Aug-2022 Dr Radhika Shah (rad)
Pityriasis versicolor

14-Oct-2021 Dr Toby Donati (Tobyb)
Homeless single person

19-Oct-2020 Dr Radhika Shah (rad)
Body mass index less than 20

09-Nov-2016 Mrs Rebecca Lawrence (rla)
[X]Depression NOS

01-Jan-2016 Dr James Mulhall (jmu)
Anxiety with depression

Significant Past

27-Oct-2020 Mr PCTi Docman (DME14133)
Anorexia nervosa

19-Oct-2020 Dr Radhika Shah (rad)
Lymphocytosis

13-Dec-2017 Mrs Rebecca Lawrence (rla)
[X]Depression NOS
(Combined with [X]Depression NOS)

12-Sept-2017 Mrs Rebecca Lawrence (rla)
[X]Depression NOS
(Combined with [X]Depression NOS)

09-Nov-2016 Mrs Rebecca Lawrence (rla)
[X]Depression NOS
(Combined with [X]Depression NOS)

01-Jan-2001 Mrs Rebecca Lawrence (rla)

01-Jan-1996 Mrs Rebecca Lawrence (rla)
Chickenpox - varicella
Summarized from Notes

01-Nov-1994 Dr Radhika Shah (rad)
Pyrexia symptoms
Summarized from Notes

Minor Past

24-Aug-2022 Dr Radhika Shah (rad)
Insomnia

20-Aug-2019 Dr James Mulhall (jmu)
[D]Appetite loss

15-Dec-2017 Mrs Rebecca Lawrence (rla)
Pityriasis versicolor

18-Apr-2017 Mrs Rebecca Lawrence (rla)
Viral infection NOS

01-Jan-1997 Mrs Rebecca Lawrence (rla)
Impetigo

01-Jan-1996 Mrs Rebecca Lawrence (rla)
Scabies

Consultations

02-Jun-2026 Ms Makenzie Compton (Makenzie) Goodinge Health CentreScanned document

Document Administration note
Medical report request and consent for Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (02-Jun-2026)

17-Jan-2025 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
Dear <firstname>, our records show that you may smoke.
If you'd like to stop here are the details for Breathe which
is a free stop smoking service for Camden and Islington:
<https://www.breathestopsmoking.org/>, Call 020 3633 2609
or text Quit to 66777.
myGP Smoking cessation advice No additional comment
entered

14-Jan-2025 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
Dear <firstname>, A&E is busy near you. If you think you
or your ***** have flu, visit 111.nhs.UK or call 111. Eligible
groups still get free flu vaccines at GPs or pharmacies.

11-Apr-2023 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient NHS
ALERT: Strike action means hospitals will be very busy all
week. If you are unwell please call 111 or visit 111.nhs.uk
for advice. In an emergency call 999.

23-Feb-2023 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Smoking cessation advice No additional comment
entered

23-Feb-2023 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Dear
<firstname2>Our records show you are currently a smoker.
If you want help quitting Breathe is a free stop smoking
service for Camden and
Islington<https://www.breathestopsmoking.org/> or Call 020
3633 2609 or text Quit to 66777Thank You Goodinge
Group Practice

17-Jan-2023 Mr PCTi Docman (DME14133) Awaiting clinical code migration to EMIS Web

Additional Attachment
Admin Letter Camden & Islington NHS Foundation Trust Mental Health
Additional Seen in mental health clinic

21-Nov-2022 Mr Eamdad Hussain (Eamdad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Comment Comment From: Bonaccorso, Stefania Sent: 18
November 2022 15:49 To: *****, Radhika (THE
GOODINGE GROUP PRACTICE) Cc: GOODINGE, The
(THE GOODINGE GROUP PRACTICE) Axelby, *****
Subject: 499 576 6588 This message originated from
outside of NHSmail. Please do not click links or open
attachments unless you recognise the sender and know
the content is safe. Dear Radhika, I tried to meet this
patient again today but unfortunately he was not able to
make it because unwell. He was not willing to take on the
view that he may be difficult for him to engage with mental
health services given his repeated cancellations. He
simply said that he cannot predict when he feels well and
that was not an excuse for not engaging. I offered to meet
him with you at GP surgery or at home but refused. He did
concede that he needs mental health services as he
would like to know what is wrong with him. We eventually
agreed to try a telephone consultation. I will ask my
colleague Dr Axelby to offer him a telephone consultation
sometime in the new year. ***** can you please take this
on and book a review with you at your convenience? Will
assign patient to you on EMIS. Kind regards, Stef

15-Nov-2022 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document ESA113 form completed
ESA / functional assessment letter

15-Nov-2022 Dr Radhika Shah (rad) Goodinge Health CentreAdministration note

History History form completed, scanned and placed in post tray

15-Nov-2022 Mr Carl Lewis (CLewis) Goodinge Health CentreScanned document

Document Administration note
Administration note from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (15-Nov-2022)

Comment Comment Completed UC 113

11-Nov-2022 Ms Ana-Cristiana Coanda (Anac) Goodinge Health CentreAdministration note

Comment Comment UC 113 form received, placed in Dr *****'s tray

08-Nov-2022 Dr Meera Dodhia (MDO2156) Goodinge Health CentreTelephone consultation

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: mixed anxiety and depression; Duration 13-Oct-2022 - 09-Jan-2023)

08-Nov-2022 Dr Meera Dodhia (MDO2156) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, your sick note as discussed To view your document, please follow this link within 28 days:
<https://florey.accurx.com/d/un3jmw8s8m> Regards Dr Meera Dodhia Goodinge Group Practice Attachments: FitNote_b607431e-eb30-49dc-80fa-876dd3f4e79d.pdf

08-Nov-2022 Dr Meera Dodhia (MDO2156) Goodinge Health CentreTelephone consultation

Problem Mixed anxiety and depressive disorder

History History stopped venlafaxine 2 weeks ago as felt tired with the flu

History History not felt worse in terms of his mood since then

History History awaiting ECG not done recent BP

Comment Comment advised to do BP here or in the chemist and let us know the reading

Comment Comment current dose suiting him to continue

Comment Comment awaiting review from PBMHt team

Comment Comment will ask Val secretary to see if ECG referral went through

Comment Comment med3 till January discussed return to work does not feel ready to **** people

02-Sept-2022 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral Refer for ECG recording . Referral Type: Outpatient

Document e-RS Letter (02-Sep-2022)
NHS e-Referral UBRN 000392101653 for Refer for ECG recording

02-Sept-2022 Ms Elizabeth Cleaver (Liz) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, Please use the link below to view the referral recently made for you.
To view your document, please follow this link within 28 days: florey.accurx.com/d/m6twe39bd4 Thanks, Goodinge Group Practice Attachments: REF RM.pdf

24-Aug-2022 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document Refer for ECG recording
ecg whittington

24-Aug-2022 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document Referral to community mental health team
Referral Letter - Standard with summary

24-Aug-2022 Dr Radhika Shah (rad) Goodinge Health CentreGP Surgery

Additional	Weight monitoring	Current weight 51.5 kg equates to 8 st, 2 lb. A 5% gain from the previous reading (49kg, 15-Feb-2022).	
Additional	Body mass index	(calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).	16.44 kg/m2
Problem	Mixed anxiety and depressive disorder		
Examination	Body weight		51.5 kg
Examination	Examination	denies having eating issues, eats erratically but no vomiting	
Examination	Examination	is naturally skinny	
Examination	Examination	feels medication not helping	
Examination	Examination	was clear and calm today in consultation	
Examination	Examination	wanted to increase medication as feels its not helping his symptoms	
Examination	Examination	also has sleeping pattern issues	
Examination	Examination	disysssed havign ECG - prefers whitt	
Examination	Examination	would like to start work when possible -0 has done various jobs in hospitality / portering	
Document	eMED3 (2010) new statement issued, not fit for work		
	Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 17-Aug-2022 - 13-Oct-2022)		
Problem	Insomnia		
History	History	hx of difficulty getting to sleep	
History	History	ingrained habits for at least 10 years	
History	History	ISI (Insomnia Severity Index) score	15 /28
History	History	will do sleep diary	
History	History	sleeps at 0600, does not look at screens, no caffeine	
History	History	does not eat late at night - wakes at 1200	
History	History	difficult to hold down job, night work makes this worse	
History	History	wondering whether medictaion would help - advsied i ***** and retraining would be more helpful	
History	History	has ***** and this could have also affected sleep issues	
History	History	agreed will email PBMHT as will ennage - seems more settled today	
History	History	discussion about engagement and important to contact if unable to ake appt as also aware that this can impact on resources	
History	History	seemed clearer abouthis needs and wanting to get back into a functioning space	
History	History	did not display any frustrated or ambivalence today when we had a ***** conversation	
History	History	agreed I would email PBMHT back on the premise that he responds	
History	History	would prefer PM appt due to his sleeping patterns	
History	History	has had nizoral in the past to help wiwth symptoms	
Problem	Pityriasis versicolor		

19-Aug-2022 Dr Radhika Shah (rad) Goodinge Health CentreGP Surgery

History	Did not attend - no reason -
History	History Note has had several DNAs and also complained difficult to get appt. HAS been sent text
History	History will message again

19-Aug-2022 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment	Did not attend
Comment	Patient mobile telephone number 07940232173
Comment	SMS text message sent to patient Hi Ryan, Unfortunately you have not been able to attend the booked appointment made for you today . If you still need to speak to a clinician, please call reception to arrange another appointment or make it online via https://www.goodingegrouppractice.com/practice-information/request-an-appointment-or-advice-from-a-doctor/ to find a suitable time and date that works for you Thank you , Dr Radhika ***** Goodinge Group Practice

18-Aug-2022 Mr Patient Care Messaging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient appt reminder: Aug 19 at 11:10AM with Dr Radhika *****. If you can't attend, call Goodinge on 0207 619 6670 or reply by typing 'cancel'.
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19-July-2022 Ms Ana-Cristiana Coanda (Anac) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Comment	Comment Pt phoned up and spoke very rudely on the phone, uring the F word twice
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19-July-2022 Dr Sabina Ilyas (SIL) Goodinge Health CentreGP Surgery

Problem Document	Mixed anxiety and depressive disorder eMED3 (2010) new statement issued, not fit for work <i>Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 19-Jul-2022 - 16-Aug-2022)</i>
History	History came in as found increasing venlafaxine to bd made him drowsy. also requested med cert. has been in Scotland for awhile so not needed one. on trying to explore how long he wanted it for became quite defensive and seems to suggest was in an indefinite state of affairs. reluctant and combative about any discussion of what might help him move forward. in theory knows change is possible but agreed at present doesn't feel it is possible for him, which i agreed was important to acknowledge. however reluctant to explore barrier or what might help. stated doesn't know what would help. feels always having to repeat his story and doctors just give the same advice. though i had been trying to focus on his own ideas of what might help. suggested might want to think about this in his own time and offered a guide to help to pose questions however declined.
Comment	Comment med cert 4/52 fu with usual dr (additional complaints of diff in getting an appt which i acknowledged and having to wait though i had already acknowledged and apologised for beforehand, which seemed more a response to feeling challenged by questions about med cert than anything else)
Comment	Comment suggest trial slow release formulation and take it at night as may be better tolerated.

03-July-2022 Ms Nikita Patel (NP) Goodinge Health CentreAdministration note

History	History email sent to PBMHT re referral to service
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29-Jun-2022 Ms Nikita Patel (NP) Goodinge Health CentreTelephone consultation

Problem	Mixed anxiety and depressive disorder
History	Telephone encounter with pt
History	Medication requested - venlafaxine
History	History stopped taking as had a funeral to go to and then wasn't feeling well and also couldn't get through to us on the phone
History	History mood is fluctuating, either feels alright or really annoyed
History	History lots of different triggers to feeling annoyed
History	History eating ok but sleep schedule still not improved
History	History doesn't think talking therapy will help
History	History No thoughts of *****
Comment	Comment restart venlafaxine 37.5mg Od for a week and when bd thereafter
Comment	Comment asked about engagement with PBMHT and says didn't hear from them and wasn't well enough to follow through but would like to be referred again to them
Comment	Comment i will email and let pt know of outcome
Comment	Comment if mood deteriorating then call back for review

14-Jun-2022 Ms Barbara Hayward (BHA) Goodinge Health CentreThird party consultation

Comment	Comment Email received Bonaccorso, Stefania <Stefania.Bonaccorso@Candi.nhs.uk> Dear Radhika, please note that Ryan has been discharged from our caseload as did not reply to opt in letter. Please, do get in touch should you need any further help with this patient. KR, Stefania Bonaccorso MD, PhD Consultant Psychiatrist Islington PBMHT (N1) Honorary Senior Lecturer at UCL 592 ***** Road N7 6LB Tel: 020-317-7712 stefania.bonaccorso@candi.nhs.uk
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19-May-2022 Ms Barbara Hayward (BHA) Goodinge Health CentreThird party consultation

Comment	Comment Email received From: Bonaccorso, Stefania <Stefania.Bonaccorso@Candi.nhs.uk> Sent: 19 May 2022 15:55 To: *****; Radhika (THE GOODINGE GROUP PRACTICE) <radhika.*****@nhs.net> Subject: 499 576 6588 Dear Radhika, hope all is well and you are enjoying the warm weather. We tried to review Ryan again today but unfortunately he did not attend. It seems that he is not ready to engage yet. We will send him an opt in letter and then discharge if he does not reply. All the best, S Consultant Psychiatrist Islington PBMHT (N1) Honorary Senior Lecturer at UCL 592 ***** Road N7 6LB Tel: 020-317-7712 stefania.bonaccorso@candi.nhs.uk
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04-Mar-2022 Dr Radhika Shah (rad) Goodinge Health CentreAdministration note

History	Did not attend - no reason
History	History F2f appt

04-Mar-2022 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Did not attend
 Comment Patient mobile telephone number 07940232173
 Comment SMS text message sent to patient Hi Ryan, We're sorry to see you did not attend your appointment. In future if you are unable to keep your appointment, please make sure to notify the practice in advance so that it may be offered to someone else. If you need a further appointment please contact reception or use the Ask A doctor form <https://www.goodingegrouppractice.com/digitalpractice/consulting-room/> between 0800-1200 and we will make a suitable appointment for you Thank you , Dr Radhika ***** Goodinge Group Practice

02-Mar-2022 Dr Radhika Shah (rad) Goodinge Health CentreAdministration note

History History email from PBMHT
 History History Dear Radhika, this patient has been taken up and will review him at end of the month. I noticed he completed a set of blood and all is normal. I cannot see any ECG . Would you be able to request one for him as baseline reference? I noticed that his BMI is still quite low which does require input of specialist services however I will be happy to review him to discuss that in person.
 Comment Comment Email back to PBMHT - adsvied has had contact with st Anns ED clinic and did not attend
 Comment Comment note weight stable

25-Feb-2022 Dr Joshua Rosenberg (jro) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173
 Comment SMS text message sent to patient Hi Ryan, Your prescription has been sent to your nominated pharmacy. Please proceed directly there for it to be dispensed. Thanks, Dr ***** Rosenberg Goodinge Group Practice

15-Feb-2022 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document Referral to mental health team
Islington Practice Based Mental Health Referral Form

15-Feb-2022 Dr Radhika Shah (rad) Goodinge Health CentreGP Surgery

Additional Body mass index (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years). 15.64 kg/m2
 Additional Weight monitoring Current weight 49 kg equates to 7 st, 10 lb. A -1% loss from the previous reading (49.4kg, 15-Dec-2021).
 Problem Mixed anxiety and depressive disorder
 Examination Body weight 49 kg
 Examination Examination, currently stable
 Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Feb-2022 - 15-May-2022)
 History History frustrated as could not get medications, rang up and was told not available and difficult to get appointment with GP - note that had appt 7.1.22
 History History did nto have diarrhoea with venlafaxine - though only had 10 days , no noted s.e
 History History start again with 37.5mg daily and then titrate upto bd
 History History initially quite frustrated - does not feel he has a ED
 History History would like to be referred back to PBMHT for support
 History History did discuss non engagement in the past, but now is willing to try and engage and trial further therapeutic approach
 History History will message PBMHT

21-Jan-2022 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Lab Results Plasma glucose level
Plasma glucose level:

21-Jan-2022 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Lab Results	COMPLETE BLOOD COUNT	
	COMPLETE BLOOD COUNT (Tobyb) - Normal - No Action:	
	Haemoglobin estimation	140 g/L (Range: 130 - 180)
	Total white cell count	7.5 x 10 ⁹ /L (Range: 3.5 - 12)
	Platelet count	309 x 10 ⁹ /L (Range: 140 - 400)
	Mean corpuscular volume (MCV)	88.1 fL (Range: 80 - 100)
	Red blood cell (RBC) count	4.88 x 10 ¹² /L (Range: 4.5 - 6.5)
	Haematocrit	0.43 L/L (Range: 0.4 - 0.54)
	Mean corpusc. haemoglobin(MCH)	28.7 pg (Range: 27 - 32)
	MCHC	326 g/L (Range: 310 - 360)
	Nucleated red blood cell count, 0.00 x 10 ⁹ /L	0 x 10 ⁹ /L (No range available)
	Red blood cell distribut width	13.8 % (Range: 11.5 - 16)
	DIFFERENTIAL (Tobyb) - Normal - No Action:	
	Neutrophil count	3.4 x 10 ⁹ /L (Range: 1.7 - 7.5)
	Lymphocyte count, 3.0 x 10 ⁹ /L	3 x 10 ⁹ /L (Range: 1 - 4)
	Monocyte count	0.8 x 10 ⁹ /L (Range: 0.2 - 1)
	Eosinophil count	0.2 x 10 ⁹ /L (No range available)
	Basophil count	0.1 x 10 ⁹ /L (No range available)

21-Jan-2022 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Lab Results	Serum TSH level
	Serum TSH level (Tobyb) - Normal - No Action:

21-Jan-2022 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Lab Results	B12/folate level	
	B12/folate level (Tobyb) - Normal - No Action:	
	Serum vitamin B12	454 ng/l (Range: 197 - 771)
	Serum folate	6.1 ug/l (Range: 2.99 - 26.8)
	UE CREATININE (Tobyb) - Minor abnormality of no clinical significance - to be treated as a normal result:	
	Serum sodium	141 mmol/L (Range: 135 - 145)
	Serum potassium	4.2 mmol/L (Range: 3.5 - 5.1)
	Serum urea level	4.9 mmol/L (Range: 2.1 - 7.1)
	Serum creatinine	63 umol/L (Range: 66 - 112)
	LFT (Tobyb) - Normal - No Action:	
	Serum total protein	71 g/L (Range: 66 - 87)
	Serum albumin	48 g/L (Range: 35 - 50)
	Serum total bilirubin level	2 umol/L (No range available)
	Serum alkaline phosphatase	71 iu/L (Range: 40 - 129)
	ALT/SGPT serum level	16 iu/L (No range available)
	BONE (Tobyb) - Normal - No Action:	
	Serum calcium	2.35 mmol/L (Range: 2.15 - 2.55)
	Corrected serum calcium level	2.19 mmol/L (Range: 2.15 - 2.55)
	Serum inorganic phosphate	1.11 mmol/L (Range: 0.87 - 1.45)
	IRON & TIBC (Tobyb) - Normal - No Action:	
	Serum iron level	20 umol/L (Range: 8.1 - 28.3)
	Serum TIBC	56 umol/L (Range: 40.8 - 76.6)
	Serum ferritin (Tobyb) - Normal - No Action:	
	Serum magnesium level (Tobyb) - Normal - No Action:	
	GFR calculated abbreviated MDRDe -GFR values between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21.(Tobyb) - Normal - No Action:	

10-Jan-2022 Dr Toby Donati (Tobyb) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral Document	Referral to community phlebotomist . Referral Type: Outpatient
	e-RS Letter (10-Jan-2022)
	NHS e-Referral UBRN 000377788013 for Referral to community phlebotomist

10-Jan-2022 Ms Marianne Wells (MWells) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07940232173
Comment	SMS text message sent to patient Hi Ryan, Dr Donati has requested a blood test for you. Please use the ink below to arrange an appointment at your convenience. To view your document, please follow this link within 28 days: florey accurx.com/d/uvqgztw9ah Thanks, Goodinge Group Practice Attachments: BT RM.pdf

07-Jan-2022 Dr Radhika Shah (rad) Goodinge Health CentreGP Surgery

History	Did not attend - no reason
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15-Dec-2021 Dr Radhika Shah (rad) Goodinge Health CentreGP Surgery

Additional	Weight monitoring Current weight 49.4 kg equates to 7 st, 11 lb. A -3% loss from the previous reading (50.7kg, 11-Nov-2021).
Additional	Body mass index (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years). 15.77 kg/m2
Test Request	Unknown specimen
Examination	Body weight 49.4 kg
Problem	Mixed anxiety and depressive disorder
Document	eMED3 (2010) new statement issued, not fit for work <i>Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Dec-2021 - 15-Feb-2022)</i>
History	History loose stools - worse with Antidepressants and has has had similar symptoms with all antidepressants he has tried - inc mirtazapine/ citalopram/ setraline
History	History noticed fresh red blood
History	History describes watery loose stools 3-4x a day
History	History anxiety main symptom
History	History no thoughts of self harm
History	History denies he has an ***** and doesn't feel that attending ED would help
History	History has always been like this in weight
History	History is currently ***** and ***** , feels more stable, is waiting for accommodation
Comment	Comment plan to taper down fleoxetine to 20mg and then stop for 1.52. review diarrhoea - if stops consider starting venflaxine for anxiety
Comment	Comment for followup appt 7.1.22
Comment	Comment to do faecal calprotectin
Comment	Comment declined examination
Comment	Comment advised to do blood tests

15-Dec-2021 Dr Toby Donati (Tobyb) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral	Referral to community phlebotomist . Referral Type: Outpatient
Document	e-RS Letter (15-Dec-2021) NHS e-Referral UBRN 000376746191 for Referral to community phlebotomist

15-Dec-2021 Ms Marianne Wells (MWells) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07940232173
Comment	SMS text message sent to patient Hi Ryan, Dr Donati has requested a blood test for you. Please use the link below to arrange an appointment at your convenience. To view your document, please follow this link within 28 days: florey accurx.com/d/95hcnar3w Thanks, Goodinge Group Practice Attachments: BT RM.pdf

10-Dec-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07940232173
Comment	SMS text message sent to patient Hi Ryan, I was expecting to see you in the surgery this morning for an appointment at 11:45h. If you could please respond to this message to let me know if you will be attending? TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Dr ***** Donati Goodinge Group Practice

10-Dec-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447940232173
Comment	SMS text message sent to patient Hi Ryan, If you're not feeling well, perhaps it would be better for you to come in next week. Would tuesday work? Either AM or PM would be fine. Thanks, Dr ***** Donati Goodinge Group Practice

10-Dec-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Hi Ryan, I was expecting to see you in the surgery this morning for an appointment at 11:45h. If you could please respond to this message to let me know if you will be attending? Thanks, Dr ***** Donati Goodinge Group Practice Response: Sorry I completely forgot about it today as I have been ill the last couple of days, I will come in when ever you can fit me in

11-Nov-2021 Dr Toby Donati (Tobyb) Goodinge Health CentreGP Surgery

Additional Weight monitoring Current weight 50.7 kg equates to 7 st, 14 lb. A 0% gain from the previous reading (50.5kg, 14-Oct-2021).

Additional Body mass index (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years) 16.18 kg/m2

Problem Mixed anxiety and depressive disorder

History History has been taking fluoxetine, does not feel any different, not any worse

History History had sl upset stomach last week, now passed

History History not managed to get up to WH for xray yet

History History dwp have sent him an appt for medical assessment (on UC)

History History would like further med3

Examination Body weight 50.7 kg

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 11-Nov-2021 - 19-Dec-2021)

Test Request Unknown specimen

Comment Comment bloods

Comment Comment will go for xray

Comment Comment increase fluoxetine does

Comment Comment FU in 4w or sooner prn

11-Nov-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, Followup appointment booked for 10 december at 1130h Thanks, Dr ***** Donati Goodinge Group Practice

11-Nov-2021 Dr Toby Donati (Tobyb) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral Haematology self-referral . Referral Type: Outpatient

Document e-RS Letter (11-Nov-2021)
NHS e-Referral UBRN 000374835556 for Haematology self-referral

11-Nov-2021 Mr Robert Maciol (RMaciol) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, Please follow the link to book blood test requested by Dr Donati. To view your document, please follow this link within 28 days: floreay.accuix.com/d/avbuzh5yh Thanks, Goodinge Group Practice Attachments: BT RJJM.pdf

14-Oct-2021 Dr Toby Donati (Tobyb) Goodinge Health CentreGP Surgery

Additional Body mass index (calculation based on height entry 13- 16.12 kg/m2
Jul-2020, NB prior to age 70 average height loss is 1cm
per 10 years).

Additional Weight monitoring Current weight 50.5 kg equates to 7 st
, 13 lb. A 5% gain from the previous reading (13-Jul-2020).

Problem Mixed anxiety and depressive disorder

History History body weight stable

History History has tried mirtazapine but didn't get on with it
'knocked me out'

History History does not want talking therapy or to be referred to
PBMHT - has had counselling before and found did not
help "does not like talking"

History History does not want referral to ***** - his body weight is
stable and low body weight related to his mood

History History still ***** either ***** and ***** , sleeps on sofa

Examination Body weight 50.5 kg

Examination Blood oxygen saturation 97 %

Examination Pulse rate 89 beats/min

Examination Examination casually/ appropriately dressed, good eye
contact, normal speech, reactive and appropriate affect

Document eMED3 (2010) new statement issued, not fit for work
*Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 14-Oct-2021 - 14-
Nov-2021)*

Comment Comment dw Dr ***** on 13/10/21

Comment Comment will try and engage pt in surgery instead of
making referrals that may not be attended

Comment Comment FU booked in 4w time, consider uptitrating
fluoxetine, or review sooner prn

Comment Comment discussed if any worsening of mood TCB or
***** (SMS with number sent)

History History right ankle fracture around 7 years ago

History History was managed conservatively, but he did not
attend fracture clinic followup

History History now gets pain in back of heel after walking

History History doesn't stop him doing anything

History History no previous notes

History History was prev registered at Moffat Surgery, Dumfries
and Galloway

Comment Comment tasked Alberto to chase old notes

History Cigarette smoker 10 /day

History History no recreational drugs

History Non - drinker

History History thinks would be able to stop smoking easily, but
no desire to

Comment Comment would not like help to stop smoking

Comment Comment open door to discuss further in future

Problem ***** single person

Comment Social prescribing offered - declined left door open if
changes mind

Document Refer for imaging
Imaging Referral Form New - Whittington

14-Oct-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, The
Whittington xray walk in clinic is open Monday - Friday
9am - 4.30pm. Please go to the 3rd floor Imaging
Department on the above days/ times. They will have your
referral letter so you just need to report to the reception
desk. Thanks, Dr ***** Donati Goodinge Group Practice

14-Oct-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment Signposting to IAPT service

Comment Patient mobile telephone number 07940232173

Comment SMS text message sent to patient Hi Ryan, The ***** can be
contacted at any time on: 020 3317 6333 Please use this link for
more information and support:
<https://www.goodingegrouppractice.com/digitalpractice/wellbeing-centre/mental-health/> Thanks, Dr ***** Donati Goodinge Group
Practice

12-Oct-2021 Dr Toby Donati (Tobyb) Goodinge Health Centre Telephone consultation

Problem Mixed anxiety and depressive disorder
 History History pt a bit confused as did not receive letter from us on 07/04/21
 History History did not go to St Anns as doesn't think it would help him to see a psychologist- has had counselling in the past in childhood
 History History feels a bit stuck, would like to think about restarting medication
 History History job centre have asked for a sick note
 History History not in ***** the moment - searching for a job
 History History not sure about origin of his difficulties
 History History has been in the care system as a *****
 Comment Comment apologised that pt did not receive letter - resent via SMS
 Comment Comment a little bit hard to build rapport and find out what is going on over the phone
 Comment Comment offered f2f appt to discuss further - pt will come in thurs AM
 Problem Body mass index less than 20

12-Oct-2021 Dr Toby Donati (Tobyb) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Please see attachment. Please view your document here (link will expire in 28 days): florey.accurx.com/d/929m9tgsc3 You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Thanks, Dr ***** Donati Goodinge Group Practice Scheduled to send on 12/10/2021

08-Apr-2021 Ms Sarah Ludlow (SarahL) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Comment Comment 7.4 letter sent to patient via docmail.

07-Apr-2021 Dr Radhika Shah (rad) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Document Letter sent to patient
Letter to Patient

07-Apr-2021 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Please book a telephone appt with me to discuss follow up Thank you , Dr Radhika ***** Goodinge Group Practice

29-Mar-2021 Mr PCTi Docman (DME14133) Awaiting clinical code migration to EMIS Web

Additional Attachment
*DNA St. *****'s Hospital Mental Health*
 Additional DNA hospital appointment

06-Jan-2021 Mr PCTi Docman (DME14133) Scanned document

Additional Attachment
*Appointment Letter St. *****'s Hospital Mental Health*
 Additional Appointment letter sent to patient

06-Nov-2020 Mr PCTi Docman (DME14133) Awaiting clinical code migration to EMIS Web

Additional Attachment
*Admin Letter St. *****'s Hospital Mental Health*
 Additional Administration

29-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Referral Referral to hospital phlebotomist . Referral Type: Outpatient
 Document e-RS Letter (29-Oct-2020)
NHS e-Referral UBRN 000354676385 for Referral to hospital phlebotomist

29-Oct-2020 Ms Marianne Wells (MWells) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Your blood test is scheduled for: Friday 30 November 2020 1pm The Whittington Hospital Magdala Avenue London N19 5NF 0207 272 3070 Thanks, Goodinge Group Practice

27-Oct-2020 Mr PCTi Docman (DME14133) Awaiting clinical code migration to EMIS Web

Additional Attachment
*Clinical Letter St. *****'s Hospital Mental Health*
 Additional Referral for further care
 Problem *****

27-Oct-2020 Mr PCTi Docman (DME14133) Awaiting clinical code migration to EMIS Web

Additional Attachment
*Clinical Letter St. *****s Hospital Mental Health*
 Additional Appointment letter sent to patient

27-Oct-2020 Ms Marianne Wells (MWells) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Comment Comment Failed call to book blood test appt 26.10.20

22-Oct-2020 Ms Marianne Wells (MWells) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Dr ***** has requested a blood test for you. Please ring the surgery so we can arrange this appointment: 0207 619 6670. Thanks, Goodinge Group Practice

20-Oct-2020 Ms Marianne Wells (MWells) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Document Haematology test
*Haematology test from Dr Radhika ***** , General Medical Practitioner at Goodinge Group Practice (20-Oct-2020)*

19-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Telephone consultation

Problem Mixed anxiety and depressive disorder
 History History agreed to start flueoxetine
 History History I will inform PBMHT that I have contacted him and they will initiate review ongoing
 Problem Body mass index less than 20
 History History discussed weight and low BMI
 Problem Lymphocytosis
 History History no symptoms of viral infections ,
 History History no sweats - no acute weight loss
 History History to start ADs
 History History for review in 2 weeks again
 History History has had cough - intermittent, advised to do covid test
 History History repeat blood tests and weight
 History History to bring in for assessment after this
 Test Request Unknown specimen

16-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Administration note

History History consistent with viral infection ?
 History History as was havign routine tests and no contact with Dr needs to have telephone appt and review
 History Failed encounter - message left on answer machine

16-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, I have tried contacting you with regards to your blood test results and I will try you again on monday around midday. Please keep your phone on for this Thank you , Dr Radhika ***** Goodinge Group Practice

14-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Lab Results BLOOD FILM REQUEST
BLOOD FILM REQUEST(rad) - Normal - No Action:
 White cell comments Stained film confirms machine values (No range available)
 Red cell comments poik + (No range available)
COMPLETE BLOOD COUNT(rad) - Abnormal - Patient Contacted by Telephone:
 Haemoglobin estimation 139 g/L (Range: 130 - 180)
 Total white cell count *****NB Film review requested on this sample ***** Please check results thoroughly to the end !!!!! 13.1 x 10⁹/L (Range: 3.5 - 12)
 Platelet count 298 x 10⁹/L (Range: 140 - 400)
 Mean corpuscular volume (MCV) 86.1 fL (Range: 80 - 100)
 Red blood cell (RBC) count 4.76 x 10¹²/L (Range: 4.5 - 6.5)
 Haematocrit 0.41 L/L (Range: 0.4 - 0.54)
 Mean corpusc. haemoglobin(MCH) 29.2 pg (Range: 27 - 32)
 MCHC 339 g/L (Range: 310 - 360)
 Nucleated red blood cell count, 0.00 x 10⁹/L 0 x 10⁹/L (No range available)
 Red blood cell distribut width 13.6 % (Range: 11.5 - 16)
DIFFERENTIAL:
 Neutrophil count 6.4 x 10⁹/L (Range: 1.7 - 7.5)
 Lymphocyte count 5.2 x 10⁹/L (Range: 1 - 4)
 Monocyte count, 1.0 x 10⁹/L 1 x 10⁹/L (Range: 0.2 - 1)
 Eosinophil count 0.4 x 10⁹/L (No range available)
 Basophil count 0.1 x 10⁹/L (No range available)

12-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Referral Document Referral to hospital phlebotomist . *Referral Type: Outpatient*
 e-RS Letter (12-Oct-2020)
 NHS e-Referral UBRN 000353771793 for Referral to hospital phlebotomist

12-Oct-2020 Ms Sarah Ludlow (SarahL) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Confirming your blood test at 12.40 on Wednesday 14 October at the Whittington Hospital. Regards, Goodinge Reception Goodinge Group Practice

09-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Administration note

History ~~History~~ Email from PBMHT - discharged from service
 History I followed RM up by phone in September to discuss diagnosis, and again encourage him to attend GP appointment for blood tests and medication. He acknowledged he had not yet attended review and had also not yet ***** the information on *****. He was aware that we can not continue until this had happened, and told me he would contact both our services to follow up the recommendations. I can see that he has not made any contact with PBMH or GP yet. It is important he makes this step, and from our assessment he does have capacity regarding this. Please do try to encourage him to complete blood tests and to begin medication if he wishes. However, for now, we will have to close his case to PBMH. We would be happy to discuss him again as needed. Best wishes, *****

09-Oct-2020 Dr Radhika Shah (rad) Goodinge Health Centre Administration note

Test Request Unknown specimen

09-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, thank you for doing the blood tests, it does show that you may have had a slight viral infection. Please can you repeat these blood tests to show that it has resolved. Please can you make a telephone appt with me to discuss ongoing care Thank you , Dr Radhika ***** Goodinge Group Practice

09-Oct-2020 Ms Marianne Wells (MWells) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Document Haematology test
 Haematology test from Dr Radhika ***** , General Medical Practitioner at Goodinge Group Practice (09-Oct-2020)

07-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Lab Results COMPLETE BLOOD COUNT
COMPLETE BLOOD COUNT(rad) - Normal - No Action:
 Haemoglobin estimation 144 g/L (Range: 130 - 180)
 Total white cell count *****NB Film review requested on this sample ***** Please check results thoroughly to the end !!!!! 11.5 x 10⁹/L (Range: 3.5 - 12)
 Platelet count 293 x 10⁹/L (Range: 140 - 400)
 Mean corpuscular volume (MCV) 87.2 fL (Range: 80 - 100)
 Red blood cell (RBC) count 4.99 x 10¹²/L (Range: 4.5 - 6.5)
 Haematocrit 0.44 L/L (Range: 0.4 - 0.54)
 Mean corpusc. haemoglobin(MCH) 28.9 pg (Range: 27 - 32)
 MCHC 331 g/L (Range: 310 - 360)
 Nucleated red blood cell count, 0.00 x 10⁹/L 0 x 10⁹/L (No range available)
 Red blood cell distribut width 13.3 % (Range: 11.5 - 16)
DIFFERENTIAL(rad) - Abnormal - Patient contacted by Text Message:
 Neutrophil count 5.1 x 10⁹/L (Range: 1.7 - 7.5)
 Lymphocyte count **4.9 x 10⁹/L** (**Range: 1 - 4**)
 Monocyte count **1.1 x 10⁹/L** (**Range: 0.2 - 1**)
 Eosinophil count 0.3 x 10⁹/L (No range available)
 Basophil count 0.1 x 10⁹/L (No range available)

07-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Lab Results BLOOD FILM REQUEST
BLOOD FILM REQUEST(rad) - Abnormal - Patient contacted by Text Message:
 White cell comments Stained film confirms machine values lymphocytosis, atypical lymphs. ?Viral (No range available)
 Red cell comments poik + elliptocytes + targets + (No range available)

07-Oct-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Lab Results	LFT	
	Serum TSH level (rad) - Normal - No Action:	
	GFR calculated abbreviatd MDRDe -GFR values between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21.(rad) - Normal - No Action:	
	LFT (rad) - Stable / expected for patient - No Action Required:	
	Serum total protein	77 g/L (Range: 66 - 87)
	Serum albumin	53 g/L (Range: 35 - 50)
	Serum total bilirubin level	5 umol/L (No range available)
	Serum alkaline phosphatase	65 iu/L (Range: 40 - 129)
	ALT/SGPT serum level	14 iu/L (No range available)
	UE CREATININE (rad) - Normal - No Action:	
	Serum sodium	142 mmol/L (Range: 135 - 145)
	Serum potassium	4.1 mmol/L (Range: 3.5 - 5.1)
	Serum urea level	5.2 mmol/L (Range: 2.1 - 7.1)
	Serum creatinine	70 umol/L (Range: 66 - 112)

06-Oct-2020 Ms Barbara Hayward (BHA) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document	Administrative procedure Blood form
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06-Oct-2020 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral Document	Refer to pathology department . Referral Type: Outpatient e-RS Letter (06-Oct-2020) NHS e-Referral UBRN 000353416527 for Refer to pathology department
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06-Oct-2020 Ms Barbara Hayward (BHA) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07593571866
Comment	SMS text message sent to patient Hi Ryan, Please find attached the details of your appointment Thanks, Care Navigation Team Please view your document here (link will expire in 28 days): florey.accurx.com/d/g384fx9rc You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Goodinge Group Practice Attachments: rm blood appt.pdf

05-Oct-2020 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

History	History Sent: 05 October 2020 17:26 To: GOODINGE, The (THE GOODINGE GROUP PRACTICE) Cc: GREENFIELD, ***** (CAMDEN AND ISLINGTON NHS FOUNDATION TRUST) Subject: Re: FAO Duty Doctor assessment and plan NHS No. 499 576 6588 Dear GP, I followed RM up by phone in September to discuss diagnosis, and again encourage him to attend GP appointment for blood tests and medication. He acknowledged he had not yet attended review and had also not yet ***** the information on *****. He was aware that we can not continue until this had happened, and told me he would contact both our services to follow up the recommendations. I can see that he has not made any contact with PBMH or GP yet. It is important he makes this step, and from our assessment he does have capacity regarding this. Please do try to encourage him to complete blood tests and to begin medication if he wishes. However, for now, we will have to close his case to PBMH. We would be happy to discuss him again as needed. Best wishes, *****
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24-July-2020 Dr Radhika Shah (rad) Goodinge Health CentreTelephone consultation

Problem	Depressive disorder
History	Failed encounter - message left on answer machine
History	History will email PBMHT about attempted contacts

17-July-2020 Dr Radhika Shah (rad) Goodinge Health CentreTelephone consultation

Problem	Mixed anxiety and depressive disorder
History	History note hasnot had blood tests done
History	History normal bloods in jan 2019
History	Failed encounter - message left on answer machine to make appt and can reschedule blood tests
History	History I will follow up next fridat 24th

17-July-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, Hi I am following up from last week. If you missed your blood test appt please call the practice and we can reschedule this for you. I have made a follow up appt with you next friday 24th Thank you , Dr Radhika ***** Goodinge Group Practice

13-July-2020 Ms Shela McMahon (SMcM) Goodinge Health CentreGP Surgery

Additional Body mass index (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years). 15.32 kg/m2
 Additional Weight monitoring Current weight 48 kg equates to 7 st ,8 lb. A -4% loss from the previous reading (20-Aug-2019).
 Examination Body weight 48 kg
 Examination Standing height 177 cm
 Examination Body mass index 15.3 kg/m2
 Examination Pulse rate 65 beats/min
 Examination O/E - pulse rhythm regular
 Social Diet health education
 Social Health education - exercise
 Social Ideal body weight 72.1 kg
 Social Current smoker 10 /day
 Social Alcohol consumption 0 U/week
 Social Health education - alcohol
 Assessment Smoking cessation advice

13-July-2020 Mr Carl Lewis (CLewis) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document Referral letter
 Referral letter from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (13-Jul-2020)
 Comment Comment BT

13-July-2020 Dr Radhika Shah (rad) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Referral Referral to haematology service . Referral Type: Outpatient
 Document e-RS Letter (13-Jul-2020)
 NHS e-Referral UBRN 000349464603 for Referral to haematology service

13-July-2020 Mr Carl Lewis (CLewis) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
 Comment SMS text message sent to patient Hi Ryan, I have booked you in for a Blood Test Appointment at the ***** Community Centre (15/07/20) at 12:40. Please use the link below for further information about your appointment Thanks, ***** TO RESPOND, please follow this link: (link will autogenerate here) Please view your document here (link will expire in 28 days): florey accurx.com/d/qxip5nwcws You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Goodinge Group Practice Attachments: bludRM1.pdf

10-July-2020 Dr Radhika Shah (rad) Goodinge Health CentreTelephone consultation

Problem Mixed anxiety and depressive disorder
 Test Request Unknown specimen
 History History discussed PBMHT letter -
 History History will come in for obs - wieght and BP - appt made monday 13th July
 History History and for bloods tests prior to starting SSRIS
 History History amenable to starting these
 History History not expressing any further concerns
 History History advsied that I will call him next week for review

06-July-2020 Dr Radhika Shah (rad) Goodinge Health CentreTelephone consultation

History Failed encounter - message left on answer machine
 History History from email and recent review by PBMHT
 History

History I joined my colleague ***** (Clinical psychologist) to review Mr Mudie on the 30th June 2020. He has previously been seen by ***** and Dr Healy (GPVTS) - please see documents for details of this assessment and background. In summary - he reports that his difficulties remain, unchanged and longstanding. In particular he describes difficulties with managing anger and tends to isolate himself/ avoid others as he fears getting into verbal altercations if others wind him up. It does seem he is easily irritated, he denies that this has played out in anything other than verbal altercations (i.e. no physical *****). He reported that verbal or physical aggression (with him as perpetrator or victim) were issues in the home environment. He has maintained longstanding friendships but most of his friends are in Scotland. He has not really integrated with employment of socialising since in London. He spoke about worrying about what his anger could lead him to do - it seems scared of the anger he has inside, but had no thoughts or ***** others and no history in keeping with this. The anger he holds does not appear directed at any particular issues - we spoke with him about why given his history and experiences he may feel a lot of anger; at feeling 'let down', 'abandoned' etc. The other problem he describes is with this motivation - to find work, to eat, make friends etc. In some ways he does describe some of this being related to him not being happy in London and wanting to put things on hold until he gets back to Scotland...spoke about how he could get a job when he gets back there, through contacts, re-establish friendships and have a place of his own (these were the goals he spoke about for himself). Although he describes the anger and motivation issues to be most problematic for him, on exploration he continues to sleep poorly (long standing) with ruminating worries at night, he has a lot of anxiety symptoms (describes physical anxiety and panic attacks without clear triggers) and as highlighted in the last appointment by ***** he appears very underweight - describing poor appetite and not feeling 'bothered' and having lost the pleasure in eating. There were no ***** cognitions or concerns about body image reported. He did seem unconcerned however, about his weight loss (despite reflecting to us how he used to go to the Gym etc) or seemingly about the physical health consequences - my sense was that being underweight and appearing unconcerned is a communication of his distress that he cannot verbalise (we wondered in particular how this fits with him ***** his ***** , who are obviously concerned about this but figures whom he has previously felt abandoned by?). There is no bingeing/ ***** and no use of laxatives to maintain low weight. He does not know how much he weighs or how much he has lost. He could not tell us much about his eating pattern - and instead challenged this in slightly sarcastic way. There are no ***** . There is an internal derogatory voice, but this is not ***** . No current drugs or alcohol. No current intimate relationships. Denies current risk from others, although there is a significant early ***** and adversity. Stating regards to his health etc. 'I do not care' if anything bad would happen to me, but no active thoughts of self harm or suicide. As highlighted in previous assessment he describes that all he wants is a 'diagnosis' so that he can understand himself. We challenged this somewhat to be curious about how this might help, if it was not coupled with some support, changes or positive actions. We reflected again how despite him reporting reluctance to attend sessions to talk, he engaged well. He did withdraw somewhat at this point which we reflected on. Discussed that we do think a lot of the longstanding difficulties are in keeping with his experiences of *****/ adversity and in particular how these have affected his attachment. I do wonder if this has predisposed him to a depressive episode (manifesting to long mood, anxiety symptoms, loss of motivation, irritability and anhedonia) and do think this is worth treating to see if this does improve. He was reluctant having short trials of SSRIs - Sertraline s/e D&V, Citalopram and then Mirtazapine giving excessive sleep but did say that he would consider trial of a further different agent (SSRI). We have advised this along side physical health review (given low weight).

History

History Plan: 1. I would advice a further trial of an SSRI- either Escitalopram or Fluoxetine could be considered. If he does agree to start this (I think he will) please let me know when this starts so that I can arrange to review 4-6 weeks after starting treatment so that we can make a decision together about effectiveness and longer term benefit. I do think it would be helpful to attempt to treat any existing depressive (mixed anxiety) episode before commenting further on other diagnoses - although clear that there is a history of ***** underlying his difficulties. 2. Prior to starting the above please can you arrange a review at the surgery with review of weight, obs and bloods (including TFTs and electrolytes) - we estimate today that BMI is less than 19. Please can the GP have further discussion about consequences in the longer term of being underweight (we did touch on this today) and also offer options such as dietician review to re-establish a healthy eating plan (discussed if this is a purely motivationally driven issue as he states having a structure/ eating plan may help?). Please liaise regards to weight so we can consider any further interventions that may be indicated. 3. We do think he would benefit from some psychological therapy, but he is clear at the moment that this is not something that he wishes to consider. 4. Again he would benefit from structure and routine and increasing social supports - but he declined interventions today that were offered related to this. He is firm in his mind that he does not want to invest in these interventions (including relationships and employment) before he returns to Scotland (which he anticipates will be in the next 6 months) 5. In the event of mental health ***** to contact GP or out of hours ICRT.

06-July-2020 Dr Radhika Shah (rad) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
Comment SMS text message sent to patient Hi Ryan, Please make a telephone appt to discuss your most recent clinical appt. Thank you , Dr Radhika ***** Goodinge Group Practice

24-Jan-2020 Dr James Mulhall (jmu) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Document Letter sent to patient
Letter to Patient

24-Jan-2020 Dr James Mulhall (jmu) Goodinge Health Centre Third party consultation

History **History** email
History Dear ***** Thanks for your email. I'm also unsure what else can be done. I've written a letter asking him to come to discuss his weight and mentioning your offered appointment. I don't think we can do more currently to get him to engage other than stressing the door is open. Thanks ***** From: ***** (CAMDEN AND ISLINGTON NHS FOUNDATION TRUST) Sent: 20 January 2020 17:09 To: MULHALL, ***** (THE GOODINGE GROUP PRACTICE) Cc: GOODINGE, The (THE GOODINGE GROUP PRACTICE) Subject: Re: RM (499 576 6588)
 Dear Dr Mulhall, Just a quick update about Ryan Mudie. I can see he hasn't attended the physical health review that we suggested in October - can you please invite him in to complete this? Ryan didn't attend a follow up with us in October, but called at the end of November to request this. I tried a number of times but didn't manage to get hold of him to discuss. We sent him an appointment slot for January 14th - but unfortunately he did not attend that and has not answered his phone since. I've written to him inviting him to get back in touch if he would like to continue the assessment. I'm unsure how else to engage him? Best wishes, ***** Dr ***** Clinical Psychologist Islington Practice-Based Mental Health team
Comment **Comment** lette rto pt - tci to discuss low weight. mentoin pbmht offered apt, DNA
Problem Mixed anxiety and depressive disorder

21-Jan-2020 Ms Barbara Hayward (BHA) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Comment Comment Dear Dr Mulhall, Just a quick update about Ryan Mudie. I can see he hasn't attended the physical health review that we suggested in October - can you please invite him in to complete this? Ryan didn't attend a follow up with us in October, but called at the end of November to request this. I tried a number of times but didn't manage to get hold of him to discuss. We sent him an appointment slot for January 14th - but unfortunately he did not attend that and has not answered his phone since. I've written to him inviting him to get back in touch if he would like to continue the assessment. I'm unsure how else to engage him? Best wishes, *****

22-Oct-2019 Mr Neidson Pereira (npe) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Comment Comment Dear Dr Mulhall, I'm getting in touch about Ryan Mudie (499 576 6588) who you referred for assessment. He met with myself and Dr Healy for one appointment (12/09/2019). He let us know that he while he wanted a diagnosis, he found it difficult to talk to professionals and wished to protect himself from feeling let down. Unfortunately he didn't attend follow-up with us and he has not responded to our invitations to get back in touch. Ryan certainly does seem to be struggling with marked depression in the context of wider emotional dysregulation (e.g. anger) and disrupted attachments. As part of this, he has severe appetite loss and associated weight loss - we asked him to see you for a physical health review about his weight loss. We have not completed our assessment, and would be willing to see him again in future if he feels ready. Please do get in touch with us about him as needed. Best wishes, ***** Dr ***** Clinical Psychologist Central Islington Practice-Based Mental Health team Tel: 0203 317 7513 Mobile: 07881034578 Email C&I: *****@candi.nhs.uk Email NHS: *****@nhs.net Referrals: cim-tr.pbmhs@nhs.net

04-Oct-2019 Dr James Mulhall (jmu) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07593571866
Comment SMS text message sent to patient Hi Ryan, Your blood tests were normal. If appetite or weight are still a concern for you please arrange an appointment to review things. Kind regards, Dr ***** Mulhall Goodinge Group Practice

03-Oct-2019 Dr James Mulhall (jmu) Awaiting clinical code migration to EMIS Web

01-Oct-2019 Lab Results TISSUE TRANSGLUTAMINASE Abdominal Pain
TISSUE TRANSGLUTAMINASE(jmu) - Normal - No Action:
Tissue transglutaminase IgA TTGA Screen Negative (No range available)
TTGA Value (u/ml) Please note normal range is 0 - 10 0.3 u/ml (No range available)
u/ml

01-Oct-2019 Dr James Mulhall (jmu) Awaiting clinical code migration to EMIS Web

Lab Results Urea and electrolytes
Urea and electrolytes(jmu) - Normal - No Action:
Serum sodium 142 mmol/L (Range: 135 - 145)
Serum potassium 4.1 mmol/L (Range: 3.5 - 5.1)
Serum urea level, 6.0 mmol/L 6 mmol/L (Range: 2.1 - 7.1)
Serum creatinine 69 umol/L (Range: 66 - 112)
Liver function test(jmu) - Normal - No Action:
Serum total protein 74 g/L (Range: 66 - 87)
Serum albumin 51 g/L (Range: 35 - 50)
Serum total bilirubin level 4 umol/L (No range available)
Serum alkaline phosphatase 54 iu/L (Range: 40 - 129)
ALT/SGPT serum level 12 iu/L (No range available)
Bone profile(jmu) - Normal - No Action:
Serum calcium 2.39 mmol/L (Range: 2.15 - 2.55)
Corrected serum calcium level 2.17 mmol/L (Range: 2.15 - 2.55)
Serum inorganic phosphate 1.41 mmol/L (Range: 0.87 - 1.45)
Serum TSH level(jmu) - Normal - No Action:
Serum TSH level, 3.0 mu/L 3 mu/L (Range: 0.3 - 4.2)
Plasma C reactive protein(jmu) - Normal - No Action:
Serum C reactive protein level 1 mg/L (No range available)
GFR calculated abbreviated MDRD(jmu) - Normal - No Action:
GFR calculated abbreviated MDRD e-GFR values 90 mL/min (Range: 90 - 9999)
between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21.

01-Oct-2019 Dr James Mulhall (jmu) Awaiting clinical code migration to EMIS Web

Lab Results	Full blood count - FBC		
	Full blood count - FBC(jmu) - Normal - No Action:		
	Haemoglobin estimation	134 g/L	(Range: 130 - 180)
	Total white cell count, $12.0 \times 10^9/L$	$12 \times 10^9/L$	(Range: 3.5 - 12)
	Platelet count	$322 \times 10^9/L$	(Range: 140 - 400)
	Mean corpuscular volume (MCV)	83.4 fL	(Range: 80 - 100)
	Red blood cell (RBC) count	$4.77 \times 10^{12}/L$	(Range: 4.5 - 6.5)
	Haematocrit, 0.40 L/L	0.4 L/L	(Range: 0.4 - 0.54)
	Mean corpusc. haemoglobin(MCH)	28.1 pg	(Range: 27 - 32)
	Mean corpusc. Hb. conc. (MCHC)	337 g/L	(Range: 310 - 360)
	Nucleated red blood cell count, $0.00 \times 10^9/L$	$0 \times 10^9/L$	(No range available)
	Red blood cell distribut width	13.7 %	(Range: 11.5 - 16)
	Differential white cell count(jmu) - Normal - No Action:		
	Neutrophil count	$7.5 \times 10^9/L$	(Range: 1.7 - 7.5)
	Lymphocyte count	$3.1 \times 10^9/L$	(Range: 1 - 4)
	Monocyte count	$1.1 \times 10^9/L$	(Range: 0.2 - 1)
	Eosinophil count	$0.2 \times 10^9/L$	(No range available)
	Basophil count	$0.1 \times 10^9/L$	(No range available)

20-Aug-2019 Dr James Mulhall (jmu) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document	Laboratory test requested
	<i>Blood Test form WHITTINGTON + Phlebotomy</i>

20-Aug-2019 Dr James Mulhall (jmu) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Document	Referral to mental health team
	<i>Islington Practice Based Mental Health Referral Form</i>

20-Aug-2019 Dr James Mulhall (jmu) Goodinge Health CentreGP Surgery

Problem	Anxiety with depression		
History	History chronic worse in last 18/12		
History	History grew up in Scotland in care. residential care until 18 yr old then 3 different ***** in Scotland		
History	History moved to London, lives locally with friend of his ***** and also at his ***** in Essex		
History	History states low mood, anxiety, anger as long as he can remember.		
History	History "i don't feel joy like other people"		
History	History doesn't want to leave home		
History	History anxiety / low mood worse in last 18/12. ***** died (wasn't close to her but had reaction to her death), lost job, rent arrears and lost housing, benefits dispute, moved to london		
History	History states had some ***** thoughts of other people saying things		
History	History ***** and ***** Dx *****/ *****		
History	History ***** as a ***** by *****. no thoughts of suicide. no ideation of either now		
History	History no drug use. previous marijuana, cocaine, ecstasy, ketamine in party scene. minimal etoh		
History	History smoker		
History	History on UC. looking for work		
History	History prompted to attend by ***** friend who he *****		
Examination	Examination casually dressed, well kempt, normal content of speech, mildly flat affect. no *****		
Comment	Comment refer to PBMHT, for assessment/ advice re ongoing management		
Problem	[D]Appetite loss		
History	History long term eating little. abdo pain. vomits some mornings		
Examination	O/E - weight	50 kg	
Examination	O/E - height	175 cm	
Examination	Body mass index	16.33 kg/m2	
Comment	Comment get bloods. anxiety likely major factor. ?***** uint/ dietician with results		

14-Nov-2018 Ms Michelle O'Donoghue (MOD) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Additional	Patient allocated named accountable general practitioner
Additional	Informing patient of named accountable general practitioner

14-Nov-2018 Ms Michelle O'Donoghue (MOD) Goodinge Health CentreAwaiting clinical code migration to EMIS Web

Procedure	New patient screen done		
Social	Rolls own cigarettes	mg	30 g/week
Examination	O/E - height, 177.800 cm		177.8 cm

14-Nov-2018 Ms Michelle O'Donoghue (MOD) Goodinge Health Centre Awaiting clinical code migration to EMIS Web

Assessment	AUDIT-C score - frequency of drinking alcohol	0 /4
Assessment	AUDIT-C score - units of alcohol drunk on a typical day	0 /4
Assessment	AUDIT-C score-freq drunk 6+units (fem)/8+units (male) last yr	0 /4
Assessment	AUDIT score - frequency of drinking alcohol	0 /4
Assessment	AUDIT score - units of alcohol drunk on a typical day	0 /4
Assessment	AUDIT score-freq drunk 6+units (fem)/8+units (male) last yr	0 /4
Assessment	AUDIT score-freq unable to stop drinking when started in last yr	0 /4
Assessment	AUDIT score-freq of failing to do what was expected in last year	0 /4
Assessment	AUDIT score - freq needs morning alcoholic drink in last year	0 /4
Assessment	AUDIT score-freq of guilt or remorse after drinking in last year	0 /4
Assessment	AUDIT score - freq unable to remember previous night in last yr	0 /4
Assessment	AUDIT score - injury to self/other as a result of drinking	0 /4
Assessment	AUDIT score - others concerned about drinking/suggest cut down	0 /4
Result	Alcohol use disorder identificatn test consumptn questionnre	0 /12
Result	Alcohol use disorders identification test	0 /40

Medications (inc. issues)

Acute

24-Aug-2022 Miconazole 2% cream
60 gram - Apply Twice A Day

24-Aug-2022 Miconazole 2% cream
60 gram - Apply Twice A Day

Repeat

08-Nov-2022 Venlafaxine 37.5mg tablets
56 tablet - One To Be Taken Twice A Day after taking 1 week of 37.5 mg

08-Nov-2022 Venlafaxine 75mg modified-release tablets
28 tablet - One To Be Taken Each Day

19-July-2022 Venlafaxine 75mg modified-release tablets
28 tablet - One To Be Taken Each Day

19-July-2022 Venlafaxine 75mg modified-release tablets
28 tablet - One To Be Taken Each Day

29-Jun-2022 Venlafaxine 37.5mg tablets
56 tablet - One To Be Taken Twice A Day after taking 1 week of 37.5 mg

25-Feb-2022 Venlafaxine 37.5mg tablets
56 tablet - One To Be Taken Twice A Day after taking 1 week of 37.5 mg

15-Feb-2022 Venlafaxine 37.5mg tablets
56 tablet - One To Be Taken Twice A Day after taking 1 week of 37.5 mg

Past

24-Aug-2022 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - Apply Once Daily For 3 Or 5 Days As Directed

24-Aug-2022 Ketoconazole 2% shampoo Acute Medication (Past)
120 ml - Apply Once Daily For 3 Or 5 Days As Directed

15-Dec-2021 Venlafaxine 37.5mg tablets Acute Medication (Past)
14 tablet - one daily for 2weeks

15-Dec-2021 Fluoxetine 20mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken Each Day

15-Dec-2021 Venlafaxine 37.5mg tablets Acute Medication (Past)
14 tablet - one daily for 2weeks

11-Nov-2021 Fluoxetine 20mg capsules Repeat Medication (Past)
7 capsule - One To Be Taken Each Day

11-Nov-2021 Fluoxetine 20mg capsules Repeat Medication (Past)
60 capsule - Two To Be Taken Each Day

14-Oct-2021 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule - One To Be Taken Each Day

14-Oct-2021 Fluoxetine 20mg capsules Acute Medication (Past)
30 capsule - One To Be Taken Each Day

19-Oct-2020 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

19-Oct-2020 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

Allergies

This section is empty.

Vaccinations

27-Jan-1999 Mrs Rebecca Lawrence (rla)
Booster DT(double)+polio vacc.

27-Jan-1999 Mrs Rebecca Lawrence (rla)
MMR vaccination - 2nd dose

21-Aug-1996 Mrs Rebecca Lawrence (rla)
Measles/mumps/rubella vaccn.

23-Mar-1995 Mrs Rebecca Lawrence (rla)
3rd haemophilus B vaccination

23-Mar-1995 Mrs Rebecca Lawrence (rla)
Third DTP (triple)+polio vacc.

Referrals

02-Sept-2022 Dr Radhika Shah (rad)
Refer for ECG recording
. Referral Type: Outpatient

10-Jan-2022 Dr Toby Donati (Tobyb)
Referral to community phlebotomist
. Referral Type: Outpatient

15-Dec-2021 Dr Toby Donati (Tobyb)
Referral to community phlebotomist
. Referral Type: Outpatient

11-Nov-2021 Dr Toby Donati (Tobyb)
Haematology self-referral
. Referral Type: Outpatient

29-Oct-2020 Dr Radhika Shah (rad)
Referral to hospital phlebotomist
. Referral Type: Outpatient

12-Oct-2020 Dr Radhika Shah (rad)
Referral to hospital phlebotomist
. Referral Type: Outpatient

06-Oct-2020 Dr Radhika Shah (rad)
Refer to pathology department
. Referral Type: Outpatient

13-July-2020 Dr Radhika Shah (rad)
Referral to haematology service
. Referral Type: Outpatient

Test Requests

This section is empty.

Test Results

21-Jan-2022 Dr Sabina Ilyas (SIL)
Result: Plasma glucose level

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: COMPLETE BLOOD COUNT(Tobyb) - Normal - No Action

Haemoglobin estimation	140 g/L	(Range: 130 - 180)
Total white cell count	7.5 x 10 ⁹ /L	(Range: 3.5 - 12)
Platelet count	309 x 10 ⁹ /L	(Range: 140 - 400)
Mean corpuscular volume (MCV)	88.1 fL	(Range: 80 - 100)
Red blood cell (RBC) count	4.88 x 10 ¹² /L	(Range: 4.5 - 6.5)
Haematocrit	0.43 L/L	(Range: 0.4 - 0.54)
Mean corpusc. haemoglobin(MCH)	28.7 pg	(Range: 27 - 32)
MCHC	326 g/L	(Range: 310 - 360)
Nucleated red blood cell count, 0.00 x 10 ⁹ /L	0 x 10 ⁹ /L	(No range available)
Red blood cell distribut width	13.8 %	(Range: 11.5 - 16)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: DIFFERENTIAL(Tobyb) - Normal - No Action

Neutrophil count	3.4 x 10 ⁹ /L	(Range: 1.7 - 7.5)
Lymphocyte count, 3.0 x 10 ⁹ /L	3 x 10 ⁹ /L	(Range: 1 - 4)
Monocyte count	0.8 x 10 ⁹ /L	(Range: 0.2 - 1)
Eosinophil count	0.2 x 10 ⁹ /L	(No range available)
Basophil count	0.1 x 10 ⁹ /L	(No range available)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: Serum TSH level(Tobyb) - Normal - No Action

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: B12/folate level(Tobyb) - Normal - No Action

Serum vitamin B12	454 ng/l	(Range: 197 - 771)
Serum folate	6.1 ug/l	(Range: 2.99 - 26.8)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: UE CREATININE(Tobyb) - Minor abnormality of no clinical significance - to be treated as a normal result

Serum sodium	141 mmol/L	(Range: 135 - 145)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	4.9 mmol/L	(Range: 2.1 - 7.1)
Serum creatinine	63 umol/L	(Range: 66 - 112)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: LFT(Tobyb) - Normal - No Action

Serum total protein	71 g/L	(Range: 66 - 87)
Serum albumin	48 g/L	(Range: 35 - 50)
Serum total bilirubin level	2 umol/L	(No range available)
Serum alkaline phosphatase	71 iu/L	(Range: 40 - 129)
ALT/SGPT serum level	16 iu/L	(No range available)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: BONE(Tobyb) - Normal - No Action

Serum calcium	2.35 mmol/L	(Range: 2.15 - 2.55)
Corrected serum calcium level	2.19 mmol/L	(Range: 2.15 - 2.55)
Serum inorganic phosphate	1.11 mmol/L	(Range: 0.87 - 1.45)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: IRON & TIBC(Tobyb) - Normal - No Action

Serum iron level	20 umol/L	(Range: 8.1 - 28.3)
Serum TIBC	56 umol/L	(Range: 40.8 - 76.6)

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: Serum ferritin(Tobyb) - Normal - No Action

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: Serum magnesium level(Tobyb) - Normal - No Action

21-Jan-2022 Dr Sabina Ilyas (SIL)

Result: GFR calculated abbreviated MDRDe-GFR values between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21.(Tobyb) - Normal - No Action

14-Oct-2020 Dr Radhika Shah (rad)

Result: BLOOD FILM REQUEST(rad) - Normal - No Action

White cell comments Stained film confirms machine values	(No range available)
Red cell comments poik +	(No range available)

14-Oct-2020 Dr Radhika Shah (rad)

Result: COMPLETE BLOOD COUNT(rad) - Abnormal - Patient Contacted by Telephone

Haemoglobin estimation	139 g/L	(Range: 130 - 180)
Total white cell count ****NB Film review requested on this sample ***** Please check results thoroughly to the end !!!!!	13.1 x 10 ⁹ /L	(Range: 3.5 - 12)
Platelet count	298 x 10 ⁹ /L	(Range: 140 - 400)
Mean corpuscular volume (MCV)	86.1 fL	(Range: 80 - 100)
Red blood cell (RBC) count	4.76 x 10 ¹² /L	(Range: 4.5 - 6.5)
Haematocrit	0.41 L/L	(Range: 0.4 - 0.54)
Mean corpusc. haemoglobin(MCH)	29.2 pg	(Range: 27 - 32)
MCHC	339 g/L	(Range: 310 - 360)
Nucleated red blood cell count, 0.00 x 10 ⁹ /L	0 x 10 ⁹ /L	(No range available)
Red blood cell distribut width	13.6 %	(Range: 11.5 - 16)

14-Oct-2020 Dr Radhika Shah (rad)**Result:** DIFFERENTIAL

Neutrophil count	6.4 x 10 ⁹ /L	(Range: 1.7 - 7.5)
Lymphocyte count	5.2 x 10⁹/L	(Range: 1 - 4)
Monocyte count, 1.0 x 10 ⁹ /L	1 x 10 ⁹ /L	(Range: 0.2 - 1)
Eosinophil count	0.4 x 10 ⁹ /L	(No range available)
Basophil count	0.1 x 10 ⁹ /L	(No range available)

07-Oct-2020 Dr Radhika Shah (rad)**Result:** COMPLETE BLOOD COUNT (rad) - Normal - No Action

Haemoglobin estimation	144 g/L	(Range: 130 - 180)
Total white cell count ****NB Film review requested on this sample ***** Please check results thoroughly to the end !!!!!	11.5 x 10 ⁹ /L	(Range: 3.5 - 12)
Platelet count	293 x 10 ⁹ /L	(Range: 140 - 400)
Mean corpuscular volume (MCV)	87.2 fL	(Range: 80 - 100)
Red blood cell (RBC) count	4.99 x 10 ¹² /L	(Range: 4.5 - 6.5)
Haematocrit	0.44 L/L	(Range: 0.4 - 0.54)
Mean corpusc. haemoglobin (MCH)	28.9 pg	(Range: 27 - 32)
MCHC	331 g/L	(Range: 310 - 360)
Nucleated red blood cell count, 0.00 x 10 ⁹ /L	0 x 10 ⁹ /L	(No range available)
Red blood cell distribut width	13.3 %	(Range: 11.5 - 16)

07-Oct-2020 Dr Radhika Shah (rad)**Result:** DIFFERENTIAL (rad) - Abnormal - Patient contacted by Text Message

Neutrophil count	5.1 x 10 ⁹ /L	(Range: 1.7 - 7.5)
Lymphocyte count	4.9 x 10⁹/L	(Range: 1 - 4)
Monocyte count	1.1 x 10⁹/L	(Range: 0.2 - 1)
Eosinophil count	0.3 x 10 ⁹ /L	(No range available)
Basophil count	0.1 x 10 ⁹ /L	(No range available)

07-Oct-2020 Dr Radhika Shah (rad)**Result:** BLOOD FILM REQUEST (rad) - Abnormal - Patient contacted by Text Message

White cell comments Stained film confirms machine values lymphocytosis, atypical lymphs. ?Viral		(No range available)
Red cell comments poik + elliptocytes + targets +		(No range available)

07-Oct-2020 Dr Radhika Shah (rad)**Result:** Serum TSH level (rad) - Normal - No Action**07-Oct-2020 Dr Radhika Shah (rad)****Result:** GFR calculated abbreviatd MDRDe-GFR values between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21. (rad) - Normal - No Action**07-Oct-2020 Dr Radhika Shah (rad)****Result:** LFT (rad) - Stable / expected for patient - No Action Required

Serum total protein	77 g/L	(Range: 66 - 87)
Serum albumin	53 g/L	(Range: 35 - 50)
Serum total bilirubin level	5 umol/L	(No range available)
Serum alkaline phosphatase	65 iu/L	(Range: 40 - 129)
ALT/SGPT serum level	14 iu/L	(No range available)

07-Oct-2020 Dr Radhika Shah (rad)**Result:** UE CREATININE (rad) - Normal - No Action

Serum sodium	142 mmol/L	(Range: 135 - 145)
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.1)
Serum urea level	5.2 mmol/L	(Range: 2.1 - 7.1)
Serum creatinine	70 umol/L	(Range: 66 - 112)

03-Oct-2019 Dr James Mulhall (jmu)**Result:** TISSUE TRANSGLUTAMINASE (jmu) - Normal - No Action

Tissue transglutaminase IgA TTGA Screen Negative		(No range available)
TTGA Value (u/ml) Please note normal range is 0 - 10 u/ml	0.3 u/ml	(No range available)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Urea and electrolytes (jmu) - Normal - No Action

Serum sodium	142 mmol/L	(Range: 135 - 145)
Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.1)
Serum urea level, 6.0 mmol/L	6 mmol/L	(Range: 2.1 - 7.1)
Serum creatinine	69 umol/L	(Range: 66 - 112)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Liver function test (jmu) - Normal - No Action

Serum total protein	74 g/L	(Range: 66 - 87)
Serum albumin	51 g/L	(Range: 35 - 50)
Serum total bilirubin level	4 umol/L	(No range available)
Serum alkaline phosphatase	54 iu/L	(Range: 40 - 129)
ALT/SGPT serum level	12 iu/L	(No range available)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Bone profile (jmu) - Normal - No Action

Serum calcium	2.39 mmol/L	(Range: 2.15 - 2.55)
Corrected serum calcium level	2.17 mmol/L	(Range: 2.15 - 2.55)
Serum inorganic phosphate	1.41 mmol/L	(Range: 0.87 - 1.45)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Serum TSH level(jmu) - Normal - No Action

Serum TSH level, 3.0 mu/L

3 mu/L

(Range: 0.3 - 4.2)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Plasma C reactive protein(jmu) - Normal - No Action

Serum C reactive protein level

1 mg/L

(No range available)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** GFR calculated abbreviatd MDRD(jmu) - Normal - No Action

GFR calculated abbreviatd MDRD e-GFR values between 60 and 90 do not indicate CKD unless there is other clinical/laboratory evidence of disease. If patient is afro-caribbean e-GFR result should be multiplied by 1.21.

90 mL/min

(Range: 90 - 9999)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Full blood count - FBC(jmu) - Normal - No Action

Haemoglobin estimation

134 g/L

(Range: 130 - 180)

Total white cell count, 12.0 x 10⁹/L12 x 10⁹/L

(Range: 3.5 - 12)

Platelet count

322 x 10⁹/L

(Range: 140 - 400)

Mean corpuscular volume (MCV)

83.4 fL

(Range: 80 - 100)

Red blood cell (RBC) count

4.77 x 10¹²/L

(Range: 4.5 - 6.5)

Haematocrit, 0.40 L/L

0.4 L/L

(Range: 0.4 - 0.54)

Mean corpusc. haemoglobin(MCH)

28.1 pg

(Range: 27 - 32)

Mean corpusc. Hb. conc. (MCHC)

337 g/L

(Range: 310 - 360)

Nucleated red blood cell count, 0.00 x 10⁹/L0 x 10⁹/L

(No range available)

Red blood cell distribut width

13.7 %

(Range: 11.5 - 16)

01-Oct-2019 Dr James Mulhall (jmu)**Result:** Differential white cell count(jmu) - Normal - No Action

Neutrophil count

7.5 x 10⁹/L

(Range: 1.7 - 7.5)

Lymphocyte count

3.1 x 10⁹/L

(Range: 1 - 4)

Monocyte count

1.1 x 10⁹/L**(Range: 0.2 - 1)**

Eosinophil count

0.2 x 10⁹/L

(No range available)

Basophil count

0.1 x 10⁹/L

(No range available)

Other Items

20-Jan-2110	Recall	Primary Care Group Admin tag (DO NOT REMOVE)
15-July-2024	Read Code	Enhanced review indicated before granting access to own health record
31-Oct-2023	Read Code	Enhanced review not indicated before granting access to own health record
01-Nov-2022	Read Code	Enhanced review indicated before granting access to own health record
19-Aug-2022	Read Code	Did not attend - no reason
04-Mar-2022	Read Code	Did not attend - no reason
21-Jan-2022	Read Code	Plasma glucose level 5.3 mmol/L
21-Jan-2022	Read Code	Serum TSH level (Tobyb) - Normal - No Action 1.5 mu/L
21-Jan-2022	Read Code	Serum ferritin (Tobyb) - Normal - No Action 198 ug/l
21-Jan-2022	Read Code	Serum magnesium level (Tobyb) - Normal - No Action 0.91 mmol/L
21-Jan-2022	Read Code	GFR calculated abbreviatd MDRD (Tobyb) - Normal - No Action 90 mL/min
10-Jan-2022	Read Code	Unknown specimen
10-Jan-2022	Read Code	Test Request : Manual Blood Film
10-Jan-2022	Read Code	Test Request : Full Blood Count
10-Jan-2022	Read Code	Test Request : Differential
10-Jan-2022	Read Code	Test Request : Laboratory, internal use only
10-Jan-2022	Read Code	Test Request : U&E/Creat
07-Jan-2022	Read Code	Did not attend - no reason

15-Dec-2021	Read Code	Test Request : Calprotectin (faecal)
10-Dec-2021	Read Code	Did not attend - no reason
11-Nov-2021	Read Code	Test Request : Vitamin B12 & serum folate
11-Nov-2021	Read Code	Test Request : Bone Profile
11-Nov-2021	Read Code	Test Request : Full Blood Count
11-Nov-2021	Read Code	Test Request : Differential
11-Nov-2021	Read Code	Test Request : Ferritin
11-Nov-2021	Read Code	Test Request : Iron and TIBC
11-Nov-2021	Read Code	Test Request : Glucose
11-Nov-2021	Read Code	Test Request : Laboratory header internal use only
11-Nov-2021	Read Code	Test Request : Laboratory, internal use only
11-Nov-2021	Read Code	Test Request : Liver profile (LFT)
11-Nov-2021	Read Code	Test Request : Magnesium
11-Nov-2021	Read Code	Test Request : TSH
11-Nov-2021	Read Code	Test Request : U&E/Creat
14-Oct-2021	Read Code	Systolic arterial pressure 123 mmHg
14-Oct-2021	Read Code	Diastolic arterial pressure 80 mmHg
12-Mar-2021	Read Code	QDiabetes risk calculator score Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 20 kg/m ² ;) 0.1 %
15-Jan-2021	Read Code	SMS text message sent to patient The UK COVID-19 vaccination programme has started. Patients are being contacted directly in order of government determined clinical priority groups. As soon as there is vaccine availability, we will contact you directly to make an appointment at a vaccination centre or at home if housebound. Please do not contact us about the vaccine otherwise. Information on the vaccine is available on www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination
03-Nov-2020	Read Code	SMS text message sent to patient Thank you all for your ***** and understanding in these unprecedented times. During the upcoming lockdown we will be open as usual and offering all our current existing services. Please phone us as you would normally. Please see our website for additional information on services. www.mypg.io/xds
20-Oct-2020	Read Code	Unknown specimen
20-Oct-2020	Read Code	Test Request : Manual Blood Film
20-Oct-2020	Read Code	Test Request : Full Blood Count
20-Oct-2020	Read Code	Test Request : Differential
20-Oct-2020	Read Code	Test Request : Laboratory, internal use only
20-Oct-2020	Read Code	Test Request : U&E/Creat
19-Oct-2020	Read Code	Test Request : Manual Blood Film
19-Oct-2020	Read Code	Test Request : Full Blood Count
19-Oct-2020	Read Code	Test Request : Differential
19-Oct-2020	Read Code	Test Request : Laboratory, internal use only
19-Oct-2020	Read Code	Test Request : U&E/Creat

18-Oct-2020	Read Code	SMS text message sent to patient appt reminder: Oct 19 at 12:30pm with Dr Radhika *****. If you can't attend, call Goodinge on 0207 619 6670 or reply by typing 'cancel' Get our App: www.mygp.io/app If you have a high temperature or a new persistent cough do not go to your GP surgery, pharmacy or hospital. Use the NHS 111 online service at https://111.nhs.uk/covid-19 to find out what to do next
09-Oct-2020	Read Code	Unknown specimen
09-Oct-2020	Read Code	Test Request : Manual Blood Film
09-Oct-2020	Read Code	Test Request : Full Blood Count
09-Oct-2020	Read Code	Test Request : Differential
09-Oct-2020	Read Code	Test Request : Manual Blood Film
09-Oct-2020	Read Code	Test Request : Full Blood Count
09-Oct-2020	Read Code	Test Request : Differential
07-Oct-2020	Read Code	Serum TSH level (rad) - Normal - No Action 2.3 mu/L
07-Oct-2020	Read Code	GFR calculated abbreviatd MDRD (rad) - Normal - No Action 90 mL/min
31-July-2020	Read Code	SMS text message sent to patient We are restarting online phone appointment bookings including Saturday surgeries. Please visit https://www.goodingegrouppractice.com for more details on our current services. We would also appreciate if you could support Healthwatch by completing their short survey https://survs.com/survey/mqta0lwu7
20-July-2020	Read Code	Did not attend - no reason
19-July-2020	Read Code	SMS text message sent to patient appt reminder: Jul 20 at 11:50am with Ms Shela McMahon. If you can't attend, call Goodinge on 0207 619 6670 or reply by typing 'cancel' Get our App: www.mygp.io/app If you have a high temperature or a new persistent cough do not go to your GP surgery, pharmacy or hospital. Use the NHS 111 online service at https://111.nhs.uk/covid-19 to find out what to do next
13-July-2020	Read Code	Systolic arterial pressure 123 mmHg
13-July-2020	Read Code	Diastolic arterial pressure 73 mmHg
12-July-2020	Read Code	SMS text message sent to patient appt reminder: Jul 13 at 3:35pm with Ms Shela McMahon. If you can't attend, call Goodinge on 0207 619 6670 or reply by typing 'cancel' Get our App: www.mygp.io/app If you have a high temperature or a new persistent cough do not go to your GP surgery, pharmacy or hospital. Use the NHS 111 online service at https://111.nhs.uk/covid-19 to find out what to do next
10-July-2020	Read Code	Test Request : Full Blood Count
10-July-2020	Read Code	Test Request : Differential
10-July-2020	Read Code	Test Request : Laboratory, internal use only
10-July-2020	Read Code	Test Request : Liver profile (LFT)
10-July-2020	Read Code	Test Request : TSH
10-July-2020	Read Code	Test Request : U&E/Creat
19-Jun-2020	Read Code	SMS text message sent to patient Going forward we are requesting all patients apart from ***** who attend the surgery for any reason to wear a face covering to help us reduce the risk of spreading Covid. We would also encourage any patients who have not signed up for online access to do so. We have also updated the information on our new website about our current provision of services as we come out of lockdown and will continue to update this
13-Mar-2020	Read Code	SMS text message sent to patient Due to COVID-19 DO NOT COME TO THE PRACTICE to reduce the risk of infection to yourself and others. See website www.goodingegrouppractice.com for details
10-Mar-2020	Read Code	SMS text message sent to patient For the latest Covid-19 advice please visit www.nhs.uk . If you think you may have Covid-19, have travelled to an affected area - please do not go to a GP surgery, pharmacy or hospital. Use the NHS 111 online service at https://111.nhs.uk/covid-19 to find out what to do next
28-Feb-2020	Read Code	Did not attend - no reason

31-Jan-2020	Read Code	SMS text message sent to patient CORONAVIRUS ADVICE TO ALL PATIENTS:If you are having respiratory symptoms (cough sore throat, shortness of breath) AND you have been to China or in contact with someone who has been to China in the last 14 days please call 111 for advice. Do not attend the GP surgery.
02-Mar-2019	Read Code	Notes summary on computer
28-Jan-2019	Read Code	SMS text message sent to patient Our records show you are a smoker. Please see the link if you're considering giving up.local services and general tips:https://www.nhs.uk/smokefree
28-Jan-2019	Read Code	Smoking cessation advice No additional comment entered
14-Nov-2018	Read Code	British or mixed British - ethnic category 2001 census
14-Nov-2018	Read Code	Single
14-Nov-2018	Read Code	Main spoken language English
14-Nov-2018	Read Code	Preferred method of contact: unknown
15-Dec-2017	Read Code	Pityriasis versicolor
13-Dec-2017	Read Code	[X]Depression NOS (Combined with [X]Depression NOS)
12-Sept-2017	Read Code	[X]Depression NOS (Combined with [X]Depression NOS)
18-Apr-2017	Read Code	Viral infection NOS
09-Nov-2016	Read Code	[X]Depression NOS (Combined with [X]Depression NOS)
09-Nov-2016	Read Code	[X]Depression NOS
09-Nov-2016	Read Code	[X]Depression NOS
01-Jan-2016	Read Code	Anxiety with depression
01-Jan-2001	Read Code	*****
01-Jan-1997	Read Code	Impetigo
01-Jan-1996	Read Code	Scabies
01-Jan-1996	Read Code	Chickenpox - varicella Summarized from Notes
01-Nov-1994	Read Code	Pyrexia symptoms Summarized from Notes

Attachments

Administration note

02-Jun-2026 Ms Makenzie Compton (Makenzie)

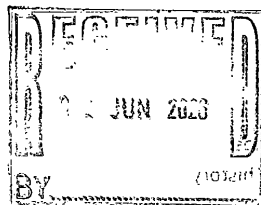
Additional:Administration note

Medical report request and consent for Dr Radhika *****, General Medical Practitioner at Gooding Group Practice (02-Jun-2026)

Filename: MakenzieUPD_27.tif

Extension:.tif

Pages:



MMA
LEGAL

Goodinge Group Practice

Date 29/05/2026

20 North Road

Market Estate

London

N79EW

Ref: 100400

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Ryan Mudie

Client Reference: 100400

Client Address: Flat 10 455 Caledonian Road, London, N79BA

Date of Birth: 16/10/1994

Also Known AS:

Name in Care:

NHS Number:

Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

Scope of Request

We request a complete copy of the patient's full medical records, including [REDACTED] held in electronic, paper, and archived formats.

This specifically includes:

Full GP records (not a summary printout)

Consultation notes and free-text entries

Historical paper records (including Lloyd George records where applicable)

Coded clinical data

Correspondence to and from hospitals, specialists, and external providers

Mental health records held within the GP file

[REDACTED] or alerts

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street., Stockport, SK11RY

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement

We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records

Please ensure searches include:

Archived and legacy systems

Paper and scanned records

Records transferred from previous GP practices

Enclosures

We enclose:

Signed authority

Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe

We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data

If you do not hold a complete record, please confirm:

The dates of records held

Details of any previous GP practices

Service of Documents

We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team

MMA Legal

E: evidence@mmalegal.co.uk

T: 0161 563 0816

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street, Stockport, SK11 1RY

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Ryan Mudie
Date of Birth:	16/10/1994
Previous Names (if any):	
Current Address:	Flat 10 455 Caledonian Road London N79BA
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

- 1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
 - 1.1.1. UK GDPR
 - 1.1.2. Data Protection Act 2018
 - 1.1.3. Common law confidentiality
 - 1.1.4. Any related statutory, regulatory or supervisory framework
- 1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.
- 1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.page>
SRA Number: 8000579

2.1. The Client appoints the Representative to act fully on their behalf in connection with:

- 2.1.1. An application to Redress Scotland;**
- 2.1.2. Any review, reconsideration or appeal;**
- 2.1.3. Evidence gathering and submission;**
- 2.1.4. Any associated advisory, compensatory or restorative process;**

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):

- 3.1.1. Local Authorities and Councils**
- 3.1.2. NHS Boards and GP Practices**
- 3.1.3. Health & Social Care Partnerships**
- 3.1.4. Integration Joint Boards**
- 3.1.5. Religious bodies and orders**
- 3.1.6. Residential and care providers**
- 3.1.7. Education authorities and schools**
- 3.1.8. Government departments**
- 3.1.9. Archive services**
- 3.1.10. Insurers holding historical liability files**
- 3.1.11. Successor, merged or restructured public bodies**

3.2. The Authority applies whether Records are:

- 3.2.1. Archived, microfiche, digitised or handwritten;**
- 3.2.2. Stored off-site by contractors;**
- 3.2.3. Held by dissolved or reconstituted institutions;**
- 3.2.4. Transferred following statutory reorganisation;**

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:

- 3.3.1. The institution has closed or restructured;**
- 3.3.2. Records are archived or require manual retrieval;**
- 3.3.3. Records are held by insurers or successor bodies;**
- 3.3.4. Retrieval involves time or administrative burden.**

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:

- 4.1.1. Physical and mental health records**
- 4.1.2. Psychiatric and psychological reports**
- 4.1.3. Therapy and counselling notes**
- 4.1.4. CAMHS records**
- 4.1.5. and**
- 4.1.6. Ethnicity or religious data where recorded**

This includes all NHS and private medical providers.

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SRA Number: 8000579

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data

5.1.2. Police investigation material

5.1.3. ██████ investigations

5.1.4. Statements and intelligence logs

5.1.5. Outcome decisions

5.1.6. ██████ Scotland

5.1.7. Any predecessor Scottish police force

5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

7.1.1. Identify the specific statutory exemption relied upon;

7.1.2. Explain how that exemption applies to the particular Record;

7.1.3. Confirm why partial disclosure is not possible;

7.1.4. Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

8.2.1. An internal template form has not been used;

8.2.2. The Authority is considered "out of date" within internal policy;

8.2.3. Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good ██████ reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.page>
SRA Number: 8000579

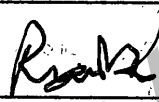
In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

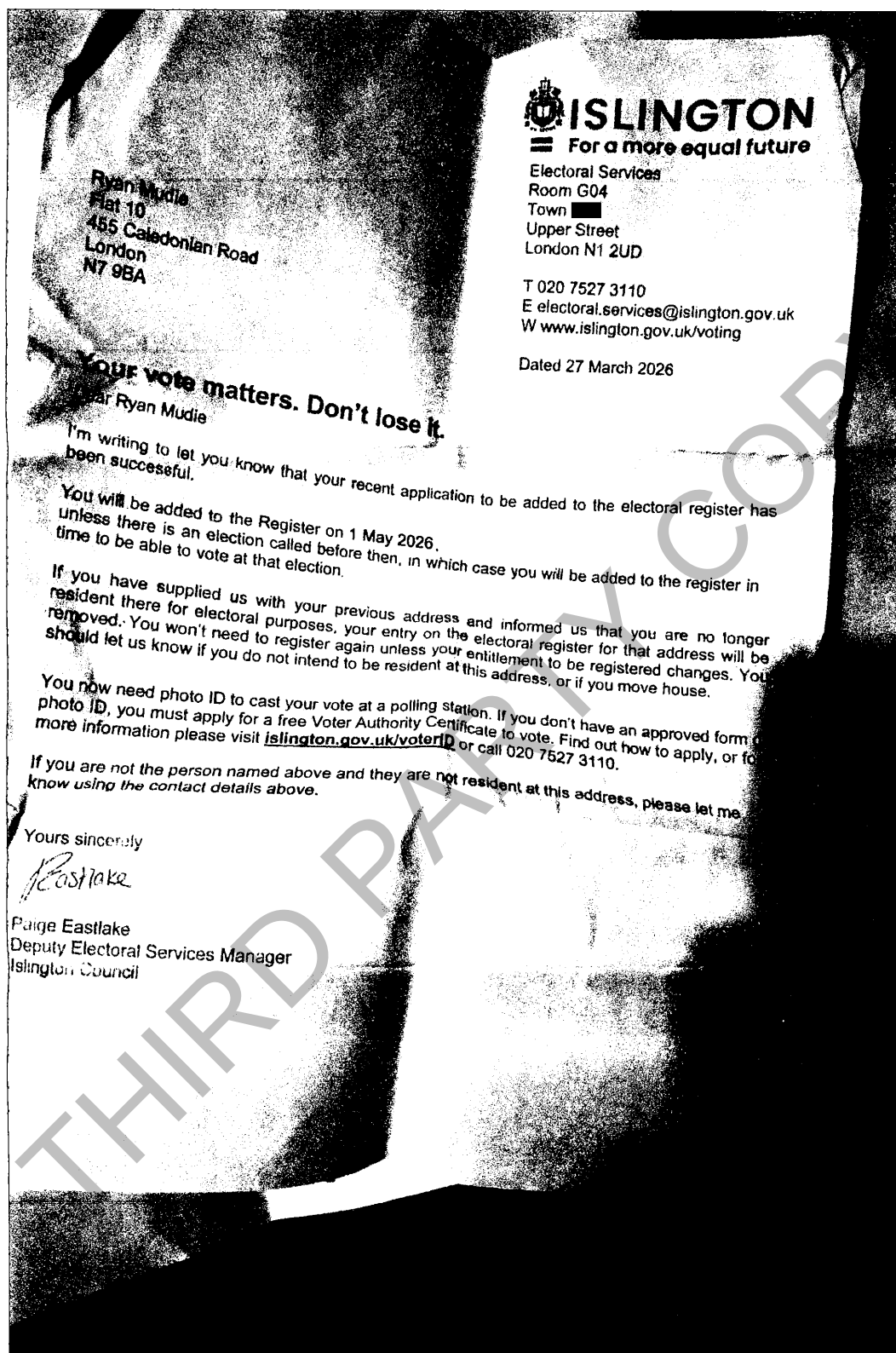
Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Ryan Mudie
Date	28/03/2026

Witness	
Name	
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	
Date	28/03/2026

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SRA Number: 8000579

This document is a legally binding record of the e-signature process.

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Extract of an entry in a REGISTER of BIRTHS
Registration of Births, Deaths and Marriages (Scotland) Act 1965

B(P) 11550702

BIRTH	District No. 351	Year 1994	Entry No. 9	N.H.S. No.	3 5 1	9 4	9 4 2
Registered in the District of DUNDEE							
1. Surname MUDIE						2. Sex M	
Name(s) Ryan James							
3. When born 1994 October Sixteenth 0915 hours				4. Where born Ninewells Hospital, Dundee DD1 9SY			
5. Mother's name(s) and surname DOHERTY				6. Maiden surname			
7. Mother's usual residence (if different from 4 above) 42 Craigmount Road Dundee DD2 4QH							
8. Name(s) and surname JAMESON WATSON HUTCHISON							
9. Occupation							
10. Date and place of marriage		Year	Month	Day	Place		
11. Informant's signature and qualification FRANCES DOHERTY							
12. When registered		Year	Day	13.			
		1994	11	14			
14.							

Register of Births for the District of Dundee
day of 11th

The above particulars incorporate any subsequent corrections or amendments to the original entry.
This extract is valid only if it has been authenticated by the signature of the district registrar or an assistant registrar.
If a person who is not the registrar or an assistant registrar has been reproduced by photography, xerography or some other similar process, it has been made. A registrar will authenticate only the reproductions which have been produced by the above methods.

Warning
It is an offence under section 53(3) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 to produce a reproduction of this extract which has not been made by a district registrar or assistant registrar and any person who falsifies or forges any of the particulars on this extract or knowingly uses gives or produces under section 53(1) of the said Act.
This extract is evidence of an event recorded in a register of births. It is NOT evidence of the identity of the person named.

03 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

02-Jun-2025 Dr Data Migration (DTR)

Additional:03 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Filename: 03 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Extension:.tif

Pages:

Tayside Radio Doctor Service

PROSPERITY HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (01382) 561577
FAX (01382) 561590



RECORD OF CALL	Date: 2/7/95	Time: 2355	Night Visit ☒
Patient's Name	Ryan Moolue		Date of birth 16/10/94
Address	62 Cairnmore - Bae Dundee		
Patient's G.P.	Reuben, Wergah	Locum	SMAC

HISTORY AND CLINICAL FINDINGS

Has been bettering. Slightly
Unwell & cold & cough
Legs - Paracetamol
of mild lower respiratory
congestion

Provisional
Diagnosis

ACTION TAKEN

Admitted to
hospital ☐

Delivered to Ryan
to use siblings

EMERGENCY EQUIPMENT USED

FOLLOW UP

☐ Resuscitator	No further contact required	☐
☐ Oxygen	Patient to contact doctor	☐
☐ Ventlon	Doctor to visit 2-3 days	☐
☐ Defibrillator	(Locum to arrange) Next morning	☐



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Tayside Radio Doctor Service²⁴

PROSPECT HOUSE, TECHNOLOGY PARK
DUNDEE DD2 1TY PHONE (0382) 561577



RECORD OF CALL		Date: 29.6.95	Time: 22.25	Night Visit ☒
Patient's Name: Ryan Rudie		Date of birth: 16.10.94		
Address: 42 22 [redacted] St				
Patient's G.P.: Robinson M.G.		Locum: Ryan		
HISTORY AND CLINICAL FINDINGS				
1 [redacted] (ugh) Chest few rales ears clear URSI Provisional Diagnosis: Croupy cough 2mg/Sml 2-Sml b.d.				
ACTION TAKEN				
(60ml) Admitted to hospital ☐				
EMERGENCY EQUIPMENT USED				
☐ Resuscitator ☐ Oxygen ☐ Ventlon ☐ Defibrillator		FOLLOW UP ☐ No further contact required ☐ Patient to contact doctor ☐ Doctor to visit 2-3 days ☐ (Locum to arrange) Next morning		

AUGMENTIN

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Your Ref.

Our Ref.

SM/LER 16.10.94-0075

Enquiries to:-

Ninewells Hospital and Medical

Dundee DD1 9SY

Telephone 01382 660111

DR S MUKHOPADHYAY
DIRECTORATE OF PAEDIATRICS

10 March 1995
 Clinic 21.02.95
 Dictated 22.02.95

Dr J [redacted]
 Westgate Health Centre
 Charleston Drive
 DUNDEE

Dear Dr [redacted]

Re: RYAN MUDIE 62 Craigmount Road Dundee d.o.b. 16.10.94-0075

Further to our discharge notification Ryan did not attend the Paediatric Clinic today. I trust this means he remains well. I have not arranged any further follow-up but would be glad to see him at a later date if you considered this necessary.

Yours sincerely

Sm
S MUKHOPADHYAY
 WELLCOME FELLOW & LECTURER TO
 PROFESSOR R E OLVER CONSULTANT PAEDIATRICIAN

c.c. Community [redacted] Health

D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Mr J. [redacted] Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.

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DIRECTORATE OF PAEDIATRICS

Your Ref.

Our Ref.

Enquiries to:-

REO / 1610940075

Professor R.E. Olver,
Paediatric Unit.Ninewells Hospital and Medical
Dundee DD1 9SY
Telephone 0382 60111

10 November 1994

Dr. [REDACTED]
WESTGATE HEALTH CENTRE
CHARLESTON DRIVE
DUNDEE, DD2 4AD

Dear Dr. [REDACTED]

DISCHARGE NOTIFICATIONRe - Ryan MUDIE 1610940075 62 Craigmount Road DUNDEE

Your patient Ryan MUDIE was admitted to the Paediatric Unit as an ACUTE admission on 02/11/94 and was under the care of Professor R.E. Olver.

Presenting complaint:PYREXIA
VOMITINGRelevant investigations:SPA
FBC
U&E'SManagement:

ADMIT AND OBSERVE

Discharged:

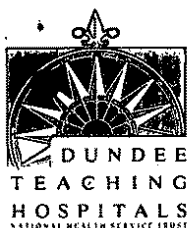
HOME ON 07/11/94.

Diagnosis:FEEDING DIFFICULTIES (783.3)
ORAL THRUSH (112.0)
THRUSH OF NAPIKIN AREA (112.2)Comments and Recommendations:

D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Mr J. [REDACTED] Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.R.S.M., Dip.R.S.M., A.I.P.M.

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DIRECTORATE OF PAEDIATRICS

Your Ref.

Our Ref.

Enquiries to:-

REO / 1610940075

Ninewells Hospital and Medical

Dundee DD1 9SY

Telephone 0382 60111

Treatment on discharge:

Name	Dose	Units	Frequency	No. of Days
Nystatin Oral Suspension	1.00	mls	4 *daily	7
NYSTATIN CREAM			*prn	7
			*	
			*	
			*	

Arrangements for follow-up:

to be arranged
GENERAL PAEDIATRIC CLINIC, NINEWELLS

If further information on this admission is required please contact the paediatric office on (0382-60111; Ext. 2804) or Professor R.E. Olver directly.

Yours sincerely,

V. [redacted] Staff Grade to
Professor R.E. Olver, Consultant Paediatrician.

c.c. Community [redacted] Health

DISCOVER GOOD HEALTH IN DUNDEE

Chairman: Mr J. [redacted] Fair, M.A., LL.B., W.S., N.P. Chief Executive: Mr T. E. W. Brett, B.Sc.(Hons), M.H.S.M., Dip.H.S.M., A.I.P.M.

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COPY

GP

HV

SCH

CMO

REPORT

P/PARK

C&F

NAME: Ryan [REDACTED] Mudie/Docherty & [REDACTED] Mudie/Docherty
 ADDRESS: R - 1G Maxwelltown Tower, Dundee C - c/o 4 Foggyley Gardens, Dundee
 DOB: Ryan - 16.10.94 [REDACTED] - 13.12.93
 GP: Dr J Locke, Wallacetown Health Centre
 [REDACTED] Street C&FC
 [REDACTED] Goff/Docherty - 24.06.76
 [REDACTED] Mudie - 01.07.74
 [REDACTED] N/A
 [REDACTED]

REVIEW SCHEDULED FOR 11 MARCH 1997 AT 2.00PM AT KIRKTON C&FC

REPORT

These [REDACTED] have recently joined our list though for quite how long they will be with us I am not sure. We are the third GP the [REDACTED] have been registered with in the last seven months. Ryan was first seen on the 15th of January and treated for scabies. [REDACTED] his older [REDACTED] was seen on the 27th of January with an infected right index finger and is being treated with bandaging and antibiotics and I am pleased to say that the [REDACTED] has attended our surgery for treatment to [REDACTED] finger.

Going from the previous notes, it would appear that these children are still at risk.

Report prepared by:

[REDACTED] LOCKE

Designation:

G.P.

I will be ~~able~~/unable to attend the Review.

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST		SURNAME MUDIE		FORENAME RYAN		UNIT No. 1610940075	
MICROBIOLOGY		19 Braeview Stenhousemuir		DATE OF BIRTH 16/10/1994		SEX M	
CONSULTANT Unknown		WARD Dr. J. Leeming GP Stenhousemuir Health Centre		5561			
CLINICAL DATA NAIL DYSTROPHY						CPA ACCREDITED	
<u>Mycology culture + microscopy</u> Direct examination : negative <u>Culture.</u> No growth <u>Report received from :-</u> Regional Mycology Reference Laboratory Glasgow							
EXAMINATION Mycology culture + microscopy		LAB. No. MS055201A		AUTHORISED A. Bundy			
NATURE OF SPECIMEN Nail clippings		DATE COLLECTED 22/11/2006		DATE RECEIVED 22/11/2006		DATE REPORTED 15/12/2006	

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HAEMATOLOGY DEPARTMENT DUMFRIES & GALLOWAY ROYAL INFIRMARY 01387 241 438



SURNAME MUDIE		FORENAME RYAN		LAB. No. HA064146V	
CHI No. 1610940075	HOSPITAL REG. No. Z00429000	DOB 16/10/1994	SEX M	DATE & TIME COLLECTED 17/11/2009 16:53	
WARD / LOCATION / PRACTICE Lockerbie Surgery		CONSULTANT / GP JJ (LO)		DATE & TIME RECEIVED 18/11/2009 15:12	
CLINICAL DETAILS TATT				DATE & TIME REPORTED 18/11/2009 15:34	

YFRM160

MORPHOLOGY FLAGS	ANISOCYTOSIS	MICROCYTOSIS	MACROCYTOSIS	HYPOCHROMASIA	POLYCHROMASIA	REPORT ISSUED BY Haem				FILING AUTH. BY	
	NEUT	LYMPH	MONO	EOSIN	BASO		M.MYE	MYELO	PROMYE	BLASTS	RETIC
X10 ⁹ /l	5.60	1.90	0.60	0.20	0.00	0.1					
DATE	HB g/l	HCT l/l	RBC X10 ¹² /l	MCV fl	MCH pg	MCHC g/l	WBC X10 ⁹ /l	PLAT X10 ⁹ /l	NEUT X10 ⁹ /l	ESR mm/hr	INR
18/11/2009	127	0.404	4.64	87	27.4	314	8.4	283	5.60		

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BIOCHEMISTRY DEPARTMENT, DUMFRIES & GALLOWAY ROYAL INFIRMARY

SURNAME: MUDIE		FORENAME: RYAN	
CHI No: 1610940075	REG No:	DOB: 16/10/1994	SEX: M
LOCATION: Lockerbie Surgery		CONSULTANT/GP: JJ (LO)	

CLINICAL DETAILS: TATT			
FASTING: U			
Date Collected	17/11/09		
Time Collected	16:53		
Specimen Number	222333		

Test	Units	Ref. Range	
Sodium	mmol/L	(135 - 145)	143
Potassium	mmol/L	(3.5 - 5.0)	4.3
Chloride	mmol/L	(95 - 110)	102
Bicarbonate	mmol/L	(23 - 30)	25
Urea	mmol/L	(2.5 - 7.5)	5.9
Urate	mmol/L	(0.11 - 0.45)	
Creatinine	umol/L	(40 - 110)	64
Estimated GFR	mL/min (-)		
Bilirubin	umol/L	(0 - 21)	
Alkaline Phosphatase	Iu/L	(35 - 390)	
Gamma GT	Iu/L	(0 - 35)	
AST	Iu/L	(0 - 42)	
ALT	Iu/L	(0 - 50)	
CK	Iu/L	(0 - 195)	
LDH	Iu/L	(240 - 480)	
Total Protein	g/L	(62 - 82)	
Albumin	g/L	(35 - 53)	
Corrected Calcium	mmol/L	(2.12 - 2.62)	
Phosphate	mmol/L	(0.7 - 1.7)	
Magnesium	mmol/L	(0.66 - 1.0)	
Plasma Glucose	mmol/L	(2.8 - 6.0)	5.6
Amylase	Iu/L	(0 - 100)	
C-Reactive Protein	mg/L	(0 - 10)	
Cholesterol	mmol/L	(2.5 - 5.0)	
Triglyceride	mmol/L	(0.8 - 3.0)	
HDL Cholesterol	mmol/L	(0.9 - 1.8)	
Chol:HDL Chol		(0 - 5.0)	
Free T4	pmol/L	(11 - 27)	14
TSH	mU/L	(0.3 - 5.0)	2.0
T3	nmol/L	(1.3 - 3.1)	
Ferritin	ng/mL	(13 - 300)	36
Iron	umol/L	(14 - 32)	
TIBC	umol/L	(45 - 80)	
TIBC Saturation	%	(20 - 50)	
Cardiac Troponin T	ug/L	(0 - 0.03)	

COMMENTS: 1) All tests are serum unless otherwise stated. 2) Results in bold are outside the reference range.

Plasma Glucose Range only valid in non-pregnant fasting subjects.

DATE RECEIVED: 18/11/2009	DATE PRINTED: 19 November 2009
TIME RECEIVED:	TIME PRINTED: 9:25:25 AM
AUTHORISED BY: Heathcote	FILING AUTHORISED BY: FILED BY:

INDEX OF COMMENT CODES
 SH - Specimen Haemolysed LIP - Lipaemic Specimen INS - Insufficient UNS - Unsuitable OS - Old Specimen NS - No Specimen

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NHS DUMFRIES AND GALLOWAY Appointment Centre

Dumfries and Galloway Royal Infirmary
Bankend Road
Dumfries
DG1 4AP
Tel : 01387 246246



Dr George Porteous

Date: 18/12/2013

Lockerbie Medical Practice
Lockerbie Health Centre
[REDACTED]

Enquiries To : Orthopaedic Department
Letter Ref: R / OC_DNG
Our Ref: ANDES0
CHI Number: 1610940075

DG11 2BJ

Dear GP

The following patient did not attend their scheduled appointment on Wed 18 Dec 2013 at 14:00 and failed to provide an appropriate reason for this. The consequences of failing to attend without giving prior notice was emphasised in their appointment letter. In accordance with our policy we have now removed them from our waiting list.

1610940075 RYAN MUDIE

FLAT 15, MILL COURT, BRIDGE STREET, DG11 2HE

Wed 18 Dec 2013 at 14:00 ORTHOPAEDIC CLINIC

Appointment Centre

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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Call #40936 27-Oct-2010

Page 1 of 1

Call #40936 27-Oct-2010

Hours DGOOH (NHS Dumfries and Galloway)

Sent: 28 October 2010 04:05

To: y18358 (NHS Dumfries and Galloway)

Call #: 40936

Received NHS24: 27-Oct-2010 22:52

Full cover

Patient's Name: Ryan Mudie

Patient's CHI: 1610940075

Date of birth: 16-Oct-1994 (Age: 16 years) Sex: Male

Received PCES: 23:32

Home Address: Quhytewoollen House

Passed : : :

Lockerbie DG11 2NE (NY:149 822)

Advised : : :

Current Address:

()

Tel No: 01576 203671

Origin: NHS24

Arrived : : :

Urgency: Within 4 Hours

Type: NHS24 Advice

Departed : : :

Consulted by:

Own Doctor: Porteous, G

Message received:

CB HEART RACING HEADACHE 30 MINS SEE A/V

NHS24 Consultation Begin 27-Oct-2010 22:56

NHS24 Consultation End 27-Oct-2010 23:31

NHS24 Consultation by : Triage Nurse (Nurse Advisor) (Edinburgh)

NHS24 Clinical Summary:

Clinical summary created: 27-Oct-2010

Advisor (Edinburgh) [27/10/2010 23:32:32]

PALPITATIONS FOR 30 MINUTES AND PALIPITATIONS ONGOING AFTER INGESTED RED

X 6 CANS (32MG CAFFINE/100MLS) + 1L ENERGI DRINK (30MG CAFFINE

/100MLS) OVER 7 HRS- INGESTED TOTAL OF 720MG CAFFINE -WEIGHTS 50.08 KG

INGESTED 14.1MG/KG TOX BASE ADVISES NO TREATMENT REQUIRED - CALCULATION

CHECKED BY T/L A DUNNE - SELF CARE

NHS24 Outcome: Pt given self care advice - For Information Only

Advised : 22:56

Advised by : Triage Nurse (Nurse Advisor)

Time of Visit/Base 22:56

Consulting Doctor

Outcome:

Clinical Code(s)

Follow Up:

<https://web.nhs.net/owa/dumf-uhb.gpclin.y18358@nhs.net/?ac=Item&t=IPM.Note&id=R...> 28/10/2010

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Page 13 of 18

NHS Confidential: Personal data about a patient

Case No 57849

Patient : Ryan Mudie

(Gender: Male) (DOB: 16/10/1994) (Age: 18 years) (CHI: 1610940075)

Case No 57849

Case Date 06/10/2013 13:09

Own Dr Porteous, G [REDACTED]

No. of patient contacts 2

No. of patient contacts in past year 1

Current Address

Flat 15, Mill Court Bridge Street

Home Address (If Different)

Quhytewoolen House

Lockerbie

DG11 2HE

Current Phone 07842 043488

DG11 2NE

Home Phone (If Different) 01576 203671

Case Type NHS24 Advice

Call Origin NHS24

Tel

Name

Appointment

Arrival

Priority On Reception

Priority After Assessment

Priority On Completion

NHS24 Advised

Patient notes attached to case

Reported Condition

FOOT INJURY 13 HRS SEE A/V

3RD PARTY CALLER [REDACTED] 07590255418 - PT DOESN'T HAVE ANY CREDIT TO PHONE - JUMPED OVER WALL AND LANDED FUNNY - BRUISING TO TOE AND SOLE OF FOOT - SWELLING TO SOLE OF FOOT - SWELLING TO HEEL AND TOE - (Non-Clinical User) (Glasgow)

NHS 24 Advice by

(Non-Clinical User) (Glasgow)

NHS 24 ID 13675048

Triage Start 13:16

Triage End 13:20

Clinical summary created by: (Non-Clinical User) (Glasgow) [06/10/2013 13:20:24]

INJURY TO FOOT FOR 13 HRS AND JUMPED OVER WALL AND LANDED AWKWARDLY ON FOOT - SWELLING TO SOLE, TOES AND HEEL - BRUISING ON SOLE AND TOES - ADVISED A&E ASAP DUMFRIES AND GALLOWAY ROYAL INFIRMARY

AEP Pt advised to go to A&E - For Information Only

NHS24 Recorded Allergies

NHS24 Previous Medical

NHS24 Recorded Medications

NIL

History

NIL

Adastra Consult by

Start Type

End Type

Consult Start

Consult End

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Report Statistics:

Report produced by Adastra Version 3 - 07/10/2013 04:00:38

7/10/13

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NHS Confidential: Personal data about a patient**Informational Outcome(s)**

Report Statistics:

Report produced by Adastra Version 3 - 07/10/2013 04:00:38

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Dr. Hemming

As promised a copy of the psychotherapy report.
 Since writing Ryan's mood is even lower. I
 [REDACTED] suggested Helena bring Ryan along
 to see you.

P.S. Without doubt Ryan senses he is to move.
 He does not know officially yet. JS

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 www.barnardos.org.uk



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 Edinburgh EH3 8JQ
 Telephone 0131-228 4121
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With compliments

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BELIEVE IN [REDACTED]



RW/PW

Family Placement Services
 6 Torphichen Street
 Edinburgh EH3 8JQ
 Tel 0131 228 4121
 Fax 0131 228 8706
 Email fpss.scotland@barnardos.org.uk
www.barnardos.org.uk/familyplacementedinburgh

8th April 2008**Confidential Psychotherapy Review Report****Regarding Ryan Mudie (16/10/1994)**

I have been meeting with Ryan for a number of years now but there was a period when his sessions were difficult to manage and an effort was made to see him in Larbert which proved impossible to sustain for a number of reasons. This resulted in considerable disruption in his therapy. More recently Ryan has started coming back for his sessions in Edinburgh and a more acceptable flow and predictability has been re-established. However, these gaps and disruptions have played into the sense in which Ryan sees all his life as uncertain, and difficult to hold on to. His sessions this year have also occurred against a background of serious issues at [REDACTED] and also periods when his placement seemed on the point of collapse and his [REDACTED] had given notice.

My understanding is that it is now planned to end his placement and his workers are actively looking at alternatives for him. This precariousness is highly important since it echoes powerful themes in Ryan's inner world. There have been periods when he has seemed quite beset with depressive ideas for instance making a tomb for himself in the therapy room which seemed to indicate both his sense of [REDACTED] and aloneness but also his feeling that he is dispensable and can, as it were, literally die in people's minds. During such moments, and they come with increased regularity at the moment, I have felt his therapy is an indispensable support to him in that he can feel his sense of emptiness and lack of value carried and shared by someone who cares.

He does feel known by me and recognises that I can tolerate his difficulties understanding and supporting himself.

Ryan has a playful side and a very personable side which allows him to enjoy my interest in him and banter and play with it. Increasingly however he is letting me challenge him about his worrying tendencies to damp down and cut off emotional connections. Recently for instance, we have been discussing his [REDACTED] and [REDACTED] and how he deals with their abandonment of him by severing them in his mind and blanking out their significance.

We have also been able to look at how he denies his real needs to obliterate the risks that might follow from holding out any hope. Hope has been dashed too much in the past that he expects he will not be held on to and to survive he needs to make it not

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matter. He lives therefore largely in the present disconnected from any continuity with his past and devoid of any sense of where he is going to be in the future. He conveys this characteristically in his response of not knowing what he wants or not being able to be responsible in managing his behaviour. It is important to understand the serious attacks he makes on conscious self awareness as a deep defence mechanism to avoid his profound sense of precariousness and deep uncertainty about to whom or where he belongs. As he doesn't feel rooted there is only day to day survival to hang on to.

He is resilient enough to attempt to make something of his present which he does sometimes with humour and charm but this has the feel of a residue stemming from some important playful engagement he had with his [REDACTED] which then was ruptured, so that this playfulness has a regressed feel to it and seems encapsulated in an immaturity, and unable to be a basis for him to progress.

I have felt strongly in relation to Ryan that he contends with a profound inner collapse which he often displays graphically in his sleepiness and curled up postures. He lacks the inner nurturing objects that would enable him to grow from his immaturity towards more capacity to face his reality and embrace a future and this is why he often seems stuck.

His therapy does give him a sense of adult attention and interest and he values the warmth it gives him without really knowing why it helps. Once weekly therapy however cannot compensate for profound inner abandonment, although it can be a crucial support for a weak ego, and hold back depression. Without it I would feel that Ryan could easily intensify his drift towards depression and flounder. He often finds it hard to leave his session, wanting to stay enmeshed with me as if he resists being forced back into reality and I have thought with him about this in terms of his loss of his [REDACTED] and his loneliness.

We have also had occasion to talk about his outbursts at [REDACTED] which seem related a lot to reactions to perceived slights from adult teachers. Ryan has such a precarious sense of himself that he is likely to be more sensitive to this and also more stubborn, but also he carries profound grievance in relation to adult [REDACTED] and this he represses so that it is likely to show itself in thoughtless responses. He has a need to expel angry feelings and this again suggests that outlets like long distance running might be particularly helpful for him to help him to regulate himself.

His apathy also relates to his fear of failure and his awareness that he has little capacity to preserve himself.

Concluding Thoughts

I do think that therapy for Ryan hasn't the option of helping him directly manage better at [REDACTED] because Ryan is not able to adequately regulate his emotions rationally - his ego strength has been too severely curtailed by severe emotional [REDACTED]

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What it does do is provide a crucial emotional support which could sustain him through the inevitable pressures of adolescence and the likely problems he will have when he deals with identity issues and the transition to adulthood. It develops his capacity for relationships in the long term.

I would consider Ryan to be at high risk of both developing depression and continuing to ride a tightrope at [REDACTED] where he will not manage to sustain the demands of the [REDACTED] authority for greater maturity. The question here is whether the [REDACTED] can embrace Ryan's weakness or continue to condemn him for it. This doesn't preclude making efforts to manage the behaviour better, but to be more realistic about what Ryan can be expected to manage and more tolerant of his situation.

It is regrettable that his placement seems in some ways to reflect the inner precariousness that is Ryan's constant inner state. He really needs firm, certain, predictable commitment although it is easy to see how his inner expectations lead to him tending to shape similar uncertainty in his environment and with others.

He knows that I will be on leave for 3 months and that therapy will need to be suspended during this time. He is lukewarm and dismissive about meeting with someone else because he has so little sense of his own value. However I do feel it would be helpful for him to see someone perhaps in Larbert just so that he has an experience of being kept in mind and valued by others. I also think that we need to look to building on any connections with family that might be possible.

On my return I do think his therapy should continue on a weekly basis long term for the reasons I have outlined about his depressive drift and inner collapse.

Ryan is a [REDACTED] who is critically weak and who will require adult scaffolding to help him negotiate his way. In terms of future placement I would wonder about a younger more dynamic male figure in the family, or at least a [REDACTED] who can commit to prolonged periods of immaturity without wavering in their commitment. He is a [REDACTED] who can elicit warmth but who is exceedingly needy and there is need to reflect on how his emotional state will impact on his transitional and developmental trajectory. He will need a lot of supports both in terms of his care situation and his schooling.

Ros Wass-O'Donnell

Ros Wass-O'Donnell
[REDACTED] & Adolescent Psychotherapist

cc. [REDACTED] Kyles SVV
[REDACTED] Lines SSV
[REDACTED] Jan [REDACTED]
[REDACTED] [REDACTED]

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Annandale and Eskdale LHP
Lockerbie Surgery, [REDACTED] Gardens, Lockerbie



PHYSIOTHERAPY DISCHARGE SHEET

TO: Dr <i>Barnes</i> Lockerbie Medical Practice [REDACTED] Gardens Lockerbie		RE: RYAN HUDIE [REDACTED] NEWMOOLLEN HOUSE [REDACTED] LOCKERBIE DUMFRIESSHIRE CH1: 1610948875 DG11 2NE GP: PORTEOUS, GEORGE M	
IF FURTHER ACTION REQUIRED state here: <i>none</i>			
PATIENT REFERRED BY (indicate by X): G.P. ☒ SELF: ☐ CONSULTANT: ☐ OTHER: ☐		Date referral received: <i>22/12/11</i> APPROPRIATE REFERRAL YES: ☒ NO: ☐	
CLINICAL FINDINGS on: <i>FRA 1st appointment on 20/6/12</i>			
COMMENTS:			
PHYSIOTHERAPIST / PATIENT	X	ADVICE	X
MANUAL THERAPY	☐	PROGNOSIS EXPLAINED/ RISK OF RECURRENCE DISCUSSED	☐
ELECTROTHERAPY State type -	☐	PACING / PROGRESSION ACTIVITY MODIFICATION	☐
ACUPUNCTURE	☐	POSTURAL ADVICE (inc. Avoiding aggravation)	☐
INJECTION THERAPY	☐	WALKING AIDS / BRACES / SPLINTS provided	☐
EXERCISE: Type -	☐	SELF MANAGEMENT CONDITION SPECIFIC LEAFLET	☐
BALANCE ☐ PHYSIO TOOLS ☐	☐	P.R.I.C.E EDUCATION	☐

NUMBER OF TREATMENTS:

NUMBER OF MISSED APPOINTMENTS:

OUTCOME: WORSE: ☐ NO CHANGE: ☐ IMPROVED: ☒ NOT KNOWN: ☐

PATIENT WAS GIVEN AN OPEN FOLLOW UP DATE WHICH IS NOW PASSED:

DATE OF DISCHARGE LETTER: *20/6/12*

Physiotherapist: [REDACTED] Little
SIGNATURE *[Signature]*

Role: Specialist Physiotherapist

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PHYSIOTHERAPY REFERRAL			
Date: 20/12/11	Mobility:	Name: MR RYAN MURTE DGH 2NE P	
Ambulance: Yes ☐ No ☒		Address: QUINTEWOOD HOUSE, LACKERDIE W	
Urgent: Yes ☐ No ☒		Reg No/DOB: 16.10.94 0675 Age: 17	
Routine: Yes ☐ No ☒		Tel No: 01576 203602	
Preferred Place of consultation: ☐ Dep ☒ Dom		GP: DR [REDACTED] BISHOP	Ward/Clinic:
		Cons:	
		Occupation:	
DIAGNOSIS INCLUDING REASON FOR REFERRAL, MEDICAL HISTORY, MEDICATION			
X-RAY REPORT		HOME SITUATION/SUPPORT	
DOCTOR'S SIGNATURE [Signature]		REVIEW DATE:	
DATA BASE/ASSESSMENT		PHYSIOTHERAPIST'S NAME	
YPR1217			
I would be grateful if you could see this 17 year old gentleman who for over the past 2 years has been aware that his right shoulder clicks and feels as if it is going to pop out with possibly one episode of dislocation earlier this year when he states that he felt it pop and then had to pull his arm and it felt as if it popped back into the normal place. There is no history of previous [REDACTED] and he has no history of hyper extendable joints although he states his jaw clicks if he moves it in certain directions. On examination, he had a full range of movement in the right shoulder but there was a feeling of the joint clicking on abduction. I wonder if a series of exercises would improve the sensation he gets and the musculature of his right arm.			

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Page 1 of 2

Hospital use only	Clinic	Day Date	Time	Hospital No.
----------------------	--------	-------------	------	-----------------

Transport required? No

101015092033U

Unique Care Pathway Number: 101015092033U

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral	Routine	Protocol Name	General Referral Protocol
REFERRAL TO			
DermatologyA7 DG-HN General Referral		Consultant / receiving practitioner and/or specialty clinic	
Dumfries & Galloway Royal Infirmary Old Bankend Road Dumfries DG1 4AP		Hospital and hospital address	
		Hospital unit no. Y104H	
		Email address	

PATIENT DETAILS				Patient's address	
Surname	Mudie			7 Grange Place	
Forename(s)	Ryan			Moffat	
Date of birth	16-Oct-1994	Title	Mr	DG10 9HU	
CHI Number	1610940075	Sex	Male	Contact number(s)	
UCPN Number	101015092033U	Marital Status	Single	Mobile: 07593 571 866	
Ethnic Origin	(White) British				

REGISTERED OR CORRESPONDENCE GP DETAILS				Practice address	
Name	Dr Crosby			The Surgery	
GMC code	3359790	GP code	26450	High Street	
Practice name	High Street Surgery			Moffat	
Practice code	18396			Voice: 01683 220062 Facsimile: 01683 220453	

REFERRING PROFESSIONAL DETAILS	
Name	Dr S Terziev
Type	Locum

file:///C:/Users/markha01/AppData/Local/Temp/MedexDecompress/00241814.HTM

16/04/2019

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CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name	General Referral Protocol			
History of presenting complaint / examination findings / investigation results						
Presenting complaint						
Description: body rash						
Comment: Dear Colleague:						
This young man has developed rather unusual rash on the left side of his body and left arm. There is a little bit of that also on the right side of the body. There is a picture attached to this referral letter. The rash is not itchy, he's not diabetic and hasn't had any symptoms of such. I wonder whether this is a fungal infection of some sort and I would appreciate your opinion on this.						
Yours sincerely						
Dr S Terziev GP Locum						
Reason for referral						
Care type requested: Out Patient						
Expected outcome: Not Specified						
Past medical history						
Pre-existing conditions						
Description	Laterality	Modifier	Extension	Date of onset		
				01-Jan-1996		
Current and recent medication						
Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	28 TABLET	ONE TO BE TAKEN DAILY		12-Sep-2017	
Clinical warnings					Smoking status	
Lifestyle risks					Alcohol consumption	
Exercise status: Not Known					Number per day ? (not known)	
					Units per day ? (not known)	
Additional relevant information						
Administrative information						
Any Identified Issues :Not Specified						
Any Identified Protection Issues :Not Specified						
Patient will accept any doctor:true						
Social circumstances						

Signature of referring doctor (or other professional) Date

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CHI: 1610940075

NHS: 4995766588

DOB: 16/10/94

Name: Mudie
Ryan

End Record.

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02 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

02-Jun-2025 Dr Data Migration (DTR)

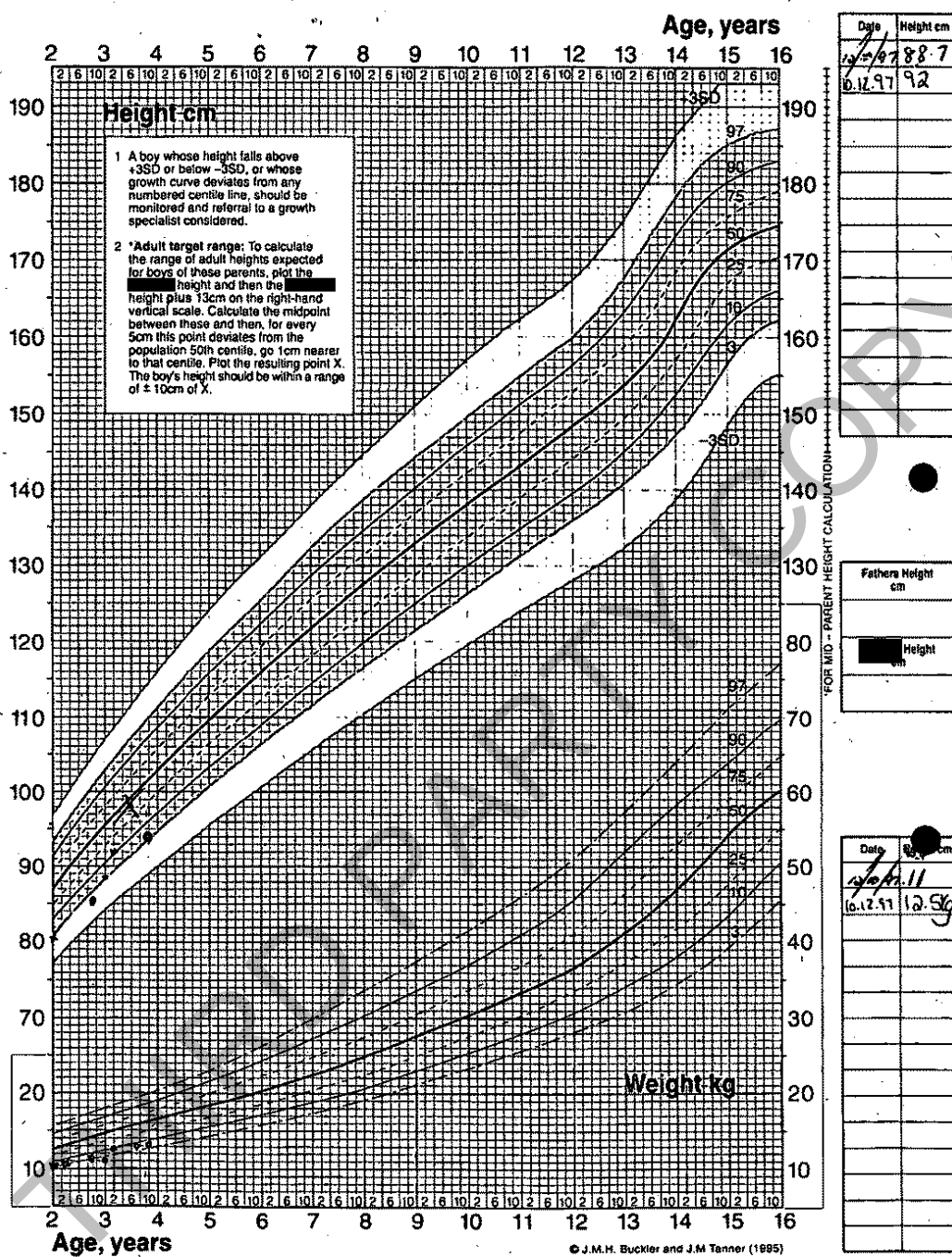
Additional:02 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Filename: 02 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Extension:.tif

Pages:

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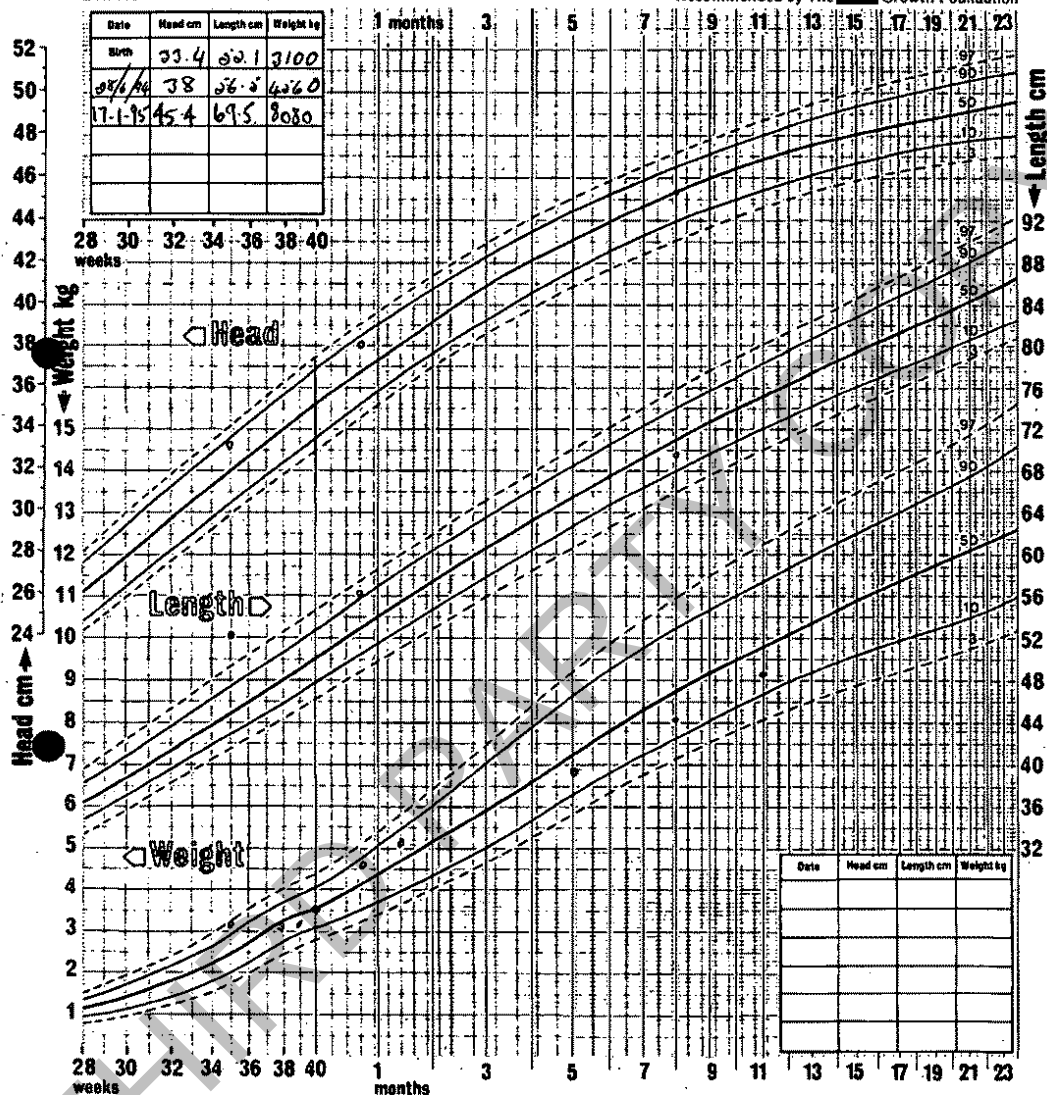


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Boys Growth Assessment Chart

Name RYAN MUDIE Date of Birth 06.05.94 E.D.D. 7/6/94

Preterm-2 years below N.H.S. No. 2 years to 16 years on reverse side
BRITISH STANDARDS Recommended by The Growth Foundation



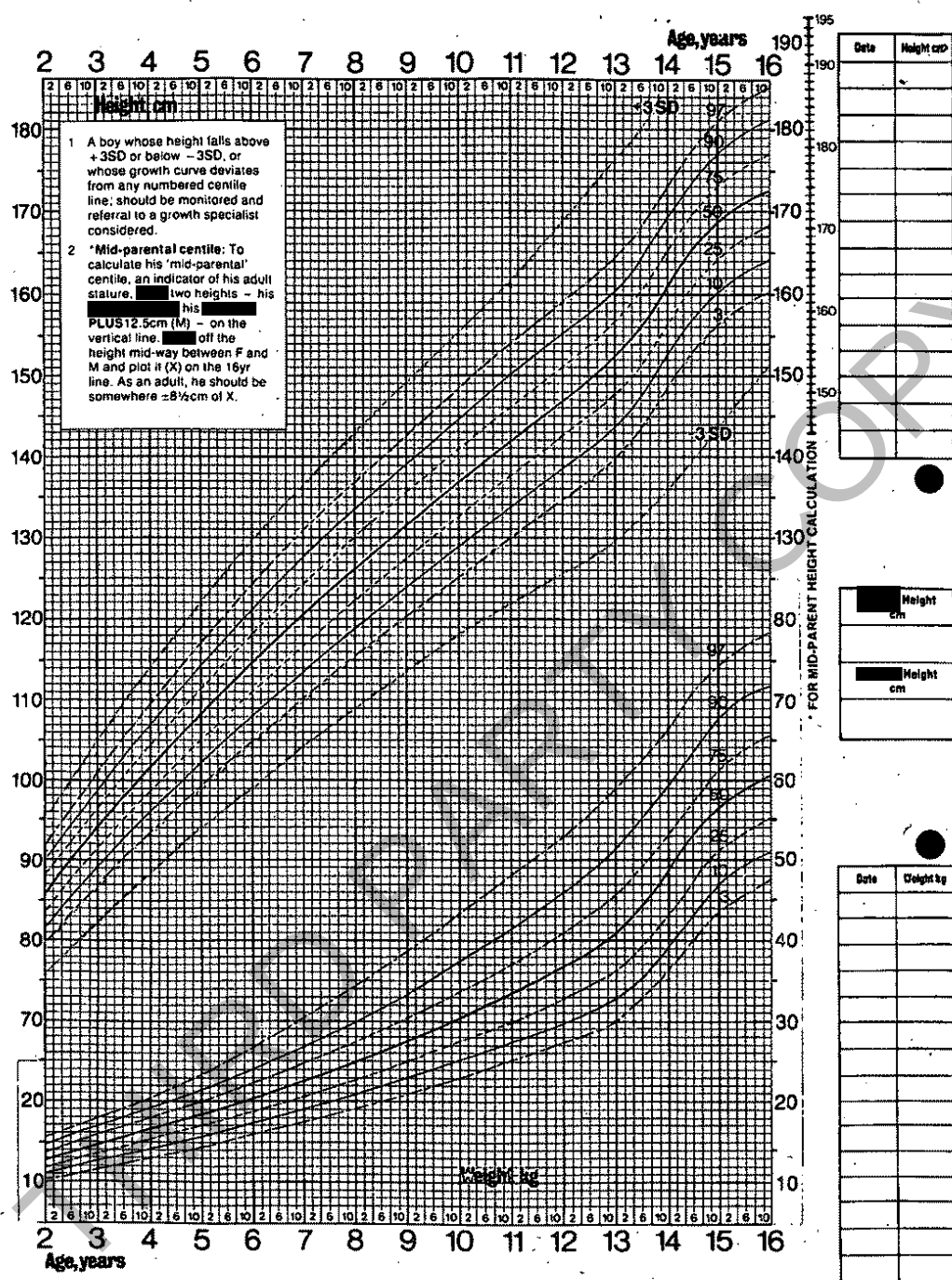
Charts in this publication prepared by
J. M. Tanner and R. H. Whitehouse
University of London, Institute of Child Health
and
Dr Douglas Gieddner and
Dr Julie Pearson
First Published October 1987
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CONDITION AT FIRST CONSULTATION

Date:

Appearance

Nutritional State

Feeding

Fontanelle Sutures

O.F.C.

Eyes

Skin

Glands

Heart

Femoral Pulses

Resp. System

Abdomen

Bowels

Testes

Genitals

Urinary System

Skeletal System

Hips

Muscle Tone

Reflexes

Congenital Abnormalities

Signature:

VISION	20 Weeks	39 Weeks	2 Years	3 Years	HEARING	H.V.	39 Weeks	2 Years	3 Years (if required)
Slow following					Manchester Rattle				
Corneal reflexes					H/F Voice				
Convergence					Low F Voice				
Cover and Follow					RNID Word Picture Test				
Prism Recovery					Stycar 6 Toy Test				
Naming Objects					Stycar 4 Picture Test				
Ocular Movement					Stycar 7 Toy Test				
Vertical Prism					Comment:				
Action:					Action:				
N = Normal; A = Abnormal; Q = Not Possible									

8-WEEK SCREENING

Date: Age in Weeks:

Motor: Posture: Prone Normal

Supine Normal

Sight: Intent regard of [] face

Momentary regard of [] face

Follows dangling object fractionally

" " " past midline

Social: Respond vocally

Social smile

Respond to unseen mother's voice

Responds to sudden sound to movement

Feeding problems

Sleep - Excessive / Normal / Little

Handling - Floppy / Normal / Stiff

Appearance:

Nutritional State

[] Comments:

Note of any doubtful performance or problem:

Diagnosis: Coded Yes / No

Weight:

Height:

O.F.C.:

Hips:

Referral to:

Recall interval:

Signature:

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060594 0177

060594 0177
PLEASE USE BLOCK CAPITALS (YAN)

SURNAME

M U D L E

FIRST NAME(S)

R Y A N

ADDRESSES

1 16 MAXWELL TOWN TWK
2 FIDDER ST.
3

Patient Number (M.P.I.)

Date of Birth

0 6 0 5 9 4 0 1 7 7

Birth Wt. Grammes

3 1 0 0

Gestation Period

3 5

G.P.'s Name & Address

DR GERRARD
12 WING WICK

Health Visitor

G. GERRARD

[illegible]

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20 WEEKS Date:				39 WEEKS Date:								
DEVELOPMENTAL EXAMINATION				DEVELOPMENTAL EXAMINATION								
MOTOR	Head erect — no bobbing	Yes	No	H	O	MOTOR	Stands briefly, hands held, or longer with minimal axillary support	Yes	No	H	O	
	Bears weight on legs	Yes	No	H	O		ADAPTIVE	Prone — pivots, rolls to supine	Yes	No	H	O
	Pulls to sit — No lag	Yes	No	H	O			Sits without support	Yes	No	H	O
	Rests on forearms and pushes up when prone	Yes	No	H	O			ADAPTIVE	Holds a cube in each hand and retains them	Yes	No	H
	Symmetrical posture	Yes	No	H	O		Secures string of ring		Yes	No	H	O
ADAPTIVE	Approaches and grasps near object	Yes	No	H	O	ADAPTIVE	Picks up pellet by raking — may use pincer		Yes	No	H	O
	Hands held loosely, closed or open	Yes	No	H	O		LANGUAGE & HEARING	Free and varied vocalisation	Yes	No	H	O
	LANGUAGE AND HEARING	Turns head to sound of voice	Yes	No	H			O	SOCIAL	Chews stodgy food with bits	Yes	No
Laughs		Yes	No	H	O	SOCIAL		Stretches for objects out of reach		Yes	No	H
Variety of sounds in vocal response		Yes	No	H	O		Is content only for limited periods if left lying: needs entertainment	Yes		No	H	O
PHYSICAL EXAMINATION				PHYSICAL EXAMINATION								
Appearance		N	D	A	Appearance		N	D	A			
Nutritional state		N	D	A	Nutritional state		N	D	A			
Weight — gms.					Weight — gms.							
Height — cms.					Height — cms.							
O.F.C. — cms.					O.F.C. — cms.							
Muscle tone — Floppy / Stiff / Normal		N	D	A	Muscle tone — Floppy / Stiff / nil noted		N	D	A			
Posture — supine normal		Yes	No		Posture — vertical susp. normal		Yes	No				
If "No" specify					If "No" specify							
Posture — vertical susp. normal		Yes	No		Eyes		N	D	A			
If "No" specify					Genitals		N	D	A			
Eyes		N	D	A	Hips		N	D	A			
Genitals		N	D	A	Reflexes — righting reflex		Present	Absent				
Hips		N	D	A	'sideways parachute'							
Reflexes — Moro		Present	Absent		Bicep jerks		Absent	Normal	Brisk			
progression		Present	Absent		Knee jerks		Absent	Normal	Brisk			
(no rocking)					Ankle clonus		Present	Absent				
Bicep jerks		Absent	Normal	Brisk	Congenital abnormalities							
Knee jerks		Absent	Normal	Brisk	Other abnormalities							
Ankle clonus		Present	Absent		Hearing		N	D	A			
Congenital abnormalities					Behaviour							
Other abnormalities					Diagnosis		Coded	Yes/No				
Behaviour					Hospital attendances since last visit							
Diagnosis		Coded	Yes/No		Referral to							
Hospital attendances since last visit					Recall interval							
Referral to					Signature							
Recall interval					Signature							

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2 YEAR EXAMINATION

Name CHI No.

Address

Place of Examination G.P.

Only complete above when using the separate Examination Sheet.

DEVELOPMENTAL EXAMINATION

MOTOR	Walks and runs, without falling	Yes	No	H	O
	Walks downstairs alone	Yes	No	H	O
	Kicks ball forward	Yes	No	H	O
ADAPTIVE	Builds 6-7 cube tower	Yes	No	H	O
	Imitates a circular stroke and a straight line	Yes	No	H	O
	Turns pages singly	Yes	No	H	O
LANGUAGE AND HEARING	Joins 2-3 words	Yes	No	H	O
	Names 3-5 pictures or objects	Yes	No	H	O
	Vocalises all needs	Yes	No	H	O
SOCIAL	Intelligibility	Good / Fair / Poor			
	Uses toys meaningfully	Yes	No	H	O
	Manages spoon efficiently	Yes	No	H	O
	Manages cup efficiently	Yes	No	H	O
	Indicates need for toilet by day	Yes	No	H	O

H=Hearsay; O=Observed; N=Normal; D=Doubtful; A=Abnormal

Behaviour Sleep N D A
 Level of activity N D A
 Temper N D A

Daytime Care - Nursery ☐ Other ☐

Physical Examination

Appearance N D A Nutritional state N D A

Weight(g) Height(cm) OFC(cm)

Hearing N D A Squint N D A

Action taken

Nil (for routine 3 year examination)

Referral to Screening Clinic

Not Screened

Reason:

Comment (include any persistent feature which should have been lost e.g. tip-toeing)

Conclusion N ☐ D ☐ A ☐

Genitals	N	D	A
Gait	N	D	A
Congenital abnormalities	N	D	A
3-Hole Formboard - 2 trials	Yes / No		

Diagnosis Coded Yes / No

Hospital attendances since last visit

Signature Date

3 YEARS

Date:

DEVELOPMENTAL EXAMINATION

MOTOR	Runs smoothly and fast	Yes	No	H	O
	Takes running kick at	Yes	No	H	O
	Alternates feet going upstairs	Yes	No	H	O
ADAPTIVE	Builds 7-8 cube towers No.	Yes	No	H	O
	Imitates circle after watching one drawn	Yes	No	H	O
	Copies circle when shown one already drawn	Yes	No	H	O
LANGUAGE AND HEARING	Imitates cross	Yes	No	H	O
	3-hole formboard (reversed) 3 trials	Yes	No	H	O
	Preferred hand	Right / Left / Both			
SELF-HELP	Intention tremor / ataxia	Yes	No	H	O
	Clumsy with hands	Yes	No	H	O
	Intelligibility to strangers	Good / Fair / Poor			
BEHAVIOUR	Recounts experiences to	Yes	No	H	O
	Sentence length 4-6 words	Yes	No	H	O
	Understands prepositions	Yes	No	H	O
SELF-HELP	Complete self-feeding (not too messy)	Yes	No	H	O
	Responsible for toilet asks	Yes	No	H	O
	goes himself	Yes	No	H	O
BEHAVIOUR	Nappies at night	Yes	No	H	O
	Separates from mother	Yes	No	H	O
	Plays happily with peers	Yes	No	H	O
BEHAVIOUR	Sleeping problems	Yes	No	H	O
	Frequent temper tantrums	Yes	No	H	O
	Hyperactivity	Yes	No	H	O
BEHAVIOUR	Soiling	Yes	No	H	O

PHYSICAL EXAMINATION

Wt. gms. Ht. cms. O.F.C. cms.

History of convulsions Yes / No

Ears N D A Hearing N D A

Squint Yes / No Vision N D A

Heart Murmur Yes / No

Gait N D A Testes ↓ ↓

Other abnormalities

Diagnosis Coded Yes / No

Hospital attendances since last visit

Referral to

Recall interval

Signature

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35/52

CLINICAL NOTES

DATE	AGE	Weight - Grams	Reporter's Signature
24-5-94	3/52	3220 (7-2) Duchenne w/ 3/60 Shen feeding still less of powder. 2/ then for reversing	CH-yr
31/05/94	3/52	3180 7th blood feeding 24h. 4th feeding 4in with old feed still not - 1/2 80 up to 1st feed 5-9in R-52	GL
6-6-94	4/52	3500 4th 11h. 2. Mother producing very little milk. Following advice of HV re feed for 4th blood then bottle - 2nd baby taking up to 5oz for bottle (indigestion) Mother's mood low - feels she has to stop breast feeding not wanting to keep trying. Unable to see GP - to make appointment for treatment or alternative OC.	ERU
29-06-94	5/52	4060g 10th 1g	
12-7-94	10/52	5260 (11-94). 10th 11h - 1st 4 ? 10cm long 10cm up to 4in	CH
4-10-94	3/12	6.78 (15th) Little cap + 1 - using Oraclocon diagnosis Due on 1/11/94 1st falling off bottle R 21/52	
17-1-95	8/12	8080g 8th 1/5	CH-yr
4-4-95	12/12	8660g 19 162g Given Timedone for resistant napkin rash	CH-yr

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Registration Details - Patient No: 11943

Personal details...		Address details...	
Date of birth	18/10/1994	Post Code	DG11 2GA
Sex	M	House Name/Flat No	
Surname	Mudie	No and Street	17 Rosebank Place
Previous Surname		Village	
Forenames	Ryan [REDACTED]	Town	LOCKERBIE
Calling Name	Ryan	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	499 576 6588		

HA/HB Details...		Contact details...	
Trading partner	Dumfries & Galloway	Home Tel No	
CHI Number	1610940075	Work Tel No	
Registered GP	Dr G Porteous	Mobile Tel No	07564226267
Usual GP	Dr G Porteous	E Mail Address	
Residential Inst			
Branch Surgery			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	LOCKERBIE MEDICAL PRACTICE	Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	01/03/2016		

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
21/07/2008	Impetigo priority=1 Start Date: 01/01/1997	Ms [REDACTED]	M05
21/07/2008	Chickenpox priority=1 Start Date: 01/01/1998	Ms [REDACTED]	A52
21/07/2008	[REDACTED] priority=1 Start Date: 01/01/1998	Ms [REDACTED]	1B1X
21/07/2008	Scabies priority=1 Start Date: 01/01/1998	Ms [REDACTED]	AD30
2002	Psychiatric referral	Ms [REDACTED]	8H49
2001	[REDACTED]	Ms [REDACTED]	1336
1996	[REDACTED]	Ms [REDACTED]	131d
Past Problems		Authorised By	Code
06/07/2016	Certificates - administration	Dr Porteous	9D
12/05/2016	Certificates - administration	Dr Porteous	9D
13/04/2016	Certificates - administration	Dr Porteous	9D
01/03/2016	Certificates - administration	Dr Porteous	9D

file:///R:/PCT1/DOCMAN7/DATA_S1/Temp/DG10083_00204644.HTM

20/12/2016

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Health Admin Problems		Authorised By	Code																																																																																		
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06/07/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 06/07/2016 - 03/08/2018)	FitNote_930f65a-1da9-4077-8b41-9d7693613ap4.pdf Or Porteous	9D15																																																																																		
08/06/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 08/06/2016 - 06/07/2018)	FitNote_d75cbcd5-dd6a-493c-ba34-4a43bb8f122.pdf Or Malik	9D15																																																																																		
12/05/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 11/05/2016 - 08/06/2018)	FitNote_b8bac701-b0dc-4a41-8c2a-530ab9736934.pdf Or Porteous	[REDACTED]																																																																																		
13/04/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 13/04/2016 - 11/05/2018)	FitNote_20905dd9-939b-4814-a7ae-bf631d82723b.pdf Or Porteous	9D15																																																																																		
16/03/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 16/03/2016 - 13/04/2018)	FitNote_cf848ba2-dca7-4306-82b7-72b8de9f382.pdf Or Porteous	9D15																																																																																		
07/03/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2018)	FitNote_b9c0b2e7-8907-4aa4-b58f-72a3b84891a0.pdf Or Porteous	9D15																																																																																		
07/03/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2018)	FitNote_685cb919-c7b5-46f3-ae85-fb50493bc424.pdf Or Porteous	9D15																																																																																		
01/03/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2018)	FitNote_a96ebbb2e-ca5a-4cc2-9bab-5bb99020799d.pdf Or Porteous	9D15																																																																																		
29/02/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2018)	FitNote_945a2175-03f3-4027-bd28-483a77f949b4.pdf Or [REDACTED]	9D15																																																																																		
<table border="1"> <thead> <tr> <th>Alerts</th> <th>Authorised By</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>None</td> <td></td> <td></td> </tr> </tbody> </table>				Alerts	Authorised By	Code	None																																																																														
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Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
2002 Psychiatric referral	Ms [REDACTED]	8H49

Immunisations	Authorised By	Code
None		

Health Status	Authorised By	Code
30/01/2014	Blood pressure reading O/E - blood pressure reading	
30/01/2014	Blood pressure reading 130/87 mm Hg	
21/07/2008	Notes summary on computer	

Other Observations	Authorised By	Code
05/10/2016 SMS text sent to patient Text sent re smoking status.		9N3G
19/03/2016 Certificates - administration (REVIEW)	Dr Porteous	9D
07/03/2016 Certificates - administration (REVIEW)	Dr Porteous	9D
21/02/2014 Stop smoking lvin 3rd txt mgs Message Not Available		9C0B2
30/01/2014 Smoking cessation advice	Dr [REDACTED]	8CAL
30/01/2014 Moderate smoker - 10-19 cigs/d MOVING TO DUNDEE NEXT WEEK GOING TO [REDACTED] IN CAFE. #CALACANEUS OCT 2013. CONSERVATIVE TREATMENT. STILL DISCOMFORT ON WALKING. HERE FOR CHECK UP. ON NO MEDS.	Dr [REDACTED]	1374
28/11/2012 Scottish - ethnic category 2001 census	Miss Cosham	9I21
19/08/2012 Drug compliance checked	Miss Rankine	8B1q
19/06/2012 Equivalent quantities for all medication checked MM LES	Miss Rankine	8B1Q
19/06/2012 Rep. presc. monitoring NOS MM LES	Miss Rankine	66RZ
28/01/2012 Non-smoker	Mrs [REDACTED]	1371-1
10/03/2011 Current non-smoker	Miss Rankine	137L
20/11/2009 Glucose data	office	PCSDT17368_32
20/11/2009 Value text: 17 Nov 2009 00:00	office	PCSDT17368_29
20/11/2009 TSH date	office	PCSDT17368_18
20/11/2009 Value text: 17 Nov 2009 00:00	office	PCSDT17368_18
17/11/2009 Creatinine date	UnknownUser	8B314
17/11/2009 Medication review	Dr Hill	8B3V
21/09/2009 Medication review done priority=2	Dr Malona	M2610
01/04/2009 Acne vulgaris priority=2	UnknownUser	8B314
01/04/2009 Medication review	Dr Porteous	8B3V
06/02/2009 White Scottish .8S10 priority=2	Mrs Galloway	9S13
27/01/2009 Medication review	UnknownUser	8B314
27/01/2009 Medication review done priority=2	Dr Porteous	8B3V
21/07/2008 Notes summary on computer priority=2	Ms [REDACTED]	9344
07/07/2008 Patient MRE received from HB priority=2	Ms [REDACTED]	9125
02/06/2008 Pat. GP7B/GP8B card from HB priority=2	Ms [REDACTED]	9124
30/05/2008 Patient reg. form sent to HB priority=2	Ms [REDACTED]	9123

Consultations	Authorised By	Code
11/10/2016 Dr Manzoor Malik at Lockerbie Medical Practice		
History lives in Moffat, asked to register with surgery, advised to be in time and attend as directed.		
Additional eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/10/2016 - 01/11/2016)		
21/09/2016 12:43 Dr Andras Anderson at Lockerbie Medical Practice		
Comment [REDACTED] via reception for sick note. Has not been seen since February and not getting any regular medication. Needs to be seen.		
05/09/2016 Dr Manzoor [REDACTED] at Lockerbie Medical Practice		

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Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 01/09/2016 - 30/09/2016)
03/09/2016 15:29 Comment	Mrs Kerie Handley at Lockerbie Medical Practice Called patient re below entry (also requesting new sickline) no reply.
03/09/2016 Additional	Dr Manzoor [REDACTED] at Lockerbie Medical Practice eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 03/09/2016 - 31/08/2016)
01/08/2016 Comment	Dr Andreas [REDACTED] at Lockerbie Medical Practice asking via reception for Citalopram. Last ordered this over 3 months ago and does not appear to have been seen since Feb. Needs to be seen.
08/07/2016 Problem (NEW) Additional	Dr G Porteous at Data Entry Certificates - administration eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 08/07/2016 - 03/08/2016)
08/08/2016 Additional	Dr Manzoor Malik at Lockerbie Medical Practice eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 08/08/2016 - 08/07/2016)
12/05/2016 Problem (NEW) [REDACTED]	Dr G Porteous at Data Entry Certificates - administration eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 11/05/2016 - 08/09/2016)
13/04/2016 Problem (NEW) Additional	Dr G Porteous at Data Entry Certificates - administration eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: depression; Duration: 13/04/2016 - 11/05/2016)
16/03/2016 Problem (REVIEW) Additional	Dr G Porteous at Data Entry Certificates - administration eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 16/03/2016 - 13/04/2016)
11/03/2016 Comment	Dr Andreas Anderson at Lockerbie Medical Practice asking for more Citalopram. Needs to be [REDACTED] for review. Asked to.
07/03/2016 History Additional	Dr G Porteous at Data Entry duplicate meds cert issued as initial one printed on prescription paper in error by me eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016)
07/03/2016 Problem (REVIEW) Additional	Dr G Porteous at Data Entry Certificates - administration eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016)
01/03/2016 Problem (FIRST) Comment Additional	Dr G Porteous at Data Entry Certificates - administration duplicate med cert issued as address on previous one was wrong eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 17/02/2016 - 18/03/2016)
29/02/2016 History Comment	Dr Andreas Anderson at Telephone Consultation "not at home" at the moment. Asked for telephone consultation. Says the Citalopram are making him tired. Was so tired he couldn't keep his Job Centre appt. Says they have suggested he get a sick note. happy to persist with medication to see if it helps. I will do med 3. Asked to make appt within next 14 days for review. eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis:

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Additional	depression; Duration: 17/02/2016 - 16/03/2016)
17/02/2016	<u>Dr Andrew Anderson at Lockerbie Medical Practice</u> dysfunctional consultation. Estranged from his family who [redacted] Dundee. Tells me he previously had a house there but has given this up and now [redacted] a friend's [redacted] in Lockerbie. Not working. Claiming Jobseekers. Friend's Mother thinks he has depression but he himself is not keen to talk to me or anyone else about how he feels. c/o poor sleep and anhedonia. Does not feel capable of looking for work. Does not want counselling. Last used cannabis and "coke" 18 months ago, he says. Left Dundee because he was being "hounded" but refuses to give any other details.
History	
Examination	talked normally. No psychotic features. poor engagement. mood does appear low.
Comment	I spent time trying to engage with him but he was reluctant to talk much. No self harm ideation. Trying to get a house in Lockerbie. Last worked at Pinney's some time ago but this was seasonal. Discussed Citalopram. Prepared to try it. Advised review in 2 weeks.
30/01/2014	<u>Dr J. J. [redacted] at Lockerbie Medical Practice</u> Moderate smoker - 10-19 cigs/d MOVING TO DUNDEE NEXT WEEK. GOING TO COLLEGE/WORKING IN CAFE. #CALACANEUS OCT 2013. CONSERVATIVE TREATMENT. STILL DISCOMFORT ON WALKING. HERE FOR CHECK UP. ON NO MEDS.
History	
Examination	O/E - blood pressure reading Blood pressure reading 130/87 mm Hg HR 80 REG SPO2:98%. CHEST CLEAR. ESSENTIALLY NORMAL; HEELS.
Comment	ADVISED IMPOSSIBLE TO STATE WHEN HEEL DISCOMFORT WILL END. ESTIMATE 6-12 MONTHS FROM INJURY BUT MAY HAVE LONGER MILDER DISCOMFORT.
Additional	Smoking cessation advice
25/10/2013	<u>Dr G Porteous at Data Entry</u> C42/7 # calcaneus dated 17/10/13
History	
18/08/2012 13:45	<u>Miss Theresa Rankine at Lockerbie Medical Practice</u> Rep. presc. monitoring NOS MM LES
History	Equivalent quantities for all medication checked MM LES
Additional	Drug compliance checked
28/02/2012	<u>Dr Steven [redacted] at Lockerbie Medical Practice</u> came in as a physio with shoulder and hadn't heard from physio so wanted to make sure referral made and review re acne - feels oxytel stopped new lesions appearing but still lots of troublesome spots
History	
Examination	acneiform rash on face and chest
Comment	agreed switch oxytel to doxycycline advised re see and review in 6/52 and advised re waiting time for physio and that referral had been made 2/12 ago.
MedicationOx	oxytetracycline Hyclate Capsules 100 mg 50 capsule 1 Cap Daily
28/01/2012	<u>Mrs Susan Maxwell at Lockerbie Medical Practice</u> Non-smoker
Comment	
18/01/2012	<u>Dr [redacted] at Data Entry</u> request for oxytetracycline - see consultation below
History	
19/12/2011	<u>Dr Steven Bishop at Lockerbie Medical Practice</u> last 2 years r. shoulder clicks and feels as if going to pop out and ? dislocated recently though he just pulled arm and it popped back into place no [redacted] no hyperextendable joints. also ACNE ++
History	
Examination	from at r. shoulder but clicks on education also acne ++
Comment	agreed refer physio and also oral antibiotics and topical prep for acne review 1/12
MedicationOx	tetracycline Tablets 250 mg 100 tablet TWO TABLETS TWICE DAILY Benzoyl Peroxide Aquagel 5 % 40 gram APPLY TWICE A DAY
10/03/2011	<u>Miss Theresa Rankine at Lockerbie Medical Practice</u> Current non-smoker
Comment	
10/03/2010	<u>Mrs Elspeth [redacted] at Lockerbie Medical Practice</u>

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History	came alone. C/o sleep for several weeks. Missing [redacted] as sleeps till 3pm. Oldest in home. Has [redacted] place mostly sorted. Due to sit exams-not bothered. Smokes tobacco. No caffeine and 'not much' alcohol. Poor sppt. No other hobbies. [redacted] in Lincoln. No other support. SW [redacted] sees him monthly. Chat. Request for [redacted] refused. Doesn't want referral for counselling. Suggest keep diary and formulate ideas about what will help. See again. priority=2
20/11/2009 History	office at Lockerbie Medical Practice TSH TSH Creatinine date Value text: 17 Nov 2009 00:00 Na+ K+ Urea Creat TSH date Value text: 17 Nov 2009 00:00 TSH Free T4 level Glucose Glucose date Value text: 17 Nov 2009 00:00
17/11/2009 History	Dr J J Hill at Lockerbie Medical Practice frequent heavy nose bleeds, feels tired, wondering if anaemic. bp 120/70 nil to see in nostrils, check blood, try naseptin. priority=2 Medication review done priority=2 Systolic blood pressure Diastolic blood pressure Medication review
21/09/2009 History	Dr Colin Malone at Lockerbie Medical Practice Has had recurrent sore throats and nasal congestion over past month -> o/e TMs Nad Fauces Nad No Cx nodes Chest clear Imp 72s Rhinitis -> Trial steroid nasal spray Also moderate grade acne vulgaris affecting predominantly face -> trial duac once daily in first instance and rv in 8wks - if not helping consider oral abx - Given PatientUK Info Sheet re condition. priority=2 Acne vulgaris priority=2
22/07/2009 History	Ms Jill McWilliam at Lockerbie Medical Practice requesting check up before 6 mile charity run. Bp 117/80, hr 64 and regular. Feels well - no breathing difficulties - no pains or limb problems. Jill priority=2
01/04/2009 History	Dr G Porteous at Lockerbie Medical Practice reports sore throat for several days with cough, sore ears too and abdo sore today, not sick, eats and drinks ok o/e normal ear drums R+L. Inflamed pharynx chest clear R+L, nil added abdo-soft non tender, no masses, no LKNS, BS present cap. refill <2secs undistressed, good colour, talking normally, not breathless for amoxicillin 250mg tds x15 priority=2 Medication review done priority=2 Medication review
09/02/2009 History	ADMINISTRATION at Lockerbie Medical Practice Ethnicity added. kg priority=2 White Scottish. \$S10 priority=2
27/01/2009 History	Dr G Porteous at Lockerbie Medical Practice pain L side of trunk for 8/7 -started after playing badminton- occurs if does sports etc o/e non tender L flank-not bruised or swollen, good ROM of back- sprain -try paracetamol p.m priority=2 Medication review done priority=2 Medication review
21/07/2009 History Problem	ADMINISTRATION at Lockerbie Medical Practice Summary of notes SR priority=2 Notes summary on computer priority=2 Scabies priority=1 Start Date: 01/01/1996

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Problem [REDACTED] priority=1
 Start Date: 01/01/1996
 Problem Chickenpox priority=1
 Start Date: 01/01/1996
 Problem Impetigo priority=1
 Start Date: 01/01/1997
 Problem Psychiatric referral
 Problem Fostered
 Problem On [REDACTED] protection register

08/07/2008 ADMINISTRATION at Lockerbie Medical Practice
 History SUMMARY HG priority=2

07/07/2008 Ms Suzanne Robson at Lockerbie Medical Practice
 History Automatically generated by transaction priority=2
 Patient MRE received from HB priority=2

02/08/2008 Ms Suzanne Robson at Lockerbie Medical Practice
 History Automatically generated by transaction priority=2
 Pat. GP7B/GP8B card from HB priority=2

30/05/2008 Ms Suzanne Robson at Lockerbie Medical Practice
 History Automatically generated by transaction priority=2
 Patient reg. form sent to HB priority=2

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/10/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	11/10/2016P	Dr Manzoor Malik	ACUTE

Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/04/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	26/04/2016P	Dr Manzoor Malik	ACUTE
17/02/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	11/03/2016P	Dr Andrea [REDACTED]	ACUTE
28/02/2012	Doxycycline Hyclate Capsules 100 mg 1 Cap Daily 50 capsule	28/02/2012P	Dr [REDACTED]	ACUTE
18/12/2011	Oxytetracycline Tablets 250 mg TWO TABLETS TWICE DAILY 100 tablet	18/01/2012P	Dr [REDACTED]	ACUTE
18/12/2011	Benzoyl Peroxide Aquasol 5 % APPLY TWICE A DAY 40 gram	18/12/2011P	Dr Steven Bishop	ACUTE
17/11/2009	Naseptin Cream Apply Twice daily 15 CREAM	17/11/2009P	Dr J J Hill	ACUTE
21/09/2009	Beclomethasone Aqueous nasal spray 50 micrograms/actuation 2 Puffs each nostril Twice daily 1 dose	21/09/2009Q	Dr Colin Malone	ACUTE
01/04/2009	Amoxicillin Capsules 250 mg 1 Cap 3 times daily 15 CAPS	01/04/2009P	Dr G Porteous	ACUTE
27/01/2009	Paracetamol Tablets 500 mg 1 or 2 Tabs 4 times 60 if required	27/01/2009P	Dr G Porteous	ACUTE
21/09/2009	Duac Once Daily Gel 5 % + 1 % apply once daily 25 GEL	21/09/2009P	Dr Colin Malone	REPEAT

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Date		
96	Child protection register	
	Scabies,	
	Behavioural problems	
96	IntB Care	
96	Chickens per	'97 - impetigo.
102	Referral psychiatry	9344
01	Fostered	8
		21/7/97

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		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	MUOIE	RYAN
Address		Date of Birth
62 CRANEMOUNT ROAD.		16-10-94

Date	
20.10.94	SUD 16.10-94 wt 6lb 2 1/2 oz. No problems & delivery Ht minor noted in hwt - checked out - not significant. Bottle feeding well. OK// looks well. HS I+II+O + soft systolic murmur
31.10.94	V Seen by DD 26.10.94 & VICTI + infected cord Re Fucidin cream Still supply OK// looks well - clothes dirty umbilicus improving
2/11/94	Dist.
21.11.94	Most feeding T.Temp Yellow poos 37.5°C → Nappy rash → Mouth → Oacks advice. → Dabbin and gel → Kestrel MC.
1.11.94	AW/CR 21.45 New vomiting after feeds, more so last 24 hours. "Sleeps a lot". Parental concern. Rectal temp. 37.5°C, good colour, fontanelle soft, not dehydrated, chest clear, abdomen soft, no organomegaly. Nappy rash. Rx fluids + PVO Review a.m.
18.11.94	Non compliance with arranged contact x4 NR this week. 2 bacterial DWA for D/S recommended. 2B

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[illegible]

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Surname (Block Letters)

Forenames (Block Letters)

Docherty

Ryan

CLINICAL NOTES

Address

Date of Birth

19 Maxwelltown Tower

16-10-94

Date			
18-4-96	N	Frances Doherty new registration - age 18 months no medical problems. Fully immunized as baby - now Due MMR - refer H.V. team.	
14-5-96	N	F.T.A. X 2	SAD
2-6-96	W	Griffiths [redacted] - not easy (comp. fine) treat. or not - [redacted] treatment. No dr. Angie [redacted] to Rev. V. 12/3/1001 + [redacted] [redacted].	Tennison Rt dr.
2-5-96	W	Rea (Rt) know a [redacted] of [redacted] [redacted] [redacted] of [redacted] [redacted] = [redacted] to [redacted] 12/3/1001; [redacted] at [redacted].	Lyette
25-7-96	N	F.T.A.	
21-8-96	N	Attended for immunisation - M.M.R. (H.A. 04150)	P. Gm
11-10-96	SA	DNA D. Doc contact 19-10-96	
6-11-96	W	Debac C lotus 1101 [redacted] 2x Debac [redacted] from 0006 with [redacted].	Seabrook

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Forenames (Block Letters)

Mudie

Ryan

CLINICAL NOTES

Address 13 F Turock Ct
10 Whitfield Cnt

Date of Birth

16/10/94

Date	Day	Notes
4/1/97	Sat	DNA on child protection register Flecan (HIV) arranged for scabies/chickenpox opinion/treatment
15/1/97		Rx Malathion 800 1x P
27.1.97		Has had 1x chicken pox ∴ OK for nursery
5/1/97	Ug	Two small insect bites around umbilicus. O.K for nursery

This child on Child Protection Register - neglect proven.

Recently had chickenpox prior to this lead

? should have scabies Rx?

All staff were treated

? he hasn't been!



Pharmaceuticals

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Date

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VND

National Health Service Number		C	
Surname (Block Letters)		Forenames (Block Letters)	
MUDIE		RYAN	
Address		Date of Birth	
13F TULLOCH COURT DUNDEE DD3 6LN		16.10.94	

English ap.

CLINICAL NOTES

Date	
12.03.97	Registered
28/3/97	Widened impetigo looks much all over R. Jockhult 15/5/96 200-2 Sticks eye - Irritation eye drops (2) 10 sittings 1/52
3/11/98	Letter re. Baxalta immunisation
21.2.02	Now in care - 70 Fintory Dr. since 29.11.01. Nightmares, swearing faces in bed 3/82 ago. Talks all the time - repeats himself can't sit still. Always in trouble at school - excluded twice. Oligosaccharidosis - sw wants child from psych referral says he doesn't stay from anywhere because he's bad. Deformed (2) great foetus - 3 congenital? due to trauma - advised to leave well alone.

Visit / Surgery / Phone	Dr/Nurse	Date
Patient Name	CHI/dob	
Details		
Finger tip left by ear		R. Loughy Loughy Prosa 12 hr 42/100
Front boy As parapet shoulder after hitting Karate.		
Behind to the left		

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Forenames (Block Letters)

MODIE

RYAN

CLINICAL NOTES

Address

Date of Birth

16.10.94

Date	Clinical Notes	Diagnosis
12/7/04	fragile foetal → diaphragm Went (P) hand Rx ductal penit	
6/12/05	W hearing → fluid behind ears → Prescribed G.M.T.D Refer H/V for H test	
2/3/05	Plaster mum called re the refer to H/V for H test re re this	e mailed H/V
25/5/5	Went reassessment longstanding ↓ hearing nasal obstruct to read because advise 1st/1st 2nd	SL

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NEW PATIENT INFORMATION CARDDate 4/11/2016Surname MudieFirst Name RyanFull Address 7 Grange Place Maffat dg10 9HUTelephone No. 07956025546Marital Status SingleDate of Birth 16/10/1994Occupation unemployedEthnic Origin White Scottish**General History**

Have you had any serious illnesses or operations, X-rays or similar tests and when?

Suffer depression

Have you any allergies to medicines or anything else?

None

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What medicines are you taking?

<u>Tablet</u>	<u>Strength</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much tobacco or cigarettes do you smoke?

Never smoked _____ Ex smoker _____ Smoker (amount) _____

How much alcohol do you consume per week?

Wine _____ Beer _____ Spirits _____

Family History

Which of your blood relations have suffered from the following

Heart Attack _____ Cancer _____

Diabetes _____ High BP _____

Asthma _____ Tuberculosis _____

Stroke _____ Other Serious Illness _____

For Female Patients Only

Have you had any _____

Have you had a miscarriage? _____

Have you had a hysterectomy? _____

When was your last smear? _____

THIRD PARTY COPY

WALLACETOWN H.C.

Dear [REDACTED]
 Welcome to Wallacetown Health Centre. We would like to invite you with your [REDACTED] to attend for a consultation either by one of the doctors or the practice nurse. This will help us know more about your [REDACTED] and any medical problems. Also we would like to carry out a short physical examination (for [REDACTED] over 5 years only), please tell us if you don't wish this.
 Please complete this side of the form and hand it with your medical cards to the receptionist.

Surname MURIE Forenames RYAN
 Address 13F TULLOCK COURT Date of Birth 16/10/94
QUINCE Nationality BRITISH
 Postcode DD3 6UN Telephone Number /
 Previous address 16 MAXWELL TOWN TOWERS
 Name & address of last doctor DR LOUE, WALLACETOWN
BRIEN WING
 Type of housing (eg 1st floor flat) MULTI 3 FLOORS UP

FOR OFFICE USE

Seen by doctor - date /// Register with - VND/DFG/MSK/AES/JWR/NCS

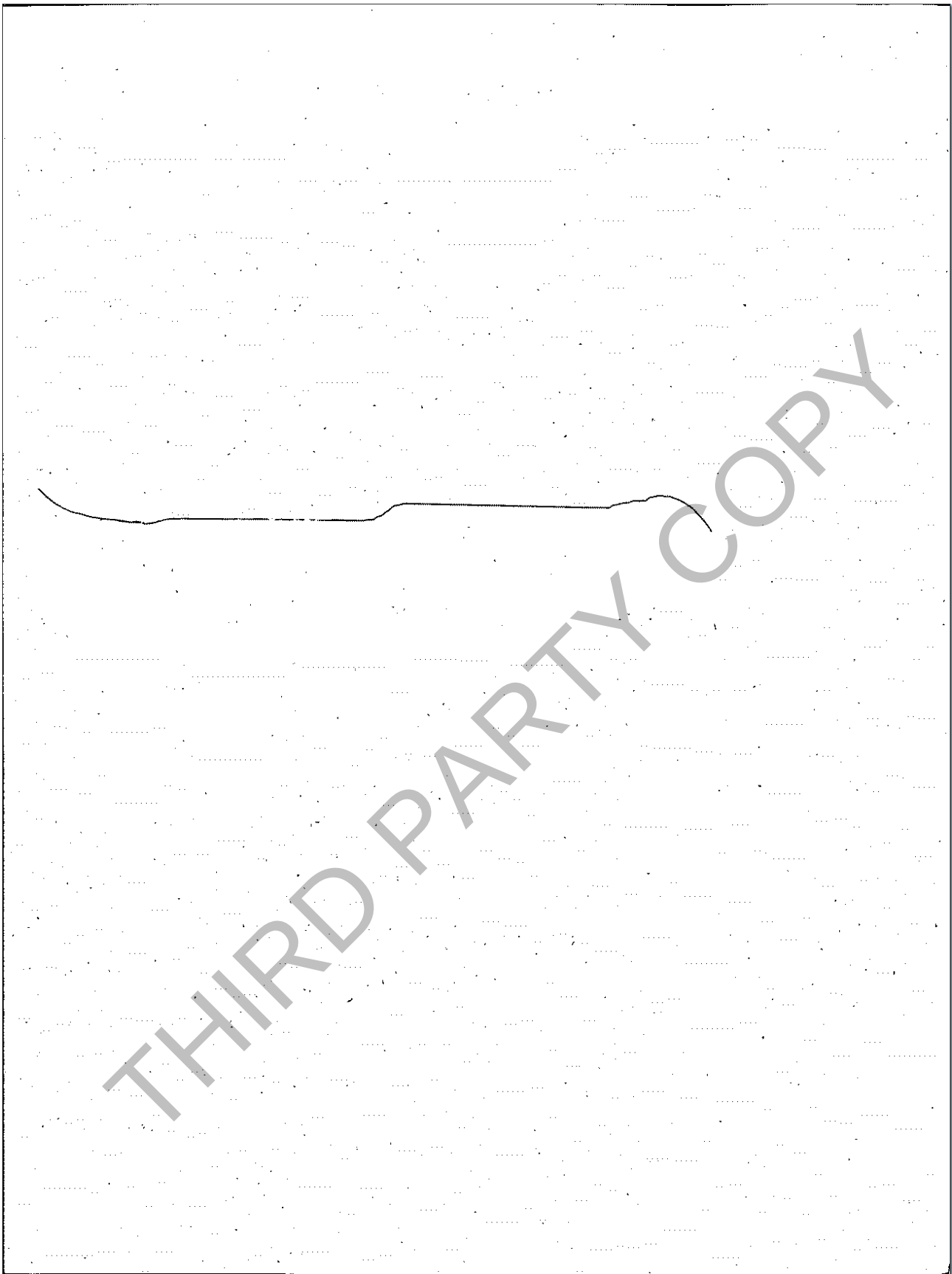
Seen by nurse - date ///

Medical Cards received ☐ signed ☐

Practice Leaflet given ☐

Registration check sheet ☐

NEW PATIENT LETTER/QUESTIONNAIRE - [REDACTED]
 29/6/96



Does your [REDACTED] have any health problems at present _____

What illnesses and injuries has your [REDACTED] had in the past _____

Which medicines/drugs does your child take at present _____

Any allergies to drugs etc. _____

Are there any problems or illnesses in the family :-

[REDACTED]

[REDACTED]

Sibs _____

Does your [REDACTED] have a healthy lifestyle _____

Does your [REDACTED] have a well balanced diet _____

Any other information of note _____

Date of Immunisations

Dip/Tet/Pol & Per 1st ____/____/____ 2nd ____/____/____ 3rd ____/____/____

Hib 1st ____/____/____ 2nd ____/____/____ 3rd ____/____/____

MMR ____/____/____ 4yr booster ____/____/____

Rubella ____/____/____ BCG ____/____/____

[REDACTED] MR ____/____/____

NEW PATIENT LETTER/QUESTIONNAIRE - [REDACTED]
29/6/96

12/8/97 Scores?
A/Hyde

THIRD PARTY COPY

MEDICAL-IN-CONFIDENCE**21 to 24 Month Examination** - use an "unscheduled" form if more than 30 months old**GP COPY**

J030177 STATE

13 INDEPENDENT PARK

J03018

J030182

J030182 HAS VISIT

SCHEDULED DATE OF EXAMINATION

DATE OF EXAMINATION 30/1/95

SEX MALE

HEALTH VISITOR J002

PRACTICE CENTRE 1107

GP J030182

Please check the information above and enter amendments below (if appropriate)

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

Parental concerns: enter R - raised and problem discussed

Feeding	Illness	Crying	Appearance	Behaviour	Hearing
Eyes	Movement (walking)	Sleeping	Speech	Toilet training	Growth
Other					

Are you brushing your teeth daily? (Y/N) ☒ Have you registered your child with a dentist? (Y/N) ☐

Development: In the row of boxes for each development area, enter: O - if reporting direct successful observation,

H - if from history or report, or X - if not achieved.

In the summary box for each development area, enter N - normal, A - abnormal, D - doubtful or uncertain or

I - if this area was omitted or not completed satisfactorily, plus any relevant comment.

Gross motor	Walks and runs without falling	Walks upstairs alone (holding on)	Kicks a ball	Summary
Manipulative skills (fine motor/vision)	Builds tower of 5-6 cubes	Imitates a circular scribble and/or a straight line	Turns pages singly	
Communication and hearing	Names 3-5 pictures or objects	Joins 2 words together	Vocalises needs	Words used are intelligible
Social skills and behaviour	Uses toys meaningfully	Uses cup and spoon efficiently	Toilet awareness	

Version B 01 DEC 95

HEALTH SURVEILLANCE PROGRAMME

21-24M 1/2

CHI No. J030182**GP COPY**

Physical examination: Length (cms) 80.5 Weight (Kg) 10.5 Occipito frontal circumference (cms) 32.0

Centile Date Centiles Length Weight Occipito frontal circumference

For each of the items below, enter: N - normal; A - abnormal; D - doubtful or uncertain; I - not done or incomplete. Detail abnormalities in the "problems" section below.

Examine for:	Gait	Eyes (corneal reflexes): right	left
Check if indicated from earlier examinations:			
Heart	Hips: right	left	Testes: right
Hearing: right	left	Test used	Posture
Comments			Genitalia
			Muscle tone

Problems ongoing and identified at this examination (including specific diagnoses):

This section will be coded. Enter diagnoses or other problems that are likely to be relevant to the continuing health and development of the child in order of importance. Include congenital anomalies. If the child is referred or has been referred for other assessment or services, enter the appropriate code numbers in the "referral" boxes and "outcome" boxes.

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

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

Flag for more frequent review by Doctor - see again in ☐ monthsFlag for more frequent review by HV - see again in ☐ monthsHistory report (Y/N) ☐ In Armed Forces (Y/N) ☒ Refer to Special Needs System (Y/N) ☒

Summary comment about this examination (include matters that should be considered at a later age)

Signature(s) of examiner(s) (1) *Julian Jones* (2) *Julian Jones* Date 12/1/95Examiner (Y/N): GMS & CHS GP ☐ CHS only GP ☐ Child Health Doctor ☐ Health Visitor ☒ Examining Health Visitor code number 0107

Version B 01 DEC 95

HEALTH SURVEILLANCE PROGRAMME

21-24M 2/2

THIRD PARTY COPY

MEDICAL-IN-CONFIDENCE

TAYSIDE HEALTH BOARD

GP COPY

39 to 42 Month Examination - use an "unscheduled" form if more than 48 months old

DATE: 27.05.98
 ADDRESS: 252 FINTRY CRES
 DUNDEE
 PCODE:

DATE OF EXAMINATION: 27.05.98
 CHI NO: 161094 0075
 SEX: M
 HEALTH VISITOR: 0156
 TREATMENT CENTRE: 1131
 GP: DR RAMSAY

Please check the information above and enter amendments below if appropriate

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

Parental concerns: enter R - raised and problem discussed

Feeding/diet ☐ Illness ☐ Crying ☐ Appearance ☐ Behaviour ☐ Hearing ☐
 Eyes ☐ Movement ☐ Toilet Training ☐ Growth ☐ Other ☐

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

Development: In the row of boxes for each development area, enter: O - if reporting direct successful observation,

H - if from history or report, or X - if not achieved.

In the summary box for each development area, enter N - normal, A - abnormal, D - doubtful or uncertain or

I - if this area was omitted or not completed satisfactorily, plus any relevant comment.

Gross motor: Runs smoothly and fast ☒ Takes a running kick at ball ☒ Alternates feet going up stairs ☒
Comment: _____
Manipulative skills (fine): Builds tower of 7-8 cubes ☒ Completes 8 shape formboard easily ☒ Imitates a circle ☒ Imitates a square ☒
 Note handedness: right ☒ left ☐ uncertain ☐
Comment: _____
Communication and hearing: Listens to stories ☒ Speaks clearly in sentences of at least 4 words ☒ Recounts experiences to parents ☒
 Speech intelligible to others ☒
Comment: _____
Social skills and behaviour: Separates from mother ☒ Imaginative play ☒ Complete self feeding ☒ Reliably toilet trained by day ☒
 Pulls pants down and up ☒
Comment: _____

Version B 01 DEC 95

CHILD HEALTH SURVEILLANCE PROGRAMME

39-42M 1/2

CHI No.

94

Centile Data

27.05.98

GP COPY

Physical examination: Height (cms) Centile 3 Weight (Kg) 13 Centile 5
 For each of the items below, enter: N - normal; A - abnormal; D - doubtful or uncertain; I - not done or incomplete. Detail abnormalities in the "problems" section below.

Examine for: Gait ☒ Testes: right ☒ left ☒ Genitalia ☒ Visual acuity: right ☒ left ☒
 Check if indicated from earlier examinations: Heart ☒ Hips: right ☐ left ☐ Eyes (squint): right ☐ left ☐
 Hearing: right ☐ left ☐ Test used ☐ Posture ☐ Muscle tone ☐

Comments

Problems ongoing or identified at this examination (including specific diagnoses):

This section will be coded. Enter diagnoses or other problems that are likely to be relevant to the continuing health and development of the child in order of their significance. Include congenital anomalies. If the child is referred or has been referred for other assessment or services, enter the appropriate code numbers in the "referral" boxes and "outcome" boxes.

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

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

Flag for more frequent review by Doctor - see again in ☐ monthsFlag for more frequent review by HV - see again in ☐ monthsAppointment Length Short ☐ Long ☐Appointment Length Short ☐ Long ☐History report (Y/N) ☐Parent in Armed Forces (Y/N) ☐Refer to Special Needs System (Y/N) ☐

Special Needs status Preprinted from computer

Summary comment about this examination (include matters that should be considered at a later age)

Signature(s) of examiner(s) (1)

(2)

Date

27.05.98

Examiner (Y/N): GMS & CHS GP ☐ CHS only GP ☐ Child Health Doctor ☐ Health Visitor ☐

TAYSIDE HEALTH BOARD

TAYSIDE HEALTH BOARD

TAYSIDE HEALTH BOARD

THIRD PARTY COPY

Version B 01 DEC 85
CHILD HEALTH SURVEILLANCE PROGRAMME PRE-SCHOOL

Signature: M. G. G. G. Date: 27/01/89 Examining Health Visitor Code No: 01151

Summary comment about this visit (include matters that should be considered at a later age)

Childhood illnesses: (enter age in years or N = no) Measles ☐ Mumps ☐ Pertussis ☐ Rubella ☐ Other ☐

Childhood illness: (enter age in years or N = no) Measles ☐ Mumps ☐ Pertussis ☐ Rubella ☐ Other ☐

Survillance status: (enter age in years or N = no) Measles ☐ Mumps ☐ Pertussis ☐ Rubella ☐ Other ☐

Immunisation status: (enter age in years or N = no) Measles ☐ Mumps ☐ Pertussis ☐ Rubella ☐ Other ☐

Refer to Special Needs System (V/N) ☐ Special Needs status (V/N) ☐

History report (V/N) ☐ In Armed Forces (V/N) ☐

READ Code

Problem identified (V/N) ☐ if no, proceed to history report

enter the appropriate code numbers in the 'problem' boxes and 'outcome' boxes

This section will be 'READ' coded. Enter diagnosis or other problems that are likely to be relevant to the continuing health and development of the child in order of their significance. Includes congenital anomalies. If the child is referred for other assessment or services, has been referred for other assessment or services.

Problems ongoing and identified at this examination (including specific diagnoses):

READ Code

Reasons/diagnoses

Age in months

Hospital admissions (since birth):

CHI No. 1610940075

Version B 01 DEC 85
CHILD HEALTH SURVEILLANCE PROGRAMME PRE-SCHOOL

Physical examination: Height (cm) 98 Centile 50th Weight (kg) 14.5 Centile 50th

Any significant change since last examination (V/N) ☐

Physical health: (1) ☐ (2) ☐ (3) ☐

Social skills and behaviour: (1) ☐ (2) ☐ (3) ☐

Communication skills: hearing ☐ vision ☐

Gross motor skills: ☐

Fine motor skills: ☐

Development: in the left hand box enter N = normal; A = abnormal; D = doubtful; U = uncertain for each of the areas listed. When indicated, state the nature of the problem and enter the appropriate letter in each right-hand box. In right-hand boxes enter

Are you brushing your child's teeth daily? (V/N) ☐

Have you registered your child with a dentist? (V/N) ☐

Parental concerns: enter R = raised and problem discussed

Social circumstances: (V/N) ☐

Prepared school: ☐

Change of name to: ☐

Change of address to: ☐

Change of GP to: ☐

Postcode: ☐

Postcode: ☐

Postcode: ☐

Change of Health Visitor to: ☐

Change of Case Load: ☐

GP DIMITRIU

TREATMENT CENTRE 1131

HEALTH VISITOR 0158

SEX MALE

CHI NO 1610940075

SCHEDULED DATE OF EXAMINATION 190109

GP COPY

DUNDEE NHS TRUST

Pre-School Review

MEDICAL-IN-CONFIDENCE

RYAN

C/J DOCUMENT

50 FINTRY CREES

DUNDEE

DD069EU

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MOUNT SHEET X-RAY AND PATHOLOGY INVESTIGATIONS	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	
		Date of Birth

	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

START HERE

FORM GP111L

355—2100

Designed and Produced on behalf of The Scottish Executive
by Ashton 831397 8/03 (37907)

THIRD PARTY COPY

IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	MUDIE	
	Date of Birth	
Address		16.10.94
13F Tunoca Ct		

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Mes- sies	Rubella	MMR	BCG
Date	5.1.95	✓	✓	✓			21.8.96	
Manufacturer & Batch No.	WESTGATE							
Date	16.2.95	✓	✓	✓			22.1.99	
Manufacturer & Batch No.	WESTGATE						HG 45650	
Date	23.3.95	✓	✓	✓				
Manufacturer & Batch No.	WESTGATE							
Date	PSB					ALLERGIES & HYPERSENSITIVITIES		
Manufacturer & Batch No.	27/1/99	27/1/99		27/1/99				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	Typhoid	Cholera	Hib
Date					5.1.95 ①
Manufacturer & Batch No.					
Date					16.2.95 ②
Manufacturer & Batch No.					
Date					23.3.96 ③
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					

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

THIRD PARTY COPY

[illegible]

THIRD PARTY COPY

THIRD PARTY COPY

Reception User 2

From: Partington, [REDACTED]
 Sent: 18 May 2005 16:15
 To: Reception User 2
 Subject: RE: mundle ryan (16.10.94)

file

notes out-

The school nurse should phone audiology for an appt, but I do not hold out much hope as I have tried this myself in the past with no luck.

-----Original Message-----

From: Reception User 2
 Sent: 17 May 2005 15:58
 To: Partington, Betty
 Subject: mundle ryan (16.10.94)

[REDACTED] nurse wants an urgent hearing test but not until sept 05 can you think of a way quicker

CS

She could contact Audiology
 ↑
 CONTACT FOSTER MUM
 RE DR MENAB'S ADVICE
 SCHOOL NURSE TO CALL AUDIOLOGY

advised as above

THIRD PARTY COPY

Acknowledge an NHS24 call

PCC: Falkirk		FOR PRACTICE		NHS 24
NHS No: 2004850	Call Received: 22/05/2005 11:35	Received by:		
Outcome: Pt given self care advice - Coop to forward to Practice		Outcome Code:	SCAP	
Consultation Start: 22/05/2005 13:17	Consultation Finish: 22/05/2005 13:21			

Patients Present Location		Patient Home Details (1610940075)	
Address:	19 Braeview, Stenhousemuir, Larbert, FK5 3DS	Name:	RYAN MUDIE
Phone:	07793 673746	Address:	19 Braeview, Stenhousemuir, Larbert, FK5 3DS
		Sex:	M
Registered GP Details (at time of call)		DOB:	16/10/1994
Dr Name:	MCNAB	Age:	10 years
Practice:	Wpoint Practice - 25390	Contact:	Helena
Clinical Summary:	Date: 22/05/2005 Description: SORE THROAT AND EARS FOR 1 WEEK, TEMP YESTERDAY ALLEVIATED WITH CALPOL, SYMPTOMS IMPROVING TODAY, HOMECARE ADVICE.	Contact Phone Number:	07793 673746
Condition:	FVGB SORE THROAT		
Call Number:	0000112303	Received by TayCare:	22/05/2005 13:26

23 MAY 2005

RL	CALL	
JL	REC	
JL	SCAP	
JL	VIS	
A	APP	
A	SPEAK ON PHONE	
PM	NOTES	
PM	REMINER	
PN	INFORM PT.	
C	FILE	
C	OTHER	

PRINTED:23/05/2005

TayCare

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E.MAILED

08 MAR 2005

Hospital Use only	Clinic	Day Date	Time	Hospital No:
----------------------	--------	-------------	------	-----------------

Ambulance required?

No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

Mr. [REDACTED] MCGARVA	Falkirk Royal Infirmary
ENT CLINIC	Majors Loan
Hosp email:	Falkirk
Hospital Unit No:	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

Mudie	19 Braeview
Ryan [REDACTED]	STENHOUSEMUIR
Previous surnames:	LARBERT
Title: Mr	
Male	
16/10/1994	FK5 3DS
1610940075	

REFERRING PRACTITIONER DETAILS:

Dr M J W McNab	Viewpoint Practice
Tel: 01324 552200	Park Drive
Fax: 01324 553623	Stenhousemuir
	Larbert
	FK5 3BB

REGISTERED GP DETAILS:

Dr M J W McNab	Viewpoint Practice
Practice No: 25390	Park Drive
GP No: V56464	Stenhousemuir
	Larbert
	FK5 3BB
Fax: 01324 553623	Tel: 01324 552200

Mudie, Ryan [REDACTED] 1610940075, 16/10/1994 Mr [REDACTED] MCGARVA ENT Falkirk Royal Infirmary Routine
 LW \\Gps25390serv2\Documents\Dr M J W McNab\Mudie, Ryan [REDACTED] 2005 03 04 #1.doc

THIRD PARTY COPY

History of Presenting Complaint

I would be most grateful if you could see this boy as there is a query regarding his poor hearing. He did appear to have some fluid behind his ears. He was started on Pseudoephedrine Hydrochloride.

I had referred him to the health visitor but have been informed that referral has to be made by myself or [REDACTED] health department.

This [REDACTED] is in [REDACTED] at present and as far as I am aware has had no problems with his ears in the past.

With many thanks for seeing him.

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

01/01/1994 Candidiasis of mouth and oesophagus (AB20.)
 01/01/1996 [REDACTED] on "at risk" register (13IC.)
 21/08/1996 Second DTP polio and Hib vaccination (65MI.)
 12/11/1996 [REDACTED] misc. "at-risk" factors (63C..)
 01/12/1996 Chickenpox - varicella (A52..)
 01/01/1997 Impetigo (M05..)
 01/01/1997 Scabies (AD30.)
 01/11/2001 [REDACTED] (1338.)
 01/02/2002 [D]Enuresis NOS (R0830)
 01/02/2002 Disturbance of conduct NEC (E2C..)

Current and Recent Medication**Recent Medication:**

Pseudoephedrine Hydrochloride sf linct 30mg/5ml 5 ml 3 times daily (commenced 06/12/2004)

Clinical Warnings (eg allergies blood-borne viruses)**Additional Relevant Information****Smoking****Alcohol**

Yours sincerely



Dr M J W McNab
 08 March 2005

Mudie, Ryan [REDACTED] 1610940075, 16/10/1994 Mr [REDACTED] MCGARVA ENT Falkirk Royal Infirmary Routine
 LW \Ops23390serv2\Documents\Dr M J W McNab\Mudie, Ryan [REDACTED] 2005 03 04 #1.doc

THIRD PARTY COPY

Reception User 2

From: Partington, [REDACTED]
 Sent: 01 March 2005 14:37
 To: Reception User 2
 Subject: RE: Mudie Ryan dob 16/10/1994

Yes I remember investigating this with audiology dept. They informed me that as a health visitor I was not able to make a referral to them and that it would have to be done by the G.P. or the [REDACTED] Health dept. I thought that I had sent an email back to let someone know re this.

-----Original Message-----

From: Reception User 2
 Sent: 01 March 2005 11:34
 To: Partington, Betty
 Subject: Mudie Ryan dob 16/10/1994
 Importance: High

Hi [REDACTED]. Re a referral to you for a hearing test arranged by Dr McNab on 06/12/2004 pt [REDACTED] called to say has heard nothing since last seen Dr McNab. Did you receive an e-mail re this? It

Dr McNab did you get an e-mail back re this?

02 MAR 2005

BL	NORMAL	
	NO ACTION REQUIRED	
JL	REPEAT	
	SCRIPT	
JMN	VISIT	
	APPT	
A	SPEAK ON PHONE	
	NOTE	
PM	REMINDER	
	INFORMED	
PN	FILE	
C	OTHER	

THIRD PARTY COPY

Wallacetown Health Centre
Red Wing, Lyon Street
Dundee
DD4 6RD
Telephone: 01382 457629
Fax: 01382 450365
E-Mail: enquiries@fintry.finix.org.uk



Fintry Mill Medical Centre
Finavon Street
Dundee
DD4 9DU
Telephone: 01382 500666
Fax: 01382 510562
E-Mail: enquiries@fintry.finix.org.uk

MSK/SM

25 February 2002

■ & Family Psychiatry
Centre for ■ Health
19 Dudhope Terrace
DUNDEE

Dear Doctor

Re: Ryan Mudie, 70 Fintry Drive, Dundee
Dob: 16 10 94 0075

I would be most grateful if you could see this patient. The ■ Department have asked if Ryan, who was taken into temporary ■ since the 29th November 2001, can be seen by ■ & Family Psychiatry.

The records that we have are rather sketchy as to his past up-bringing and from what I can make out Ryan ■ were never really ever to care for him. He stayed with his ■ for a while until his behaviour became too difficult for them to manage and his ■ became ill.

Since being with ■ they complain that he has nightmares and up until a few weeks ago was smearing faeces in his bedroom. He talks all the time and keeps repeating himself and is unable to sit still. He has occasional enuresis. He is always at trouble at ■ and has already been excluded twice. His idea of why he was taken away from his ■ was that "he couldn't stay with his ■ any more because he was bad", he believes his ■ is bad and he is therefore bad also.

I would be most grateful if you could see this sad little boy.

Yours sincerely

Dr M S ■

Dr. V.N. Dimitriu, Dr. D.F. Gemmell, Dr. M.S. ■
Dr. A.M. ■ Dr. N.C. Smeaton,
Dr. P. Lockwood & Dr. F. ■

THIRD PARTY COPY

DR V. N. DIMITRIU
DR D. F. GEMMELL
DR M. S. [REDACTED]
DR A. M. [REDACTED]
DR J. W. RAMSAY
DR N. C. SMEATON

Wallacetown Health Centre
Red Wing
Lyon Street
Dundee DD4 6RD
Telephone: 01382 457629
Fax: 01382 450365

VND/SER

14th April 1997

W.G. [REDACTED] & Co.,
Solicitors,
12 [REDACTED]
[REDACTED] Road,
DUNDEE.
DD1 1JW

Dear Sirs,

Re: [REDACTED] Mudie, DOB 13.12.93, & Ryan Mudie DOB 16.10.94, 13F Tulloch Ct.

I understand that Miss Docherty, 13F Tulloch Court is acting in her present custody and access to the above. [REDACTED]

They have been examined by one of my [REDACTED] on 25th March 1997 with wide spread impetigo lesions. They were treated with Flucloxacillin antibiotics and topical eye ointment.

Yours sincerely,

Dr. V.N. Dimitriu

THIRD PARTY COPY

W. G. [REDACTED] & CO.
SOLICITORS & NOTARIES

Your Ref:

Our Ref: WGB/LV/TS/DOM/D

Date: 3rd April 1997

12 [REDACTED]
[REDACTED] Road
Dundee
DD1 1JW
Tel: (01382) 221214
Fax: (01382) 200347
Rutland Exchange DD71

Dr E [REDACTED] & Dr Demitri
Wallacetown Health Centre
Red Wing
Lyon Street
DUNDEE

Dear Dr [REDACTED] Dr Demitri

Our Client: [REDACTED] Docherty, 13f Tulloch Court, Dundee
[REDACTED] Mudie born 13th December 1993
Ryan Mudie born 16th October 1994

We act for Miss Docherty in her present action of custody and access to the above [REDACTED]. We should be obliged if you could forward to us a medical report in respect of the [REDACTED] recent skin disorders which we understand our client had consulted your practice in regard to. We enclose a mandate for Miss Docherty allowing release of this information.

We look forward to hearing from you.

Yours faithfully

wa Bayle [Signature]

enc

W.G. [REDACTED] LL.B (Hons) Notary Public
Authorised to conduct investment business under The Financial Services Act 1986 by the Law Society of Scotland

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I [REDACTED] Docherty [REDACTED] 13f Tulloch Court, Dundee hereby authorise Doctor
Demitrie or Dr Emslie [REDACTED] Wallacetown Health Centre, Red Wing, Lyon Street,
Dundee to release to Messrs W G [REDACTED] & Company, 12 [REDACTED] Dundee
any information in relation to [REDACTED] Ann Mudie born 13th December 1993 and Ryan
Mudie born on 16th October 1994 [REDACTED] of mine regarding scabies or any skin
disorders affecting the said [REDACTED]

Dated: 27th March 1997

[Signature]
[REDACTED]

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JVW/MM

30 January 1997

■■■■■ - Director
Social Work Department

■■■■■
Seymour Lodge
259 Perth Road, Dundee
DD1 1JP

☎ 01382 667360
FAX 01382 669131

PERSONAL, PRIVATE & CONFIDENTIAL

Dr J Locke
General Practitioner
Wallacetown Health Centre
Lyon Street
DUNDEE

Dear Dr Locke

■■■■■ - Review(s)

A review under the auspices of the ■■■■■ system is due to be held at the date, place and time indicated on the attached pro-forma report. I am writing to invite you to attend the case conference and would be grateful if you could complete the attached report in respect of the ■■■■■.

I should be grateful if you would return your report to me as soon as possible (at the latest one full week prior to Conference date) in order to allow time for distribution to Panel members prior to the review being held.

Please also indicate whether or not you will be able to attend on the enclosed pro-forma report.

A stamped addressed envelope is enclosed for your use.

If you have any queries, please contact ■■■■■ Admin at the above number.

Yours sincerely

P.P. *M. Menzies*

J Van Wagtendonk
Manager ■■■■■

Encs

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16th January, 1997.

██████ Burn,
Authority Reporter,
██████ Reporter,
City of Dundee,
91 Commercial Street,
DUNDEE.

● Dear Ms. Burn,

RE. RYAN MUDIE OR DOCHERTY, DOB 16.10.94.

This young boy as you probably know has only recently re-joined our list. Unfortunately I can find no information relating to the examination done on the 6th of November. I therefore am not in a position to give any information with regards to Ryan's state of care on the 6th of November, 1996.

I am sorry I cannot be of more assistance to you in this matter.

Yours sincerely,

● **DR. J.W. LOCKE.**

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SCOTTISH

REPORTER

ADMINISTRATION

RB/CJW/W/13072

10 January 1997

Dr Buchan
Green Wing
Wallacetown Health Centre
Lyon Street
DUNDEE

Authority Reporter

City of Dundee

Ms [redacted] Burn

If calling please ask for:

[redacted] Burn

Telephone: 433020

Dear Dr Buchan

Re: Ryan Mudie or Docherty (dob 16.10.94)

I understand that on 6 November 1996, you examined Ryan, who was going to stay with his [redacted]. I further understand that Ryan was found to have scabies.

I would be grateful if you could confirm if this information is correct and if you could describe Ryan's state of care, as observed on 6 November 1996.

Ryan has been referred to a [redacted] Hearing as a [redacted] who is in need of Compulsory Measures of Care, and this information will be very helpful to further consideration of his care.

Yours sincerely

M [redacted] Burn
Authority Reporter, Dundee

B	
F	
H	
L	
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Trainee	
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PLEASE	

13 JAN 1997

[Signature]

Floor 3, 91 Commercial Street, Dundee DD1 2AF Telephone 01382 433420 Facsimile 01382 433284

CARE AND JUSTICE FOR CHILDREN

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820119
 ● Nestor Medical Duty Service ●

Account No. 1101	Duty Doctor's Name K. Chatt	Cell Number 5874
Patient's Name Ryan Moody	Date of Birth 2 years 12.12.96	Date 12.12.96
Address 223 Clarendon St Hulme		Time Attended 1-50
History Rash - 1 day		Current Medication
Clinical Examination Throat not Rash all over body chest + abdomen - all		Temperature ~
Diagnosis Chicken Pox		Pulse ~
Immediate Treatment		B.P.
Prescribed Treatment Phenylephrine drops		Disposal: (i) To Surgery in _____ days (ii) Revisit in _____ days (iii) To Hospital
Patient's Doctor and Address Kupen 23.02		

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APPENDIX B2: CASE CONFERENCE

1 MINUTE

(i) Conference Type: Special Case Conference		Date: 05.12.96	
Subject: [REDACTED] RYAN [REDACTED] DOCHERTY/MUDIE [REDACTED] MUDIE/DOCHERTY		DOB: 16.10.94 13.12.93	
(ii) Chair: Ms P [REDACTED] Office: 6 Kirkton Road, Dundee Tel No: 436000		SW District: [REDACTED] Services Head of [REDACTED] L Dempster Office: 6 Kirkton Road, Dundee Tel No: 436000	
(iii) Participants Present			
Name	Designation	Agency	Report Submitted
Ms P [REDACTED]	Manager	SWD, 6 Kirkton Road	
Ms C Caithness	[REDACTED]	SWD, 6 Kirkton Road	Yes
Mr N [REDACTED]	[REDACTED]	SWD, 6 Kirkton Road	Yes
Mr T Frame	Senior Social Worker	SWD, 6 Kirkton Road	No
Mr L McKay	Centre Manager	Beechwood C & FC	No
Ms P [REDACTED]	Key Worker	Beechwood C & FC	No
Mrs E Tilbury	Health Visitor	Wallacetown Health Centre	No
Mr M [REDACTED]	CARO	SWD, 6 Kirkton Road	No
Mr R Mudie	[REDACTED]		
Ms F Docherty	[REDACTED]		
Miss P Blacklaws	Minute Taker		
(iv) Absent/Unable to Attend * - Apologies Received ** - Apologies not Received			
Name	Designation	Agency	Report Submitted
PC K McIrvine	CP Case Conference Co-Ordinator	Tayside [REDACTED]	No
Dr J Locke	General Practitioner	Wallacetown Health Centre	No
<u>Copies also to</u>			
Dr J Mires	Locum Consultant Paediatrician	Dundee Healthcare Trust	
Mrs A Burgham	CP Specialist Health Visitor	Wallacetown Health Centre	
Mrs L [REDACTED]	Regional Manager	Out of Hours Service	

NB Attach all previous sections - Chair to check information for correctness at outset

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2

Ryan & [REDACTED] Mudie/Docherty

(v) Summary of matters discussed - information to be presented under the following headings:

- Introduction (functions of Case Conferences generally; reasons behind this Case Conference; intimation of proposed structure of meeting)
- Discussion/Information Exchange
- Summary of current and future risks

FAMILY COMPOSITION

[REDACTED]	:	Ryan [REDACTED] Docherty/Mudie	DOB : 16.10.94
		c/o 1C Whitfield Court, Dundee	
[REDACTED]	:	[REDACTED] Mudie/Docherty	: 13.12.93
		c/o Lunan, 17 Findale Street, Dundee	
[REDACTED]	:	[REDACTED] Goff/Docherty	: 24.06.76
		c/o 1C Whitfield Court, Dundee	
[REDACTED]	:	[REDACTED] Mudie	: 01.07.74

Ms P [REDACTED] Chairperson, noted Mr Mudie's objections to Ryan being called "Docherty".

Parental Involvement

Ms Docherty and Mr Mudie attended the meeting throughout.

Introduction

Ms [REDACTED] advised that this is a Special Review Case Conference in respect of Ryan and [REDACTED]. The purpose of today's meeting is to consider developments since the last Case Conference; share information about the [REDACTED] in particular consider [REDACTED] circumstances and whether her name should be placed on the Register; look at what future work is required, including amending the [REDACTED].

Background

Ms [REDACTED] advised that Ryan was first considered by a [REDACTED] in May 1996 when his name was placed on the [REDACTED] under the category of Physical [REDACTED] Level 2 (Suspicious) because of concerns about the standard of care offered to him.

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Ryan & [REDACTED] Mudie/Docherty

The last [REDACTED] held on 12.11.96 heard of an instance of Ryan being left with [REDACTED] without any definite arrangement as to when he would be collected. There had also been an allegation that Ryan had been left unattended, as well as further concerns about conditions within Ms Docherty's home and more missed medical appointments. It was therefore decided that Ryan's name should be retained on the Register although he was, by that time, [REDACTED] his [REDACTED] Mrs [REDACTED] Mudie, as was his [REDACTED] Ryan is now on the Register under the category of Physical [REDACTED] Level 4 (Proven). Although [REDACTED] name was not placed on the Register at that time, it was agreed that another [REDACTED] Conference would be called if circumstances changed.

Since the Case Conference on 12.11.96, both [REDACTED] were received into care and, yesterday, Ms [REDACTED] had been informed that Ms Docherty intended to resume their care. Given that this Out of Care meeting was planned, Ms [REDACTED] decided to take the opportunity, albeit at short notice, to hold a brief Special Review Case Conference, particularly to consider whether [REDACTED] name should be added to the [REDACTED] [REDACTED]. The latter part of today's meeting will take the form of an Out of Care meeting and will be chaired by Mr M [REDACTED] CARO.

[REDACTED] Work Up-Date

At the time of the last Case Conference, both Ryan and [REDACTED] were being cared for by Mrs Mudie, [REDACTED] Mr N [REDACTED] pointed out that, on 22.11.96, Mrs Mudie had advised that she could no longer care for the [REDACTED] Mr [REDACTED] was unable to locate Ms Docherty to advise her of this development but he and Mr Frame were able to speak to Mr Mudie who signed the relevant papers to have Ryan received into care under Section 15.

During Mr [REDACTED] annual leave from 22.11.96 until 02.12.96, Ms Docherty was located. She had apparently been in Manchester visiting [REDACTED] Since her return to Dundee, she has been [REDACTED] her own [REDACTED] at 1C Whitfield Court, Dundee, and has stated her wish to resume the care of both [REDACTED] Mr [REDACTED] and Ms Caithness undertook a risk assessment of Ms Docherty's current situation and this assessment concluded that Ryan could return to his [REDACTED] care, which he did on 04.12.96.

At the time of Ryan's reception into care, he had undergone a medical examination and the examining doctor had noted that his scabies had cleared up. However, the doctor who undertook his out of care medical believed Ryan to be still suffering from scabies. Apart from that, Ryan is in good health.

[REDACTED] and Ryan

At present, [REDACTED] remains in care with Mrs Lunan. However, Ms Docherty has stated her wish to resume her care as well. She has also said quite clearly that she wishes to move to Manchester some time in the new year.

Ms [REDACTED] enquired about who was [REDACTED] the flat at 1C Whitfield Court, and it was noted that there is only Ms Docherty and her [REDACTED] As noted previously, a risk assessment was undertaken by Mr [REDACTED] and Ms Caithness and there were no concerns arising from this.

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Ryan & Chelsea Mudie/Docherty

Ms Calhness advised that Chelsea is in care under Section 15 and therefore Ms Docherty can resume ■■■ care at any time. However, Ms Calhness expressed ■■■ concern regarding the length ■■■ time (approximately 1 year) since Ms Docherty has actually cared for Chelsea and the previous history ■■■ physical neglect relating to Ryan. If Chelsea did return to Ms Docherty's care, Ms Calhness would prefer some support to be available.

With regard to contact between Chelsea and Ms Docherty, it was noted that Ms Docherty has attended two out of ■■■ possible four access at the Family Centre. Since then, she has had contact with Chelsea at the foster home and yesterday at the Family Centre. Access was to be arranged at Whitfield Child & Family Centre but this has not been possible as yet.

At this point in the meeting, Mr Mudie left.

Ms Calhness continued by saying that she has observed Chelsea in ■■■ mother's company in the past and she had noted an attachment from Chelsea to ■■■ mother but was unsure about the attachment Ms Docherty had with Chelsea. It was noted that, when Mr Mudie and Ms Docherty separated in approximately November 1995, Chelsea lived in various temporary accommodation with ■■■ father until 09.08.96 when she stayed with Mrs Mudie. She remained there until 22.11.96 when she was received into care. Ms Smith noted the concerns regarding the amount ■■■ moves which Chelsea has had.

When asked how quickly she wished to resume Chelsea's care, Ms Docherty said as soon as possible. She was advised that it would perhaps be better ■■■ Chelsea to remain in care and to have a planned rehabilitation.

In relation to on-going contact between Chelsea and Mr Mudie, Ms Docherty said that she had no objections to that and they would probably have more contact than ■■■ do at present. Ms Calhness pointed out that she had spoken to Mrs Mudie who would like to maintain contact with Chelsea. Ms Docherty said that she did not have any objections to this either.

Mr Mudie rejoined the meeting at this point.

It was noted that Whitfield Child & Family Centre are able to offer Ryan an emergency placement beginning next week.

Ms Calhness advised that Chelsea has been settled at Beechwood Child & Family Centre for some time now and this has been a consistent thing in ■■■ life. She expressed ■■■ concern that Ms Docherty would be unable to maintain Chelsea's attendance at the Family Centre. Conference members were in agreement that Chelsea does require consistency and, if possible, she should continue at Beechwood Child & Family Centre when she returns to ■■■ mother's care. The practicalities ■■■ that would have to be worked out. Mr Davis pointed out that it would also make sense for Ryan to attend the same Family Centre as Chelsea. Mr McKay, Manager at Beechwood Child & Family Centre, advised that they would be able to offer Ryan some provision.

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Ryan & [REDACTED] Mudie/Docherty

When asked how it has been since Ryan returned home, Ms Docherty said that it has been great and there have not been the same difficulties as there were before. Ms Docherty and Mr Mudie both stated that they wanted [REDACTED] out of care before Christmas.

Ms Docherty

Ms Caithness advised that, in her opinion, Ms Docherty would benefit from some form of support. When asked about support from her own [REDACTED] Ms Docherty said that her [REDACTED] is behind her 100%. Even if she moved to Manchester, she has friends there who would offer support.

Mr Mudie

Ms [REDACTED] advised that, at the time of the last Conference, it was noted that Mr Mudie did not want his address disclosed. It was also noted that he is in a relationship and his [REDACTED] is due to give birth shortly.

Mr T Frame, Senior [REDACTED] advised that Mr Mudie would wish, in the long-term, to have the care of both [REDACTED]. He is working with the Department to try to secure a tenancy.

Mrs Mudie Snr

Ms Caithness advised that Mrs Mudie is continuing with the custody application and she would like to maintain contact with [REDACTED].

Legal Matters

Ryan is subject to Section 12. [REDACTED] is subject to [REDACTED] and was received into care under Section 15.

A Review [REDACTED] Hearing is arranged for 16.12.96 to consider [REDACTED] best interests.

Current and Future Risks

Ms [REDACTED] noted that the circumstances in and around Ms Docherty's own tenancy were very concerning and that is why Ryan's name is currently on the [REDACTED]. However, Mr [REDACTED] and Ms Caithness were very clear that the circumstances in Ms Docherty's [REDACTED] home was quite appropriate and suitable for the [REDACTED]. Today's Case Conference has to decide whether Ryan's name should remain on the [REDACTED] and whether [REDACTED] name should be added. Although Ms Docherty's [REDACTED] home sounds perfectly satisfactory, there have been a great many changes and there must be considerable concern about the well-being of both [REDACTED].

When asked for his opinion regarding registration, Mr Mudie stated that he thought [REDACTED] should be placed on the Register but Ryan's name should be removed.

Ms Caithness advised that, in her opinion, [REDACTED] name should be placed on the [REDACTED] because of the previous history of her younger [REDACTED] Ryan. Also, if

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ryan & Chelsea Mudie/Docherty

Ms Docherty is planning to move to Manchester, she would like the situation monitored and supports in place.

There was an unanimous decision to add [REDACTED] on the [REDACTED] [REDACTED] and retain Ryan's name on the Register.

Recommendations

- 1 [REDACTED] to continue attending Beechwood [REDACTED] & Family Centre.
- 2 The [REDACTED] [REDACTED] to be amended and updated.
- 3 [REDACTED] return to her [REDACTED] care should be handled very carefully and sensitively in recognition that it has been a long time since Ms Docherty has cared for her.
- 4 A Review [REDACTED] Hearing is due to be held on 16.12.96.

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Ryan & [REDACTED] Mudie/Docherty

(vi) Specific Recommendation and Agreed Tasks: Person/Agency Responsible:

1 Ryan's name to be retained on the Register and [REDACTED] name to be added.

2 [REDACTED] to continue attending Beechwood [REDACTED] & Ms F Docherty Family Centre.

3 [REDACTED] to be amended and updated. Mr T Frame/Mr N [REDACTED]
Ms C Caithness

4 [REDACTED] return to her [REDACTED] care to be handled carefully and sensitively in recognition that it has been a long time since she has cared for [REDACTED]

(vii) Should [REDACTED] be referred to the Reporter? (Y/N): No

If Y who will provide Report?

If N state reasons why: Already under the [REDACTED] Hearing system.

Is [REDACTED] subject to Statutory Care Order? (Y/N)

(viii) Was concern such that [REDACTED] has been Registered?: [REDACTED] - Yes
Ryan - Retained

Date of Registration: [REDACTED] - 05.12.96

2 AREA OF IDENTIFIED [REDACTED] (See Guidelines)

RYAN:

Area of [REDACTED] N (Physical [REDACTED]) Level of Certainty: 4 (Proven)

Area of [REDACTED] N (Physical [REDACTED]) Level of Certainty: 1 (At Risk)

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Ryan & [REDACTED] Mudie/Docherty

**3 REASONS BEHIND THE DECISION TO REGISTER/DE-REGISTER/
RECONVENE/RETAIN ON REGISTER (Those reasons which have directly
influenced the registration decision)**

Please detail below:

See body of minute.

4 OTHER DETAILS

(i) Dissent: None.

(ii) Other: There was an unanimous decision.

5 CORE WORKERS

Case Co-Ordinator: Mr T Frame	Keyworker: Mr N [REDACTED] & Ms C Caithness
Office: SWD, 6 Kirkton Road	Office: SWD, 6 Kirkton Road
Tel No: 436000	Tel No: 436000

Other Core Workers or Agencies involved in Case:

<u>Agency Name or Worker Name and Designation</u>	<u>Address</u>	<u>Tel No</u>
Dr J Locke, GP	Wallacetown Health Centre, Lyon Street	459519
Mrs E Tilbury, HV	Wallacetown Health Centre, Lyon Street	459608
Beechwood C & FC	45 Harefield Road	621279

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Ryan & [REDACTED] Mudie/Docherty

6 NEXT CONFERENCE

(i) Date of Next Conference: Tuesday 11 March 1997 at 2.00pm

(ii) Details of any other agencies or individuals to be invited:

(iii) Signature:

Designation:

Date:

Manager

10.12.96

CONFIDENTIALITY

The information in this document is confidential to you and must not be disclosed to any other person or agency without the written consent of the Case Conference Chair.

NOTE TO ADDRESSEES

If you disagree with any aspect of this report you should contact the Conference Chairperson immediately in writing. If you agree with the content please return the acknowledgement below.

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GP

HV

SCH

CMO

REPORT

P/PARK

NAME: Ryan [REDACTED] Mudie/Docherty
 ADDRESS: 1G Maxwelltown Tower, Dundee
 DOB: 16.10.94
 GP: DR J Locke, Wallacetown Health Centre, Dundee
 [REDACTED] Street [REDACTED] and Family Centre
 [REDACTED] Goff/Docherty - 24.06.76
 [REDACTED] Mudie - 01.07.74
 [REDACTED] Mudie - 13.12.93
 SOCIAL WORKER: Neil Davis

REVIEW SCHEDULED FOR 12.11.96 AT 2.00PM AT KIRKTON SWD

REPORT

As you know Ryan was registered with our practice in April of this year. He has been seen by myself on two occasions for appropriate problems (tonsillitis and a skin infection). He has been seen by our nurse also to update his immunisation schedule. There has not been so far any cause for concern at any time that either my nurse or myself has seen with this wee fellow.

Report prepared by: DR. J.W. LOCKE

Designation: G.P.

I will be able/unable to attend the Review.

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PS/SR

19 November 1996

[redacted] J [redacted] - Director
 [redacted] Department
 6 Kirkton Road
 DUNDEE DD3 0BZ
 ☎ - 01382 436000
 FAX 01382 436022

PERSONAL - PRIVATE & CONFIDENTIAL

Dr Locke
 General Practitioner
 Wallacetown Health Centre
 Lyon Street
 DUNDEE

Dear Dr Locke

[redacted]

I attach, for your information, the minute of a Case Conference held in this District. If you disagree with any aspect of this report, I would be grateful if you will contact me within fourteen days of receipt of this letter. If you agree with the report, I would be obliged if you will return the tear-off slip to [redacted] Admin, Seymour Lodge, 259 Perth Road, Dundee.

Yours sincerely

SRoss

Ms P [redacted]
 Conference Chairperson

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Trainee		
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PLEASE		

22 NOV 1996



[redacted] Department

ACCESS TO CLIENTS PERSONAL FILES

The access to personal files [redacted] the Social Work Department to make information recorded after 1 April accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the department will assume that it can be disclosed without further reference to the source unless the communication providing the information makes a clear indication to the contrary.

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CP2

APPENDIX B2: CASE CONFERENCE

1 MINUTE

(i) Conference Type: REVIEW		Date: 12.11.96	
Subject: [REDACTED] RYAN [REDACTED] DOCHERTY/MUDIE DOB: 16.10.94			
3 Foggyley Place, Dundee			
(ii) Chair: Ms P [REDACTED]		SW District: [REDACTED] Services	
Office: 6 Kirkton Road, Dundee		Head of [REDACTED] Services; Ms H Dempster	
Tel No: 436003		Office: 6 Kirkton Road, Dundee	
		Tel No: 436000	
(iii) Participants Present			
<u>Name</u>	<u>Designation</u>	<u>Agency</u>	<u>Report Submitted (Y/N)</u>
Ms P [REDACTED]	Manager	SWD	N
Mr N [REDACTED]	[REDACTED]	SWD	Y
Mr T Frame	Senior [REDACTED]	SWD	N
Mrs Mudie	[REDACTED]	[REDACTED]	N
Ms K Dorward	Manager	[REDACTED] St [REDACTED] & Family Centre	N
Ms W McCafferty	Centre Worker	Beechwood [REDACTED] & Family Centre	N
Ms C Calthness	[REDACTED]	SWD	N
Miss S [REDACTED]	Minutetaker		
(iv) Absent/Unable to Attend * - Apologies Received ** - Apologies not Received			
<u>Name</u>	<u>Designation</u>	<u>Agency</u>	<u>Report Submitted (Y/N)</u>
PC K McIrvine**	[REDACTED] Case Conference Co-Ordinator	Tayside [REDACTED]	N
Mrs Tilbury*	Health Visitor	Wallacetown Health Centre	Y
Dr Locke	GP	Wallacetown Health Centre	Y
<u>Copies also to</u>			
Dr J Mires	Consultant Paediatrician	Dundee Healthcare Trust	
Mrs A Burgham	[REDACTED]	Wallacetown Health Centre	
Mrs L [REDACTED]	Specialist Health Visitor		
	Regional Manager	Out of Hours Service	

NB Attach all previous sections - Chair to check information for correctness at outset

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(v) Summary of matters discussed - information to be presented under the following headings:

- Introduction (functions of Case Conferences generally; reasons behind this Case Conference; intimation of proposed structure of meeting)
- Discussion/Information Exchange
- Summary of current and future risks

FAMILY COMPOSITION

Subject	Ryan [REDACTED] Docherty/Mudie	16.10.94
[REDACTED]	[REDACTED] Goff/Docherty	24.06.76
[REDACTED]	Mudie	01.07.74
[REDACTED]	Mudie/Docherty	13.12.93

INTRODUCTION

Mrs Mudie [REDACTED] attended the meeting throughout. Mr Mudie, Ryan's [REDACTED] became quite [REDACTED] in the waiting area of the office, having already [REDACTED] his [REDACTED] and it was agreed that if he joined the meeting, he would only disrupt proceedings. In addition, Mrs Mudie had said that if [REDACTED] was to join the meeting, she would have to leave. Given that Ryan is being cared for at the moment by Mrs Mudie, it was felt that her participation at the meeting would be more valuable. Mr Mudie was given the opportunity to convey his views via Mr Frame, Senior [REDACTED] [REDACTED] who would then pass on his comments to the meeting. However Mr Mudie's only comment was that he did not feel the meeting should proceed in his absence. Ordinarily Ms [REDACTED] Manager, would have agreed with this but given Mr Mudie's disruptive and [REDACTED] behaviour only minutes ago, she felt that the meeting should go ahead without him. It was also taken into account that the only members of staff at the meeting were [REDACTED] Department employees and normally a meeting would not go ahead without outside agencies. However given the concerns about Ryan's care, and the very fraught situation, it was felt preferable to proceed.

Ms [REDACTED] noted that this is a [REDACTED] Review Case Conference in respect of Ryan [REDACTED] Mudie d/b 16.10.94. Reports have been received from the [REDACTED] [REDACTED] Assistant, Health Visitor, Clinical Medical Officer, [REDACTED] Street [REDACTED] and Family Centre and the GP.

CHANGES SINCE THE LAST REVIEW

At the time of the last Case Conference, Ms Caithness was the [REDACTED] [REDACTED] working with the family but given the animosity between Ms Docherty and Mr Mudie, it was agreed that each [REDACTED] should be allocated their own [REDACTED] [REDACTED] and Mr [REDACTED] is also now working with the family.

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As of 06.11.96, Ryan has been [redacted] Mrs Mudie [redacted] at 3 Foggyley Place, Dundee. Prior to this Ryan was [redacted] his [redacted] Docherty at 1 Maxwelltown Towers, Dundee. Ryan's [redacted] Mudie has since moved to another tenancy but does not wish his address to be known generally although Ms Caithness is aware of it. Ryan's [redacted] d/b 13.12.93 is also now [redacted] Mrs Mudie.

CONFERENCE STRUCTURE

Ms [redacted] stated that the purpose of today's meeting is to hear about developments since the last Review Case Conference; go over recommendations made at that time; share information about Ryan and his family; decide whether Ryan's name requires to be retained on the [redacted] his name can only be removed if he is no longer the subject of serious professional concern; look at what future work is required with Ryan and his family; confirm who is involved with the family and also Ryan's legal status.

BACKGROUND INFORMATION

Ryan's name was placed on the [redacted] by an Initial Case Conference on 10.05.96. Although Ryan had been found to have a skin complaint when a [redacted] had alleged that he had been covered in bruises and burns, conference participants were concerned about the standard of care given to Ryan and so placed his name on the [redacted] under the category of Physical [redacted] level 2 - suspicious.

RECOMMENDATIONS MADE AT THE LAST REVIEW CASE CONFERENCE:

- 1 [redacted] to ensure that Ryan gets appropriate medical treatment and attends appointments at the clinic:
Mr [redacted] said that he had to constantly remind Ms Docherty to take Ryan for his MMR injection. It took almost 3 months before Ms Docherty actually took Ryan to the clinic.
- 2 Ms Docherty and Mr Mudie have agreed to co-operate with Ms Caithness in arranging for [redacted] and Ryan to have regular contact.
This was started at Beechwood [redacted] and Family Centre but broke down after 2 meetings.
- 3 [redacted] will speak with Ms [redacted] Centre Manager, about the possibility of a place for Ryan at [redacted] Street [redacted] and Family Centre. Ryan is still on the waiting list for [redacted] Street [redacted] and Family Centre.
- 4 A [redacted] will be drawn up by the [redacted] and Senior.
This was done.
- 5 Consideration to be given to introducing another [redacted] to [redacted] the family.
This was done.

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- 6 Assistance is in hand helping Ms Docherty obtain house furnishings and will be pursued by Ms McMahon.

Ms McMahon managed to obtain £500.

- 7 Health Visitor visiting would be accepted by Ms Docherty.

Mr [REDACTED] said that Ms Tilbury was not made exactly welcome by Ms Docherty. The occasion when Ms Tilbury managed to do the developmental screening on Ryan, was the only occasion she managed to see him.

DEVELOPMENTS SINCE THE LAST REVIEW

Mr [REDACTED] [REDACTED] said that Ryan was becoming increasingly more out of control in his [REDACTED] care. Ms Docherty's [REDACTED] Reneck, whom she [REDACTED] for about 3 months, had done most of the [REDACTED] care but when he left the home, Mr [REDACTED] became increasingly concerned about the fact that Ms Docherty now had sole care of Ryan.

About 2 weeks ago Mr [REDACTED] was contacted by a [REDACTED] whose client made her aware that Ms Docherty had left Ryan unattended at her home whilst she sought to secure someone to babysit for him. CAFSES were made aware of this allegation and have subsequently interviewed the people involved. To date CAFSES have not managed to interview Ms Docherty regarding this allegation.

Secondly on 06.11.96 Mr [REDACTED] was made aware that Ms Docherty had asked a couple to babysit for Ryan on 01.11.96. She informed them that Mr Mudie was due to collect him on Saturday evening 02.11.96. Mr Mudie did not collect Ryan. By 06.11.96 the couple were still caring for Ryan, although Ms Docherty had contacted them on Monday to give them food, nappies and money. Ms Docherty stated that she thought that Ryan was with his [REDACTED]. It was [REDACTED] at this time that Ryan was suffering from scabies.

Ms Docherty was eventually located and after discussions with her in the [REDACTED] Office, she was clearly saying she was not coping and needed a break for 3 weeks. Mrs Mudie [REDACTED] had said that she would be willing to care for Ryan. Ryan was taken to Wallacetown Health Centre to have a medical check and the GP said that he was suffering from scabies and was given a prescription.

Mr [REDACTED] said that he accompanied Ryan and Ms Docherty to Wallacetown Health Centre awaiting an emergency appointment and during the 15 minute wait to be seen, Ryan ran riot in the Surgery. When Ms Docherty tried to restrain Ryan he screamed and kicked. In addition Mr [REDACTED] has found that Ryan has a tendency to pick up objects and throw them at him.

RYAN IN MRS MUDIE'S CARE

When Mrs Mudie was asked about Ryan's behaviour, she said that she had experienced no problems since he has been with her. She said that he sleeps well, going down at 7.30pm and not waking until 7am. However Mrs Mudie has experienced problems with Ryan's eating habits, his body does not seem used to food as he suffers diarrhoea after he has eaten. However Mrs Mudie had experienced this for the first 3 weeks she had [REDACTED] in her care. Mrs Mudie advised that Ryan shakes with fear when she tries to feed him and [REDACTED] he has been [REDACTED] by someone in the past when being fed.

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Mr [REDACTED] stated that Ms Docherty did not appear to have any set mealtimes for Ryan, she tended to get something out of the chip shop and would give "bits" of her supper to Ryan.

[REDACTED] AND FAMILY CENTRE

Ms McCafferty, Centre Worker advised that [REDACTED] attends Beechwood [REDACTED] and Family Centre 5 mornings per week and Mr [REDACTED] had approached Mr Mackay, Centre Manager asking if there was a possibility of a placement for Ryan. Mr [REDACTED] advised of the concerns about Ryan's behaviour and Mr Mackay was able to offer a placement of 5 mornings per week. Ms McCafferty said that an assessment would be carried out on Ryan's behaviour and if there are still concerns about his behaviour after a period of stability in the Centre, then appropriate help will be sought. Ms McCafferty said that Ryan has not attended the Centre given he still has scabies but Mrs Mudie had agreed to bring him when he was clear of this. Ms McCafferty offered, given the difficulties Mrs Mudie has experienced with Ryan's eating, to extend Ryan's placement to 12.30pm so that he could have his lunch at the Centre. This arrangement will also include [REDACTED] so that she will be there with him.

Mrs Mudie said that the doctor now thinks that Ryan has a skin condition other than scabies as the latter would have cleared by now with the medication prescribed.

Mrs Mudie said that she has had [REDACTED] in her care since July this year. [REDACTED] came off nappies within a week of being in her care. Mrs Mudie said she had no problems with [REDACTED] and reported that she sleeps well.

Ms McCafferty said that [REDACTED] always attends Beechwood [REDACTED] and Family Centre. She described [REDACTED] as a character, she is lively and thriving, her social skills are developing and she now plays appropriately with equipment. In addition she gets on well with the other [REDACTED] and staff.

HEALTH VISITOR'S REPORT

Ms Tilbury made a home visit on 11.10.96 for his 2 year developmental screening for Ryan. Ryan's gross motor development was normal; communication and hearing was also normal. His social skills and behaviour were normal although he is not yet toilet aware. Ryan's manipulative skills (fine motor/vision) - built tower of 6 cubes but not able to scribble a circle or turn book pages singly. Ms Tilbury has asked Ms Docherty to bring Ryan to the Well [REDACTED] Clinic in the next 2 months to review his height and weight. A rash was noticed on Ryan's neck but Ms Docherty made it clear this was being treated by GP and she had no intention of undressing him.

Ms Tilbury added in her report that she felt it would be beneficial for Ryan to attend a [REDACTED] and Toddler Group.

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PARENTAL CIRCUMSTANCES

Mr [REDACTED] advised that Ms Docherty has not been seen at her home for the last 2 days. Ms Docherty was told it would not be acceptable for Ryan to be placed in his [REDACTED] care for 3 weeks and then be expected to hand him back after that period. Ms Docherty did not disagree with this.

Ms [REDACTED] noted that Ms Docherty has had a lot of help from workers to help her care for Ryan but despite this, workers are concerned about her care of Ryan.

Mrs Mudie said that Ms Docherty is still claiming Income Support. Mr Frame said that this book should have been handed into the [REDACTED] Benefit Agency by Ms Docherty given she is not caring for Ryan and Mrs Mudie could then be refunded. Mr Frame had instructed Mr [REDACTED] to try to get the Income Support Book from Ms Docherty however she could not be located. Therefore contact was made with the [REDACTED] Benefit Agency who were advised that Ryan is now in his [REDACTED] care and asked that the appropriate form be sent to Mrs Mudie so that financial support could then be given to her.

Mr Mudie has moved from his last address but does not wish his present address to be known. Mr Mudie's present [REDACTED] is expecting his [REDACTED] in December. In terms of access with [REDACTED] at Beechwood [REDACTED] and Family Centre, Mr Mudie can only sustain his visits for a very short time. Although access is planned to take place on certain days, Mr Mudie has not followed this pattern. Centre staff feel that Mr Mudie is very reluctant to give a commitment to access.

MRS MUDIE'S VIEWS

Mrs Mudie now has the care of Ryan and [REDACTED] and said she was happy to look after them. However her [REDACTED] Mr Mudie, has told her he does not think she is fit to look after the [REDACTED]. Mrs Mudie did not feel that either Mr Mudie or Ms Docherty were fit enough to care for the [REDACTED]. Mr Mudie she said that her [REDACTED] cannot keep his own house clean and has a terrible temper and Ms Docherty cannot keep her house clean either.

OTHER ISSUES RAISED

Mr Frame said that the Department will be supporting Mrs Mudie in caring for [REDACTED] and will be looking at making her subject to 44(1)(a) named place and encouraging Mrs Mudie to seek interim custody of [REDACTED].

Mr Frame said that Mr Mudie does wish to have both Ryan and [REDACTED] in his care and if this were to happen, this would be in the long term. Access will be monitored meantime and workers will be looking for a commitment from Mr Mudie.

Ms Docherty has only attended access on 2 occasions to see [REDACTED]. Given Ms Docherty's clear lack of commitment, access was withdrawn as [REDACTED] was upset when her [REDACTED] kept failing to attend. Ms Docherty has made no effort at all to discuss [REDACTED].

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SUMMARY

Ms [REDACTED] said that there would appear to have been no improvement in the situation since the last meeting. Ms Docherty has been leaving Ryan with people without any definite arrangement being made about when he was to be collected and the latest occasion she thought Ryan would be collected by his [REDACTED] but this did not happen and Ryan was with these people for a further 2 days.

Ms [REDACTED] said that Ryan was on the [REDACTED] [REDACTED] on the Physical [REDACTED] category level 2 (suspicious) because of the dirty house he was [REDACTED] the missed medical appointments and it was also felt that his basic needs were not being met. While Ryan's is in his [REDACTED] care, these concerns do not exist. However as things stand, Ms Docherty could resume the [REDACTED] care at any time as she has parental rights. Should this happen, all workers would be extremely concerned about the [REDACTED] wellbeing. The same could be said to be true for Mr Mudie who is deemed [REDACTED] of [REDACTED] although he is not her [REDACTED] [REDACTED]

Ms Caithness said that it was felt that more security was needed for [REDACTED] to remain in her [REDACTED] care and she has requested a [REDACTED] Panel which will be held on 21.11.96. Mr [REDACTED] has referred Ryan to the [REDACTED] Panel on 32(2)(c) and is awaiting a date.

REGISTRATION

There was a unanimous decision to retain Ryan's name on the [REDACTED] [REDACTED] because of the concerns about his [REDACTED] and not as the result of any concerns while he remains in his [REDACTED] care. Following the [REDACTED] Hearing there will be more security for Ryan in his [REDACTED] care and there will be a more definite plan. Given the recent events it was also agreed that Ryan's level of certainty be changed to "Proven".

It was agreed that [REDACTED] did not require to be placed on the [REDACTED] [REDACTED] as she is reported to be happy, thriving and settled in her [REDACTED] care. Mr Mudie is aware he is legal [REDACTED] of [REDACTED] but he has made no attempt to care for her. If he did decide to resume [REDACTED] care, there would be a high level of concern given his [REDACTED] and aggressive behaviour witnessed today and her circumstances would be considered at another Case Conference.

REVIEW DATE

11.03.97 at 2pm

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(vi) Specific Recommendation and Agreed Tasks:	Person/Agency Responsible:		
1 Ryan to be retained on the [redacted] and the level of certainty has been changed to "Proven". [redacted] name not to be added to the [redacted]			
2 Ryan and [redacted] to attend Beechwood [redacted] and Family Centre 5 mornings per week.	Centre staff		
3 That Ryan, given his difficulty with eating, have his lunch with [redacted] in the Family Centre.	Centre staff		
4 Ryan's name to be kept on the waiting list for [redacted] Street [redacted] and Family Centre but acknowledged that realistically in the short term Ryan will not be attending that Centre.	Centre Manager		
5 [redacted] Hearing to take place in respect of [redacted] on 21.11.96 and a [redacted] Hearing is awaited for Ryan.	Ms Caithness Mr [redacted]		
6 It was noted that the Out of Hours Service will receive a copy of this minute and will therefore be aware of the situation should they be contacted.			
(vii) Should [redacted] be referred to the Reporter? (Y/N) A referral has been made on each [redacted] to the [redacted] Hearing.			
If Y who will provide Report?			
If N state reasons why:			
Is [redacted] subject to Statutory Care Order? (Y/N)			
(viii) Was concern such that [redacted] has been Registered? (Y/N): Ryan was retained			
Date of Registration:			
2 AREA OF IDENTIFIED [redacted] (See Guidelines)			
Area of [redacted] (1)	Ryan - Physical [redacted]	Level of Certainty	Proven
Area of [redacted] (2) (Optional)		Level of Certainty	

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**3 REASONS BEHIND THE DECISION TO REGISTER/DE-REGISTER/
RECONVENE/RETAIN ON REGISTER** (Those reasons which have directly
influenced the registration decision)

Please detail below:

It was agreed that Ryan's name should be retained on the [REDACTED] at least until there is a [REDACTED] Hearing hopefully securing his placement with his [REDACTED]. Given the concerns about Ryan's care while with his [REDACTED] the level of concern was changed from "suspicious" to "proven".

It was agreed that [REDACTED] name did not require to be placed on the [REDACTED] as she is reportedly thriving in her [REDACTED] care. A [REDACTED] Hearing will take place on 21.11.96 to try to make her position more secure with her [REDACTED]

4 OTHER DETAILS

(i) Dissent: None

(ii) Other:

5 CORE WORKERS

Case Co-Ordinator: Mr T Frame

Keyworker: Mr N [REDACTED]

Office: 6 Kirkton Rd, Dundee

Office: 6 Kirkton Road, Dundee

Tel No: 436035

Tel No: 436036

Other Core Workers or Agencies involved in Case:

<u>Agency Name or Worker Name and Designation</u>	<u>Address</u>	<u>Tel No</u>
Dr Locke, GP	Wallacetown Health Centre	459519
Ms Tilbury, Health Visitor	Wallacetown Health Centre	459608
Mr L Mackay, Manager	Beechwood [REDACTED] and Family Centre	621279
Mrs Dorward, Manager	[REDACTED] Street [REDACTED] and Family Centre	889409
Ms C Caithness, [REDACTED]	SWD (for [REDACTED])	436038

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6 NEXT CONFERENCE

- (i) Date of Next Conference: 11.03.97 at 2 pm
- (ii) Details of any other agencies or individuals to be invited:

(iii) Signature:

Designation:

Date:

Tom Smith
Manager Cef Ust/Dundee

19.11.96

CONFIDENTIALITY

The information in this document is confidential to you and must not be disclosed to any other person or agency without the written consent of the Case Conference Chair.

NOTE TO ADDRESSEES

If you disagree with any aspect of this report you should contact the Manager immediately in writing. If you agree with the content please return the acknowledgement below.

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**DUNDEE DOCTORS
OUT OF HOURS CO-OPERATIVE**

DATE: 061196 CALL RCD: 1939 CALL PASSED: 1939 CALL COMPLETE: 1942

CALL NO. 96/21522

NAME: RYAN MUDIE SEX ☒ M ☐ F
 ADDRESS: MAXWELTOWN TWR 16109H
 POSTCODE: TELEPHONE NO: 623252
 LOCATION: 3 FOGGYLEY PL CONTACT NAME: GRAN
 C/O ADDRESS: D/D

REG. GP/PRACTICE: LOCKE HAM GP NUMBER: T-7142-1

EMERGENCY TREATMENT: ☐ TR: ☐
 TR DETAILS: HOME ADDRESS: HOME G.P.:

COMPLAINING OF: ? RE PX

TELEPHONE: ☒ BASE: ☐ HOME: ☐ INCOMPLETE: ☐

HISTORY/EXAMINATION:
 Has rash ? Scabies
 Dispensed Aerbae C which says for
 head lice.
 Advised to use it tonight.
 Contact own GP if not settling.

B	
F	
H	
L	
T	
Trainee	
NOTES PLEASE	

DIAGNOSIS: Medication query.

EMERGENCY TREATMENT PRESCRIBING:

DRUG	FORM	STRENGTH	NO.

PRESCRIPTION:

DRUG	FORM	STRENGTH	DOSEAGE	NO.

OUTCOME:

REFER TO HOSPITAL: HOSPITAL SPECIALITY

REVIEW BY GP: HOME ☐ SURGERY ☐ WHEN

DEATH: ☐ GP TO CERTIFY ☐

REFERRAL TO: SWD ☐ DENTIST ☐
 ONS ☐ OTHER ☐
 AMB ☐ SPECIFY:

DUTY DOCTOR: GARDINER

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DUNDEE DOCTORS OUT OF HOURS CO-OPERATIVE

CALL NO.
20333

DATE: 19/10/96 CALL RCD: 11.35 CALL PASSED: 11.35 CALL COMPLETE: 11.55

NAME: Ryan O'cherty	SEX: ☒ M ☐ F	REG. GP/PRACTICE: Ochocky farm	GP NUMBER: T-71421
ADDRESS: 10 Marneanres	DATE OF BIRTH: 11/1/1945	EMERGENCY TREATMENT: ☐ TR: ☐	
POSTCODE: D10	TELEPHONE NO.:	TR DETAILS:	
LOCATION:	CONTACT NAME:	HOME ADDRESS:	HOME G.P.:
G/O ADDRESS:			

COMPLAINING OF:

Spots over body

TELEPHONE: ☐ BASE: ☒ HOME: ☐ INCOMPLETE: ☐

HISTORY/EXAMINATION:

Recall contact = scabies
noting rash on trunk, legs, etc.
no definite hand lesions.
Rx = scabies, self & [redacted]
also visit x today!
check clear, ENT may
advise

B	
F	
H	
L	✓
T	
Trainee	
NOTES	
PLEASE	

DIAGNOSIS

Scabies

EMERGENCY TREATMENT PRESCRIBING:

DRUG	FORM	STRENGTH	NO.

PRESCRIPTION:

DRUG	FORM	STRENGTH	DOSE	NO.
PERBAC	wa		100	55
				x2

OUTCOME

HOSPITAL	SPECIALITY
REFER TO HOSPITAL:	
REVIEW BY GP: HOME ☐ SURGERY ☒ WHEN 1/12	
DEATH: ☐ OP TO CERTIFY ☐ WHEN 1/12	
REFERRAL TO: SWD ☐ DENTIST ☐	
AMB ☐ OTHER ☐	
SPECIFY:	

DUTY DOCTOR:

Shaula Smith

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DUNDEE CITY COUNCIL

JVW/MM

15 October 1996

Department
Seymour Lodge
259 Perth Road
DUNDEE
DD2 1JP
☎ 01382 668538
FAX 01382 669131

PERSONAL, PRIVATE & CONFIDENTIAL

Dr J Locke
General Practitioner
Wallacetown Health Centre
Lyon Street
DUNDEE

Dear Dr Locke

[REDACTED] - Review(s)

A review under the auspices of the [REDACTED] system is due to be held at the date, place and time indicated on the attached pro-forma report. I am writing to invite you to attend the case conference and would be grateful if you could complete the attached report in respect of the [REDACTED]

I should be grateful if you would return your report to me as soon as possible (at the latest one full week prior to Conference date) in order to allow time for distribution to Panel members prior to the review being held.

Please also indicate whether or not you will be able to attend on the enclosed pro-forma report.

A stamped addressed envelope is enclosed for your use.

If you have any queries, please contact [REDACTED] Admin at the above number.

Yours sincerely

P.P. *M. Menzies*

J Van Wagtendonk
Manager [REDACTED]

Encs

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**DUNDEE DOCTORS
OUT OF HOURS CO-OPERATIVE**

DATE: 20.4.96 CALL RCD: 1206 CALL PASSED: 1206 CALL COMPLETE: 1706

CALL NO. 916 8011

NAME: Ryan Docherty SEX: ☒ M ☐ F
 ADDRESS: 16 Maxwellton Rd 161094
 POSTCODE: 010 TELEPHONE NO.: 205903
 LOCATION: CONTACT NAME:
 C/O ADDRESS: EMERGENCY TREATMENT: ☐ TR: ☐
 TR DETAILS: HOME ADDRESS: HOME G.P.:
 REG. GP/PRACTICE: Locke GP NUMBER: T. 714211

COMPLAINING OF: CONJUNCTIVITIS

TELEPHONE: ☒ BASE: ☒ HOME: ☐ INCOMPLETE: ☐

HISTORY/EXAMINATION:
 1700 DID NOT ATTEND

DIAGNOSIS:

EMERGENCY TREATMENT PRESCRIBING:

DRUG	FORM	STRENGTH	NO.

PRESCRIPTION:

DRUG	FORM	STRENGTH	DOSAGE	NO.

22 APR 1996

DUTY DOCTOR:

OUTCOME:

REFER TO HOSPITAL: HOSPITAL: SPECIALITY:

REVIEW BY GP: HOME ☐ SURGERY ☐ WHEN: ☐

DEATH: ☐ GP TO CERTIFY ☐

REFERRAL TO: SWD ☐ DENTIST ☐
 DNS ☐ OTHER ☐
 AMB ☐ SPECIFY: ☐

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01 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

02-Jun-2025 Dr Data Migration (DTR)

Additional:01 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Filename: 01 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Extension:.tif

Pages:

BOX 322



F83008111312

4995766588

Ryan

Mudie

16.10.1994

Vol 1

NO PAPERWORK

☐

9

The Goodinge Group Practice SCANNED BY OSS

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Begin record:

CHI: 1610940075

NHS: 4995766588

DOB: 16/10/94

Name: Mudie
Ryan

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

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

☒ This is the full medical record for the patient.

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Emergency Department
Dumfries & Galloway Royal Infirmary
Bankend Road, Dumfries, DG1 4AP
Tel: 01387 241553 Fax: 01387 241365

Dr G Porteous
Lockerbie Health Centre
Gardens
Lockerbie

DG11 2BJ

7 October 2013

Dear Dr Porteous

Re: RYAN MUDIE, FLAT 15, MILL COURT, BRIDGE STREET, DG11 2HE
Date of Birth: 16.10.94 Hospital Number: 1610940075 CHI Number: 1610940075

Your patient attended Dumfries & Galloway Royal Infirmary on the 6 OCT 2013 at 16:22 pm.

The presenting complaint was: Nil
Triage Information: Nil
The following investigations were carried out: Calcaneous Xray Right
The A&E diagnosis was: Nil
The following treatment was given: Nil
At the conclusion of treatment the patient was: Out Patient Clinic Appointment Arranged
Follow-up: Other Out Patient Clinic - See Additional Information

Additional Information: Pt jumped over a fence of over 3m. presented 13 hours later with swollen and tender heel and plantar of R foot. xray suggested #. pt referred to orthopaedics for ?? CT mane. Analgesia and home.

Yours sincerely,

Neba Numfor
St2 Emergency Department

Consultants

DR P [REDACTED] DR D PEDLEY
DR N [REDACTED] DR M QUIGLEY

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board



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Emergency Department
Dumfries & Galloway Royal Infirmary
Bankend Road, Dumfries, DG1 4AP
Tel: 01387 241553 Fax: 01387 241365

Dr G Porteous
Lockerbie Health Centre
Gardens
Lockerbie

DG11 2BJ

8 October 2013

Dear Dr Porteous

Re: RYAN MUDIE, FLAT 15, MILL COURT, BRIDGE STREET, DG11 2HE
Date of Birth: 16.10.94 Hospital Number: 1610940075 CHI Number: 1610940075

Your patient attended Dumfries & Galloway Royal Infirmary on the 7 OCT 2013 at 10:04 am.

The presenting complaint was: - Gp Admission To Orthopaedics

Triage Information: Fractures Calcaneum

The following investigations were carried out: Nil

The A&E diagnosis was: Nil

The following treatment was given: Nil

At the conclusion of treatment the patient was: Admission - Now

Follow-up: Orthopaedics

Additional Information: Nil

Yours sincerely,

Nurse Registered 'see & Treat'
Registered Nurse

Consultants

DR P [REDACTED] DR D PEDLEY
DR N [REDACTED] DR M QUIGLEY

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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

DR.
LOCKERBIE MEDICAL PRACTICE
LOCKERBIE HEALTH CENTRE
VICTORIA GARDENS
LOCKERBIE
DG11 2BJ

Date: 26 Sep 2014

Dear Doctor

Your Patient: **Ryan Mudie**
145 LEITH WALK
DUNDEE
DD2 4JP

Date of Birth: **16 Oct 1994**
ACHI Number: **1610940075**
A&E Attendance No: **NW-14-034544-1**

Tel: 07538747629

No. of Previous Attendances: **1**
[REDACTED] none

The above patient attended the A&E department on 25 Sep 2014 at 19:11. The incident occurred at Public Highway, street or road. The complaint was rtc. The patient was seen by **[REDACTED]** Aitken, A+E SHO.

Diagnosis

Soft tissue injury, Back, Left

RTC, low impact collision, sore left lower back since, seems muscular strain, no evidence other significant injury

Discharge: With no follow up

Destination: Usual place of residence.

Yours sincerely

Accident & Emergency Dept

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Mudie, Ryan [REDACTED]
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
Page number 1

Registration

Mr Ryan, [REDACTED] Mudie
19 Braeview
STENHOUSEMUIR
LARBERT
FK5 3DS

Service Code: Permanent
DoB: 16/10/1994
Age: 13

Telephone:

Contact: ?
Email: ?

Contact/Relship: ?

CHI Number: 1610940075

NHS Number: 4995766588

Patient ID:

Occupation:

Registered GP: Dr M J W Mcnab

Repeat Consultation: ?

Registered: 05/07/2004

Confirmed: 07/07/2004

BMI: 0.0

Height: 0 m

Weight: 0 kg

Parity: 0

Gravida: 0

Dispensing: No

Road: 0 Water: 0 FootPath: 0

Marital Status: Single

Seen By GP: Dr M J W Mcnab

Acute Consultation: 16/11/2006

Records Received: 12/11/2004

GP: 0/0

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
29/08/2005	29/08/2005	High	Auditory/Vestib. test normal	
01/02/2002	01/02/2002	High	(D)Enuresis NOS	
01/02/2002	01/02/2002	High	Disturbance of conduct NEC	
01/11/2001	01/11/2001	High	[REDACTED]	
01/01/1997	01/01/1997	High	Impetigo	
01/01/1997	01/01/1997	High	Scabies	
01/12/1996	01/12/1996	High	Chickenpox - varicella	
12/11/1996	12/11/1996	High	[REDACTED] misc. "at-risk" factors	
01/01/1996	01/01/1996	High	[REDACTED] on "at risk" register	
01/01/1994	01/01/1994	High	Candidiasis of mouth and oesophagus	

Repeat Medication

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

Adverse Reactions

Code	Description
------	-------------

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
12/11/2004	None	Medium	Patient MRE received from HB	
07/07/2004	None	Medium	Pat. GP7B/GP8B card from HB	
05/07/2004	None	Medium	Patient reg. form sent to HB	
01/04/2005	None	Low	Notes summary on computer	

Screening

Summary Sheet: Data Protection

Printed at 18/06/2008 11:02:50

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Mudie, Ryan
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
Page number 2

27/01/1999	Mmr Immunis.\$\$	Measles/mumps/rubella vaccin.	
No Action Required		Do not send recall letter	Do not send result letter
27/01/1999	Preschool Immunis.\$\$	Booster DT(double)+polio vacc.	
No Action Required		Do not send recall letter	Do not send result letter
21/08/1996	Mmr Immunis.\$\$	Measles/mumps/rubella vaccin.	
No Action Required		Do not send recall letter	Do not send result letter
23/03/1995	3rd Primary Immunis.\$\$	Third DTP (triple)+polio vacc.	
Repeat after an interval - 28 Weeks		Do not send recall letter	Do not send result letter
16/02/1995	2nd Primary Immunis.\$\$	Second DTP (triple)+polio vacc	
Repeat after an interval - 4 Weeks		Do not send recall letter	Do not send result letter
05/01/1995	1st Primary Immunis.\$\$	First DTP (triple)+polio vacc.	
Repeat after an interval - 4 Weeks		Do not send recall letter	Do not send result letter

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Paracetamol Soluble TABS 500MG	30 1 Tab 4 times daily prn	16/11/2006
Betamethasone Valerate CREAM 0.1%	30 Apply At night	16/02/2006
Permeable Non-Woven Synthetic Adhesive Tape Bp Clinipore 1.25cmx5m	1	16/02/2006
Beclomethasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MCG/DOSE	1 2 sprays to each nostril Twice daily When symptoms controlled reduce to 1 spray to each nostril twice a day	26/05/2005
Pseudoephedrine Hydrochloride SF LINCT 30MG/5ML	140 5 ml 3 times daily	06/12/2004
Duofilm PAINT	15 Apply At night	12/07/2004

Inactive Repeat Drugs

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

Last Encounter

Dr J A Leeming Date: 14/03/2008

looking for exemption from jury service.

Dr J A Leeming Date: 10/03/2008

Summary Sheet: Data Protection

Printed at 18/06/2008 11:02:50

THIRD PARTY COPY

Mudie, Ryan
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
 Page number 3

d/w jan [redacted] and then [redacted] kyles, s/w dundee [01382 438267] who has parental responsibilities. the psychotherapist that ryan sees seems to think his progress is good and seems to make less of the problem than mrs douglas does. she spoke to mrs [redacted]

and she has agreed to the placement. she will arrange for me to be given a report from the psychotherapist, before I make any referral to local [redacted] mental health services.

Dr J A Leeming

Date: 07/03/2008

d/w [redacted] she's not coping well and thinking of ending placement. been excluded from [redacted] for [redacted] and readmitted and then sent home again. apparently [redacted] at barnardos are involved, but we have no reports. has dysmorphic facies and [redacted] thi

nks he has foetal alc synd. phone barnardos for more details. (jan [redacted] 0131 228 4121 or [redacted] or [redacted]

Dr J A Leeming

Date: 16/11/2008

recurring L temporal headache with vis prodrome and nausea. x1/2-3m. use paracet asap. no prophylaxis required at present. --- nail dystrophy: mycology=

Acute Prescriptions:

Paracetamol - Soluble TABS 500MG

1 Tab - 4 times daily prn

30

Dr M J W Mcnab

Date: 18/02/2006

sl hair loss occiput, scalp healthy, some exclamation [redacted] hairs, plan trial local steroids, also shaved index finger r hand try [redacted] strapping

Acute Prescriptions:

Betamethasone Valerate - CREAM 0.1%

Apply - At night

30

Permeable Non-Woven Synthetic Adhesive Tape Bp -
 Clinipore 1.25cmx5m

1

Clinical / User Markers:

Auditory/Vestib. test normal -

Dr B Lynch

Date: 26/05/2005

urti reassurance

Acute Prescriptions:

Beclomethasone Dipropionate - 200 Dose Aqueous Nasal
 SPRAY 50MCG/DOSE

2 sprays to each nostril - Twice

1

Summary Sheet: Data Protection

Printed at 18/06/2008 11:02:50

THIRD PARTY COPY

Mudie, Ryan [REDACTED]
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
Page number 4

FALDOC

Date: 22/05/2005

sore throat

Clinical / User Markers:

Notes summary on computer - -

Screening:

Mmr Immunis \$\$ - Measles/mumps/rubella vaccin. - No Action Required

Screening:

1st Primary Immunis \$\$ - First DTP (triple)+polio vacc. - Repeat after an Interval - (Review 4W)

2nd Primary Immunis \$\$ - Second DTP (triple)+polio vacc - Repeat after an Interval - (Review 4W)

3rd Primary Immunis \$\$ - Third DTP (triple)+polio vacc. - Repeat after an Interval - (Review 28W)

Clinical / User Markers:

[D]Enuresis NOS - -

Candidiasis of mouth and oesophagus - -

Chickenpox - varicella - -

[REDACTED] on "at risk" register - -

Disturbance of conduct NEC - -

[REDACTED] - -

Impetigo - -

Scabies - -

Screening:

Mmr Immunis \$\$ - Measles/mumps/rubella vaccin. - No Action Required

Preschool Immunis \$\$ - Booster DT(double)+polio vacc. - No Action Required

Summary Sheet: Data Protection

Printed at 18/06/2008 11:02:50

THIRD PARTY COPY

Mudie, Ryan [REDACTED]
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
Page number 5

=====

Clinical / User Markers:

[REDACTED] misc. "at-risk" factors -

Dr M J W McNab

Date: 06/12/2004

?prob hearing

Acute Prescriptions:

Pseudoephedrine Hydrochloride - Sf LINCT 30MG/5ML [REDACTED] - 3 times daily

140

=====

Automatically generated by transaction

Clinical / User Markers:

Patient MRE received from HB -

Left Dr J H [REDACTED]

Date: 12/07/2004

wart

Acute Prescriptions:

Duofilm - PAINT

Apply - At night

15

=====

Automatically generated by transaction

Clinical / User Markers:

Pat. GP7B/GP8B card from HB -

=====

Automatically generated by transaction

Clinical / User Markers:

Patient reg. form sent to HB -

=====

Appointments List:

Dr J A Leeming

Mon 14 2008 8:05AM

tel-07980080473 [REDACTED] would like to speak
to you re his [REDACTED] he is banned from [REDACTED]
due to his aggressive behaviour would like advise
re this and other private matters. fm

Summary Sheet: Data Protection

Printed at 18/06/2008 11:02:50

THIRD PARTY COPY

Mudie, Ryan
DoB: 16/10/1994

Report Valid On 18/06/08 11:01

Viewpoint Practice
 Page number 6

POOL	Mar 14 2008 8:00AM	tel-07980080473 [redacted] would like to speak to you re his [redacted] child he is banned from [redacted]
Dr J A Leeming	Mar 7 2008 7:40AM	559085 [redacted] concerned regarding his moods flips for no reason lw
Dr J A Leeming	Nov 16 2006 3:40PM	
Dr M J W McNab	Feb 16 2008 3:10PM	
Dr M J W McNab	Feb 14 2008 4:50PM	
Dr M J W McNab	Feb 8 2008 5:00PM	
Dr B Lynch	May 26 2005 9:00AM	
FALDOC	May 22 2005 9:45AM	
Dr M J W McNab	Dec 6 2004 11:10AM	hearing test jm
Left Dr J H [redacted]	Jul 12 2004 4:30PM	

Last 4 Clinical Notes

Date	Clinical Notes
14/03/2008	[redacted] looking for exemption from jury service.
10/03/2008	d/w jan [redacted] and then [redacted] tyles, s/w dundee { 01382 438267} who has parental responsibilities. the psychotherapist that ryan sees seems to think his progress is good and seems to make less of the problem than mrs [redacted] does. she spoke to mrs [redacted] and she has agreed to the placement. she will arrange for me to be given a report from the psychotherapist, before i make any referral to local [redacted] mental health services.
07/03/2008	d/w [redacted] she's not coping well and thinking of ending placement. been excluded from [redacted] for [redacted] and readmitted and then sent home again. apparently psychol at bernardos are involved, but we have no reports. has dysmorphic facies and [redacted] thinks he has foetal alc synd. phone bernardos for more details. (jan [redacted] 0131 228 4121 or mandy or [redacted])
16/11/2006	recurring L temporal headache with vis prodrome and nausea. x1/2-3m. use paracet asap. no prophylaxis required at present. --- [redacted] dystrophy: mycology=

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Lockerbie Medical Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the practice.

Name Rhyan Mudie DOB 16/10/94

Do you need an interpreter or sign language support?

Yes ☐ No ☒

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

Please state

What is your ethnic group?

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

A White

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

B Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

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

D African, Caribbean or Black

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

E Other ethnic group

- ☐ Arab
- ☐ Other, please write in

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

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Lockerbie Medical Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the practice.

Name RYAN J I MUIRE DOB 16/10/1994

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

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

What is your ethnic group?

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

A White

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

B Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

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

D African, Caribbean or Black

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

E Other ethnic group

- ☐ Arab
- ☐ Other, please write in

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

THIRD PARTY COPY

Patient Information

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

Why am I being asked these questions?

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

What do you mean by ethnic group?

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

What has my ethnic group got to do with my health care?

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

Isn't it obvious what my ethnic group is?

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

Why do I need to answer a question about needing an interpreter?

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

Who will have access to this information?

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

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NHS DUMFRIES AND GALLOWAY Appointment Centre

Dumfries and Galloway Royal Infirmary
Bankend Road
Dumfries
DG1 4AP
Tel: 01387 246246



Dr George Porteous

Date: 19/11/2013

Lockerbie Medical Practice
Lockerbie Health Centre
Gardens

Enquiries To: Orthopaedic Department
Letter Ref: R / OC_DNF
Our Ref: ANDESO
CHI Number: 1610940075

DG11 2BJ

Dear GP

The following patient did not attend their recent hospital appointment. A second appointment has been issued for this patient and we have asked that they contact us within 7 days to either confirm that they will attend or change to a more suitable date.

1610940075 RYAN MUDIE
FLAT 15, MILL COURT, BRIDGE STREET, DG11 2HE

DNA'd Appointment Fri 15 Nov 2013 at 14:20 ORTHOPAEDIC CLINIC

Appointment Centre

Dumfries & Galloway NHS Board is the common name of Dumfries & Galloway Health Board

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☒ Female* ☐ Is this your first registration with a GP Practice in the UK? Yes ☐ No ☐ Will you be in the area for more than 3 months? Yes ☐ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 06/10/1996 Address* 7 Grange place
Title* Mr
Surname* Mudie
Forenames* Ryan
Previous Surname*
email address # Ryanmudie1694@gmail.com
Postcode* dg10 9du
Telephone # 07956025566
Mobile #
The following information can be found on your current medical card:
Community Health Index (CHI) Number* NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Dundee Country of Birth* Scotland
Registered district of birth (Scotland only) Scotland (Tayside) Mother's maiden name Francis

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP* Name and address of previous GP Practice in UK*
Lockerbie Gp 17 Rosebank place Lockerbie
Postcode* Postcode*

If you are from abroad:

Date you first came to live in the UK* DD - YYYY If previously resident in the UK, date of leaving* DD - YYYY
Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD - YYYY Service Number
Are you a Reservist? Yes ☐ No ☐ If yes, please provide your address before enlisting*
Leaving date* DD - YYYY
Is this your first registration with a GP since the Armed Forces? Yes ☐ No ☐ Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk

Any of my organs and tissue ☐ Or my
Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐
Patient signature Ryan Mudie Date DD - YYYY

GMSGPR001 v1 (05-2013)

6915

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature

Ryan Mudie

Date DD - YY YY

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Mileage (No.)

Road

Water

Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth
Cert. ☐

Student
ID Card ☐

Driving
Licence ☐

Passport or
HC2 Cert. ☐

Home Office
App Reg Card ☐

Other/None
- specify

Receptionist
initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice
signature

Date DD - YY YY

7. OFFICIAL USE ONLY

Input by

Checked by

Date

DD - YY YY

Practice Stamp

GMSGPR001 v1 (05-2013)

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NEW PATIENT INFORMATION CARD

Date 4/11/2016

Surname Mudie

First Name Ryan

Full Address 7 Grange Place Moffat dg10 9H4

Telephone No. 07956025546

Marital Status Single

Date of Birth 16/10/1994

Occupation unemployed

Ethnic Origin White Scottish

General History

Have you had any serious illnesses or operations, X-rays or similar tests and when?

Suffer depression

Have you any allergies to medicines or anything else?

None

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What medicines are you taking?

<u>Tablet</u>	<u>Strength</u>	<u>Frequency</u>

How much tobacco or cigarettes do you smoke?

Never smoked _____ Ex smoker _____ Smoker (amount) _____

How much alcohol do you consume per week?

Wine _____ Beer _____ Spirits _____

Family History

Which of your blood relations have suffered from the following

Heart Attack _____ Cancer _____

Diabetes _____ High BP _____

Asthma _____ Tuberculosis _____

Stroke _____ Other Serious Illness _____

For Female Patients Only

Have you had any _____

Have you had a miscarriage? _____

Have you had a hysterectomy? _____

When was your last smear? _____

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Registration Details - Patient No: 11943

Personal details...		Address details...	
Date of birth	16/10/1994	Post Code	DG11 2GA
Sex	M	House Name Flat No	
Surname	Mudie	No and Street	17 Rosebank Place
Previous Surname		Village	
Forenames	Ryan [REDACTED]	Town	LOCKERBIE
Calling Name	Ryan	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	499 576 6588		
HA/HB Details...		Contact details...	
Trading [REDACTED]	Dumfries & Galloway	Home Tel No	
CHI Number	1610940075	Work Tel No	
Registered GP	Dr G Porteous	Mobile Tel No	07564226267
Usual GP	Dr G Porteous	E Mail Address	
Residential Inst			
Branch Surgery			
Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	LOCKERBIE MEDICAL PRACTICE	Walking Quarters	
Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	01/03/2016		
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
21/07/2008	Impetigo priority=1 Start Date: 01/01/1997	Ms [REDACTED]	M05
21/07/2008	Chickenpox priority=1 Start Date: 01/01/1996	Ms [REDACTED]	A52
21/07/2008	Behavioural problem priority=1 Start Date: 01/01/1996	Ms [REDACTED]	1B1X
21/07/2008	Scabies priority=1 Start Date: 01/01/1996	Ms [REDACTED]	AD30
2002	Psychiatric referral	Ms [REDACTED]	8H49
2001	[REDACTED]	Ms [REDACTED]	1338

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16/04/2019

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1996

Ms [REDACTED]

13Id

Past Problems	Authorised By	Code
06/07/2016 Certificates - administration	Dr Porteous	9D
12/05/2016 Certificates - administration	Dr Porteous	9D
13/04/2016 Certificates - administration	Dr Porteous	9D
01/03/2016 Certificates - administration	Dr Porteous	9D

Health Admin Problems	Authorised By	Code
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Values		Normal Range Indicator	Normal Range
Date	Last Entry		
30/01/2014	Blood pressure reading 130/87 mm Hg HR 80 REG SPO2:98%. CHEST CLEAR. ESSENTIALLY NORMAL; HEELS.		
30/01/2014	O/E - blood pressure reading		
20/11/2009	Glucose 5.6		
20/11/2009	Free T4 level 14	13-30	
20/11/2009	Serum TSH level 2		
20/11/2009	Serum creatinine 64		
20/11/2009	Urea 5.9	3.1-6.6	
20/11/2009	K+ 4.3		
20/11/2009	Na+ 143		

Attachments	Authorised By	Code
11/10/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/10/2016 - 01/11/2016) FitNote_d0f2e94a-d13b-4a9a-aa8c-4c9a4beaa439.pdf	Dr Malik	
05/09/2016 eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: Depression; Duration: 01/09/2016 - 30/09/2016) FitNote_49b73996-05bd-418f-b15c-9dc6907f6eb4.pdf	Dr Malik	9D15
03/08/2016 eMED3 (2010) new statement issued, not fit for work FitNote [REDACTED] (Diagnosis: Depression; Duration: 03/08/2016 - 31/08/2016) FitNote_7036b15d-457c-4767-b403-608d7134629f.pdf	Dr Malik	9D15
06/07/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 06/07/2016 - 03/08/2016) FitNote_930fee5a-1dae-4077-9b41-9d7693513eb4.pdf	Dr Porteous	9D15
08/06/2016 eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: Depression; Duration: 08/06/2016 - 06/07/2016) FitNote_d75ced5-dd6a-493c-ba34-4e43bb8fd122.pdf	Dr Malik	9D15
12/05/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 11/05/2016 - 08/06/2016) FitNote_b8bac701-b0dc-4a41-8c2a-530eb9f36654.pdf	Dr Porteous	9D15
13/04/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 13/04/2016 - 11/05/2016) FitNote_20906dd9-939b-4614-a7ae-bf631d82723b.pdf	Dr Porteous	9D15
16/03/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 16/03/2016 - 13/04/2016) FitNote_cf848ba2-dce7-4306-82b7-72b8de8fd382.pdf	Dr Porteous	9D15
07/03/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016) FitNote_b9c0b2e7-8807-4ea4-b58f-72a3b84891a0.pdf	Dr Porteous	9D15
07/03/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016) FitNote_685cb919-c7b5-46f3-ae85-fb50483cc424.pdf	Dr Porteous	9D15
01/03/2016 eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2016) FitNote_e88ebb2e-ca5a-4cc2-9bab-5bb99020f98d.pdf	Dr Porteous	9D15

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16/04/2019

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28/02/2016 eMED3 (2010) new statement issued, not fit for work FitNote.pdf. (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2016) FitNote_945a2175-03f3-4027-bd28-483a77f949b4.pdf Dr [REDACTED] 9D15

Alerts	Authorised By	Code
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None

Drug Allergies	Authorised By	Code
----------------	---------------	------

None

Non Drug Allergies	Authorised By	Code
--------------------	---------------	------

None

Family History	Authorised By	Code
----------------	---------------	------

None

Referrals	Authorised By	Code
-----------	---------------	------

2002 Psychiatric referral Ms [REDACTED] 8H49

Immunisations	Authorised By	Code
---------------	---------------	------

None

Health Status

30/01/2014 Blood pressure reading O/E - blood pressure reading.

30/01/2014 Blood pressure reading 130/87 mm Hg

21/07/2008 Notes summary on computer

Other Observations	Authorised By	Code
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05/10/2016 SMS text sent to patient Text sent re smoking status. 9N3G

16/03/2016 Certificates - administration (REVIEW) Dr Porteous 9D

07/03/2016 Certificates - administration (REVIEW) Dr Porteous 9D

21/02/2014 Stop smoking ivtn 3rd txt msge Message Not Available 9Q0B2

30/01/2014 Smoking cessation advice Dr [REDACTED] 8CAL

30/01/2014 Moderate smoker - 10-19 cigs/d MOVING TO DUNDEE NEXT WEEK.GOING TO [REDACTED] IN CAFE. #CALACANEUS OCT 2013. CONSERVATIVE TREATMENT. STILL DISCOMFORT ON WALKING. HERE FOR CHECK UP. ON NO MEDS. Dr [REDACTED] 1374

28/11/2012 Scottish - ethnic category 2001 census Miss Cosham 9I21

19/06/2012 Drug compliance checked Miss Rankine 8BIQ

19/06/2012 Equivalent quantities for all medication checked MM LES Miss Rankine 8BIQ

19/06/2012 Rep.presc. monitoring NOS MM LES Miss Rankine 66RZ

26/01/2012 Non-smoker Mrs [REDACTED] 1371-1

10/03/2011 Current non-smoker Miss Rankine 137L

20/11/2009 Glucose date office PCSDT17368_32

20/11/2009 TSH date Value text: 17 Nov 2009 00:00 office PCSDT17368_29

20/11/2009 Creatinine date Value text: 17 Nov 2009 00:00 office PCSDT17368_18

17/11/2009 Medication review UnknownUser 8B314

17/11/2009 Medication review done priority=2 Dr [REDACTED] 8B3V

21/09/2009 Acne vulgaris priority=2 Dr Malone M2610

01/04/2009 Medication review UnknownUser 8B314

01/04/2009 Medication review done priority=2 Dr Porteous 8B3V

06/02/2009 White Scottish. 9S10 priority=2 Mrs Galloway 9S13

27/01/2009 Medication review UnknownUser 8B314

27/01/2009 Medication review done priority=2 Dr Porteous 8B3V

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21/07/2008	Notes summary on computer priority=2	Ms [REDACTED]	9344
07/07/2008	Patient MRE received from HB priority=2	Ms [REDACTED]	9125
02/06/2008	Pat. GP7B/GP8B card from HB priority=2	Ms [REDACTED]	9124
30/05/2008	Patient reg. form sent to HB priority=2	Ms [REDACTED]	9123

Consultations	
11/10/2016	Dr Manzoor [REDACTED] at Lockerbie Medical Practice
History	[REDACTED] Moffatt. asked to register with surgery. advised to be in time and attend as directed.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/10/2016 - 01/11/2016)
21/09/2016 12:43	Dr Andrae [REDACTED] at Lockerbie Medical Practice
Comment	asking via reception for sick note. Has not been seen since February and not getting any regular medication. Needs to be seen.
05/09/2016	Dr Manzoor [REDACTED] at Lockerbie Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 01/09/2016 - 30/09/2016)
03/08/2016 15:29	Mrs Kerie Handley at Lockerbie Medical Practice
Comment	Called patient re below entry (also requesting new sickline) no reply.
03/08/2016	Dr Manzoor M [REDACTED] at Lockerbie Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 03/08/2016 - 31/08/2016)
01/08/2016	Dr Andrae [REDACTED] at Lockerbie Medical Practice
Comment	asking via reception for Citalopram. Last ordered this over 3 months ago and does not appear to have been seen since Feb. Needs to be seen.
06/07/2016	Dr G Porteous at Data Entry
Problem (NEW)	Certificates - administration
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 06/07/2016 - 03/08/2016)
08/06/2016	Dr Manzoor Malik at Lockerbie Medical Practice
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 08/06/2016 - 06/07/2016)
12/05/2016	Dr G Porteous at Data Entry
Problem (NEW)	Certificates - administration
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 11/05/2016 - 08/06/2016)
13/04/2016	Dr G Porteous at Data Entry
Problem (NEW)	Certificates - administration
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 13/04/2016 - 11/05/2016)
16/03/2016	Dr G Porteous at Data Entry
Problem (REVIEW)	Certificates - administration
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 16/03/2016 - 13/04/2016)
11/03/2016	Dr Andrae [REDACTED] at Lockerbie Medical Practice
Comment	asking for more Citalopram. Needs to be seen for review. Asked tci.
07/03/2016	Dr G Porteous at Data Entry
History	duplicate meds cert issued as initial one printed on prescription paper in error by me
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016)
07/03/2016	Dr G Porteous at Data Entry
Problem (REVIEW)	Certificates - administration
Additional	eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: depression; Duration: 12/02/2016 - 17/02/2016)
01/03/2016	Dr G Porteous at Data Entry

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Problem (FIRST)	Certificates - administration
Comment	duplicate med cert issued as address on previous one was wrong
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2016)
29/02/2016	<u>Dr Andrae [REDACTED] at Telephone Consultation</u>
History	"not at home" at the moment. Asked for telephone consultation. Says the Citalopram are making him tired. Was so tired he couldn't keep his Job Centre appt. Says they have suggested he get a sick note.
Comment	happy to persist with medication to see if it helps. I will do med 3. Asked to make appt within next 14 days for review.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: depression; Duration: 17/02/2016 - 16/03/2016)
17/02/2016	<u>Dr Andrae [REDACTED] at Lockerbie Medical Practice</u>
History	dysfunctional consultation. Estranged from his family who [REDACTED] Dundee. Tells me he previously had a house there but has given this up and now [REDACTED] a friend's [REDACTED] in Lockerbie. Not working. Claiming Jobseekers. Friend's [REDACTED] thinks he has depression but he himself is not keen to talk to me or anyone else about how he feels. c/o poor sleep and anhedonia. Does not feel capable of looking for work. Does not want counselling. Last used cannabis and "coke" 18 months ago, he says. Left Dundee because he was being "hounded" but refuses to give any other details.
Examination	talked normally. No [REDACTED] poor engagement. mood does appear low. I spent time trying to engage with him but he was reluctant to talk much. No self harm ideation. Trying to get a house in Lockerbie. Last worked at Pinney's some time ago but this was seasonal. Discussed Citalopram. Prepared to try it. Advised review in 2 weeks.
Comment	
30/01/2014	<u>Dr J J [REDACTED] at Lockerbie Medical Practice</u>
History	Moderate smoker - 10-19 cigs/d MOVING TO DUNDEE NEXT WEEK. GOING TO [REDACTED] IN CAFE. #CALACANEUS OCT 2013. CONSERVATIVE TREATMENT. STILL DISCOMFORT ON WALKING. HERE FOR CHECK UP. ON NO MEDS.
Examination	O/E - blood pressure reading Blood pressure reading 130/87 mm Hg HR 80 REG SPO2:98%. CHEST CLEAR. ESSENTIALLY NORMAL; HEELS.
Comment	ADVISED IMPOSSIBLE TO STATE WHEN HEEL DISCOMFORT WILL END. ESTIMATE 6-12 MONTHS FROM INJURY BUT MAY HAVE LONGER Milder DISCOMFORT.
Additional	Smoking cessation advice
25/10/2013	<u>Dr G Porlepus at Data Entry</u>
History	C42/7 # calcaneum dated 17/10/13
19/06/2012 13:45	<u>Miss [REDACTED] Rankine at Lockerbie Medical Practice</u>
History	Rep. presc. monitoring NOS MM LES
Additional	Equivalent quantities for all medication checked MM LES Drug compliance checked
28/02/2012	<u>Dr [REDACTED] at Lockerbie Medical Practice</u>
History	came in as still probs with shoulder and hadn't heard from physio so wanted to make sure referral made and review re acne- feels oxytel stopped new lesions appearing but still lots of troublesome spots
Examination	acneform rash on face and chest
Comment	agreed switch oxytel to doxycycline advised re ses and review in 6/52 and advised re waiting time for physio and that referral had been made 2/12 ago.
Medication	Doxycycline Hyclate Capsules 100 mg 50 capsule 1 Cap Daily
26/01/2012	<u>Mrs S [REDACTED] M [REDACTED] at Lockerbie Medical Practice</u>
Comment	Non-smoker
16/01/2012	<u>Dr [REDACTED] at Data Entry</u>
History	request for oxytetracycline - see consultation below
19/12/2011	<u>Dr [REDACTED] at Lockerbie Medical Practice</u>
History	last 2 years r. shoulder clicks and feels as if going to pop out and ? dislocated recently though he just pulled arma dn it popped back into place no history of [REDACTED] no hyperextendable joints, also ACNE ++
Examination	from at r. shoulder but clicks on aduction also acne ++
Comment	agreed refer physio and also oral antibiotics and topical prep for acne review 1/12
Medication	Oxytetracycline Tablets 250 mg 100 tablet TWO TABLETS TWICE DAILY

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	Benzoyl Peroxide Aquagel 5 % 40 gram APPLY TWICE A DAY
10/03/2011 Comment	Miss [REDACTED] Rankine at Lockerbie Medical Practice Current non-smoker
10/03/2010 History	Mrs Elspeth Robertson at Lockerbie Medical Practice came alone. C/o sleep probs several weeks. Missing [REDACTED] as sleeps till 3pm. Oldest in home. Has [REDACTED] place mostly sorted. Due to sit exams-not bothered. Smokes tobacco. No caffeine and 'not much' alcohol. Poor appt. No other hobbies. [REDACTED] in Lincoln. No other support. SW [REDACTED] sees him monthly. Chat. Request for [REDACTED] refused. Doesn't want referral for counselling. Suggest keep diary and formulates ideas about what will help. See again. priority=2
20/11/2009 History	office at Lockerbie Medical Practice TSH TSH Creatinine date Value text: 17 Nov 2009 00:00 Na+ K+ Urea Creat TSH date Value text: 17 Nov 2009 00:00 TSH Free T4 level Glucose Glucose date Value text: 17 Nov 2009 00:00
17/11/2009 History	Dr J J [REDACTED] at Lockerbie Medical Practice frequent heavy nose bleeds. feels tired. wondering if anaemic. bp 120/70 nil to see in nostrils. check blood. try naseptin. priority=2 Medication review done priority=2 Systolic blood pressure Diastolic blood pressure Medication review
21/09/2009 History	Dr [REDACTED] Malone at Lockerbie Medical Practice Has had recurrent sore throats and nasal congestion over past month -> o/e TMs Nad Fauces Nad No Cx nodes Chest clear Imp 72o Rhinitis -> Trial steroid nasal spray Also moderate grade acne vulgaris affecting predominantly face -> trial duac once daily in first instance and rv in 8wks - if not helping consider oral abx - Given PatientUK Info Sheet re condition. priority=2 Acne vulgaris priority=2
22/07/2009 History	Ms Jill McWilliam at Lockerbie Medical Practice requesting check up before 6 mile [REDACTED] run. Bp 117/80. hr 64 and regular. Feels well - no breathing difficulties - no pains or limb problems. Jill priority=2
01/04/2009 History	Dr G Porteous at Lockerbie Medical Practice reports sore throat for several days with cough. sore ears too and abdo sore today. not sick. eats and drinks ok o/e normal ear drums R+L inflamed pharynx chest= clear R+L. nil added abdo=soft non tender. no masses. no LKKS. BS present cap. refill <2secs undistressed. good colour. talking normally. not breathless for amoxicillin 250mg tds x15 priority=2 Medication review done priority=2 Medication review
06/02/2009 History	ADMINISTRATION at Lockerbie Medical Practice Ethnicity added. kg priority=2 White Scottish .9S10 priority=2
27/01/2009 History	Dr G Porteous at Lockerbie Medical Practice pain L side of trunk for 6/7 -started after playing badminton- occurs if does sports etc o/e non tender L flank-not bruised or swollen. good ROM of back-sprain -try paracetamol prn priority=2 Medication review done priority=2 Medication review
21/07/2008	ADMINISTRATION at Lockerbie Medical Practice

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History Summary of notes SR priority=2
Notes summary on computer priority=2
Problem Scabies priority=1
Start Date: 01/01/1996
Problem priority=1
Start Date: 01/01/1996
Problem Chickenpox priority=1
Start Date: 01/01/1996
Problem Impetigo priority=1
Start Date: 01/01/1997
Problem Psychiatric referral
Problem
Problem

08/07/2008 ADMINISTRATION at Lockerbie Medical Practice
History SUMMARY HG priority=2

07/07/2008 Ms Suzanne [REDACTED] at Lockerbie Medical Practice
History Automatically generated by transaction priority=2
Patient MRE received from HB priority=2

02/06/2008 Ms Suzanne [REDACTED] at Lockerbie Medical Practice
History Automatically generated by transaction priority=2
Pat. GP7B/GP8B card from HB priority=2

30/05/2008 Ms Suzanne [REDACTED] at Lockerbie Medical Practice
History Automatically generated by transaction priority=2
Patient reg. form sent to HB priority=2

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/10/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	11/10/2016P	Dr Manzoor [REDACTED]	ACUTE
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/04/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	26/04/2016P	Dr Manzoor [REDACTED]	ACUTE
17/02/2016	Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY 28 tablet	11/03/2016P	Dr Andrae [REDACTED]	ACUTE
28/02/2012	Doxycycline Hyclate Capsules 100 mg 1 Cap Daily 50 capsule	28/02/2012P	Dr [REDACTED]	ACUTE
19/12/2011	Oxytetracycline Tablets 250 mg TWO TABLETS TWICE DAILY 100 tablet	16/01/2012P	Dr [REDACTED]	ACUTE
19/12/2011	Benzoyl Peroxide Aquagel 5 % APPLY TWICE A DAY 40 gram	19/12/2011P	Dr [REDACTED]	ACUTE
17/11/2009	Naseptin Cream Apply Twice daily 15 CREAM	17/11/2009P	Dr J J Hill	ACUTE
21/09/2009	Beclometasone Aqueous nasal spray 50 micrograms/actuation 2 Puffs each nostril Twice daily 1 dose	21/09/2009Q	Dr [REDACTED] Malone	ACUTE
01/04/2009	Amoxicillin Capsules 250 mg 1 Cap 3 times daily 15 CAPS	01/04/2009P	Dr G Porteous	ACUTE
27/01/2009	Paracetamol Tablets 500 mg 1 or 2 Tabs 4 times daily 60 if required	27/01/2009P	Dr G Porteous	ACUTE
21/09/2009	Duac Once Daily Gel 5 % + 1 % apply once daily 25 GEL	21/09/2009P	Dr Colin Malone	REPEAT

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ESA113

Jobcentreplus

Employment and Support Allowance

The Practice Manager
HIGH STREET SURGERY
HIGH STREET
MOFFAT
DG10 9JP

31800/13

4040

Our phone number is: 0141 249 3565

If you have a textphone,
you can call on: 18001 0141 249 3565

If you get in touch with us, tell us this
reference number: PA593064A

Date: 24th April 2018

About your patient

Address

7, Grange Place, Moffat, DG10 9HU

Full Name Mr Ryan Mudie

NINo PA593064A

Date of birth 16th October 1994

Dear Doctor,

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

Please note

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

COMPUTER PRINTOUTS

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

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

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

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs Moira Reidy-Kane

Centre for Health and Disability Assessments on behalf of the DWP

RESTRICTED - MEDICAL

Version 10/17



26/4

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Mr Ryan Mudie

Client No:
PA593064A

Client Date of Birth:
16.10.1994

Freeport RTGB-KGKS-AEEZ
Centre for Health and Disability Assessments
Glasgow ASC
Mail Handling Site A
Wolverhampton
WV98 1SN

Your reply

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

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

1 When did your patient last see a GP?

16 1 3 1 18

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

Relevant symptoms and signs, including side effects of medication; with dates. For mental health conditions, please provide brief mental state examination findings, if available.

Past, present and planned investigations and management, including medication, where relevant.

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

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

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Depression 2016	Seen by previous GP practice 12/2/16. low and depressed commenced on Citalopram suggested to self-harm Aug 17. Revisited with high ST anxiety 11/16	
	Revisited last 16/3/18 low / self reported / isolated / poor sleep so swapped to Mirtazapine 15mg Not seen since to know if effective	



Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 10/17

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ESA113

About your patient - continued

NINo: PA593064A

3 Current conditions not affecting ability to work

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

.....

.....

.....

.....

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

Walking or moving

Transferring between seats

Reaching

Picking up objects

Manual dexterity

Communicating with others

Continence

Learning simple tasks

Awareness of hazards

Initiating and completing personal actions

Coping with changes or social engagement

Appropriateness of behaviour

Eating or drinking

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

No

Yes

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

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

No

Yes

Please tell us why at Part 7

7 Additional information

Please continue on a separate sheet if necessary.

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

Your Signature

Signature



Name IN CAPITALS

Dr *A. Curry*

Date

21/4/18

Practice stamp
 High Street Surgery
 High Street
 Moffat
 DG10 9JP
 01683 220062

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RESTRICTED - MEDICAL

Version 10/17

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10/04/2013 05:53

01576295593

LOCKMEDPRAC

PAGE 01/02

Page 1 of 2

Registration Details - Patient No: 11943

Personal details...		Address details...	
Date of birth	18/10/1994	Post Code	DG11 2GA
Sex	M	House Name Flat No	
Surname	Mudie	No and Street	17 Rosebank Place
Previous Surname		Village	
Foranames	Ryan	Town	LOCKERBIE
Calling Name	Ryan	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
NHS Number	480 676 8588		
HA/HB Details...		Contact details...	
Trading partner	Dumfries & Galloway	Home Tel No	
CHI Number	1610940075	Work Tel No	
Registered GP	Dr G Porteous	Mobile Tel No	07564226207
Usual GP	Dr G Porteous	E Mail Address	
Residential Unit			
Branch Surgery			
Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Specialist	
Records At	LOCKERBIE MEDICAL PRACTICE	Walking Quarters	
Further Information		Upload Consent	
Long/Short stay or Deed		SCI-DC Consent	Implied Consent (default)
Date of registration	01/03/2016		
AMS/CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Collected Check	No		
CMS Sullability Status	-1		
CMS Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
21/07/2008	Impetigo priority=1 Start Date: 01/01/1997	Ms Robson	M05
21/07/2008	Chickenpox priority=1 Start Date: 01/01/1998	Ms	A62
21/07/2008	Behavioural problem priority=1 Start Date: 01/01/1998	Ms	1B1X
21/07/2008	Scabies priority=1 Start Date: 01/01/1998	Ms	AD30
2002	Psychiatric referral	Ms Robson	8H49
2001		Ms	1338
1998		Ms	131d
Past Problems		Authorised By	Code

Medical Record Printout - Patient No: 11943

09/11/2016

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10/04/2013 05:53 01576205503

LOCKMEDPRAC

PAGE 02/02

Page 2 of 2

Alerts	Authorized By	Code
None		

Drug Allergies	Authorized By	Code
None		

Non Drug Allergies	Authorized By	Code
None		

Health Status

30/01/2014 Blood pressure reading O/E - blood pressure reading

30/01/2014 Blood pressure reading 130/87 mm Hg

21/07/2008 Note summary on computer

Consultations

11/10/2016 Dr Manzoor Malik at Lockertie Medical Practice
lives in Moffat, asked to register with surgery, advised to be in time and attend as directed.

Additional eMEDS (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/10/2016 - 01/11/2016)

21/09/2016 12:43 Dr Andrea Anderson at Lockertie Medical Practice
asking via reception for sick note. Has not been seen since February and not getting any regular medication. Needs to be seen.

05/09/2016 Dr Manzoor Malik at Lockertie Medical Practice
Additional eMEDS (2010) new statement issued, not fit for work (Diagnosis: Depression; Duration: 01/09/2016 - 30/09/2016)

03/08/2016 15:29 Mrs Kerle Handley at Lockertie Medical Practice
Comment Called patient re below entry (also requesting new sickline) no reply.

03/08/2016 Dr Manzoor Malik at Lockertie Medical Practice
Additional eMEDS (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 03/08/2016 - 31/08/2016)

Medication

Current	Date Commenced	Drug Details	Date Last Issue	Authorized By	Type
11/10/2016		Citalopram Hydrobromide Tablets 20 mg ONE TO BE TAKEN DAILY	11/10/2016P	Dr Manzoor	ACUTE

* to go on plse.

[Signature]

Medical Record Printout - Patient No: 11943

09/11/2016

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Registration Details - Patient No: 6915

Personal details...		Address details...	
Date of birth	16/10/1994	Post Code	DG10 9HU
Sex	M	House Name Flat No	
Surname	Mudie	No and Street	7 Grange Place,
Previous Surname		Village	
Forenames	Ryan	Town	Moffat
Calling Name	Ryan	County	Dumfriesshire
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading	Dumfries & Galloway	Home Tel No	
Registered GP	Dr Crosby	Work Tel No	
Usual GP	Dr Crosby	Mobile Tel No	07593 571 866
Residential Inst		E Mail Address	
Branch Surgery		Key Code	
CHI Number	1610940075	Tel No	
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	
RPP_ROAD_MILES			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	13/12/2017		

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		

Imported user defined fields		Home Address Details	
STREAMING: Script Destination		Home Name and No	
Home Street			
Home Village			
Home Town			
Home County			
Home Postcode			
Home GP Name			
Home GP Code			

Medical Record

Problems

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Active Problems		Authorised By	Code
Past Problems		Authorised By	Code
16/03/2018	[X]Depression NOS	Dr Crosby	Eu32z-1
15/12/2017	Pityriasis versicolor	Dr Crosby	AB10
13/12/2017	O/E - dry skin	Dr Terziev	2F13
13/12/2017	[X]Depression NOS	Dr Terziev	Eu32z-1
12/09/2017	[X]Depression NOS	Dr Terziev	Eu32z-1
18/04/2017	Viral infection NOS viral	Dr Terziev	A78z
09/11/2016	[X]Depression NOS	Dr Terziev	Eu32z-1
2001		Ms Reception	1338
01/01/1997	Impetigo	Ms Reception	M05
1996		Ms Reception	13ld
01/01/1996	Scabies	Ms Reception	AD30
01/01/1996		Ms Reception	1B1X
01/01/1996	Chickenpox - varicella	Ms Reception	A52
Health Admin Problems		Authorised By	Code
27/01/1999	Booster DT(double)+polio vacc.	Ms Reception	65K4
16/02/1995	Second DTP (triple)+polio vacc	Ms Reception	65I2
05/01/1995	First DTP (triple)+polio vacc.	Ms Reception	65I1
Attachments		Authorised By	Code
16/03/2018	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depression NOS; Duration: 16/03/2018 - 16/06/2018) FitNote_b5a9886f-ce2d-4737-b668-a62d1c6d5734.pdf	Dr Crosby	9D15
13/12/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X] Depression NOS; Duration: 12/12/2017 - 12/03/2018) FitNote_aec025d7-02c2-4b11-be2b-159aab9c064b.pdf	Dr Terziev	9D15
12/09/2017	eMED3 (2010) new statement issued, may be fit for work FitNote.pdf, (Diagnosis: [X] Depression NOS; Duration: 12/09/2017 - 12/12/2017) FitNote_18de3b5b-d100-464c-a78b-3201cb5df680.pdf	Dr Terziev	9D16
11/08/2017	MED3 (2010) issued by hand, not fit for work (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017) FitNote_ef24f05f-9afb-4111-b62a-f8307e4f0bb.pdf	Ms Reception	9D19
11/08/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/08/2017 - 08/09/2017) FitNote_5a308b52-6d44-48af-831d-66935c56f19a.pdf	Dr Scullion	9D15
11/08/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017) FitNote_0ae61ebb-647f-411d-bd14-e6a779d1e078.pdf	Dr Scullion	9D15
18/04/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: vomiting; Duration: 18/04/2017 - 25/04/2017) FitNote_4e737d1f-9250-44ef-afab-ba4c5b0d312e.pdf	Dr Terziev	9D15
09/11/2016	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 09/11/2016 - 10/12/2016) FitNote_26cbbfd-d8e3-4a62-aa9d-fc8ed9a630fc.pdf	Dr Terziev	9D15
Due Diary Entries		Authorised By	Code
16/10/2059	Influenza vaccination	Dr Crosby	65E..
16/03/2019	Medication review	Dr Crosby	8B314
Overdue Diary Entries		Authorised By	Code
None			
Alerts		Authorised By	Code
None			

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Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
13/12/2017 8H43.: Dermatological referral (SCI Gateway Referral)	Dr Crosby	8H43

Immunisations	Authorised By	Code
27/01/1999 MMR vaccination - 2nd dose (GMS)	Ms Reception	65MC
27/01/1999 Booster DT(double)+polio vacc.	Ms Reception	65K4
21/08/1996 Measles/mumps/rubella vaccn. (GMS)	Ms Reception	65M1
23/03/1995 3rd haemophilus B vaccination (GMS)	Ms Reception	657C
23/03/1995 Third DTP (triple)+polio vacc.	Ms Reception	65I3
16/02/1995 2nd haemophilus B vaccination (GMS)	Ms Reception	657B
16/02/1995 Second DTP (triple)+polio vacc	Ms Reception	65I2
05/01/1995 1st haemophilus B vaccination (GMS)	Ms Reception	657A
05/01/1995 First DTP (triple)+polio vacc.	Ms Reception	65I1

Health Status

Other Observations	Authorised By	Code
10/07/2018 [X]Depression NOS (REVIEW)	Dr Sharkey	Eu32z-1
20/12/2016 Notes summary on computer	Ms Reception	9344
03/11/2016 White British	Ms Reception	9S10

Consultations
10/07/2018 09:10 Dr [REDACTED] Sharkey at High Street Surgery Problem (REVIEW) [X]Depression NOS History no better on mirtaz 15mg. sleep still disturbed - mind just whirls at night. withdrawn, not going out, not seeing friends. no benefits coming in. is appealing - they say they've sent a letter about an appt - he didn't get it. says willing to go to try and find work. Examination tidy appearance, good eye contact, not overly anxious. Comment try increased dose of mirtazapine, r/v 1/12 Medication Mirtazapine Tablets 30 mg 28 tablet 1 Tab At night
16/03/2018 10:00 Dr [REDACTED] Crosby at High Street Surgery Problem (NEW) [X]Depression NOS History low or self neglected low space, drifted from [REDACTED] in falkirk to lockertie and hence why he lives alone in moffat, has a couple of friends, doesn't tend to go out, back in contact with family in dundee, poor sleep, so swap sertraline for below, advised to try and get trained for a job, sleep used to be better Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN EVERY NIGHT Additional eMED3 (2010) new statement issued, not fit for work [REDACTED] (Diagnosis: [X] Depression NOS; Duration: 16/03/2018 - 16/06/2018)
15/12/2017 11:58 Dr [REDACTED] Crosby at Data Entry Problem (FIRST) Pittyriasis versicolor History see letter to stan from dr yo Medication Ketoconazole Shampoo 2% 120 ml APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF
13/12/2017 09:20 Dr Stan Terziev at High Street Surgery Problem (NEW) [X]Depression NOS History A bit better, still not sleepin well, feels down because of the recent loss too, not [REDACTED] has not been taking his meds regularly Medication Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN DAILY Additional eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X]

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Depression NOS; Duration: 12/12/2017 - 12/03/2018)

Problem (FIRST)	O/E - dry skin
History	for the last weeks had noticed dark rash on his body , mostly on the L side and inner aspect of the arm
Examination	large area, brown , flat maculat, ? fungal
Comment	picture taken to send t dermatology, no polydipsia , polyuria
New Referral	Routine ,
12/09/2017 09:37	Dr Stan Terziev at High Street Surgery
Problem (NEW)	[X]Depression NOS
History	has been down as lost him [REDACTED] 1st week. overall sleeps most of the day and is awake at night , eats reasonably , some guilt feelings of not working but no suicide self harm thoughts
Medication	Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN DAILY
Additional	eMED3 (2010) new statement issued, may be fit for work FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 12/09/2017 - 12/12/2017)
11/08/2017 10:59	Dr [REDACTED] Scullion at High Street Surgery
Problem	was working until a couple of months ago; has 'depression' arising out of difficult childhood. [REDACTED] been in care; biological family in Dundee, he does not wish to keep contact with them. Was on Citalopram at Lockerbie, made him 'tired'.
Comment	Says he will bring in paperwork re ESA.
Medication	Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN ONCE DAILY
Comment	This shows ESA claim dated 05/07/17, so line issued for these dates.
	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/08/2017 - 08/09/2017)
	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017)
18/04/2017	Dr Stan Terziev at High Street Surgery
Problem (FIRST)	Viral Infection NOS viral
History	since last week nhas had cough , runny nose , sore throat and has been sick at times, no fevers
Examination	T36.5 lungs clear b/t , abd soft
Comment	seems to be improving but handles food so needs a line for work, to go back if 48hs with no vomiting
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: vomiting; Duration: 18/04/2017 - 25/04/2017)
09/11/2016	Dr Stan Terziev at High Street Surgery
Problem (FIRST)	[X]Depression NOS
History	NO records yet , spoke to his previous surgery and they confirmed he has been signed off for depression. they will fax a summary over to day
Examination	bright and reactive now , looking to improve his life, and to get better
Comment	sick line given and I will see him again next week when the record of his problems is available
	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 09/11/2016 - 10/12/2016)
03/11/2016	Dr Stan Terziev at High Street Surgery
Problem	new patient
History	came in to day asking for sick line from 10.11.16 . has depression, registered in Lockerbie . Agreed with him that we will chase his records and will see him next week when we have it before giving sick line

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
10/07/2018	Ketoconazole Shampoo 2 % APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF 120 ml	10/07/2018P	Dr [REDACTED] Sharkey	REPEAT
16/03/2018	Mirtazapine Tablets 15 mg ONE TO BE TAKEN EVERY NIGHT 28 TABLET	16/03/2018P	Dr [REDACTED] Crosby	REPEAT

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Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
10/07/2018	Mirtazapine Tablets 30 mg 1 Tab At night 28 tablet	10/07/2018P	Dr █████ Sharkey	ACUTE
15/12/2017	Ketoconazole Shampoo 2 % APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF 120 ml	15/12/2017P	Dr █████ Crosby	ACUTE
12/09/2017	Sertraline Hydrochloride Tablets 100 mg ONE TO BE TAKEN DAILY 28 TABLET	13/12/2017P	Dr Stan Terziev	REPEAT
11/09/2017	Sertraline Hydrochloride Tablets 50 mg ONE TO BE TAKEN ONCE DAILY 28 TABLET	11/09/2017P	Dr █████ Crosby	REPEAT

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NHS DUMFRIES AND GALLOWAY**A7 - DERMATOLOGY**

Dumfries and Galloway Appointment Centre
Dumfries

Telephone: 01387 246246

Dr [REDACTED] Crosby
High Street Surgery
High Street
Moffat
DG10 9JP

Date Dictated: 14/12/2017 16:36:35
Consultant: YEO
1610940075
Letter Ref: ADVICE / 1610940075
Referral date: 13/12/2017 00:00:00

Dear Dr Crosby

RYAN MUDIE

D.O.B 16/10/1994 00:00:00

7 GRANGE PLACE, MOFFAT, , DG10 9HU

Thank you for your referral/advice only request of the 13/12/2017 00:00:00.

Please see advice details below:

Return Reason: Advice; Further Details: Thank you for your letter and clear photo. clinically, it appears to be pityriasis versicolour. Please prescribe ketoconazole shampoo to be used daily. He can use the shampoo as a paste and apply on all the affected areas, leave on for about 5 minutes before showering off. Please also explain that that once the colour change either to post inflammatory hypo or hyperpigmentation, it has become inactive and he can stop treatment. The discolouration does fade with time.

Yours sincerely

LINDSEY YEO
Consultant in Dermatology

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Dumfries
& Galloway GP Copy

DUMFRIES & GALLOWAY ROYAL INFIRMARY
DISCHARGE/TRANSFER SUMMARY

1610940075

Ryan Mudie

Page 1 of 1

Dr. GA Porteous	Surname Mudie	Patient Reg No. 161094G	Admission ward
Referral No.	Forename Ryan	Consultant Ferdinand	16
GP Address	Date of birth 16/10/1994	Admission Date 07/10/2013	16
Lockerbie Medical Practice	CHI No 1610940075	Admission Type 36 Patient Non-Injury (eg Stroke)	
Lockerbie Health Centre	Address	Reason for Admission / Transfer	
█ Gardens	Fiat 15	ADMISSION FOR TREATMENT	
Lockerbie	Mill Court	Discharge Date 07/10/2013	Time
DG11 2BJ	Bridge Street		Discharge Ward
	DG11 2HE		16
		Discharge To	

A further discharge communication will follow this document

Drug / Type of Preparation	Route of Admission	Dose	Frequency	Days Recommended	Quantity Supplied
ibuprofen	po	400mg	Three times a day with food		
co-codamol 30/500	po	2 tabs	Four times a day		

Number of Days Supply	Pharmacist's initials	Date
Allergies nkda		

Changes made to medicine on admission

ibuprofen and co-codamol started

Principal Diagnosis	Code
calcaneal fracture	

Principal Operation	Date	Code	Consultant

Further Investigations including Complication

Explanation Given to patient

Patient did not receive a blood transfusion.

Doctor's name Qamar Zaman	Doctor's Signature
Doctor's grade FY1	
Approved by	
by Date	

Named Nurse	Discharge Officer's Signature	Patient's Signature
Ward Tel No		
Patient's weight Kg		

Summary

patient was admitted after right foot injury, xray and CT scan were done and results showed calcaneal fracture of right foot. CT scan reviewed by Mr. Ferdinand and concluded that fracture can be healed non operatively. Patient is going home today with follow up of NWS FOR 6 WEEKS, AND OPA at Mr. Ferdinand's clinic in 6 weeks time.

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

Printed 07/10/2013 16:12:13

Page 1 of 1

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SURNAME (BLOCK LETTERS)		161094.0075		MALE	
TITLE		MUDIE		OCCUPATION	
FORENAMES (BLOCK LETTERS)		RYAN JAMES		PHONE NUMBER	
		07956025546		MALE	
DATE OF BIRTH		SINGLE		N.H.S. NUMBER	
16.10.94		MARRIED (DATE)		4995766588	
		DIVORCED (DATE)		C.H.I. NUMBER	
		WIDOWED (DATE)		161094.0075 588	
ALLERGIES		SPECIAL HAZARDS			
ADDRESS		D	M	DOCTOR'S NAME	CIPHER & DATE
QUHYTEWOOLLEN HOUSE				Dr. G.A.	30/5/08
LOCKERBIE				PORTOLUS	
7 BRIDGE PLACE				R.R. Crosby	3/11/16
ROFFAT				1839	11/1/04
QUINTONSHIRE					30/5/08
061094HL1					35
Cause of Death					
(1)		Form GP IIB (Rev. 5/87)			
(2)		355-2091			
Printed for Astron B26114 11/02 (017302)					
(1)		Form GP IIB (Rev. 5/87)			
(2)		355-2091			
Printed for Astron B32458 8/03 (017302)					

Ryan Mudie
16.10.94

G.P.111.

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☒ Female* ☐ Is this your first registration with a GP Practice in the UK? Yes ☐ No ☐ Will you be in the area for more than 3 months? Yes ☐ No ☐
(If 'No', please ask for form GMSTRP001)

Date of Birth* 16/10/1994 Address* 7 Grange place
Title* Mr
Surname* Mudie
Forenames* Ryan
Previous Surname*
email address # Ryan.mudie1694@gmail.com
Postcode* dg10 9hu
Telephone # 07956025366
Mobile #
The following information can be found on your current medical card:
Community Health Index (CHI) Number* NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Dundee Country of Birth* Scotland
Registered district of birth (Scotland only) Scotland (Tayside) maiden name Francis

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP* Name and address of previous GP Practice in UK*
Lockerbie Gp 17 Rosebank place Lockerbie
Postcode* Postcode*

If you are from abroad:

Date you first came to live in the UK* DD - YYYY If previously resident in the UK, date of leaving* DD - YYYY
Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD - YYYY Service Number
Are you a Reservist? ☐ Yes ☐ No If yes, please provide your address before enlisting*
Leaving date* DD - YYYY
Is this your first registration with a GP since leaving the Armed Forces? ☐ Yes ☐ No Postcode*
Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk

Any of my organs and tissue ☐ Or my
Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐
Patient signature Ryan Mudie Date DD - YYYY

GMSGPR001 v1 (05-2013)

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4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality - it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature

Ryan Mudie

Date DD YYYY

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Mileage (No.)

Road

Water

Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth

Cert.

☐

Student

ID Card

☐

Driving

Licence

☐

Passport or

HCZ Cert.

☐

Home Office

App Reg

☐

Other/None

- specify

Receptionist

initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice
signature

Date DD YYYY

7. OFFICIAL USE ONLY

Input by

Checked by

Date

DD YYYY

Practice Stamp

GMSGPR001 v1 (05-2013)

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PATIENT TRANSFORMATION FORM

Please enter the patient details below or
Alternatively attach a printed label if you prefer

Forename Ryan
Surname Mullie
CHI No 161094 0075
(please note the full CHI No)

Please enter the Practice Stamp in the box below

Y18358
Dr [redacted] Porteous, [redacted]
Lockerbie Medical Practice
[redacted] Gardens
Lockerbie
DG11 2BJ
(01576) 205505

Does the patient have a paper medical records		
Yes, attached ☒	No, there is no paper record ☐	
The Patient Summary is:		
Scanned into Docman ☒	Within the paper records ☐	attached (only document) ☐
Does the patient have Docman Images:		
Yes, already transferred ☐	To be transferred ☐	No, Images ☐

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

		Date	CLINICAL NOTES
FORENAMES		5.19.5	1st DLP F Polio H.b
		16.2.95	2nd DLP F Polio H.b
		23.3.95	3rd DLP F Polio H.b
		21.8.96	MMR
SURNAME			

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FAMILY HEALTH SERVICES AUTHORITY

FORM FP35
Dd:0452104 C18000 11/95 47038

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MALE

12.5.30

Mudie

16/10/94

MUDIE

DOE:16/10/1994

RYAN
499 576 6588

Sek (M) Removal Date: 29/04/1997

Ded. From: MAN
MANCHESTER

Ded. Type: R

T Removal to New FHSA
TAYSIDE

Tel No.

T-1 No.

Tel No.

changes and transfer of charge)

Occupations

Year

Occupations

Year

Date of Death 19

Cause of Death _____

Doctor's Signature

SURNAME	
FORENAME	

SURNAME

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MALE	Surname <i>Mudie</i>	Forenames <i>Ryan</i>
	Address <i>223 Clarendon St</i>	<i>M/CIS</i>
National Health Service Number		Date of Birth <i>16.10.94</i>

[illegible]

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[illegible]

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

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THIRD PARTY COPY

[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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Immunisation record card
Surname MUDIEForename RyanNHS number 499 576 6588Date of birth 16/10/94 M/F Male**Childhood immunisations**

Enter date and batch number

	1st	2nd	3rd	Booster	Booster
Hib	5/1/95	16/2/95	23/3/95		
Pertussis	5/1/95	16/2/95	23/3/95		
Diphtheria	5/1/95	16/2/95	23/3/95		
Tetanus	5/1/95	16/2/95	23/3/95		
Polio	5/1/95	16/2/95	23/3/95		
MMR			Rubella		
Meas test Date & Result			BCG		
Hepatitis B					
Others					

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Form FP 1011

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Adult immunisations*Enter date and batch number in each box*

Tetanus				
Rubella status				
Rubella immunisation				
Influenza				
Hepatitis B	1st	2nd	3rd	Anti-HBs
Heaf test Date & Result			BCG	
Others				

Travel immunisations*Enter date and batch number in each box*

Polio				
Typhoid State which vaccine				
Cholera				
Yellow fever				
Immunoglobulin Date & Dose				
Hepatitis A				
Others				

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☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
MALE	Surname: <u>Mudie</u> Forenames: <u>Ryan</u> Address: <u>223 Clarendon Street</u> <u>Middle Manchester M10S</u> National Health Service Number: _____ Date of Birth: <u>16.10.94</u> No phone: _____	
Date: <u>11/12/96</u> ★	CLINICAL NOTES	
GMS1 ✓ 11/12/96	Marital Status	
	Occupation	
	P.M.H. F/H	
	Operations	
	Drugs	
	Vaccs	
	Allergies	
	Smoke	
	Alcohol	
	Height	Pulse
Weight	Urine	
	BMI	

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

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Form FP7

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MANCHESTER MEDICAL SUMMARY CARD

Date	Code	Illnesses / Problems
01/10/94	Middle	Ryan (M)
01/10/94	Allergies	Family History
01/10/94	Occupation	Alcohol
01/10/94	Smoking	

Date	Active	Code	Illnesses / Problems
10/94			Social Deprivation
11/94			Hosp Adm Pyrexia Vomiting
11/96			Placed on child Protection Reg.
11/97			Stabilised
12/12/96			CATHERINE
21/2/98			66/Maria PASCAS

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CERVICAL SCREENING					
Date	Result	Next	Date	Result	Next

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THIRD PARTY COPY

[illegible][illegible]

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THIRD PARTY COPY

TC:TEMPSEEP

NO INFORMATION ON COMMENTS SCRE

DATE OF LAST UPDATE 16/08/04

CHI DISPLAY OF PATIENT DETAILS (CHI No 161094 0075) ORIGIN V002A CONSORTIUM

surname:	MUDIE	1st fnme:	RYAN
2nd fnme:		O. inits:	
bth snme:		prv snme:	DOCHERTY MUDIE
Alt fnme:		Title:	
sex:	MALE	m/s:	SINGLE
DOB:	16 10 1994		UNCONFIRMED
address 1:	19 BRAEVIEW	SURNAME CHANGED ON 29 04 02 By T00	
2:	STENHOUSEMUIR	Practice:	V2539 0
3:	LARBERT	postcode:	FK53DS
NHS No:	4995766588	GP:	V5646 4 (M J MCNAB
date acc:	011004	date into practice	050704
Mileage:		Disp. Dr:	
area res:	V	Conc code:	
new area:		reason for transfer X	
Hosp. recs:	02	Comm. recs:	02
prev. 1:	19 BRAEVIEW	Immig.	Inst.
address 2:	STENHOUSEMUIR	old area T	MRE DATA EXISTS
3:	LARBERT	prev. GP ref.:	V6052 6 date acc 05070
NEXT SCREEN:	[S] X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=M	ADDRESS CHANGED ON 11 08 04 By T00	
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME	prev. postcode: FK53DS		

THIRD PARTY COPY

8 MONTHS EXAMINATION 0075

Name Ryan Mucka CHI No. 161094
 Address 62 Craymount Road
 Place of Examination Wickham G.P. R. Mulla

DEVELOPMENTAL EXAMINATION

MOTOR	Stands briefly, hands held, or longer with minimal axillary support	Yes	No	H	O
	Prone — pivots, rolls to supine	Yes	No	H	O
	Sits without support	Yes	No	H	O
ADAPTIVE	Holds a cube in each hand and retains them	Yes	No	H	O
	Secures string of ring	Yes	No	H	O
	Picks up pellet by raking — may use pincer	Yes	No	H	O
Language	Free and varied vocalisation	Yes	No	H	O
SOCIAL	Chews stodgy food with bits	Yes	No	H	O
	Stretches for objects out of reach	Yes	No	H	O

PHYSICAL EXAMINATION

Appearance N D A
 Nutritional state N D A
 Weight — gms 7.66
 Height — cms 70.5
 O.F.C. — cms 42.8
 Muscle tone — Floppy / Stiff / nil noted N D A
 Posture — vertical susp. normal Yes No
 If "No" specify
 Eyes N D A
 Genitals N D A
 Hips N D A
 Reflexes — righting reflex Present Absent
 'sideways parachute'
 Bicep jerks Absent Normal Brisk
 Knee jerks Absent Normal Brisk
 Ankle clonus Present Absent
 Congenital abnormalities
 Other abnormalities
 Hearing N D A
 Behaviour
 Diagnosis Ortho and U.K. A Coded Yes/No
no specific physical signs
 Hospital attendances since last visit
 Referral to
 Recall interval
 Signature [Signature] Date 22/6/95

THBIMR156E

THIRD PARTY COPY

8 WEEKS EXAMINATION

Name Ryan Mudie CHI No. 161094
 Address 62 Craigmount Rd
 Place of Examination Wexford St. R. Naulls

DEVELOPMENTAL EXAMINATION

Pull to sit — head lag decreasing	Yes	No	H	O
Ventral Suspension—Head briefly to horizontal.	Yes	No	H	O
Intent regard to face	Yes	No	H	O
Follows dangling object past midline	Yes	No	H	O
Responds to unseen voice	Yes	No	H	O
Startles to loud noise	Yes	No	H	O
Social smiles	Yes	No	H	O
Responds vocally	Yes	No	H	O

PHYSICAL EXAMINATION

Wt. 3.86 gms. Ht. 55.5 cms. O.F.C. 37.3 cms.

Appearance	N	D	A
Nutritional State	N	D	A
Posture	N	D	A
Tone	N	D	A
Eyes (inspection and red reflexes)	N	D	A
Cardiovascular System — Heart	N	D	A
— Femorals	N	D	A
Hips (Ortolani test)	N	D	A
Testes	N	D	A
Congenital Abnormalities	Yes / No		
Feeding problems	Yes / No		

Diagnosis IMR and B5 Code

Good Condition

Hospital attendances since last visit

Referral to

Recall interval

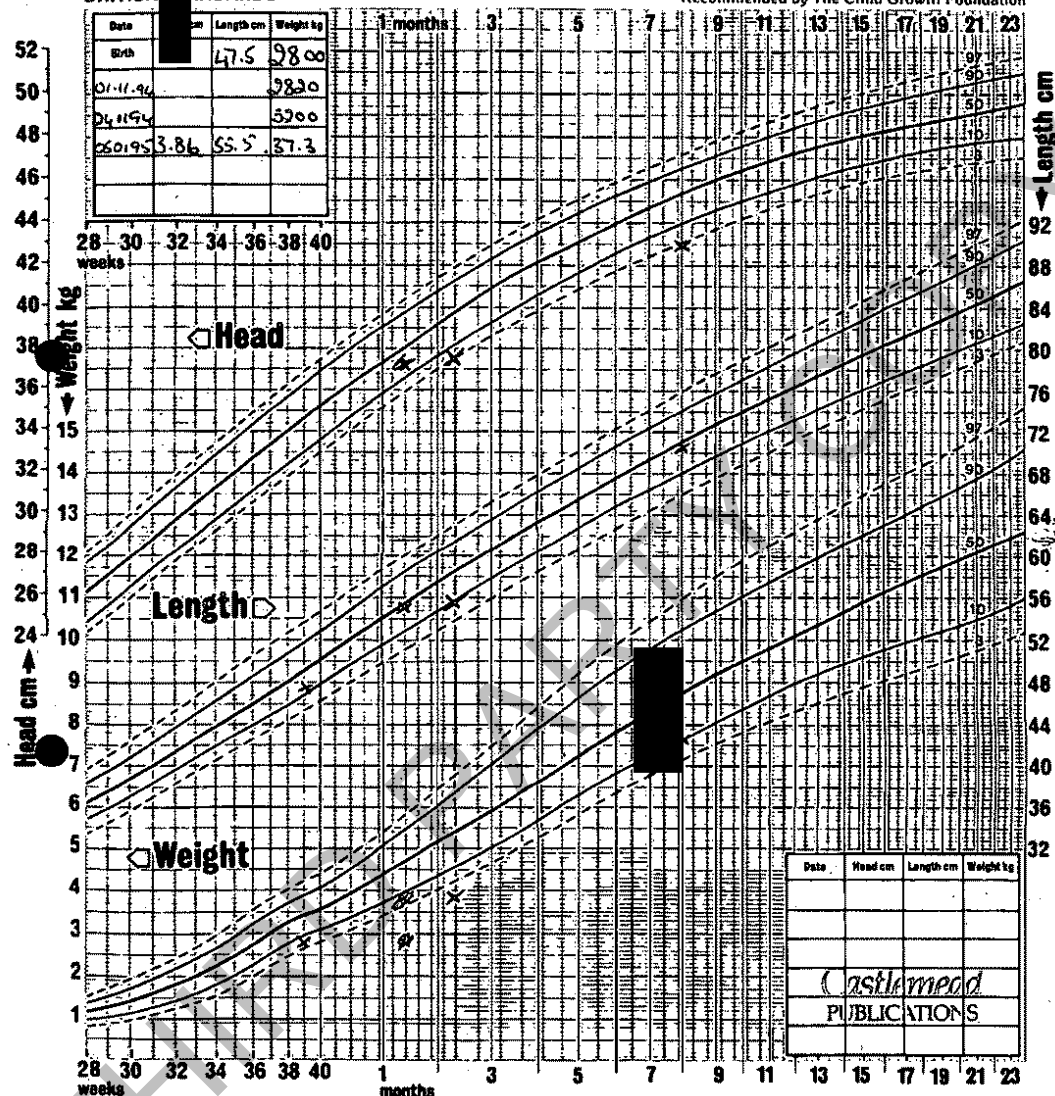
Signature [Signature]

TMBIMR156D

THIRD PARTY COPY

Boys Growth Assessment Chart

Name Ryom Mushi Date of Birth 16/10/94 E.D.D. 2 years to 16 years on reverse side
 Preterm 2 years below N.H.S. No. 351.94.942
 BRITISH STANDARDS Recommended by The Child Growth Foundation



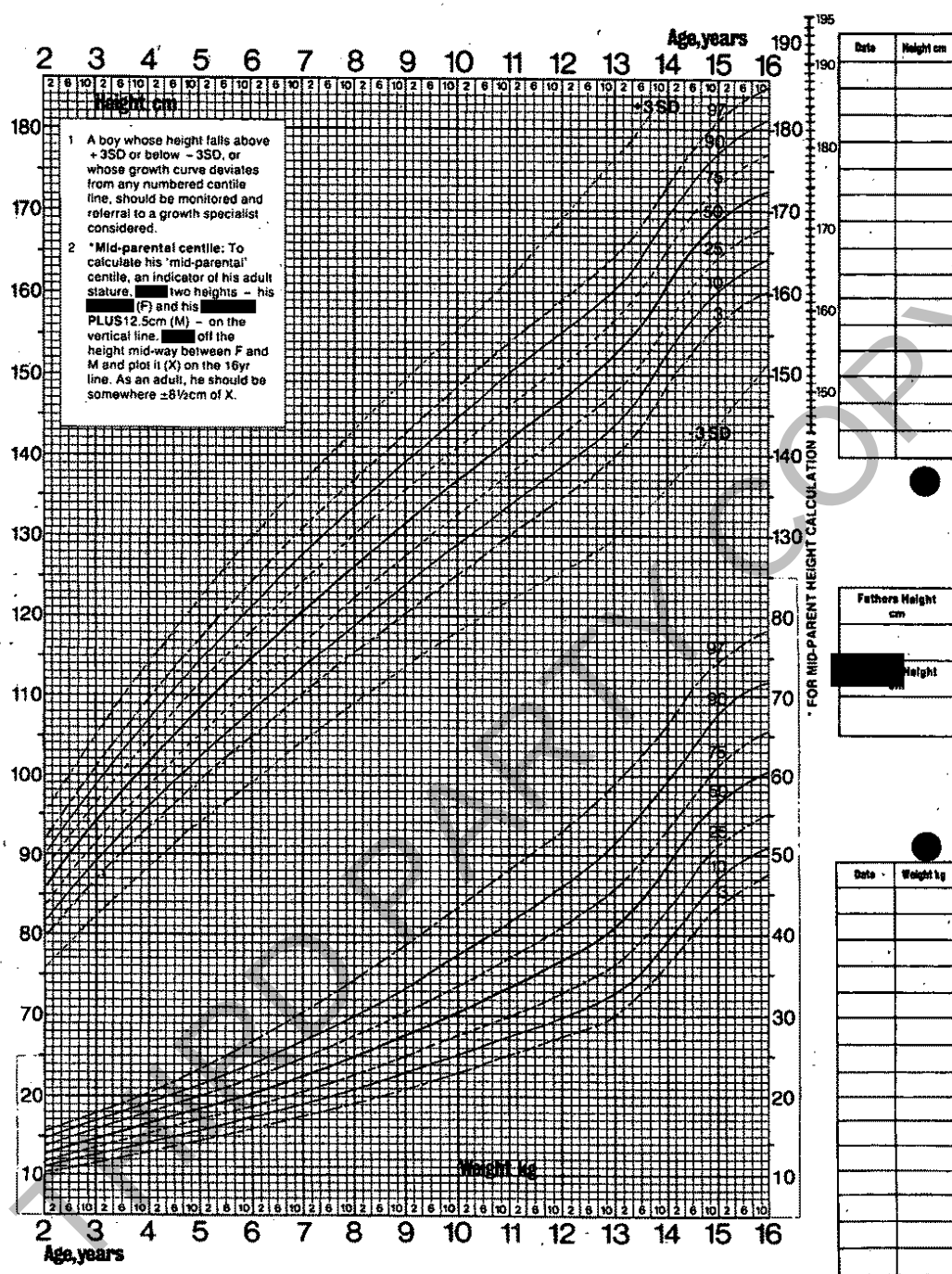
Charts in this publication prepared by
 J. M. Tanner and R. H. Whitehouse
 University of London, Institute of Child Health
 and
 Dr Douglas Gairdner and
 Dr Julie Pearson
 First Published October 1987
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 Hertfordshire AL7 1EW

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DEVELOPMENTAL SCREENING RECORD



PLEASE USE BLOCK CAPITALS

SURNAME

MUDIE

FIRST NAME(S)

RYAN

ADDRESSES

1 590 970 Rosemount Rd
2
3

Patient Number (C.H.I.)

Date of Birth

16/10/94

Birth Wt.
GrammesGestation
PeriodG.P.'s
Name &
Address

Dr. Dimitri
Red Wing
Wife

Health Visitor D. Redmo

Marital Status:

Age:

Occupation:

Past Medical History & Family History:

Health During Pregnancy:

Drugs During Pregnancy:

X-Rays:

Rubella & Virus Infections before and during Pregnancy:

Polio Immunisation:

Place of Confinement:

Nature of Delivery:

IMMUNISATION

Manufacturer
& Batch No.

Date Given

1st Triple

1st Dip. & Tetanus

1st Polio

2nd Triple

2nd Dip. & Tetanus

2nd Polio

3rd Triple

3rd Dip. & Tetanus

3rd Polio

M.M.R.

Measles

B.C.G.

Others

Reactions:

Neonatal History:

PREVIOUS PREGNANCIES

D. of B.	Sex	Live / Dead	Health

Special Care Unit

Subsequent Illness:

THBIMR156A

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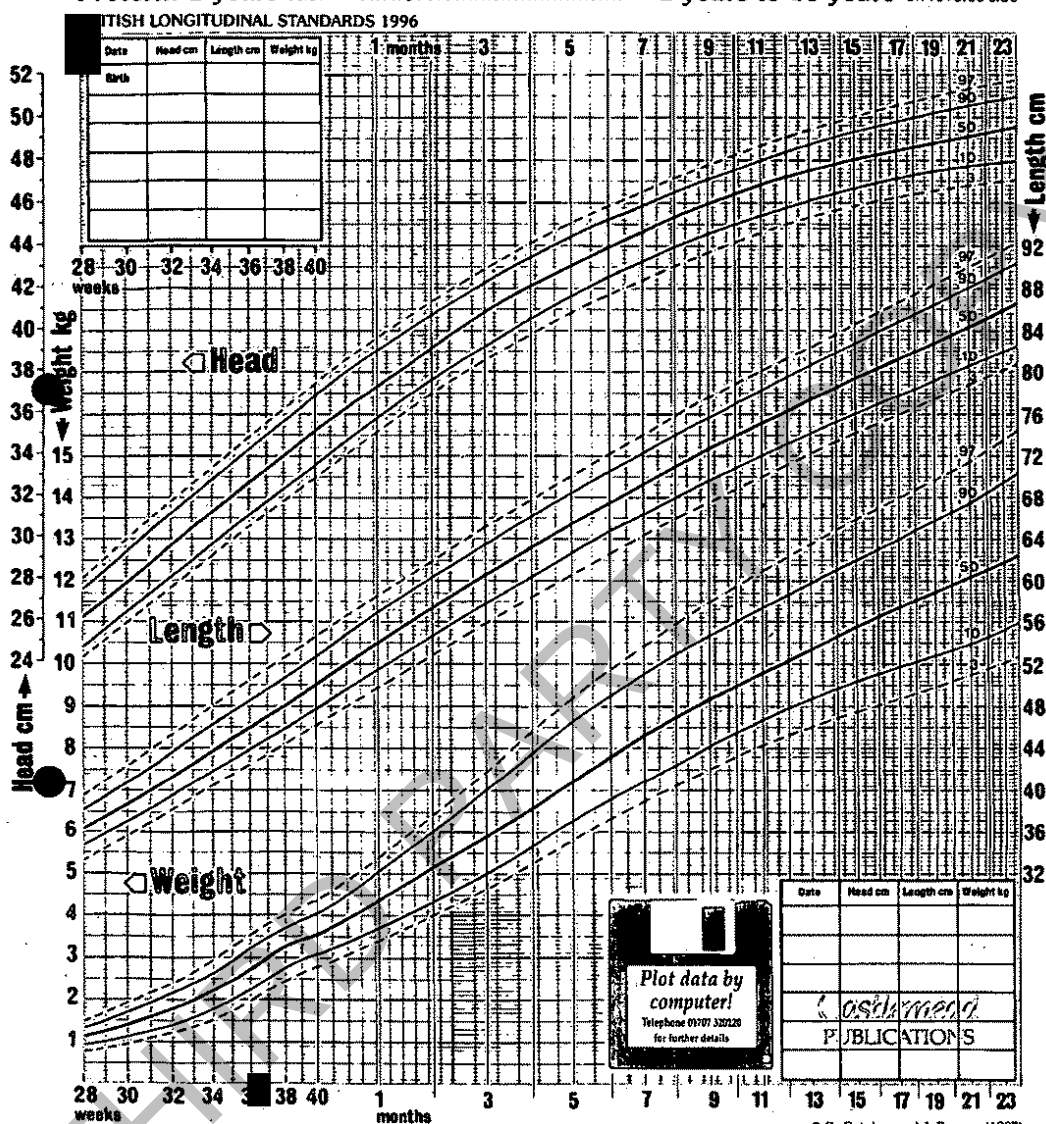
CLINICAL NOTES		DATE	AGE	Weight - Grams	Reporter's Signature
brought to food being fed. Client says better and his partner could not wait for weight check.		1/10/2013	2 1/2		

THIRD PARTY COPY

Boys Growth Assessment Chart

Name Ryan Mudie Date of Birth 16/10/94 E.D.D.

Preterm-2 years below N.H.S. No. 2 years to 16 years on reverse side



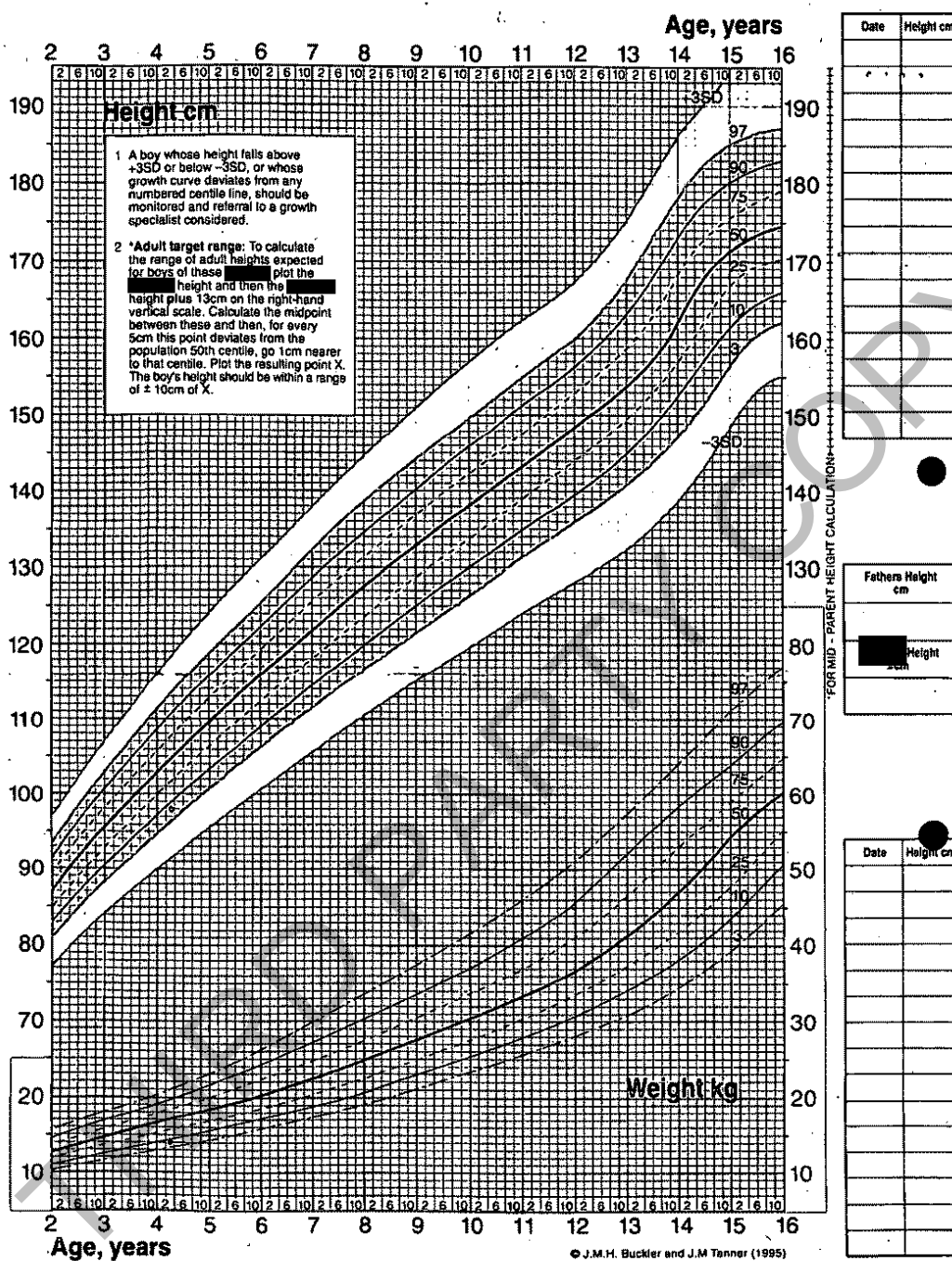
Charts in this publication revised by
J. M. H. Buckler and J. M. Tanner
and
Douglas Gardner and
Julia Pearson
First Published October 1987
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Practitioner Services
A Division of the Common Services Agency
MEDICAL RECORDS RETURNS FORM

Please complete and staple this form to the cover of Medical Records being returned to Practitioner Services. Completion of this data will assist us in identifying the most appropriate course of action.



DATE REMOVED/DECEASED	21-10-04	
PATIENT NAME	RYAN MUDIE	
CHI NUMBER	1610 911 0075	
FAMILY MEMBERS	CHI Numbers	
REASON FOR REMOVAL	PSD CODE	Tick as appropriate
Patient registered elsewhere removed at PSD request		☒
Doctor Request (8 days)	B	
Deceased	D	
Moved Abroad	E	
Forces	F	
	G	
Hospital	H	
Private patient/Patient Request	P	
Untraced Miscellaneous	Q	
Immigration	Q2	
Following resignation of GP	Q3	
(left establishment)	Q4	
Outwith practice area	Q5	
Outwith Health Board area	Q6	
ADDITIONAL INFORMATION Please indicate if more than one folder (e.g. volume 1 of 4)		
Name of practice staff contact to whom queries regarding this record should be addressed		V. Balhela
PSD (Use only)	Practice Stamp	
Date received	The Mill Practice Arthursstone Medical Centre Dundee DD4 6QY Tel 01382 456700	
Record held		
Removal by		
Date accepted		

PSD Medical, Summerfield House, 1 Cairney Road, ABERDEEN, AB15 6GF
Telephone 01224 550529
Fax 01224 550439

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SOCIAL PROBLEMS/ RISK FACTORS		OBSTETRIC HISTORY	
		FAMILY HISTORY	
[Empty rows for Social Problems/Risk Factors]		ALLERGIES/DRUGS TO AVOID	
		OCCUPATION	
		MARITAL STATUS	
		DATE	
		[Empty row]	
		[Empty row]	
		[Empty row]	
		[Empty row]	
		[Empty row]	
		[Empty row]	

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[illegible]

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PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer

Forename **Mudie, Ryan**
 Surname **16/10/1994**
 CHI No **19 Braeview**
 (please note the full CHI No)

Please enter the Practice Stamp in the box below

Dr. J. A. Leeming, M.J.W.M.Nab
 Viewpoint Practice
 Park Drive, Stenhousemuir
 FK5 3BB Tel: 01324 552200

Does the patient have a paper medical record:

Yes, attached ☒

No, there is no paper record ☐

The Patient Summary is:

Scanned into Docman ☒

Within the Paper Record ☐

Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☒

To be transferred ☐

No images ☐

Tear here

THIRD PARTY COPY

Mudie, Ryan
DoB: 16/10/1994

Report Valid On 16/12/02 10:23

The Mill Practice
Page number 1

Registration

Ryan Mudie

Service Code: Permanent
DoB: 16/10/1994
Age: 8

CHI Number: 1610940075

Patient ID:

Registered GP: Dr [REDACTED] Moir

Seen By GP: Dr [REDACTED] Moir

Clinical / User Marker

21/02/2002	High	[V]Behavioural problems
12/12/1996	High	Chickenpox - varicella
01/11/1996	High	[REDACTED]
01/11/1994	High	Pyrexia symptoms hospital admission - pyrexia & vomiting
01/10/1994	High	Social problem social deprivation

Summary Sheet: Normal Summary

Printed at 16/12/02 10:23:46

THIRD PARTY COPY

Mudie, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 1

Registration

Mr Ryan Mudie
22 Kirconnell Terrace
DUNDEE
DUNDEE

Service Code: Permanent
DoB: 16/10/1994
Age: 10

DD4 0JF

Telephone: 501859

Contact: ?
Email: ?

Contact/Relship: ?

CHI Number: 1610940075

NHS Number: 499/5766588

Patient ID: FINTRY

Occupation:

Registered GP: Dr [REDACTED] Moir

Repeat Consultation: ?

Registered: ?

Confirmed: ?

BMI: 0.0

Height: 0 m

Weight: 0 kg

Dispensing: No

Road: 0 Water: 0 FootPath: 0

Marital Status: Unknown

Seen By GP: Dr [REDACTED] Moir

Acute Consultation: 11/05/2004

Records Received: ?

BP: 0/0

Priority Clinical / User Marker

21/02/2002	High	[REDACTED]
12/12/1998	High	Chickenpox - varicella
01/11/1996	High	[REDACTED]
01/11/1994	High	Pyrexia symptoms hospital admission - pyrexia & vomiting
01/10/1994	High	Social problem social deprivation

Repeat Medication

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

Adverse Reactions

Read Code	Description
-----------	-------------

Clinical / User Marker

05/07/2004	Medium	Patient de-reg - GP22 from HB	
30/10/2000	Low	Meningitis vaccination	Outwith GP Care

Screening

27/01/99	C. H. S. 5 Years\$\$	Screening - NAD Send recall when due
27/01/99	Preschool Immunis.\$\$	Booster DT + Polio + MMR Send recall when due
27/05/98	C. H. S. 39 Months\$\$	Screening - NAD Send recall when due
21/08/98	Mmr Immunis.\$\$	Measles/mumps/rubella vaccin. Send recall when due

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:48

THIRD PARTY COPY

Mudie, Ryan

DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice

Page number 2

23/03/95 3rd Primary Immunis.\$
Repeat after an interval - 9 Weeks

Third DTP/HIB + Polio
Send recall when due

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	
25/02/02	Low	Other Hospital	Psychiatry	Treat	Out Patient
			Dr M S Kennedy	1st Visit	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Amorolfine Nail Lacquer SOL 5%	Apply twice a week	11/05/04
Piperazine Sf SACH	2 One now and repeat in 14days	03/10/03
Amorolfine Nail Lacquer SOL 5%	5 Apply At night	12/08/02

Inactive Repeat Drugs

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

Last Encounter

Date: Jul 5 2004 12:00AM

Automatically generated by transaction

Screening:**Clinical / User Markers:**

Patient de-reg. - GP22 from HB

Referrals:**Acute Prescriptions:****Repeat Prescriptions:****Disease Protocol Sessions:**

Dr DF Gemmell Date: May 11 2004 8:40AM
dystrophic R gt toe nail ?fungal ?previous

Screening:**Clinical / User Markers:**

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:48

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Mudie, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 3

Referrals:

Acute Prescriptions:

Amorolfine - Nail Lacquer SOL 5%

Apply - twice a week

5ml

Repeat Prescriptions:

Disease Protocol Sessions:

Locum 3
Date: Oct 3 2003 4:14PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Piperazine - Sf SACH

One now and - repeat in 14days

2

Repeat Prescriptions:

Disease Protocol Sessions:

Nurse 1 AMC
Date: Jan 23 2003 4:20PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Nurse 1 AMC
Date: Jan 9 2003 3:40PM

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:48

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Mudie, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 4

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Dr DF Gemmell

Date: Dec 18 2002 10:21AM

Screening:

Clinical / User Markers:

Social problem - - social deprivation

Pyrexia symptoms - - hospital admission - pyrexia & vomiting

Chickenpox - varicella - -

[V]Behavioural problems - -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Dr VN Dimitriu

Date: Aug 12 2002 4:45PM

Screening:

Clinical / User Markers:

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:48

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Mudie, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 5

Referrals:

Acute Prescriptions:

Amorolfine - Nail Lacquer SOL 5%

Apply - At night

5

Repeat Prescriptions:

Disease Protocol Sessions:

Dr M S [REDACTED] Date: Feb 26 2002 11:04AM

Ref [REDACTED] & Family Psychiatry, Dudhope Terrace, Dundee

Screening:

Clinical / User Markers:

Referrals:

Other Hospital(NHS)

[REDACTED] Psychiatry

Out Patient

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Dr M S [REDACTED] Date: Feb 21 2002 5:20PM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:46

THIRD PARTY COPY

Mudie, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 6

Date: Jan 3 2001 12:31PM

Screening:

Clinical / User Markers:

Meningitis vaccination - Outwith GP Care -

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====

Date: Jan 18 2000 6:24PM

Migrated Data

Screening:

Mmr Immunis.\$ - Measles/mumps/rubella vaccn. - No Action Required

C. H. S. 39 Months\$ - Screening - NAD - No Action Required

C. H. S. 5 Years\$ - Screening - NAD - No Action Required

3rd Primary Immunis.\$ - Third DTP/HIB + Polio - Repeat after an interval - (Review 9W)

Preschool Immunis.\$ - Booster DT + Polio + MMR - No Action Required

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

=====

=====

Appointments List

Dr DF Gemmell

May 11 2004 8:40AM

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:49

THIRD PARTY COPY

Mudle, Ryan
DoB: 16/10/1994

Report Valid On 21/10/04 09:06

The Mill Practice
Page number 7

Nurse 1 AMC	Jan 23 2003 4:20PM
Nurse 1 AMC	Jan 9 2003 3:40PM
Dr M S	Feb 21 2002 5:20PM
Dr M S	Feb 21 2002 5:10PM
Nurse 1 AMC	Feb 20 2003 4:10PM
Nurse 1 AMC	Feb 8 2003 4:20PM
Dr VN Dimitriu	Aug 12 2002 4:45PM

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
------	------	-------------	--------	-------------	--------------

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions
------	------	-------------	--------	-------------	--------------

Summary Sheet: Data Protection

Printed at 21/10/04 09:06:49

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Page 396 of 497

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04 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

02-Jun-2025 Dr Data Migration (DTR)

Additional:04 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Filename: 04 of 04_Lloyd_George_Record_Ryan Mudie_4995766588_16.10.1994.pdf

Extension:.tif

Pages:

BOX 341



F83008111740

4995766588

Ryan

Mudie

16.10.1994

Vol 2

NO PAPERWORK

☐

23

The Goodinge Group Practice SCANNED BY OSS

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**MALE**

Forenames

S10313

Surname

MUOIE

RYAN

Date of Birth

16/10/94

National Health Service Number

Address

Doctor's Name

Authority's Cipher
and Stamp

Tel No.

Subsequent Addresses

Tel No.

Tel No.

Tel No.

Tel No.

(Note changes and insert
year of change)

Occupations

Year

Occupations

Year

FORENAMES

SURNAME

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

	Date	*	CLINICAL NOTES
FORENAMES			
SURNAME			

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Family doctor services registration

GMS1

510313

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

MUDIE

Date of birth

1

94

First names

RYAN JOHN JAMES

NHS
No.

Previous surname/s

☒ Male ☐ FemaleTown and country
of birth

DUNDEE SCOTLAND

Home address

FLAT -10-4SS CALEDONIAN ROAD

E 9TON LONDON

Postcode

Telephone number

N7 9BA

07593 571866

Please help us trace your previous medical records by providing the following information

Your previous address in UK

7 GRANGE PLACE

Name of previous doctor while at that address

DR SHARKEY

Address of previous doctor

MOFFAT SCOTLAND

HIGH STREET SURGERY

DG10 9NU

MOFFAT DG10 9JP

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK,
date of leavingDate you first came
to UK

If you are returning from the Armed Forces

Address before enlisting

Service or
Personnel numberEnlistment
date

If you are registering a under 5

☐ I wish the above to be registered with the doctor named overleaf for Health Surveillance

If you need your doctor to dispense medicines and appliances*

*Not all doctors are
authorised to
dispense medicines☐ I live more than 1 mile in a straight line from the nearest chemist☐ I would have serious difficulty in getting them from a chemist☐ Signature of Patient ☐ Signature on behalf of patient

Date 14 / 11 / 2018

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

Date / /

For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date / /

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your

Postcode: / /

HA use only

Patient registered for

☐ GMS☐ CHS☐ Dispensing☐ Rural Practice

042017_003

Product Code: GMS1



Family doctor services registration

GMS1

To be completed by the doctor

Doctors Name

HA Code

☐ I have accepted this patient for general medical services ☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice	☐ For the provision of contraceptive services HA Code _____
---	---

Doctors Name, if different from above

HA Code

☐ I am on the HA CHS list and will provide XXXX Health Surveillance to this patient or ☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide XXXX Health Surveillance to this patient.	HA Code _____
---	---------------

Doctors Name, if different from above

HA Code

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval ☐ I am claiming rural practice payment for this patient.	Distance in XXXX between my patient's home address and my main surgery is _____
---	---

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of XXXX infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
 b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
 c) ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A XXXX should complete the form on behalf of a XXXX under 16.

Signed: _____	Date: _____
Print name: _____	Relationship to patient: _____
On behalf of: _____	

Complete this section if you XXXX another EEA country, or have moved to the UK to study or retire, or if you XXXX the UK but XXXX another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: ☐ NO: ☐	If yes, please enter details from your EHIC or PRC below:
	Country Code: XXXX	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
PRC validity period (a) From: _____		(b) To: _____
Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you XXXX the UK but XXXX another EEA member state). Please give your S1 form to the practice staff.		
How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.		
Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.		

Please enter the patient details below or alternatively attach a printed label if you prefer

PATIENT TRANSFER FORM
MIS NO. → 520313
Please enter the Practice Stamp in the box below

Forename

Ryan

QAT

01/11/18 W

Surname

Mudie

CHI No

161094-0075

(please note the full CHI No)

Y25542

Dr [REDACTED] Crosby
High Street Surgery
High Street
Moffat
DG10 9JP

Does the patient have a paper medical record:

Yes, attached



No, there is no paper record



The Patient Summary is:

Scanned into Docman



Within the Paper Record



Attached (only document)



Does the patient have Docman images:

Yes, already transferred



To be transferred



No images



[REDACTED] noted away being backscanned

THIRD PARTY COPY

Registration Details - Patient No: 6915

Personal details...		Address details...	
Date of birth	16/10/1994	Post Code	DG10 9HU
Sex	M	House Name Flat No	
Surname	Mudie	No and Street	7 Grange Place,
Previous Surname		Village	
Forenames	Ryan	Town	Moffat
Calling Name	Ryan	County	Dumfriesshire
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		

HA/HB Details...		Contact details...	
Trading	Dumfries & Galloway	Home Tel No	
Registered GP	Dr Crosby	Work Tel No	
Usual GP	Dr Crosby	Mobile Tel No	07593 571 866
Residential Inst		E Mail Address	
Branch Surgery		Key Code	
CHI Number	1610940075	Tel No	
NHS Number			

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	
RPP_ROAD_MILES			

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	13/12/2017		

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		

Imported user defined fields		Home Address Details	
STREAMING: Script Destination		Home Name and No	
Home Street			
Home Village			
Home Town			
Home County			
Home Postcode			
Home GP Name			
Home GP Code			

Medical Record

Problems

Active Problems	Authorised By	Code
Past Problems	Authorised By	Code

Medical Record Printout - Patient No: 6915

26/11/2018

16/03/2018	[X]Depression NOS	Dr Crosby	Eu32z-1
15/12/2017	Pityriasis versicolor	Dr Crosby	AB10
13/12/2017	O/E - dry skin	Dr Terziev	2F13
13/12/2017	[X]Depression NOS	Dr Terziev	Eu32z-1
12/09/2017	[X]Depression NOS	Dr Terziev	Eu32z-1
18/04/2017	Viral infection NOS viral	Dr Terziev	A79z
09/11/2016	[X]Depression NOS	Dr Terziev	Eu32z-1
2001		Ms Reception	1338
01/01/1997	Impetigo	Ms Reception	M05
1996		Ms Reception	13ld
01/01/1996	Scabies	Ms Reception	AD30
01/01/1996		Ms Reception	1B1X
01/01/1996	Chickenpox - varicella	Ms Reception	A52

Health Admin Problems	Authorised By	Code
27/01/1999	Booster DT(double)+polio vacc.	Ms Reception 65K4
16/02/1995	Second DTP (triple)+polio vacc	Ms Reception 65I2
05/01/1995	First DTP (triple)+polio vacc.	Ms Reception 65I1

Attachments	Authorised By	Code
16/03/2018	eMED3 (2010) new statement issued, not fit for work [redacted] (Diagnosis: [X]Depression NOS; Duration: 16/03/2018 - 16/06/2018) FitNote_b5a9886f-ce2d-4737-b668-a62d1c6d5734.pdf	Dr Crosby 9D15
13/12/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf , (Diagnosis: [X]Depression NOS; Duration: 12/12/2017 - 12/03/2018) FitNote_aec025d7-02c2-4b11-be2b-159aah9c064b.pdf	Dr Terziev 9D15
	eMED3 (2010) new statement issued, may be fit for work [redacted] (Diagnosis: [X]Depression NOS; Duration: 12/09/2017 - 12/12/2017) FitNote_18de3b5b-d100-464c-a78b-3201cb5df690.pdf	Dr Terziev 9D16
11/08/2017	eMED3 (2010) issued by hand, not fit for work (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017) FitNote_e724f05f-9efb-4111-b62a-f830f7e4f0bb.pdf	Ms Reception 9D19
11/08/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf , (Diagnosis: Depression; Duration: 11/08/2017 - 08/09/2017) FitNote_5a308b52-6d44-48af-831d-56935c66f19a.pdf	Dr Scullion 9D15
11/08/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf , (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017) FitNote_0ee61ebb-647f-411d-bd14-e6a779d1e078.pdf	Dr Scullion 9D15
18/04/2017	eMED3 (2010) new statement issued, not fit for work FitNote.pdf , (Diagnosis: vomiting; Duration: 18/04/2017 - 25/04/2017) FitNote_4e737d1f-9250-44ef-afab-ba4c5b0d312e.pdf	Dr Terziev [redacted]
09/11/2016	eMED3 (2010) new statement issued, not fit for work [redacted] (Diagnosis: Depression; Duration: 09/11/2016 - 10/12/2016) FitNote_26cbfcd-d8a3-4a62-aa9d-fc8ed9a630fc.pdf	Dr Terziev 9D15

Due Diary Entries	Authorised By	Code
16/10/2059	Influenza vaccination	Dr Crosby 65E..
16/03/2019	Medication review	Dr Crosby 8B314

Overdue Diary Entries	Authorised By	Code
None		

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History		Authorised By	Code
None			

Referrals		Authorised By	Code
13/12/2017	SH43.: Dermatological referral (SCI Gateway Referral)	Dr Crosby	SH43

Immunisations		Authorised By	Code
27/01/1999	MMR vaccination - 2nd dose (GMS)	Ms Reception	65MC
27/01/1999	Booster DT(double)+polio vacc.	Ms Reception	65K4
21/08/1996	Measles/mumps/rubella vaccn. (GMS)	Ms Reception	65M1
23/03/1995	3rd haemophilus B vaccination (GMS)	Ms Reception	657C
23/03/1995	Third DTP (triple)+polio vacc.	Ms Reception	65I3
16/02/1995	2nd haemophilus B vaccination (GMS)	Ms Reception	657B
16/02/1995	Second DTP (triple)+polio vacc	Ms Reception	65I2
05/01/1995	1st haemophilus B vaccination (GMS)	Ms Reception	657A
05/01/1995	First DTP (triple)+polio vacc.	Ms Reception	65I1

Health Status	

Other Observations		Authorised By	Code
10/07/2018	[X]Depression NOS (REVIEW)	Dr Sharkey	Eu32z-1
20/12/2016	Notes summary on computer	Ms Reception	9344
03/11/2016	White British	Ms Reception	9S10

Consultations	
10/07/2018 09:10	Dr [REDACTED] Sharkey at High Street Surgery
Problem (REVIEW)	[X]Depression NOS
History	no better on mirtaz 15mg. sleep still disturbed - mind just whirls at night. withdrawn, not going out, not seeing friends. no benefits coming in. is appealing - they say they've sent a letter about an appt - he didn't get it. says willing to go to try and find work.
Examination	tidy appearance, good eye contact, not overtly anxious.
Comment	try increased dose of mirtazapine, t/rv 1/12
Medication	Mirtazapine Tablets 30 mg 28 tablet 1 Tab At night

16/03/2018 10:00	Dr Richard Crosby at High Street Surgery
Problem (NEW)	[X]Depression NOS
History	low or self neglected low space, drifted from [REDACTED] in falkirk to lockerie and hence why he lives alone in moffat, has a couple of friends, doesn't tend to go out, back in contact with family in dundee, poor sleep, so swap sertraline for below, advised to try and get trained for a job, sleep used to be better
Medication	Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN EVERY NIGHT
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 16/03/2018 - 16/06/2018)

15/12/2017 11:58	Dr [REDACTED] Crosby at Data Entry
Problem (FIRST)	Pityriasis versicolor
History	see letter to stan from dr yo
Medication	Ketoconazole Shampoo 2 % 120 ml APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF

13/12/2017 09:20	Dr Stan Terziev at High Street Surgery
Problem (NEW)	[X]Depression NOS
History	A bit better, still not sleepin well, feels down because of the recent lose too, not suicidal, has not been taking his meds regularly
Medication	Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN DAILY
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 12/12/2017 - 12/03/2018)

Problem (FIRST)	O/E - dry skin
History	for the last weeks had noticed dark rash on his body, mostly on the L side and inner aspect of the arm
Examination	large area, brown, flat maculat,? fungal
Comment	picture taken to send t dermatology, no polydipsia,?polyuria
New Referral	Routine,

12/09/2017 09:37	Dr Stan Terziev at High Street Surgery
Problem (NEW)	[X]Depression NOS
History	has been down as lost him [REDACTED] 1st week, overall sleeps most of the day and is awake at night, eats reasonably, some guilt feelings of not working but no [REDACTED] thoughts
Medication	Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN DAILY
Additional	eMED3 (2010) new statement issued, [REDACTED] be fit for work FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 12/09/2017 - 12/12/2017)
11/08/2017 10:59	Dr M [REDACTED] Scullion at High Street Surgery
Problem	was working until a couple of months ago; has 'depression' arising out of difficult childhood. [REDACTED] been in care; biological family in Dundee, he does not wish to keep contact with them. Was on Citalopram at Lockerbie, made him 'tired'.
Comment	Says he will bring in paperwork re ESA.
Medication	Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN ONCE DAILY
Comment	This shows ESA claim dated 05/07/17, so line issued for these dates.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 11/08/2017 - 08/09/2017) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 05/07/2017 - 11/08/2017)
18/04/2017	Dr Stan Terziev at High Street Surgery
Problem (FIRST)	Viral infection NOS viral
History	since last week nhas had cough, runny nose, sore throat and has been sick at times, no fevers
Examination	T36.5 lungs clear b/l, abd soft
Comment	seems to be improving but handles food so needs a line for work. to go back if 48hs with no vomiting
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: vomiting; Duration: 18/04/2017 - 25/04/2017)
09/11/2016	Dr Stan Terziev at High Street Surgery
Problem (FIRST)	[X]Depression NOS
History	NO records yet, spoke to his previous surgery and they confirmed he has been signed off for depression. they will fax a summary over to day
Examination	bright and reactive now, looking to improve his life. and to get better
Comment	sick line given and I will see him again next week when the record of his problems is available
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Depression; Duration: 09/11/2016 - 10/12/2016)
03/11/2016	Dr Stan Terziev at High Street Surgery
Problem	new patient
History	came in to day asking for sick line from 10.11.16. has depression. registered in Lockerbie. Agreed with him that we will chase his records and will see him next week when we have it before giving sick line

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
10/07/2018	Ketoconazole Shampoo 2 % APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF 120 ml	10/07/2018P	Dr [REDACTED] Sharkey	REPEAT
16/03/2018	Mirtazapine Tablets 15 mg ONE TO BE TAKEN EVERY NIGHT 28 TABLET	16/03/2018P	Dr [REDACTED] Crosby	REPEAT
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
10/07/2018	Mirtazapine Tablets 30 mg 1 Tab At night 28 tablet	10/07/2018P	Dr [REDACTED] Sharkey	ACUTE
15/12/2017	Ketoconazole Shampoo 2 % APPLY TWICE WEEKLY LEAVE ON 5 MINS THEN WASH OFF 120 ml	15/12/2017P	Dr [REDACTED] Crosby	ACUTE
12/09/2017	Sertraline Hydrochloride Tablets 100 mg ONE TO BE TAKEN DAILY 28 TABLET	13/12/2017P	Dr Stan Terziev	REPEAT
	Sertraline Hydrochloride Tablets 50 mg ONE TO BE			

11/08/2017

TAKEN ONCE DAILY 28 TABLET

11/09/2017P

Dr [REDACTED] Crosby REPEAT

THIRD PARTY COPY

Medical Record Printout - Patient No: 6915

26/11/2018

THIRD PARTY COPY

Attachment

17-Jan-2023 Mr PCTi Docman (DME14133)

Additional: Attachment

Admin Letter Camden & Islington NHS Foundation Trust Mental Health

Filename: D10_F83008_510313_207a7777-9b45-4fb3-923b-c8a120153cd8.TIF.XX2

Extension: .tif

Pages:

Camden and Islington

✉: islington.MHCT@candi.nhs.uk

☎: 020 3317 7513

17-Jan-2023

PRIVATE AND CONFIDENTIAL

Mr Ryan Mudie
Flat 10
455 Caledonian Road
London
N7 9BA

Dear Mr Mudie

NHS Number: 499 576 6588 Date of Birth: 16-Oct-1994

Thank you for talking with me today. You have felt quite let down by mental health services. You felt that last time you were seen for any length of time that the psychologist had not understood what was happening for you and that when you were referred to St [REDACTED] unit that this was not the main problem.

We talked about interventions that can help improve mental health - having a schedule during the day, trying to get up at the same time each day even if you haven't slept to get yourself back in to more of a routine, eating regularly so that the brain has energy. You told me that working and exercise had not helped your mental state in the past and nor had therapy.

You are prescribed venlafaxine but you've had to stop it recently after having a virus - you might start this again but weren't sure if it helped.

You talked about feeling indifferent about life but not currently [REDACTED] - you should seek help if that changes.

You have lost your accommodation and struggled to live alone - you are currently staying with friends and there is a possibility of a flat share.

You asked about diagnosis - when you were seen by the psychologist they talked about depression, anger, eating issues and attachment issues. Talking to you today I think your struggles are in the realm of attachment and interpersonal relationships. This impacts your mood. Symptoms of this kind can be helped by long term therapy but that is not for everyone. You mentioned ruminating about the past but not really having any of the typical [REDACTED] stress symptoms that one would see in [REDACTED]

The purpose of diagnosis is to decide on best treatment, and we have established that your difficulties are in the area of attachment and interpersonal relationships and that therapy would be one treatment option but is not for everyone. General measures mentioned above can also help a great deal as well as medication.

Camden and Islington

From what you said today I didn't get the impression that you wanted further input from us but please do let us know if this is not the case - you can do this through your GP.

Yours sincerely

Letter electronically checked but not signed

Dr [REDACTED] Axelby
Islington Mental Health Core Teams
Camden & Islington NHS Foundation Trust

CC:
Private and Confidential

[REDACTED] Radhika (Dr)
20 North Road
London
N7 9EW

THIRD PARTY COPY

Administration note

15-Nov-2022 Mr Carl Lewis (CLewis)

Additional:Administration note

Administration note from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (15-Nov-2022)

Filename: CLewisUPD_9.tif

Extension:.tif

Pages:

25.

UC 113



82087 005966 0055 E 36900 H2

Duty Dr
GOODINGE HEALTH CENTRE
20 NORTH ROAD
LONDON
N7 9EW

36900/55

40200

Our phone number is: 020 3280 2705

If you have a textphone,
you can call on: 18001 020 3280 2705If you get in touch with us, tell us this
reference number: PA593064A

Date: 9th November 2022

About your patient**Address**Full Name Mr Ryan Mudie

■■■■■ C/O, Flat 10, 455
Caledonian Road, London, N7 9BA

NINo PA593064ADate of birth 16th October 1994

Dear Doctor,

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

Please note

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

COMPUTER PRINTOUTS

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

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

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

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs ■■■ Agland

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

Mr Ryan Mudie

Client Date of Birth:
16.10.1994

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

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

1 When did your patient last see a GP?

8 1 11 122

2 Current conditions affecting ability to work:

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

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

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

[illegible]

Freepost RTZY-JXYG-SKZE
Centre for Health and Disability Assessments
London BSC
Mail Handling Site A
Wolverhampton
WV98 2ES

Please complete **both sides** of this form.

and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations & management, inc. medication
		See consultation + attached

Version 10/17

NINo: PA593064A

3 Current conditions not affecting ability to work

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

Please list any other relevant sensations that do not affect the ability to work:

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

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

[illegible]

COPY

5 Does the patient have a history of threatening or [REDACTED] behaviour?

No

--	--

Yes

7

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

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

No

Yes

7

Please tell us why at **Part 7**

7 Additional information

Please continue on a separate sheet if necessary.

RD PAK

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

Your Signature

Signature

[Handwritten signature]

Name IN CAPITALS

Dr

Dr Shah

Date

16 11 122

Practice stamp

Dr Radhika [REDACTED]
Goodinge Group Practice
20 North Road, N7 9EW
Phone: 020 7619 6670
Fax: 020 7619 6688

ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS
RESTRICTED - MEDICAL

Version 10/17

GP Medical Report and Functional Assessment

(Suitable for ESA113 forms, medical tribunal appeal letters and any other medical reports which require both a statement of medical history and an assessment of functional capacity)

Patient Details

Mr MUDIE, Ryan [REDACTED] (Mr)
16-Oct-1994
Flat 10
455 Caledonian Road
London
N7 9BA

Question 1: Attendance with their GP

When did your patient last see a GP?

Appointments

Date	Consultant/Referral	Reason
08-Nov-2022	DODHIA, Meera (Dr)	in need of sicknote
24-Aug-2022	[REDACTED] Radhika (Dr)	having problems sleeping
19-Aug-2022	[REDACTED] Radhika (Dr)	
19-Jul-2022	[REDACTED] (Dr)	should have upped meds but can't as they make him too drowsy
29-Jun-2022	[REDACTED] (Ms)	to discuss continued use of venlafexine
04-Mar-2022	[REDACTED] Radhika (Dr)	follow up mental health
25-Feb-2022	PHONE LIST, AMDD ()	script for venlafexine to be signed - can you do please - spoke with Dr [REDACTED] on 15th
15-Feb-2022	[REDACTED] Radhika (Dr)	would like to discuss his sicknote
07-Jan-2022	[REDACTED] Radhika (Dr)	follow up mental health
15-Dec-2021	[REDACTED] Radhika (Dr)	medication he's on not agreeing with him
10-Dec-2021	DONATI, [REDACTED] (Dr)	

Question 2: Current conditions affecting ability to work

Problems

Active

Date	Problem	Associated Text	Date Ended
24-Aug-2022	Pityriasis versicolor		
14-Oct-2021	[REDACTED] single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Significant Past

Date	Problem	Associated Text	Date Ended
27-Oct-2020			19-Jan-2021
19-Oct-2020	Lymphocytosis		12-Jan-2021
01-Jan-2001			02-Mar-2019
01-Jan-1996	Chickenpox - varicella	Summarized from Notes	01-Jan-1996
01-Jan-1996			01-Jan-1996
01-Jan-1996			01-Jan-1996
01-Nov-1994	Pyrexia symptoms	Summarized from Notes	01-Nov-1994

Please give us details of those conditions which may have a significant effect on the person's capacity to work.

Please include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant. If you are sending a computerised printout of current medication you do not need to list this here.

anxiety / depression
sleep disorders

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Miconazole 2% cream	Apply Twice A Day	60 gram	

Repeat

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 75mg modified-release tablets	One To Be Taken Each Day	28 tablet	08-Nov-2022
Venlafaxine 37.5mg tablets	One To Be Taken Twice A Day after taking 1 week of 37.5 mg	56 tablet	08-Nov-2022

Question 3: Current conditions not affecting ability to work

Below is an auto-generated list of past and present active problems which includes conditions which both do and do not affect ability to work

Problems

Active

Date	Problem	Associated Text	Date Ended
------	---------	-----------------	------------

24-Aug-2022 Pityriasis versicolor
 14-Oct-2021 [REDACTED] single person
 19-Oct-2020 Body mass index less than 20
 09-Nov-2016 [X]Depression NOS
 2016 Anxiety with depression

Significant Past

Date	Problem	Associated Tests	Date Seen
27-Oct-2020	[REDACTED]		19-Jan-2021
19-Oct-2020	Lymphocytosis		12-Jan-2021
01-Jan-2001	[REDACTED]		02-Mar-2019
01-Jan-1996	Chickenpox - varicella	Summarized from Notes	01-Jan-1996
01-Jan-1996	[REDACTED]		01-Jan-1996
01-Jan-1996	[REDACTED]		01-Jan-1996
01-Nov-1994	Pyrexia symptoms	Summarized from Notes	01-Nov-1994

Question 4: From your knowledge of the patient, please comment on:

From the doctor's observations – does the patient have any difficulty with:

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

Question 5: Does the patient have a history of threatening or [REDACTED] behaviour?

no

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

yes

Question 7: Additional information

15-Nov-2022

Your signature:



Name & GMC:

Dr Radhika [REDACTED] GMC 4610157

Practice Stamp

Dr Radhika [REDACTED]
Goodinge Group Practice
20 North Road, N7 9EW
Phone: 020 7619 6670
Fax: 020 7619 6688

ESA113 form completed

15-Nov-2022 Dr Radhika Shah (rad)

Additional:ESA113 form completed

ESA / functional assessment letter

Filename: ESA113 form completed MUDIE, Ryan (Mr) 1043 15-Nov-2022.rtf

Extension:.tif

Pages:

GP Medical Report and Functional Assessment

(Suitable for ESA113 forms, medical tribunal appeal letters and any other medical reports which require both a statement of medical history and an assessment of functional capacity)

Patient Details

Mr MUDIE, Ryan [REDACTED] (Mr)

16-Oct-1994

Flat 10

455 Caledonian Road

London

N7 9BA

Question 1: Attendance with their GP

When did your patient last see a GP?

Appointments

Date	Session Holders	Reason
08-Nov-2022	DODHIA, Meera (Dr)	in need of sicknote
24-Aug-2022	[REDACTED] Radhika (Dr)	having problems sleeping
19-Aug-2022	[REDACTED] Radhika (Dr)	
19-Jul-2022	[REDACTED] (Dr)	should have upped meds but can't as they make him too drowsy
29-Jun-2022	[REDACTED] (Ms)	to discuss continued use of venlafexine
04-Mar-2022	[REDACTED] Radhika (Dr)	follow up mental health
25-Feb-2022	PHONE LIST, AMDD ()	script for venlafexine to be signed - can you do please - spoke with Dr [REDACTED] on 15th
15-Feb-2022	[REDACTED] Radhika (Dr)	would like to discuss his sicknote
07-Jan-2022	[REDACTED] Radhika (Dr)	follow up mental health
15-Dec-2021	[REDACTED] Radhika (Dr)	medication he's on not agreeing with him
10-Dec-2021	DONATI, [REDACTED] (Dr)	

Question 2: Current conditions affecting ability to work

Problems

Active

Date	Problem	Associated Text	Date Ended
24-Aug-2022	Pityriasis versicolor		
14-Oct-2021	[REDACTED] single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Significant Past

Date	Problem	Associated Text	Date Ended
27-Oct-2020	██████████		19-Jan-2021
19-Oct-2020	Lymphocytosis		12-Jan-2021
01-Jan-2001	██████████		02-Mar-2019
01-Jan-1996	Chickenpox - varicella	Summarized from Notes	01-Jan-1996
01-Jan-1996	██████████		01-Jan-1996
01-Jan-1996	██████████		01-Jan-1996
01-Nov-1994	Pyrexia symptoms	Summarized from Notes	01-Nov-1994

Please give us details of those conditions **which may have a significant effect on the person's capacity to work.**

Please include:

- * Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- * Past, present and planned investigations and management, including medication, **where relevant.** If you are sending a computerised printout of current medication you do not need to list this here.

anxiety / depression
sleep disorders

Medication**Acute**

Drug	Dosage	Quantity	Last Issued On
Miconazole 2% cream	Apply Twice A Day	60 gram	

Repeat

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 75mg modified-release tablets	One To Be Taken Each Day	28 tablet	08-Nov-2022
Venlafaxine 37.5mg tablets	One To Be Taken Twice A Day after taking 1 week of 37.5 mg	56 tablet	08-Nov-2022

Question 3: Current conditions not affecting ability to work

Below is an auto-generated list of past and present active problems which includes conditions which both do and do not affect ability to work

Problems

Active

Date	Problem	Associated Text	Date Ended
24-Aug-2022	Pityriasis versicolor		
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Significant Past

Date	Problem	Associated Text	Date Ended
27-Oct-2020			19-Jan-2021
19-Oct-2020	Lymphocytosis		12-Jan-2021
01-Jan-2001			02-Mar-2019
01-Jan-1996	Chickenpox - varicella	Summarized from Notes	01-Jan-1996
01-Jan-1996			01-Jan-1996
01-Jan-1996			01-Jan-1996
01-Nov-1994	Pyrexia symptoms	Summarized from Notes	01-Nov-1994

Question 4: From your knowledge of the patient, please comment on:

From the doctor's observations -- does the patient have any difficulty with:

Walking or moving:

Transferring between seats:

Reaching:

Picking up objects:

Manual dexterity:

Communicating with others:

Continence:

Learning simple tasks:

Awareness of hazards:

Initiating and completing personal actions:

Coping with changes or social engagement:

Appropriateness of behaviour:

Eating or drinking:

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

no

Question 6: Could your patient travel to on examination centre by public transport or taxi?

yes

Question 7: Additional information

15-Nov-2022

Your signature:

Name & GMC:

Practice Stamp

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

08-Nov-2022 Dr Meera Dodhia (MDO2156)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: mixed anxiety and depression; Duration 13-Oct-2022 - 09-Jan-2023)

Filename: FitNote_b607431e-eb30-49dc-80fa-876dd3f4e79d.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Ryan [REDACTED] Mudie
I assessed your case on:	08 / 11 / 2022
and, because of the following condition(s):	mixed anxiety and depression
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for [REDACTED] or from 13 / 10 / 2022 to 09 / 01 / 2023 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	DODHIA, Meera (Dr)
Issuer's profession	Doctor
Date of statement	08 / 11 / 2022
Issuer's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670
Unique ID: Med 3 04/22 B607431E-EB30-49DC-80FA-876DD3F4E79D	

What your advice means	
'You are not fit for work' Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.	
'You may be fit for work' You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.	
For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search [REDACTED] Fit note guidance for employers is also available.	
Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data	
Fill in the Your details section. You can ask someone to do this for you if you cannot fill in your details yourself.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms MUDIE
Other names	RYAN [REDACTED]
Address	FLAT 10, 455 CALEDONIAN ROAD LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile [REDACTED]
NI number	[REDACTED]
What you need to do now If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits. If you are self-employed: You could claim benefits. If you are already claiming benefits: Please send this form to the office dealing with your claim. If you need to make a claim to benefits: Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.	

e-RS Letter (02-Sep-2022)

02-Sept-2022 Ms Elizabeth Cleaver (Liz)

Additional:e-RS Letter (02-Sep-2022)

NHS e-Referral UBRN 000392101653 for Refer for ECG recording

Filename: 2209021631_NHS e-RS Letter.rtf

Extension:.tif

Pages:

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000392101653**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **27y**
 Gender: **M**

UBRN Information

Date: **02-Sep-2022**
 Priority: **Routine**
 Referred by: **Radhika (Dr)**
 Referring org:
 Address: **20 North Road
 London
 N7 9EW**
 Clinical Context: **NHS e-Referral Service**
 Location:
 Problem:
 Requested procedure: **-**

UBRN Created
 Referral letter created
 Letter last modified **02-Sep-2022**
 Named clinician
 Allocated clinician

Patient Information

Patient Address **Flat 10
 455 Caledonian Road
 London
 N7 9BA**

Registered practice: **Goodinge Group Practice
 20 North Road
 London
 N7 9EW**

Contact Information **Contact details available when reviewing online**

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Referral form attached

Requested action

Requested action **Management Advice**
 Request action Comments

Medication**Medication****Acute**

Drug	Dosage	Quantity	Last Issued On
Ketoconazole 2% shampoo	Apply Once Daily For 3 Or 5 Days As Directed	120 ml	24-Aug-2022
Miconazole 2% cream	Apply Twice A Day	60 gram	

Repeat

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 75mg modified-release tablets	One To Be Taken Each Day	28 tablet	19-Jul-2022
Venlafaxine 37.5mg tablets	One To Be Taken Twice A Day after taking 1 week of 37.5 mg	56 tablet	29-Jun-2022

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
24-Aug-2022	Pityriasis versicolor		
24-Aug-2022	Insomnia		
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances

Allergies**Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
14-Oct-2021	O/E - blood pressure reading	123/80	mmHg	

Family History**Family History****Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
14-Oct-2021	Non - drinker			

Smoking

Date	Description
14-Oct-2021	Cigarette smoker

Non-Therapeutic Drug Use**Housing**

Date	Description
14-Oct-2021	single person

Refer for ECG recording MUDIE, Ryan (Mr) 1558 24-Aug-2022.rtf

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

24-Aug-2022 Dr Radhika Shah (rad)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 17-Aug-2022 - 13-Oct-2022)

Filename: FitNote_33b8fafa-0e42-49f3-a575-50f01b85b10f.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms Ryan [REDACTED] Mudie
I assessed your case on:	24 / 08 / 2022
and, because of the following condition(s):	Mixed anxiety and depressive disorder
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for [REDACTED] or from 17 / 08 / 2022 to 13 / 10 / 2022 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Issuer's name	[REDACTED] Radhika (Dr)
Issuer's profession	Doctor
Date of statement	24 / 08 / 2022
Issuer's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670
Unique ID: Med 3 04/22 33B8FAFA-0E42-49F3-A575-50F01B85B10F	

What your advice means	
'You are not fit for work' Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.	
'You may be fit for work' You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.	
For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search [REDACTED] Fit note guidance for employers is also available.	
Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data	
Fill in the Your details section. You can ask someone to do this for you if you cannot fill in your details yourself.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms MUDIE
Other names	RYAN [REDACTED]
Address	FLAT 10, 455 CALEDONIAN ROAD LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile [REDACTED]
NI number	[REDACTED]
What you need to do now If you are employed: Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits. If you are self-employed: You could claim benefits. If you are already claiming benefits: Please send this form to the office dealing with your claim. If you need to make a claim to benefits: Visit www.gov.uk/browse/benefits or phone 0800 328 5644 (8am to 6pm Monday to Friday). Textphone users call 0800 328 1344.	

Refer for ECG recording

24-Aug-2022 Dr Radhika Shah (rad)

Additional:Refer for ECG recording

ecg whittington

Filename: Refer for ECG recording MUDIE, Ryan (Mr) 1558 24-Aug-2022.rtf

Extension:.tif

Pages:

GP REQUEST FOR ELECTROCARDIOGRAM (ECG)



CARDIAC INVESTIGATIONS
CLINIC 3A
OUTPATIENTS BLOCK
WHITTINGTON HOSPITAL
MAGDALA AVENUE
LONDON N19 5NF

REQUEST DATE: 24-Aug-2022

PATIENTS PLEASE NOTE:

The department is open for this test

Monday – Friday 10:00 – 12:00
14:00 – 16:00

No appointment is necessary but a ticketing system is in use and a ticket **must** be obtained from Clinic 3A Reception on arrival

PATIENT DETAILS	GP DETAILS
Surname: Mudie	GP Name: [REDACTED] Radhika (Dr)
Forename: Ryan	Practice: GOODINGE HEALTH CENTRE GOODINGE CL, 20 NORTH RD LONDON N7 9EW
DoB: 16-Oct-1994	Tel No: 020 76196670
Sex: M	
CLINICAL DETAILS	RELEVANT MEDICATION
on venlafaxine - check ECG	venlafaxine 75mg MR
BP: 123/80	Digoxin: YES / NO

Referral to community mental health team

24-Aug-2022 Dr Radhika Shah (rad)

Additional: Referral to community mental health team

Referral Letter - Standard with summary

Filename: Referral to community mental health team MUDIE, Ryan (Mr) 1602 24-Aug-2022.rtf

Extension: .tif

Pages:



GOODING GROUP PRACTICE
THE GOODING HEALTH CENTRE
NORTH ROAD
LONDON, N7 9EW
General Enquiries & Appointments: 020 7619 6670
24 Hour Appointment Cancellation: 020 7619 6677
Out of Surgery Hours: Call 111
Fax no: 020 7619 6688

24-Aug-2022

Doctor PBMHT referral

Dept:

Hospital:

Dear

Re: Ryan Mudie, DOB 16-Oct-1994 (NHS No.499 576 6588)
Flat 10 455 Caledonian Road London N7 9BA
Telephone: , Mobile: 07940232173

Thank you for seeing this patient, Ryan Mudie. This is a record of my consultation earlier.

Consultations

Date	Consultation Text
24-Aug-2022 15:15	GP Surgery (Gooding Health Centre) [REDACTED] Radhika (Dr)
Problem	Mixed anxiety and depressive disorder (Review)
Examination	Body weight 51.5 kg denies having eating issues, eats erratically but no vomiting is naturally skinny feels medication not helping was clear and calm today in consultation wanted to increase medication as feels its not helping his symptoms also has sleeping pattern issues disysxed havign ECG - prefers whitt would like to start work when possible -0 has done various jobs in hospitality / portering
Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 17-Aug-2022 - 13-Oct-2022)
Additional	Weight monitoring Current weight 51.5 kg equates to 8 st, 2 lb. A 5% gain from the previous reading (49kg, 15-Feb-2022). Body mass index 16.44 kg/m2 (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).

D [REDACTED] Humphery
Dr Radhika [REDACTED]
Dr [REDACTED] McGeoch
Dr [REDACTED] Seymour

Dr Meera Dodhia
Dr [REDACTED] Ilyas
Dr Cressida Amiel



GOODINGE GROUP PRACTICE
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Fax no: 020 7619 6666

Problem **Insomnia (First)**

History hx of difficulty getting to sleep
ingrained habits for at least 10 years
ISI (Insomnia Severity Index) score 15 /28
will do sleep diary
sleeps at 0600, does not look at screens, no caffeine does not eat
late at night - wakes at 1200
difficult to hold down job, night work makes this worse
wondering whether medication would help - advised i [REDACTED] and
retraining would be more helpful
has [REDACTED] and this could have also affected sleep issues
agreed will email PBMHT as will engage - seems more settled today
discussion about engagement and important to contact if unable to
make appt as also aware that this can impact on resources
seemed clearer about his needs and wanting to get back into a
functioning space
did not display any frustration or ambivalence today when we had a
[REDACTED] conversation
agreed I would email PBMHT back on the premise that he responds
would prefer PM appt due to his sleeping patterns

Problem **Pityriasis versicolor (New)**

History has had nizoral in the past to help with symptoms

Medication Miconazole 2% cream Apply Twice A Day 60 gram
Ketoconazole 2% shampoo Apply Once Daily For 3 Or 5 Days As
Directed 120 ml

29-Jun-2022 16:34 Telephone consultation (Goodinge Health Centre) [REDACTED] (Ms)

Problem **Mixed anxiety and depressive disorder (Review)**

History Telephone encounter with pt
Medication requested - venlafaxine
stopped taking as had a funeral to go to and then wasn't feeling well
and also couldn't get through to us on the phone
mood is fluctuating, either feels alright or really annoyed
lots of different triggers to feeling annoyed
easing ok but sleep schedule still not improved
doesn't think talking therapy will help
No thoughts of [REDACTED]

Comment restart venlafaxine 37.5mg Od for a week and when bd thereafter
asked about engagement with PBMHT and says didn't hear from
them and wasn't well enough to follow through but would like to be

Dr [REDACTED] Humphrey
Dr Radhika [REDACTED]
Dr [REDACTED] McGeoch
Dr [REDACTED] Seymour

Dr Meera Dodhia
Dr [REDACTED] Ilyas
Dr Cressida Amiel



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Out of Surgery Hours: Call 111
Fax no: 020 7619 6668

referred again to them
i will email and let pt know of outcome
if mood deteriorating then call back for review

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Ketoconazole 2% shampoo	Apply Once Daily For 3 Or 5 Days As Directed	120 ml	24-Aug-2022
Miconazole 2% cream	Apply Twice A Day	60 gram	

Repeat

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 75mg modified-release tablets	One To Be Taken Each Day	28 tablet	19-Jul-2022
Venlafaxine 37.5mg tablets	One To Be Taken Twice A Day after taking 1 week of 37.5 mg	56 tablet	29-Jun-2022

Problems

Active

Date	Problem	Associated Text	Date Ended
24-Aug-2022	Pityriasis versicolor		
24-Aug-2022	Insomnia		
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

D. Humphrey
Dr Radhika
Dr McGeoch
Dr Seymour

Dr Meera Dodhia
Dr Ilyas
Dr Cressida Amiel



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LONDON, N7 9EW
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24 Hour Appointment Cancellation: 020 7619 6677
Out of Surgery Hours: Call 111
Fax no: 020 7619 6688

Yours sincerely,

■■■■ Radhika (Dr)

The Gooding Group Practice

PS. If the practice is asked to prescribe, we can only do so using Islington CCG medicine management guidelines.

Dr ■■■■ Humphery
Dr Radhika ■■■■
Dr ■■■■ McGeoch
Dr ■■■■ Seymour

Dr Meera Dodhia
Dr ■■■■ Ilyas
Dr Cressida Amiel

eMED3 (2010) new statement issued, not fit for work

19-July-2022 Dr Sabina Ilyas (SIL)

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 19-Jul-2022 - 16-Aug-2022)

Filename: FitNote_0b39a7ea-4c60-47ba-9410-8cc86f8d545c.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Ryan [REDACTED] Mudie

I assessed your case on: 19 / 07 / 2022

and, because of the following condition(s): Mixed anxiety and depressive disorder

I advise you that:

- ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)

or from / / to / /

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [REDACTED] Ilyas

Issuer's profession General Medical Practitioner

Date of statement 19 / 07 / 2022

Issuer's address

Goodinge Health Centre
 20 North Road
 London, N7 9EW
 Telephone: 0207 6196670



Unique ID: Med 3 04/22 0B39A7EA-4C60-47BA-9410-8CC86F8D545C

What your advice means

'You are not fit for work'

Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'

You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You do not need to get another of these forms.

For more information please visit www.gov.uk and type 'fit note guidance for patients and employees' into the search [REDACTED] Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms MUDIE

Other names

RYAN [REDACTED]

Address

FLAT 10, 455 CALEDONIAN ROAD

LONDON

Postcode N7 9BA

Date of birth

16 / 10 / 1994

Mobile

NI number

[REDACTED]

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 328 5644** (8am to 6pm Monday to Friday). Textphone users call **0800 328 1344**.

eMED3 (2010) new statement issued, not fit for work

15-Feb-2022 Dr Radhika Shah (rad)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Feb-2022 - 15-May-2022)

Filename: FitNote_e5ad81db-862a-4dc0-b7e3-5337cd318b21.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Ryan MUDIE
I assessed your case on:	15 / 02 / 2022
and, because of the following condition(s):	Mixed anxiety and depressive disorder
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for 3 Month(s) or from / / to / /	
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	15 / 02 / 2022
Doctor's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670
Unique ID: Med 3 01/17 E5AD81DB-862A-4DC0-B7E3-5337CD318B21	

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- MUDIE
Other names	RYAN
Address	FLAT 10, 455 CALEDONIAN ROAD
	LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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Referral to mental health team

15-Feb-2022 Dr Radhika Shah (rad)

Additional:Referral to mental health team

Islington Practice Based Mental Health Referral Form

Filename: Referral to mental health team MUDIE, Ryan (Mr) 1635 15-Feb-2022.rtf

Extension:.tif

Pages:

Islington Practice Based Mental Health Team



REFERRAL FORM

Patient Details:			
Surname:	Mudie	First name:	Ryan
Date of Birth:	16-Oct-1994	NHS No:	499 576 6588
Address:	Flat 10 455 Caledonian Road London N7 9BA	Gender:	M
		Tel.	
		Mobile:	07940232173
		Email :	
Ethnicity:	British or mixed British - ethnic category 2001 census	Interpreter / Signer Required?	YES/NO Language Spoken:
GP:	The Goodinge Group Practice, 20 North Road, London N7 9EW		

Referrer Details:	
Name of referrer:	SMHT, Radhika (Dr)
Professional role:	has been referred to PBMHT, now more engaged, does not feel that he has an ED and not engaged with them
Tel.	020 7619 6670
Email :	thegoodinge@nhs.net
Date of referral:	15-Feb-2022

Reason for referral

(What one question/issue would you like the team answer/solve?):

started on venlafaxine 37.5mg

Consultations

Date	Consultation Text
15-Feb-2022 16:17	GP Surgery (Goodinge Health Centre) [REDACTED] Radhika (Dr)
Problem	Mixed anxiety and depressive disorder (Review)
History	frustrated as could not get medications, rang up and was told not available and difficult to get appointment with GP - note that had appt 7.1.22
	did not have diarrhoea with venlafaxine - though only had 10 days, no noted s.e
	start again with 37.5mg daily and then titrate up to bd
	initially quite frustrated - does not feel he has an ED
	would like to be referred back to PBMHT for support
	did discuss non engagement in the past, but now is willing to try and engage and trial further therapeutic approach
	will message PBMHT
Examination	Body weight 49 kg
	currently stable

PBMHT_June 2017

Your [REDACTED] in care & improvement

Islington Practice Based Mental Health Team

Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Feb-2022 - 15-May-2022)
Additional	Weight monitoring Current weight 49 kg equates to 7 st, 10 lb. A -1% loss from the previous reading (49.4kg, 15-Dec-2021).
	Body mass index 15.64 kg/m2 (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).
21-Jan-2022 22:57	Externally Entered DONATI, [REDACTED] (Dr)
	Entered By: , System User ()
Lab Results	B12/folate level (Tobyb) - Normal - No Action
	! UE CREATININE (Tobyb) - Minor abnormality of no clinical significance - to be treated as a normal result
	LFT (Tobyb) - Normal - No Action
	BONE (Tobyb) - Normal - No Action
	Serum ferritin (Tobyb) - Normal - No Action
	IRON & TIBC (Tobyb) - Normal - No Action
	Serum magnesium level (Tobyb) - Normal - No Action
	GFR calculated abbreviated MDRD (Tobyb) - Normal - No Action
15-Dec-2021 10:13	GP Surgery (Goodinge Health Centre) [REDACTED] Radhika (Dr)
Problem	Mixed anxiety and depressive disorder (Review)
History	loose stools - worse with Antidepressants and has had similar symptoms with all antidepressants he has tried - inc mirtazapine/ citalopram/ setraline
	noticed fresh red blood
	describes watery loose stools 3-4x a day
	anxiety main symptom
	no thoughts of self harm
	denies he has an [REDACTED] and doesn't feel that attending ED would help
	has always been like this in weight
	is currently [REDACTED] and [REDACTED], feels more stable, is waiting for accommodation
Examination	Body weight 49.4 kg
Medication	Venlafaxine 37.5mg tablets one daily for 2 weeks 14 tablet
Comment	plan to taper down fleoxetine to 20mg and then stop for 1.52. review diarrhoea - if stops consider starting venlafaxine for anxiety
	for followup appt 7.1.22
	to do faecal calprotectin
	declined examination
	advised to do blood tests
Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document

PBMHT_June 2017

Islington Practice Based Mental Health Team

	(Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Dec-2021 - 15-Feb-2022)
Test Request	BH-Routine - Unknown specimen
	Test Request : Calprotectin (faecal)
Additional	Weight monitoring Current weight 49.4 kg equates to 7 st, 11 lb. A -3% loss from the previous reading (50.7kg, 11-Nov-2021).
	Body mass index 15.77 kg/m2 (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).
11-Nov-2021 11:35	GP Surgery (Goodinge Health Centre) DONATI, [REDACTED] (Dr)
Problem	Mixed anxiety and depressive disorder (Review)
History	has been taking fluoxetine, does not feel any different, not any worse had sl upset stomach last week, now passed not managed to get up to WH for xray yet dwp have sent him an appt for medical assessment (on UC) would like further med3
Examination	Body weight 50.7 kg
Medication	Fluoxetine 20mg capsules Two To Be Taken Each Day 60 capsule
Comment	bloods will go for xray increase fluoxetine does FU in 4w or sooner prn
Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 11-Nov-2021 - 19-Dec-2021)
Test Request	BH-Routine - Unknown specimen
	Test Request : Vitamin B12 & serum folate
	Test Request : Bone Profile
	Test Request : Full Blood Count
	Test Request : Differential
	Test Request : Ferritin
	Test Request : Iron and TIBC
	Test Request : Glucose
	Test Request : Laboratory header internal use only
	Test Request : Laboratory, internal use only
	Test Request : Liver profile (LFT)
	Test Request : Magnesium
	Test Request : TSH
	Test Request : U&E/Creat

PBMHT_June 2017

Islington Practice Based Mental Health Team

Additional	Weight monitoring Current weight 50.7 kg equates to 7 st, 14 lb. A 0% gain from the previous reading (50.5kg, 14-Oct-2021).
	Body mass index 16.18 kg/m ² (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).
14-Oct-2021 11:34	GP Surgery (Goodinge Health Centre) DONATI, [REDACTED] (Dr)
Problem	Mixed anxiety and depressive disorder (Review)
History	body weight stable has tried mirtazapine but didn't get on with it 'knocked me out' does not want talking therapy or to be referred to PBMHT- has had counselling before and found did not help "does not like talking" does not want referral to [REDACTED] [REDACTED] [REDACTED] - his body weight is stable and low body weight related to his mood still [REDACTED] [REDACTED] either [REDACTED] and [REDACTED] sleeps on sofa
Examination	Body weight 50.5 kg • Blood oxygen saturation 97 % • O/E - blood pressure reading 123/80 mmHg • Pulse rate 89 beats/min casually/ appropriately dressed, good eye contact, normal speech, reactive and appropriate affect
Medication	Fluoxetine 20mg capsules One To Be Taken Each Day 30 capsule
Comment	dw Dr [REDACTED] on 13/10/21 will try and engage pt in surgery instead of making referrals that may not be attended FU booked in 4w time, consider uptitrating fluoxetine, or review sooner prn discussed if any worsening of mood TCB or [REDACTED] [REDACTED] (SMS with number sent)
Document	eMED3 (2010) new statement issued, not fit for work Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 14-Oct-2021 - 14-Nov-2021)
Additional	Weight monitoring Current weight 50.5 kg equates to 7 st, 13 lb. A 5% gain from the previous reading (13-Jul-2020).
	Body mass index 16.12 kg/m ² (calculation based on height entry 13-Jul-2020, NB prior to age 70 average height loss is 1cm per 10 years).
History	right ankle fracture around 7 years ago was managed conservatively, but he did not attend fracture clinic followup now gets pain in back of heel after walking doesn't stop him doing anything
Document	Refer for imaging Imaging Referral Form New - Whittington

PBMHT_June 2017

Islington Practice Based Mental Health Team

History	no previous notes
	was prev registered at Moffat Surgery, Dumfries and Galloway
Comment	tasked Alberto to chase old notes
History	Cigarette smoker 10 /day
	no recreational drugs
	Non - drinker
	thinks would be able to stop smoking easily, but no desire to
Comment	would not like help to stop smoking
	open door to discuss further in future
Problem	██████ single person (First)
Comment	Social prescribing offered - declined left door open if changes mind

Risk & ██████████

(Please outline any perceived or reported RISK and/or any ██████████)

Mental Health History:

Other professionals involved

(Please give details of agencies, names and contact details for any other professionals involved):

nil at present

Significant medical problems:

Islington Practice Based Mental Health Team

**Please e-mail the referral to cim-tr.PBMHS@nhs.net
with any relevant supporting documents**

THIRD PARTY COPY

PBMHT_June 2017

e-RS Letter (10-Jan-2022)

10-Jan-2022 Ms Marianne Wells (MWells)

Additional:e-RS Letter (10-Jan-2022)

NHS e-Referral UBRN 000377788013 for Referral to community phlebotomist

Filename: 2201101108_NHS e-RS Letter.rtf

Extension:.tif

Pages:

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000377788013**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **27y**
 Gender: **M**

UBRN Information

Date:	10-Jan-2022	UBRN Created
Priority:	Routine	Referral letter created
Referred by:	DONATI, [REDACTED] (Dr)	Letter last modified 10-Jan-2022
Referring org:		Named clinician
Address:	20 North Road London N7 9EW	Allocated clinician
Clinical Context:	NHS e-Referral Service	
Location:		
Problem:		
Requested procedure	-	

Patient Information

Patient Address	Flat 10 455 Caledonian Road London N7 9BA	Registered practice: Address	Goodinge Group Practice 20 North Road London N7 9EW
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Test request forms on ICE (October 2021)

Requested action

Requested action	Management Advice
Request action Comments	

Medication**Medication****Acute**

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 37.5mg tablets	one daily for 2weeks	14 tablet	15-Dec-2021

Repeat

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	7 capsule	15-Dec-2021

Past

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	30 capsule	14-Oct-2021

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances

Allergies**Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
14-Oct-2021	O/E - blood pressure reading	123/80	mmHg	

Family History**Family History****Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
14-Oct-2021	Non - drinker			

Smoking

Date	Description
14-Oct-2021	Cigarette smoker

Non-Therapeutic Drug Use**Housing**

Date	Description
14-Oct-2021	single person

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

15-Dec-2021 Dr Radhika Shah (rad)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 15-Dec-2021 - 15-Feb-2022)

Filename: FitNote_cea1390f-f447-4e9d-a36f-755d491aefa2.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Ryan [REDACTED] Mudie
I assessed your case on:	15 / 12 / 2021
and, because of the following condition(s):	Mixed anxiety and depressive disorder
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for 2 Month(s) or from / / to / /	
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	15 / 12 / 2021
Doctor's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670
Unique ID: Med 3 01/17 CEA1390F-F447-4E9D-A36F-755D491AEFA2	

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'You may be fit for work': You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search [REDACTED]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- MUDIE
Other names	RYAN [REDACTED]
Address	FLAT 10, 455 CALEDONIAN ROAD
	LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile [REDACTED]
NI number	[REDACTED]

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
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e-RS Letter (15-Dec-2021)

15-Dec-2021 Ms Marianne Wells (MWells)

Additional:e-RS Letter (15-Dec-2021)

NHS e-Referral UBRN 000376746191 for Referral to community phlebotomist

Filename: 2112151025_NHS e-RS Letter.rtf

Extension:.tif

Pages:

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000376746191**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **27y**
 Gender: **M**

UBRN Information

Date:	15-Dec-2021	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	DONATI, [REDACTED] (Dr)	Letter last modified	15-Dec-2021
Referring org:		Named clinician	
Address:	20 North Road London N7 9EW	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	Flat 10 455 Caledonian Road London N7 9BA	Registered practice: Address	Goodinge Group Practice 20 North Road London N7 9EW
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Test request forms on ICE

Requested action

Requested action	Management Advice
Request action Comments	

Medication**Medication****Acute**

Drug	Dosage	Quantity	Last Issued On
Venlafaxine 37.5mg tablets	one daily for 2weeks	14 tablet	15-Dec-2021

Repeat

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	7 capsule	15-Dec-2021

Past

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	30 capsule	14-Oct-2021

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances

Allergies**Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
14-Oct-2021	O/E - blood pressure reading	123/80	mmHg	

Family History**Family History****Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
14-Oct-2021	Non - drinker			

Smoking

Date	Description
14-Oct-2021	Cigarette smoker

Non-Therapeutic Drug Use**Housing**

Date	Description
14-Oct-2021	single person

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

11-Nov-2021 Dr Toby Donati (Tobyb)

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 11-Nov-2021 - 19-Dec-2021)

Filename: FitNote_12be7ef7-fa09-4682-91d0-1c246f3ff2bd.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Ryan [REDACTED] Mudie
I assessed your case on:	11 / 11 / 2021
and, because of the following condition(s):	Mixed anxiety and depressive disorder
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work- ☐ amended duties- ☐ altered hours- ☐ workplace adaptations-	
Comments, including functional effects of your condition(s):	
This will be the case for [REDACTED] or from 11 / 11 / 2021 to 19 / 12 / 2021 I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	[REDACTED]
Date of statement	11 / 11 / 2021
Doctor's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670
Unique ID: Med 3 01/17 12BE7EF7-FA09-4682-91D0-1C246F3FF2BD	

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'You may be fit for work': You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search [REDACTED]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- MUDIE
Other names	RYAN [REDACTED]
Address	FLAT 10, 455 CALEDONIAN ROAD
	LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile [REDACTED]
NI number	[REDACTED]

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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e-RS Letter (11-Nov-2021)

11-Nov-2021 Mr Robert Maciol (RMaciol)

Additional:e-RS Letter (11-Nov-2021)

NHS e-Referral UBRN 000374835556 for Haematology self-referral

Filename: 2111111525_NHS e-RS Letter.rtf

Extension:.tif

Pages:

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000374835556**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **27y**
 Gender: **M**

UBRN Information

Date:	11-Nov-2021	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	DONATI, [REDACTED] (Dr)	Letter last modified	11-Nov-2021
Referring org:		Named clinician	
Address:	20 North Road London N7 9EW	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	Flat 10 455 Caledonian Road London N7 9BA	Registered practice: Address	Goodinge Group Practice 20 North Road London N7 9EW
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Blood form on ICE

Requested action

Requested action	Management Advice
Request action Comments	

Medication**Medication****Acute**

Drug	Dosage	Quantity	Last issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	30 capsule	14-Oct-2021

Repeat

Drug	Dosage	Quantity	Last issued On
Fluoxetine 20mg capsules	Two To Be Taken Each Day	60 capsule	11-Nov-2021

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
14-Oct-2021	single person		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances**Allergies****Findings**

All Patient Observations**Investigations And Values**

Date	Description	Value	Units	Range
14-Oct-2021	O/E - blood pressure reading	123/80	mmHg	

Family History

Family History

Social Context**Alcohol Consumption**

Date	Description	Value	Units	Range
14-Oct-2021	Non - drinker			

Smoking

Date	Description
14-Oct-2021	Cigarette smoker

Non-Therapeutic Drug Use**Housing**

Date	Description
14-Oct-2021	single person

eMED3 (2010) new statement issued, not fit for work

14-Oct-2021 Dr Toby Donati (Tobyb)

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Mixed anxiety and depressive disorder; Duration 14-Oct-2021 - 14-Nov-2021)

Filename: FitNote_cee3905f-b5e6-4446-a03c-5363d32e8f9b.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms- Ryan [REDACTED] Mudie				
I assessed your case on:	14 / 10 / 2021				
and, because of the following condition(s):	Mixed anxiety and depressive disorder				
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td>☐ a phased return to work-</td> <td>☐ amended duties-</td> </tr> <tr> <td>☐ altered hours-</td> <td>☐ workplace adaptations-</td> </tr> </table>		☐ a phased return to work-	☐ amended duties-	☐ altered hours-	☐ workplace adaptations-
☐ a phased return to work-	☐ amended duties-				
☐ altered hours-	☐ workplace adaptations-				
Comments, including functional effects of your condition(s):					
This will be the case for 1 Month(s) or from / / to / /					
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	14 / 10 / 2021				
Doctor's address	Goodinge Health Centre 20 North Road London, N7 9EW Telephone: 0207 6196670				
Unique ID: Med 3 01/17 CEE3905F-B5E6-4446-A03C-5363D32E8F9B					

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to [REDACTED] the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search [REDACTED]

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms- MUDIE
Other names	RYAN [REDACTED]
Address	FLAT 10, 455 CALEDONIAN ROAD
	LONDON Postcode N7 9BA
Date of birth	16 / 10 / 1994 Mobile [REDACTED]
NI number	[REDACTED]

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Refer for imaging

14-Oct-2021 Dr Toby Donati (Tobyb)

Additional: Refer for imaging

Imaging Referral Form New - Whittington

Filename: Refer for imaging MUDIE, Ryan (Mr) 1202 14-Oct-2021.tif

Extension: .tif

Pages:

THIRD PARTY COPY

Letter sent to patient

07-Apr-2021 Dr Radhika Shah (rad)

Additional: Letter sent to patient

Letter to Patient

Filename: Letter sent to patient MUDIE, Ryan (Mr) 1841 07-Apr-2021.rtf

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Pages:



GOODINGE GROUP PRACTICE
THE GOODINGE HEALTH CENTRE
NORTH ROAD
LONDON, N7 9EW
General Enquiries & Appointments: 020 7619 6670
24 Hour Appointment Cancellation: 020 7619 6677
Out of Surgery Hours: Call 111
Fax no: 020 7619 6688

07-Apr-2021

Mr Ryan Mudie
Flat 10
455 Caledonian Road
London
N7 9BA

Dear Mr Mudie

We have had a letter from the [REDACTED] clinic that you have not attended.
I note that you have not responded not had repeat blood tests at the surgery.
We have both tried contacting you on your phone.
If your number has changed then please contact the surgery to update this and please also
make an appointment for a review and follow up

Thank you

Dr Radhika [REDACTED]

Dr [REDACTED] Humphery
Dr Radhika [REDACTED]
Dr [REDACTED] McGeoch
Dr [REDACTED] Seymour

Dr Meera Dodhia
Dr [REDACTED]
Dr Cressida Amiel

Attachment

29-Mar-2021 Mr PCTi Docman (DME14133)

Additional: Attachment

DNA St. *****s Hospital Mental Health

[illegible]

Name: Ryan [REDACTED] Mudie
DOB: 16 Oct 1994

Page 2 of 2

Please do not hesitate to contact me if you have any further questions.
I'm attaching a guide to medical risk assessment in [REDACTED] [REDACTED]

Yours Sincerely

Checked electronically but not signed by hand to avoid delay

Dr Alessandra Frustaci
Consultant Psychiatrist
[REDACTED] [REDACTED] Service
For and on behalf of: Barnet, Enfield and Haringey Mental Health Trust

CC:

Dr [REDACTED] [REDACTED]
Clinical Psychologist
Islington Practice Based Mental Health service
(Sent by email)

Private and confidential to be opened by the addressee

Mr Ryan [REDACTED] MUDIE
Flat 10
455 Caledonian Road
London
N7 9BA

Please note each missed appointment costs the NHS between £130.00 to £270.00, depending on duration."

Q

Chairman
Chief Executive
Mary Lane
Chief Executive

Attachment

06-Jan-2021 Mr PCTi Docman (DME14133)

Additional: Attachment

Appointment Letter St. *****s Hospital Mental Health

Filename: D10_F83008_510313_e4a56e61-20e6-448d-b63c-35f729f76a66.TIF.XX2

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Pages:

A University Teaching Trust

Your Ref: 27/10/2020
 NHS Number: 499 576 6588
 Hospital Number: 2254655
 6 Jan 2021

Specialist Services - [REDACTED]
 Barnet, Enfield and Haringey Mental Health Trust
 [REDACTED] - Outpatients
 St [REDACTED] Hospital
 St [REDACTED] Road
 London
 N15 3TH
 Tel: 020 8702 6240
 Secure email: [REDACTED] Wing@nhs.net

Private and Confidential to be opened by addressee
 Mr Ryan [REDACTED] MUDIE
 Flat 10
 455 Caledonian Road
 London
 N7 9BA

RECEIVED 15 JAN 2021

Dear Mr MUDIE

PLEASE ENSURE YOU [REDACTED] ALL THE INFORMATION BELOW, **CONFIRM** YOUR ATTENDANCE AND NOTE THE **VENUE** FOR YOUR APPOINTMENT.

You have been referred to [REDACTED] - Outpatients Service by Dr [REDACTED] for Assessment. We are pleased to offer you the following appointment:

Appointment	1
Clinic	[REDACTED] - (PW)Assessment Clinic
Date/Time	19 Jan 2021 10:00:00
Intended Duration	60 mins
Clinician	Dr Varsha DHAYATKER
Address	EATING DISORDER -OUTPATIENTS, St [REDACTED] Hospital, St [REDACTED] Road, Tottenham, London, N15 3TH,

Enclosed is more information about the clinic or service you will be using, if this is appropriate. Please also note that if you are more than 15 minutes late for your appointment, you won't be seen as we run a very busy clinic.

Please complete any enclosed forms prior to your visit and bring them to your appointment **along with this letter.**

To make sure that access to our services is fair, **please call our daily monitored 24 hour voicemail line on 020 8702 3888 immediately to confirm whether or not you can attend.** If you call to advise you are unable to attend this appointment we may be able to offer you an alternative; we can only offer you this opportunity once. If you **do not** confirm attendance within 7 working days of date of this letter we may offer this slot to another patient. If you do not contact us and do not attend, you may not be offered another appointment and may be discharged back to your GP.

Please also contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment, e.g. transport.

Please note each missed appointment costs the NHS between £130.00 to £270.00, depending on duration.

Yours sincerely

Referrals Co-ordinator
 On Behalf of Barnet, Enfield and Haringey Mental Health Trust



Chairman: [REDACTED]
 Chief Executive: Jinjer Kandoia

Additional: Attachment

Admin Letter St. *****s Hospital Mental Health

Filename: D10_F83008_510313_e7cb68f7-f7aa-4668-98ad-9b33c0c8e845.TIF

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Pages:

Barnet, Enfield and Haringey **NHS**

Mental Health NHS Trust

A University Teaching Trust

Your Ref: 27/10/2020
 NHS Number: 499 576 6588
 Hospital Number: 2254655
 6 Nov 2020

Specialist Services - [REDACTED]
 Barnet, Enfield and Haringey Mental Health Trust
 [REDACTED] - Outpatients
 St [REDACTED] Hospital
 St [REDACTED] Road
 London
 N15 3TH
 Tel: 020 8702 6240

Private and Confidential to be opened by addressee

Mr Ryan [REDACTED] MUDIE
 Flat 10
 455 Caledonian Road
 London
 N7 9BA

Secure email: [REDACTED]

Dear Mr MUDIE

PLEASE ENSURE YOU [REDACTED] ALL THE INFORMATION BELOW, CONFIRM YOUR ATTENDANCE AND
 NOTE THE VENUE FOR YOUR APPOINTMENT.

You have been referred to [REDACTED] - Outpatients Service by Dr [REDACTED] for Assessment. We
 are pleased to offer you the following appointment:

Appointment	1
Clinic	[REDACTED] - (PW) Assessment Clinic
Date/Time	1 Dec 2020 13:00:00
Intended Duration	60 mins
Clinician	Dr Yoav [REDACTED]
Address	[REDACTED] - OUTPATIENTS, St [REDACTED] Hospital, St [REDACTED] Road, Tottenham, London,

Enclosed is more information about the clinic or service you will be using, if this is appropriate. Please also note
 that if you are more than 15 minutes late for your appointment, you won't be seen as we run a very busy clinic.

Please complete any enclosed forms prior to your visit and bring them to your appointment along with this letter.

To make sure that access to our services is fair, please call our daily monitored 24 hour voicemail line on 020
 8702 3888 immediately to confirm whether or not you can attend. If you call to advise you are unable to
 attend this appointment we may be able to offer you an alternative; we can only offer you this opportunity once. If
 you do not confirm attendance within 7 working days of date of this letter we may offer this slot to another patient.
 If you do not contact us and do not attend, you may not be offered another appointment and may be discharged
 back to your GP.

Please also contact us on the above number if English is not your first language and you need help or an
 interpreter. Please also contact us if you have a disability and have additional requirements which you need to
 discuss before your appointment, e.g. transport.

Please note each missed appointment costs the NHS between £130.00 to £270.00, depending on duration.

Yours sincerely

Referrals Co-ordinator
 On Behalf of Barnet, Enfield and Haringey Mental Health Trust

Chairman: [REDACTED]
 Chief Executive: Jinjer Kandola



CC:
Dr AMIEL
THE GOODINGE GROUP PRACTICE GOODINGE
HEALTH CENTRE
GOODINGE CL, 20 NORTH RD
N7 9EW

THIRD PARTY COPY



Chairman: Mark Lam
Chief Executive: Jinjer Kandola

e-RS Letter (29-Oct-2020)

29-Oct-2020 Ms Marianne Wells (MWells)

Additional:e-RS Letter (29-Oct-2020)

NHS e-Referral UBRN 000354676385 for Referral to hospital phlebotomist

Filename: 2010291238_NHS e-RS Letter.rtf

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Pages:

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000354676385**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **26y**
 Gender: **M**

UBRN Information

Date: **29-Oct-2020**
 Priority: **Routine**
 Referred by: **██████ Radhika (Dr)**
 Referring org:
 Address: **20 North Road
 London
 N7 9EW**

UBRN Created
 Referral letter created
 Letter last modified: **29-Oct-2020**
 Named clinician
 Allocated clinician

Clinical Context: **NHS e-Referral Service**
 Location:
 Problem:
 Requested procedure: **-**

Patient Information

Patient Address **Flat 10
 455 Caledonian Road
 London
 N7 9BA**

Registered practice: **Goodinge Group Practice
 20 North Road
 London
 N7 9EW**

Contact Information: **Contact details available when reviewing online**

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Referral attached

Requested action

Requested action: **Management Advice**
 Request action Comments

Medication**Medication****Acute**

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	28 capsule	19-Oct-2020

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
19-Oct-2020	Lymphocytosis		
19-Oct-2020	Body mass index less than 20		
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances**Allergies****Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
13-Jul-2020	O/E - blood pressure	123/73	mmHg	

reading

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
13-Jul-2020	Alcohol consumption	0	U/week	

Smoking

Date	Description
13-Jul-2020	Current smoker

Non-Therapeutic Drug Use

BT RM.pdf

Attachment

27-Oct-2020 Mr PCTi Docman (DME14133)

Additional: Attachment

*Clinical Letter St. *****s Hospital Mental Health*

Filename: D10_F83008_510313_63f7062d-93d5-41b0-ada7-c51aa15044b3.TIF.XX2

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Barnet, Enfield and Haringey

Mental Health Referral Form

Please return via:**Email:** [REDACTED]**Fax:** 0208-442-7232**Post:** [REDACTED] Referrals, [REDACTED] Wing, St [REDACTED] Hospital, St [REDACTED] Road, South Tottenham, London N15 3TH

A University Teaching Trust

****Please attach recent blood results (for all referrals) and ECG details if BMI below 15 kg/m² ********Please attach current feeding regimen if the patient is being tube-fed**

These fields are mandatory:			
Date of Referral:		27/10/20	
Is this referral urgent? (If yes, please provide details):		Yes ☒ No ☐ To be decided by team - prolonged weight loss and ambivalence about engaging with treatment. BMI of 15.3.	
Name and Address of Referrer:		Dr [REDACTED] clinical Psychologist, Islington Practice Based Mental Health service	
Tel No:		0203 317 7513	
Fax No:		please use email	
Email (NHS.net if available):		Cim-tr.pbmhs@nhs.net	
Name of Patient:		MUDIE, Ryan (Mr)	
NHS Number:		499 576 6588	
Date of Birth:		16/10/1994	
Address:		Flat 10 455 Caledonian Road London N7 9BA	
Ethnicity:		White Scottish	
Name and address of GP:		Dr [REDACTED] The Goodinge Group Practice	
CCG:		Islington	
Interpreter Required?		Yes ☐ No ☒ (If yes, please specify: _____)	
BMI:	15.3 (July 2020)	Height:	177cm
Weight:	48kg	Pregnancy?	Yes ☐ No ☒ (If yes, gestation ____ weeks)
Menstrual History:	NA	Diabetes?	Yes ☐ No ☒
Ryan has prolonged weight loss, an apathy about this and ambivalence about engaging with treatment for			

Barnet, Enfield and Haringey

2

A University Teaching Trust

[REDACTED] - Referral Form

depression (which appears to be connected to weight loss). Ryan has reported a chronic loss of appetite for a prolonged period and BMI is currently 15.3. He engaged in PBMH assessment in December 2019 and June 2020 with some non-attendance and disengagement. He wished to find a diagnosis to understand himself better, and we began to consider [REDACTED] as a main framework for his difficulties, but were clear that the depressive episode and lack of appetite/eating is the primary treatment goal to begin with. He reports no motivation to eat and has lost pleasure in eating over the last year. He appears unconcerned by his weight loss or the physical health consequences, and at assessment had capacity regarding this. As professionals, we have formulated this may be a communication of distress that he cannot verbalise. However, the main treatment priority is to tackle his lack of eating and significant weight loss. There is no bingeing or [REDACTED] no laxative use. There is no concern about body image, although he is aware he looks significantly underweight and he would like to have his strength back. He denied any [REDACTED] thoughts. He does not know how much he weighs or how much he has lost. He would not tell us much about his eating patterns. He denied any drugs or alcohol. He is apathetic about his weight loss and health 'I do not care' but no active thoughts of self-harm or suicide and denied restriction as a form of [REDACTED]

Current Care Team (if applicable):	None						
Care Co-ordinator?	Yes ☐ No ☒ (If yes, please provide contact details below):						
Symptoms Indicative of:	<table border="0"> <tr> <td>[REDACTED]</td> <td>☒</td> </tr> <tr> <td>[REDACTED]</td> <td>☐</td> </tr> <tr> <td>[REDACTED] *</td> <td>☐</td> </tr> </table>	[REDACTED]	☒	[REDACTED]	☐	[REDACTED] *	☐
[REDACTED]	☒						
[REDACTED]	☐						
[REDACTED] *	☐						
*Recurrent episodes of [REDACTED] which is characterised by both eating in a discreet period of time an amount of food that is definitely larger than what most people would eat and a sense of lack of control over eating during the episodes, over a period of at least 3 months. NOTE: This is not the same as overeating. We do not provide a weight management service or assessments for bariatric surgery.							
Relevant Psychiatric History (Detail any past contact with services and [REDACTED] history):	We feel Ryan's presentation is in keeping with a depressive episode (with possible [REDACTED] – to be assessed following treatment for depression). His low weight a primary treatment goal. He also has a significant [REDACTED] history and markedly disrupted attachments. He reports difficulties managing anger, a tendency to isolate himself (although [REDACTED] [REDACTED] lack of motivation (including to eat), and difficulties with intimate relationships, although has maintained friendships. Ryan had difficulty engaging with treatment recommendations of starting antidepressants and completing bloods, as well as engaging with follow-ups to consider diagnosis and treatment pathways. There seems to be a projection of anxiety, where others hold the concern for Ryan but he struggles to worry about himself and is ambivalent about engaging in treatment, despite active attempts by GP to engage him. He has only just started Fluoxetine, but missed appointment for blood tests. He has						

For office use only

Scanned ☐	Upload to RiO ☐	Allocated ☐	Appointment Date: ☐	Appointment Confirmed ☐
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Barnet, Enfield and Haringey

3

A University Teaching Trust

- Referral Form

	had a lack of structure and routine since moving to London and wishes to return to Scotland. He does not wish to consider psychological therapy at this point, as he feels talking does not help.
Current Psychiatric Issues (Please comment on mood/risk):	As above.
Substance Use History (if applicable):	Denies any drug or alcohol at present. Some cannabis use in his teens.
Is the patient in Hospital? ☐ Yes ☒ No Has the patient received IV medication? ☐ Yes ☐ No How is blood collection being taken? Venepuncture ☐ Yes ☐ No PICC Line ☐ Yes ☐ No Central Line ☐ Yes ☐ No	
Fluoxetine 20mg – started on 19th October	
Current feeding route ☐ Oral (food and/or oral supplements) If oral, is the patient on oral supplements? ☐ Yes ☐ No If yes, which ones? (e.g. Ensure Compact) _____ Number of bottles per day & indicate flavor if required: _____ If the patient is also eating food please describe what they are eating in a day or submit a copy of current meal plan _____ _____ ☐ Nasogastric (please submit the feeding regimen to this referral) If nasogastric, what feed is being used _____ Total volume per day of feed: _____ Is the patient eating food in addition to this feed? ☐ Yes ☐ No If yes, please detail what they are eating: _____ _____	

For office use only

Scanned ☐	Upload to RiO ☐	Allocated ☐	Appointment Date: ☐	Appointment Confirmed ☐
----------------------------------	--	------------------------------------	--	--

Barnet, Enfield and Haringey

4

A University Teaching Trust

[REDACTED] - Referral Form

☐ PEG (please submit the feeding regimen to this referral)

If fed via PEG, what feed is being used _____

Total volume per day of feed: _____

Is the patient eating food in addition to this feed? ☐ Yes ☐ No

If yes, please detail what they are eating:

Dietary requirements Halal ☐ Kosher ☐ Vegetarian ☐ Vegan ☐ Other _____Diagnosed food allergies/intolerances (please enclose proof of these or any tests/investigations done) _____

Has the patient consented to referral:

Yes ☐ No ☒

Referral as concerned about on going weight loss. Ryan previously consented to onward referrals to mental health services, but we have not discussed St [REDACTED] specifically with him. However, given BMI of 15, we feel he needs specialist [REDACTED] [REDACTED] input before he can consider further support for [REDACTED] [REDACTED] and mood difficulties.

He has just started Fluoxetine and will need a review of this as part of holistic view of his eating issues.

***PLEASE NOTE:** The physical health monitoring of patients being seen in Outpatients remains the responsibility of the GP. We aim to maintain good liaison and consultation with primary and secondary care services involved with your patient's care throughout treatment.

For office use only

Scanned ☐	Upload to RiO ☐	Allocated ☐	Appointment Date: ☐	Appointment Confirmed ☐
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Attachment

27-Oct-2020 Mr PCTi Docman (DME14133)

Additional: Attachment

Clinical Letter St. *****s Hospital Mental Health

Filename: D10_F83008_510313_e7cb68f7-f7aa-4668-98ad-9b33c0c8e845.TIF.XX2

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Pages:

Barnet, Enfield and Haringey **NHS**
Mental Health NHS Trust

A University Teaching Trust

Your Ref: 27/10/2020
NHS Number: 499 576 6588
Hospital Number: 2254655
6 Nov 2020

Specialist Services - [REDACTED]
Barnet, Enfield and Haringey Mental Health Trust
[REDACTED] - Outpatients

Private and Confidential to be opened by addressee

Mr Ryan [REDACTED] MUDIE
Flat 10
455 Caledonian Road
London
N7 9BA

[REDACTED] Hospital
St [REDACTED] Road
London
N15 3TH
Tel: 020 8702 6240

Secure email: [REDACTED]

Dear Mr MUDIE

PLEASE ENSURE YOU [REDACTED] ALL THE INFORMATION BELOW, CONFIRM YOUR ATTENDANCE AND NOTE THE VENUE FOR YOUR APPOINTMENT.

You have been referred to [REDACTED] - Outpatients Service by Dr [REDACTED] for Assessment. We are pleased to offer you the following appointment:

Appointment	1
Clinic	[REDACTED] - (PW)Assessment Clinic
Date/Time	1 Dec 2020 13:00:00
Intended Duration	60 mins
Clinician	Dr Yoav [REDACTED]
Address	[REDACTED] -OUTPATIENTS, St [REDACTED] Hospital, St [REDACTED] Road, Tottenham, London, [REDACTED] t.

Enclosed is more information about the clinic or service you will be using, if this is appropriate. Please also note that if you are more than 15 minutes late for your appointment, you won't be seen as we run a very busy clinic.

Please complete any enclosed forms prior to your visit and bring them to your appointment **along with this letter.**

To make sure that access to our services is fair, please call our daily monitored 24 hour voicemail line on 020 8702 3888 immediately to confirm whether or not you can attend. If you call to advise you are unable to attend this appointment we may be able to offer you an alternative; we can only offer you this opportunity once. If you **do not** confirm attendance within 7 working days of date of this letter we may offer this slot to another patient. If you do not contact us and do not attend, you may not be offered another appointment and may be discharged back to your GP.

Please also contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment, e.g. transport.

Please note each missed appointment costs the NHS between £130.00 to £270.00, depending on duration.

Yours sincerely

Referrals Co-ordinator
On Behalf of Barnet, Enfield and Haringey Mental Health Trust

Chairman: [REDACTED]
Chief Executive: Jinjer Kandola



HEALTH CENTRE
GOODINGE CL, 20 NORTH RD
N7 9EW

THIRD PARTY COPY



Chairman: Mark Lam
Chief Executive: Jinjer Kandola

Haematology test

20-Oct-2020 Ms Marianne Wells (MWells)

Additional:Haematology test

Haematology test from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (20-Oct-2020)

Filename: BT RM.pdf

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Pages:

Page 1 of 1

BH	Whittington Health NHS		Laboratory Number
	GP Request Form		
PATIENT DETAILS		Date & Time request ordered 19 Oct 2020 12:49:08	For Laboratory use ONLY
 NHS No. 4995766588		Tick if not NHS:- PP ☐ Cat II ☐	
Surname MUDIE		Address:	Request ID  14100163
Forename(s) RYAN		Contact Details:	
Date of Birth 16 Oct 1994			
Sex M Ethnic Origin			
Hospital No: ICE647507			
REQUESTER DETAILS		Tests Requested :-	
Requester Name:  Requester Contact: 2501 Practice Address: THE GOODINGE GROUP PRACTICE Practice Telephone number: 020 76196670		Manual Blood Film (BF) Full Blood Count (CBC) Differential (DIFF) Laboratory, internal use only (HIL) U&E/Creat (UECR)	
CLINICAL DETAILS			
Clinical History	repeat Blood tests and check lymphocytosis		BH-Routine
Notes	Specimen Collected by Print: _____ Date: _____ Sign: _____ Time: _____		

Specimen Collection Instructions

For these investigations you require the following samples :-

1 x LAVENDER TOP / EDTA tube , 1 x GOLD TOP / Gel Serum Sample
<https://icedesktop.whittington.nhs.uk/icedesktop/dotnet/icedesktop/PrintManager/Prin...> 20/10/2020

e-RS Letter (12-Oct-2020)

12-Oct-2020 Ms Sarah Ludlow (SarahL)

Additional:e-RS Letter (12-Oct-2020)

NHS e-Referral UBRN 000353771793 for Referral to hospital phlebotomist

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000353771793**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **25y**
 Gender: **M**

UBRN Information

Date: **12-Oct-2020**
 Priority: **Routine**
 Referred by: **██████ Radhika (Dr)**
 Referring org:
 Address: **20 North Road
 London
 N7 9EW**
 Clinical Context: **NHS e-Referral Service**
 Location:
 Problem:
 Requested procedure -

UBRN Created
 Referral letter created
 Letter last modified **12-Oct-2020**
 Named clinician
 Allocated clinician

Patient Information

Patient Address **Flat 10
 455 Caledonian Road
 London
 N7 9BA**

Registered practice: **Goodinge Group Practice
 Address 20 North Road
 London
 N7 9EW**

Contact Information Contact details available when reviewing online

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

referral attached

Requested action

Requested action **Management Advice**
 Request action Comments

Medication**Medication**

No medication recorded / selected.

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances**Allergies****Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
13-Jul-2020	O/E - blood pressure reading	123/73	mmHg	

Family History

Family History**Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
13-Jul-2020	Alcohol consumption	0	U/week	

Smoking

Date	Description
13-Jul-2020	Current smoker

Non-Therapeutic Drug Use

BT RM.pdf

Haematology test

09-Oct-2020 Ms Marianne Wells (MWells)

Additional: Haematology test

Haematology test from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (09-Oct-2020)

Filename: BT RM.pdf

Extension: .tif

Pages:

Page 1 of 1

BH	Whittington Health NHS		Laboratory Number
	GP Request Form		
PATIENT DETAILS		Date & Time request ordered 09 Oct 2020 08:33:04	For Laboratory use ONLY
 NHS No. 4995766588		Tick if not NHS:- PP ☐ Cat II ☐	
Surname MUDIE		Address:	Request ID  14071081
Forename(s) RYAN		Contact Details:	
Date of Birth 16 Oct 1994			
Sex M Ethnic Origin			
Hospital No: ICE647507			
REQUESTER DETAILS		Tests Requested :-	
Requester Name:  Requester Contact: 2501 Practice Address: THE GOODINGE GROUP PRACTICE Practice Telephone number: 020 76196670		Manual Blood Film (BF) Full Blood Count (CBC) Differential (DIFF)	
CLINICAL DETAILS			
Clinical History	repeat FBC and blood film to check resolve		BH-Routine
Notes	Specimen Collected by		
	Print:	Date:	
	Sign:	Time:	

Specimen Collection Instructions

For these investigations you require the following samples :-

1 x LAVENDER TOP / EDTA tube

Administrative procedure
 06-Oct-2020 Ms Barbara Hayward (BHA)
 Additional: Administrative procedure
 Blood form
 Filename: rm blood form.pdf
 Extension: .tif
 Pages:

Page 1 of 1

BH	Whittington Health NHS		Laboratory Number
	GP Request Form		
PATIENT DETAILS		Date & Time request ordered 10 Jul 2020 09:56:57	For Laboratory use ONLY Request ID  13805104
		Tick if not NHS:- PP ☐ Cat II ☐	
NHS No.	4995766588	Address:	
Surname	MUDIE	Contact Details:	
Forename(s)	RYAN		
Date of Birth	16 Oct 1994		
Sex M	Ethnic Origin		
Hospital No:	ICE647507		
REQUESTER DETAILS		Tests Requested :-	
Requester Name: 		Full Blood Count (CBC)	
Requester Contact: 2501		Differential (DIFF)	
Practice Address: THE GOODINGE GROUP PRACTICE		Laboratory, internal use only (HIL)	
Practice Telephone number: 020 76196670		Liver profile (LFT) (LFT)	
		TSH (TSH)	
		U&E/Creat (UECR)	
CLINICAL DETAILS			
Clinical History	routine blood tests tfor review prcoe to starting SSRIs		BH-Routine
Notes	Specimen Collected by		
	Print:	Date:	
	Sign:	Time:	

Specimen Collection Instructions

For these investigations you require the following samples :-

1 x LAVENDER TOP / EDTA tube , 1 x GOLD TOP / Gel Serum Sample
<https://icedesktop.whittington.nhs.uk/icedesktop/dotnet/icedesktop/PrintManager/Prin...> 06/10/2020

e-RS Letter (06-Oct-2020)

06-Oct-2020 Ms Barbara Hayward (BHA)

Additional: e-RS Letter (06-Oct-2020)

NHS e-Referral UBRN 000353416527 for Refer to pathology department

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
 UBRN: **000353416527**
 NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
 Age: **25y**
 Gender: **M**

UBRN Information

Date: **06-Oct-2020**
 Priority: **Routine**
 Referred by: **██████ Radhika (Dr)**
 Referring org:
 Address: **20 North Road
 London
 N7 9EW**
 Clinical Context: **NHS e-Referral Service**
 Location:
 Problem:
 Requested procedure: **-**

UBRN Created
 Referral letter created
 Letter last modified **06-Oct-2020**
 Named clinician
 Allocated clinician

Patient Information

Patient Address **Flat 10
 455 Caledonian Road
 London
 N7 9BA**

Registered practice: **Goodinge Group Practice
 Address 20 North Road
 London
 N7 9EW**

Contact Information Contact details available when reviewing online

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Blood form attached

Requested action

Requested action **Management Advice**
 Request action Comments

Medication**Medication**

No medication recorded / selected.

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances**Allergies****Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
13-Jul-2020	O/E - blood pressure reading	123/73	mmHg	

Family History

Family History**Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
13-Jul-2020	Alcohol consumption	0	U/week	

Smoking

Date	Description
13-Jul-2020	Current smoker

Non-Therapeutic Drug Use

rm blood form.pdf

Referral letter

13-July-2020 Mr Carl Lewis (CLewis)

Additional:Referral letter

Referral letter from Dr Radhika *****, General Medical Practitioner at Goodinge Group Practice (13-Jul-2020)

Filename: bludRM.pdf

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Pages:

Page 1 of 1

 The Whittington Hospital  NHS Trust		Laboratory Number
PATIENT DETAILS 		Date & Time of request 10/07/2020 09:56
Hospital No. ICE647507 Surname MUDIE Forename(s) RYAN Date of Birth 16/10/1994 Sex: M Ethnic Origin:		Patient Category NHS Report Copy to: Location Copy to:
REQUESTER DETAILS Requester Name: Requester Contact/Bleep: 2501 Location: THE GOODINGE GROUP PRACTICE Requesting Consultant: DR R		Tests Requested :- (CBC) Full Blood Count (DIFF) Differential (HIL) Laboratory, internal use only (LFT) Liver profile (LFT) (TSH) TSH (UECR) U&E/Creat
CLINICAL DETAILS Clinical History routine blood tests tfor review prioie to starting SSRIs		
Specimen Collected by: Print: Date: Sign: Time :		Proposed Collection Date: 10 Jul 2020 09:56

Specimen Collection Instructions

For these investigations your require the following samples :-

1 x LAVENDER TOP / EDTA tube**1 x GOLD TOP / Gel Serum sample**

...the hospital of choice for local people


<https://icedesktop.whittington.nhs.uk/icedesktop/dotnet/icedesktop/PrintManager/Prin...> 13/07/2020

e-RS Letter (13-Jul-2020)

13-July-2020 Mr Carl Lewis (CLewis)

Additional:e-RS Letter (13-Jul-2020)

NHS e-Referral UBRN 000349464603 for Referral to haematology service

Clinical Information Summary

Patient: **Mudie, Mr Ryan**
UBRN: **000349464603**
NHS: **499 576 6588**

Date of Birth: **16-Oct-1994**
Age: **25y**
Gender: **M**

UBRN Information

Date: **13-Jul-2020**
Priority: **Routine**
Referred by: **██████ Radhika (Dr)**
Referring org:
Address: **20 North Road
London
N7 9EW**
Clinical Context: **NHS e-Referral Service**
Location:
Problem:
Requested procedure: **-**

UBRN Created
Referral letter created
Letter last modified **13-Jul-2020**
Named clinician
Allocated clinician

Patient Information

Patient Address **Flat 10
455 Caledonian Road
London
N7 9BA**

Registered practice: **Goodinge Group Practice
20 North Road
London
N7 9EW**

Contact Information **Contact details available when reviewing online**

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

BT

Requested action

Requested action **Management Advice**
Request action Comments

Medication**Medication**

No medication recorded / selected.

Clinical record details**Consultations****Problems****Active**

Date	Problem	Associated Text	Date Ended
09-Nov-2016	[X]Depression NOS		
2016	Anxiety with depression		

Allergies and intolerances**Allergies****Findings****All Patient Observations****Investigations And Values**

Date	Description	Value	Units	Range
13-Jul-2020	O/E - blood pressure reading	123/73	mmHg	

Family History

Family History**Social Context****Alcohol Consumption**

Date	Description	Value	Units	Range
13-Jul-2020	Alcohol consumption	0	U/week	

Smoking

Date	Description
13-Jul-2020	Current smoker

Non-Therapeutic Drug Use

bludRM.pdf

Letter sent to patient

24-Jan-2020 Dr James Mulhall (jmu)

Additional: Letter sent to patient

Letter to Patient

Filename: Letter sent to patient MUDIE, Ryan (Mr) 1309 24-Jan-2020.rtf

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Pages:



GOODING GROUP PRACTICE
THE GOODING HEALTH CENTRE
NORTH ROAD
LONDON, N7 9EW
General Enquiries & Appointments: 020 7619 6670
24 Hour Appointment Cancellation: 020 7619 6677
Out of Surgery Hours: Call 111
Fax no: 020 7619 6686

24-Jan-2020

Mr Ryan Mudie
Flat 10
455 Caledonian Road
London
N7 9BA

Dear Mr Mudie

When we met a couple of months ago, we discussed your appetite loss. Your weight was lower than expected at that time. Although your blood tests were normal, we could look into both physical and psychological factors which might be affecting this.

Also, it seems that the Practice Based Mental Health team had planned a follow up appointment on January 14th but you couldn't attend, and they haven't been able to contact you to rearrange.

Please arrange an appointment if you would like to discuss either of these.

Best wishes,

Dr [REDACTED] Mulhall

Dr [REDACTED] Humphery
Dr Radhika [REDACTED]
Dr [REDACTED] McGeoch
Dr [REDACTED] Seymour

Dr Meera Dodhia
Dr [REDACTED]
Dr Cressida Amiel

Laboratory test requested

20-Aug-2019 Dr James Mulhall (jmu)

Additional: Laboratory test requested

Blood Test form WHITTINGTON + Phlebotomy

Filename: Laboratory test requested MUDIE, Ryan (Mr) 1710 20-Aug-2019.rtf

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Pages:

Whittington Hospital		GP REQUEST FORM		Patient Information	
Virology	Haematology	Chemical Pathology			
Hepatitis B Hepatitis C HIV Other	FBC and Differential Monospot Sickle Screen Hb Electrophoresis Serum B12/Folate Ferritin Iron/Iron Studies Prothrombin Time/INR Coagulation Screen Other	Renal (Na/K/Creat/Urea) LFT AST Bone Profile Cholesterol (random) Fasting Lipids Urate Thyroid Function Vitamin D PSA Glucose (Fasting) HbA1C CRP Other	NHS Number	499 576 6588	
			Surname	Mudie	
			Forename	Ryan	
			Date of Birth	16-Oct-1994	Sex M
			Ethnic Origin	British or mixed British - ethnic category 2001 census	
			Patient Category	NHS Patient Private Patient	
			Date of Specimen		Time
Microbiology 020 7288 5076	Parasitology	Therapeutic Drug Monitoring	Goodinge Group Practice		
URINE MC&S Stool C & S CSU HVS Swab Fungal Culture H.Pylori Stool Wound Swab Skin Swab Site of Sample Throat Swab Chlamydia/ Gonorrhoea NAATS Site of Sample Other	Stool Parasites Other	Drug Dose Time of last dose	20 North Road, London, N7 9EW T:0207 6196670 F:0207 6196688		
	Immunology	Patient Information			
	Rheumatoid Factors Autoantibodies Thyroid Antibody Tissue Transglutaminase IgA Liver Antibody Screen Other	Pregnant No LMP	Clinical History and Diagnosis/ Nature of Sp abdo pain, lack of appetite, low weight		
Antibiotic Therapy	Histopathology 020 7288 5088		Date of Onset:		
	Histology Cytology				
PLEASE SEND A SEPARATE SAMPLE TO EACH DISCIPLINE			*SEND TWO COPIES OF FORM FOR HISTOPATHOLOGY		

WALK-IN PHLEBOTOMY SERVICE

Please note that this is a walk-in service – therefore please do not call the above surgeries to make an appointment. Simply turn up between the indicated times and report to reception. If you have been asked to provide “fasting bloods”, you must not have consumed any food or drink other than water within the last 10 hours.

The Doctor will usually write to you if they need to discuss your results. However, please call reception between 3pm and 4.30pm two weeks after your blood tests to confirm all the results have been received and actioned. You may be asked to make a telephone appointment if you wish to discuss results. You will not be contacted if your results are normal and/or no action is required.

Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
North Islington		Northern 9 am – 12:30pm		Northern 8:30 – 12:30pm	Northern 8:30 – 12:30pm	
Central Islington	Highbury Grange 9 am – 12:30 pm	Tufnell Park 8:30 am – 12:45 pm	Mildmay 8:30am – 12:00pm	Highbury Grange 9 am – 1:30 pm	Partnership Centre 9:30 am – 12:30 pm	
South Islington	Islington Central 8:30 am – 1 pm 2 pm – 4:30 pm	River Place 8 am – 11.30 am	Place Islington Central 9 am – 11:15 am	Place 8 am – 11.30 am Islington Central 9 am – 11 am	Islington Central 8:30am – 1 pm 2 pm – 5 pm	Islington Central 8:30am – 12 pm Walk in clinic
Centre			Address		Post Code	Phone
Northern Medical Centre			580 Rd		N7 6LB	0203 817 3975
Highbury Grange Medical Practice			1-5 Highbury Grange London		N5 2QB	020 7226 2462

Tufnell Park Surgery	244 Tufnell Park Rd	N19 5EW	020 7272 8747
Mildmay Medical Practice	2a Green Lanes London	N16 9NF	020 7923 1999
Partnership Primary Care Centre	331 Camden Road London	N7 0SL	020 3817 4431
Islington Central Medical Centre	28 Laycock Street	N1 1SW	020 7359 0445
██████ Place Health Centre	Essex Road	N1 2DE	020 7704 2832

Forms can also be taken to the walk-in Phlebotomy Department at the Whittington Hospital 9am – 4.30pm Monday to Friday (not on public holidays)
 For same day urgent appointments for all under 16s please ring 020 7288 5882. All other appointments for ██████ under 16 need to be booked by reception at the Goodinge. Blood tests will take place at the Whittington hospital.

THIRD PARTY COPY

Referral to mental health team

20-Aug-2019 Dr James Mulhall (jmu)

Additional:Referral to mental health team

Islington Practice Based Mental Health Referral Form

Filename: Referral to mental health team MUDIE, Ryan (Mr) 1917 20-Aug-2019.rtf

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Pages:

Islington Practice Based Mental Health Team



REFERRAL FORM

Patient Details:			
Surname:	Mudie	First name:	Ryan
Date of Birth:	16-Oct-1994	NHS No:	499 576 6588
Address:	Flat 10 455 Caledonian Road London N7 9BA	Gender:	M
		Tel.	
		Mobile:	07593571866
		Email :	
Ethnicity:	British or mixed British - ethnic category 2001 census	Interpreter / Signer Required?	YES/NO Language Spoken:
GP:	The Goodinge Group Practice, 20 North Road, London N7 9EW		

Referrer Details:	
Name of referrer:	MULHALL, James (Dr)
Professional role:	
Tel.	020 7619 6670
Email :	thegoodinge@nhs.net
Date of referral:	20-Aug-2019

Reason for referral

(What one question/issue would you like the team answer/solve?):

I wonder if CDAT/ Dartmouth park more appropriate than [redacted] and would appreciate your view/ input

Consultations

Date	Consultation Text
20-Aug-2019 16:54	GP Surgery (Goodinge Health Centre) MULHALL, [redacted] (Dr)
Problem	Anxiety with depression (First)
History	chronic worse in last 18/12 grew up in Scotland in care. residentail care until 18 yr old then 3 different flats in Scotland moved to London, lives locally with friend of his [redacted] and also at his [redacted] in Essex states low mood, anxiety, anger as long as he can remember. "i don't feel joy like other people" doesn't want to leave home anxiety / low mood worse in last 18/12. [redacted] died (wasn't close to her but had reaction to her death), lost job, rent arrears and lost housing, benefits dispute, moved to london states had some [redacted] thoughts of other people saying things [redacted] and [redacted] Dx [redacted] [redacted] as a [redacted] by [redacted] no thoughts of suicide. no ideation of either now

PBMHT_June 2017

Your [redacted] in care & improvement

Islington Practice Based Mental Health Team

	no drug use. previous marijuana, cocaine, ecstasy, ketamine in party scene. minimal etoh
	smoker
	on UC. looking for work
	prompted to attend by [REDACTED] friend who he [REDACTED] [REDACTED]
Examination	casually dressed, well kempt, normal content of speech, mildly flat affect. no [REDACTED]
Comment	refer to PBMHT, for assessment/ advice re ongoing management
Problem	[D]Appetite loss (First)
History	long term eating little. abdo pain. vomits some mornings
Examination	O/E - weight 50 kg • O/E - height 175 cm • Body mass index 16.33 kg/m2
Comment	get bloods. anxiety likely major factor. [REDACTED] [REDACTED] uint/ dietician with results
14-Nov-2018 16:20	Goodinge Health Centre O'DONOGHUE, [REDACTED] (Ms)
Result	Alcohol use disorder identificatn test consumptn questionnre 0 /12 • Alcohol use disorders identification test 0 /40
Assessment	AUDIT-C score - frequency of drinking alcohol 0 /4 • AUDIT-C score - units of alcohol drunk on a typical day 0 /4 • AUDIT-C score-freq drunk 6+units (fem)/8+units (male) last yr 0 /4 • AUDIT score - frequency of drinking alcohol 0 /4 • AUDIT score - units of alcohol drunk on a typical day 0 /4 • AUDIT score-freq drunk 6+units (fem)/8+units (male) last yr 0 /4 • AUDIT score-freq unable to stop drinking when started in last yr 0 /4 • AUDIT score-freq of failing to do what was expected in last year 0 /4 • AUDIT score - freq needs morning alcoholic drink in last year 0 /4 • AUDIT score-freq of guilt or remorse after drinking in last year 0 /4 • AUDIT score - freq unable to remember previous night in last yr 0 /4 • AUDIT score - injury to self/other as a result of drinking 0 /4 • AUDIT score - others concerned about drinking/suggest cut down 0 /4

Risk & [REDACTED]

(Please outline any perceived or reported RISK and/or any [REDACTED] [REDACTED] [REDACTED])

Islington Practice Based Mental Health Team

Mental Health History:
Other professionals involved (Please give details of agencies, names and contact details for any other professionals involved):
Significant medical problems:

**Please e-mail the referral to cim-tr.PBMHS@nhs.net
with any relevant supporting documents**