Subject Access Request

Patient	Mr Ryan Summerscales
Date of birth	16-Aug-1985 (age 40)
Gender	M
NHS number	460/85/353
Patient's address	65 Hillcrest Drive ALLOA Clackmannanshire FK10 1SD
Date range selected	Full record
Organisation	
Reference	

Problems

Active

08-May-2014 Ms Linda Robertson (LR18766)
[X]Depression NOS

08-Jun-2005 rota (rota_1638918766)
Patient MRE received from HB
priority=1

17-May-2005 UnknownUser (UnknownUse18766)
Pat. GP7B/GP8B card from HB
priority=1

16-May-2005 reception1 (reception118766)
Patient reg. form sent to HB
priority=1

Significant Past

30-Mar-2009 Dr Michael Baillie (MBAILLIE_118766)
X bilateral supparative tonmsilitis left pus ++ t 37.3 for meds MB priority=2

30-Mar-2009 Dr Michael Baillie (MBAILLIE_118766)
White British
priority=2

11-Dec-2008 Dr M Cairns (MCAIRNS_1618766)
X d/c from penis thichk jelly foul smelling o/e nil plan urethral swab urine chlamydia and c&s priority=2

11-Dec-2008 Dr M Cairns (MCAIRNS_1618766)
Current smoker
Disease: SPICE Basic Health Values, priority=2

08-Jun-2005 rota (rota_1638918766)
Automatically generated by transaction priority=2

18-May-2005 UnknownUser (UnknownUse18766)
Current smoker
Disease: SPICE Basic Health Values, priority=2

17-May-2005 UnknownUser (UnknownUse18766)
Automatically generated by transaction priority=2

16-May-2005 reception1 (reception118766)
Automatically generated by transaction priority=2

Minor Past

30-Mar-2009 Dr Michael Baillie (MBAILLIE_118766)
Ex smoker
Disease: SPICE Basic Health Values, priority=2

30-Mar-2009 Dr Michael Baillie (MBAILLIE_118766)
Smoking cessation advice
Disease: SPICE Basic Health Values, priority=2

11-Dec-2008 Dr M Cairns (MCAIRNS_1618766)
Smoking cessation advice
Disease: SPICE Basic Health Values, priority=2

14-Jun-2005 rota (rota_1638918766)
Notes summary on computer
priority=2

18-May-2005 UnknownUser (UnknownUse18766)
Smoking cessation advice
Disease: SPICE Basic Health Values, priority=2

18-May-2005 UnknownUser (UnknownUse18766)
Alcohol intake within recommended sensible limits
Disease: SPICE Basic Health Values, priority=2

18-May-2005 UnknownUser (UnknownUse18766)
Enjoys moderate exercise
Disease: SPICE Basic Health Values, priority=2

Consultations

05-Aug-2021 Mr Anonymous User (ANON)

21-July-2021	Vaccination	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By M *****) *FF3319/ PF/IM/LUA//C-19 Pifzer (By M *****)*

31-May-2021 Mr Anonymous User (ANON)

26-May-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By R *****) *EW3143/ PF/IM/LUA//C-19 Pifzer (By R *****)*

24-Oct-2014 Dr Leslie Tam (LT1) Forth Medical Group (HP)Main Surgery

Comment	Comment x - seeks rpt rx. doing well. was unsure how to use rpt rx service.
Medication	Medication Mirtazapine Tablets 15 mg 56 tablet ONE TABLET TO BE TAKEN AT NIGHT

30-May-2014 Dr Jean Macintyre (F) (MACINTYRE) Forth Medical Group (HP)Main Surgery

History	History Some improvement- sleeping better and mood brighter. has also discussed problems with aunt who is supportive. Agreed cont same dose. has now started with counsellor so agreed rv 2 months
Medication	Medication Mirtazapine Tablets 15 mg 56 tablet ONE TABLET TO BE TAKEN AT NIGHT
Read Code	Depression interim review

08-May-2014 Dr Jean Macintyre (F) (MACINTYRE) Forth Medical Group (HP)Main Surgery

History	History ongoing ,ow mood- finding it difficult to talk to anyone about how he is feeling. still awaiting input from SAMH. PHQ- 15. agreed med as listed and rv 4 weeks
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TABLET TO BE TAKEN AT NIGHT

24-Apr-2014 Dr Jean Macintyre (F) (MACINTYRE) Forth Medical Group (HP)Main Surgery

History	History mood- little change. no help with moodjuice. self esteem low- chat re positive thinking and encouraged to d/w aunt and work on self esteem together- appt has been sent for SAMH

10-Apr-2014 Dr Jean Macintyre (F) (MACINTYRE) Forth Medical Group (HP)Main Surgery

History	History 1] concern re chlamydia- some intermittent dysuria- advised fis=rst vioid speimen but also to got to GUM clinic 2] mood low years and poor sleep- father died age 5 yrs and was fostered from then as mum was an alcoholic- close to sister. Now living with aunt. Works as a taxi driver, good supportive friends. wepepy as speaking re the past. requesting counsellor- I agreed refer but will also try moodjuice. rv 2 wks

20-Feb-2013 Ms Kerryann Bell (KAB18766) Forth Medical Group (HP)Main Surgery

Comment	Comment Spoke to patient who is a current smoker. Advice provided re smoking cessation clinic.

20-Aug-2012 Ms Fiona Morrison (FM18766) Forth Medical Group (HP)Main Surgery

Comment	Comment viatim given L arm and revaxis given R arm

03-Aug-2012 Dr Leslie Tam (LT1) Data Entry

Comment	Comment travel to india. will need to discuss areas travelling to as may require anti-malarials.
Medication	Medication Viatim Injection (Prefilled Syringe) 1 ml pre-filled syringe 1 pre-filled disposable injection TO BE INJECTED AS DIRECTED
Medication	Medication Revaxis Injection 0.5 ml pre-filled syringe 1 pre-filled disposable injection TO BE USED AS DIRECTED

07-July-2011 Dr Kenneth Stirling (STIRLING_118766) Forth Medical Group (HP)Main Surgery

Comment	Comment X 10 d low back pain, no injury. Works in an office - on holiday at present. o/e walks normally. spine straight. good ROM back. Reassure - advise analgesia and regular exercise. KWS

30-Mar-2009 Dr Michael Baillie (MBAILLIE_118766) Forth Medical Group (HP)

History	History X bilateral supparative tonmsilitis left pus ++ t 37.3 for meds MB priority=2
History	White British priority=2
History	Ex smoker Disease: SPICE Basic Health Values, priority=2
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

11-Dec-2008 Dr M Cairns (MCAIRNS_1618766) Forth Medical Group (HP)

History	History X d/c from penis thichk jelly foul smelling o/e nil plan urethral swab urine chlamydia and c&s priority=2
History	Current smoker Disease: SPICE Basic Health Values, priority=2
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2

16-Oct-2006 typing2 (typing2_1618766) Forth Medical Group (HP)Data Entry

History	Referral for further care *Refered To: Orchard House Clinic, NHS. Referral Type: Out Patient. Speciality Type: Genito-Urinary Medicine. Referral Nature: Investigate.. Referral Type: Unknown (0)*

14-Jun-2005 rota (rota_1638918766) Forth Medical Group (HP)Data Entry

History	Notes summary on computer priority=2

08-Jun-2005 rota (rota_1638918766) Forth Medical Group (HP)Data Entry

History	History Automatically generated by transaction priority=2
Problem	Patient MRE received from HB priority=1

18-May-2005 Dr Dr (Dr_1638918766) Forth Medical Group (HP)

History	Current smoker Disease: SPICE Basic Health Values, priority=2	
History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
History	Alcohol intake within recommended sensible limits Disease: SPICE Basic Health Values, priority=2	
History	Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2	
History	O/E - height	169
History	O/E - weight	72
History	Body Mass Index	25.21
History	Systolic blood pressure	116
History	Diastolic blood pressure	64

17-May-2005 UnknownUser (UnknownUse18766) Forth Medical Group (HP)Data Entry

History History Automatically generated by transaction priority=2
Problem Pat. GP7B/GP8B card from HB priority=1

16-May-2005 reception1 (reception118766) Forth Medical Group (HP)Data Entry

History History Automatically generated by transaction priority=2
Problem Patient reg. form sent to HB priority=1

Medications (inc. issues)

Acute

Repeat

Past

01-May-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

10-Mar-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

14-Jan-2020 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

21-Oct-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

28-Aug-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

03-July-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

10-May-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

19-Mar-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

17-Jan-2019 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

21-Dec-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

23-Nov-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

25-Sept-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

31-July-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

31-May-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

12-Apr-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

12-Feb-2018 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

20-Dec-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

25-Oct-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

29-Aug-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

04-July-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

09-May-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

10-Mar-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

12-Jan-2017 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

15-Nov-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

22-Sept-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

28-July-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

25-May-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

31-Mar-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

03-Feb-2016 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

04-Dec-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

01-Oct-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

14-Aug-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

16-Jun-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

21-Apr-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

18-Feb-2015 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

17-Dec-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

24-Oct-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

22-July-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

30-May-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

30-May-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TABLET TO BE TAKEN AT NIGHT

08-May-2014 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 TABLET - ONE TABLET TO BE TAKEN AT NIGHT

08-May-2014 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TABLET TO BE TAKEN AT NIGHT

03-Aug-2012 Viatim Injection (Prefilled Syringe) 1 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - TO BE INJECTED AS DIRECTED

03-Aug-2012 Revaxis Injection 0.5 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - TO BE USED AS DIRECTED

03-Aug-2012 Revaxis Injection 0.5 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - TO BE USED AS DIRECTED

03-Aug-2012 Viatim Injection (Prefilled Syringe) 1 ml pre-filled syringe Acute Medication (Past)
1 pre-filled disposable injection - TO BE INJECTED AS DIRECTED

30-Mar-2009 PENICILLIN V TABLETS 250MG Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

30-Mar-2009 Penicillin V Tablets 250 mg Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

11-Dec-2008 Co-Amoxiclav 250/125 Tablets Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

11-Dec-2008 CO-AMOXICLAV 250MG/125MG TABLETS Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

12-Oct-2006 Azithromycin Capsules 250 mg Acute Medication (Past)
4 CAPS - 4 Caps As directed

12-Oct-2006 AZITHROMYCIN CAPSULES 250MG Acute Medication (Past)
4 CAPS - 4 Caps As directed

Allergies

This section is empty.

Vaccinations

21-July-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By M *****)
*FF3319/ PF/IM/LUA//C-19 Pifzer (By M *****)*

26-May-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By R *****)
*EW3143/ PF/IM/LUA//C-19 Pifzer (By R *****)*

20-Aug-2012 Ms Helene Paterson (HPATERSON_18766)
1st hepatitis A vaccination
H5123 (GMS)

20-Aug-2012 Ms Helene Paterson (HPATERSON_18766)
Booster diphtheria tetanus pertussis (DTaP) vaccination
H7079-2 (GMS)

20-Aug-2012 Ms Helene Paterson (HPATERSON_18766)
Booster polio vaccination
H7079-2 (GMS)

Referrals

11-Apr-2014 Dr Jean Macintyre (F) (MACINTYRE)
8H49.: Psychiatric referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

16-Oct-2006 Dr Dr (Dr_1638918766)
Referral for further care
Refered To: Orchard House Clinic, NHS. Referral Type: Out Patient. Speciality Type: Genito-Urinary Medicine. Referral Nature: Investigate.. Referral Type: Unknown (0)

Test Requests

This section is empty.

Test Results

This section is empty.

Other Items

15-Nov-2016	Read Code	Medication review done
18-Feb-2015	Read Code	Medication review done
08-May-2014	Read Code	Patient health questionnaire (PHQ-9) score 15 /27
08-May-2014	Read Code	[X]Depression NOS
08-May-2014	Read Code	Biopsychosocial assessment
08-May-2014	Read Code	Low mood
20-Feb-2013	Read Code	Current smoker

20-Feb-2013	Read Code	Smoking cessation advice
20-Feb-2013	Read Code	Health ed. - smoking

Attachments

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NHS
Forth Valley
Microbiology

SURNAME	FORENAME	UNIT No.
SUMMERSCALES 65 Hillcrest Drive Alloa	RYAN	1608850595
	DATE OF BIRTH: 16/08/1985	SEX: M

CONSULTANT: Dr Jean McIntyre

WARD: Dr Jean MacIntyre 6025
G.P.: Alloa Health Centre

CLINICAL DATA: ? chlamydia

```
Red Blood Cells (ul)          :2
White Blood Cells (ul)        :8
Epithelial Cells (ul)         :2

Urine Culture
  Specimen not in boric acid container.
  Flow cytometry indicates no culture required.
It is important that method of sample collection
is recorded on the request e.g. MSU, CSU, etc.

Normal Ranges
Red Blood Cells    0 - 40 /ul
White Blood Cells >400/ul and negative culture is
                  considered sterile pyuria.
White Blood Cells >40 and <400/ul with a negative culture,
                   consider further investigation if
                   clinically indicated.
```

EXAMINATION	LAB No.	AUTHORISED	
Urine exam	MU074664W	D.McCabe	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Urine	11/04/2014	11/04/2014	11/04/2014

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1608850595
Summerscales, Ryan
16/08/1965 M FK10 1SD
65 Hillcrest Drive
ALLOA Tel:07738913151
Dr J MacIntyre V60259
Dr Stirling and Ptrs V2501Z

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

..... **DATE :** 8/5/14

eeks, how often have you been bothered by any of the following problems? (use a circle to indicate your answer)

	Not at all	Several days	more than ½ the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	(3)
2. Feeling down, depressed or hopeless	0	1	2	(3)
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	(3)
4. Feeling tired or having little energy	0	1	2	(3)
5. Poor appetite or over-eating	0	(1)	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	(1)	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	(1)	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	(0)	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	(0)	1	2	3

add columns: 3 | 0 | 12

(Healthcare professionals: For interpretations of TOTAL please refer to accompanying scoring card). **TOTAL** 15

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

Not difficult at all .....
Somewhat difficult .....
Very difficult .....
Extremely difficult .....

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NHS Forth Valley

Langlees Dental Clinic
119-125 Seaforth Road
Langlees
Falkirk
FK2 7TG

Telephone: (01324) 618800

www.show.scot.nhs.uk/nhsfv

NHS Forth Valley

Ms Smita Putti
Manor Crescent Dental Centre
6 Manor Crescent
Tullibody
FK10 2RJ

Date 24 January 2017
Your Ref
Our Ref LB/lm

Email

Dear Ms Putti

Re: Ryan Summerscales, 65 Hillcrest Drive, Alloa, FK10 1SD
DOB: 16/08/1985

Further to previous correspondence, the above patient has now been seen and had the lower right third molar tooth surgically removed under local anaesthetic. The procedure was uneventful and he has been discharged to your continuing care.

Kind regards.

Yours sincerely,

(This letter has been verified electronically by Ms Bryce)

Laura Bryce
Specialist Registrar in Oral Surgery

CC: Dr Stirling & Partners, Clackmannanshire Community Healthcare Centre, Hallpark Road, Sauchie, FK10 3JQ

INVESTORS IN PEOPLE | Silver

Chairman: Alex Linkston CBE
Chief Executive: Jane Grant

Forth Valley NHS Board is the common name for Forth Valley Health Board
Registered Office: Carseview House, Castle Business Park, Stirling, FK9 4SW

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Devon House
Counselling Service
Carsebridge House
3-8 Carsebridge Court
Alloa
FK10 3LQ

Tel: 01259 217382

15th October 2014

Dear Dr MacIntyre,

I am writing to you with regards Ryan Summerscales (DOB 16/08/1985) who you referred to our counselling service via the single referral pathway. Ryan has completed his counselling sessions and therefore is no longer being seen by our service.

Yours Sincerely,

Ruthanne Murphy
Service Administrator

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Summerscales
Forename	Ryan
CHI	1608850595
Date of birth	1985-08-16
Sex	Male
Address	65 HILLCREST DRIVE ALLOA CLACKMANNANSHIRE FK101SD

Specimen Details

Specimen Processed Date	09-10-2020 19:20
Test Start Date	09-10-2020 09:02
Test End Date	09-10-2020 09:02
GP Practice	26015
Specimen Number	AAD16284083
Administration Method	self

End of Report

Report Date: 10/10/2020

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Batch 5

Dear Dr McIntyre,

Please be advised that your referral Ryan Summerscales (DOB 16/08/1985) has been offered his first appointment.

Regards

Ruthanne

Ruthanne Murphy
Service Administrator
SAMH
Devon House
Counselling Service
Carsebridge House
3-8 Carsebridge Court
Alloa
FK10 3LQ

Please consider the environment before deciding whether or not you need to print this email.

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NHS Lothian

CHILDREN'S EYECARE SCHEME

To Parent / ~~Carer~~ of: MILENA DALOMIS Date of Birth / CHI: 0408068361 M (F)

Address: 13 VICTORIA STREET
LIVINGSTON EH54 5BG School / Nursery: RIVERSIDE PRIMARY SCHOOL

GP Name & Address: DR ROBERTSON CRAIGSHILL PARTNERSHIP CRAIGSHILL LIVINGSTON

Dear Parent / Carer

Your child's vision was tested today. A further examination is recommended. Please take your child with this letter to your optometrist (optician), or any optometrist of your choice. ***There will be no charge for the examination.***

REFERRER:

Referred by: VICKY JONES Designation: SCHOOL NURSE Date: 19/01/12

Reason for referral to optometrist: _____ Squint: Y (N)

Visual acuity: Right 0.250 Left 0.150

Comments: ENGLISH IS A SECOND LANGUAGE FOR THIS FAMILY. MILENA COOPERATED WELL, BUT WAS CLEARLY STRUGGLING LATERLY.

OPTOMETRISTS RESULTS DATE: 30/1/12

NAME E FEAR

PRACTICE STAMP

Please examine this child including a **cycloplegic refraction and dilated eye examination.**
If glasses are warranted then the full prescription should be prescribed and the box below ticked.
If further referral is necessary please tick the box below and an appointment will be arranged.

RIGHT					LEFT			
Sphere	Cylinder	Axis	VA		Sphere	Cylinder	Axis	VA
−025	+1.00	95	6/7.5	Ret	PLANO	+0.50	100	6/7.5
		Sheridan Gardner		Rx				Sheridan Gardner

PUPIL REACTIONS: equal, round, normal reactions to light & near

Dilated fundal examination	Right	Left
Media clear?	(Y) N	(Y) N
Optics disc normal?	(Y) N	(Y) N
Posterior pole normal?	(Y) N	(Y) N
Detail of abnormal findings		

ACTION:

Discharged ☐ Optometry Review ☑ No of Months 0 6 Referred to Eye Clinic ☐ Glasses prescribed ☐

Comments: NOT ABLE TO NAME PICTURES ON CHART BUT COPED WELL WITH MATCHING SHERIDAN GARDNER LETTERS, DIDN'T COPE WELL WITH STEREOPSIS TEST BUT THINK MAY BE DUE TO POOR COMPREHENSION OF WHAT WAS REQUIRED SO WILL REPEAT. COLOUR VISION SEEMS NORMAL.

If "referred to clinic" is ticked, an Eye Clinic appointment will be sent directly, no action is required by GP.

Distribution (by optometrist please):
White : Head Orthoptist, PAEP / St Johns Hospital
Blue : General Practitioner
Pink : Child Health Department, 10 Chalmers Crescent, Edinburgh, EH9 1TS / St Johns Hospital, EH54 6PP
Yellow : Optometrist

CH135. (WLT 741) Revised 651110

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NHS Confidential: Personal data about a patient

Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr P Macinnes
Clackmannanshire Community Hea
Hallpark, Sauchie
Alloa
Clackmannanshire
FK10 3JQ

25 July 2013

Dear Dr Macinnes Pauline

Re: RYAN SUMMERSCALES, 65 HILLCREST DRIVE, ALLOA, CLACKMANNANSHIRE, FK10 1SD
Date of Birth: 16.08.85 Hospital Number: 1608850595 CHI Number: 1608850595

Your patient attended Forth Valley Royal Hospital on the 24 JUL 2013 at 23:21 pm.

The presenting complaint was:	**L Leg Injury**
Triage Information:	**No Hx Trauma. Painful L Knee Since Yday Am When Woke Up. Analgesia Given At Triage**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Nil**
The following treatment was given:	**Analgesia - Ibuprofen**
At the conclusion of treatment the patient was:	**19 No Alcohol-Did Not Wait**
Follow-up:	**Nil**
Additional Information:	**Nil**

Yours sincerely,

Consultants

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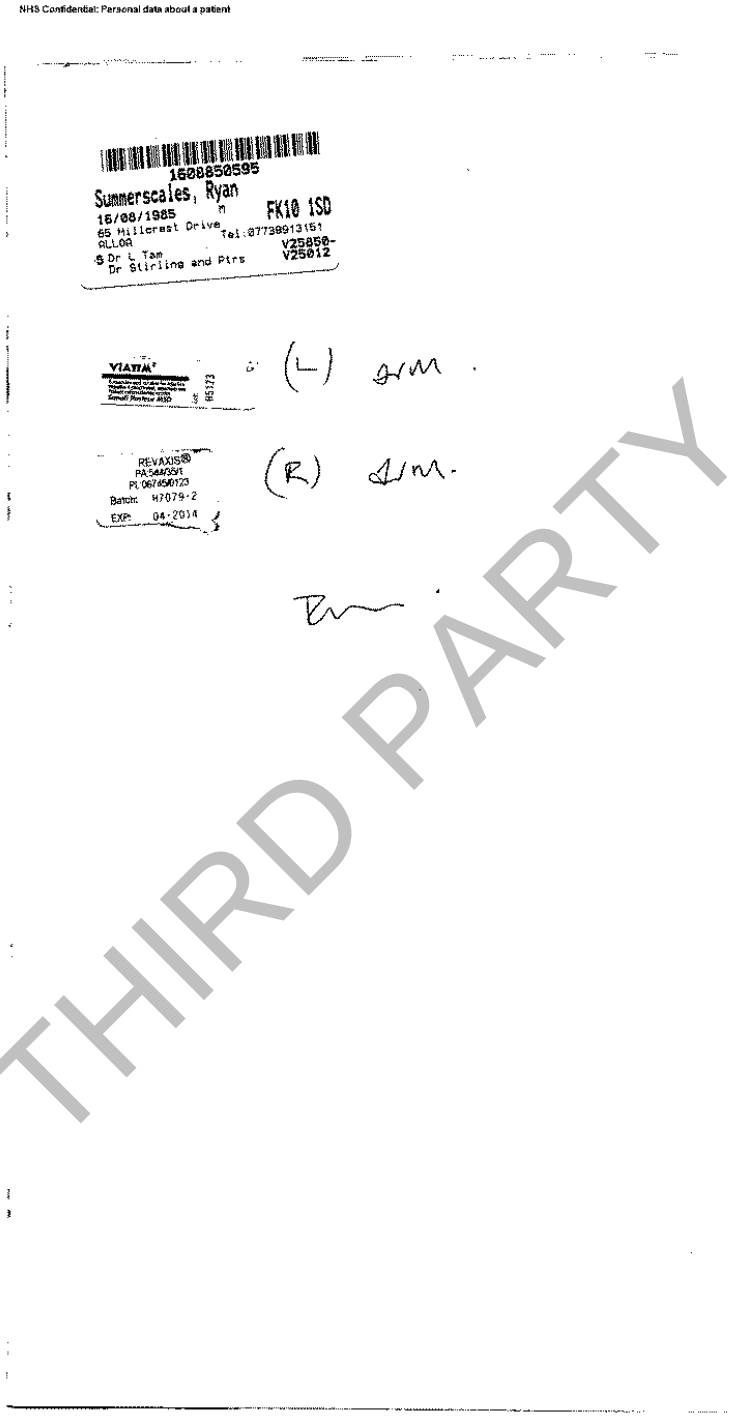

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Emergency Department
Forth Valley Royal Hospital
Stirling Road
Larbert FK5-4WR

Dr P Macinnes
Clackmannanshire Community Hea
Hallpark, Sauchie
Alloa
Clackmannanshire
FK10 3JQ

26 December 2011

Dear Dr Macinnes

Re: RYAN SUMMERSCALES, 65 HILLCREST DRIVE, ALLOA, CLACKMANNANSHIRE, FK10 1SD
Date of Birth: 16.08.85 Hospital Number: 1608850595 CHI Number: 1608850595

Your patient attended Forth Valley Royal Hospital on the 26 DEC 2011 at 00:19 am.

The presenting complaint was:	**R Eye Lac**
Triage Information:	**Laceration-Perl/Gcs 15/15-No Boggy Haematoma Slipped On Tiles Fell Forward Hitting Head Has Deep Laceration To Right Eyebrow Steristrips For Gaping Wound At Triage**
The following investigations were carried out:	**Nil**
The A&E diagnosis was:	**Laceration - Eye - Right - Contusion - Face - Front**
The following treatment was given:	**Wound Glue Advice Sheet** **Steristrip Advice Sheet** **Tissue Glue** **Steristrips**
At the conclusion of treatment the patient was:	***1 Alcohol-Left By Own Means**
Follow-up:	**1 General Practitioner**
Additional Information:	**Nil**

Yours sincerely,

Karyn Webster
Spd

Consultants

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28-July-2026 DL2
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Extension:.tif
Pages:

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMMERSCALES
FORENAME: RYAN
C/O 18 ARNS GROVE
ALLOA

UNIT No.: 1608850595
DATE OF BIRTH: 16/08/1985
SEX: M

CONSULTANT: Dr M Cairns
WARD: Dr M Cairns 56120
GP: Alloa Health Centre

CLINICAL DATA: Penis d/c

CPA ACCREDITED

Chlamydia trachomatis PCR Negative

EXAMINATION	LAB. No.	AUTHORISED	
Chlamydia trachomatis PCR	MS0424600	K.Irvine	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Urine	12/12/2008	12/12/2008	17/12/2008

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28-July-2026 DL2
Additional: Scanned Document

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Extension:.tif
Pages:

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMMERSCALES
FORENAME: RYAN
C/O 18 ARNS GROVE
ALLOA

UNIT No.: 1608850585
DATE OF BIRTH: 16/08/1985
SEX: M

CONSULTANT: Dr M Cairns
WARD: Dr M Cairns
GP: Alloa Health Centre
56120

CLINICAL DATA: D/C from penis

CPA

Pyogenic Culture
Culture.
No pathogens isolated

EXAMINATION	LAB. No.	AUTHORISED	
Pyogenic Culture	MC061805F	Dr H. Crewe-Brown	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Urethral swab	12/12/2008	12/12/2008	15/12/2008

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Extension:.tif
Pages:

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FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMMERSCALES
FORENAME: RYAN
C/O 18 ARNS GROVE
ALLOA

UNIT No.: 1608850535
DATE OF BIRTH: 16/08/1985
SEX: M

CONSULTANT: Dr M Cairns
WARD: Dr M Cairns
GP: Alloa Health Centre
56120

CLINICAL DATA

CPA ACCREDITED

Non lysed Red Blood Cells /ul:10
White Blood Cells (ul) :13
Epithelial Cells (ul) :5
Urine Culture
Flow cytometry indicates no culture required.
It is important that method of sample collection
is recorded on the request e.g. MSU, CSU, etc.

Normal Ranges
Red Blood Cells 0 - 40 /ul
White Blood Cells 0 - 40 /ul

EXAMINATION	LAB. No.	AUTHORISED	
Urine exam	MU0543468	A.Gibson	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Urine	12/12/2008	12/12/2008	12/12/2008

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28-July-2026 DL2

Additional: Scanned Document

Filename: iGPRDA_15.pdf
Extension:.tif
Pages:

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Ryan Summerscales

1608850595

Medical Record Insert
Dr Stirling and Partners

EDM Scotland

Consultancy | Technology | Outsourcing

EDM Scotland
North Castle Street Industrial Estate,
Block B,
Alloa, FK10 1EU
Web: www.edmgroup.com

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Summerscales, Ryan — Alloa Health Centre
DoB: 16/08/1985 — **Report Valid On 15/06/05 12:28** — Page number 1

Registration

Mr Ryan Summerscales
18 Arns Grove
ALLOA
Clackmannanshire
FK10 2EE
Telephone:
Contact: ?
Email: ?
CHI Number: 1608850595
Registered GP: Dr P MacInnes

Service Code: Permanent
DoB: 16/08/1985
Age: 19

ContactRelship: ?

Clinical / User Marker

08/06/2005	Medium	Patient MRE received from HB
17/05/2005	Medium	Pat. GP7B/GP8B card from HB
16/05/2005	Medium	Patient reg. form sent to HB
14/06/2005	Low	Notes summary on computer
18/05/2005	Low	Alcohol intake within recommended sensible limits
18/05/2005	Low	Current smoker
18/05/2005	Low	Enjoys moderate exercise
18/05/2005	Low	Smoking cessation advice

Summary Sheet: standard — Printed at 15/06/2005 12:28:12

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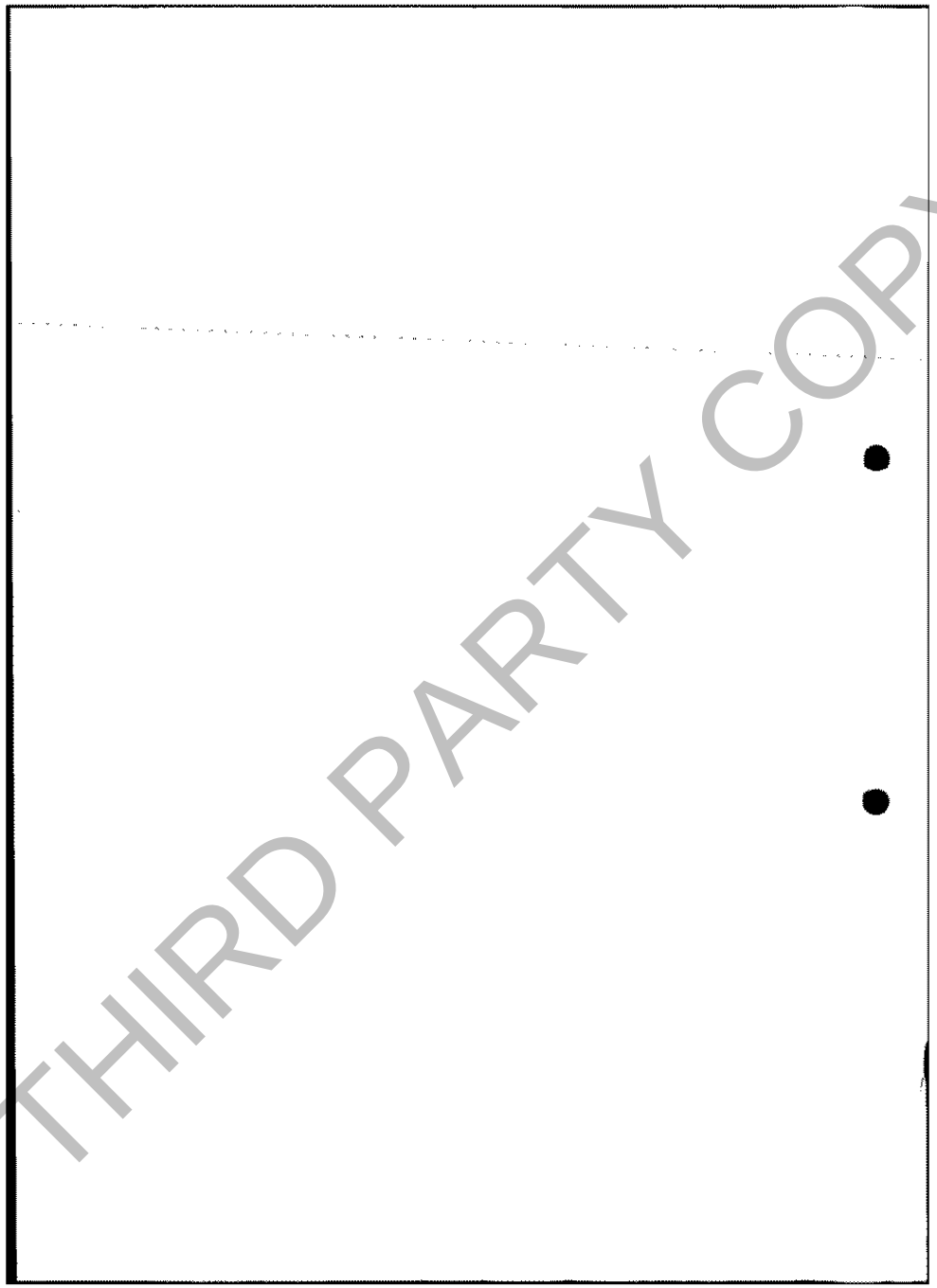

NHS Confidential: Personal data about a patient

PERSONAL HISTORY 18/4/5

Smoking 15/0	Age Began	Other Information
	17	

* Ethanol	18 units

FAMILY HISTORY

Spouse	Name	Maiden Name	D/Div : Date
			:
			:

Children	Name	Year of Birth	Significant illnesses
	1		
	2		
	3		
	4		
	5		

	Year of Birth	Age at Death	Significant Illness
Mother	c.1965		ALCOHOLIC
Father		SUICIDE	30
Siblings 1	KAYDEEN	1988	
2			
3			
4			
5			
6			

FEMALES ONLY

Rubella Immune	

TRAVEL VACCINATIONS :

Date Given	Vaccinations	Date Given	Vaccinations	Date Given	Vaccinations

CERVICAL SMEARS

Date	Smear	Date	Smear	Date	Smear	Date	Smear	Date	Smear	Date	Smear

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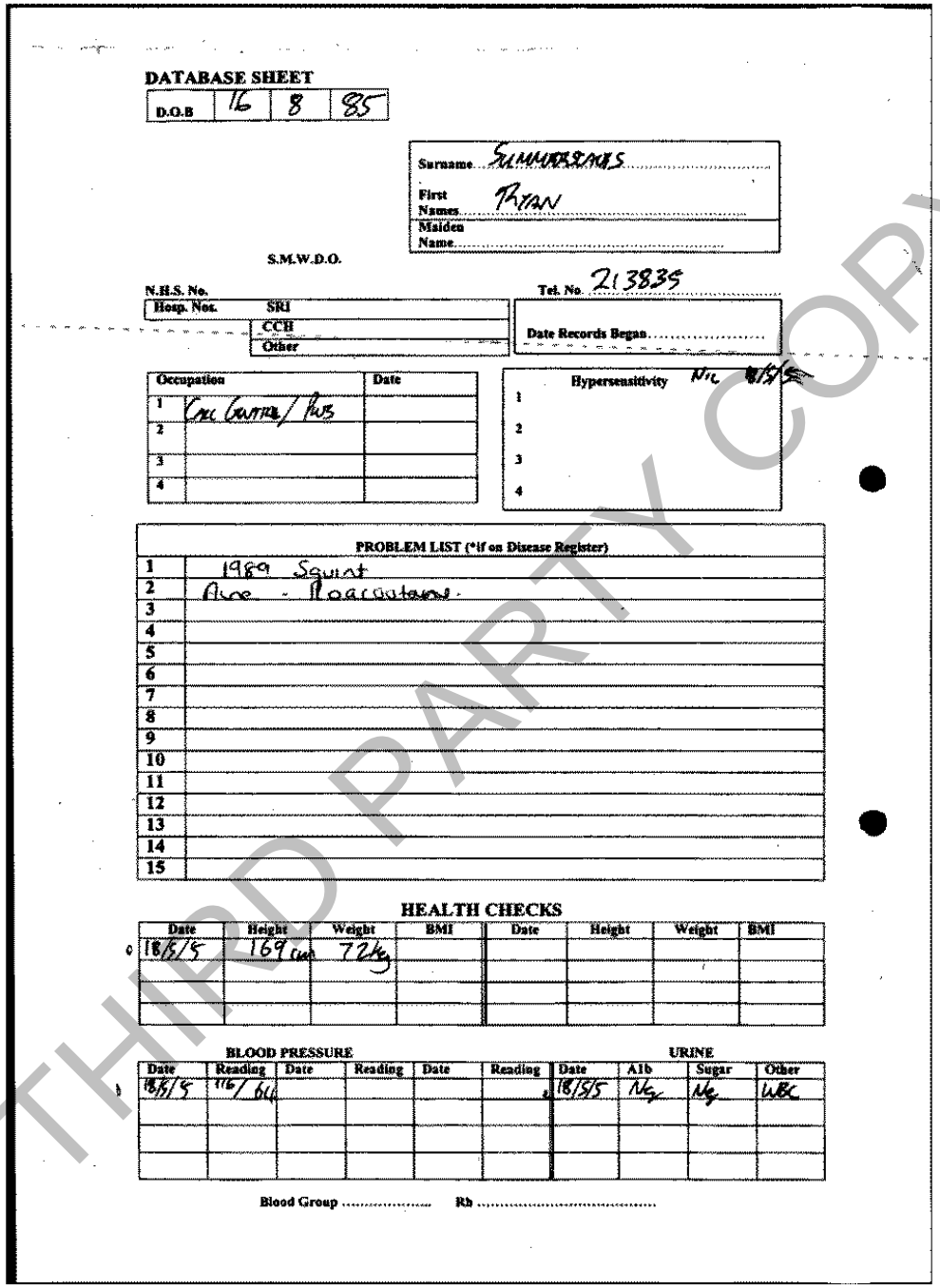

DATABASE SHEET

D.O.B 16 8 85

Surname SUMMERSKILLS

First Names RYAN

Maiden Name

S.M.W.D.O.

N.H.S. No.

Tel. No. 213835

Hosp. Nos. SRI / CCH / Other

Date Records Began

Occupation		Date
1	Cnr Centre / Plus	
2		
3		
4		

Hypersensitivity Nil 18/5/15

1
2
3
4

PROBLEM LIST (*if on Disease Register)	
1	1989 Squint
2	Acne - Roaccutane.
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

HEALTH CHECKS

Date	Height	Weight	BMI	Date	Height	Weight	BMI
18/5/15	169 cm	72kg					

BLOOD PRESSURE

Date	Reading	Date	Reading	Date	Reading
18/5/15	116/64				

URINE

Date	Alb	Sugar	Other
18/5/15	Ng	Ng	WBC

Blood Group ..... Rh .....

NHS Confidential: Personal data about a patient

	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): SUMMERSCALES	Forenames (Block Letters): RYAN
	Address	Date of Birth

Date	*	Clinical Notes	Diagnosis
18/5/5		Lump (R) scrotum - Noticed 3d ago. Slight discomfort.	
		No dysuria, No increased frequency. No pain on ejaculation.	77Kg 169cms
		Reg Appointment: Smokes 15/d	
		BP 116/64 P.70	
		Urinalysis WBC + Check MSU / Chlamydia	
5/10/6		1 Blocked ears at times	
		O/E Ears ok. Throat mildly inflamed.	
		Advised regular antihistamines	
		2 Contact for Chlamydia ex girlfriend 3/12 ago She contacted him 1/12 ago. No symptoms penile discharge dysuria	
		Plan Check 1st Pass urine.	
12/10/6		CHLAMYDIA +ve Rx AZITHROMYCIN 250mg x4 Stat.	

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

FORM GP111F

PRINTED FOR ASTRON, BB37339 8/04 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

NHS Confidential: Personal data about a patient

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
Summerscales	Ryan	
Address 18 Arms Grove Alloa		Date of Birth 16.08.85

Date	*	Clinical Notes	Diagnosis
22.4.03	[illegible]	? Bite or spot (R) eyebrow. eye lids red swollen. Eye quite - looks more like allergy than infection	
		Rx Fucidin 250 qds (28)	
		Desloratadine 5mg nd (30)	
29.9.08	P/N	DNA (N/P appt)	

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

FORM GP111F

PRINTED FOR ASTRON, B30160 3/03 (017302)

355 2095

NHS Confidential: Personal data about a patient

Date	*	Clinical Notes	Diagnosis *

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

5/2000 204722

NHS Confidential: Personal data about a patient

NURSES AND HEALTH VISITORS RECORDS

National Health Service Number	460:85:353
Surname (Block Letters)	SUMMERSCALES
Forenames (Block Letters)	RYAN. A.
Address	61 McKINLAY CRESCENT ALLOA
Date of Birth	16.8.85

Date	
02.04.98	Script requested Minerva (1dp)
9/2/00	Blocked nose Beconase [illegible] x1
	ATh [illegible] 5'6"
	v. [illegible]
27/3/00	Acne [illegible] oxytet + Dalacin T
	250mg 01
26/4/00	Oxytet 200 (200) Dalacin T x 2
20/6/00	[illegible] Erythromycin 500mg BD [illegible]
1.7.00	(SAT) Acute [illegible] [illegible]. Advised.
17/7/00	[illegible] 500/BD 100
7/10/00	Acne v bad despite Erythromycin 500 [illegible] Doxycycline 50 BD + [illegible] Ref
7/1/00	[illegible] 3 months ago. [illegible]
	Doxycycline 50 [illegible]
16/4/02	

SEE CEDOC

9.6.02	(i) Swelling midline neck (R) side just above tongue. Cystic lesion. Not moving with tongue, swallowing → Ref
	(ii) Acne mild. Relapsed after successful course of Roaccutane. Rx Erythromycin 500 BD (112) Benzoyl Peroxide 2.5% BD.

FORM GP111M

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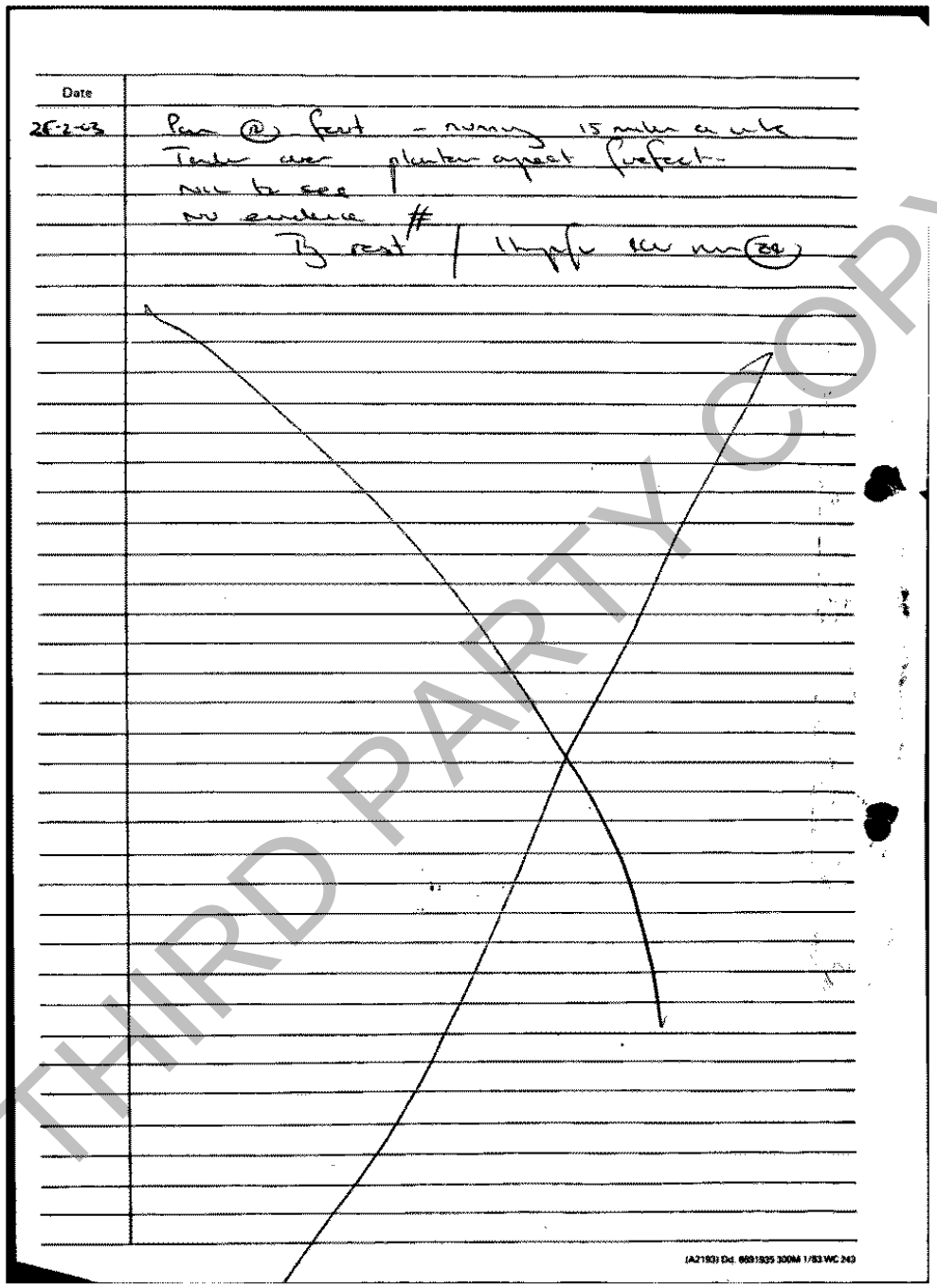

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	National Health Service Number	461/85/353
CLINICAL NOTES	Surname (Block Letters) SUMMERSCALES	Forenames (Block Letters) RYAN A.
	Address 64, McKINLAY Cr., Arroch. 46 LEVEN CT. Alloa	Date of Birth 16/8/85

Date	*	
1/2/91		? Chickenpox - advised
24.2.91		Please see Kayley's Notes for S.W. Letter. (8)
26/11/92		Full medical examination.
1.4.93		(L) Otitis media. Amoxycillin Syr.

DRA 9:45 am
Ryan summerscales.
c/o ... TB
11/5/93 chest c chest infection
... off food lack ...
Amoxyl. x 5/7

Date	*	
24.9.93		Warts on (L) hand. Advised.
22/11/93		Forte medical ...
4.11.93		Sore throat. Advised.
23.11.93		(L) basal rhonchi. Nil else. Rx Amoxil Forte.
10.2.94		Eczema Rx Emovate
17.5.94		limping on (R) leg c pain in groin & knee.
		Some pain on internally rotating hip.
		Urgent Xray & refer if req'd
27.5.94		Advised re xray results.
21/9/94		Awoke this am shivery + SOB
		?e Nasally congested. Tachycardia. P-110/minute
		°rash/meningism. Throat - NAD, EARS - catarrh.
		Chest - clear °rash.
		Imp URTI - advised steam + Pcm. TCA if worsens.

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

FORM GP111F

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Date	*	
6/12/90		c/o occasional dizzy spells faint
		few weeks o/e nmo
		check optician
9.12.94		Routine [illegible] medical: Normal.
21/11/94		Facial Spots → Fucid H
16/2/95		Conjunctivitis → [illegible]
8/3/95		NQ to [illegible]
28/4/95		VMI [illegible] [illegible] [illegible] out again
14.8.95		Poor nasal airway - Rhinitis c Flixonase
21/9/95		Flixonase x1
		[illegible] 1 OP
18/4/96		Annual medical — NAD
28.11.96		script given for head lice.
23/12/96		Full annual medical
		NAD
2.5.97		Unsure whether he's had PSB. Going to France.
		Jenny will check.
		— has not had PSB.
12.5.97	RN	Pre School booster Dip/Tet CG108C.
		Polio S124X3
18/1/[illegible]		Pain in R femur o/e nmo
		[illegible]
13/10/97		Annual medical NAD

MR Campaign notification to GP (do not detach) 6/3/95

GP's Name: DR J MacGREGOR
Address: H/C
ALLOA
Child's Name: RYAN SUMMERSCALES Date of Birth: 16/5/85

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

8036298 7/90M 5/87 27219

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Forth Valley Acute Hospitals

Department of Genitourinary Medicine
Orchard House Health Centre
Union Street
Stirling
FK8 1PH
Telephone 01786 463448
www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

PRIVATE AND CONFIDENTIAL

JMH/JMU

16th January 2007.

Dr. B.C.A. Dullea,
Health Centre,
Marshill,
ALLOA, FK10 1AB.

Dear Dr. Dullea,

RYAN SUMMERSCALES (08.08.85) 18 ARNS GROVE, ALLOA, FK10 2EE.

Many thanks for your letter dated 16th October 2006, referring the above asymptomatic treated urethral positive Chlamydia to the Genitourinary Clinic where he was first seen on 17th November 2006, for partner notification and ongoing care. Standard genitourinary screen plus blood borne viral serology was carried out and all returned negative including Chlamydia test of cure. Ryan has been advised all results are negative and does not require any further appointments.

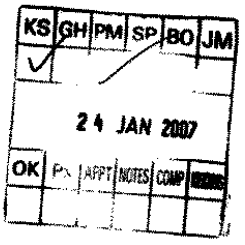
With many thanks for referring Ryan to the Genitourinary Clinic.

With best wishes.

Yours sincerely,

Janina

JANINA M. HARVEY,
CONSULTANT IN GENITOURINARY MEDICINE.



Forth Valley Acute Hospitals
Trust Headquarters Westburn Avenue Falkirk FK1 5SU

Chairman Graeme M Simmers CBE
Interim Chief Executive Margaret C Duffy

ING1066

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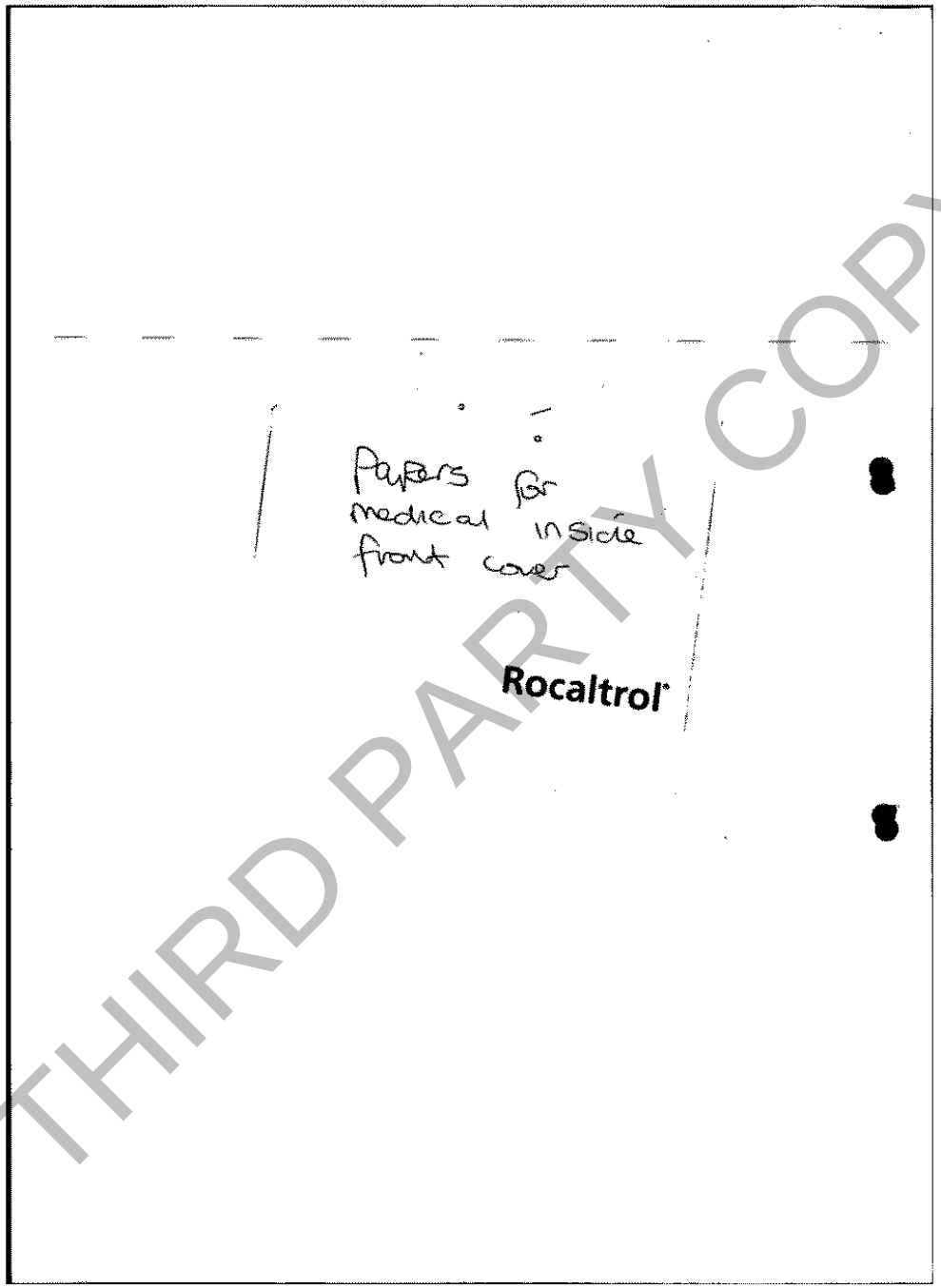

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Our Ref: BD/LR

16 October 2006

Queries re Referrals : phone 01259 723144
(Please ask for Secretary)

CHI 0595

Dr. Harvey,
Genito-Urinary Medicine Clinic,
Orchard House Clinic,
Union Street,
STIRLING.

Dear Dr. Harvey,

Ryan Summerscales (61.08.85)
18 Arns Grove, Alloa FK10 2EE

Reason for referral : Proven chlamydia.

Date of onset : 5th October, 2006.

History of presenting complaint : This patient attended on 5th October, 2006, reporting that his ex-girlfriend, from 5 months previously, had phoned him approximately one month ago to tell him that she had proven chlamydia. First pass urine examination is positive for chlamydia. I will contact him to given him a prescription for Azithromycin 1gm. I informed him that if his test was positive, I would be referring him to yourselves for further assessment and advice.

I am grateful for your expert assessment and advice.

Yours sincerely,

Dr. B. Dullea

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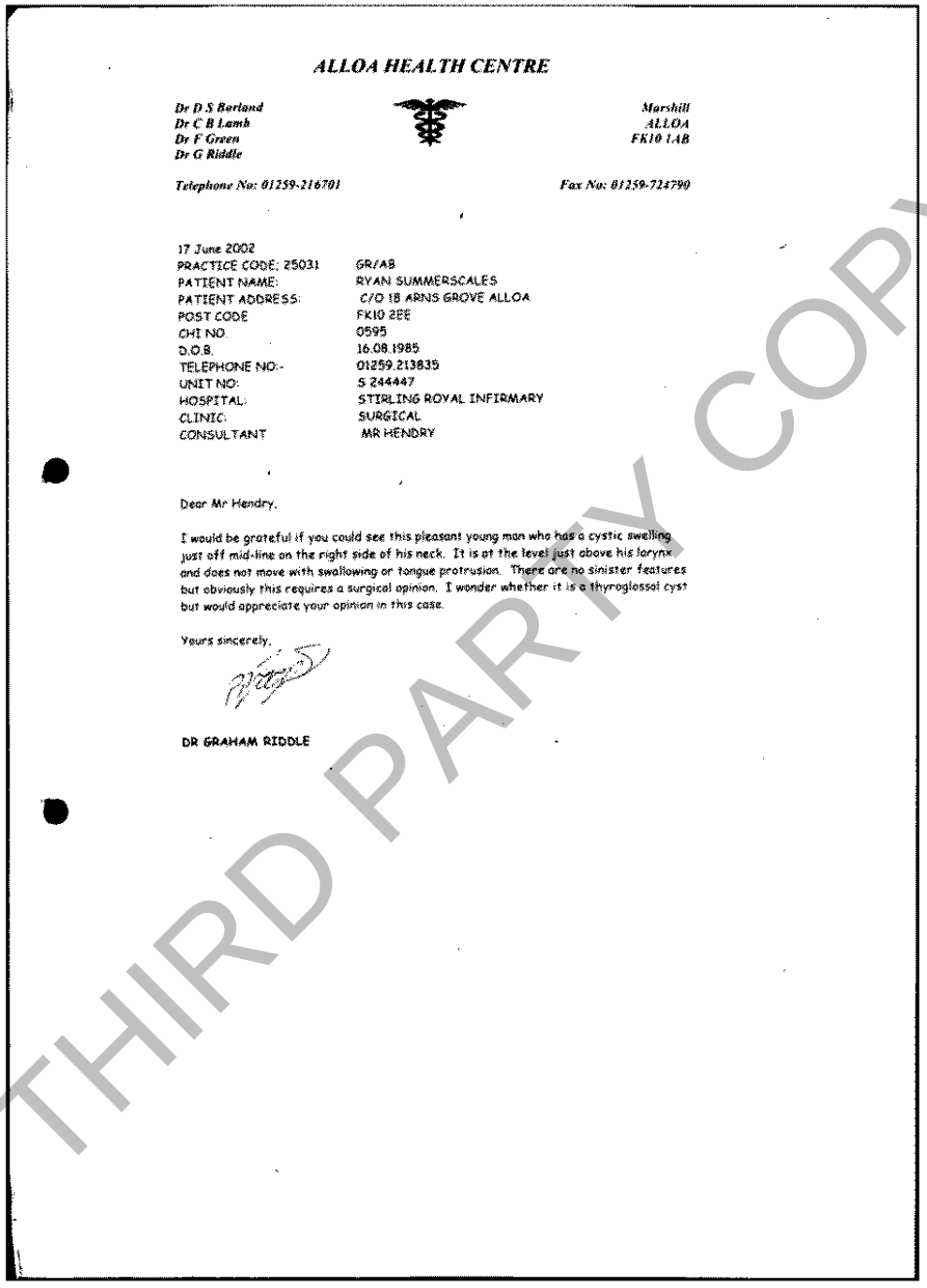

ALLOA HEALTH CENTRE

Dr D S Berland
Dr C B Lamb
Dr F Green
Dr G Riddle

Marshill
ALLOA
FK10 1AB

Telephone No: 01259-216701

Fax No: 01259-723790

17 June 2002

PRACTICE CODE: 25031	GR/AB
PATIENT NAME:	RYAN SUMMERSCALES
PATIENT ADDRESS:	C/O 18 ARNS GROVE ALLOA
POST CODE	FK10 2EE
CHI NO.	0595
D.O.B.	16.08.1985
TELEPHONE NO:-	01259 213835
UNIT NO:	S 244447
HOSPITAL:	STIRLING ROYAL INFIRMARY
CLINIC:	SURGICAL
CONSULTANT	MR HENDRY

Dear Mr Hendry,

I would be grateful if you could see this pleasant young man who has a cystic swelling just off mid-line on the right side of his neck. It is at the level just above his larynx and does not move with swallowing or tongue protrusion. There are no sinister features but obviously this requires a surgical opinion. I wonder whether it is a thyroglossal cyst but would appreciate your opinion in this case.

Yours sincerely,

DR GRAHAM RIDDLE

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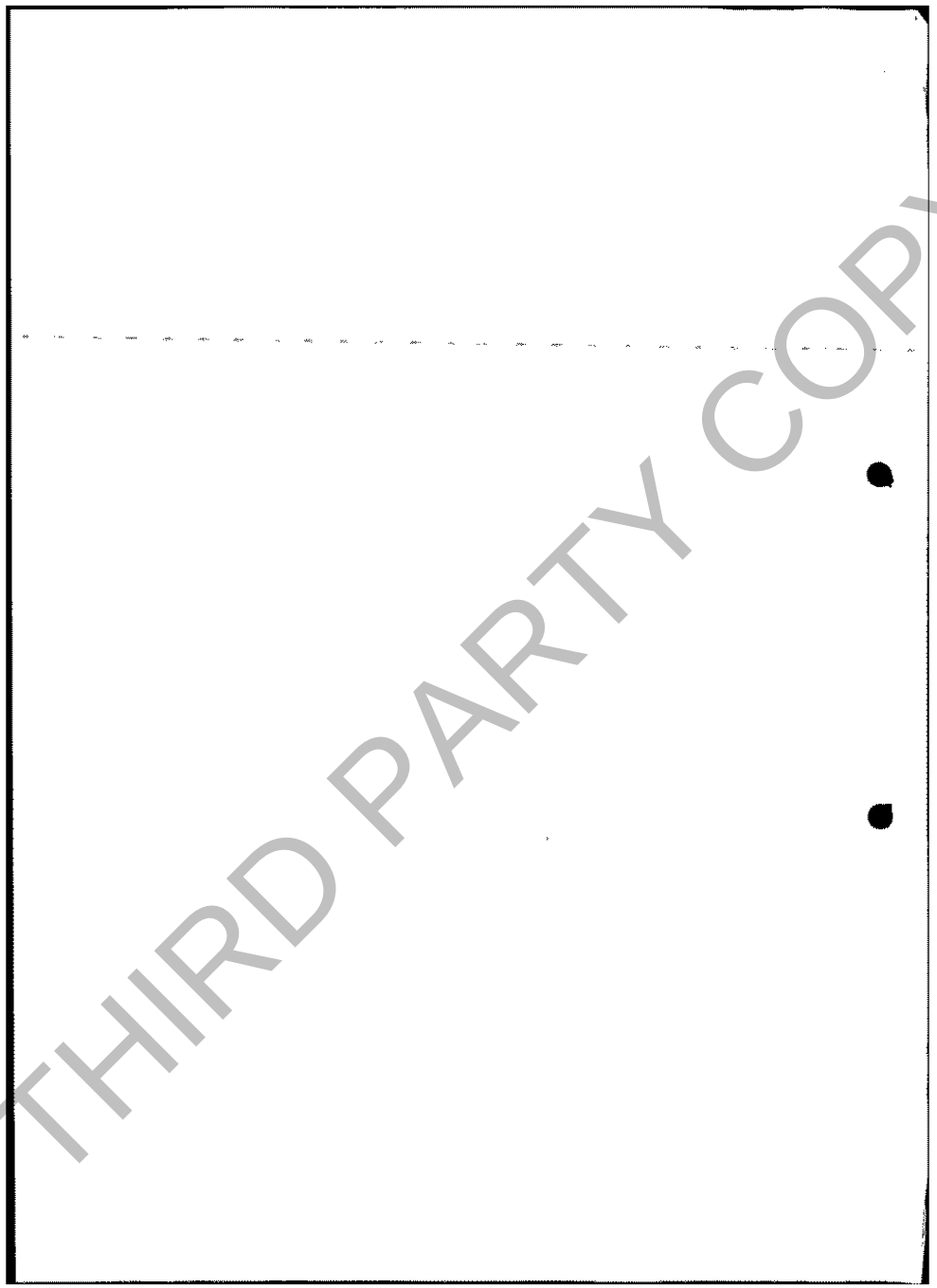

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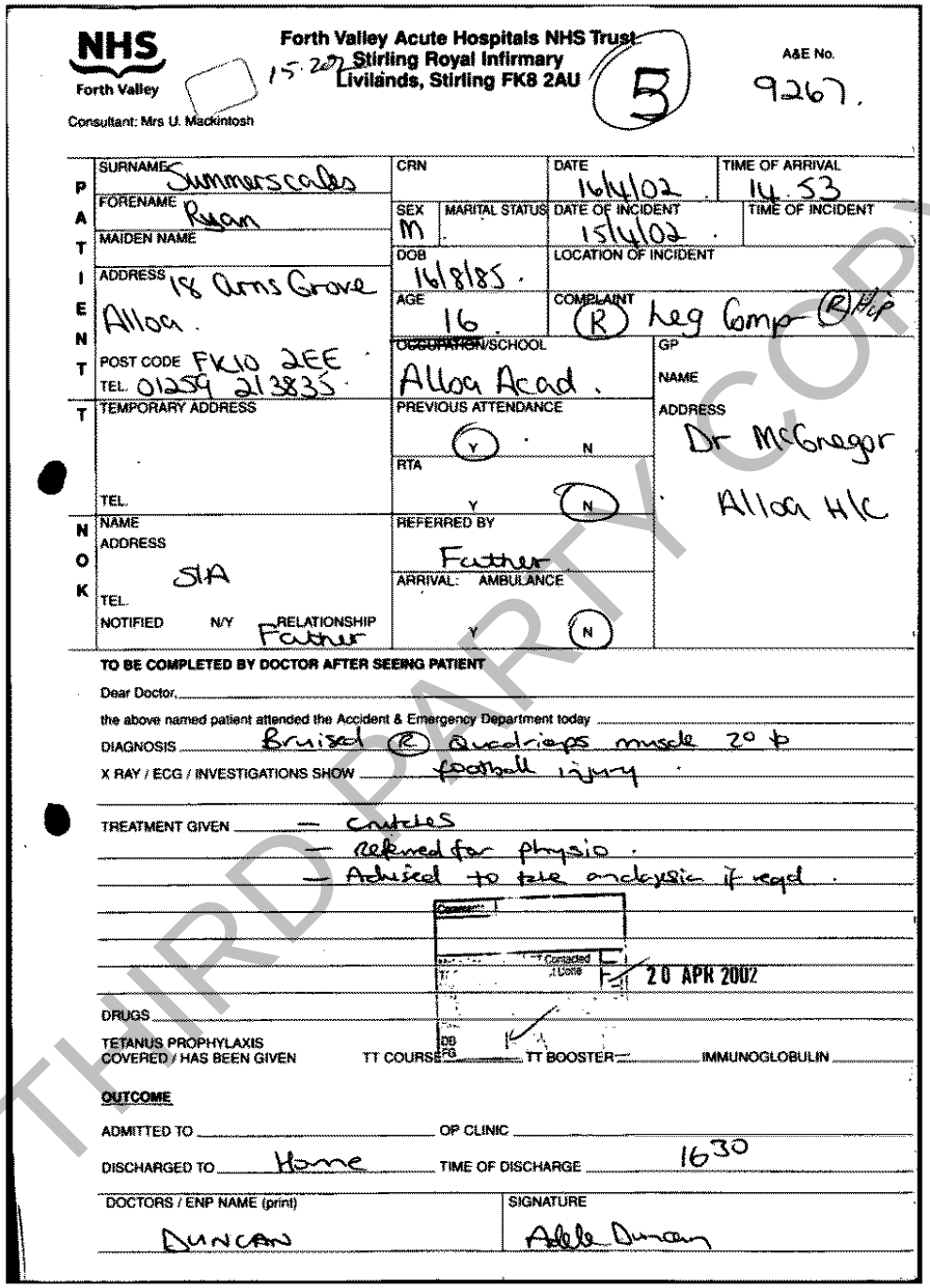

NHS
Forth Valley

Consultant: Mrs U. Mackintosh

Forth Valley Acute Hospitals NHS Trust
Stirling Royal Infirmary
Livilands, Stirling FK8 2AU

15.20 5

A&E No. 9267.

PATIENT

SURNAME: Summerscales
FORENAME: Ryan
MAIDEN NAME:
ADDRESS: 18 Arns Grove Alloa.
POST CODE: FK10 2EE
TEL: 01259 213835.

CRN:
DATE: 16/4/02
TIME OF ARRIVAL: 14.53
SEX: M
MARITAL STATUS:
DATE OF INCIDENT: 15/4/02
TIME OF INCIDENT:
DOB: 16/8/85.
LOCATION OF INCIDENT:
AGE: 16.
COMPLAINT: (R) leg Comp (R) Hip
OCCUPATION/SCHOOL: Alloa Acad.

T

TEMPORARY ADDRESS:
TEL:
PREVIOUS ATTENDANCE: (Y) N
RTA: Y (N)

GP
NAME:
ADDRESS: Dr McGregor Alloa H/C

NOK

NAME:
ADDRESS: SIA
TEL:
NOTIFIED: N/Y
RELATIONSHIP: Father

REFERRED BY: Father
ARRIVAL: AMBULANCE: Y (N)

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor,

the above named patient attended the Accident & Emergency Department today

DIAGNOSIS: Bruised (R) Quadriceps muscle 2° to football injury

X RAY / ECG / INVESTIGATIONS SHOW:

TREATMENT GIVEN: — Crutches
— Referred for physio.
— Advised to take analgesic if reqd.

Comment:
Contacted
Date
20 APR 2002

DRUGS:

TETANUS PROPHYLAXIS COVERED / HAS BEEN GIVEN
TT COURSE: DB FG TT BOOSTER: IMMUNOGLOBULIN:

OUTCOME

ADMITTED TO: OP CLINIC:

DISCHARGED TO: Home TIME OF DISCHARGE: 1630

DOCTORS / ENP NAME (print): Duncan
SIGNATURE: Adele Duncan

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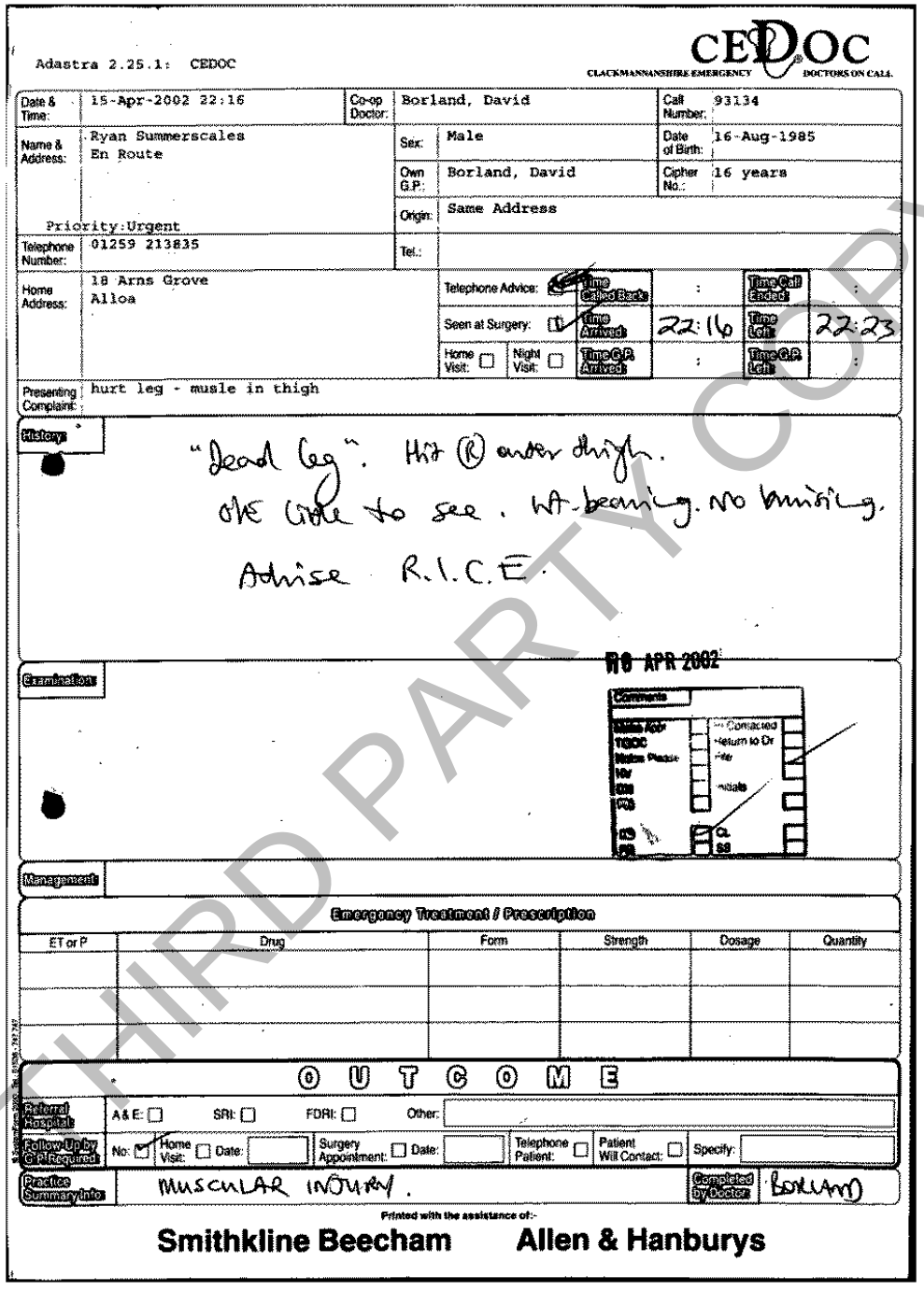

Adastra 2.25.1: CEDOC

CEDOC
CLACKMANNANSHIRE EMERGENCY DOCTORS ON CALL

Date & Time:	15-Apr-2002 22:16	Co-op Doctor:	Borland, David	Call Number:	93134
Name & Address:	Ryan Summerscales En Route Priority:Urgent	Sex:	Male	Date of Birth:	16-Aug-1985
		Own G.P.:	Borland, David	Cipher No.:	16 years
		Origin:	Same Address		
Telephone Number:	01259 213835	Tel.:			
Home Address:	18 Arns Grove Alloa	Telephone Advice:	Time Called Back: :	Time Call Ended: :	
		Seen at Surgery: ✓	Time Arrived: 22:16	Time Left: 22:23	
		Home Visit: ☐ Night Visit: ☐	Time G.P. Arrived: :	Time G.P. Left: :	
Presenting Complaint:	hurt leg - musle in thigh				

History

"dead leg". Hit (R) outer thigh.
OK Gave to see. WB bearing. No bruising.
Advise R.I.C.E.

Examination

16 APR 2002

Comments

Management

Emergency Treatment / Prescription

ET or P	Drug	Form	Strength	Dosage	Quantity

OUTCOME

Referral Hospital:	A&E: ☐	SRI: ☐	FDRI: ☐	Other:			
Follow-Up by GP Required:	No: ☑	Home Visit: ☐ Date:		Surgery Appointment: ☐ Date:		Telephone Patient: ☐	Patient Will Contact: ☐ Specify:
Practice Summary Info:	MUSCULAR INJURY.				Completed by Doctor:	Borland	

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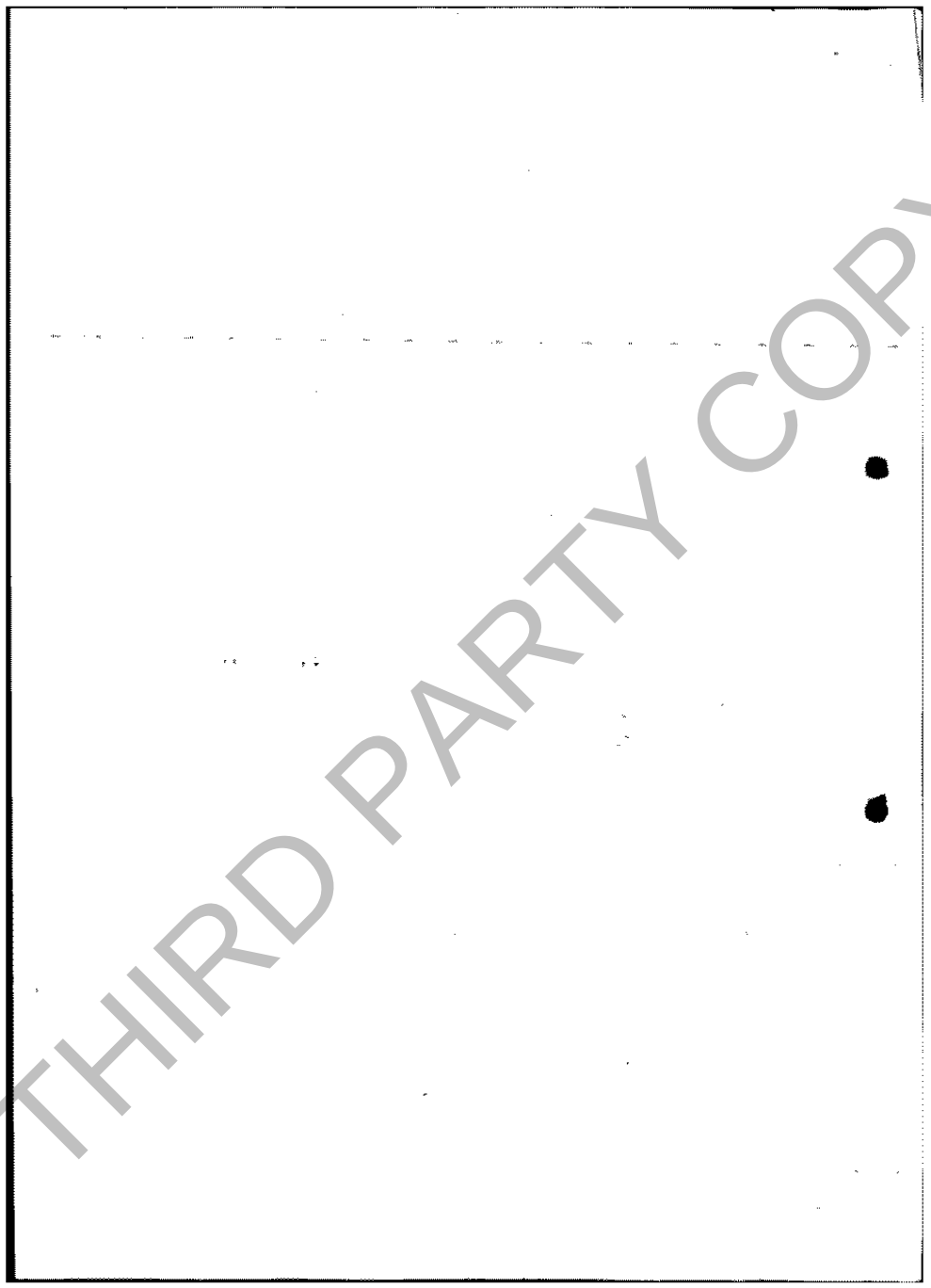


NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY

Stirling Royal Infirmary, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

ALLOA HEALTH CENTRE

DCD/LM/S244447

22nd August, 2001

Dr. F. Green,
Health Centre,
Marshill,
ALLOA.
FK10 1AB.

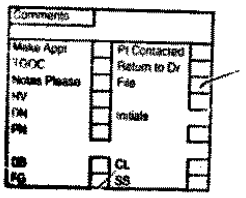
Dear Dr. Green,

RYAN SUMMERSCALES, (16.08.85),
18 ARNS GROVE, ALLOA.

I reviewed this patient in the Skin Clinic on 22.08.01. He has completed a four-month-course of Isotretinoin for acne and he has had an excellent result. He tolerated the treatment well. He is now clear of all active acne lesions. He is left with a small amount of scarring on the cheeks but I think he is overall quite pleased with the result. No further appointment has been organised.

Yours sincerely,

D. C. DICK,
Consultant Dermatologist



24 AUG 2001

NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY

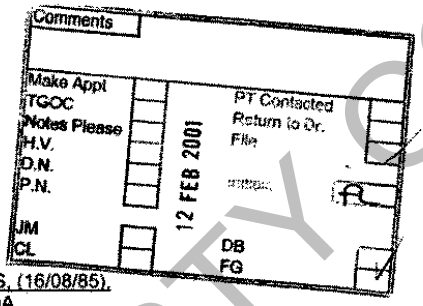
Stirling Royal Infirmary, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

ALLOA HEALTH CENTRE

DCD/LM/S244447

7th February, 2001

Dr. F. Green,
Health Centre,
Marshill,
ALLOA.
FK10 1AB.



Dear Dr. Green,

RYAN SUMMERSCALES, (16/08/85),
18 ARNS GROVE, ALLOA.

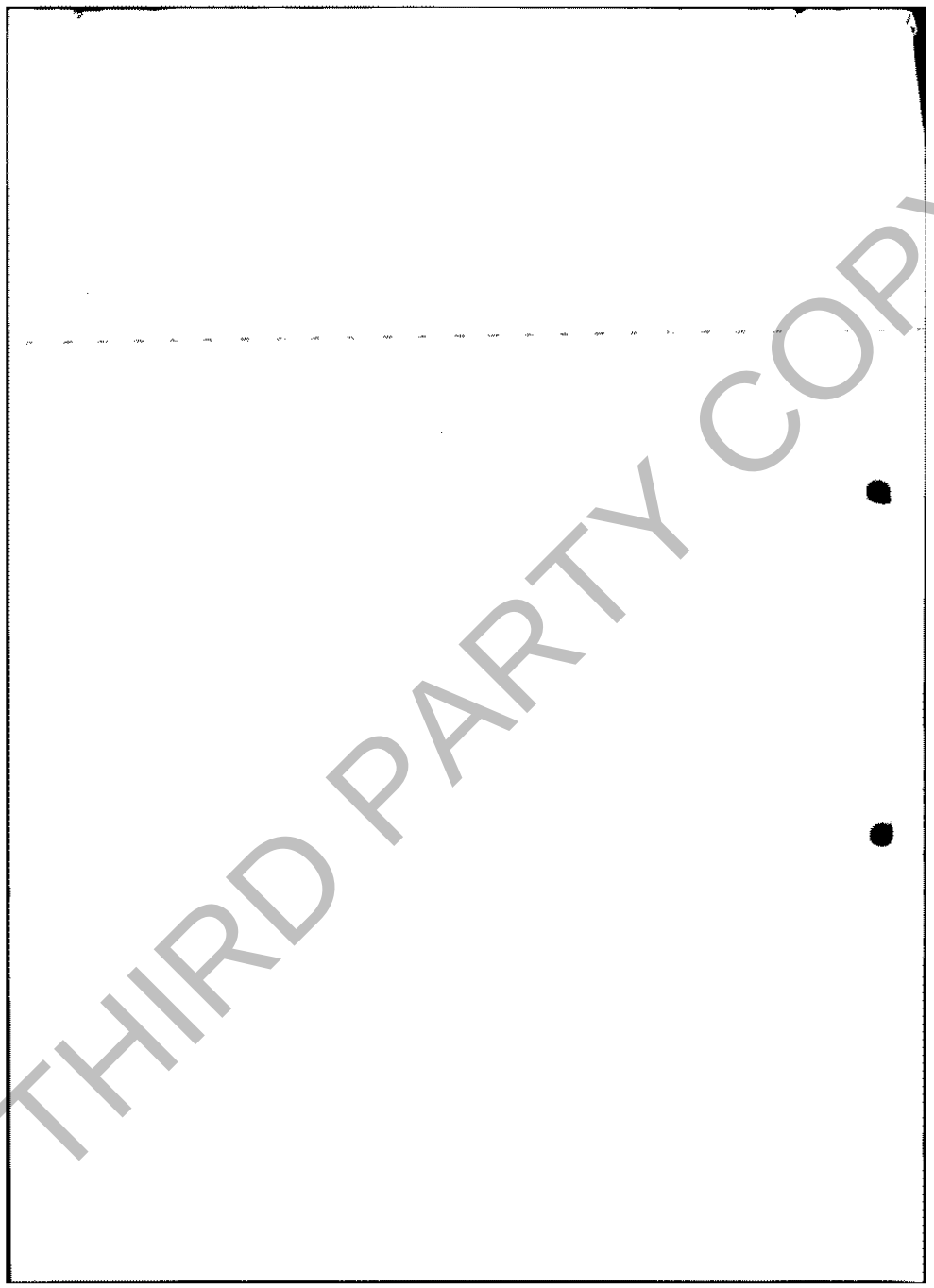
Thank you for the letter concerning this fifteen-year-old boy who attended the Skin Clinic on 06.02.01. He has facial acne and had a lot of treatment with oral and topical antibiotics during the past two years without a great deal of benefit. He is otherwise perfectly healthy.

On examination he had a very large number of small papules, pustules and comedones covering most of the forehead, cheeks and chin. I think he is now at the stage where he would benefit from Isotretinoin. I have explained to him what will be involved in this treatment. He is about to start in a dose of 50mg daily for the next four months. I will keep him under review in the clinic during that time. I have warned him to expect a few cutaneous side-effects, particularly lip and skin dryness.

Yours sincerely,

D. C. DICK,
Consultant Dermatologist

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

PHYSIOTHERAPY DEPARTMENT
ALLOA HEALTH CENTRE
TEL: 01259 215333

29/1/01.

Dear Doctor Green
re: Ryan Summerscales (16/8/85).

Your patient has now completed treatment at this department and has been discharged.

He/She:-

1. Is now symptom free.
2. Has responded well to treatment and will continue at home.
3. Has not shown any improvement with treatment.
4. Failed to keep follow-up appointment and has been defaulted.
5. Any other comments.

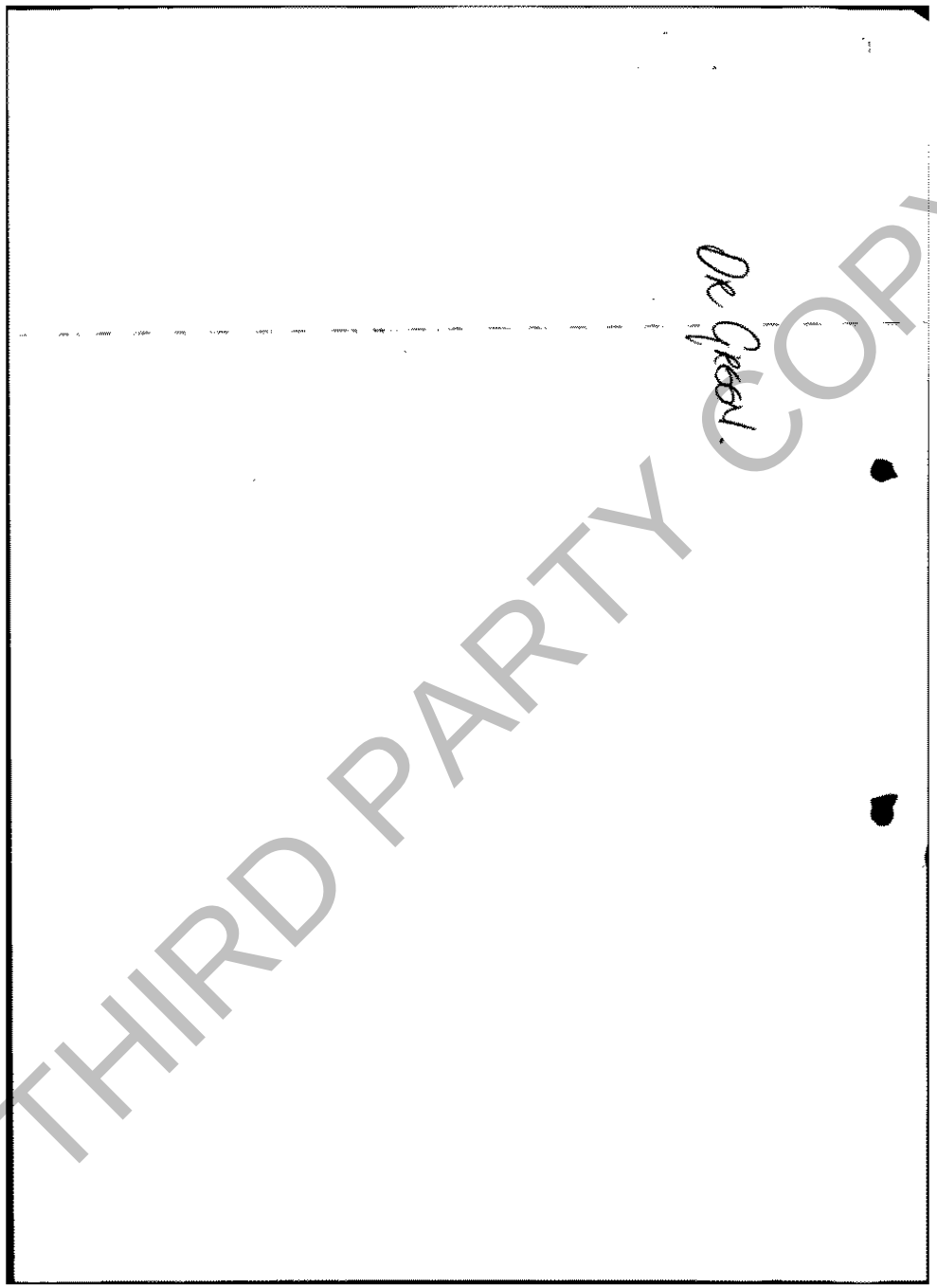
Yours sincerely

Charlie Stark MCSP.

Physiotherapy Department

PR 25

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Forth Valley Acute Hospitals NHS Trust
Stirling Royal Infirmary
Livilands, Stirling

A&E No. 31450

Consultant: Mrs U. Mackintosh

PATIENT

SURNAME: Summerscales
FORENAME: Ryan
MAIDEN NAME:
ADDRESS: 18 Arns Crown Alloa.
TEL: 01259 213335, FK10 2RE
MPI No.:
SEX: M MARITAL STATUS:
DOB: 16/3/85.
AGE: 16 yrs.
RELIGION: CS.
DATE: 12/11/00
TIME OF ARRIVAL: 1645.
DATE OF INCIDENT: 12/11/00
TIME OF INCIDENT: 1500.
LOCATION OF INCIDENT: Outdoors
COMPLAINT: (L) Leg Inj.

T

TEMPORARY ADDRESS
TEL.
OCCUPATION/SCHOOL: Alloa Academy
PREVIOUS ATTENDANCE: (Y) N
RTA: Y (N)
REFERRED BY: Self
ARRIVAL: AMBULANCE: Y (N)

GP
NAME: Dr Macgregor
ADDRESS: MIC Alloa.

NOK

NAME: Kayley Summerscales
ADDRESS:
TEL.: A/A
NOTIFIED: (Y) RELATIONSHIP: Sister.

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT

Dear Doctor,
the above named patient attended the Accident & Emergency Department today
DIAGNOSIS: (L) ankle dorsi flexor strain
X RAY / ECG / INVESTIGATIONS SHOW:
TREATMENT GIVEN: Double Paracetamol Ibuprofen
DRUGS:

Comments

Make Appt | PT Contacted
T.C.X. | Return to Dr.
Notes Please | File
H.V. | 2000 NOV
D.N. | Initials
P.N. | 4
JM | DB
CL | FG
GIVEN BY

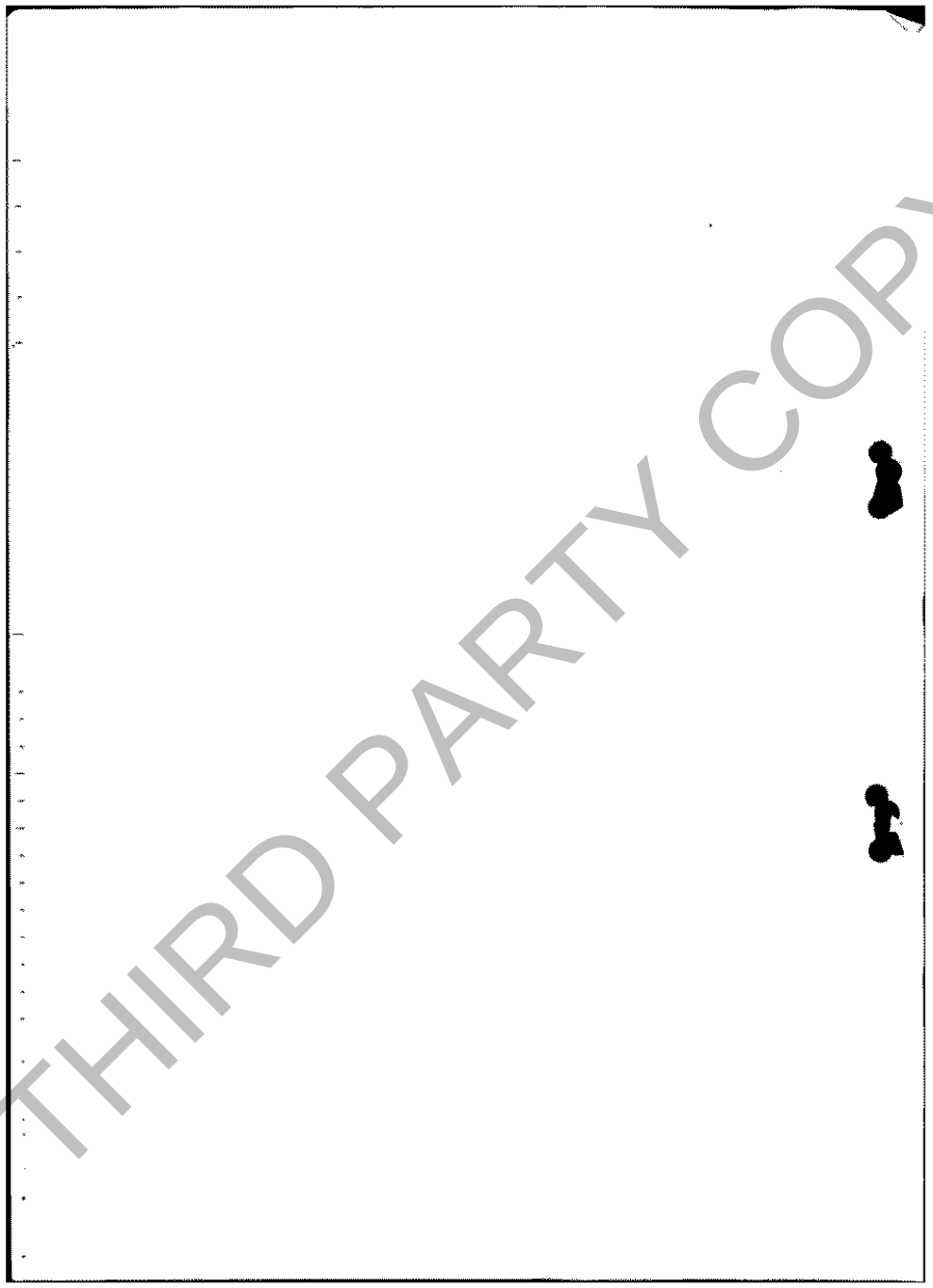
TETANUS PROPHYLAXIS
HAS / HAS NOT BEEN GIVEN TT COURSE _____ TT BOOSTER _____ IMMUNOGLOBULIN _____

DISPOSAL

ADMITTED TO _____ OP CLINIC _____
DISCHARGED TO: Home TIME OF DISCHARGE _____

DOCTORS NAME (print)
SIGNATURE: William I Hay

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

ALLOA HEALTH CENTRE

Dr J MacGregor
Dr D S Borland
Dr C B Lamb
Dr F Green

Marshill, ALLOA
Clackmannanshire, FK10 1AB
Tel: (01259) 722050/216701
Fax: (01259) 724790

13 September 2000

PRACTICE CODE/REF:	23051/FG/MB
PATIENT NAME:	RYAN A SUMMERSCALES
PATIENT ADDRESS:	C/O 18 ARNS GROVE ALLOA
D.O.B.	16.08.85
TELEPHONE NO:	01259-213835
UNIT NO:	S 244447
HOSPITAL:	STIRLING ROYAL INFIRMARY
CLINIC:	DERMATOLOGY CLINIC (ROUTINE)
CONSULTANT:	

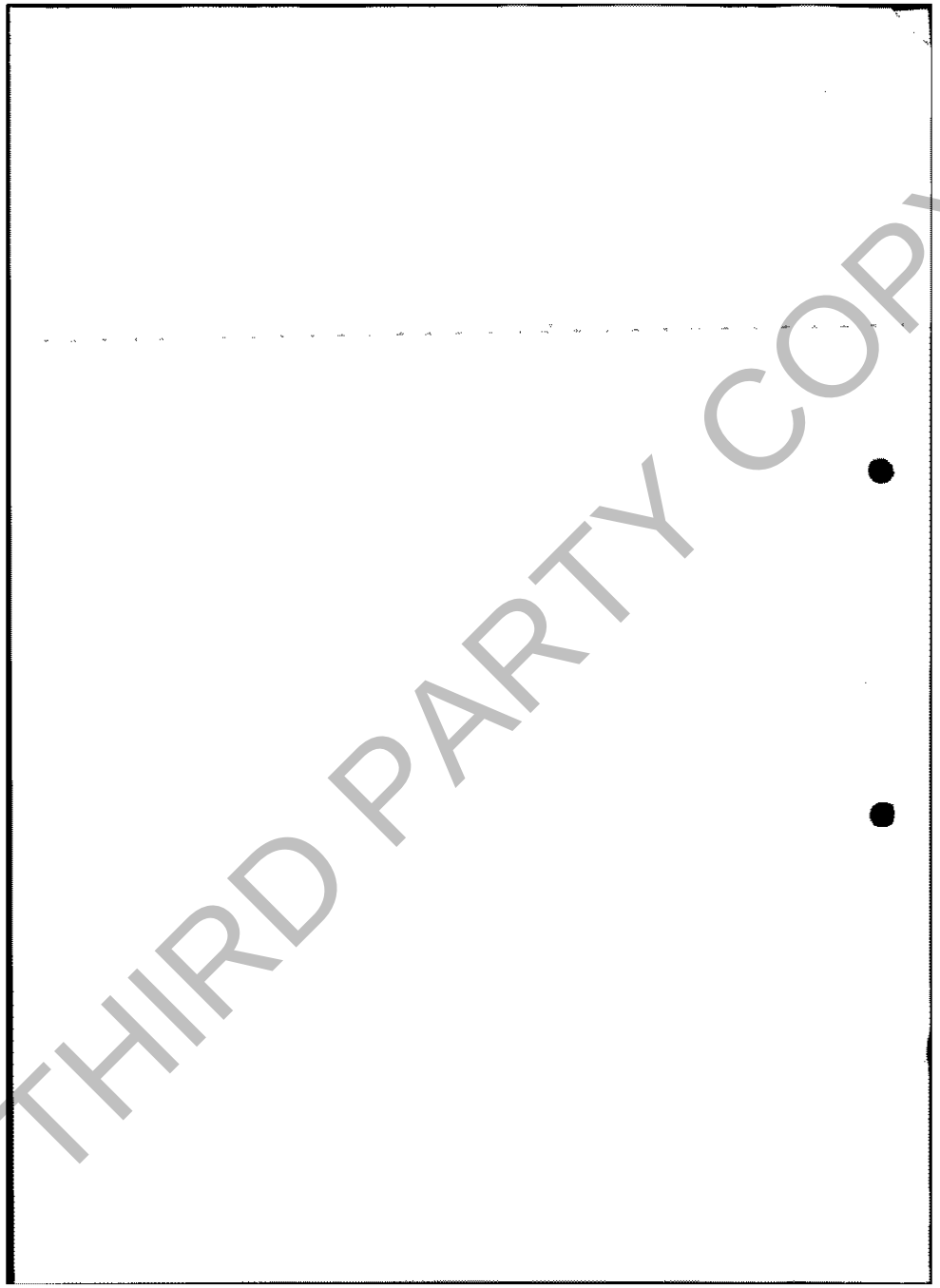
Dear Doctor

I wonder if you could see this lad who has severe acne. We have treated this with Oxytetracycline 250, 2 twice daily and Dalacin T followed for the last 3 months by Erythromycin 500, twice daily. This did help a little at times but things are back to square one. He has some marked scarring and quite extensive acne. I have started him on Doxycycline 100 daily but I wonder if he may require treatment with retinoids and I would value your opinion.

Yours sincerely

DR FERGUS GREEN

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

28.

CLACKMANNANSHIRE COUNCIL
SOCIAL SERVICES - CHILD CARE SERVICE

Annual Medical Review of a Child in Care

CONFIDENTIAL

Surname	SUMMERSCALES
Forenames	RYAN
[redacted]	
Place of examination	
Person accompanying child	

1. Has there been any significant change in any medical conditions since the last assessment ? ***Yes / no.***

If yes, specify :-

2. Does the child attend any specialists ? ***Yes / no***

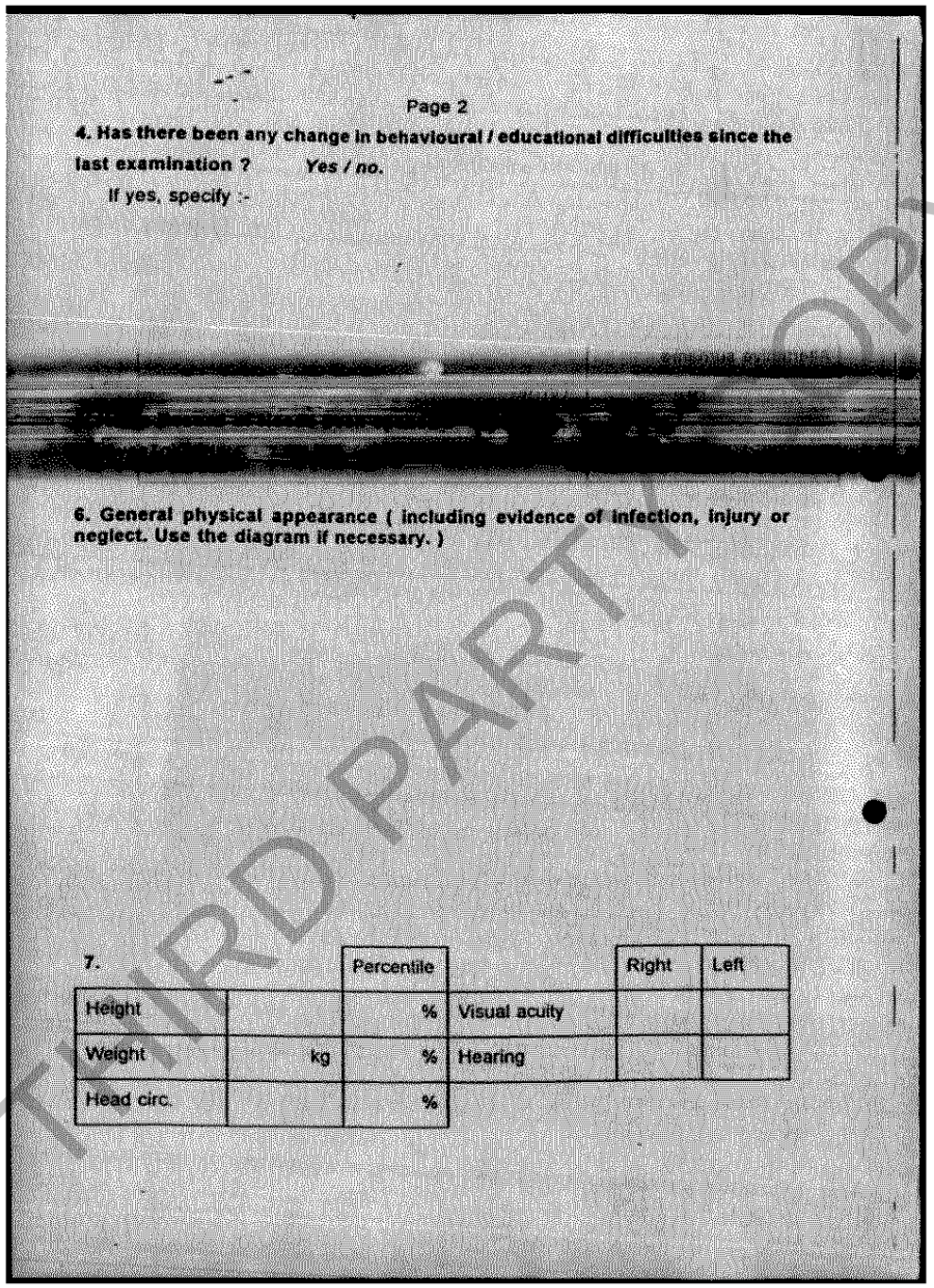
If yes, specify :-

3. Have any immunisations been given since the last assessment ? ***Yes / no.***

If yes, specify :-

Revised/Released 01.01.06 (1/06) IS

NHS Confidential: Personal data about a patient



Page 2

4. Has there been any change in behavioural / educational difficulties since the last examination ? *Yes / no.*

If yes, specify :-

6. General physical appearance (including evidence of infection, injury or neglect. Use the diagram if necessary.)

7.

		Percentile		Right	Left
Height		%	Visual acuity		
Weight	kg	%	Hearing		
Head circ.		%			

NHS Confidential: Personal data about a patient

8. Physical examination (if necessary)

	COMMENTS
General appearance	
Skin & hair	
Teeth	
Eyes	
ENT	
[redacted]	
Respiratory	
Abdomen	
Testes	
CNS	
Locomotor	

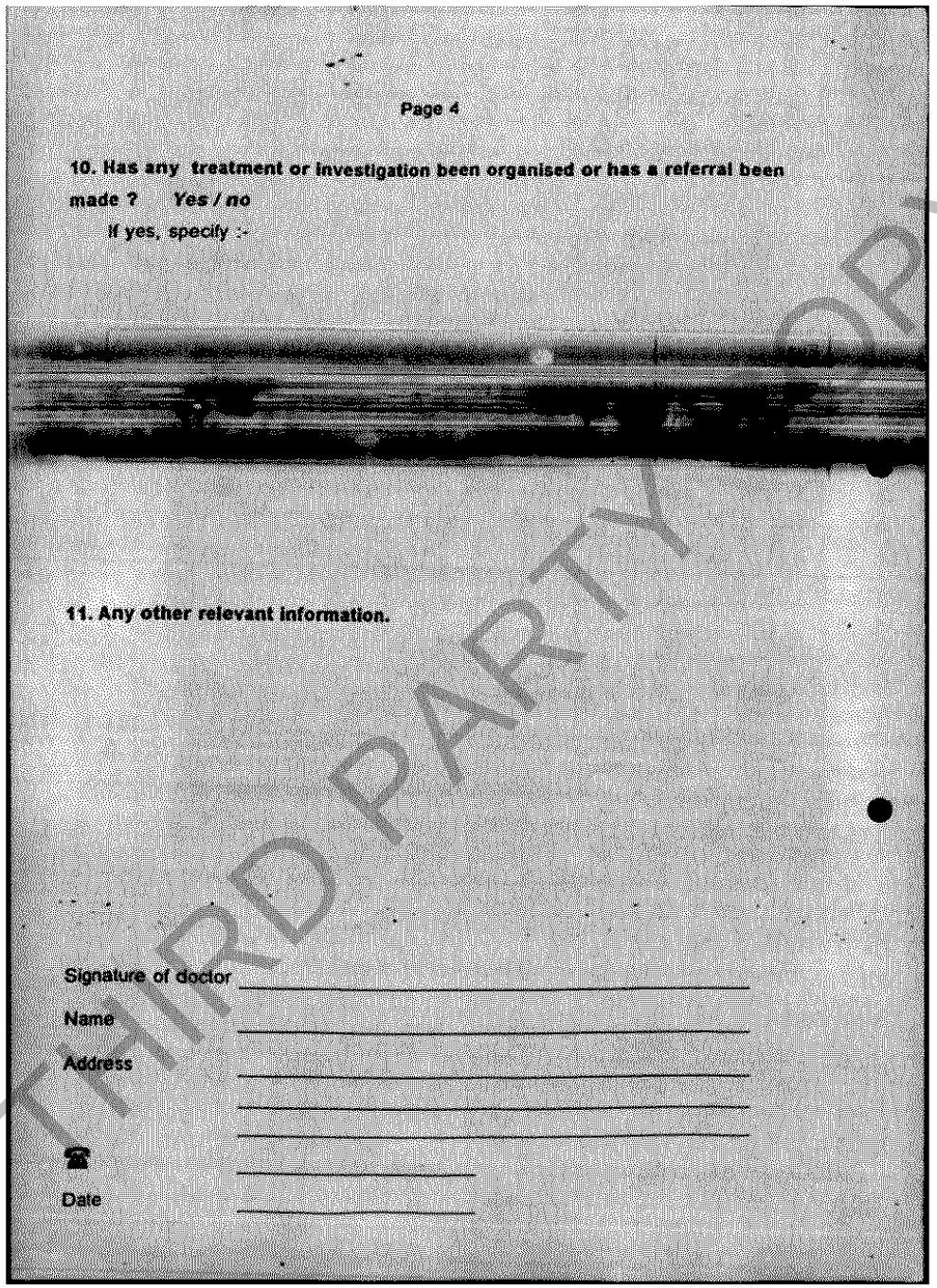
9. Developmental / social assessment

	COMMENTS
Gross motor	
Fine motor	
Communication	
Behaviour	

Is the child's development appropriate for his/her age ? ***Yes / no***

If no, specify :-

NHS Confidential: Personal data about a patient



Page 4

10. Has any treatment or investigation been organised or has a referral been made ? *Yes / no*

If yes, specify :-

[redacted]

11. Any other relevant information.

Signature of doctor _____

Name _____

Address _____

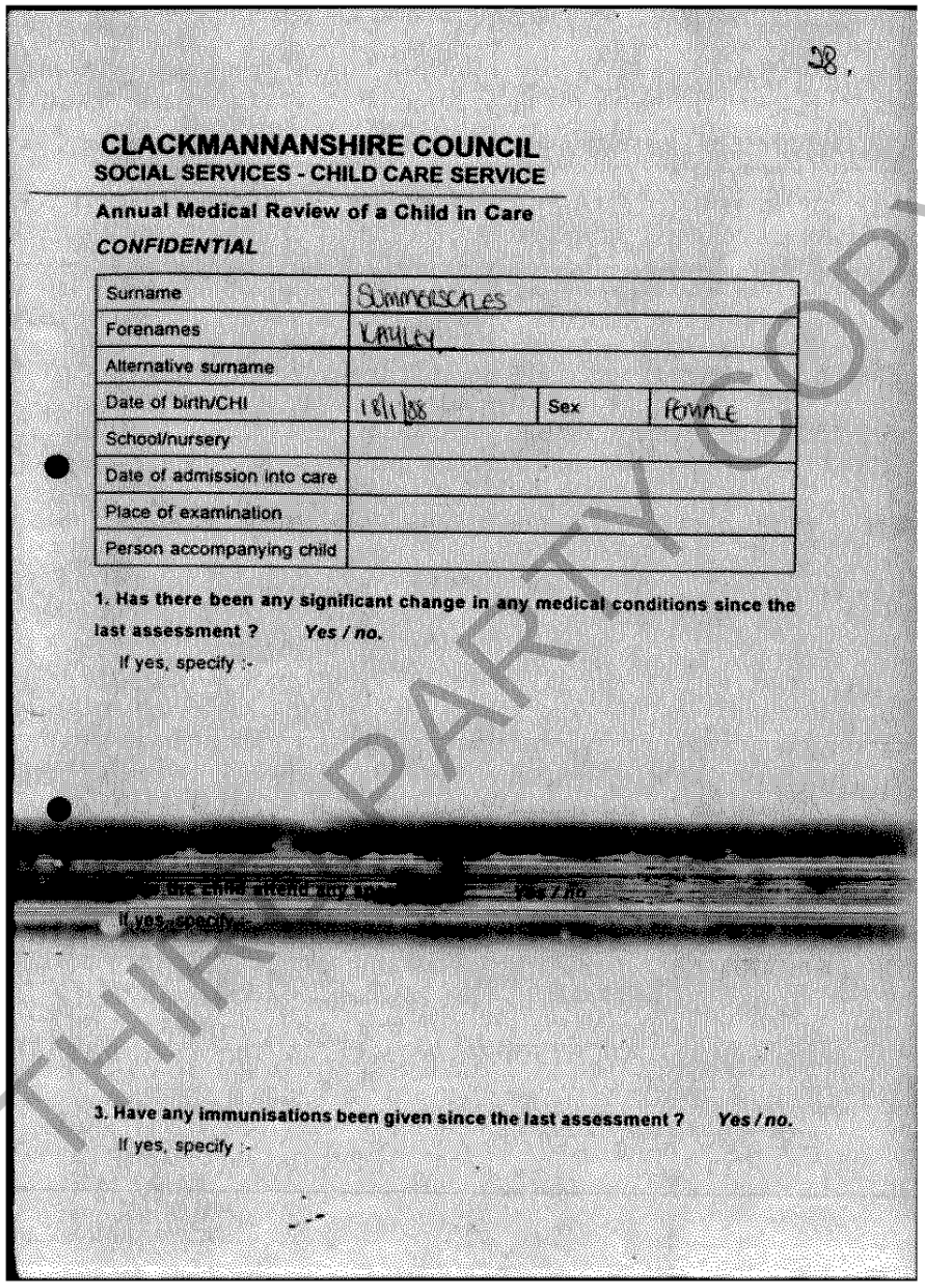
_____

_____

☎ _____

Date _____

NHS Confidential: Personal data about a patient



38.

CLACKMANNANSHIRE COUNCIL
SOCIAL SERVICES - CHILD CARE SERVICE

Annual Medical Review of a Child in Care

CONFIDENTIAL

Surname	SIMMERSCALES		
Forenames	LAYLA		
Alternative surname			
Date of birth/CHI	16/11/08	Sex	FEMALE
School/nursery			
Date of admission into care			
Place of examination			
Person accompanying child			

1. Has there been any significant change in any medical conditions since the last assessment ? ***Yes / no.***

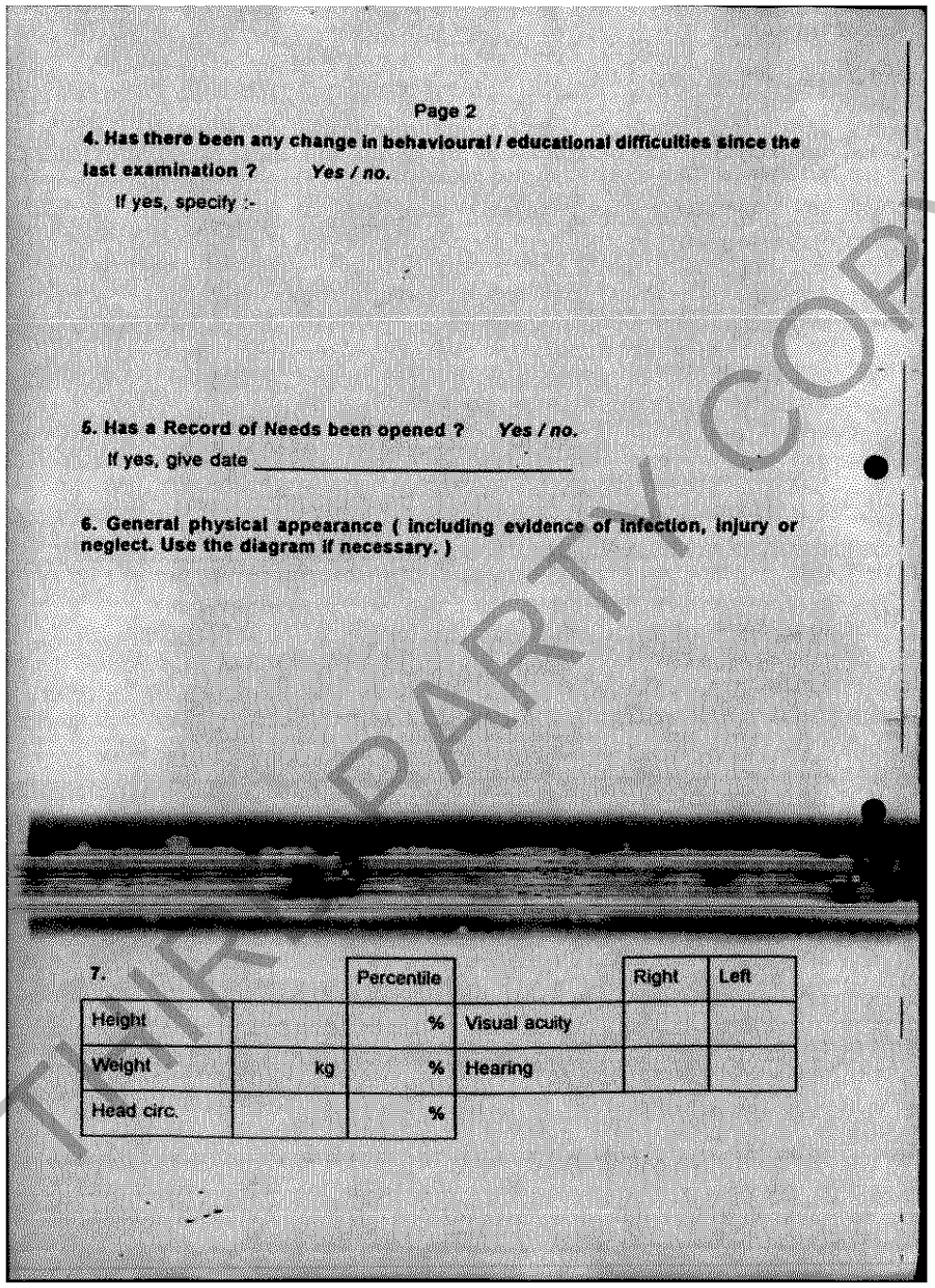
If yes, specify :-

[redacted]

3. Have any immunisations been given since the last assessment ? ***Yes / no.***

If yes, specify :-

NHS Confidential: Personal data about a patient



Page 2

4. Has there been any change in behavioural / educational difficulties since the last examination ? *Yes / no.*

If yes, specify :-

5. Has a Record of Needs been opened ? *Yes / no.*

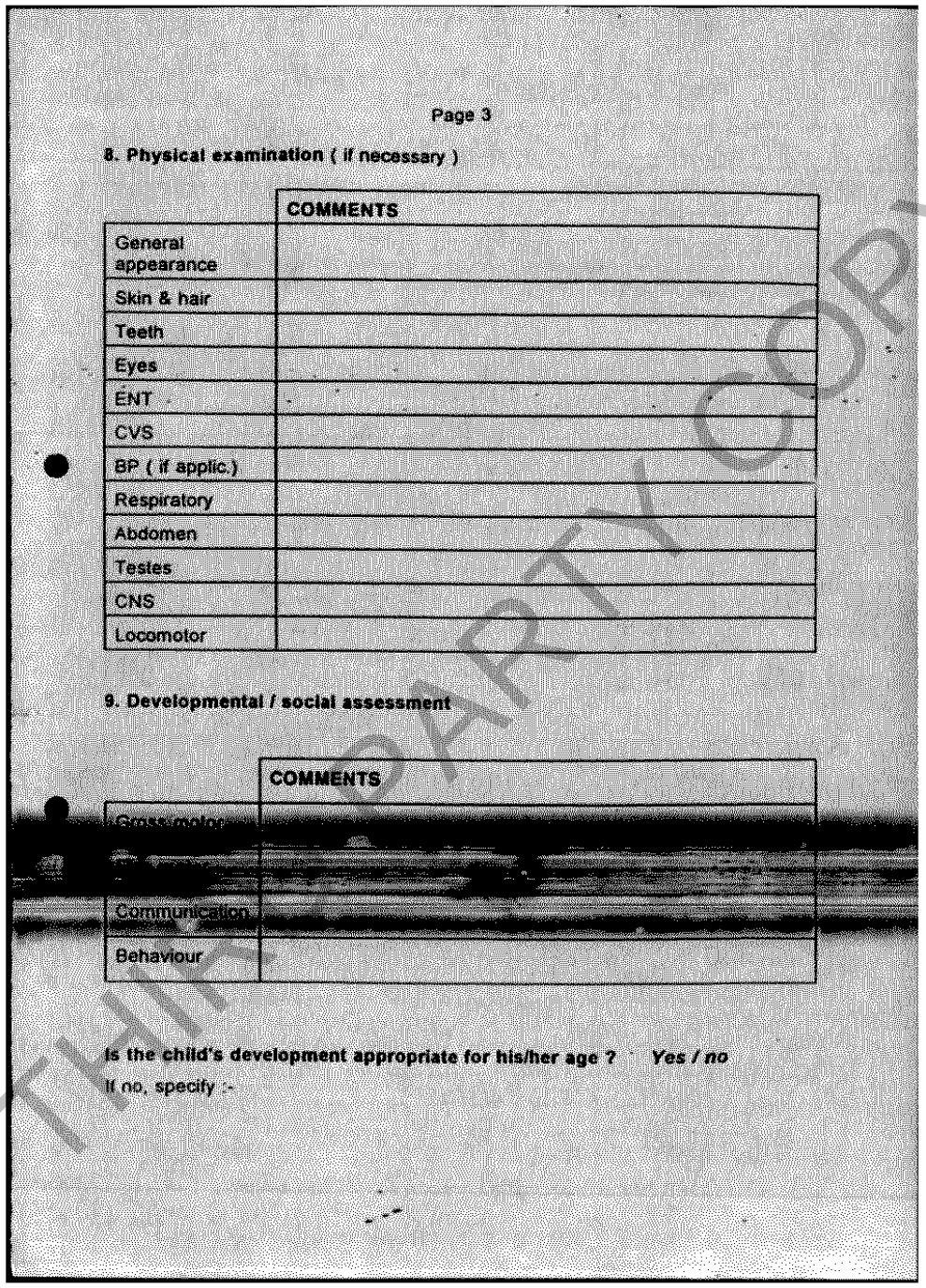
If yes, give date _____

6. General physical appearance (including evidence of infection, injury or neglect. Use the diagram if necessary.)

7.

		Percentile		Right	Left
Height		%	Visual acuity		
Weight	kg	%	Hearing		
Head circ.		%			

NHS Confidential: Personal data about a patient



Page 3

8. Physical examination (if necessary)

	COMMENTS
General appearance	
Skin & hair	
Teeth	
Eyes	
ENT	
CVS	
BP (if applic.)	
Respiratory	
Abdomen	
Testes	
CNS	
Locomotor	

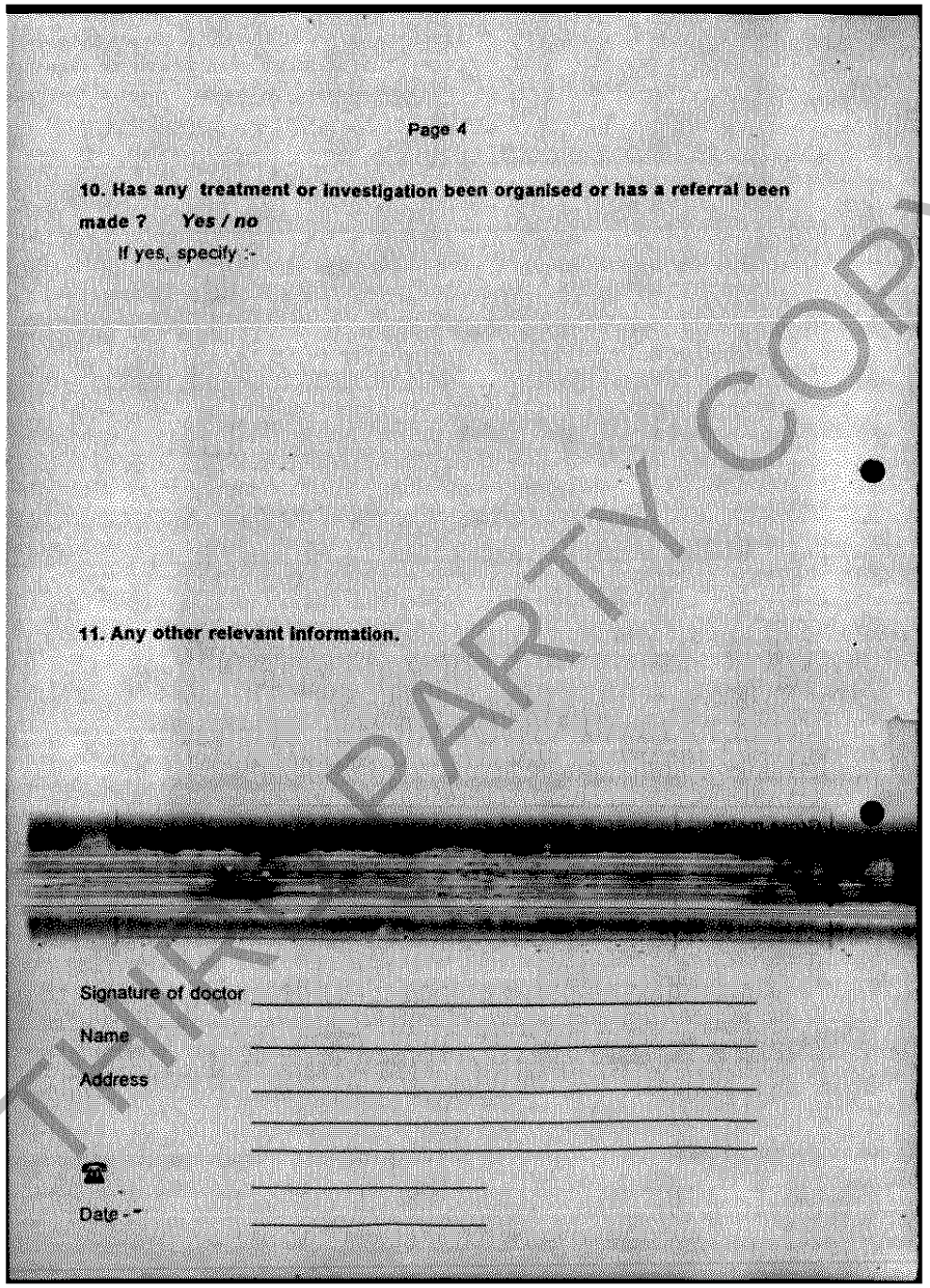
9. Developmental / social assessment

	COMMENTS
Gross motor	
Fine motor	
Vision	
Hearing	
Communication	
Behaviour	

Is the child's development appropriate for his/her age ? ***Yes / no***

If no, specify :-

NHS Confidential: Personal data about a patient



Page 4

10. Has any treatment or investigation been organised or has a referral been made ? ***Yes / no***

If yes, specify :-

11. Any other relevant information.

[redacted]

Signature of doctor _____

Name _____

Address _____

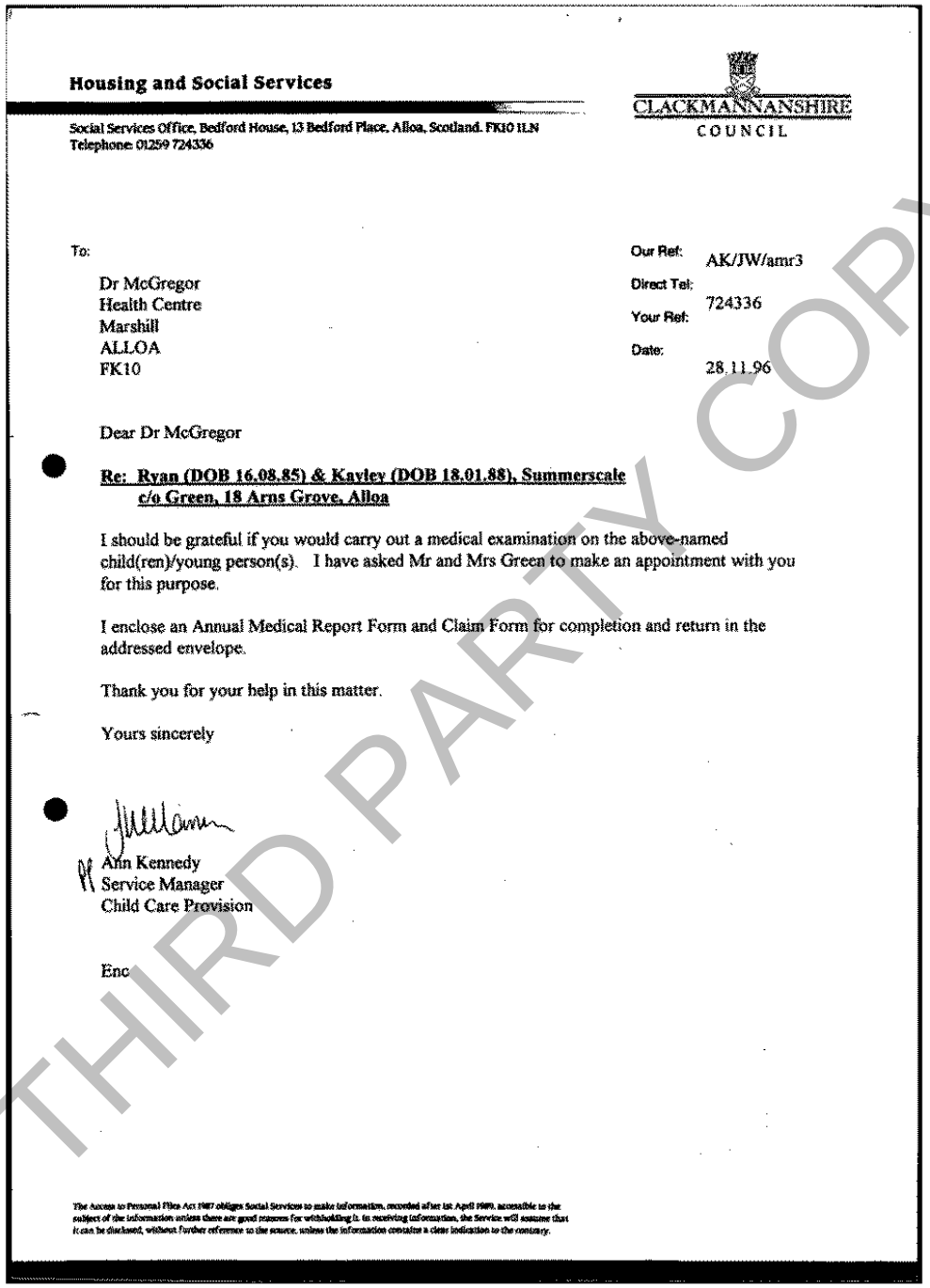
_____

_____

☎ _____

Date :- _____

NHS Confidential: Personal data about a patient



Housing and Social Services

CLACKMANNANSHIRE COUNCIL

Social Services Office, Bedford House, 13 Bedford Place, Alloa, Scotland. FK10 1LN
Telephone: 01259 724336

To:

Dr McGregor
Health Centre
Marshill
ALLOA
FK10

Our Ref: AK/JW/amr3
Direct Tel: 724336
Your Ref:
Date: 28.11.96

Dear Dr McGregor

Re: Ryan (DOB 16.08.85) & Kayley (DOB 18.01.88), Summerscale c/o Green, 18 Arns Grove, Alloa

I should be grateful if you would carry out a medical examination on the above-named child(ren)/young person(s). I have asked Mr and Mrs Green to make an appointment with you for this purpose.

I enclose an Annual Medical Report Form and Claim Form for completion and return in the addressed envelope.

Thank you for your help in this matter.

Yours sincerely

Ann Kennedy
Service Manager
Child Care Provision

Enc

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

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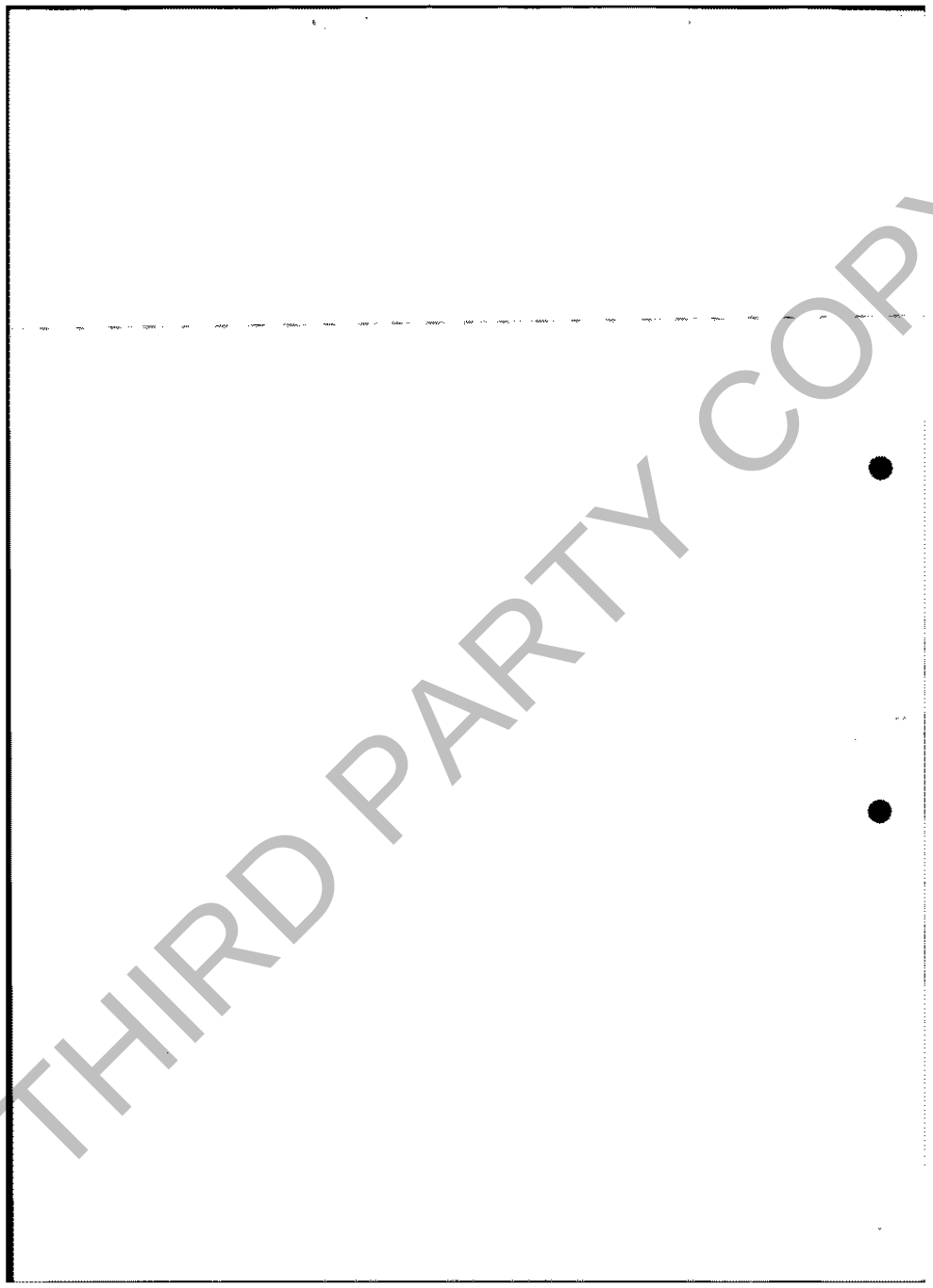
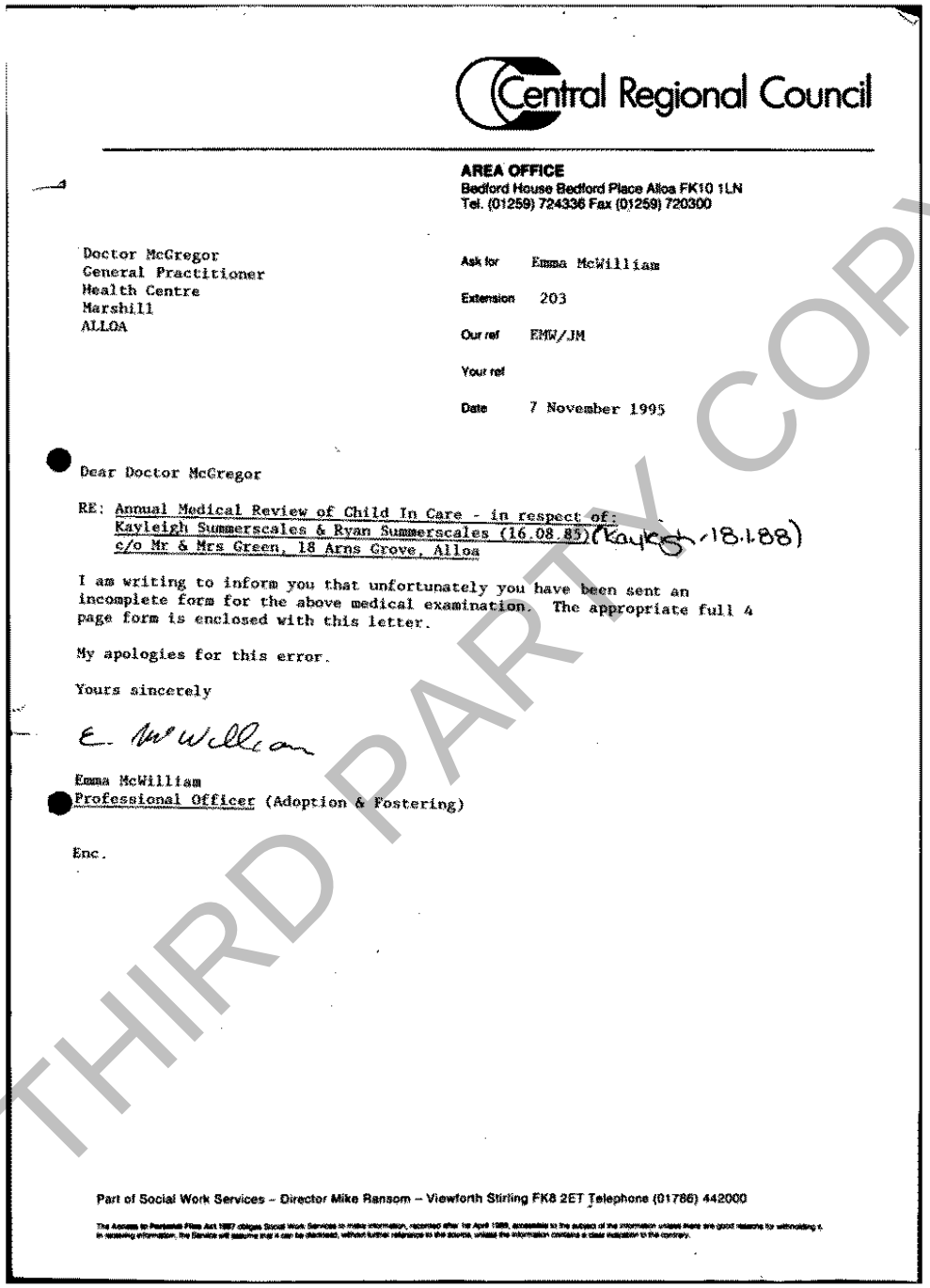


NHS Confidential: Personal data about a patient



Central Regional Council

AREA OFFICE
Bedford House Bedford Place Alloa FK10 1LN
Tel. (01259) 724336 Fax (01259) 720300

Doctor McGregor
General Practitioner
Health Centre
Marshill
ALLOA

Ask for Emma McWilliam
Extension 203
Our ref EMW/JM
Your ref
Date 7 November 1995

Dear Doctor McGregor

RE: Annual Medical Review of Child In Care - in respect of:
Kayleigh Summerscales & Ryan Summerscales (16.08.85)(Kayleigh - 18.1.88)
c/o Mr & Mrs Green, 18 Arns Grove, Alloa

I am writing to inform you that unfortunately you have been sent an incomplete form for the above medical examination. The appropriate full 4 page form is enclosed with this letter.

My apologies for this error.

Yours sincerely

E. McWilliam

Emma McWilliam
Professional Officer (Adoption & Fostering)

Enc.

Part of Social Work Services – Director Mike Ransom – Viewforth Stirling FK8 2ET Telephone (01786) 442000

The Access to Personal Files Act 1987 obliges Social Work Services to make information, recorded after 1st April 1988, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

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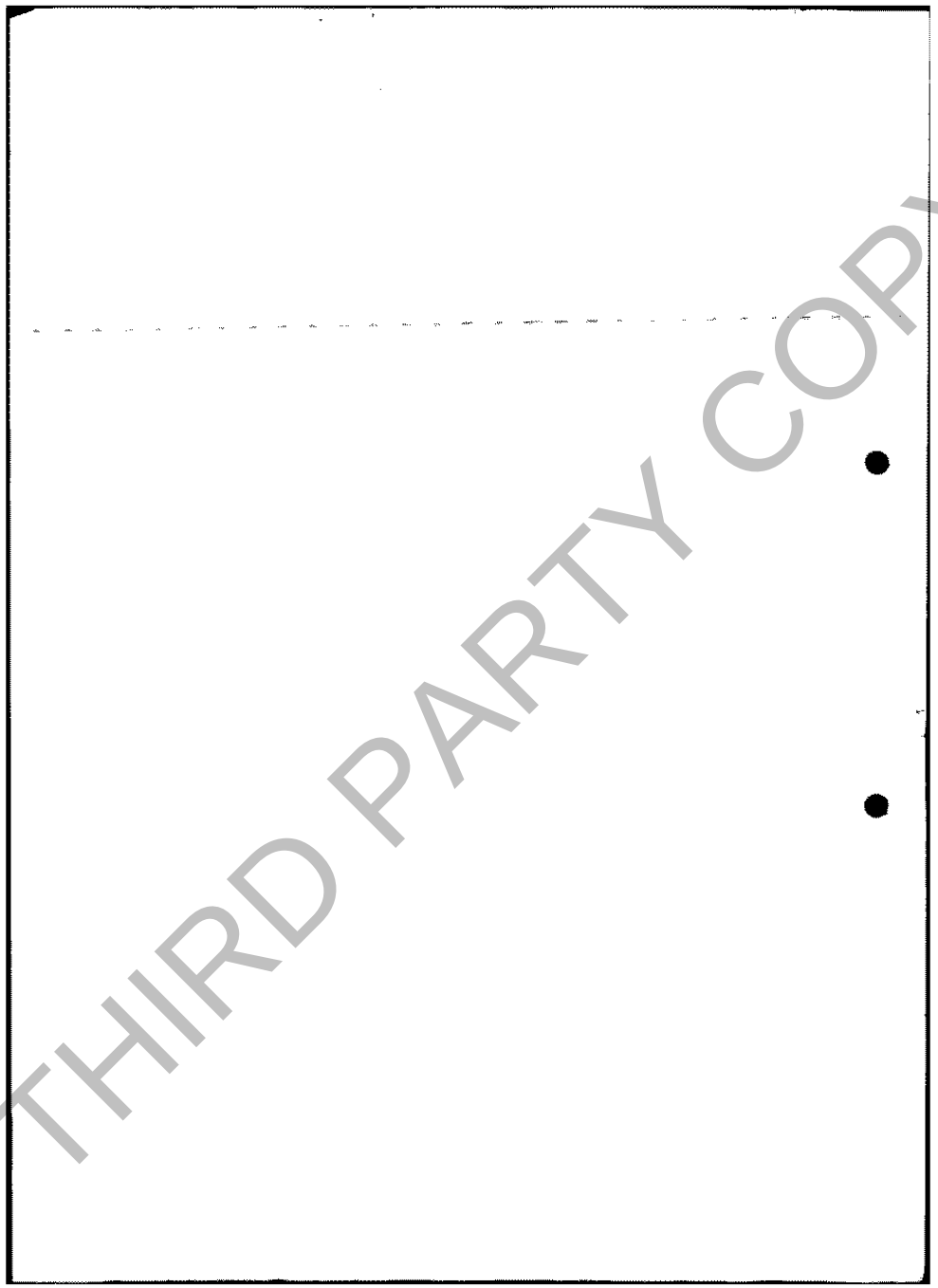
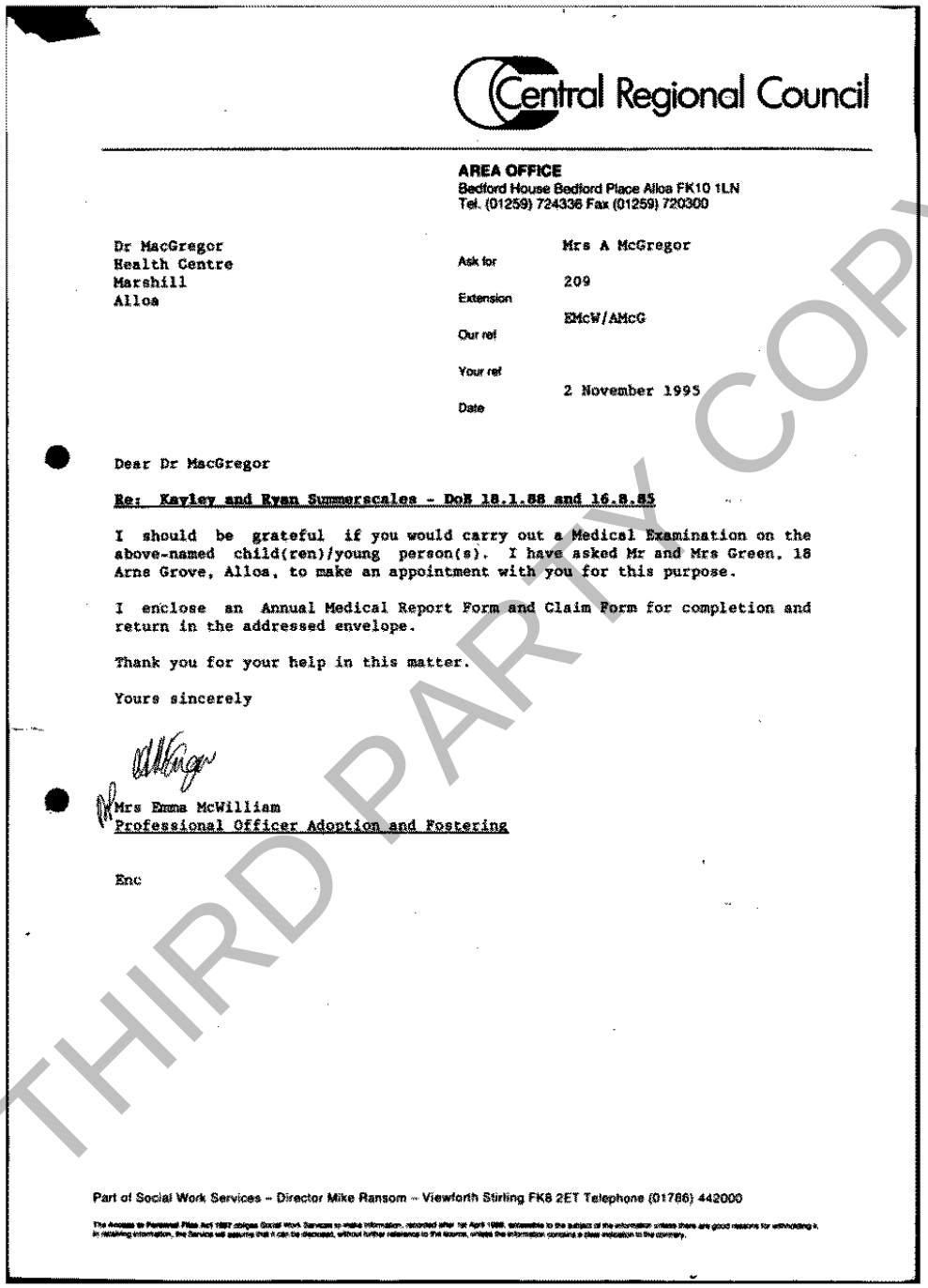


NHS Confidential: Personal data about a patient



Central Regional Council

AREA OFFICE
Bedford House Bedford Place Alloa FK10 1LN
Tel. (01259) 724336 Fax (01259) 720300

Dr MacGregor
Health Centre
Marshill
Alloa

Ask for: Mrs A McGregor
Extension: 209
Our ref: EMcW/AMcG
Your ref:
Date: 2 November 1995

Dear Dr MacGregor

Re: Kayley and Ryan Summerscales - DoB 18.1.88 and 16.8.85

I should be grateful if you would carry out a Medical Examination on the above-named child(ren)/young person(s). I have asked Mr and Mrs Green, 18 Arns Grove, Alloa, to make an appointment with you for this purpose.

I enclose an Annual Medical Report Form and Claim Form for completion and return in the addressed envelope.

Thank you for your help in this matter.

Yours sincerely

Mrs Emma McWilliam
Professional Officer Adoption and Fostering

Enc

Part of Social Work Services - Director Mike Ransom - Viewforth Stirling FK8 2ET Telephone (01786) 442000

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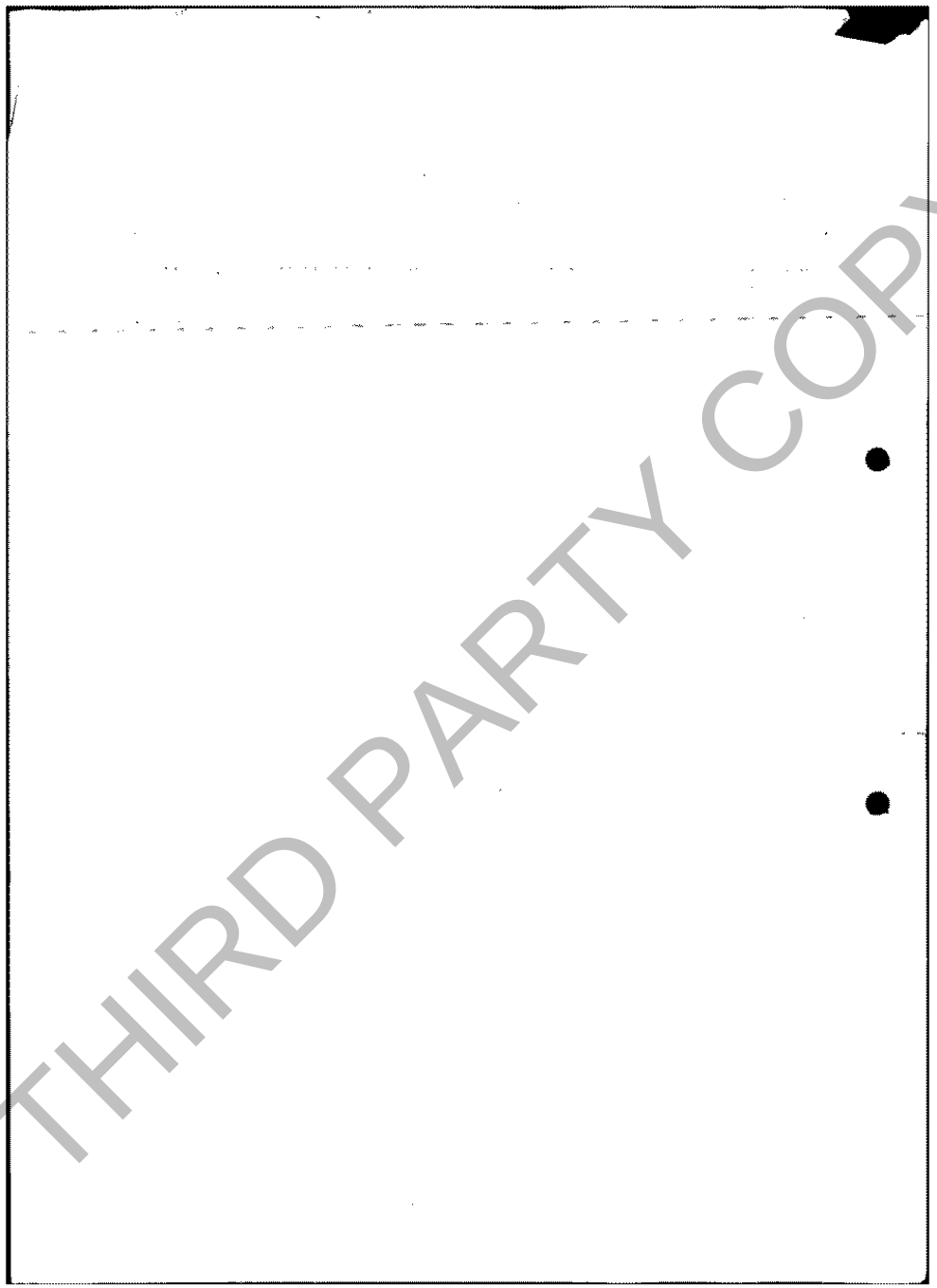


NHS Confidential: Personal data about a patient

C 22/12

FORTH VALLEY PRIMARY CARE NHS TRUST

NOTIFICATION OF IMMUNISATION

Dr. McGREGOR

Your Patient RYAN SUMMERSCALES (D. of B. 16/08/85).

18 ARNS GROVE

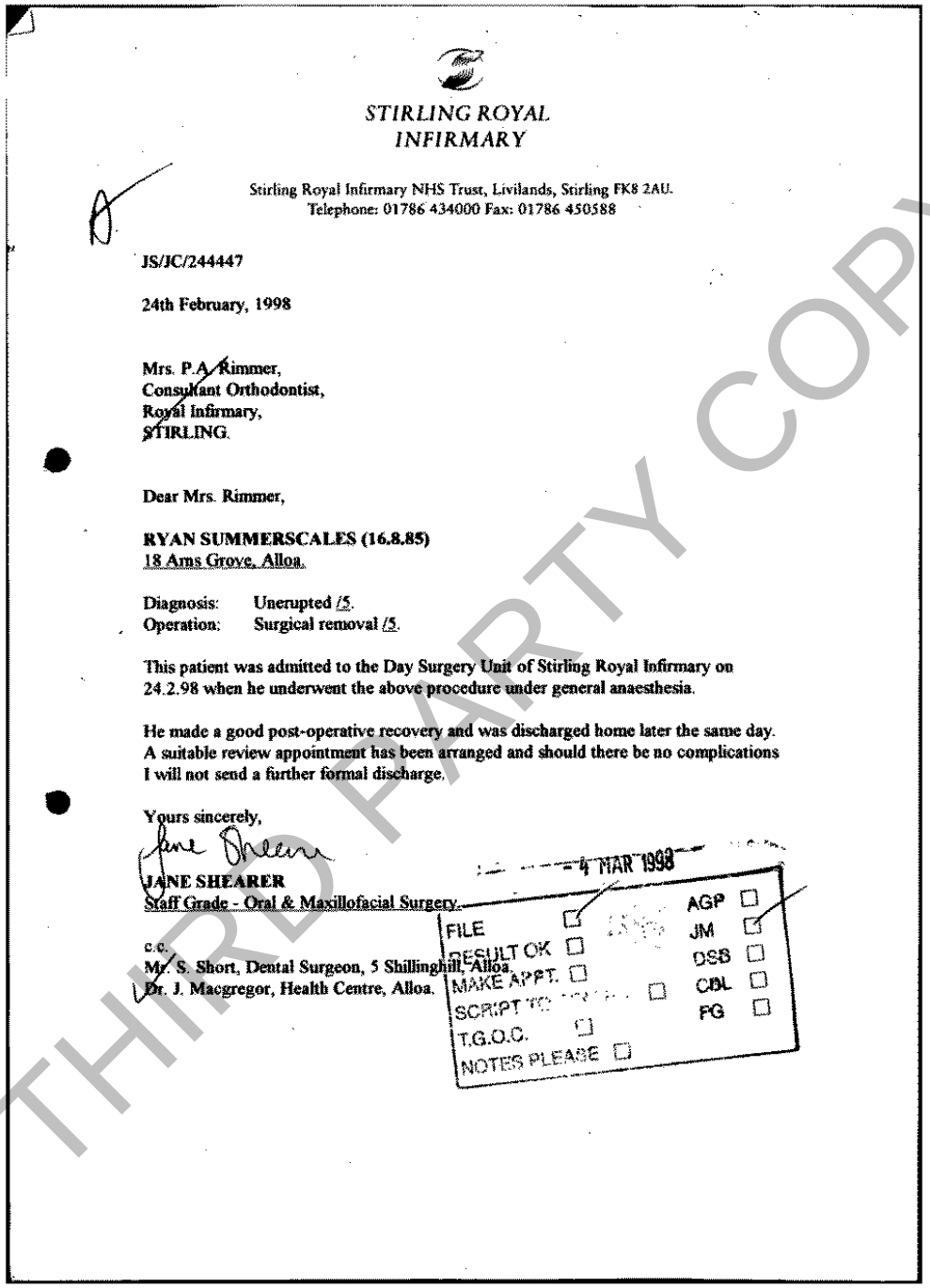
ALLOA FK10 2EE

received a reinforcing injection of Diphtheria/Tetanus vaccine and a reinforcing dose of oral Poliomyelitis vaccine. 4TH DOSE

on 01 DEC 1999

CHD 22

NHS Confidential: Personal data about a patient



STIRLING ROYAL
INFIRMARY

Stirling Royal Infirmary NHS Trust, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

JS/JC/244447

24th February, 1998

Mrs. P.A. Rimmer,
Consultant Orthodontist,
Royal Infirmary,
STIRLING.

Dear Mrs. Rimmer,

RYAN SUMMERSCALES (16.8.85)
18 Arns Grove, Alloa.

Diagnosis: Unerupted /5.
Operation: Surgical removal /5.

This patient was admitted to the Day Surgery Unit of Stirling Royal Infirmary on 24.2.98 when he underwent the above procedure under general anaesthesia.

He made a good post-operative recovery and was discharged home later the same day. A suitable review appointment has been arranged and should there be no complications I will not send a further formal discharge.

Yours sincerely,

JANE SHEARER
Staff Grade - Oral & Maxillofacial Surgery.

c.c.
Mr. S. Short, Dental Surgeon, 5 Shillinghill, Alloa.
Dr. J. Macgregor, Health Centre, Alloa.

4 MAR 1998

FILE	☑	AGP	☐
RESULT OK	☐	JM	☑
MAKE APPT.	☐	DSB	☐
SCRIPT TO	☐	CBL	☐
T.G.O.C.	☐	FG	☐
NOTES PLEASE	☐		

NHS Confidential: Personal data about a patient

phone 4430 when ready

STIRLING ROYAL INFIRMARY NHS TRUST

DISTRIBUTION:
1st White - General Practitioner/Receiving Hospital
2nd Pink - Pharmacy
3rd Yellow - Patient's Record

PATIENT DISCHARGE NOTIFICATION

NAME: Ryan Summerscales
ADDRESS: 18 Arns Grove Alloa
D.O.B. / CHI NO: 16/8/85
HOSPITAL NO: 244447
ALTERNATIVE DISCHARGE ADDRESS (if applicable)
TRANSPORT: (ARRANGED) / NOT ARRANGED

CONSULTANT: Mr McManners
WARD: Day Surgery Unit
REGISTERED GP: Dr McGregor
REFERRING GP: Mrs Rimmer
ADMISSION (ARRANGED) / EMERGENCY VIA GP / SELF REFERRAL
DATE OF ADMISSION: 24/12/98
DATE OF DISCHARGE: 24/12/98

Dear Doctor,

Clinical summary: (Presenting problem, positive investigations, diagnosis, treatment, information given to patient re diagnosis, new drug sensitivities:)

Surgical removal 15 & PVE

FOLLOW UP: 2/52 APPOINTMENT: (MADE) / TO BE MADE
OUTPATIENT INVESTIGATIONS REQUESTED

7 DAYS' MEDICATION SUPPLIED:

℞ MEDICINE, FORM OF PREPARATION AND STRENGTH	MAKE & BATCH NO (FOR PHARMACY USE ONLY)	DOSE	FREQUENCY	QUANTITY SUPPLIED	DURATION OF TREATMENT
CEFROXIL susp	7/00	10ml	10 i d	2x300ml	7 days
CO-DYDRAMOL	9/99	[/II	qds	40	7 days
PEN V	5/02	250mg	qds	20	5 days

Jane Weaver (MEDICAL OFFICER) JDr (PHARMACIST) 24/12/98 (DATE DISPENSED)

WHERE PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY THE PHARMACIST.
STH024

NHS Confidential: Personal data about a patient

MPF. 1/1

FORTH VALLEY HEALTH BOARD

MEDICAL FEE INVOICE

18348

SECTIONS 1, 2, 3 AND 6 TO BE COMPLETED BY REQUESTING OFFICER

1. Name & Address of Patient: RYAN SUMMERSCALE c/o GREEN
   18 ALVA GLEN
   ALLOA

2. Specific Medical Service requested, as per Scottish Home & Health Department Circular
   Item No. B3.1

3. Name & Address of Contact Person: Ullie Williamson
   BEOFORD HOUSE
   BEOFORD PLACE, ALLOA

   Tel. No. 714336

SECTIONS 4 AND 5 TO BE COMPLETED BY GENERAL PRACTITIONER AND GREEN COPY RETURNED TO PERSON NAMED AT SECTION 3

4. From Doctor: Dr McGregor
   Alloa Health Centre
   Marshill
   Alloa FK10 1AB
   (Use Office or Surgery Stamp)

5. I have given this patient a full medical examination during surgery hours — YES / NO
   I have given this patient a full medical examination outwith surgery hours — YES / NO
   I have collected the form by checking my patient's records — YES / NO
   The fee agreed by the B.M.A. ✓ £ :
   Mileage expenses incurred ____ miles @ ____ p per mile
   (Capacity of car engine) ____ C.C.) £ :

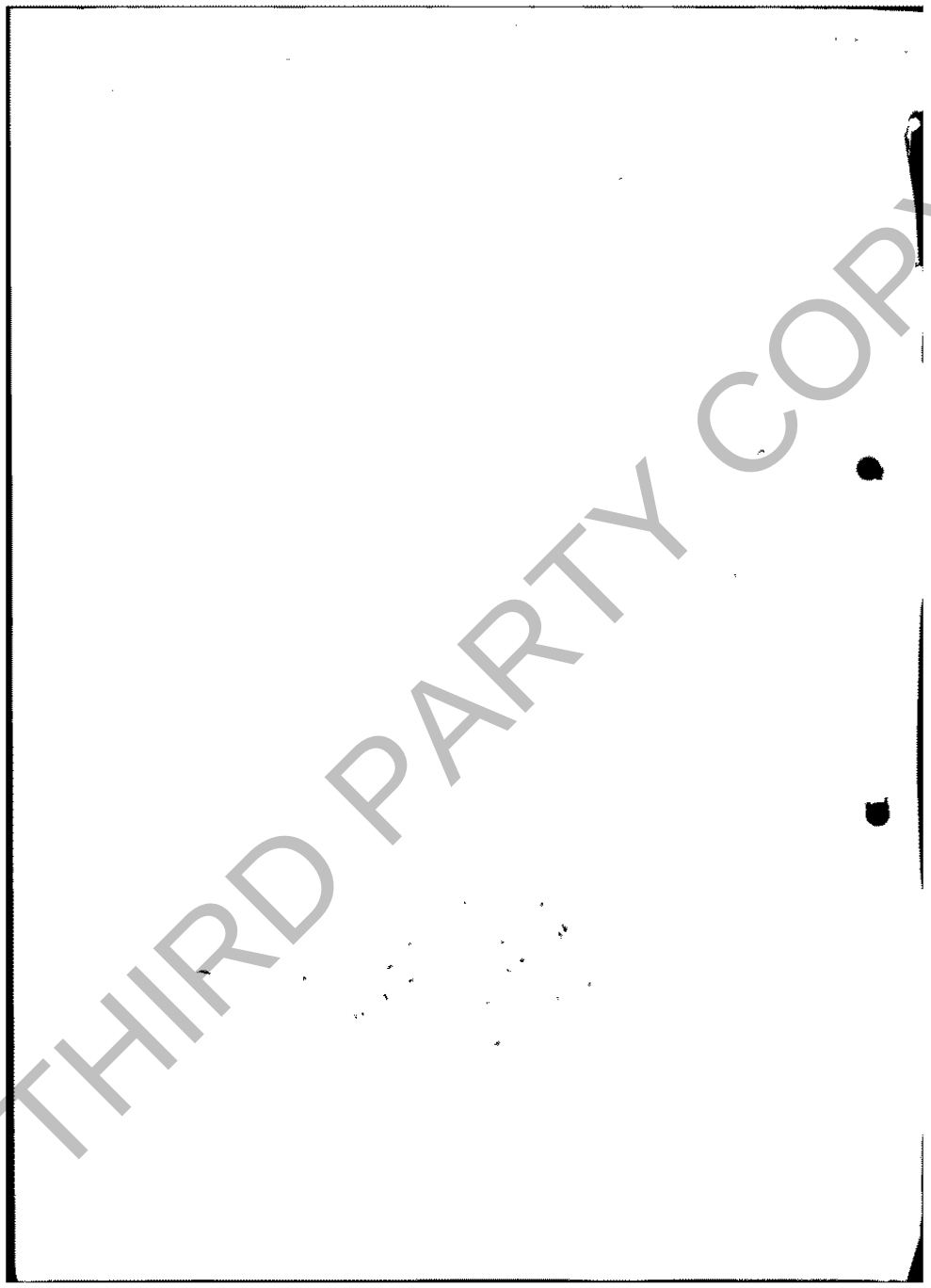
   Signature: [signature]
   Date: 8/12/97

6. Certified for Payment: Signature: [signature]
   Designation: Senior Manager
   Department: Social Work
   Date: 16.12.97

FINANCIAL SERVICES USE ONLY
Fee checked by:
Date:

ON COMPLETION OF SECTION 6, THE FORM SHOULD BE RETURNED TO: FINANCIAL SERVICES
FORTH VALLEY HEALTH BOARD
9 GLADSTONE PLACE
STIRLING FK8 2AH
Telephone Stirling 0786 463031

NHS Confidential: Personal data about a patient



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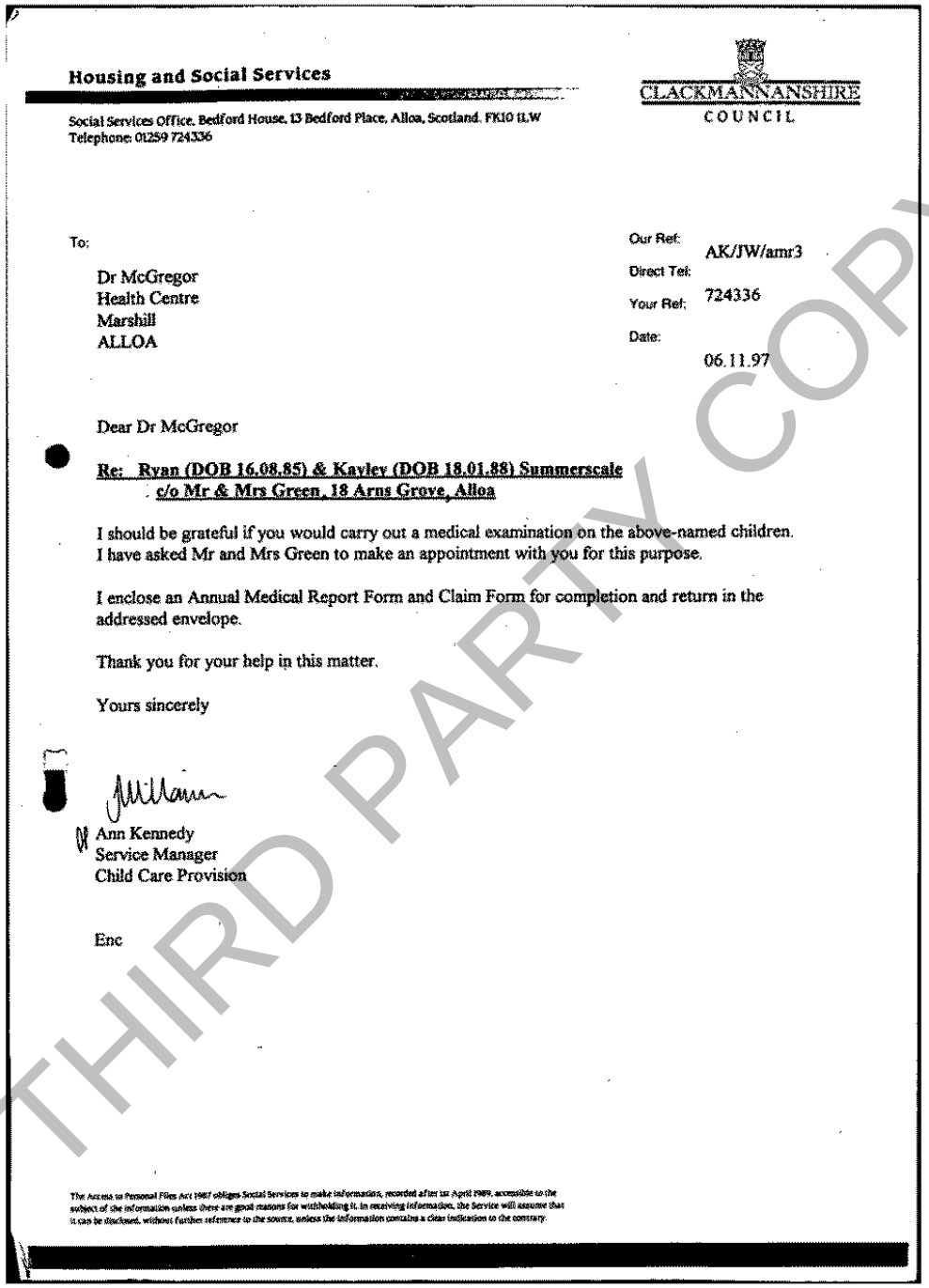

Housing and Social Services

Social Services Office, Bedford House, 13 Bedford Place, Alloa, Scotland. FK10 1LW
Telephone: 01259 724336

CLACKMANNANSHIRE
COUNCIL

To:

Dr McGregor
Health Centre
Marshill
ALLOA

Our Ref: AK/JW/amr3
Direct Tel:
Your Ref: 724336
Date: 06.11.97

Dear Dr McGregor

Re: Ryan (DOB 16.08.85) & Kayley (DOB 18.01.88) Summerscale
c/o Mr & Mrs Green, 18 Arns Grove, Alloa

I should be grateful if you would carry out a medical examination on the above-named children. I have asked Mr and Mrs Green to make an appointment with you for this purpose.

I enclose an Annual Medical Report Form and Claim Form for completion and return in the addressed envelope.

Thank you for your help in this matter.

Yours sincerely

Ann Kennedy
Service Manager
Child Care Provision

Enc

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

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NHS Confidential: Personal data about a patient

38.

CLACKMANNANSHIRE COUNCIL
SOCIAL SERVICES - CHILD CARE SERVICE

Annual Medical Review of a Child Being Looked After

CONFIDENTIAL

Surname	SUMMERSCALE		
Forenames	RYAN		
Alternative surname			
Date of birth/CHI	16/8/85	Sex	MALE
School/nursery			
Date of admission into care			
Place of examination			
Person accompanying child			

1. **Has there been any significant change in any medical conditions since the last assessment ?** ***Yes / no.***

   If yes, specify :-

2. **Does the child attend any specialists ?** ***Yes / no***

   If yes, specify :- ORTHODONTIST ONGOING FOR PAST 2 years.

3. **Have any immunisations been given since the last assessment ?** ***Yes / no.***

   If yes, specify :- D.p, tet and Polio 10/5/97

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Page 2

4. Has there been any change in behavioural / educational difficulties since the last examination ? *Yes / (no.)*

If yes, specify :- Pleasant well behaved lad.

5. Has a Record of Needs been opened ? *Yes / (no.)*

If yes, give date _____

6. General physical appearance (including evidence of infection, injury or neglect. Use the diagram if necessary.)

Healthy.

7.		Percentile		Right	Left
Height	147	0%	Visual acuity		
Weight	45 kg	0%	Hearing		
Head circ.		%			

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NHS Confidential: Personal data about a patient

Page 3

8. Physical examination (if necessary)

	COMMENTS
General appearance	Healthy
Skin & hair	✓
Teeth	Attends dentist
Eyes	No eye abnormality
ENT	✓
CVS	✓
BP (if applic.)	✓
Respiratory	✓
Abdomen	✓
Testes	✓
CNS	✓
Locomotor	

9. Developmental / social assessment

	COMMENTS
Gross motor	✓
Fine motor	✓
Communication	✓
Behaviour	✓

Is the child's development appropriate for his/her age ? Yes / No

If no, specify :-

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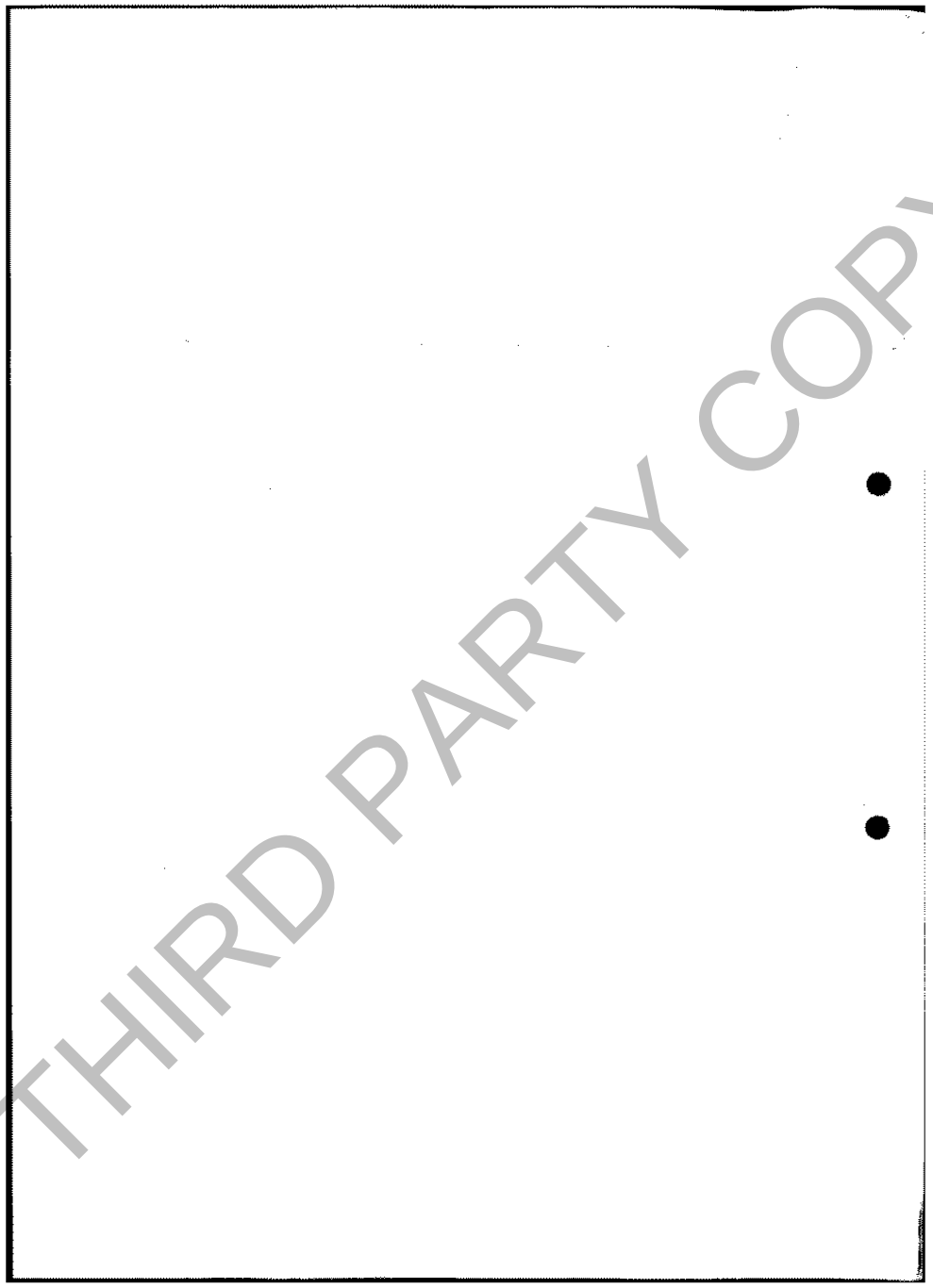

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Page 4

10. Has any treatment or investigation been organised or has a referral been made ? Yes (no)

If yes, specify :-

11. Any other relevant information.

Signature of doctor

Name S McGrew

Address Alton Health Centre
Alton

☎ 01256 722050

Date 3/11/97

NHS Confidential: Personal data about a patient

Clackmannanshire Council Social Services

CLACKMANNANSHIRE COUNCIL

To:
Dr .. McGreggor
G.P.
Alloa Health Centre

Alloa

From:
Margaret Penman
Housing and Social Services
Bedford House
Alloa FK10 1LN
Telephone Alloa (01259) 724336

17/11/97

Subject:
Children In Care Procedures

Dear Dr .. McGreggor

A Review has been scheduled as follows:

Client/s Name/s:		Client/s Number/s:	
Ryan Summerscales Kayley Summerscales		AA00545E AA00545F	
Location:	Room 8, Bedford House, Bedford Place, Alloa		
On:	27/11/97	Time:	15:30 - 16:30

You are invited to attend this Review and to submit a report. Where appropriate a report pro-forma is enclosed. Please send your report to the above address not later than **17/11/97** . This applies whether you are able to attend or not.

Copies of all reports received, will if possible, be circulated to you in advance in order that you can prepare for the meeting. You will be asked to return your report pack after the meeting for confidential destruction.

Please indicate below if for any reason you do not wish your report circulated in advance.

Margaret Penman
Meeting Secretary

Please complete the addressed reply slip provided over and return by: 20/11/97

NHS Confidential: Personal data about a patient

Sent 18/11/97

To:
Margaret Penman
Meeting Secretary:
Alloa Area Office.
Bedford House.
Alloa,
FK10 1LN

From:
Dr .. McGreggor
G.P.
Alloa Health Centre

Alloa

Subject:

Invite Response

Client/s Name/s:	Client/s Number/s:
Ryan Summerscales	AA00545E
Kayley Summerscales	AA00545F
Location: Room 8, Bedford House, Bedford Place, Alloa.	
On: 27/11/97	Time: 15:30 - 16:30

Social Worker: Jan Morris

Can you attend? Yes / No / ~~Representative~~

Will you supply? Report / Other

Report shared? Yes / No

If a Representative is attending on your behalf, please detail Representative's Name:

Comments (e.g. Wheelchair access required, etc.):

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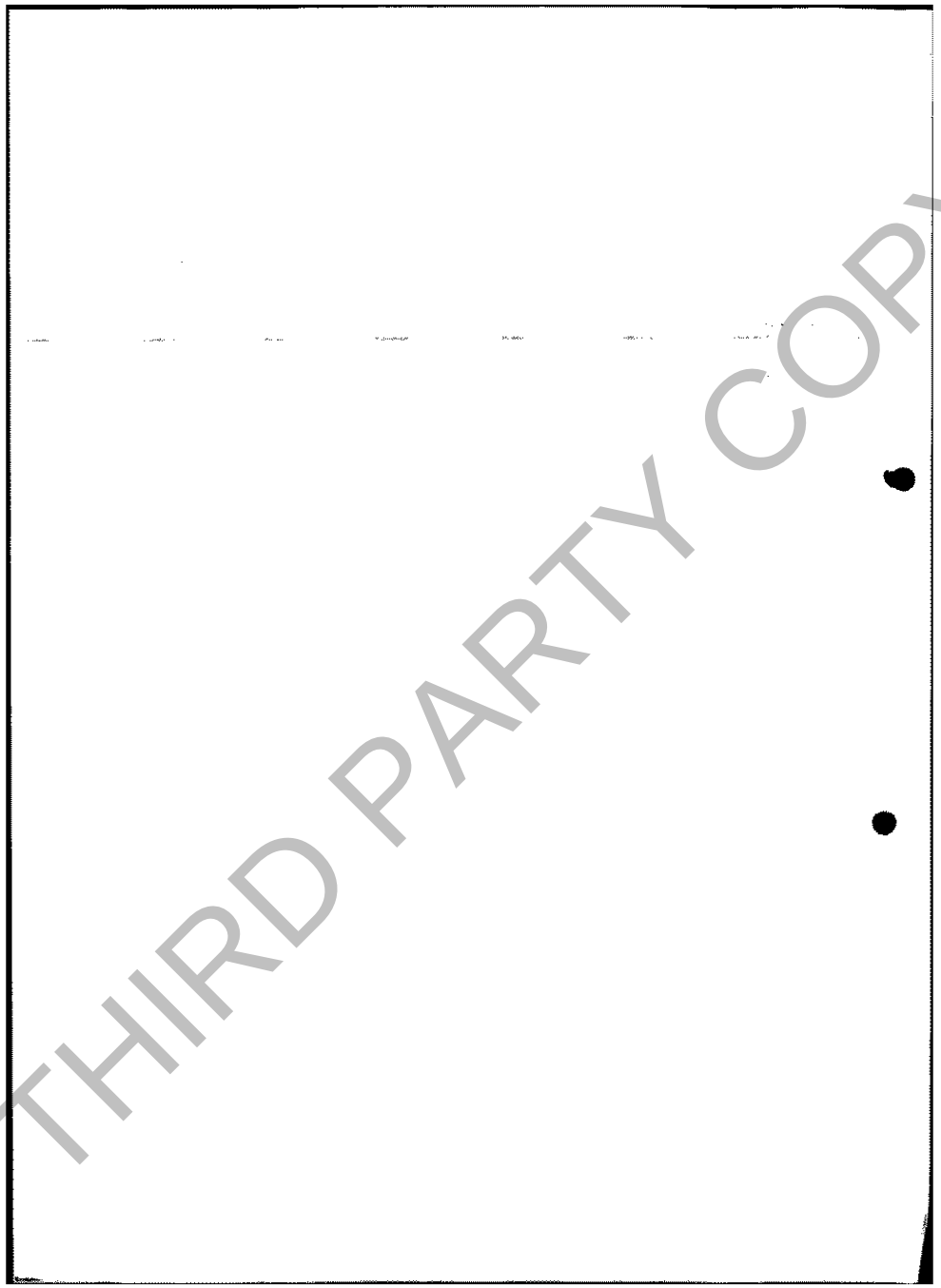
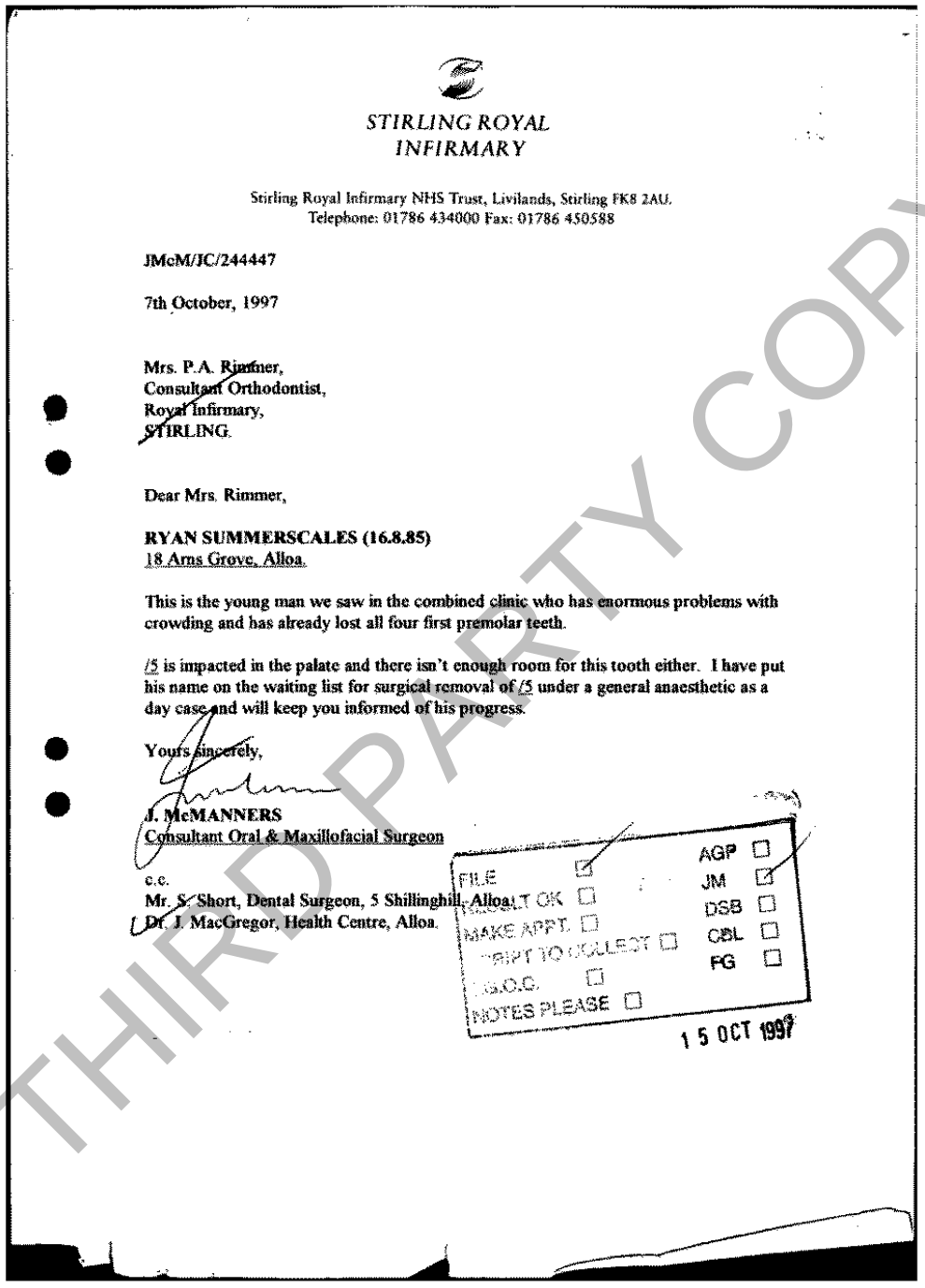


NHS Confidential: Personal data about a patient



STIRLING ROYAL
INFIRMARY

Stirling Royal Infirmary NHS Trust, Livilands, Stirling FK8 2AU.
Telephone: 01786 434000 Fax: 01786 450588

JMcM/JC/244447

7th October, 1997

Mrs. P.A. Rimmer,
Consultant Orthodontist,
Royal Infirmary,
STIRLING.

Dear Mrs. Rimmer,

RYAN SUMMERSCALES (16.8.85)
18 Arns Grove, Alloa.

This is the young man we saw in the combined clinic who has enormous problems with crowding and has already lost all four first premolar teeth.

/5 is impacted in the palate and there isn't enough room for this tooth either. I have put his name on the waiting list for surgical removal of /5 under a general anaesthetic as a day case and will keep you informed of his progress.

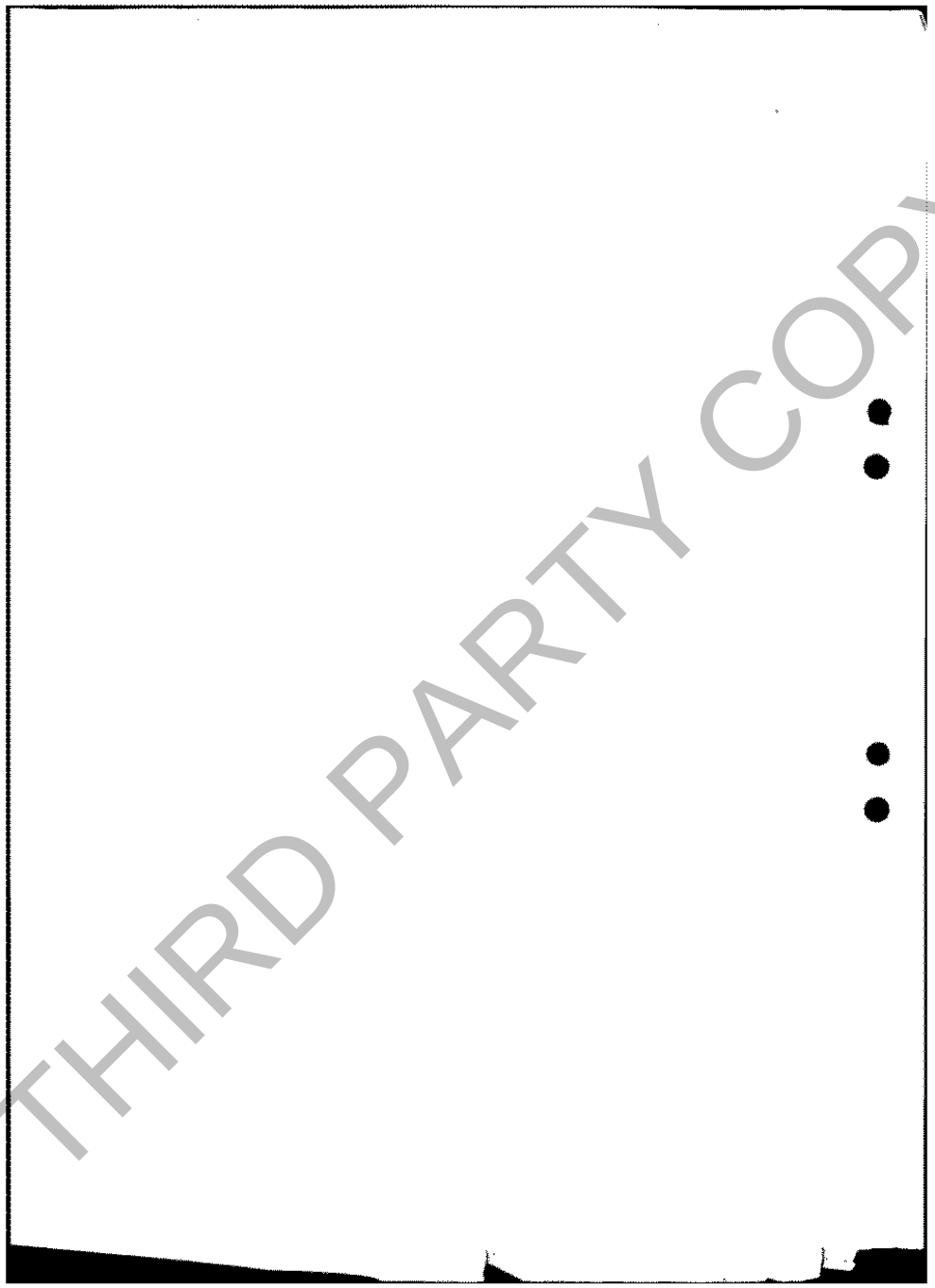
Yours sincerely,

J. McMANNERS
Consultant Oral & Maxillofacial Surgeon

c.c.
Mr. S. Short, Dental Surgeon, 5 Shillinghill, Alloa.
Dr. J. MacGregor, Health Centre, Alloa.

FILE ☑ AGP ☐
RESULT OK ☐ JM ☑
MAKE APPT. ☐ DSB ☐
SCRIPT TO COLLECT ☐ CBL ☐
G.O.C. ☐ FG ☐
NOTES PLEASE ☐
15 OCT 1997

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Dr A G Patrick
Dr J MacGregor
Dr D S Borland
Dr C B Lamb
Dr F Green

The Heath Centre
Marshill, ALLOA
Clackmannanshire, FK10 1AB
Tel: (01259) 722050/216701
Fax (01259) 724790

JMCG/MB

Service Manager
Social Services office
Bedford Place
ALLOA
FK10 1LW

18 September 1997

Dear Sir,

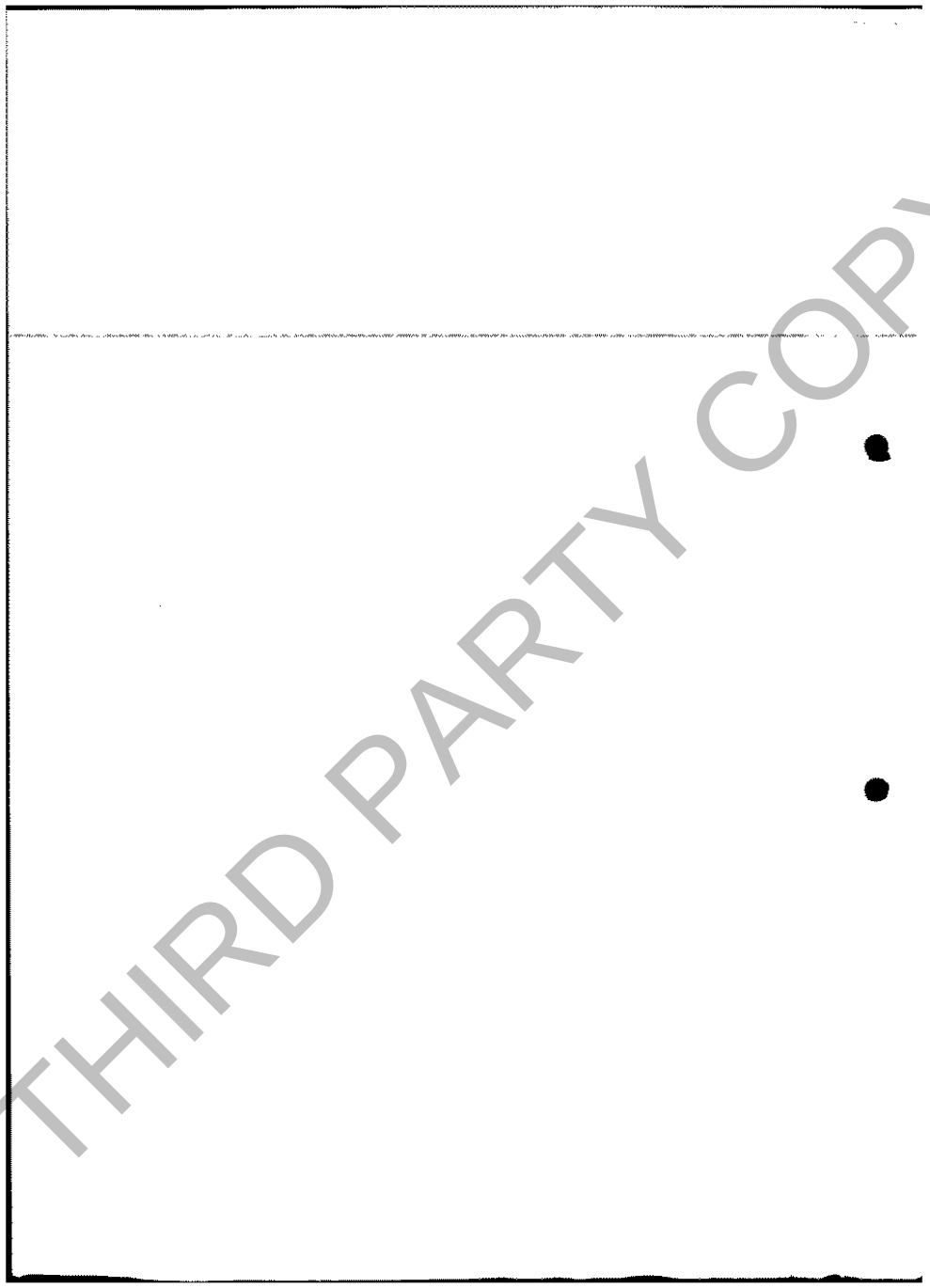
Re: [redacted] & Kayley Summerscales c/o 18 Arns Grove ALLOA DOB 16.08.85 - 18.01.88

The children are fit, healthy and thriving with foster parents.

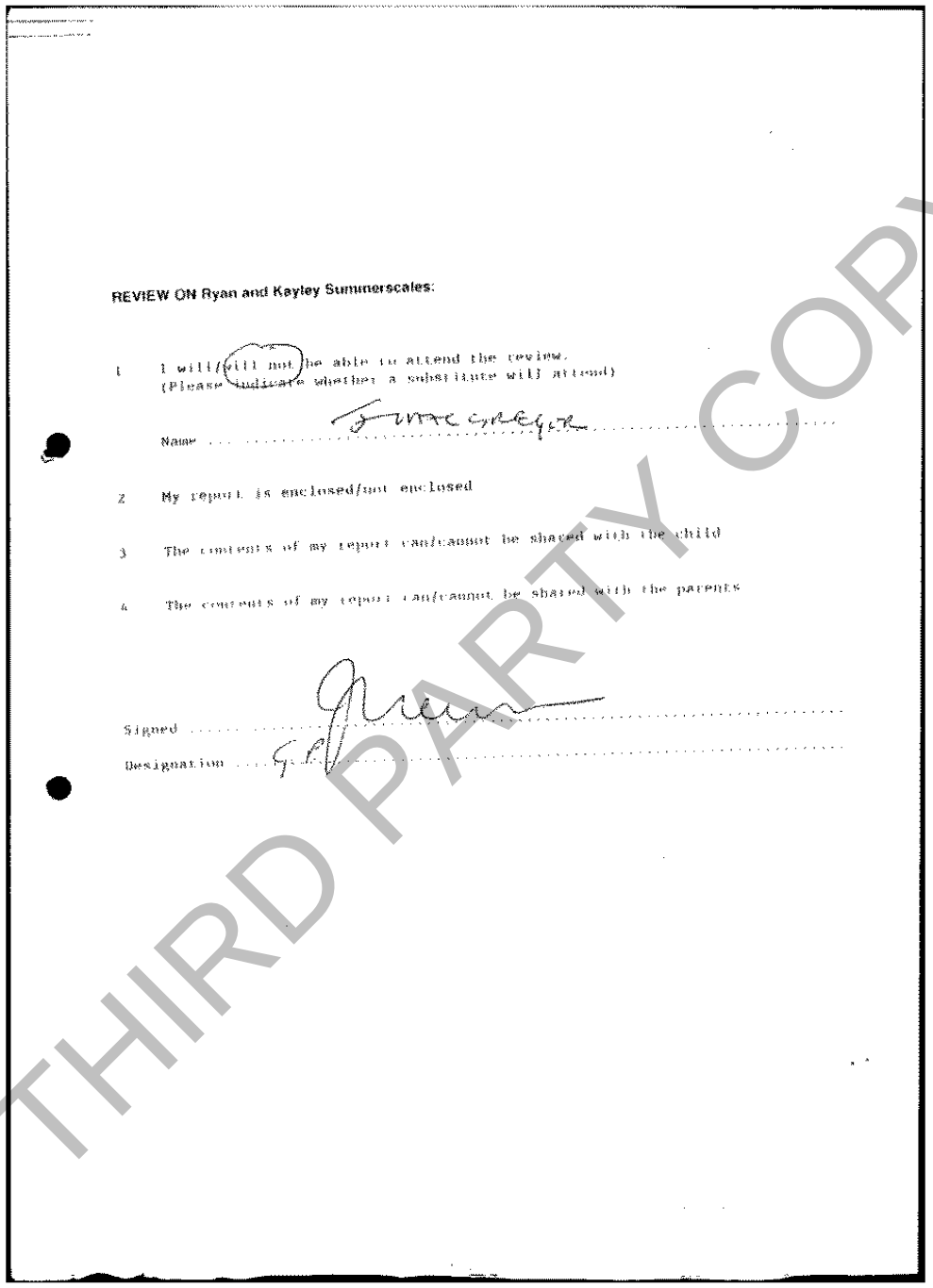
Yours faithfully

DR JAMES MACGREGOR

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



REVIEW ON Ryan and Kaytey Summerscales:

1 I will/will not be able to attend the review.
(Please indicate whether a substitute will attend)

Name ...

2 My report is enclosed/not enclosed

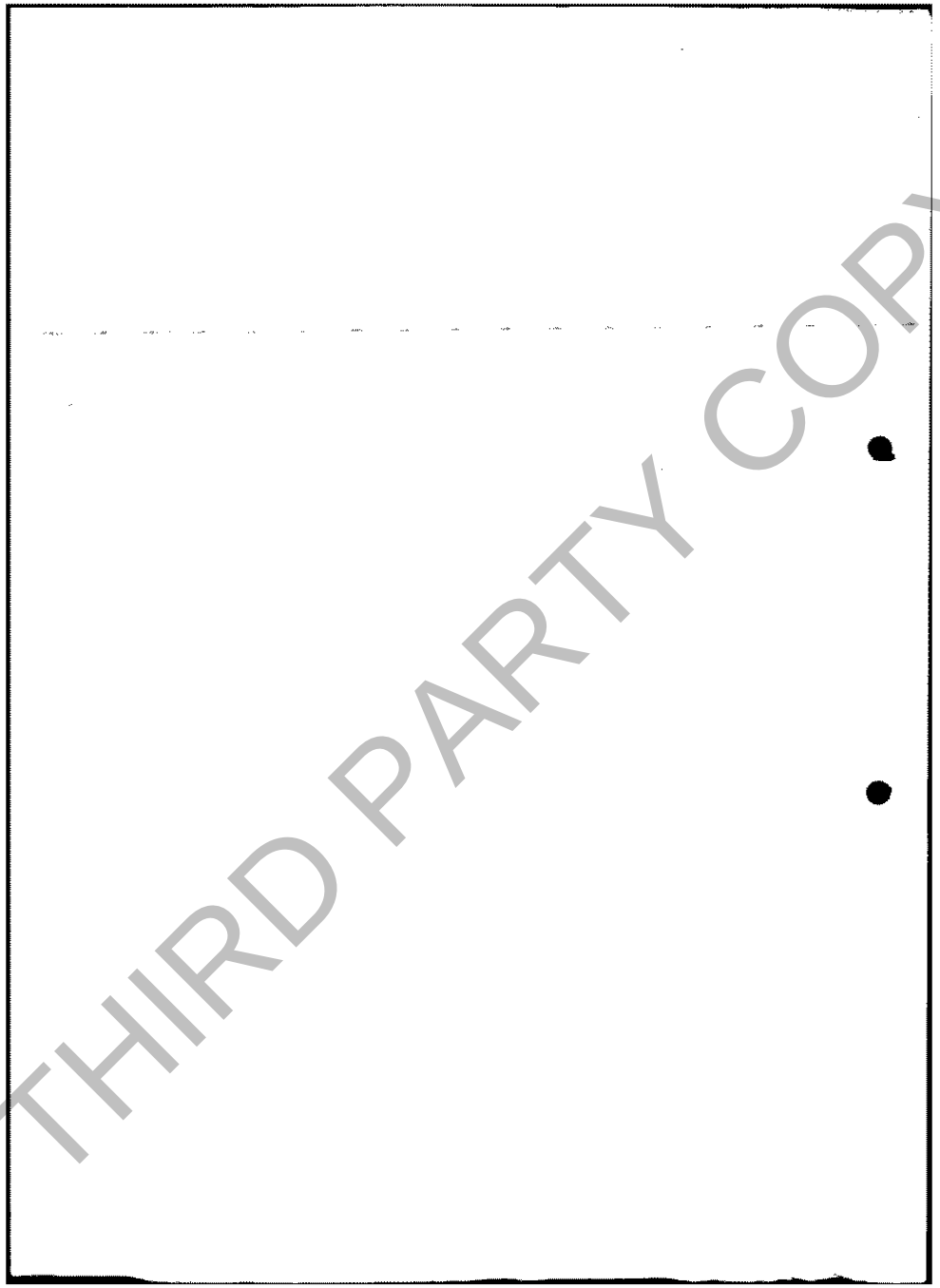
3 The contents of my report can/cannot be shared with the child

4 The contents of my report can/cannot be shared with the parents

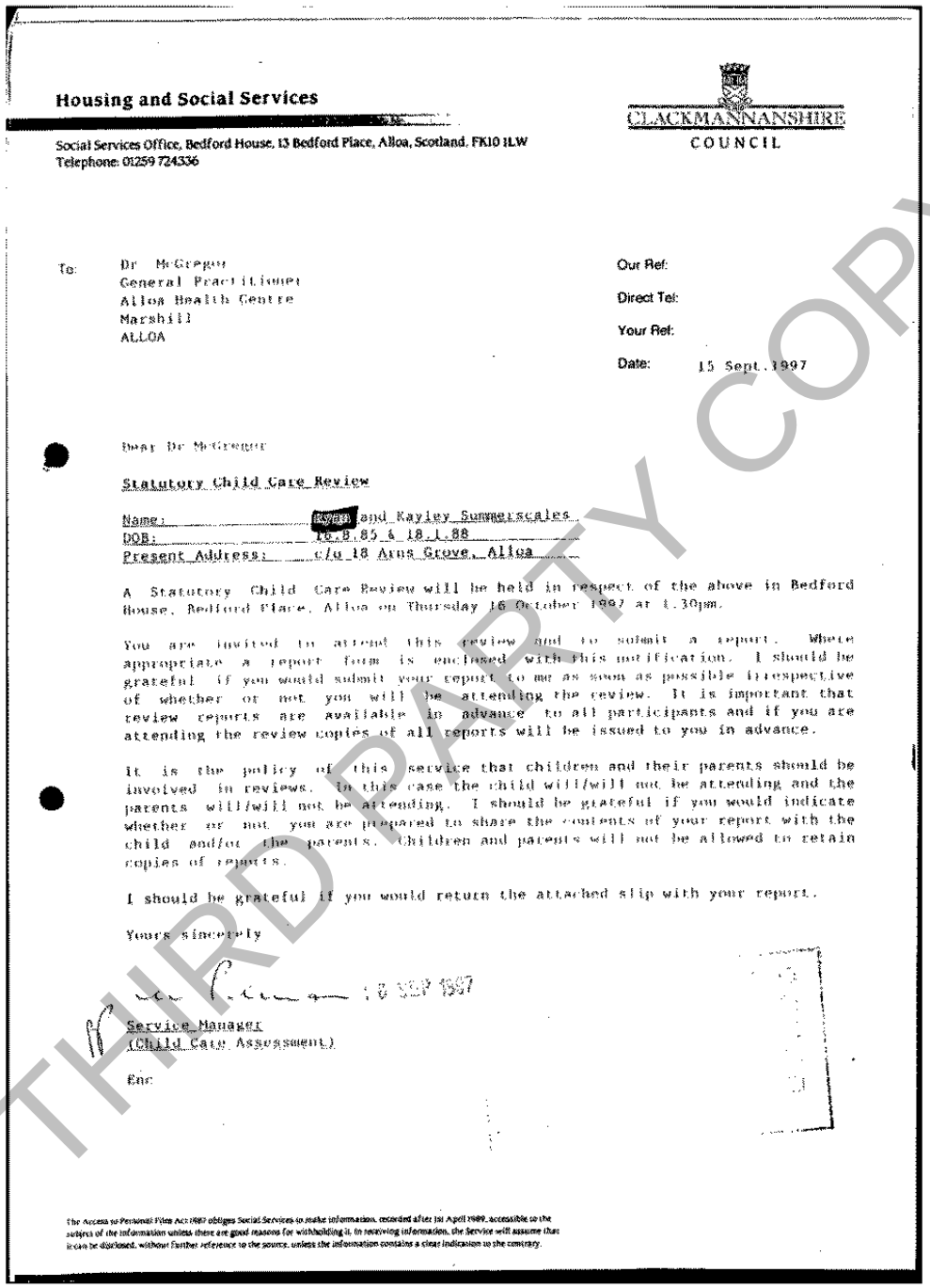
Signed ...

Designation ...

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



Housing and Social Services

Social Services Office, Bedford House, 13 Bedford Place, Alloa, Scotland. FK10 1LW
Telephone: 01259 724336

CLACKMANNANSHIRE COUNCIL

To: Dr McGregor
General Practitioner
Alloa Health Centre
Marshill
ALLOA

Our Ref:
Direct Tel:
Your Ref:
Date: 15 Sept.1997

Dear Dr McGregor

Statutory Child Care Review

Name: [redacted] and Kayley Summerscales
DOB: 16.8.85 & 18.1.88
Present Address: c/o 18 Arns Grove, Alloa

A Statutory Child Care Review will be held in respect of the above in Bedford House, Bedford Place, Alloa on Thursday 16 October 1997 at 1.30pm.

You are invited to attend this review and to submit a report. Where appropriate a report form is enclosed with this notification. I should be grateful if you would submit your report to me as soon as possible irrespective of whether or not you will be attending the review. It is important that review reports are available in advance to all participants and if you are attending the review copies of all reports will be issued to you in advance.

It is the policy of this service that children and their parents should be involved in reviews. In this case the child will/will not be attending and the parents will/will not be attending. I should be grateful if you would indicate whether or not you are prepared to share the contents of your report with the child and/or the parents. Children and parents will not be allowed to retain copies of reports.

I should be grateful if you would return the attached slip with your report.

Yours sincerely

[signature] 18 SEP 1997

Service Manager
(Child Care Assessment)

Enc:

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

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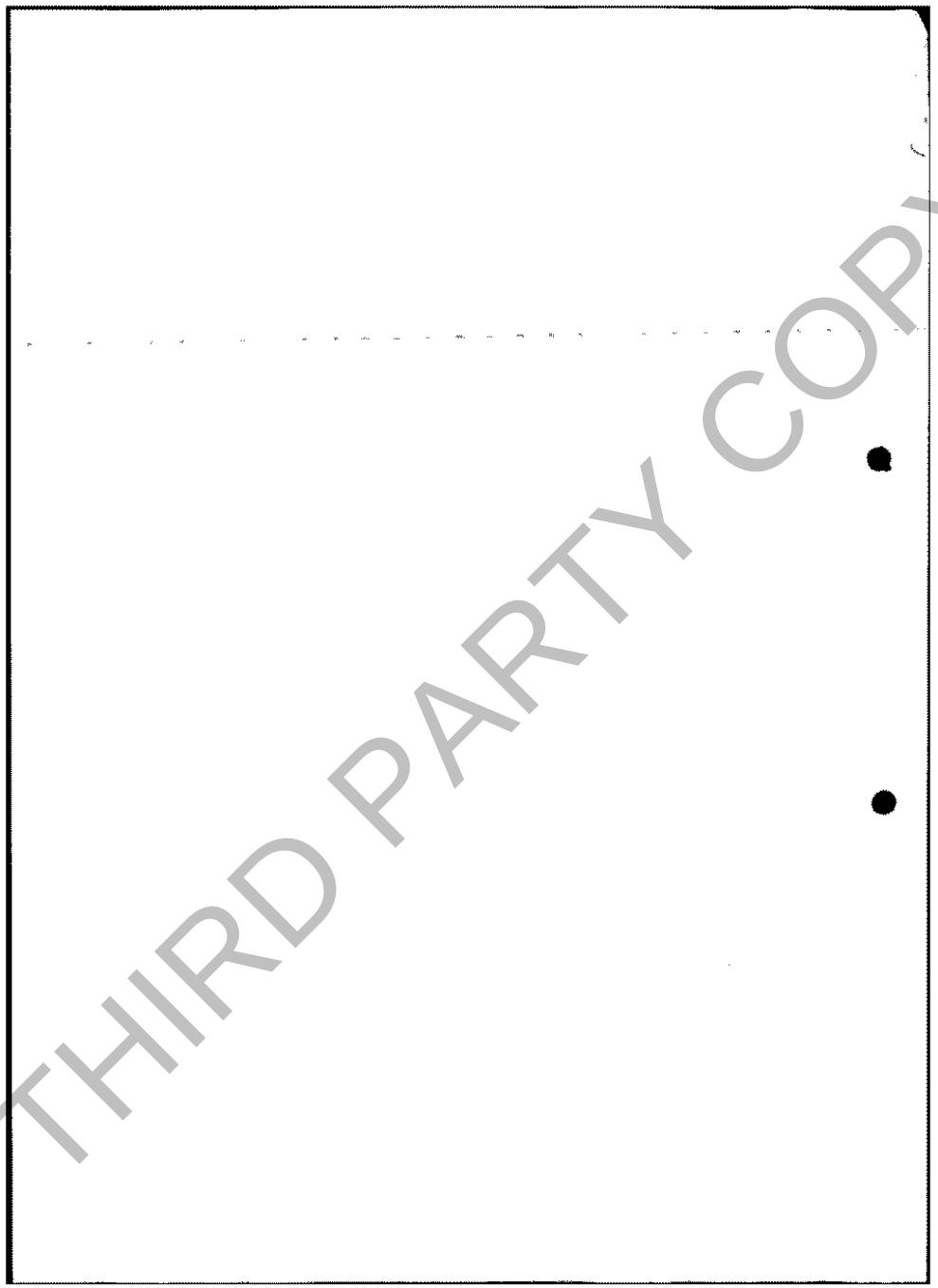
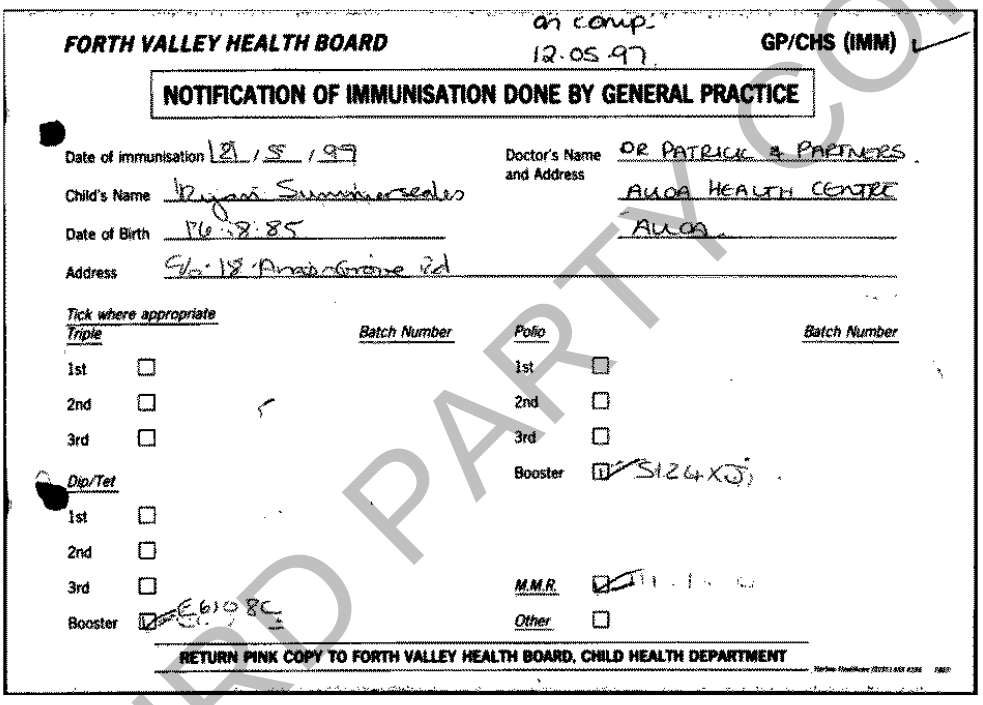


NHS Confidential: Personal data about a patient



FORTH VALLEY HEALTH BOARD

an comp: 12.05.97

GP/CHS (IMM) ✓

NOTIFICATION OF IMMUNISATION DONE BY GENERAL PRACTICE

Date of immunisation 21 / 5 / 97

Child's Name [redacted] Summerseales

Date of Birth 16.8.85

Address 9c. 18 Annscroft Rd

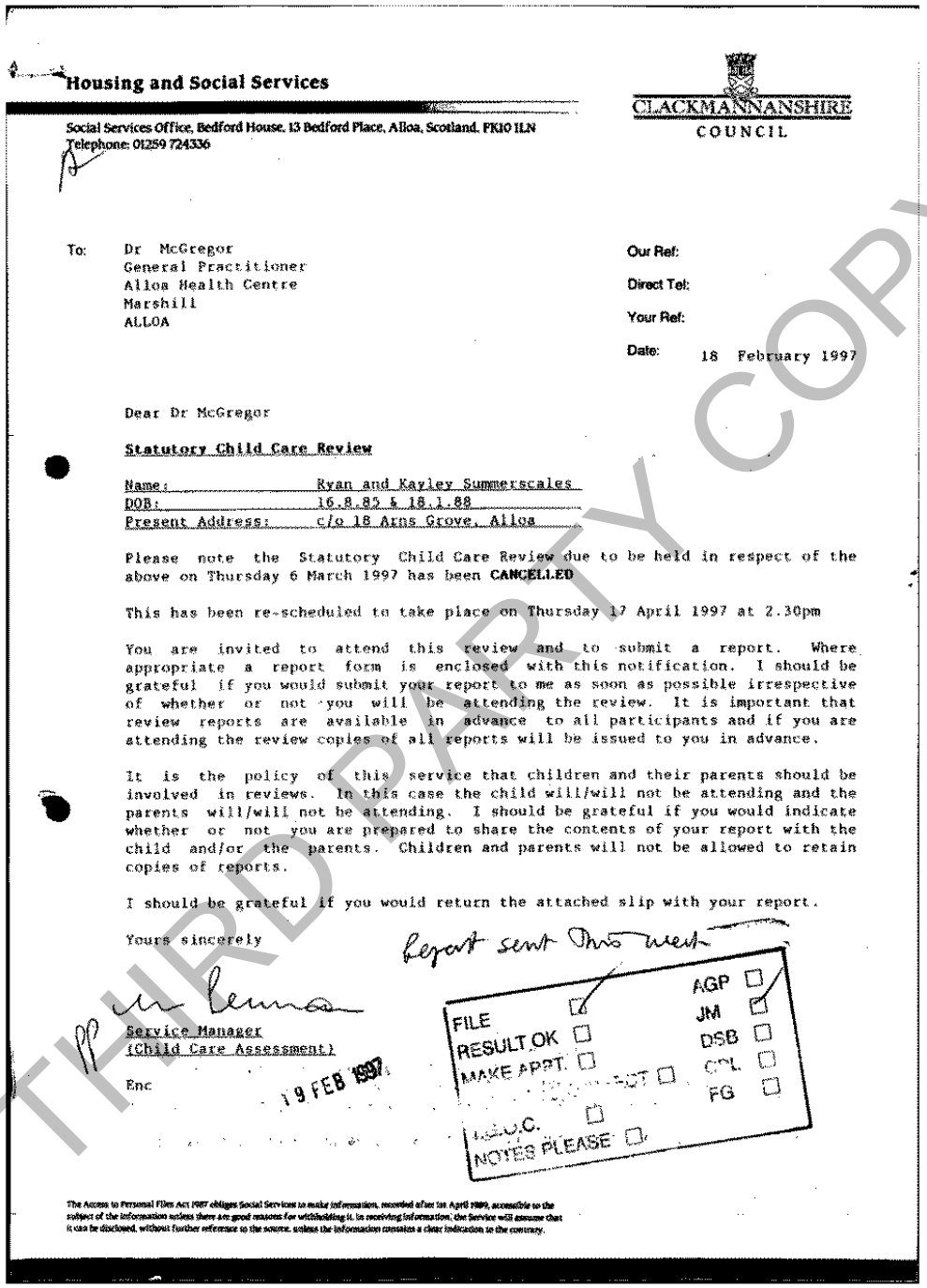
Doctor's Name and Address DR PATRICK & PARTNERS
ALVA HEALTH CENTRE
ALVA

Tick where appropriate

Triple		Batch Number	Polio		Batch Number
1st	☐		1st	☐	
2nd	☐		2nd	☐	
3rd	☐		3rd	☐	
Dip/Tet			Booster	☑	S1.24XJ
1st	☐				
2nd	☐				
3rd	☐		M.M.R.	☑	[illegible]
Booster	☑	E6108C	Other	☐	

RETURN PINK COPY TO FORTH VALLEY HEALTH BOARD, CHILD HEALTH DEPARTMENT

NHS Confidential: Personal data about a patient



Housing and Social Services

Social Services Office, Bedford House, 13 Bedford Place, Alloa, Scotland. FK10 1LN
Telephone: 01259 724336

CLACKMANNANSHIRE COUNCIL

To: Dr McGregor
General Practitioner
Alloa Health Centre
Marshill
ALLOA

Our Ref:
Direct Tel:
Your Ref:
Date: 18 February 1997

Dear Dr McGregor

Statutory Child Care Review

Name: Ryan and Kayley Summerscales
DOB: 16.8.85 & 18.1.88
Present Address: c/o 18 Arns Grove, Alloa

Please note the Statutory Child Care Review due to be held in respect of the above on Thursday 6 March 1997 has been **CANCELLED**

This has been re-scheduled to take place on Thursday 17 April 1997 at 2.30pm

You are invited to attend this review and to submit a report. Where appropriate a report form is enclosed with this notification. I should be grateful if you would submit your report to me as soon as possible irrespective of whether or not you will be attending the review. It is important that review reports are available in advance to all participants and if you are attending the review copies of all reports will be issued to you in advance.

It is the policy of this service that children and their parents should be involved in reviews. In this case the child will/will not be attending and the parents will/will not be attending. I should be grateful if you would indicate whether or not you are prepared to share the contents of your report with the child and/or the parents. Children and parents will not be allowed to retain copies of reports.

I should be grateful if you would return the attached slip with your report.

Yours sincerely

Report sent this week

pp

Service Manager
(Child Care Assessment)

Enc

19 FEB 1997

FILE ☑ AGP ☐
RESULT OK ☐ JM ☑
MAKE APPT. ☐ DSB ☐
CPL ☐
FG ☐
NOTES PLEASE ☐

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NHS Confidential: Personal data about a patient

Please return to:

M Penman
Alloa Office
Bedford House
13 Bedford Place
ALLOA
FK10 1LN

REVIEW ON Ryan and Kayley Summerscales:

1 I will/will not be able to attend the review.
(Please indicate whether a substitute will attend)

Name .....

2 My report is enclosed/not enclosed

3 The contents of my report can/cannot be shared with the child

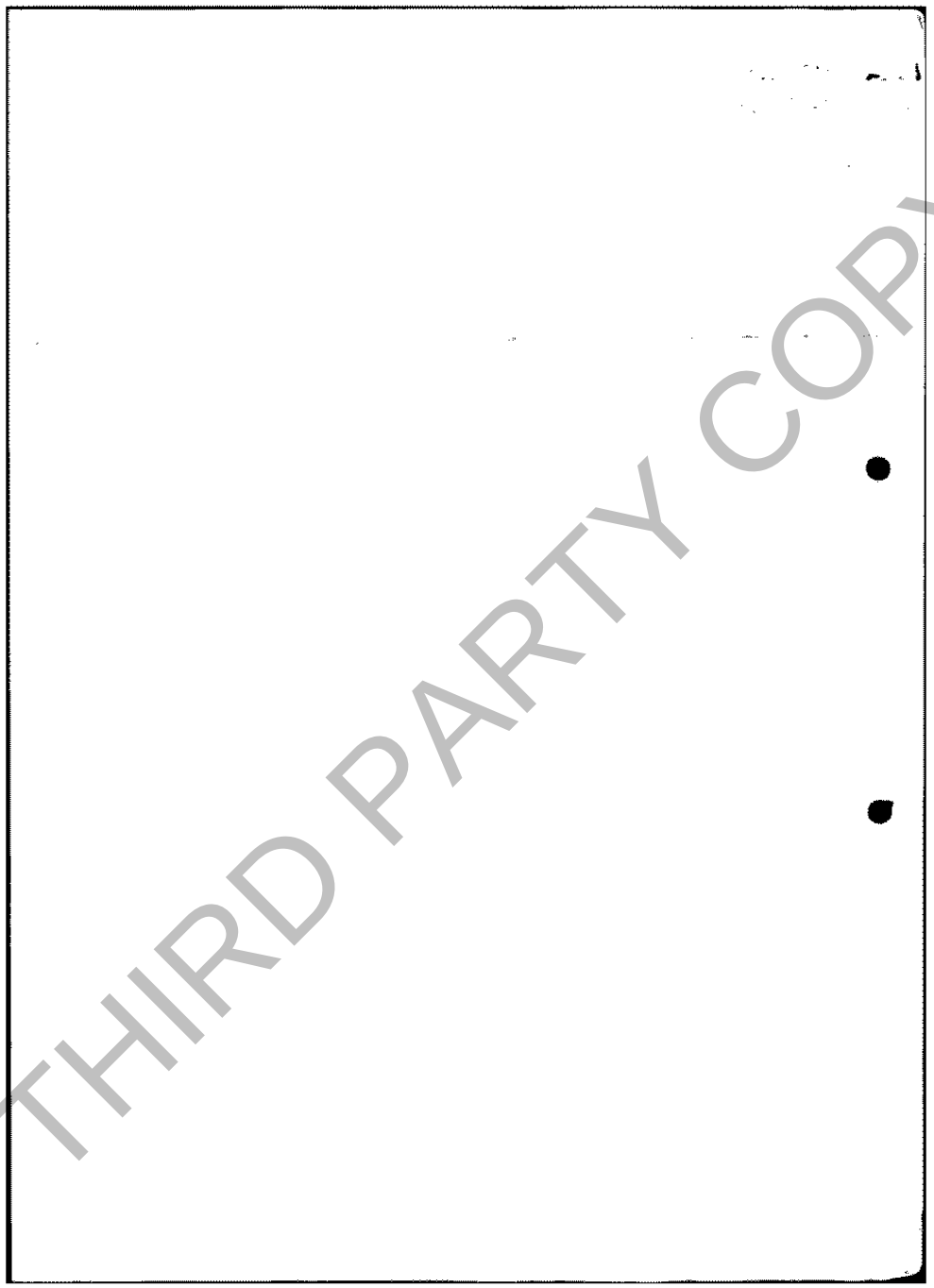
4 The contents of my report can/cannot be shared with the parents

Signed .....

Designation .....

Review Date: 17.4.97

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Dr A G Patrick
Dr J MacGregor
Dr D S Borland
Dr C B Lamb
Dr F Green

The Heath Centre
Marshill, ALLOA
Clackmannanshire, FK10 1AB
Tel: (01259) 722050/216701
Fax (01259) 724790

JMACG/AB

18th February, 1997

M Penman
Alloa Office
Bedford House
13 Bedford Place
ALLOA
FK10 1LN

Dear Sir/Madam

Re-: Ryan & Kayley Summerscales c/o 18 Arns Grove Alloa.

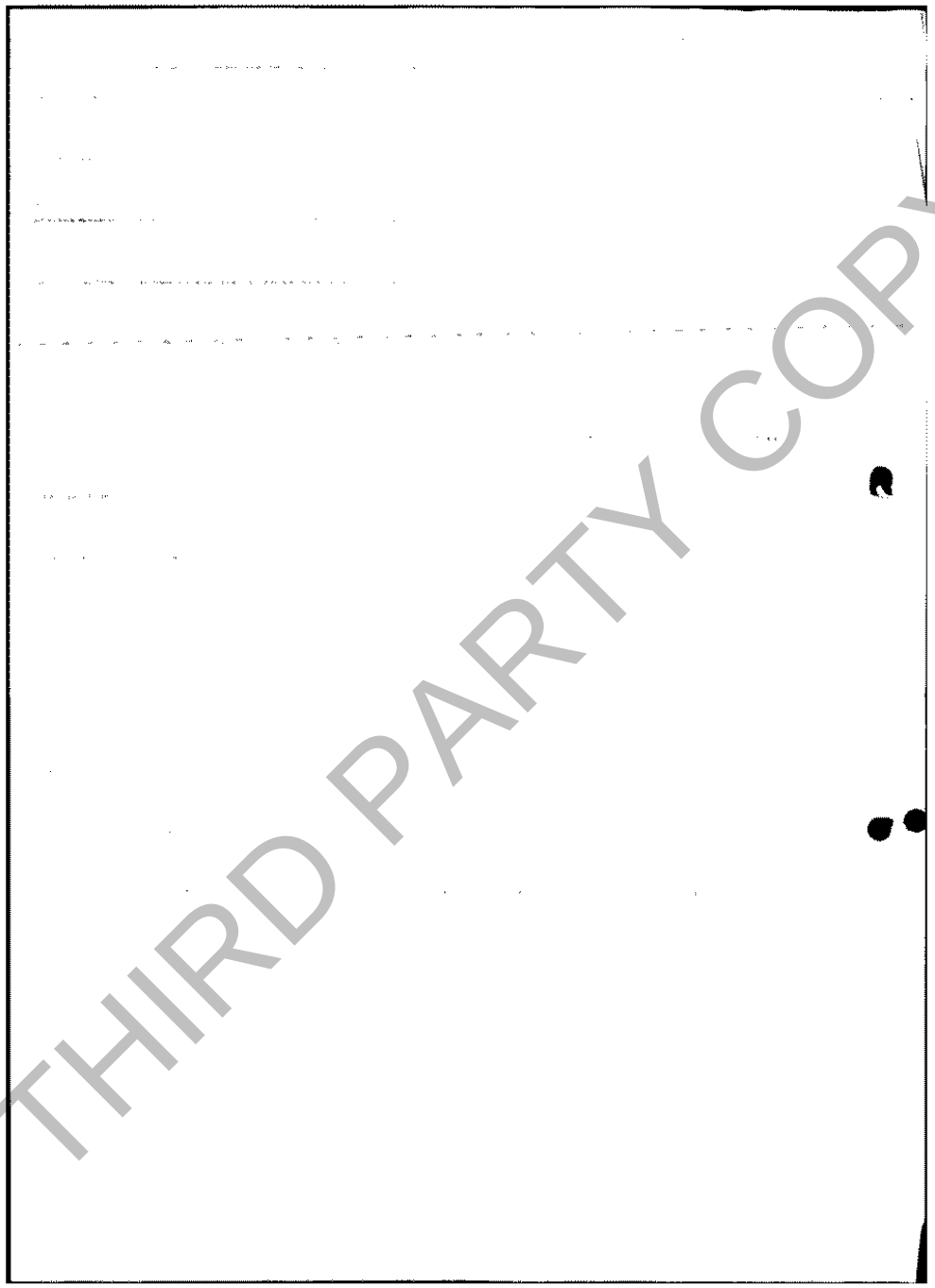
Both Ryan and Kayley are happy content and healthy. They are thriving well adjusted children and being cared for well in every health aspect at Arns Grove.

Yours sincerely,

DR JAMES MACGREGOR

Enc.1

NHS Confidential: Personal data about a patient



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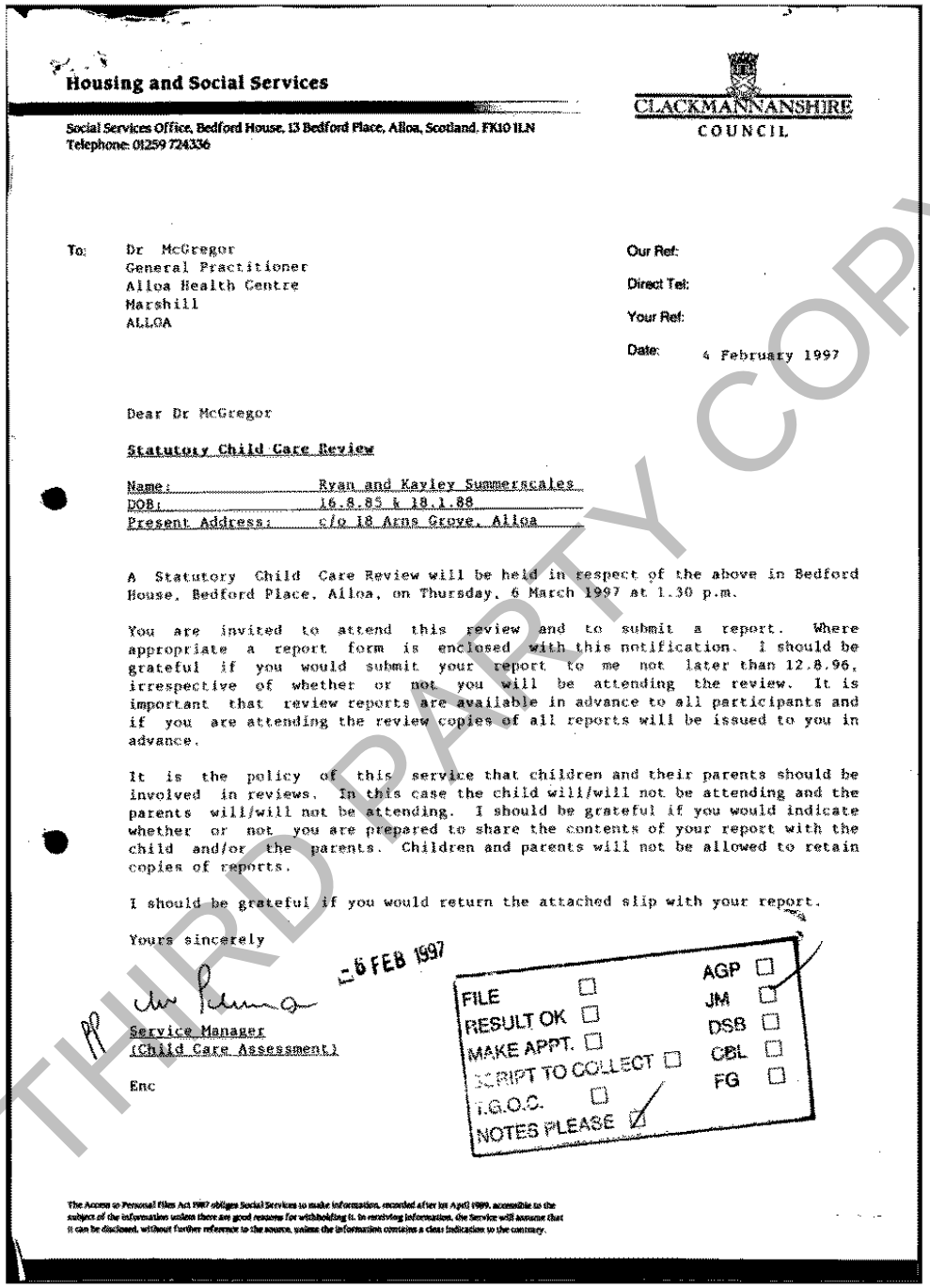

Housing and Social Services

Social Services Office, Bedford House, 13 Bedford Place, Alloa, Scotland. FK10 1LN
Telephone: 01259 724336

CLACKMANNANSHIRE COUNCIL

To: Dr McGregor
General Practitioner
Alloa Health Centre
Marshill
ALLOA

Our Ref:
Direct Tel:
Your Ref:
Date: 4 February 1997

Dear Dr McGregor

Statutory Child Care Review

Name:	Ryan and Kayley Summerscales
DOB:	16.8.85 & 18.1.88
Present Address:	c/o 18 Arns Grove, Alloa

A Statutory Child Care Review will be held in respect of the above in Bedford House, Bedford Place, Alloa, on Thursday, 6 March 1997 at 1.30 p.m.

You are invited to attend this review and to submit a report. Where appropriate a report form is enclosed with this notification. I should be grateful if you would submit your report to me not later than 12.8.96, irrespective of whether or not you will be attending the review. It is important that review reports are available in advance to all participants and if you are attending the review copies of all reports will be issued to you in advance.

It is the policy of this service that children and their parents should be involved in reviews. In this case the child will/will not be attending and the parents will/will not be attending. I should be grateful if you would indicate whether or not you are prepared to share the contents of your report with the child and/or the parents. Children and parents will not be allowed to retain copies of reports.

I should be grateful if you would return the attached slip with your report.

Yours sincerely

6 FEB 1997

Service Manager
(Child Care Assessment)

Enc

FILE	☐	AGP	☐
RESULT OK	☐	JM	☐
MAKE APPT.	☐	DSB	☐
SCRIPT TO COLLECT	☐	CBL	☐
T.G.O.C.	☐	FG	☐
NOTES PLEASE	☑		

The Access to Personal Files Act 1987 obliges Social Services to make information, recorded after 1st April 1989, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the Service will assume that it can be disclosed, without further reference to the source, unless the information contains a clear indication to the contrary.

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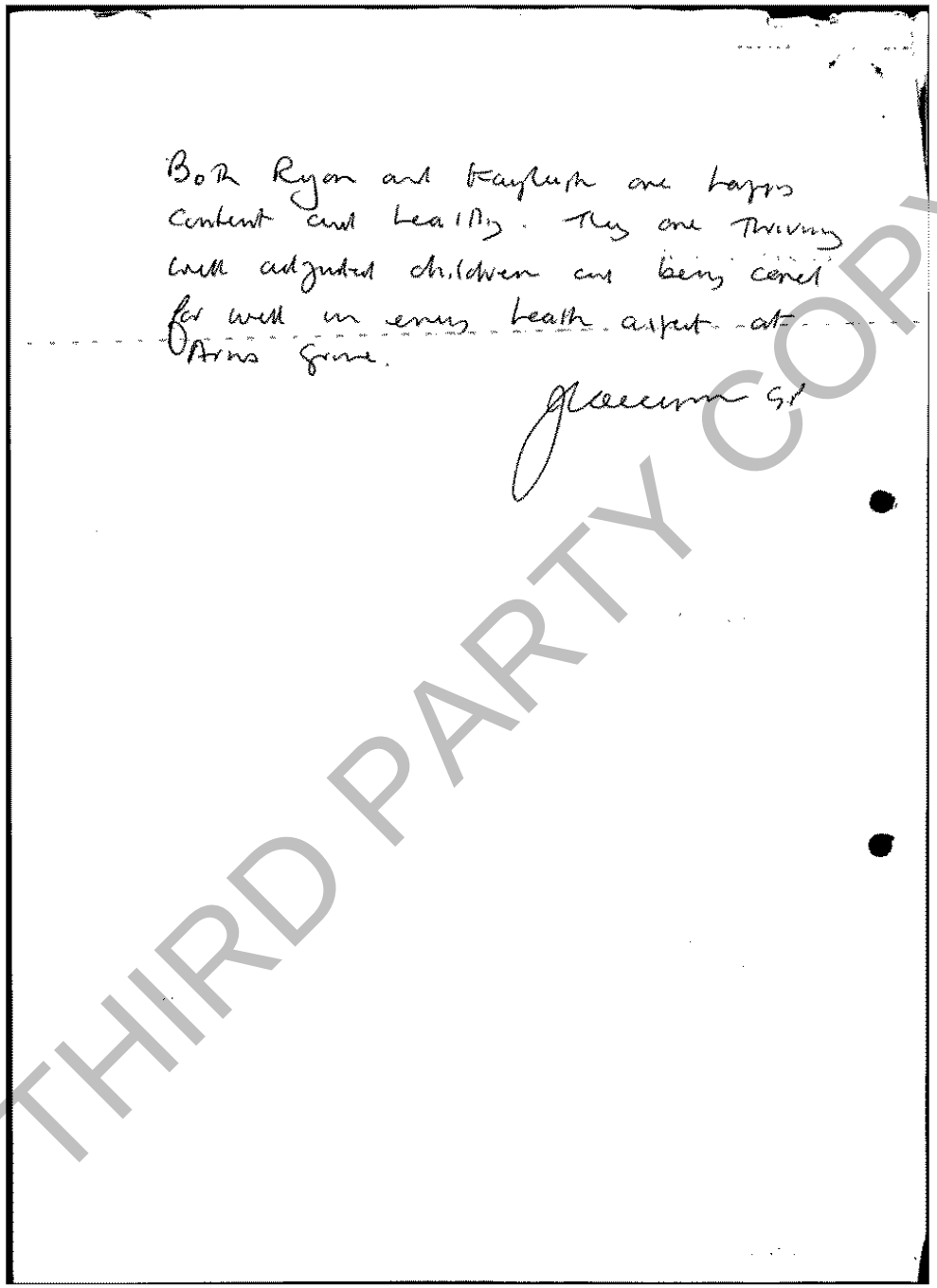


NHS Confidential: Personal data about a patient

Please return to:

M Penman
Alloa Office
Bedford House
13 Bedford Place
ALLOA
FK10 1LN

REVIEW ON Ryan and Kaleigh Summerscales:

1 I ~~will~~/will not be able to attend the review.
(Please indicate whether a substitute will attend)

Name .....

2 My report is enclosed/~~not enclosed~~

3 The contents of my report can/cannot be shared with the child

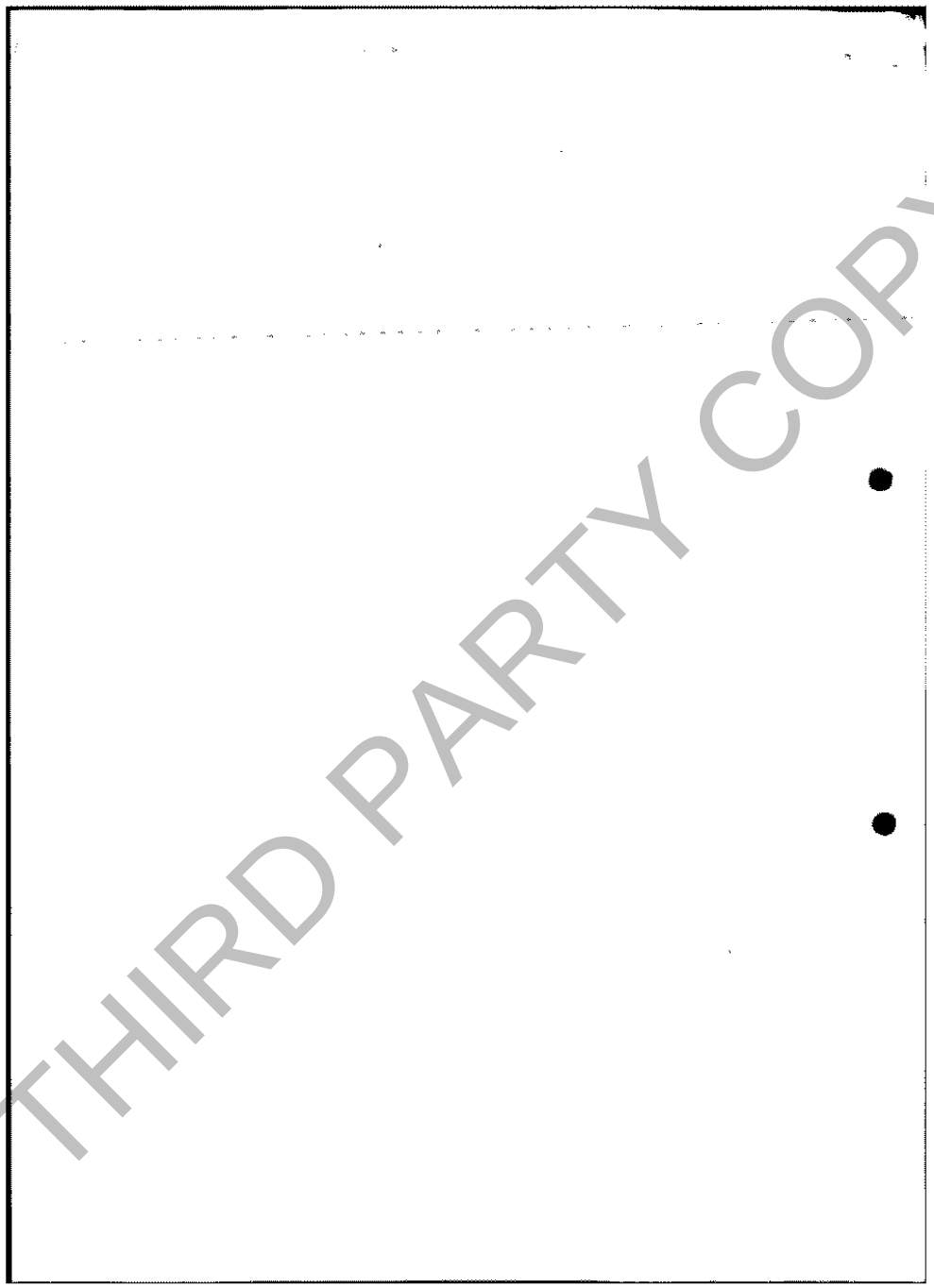
4 The contents of my report can/~~cannot~~ be shared with the parents

Signed .....

Designation .....

Review Date: 6.3.97

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

AB

CLACKMANNANSHIRE

COUNCIL

SOCIAL SERVICES, Bedford House, Bedford Place, Alloa, FK10 1LN
Tel: (01259) 724336 Fax: (01259) 720300

Our Ref. MMU/1190796 Contact Ms Ure

Your Ref. Extension 213

Date 19 July 1996 Direct No.

Dr McGregor
Alloa Health Centre
Marshill
Alloa

Dear Doctor McGregor

Statutory Child Care Reviews

Name: Ryan and Kayleigh Summerscales Date of Birth: 16.8.85 and 18.1.88
Present Address: c/o 18 Arns Grove, Alloa

A Child Care Review as required by the Social Work (Scotland) Act, 1968, Section 20A will be held in respect of the above child in care at Bedford House, Bedford Place, Alloa on Thursday 22 August 1996 at 2.30 pm.

You are invited to attend this review and to submit a report. I would be grateful if you would submit your report to me not later than 12 August 1996 irrespective of whether or not you will be attending the review. It is important that review reports are available in advance to all participants and if you are attending the review copies of all reports will be issues to you in advance. If you are prepared to submit a report to me but have a reason for it not being circulated to the other professional members of the review please indicate this on the attached form.

It is the policy of this Department that children and parents should be involved in reviews. In this case the child will/will not be attending and the parents will/will not be attending. I would be grateful if you would indicate whether or not you are prepared to share the contents of your report with the child and/or parents. Children and parents will not be allowed to retain copies of the reports.

I hope that you will be able to make a contribution to this review. I would stress that any wishes which you indicate with regard to the confidentiality of your written or verbal contributions will be strictly respected.

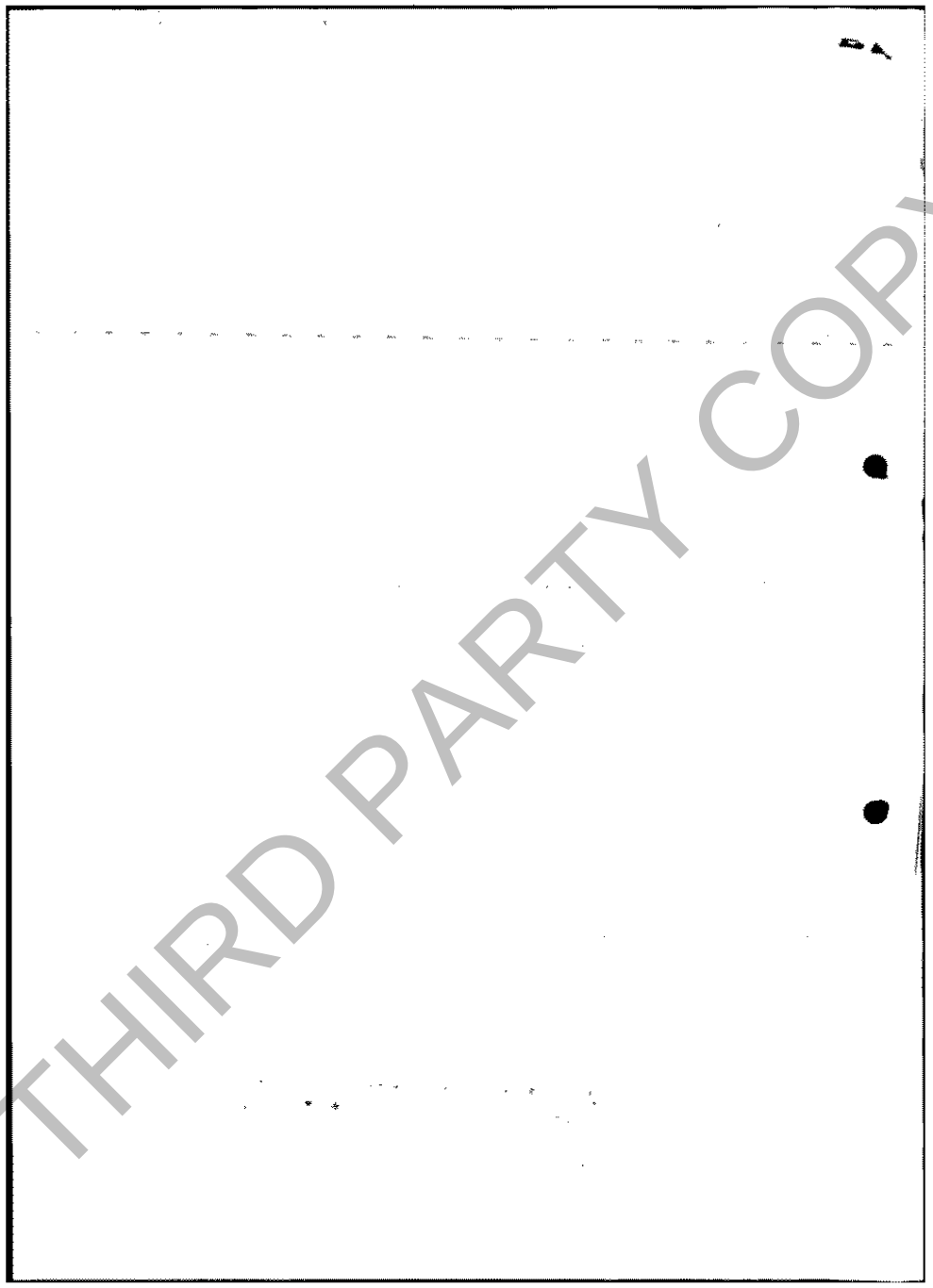
Yours sincerely

Margaret Ure

Service Manager

FILE	☐	AGP	☑
RESULT OK	☐	JM	☐
MAKE APPT.	☐	DSB	☐
SCRIPT TO COLLECT	☐	CBL	☐
T.G.O.C.	☐	FG	☐
NOTES PLEASE	☐		

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Please return to:

M Ure
Alloa Office
Bedford House
13 Bedford Place
ALLOA
FK10 1LN

REVIEW ON Ryan and Kaleigh Summerscales:

1 I will/will not be able to attend the review.
(Please indicate whether a substitute will attend)

Name .....

2 My report is enclosed/not enclosed

3 The contents of my report can/cannot be shared with the child

4 The contents of my report can/cannot be shared with the parents

Signed .....

Designation .....

Review Date: 22.8.96

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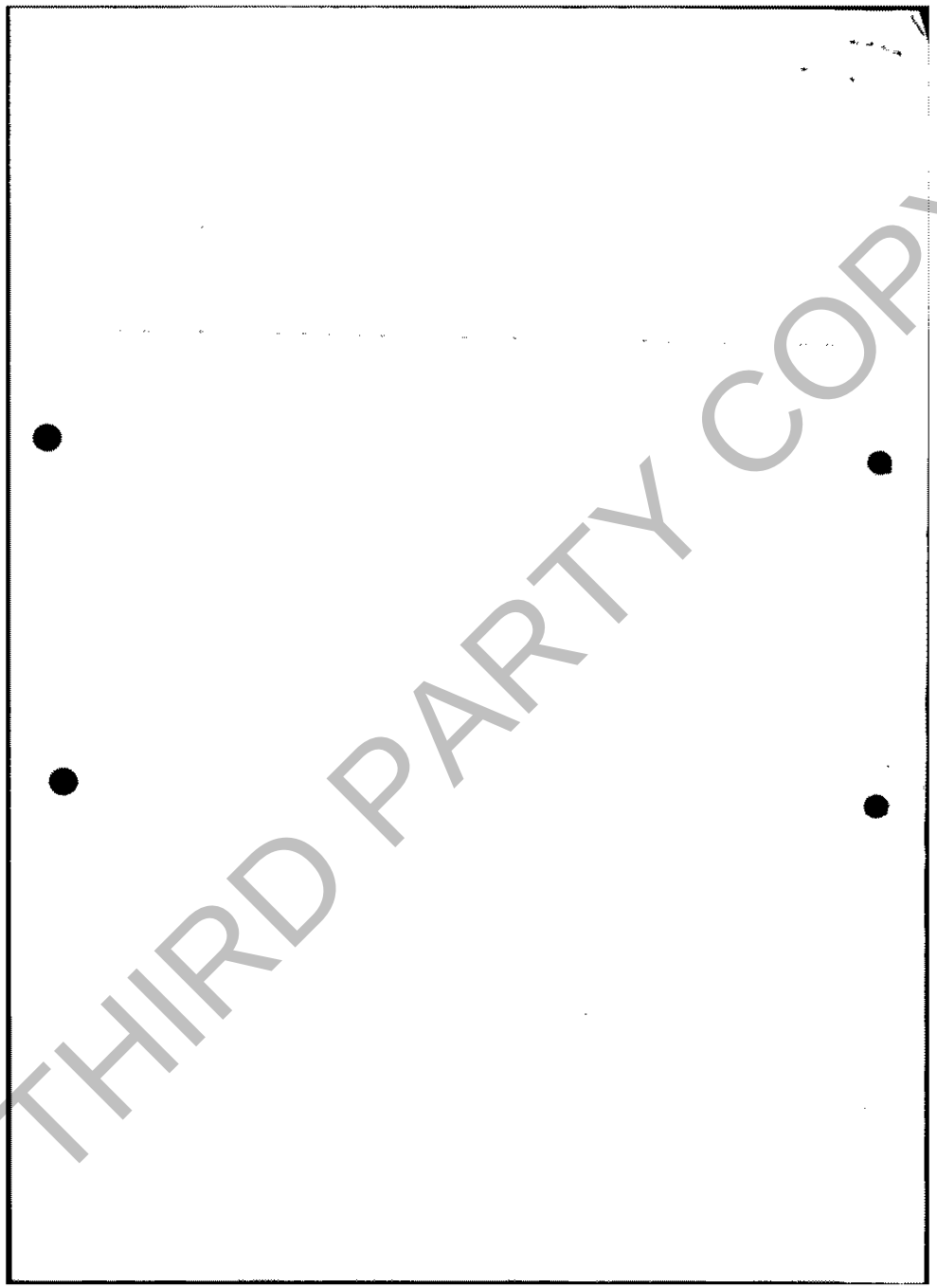


NHS Confidential: Personal data about a patient

FILE

MPF. 1/1

FORTH VALLEY HEALTH BOARD

16380

MEDICAL FEE INVOICE

SECTIONS 1, 2, 3 AND 4 TO BE COMPLETED BY REQUESTING OFFICER

1. Name & Address of Patient RYAN SUMMERSCALES
   do 18 ARNS GROVE
   ALLOA.

2. Specific Medical Service requested, as per Scottish Home & Health Department Circular
   Item No. B3.4

3. Name & Address of Contact Person EMMA MCWILLIAM.
   SOCIAL WORK
   ALLOA
   Tel. No. 01259 724336.

SECTIONS 4 AND 5 TO BE COMPLETED BY GENERAL PRACTITIONER AND GREEN COPY RETURNED TO PERSON NAMED AT SECTION 3

4. From Doctor DR. MCGREGOR
   ALLOA HEALTH CENTRE
   MARSHILL.

   (Use Office or Surgery Stamp)

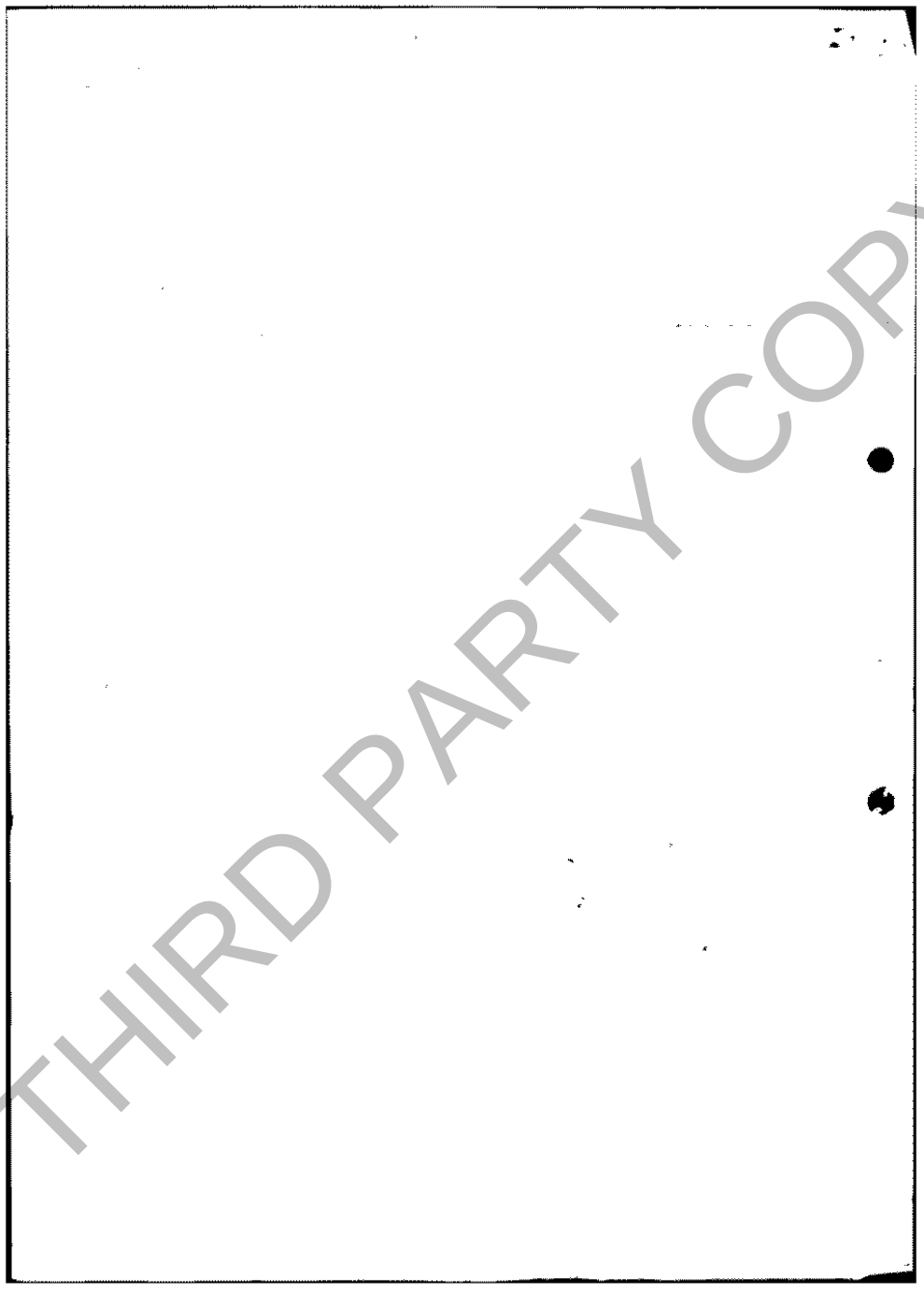
5. I have given this patient a full medical examination during surgery hours — YES / NO
   I have given this patient a full medical examination outwith surgery hours — YES / NO
   I have collected the form by checking my patient's records — YES / NO
   The fee agreed by the B.M.A. £ :
   Mileage expenses incurred ____ miles @ ____ p per mile
   (Capacity of car engine) ____ C.C.) £ :
   Signature
   Date 16/11/95

6. Certified for Payment Signature
   Designation Child Care Advisor
   Department Social Work.
   Date 22/11/95.

FINANCIAL SERVICES USE ONLY
Fee checked by:
Date:

ON COMPLETION OF SECTION 4, THE FORM SHOULD BE RETURNED TO: FINANCIAL SERVICES
FORTH VALLEY HEALTH BOARD
9 GLADSTONE PLACE
STIRLING FK8 2AH
Telephone Stirling 0786 463031

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

STIRLING ROYAL INFIRMARY NHS TRUST - ACCIDENT & EMERGENCY G.P. COPY

SURNAME Summerscales	A&E NO 802	DATE 11.01.94	ARRIVAL TIME 0850
FORENAME RYAN	CHI NO		
ADDRESS 18 [illegible] GROVE, Alloa	SEX M	COMPLAINT Right ankle injury	
POST CODE FK10 2GC	DOB 16.08.85		
TEL NUMBER 0259 [illegible]	AGE	DATE OF INCIDENT 10.01.94	TIME OF INCIDENT 2pm
	RELIGION		

TEMPORARY ADDRESS	OCCUPATION/SCHOOL Boy	REFERRED BY
POST CODE	RTA Y N	GP
TEL NUMBER	PREV ATTEND Y N	NAME Dr. McDonald
NOK NAME / ADDRESS: Mother A.A.	X-RAY Y N	ADDRESS [illegible] Alloa
RELATIONSHIP Mother		
TEL NUMBER	X-RAY NO	
POST CODE	MODE OF ARRIVAL	POST CODE
NOTIFIED Y/N		

TIME SEEN	DOCTOR	TEMP	BP	PULSE	RESPS	TETANUS COVERED/BOOSTER/COURSE
09.15	[illegible]					

RESEARCH

HISTORY Jumped off top bunk yesterday & twisted (R) ankle. Discomfort on dorsum of foot over extensor tendons. Able to walk

EXAMINATION

No swelling / bruising
°tender [illegible]
Discomfort on full dorsiflexion but FROM

TREATMENT STR [illegible]
Exercise

DIAGNOSIS Minor sprain

DISPOSAL Disch

CONSULTANT [illegible] **DR'S SIGNATURE** [illegible] **TIME OUT**

GMC CODE **GMC CODE**

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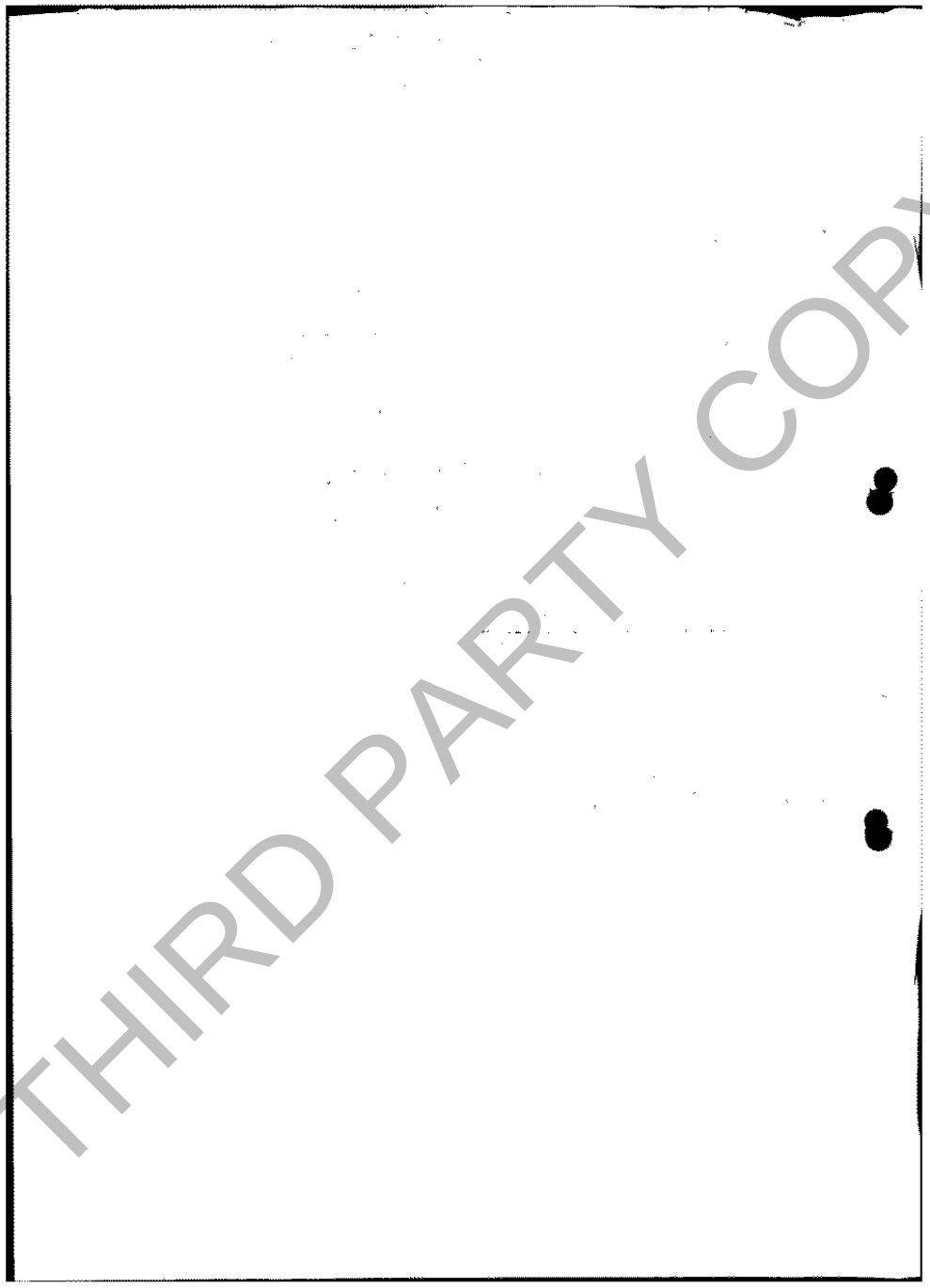


NHS Confidential: Personal data about a patient

Central Regional Council

AREA OFFICE
Bedford House Bedford Place Alloa FK10 1LN
Tel. (0259) 724336

JOHN CHRISTIE Area Manager

Ask for Allison McGregor
Extension 209
Our ref EMcW/AMcG
Your ref
Date 17th November, 1992

Dr. McGregor,
Alloa Health Centre,
Marshill,
Alloa.

Dear Dr. McGregor,

Re: Kayley and Ryan Summerscale - 18/01/88 and 16/08/85

I should be grateful if you would carry out a Medical Examination on the above-named children. I have asked Ms. Dimmock, 53 Fir Park, Tillicoultry, to make an appointment with you for this purpose.

I enclose an Annual Medical Report Form and Claim Form for completion and return in the addressed envelope.

Thank you for your help in this matter.

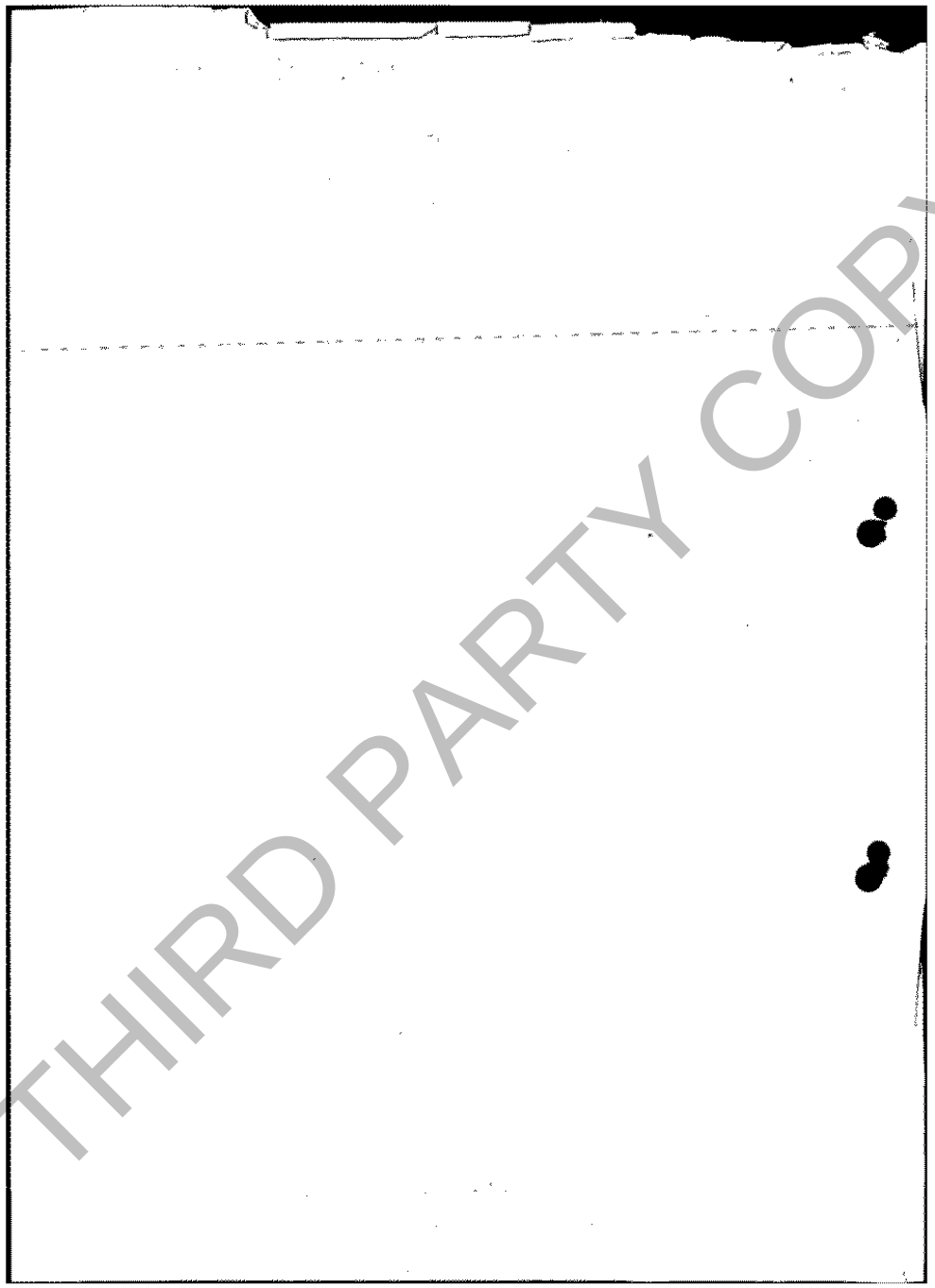
Yours sincerely,

EMcGregor

pp Mrs. Emma McWilliam,
Professional Officer Adoption and Fostering.

Enc.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

SOCIAL WORK DEPARTMENT

ROUTINE CHILDREN'S MEDICAL EXAMINATION

Name of Child Ryan Summerscales Date of Birth 16/5/95

Address 46 Lever Cres Alwal

General Condition Good

State of Nutrition Good

Heart normal

Lungs normal

Skin normal Teeth normal

Ears normal Throat normal

Eyes normal

Bones, Muscles, Joints normal

Is the Child's Mental, Sexual and Physical Development normal for his age? yes

If Mental Development not normal is Special Treatment recommended?

Are Behaviour, Speech and Articulation normal for his age? yes

Remarks (any abnormality, injury or apparent injury found during examination whatsoever, the alleged cause should be noted) nil of note

Signature of Doctor

Address The Health Centre Moorlands Allen

Date 21/12/01

The Access to Personal Files Act 1987 obliges the Social Work Department to make information, recorded after 1st April 1989, 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 information contains a clear indication to the contrary.

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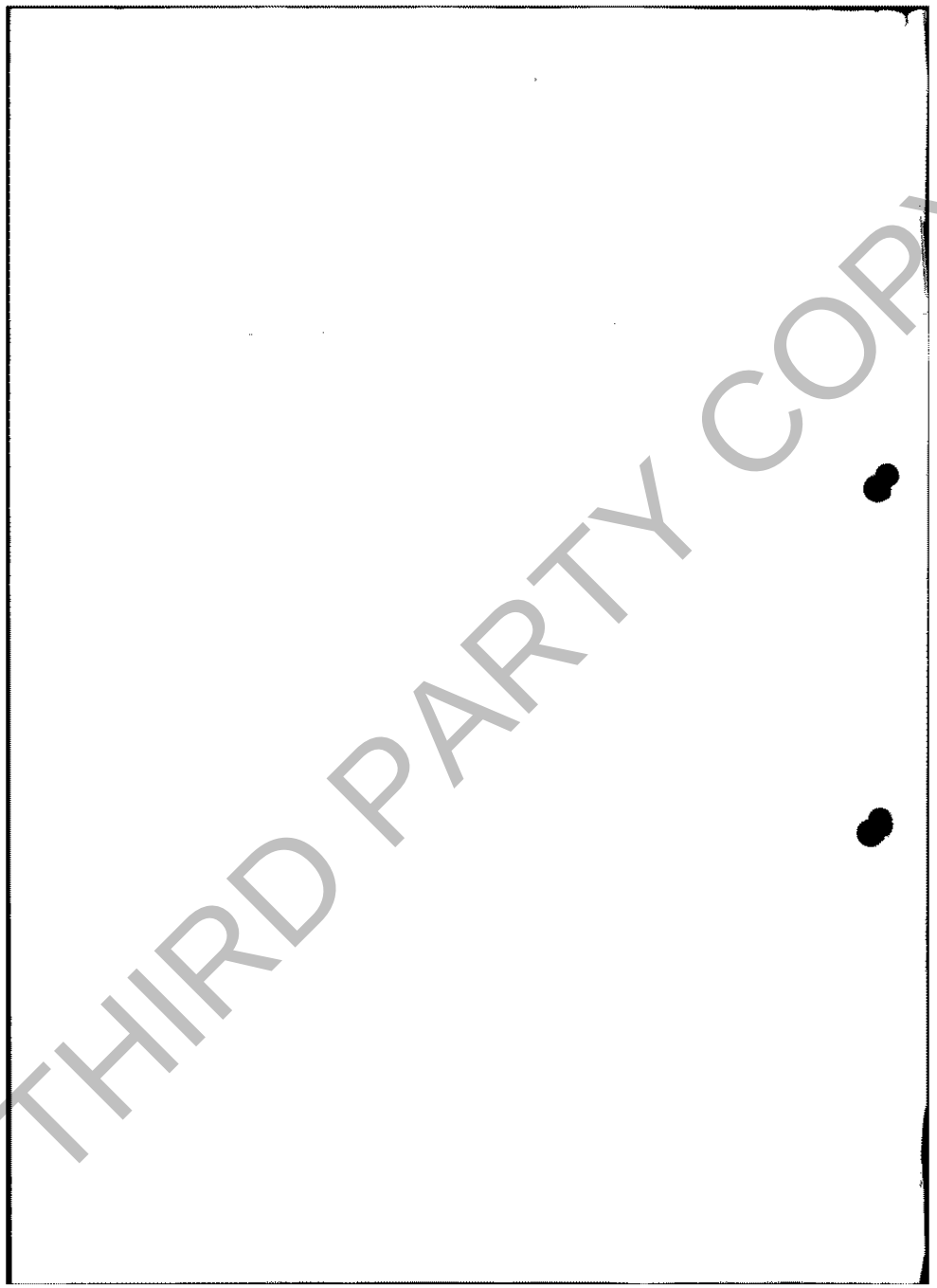


NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD

STIRLING ROYAL INFIRMARY

WS/JLM/266362

19 October 1992

Dr A G Patrick
Health Centre
Alloa

Dear Dr Patrick

Re Ryan Summerscales, 16 8 85
46 Leven Court, Alloa

Ryan's vision with spectacles is 6/6 right and 6/6 left. He has a small manifest right/alternating convergent squint which is cosmetically acceptable. He last attended the orthoptic clinic in September 1991 and has failed to attend since that time. He is now 7 years old and is no longer at risk of developing amblyopia and no further orthoptic supervision is required.

He is also old enough to get any replacement spectacles under the general ophthalmic service, although his spectacles are probably contributing very little now to his appearance or sight and I suspect that he has probably abandoned wearing them.

No further appointment will be sent.

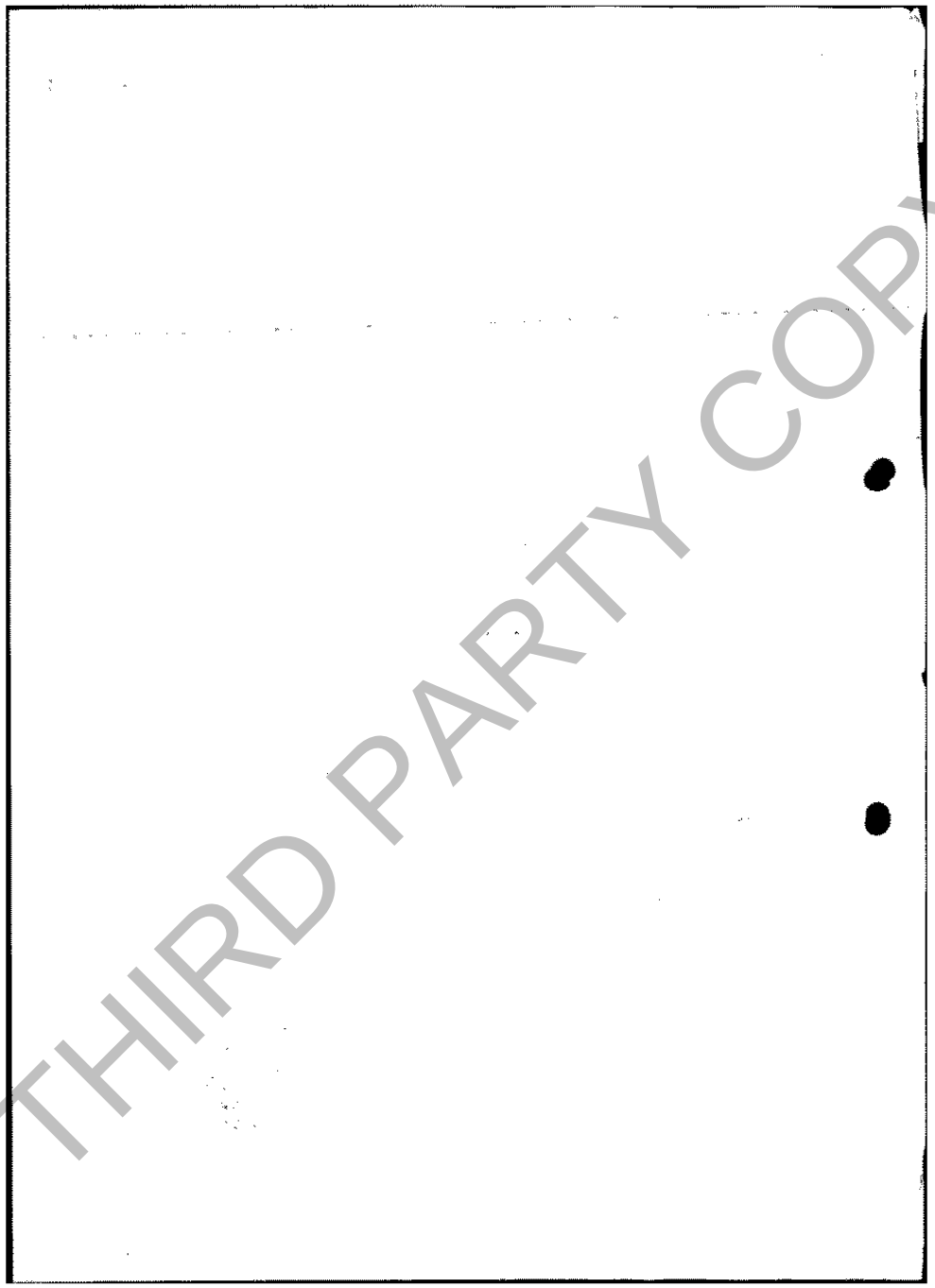
Yours sincerely

W Simpson
Consultant Ophthalmologist

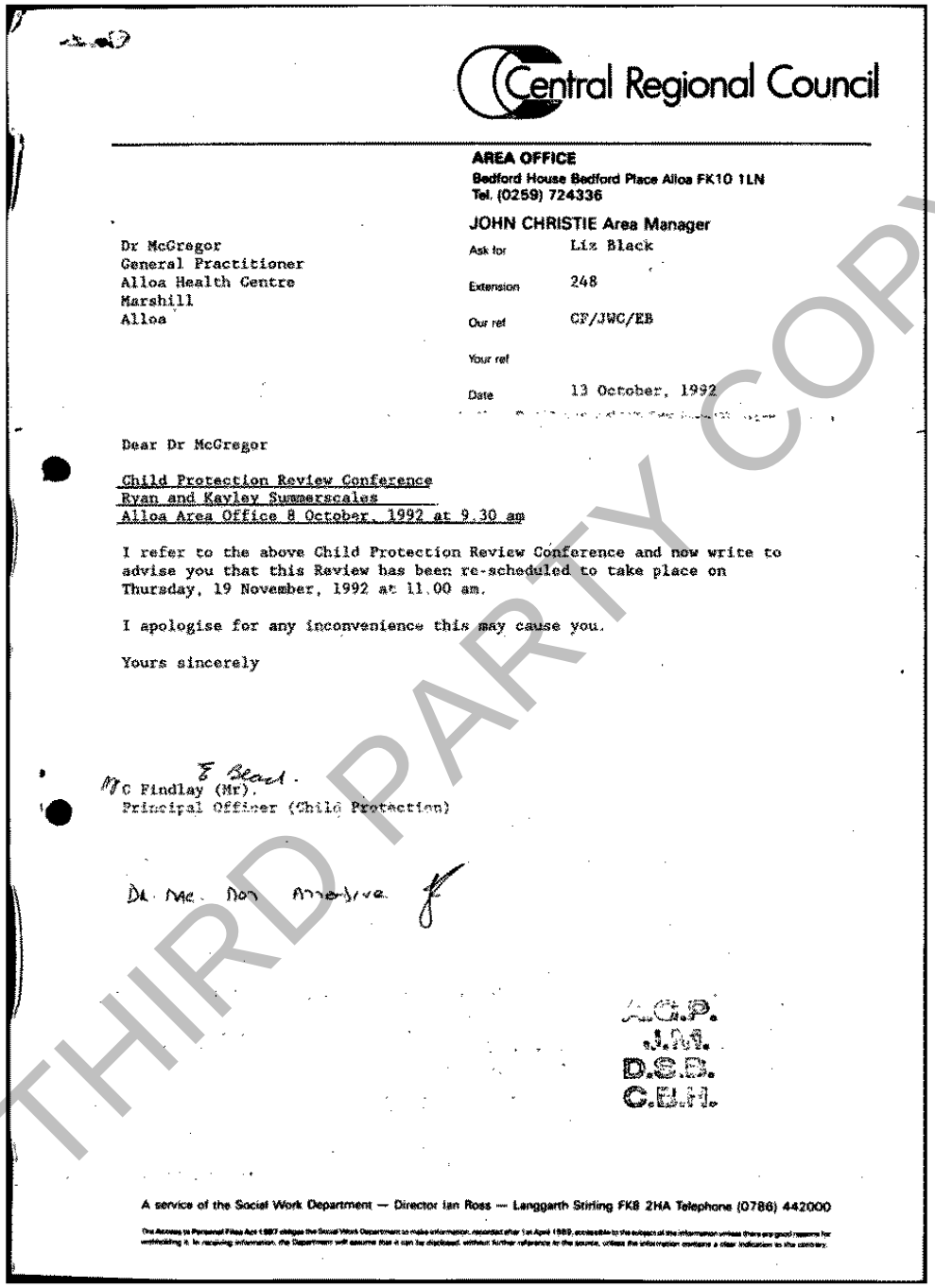
A.G.P.
J.M.
D.S.B.
C.B.H.

Livilands, Stirling FK8 2AU. Telephone (0786) 73151.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



Central Regional Council

AREA OFFICE
Bedford House Bedford Place Alloa FK10 1LN
Tel. (0259) 724336

JOHN CHRISTIE Area Manager

Ask for Liz Black
Extension 248
Our ref CF/JWC/EB
Your ref
Date 13 October, 1992

Dr McGregor
General Practitioner
Alloa Health Centre
Marshill
Alloa

Dear Dr McGregor

Child Protection Review Conference
Ryan and Kayley Summerscales
Alloa Area Office 8 October, 1992 at 9.30 am

I refer to the above Child Protection Review Conference and now write to advise you that this Review has been re-scheduled to take place on Thursday, 19 November, 1992 at 11.00 am.

I apologise for any inconvenience this may cause you.

Yours sincerely

E Beard.

M C Findlay (Mr).
Principal Officer (Child Protection)

Dr. Mc. Don Alloa.

A.C.P.
J.M.
D.S.B.
C.E.H.

A service of the Social Work Department — Director Ian Ross — Langgarth Stirling FK8 2HA Telephone (0786) 442000

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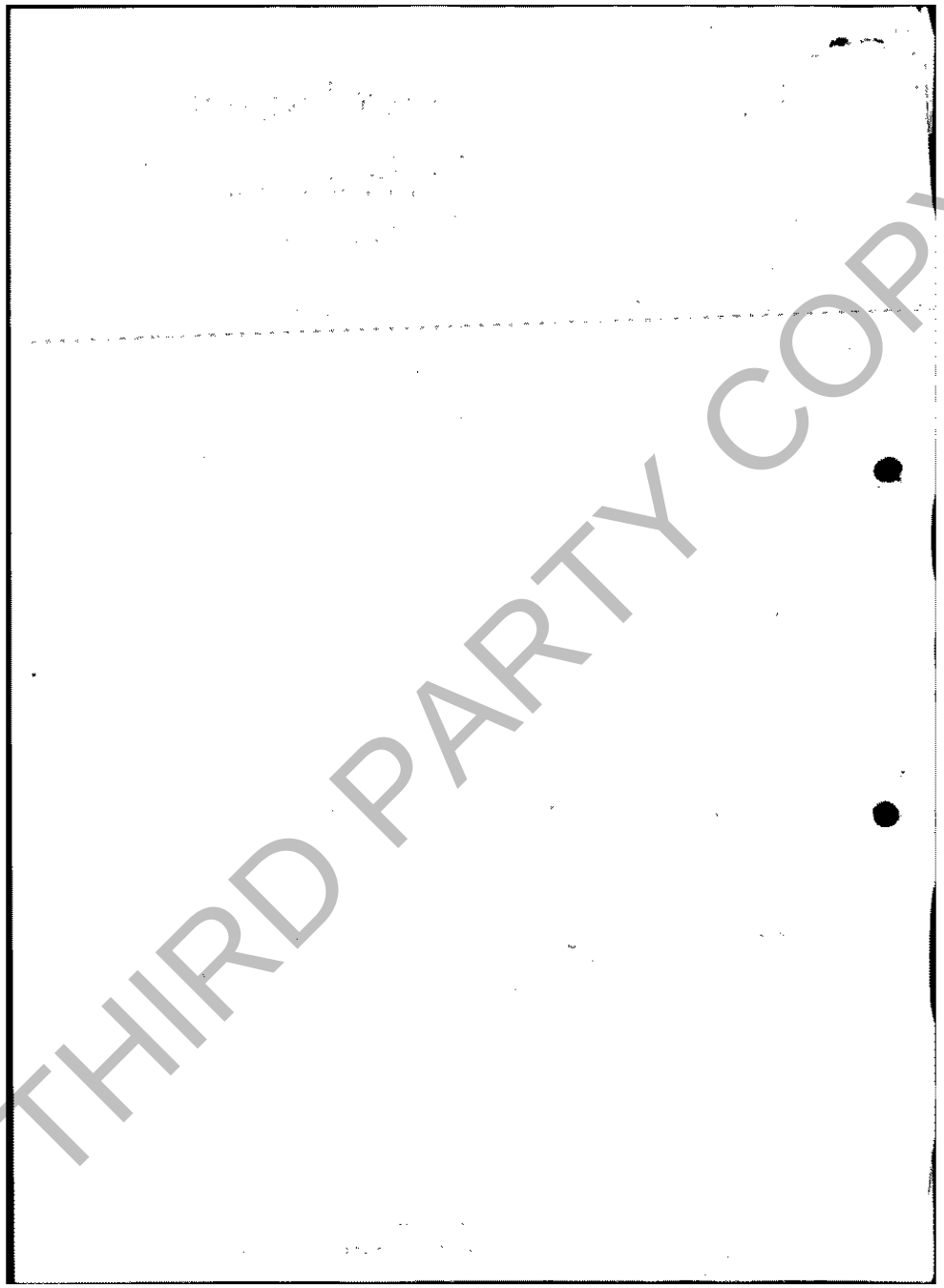


NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD HOSPITAL XGA7. CAS/NUMBER 4696

SURNAME Summerscales DATE OF BIRTH 16.8.85 M.S.W.D.

OTHER NAMES Ryan OCCUPATION m/ Lousemfe

ADDRESS 46 Leven Ct G.P.'S NAME McGregor

Alloa. ADDRESS H/C

TELEPHONE NUMBER 218641 Alloa.

NEXT OF KIN mother AA

DATE OF INJURY 11.3.91 CONSULTANT ON DUTY Mr. Isbister

TIME OF INJURY 6.15pm SEEN BY DR. BROWN

PLACE OF INJURY RTA. TIME OF ARRIVAL 6.53p TIME SEEN 7.20

ROAD ACCIDENT ✓ YES/NO Leven Ct Alloa. TIME OF DEPARTURE

X-RAY No.		
LETTER TO G.P.	YES/NO	
GIVEN	NOT GIVEN	INITIALS
A.T.S.		
Toxoid	covered kw.	

DATE

Hit by car
oKOD oLOC
XRAYS NBI
home HI sheet

Hit by taxi on (L) side of head
oKOD oLOC
o nausea / vomiting

O/E PERLA - o photophobia O nystagmus
cranials intact
O local signs
graze (R) crust
(R) ear

for XRAY of skull
XRAYS NBI
home HI sheet SBrown

SEEN BY DOCTOR
TO X-RAY DEPT.
FROM X-RAY DEPT.
DISCHARGED FROM DEPT.

STH 012

A.G.P.
J.M.
D.S.B.
C.B.H.

NHS Confidential: Personal data about a patient

FORTH VALLEY HEALTH BOARD

STIRLING ROYAL INFIRMARY

WS/JLM/266362

Dictated 21 February 1989
Typed 28 February 1989

Dr A G Patrick
Alloa

Dear Dr Patrick

Ryan Summerscales, 16.8.85
61 McKinlay Crescent, Alloa

Ryan was found to have good vision in both eyes on this occasion although the left eye may still be slightly weaker than the right. Spectacles which correct his hypermetropia may control his left convergent squint and may bring out any slight binocular function he may have already developed. He will be reviewed in about 2 months.

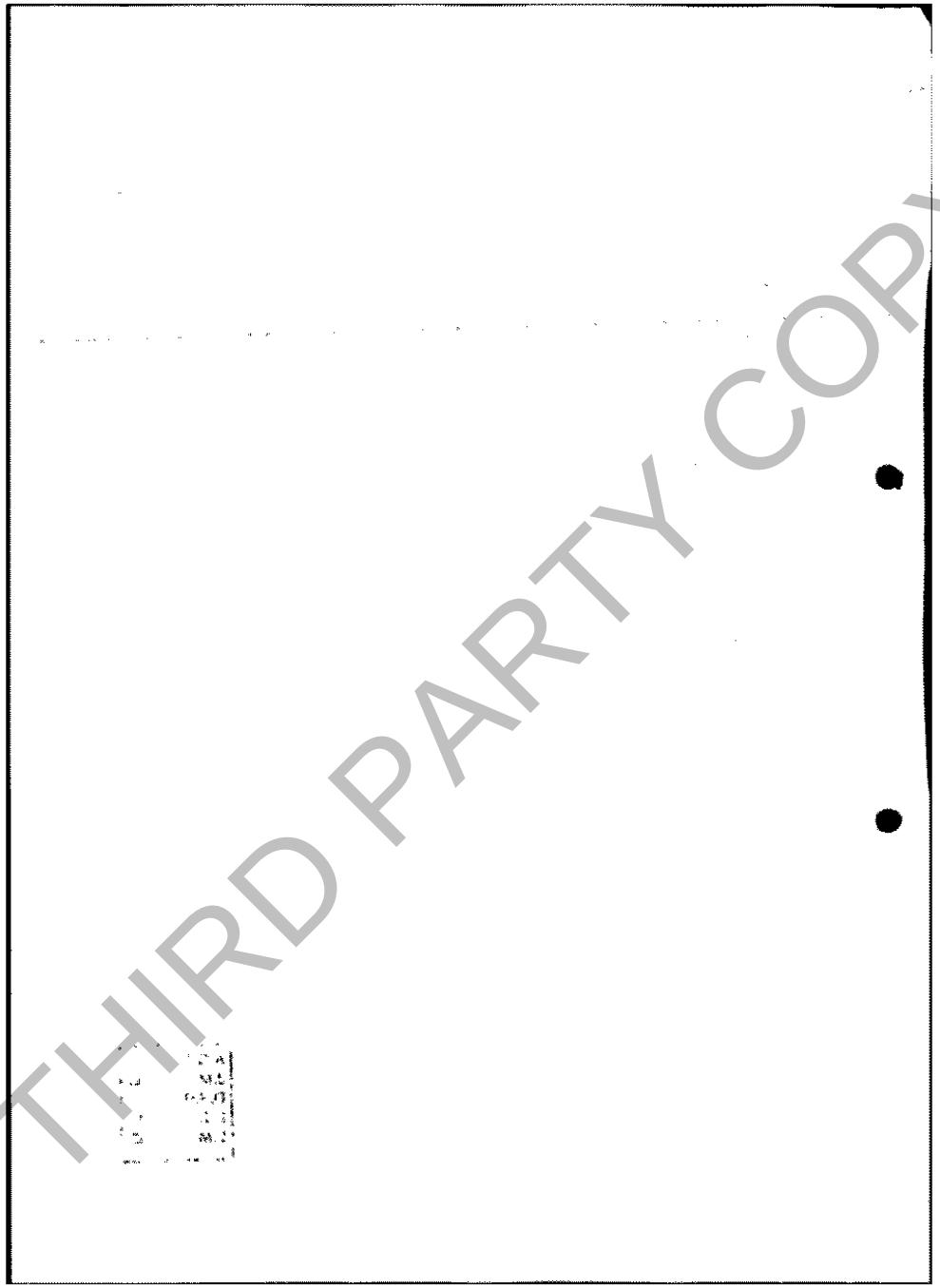
Yours sincerely

W Simpson
Consultant Ophthalmologist

A.G.P.	☒
J.M.	☐
D.S.B.	☐
L.J.	☒
E.M.	☐

Livilands, Stirling FK8 2AU. Telephone (0786) 73151

NHS Confidential: Personal data about a patient



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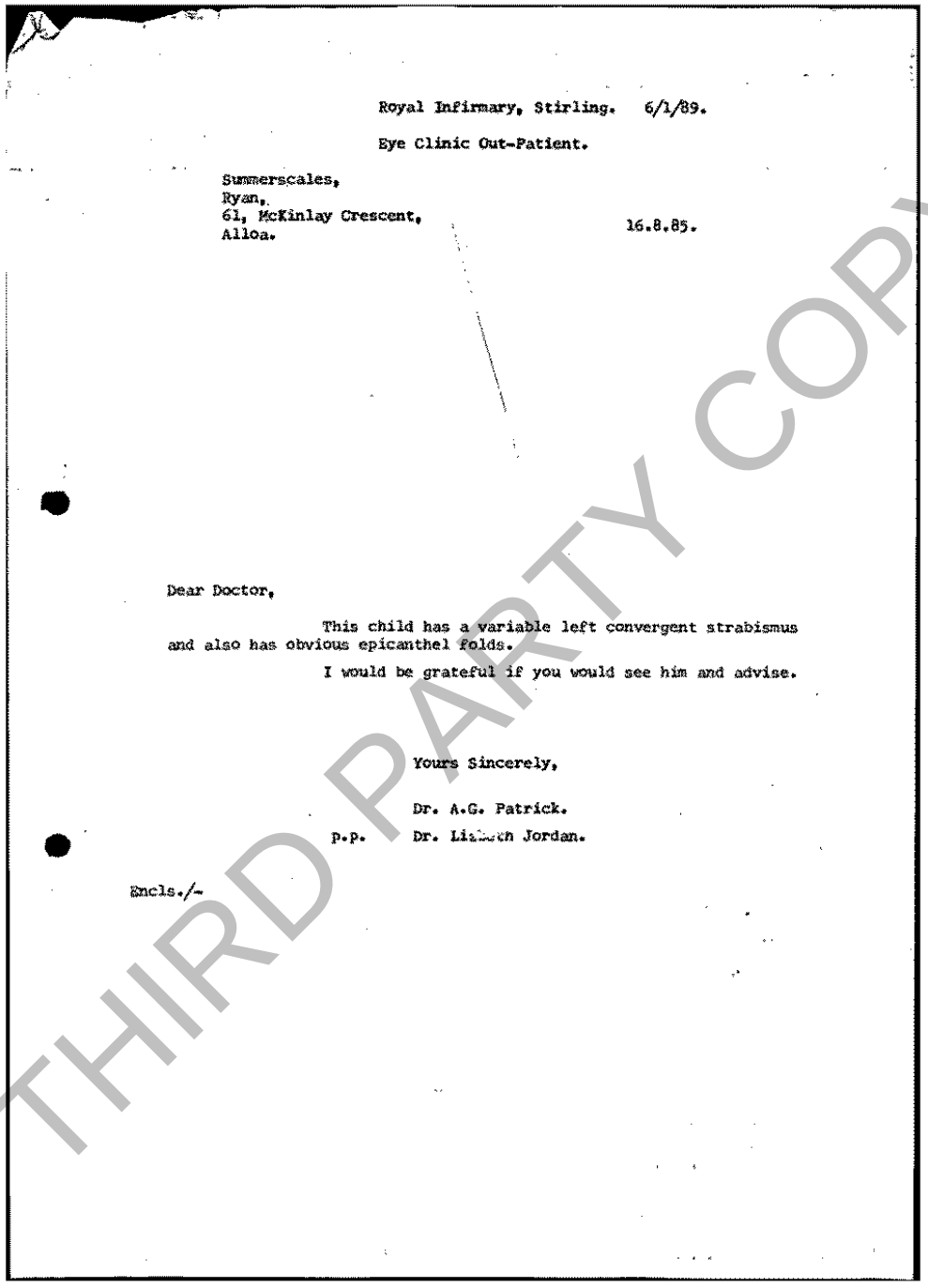
NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient



Royal Infirmary, Stirling. 6/1/89.

Eye Clinic Out-Patient.

Summerscales,
Ryan,
61, McKinlay Crescent,
Alloa.

16.8.85.

Dear Doctor,

This child has a variable left convergent strabismus and also has obvious epicanthel folds.

I would be grateful if you would see him and advise.

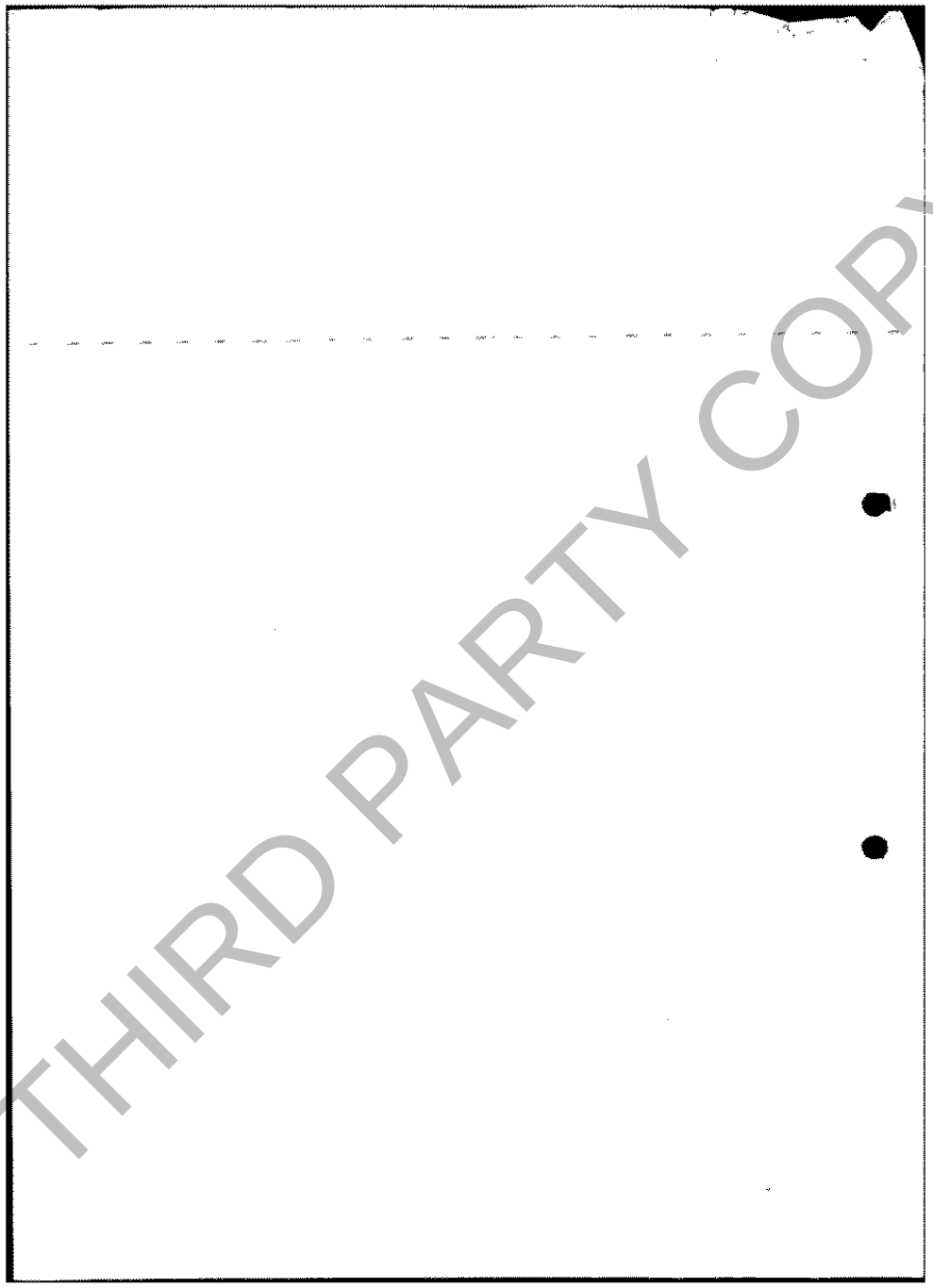
Yours Sincerely,

Dr. A.G. Patrick.

p.p. Dr. Lisbeth Jordan.

Encls./-

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

NATIONAL HEALTH SERVICE (SCOTLAND) – GENERAL OPHTHALMIC SERVICES FORM OSC 1Z (Scotland) (Rev 1983)

Reference of patient back to General Medical Practitioner by Ophthalmic Medical Practitioner/Ophthalmic Optician

AP

Section 1. To be completed by Ophthalmic Medical Practitioner/Ophthalmic Optician

To: Dr. M Gregg
Address Health Centre Alloa

Patient's Name Master Ryan Summerscales
Patient's Address 61 St Kilday Cres Alloa
Date of Birth 16/8/85

I have today examined the sight of the above-named patient and am of the opinion that he/~~she~~

~~*(a) does not require glasses~~.
*†(b) requires treatment outside the scope of the General Ophthalmic Services.
~~*†(c) is not likely to secure a satisfactory standard of vision notwithstanding the application of corrective lenses~~.
~~†(d) should revisit me for a further examination within six months~~.

*Delete if not applicable. †Cases in which (b) or (c) are applicable should have the following data added:—

Previous prescription Date

	Un-corrected Vision	RIGHT Sph	Cyl	Axis	Prism	Base	V/A		Un-corrected vision	LEFT Sph	Cyl	Axis	Prism	Base	V/A
	[redacted]							Distance							
								Reading							

Result of current examination Date 22/12/22 Non Cycloplegic

	+00	Retinoscopy				Distance		+00	Retinoscopy					
		Only				Reading			Only					

REMARKS Very obvious epicanthal folds. But, also exhibits a variable left convergent strabismus with near fixation.
Please refer to Orthoptic Clinic at [redacted] R.I.

Signature of Practitioner or Optician jointly on his own behalf and on behalf of

Signature Colin Stee

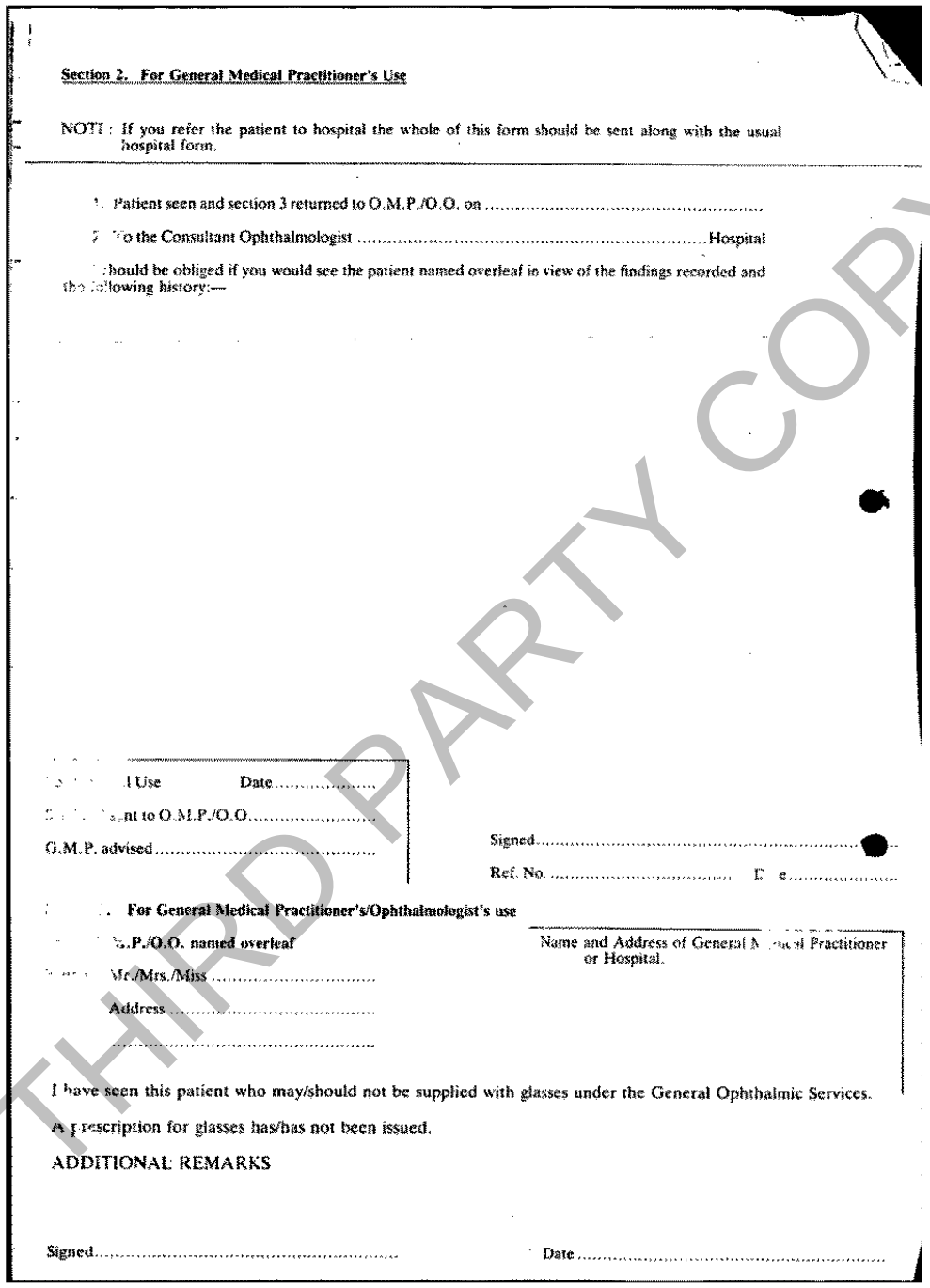
Reference No. V/10927 Date 22/12/22

Name and Address of Ophthalmic Medical Practitioner or Ophthalmic Optician (rubber stamp or block letters)

R. D. [redacted]
FRCS, FRCOphth, DRCOG
40, PRIMROSE STREET,
ALLOA

Dd 8036157 100M 1/87 (13129)

NHS Confidential: Personal data about a patient



Section 2. For General Medical Practitioner's Use

NOTE: If you refer the patient to hospital the whole of this form should be sent along with the usual hospital form.

1. Patient seen and section 3 returned to O.M.P./O.O. on .....

2. To the Consultant Ophthalmologist .....Hospital

I should be obliged if you would see the patient named overleaf in view of the findings recorded and the following history:—

...l Use Date.....

...nt to O.M.P./O.O.....

G.M.P. advised.....

Signed.....

Ref. No. ..... Date.....

3. For General Medical Practitioner's/Ophthalmologist's use

...G.P./O.O. named overleaf

...Mr./Mrs./Miss .....

Address .....

.....

Name and Address of General ...ctitioner or Hospital.

I have seen this patient who may/should not be supplied with glasses under the General Ophthalmic Services.

A prescription for glasses has/has not been issued.

ADDITIONAL REMARKS

Signed.....

Date .....

NHS Confidential: Personal data about a patient

AS/IW

Unit No. 244447

FORTH VALLEY HEALTH BOARD
STIRLING DISTRICT

Tel: Stirling 3151

Royal Infirmary
Stirling
FK8 2AU

29th October, 1985

Dr. J. Macgregor,
The Health Centre,
Mar's Hill,
Alloa.

Dear Dr. Macgregor,

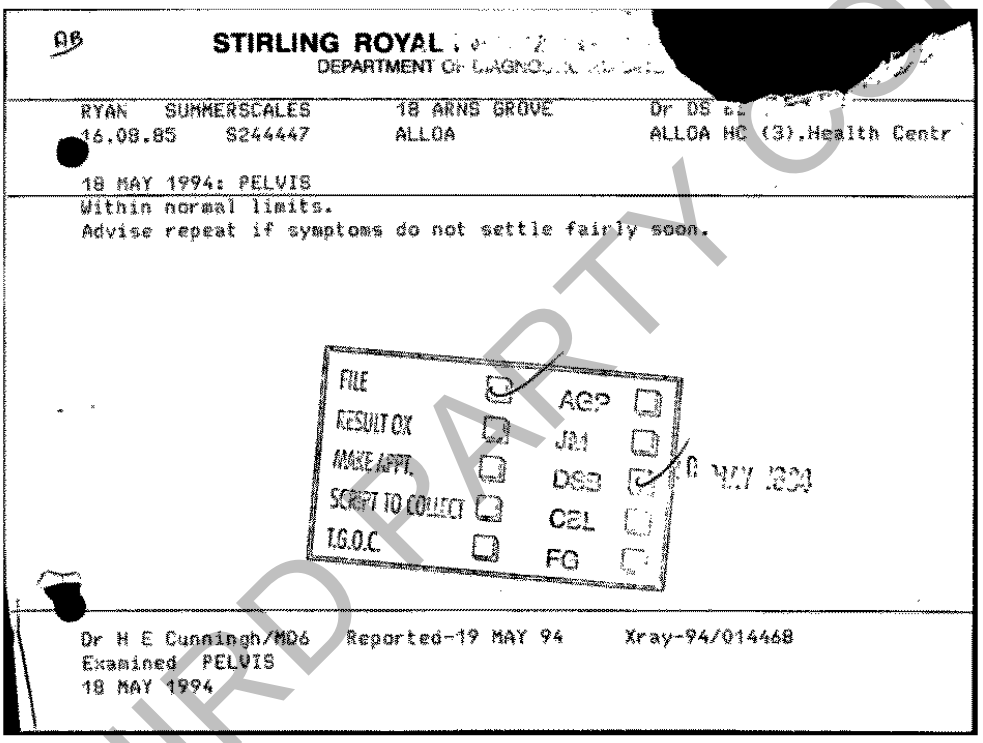
Ryan Sommerscales, (16/8/85)
61 McKinlay Crescent, Alloa.

This two-months-old patient was admitted on 23/10/85 with a chest infection. He was treated with Amoxycillin and was fit for discharge again on 25/10/85.

Yours sincerely,

A. L. SPEIRS,
Consultant Paediatrician

NHS Confidential: Personal data about a patient



STIRLING ROYAL [redacted]
DEPARTMENT OF DIAGNOSTIC [redacted]

RYAN SUMMERSCALES 18 ARNS GROVE Dr DS [redacted]
16.08.85 S244447 ALLOA ALLOA HC (3),Health Centr

18 MAY 1994: PELVIS
Within normal limits.
Advise repeat if symptoms do not settle fairly soon.

FILE ✓ AGP
RESULT OK JM
MAKE APPT. DSB ✓ 19 MAY 1994
SCRIPT TO COLLECT CBL
T.G.O.C. FG

Dr H E Cunningh/MD6 Reported-19 MAY 94 Xray-94/014468
Examined PELVIS
18 MAY 1994

NHS Confidential: Personal data about a patient

FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMMERSCA[illegible]
C/O 18 ARN[illegible]
ALLOA

UNIT No.: 1608850595
DATE OF BIRTH: 16/08/1985
SEX: M

CONSULTANT: Unknown
WARD: Dr. B. Dullea
G.P.: Alloa Health Centre
5746

CLINICAL DATA: Contact for chlamydia case

CPA

Chlamydia trachomatis PCR Positive
Recommend referral to G.U. Medicine for treatment.

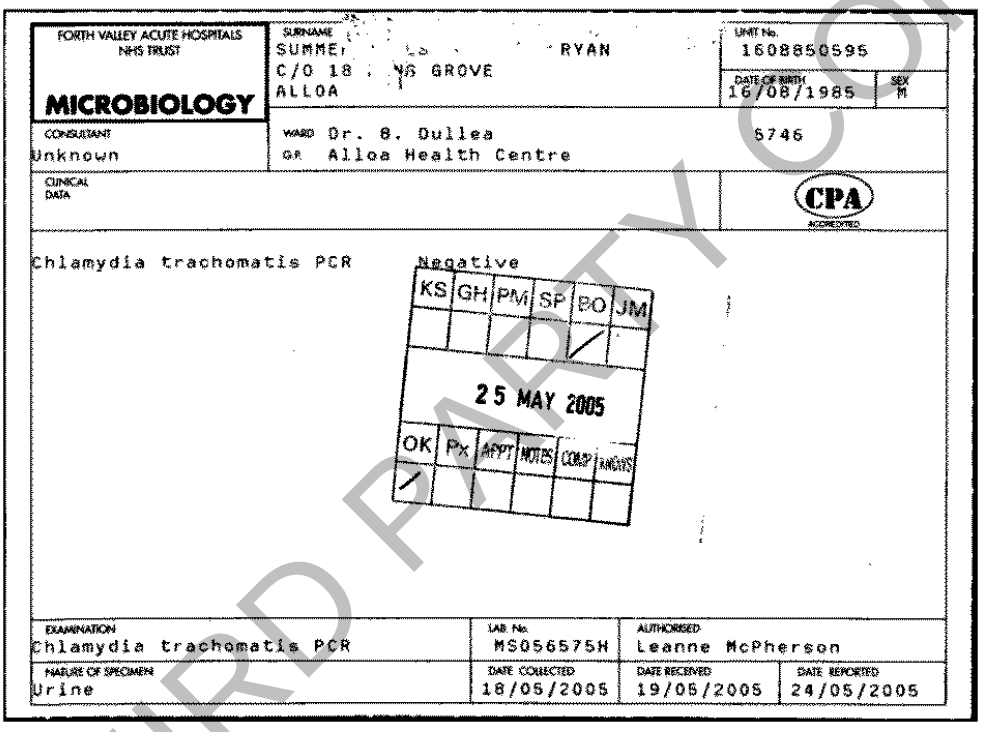
KS | GH | PM | SP | BO | JM

12 OCT 2006

OK | Px | APPT | NOTES | COMP | LWOMS

EXAMINATION	LAB. No.	AUTHORISED	
Chlamydia trachomatis PCR	MS040607C	Paula Lapsley	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Urine	06/10/2006	06/10/2006	11/10/2006

NHS Confidential: Personal data about a patient



FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMME[illegible] RYAN
C/O 18 [illegible]NS GROVE
ALLOA

UNIT No.: 1608850595
DATE OF BIRTH: 16/08/1985
SEX: M

CONSULTANT: Unknown
WARD: Dr. B. Dullea
OR: Alloa Health Centre
5746

CLINICAL DATA:

CPA ACCREDITED

Chlamydia trachomatis PCR Negative

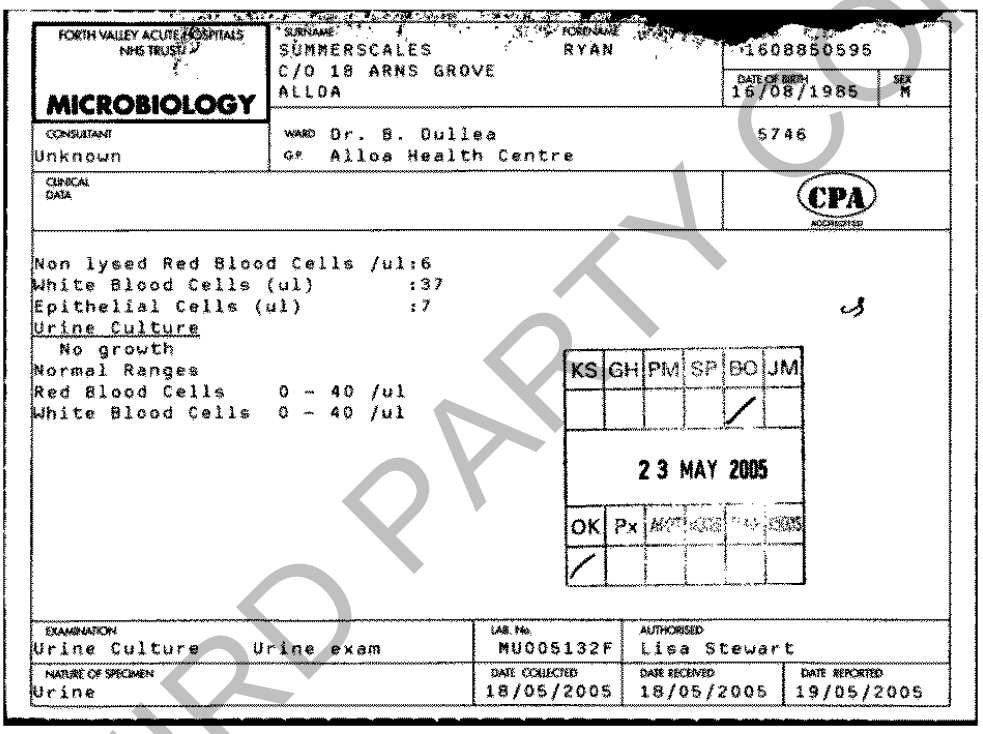
KS | GH | PM | SP | BO | JM

25 MAY 2005

OK | Px | APPT | NOTES | COMP | RMVD

EXAMINATION	LAB No.	AUTHORISED	
Chlamydia trachomatis PCR	MS056575H	Leanne McPherson	
NATURE OF SPECIMEN	DATE COLLECTED	DATE RECEIVED	DATE REPORTED
Urine	18/05/2005	19/05/2005	24/05/2005

NHS Confidential: Personal data about a patient



FORTH VALLEY ACUTE HOSPITALS NHS TRUST

MICROBIOLOGY

SURNAME: SUMMERSCALES FORENAME: RYAN
C/O 18 ARNS GROVE
ALLOA
1608850595
DATE OF BIRTH: 16/08/1986 SEX: M

CONSULTANT: Unknown
WARD: Dr. B. Dullea 5746
GP: Alloa Health Centre

CLINICAL DATA:

CPA ACCREDITED

Non lysed Red Blood Cells /ul:6
White Blood Cells (ul) :37
Epithelial Cells (ul) :7
Urine Culture
No growth
Normal Ranges
Red Blood Cells 0 - 40 /ul
White Blood Cells 0 - 40 /ul

KS	GH	PM	SP	BO	JM
				✓	

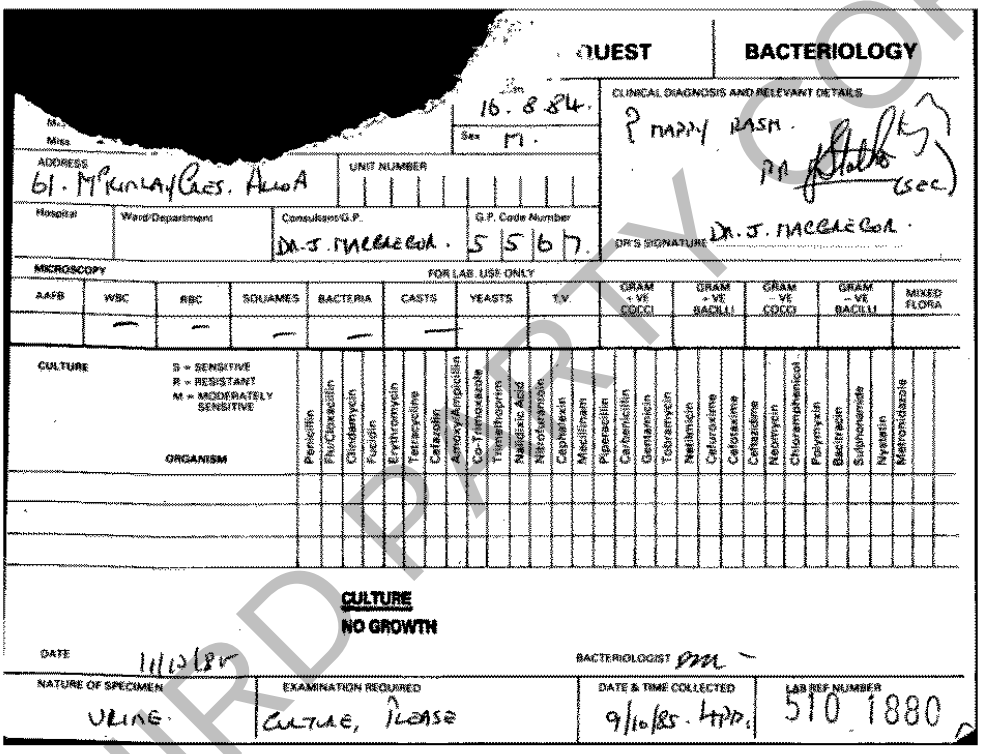
23 MAY 2005

OK	Px	AKT	KRS	PAJ	CBS
✓					

EXAMINATION	LAB. No.	AUTHORISED	
Urine Culture Urine exam	MU005132F	Lisa Stewart	
NATURE OF SPECIMEN	**DATE COLLECTED**	**DATE RECEIVED**	**DATE REPORTED**
Urine	18/05/2005	18/05/2005	19/05/2005

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient



[redacted] QUEST | BACTERIOLOGY

16.8.84.

Miss

Sex M.

ADDRESS 61. M'KINLAY GDNS. ALLOA

UNIT NUMBER

CLINICAL DIAGNOSIS AND RELEVANT DETAILS

? NAPPY RASH.

DR. J. MACGREGOR (SEC.)

Hospital | Ward/Department | Consultant/G.P. DR. J. MACGREGOR. | G.P. Code Number 5 5 6 7.

DR'S SIGNATURE DR. J. MACGREGOR.

MICROSCOPY — FOR LAB. USE ONLY

AAFB	WBC	RBC	SQUAMES	BACTERIA	CASTS	YEASTS	T.V.	GRAM + VE COCCI	GRAM + VE BACILLI	GRAM − VE COCCI	GRAM − VE BACILLI	MIXED FLORA
	—	—	—	—	—							

CULTURE

S = SENSITIVE
R = RESISTANT
M = MODERATELY SENSITIVE

ORGANISM	Penicillin	Flucloxacillin	Clindamycin	Fucidin	Erythromycin	Tetracycline	Cefalexin	Amoxy/Ampicillin	Co-Trimoxazole	Trimethoprim	Nalidixic Acid	Nitrofurantoin	Cephalexin	Mecillinam	Piperacillin	Carbenicillin	Gentamicin	Tobramycin	Netilmicin	Cefuroxime	Cefotaxime	Ceftazidime	Neomycin	Chloramphenicol	Polymyxin	Bacitracin	Sulphonamide	Nystatin	Metronidazole

CULTURE
NO GROWTH

DATE 11/12/84

BACTERIOLOGIST [redacted]

NATURE OF SPECIMEN	EXAMINATION REQUIRED	DATE & TIME COLLECTED	LAB REF NUMBER
URINE.	CULTURE, PLEASE	9/10/84. 4PM.	510 1880

NHS Confidential: Personal data about a patient

MALE

SURNAME	CHRISTIAN NAMES
SUMMERSCALES	RYAN

ADDRESS 61 McKINLAY CRESCENT

Date of Birth 16 8 84

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
26.8.85		Rx for Canesten HC for Nappy Rash.	
14 10 85		Recurrence —	Urine clear.
		Canesten HC 30g	
24.2.86		"Teething cough" Calpol	2.5 ml tds
		Constipated. Dorbanex	25ml —
		[illegible] Dorbanex once	daily.
12/11/[illegible]		De V. [illegible]	[illegible]
		[illegible] 20	
[illegible]		Teething [illegible]	
		[illegible] ½% Gel	30g
17.6.87		URI — cough —	"Chesty"
		[illegible]	100ml

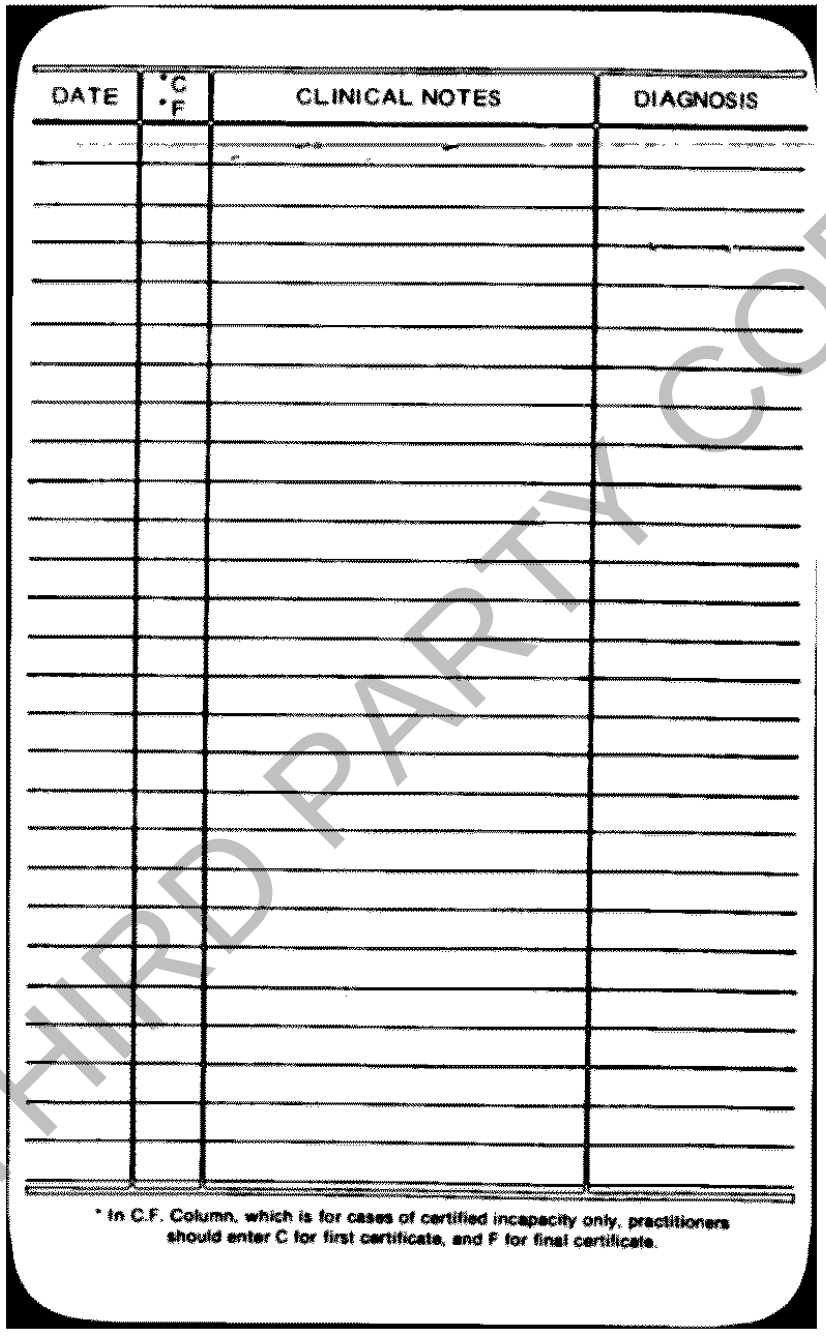
* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD

Form G.P. 7 (Scotland)

53-ST-4316 200M 1/85 P.P.L. Ltd.

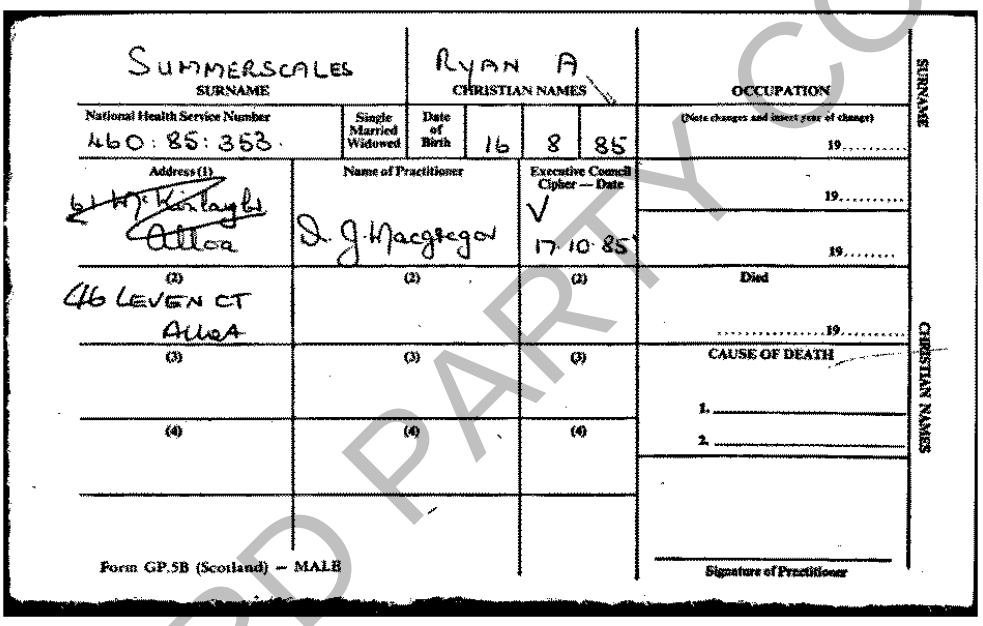
NHS Confidential: Personal data about a patient



DATE	°C °F	CLINICAL NOTES	DIAGNOSIS

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient



SURNAME	CHRISTIAN NAMES	OCCUPATION
SUMMERSCALES	RYAN A	(Note changes and insert year of change) 19.....

National Health Service Number	Single Married Widowed	Date of Birth			
460:85:353.		16	8	85	

Address (1)	Name of Practitioner	Executive Council Cipher — Date	
~~2 Mc Kinlay St~~ Alloa	D. J. Macgregor	V 17.10.85	19.....
(2) 46 LEVEN CT ALLOA	(2)	(2)	Died 19.....
(3)	(3)	(3)	CAUSE OF DEATH
(4)	(4)	(4)	1. 2.

Form GP.5B (Scotland) — MALE

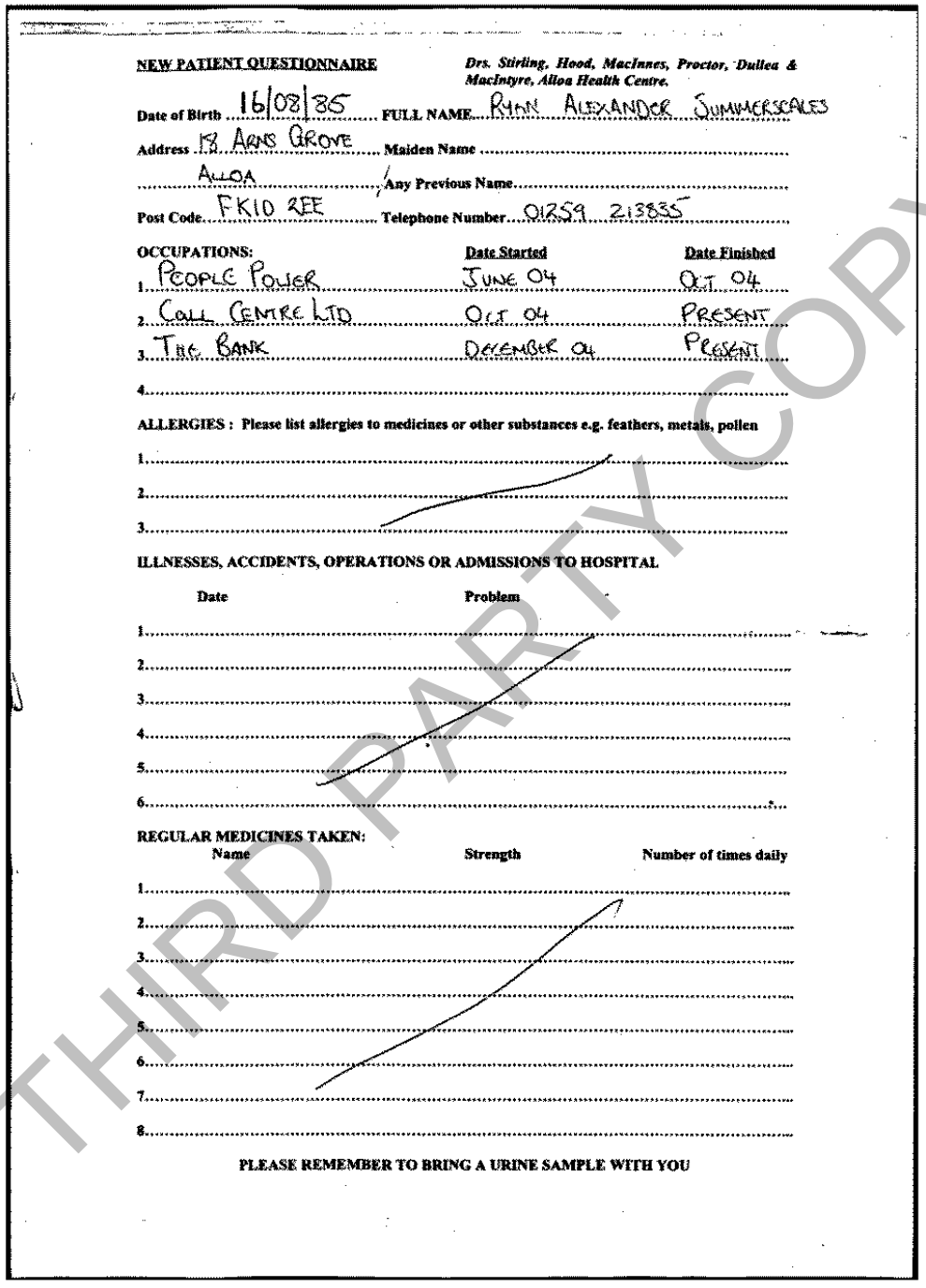
Signature of Practitioner

SURNAME

CHRISTIAN NAMES

NHS Confidential: Personal data about a patient

NHS Confidential: Personal data about a patient



NEW PATIENT QUESTIONNAIRE

Drs. Stirling, Hood, MacInnes, Proctor, Dullea & MacIntyre, Alloa Health Centre.

Date of Birth 16/08/85 FULL NAME RYAN ALEXANDER SUMMERSCALES

Address 18 ARNS GROVE Maiden Name .....

ALLOA Any Previous Name .....

Post Code FK10 2EE Telephone Number 01259 213835

OCCUPATIONS:	Date Started	Date Finished
1. PEOPLE POWER	JUNE 04	OCT 04
2. CALL CENTRE LTD	OCT 04	PRESENT
3. THE BANK	DECEMBER 04	PRESENT
4.		

ALLERGIES : Please list allergies to medicines or other substances e.g. feathers, metals, pollen

1.

2.

3.

ILLNESSES, ACCIDENTS, OPERATIONS OR ADMISSIONS TO HOSPITAL

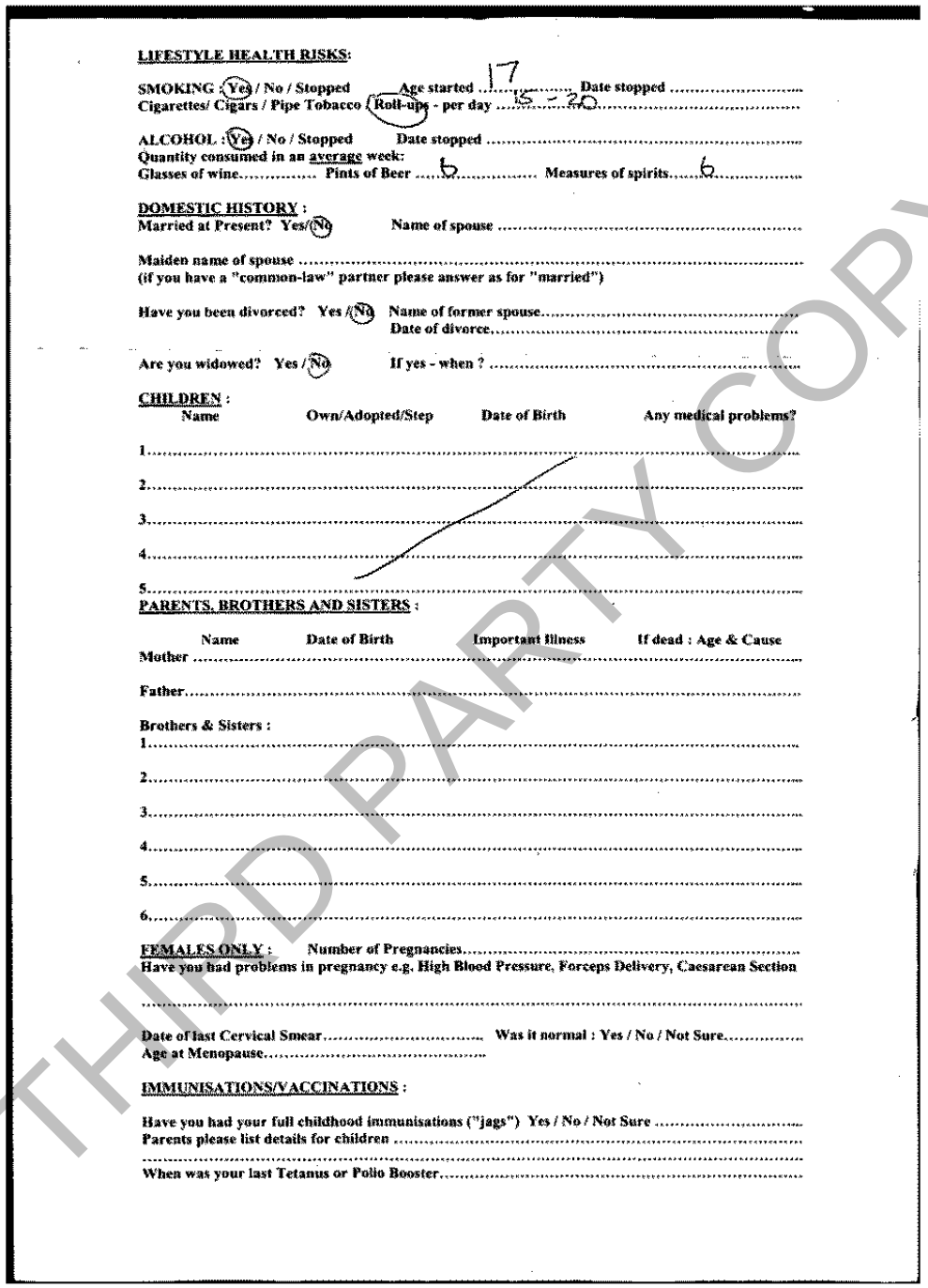
	Date	Problem
1.		
2.		
3.		
4.		
5.		
6.		

REGULAR MEDICINES TAKEN:

	Name	Strength	Number of times daily
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE REMEMBER TO BRING A URINE SAMPLE WITH YOU

NHS Confidential: Personal data about a patient



LIFESTYLE HEALTH RISKS:

SMOKING : (Yes) / No / Stopped Age started 17 Date stopped .....
Cigarettes/ Cigars / Pipe Tobacco / Roll-ups - per day 15-20

ALCOHOL : (Yes) / No / Stopped Date stopped .....
Quantity consumed in an average week:
Glasses of wine..... Pints of Beer 6 Measures of spirits 6

DOMESTIC HISTORY :
Married at Present? Yes/(No) Name of spouse .....

Maiden name of spouse .....
(if you have a "common-law" partner please answer as for "married")

Have you been divorced? Yes /(No) Name of former spouse.....
Date of divorce.....

Are you widowed? Yes / (No) If yes - when ? .....

CHILDREN :

Name	Own/Adopted/Step	Date of Birth	Any medical problems?
1.....			
2.....			
3.....			
4.....			
5.....			

PARENTS, BROTHERS AND SISTERS :

	Name	Date of Birth	Important Illness	If dead : Age & Cause
Mother				
Father.....				

Brothers & Sisters :
1.....
2.....
3.....
4.....
5.....
6.....

FEMALES ONLY : Number of Pregnancies.....
Have you had problems in pregnancy e.g. High Blood Pressure, Forceps Delivery, Caesarean Section
.....

Date of last Cervical Smear..... Was it normal : Yes / No / Not Sure.....
Age at Menopause.....

IMMUNISATIONS/VACCINATIONS :

Have you had your full childhood immunisations ("jags") Yes / No / Not Sure .....
Parents please list details for children .....
.....
When was your last Tetanus or Polio Booster.....

Scanned Document
28-July-2026 DL2
Additional: Scanned Document

Filename: iGPRDA_14.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Date Referral Submitted
(This date is fixed at hospital end):
11-Apr-2014

REFERRAL LETTER

MEDICAL IN CONFIDENCE

1608850595 CHI No:1608850595

101007047167J
Unique Care Pathway Number: 101007047167J

REFERRAL TO

Adult PsychiatryG1C
FV MH Adult (Clacks)

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

Clackmannanshire Community Healthcare Centre
Parkhead Rd
Sauchie
Alloa
Clackmannanshire FK10 3JQ
Telephone: 01259 215333

— **Hospitaland hospital address**

Hospital location code.
V216H

Urgency of Referral **Routine Mental Health Referral**

Administrative Information
Patient has special requirements:No
Ethnic Origin: (White) British

PATIENT DETAILS

Surname	Summerscales
Forename(s)	Ryan
Title	- Sex Male
Previous Surname	-
Date of birth	16-Aug-1985
CHI no.	1608850595

Patient's address

65 Hillcrest Drive
ALLOA
Clackmannanshire
FK10 1SD

Contact number(s)
Voice: 07738913151

REFERRING PRACTITIONER DETAILS

Name: Dr. Jean MacIntyre (GMC: 2616498)
Practice: Dr Stirling & Partners (25012)
Phone: Voice: 01259 216476

Practice address:
Hallpark Road
Sauchie
FK10 3JQ

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting Complaint

Description: Depressive Illness

Comment: Mild

Examinations and Investigations

Acceptance?:	Yes, information sharing accepted.	-
What specifically do you want for your patient from this referral?:	I believe Ryan would benefit significantly from a series of counselling sessions.	-
Outline of current difficulties:	Ryan is aware his mood has been low intermittently for a long time but has been much worse recently. He realises that much of it dates back to acceptance of issues in his childhood. His father died when he was five and as his mother was an alcoholic he was fostered along with his sister following that time. He does not have very fond memories of these fostering years. He currently lives with an Aunt and is working as a taxi driver. He has good supportive friends but finds himself often feeling very flat.	-
Past psychiatric history:	Nil of note.	-
Risk of self harm?:	Low risk of self harm	-
History of self harm?:	No	-
Any Current Suicide Ideation?:	No	-
Current Risk to Others?:	No	-
History of substance abuse?:	None	-
Forensic History?:	No	-
Have they been referred to other agencies?:	No	-
Can the patient leave the house?:	Yes	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Medical history

Pre-existing Conditions (High Priority)

Description	Laterality	Modifier	Extension	Date Started
White British	-	-	priority=2	30-Mar-2009

Active Repeat Therapy

Some Repeats may be Active but not Issued. In these instances, the Date Last Issued field contains the date authorised by the GP.

No current medications recorded

Issued Scripts for Acutes and Inactive Repeats (in last 90 days)

No recent medications recorded

Clinical warnings

Additional relevant information

Signature of referring doctor (or other professional) **Date** 11-Apr-2014