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Hospital use Only Clinic *Rw* Day *TUE* Date *17.8.93* Time *3pm* Hospital No. GP112

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

Appointment Category
Routine Soon Urgent

CARSWELL HOUSE

Hospital ~~GARTNAVELL ROAD~~ Date *09.06.93*

CHI No. *43331*

Please arrange for this patient to attend the *PSYCHOTHERAPY* clinic of Dr/Mr *[Signature]*

Patient's Surname *CAPALDI* Maiden Surname *[Signature]*

First Names *STEVEN* Single/Married/Widowed/Other *[Signature]*

Address *0/1 51 ROSE STREET GLASGOW* Date of Birth *22.11.68*

Postal Code *G3 6SF* Contact telephone number

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

Name of Hospital

Year of Attendance Hospital No.

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

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of
MEDICAL/DENTAL PRACTITIONER
DR C A SMITH
WOODSIDE
HEALTH CENTRE
GLASGOW G20 7LR
TEL: 332 9977
Please use rubber stamp

PARTICULARS OF PATIENT
IN BLOCK LETTERS PLEASE

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

Dear Doctor

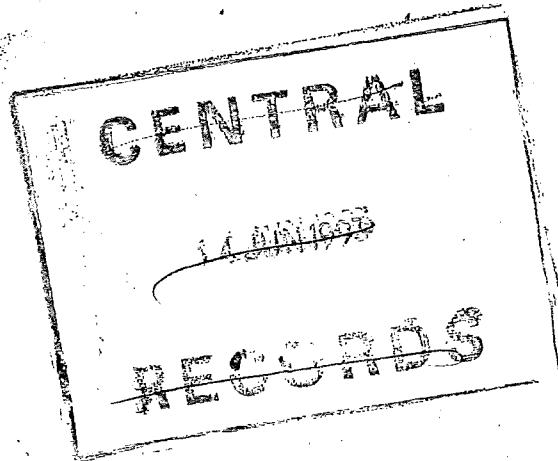
I would be grateful if you could advise on some psychotherapy or counselling for this young man. He appears depressed and has had several attempts at suicide in the past. He appears to have some problems about being adopted and other happenings in his youth. he smokes 10 - 20 per day and drinks 3 - 4 units of alcohol a week, but previously was taking a 1½ bottles per day.

Many thanks.

Your sincerely

[Signature]

Dr Carol A Smith



Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

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

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

Signature

DNA

17/6/93

Psychotherapy Appointments
Carswell House

THE LANSDOWNE CLINIC

STEVEN CAPALDI

I would be grateful if an appointment could be arranged for this man who lives within your catchment area.

Referral letter has been seen by Dr Nightingale. GP has been informed

With Compliments
that referral is being passed on.

Thank you.

June McKill
Secretary to Dr Nightingale

**3 Whittingehame Gardens
Great Western Road
Glasgow G12 0AA**

NAME	DATE
PREY NAME	DATE
ADDRESS	HOSPITAL
ADDRESS	ADDRESS
HOSPITAL	ADDRESS

PLEASE WRITE OVER WHITE LETTERS

10.0.12.

Account for Keynote.

Little in the morning GP ADVISED