GP EVIDENCE EXTRACTION SHEET

SAR - REF 100047 | Mr Charles Davies | DOB 09 September 1958 | 254-page GP / attached-record bundle

Source	SAR - REF 100047.pdf (decrypted using the password supplied by the user)	Review scope	Full 254-page PDF: searchable iGPR report, medication history, historic scanned paper notes and attached hospital/clinic correspondence.
Placement evidence	No positive care-setting address/residence evidence identified.	Direct abuse disclosure	No direct physical, sexual, emotional-abuse or neglect disclosure identified in the reviewed GP material.
Strongest impact evidence	Recurrent low mood/depression; long-term citalopram treatment; cannabis dependence/heavy use; historic alcohol abuse with prolonged abstinence.	Causation	No reviewed GP entry expressly attributes the later mental-health or substance-use history to childhood care or abuse.

Important evidential qualification

This schedule records what the GP file itself supports. Medical conditions and substance use are not treated as proof of abuse, and causation is not inferred where the patient or clinician did not make that connection. Historic injuries without an abuse attribution are recorded as neutral medical history. Absence of an entry from this GP file is not proof that an event did not occur.

Page-reference extraction schedule

PDF page	Date / source	Category	Exact evidence / faithful summary	Evidential value	Link / qualification
1	SAR cover / iGPR report	Patient details	Mr Charles Davies; DOB 09-Sept-1958; address 33 Ferguson Street, Ayr; SAR reference 100047.	Identity / provenance	No care-setting address recorded on this page.
6	01-Aug-2025 - administration	Mental-health medication	Patient wished to restart citalopram 10 mg; prescription issued.	Treatment / impact	No childhood-care or abuse link recorded.
10	14-Oct-2024 - Dr Pete Paton	Depression / medication	Depression interim review. Patient had stopped citalopram 20 mg; mood worsened. Gradual reduction to 10 mg discussed, with plan to increase if mood worsened.	Mental-health treatment	Strong evidence of recurrent mood symptoms and ongoing antidepressant management; no trauma causation stated.
20	12-Apr-2024 - Dr Catriona Mckinnon	Alcohol history	Clinical history records previous alcohol abuse and states the patient had been abstinent for 15+ years.	Substance-use history	Retrospective evidence of past alcohol misuse; no recorded link to care/abuse.
24	21-Sept-2023 - chronic disease review	Cannabis / coping	Record states patient smokes "40 JOINTS OF CANNABIS DAILY" and says he is "too hyper" when he does not. Also recorded as a non-drinker at that review.	Substance use / possible coping	Direct clinical record of very heavy cannabis use. The note does not attribute use to childhood trauma or care.
32	17-Aug-2020; 12-Jan-2021	Low mood / citalopram	Low mood had recurred and had previously settled on citalopram. Later note states citalopram needed review.	Mental-health treatment	Evidence of recurrence and continued antidepressant use; no abuse link recorded.

PDF page	Date / source	Category	Exact evidence / faithful summary	Evidential value	Link / qualification
35	21-Jun-2019 - Dr Calum Dobbie	Citalopram	Patient wished to try citalopram again and reported it had been helpful previously.	Mental-health medication	Supports repeated/long-term citalopram use; precise mental-health formulation not stated in this entry.
40	26-Sept-2017 - Dr Carolyn Adams	Citalopram	Clinical note records restart of citalopram.	Mental-health medication	Shows continued/recurrent use; no abuse link recorded.
42	12-Feb-2015; 12-Mar-2015	Low mood / response to treatment	12 Feb: low mood "as in past"; citalopram restarted. 12 Mar: mood "much more stable"; also recorded "No alcohol".	Mental-health impact / treatment	Supports recurrent low mood with improvement on antidepressant. No care/abuse causation stated.
43	24-Nov-2014	Cannabis / citalopram	Bowel symptoms improved; patient thought cannabis was causing many problems and was keen to stop; note states citalopram had helped in the past.	Substance use / treatment	Clinical acknowledgement of adverse impact of cannabis use; no childhood-care link.
45	30-Sept-2014	Cannabis / addiction support	Discussion regarding cannabis and tobacco; patient keen to stop, had made an appointment with Fresh Ayrshire, and had previously attended Addaction but found it unhelpful.	Substance-use treatment / support	Evidence of help-seeking for substance use. No cause attributed to abuse.
45	17-Feb-2014; 09-Apr-2014	Mood / antidepressant	17 Feb: patient more settled and mood stable while continuing citalopram. 9 Apr: feeling OK and had stopped citalopram.	Mental-health treatment / neutral	Shows periods of stability and treatment change; relevant neutral/contradictory context.
46	01-Jan-2013 (coded historic problem)	Personality-disorder diagnosis	Problem list contains "Personality disorders" without subtype or explanatory formulation.	Mental-health diagnosis	Exact terminology preserved. No link to childhood trauma/care is recorded.
46	01-Jan-2003 (coded historic problem)	Cannabis dependence	Problem list records "Cannabis type drug dependence".	Substance-use diagnosis	Supports longstanding cannabis-dependence history; no causation stated.
46	01-Jan-1974	Physical injury / RTA	Problem list records right clavicle fracture and "Other road vehicle accidents RTA" on the same historical date.	Physical injury / neutral	The record itself supplies an RTA context; it should not be presented as evidence of physical abuse.
46	01-Jan-1979	Physical finding	Problem list records nasal obstruction, "NOSE MARKEDLY DEVIATED TO RIGHT".	Physical history / neutral	No cause, perpetrator, treatment or safeguarding response recorded.
46	01-Jan-1985	Physical injury	Problem list records fracture of right 5th metacarpal.	Physical history / neutral	No cause, perpetrator, witnesses or safeguarding action recorded.
47-61	Medication issue history	Long-term mental-health medication	Repeated citalopram prescriptions/issue history across the medication section demonstrate recurrent prescribing over multiple years.	Treatment continuity	Medication history corroborates long-term antidepressant use, but medication alone does not establish trauma or abuse.
135	Historic scanned paper summary	Historic physical/medical history	Scanned summary records DOB 9/9/58 and includes historical entries including 1974 right clavicle fracture/RTA and later nasal/other medical history.	Historic paper record / corroboration	Useful as provenance/continuity for the coded historic problem list; no care-setting or abuse link visible.
156	Historic medical record card	Identity / addresses	Historic GP card records Charles Davies, DOB 9.9.58, and a sequence of ordinary residential addresses in Ayr.	Identity / neutral placement evidence	No children's home, residential school, foster or institutional address is identified on this card.

Category-by-category findings

1. Evidence of placement in care

No children's home, residential school, foster placement, assessment centre, institutional address, "in care" status, supervision requirement, social worker/house-parent attendance, or care-setting correspondence was identified in the reviewed GP record. Historic cards show ordinary residential addresses rather than a care establishment. This file therefore does not, on its own, provide positive placement evidence.

2. Physical abuse

No GP entry located records being hit, kicked, punched, slapped, beaten, restrained or otherwise assaulted by care staff/residents. Historic injuries include a right clavicle fracture in 1974 with an RTA recorded on the same date, a markedly deviated nose in 1979 with no cause stated, and a right fifth-metacarpal fracture in 1985 with no cause stated. These are not recorded as abuse-related.

3. Sexual abuse

No explicit or indirect disclosure of rape, sexual assault, indecent assault, inappropriate touching, forced nudity, grooming, sexual exploitation, or abuse by staff/residents was located. No medical entry located makes a sexual-abuse connection.

4. Emotional or psychological abuse

No contemporaneous GP record located describes humiliation, threats, intimidation, fear of care staff, fear of returning to a placement, or emotional deterioration specifically connected with residential care. Later low mood is documented, but no care/abuse link is stated.

5. Neglect

No medical, physical, emotional or safeguarding neglect in a care setting was identified. The file contains routine missed appointments and treatment history, but these are not recorded as neglect by carers or an institution.

6. Contemporaneous disclosures

No entry located records the patient telling a GP/clinician that a staff member or resident hurt, sexually assaulted, threatened, neglected or frightened him, or that he ran away/refused return because of treatment.

7. Mental-health conditions and symptoms

Relevant records include the coded diagnosis "Personality disorders" (2013), recurrent low mood, and depression reviews. Citalopram is repeatedly used with documented worsening when stopped and improvement/stability while treated. No PTSD, complex trauma, flashbacks, nightmares, dissociation or explicit childhood-abuse formulation was located.

8. Mental-health medication

Citalopram is the principal psychiatric medication identified. The record documents repeated/recurrent prescribing from at least 2014 onward, including restart decisions and a 2024 taper attempt that worsened mood, followed by continued lower-dose treatment and a 2025 restart request. No trauma-specific medication is identified.

9. Counselling, therapy and psychiatric care

No trauma-focused psychotherapy, EMDR, psychology or psychiatric-care episode linked to childhood abuse was located. Substance-use help-seeking is recorded: Fresh Ayrshire appointment and previous Addaction attendance (page 45).

10. Self-harm and suicide

No positive entry located records self-harm, suicidal ideation, suicide plan, intentional overdose, suicide attempt, crisis psychiatric admission or police welfare check. No negative suicidality assessment was identified in the text-searchable portion reviewed.

11. Substance and alcohol use

Cannabis dependence is coded in 2003. In 2014 the patient sought help regarding cannabis/tobacco; in 2023 he reported 40 cannabis joints daily and feeling "too hyper" without it. A 2024 note records previous alcohol abuse with 15+ years of abstinence. No clinician/patient statement in this GP record explicitly attributes substance use to childhood abuse or care.

12. Physical consequences in adulthood

Chronic musculoskeletal symptoms, cervicalgia/back pain and historic fractures are present in the file, but the records reviewed link some symptoms to road-traffic accident/manual work and do not link them to childhood abuse or neglect. No adult physical condition is clinically attributed to care experiences.

13. Long-term personal and social impact

The reviewed GP material does not provide clear evidence connecting employment, housing, relationships, parenting, imprisonment, education or social isolation to childhood care/abuse. Such impact should not be inferred from the medical file alone.

14. Third-party and attached records

The PDF includes numerous scanned historic paper notes and hospital/clinic letters. The most relevant historic paper material for this review is the old medical summary (p.135) and GP identity/address card (p.156). No attached document reviewed provides a care-setting address or direct abuse disclosure.

15. Contradictory or neutral entries

Neutral context includes periods where mood was described as stable/settled (p.45) and notes recording non-drinking/long-term abstinence (pp.10, 20, 24, 42-43). The 1974 clavicle fracture is accompanied by an RTA code, which is an alternative recorded explanation and should not be reframed as abuse.

16. Evidential classification

Placement: not established by this GP file. Direct abuse disclosure: not identified. Corroborative/impact evidence: recurrent low mood/depression and long-term citalopram treatment; longstanding cannabis dependence/heavy use; past alcohol abuse with prolonged abstinence. Causation: the GP record does not link these later conditions to childhood care or abuse.

Review notes and limitations

The source PDF contains a text-searchable iGPR report followed by extensive scanned historic material. Relevant historic scans were visually reviewed, with particular attention to identity/address cards and the historical summary. The file includes third-party hospital and clinic correspondence; no reviewed attachment supplied positive evidence of residence in a care institution or a direct childhood-abuse disclosure.

The highlighted copy marks the principal pages and passages used in this extraction sheet. Repeated citalopram issue-history entries are highlighted in the medication section to demonstrate treatment continuity without implying a specific trauma diagnosis.