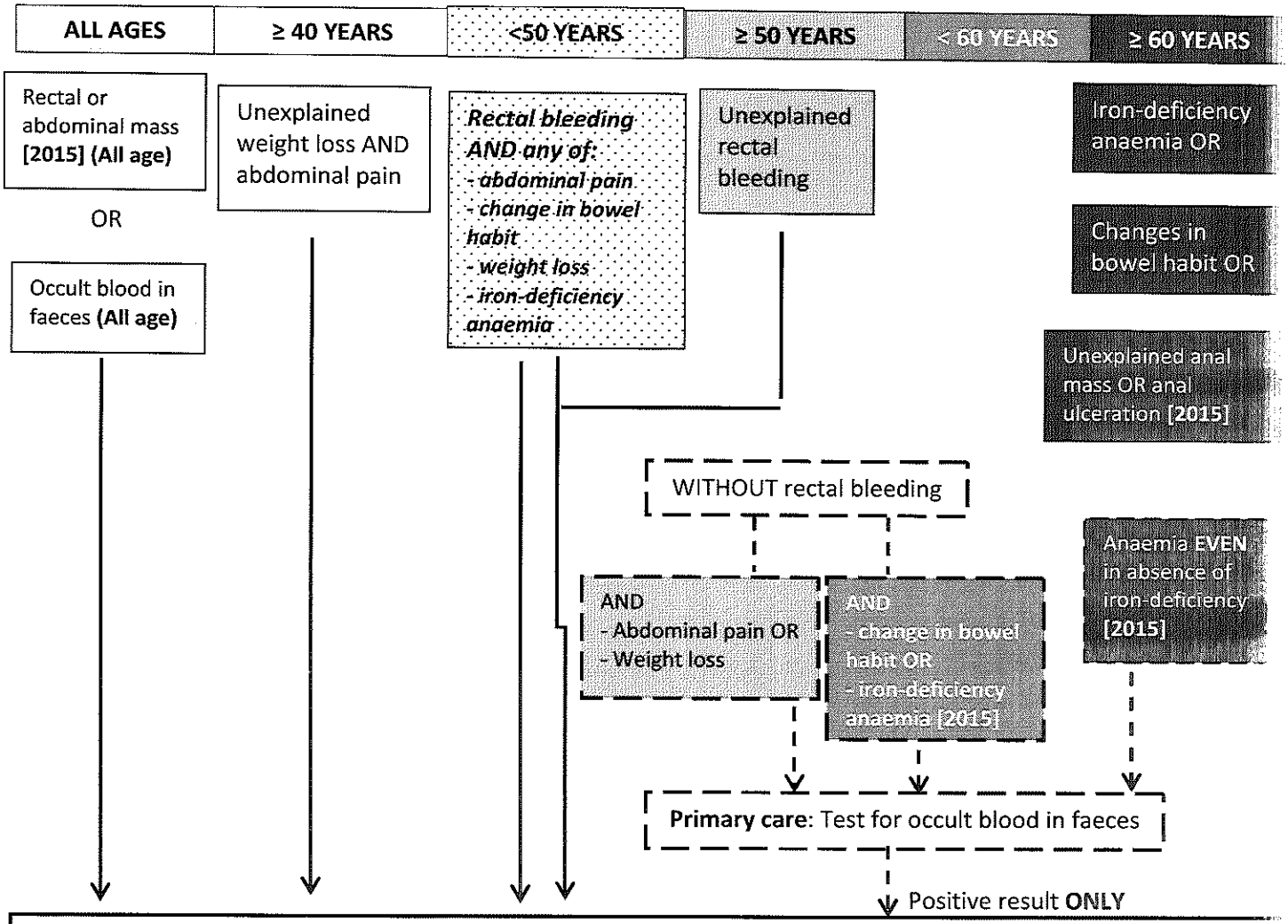

Examples of patients <u>not</u> suitable for Straight to Colonoscopy:

Poor performance status	Not fit for bowel prep	Unable to tolerate sedation
Palpable rectal mass	Not able to lay on their left side	Not wanted by patient

Please Send via e RS – only use emails if eRS is unavailable

Greater Peterborough Network

NHS

PRIVATE AND CONFIDENTIAL

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

Greater Peterborough Network
Allia Future Business Centre
London Rd,
Peterborough
PE2 8AN

Date: Thursday 14 March 2024

NHS Number: 498 167 2195

Dear Mr Richard Dean,

Over the past few weeks I have been trying to contact you to continue supporting you with your mental health. Unfortunately I have been unable to reach you.

Our team helps you connect with local services and activities to improve your well-being based on what matters most to you. We work with you in a safe, non-judgmental environment to understand your needs, boost your motivation and build your knowledge of the local support that is available.

As I have been unable to speak with you via telephone or meet with you at your prebooked appointment I will place your referral on hold for four weeks and following this discharge you back to practice.

Alternatively, you can contact me on 0333 332 4666 to arrange a suitable appointment time or discuss how I can best support you during this time.

Kind regards,

Mental Health Community Connector Team

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

12 Oct 2016

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme. We have booked the first available appointment and your Appointment Details are enclosed.

If you are unable to attend this appointment please follow the instructions in Section 4 to change your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street ***Emergencies:*** ***Tel: 01733 307850***
Peterborough ***Enquiries:*** ***Tel: 01733 907820***
PE1 2EJ ***Appointments:*** ***Tel: 01733 307840***
Fax:01733 566945

Werrington Branch Surgery
2 Church Street ***Tel: 01733 571110***
Werrington
Peterborough ***Fax: 01733 579734***
PE4 6QB

Boroughbury
Medical Centre

Priority: Routine E-referral

REF: JC/sg

Respiratory
Choose and Book Hospital of patients choice

12 Dec 2018

Dear Colleague

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Mob: 07787 654419

Many thanks for your review of this 56 year old man.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms and weight loss. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenterology, Colorectal and Endocrinology. It appears he was briefly under the care of Dr Brij but I think this was following an acute admission rather than through the Respiratory pathway. He has been extensively investigated with little yield to date.

He was recently admitted to hospital again under the medics.

At discharge he was listed for a CT chest, abdomen and pelvis. This has now been reported and shows some bronchiectasis and a 10mm right upper lung nodule.

Cont/d . . .

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
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PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

The patient tells me he received a phone call from the hospital about the lung nodule saying that they would be arranging follow-up and a repeat CT scan of his chest in 3 months. However, I note ACU have since written to the surgery asking the GP to arrange this.

He complains of multiple ongoing symptoms but amongst them ongoing chest pain and breathlessness. He also feels he continues to lose weight. As such I would be grateful if you would arrange review of this man in the Respiratory clinic and enter him into the lung nodule surveillance programme for interval scanning in 3 months.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Enc: Intermediate summary.

PLEASE REPLY TO REFERRING GP

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

10 Feb 2017

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme. We have booked the first available appointment and your Appointment Details are enclosed.

If you are unable to attend this appointment please follow the instructions in Section 4 to change your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street ***Emergencies:*** ***Tel: 01733 307850***
Peterborough ***Enquiries:*** ***Tel: 01733 907820***
PE1 2EJ ***Appointments:*** ***Tel: 01733 307840***
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Werrington Branch Surgery
2 Church Street ***Tel: 01733 571110***
Werrington
Peterborough ***Fax: 01733 579734***
PE4 6QB

INHEALTH | ENDOSCOPY

INHEALTH

Peterborough Community Endoscopy Service
Unit Address: 6-10 Thistlemoor Road, New England
Peterborough PE1 3HP

Patient Referral Centre Contact Number: 0845 437 0342

Colonoscopy - Referral Form

Patient Name: Mr Richard Dean	**GP Name:** Dr Kehinde Adams
Date of birth: 30 Sep 1962	**GMC No:**
Address: 14 Drayton, Bretton, Peterborough, PE3 9XL	Address: Boroughbury Medical Centre, Craig Street, Peterborough Boroughbury Medical Centre
Tel No:	**Postcode:** PE1 2EJ
Mobile: 07787 654419	**Tel No:** 01733 307840
NHS Number: 498 167 2195	
Referral Date: 12 November 2020	

Indications for Colonoscopy:	Persistent right lower abdominal pain, change in bowel pattern, stool mushy. Normal FIT test, stool MCS and C. diff. Colonoscopy 2017- diverticular dx in sigmoid colon. FHx- dad died of bowel cancer				
Diabetes	☐ Yes	☐ No	Anticoagulant Therapy	☒ Yes	☐ No

Criteria for Colonoscopy at this unit:

This procedure is not a replacement for the cancer 2-week referral system.

☐	Unexplained chronic iron deficiency anaemia (please record se fe, tibc, and ferritin)
☒	One or more first degree relative who had colorectal cancer before 60yrs of age.
☐	Family history of HNPCC or polyposis coli
☐	History of colorectal cancer: (follow up 5 yearly after 2 years)
☐	History of adenomas: follow up 5yearly-if 1-2 polyps<1cm; 3yearly- if 3-4polyps <1cm or 1 polyp>1cm; 1yearly- if >5 polyps < 1cm or 2 polyps >1cm)
☐	Previous history of Inflammatory Bowel Disease: (follow up 5 yearly if no dysplasia).

NB: Your patient will be prescribed **Moviprep prior to their procedure,** by completing the referral you will be informing us that you deem the patient fit to take the medication.
Colonoscopy is not without risk and patients should be informed that there is a 1:1000 risk of perforation, increasing to 1:500 during removal of caecal polyps. Patients usually receive pethidine, midazolam, and often buscopan, during the procedure, and allergy or contra-indication to these medications should be checked.

Consider flexible sigmoidoscopy for L sided symptoms (bright or fresh rectal bleeding, diarrhoea)

Medication:-

Acutes	None
Repeats	Mirtazapine 15mg tablets, 1 AT NIGHT Omeprazole 20mg gastro-resistant capsules, 1 To be taken Twice Daily Tamsulosin 400microgram modified-release capsules, ONE IN THE MORNING Accrete D3 tablets (Internis Pharmaceuticals Ltd), take one twice daily Apixaban 5mg tablets, take one twice daily Diazepam 5mg tablets, ONE AT NIGHT

Other Diseases & PMH:-

Drug overdose (Xa4eX), Jan 1990
C/O - feeling depressed (XM0CR), Aug 2003
Heroin dependence (X00Rz), Aug 2003
Anxiety state NOS (E200z), Jun 2004
Drug dependence (E24..), Jul 2004

Family bereavement NOS (XE0pk), Sep 2004
Panic disorder (XE1Y7), Dec 2005
Deliberate overdose of drug or pharmaceutical preparation (X71Am), May 2007
Deep vein thrombosis of lower limb (Xa9Bs), May 2007
Pneumonia due to unspecified organism (H26..), May 2007
Lung empyema NOS (H5013), May 2007
Deep vein thrombosis of lower limb (Xa9Bs), Jul 2008
Hepatitis C (A70z0), Jan 2010
Anticoagulant drug monitoring (XaB9u), Mar 2011
[X]Mental and behav dis due to use opioids: dependence syndr (XE1ZH), Oct 2015
Suspected pulmonary embolism (XaKOY), Dec 2019
Deep vein thrombosis of lower limb (Xa9Bs), Jan 2020
Hepatitis C, 2010

[X]Mental and behav dis due to use opioids: dependence syndr, Oct 2015

Gastroscopy NEC, Jul 2019

Suspected pulmonary embolism, Dec 2019

Deep vein thrombosis of lower limb, Jan 2020

Adverse reaction to penicillins

Previous Investigations:-

Blood Results (Last 12m):

FBC	23 Oct 2020	Hb 145 g/L, WCC 6.8 10^9/L, Plts 173 10^9/L, MCV 96.9 fL, Neut 3.3 10^9/L		
UE	23 Oct 2020	Na 141 mmol/L, K 4.6 mmol/L, Urea 6.2 mmol/L, Creat 100 umol/L, eGFR 71		
LFT	23 Oct 2020	ALT 14 iu/L, Alk Phos 131 iu/L, Bili 4 umol/L, Alb 44 g/L, GGT		
CRP			**ESR**	
TFTs	3.47 miu/L, 23 Oct 2020	TSH 3.47 miu/L, Free T4	**INR**	
Bone		Ca , Ca cor , Ca adj , Phos		
Iron		Ferritin , Iron Saturation , TIBC		
Vitamins		B12 , Folate		
Lipids		Chol , LDL , HDL ,Chol:HDL ratio , Tri		
Random Glucose			**Fasting Chol.**	
Fasting Glucose			**HbA1c**	

This service can be booked through the E-RS Choose & Book:
Diagnostic Endoscopy, Colonic Imaging Assessment Advice

LOWER GI SUSPECTED CANCER REFERRAL FORM

Date of GP decision to refer: 10 Feb 2017 No. of pages sent:

NHS
East of England Strategic Clinical Network

IF NHS E-REFERRAL IS UNAVAILABLE, COMPLETE FORM AND EMAIL TO THE REFERRAL TEAM WITHIN 24 HOURS.
NOTE: This form is NOT for use for patients aged < 16 years.

PATIENT DETAILS –Must provide current telephone number

Last name: DEAN First name: RICHARD
Gender: Male DOB: 30 Sep 1962
BMI *(assists diagnostics): 33.21435*
NHS No: 498 167 2195
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH, PE3 8RA

Telephone (Day): 07787 654419
Telephone (Evening):
Mobile No.: 07787 654419
Patient agrees to telephone message being left? Y☐ N☐
Transport required? Y☐
Email:
Interpreter required? Y☐ Language/Hearing:
Learning difficulties? Y☐
Mental capacity assessment required? Y☐
Known safeguarding concerns? Y☐
Mobility requirements (unable climb on/off bed)? Y☐

SYMPTOMS & CLINICAL EXAMINATIONS

☐	IF ≥ 60 yrs and **IRON-DEFICIENCY** anaemia (≤11g men, ≤10g non-menstruating women) **Suggest coeliac testing in addition to FBC and eGFR.**
☐	Rectal mass upon examination [2015]
☐	Abdominal mass [2015]
☐	Occult blood in faeces
☐	IF ≥ 40 yrs WITH rectal bleeding AND change in bowel habit
☒	IF ≥ 40 yrs AND abdominal pain AND unexplained weight loss
☐	IF <50 AND rectal bleeding AND any: ☐ Abdominal pain ☐ Change in bowel habit ☐ Unexplained weight loss ☐ Iron-deficiency anaemia [2015]
☐	IF ≥ 50 yrs AND unexplained rectal bleeding
☐	IF ≥ 60 yrs AND changes in bowel habit
☐	IF ≥ 60 yrs AND unexplained anal mass/ulceration [2015]

ADDITIONAL INFORMATION (including free text)

☐ Other primary cancer (specify):

Patient also has increased constipation in last two months.

GP DETAILS

GP name: Dr R Beesley
Practice Code: D81026
Address: Boroughbury Medical Centre, Boroughbury Medical Centre, Craig Street, Peterborough, PE1 2EJ

Tel: 01733 307840
Fax: 01733 566945
Practice email:

INVESTIGATIONS IN SUPPORT OF REFERRAL

Most patients will be sent straight to diagnostics. You do not need to wait for tests to refer. But order them and please indicate that the following tests will support this referral:

☐ FBC ☐ Ferritin ☐ eGFR ☐ Creatinine

Other

☐ Faecal occult blood test ☐ Coeliac testing

PATIENT MEDICAL HISTORY

Existing conditions and risk factors:
History of DVT and IV drug abuse.

Had colonoscopy in last 3 years? Y☐ N☒

Current medication (attach list and indications):
Allergies
Anticoagulants/Antiplatelets
Immunosuppressants
Diabetic

WHO Patient Performance status (see below for key)
☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

Cancer needs to be excluded	Y
Patient given referral information leaflet	Y

Date(s) unavailable next 14 days:

Please attach a Patient Summary including:

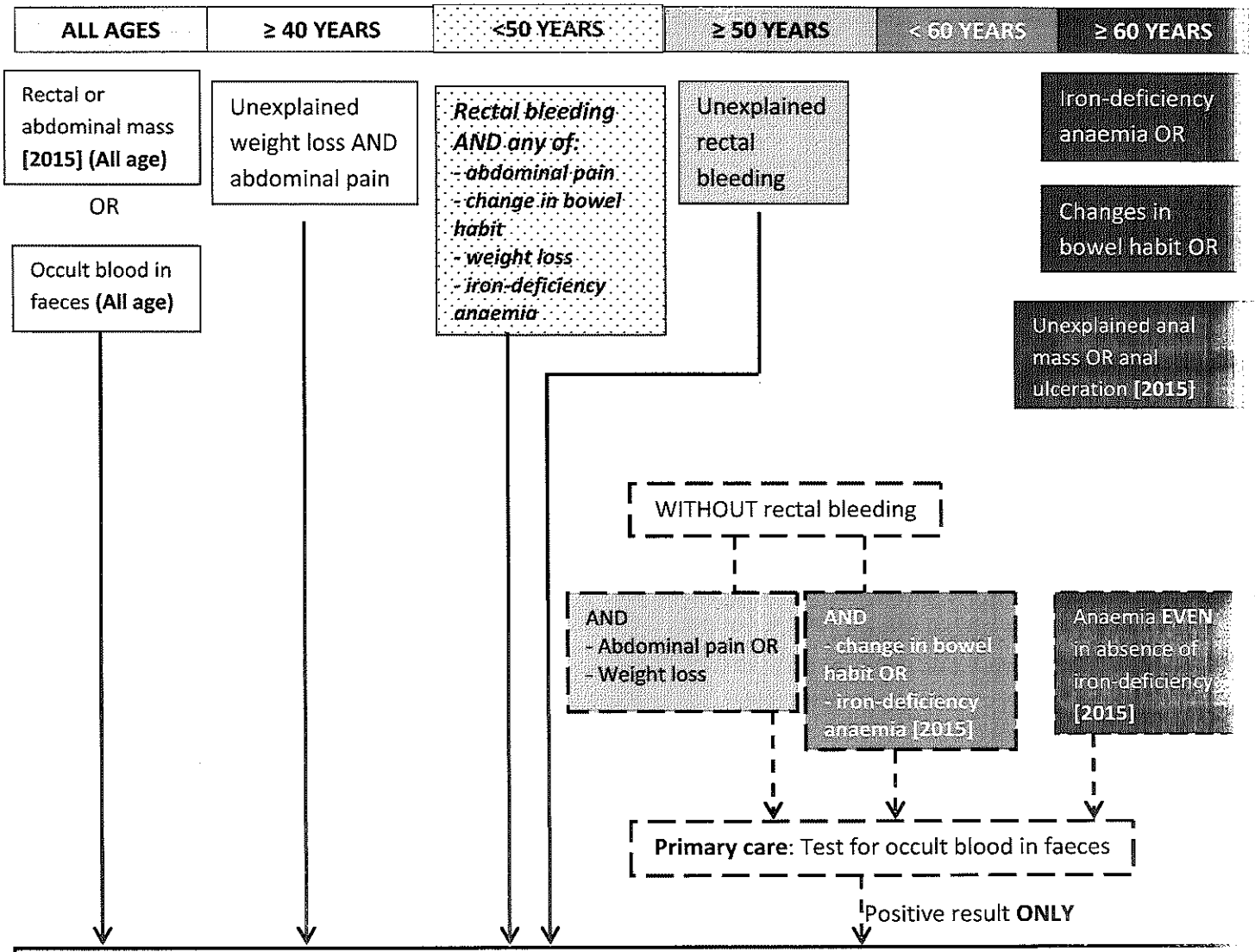
☐ Referral letter (if applicable) ☐ Investigation results ☐ PMH ☐ Up-to date medications list and indications

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot care out any self-care. Totally confined to bed or chair.

FOR GUIDANCE ON SYMPTOMS & HOSPITAL CONTACT DETAILS, SEE REVERSE OF THIS FORM.



Anglia	Beds & Herts	Essex
Addenbrookes add-tr.colorectal2ww@nhs.net	**East & North Herts** FAX: (no longer advised) If you have not received acknowledgement within 48hrs (Mon-Fri) contact the 2WW supervisor on 01438 285206	**Basildon & Thurrock** btu-tr.cancer2wwreferrals@nhs.net
Bedford Hospital bhn-tr.registration@nhs.net		
Hinchingbrooke TEL: 01480 847557 hch-trCancerMDT@nhs.net		**Colchester Hospital University FT** twoweek.waitreferral@nhs.net
Ipswich Hospital hch-trCancerMDT@nhs.net	**Luton & Dunstable** FAX: (no longer advised)	
James Paget FAX: (no longer advised)	FAX: (no longer advised)	**Mid Essex Hospitals FT** FAX: (no longer advised)
QEH, King's Lynn FAX: (no longer advised)		
Norfolk & Norwich nnu-tr.2ww@nhs.net	**West Herts Hospitals** TEL: 01727 897199 Wherts-tr.twwreferrals@nhs.net	**Southend University Hospital FT** FAX: (no longer advised)
Peterborough & Stamford peh-tr.2WWreferralspbh@nhs.net		
West Suffolk Hospital wsh-tr.RapidAccess@nhs.net		

Boroughbury
Medical Centre

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

03 Mar 2020

Dear Mr Richard Dean

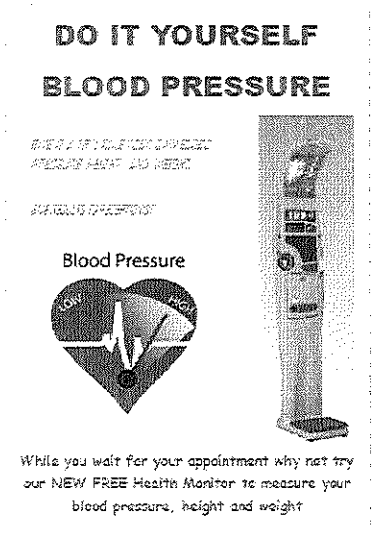
The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Admin



Boroughbury Medical Centre

Craig Street	*Emergencies:*	*Tel: 01733 307850*
Peterborough	*Prescription queries:*	*Tel: 01733 907820*
PE1 2EJ	*Appointments/Enquiries / Test Results:*	*Tel: 01733 307840 or Fax:01733 896306*

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington *or*
Peterborough *Fax: 01733 569230*
PE4 6QB

Peterborough MIU
City Care Centre
Thorpe Road
Peterborough
PE3 6DE
Tel: 01733 776330

Dr Mike Borowicz
Lincoln Road Surgery,
63 Lincoln Road,
Peterborough PE1 2SF

07 May 2015

Dear Dr Mike Borowicz

Re: Mr Richard Dean Date of Birth: 30 Sep 1962 NHS No: 498 167 2195
19 Adderley
Bretton
Peterborough
PE3 8RA

The above patient presented to the MIIU department on 07 May 2015 with constipated.
Please see below for further details of diagnosis.

Type	Coding
Treatment	Guidance/advice only -verbal
Diagnosis	Gastrointestinal conditions - other
Investigation	None

Medication Issued: None

Discharge method: Treatment complete

The above initial diagnosis may require the results of investigations before a definitive diagnosis can be assumed.

If you have any queries, do not hesitate to contact the department.

Yours sincerely

Peterborough MIU

www.boroughburymedicalcentre.co.uk
@Boroughburygp
@BoroughburyGP

Boroughbury Medical Centre

Private and Confidential

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

03 Jan 2023

Dear Mr Richard Dean

The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Administration Team

Lincolnshire Community Health Services NHS
NHS Trust

Peterborough MIU
City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 776330

Dr Mike Borowicz
Lincoln Road Surgery,
63 Lincoln Road,
Peterborough PE1 2SF

07 May 2015

Dear Dr Mike Borowicz

Re: Mr Richard Dean Date of Birth: 30 Sep 1962 NHS No: 498 167 2195
19 Adderley
Bretton
Peterborough
PE3 8RA

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Medication Issued: none

Discharge method: Treatment complete

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If you have any queries, do not hesitate to contact the department.

Yours sincerely

Peterborough MIU

63
The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Dr Stephen J Watson
Dr Richard F Trounce
Dr Sohrab Panday
Dr Susan J Grant
Dr Bernadine Sharma
Dr Penny Miller
Dr Allison Graham

Mr Robert Bristow
Advanced Nurse Practitioner

URGENT

REF: SP /MJ/59513

Mrs Sarah Hepplewaite
Department of Housing
Peterborough City Council
Bayard Place
Broadway
Peterborough
Cambridgeshire
PE1 1EU

Monday, 07 March 2011

Dear Mrs Hepplewaite

Re: Mr Richard Dean D.O.B.: 30/09/1962
c/o 16b Russell Street, Peterborough, PE1 2BG

Please can you help provide emergency housing for this chap, who is vulnerable due to his drug addiction and thrombosis in his leg for which he is on anticoagulation. We are considering warfarin therapy but since he is homeless and of NFA, his life is too chaotic to start this therapy and stable accommodation would allow us to do this,

He is trying to sort out his life and is on a methadone script from the Community Drug Team but his homelessness makes avoiding injecting heroin all the more difficult.

It is therefore IMPERATIVE we get this man re-housed urgently.

Thank you

Yours sincerely

Dr S Panday

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Routine E-Referral

REF: KA/apm

Urology, Choose and Book Hospital of patient's choice

08 Sep 2016

Dear Colleagues

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA Mob: 07787 654419

Thank you for your review of this 53 year old gentleman who has presented with urinary symptoms of retention on and off for two weeks. He also complains of poor urinary stream, dribbling and hesitancy.

Examination revealed slightly enlarged prostate gland. He has a normal PSA of 0.78.

Many thanks.

Yours sincerely

Dr K Adams
MBChB, GPST

Enc: Intermediate summary

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

www.boroughburymedicalcentre.co.uk
@Boroughburygp
@BoroughburyGP

Boroughbury Medical Centre

Private and Confidential

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

04 Feb 2026

Dear Mr Richard Dean

The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Administration Team

Boroughbury Medical Centre
Craig Street Telephone: 01733 307840
Peterborough Emergencies: 01733 307850
PE1 2EJ

BMC @ Werrington
97 Church Street Telephone: 01733 307840
Werrington Emergencies: 01733 307850
Peterborough
PE4 6QF

Boroughbury
Medical Centre

CQC have rated us as "Good" across all our services

Private and Confidential
Mr Richard Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

05 Nov 2016

Dear Mr Dean

Our records show you are due for a review. Please can you contact the surgery to arrange an appointment to have this done.

If you have any queries, please do not hesitate to contact the surgery you normally attend.

Please can you inform us of any changes to your contact details to enable us to keep your records updated.

Many thanks.

Yours sincerely

Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Emergencies: *Tel: 01733 307850*
Enquiries: *Tel: 01733 907820*
Appointments: *Tel: 01733 307840*
Fax:01733 896306

Werrington Branch Surgery
2 Church Street
Werrington
Peterborough
PE4 6QB

Tel: 01733 571110
Fax: 01733 569230

Boroughbury
Medical Centre

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

06 Dec 2018

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme.

We enclose the Appointment Request form, with your details on it. Please make your choice of appointment venue from Section 3 and then follow the instructions in Section 2 to book your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Emergencies: *Tel: 01733 307850*
Enquiries: *Tel: 01733 907820*
Appointments: *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street
Werrington
Peterborough
PE4 6QB

Tel: 01733 571110
Fax: 01733 569230

Boroughbury
Medical Centre

REF: RZ/apm

Private and Confidential
Dr V Di Fabio
Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

05 Dec 2018

Dear Dr Di Fabio

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA Mob: 07787 654419

Thank you for your letter dated 23 November.

Unfortunately we do not have copies of ECGs that are performed in hospital. As to the CT scan, please see the attached summary from the Acute Medicine consultant dated 20 November.

With kind regards,

Yours sincerely

R. Z

Dr Ruqia Zafar
MBChB MRCGP

Enc: Letter from Acute Medicine

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Appts/Enquiries/Results:* *Tel: 01733 307840*
PE1 2EJ *Prescription queries* *Tel: 01733 907820*
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Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
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Peterborough *Fax: 01733 579734*
PE4 6QB

Peterborough MIU
City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 776330

Pool at Boroughbury Medical Centre
Boroughbury Medical Centre,
Craig Street,
Peterborough PE1 2EJ

02 Feb 2016

Dear Pool at Boroughbury Medical Centre
Re: Mr Richard Dean Date of Birth: 30 Sep 1962 NHS No: 498 167 2195
19 Adderley
Bretton
Peterborough
PE3 8RA

The above patient presented to the MIIU department on 02 Feb 2016 with illness-left side facial swelling.
Please see below for further details of diagnosis.

Type	Coding
Investigation	None
Treatment	Guidance/advice only -verbal
Diagnosis	Local infection

Medication Issued:

Staff initials	Start date	End date	Full description
A Salimi	02 Feb 2016	07 Feb 2016	Naproxen 250mg tablets 10 tablet - take one TWICE daily
A Salimi	02 Feb 2016	09 Feb 2016	Clarithromycin 500mg tablets 14 tablet - take one every 12 hrs

Discharge method: Treatment complete
The above initial diagnosis may require the results of investigations before a definitive diagnosis can be assumed.
If you have any queries, do not hesitate to contact the department.

Yours sincerely

Peterborough MIU

Boroughbury
Medical Centre

Priority: Routine E-referal

REF: JC/sg

Urology
Choose and Book Hospital of patients choice

03 Dec 2018

Dear Colleague

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Mob: 07787 654419

Many thanks for your review of this 56 year old man.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenetrology, Colorectal and Endocrinology. He has been extensively investigated with little yield to date.

He continues to feel generally unwell with multiple symptoms but amongst them bilateral loin pain, dark urine, malodorous urine and cloudy urine. He says there are often 'bits' floating in his urine. He also continues to lose weight. He has recently been treated for an Enterococcus UTI which was his first proven UTI despite frequently complaining of LUTS.

He has recently had a CT chest, abdomen and pelvis which showed some bronchiectasis and a lung nodule but nothing specific from a urinary tract point of view. Renal function is normal. Myeloma screening is negative.

Cont/d . . .

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

Given the majority of his symptoms remain unexplained, I would be grateful for your review in clinic with a view to fully ruling out a structural renal tract problem.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Enc: Intermediate summary.

PLEASE REPLY TO REFERRING GP

Boroughbury
Medical Centre

Priority: Routine E-referral

REF: JC/sg

Cardiology
Choose and Book Hospital of patients choice

03 Dec 2018

Dear Colleague

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Mob: 07787 654419

Many thanks for your review of this 56 year old man.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenterology, Colorectal and Endocrinology. He has been extensively investigated with little yield to date.

He continues to feel generally unwell, tired, fatigued, lethargic, weak, shaky and he says he sweats a lot. He also complains of chest pain, palpitations, breathlessness and dizziness.

He has recently had a CT chest, abdomen and pelvis showing some bronchiectasis and a lung nodule for which he requires an interval CT in 3 months but no other obvious abnormality.

Cont/d . . .

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

During previous admissions he has been noted to have normal ECG, normal CXR, negative d-dimer and negative troponin. However, his most recent admission mentions some ECG changes and review by the ACS nurse but no further detail is available at the time of writing. No changes were made to his medications during this admission.

Certainly he continues to feel very unwell and this is so far unexplained.

I do wonder if there is an underlying dysrhythmia accounting for some of his symptoms.

I would be grateful for your further review in the Cardiology clinic and wonder if at the time of review you could dig out his old hospital notes to establish more detail about his recent admission, ECG and ACS nurses conclusions.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Enc: Intermediate summary.

PLEASE REPLY TO REFERRING GP

Boroughbury
Medical Centre

REF: JC/sg

Dr S Seechurn
Consultant
Department of Diabetes & Endocrinology
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
PE3 9GZ

03 Dec 2018

Dear Dr Seechurn

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Mob: 07787 654419

Many thanks for your letter dated 6th September 2018.

I initially referred this man to Endocrinology complaining of feeling very unwell approximately one hour after eating a meal. He described feeling very sweaty, shaky, weak and unwell and was very clear that this occurred after eating. There was also a background lethargy but he was noticing a marked deterioration shortly after eating. He has had diabetes screening on a number of occasions in the past and this has always been negative. I wondered if he had some form of postprandial syndrome.

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' for 4-5 years. He has chronic Hepatitis C and bloods consistent with previous Hepatitis B with immunity. He has a history of recurrent DVT on lifelong anticoagulation. He has a Hiatus Hernia. He is known to have mixed anxiety and depressive disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at least 18 months and has multiple ongoing symptoms. During this time he has had multiple A&E attendances, admissions to hospital and outpatient appointments with Gastroenetrology and Colorectal. He has been extensively investigated with little yield to date.

Cont/d . . .

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

I understand he was seen in the Endocrinology Clinic in September and you suggested some tests but he walked out of the clinic appointment when you declined to admit him for these and no results have since materialised.

He continues symptomatic and is keen for review. As such I wondered if you might offer him a further review appointment to rule out any form of endocrinopathy as a possible cause of his ongoing symptoms.

Many thanks for your help.

With best wishes,

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Upper GI Referral Form (NICE NG12 Guidance 2WW, Urgent and Routine Pathways)

Date of GP decision to refer: 03 Dec 2018 11:07 No. of pages sent:

NHS
East of England Strategic Clinical Network

IF NHS E-REFERRAL IS UNAVAILABLE, COMPLETE FORM AND EMAIL TO THE REFERRAL TEAM WITHIN 24 HOURS.

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

PATIENT DETAILS –Must provide current telephone number

Last name: DEAN First name: RICHARD
Gender: M DOB: 30 Sep 1962
BMI *(assists diagnostics): 29.1 Kg/m²*
NHS No: 498 167 2195
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH, PE3 8RA

Telephone (Day): 07787 654419
Telephone (Evening):
Mobile No.: 07787 654419
Patient agrees to telephone message being left? Y☐ N☐
Transport required? Y☐
Email:
Interpreter required? Y☐ Language/Hearing:

Learning difficulties? Y☐
Mental capacity assessment required? Y☐
Known safeguarding concerns? Y☐
Mobility requirements (unable climb on/off bed)? Y☐

SYMPTOMS & CLINICAL EXAMINATIONS

☐	PANCREATIC: IF ≥40 yrs WITH jaundice	2WW
☐	STOMACH: Upper abdominal mass	2WW

*The following tests may be requested by primary care clinicians using this form but **will not** be treated as 2WW*
Urgent tests are within 2 weeks Routine tests are within 6 weeks
WHERE DIRECT ACCESS IS AVAILABLE THE GP SHOULD USUALLY USE DIRECT ACCESS AND RETAIN CLINICAL RESPONSIBILITY

☐	Mass suggests enlarged gall bladder	urgent u/s
☐	Mass consistent with enlarged liver	urgent u/s
☐	Pancreatic: ≥60yrs with weight loss+ANY: ☐diarrhoea ☐back pain ☐abdominal pain ☐nausea ☐vomiting ☐constipation ☐new-onset diabetes	urgent C/T

OESOPHAGEAL/STOMACH

☐	With dysphagia at any age	urgent endoscopy
☐	IF ≥55 yrs **with weight loss** with ANY of: ☐upper abdominal pain ☐ reflux ☐ dyspepsia	urgent endoscopy

GP DETAILS

GP name: Ms J L Cockerill
Practice Code: D81026
Address: Boroughbury Medical Centre, Boroughbury Mec Centre, Craig Street, Peterborough, PE1 2EJ

Tel:01733 307840
Fax: 01733 566945
Practice email:

INVESTIGATIONS IN SUPPORT OF REFERRAL

Most patients will go straight to diagnostics. Please incluc
☐Hb ☐Platelets ☐Ferritin ☐Renal function
Jaundice LFT: ☐Bilirubin ☐Alt ☐Alk Phos

PATIENT MEDICAL HISTORY

Risk factors
☐ Barrett's oesophagus ☐ Others (specify Additional In
Existing conditions & smoking status:

Current medication (attach list and indications):
Allergies Y
Anticoagulants/Antiplatelets Y
Immunosuppressants Y
Diabetic Y

WHO Patient Performance status (***MANDATORY***)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

ADDITIONAL INFORMATION

Routine Gastroenterology

He is known to be an ex intravenous heroin user and he remains on Methadone via ASPIRE. He has been 'clean' fc 4-5 years. He has chronic Hepatitis C and bloods consiste with previous Hepatitis B with immunity. He has a histor recurrent DVT on lifelong anticoagulation. He has a Hiatu Hernia. He is known to have mixed anxiety and depressiv disorder.

He lives alone and has a supportive daughter. He smokes 5/day and is teetotal.

He has been complaining of feeling very unwell for at leas 18 months and has multiple ongoing symptoms. During t time he has had multiple A&E attendances, admissions tc hospital and outpatient appointments with Gastroenterology, Colorectal and Endocrinology. He has been extensively investigated with little yield to date.

I understand he had a CT scan previously in 2017 showin thickening of the wall of the sigmoid and some diverticul He went on to have OGD showing oesophageal dysmotili and a tight GOJ and a normal sigmoidoscopy. He was treated for constipation and discharged from GI follow-u

He continues to feel generally unwell, tired, fatigued, lethargic.

He describes feeling weak, shaky and sweaty approximat 1-2 hours after eating with consistently negative diabetes screening.

He also complains of ongoing lower abdominal pain, RUQ abdominal pain, intermittent constipation, reduced appe intermittent nausea/vomiting, weight loss and occasiona bloody diarrhoea.

He recently had a new CT chest, abdomen and pelvis (arranged following another admission to hospital) which showed some bronchiectasis and a lung nodule for which has been entered for surveillance but no obvious GIT problem (unprepared colon).

In addition to his ongoing GIT symptoms I do also wonde he has idiopathic postprandial syndrome.

I would be grateful for your further review.

Many thanks for your help.

☐	IF ≥55 yrs **with nausea OR vomiting** and ANY of: ☐weight loss ☐reflux ☐dyspepsia ☐upper ab'nal pain Routine endoscopy
☐	IF ≥55 yrs Upper abdominal pain & low Hb levels **(MUST INCLUDE BLOOD TESTS)** Routine endoscopy
☐	IF ≥55 yrs **with raised platelet count** with ANY: ☐nausea ☐vomiting ☐weight loss ☐reflux ☐dyspepsia **(MUST INCLUDE BLOOD TESTS)** Routine endoscopy
☐	Haematemesis **(All ages)** Routine endoscopy
☐	IF ≥55 yrs with treatment-resistant Dyspepsia **Review local referral policy** Routine endoscopy

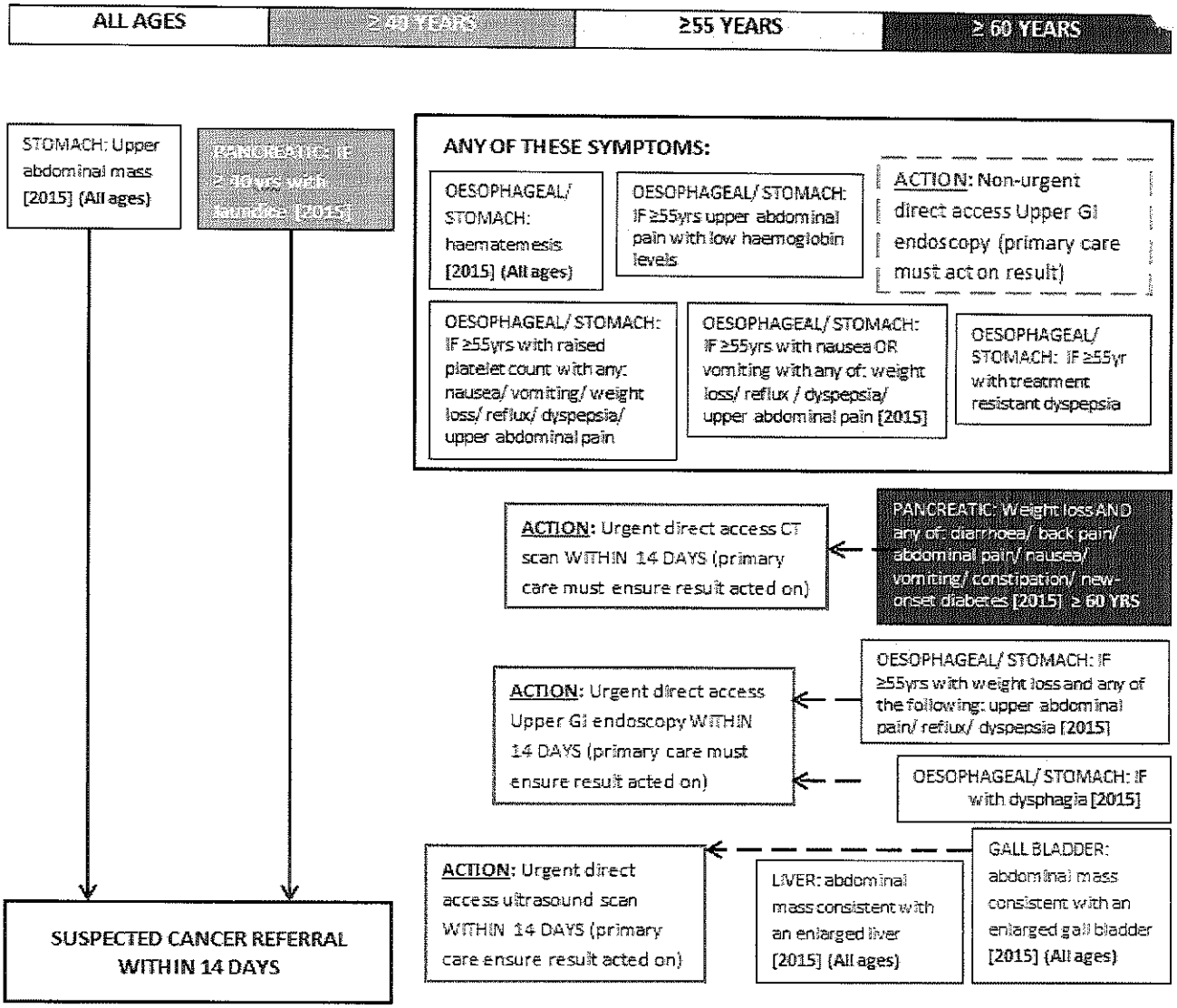
DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL	
Cancer needs to be excluded	Y
Patient given referral information leaflet	Y
Date(s) unavailable next 14 days:	

Please attach a Patient Summary including:

- ☐ Referral letter (if applicable)
- ☐ Investigation results
- ☐ PMH
- ☐ Up-to date medications list and indications

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.



Anglia	Beds & Herts	Essex
Addenbrookes Add-tr.nhsoutpatientreferrals@nhs.net	**East & North Herts** FAX: (no longer advised) If you have not received acknowledgement within 48hrs (Mon-Fri) contact the 2WW supervisor on 01438 285206	**Basildon & Thurrock** btu-tr.cancer2wwreferrals@nhs.net
Bedford Hospital FAX: (no longer advised)		
Hinchingbrooke TEL: 01480 847557 hch-trCancerMDT@nhs.net		**Colchester Hospital University FT** twoweek.waitreferral@nhs.net
Ipswich Hospital ihn-tr.2WWreferrals@nhs.net	**Luton & Dunstable** FAX: (no longer advised) FAX: (no longer advised)	
James Paget FAX: (no longer advised)		**Mid Essex Hospitals FT** FAX: (no longer advised)
QEH, King's Lynn FAX: (no longer advised)		
Norfolk & Norwich nnu-tr.2ww@nhs.net	**West Herts Hospitals** TEL: 01727 897199 Wherts-tr.twwreferrals@nhs.net	**Southend University Hospital FT** FAX: (no longer advised)
Peterborough & Stamford peh-tr.2WWreferralspbh@nhs.net		
West Suffolk Hospital wsh-tr.RapidAccess@nhs.net		

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-26-074640-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 19 May 2026 02:06 **Type:** New Attendance **Presented With:** abdominal pain **Incident Type:** Illness **ED Clinician:** Ibidapo Yusuf	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors (PCH)

AT BOROUGHBURY MED CENTRE DR
BOROUGHBURY MEDICAL CENTRE,CRAIG STREET,PETERBOROUGH,CAMBRIDGESHIRE,PE1 2EJ

GP Action

Diagnosis

1. Somatisation disorder **Qualifier:** Suspected diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Amylase- By: Meghan Taylor
Coagulation Screen By: Meghan Taylor
C Reactive Protein* By: Meghan Taylor
Full Blood Count (FBC) BY: Meghan Taylor
LFT* By: Meghan Taylor
Creatinine & Electrolytes- By: Meghan Taylor
Urea- By: Meghan Taylor

Treatment

Treatments:

Interventions:
1. Guidance / advice - written

Safeguarding Concerns

No safeguarding issue

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 19 May 2026 06:45

TTO Detail

E-Notes

RAT Comments:

ED Clinician Notes:

Principal Presenting Problem: abdo pain
shaky, anxious, tremor
History of Presenting Problem: bg frequent attender with plan
ex-ivdu, anxiety

upper abdo pain for 1 day
also said has been feeling more anxious for about 2 days
no vomiting, has loose stool chronic
no fever or chills
no urinary symptoms
pain sharp, intermittent
also shaky
multiple prev similar presentation
seems to have insight and says it happens with his bad anxiety
Observations and General Examination: conscious and alert
looks well, anxious, shaky

chest clear
abdo soft, mild epigastric tenderness
warm and well pefused
right leg swelling, edema - old, prev dvt

ecg nsr

Imp:
Somatisation disorder

Plan:
reassured, offered his usual diazepam 5mg - given
happy to go home, safetynetted for worsening symptoms, new, vomiting, feeling unwell, poorly

Speciality Notes:

THINK BLOOD CLOTS

Hospital stay increases your risk, know the signs and symptoms to look out for. Scan the QR to find out more:

M[redacted]

SUMMARY OF TREATMENT CARD

Surname	Forename(s)
DEAN	RICHARD COLLINS

Address
~~[illegible] GLADSTONE STREET PETERBOROUGH.~~ ~~56 RUSSELL St PET [illegible]~~

N.H.S. Number	Date of Birth
[illegible] 5595/63/2051	30-9-62.

DATE	CLINICAL NOTES
	~~Notes began 93 - [illegible]~~
	~~[illegible]~~
	DRUG ABUSE — DIHYDROCODEINE
1990	O.D.

Surname
Allergic to Penicillin
DEAN

Forenames 13744
3258
RICHARD [redacted]

Date of Birth
30.9.62

National Health S[redacted]
498 16[redacted]

Address
197 Gladstone Street
Peterborough
Tel No. PE1 2BN

Doctor's Name
A Banns
DD

Subsequent Addresses
~~14 Huntly Grove~~
~~P'boro~~ PE1 4DJ.
Tel No.

56b Russell Street
P'boro
Tel No. PE1 2BJ.

229 GRAHAM ROAD
SHEFFIELD
Tel No. S10 3GS

MJ
THEWLIS

[redacted]

DEAN
RICHARD
DOB 30/09/1962 498 167 8195

198 Gladstone Street
Peterborough 22/05/...

PE1 2BL

GP DR NM CARTMEL

DRUG RECORD

sanofi WINTHROP
PRACTITIONER SERVICE

SURNAME	FORENAMES
DEAN	Richard

ADDRESS

~~14 Holly Ave~~ 56b Russell St.

N.H.S. No.	DATE OF BIRTH
	30.9.62

REF. NO.	DRUG	STRENGTH	QTY.	DOSE	MEDICATION CEASED
1	Dihydrocodeine	30 mg	65	bd	
2	Temazepam	10 mg	20	2-3 Nocte	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Adult immunisations

Enter date and batch number in each box

Tetanus	(B) 1991.				
Rubella status					
Rubella immunisation					
Influenza					
Hepatitis B	1st	2nd	3rd	HBsAg	
Heaf test Date and Result			BCG		
Others					

Travel immunisations

Enter date and batch number in each box

Polio					
Typhoid					
Cholera					
Yellow fever					
Immunoglobulin Date & Dose					
Others					

MALE

Surname	Forenames
[illegible]EAN	RICHARD

Address: 93 GREEN RD

National Health Service Number	Date of Birth

DATE	*	CLINICAL NOTES
13/8/69	A	Burn both legs. Dressing
9.1.76	P	L. [illegible] 100 [illegible]
22-7-76	P	Amoxycillin 250g [illegible] (15)
4.6.76	P	[illegible] H.C. 1%. 20 g
23.6.76	P	Erythromycin [illegible] x 100 [illegible]

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

(113603) Dd. 561893 2,250M 2/69 Hw. Form EC7

Surname: DEAN | Forenames: RICHARD Collins

Address: 14 BERNARD CLOSE H/DON

National Health Service Number	Date of Birth
S595 - 632051	30 - 9 - 1968

Date	*	CLINICAL NOTES
23.6.75	C	Enuresis Rx. Tryptizol 25mg ii n. (60)
1.7.75	P	Phensedyl 200ml
9.7.75	P	Dequadin Loz. x 20.
16.7.75	C	Stop Tryptizol - has not helped 2nd word added Stg on chest. S.g Ephed. 30mg n (30) Eryth hoped Inh. 100ml
5/9/75	P	Tetrac 250mg qid (II)
3.11.75	P	Syp [illegible] 150ml
5.7.76		1st. Tetanus inject
9.7.76		
24.4.80	C	Warts on hands. Emery Board + Salactol
9.62	C	Left [illegible] Refer to Hospital.

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

S & K DD192209 3500M 3/74 Form FP7/EC7

National Health Service Number

Surname (Block Letters): DEAN

Forenames (Block Letters): Richard

CLINICAL NOTES

Address: ~~28 Queen Road~~ 22 QUEEN ROAD IPSWICH

Date of Birth

Date		
9.11.82		letter to ~~[illegible]~~ ACH - ENT
7.12.82		DID NOT ATTEND Dr Wood
		If this patient attends see George
1-3-83		Rpt from ENT - ACH

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
17.10.89		Nausea, off & on.	
		DA NAD Sweats	
		Motilium 10 mg	TX MDS (50)
29.10.89		Laceration R. Knee last night.	
		Wound toilet, Bactigras dressing	
		Tetanus Booster 0.5ml I.M. 2.366	
		Rx Keflex 500 mgs T.I.D. (15)	
30.10.89		Wound toilet Bactigras &	
		Elastoplast dressing Satisfactory	
1.7.88		Dyspepsia - relieved	
		by Rennies and milk.	
		A.F.D.U.	
		No history of peptic ulcer	
		before.	
		Rx Tagamet Tabs (400 mg)	
		2 at night (60)	
		Gaviscon Liq. 300ml.	
		10 ml T.I.D.	
		Smoking 15 cigs/day.	
		See on 8.8.88	
		He does not drink alcohol	
		Told to stop smoking! BS	
16.12.88		D.N.A.	
17.10.89		Temazepam 10 x 00	
23.10.89		D.N.A.	
10.11.89		Temazepam Caps (Tromalyt 100	
27.11.89			

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

MALE SURNAME: Dean — CHRISTIAN NAMES: Richard

ADDRESS: 38 Oaklands Ave. — Date of Birth: 30 | 9 | 62.

(Son of Robert & Isobel Dean)

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
		Rude and demanding.	
27.8.82		Seconal caps 50mg x 30	
4-11-82. (New Pt.)	C/o	Fever. Lump under tongue	
		? under influence of drugs	
		Rx Deteclo Tabs.	1 B.D. (14)
		Previous doctor: –	
		Dr. Reynolds, High St.	
		Huntington, England.	
8-11-82		D.N.A. – "forgot"	
10-11-82	HV	10-30 pm c/o pain (L) hypo-	
		chondrium. Constipated.	
		O/E NAD	
		Rx Maxolon Tab i T.I.D. (60)	
		Dulcolax Tabs 2 nocte (50)	
25.1.83		c/o Pain abdo off [illegible]	
		[illegible] PR NAD. [illegible]	
		Buscopan [illegible] TDS.	
		[illegible]	(50)
18.6.83		D.N.A.	
30.12.83		(Now at 82 Old Calley Road)	
		Bronchitis. Smoking cigs	
		and so is his female consort	
		so that room is full of smoke!	
		Rx Velosef Caps 500mg B.D. (14)	

* 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

MALE SURNAME	CHRISTIAN NAMES
DEANS	RICHARD

ADDRESS	Date of Birth
	30 / 9 / (62)

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
2/12/89		Struck by stone → infected ab-rasion (L) eyebrow. C/O stiff knee insomnia	
		Rx Bactroban 15G. + Temazepam -1mg x 20.	
30.12.89		Temazepam Caps (10mg) x 30	
[illegible]		[illegible]	

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

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Dean

Forenames (Block Letters): Richard.

Address: ~~7 Windsor Close~~ ~~25 Queen Road~~ 22 QUEEN ROAD Ewloe

Date of Birth: 30.9.6

Date	*	
25.4.90		Temazepam Caps 20mg x30.
29/4/90		DNA 1
11/5/90		DNA 2.
15.5.90		DNA.
22.5.90		Temazepam Caps 20mg x30. → To see next time to review ? need
2.7.90		Single-parent family - he has 2 young girls to look after (RD) Temazepam Caps (20mg) 1 nocte (30). He gets crotchety with children if he doesn't sleep
25.7.90		Temazepam Caps (20mg) x30
15.8.90		Temazepam Caps (20mg) x 30
18.9.90.		Temazepam Caps 20mg. x30.
15.10.90		Temazepam Caps (20mg) x 30
2.11.90		~~Dean~~ Taking 2 Temazepam, had family problems Teenage daughter was raped (30) gm
20/11/90		DNA
21.11.90		Temazepam 20mg 1-2 nocte (30) ↑ Says she was 2 - 1 to reduce
8.12.90		C/O Pain in (R) middle finger ↓ movement Paracetamol (32) - To reduce ~~one~~ temazepam and stop. advised strongly against ↓ Temazepam 10mg 1-2 nocte (30)
22/12/90		Seen in emergency surgery Problems with (R) hand for 3/12 - when he clenches his fist middle finger locks and takes longer to straighten out - wife/fiancée stated to do the same d/c Triggering of middle + little fingers later also

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

FORM GP111F

Date	*	
27.12.90	✓	orthopaedic
5.1.91		(RP) Temazepam Capsules (20mg) 2 at night (60) RB.
		He insists on these. He'll "ca' the doctor oot" if he doesn't get it. I am not going to fight this fellow. [His sexual partner (Mrs. Sandra Green) is also using Temazepam Caps (20mg) 2 at night. She is trying to stay off alcohol.]
1.2.91		D.N.A
1.2.91		Temazepam Caps (20mg) x 60
25.2.91		" " " x 60
27.2.91		Phoned to say stepdaughter picked up presc - had it dispensed but "later" "lost this on the bus". Dr. P refused to give repeat presc. NO temazepam until he sees Dr. He phoned that he is changing Dr.
25.3.91		Had piece of a sewing-needle removed from the left heel.
		Rx Amoxil Caps. (250mg) 1 TID (21)
		Co-codamol Tabs (60)
		Temazepam Caps (20mg) 2 at night (60) RB
5/4/91		DNA
16.4.91		(I have received a warning that he is showing paranoid behaviour - that is confidential)
16.4.91.		DNA
17.4.91.		He acknowledges that he gets anxious/angry, worrying that "Sandy" (his co-habitee) is having affairs. He doesn't want to lose "Sandy". He requests a Psych. Appt.
		(RP) Temazepam Caps. (20mg) 2 at night (60).
		He has made an appointment at Townhead Centre, for guidance.
		Letter for Psych. Clinic, X House RB

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11.5.91 Came in Emergency Surgery demanding Temazepam. Refused (he stormed out of surgery.

Dd 8177729 750M 10/89 Ed(273040)

13.5.91 Temazepam Caps (20mg) x 60 - TO SEE DOCTOR NEXT TIME

	National Health Service Number	

	Surname (Block Letters)	Forenames (Block Letters)	
CLINICAL NOTES	Dean	Richard	
	Address ~~22 Queen Road~~ ~~7 Vinebury Ave.~~ Irvine		Date of Birth

Date	*	
		(or median neuritis) (back + front)
11·6·91	1)	(L) radial neuritis, affecting thumb + index + middle finger ("numbness" or "tingling")
	2)	He has "split up with Sandy" (Alexandra Green)
		He says she has gone to her sister in England and the sister is not very well.
		He wants sleeping pills. Rx Temazepam (20mg/2 nocte) (60)
		✓ Letter for review appt. by Orth. Surg. XR
		Rx Co-proxamol Tabs 2 TDS (60)
	C	SL 8/52 pain in left hand (hospital investigation)
5 7 91		D. N. A.
6.7.91		seen in emergency surgery (did not attend yesterday !?)
		① Sore throat for 3-4/7
		Pain in ant. chest on coughing
		o/e T 80
		BP 110/65
		No [illegible] [illegible]
		[illegible]
		Throat - infected tonsils
		Lungs Chest / throat infection
		Rx Erythromycin 500mg [illegible] (28)
		② Still pain in hand Co-proxamol not helping
		Rx Co-codamol (60)
		③ Feels anxious/agitated separated from girlfriend looking after the children
		wants temazepam to help him sleep and calm him down.

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Awaiting psych. appointment

Adv. he will have to try to cut down temazepam

He agrees - he doesn't want to become dependent

Rpt Rx Temazepam 20mg (60)

FORM GP111F

Date	*	
		The saga goes on :-
17.7.91		He says "Sandy" Green came back to him last week but they had a fight (- of which there is visible evidence on his face !) and now she has left again.
		He says "she took his sleeping tablets away with ~~her~~ her !"
		c/o Anxiety - insomnia
		(RP) Temazepam Caps (20mg.) 2 at night (60)
		He says Brufen are no good.
		℞ Tylex Caps 1 x 6 hrly (60)
		(for pain in L. hand) RB.
5/8/91		DNA
22.8.91		Temazepam Caps 20mg x 60 2 at night
17.9.91		Temazepam Caps 20mg x 60
15.10.91		Temazepam Caps (20mg) x 60
6.11.91.		(Now living happily with "Sandy" Green.
		D.N.A.
8/11/91		DNA He was angry because he was ℞ green tablets, not capsules!
12.11.91		TEMAZEPAM ~~5MGS~~ (20mg) X60
18.11.91	HV	5 p.m., c/o Bronchitis. Hurt back while coughing
		O/E Mild bronchospasm. Back NAD
		A: Bronchitis + ? torn lumbar muscle or P.I. Disc.
		℞ Co-proxamol Tabs 2 p.r.n. (60)
		Amoxycillin Caps. (250mg) 1T TD (21)
2/12/91		Still slightly wheezy. Back still sore.
		℞ Mepitid Tabs 1 x 4 hrly (50).
10/12/91		D.N.A.
12/12/91		VERY ANGRY because he's not getting temazepam capsules rather than tablets - claims he cannot swallow tablets.
		Says he is reporting me to AAHMS for not giving him capsules
		- VERY AGGRESSIVE AND RUDE

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℞ Temazepam tabs 20mg (60)
(snatched ℞ from me!)
He tells me I'm out of order not giving him capsules tells me he does not abuse them
Head Lice. ℞ Lyclear 1 x D.P.

10.1.92

Dd 8267270 7500M 9/90 Ed1282673

	National Health Service Number	New Patient

CLINICAL NOTES

(28)

Surname (Block Letters)	Forenames (Block Letters)	
DEAN	~~[illegible]~~ RICHARD	
Address		**Date of Birth**
~~7 DINEBURGH AVE.~~ 20 Queen Road		30 9 62

Date	·	
14-8-91	E	Ex Eglinton St. 18/12 on Temazepam 20mg
		℞ Nocte. – family probs. Also Coproxamol for land-
		man Ian McKay
		Denies drug abuse (or alcohol)
		to reduce temazepam to 0 over 7/7.
		given 8 x 10 mg.
		Coproxamol x 100
15/8/91		[illegible]
		[illegible]
		[illegible] x 30
21-8-91		DID NOT ATTEND
		R. Burnett [illegible] 0595/63/009

NationalHealth Service Number		
CLINICAL NOTES	Surname (Block Letters) DEAN	Forenames (Block Letters) RICHARD
	Address (28) ~~85~~ Queen Road ~~STRETFORD AVENUE~~ IRLAM	Date of Birth 30.9.66

Date	*	
17.1.92		Temazepam Tabs x56
		ADV. TO SEE DOCTOR IMMEDIATE WHEN NEXT Rx
		Trying to reduce his use of Temazepam.
6.3.92.		(Rx) Temazepam Tab. (20mg) 1-2 nocte (60)
		Lambert Sons Helped are "no good"
		Rx Dihydrocodeine Tabs 2 T I D (100)
30.3.92		Temazepam Tabs (20mg) x (50) 1 or 2 at night
		Dihydrocodeine Tabs x 100
31.3.92.		DNA.
24.4.92.		Temazepam Tabs (20mg) x 56.
		Dihydrocodeine Tabs x 100.
19.5.92		Temazepam Tabs 20mg x 56
		Dihydrocodeine Tabs x 100
4.6.92		Extension of R middle finger becoming limited again because of flexor tend. problem.
		Letter for review at Orth. Cl. x4
		Has appt. @ Townhead Centre to try & come off Temazepam (both him + "Sandy")
		Rx Temazepam Tab (20mg) 2 nocte (2
12.6.92		Requesting Dihydrocodeine - pt 100 8 days ago - advised
		Requesting temazepam - to make appointment
13.6.92		Came to reception and unhappy that Rx Temazepam and D F 118 not given. Insist to See Dr in Emergency at 10.45 AM Cathards because Rx was not left - when I did adv

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that he had enough tab he said he lo
them in changing house.
Very aggressive approach. he th

FORM GP111F

Date	*	
		by pointing finger and raised voice. He will report me to A-A health boards. because of his aggressive and threatening behaviours & unreasonable demands (N/A for 1st time) I told that he is threatening me in Surgery and I will report to police. Phoned police
16.6.92		
7.7.92		Twisted neck. C/o Pain in L. side of neck O/E Some spasm on L. side of back. Rx Dihydrocodeine Tabs 2 TID. (100)
9/7/92		DNA
20.7.92		D.N.A.
31.7.92		D.N.A 3rd in a row
6.8.92	C	SL T3/52 attending orthopaedic clinic for hand (tendon) problem
29.10.92		DNA.
5.11.92		Rpt Rx Dihydrocodeine 2 TDS (100) Temazepam tabs 20mg 1 nocte (56) Adv he really will have to cut down and Rx temazepam - Rpt he has an appt at the Townhead Centre
25.11.92		"Sandy" Lyon (his co-habitee) took all but 2 of his Temazepam. Rx Temazepam Tabs (10mg.) 2 at night (56)
24.11.92		He tried to get back on to the 20mg. Temazepam Tabs - Refused! told to wean himself off Temazepam! Still smoking 15-20 cigs/day despite my telling him to stop 4 years ago. I have repeated my advice to him to stop smoking! RB
15.1.93		Asking for Rpt Rx. N/A due
25.1.93		Cut Rpt Rx Temazepam

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* To make diff next time he wants it

12.2.93 He says he does not want any more temazepam. Stop Temazepam. RB

C SL '3/52 chronic anxiety + painful, stiff hands

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
DEAN	Richard	30.9.62

Address: 52 Fleming Terrace Irvine

Date	*	
1/3/93		DNA
2/3/93		Not taking temazepam any more On dihydrocodeine 2 TDS for painful hands Adv to try to cut them down Rx Dihydrocodeine tabs 2 TDS (60)
12.3.93		Trying to get more Dihydrocodeine - refused
9/4/93		DNA
28/4/93		Asking for D.F 118 ~~(60)~~ for pain in hands advised for paracetamol. He stopped Ord [illegible] soon.
21/6/93		Wants painkiller for hand - has mild carpal tunnel syndrome - FTA several times to appoint. Says dihydrocodeine only thing that helps. Adv to try anti-inflammatory tablets Rx Naproxen 500mg tabs 1BD (56) Cocodamol 2 PRN (60) He was very aggressive - says that he will be back as they will be useless!
8/7/93		Naproxen causing gastritis/vomiting. Rx Dihydrocodeine Tabs 2 TDS (168)
2/9/93		He phoned from Peterborough and said to a receptionist "Tell the doctor to tell the nurse in Peterborough that I'm to be injected with pick for the rest of my life because of my hands"
		He is therefore under doctor in Peterborough in his dealings with the G.P. Social Security etc

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FORM GP111F

SDR 7000

MALE Surname	Forenames
Quinn	RICHARD C.

Address
84 High St EYE.

National Health Service Number	Date of Birth
	30.9.62.

Date	★	CLINICAL NOTES

NP1 **CHD PREVENTION CLINIC** Date : 29.9.93 Screen by : Jane.

Height 5'11 m Weight 11st ~~Kg~~ BMI = 22.

BP 110/70. Urine : To follow.

Smokes (Y) / N (20 /day) Alcohol NO. u/wk

Exercise 1 0-----|-----0 10 Salt 1 0-----|-----0 10

Family History : (C) Cardiac (D) ~~Diabetic~~ (R) Relevent NOTES

F.H	–	Father + Brother Suffer with Paranoid Schizophrenia + Father has Parkinsons Disease.
		Suffers with Pain/discomfort in fingers takes Dihydrocodeine PRN.

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Form FP7

Date	★	CLINICAL NOTES
		Married 2 children 8yrs + 9yrs. Carry down to live with him.
		Unemployed labourer
		Suffering with back pain at the moment in time to see Dr.

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

SDR. NP1 [illegible]

MALE Surname	Forenames
DEAN	RICHARD

Address

84 HIGH STREET [illegible]

National Health Service Number	Date of Birth
	30.9.62

Date	★	CLINICAL NOTES
29.7.98	A	Backache 2/7 - acutely
		walks well. No sciatica
		SLR R = 90° L = 80°
		Reflexes (N).
		Plan rest.
		repeat DHC (on long-term)
		PMH: Trigger finger
		Nil else of note.
		DH: DHC 30-60mg TDS.
		FH: Father schizophrenia
		- Parkinsons
		Brother - personality disorder
		Mum NIDDM
		SH: Unemployed
		Smokes 15/day
		lives c brother.

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Form FP7