NHS
Tayside

General Surgery
Surgical Directorate
NHS Tayside

Arbroath Royal Infirmary
Rosemount Road
Arbroath
DD11 2AT

www.nhstayside.scot.nhs.uk

Dr JM Langford
Terra Nova Medical Practice Llp
Terra Nova House
43 Dura Street
Dundee
DD4 6SW

Date	26/10/2018
Clinic Date	24/10/2018
Your Ref	
Our Ref	MOH/NM/ **2206880318**
Enquiries to	Nicola McCall
Extension	65235
Direct Line	01356 665235
Email	nicolamccall@nhs.net

Dear Dr Langford

Michael Tarbett, 7D Bonnethill Court, Dundee, Angus, DD3 7AZ DOB: 22/06/1988

Your patient failed to attend his appointment at the Surgical Outpatient Clinic regarding pains in his left groin. The referral was in March 2018.

I haven't provided him with a further appointment but we would be happy to see him if he is willing to attend regarding this pain in his left groin.

Yours sincerely

Authorised on 30/10/2018 09:30:46 by Mohammed Hamza.

M. O. Hamza FRCS Edin & Glas
Speciality Doctor

Physiotherapy Service
Allied Health Professions for
Dundee Community Health Partnership
NHS Tayside
Level 5 South Block
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number 01382 632628
Fax Number 01382 496500
www.nhstayside.scot.nhs.uk

Dr Gourley
Terra Nova House
43 Dura Street
DUNDEE
DD4 6SW

Date	Friday, 05 April 2013
Your Ref	
Our Ref	SM/JB
Enquiries to	
Extension	32628
Direct Line	01382 632628
Email	junebrown2@nhs.net

Dear Dr Gourley

Re : Michael Tarbet (2206880318) YPU, 7 Fairbairn Street, Dundee

Thank you for your referral letter. The above named gentleman attended the Orthopaedic/Physiotherapy Spinal Clinic on 26 March 2013.

History : Mr Tarbet reports low back pain ongoing for a few years, this latest episode began in October 2012 and began he thinks after a game of football. Today he complains of pain across his lumbosacral region with some pain radiating up into the thoraco lumbar junction. Symptoms are aggravated by moving from sit to stand; there are no easing factors. There is a background history of stiffness on rising but this lasts only a few minutes; no other spinal red flags were reported.

Previous Investigations : Underwent lumbar spine x-ray in 2009 report suggests there may be a spondylolythsis at L4 and at L5.

Previous Treatment : Nil.

Examination : Stands with flattened lumbar lordosis. Lumbar range of movement is full range into flexion with full range into flexion and extension with some pain on extension. Lateral flexions show restriction of movement into right side, full movement into right side, both movements are painful. Neurologically intact for motor power and light touch sensation. Knee and ankle jerk reflexes were normal. Straight leg raise was 90 degrees bilaterally. Testing of transversus abdominus showed this to be weak and ineffective, Palpation of the lumbar spine showed more pain reproduced at L4 and L5.

Impression : Mr Tarbet has mechanical back pain which may be due to his suspected lysis.

Plan : This gentleman should benefit from physiotherapy and I will organise this as the first stage for him. He is aware that if this does not improve his symptoms we would then escalate probably requesting further imaging of his spine and arranging an appointment to discuss his symptoms with Mr Valentine. I will report back following physiotherapy.

Many thanks for your referral.

Yours sincerely

David Kemp
Advanced Physiotherapy Practitioner

Physiotherapy Service
Allied Health Professions for
Dundee Community Health Partnership
NHS Tayside
Level 5 South Block
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number 01382 632628
Fax Number 01382 496500
www.nhstayside.scot.nhs.uk

Dr Gourley
Terra Nova House
43 Dura Street
DUNDEE
DD4 6SW

Date	Tuesday, 19 February 2013
Your Ref	
Our Ref	DK/JB
Enquiries to	David Kemp
Extension	32628
Direct Line	01382 632628
Email	junebrown2@nhs.net

Dear Dr Gourley

Re : Michael Tarbett (2206880318) 3 Arklay Street, Dundee

Thank you for your referral letter, the above named gentleman was offered an appointment in the Orthopaedic/Physiotherapy Spinal Clinic on 5th February 2013. He did not attend this appointment; he will not be offered any further appointments and has therefore been discharged.

Yours sincerely

David Kemp
Advanced Physiotherapy Practitioner

Tayside University Hospitals

Musculo Skeletal / A&E
Accident and Emergency
South Block, Level 4
Ninewells Hospital
DUNDEE
DD1 9SY
Telephone Number: 01382 660111
Fax Number: 01382 633993
www.nhstayside.scot.nhs.uk

Dr. Sullivan,
Cupar Health Centre,
Bank Street,
Cupar

Date 13th February, 2004
Your Ref
Our Ref ST/JPA 22 06 88 0318

Enquiries to
Extension 35234
Direct Line
Email joan.p.adam@tuht.scot.nhs.uk

Dear Dr. Sullivan,

MICHAEL TARBETT, YOUNG PERSON'S UNIT, DUNDEE

Admitted: 8.2.04 Diagnosis: 9.2.04 Diagnosis: Head injury

This 15 year old boy was walking in fields when he was struck on the head by an object, possibly a stone. He felt initially dizzy and vomited 3 times but had no loss of consciousness and no amnesia for the event. On arrival in the Department he was slightly drowsy but orientated and had no focal neurological signs. In view of his drowsiness he was admitted to the short stay ward for observation overnight.

On review the following day he was well, neurologically intact, fully conscious and therefore discharged home.

Yours sincerely,

SHOBHAN THAKORE
Accident and Emergency Consultant

FOR PHARMACY USE:

Checked by

Clinical Pharmacist

Patient Counselled

(Inits)

DISCHARGE NOTIFICATION AND PRESCRIPTION FORM

Hosp./Inf. .....

To Dr. Sullivan

.....

.....

Ward/Clinic/ Hosp. N/W SSW ST Cons.

D D M M Y Y C.H.I. No. 270658 0318

Surname Tarbett

First Name Michael M. State

Address Young Peoples Unit 7 Fairburn St Sex

Sunder

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

THIS IS THE *ONLY / *INTERIM DISCHARGE LETTER (to be completed by Discharging Doctor).

Date Placed on Waiting List ..... Date of Admission: 08/02/24

(if appropriate)

*Delete as appropriate

..... 2nd Fold .....

DISCHARGE DETAILS	DATE	SPECIALITY	CONSULTANT	DISCHARGED TO	TRANSFERRED TO: HOSPITAL	SPECIALITY	CONSULTANT
	09/02/24	A+E	ST	Home.	—		

When Medicines are to be dispensed **all** copies to be sent to Pharmacy

DIAGNOSIS AND OPERATIONS

PRINCIPAL DIAGNOSIS: Head injury - minor concussion.

PRINCIPAL OPERATION / PROCEDURES: Admitted for obs overnight.

OTHER CONDITIONS:

OTHER OPERATIONS / PROCEDURES:

Days	MEDICINE TREATMENT ON DISCHARGE — NAME — State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8 10 12 14 16 18 20 22 24	DISPENSED BY PHARMACY — Number	Brand Names (for information only)
				✓		

.. 1st Fold .....

Approx. 5 days supply is usually dispensed. Where the period is different, indicate the number of days in box provided.

TREATMENT RECOMMENDED AND ADDITIONAL INFORMATION

Discharge Prescriptions should normally be sent to pharmacy at least 24 hours before discharge.

CONDITION ON DISCHARGE

COMPLETELY AMBULANT ☑ CONFINED TO HOUSE ☐ PARTIALLY BEDRIDDEN ☐ CONFINED TO BED ☐

FOLLOW-UP APPOINTMENTS

DATE	TIME	CLINIC	SPECIALITY	DELETE AS APPROPRIATE
NM				GIVEN/TO BE SENT
				GIVEN/TO BE SENT
				GIVEN/TO BE SENT

FOR FURTHER INFORMATION CONTACT

1. Mr Thakore. Consultant
2. ..... Sen. Registrar/Registrar
3. ..... Ward/Unit Secretary Telephone ..... Ext. .....

TO PHARMACY MEDICINES REQUIRED ON WARD AT ..... (TIME) .....

Signature ..... Status PRHO

for Mr Thakore. Consultant Date 09/02/24

Dispensed By .....

Checked By .....

Date .....

Final Distribution

WHITE - G.P.

PINK - General Office Medical Records

YELLOW - Case Records

BLUE - Pharmacy

THB(MR)26 DTH 4 Part Set

Telephone - 0382 60111

NINEWELLS HOSPITAL AND
MEDICAL SCHOOL
DUNDEE
DD1 9SY

Your Ref. Miss ARCHER 1706690088

Our Ref. 1554

Enquiries to:–

31/08/88

Dear DR. RAJ,

Neonatal Discharge Notification

Miss ARCHER, C/O TARBET, 54 WHITFIELD LOAN, DUNDEE. was recently in Ward 36 under the care of Dr.Smith where she delivered a baby boy at 40 weeks' gestation by Vertex delivery on 22/06/88. He was under the care of Dr.J.Cater and was not admitted to S.C.B.U.

WEIGHT: 3735gms **LENGTH:** 53cms
O.F.C.: 35.70
APGAR 1-min: 5
5-min: 9
RESUSCITATION: Nil
FEEDING: Bottle **JAUNDICE:** Absent
GUTHRIE TEST: No

DIAGNOSIS/PROBLEMS: SINGLETON MILD BIRTH ASPHYXIA

DISCHARGE DATE: 27/06/88
AGE: 5 days
WEIGHT: 3700 gms
MEDICATION:

ARRANGEMENT FOR FOLLOW-UP: None

Yours sincerely,

Dr.J.Cater.

DR. RAJ,
22 MURRAYFIELD GARDENS,
DUNDEE.

Hospital/Clinic Name

Reg. No.

Surname [redacted]

Forename Archer

Date of Birth 22/6/88

Expected Date of Delivery (EDD) 21/6/88

Growth and Development Record

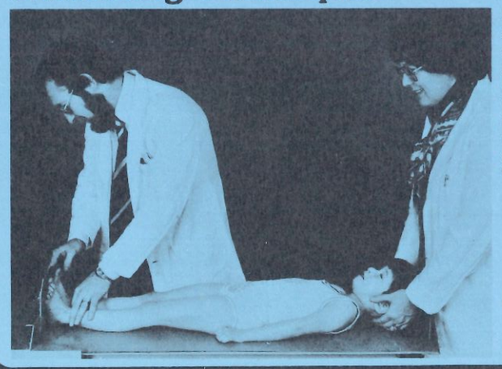
Boys: Preterm-2 years Length/Weight/ Head Circumference

GAIRDNER-PEARSON (1985)

Ref. GPB2 INTEGRATED SERIES

Date of Examination											
Age											
Length cm											
Length Centile											
Length Velocity cm/yr											
Weight kg											
Weight Centile											
Weight Velocity kg/yr											
Head Circumference cm											
Head Circumference Centile											
Date of Examination											
Age											
Length cm											
Length Centile											
Length Velocity cm/yr											
Weight kg											
Weight Centile											
Weight Velocity kg/yr											
Head Circumference cm											
Head Circumference Centile											

Measuring Techniques



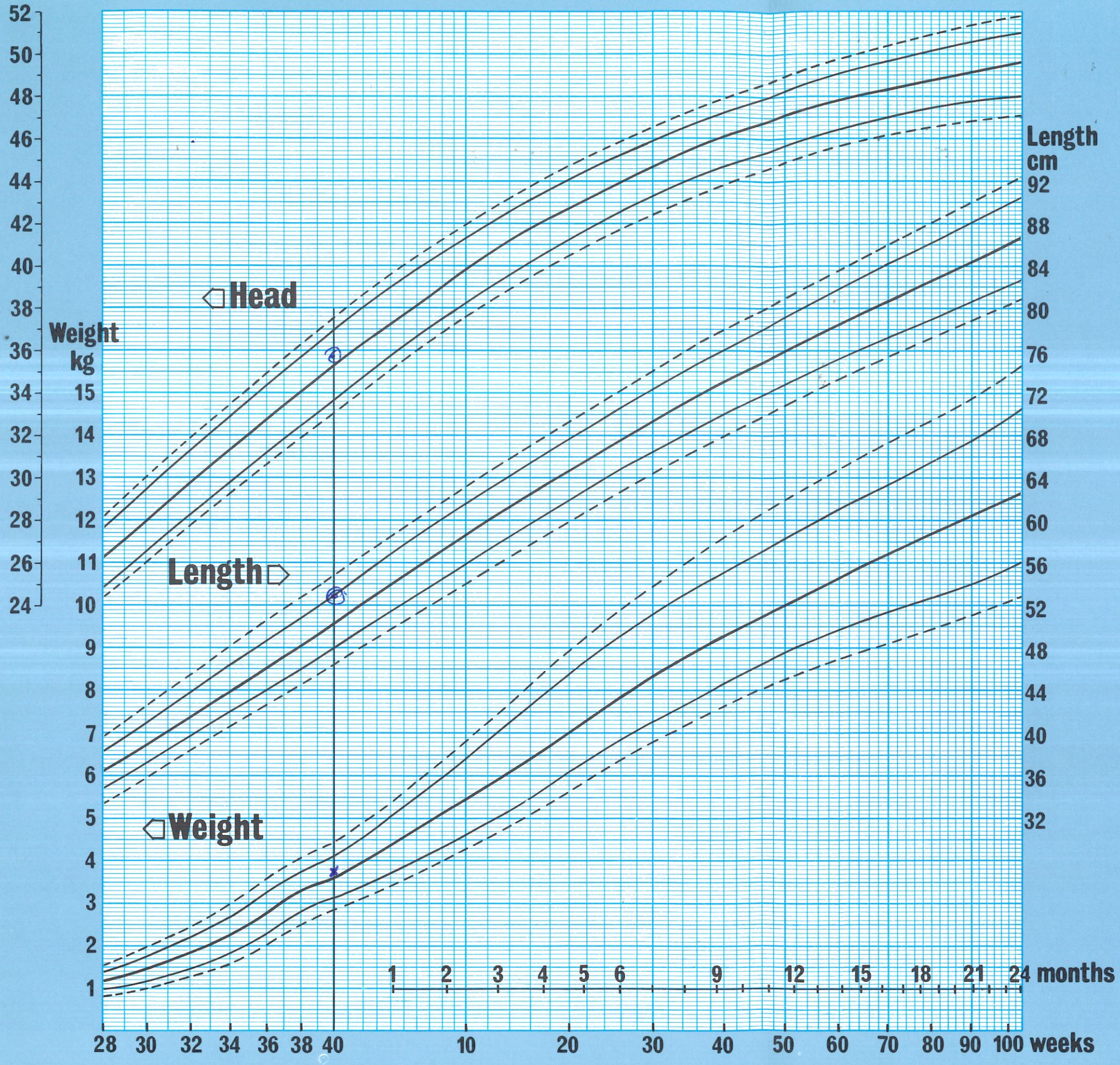
Supine length (recommended up to the age of 3 so that there is overlap with standing height at 2 to 3) is taken on a flat surface, with the child lying on his back. One observer holds his head in contact with a board at the top of the table and another straightens the legs, turns the feet upwards to be at the right angles to the legs and brings a sliding board in contact with the child's heels.

Weight should be taken in the nude, or as near thereto as possible. If a surgical gown or minimum underclothing (vest and pants) is worn, then its estimated weight (about 0.1kg) must be subtracted before weight is recorded. Weights are conveniently recorded to the last completed 0.1kg. above the age of six months. The bladder should be empty.

Published by
Castlemead Publications
Swains Mill, 4A Crane Mead
Ware, Herts SG12 9PY
A division of Ward's Publishing Services
Chart prepared by Drs D. Gairdner and J. Pearson
First Published in
Archives of Disease in Childhood (1971)
Revised 1984
2nd Revise 1985
Archives of Disease in Childhood (1985)

Printed in England by Print Direction.

Boys



Reg. No.

Surname Archer

Forename

Date of Birth 22/6/88

Expected Date of Delivery (EDD) 21/6/88

Treatment/Notes

Key to Centiles

- 97th
- 90th
- 50th
- 10th
- 3rd

CONTINUATION NOTES

HOSPITAL

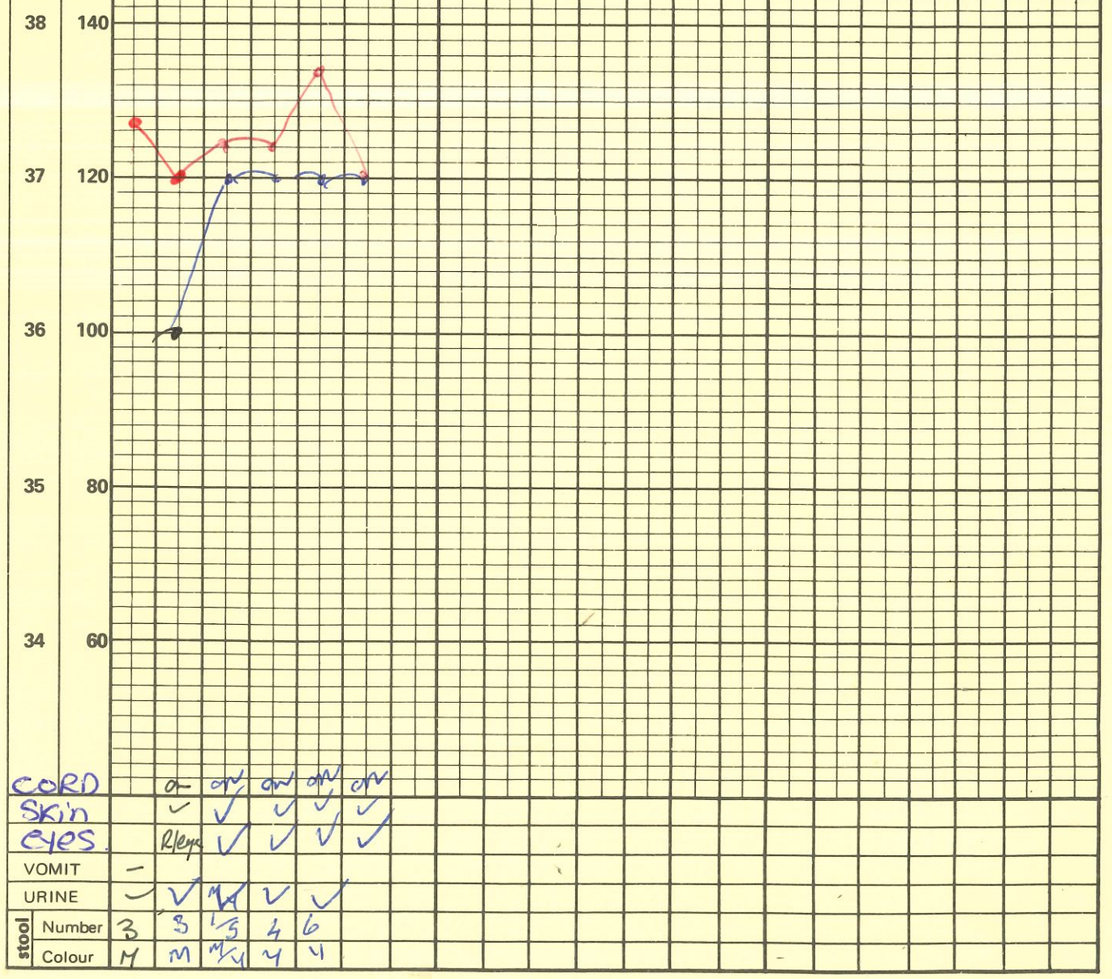
PAEDIATRIC (Newborn)
T P R and WEIGHT
CHART

36

Archer

MONTH	Date	22	23	24	25	26	27
June	M E	M E	M E	M E	M E	M E	M E
	AGE	*1	2	3	4	5	

Weight	Respirations Temp °C	Pulse
00	40	180
00	39	160
00	38	140
37 00	37	120
00	36	100
00	35	80
00	34	60



CORD		a-	dry	dry	dry	dry
Skin		✓	✓	✓	✓	✓
eyes		Rleye	✓	✓	✓	✓
VOMIT	—					
URINE	✓	✓	✓	✓	✓	
stool Number	3	3	1/3	4	6	
stool Colour	M	M	M/Y	Y	Y	

PLEASE PRESS FIRMLY WITH A FINE TIPPED BALL-POINT PEN

SMR11

NEONATAL RECORD (Revised 1.1.87)

Hospital of Birth (Name or Code No.) ..... 1 1 0 1 1 4 | 1

Case Reference No. 2 2 0 6 8 8 0 3 1 8 | 6

Maternal Reference No. 1 4 0 6 6 9 0 0 8 8 | 16

Surname NRCHER | 26

Infant Forenames MICHAEL

Telephone No.

Home Address c/o TARSET, 54 WHITFIELD GDNS

DUNDEE Post Code D D 4 0 B N | 38

Religion R.C. Occupation of Mother

Father's Age Occupation of Father

Family Doctor Dr Raj

Address 22 MURRAY FIELD GDNS

DUNDEE Telephone No

Obstetrician SMITH Ward 36

Paediatrician or G.P. Dr. Cates 0 1 3 2 7 3 8 | 47

LABOUR RECORD

Onset (1.) Spontaneous 2. Induced 3. None 9. N/K

Duration 1st Stage 6hrs 16min 2nd Stage 09min

Foetal Distress 1. Yes. Mont'd 2. Yes. Not Mont'd 3. No. Mont'd 4. No. Not Mont'd 5. Doubtful 9. N/K | 4 | 54

Drugs Given (1.) Analgesic 2. Anaesthetic 8. Other 9. N/K

Specify Pethidine Time 1835

Drugs given in labour

Mode of Delivery

(0.) Vertex 3. Forceps Low 6. Caesarean
1. Manipulation 4. Forceps Other 8. Other
2. Breech 5. Ventouse 9. N/K

Comments shoulder dystocia

Complication of Delivery

Placenta Weight 900gm

Condition (1.) Normal 2. Abnormal 3. Doubtful 9. N/K

MATERNAL RECORD

Age 19 Parity (Previous) Nos. L.B. 1 S.B. ..... Abor. .....

Marital Status 1. Married (2.) Single 8. Other 9. N/K

Health in Pregnancy Normal Abnormal

Specify ?SRM at 29/52 gest

Drugs in Pregnancy ..... Gestation .....

Previous Obstetric History

Date	Place	Gest.	Delivery	Sex	B.W.	Outcome
87	MW	32/52	SVD	GIRL	1860	SB.

SEROLOGY

	Blood Group		Antibody		WR/Kahn
	ABO	Rh	Type	Titre	
Mother					

Rh Genotypes BNEG.

Amniocentesis

Infant Blood Group

1. O Rh–ve 5. B Rh–ve 9. N/K
2. O Rh+ve 6. B Rh+ve | 7 | 45
3. A Rh–ve 7. AB Rh–ve
4. A Rh+ve 8. AB Rh+ve

Coombs Test 1. Positive 2. Negative 9. N/K | 2 | 46

Family History MUM NOT.

Past History of Mother

BIRTH RECORD

Specify Place Nuneaton 1. Hospital 2. Home 8. Other 9. N/K | 1 | 55

E.D.D. 21.6.88 (Sure) Not Sure N/K

Gestation (by dates) 40 | 4 0 | 56

Membrane Rupture/Delivery Interval 1hr 25min

Time 1925 Hrs. Date of Birth 2 2 0 6 8 8 | 58

Apgar Score 1 min./5 min. (for 9 and 10 enter 9) | 5 9 | 64

Time to First Breath (mins.) | 0 1 | 66

Time to Establish Respiration (mins.) | 0 3 | 68

Resuscitation

1. Nil (with clear airway, funnel O_2)
2. Mask, IPPV (no drugs)
3. Mask, IPPV (with drugs)
4. Intubation, IPPV (no drugs)
5. Intubation, IPPV (with drugs)
6. Drugs only
Specify:
8. Other 9. N/K | 1 | 70

Birth Weight (g) | 3 7 3 5 | 71

Number of births this pregnancy and Birth Order NUMBER: BIRTH ORDER | 1 | 1 | 75 | 1 | 77

Sex 1. Male 2. Female 9. N/K

O.F.C. cm. | 3 5 · 7 | 78

Length (Crown–Heel) cm. | 5 3 | 81

(Crown–Rump) cm. 9.8 | 9 9 | 83

No. of Umbilical Vessels | 3 | 85

Gestational Age by Assessment of baby by scoring method (Completed Weeks) | 4 0 | 86

Guthrie Test 1. Yes 2. No 9. N/K | 2 | 88

B.C.G. 1. Yes 2. No 9. N/K | 2 | 89

Transfers within hospital (2 only)

0. None 8. Other
1. Post Natal Cot 9. N/K
2. SCBU

1st | 0 | 90
2nd | 0 | 91

Number of days in SCBU | X X | 92

Local Option | | 94 | 105

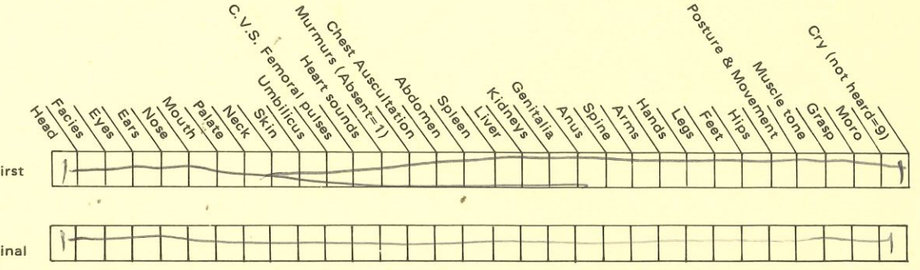
Examination

Normal 1	Abn. 2	Doubtful 3	N/K 9

Date Signature

Exam. 23/6/88 First

27/6/88 Final



Jaundice (bilirubin mg%; µmol/l) 1. Absent 2. Mild (5–11.9; 86–204) or not measured 3. Moderate (12.0–19.9; 205–340) 4. Severe (20.0+; 342+) 9. N/K | | 116

Absent 1	Present 2	N/K 9	Any age
			Infection	117
			Significant Hypotonia	118
			Cyanosis (Central)	119
			Oedema	120
			Convulsions	121
			Recurrent Apnoea	122
			Assisted Ventilation after 30 mins.	123
			Feeding Difficulty	124
			Vomiting	125
			Diarrhoea	126

APGAR SCORE	1 min	5 mins
Colour (Trunk)	1	2
Heart rate	1	2
Respiratory effort	1	2
Muscle tone	1	2
Response to suction	1	1
TOTAL	5	9

TRANSFER BETWEEN HOSPITALS (Neonatal Only)

TRANSFER 1

Receiving Hospital Code No. | 127

Case Reference No. | 132

Paediatrician or G.P. | 142

Date of Admission | 149

Admitted to 1. Post Natal Cot 2. SCBU 8. Other | 155

Number of days in SCBU | 156

TRANSFER 2

Receiving Hospital Code No. | 158

Case Reference No. | 163

Paediatrician or G.P. | 173

Date of Admission | 180

Admitted to 1. Post Natal Cot 2. SCBU 8. Other | 186

Number of days in SCBU | 187

DISCHARGE RECORD

Feed 1. Breast 2. Bottle 3. Breast and Comp. 4. Not Applicable 8. Other 9. N/K | 2 | 189

Condition 1. Normal 2. Doubtful 3. Cong. Abn. 4. Dead 5. Dead P.M. 6. Cong. Abn. & Other 8. Other 9. N/K | 1 | 190

Discharge (Final)
1. Home with Mother
2. Home after Mother
3. To care of relative
4. To other ward or hospital (Medical or Surgical)
5. Residential or Foster care
6. Dead
8. Other
9. N/K | 1 | 191

FOLLOW UP 1. None 2. This Hospital 3. Elsewhere 4. Multiple | 1 | 270

Coding completed ✓ Letter written No

Local Option | | 271 | 281

Age (Days) 5 Weight at Discharge 3 7 0 0 | 192

Date of Discharge 2 7 0 6 8 8 | 196

DIAGNOSIS

Syndrome	– V 3 0 · 0	202
Mild birth asphyxia	– 7 6 8 · 6	208
		214
		220
		226
		232
		238
		244
		250
		256

Operations (2 only) 1. | | 262
2. | | 266

TAYSIDE HEALTH BOARD

.....DISTRICT

MEC = BLACK
CH = CHARCOAL
Y = YELLOW

INFANT FEEDING CHART

Ward/Clinic/ Hosp. . . . . . . Cons.

Surname . . . Archer . . . . . 22.6.88 . . . Unit No.

First Name . . . . . . D. of B.

Address. . . . . .M. State

. . . . . . Sex

Occupation . . . . . . MPI No. (last 4 digits)

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

DATE and TIME	FORMULA	Method	AMOUNT (ml) Ordered	AMOUNT (ml) Taken	HOW TAKEN	VOMIT	URINE	STOOLS No	STOOLS Colour	MEDICATION Drug and Method	MEDICATION Initials
22-6-88											
19.35 hrs.								1	m	HR 134 R34	
2035	C & G	Both		50	VG			1	m	HR 136 T-36.4°C	R38
22.00										B:37 C A112 R48	
2330	C&G	Both		45	VG			✓	m	A116 T37 R56	DD
TOTALS										BALANCE ml.	

23.6 hrs.											
02.30	C&G	Bottle		50	VG		dry	✓	mec	A120 R44 T36.5	
03.30						✓					
05.45	C&G	Bottle		40	VG		✓	1	mec	A128 R44 T36.8	
8~~9~~.45	~~C&G~~	~~Bottle~~		~~40~~	~~VG~~		✓		~~MEC~~	T36 WT 3702	
945	C. G	..		42	VG			✓	NES		
11.45										T37.2	
1.45	C+G	"		40	VG.	✓		✓			
5.30	C+G	"		40	—	✓		✓			
20.20	C+G			35	G	✓	✓				
TOTALS										BALANCE ml.	

4°

24.6 hrs.											
12MN.	C&G	B		60	G	✓					
0400	Cows Gate	Bottle		65	G.	mouthful	✓	—	—	Eyes cleaned.	
09.15	"			60	/	SICK	PROJECTILE				
1.15.	C+G.	"		30	G	sick		1	MEC		
4.00.	C+G.	"		50	G.			1	Y		
7.30	C+G	"		50	VG.	~~=~~		1	Y		
11.30	C+G	"		50	VG.	Mouthful		1	Y		
3.30	C+G.	"		60.	~~=~~	~~SICK~~		1	Y		
6.00	C+G	"		60.	VG.			1	Y		
10.30.	C+G.	"		50		SICK		1	Y		
14.00	C+G	"		30		✓					
4.00.	C+G.	"		60		SICK		~~=~~	~~=~~		
TOTALS										BALANCE ml.	

25/6

DMR 309

(P.T.O.)

DATE and TIME	FORMULA	Method	AMOUNT (ml) Ordered	AMOUNT (ml) Taken	HOW TAKEN	VOMIT	URINE	STOOLS No	STOOLS Colour	MEDICATION Drug and Method	Initials
hrs.											
	8:00 C1G		50.			✓	✓	1	Y		
	11:00 C1G		50.			✓	✓	2.	Y.		
TOTALS										BALANCE ml.	

266-88

hrs.											
0045	C1G			60	VG	✓					
0500	C1G.			85	VG	✓		2	Y	soft	
8:00.	C1G.			40				1	Y	soft	
12:30.	C1G.			60	VG.			1	Y	soft.	
2:30	C1G.			70.		✓		1	Y	soft.	
3:00.	C1G.			60.		✓		1	Y	soft.	
7:00	C1G.			70		✓		1	Y	soft.	
1100	C1G.			50							
TOTALS										BALANCE ml.	

21/6.

hrs.											
0030	C1G.			75		large ✓	✓	+	Y		MT
0400	C1G.			70			—	—	—		MT
8:30	C1G.			50.		✓		2.	Y.		
TOTALS										BALANCE ml.	

TAYSIDE HEALTH BOARD

MOUNT SHEET

Note: Remove strip to reveal gummed area. Attach reports from bottom to top. Please set accurately

JB–C9584

X-RAY REPORTS *

LABORATORY REPORTS *

CONSENT FORMS / MISCELLANEOUS *

* Delete as necessary if **not** being used as a-Multi-Purpose-Mount Sheet

9		9
8		8
7		7
6		6
5		5
4		4
3		3
2		2

Lab Ref. No. № 06888

Clinical Details

Newborn

Rh neg.

Previous Blood Transfusion? Yes/No

For Ante-Natal Patients:-

Parity E.D.D.

Ward/Clinic/ Hospital 36 NW ..... Cons.

Surname Archer 220688 ..... Unit No.

First Name Baby of Linda D.O.B 1925 ..... D. of B.

Address 54 Whitfield Loan ..... M. State

Dundee ..... Sex

Occupation ..... MPI No. (last 4 digits)

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

Blood Sample Collected Date and Time:- 22.6.88 1935.

Investigations Requested Group and Coombs please.

Signature of Medical Officer pp Dr Locke

For Lab Use Only

BAby –

GROUP AB 006888
RH NEG

DIRECT COOMBS TEST NEG.

23-6-88

Form 33B/82

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE, DUNDEE

THB(MR)2 (Rev. 1/85)

PEEL AWAY PROTECTIVE STRIPS SUCCESSIVELY, STARTING WITH No. 1 ALONG PRINTED LINE IMMEDIATELY ABOVE EACH ADHESIVE LAYER. — PLACE TOP EDGE OF REPORT PRESS HARD FOR GOOD ADHESION

Emergency Department Ninewells Hospital
Consultant: Dr Eleanor Matthew

A&E No: E0000641616
Registered By: Claire Hepburn

Patient Details	
Patient Name: **Michael lee Tarbett**	CHI: **2206880318**
Date of Birth: **22/06/1988**	Age: **37 Years**
Sex: **Male**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Roman Catholic**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **1/L 23 St. Clement Place** **Dundee** **Angus** **DD3 9PB** Tel: **07963 346102** Mobile:	Temporary Address: **N/A** Tel:
1st Contact: **Sarah Reekie** Address: **1/L 23 St. Clement Place** **Dundee** **Angus** **DD3 9PB** Tel: **07780 461260** Relationship: **Partner**	GP Details: **GJ Brown** Address: **11650/1, Terra Nova Medical Practice Llp, Terra Nova House, 43 Dura Street, Dundee, Dundee, DD4 6SW** Tel: **01382 451100**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **L hand problem**	
Arrival Date: **09/08/2025**	Arrival Time: **21:45**
Arrival Mode: **Private transport**	Source of Attendence: **Self Referral - Patient**
Incident Date: **05/08/2025**	Incident Time: **12:00**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Partner**	

Nurse Assessment Details	
Assessment Nurse: **Carly Jeffrey**	
Triage Time: **22:41**	Pain Score:
Allergies: **None Known**	
Immunisation:	
Interventions: **redirection / primary care problem explained and given laninated explanation**	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: **Redirection. Small mark on left hand. Concerned he may have been injected with something at a house party on Sunday, states cannot remember events. Looks well.**	
Triage Category:	**5 - Non-Urgent**

*SECOND TRIAGE Room *

PAPERLIGHT TRIAL – CLINICAL DETAILS ON CLINICAL PORTAL

EMERGENCY DEPARTMENT NOTES, all areas v1.3

Clinician's name:

Patient Surname: Forename: CHI: Date: Time:

RR SPO_2 T HR BP Glucose Ketones Wt

Escalate if concerns or NEWS greater than 7

Date	Drug name	Dose	Method of admin	Signature	Given by	Time given
08/08	ENERGYX B ENGERIX B 20 micrograms/1 ml Lot: ANBVD201AA EXP: 08-2027	1 DOSE	IM		[illegible]	0005

Nursing interventions.

Plan / Energyx B.
(H) C.P.F(U.

A

B

C

D

E

Use ABCDE for unstable resus room patients

Final Diagnosis:

Treatment Plan:

Discharge drugs	
Prescribed by	Given by
Outpatient clinic requested	Date Area
Left ED @ 0005	Discharged by [illegible]
Discharged to Home Accompanied by Wife.	Transport; SAS / own transport own.

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

GJ Brown
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
1/L 23 St. Clement Place
Dundee
DD3 9PB

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000641616
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Eleanor Matthew

The above patient attended the Emergency Department Ninewells Hospital on 09/08/2025 at 21:45 and was discharged with follow up by the primary care team on 10/08/2025 at 00:06. The letter has been collated by Dr David MacKinlay.

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound - Other		

Diagnosis Comments:

Notes for GP:

Investigations: Clotted Blood for Storage e.g. baseline

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with follow up by the Primary Care team

Referred To:

ED Clinical Notes:
Mackinlay SD @ 0908 10/08/25
Stream 1. Self-referral. Seen alone.

NHS
Tayside

PC: ?injected
HoPC 7d ago was at a party - heavily intoxicated. Remembers two people being at the party who used drugs - thinks went to one of their flats afterwards but due to alcohol is unable to remember events.

Since has noted small wound to dorsum of Left hand - concerned that he has been injected with drugs and could have contracted a BBV.

Note Hx of health anxiety.

OE: Looks well. Obs normal. Independently mobile. Tiny dry wound to dorsum of Left hand - no surrounding bruising.

Given ambiguity treated as possible - for Energyx B today - bloods taken for storage and letter sent to GP for F/U of completion of course of Energyx B (note had 1x vaccine last year). Is well outwith window for PEP and wouldn't meet criteria anyway.

ED Nurse Notes:

Yours sincerely

Emergency Department Ninewells Hospital

Emergency Department Ninewells Hospital
Consultant: Dr Andrew Reddick

A&E No: E0000238131
Registered By: Sharon Piper

Patient Details	
Patient Name: **Michael lee Tarbett**	CHI: **2206880318**
Date of Birth: **22/06/1988**	Age: **32 Years**
Sex: **Male**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Roman Catholic**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **Carlton House Hotel** **2 Dalgleish Road** **Dundee** **DD4 7JR** Tel: **07312248094** Mobile:	Temporary Address: **N/A** Tel:
1st Contact: **Lynn Archer** Address: Tel: **07464684273** Relationship: **Mother**	GP Details: **GJ Brown** Address: **11650/1, Terra Nova Medical Practice Llp, Terra Nova House, 43 Dura Street, Dundee, Dundee, DD4 6SW** Tel: **01382 451100**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **SUICIDAL**	
Arrival Date: **17/09/2020**	Arrival Time: **20:06**
Arrival Mode: **Private transport**	Source of Attendence: **Self Referral - Patient**
Incident Date: **03/09/2020**	Incident Time: **09:00**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Gillian Soutar**	
Triage Time: **20:16**	Pain Score:
Allergies: **None Known**	
Immunisation:	
Interventions: **Procedure explained and reassurance given**	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: **brought to ED by ex partner , feeling suicidal , alcohol excess , has taken own Zopiclone ? amount , brought home this morning by police, states he wants to kill himself , ex partner very concerned, she telephoned 111 and was advised to come to ED**	
Triage Category:	**2 - Very Urgent**

PAPERLIGHT TRIAL – CLINICAL DETAILS ON CLINICAL PORTAL

Clinician's name CLINICIAN **EMERGENCY DEPARTMENT NOTES, STREAM 1**

Patient Surname Forename CHI date

Observations RR SPO_2 T HR BP [Glc/BM] Ketones SIRS Wt

Date	Drug name	Dose	Method of admin	Signature	Given by	Time given

ED team communication including Diagnosis and Discharge Plan
(please use EPR/clinical notes for significant notes)

Left before clinical assessment.

Known to be ex / ex-partner.

D/W Claire Muggeridge (CED SpR) → no further action at this point.

Discharge drugs Prescribed by Given by	

Outpatient clinic requested date time area

Medication
Brought in by patient Y/N removed from patient Y/N returned to patient Y/N transferred to ward

Valuables and belongings
Patient accepts responsibility for own belongings/valuables signature.....

Book no. Page no. where stored Receipt no.
Taken by (incl Police)
signature.....

Suitably dressed for discharge? Y/N AOL Independent/dependent on discharge
Pain / Abbey pain score PPURA NEWS on discharge

Nurse..... Signature..... Time

Left ED @ Discharged by

Discharged to Accompanied by

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

GJ Brown
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
Carlton House Hotel
2 Dalgleish Road
Dundee
DD4 7JR

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000238131
No. of Previous Attendances: 2
Occupation:
School:
Responsible Consultant:Dr Andrew Reddick

The above patient attended the Emergency Department Ninewells Hospital on 17/09/2020 at 20:06 and was an incomplete discharge as patient left before assessment completed on 17/09/2020 at 21:25. The letter has been collated by Dr Seamus Crumley.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Left before clinical assessment		

Diagnosis Comments: Left prior to clinical assessment. Known to be with ex-partner. Have attempeted to make contact on multiple numbers unsuccessfully.
D/W Moggach SpR - no further action as known to be with ex-partner.

Procedures:

Prescriptions:

Discharge Destination: Not Known

Discharge Type: An incomplete discharge as patient left before assessment completed

Referred To:

Notes for GP:
Crumley FY2

Left prior to clinical assessment. Known to be with ex-partner. Have attempeted to make contact on multiple numbers unsuccessfully.

D/W Moggach SpR - no further action as known to be with ex-partner.

Yours sincerely

Emergency Department Ninewells Hospital

Emergency Department Ninewells Hospital
Consultant: Dr Michael Donald

A&E No: E0000232758
Registered By: Avril Wighton

Patient Details	
Patient Name: **Michael lee Tarbett**	CHI: **2206880318**
Date of Birth: **22/06/1988**	Age: **32 Years**
Sex: **Male**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Roman Catholic**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **18 Balgarthno Road** **Dundee** **DD2 4QN** Tel: **07312248094** Mobile:	Temporary Address: **N/A** Tel:
1st Contact: **Jade Boe** Address: **18 Balgarthno Road** **Dundee** **DD2 4QN** Tel: **07312248094** Relationship: **Partner**	GP Details: **GJ Brown** Address: **11650/1, Terra Nova Medical Practice Llp, Terra Nova House, 43 Dura Street, Dundee, Dundee, DD4 6SW** Tel: **01382 451100**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **hand inj**	
Arrival Date: **22/08/2020**	Arrival Time: **13:20**
Arrival Mode: **Private transport**	Source of Attendence: **Self Referral - Patient**
Incident Date: **19/08/2020**	Incident Time: **22:00**
Incident Location: **Home (or other house or garden)**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Francis Nicholson**	
Triage Time: **13:40**	Pain Score:
Allergies: **None Known**	
Immunisation:	
Interventions: **Procedure explained and reassurance given**	
Flow Chart / Discriminator: **Limb problems / Deformity**	
Manchester Triage / Streaming Decision Making: **Stream 1- painful R hand and wrist after punching wall- 3/7 ago- attempted to care for injury at home (RICE) however no improvement.**	
Triage Category:	**4 - Standard**

PAPERLIGHT TRIAL – CLINICAL DETAILS ON CLINICAL PORTAL V8

EMERGENCY DEPARTMENT NOTES, STREAM 1

Clinician's name Smith SFS

Patient Surname Forename CHI date

Trakcare will print this post Covid

Observations RR SPO_2 T HR BP [Glc/BM] Ketones SIRS Wt

Date	Drug name	Dose	Method of admin	Signature	Given by	Time given

ED team communication including Diagnosis and Discharge Plan
(please use EPR/clinical notes for significant notes)

Vacuum splint applied by M. Thomson

Communicated base SFH MC & # Plaster care leaflet
– volar splint + buddy strap given ± verbal advice.
– referral handy
– TTO cocodamol

Discharge drugs Prescribed by cocodamol 30/500 2 tabs QDS	
Given by	

Outpatient clinic requested referral hands date time area

Medication
Brought in by patient Y/N removed from patient Y/N returned to patient Y/N transferred to ward

Valuables and belongings
Patient accepts responsibility for own belongings/valuables signature.....

Book no. Page no. where stored Receipt no.
Taken by (incl Police) signature.....

Suitably dressed for discharge? Y/N AOL Independent/dependent on discharge
Pain / Abbey pain score PPURA NEWS on discharge

Nurse..... Signature..... Time

Left ED @ 1655 Discharged by S Sutcliffe

Discharged to Accompanied by Self

hand

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

GJ Brown
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
18 Balgarthno Road
Dundee
DD2 4QN

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000232758
No. of Previous Attendances: 1
Occupation:
School:
Responsible Consultant:Dr Michael Donald

The above patient attended the Emergency Department Ninewells Hospital on 22/08/2020 at 13:20 and was discharged with referral on 22/08/2020 at 17:00. The letter has been collated by Dr Kieran Smith.

Diagnosis:		
Description	Body Site	Laterality
ED injury - bone and joint - Closed fracture		

Diagnosis Comments:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with referral

Referred To: Virtual Hand Clinic

Notes for GP:
K Smith ST5 - 1600

Right hand inj
Punched wall when intoxicated 3 days ago
Pain and swelling ongoing base of 5th MC
Using ice and deep heat - ongoing swelling

NHS
Tayside

OE
Generally swollen hand
Tender base 5th MC
No bruising
No deformity, full hand function

Xray: Comminuted base of 5th MC fracture

Plan: Volar slab, tto cocodamol. virtual hands

Yours sincerely

Emergency Department Ninewells Hospital

Emergency Department Ninewells Hospital
Consultant: Dr Ronald Cook

A&E No: E0000229812
Registered By: Avril Wighton

Patient Details	
Patient Name: **Michael lee Tarbett**	CHI: **2206880318**
Date of Birth: **22/06/1988**	Age: **32 Years**
Sex: **Male**	Status: **Never married nor registered civil partnership**
Religion: **Christian - Roman Catholic**	Ethnicity: **Scottish**
Occupation:	1st Language:
School:	
Address: **18 Balgarthno Road** **Dundee** **DD2 4QN** Tel: Mobile: **0774 1205 814**	Temporary Address: **N/A** Tel:
1st Contact: **Jade Boe** Address: **18 Balgarthno Road** **Dundee** **DD2 4QN** Tel: Relationship: **Partner**	GP Details: **GJ Brown** Address: **11650/1, Terra Nova Medical Practice Llp, Terra Nova House, 43 Dura Street, Dundee, Dundee, DD4 6SW** Tel: **01382 451100**
1st Contact Notified: **Yes / No**	

Attendance Details	
Complaint: **?ASSAULT**	
Arrival Date: **08/08/2020**	Arrival Time: **14:26**
Arrival Mode: **Private transport**	Source of Attendence: **Self Referral - Patient**
Incident Date: **08/08/2020**	Incident Time: **01:00**
Incident Location: **Public Highway, Street or Road**	
Accompanied By: **Unaccompanied**	

Nurse Assessment Details	
Assessment Nurse: **Matthew Moyes**	
Triage Time: **14:30**	Pain Score:
Allergies: **None Known**	
Immunisation:	
Interventions: **Procedure explained and reassurance given**	
Flow Chart / Discriminator:	
Manchester Triage / Streaming Decision Making: **alleged assault last night. Injury to left index finger ?human bite.**	
Triage Category:	**4 - Standard**

PAPERLIGHT TRIAL – CLINICAL DETAILS ON CLINICAL PORTAL V9

Clinician's name

EMERGENCY DEPARTMENT NOTES, STREAM 1

T. Gardrasera.

Patient Surname Tarlett Forename Michael CHI 2206880318 date

Trakcare will print this post Covid

Observations RR SPO_2 T HR BP [Glc/BM] Ketones SIRS Wt

Date	Drug name	Dose	Method of admin	Signature	Given by	Time given
8/8/20	ENGERIX B ENGERIX B 20 micrograms/1ml Lot AHBVC860AF EXP: 02-2022	1 dose	IM		amanda	1750

ED team communication including Diagnosis and Discharge Plan
(please use EPR/clinical notes for significant notes)

- Accelerated course of hep B vaccination ✓
- Sutures out 5-7 days ✓
- TIO augmentin. ✓
- Blood for storage.

Discharge from TRAK before clinical notes completed.
All Treatments completed
← amanda

Discharge drugs Co-Amoxiclav 625mg TDS	for 7 days
Prescribed by [redacted]	
Given by amanda	

Outpatient clinic requested date time area

Medication
Brought in by patient Y/N removed from patient Y/N returned to patient Y/N transferred to ward

Valuables and belongings
Patient accepts responsibility for own belongings/valuables signature.....

Book no. Page no. where stored Receipt no.
Taken by (incl Police) signature.....

Suitably dressed for discharge? Y/N AOL Independent/dependent on discharge
Pain / Abbey pain score PPURA NEWS on discharge

Nurse..... Signature..... Time

Left ED @ 1750 Discharged by amanda

Discharged to Home Accompanied by /

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

GJ Brown
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
18 Balgarthno Road
Dundee
DD2 4QN

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000229812
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Ronald Cook

The above patient attended the Emergency Department Ninewells Hospital on 08/08/2020 at 14:26 and was discharged with follow up by the primary care team on 08/08/2020 at 17:45. The letter has been collated by Dr Jasitha Chandrasena.

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound - Bite human		

Diagnosis Comments: Bitten by stranger on left index finger. 2 Sutures put in place following ring block. Blood for storage taken. Co-amoxiclav prescribed for 7 days.

Gp Follow up.
1. Accelerated course of hep B vaccination
2. sutures to be taken out in 5-7 days

Procedures:

Prescriptions: Co-Amoxiclav 500/125: 1 tablet x 3 times daily (21 tablets)

Discharge Destination: Residential institution - Usual place of residence

Discharge Type: Discharged with follow up by the Primary Care team

Referred To:

Notes for GP:
Seen by J.C at 16:10

NHS
Tayside

- Patient was drunk last night and unable to recall most of the events. Was assaulted walking home.
- Human bite on left index finger

O/E (Left hand examination)

- Swollen left index finger at DIP
- Surrounding erythema around DIP
- Skin laceration <1 cm
- Reduced joint mobility around DIP
- Sensation reduced in comparison to right

Plan

1.Senior R/v By J.G
2. Clean and 2 sutures put in place
3. Blood for storage taken
4. Co-Amoxiclav 625 mg TDS for 7 days
5. Advice given to patient to follow up with GP for accelerated course of Hep B and for sutures to be removed in 5-7 days

Plan for GP

1. Accelerated course of Hep B
2. Sutures to be taken out in 5-7 days

JG ST6

As above - poor recollection of events but believes he has been bitten. Unknown assailant.
Tissue flap over middle phalanx on volar aspect of finger, base of flap at DIPJ. Flexor mechanism intact. Finger NV intact.
Digital nerve block applied and wound extensively irrigated and scrubbed. Small area of fat debrided. 2 loose sutures applied to approximate wound edges but not tightly closed.
As per BBV guideline does not meet criteria for HIV PEP. Plan as above.

Yours sincerely

Emergency Department Ninewells Hospital

NHS
Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

JM Langford
11650/1,Terra Nova Medical Practice Llp
Terra Nova House, 43 Dura Street, Dundee
Dundee
DD4 6SW

Dear Doctor

Mr Michael Tarbett
7D BONNETHILL COURT
Dundee
DD3 7AZ

Date of Birth: 22/06/1988
ACHI Number: 2206880318
ED Attendance Number: E0000047335
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Russell Duncan

The above patient attended the Emergency Department Ninewells Hospital on 16/02/2018 at 12:04 and was discharged with no follow up on 16/02/2018 at 13:05. The letter was compiled by Scott,Ryan

Diagnosis:		
Description	Body Site	Laterality
ED injury - wound -Laceration		

Diagnosis Comments: Milimetric laceration head after hammer fell 4m onto skull. Systemically well. Analgesia and head injury adviced. Not requiring nursing care.

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:

Yours sincerely
Scott,Ryan

Ninewells Hospital

A&E No. AE-04-004450-1

TAYSIDE UNIVERSITY HOSPITALS
ACCIDENT & EMERGENCY SERVICES

CONSULTANTS:

S. Thakore

NHS Tayside

REGISTERED BY: Pearl Thom

SURNAME Tarbett	DOB 22 Jun 1988	CHI 2206880318	DATE 08 Feb 2004	TIME OF ARRIVAL 23:54
FORENAME Michael	AGE 15 Years		COMPLAINT HEAD INJURY	
ADDRESS YOUNG PERSON S UNIT 7 FAIRBAIRN ST DUNDEE	SEX Male	STATUS Single	LOCATION OF INCIDENT Public place	
	RELIGION None		MODE OF ARRIVAL Private Transport	
POSTCODE DD3 7JE TEL. 43656? MOBILE	ALLERGIES		TIME SINCE EVENT .0 - 6 Hours	
			OCCUPATION/SCHOOL BELL BAXTER	
TEMPORARY ADDRESS POSTCODE: TEL.	RTA Y/N REFERRED BY Self		GP NAME Sullivan ADDRESS CUPAR HEALTH CENTRE BANK STREET CUPAR FIFE	
NOK NAME ADDRESS 7E BONNET CRT DUNDEE POSTCODE TEL.	NOK NOTIFIED Y/N RELATIONSHIP Father ACCOMPANIED BY Carer		POSTCODE: KY154JN TEL. SOCIAL WORKER Yes/ No NAME ADDRESS	
TRIAGE TIME 00:10	TRIAGE NURSE lorraine malone		IMMUNISATIONS	
FLOW CHART / DISCRIMINATOR / PAIN SCORE Head Injury, Pain,5			TRIAGE CATEGORY 3	

TRIAGE INTERVENTIONS
Neuro obs, BP, Heart rate

NURSING ASSESSMENT
history of hit on head with stone small wound ,pale on admission has vomited prior to admission

NURSING NOTES

Surname Tarbett | Forename Michael | A-CHI 2206880318

Patients Na

Clinician's

SEEN BY (PRINT)

15

ASSESSMENT:

RE-TRIAGE to: ..... *(Using Man. Triage)*
Time: ..... **Transferred to:** .....

Nurse Name:
Signature:
Time:

INTERVENTIONS:

T:	P:	BP:	R:	SpO2:	BM:

Wound cleaned w/c saline. Wound edges well apposed - no glue applied.

EVALUATION:

Admit to SSW for neuro-obs
Nature of reason for admission
Lying sleeping prior to admission

PAIN SCORE:
WATERLOW SCORE:

TREATMI

Nurse Name: MACLEOD
Signature: MacLeod
Time: 0330

CLINICAL NOTES

Patients Name M. TARBETT A-CHI

Clinician's Name S. CRAWLEY A&E number

SEEN BY (PRINT) CRAWLEY TIME 0215 DATE 8/2/14

15 ♂ ; walking in fields ~ 2330

hit on head by thrown stone

? assailant.

felt dizzy post injury

vomiting x 3.

no amnesia - ~~integrated~~ / retrograde.

O/E : drowsy

E4 V5 M6

oriented in time place + person

Small 0·5 cm laceration to head.

PERLA

No diplopia

Eye movements (N)

Neurologically intact. →

TREATMENT

Wound cleaning Oral antibiotics

Advice SSW. (Cyclizine 50mg PO).

CLINICAL NOTES

Patients Name _____ A-CHI _____

Clinician's Name _____ A&E number _____

ONCE ONLY PRESCRIPTION (INCLUDING TETANUS)

DRUG	DOSE	METHOD OF ADMIN	DATE & TIME OF ADMIN	SIGNATURE	GIVEN BY
Cyclizine	50g	PO			

Imp/ Head Injury
Mild Concussion

Plan/ Neuro obs
PCM - fluids orally
Anti-emetic - Cyclizine.

Admit SSW.

Patients Name Michael Talbot A-CHI 2206880318

A&E number

DISCHARGE PROFILE

Time referred:	Speciality: A&E
Seen by Speciality at:	Decision to admit:
Ward Informed: SSW	Bed ready at:

Drugs: Brought in by Patient Y / N Removed from Patient Y / N
Returned to Patient Y / N Transferred to ward Y / N
Discharge drugs explained Y / N Other .....

Valuables / Belongings

Patient accepts responsibility for own belongings / Valuables: *Signature* X M Talbot

Book No..... Page No..... Where stored ..... Receipt No.....

Taken by ..... Taken by Police: *Signature* .....

Discharge against Medical Advice

I,.....of.....

- wish to take my discharge from the hospital
- wish to remove ..... aged..... from the hospital. *(state name & relationship)*

I appreciate that this is against the advice and wishes of the Consultant in charge or his Deputy. I acknowledge that I have been informed of the dangers of doing so and I accept full responsibility for my action and consequences arising therefrom.

Signed .....(patient / parent or guardian) Date.....

Signed.....Witness Date.....

I confirm that I have explained the dangers that might arise out of his/her decision to take his/her own discharge

Signed.....Medical Practitioner Date.....

Home Circumstances:	Social Circumstances:	Mobility:
Transport Home:	Waiting for transport:	Advice given:

Paed. Liaison HV: Y / N	GP Y / N
District Nurse Y / N	First response team: time .....
Police: Y / N	Other:
Out Patients: Date:..... Time: ..... Area::	Social Services: Hospital Named Emergency Time:..... Contact Name:.....

Discharge Drugs

Given By .....

Left AED at: 0310	Discharged by: Maddrell
Discharged to: SSW	Accompanied by: nurse.

HISTORY/CONTINUATION SHEET

Ward/Clinic/Hosp. NW SSW ST, Cons.

D D M M Y Y
2 2 0 6 8 8 0 3 1 8 C.H.I. No.

Surname Tarbett

First Name Michael M. State

Address Sex

UNIT/WARD/DEPT.

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR PATIENT LABEL

DATE	Page
09/02/04	WR - Mr Thakore.
0940	- Remembers yesterdays events.
	- Not mobilising yet.
	O/E No cervical tenderness,
	Steady on feet.
	Neurologically intact
	(P) Home.
	WILDISH PRHO

THB.(MR)3A

General Surgery
Surgical Directorate
NHS Tayside

Arbroath Royal Infirmary
Rosemount Road
Arbroath
DD11 2AT

www.nhstayside.scot.nhs.uk

Dr JM Langford
Terra Nova Medical Practice Llp
Terra Nova House
43 Dura Street
Dundee
DD4 6SW

Date	26/10/2018
Clinic Date	24/10/2018
Your Ref	
Our Ref	MOH/NM/ **2206880318**
Enquiries to	Nicola McCall
Extension	65235
Direct Line	01356 665235
Email	nicolamccall@nhs.net

Dear Dr Langford

Michael Tarbett, 7D Bonnethill Court, Dundee, Angus, DD3 7AZ DOB: 22/06/1988

Your patient failed to attend his appointment at the Surgical Outpatient Clinic regarding pains in his left groin. The referral was in March 2018.

I haven't provided him with a further appointment but we would be happy to see him if he is willing to attend regarding this pain in his left groin.

Yours sincerely

Authorised on 30/10/2018 09:30:46 by Mohammed Hamza.

M. O. Hamza FRCS Edin & Glas
Speciality Doctor

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	**REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO

General Surgery (excl Vascular)C11 TAY General Referral	———	**Consultant / receiving practitioner** and/or **specialty clinic**
Ninewells Hospital Dundee DD1 9SY	———	**Hospital** and **hospital address** Hospital unit no. T101H Email address -

Date of Referral (set by referrer) 14-Mar-2018
Date referral was submitted 20-Mar-2018
Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment (s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	TARBETT
Forename (s)	MICHAEL
Title	MR
Sex	Male
Date of birth	22-Jun-1988
CHI no.	2206880318

Patient's address
7D BONNETHILL COURT
DUNDEE
DD3 7HZ

Contact number(s)
Voice: 07730892102

REGISTERED GP DETAILS

Name	Dr Julia Langford		
GMC code	6075975	GP code	71340

Practice address
43 DURA STREET
DUNDEE

Practice name	Terra Nova Medical Practice LLP		
Practice code	11650		Contact number(s)
			Voice: 01382451100

REFERRING PRACTITIONER DETAILS					Practice address
Name	Dr. Scott Eason				Terra Nova House 43 Dura Street Dundee
GMC code	4126502	GP code	70688		
Practice name	Terra Nova Medical Practice LLP (11650)				
Practice code	11650				Contact number(s)
					Voice: 01382 451100

Periods of Future Unavailability	None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Pain Left Groin

Comment: This gentleman presents with a pain affecting the left groin, radiating down towards the left testis. There was no hernia palpable on examination, however, he was tender in the left inguinal region as well as behind the left testis. I had originally referred him for an ultrasound scan, however, this was sent back to me as not meeting the criteria for ultrasound scanning with the guidance that I should refer him to the surgical team for assessment of his groin symptoms. Mr Tarbett is a fit and healthy man who is a scaffolder to trade and therefore it is possible that he has injured himself. Although I couldn't feel a hernia I considered the diagnosis of Gilmore's groin and I am not sure whether this is something that would be investigated with an MRI scan rather than an ultrasound scan in any case. I would be grateful for your assessment of him.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker.	28-Apr-2017
Alcohol intake within recommended sensible limits:	Drinking status on eventdate: Current drinker.	28-Apr-2017
Enjoys light exercise:		25-Jan-2006

Most recent height, weight, BMI and Blood Pressure

Height:	1.8	m	Recorded Date:	None provided
Weight:	65	Kg	Recorded Date:	None provided
BMI:	20	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	140/80	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Eczema NOS	-	-	-	12-Mar-1999

Current and recent medication

Current repeat medication

No current repeat

medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Naproxen 500mg tablets	58923020	tablet	1 TABLET TWICE DAILY	-	28-Feb-2018	-

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

Signature of referring doctor (or other professional) **Date**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**81778**	Receive Date:	**30-Mar-2021 09:31**
Patient's Name:	**Michael Tarbett**		
Date of birth:	**22-Jun-1988 (33 years)**	Gender:	**M**
Address:	**7D BONNETHILL COURT DUNDEE DD3 7AZ**	Current Address:	**7D BONNETHILL COURT DUNDEE DD3 7AZ**
Return Contact No:			
Tel No:	**07999 958542**		**07999 958542**
Mobile No:	**07780 461260**		
Priority:	**Urgent**	Call Origin:	**GP Surgery**
Received:	**30-Mar-2021 09:31**	Calltype:	**COVID19 Assessment**
Advised:	**:**	Arrived PCC:	**30-Mar-2021 11:13**
Cons start:	**30-Mar-2021 11:15**	Cons End:	**30-Mar-2021 12:13**
Consulting Doctor:	**Helen Kirkwood**	Own doctor:	**Scott Eason**

Reported Condition:

Symptoms: Started feeling SOB 5/7 ago, can't take a deep breath in. No chest pains. Not coughing. Sweating overnight, doesn't feel temp uphimself - partner says he feels hot. No thermometer at home. Appetite down, drinking fluids. Doesn't have good sense of smell/taste - not noted any change. Suggest review at CAC - report he knows this is not Covid and doesn't want a test. Feels same as symptoms last year - seen at CAC in May - Covid negative. Got ab's few days later from GP and symptoms settled. Discussed that with above should be reviewed - does sound SOB over phone. Suggest review at CAC - if they feel needs ab's then they can Px. Will be offered Covid swab - if declines then would be advised to self isolate. Agreed that I will refer for review - thank you. Dr Gareth Brown GREEN STREAM

Consultation details:

History - **32 year old man who has presented to the Covid Assessment Unit with a 5 day history of anterior left chest pain-worse on deep breathing, lying down and leaning forwards. No temperature until last night when he was sweaty. Off his food but drinking well. No cough or phlegm. No sore throat. No change to taste or smell. Aware of swollen glands on left side of neck. Had something similar last year which resolved with antibiotics but took 3 weeks to settle. General health is good-scaffolder -no history of trauma recently. No leg pain or swelling.**
Smoker. No regular medication No allergies
Took cocodamol for pain this morning but no difference to pain.

Examination - **Examined in caras per CAC protocol**
OE Pale, sweaty, clammy on arrival then vomited, no blood ??related to cocdamol
O2 sats 97% Pulse 91/m T 38.1 RR 22/m BP 107/68
HS 1+2 No rub heard
No localised cc tenderness. Chest-appears to have slightly diminished air entry at left base ?due to pain on inspiration as vocal resonance appears equal.

Diagnosis - **??corona virus ??pericarditis ??other viral cause**

Treatment - **Discussed with Receiving Physician at covid assessment-advised to go to ward 15 AMU for assessment /further investigation.**
Offered ambulance but Michael declined and friend who is driving will take him. Advice re wheelchair availability for transfer once they

arrive. Happy to go by car.
Will go directly.

Followups:

Referred to Hospital

Clinical Codes:

A79z. Viral infection NOS

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**25597**	Receive Date:	**17-Sep-2020 17:17**
Patient's Name:	**Michael Tarbett**		
Date of birth:	**22-Jun-1988 (32 years)**	Gender:	**M**
Address:	**7D Bonnethill Court** **Dundee** **DD3 7AZ**	Current Address:	**Boots The Chemists Ltd** **94 Albert Street** **Dundee** **DD4 6QH**
Return Contact No:			
Tel No:	**07999 958542**		**07999 958542**
Mobile No:			
Priority:	**NHS24 Advised (Info Only)**	Call Origin:	**NHS24**
Received:	**17-Sep-2020 17:17**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**17:59**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Reported Condition:

STRUGGLING WITH MENTAL HEATH FOR YEARS

Followups:

None

NHS24 details:

Disposition - **Not Assessed / Triage Refused**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**19401**	Receive Date:	**24-Aug-2020 21:56**
Patient's Name:	**Michael Tarbett**		
Date of birth:	**22-Jun-1988 (32 years)**	Gender:	**M**
Address:	**7D Bonnethill Court** **Dundee** **DD3 7AZ**	Current Address:	**69 Atholl Street** **Dundee** **DD2 3BN**
Return Contact No:			
Tel No:	**07999 958542**		**07999 958542**
Mobile No:			
Priority:	**Emergency**	Call Origin:	**NHS24**
Received:	**24-Aug-2020 21:56**	Calltype:	**Mental Health**
Advised:	**22:04**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Reported Condition:

SUICIDAL - 5DYS

Followups:

None

NHS24 details:

Disposition - **Contact GP Practice within 4 Hours (ASAP)**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**81808**	Receive Date:	**16-May-2020 16:07**
Patient's Name:	**Michael Tarbett**		
Date of birth:	**22-Jun-1988 (32 years)**	Gender:	**M**
Address:	**7D Bonnethill Court Dundee DD3 7AZ**	Current Address:	**53F Sandeman Street Dundee DD3 7LD**
Return Contact No:			
Tel No:	**07956 918237**		**07956 918237**
Mobile No:			
Priority:	**Routine**	Call Origin:	**NHS24**
Received:	**16-May-2020 16:07**	Calltype:	**NHS24 Advised (Info Only)**
Advised:	**16:17**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Reported Condition:

CHEST PAIN 1+ WEEK

Followups:

None

NHS24 details:

Disposition - **Self Care**

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**80967**	Receive Date:	**13-May-2020 10:46**
Patient's Name:	**Michael Tarbett**		
Date of birth:	**22-Jun-1988 (32 years)**	Gender:	**M**
Address:	**7D Bonnethill Court Dundee DD3 7AZ**	Current Address:	**53D Sandeman Street Dundee DD3 7LD**
Return Contact No:			
Tel No:	**07956 918237**		**07956 918237**
Mobile No:			
Priority:	**Urgent**	Call Origin:	**NHS24**
Received:	**13-May-2020 10:46**	Calltype:	**COVID19 Assessment**
Advised:	**10:58**	Arrived PCC:	**13-May-2020 11:56**
Cons start:	**13-May-2020 11:57**	Cons End:	**13-May-2020 12:34**
Consulting Doctor:	**Ben Inch**	Own doctor:	

Reported Condition:

Possible Coronavirus : FEVER COUGH

Consultation details:

History - **31 yo male. normally very fit and well. plays football, runs and works as scaffolder. is a smoker however**
4 days of wrosening sob, chest tight, sharp stabbing pains in chest and dry cough. continuous. feverish and flushed
last 48hrs struggling with breathing. unable to do daily acitivites eg go to bathroom or walk room to room without worsening chest tightness and sob.
lying on cough speaking to me.sounds sob on phone but can complete sentences.coughing.
no headache. no dairrhoea (gets normally and no change) no muscle aches but generally doesn't feel well with lethargy
has been out for walks etc and shops during past few weeks as not working.
in contact with ex girlfriend 2 children and friend.
none of whom are working as key workers and none are unwell.
given worsening sob and chest pains needs assessment at least for sats and temp. advised hub willl call.

appnt kings cross please. green stream. thanks

Hx as above. At present feeling SOBOE and has a central chest tightness on deep inspiration. Fever settled. Generally fatigued.
No relevant PMH. no meds. smoker. Active scaffolder normally.

Examination - **Talks in complete sentences**
T 36.2, sats 99%, p102, RR 16
Chest is clear
Slightly tachycardic - I suspect controlled fever and a bit anxious.
Sats reassuring

Diagnosis - **viral ?covid**

Assume covid .

Treatment - **To attend Kings Cross hb for appnt please. green stream.**

> Not needing admitted but low threshold for review if worse given his slight tachycardia

> Discussed fluids, paracetamol, rest, hand hygeine, isolation etc.
> Discussed the expected course of illness and the possible complications to look out for. He knows to seek urgent medical attention if he deteriorates at any stage.

Followups:

Self Care Advice

Clinical Codes:

A79z. Viral infection NOS

NHS24 details:

Disposition - **Contact GP Practice within 4 Hours (ASAP)**

Ward/Clinic		CHI	2206880318
Hospital	Ninewells Hospital	Surname	TARBETT
Clinician	Sandra Strachan	First Name	MICHAEL
Date	15/05/2020	Address	7D BONNETHILL COURT DUNDEE DD3 7AZ
		GP/Address	Terra Nova Medical Practice LLP Terra Nova House 43 Dura Street Dundee DD4 6SW

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: SARS-CoV-2 - not detected

Comment/Recommendations: Your patient has participated in a national Enhanced Surveillance Programme for COVID-19. Their COVID-19 test result was negative. Interpretation of negative results in this context needs to be careful and as such this patient has been given advice to self-isolate with their household as if the test result was positive. They have also been given worsening advice in line with agreed national guidance. No follow-up is provided.

Follow up by clinic required: No

Specific Monitoring Required: No

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

Tayside Diagnostic Services

Printed by algill (Arrianne Gill (non referrer)) at 17 Jun 2026 13:49

Patient name:	**MICHAEL TARBETT**	CHI Number:	**2206880318**	Sex:	**Male**
Date of birth:	**22 Jun 1988**	:	**634 656 4234**		
Address:	**23c St Clements Place, Dundee DD3 9PB**				

Report 1/23

Reported	Specialty	Location	Clinician
04 Nov 2025 17:43	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr GARETH J BROWN (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 01 Jun 2026 06:47

CLINICAL DETAILS :
intermittent pain/swelling L hand

Sample H253146758 (EDTA) Collected 04 Nov 2025 15:25 Received 04 Nov 2025 16:46

FBC

Hb		142	g/L	130 - 180
WBC		9.3	x10^9/L	4.0 - 11.0
PLT		244	x10^9/L	150 - 400
RBC	*	**4.39**	x10^12/L	4.5 - 6.0
HCT		0.430		0.40 - 0.52
MCV		98.1	fl	85 - 105
MCH	*	**32.4**	pg	27 - 32
MCHC		331	g/L	320 - 360
NE#		7.5	x10^9/L	2.0 - 7.5
LY#	*	**1.2**	x10^9/L	1.5 - 4.0
MO#		0.4	x10^9/L	0.2 - 0.8
EO#		0.25	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

Report 2/23

Reported	Specialty	Location	Clinician
04 Nov 2025 17:19	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr GARETH J BROWN (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 01 Jun 2026 06:47

CLINICAL DETAILS :
intermittent pain/swelling L hand

Sample C253146758 (Blood) Collected 04 Nov 2025 15:25 Received 04 Nov 2025 16:46

C-REACTIVE PROTEIN

C-REACTIVE PROTEIN	3.3	mg/L	0.0 - 10.0

Report 3/23

Reported	Specialty	Location	Clinician
11 Aug 2025 12:25	Microbiology	NW ACCIDENT & EMERGENCY	Eleanor MATTHEW (Consultant Emergency Dept) (Accident & Emergency)

Filed by **abaird4** (Alastair Baird (medical)) at 11 Aug 2025 14:13

CLINICAL DETAILS :
Contamination injury?: yes
Date of injury/exposure: 03 Aug 2025
?needlestick

Sample 25V015577 (Venous blood) Collected 09 Aug 2025 23:45 Received 11 Aug 2025 08:52

STORED SAMPLE:

STORED SAMPLE	SPECIMEN STORED AS BASELINE.

Report 4/23

Reported	Specialty	Location	Clinician
02 Apr 2024 12:05	Radiology	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 01 Jun 2026 06:03

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

Sample 9135372 (TYPE UNSPECIFIED) Collected 18 Mar 2024 10:10 Received 18 Mar 2024 10:10

XR Chest

```
Clinical History :
feeling tired and not as much energy as usual. he is very fit scaffolder to trade and
finding increasingly MSK painds as well. smoker.
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
XR Chest :
No previous chest radiograph for comparison.
Normal heart size and mediastinal contours. No focal lung lesion identified.
 DR ANGELA MCKINNIE / DAWS
```

Report 5/23

Reported	Specialty	Location	Clinician
19 Mar 2024 12:26	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 01 Jun 2026 06:02

```
CLINICAL DETAILS :
On T4?: No
feeling tired and not as much energy as usual. he is very
fit scaffolder to trade and finding increasingly MSK painds
as well. smoker.
```

Sample H241737302 (EDTA) Collected 18 Mar 2024 10:02 Received 18 Mar 2024 16:12

FBC

Hb		161	g/L	130 - 180
WBC		9.8	x10^9/L	4.0 - 11.0
PLT		233	x10^9/L	150 - 400
RBC		5.11	x10^12/L	4.5 - 6.0
HCT		0.516		0.40 - 0.52
MCV		101.0	fl	85 - 105
MCH		31.5	pg	27 - 32
MCHC	*	**312**	g/L	320 - 360
NE#	*	**7.6**	x10^9/L	2.0 - 7.5
LY#	*	**1.2**	x10^9/L	1.5 - 4.0
MO#		0.4	x10^9/L	0.2 - 0.8
EO#	*	**0.51**	x10^9/L	0.0 - 0.4
BA#		0.1	x10^9/L	0.0 - 0.1

Film Report:

Film Report:

```
Occasional small platelet clump noted on blood film, thus true count may be higher than reported value. OTherwise morphology unremarkable.
```

Report 6/23

Reported	Specialty	Location	Clinician
18 Mar 2024 17:27	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 01 Jun 2026 06:02

```
CLINICAL DETAILS :
On T4?: No
feeling tired and not as much energy as usual. he is very
fit scaffolder to trade and finding increasingly MSK painds
as well. smoker.
```

Sample C241737302 (Fluoride Oxalate) Collected 18 Mar 2024 10:02 Received 18 Mar 2024 16:12

GLUCOSE				
GLUCOSE (preserved tube)		5.5	mmol/L	3.3 - 5.8
Creatinine and Electrolytes				
SODIUM		139	mmol/L	133 - 146
POTASSIUM	*	**5.6**	mmol/L	3.5 - 5.3
CREATININE		88	umol/L	62 - 106
AKI				
AKI		NOT AVAILABLE	.	
Liver Function Tests (LFT)				
ALT		24	U/L	5 - 55
BILIRUBINS		6	umol/L	0 - 21
ALKALINE PHOSPHATASE		108	U/L	30 - 130
ALBUMIN		39	g/L	35 - 50
ESTIMATED GFR				
ESTIMATED GFR		GT60	mL/min	

```
eGFR should not be used to assess renal function
```

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

for any drug dosing in over 75s or extremes of BMI
and for DOAC dosing in those with an eGFR less
than 60ml/min.

CKD Stage

CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA .		

TSH

TSH	* **5.35**	mU/L	0.4 - 4.0

FREE THYROXINE

FREE THYROXINE	12.0	pmol/L	11.5 - 22.7

Possible subclinical hypothyroidism. Repeat in 6m.
If still raised, repeat in further 6m with TPO Ab.
Annual TSH will suffice thereafter, if no change.
Consider trial T4 if persisting raised TSH & clear
symptoms. If no improvement after 3m, stop T4.

Report 7/23

Reported	Specialty	Location	Clinician
10 Feb 2023 14:58	Radiology	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 31 May 2026 06:34

Sample 8597064 (TYPE UNSPECIFIED) Collected 10 Feb 2023 13:24 Received 10 Feb 2023 13:24

Ultrasound Neck

Clinical History :
left side of neck lump 1.5 cm. it is getting bigger and he is worried about it being
cancer. Mobile and looking in mouth there is evidence of chronic dental issues with decay
but gums look healthy today. I would be grateful for USS to assess the lump. Hopefully
simple lymph node. Thanks
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
Ultrasound Neck :
Corresponding to the palpable lump in the left posterior triangle is a normal looking
lymph node measuring no greater than 3 mm in short axis. The fatty hilum is preserved. No
concerning features. No lymphadenopathy noted elsewhere within the neck. Normal
appearances of the thyroid and both submandibular glands.
N Duffy, Clinical Specialist Sonographer RA36416
NICOLA DUFFY (SONOGRAPHER) / DUFN

Report 8/23

Reported	Specialty	Location	Clinician
18 Oct 2021 14:21	Microbiology	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 31 May 2026 06:06

CLINICAL DETAILS :
CT/NG symptoms: Testicular pain
Patient phone No.: pr
pain in groin previous STI. has wart on
penis. stable relationship currently so
low risk hopefuly

Sample 21V312911 (Urine) Collected 14 Oct 2021 17:47 Received 15 Oct 2021 12:48

C.trachomatis nucleic acid:

Chlamydia trachomatis	Negative

N.gonorrhoeae nucleic acid:

N.gonorrhoeae	Negative

Report 9/23

Reported	Specialty	Location	Clinician
24 Aug 2020 12:27	Radiology	NW ACCIDENT & EMERGENCY	Dr Michael J DONALD(A&E) (Accident & Emergency)

Filed by **jheadley** (Jenna Headley (medical)) at 24 Aug 2020 15:41

Sample 7635108 (TYPE UNSPECIFIED) Collected 22 Aug 2020 16:09 Received 22 Aug 2020 16:09

XR Hand Rt

Clinical History :
Punched wall, tender base 5th MC ?fracture
ENTERED BY: Kieran Smith (medical)
BLEEP: 34522
XR Hand Rt :
Comminuted fracture at the base of the 5th metacarpal.
DR CALUM JONES / CJONES

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

Report 10/23

Reported	Specialty	Location	Clinician
15 Aug 2020 11:55	Microbiology	NW ACCIDENT & EMERGENCY	Dr. Julie RONALD (A&E) (Accident & Emergency)

Filed by **jheadley** (Jenna Headley (medical)) at 17 Aug 2020 10:14

CLINICAL DETAILS :
Contamination injury?: yes
Date of injury/exposure: 08 Aug 2020
human bite on left index finger

Sample 20V010531 (Venous blood) Collected 08 Aug 2020 17:21 Received 10 Aug 2020 09:45
STORED SAMPLE:

STORED SAMPLE SPECIMEN STORED AS BASELINE.

Report 11/23

Reported	Specialty	Location	Clinician
08 Jan 2020 09:27	Radiology	T11650-TERRA NOVA MEDICAL PRAC	G4126502 (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:31

Sample 7449919 (TYPE UNSPECIFIED) Collected 07 Jan 2020 09:25 Received 07 Jan 2020 09:25
Did Not Attend

Clinical History :
enlarging lump left root of neck. no weight loss. has been run down generally due to
alcohol excess and depression. hopefully 2cm reactive node
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
US Neck :
Did Not Attend :
We would like to inform you that this patient failed to arrive for their Radiology
appointment. If the patient requires a further appointment, please submit a new request.
This will be treated as a new referral.
Auto Report / KHOL

Report 12/23

Reported	Specialty	Location	Clinician
08 Jan 2020 09:27	Radiology	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 30 May 2026 06:31

Sample 7389136 (TYPE UNSPECIFIED) Collected 07 Jan 2020 09:25 Received 07 Jan 2020 09:25
US Neck

Clinical History :
enlarging lump left root of neck. no weight loss. has been run down generally due to
alcohol excess and depression. hopefully 2cm reactive node
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
US Neck :
Did Not Attend :
We would like to inform you that this patient failed to arrive for their Radiology
appointment. If the patient requires a further appointment, please submit a new request.
This will be treated as a new referral.
Auto Report / KHOL

Report 13/23

Reported	Specialty	Location	Clinician
21 May 2018 16:39	Radiology	T11650-TERRA NOVA MEDICAL PRAC	DR SCOTT S GREENWOOD (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:58

Sample 6813244 (TYPE UNSPECIFIED) Collected 21 May 2018 16:10 Received 21 May 2018 16:10
US Testes

Clinical History :
Left sided epididymal thickening and tenderness. ofloxacin 2 weeks and no change.
?evidence of epididmytis.
ENTERED BY: Scott Greenwood (medical)
BLEEP: salaried

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

US Testes
Normal testes. No intratesticular focal abnormality. Normal appearances of both epididymi.
Susan Colvin (sonographer)
Susan Colvin / MCAS

Report 14/23

Reported	Specialty	Location	Clinician
05 Mar 2018 12:19	Radiology	T11650-TERRA NOVA MEDICAL PRAC	G4126502 (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:54

Sample 6747762 (TYPE UNSPECIFIED) Collected 05 Mar 2018 12:17 Received 05 Mar 2018 12:17
Notification of Rejection Sent

Clinical History :
pain left groin and left testis. no hernia felt but he was tender in left inguinal region
as well as behind left testis. could we exclude left testis lesion please or other scrotal
abnormality ? inguinal canal normal also.
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
US Testes :
Notification of Rejection Sent :
Routine US of the groin to look for a hernia or a cause for groin pain in adults is not
felt beneficial and can sometimes create confusion in making management decisions.
It is the view of the surgical team that patients with groin symptoms who cannot be
managed in primary care are best referred for secondary care clinical assessment rather
than for ultrasound examinations in the first instance. This is more in line with care
pathways elsewhere in Scotland.
SHONA McAULEY
Auto Report / MITS

Report 15/23

Reported	Specialty	Location	Clinician
05 Mar 2018 12:19	Radiology	T11650-TERRA NOVA MEDICAL PRAC	Dr Scott EASON (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 29 May 2026 06:54

Sample 6743820 (TYPE UNSPECIFIED) Collected 05 Mar 2018 12:17 Received 05 Mar 2018 12:17
US Testes

Clinical History :
pain left groin and left testis. no hernia felt but he was tender in left inguinal region
as well as behind left testis. could we exclude left testis lesion please or other scrotal
abnormality ? inguinal canal normal also.
ENTERED BY: Scott Eason (Medical)
BLEEP: 01382 451100
US Testes :
Notification of Rejection Sent :
Routine US of the groin to look for a hernia or a cause for groin pain in adults is not
felt beneficial and can sometimes create confusion in making management decisions.
It is the view of the surgical team that patients with groin symptoms who cannot be
managed in primary care are best referred for secondary care clinical assessment rather
than for ultrasound examinations in the first instance. This is more in line with care
pathways elsewhere in Scotland.
SHONA McAULEY
Auto Report / MITS

Report 16/23

Reported	Specialty	Location	Clinician
06 Apr 2016 09:56	Radiology	NW ACCIDENT & EMERGENCY	Dr Andrew D REDDICK (A&E) (Accident & Emergency)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:51

Sample 6045629 (TYPE UNSPECIFIED) Collected 05 Apr 2016 14:33 Received 05 Apr 2016 14:33
XR Ankle Lt

Clinical History :
27 year old gentleman, Footballing trauma impact to dorsum left foot. Non-weightbearing.
Suspected # proximal metatarsal 3 and 4.
ENTERED BY: Henry Sumption (Medical)
BLEEP: 34522
XR Ankle Lt :
No acute bony injury.
The 3rd and 4th metatarsals are not visualised on an ankle XRay.
DR ALEXANDER NATH / ANATH

Report 17/23

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

Reported	Specialty	Location	Clinician
08 Mar 2015 16:25	Radiology	NW ACCIDENT & EMERGENCY	Dr. Elizabeth SKELLY (A&E) (Accident & Emergency)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:46

Sample 5645501 (TYPE UNSPECIFIED) Collected 08 Mar 2015 02:30 Received 08 Mar 2015 02:30

XR Tibia & fibula Rt

```
Clinical History :
Pain on the distal tibial , extension injury while playing foot ball, unable to weight
bear ? fracture
ENTERED BY: Rose Jordan (medical)
BLEEP: 34522
XR Tibia & fibula Rt :
No acute bony injury identified.
AMK
 DR ANGELA MCKINNIE / MAUS
```

Report 18/23

Reported	Specialty	Location	Clinician
27 Nov 2013 13:33	Radiology	GENERAL PRACTIONER	Dr JULIA M LANGFORD (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:15

Sample 5110313 (TYPE UNSPECIFIED) Collected 26 Nov 2013 14:23 Received 26 Nov 2013 14:23

US Neck

```
Clinical History :
Persistant LN in left ant triangle. Bloods ok. ?normal LN
ENTERED BY: Roisin McAuley  (Medical)
BLEEP: 01382 669500
US Neck :
The area of interest on the lateral aspect of the left neck was assessed.
There are two adjacent small innocent looking lymph nodes here. They show no intrinsic
structural abnormality and they are probably reactive - the patient admits to recurrent
sore throat, including at present.
 Dr J TAINSH / WALU
```

Report 19/23

Reported	Specialty	Location	Clinician
11 Sep 2013 16:54	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr JULIA M LANGFORD (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:31

```
CLINICAL DETAILS :
  5wks sore throat. Persisting LN left neck.
```

Sample H132456491 (EDTA) Collected 11 Sep 2013 10:04 Received 11 Sep 2013 15:46

FBC

Hb		15.9	g/dL	13.0 - 18.0
WBC		5.0	x10^9/L	4.0 - 11.0
PLT		214	x10^9/L	150 - 400
RBC		4.95	x10^12/L	4.5 - 6.0
HCT		0.475		0.40 - 0.52
MCV		96.0	fl	85 - 105
MCH	*	**32.1**	pg	27 - 32
MCHC		33.4	g/dL	32 - 36
NE#		3.2	x10^9/L	2.0 - 7.5
LY#	*	**1.1**	x10^9/L	1.5 - 4.0
MO#		0.3	x10^9/L	0.2 - 0.8
EO#		0.37	x10^9/L	0.0 - 0.4
BA#		0.0	x10^9/L	0.0 - 0.1

Report 20/23

Reported	Specialty	Location	Clinician
11 Sep 2013 16:34	Blood Sciences	T11650-TERRA NOVA MEDICAL PRAC	Dr JULIA M LANGFORD (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:32

```
CLINICAL DETAILS :
  5wks sore throat. Persisting LN left neck.
```

Patient name: **MICHAEL TARBETT**
Hospital number: **2206880318**
: **634 656 4234**

Sample C132456491 (Blood) Collected 11 Sep 2013 10:04 Received 11 Sep 2013 15:46

C-REACTIVE PROTEIN

C-REACTIVE PROTEIN	LT4	mg/L	0 - 10	

Report 21/23

Reported	Specialty	Location	Clinician
24 Mar 2013 15:57	Radiology	GENERAL PRACTIONER	Dr IAIN GOURLEY (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:13

Sample 4910057 (TYPE UNSPECIFIED) Collected 24 Mar 2013 15:46 Received 24 Mar 2013 15:46

US Testes

```
Clinical History :
CO testicular discomfort and ache. -ve chlamydia and gonorrhea screen. No palpable lumps ?
testicular pathology.
ENTERED BY: Iain Gourley (Medical)
BLEEP: 01382 451100
US Testes :
Normal size and appearance of both testes and epididymides.
No focal or suspicious features seen.
MayOna Imison
Clinical Specialist Sonographer
 MAYONA IMISON_Locum Son / WALU
```

Report 22/23

Reported	Specialty	Location	Clinician
10 Jan 2013 14:26	Microbiology	T11650-TERRA NOVA MEDICAL PRAC	Dr IAIN GOURLEY (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 06:21

```
CLINICAL DETAILS :
  Patient phone No.: . testicular discomfort.
```

Sample 13V100335 (Urine) Collected 09 Jan 2013 10:05 Received 09 Jan 2013 17:14

Chlamydia trachomatis DNA:

Chlamydia trachomatis DNA	Negative

N.gonorrhoeae DNA:

N.gonorrhoeae DNA	Negative

Report 23/23

Reported	Specialty	Location	Clinician
01 Sep 2011 13:27	Radiology	GENERAL PRACTIONER	Dr Sarah J BALDWIN (GP) (General Practice)

Filed by **sunquest** (Sunquest Administrator) at 28 May 2026 05:05

Sample 4403792 (TYPE UNSPECIFIED) Collected 31 Aug 2011 12:06 Received 31 Aug 2011 12:06

XR Hand Rt

```
Clinical History :
As per the paper request.
XR Hand Rt :
Normal bone density.  No evidence of bony injury.
D T Sudarshan
Consultant Radiologist
 DR T SUDARSHAN / ROBJ
```

End of reports

Tayside Clinical Laboratory Services BACTERIOLOGY 01382 632559
Name : TARBETT, Michael
CHI No : 2206880318 Clinician: - NOT GIVEN
DoB : 22 Jun 1988 Sex: M Dudhope Hs Young People's Unit
Post Code: KY15 5YL

SPECIMEN TAKEN AT DDOC

04B128228 Date/Time of Specimen: 15 Feb 2004
DIPSLIDE-Unspecified

No Growth

Date of Report: 17 Feb 2004 AUTH:
DHYPU NG

Please use available print functionality within the system.

Tayside University Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1
PAS No: 2206880318 Comp No. 184553 E-3613078 Hospital: T104H
Name: TARBETT, MICHAEL Referring Clinician: DR SJ BALDWIN
Address: 3 ARKLAY STREET Ward: GP
DUNDEE GP Practice: G6031355 TERRA NOVA GROUP PRACTICE
TERRA NOVA HOUSE,43 DURA STREET
DD3 7PG REQUEST DATE 31/08/2011 ATTEND DATE 31/08/2011

Clinical History :
As per the paper request.
XR Hand Rt :
Normal bone density. No evidence of bony injury.

D T Sudarshan
Consultant Radiologist

This report is only valid when verified

Exam date 31/08/2011 Date reported 31/08/2011 01/09/2011
Exam: XHANR Reported by:DR T SUDARSHAN/SUDT VERIFIED

Please use available print functionality within the system.

Tayside University Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1
PAS No: 2206880318 Comp No. 184553 E-3227627 Hospital: T101H
Name: TARBETT, MICHAEL Referring Clinician: DR S MURRAY
Address: 3 ARKLAY STREET Ward: GP
TOP LEFT GP Practice: G4439240 TERRA NOVA HOUSE
DUNDEE 43 DURA STREET,DUNDEE
DD3 7PG REQUEST DATE 08/04/2010 ATTEND DATE 26/04/2010

US Testes :

No abnormality noted in relation to left or right testicles or left or right epididymi.
No abnormality seen.

AC

This report is only valid when verified

Exam date 26/04/2010 Date reported
Exam: UTEST Reported by:Dr A M COOK/COOA VERIFIED

Please use available print functionality within the system.

Tayside University Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1
PAS No: 2206880318 Comp No. 184553 E-2940871 Hospital: T104H
Name: TARBETT, MICHAEL Referring Clinician: DR DK RITCHIE
Address: 7D BONNETHILL COURT Ward: GP
DUNDEE GP Practice: G2339465 TERRA NOVA HOUSE
43 DURA STREET,DUNDEE
DD3 7AZ REQUEST DATE 06/02/2009 ATTEND DATE 06/02/2009

XR Lumbar spine

Straightening of the normal lumbar lordosis. Disc spaces preserved. There is apparent lucency crossing the pars interarticularis of L4 and to a lesser extent L5. No forward slippage. No focal bony abnormality seen.

OPINION
Oblique views would confirm or refute the presence of a spondylolysis, however you may feel an orthopaedic referral is justified in the first instance.

TWT

This report is only valid when verified

Exam date 06/02/2009 Date reported 06/02/2009 06/02/2009
Exam: XLSPN Reported by:Dr TW TAYLOR/TAYT VERIFIED

Please use available print functionality within the system.

Tayside University Hospitals N.H.S. Trust - RADIOLOGY REPORT PAGE 1
PAS No: 2206880318 Comp No. 184553 E-2219237 Hospital: NINEWELLS HOSPITAL
Name: MICHAEL TARBETT Referring Clinician: DR S THAKORE
Address: 7D BONNETHILL COURT Ward: NEME
DUNDEE In/Out: A and E Patient

DD3 7AZ REQUEST DATE 15/01/2006 ATTEND DATE 15/01/2006

FB LOCALISATION SOFT TISSUE:

No radio-opaque foreign body has been identified.

MN

This report is only valid when verified

Exam date 15/01/2006 Date reported 16/01/2006 17/01/2006
Exam: GSTFB Reported by:DR M NAJI/NAJMV VERIFIED

Please use available print functionality within the system.