

Subject Access Request



Patient	Mr David Thompson
Date of birth	08-Jun-1984 (age 42)
Gender	M
NHS number	0806845511
Patient's address	90 Flat 2-2 Castlemilk Drive Castlemilk Glasgow G45 9DS
Date range selected	Full record
Organisation	MMA Legal
Reference	DSAR-20260703-38670C

Problems

Active

This section is empty.

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

03-July-2026 Ms Eloise Nimmo Third Party Consultation

Administration Letter from outside agency (P3) Administration Letter Access to Medical Records

03-July-2026 Mr S System Supervisor Third Party Consultation

Administration Scanned document (P3) Administration Letter MMA Legal Access to Medical Records

11-Jun-2026 Ms Amy Boyle Third Party Consultation

22-Apr-2026 Administration Letter from outside agency (P3) Administration Letter Registration

09-Jun-2026 Ms Leeanne McGinley Administration

AdministrationNotes summary on computer Docman (P3)	
22-Apr-2026	Diagnosis (P3) Infected sebaceous cyst in ear
03-Mar-2025	Diagnosis (P3) Fracture of great toe
15-Apr-2022	Diagnosis (P3) COVID-19 confirmed by laboratory test
25-Apr-2014	Diagnosis (P3) Dental abscess
22-Apr-2013	Diagnosis (P3) Other hand injury, excluding finger ragged flap laceration of the dorsum of left hand
11-Sept-2011	Diagnosis (P3) Fracture of thumb *****s fracture left thumb
16-Dec-2010	Diagnosis (P3) Perianal abscess
17-Aug-2010	Diagnosis (P3) Finger fracture Crush #
06-July-2009	Diagnosis (P1) Fracture of calcaneus undisplaced fracture left os calcis
24-Mar-2009	Diagnosis (P3) Traumatic pneumothorax Chest drain inserted
24-Mar-2009	Diagnosis (P3) [X]Stabbing assault, two stabbing injuries
09-Jan-2001	Diagnosis (P1) Closed fracture of tibia, unspecified part, NOS
13-Feb-1999	Diagnosis (P3) [X]Assault with glass bottle. Stab wound in upper right thigh
01-Jan-1997	Diagnosis (P1) Fracture of clavicle

21-Apr-2026 Dr John Shand Administration

Administration Scottish - ethnic category 2001 census

Medications

This section is empty.

Allergies

This section is empty.

Vaccinations

This section is empty.

Referrals

This section is empty.

Test Requests

This section is empty.

Test Results

This section is empty.

Other Items

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Attachments

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**Castlemilk Group Practice**

Date 03/07/2026

Castlemilk Group Practice
71 Dougrie Drive
Castlemilk
Glasgow
G45 9AW

Our Ref: DSAR-20260703-38670C
Client Ref: 100087

Subject: Data Subject Access Request - Full GP Medical Records - Our Reference: 100087

Client Name: Mr David Thompson
Client Reference: 100087
Client Address: 2/2 90 Castlemilk Drive, Castlemilk, G45 9DS
Date of Birth: 08/06/1984
Name in Care:
Previous Address:
NHS Number:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:

Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street, Stockport, SK11RY

Mental health records held within the GP file
Safeguarding concerns or alerts
Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement

We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records

Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures

We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe

We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data

If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents

We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal

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E: evidence@mmalegal.co.uk

T: 0161 570 0550

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Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	David Thompson
Date of Birth:	8 June 1984
Previous Names (if any):	
Current Address:	2/2 90 Castlemilk Drive Glasgow G45 9DS
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

- 1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
 - 1.1.1. UK GDPR
 - 1.1.2. Data Protection Act 2018
 - 1.1.3. Common law confidentiality
 - 1.1.4. Any related statutory, regulatory or supervisory framework
- 1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.
- 1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.page>
SRA Number: 8000579

- 2.1. The Client appoints the Representative to act fully on their behalf in connection with:
 - 2.1.1. An application to Redress Scotland;
 - 2.1.2. Any review, reconsideration or appeal;
 - 2.1.3. Evidence gathering and submission;
 - 2.1.4. Any associated advisory, compensatory or restorative process.
- 2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

- 3.1. This Authority applies to all public and private bodies including (without limitation):
 - 3.1.1. Local Authorities and Councils
 - 3.1.2. NHS Boards and GP Practices
 - 3.1.3. Health & Social Care Partnerships
 - 3.1.4. Integration Joint Boards
 - 3.1.5. Religious bodies and orders
 - 3.1.6. Residential and [REDACTED] providers
 - 3.1.7. Education authorities and [REDACTED]
 - 3.1.8. Government departments
 - 3.1.9. Archive services
 - 3.1.10. Insurers holding historical liability files
 - 3.1.11. Successor, merged or restructured public bodies
- 3.2. The Authority applies whether Records are:
 - 3.2.1. Archived, microfiche, digitised or handwritten;
 - 3.2.2. Stored off-site by contractors;
 - 3.2.3. Held by dissolved or reconstituted institutions;
 - 3.2.4. Transferred following statutory reorganisation.
- 3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
 - 3.3.1. The institution has closed or restructured;
 - 3.3.2. Records are archived or require manual retrieval;
 - 3.3.3. Records are held by insurers or successor bodies;
 - 3.3.4. Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

- 4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
 - 4.1.1. Physical and mental health records
 - 4.1.2. Psychiatric and psychological reports
 - 4.1.3. Therapy and counselling notes
 - 4.1.4. CAMHS records
 - 4.1.5. Social work and safeguarding files
 - 4.1.6. Ethnicity or religious data where recorded
 This includes all NHS and private medical providers.

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SRA Number: 8000579

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- 5.1.1. Criminal offence data
- 5.1.2. [REDACTED] investigation material
- 5.1.3. Child protection investigations
- 5.1.4. Statements and intelligence logs
- 5.1.5. Outcome decisions

including records held by:

- 5.1.6. [REDACTED] Scotland
- 5.1.7. Any predecessor Scottish [REDACTED] force
- 5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

- 6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- 6.2. Where necessary, redaction shall be limited strictly to third-party information.
- 6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

- 7.1. Any refusal, limitation or redaction must:
 - 7.1.1. Identify the specific statutory exemption relied upon;
 - 7.1.2. Explain how that exemption applies to the particular Record;
 - 7.1.3. Confirm why partial disclosure is not possible;
 - 7.1.4. Be communicated in writing.
- 7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
- 7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

- 8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
- 8.2. Disclosure shall not be refused because:
 - 8.2.1. An internal template form has not been used;
 - 8.2.2. The Authority is considered "out of date" within internal policy;
 - 8.2.3. Additional consent is sought beyond reasonable identity verification.
- 8.3. Any organisation acting in good [REDACTED] reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

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SRA Number: 8000579

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	David Thompson
Date	05/03/2026

Witness	
Name	
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	
Date	05/03/2026

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SRA Number: 8000579

Completion Certificate

Reference ID: 98454fd1-13cb-484a-859c-fedd414e7d53

Document Details

Document Name(s): part-1, part-3, cfa, loa, fee-clarity
Total Pages: 4
Sent By: [REDACTED] (195.21.72.3)
Completed Date: Mar 05, 2026 11:10:35 UTC

Signer Information

Name: David Thompson
Email: d.thompsonwork84@gmail.com
Telephone: 07899407571
IP Address: 80.1.130.166


Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-05 11:10:12	System
Document link sent to client by email	2026-03-05 11:10:12	System
Document link sent to client by sms	2026-03-05 11:10:13	System
Document link opened by client	2026-03-05 11:10:19	74.125.208.43
Document electronically signed	2026-03-05 11:10:35	80.1.130.166

Security Verification

SHA-256 Checksum: 2846c694979226226901e19741a25529bb478462867f43e4f91a3cc266b0f0ea

This document is a legally binding record of the e-signature process.

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Scotland's
**Redress
Scheme**

David Thompson
2/2 90 Castlemilk Drive
Glasgow
G45 9DS

19th December 2025

Dear David,

I am writing to confirm that we have received your application for Scotland's Redress Scheme. Your application reference number is : APP505373

Your application will be assigned to a designated case worker who will be responsible for working on your application and will be a point of contact throughout the process.

Please note that due to the high volumes of redress applications received, the time taken to have applications assigned to a case worker is taking longer than we would like. Whilst we cannot provide a timescale for how long it may take to have your application assigned to a case worker, it may be helpful to be aware that we are currently assigning applications that were received in February 2025.

We would like to reassure you that we are working hard to ensure your application will be assigned at the earliest opportunity. You can continue to provide further information to the scheme in order to progress your application. You can also contact the team if you wish to discuss your application. They are here to help and answer any questions you may have.

We have reviewed the documents provided to date, and provide a summary of the further information required below.

In summary:

- Certified ID – information sheet included
- Care records – information sheet included
- Supporting documentation

Support service

We have a support service who can provide practical support with the application, emotional support through the process and support to access records. If you would



Scottish Government
Riaghaltas na h-Alba
gov.scot

like to access support from our support service, please contact us on the details below.

Further Information

We are enclosing a copy of the Summary of Options guidance, and a flow chart providing information about the application process, which we send to all applicants.

We provide some further information about the documentation required to progress your application below:

Certified ID

This information is needed to confirm who you are.
You must do this by providing a certified copy of your identification documents.

I have enclosed/attached an information sheet regarding the types of identification required by the scheme and how to get them certified.

Care Records

For individually assessed payment applications, you need to provide one document to show you were in the care of each relevant care setting you mention in your application.
Please see page 22 of the "Help to Apply" guidance.

I enclose information sheet regarding the different ways to access care records.

Supporting Documents

For individually assessed payment applications, you need to provide at least one document that supports your statement of abuse.
You can ■■■ more about documents you can use on page 33 of the "Help to Apply" guidance.

Further help and support

If you have any questions about the contents of this letter, require additional copies of application forms, or require any further support concerning your application, please don't hesitate to get in contact with us.

Solicitor's fees

You can choose to involve a solicitor to support you with your application to Scotland's Redress Scheme. You do not need to involve a solicitor to make an application. You can contact us directly using the details below.

Scotland's Redress Scheme can pay fixed fees directly to your solicitor. This is available to all applicants and is not means tested. You should check that your

solicitor will work for the fees available. They should request payment directly from Scotland's Redress Scheme.

You or your solicitor can find out more information on available fees by contacting us using the details below, or by reading the statutory guidance on gov.scot/redress.

Even though the fees are paid by Scotland's Redress Scheme, your solicitor is independent. They will work for you and not for Scotland's Redress Scheme.

Telephone: 0808 175 0808 (freephone)

Lines are open Monday to Thursday from 10am to 4pm, excluding Scottish public holidays. There is an answering machine at other times, and if you leave a message we will get back to you as soon as we can.

Email : apply@redress-scheme.scot

Post : Redress, PO Box 24209, EDINBURGH, EH7 9GT

You can also contact the **Redress Emotional Support Helpline** directly on 0800 211 8403 where you can leave a message and someone will get back to you as soon as possible.

Kind regards

Scotland's Redress Scheme

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NHS Confidential: Personal data about a patient

Page 1 of 2

Registration Details - Patient No: 2815

Personal details...		Address details...	
Date of birth	06/06/1984	Post Code	G46 8BU
Sex	M	House Name Flat No	Flat 211
Surname	Thompson	No and Street	47 Kilmuir Crescent
Previous Surname		Village	
Forenames	David	Town	GLASGOW
Calling Name	David	County	
Title	Mr		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) Scottish		
Mother Name			
Telephone Number			

HA/HB Details...		Contact details...	
Trading	Shedder Glasgow	Home Tel No	
Registered GP	Dr R Bhatt	Work Tel No	
Usual GP	Dr R Bhatt	Mobile Tel No	07809 040 7571
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	0806845511		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Arden Medical Practice	Working Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	04/07/2024		

AMS/MCR Details		SCS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
Item Collected Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
03/03/2025	Toe Fracture (Left) Closed great toe	Miss Anderson	S36-1
15/04/2022	COVID-19 confirmed by laboratory test	Ms McDonald	*ESCCT1306/28

Past Problems		Authorised By	Code

Alerts		Authorised By	Code
25/11/2018	SMOKING STATUS	Miss Stuart	EM05A/EB7

Drug Allergies		Authorised By	Code

Medical Record Printout - Patient No: 2815

24/04/2026

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Page 2 of 2

Non Drug Allergies	Authorised By	Code
None		

Health Status	Smoking Status
11/02/2016	Current smoker
31/03/2008	Exercise grading Enjoys light exercise

Consultations	
31/03/2025	Sr P. Bhatt at Successors Medical Practice
History	ref - fractured big toe on left a few weeks ago attended A&E in a motor boot and due at - clinic next week for review - on naproxen and coxibromol and helps with pain esp at night to help with sleep. med 3 issued
Additional	eMED3 (2018) new statement issued, not fit for work, FitNote.pdf, (Diagnosis: fractured toe left; Duration: 18/03/2025 - 22/04/2025;
Social	unemployed at present

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
None				

Medical Record Printout - Patient No: 2815

24/04/2026

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?

Yes ☐ No ☐

Will you be in the area for more than 3 months?

Yes ☒ No ☐

(If 'No', please complete a temporary resident form)

Male * ☒ Female * ☐

Date of birth *

08/06/1984

Address *

212 90 CASTLEMILK DRIVE
GLASGOW

Title *

Mr

Surname *

THOMPSON

Forenames *

DAVID

Previous surname *

Postcode *

G45 9DS

Telephone #

07899 407 571

Mobile #

07899 407 571

Email address #

DAVID@POKER84@GMAIL.COM

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your birth certificate:

Town of birth *

BELLSHILL

Country of birth *

SCOTLAND

Registered district of birth
(Scotland only)

maiden name

M'CAREY

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *

47 KILMURDOCK RESIDENT
ARDEW

Name and address of previous GP Practice in UK *

DR BHATTI
500 CORSELET ROAD, DARNLEY

Postcode *

G46 8BU

Postcode *

G53 7RN

If you are from abroad:

Date you first came to the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist?

Yes ☐ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces?

Yes ☐ No ☐

GP000001 1074 1000

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1. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Representative's name (if applicable)

Relationship to patient (if applicable)

Date * 21/4/26

6. FOR PRACTICE USE

GP reference number

603425

GP name

DR JOHN SHAND

Practice code

49751

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register) **Passport**

Birth cert ☐ Student ID card ☐ Driving licence ☒ Passport or ☒ Home Office ☐ Other / None ☐
HC2 cert ☐ app reg card ☐

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date * 22.04.2026

7. FOR OFFICIAL USE ONLY

Input by

mshinde

Checked by

Date

21.4.26

Practice stamp

GMSGPR001 V27 1 2021

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Dr. M. Rennick
Dr. D. Kerr
Dr. J. Shand
Dr. J. Kyle
Dr. Kirsty Brown



CASTLEMILK GROUP PRACTICE
71 Dougrie Drive
GLASGOW
G45 9AW
Telephone: 0141 531 8585

NEW PATIENT REGISTRATION

Patient's Name DAVID THOMPSON DOB 08/06/1994
Address 90 CASTLEMILK DRIVE House Position 2/2
Post Code G45 9DS
Contact Telephone Number(s) 07899 407 571

Two forms of ID provided to support Registration:
1. PASSPORT 2. PROVISIONAL

Have you registered with the practice previously? Yes ☐ No ☒
Do you opt in to Emergency Care Summary? Yes ☒ No ☒
by ticking Yes you consent to information being shared between us and any hospitals you attend for emergency care
Have you ever received a blood transfusion? Yes ☐ No ☒
If so, was the transfusion prior to 1996? Yes ☐ No ☒

Please list current medication below or provide a copy of your re-order form
(If Methadone is disclosed please record who provides this – e.g. Shared Care / GP)
1 2
3 4
5 6

Please list current known Allergies
1 2
3 4

Please indicate if you are a:
British Citizen ☒ Asylum Seeker/Refugee ☐ Immigrant ☐
Asylum/immigration document number if applicable:

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Please tick overleaf which description most accurately describes your ethnic origins:

☐ Asian, Scottish Asian or British Asian

☐ Pakistani, Scottish Pakistani or British Pakistani

☐ Indian, Scottish Indian or British Indian

☐ Bangladeshi, Scottish Bangladeshi or British Bangladeshi

☐ Chinese, Scottish Chinese or British Chinese

☐ Other, Please Specify.....

☐ African, Scottish African or British African

☐ Please Specify.....

Caribbean or Black

☐ Please Specify.....

Mixed or Multiple Ethnic Group

☐ Please Specify.....

White

☒ Scottish

☐ Other British

☐ Irish

☐ Polish

☐ Gypsy or Traveler

☐ Roma

☐ Other, Please Specify.....

Other Ethnic Group

☐ Arab, Scottish Arab or British Arab

☐ Other, Please Specify

Patients Signature..... Date 21/4/20

This Data is Confidential and Will Not be Shared with any Third Party

FOR OFFICE USE ONLY

Receptionists Initials..... Date of Check.....

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7919670	Receive Date:	22-Apr-2026 20:40
Patient's Name:	David Thompson		
Date of birth:	8-Jun-1984 (41 years)	Gender:	M
Address:	Flat 2-1 47 Kilmuir Cres Glasgow G46 8BU	Current Address:	Flat 2/2 90 Castlemilk Drive G45 9DS
Return Contact No:			
Tel No:	07899 407571		07899 407571
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	22-Apr-2026 20:40	Calltype:	Attend OOH Appointment
Advised:	22:15	Arrived PCC:	22-Apr-2026 21:33
Final Cons start:		Final Cons End:	
Consulting Doctor:	Aleema Sardar	Own doctor:	Raheela Bhatti

CHI Number:
0806845511

Reported Condition:

Symptoms: This case was generated from 7919587. **Caller Name:** Caller Number: Initial Symptoms: History: spoken to pt. lump in ear last few years. Over the last few months been getting bigger. Over last few weeks getting painful. Now discharging, horrible smell. Hearing now affected and ear feels blocked. no systemic upset. usually fit and well. Did not have local GP to new address. Has now registered at Castle milk but been advised 10 days to get registered . **Examination:** **Diagnosis:** ? infected cyst **Treatment:** for f2f at pccc. **Case Summary:** History:spoken to pt. lumpin eaar last few years. Over the last Over lat tmonth more painfulnw. Discharge. no systemic upset. usually fit and well. Regitred at castlemilk but giong to tak 7-10 days to get reegiterd. **Treatment:**for f2f at pccc. LUMP IN THE EAR WORSE 1 MONTH --- **Clinical summary created by:** [REDACTED] Nevin (Nhs 24) (Callhandler) () [22/04/2026 18:34:01] Reason for call: LUMP IN THE EAR WORSE 1 MONTH Confirmed symptom(s): Body lump Symptom(s) not found: No current fever Risk factor(s) not found: Patient not resident in a Care Home No travel outside Europe in last 21 days or to an affected country 20260422T180013.007 GMT [REDACTED] (NHS 24):ONGOING LUMP ON INNER ASPECT OF LEFT EAR CANAL . INCREASING IN SIZE IN THE LAST MONTH , PATIENT HAS ATTEMPTED TO DRAIN THIS BY BREAKING SKIN WITH NA NEEDLE . FOUL SMELL NOW COMING FROM EAR , SOME GRAINY YELLOW DISCHARGE . THROBBING TYPE PAIN . STATES HEARING HAS LESSENED IN THIS EAR . ATTENDED PHARMACIST WHO

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**ADVISED GP REVIEW ., ADVISES UNABLE TO ATTEND GP AS [REDACTED] [REDACTED]
DIFFERENT AREA . ADVISED TPO REGISTER WITH GP , PCEC 4 HOURS
Outcome: PCEC within 4 Hrs**

Final Triage Details:

Triage Start - **22-Apr-2026 21:49**

Triage Finish - **22-Apr-2026 22:15**

Consulting Clinician - **Sardar, Aleema**

History - **Reports has felt lump in L. ear for many years, has been more painful over the past few months. On this occasion attends with worsening pain in L ear over past few days, has had some white discharge from L ear, L ear is very itchy, muffled hearing in L side.**

Denies high temps, shivers or shakes at home. E+D normally, no unintentional weight loss.

PMHx: no T2DM, HTN

SHx: smokes, 20/day, little alcohol intake, no work/education

Examination - **History as previously detailed. Vital signs by staff nurse D HAMILL**

**T 36.3
HR66
Oxygen saturation 96
BP 133/77**

Sitting upright GCS 15/15

No cervical lymphadenopathy either side

No pain on palpation of jaw or mastoid process either side

No abnormal protrusion of either ear

R ear: some wax, no erythema

L ear: a cyst like round structure on the inner of the tragus visible.

Round pea sized, smooth. Appears inflamed, some pus visible on surface. Era canal free of erythema, TM visible.

Diagnosis - **Imp: ?infected cyst**

Treatment - **5 day course of flucloxacillin - pt has no allergies. EXP 10/2027. LOT 29899.**

For review thereafter to ensure resolution, if further discharge for swab for culture/sensitivities.

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**Worsening advice re erythema, ongoing discharge, worsening pain
issued - can indicate worsening infection and warrants review.**

Followups:

GP Follow Up

Clinical Codes Summary (All Consultations):

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Thompson David

CHI: 0806845511

Clinic Letter

Dr. R Bhatti
Sycamore Medical Practice
500 Corselet Road
Glasgow
G53 7RN

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

NHS
Greater Glasgow
and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000
Trauma & Orthopaedics

18/03/2025

WM/VY

18/03/2025

19/03/2025

Dear Dr. R Bhatti,

David Thompson; D.O.B: 08 Jun 1984; CHI: 0806845511
F2/2 90 CASTLEMILK DRIVE, Glasgow, Lanarkshire, G45 9DS

Attendance: Specialty - Orthopaedics ; Clinic - VIOROR3-VIC ACUTE GENERAL FRACTURE
CLINIC TUES AM
Date and Time of Appointment - 18/03/2025 09:35

Clinical Comments:

Diagnosis: Left great toe intraarticular proximal phalanx fracture.

Outcome: Did not attend – for further appointment in one weeks' time.

Mr Thompson is a 40 year old gentleman who failed to attend the fracture clinic today, he has been referred with a left great toe intraarticular proximal phalanx fracture. He is currently in a moon boot. He will be sent one further appointment in one weeks' time, if he fails to attend this he should be discharged from clinic.

Yours sincerely,

■■■■■ ■■■■■

ST1 Trauma & Orthopaedics

Electronically Signed: Dr ■■■■■ ■■■■■ Doctor

cc.

Printed on 27/03/2025 08:18 by Gillian ■■■■■

Page 1 of 1

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Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: 0141 347 8347
Fracture Clinic: 0141 452 2908

Virtual Fracture Clinic

Clinic Date: 03/03/2025
Typed: 05/03/2025

Dr Bhatti
Sycamore Medical Practice
500 Corselet Road
Glasgow
G53 7RN

Dear Dr Bhatti

Mr David Thompson ~ DOB: 08/06/1984 ~ CHI:0806845511;
2/1 47 Kilmuir Crescent Thornliebank Glasgow G46 8BU

Your patient was recently followed up at the Virtual Fracture Clinic at Queen Elizabeth University Hospital. The following details were recorded:

Bodily site:	Left As follows: left fracture proximal phalanx big toe
Injury Type:	Fracture
Management plan:	Fracture clinic
Patient contacted	Phone
Site:	QEUH
Outcome:	# Clinic
Nurses notes:	Nurse present at Virtual Fracture Clinic: 05/03/2025 11:27 [REDACTED] Buchanan Patient to be reviewed in 2 weeks at Generic fracture clinic, VACH. Contacted patient today and the above was discussed. Appointment letter in post today.

Yours Sincerely,

Mr Umberto Fazzi

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter**NHS**
Greater Glasgow
and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 02/03/2025

Consultant: Dr Jonny [REDACTED]

R Bhatti
Sycamore Medical Practice
500 Corselet Road
Glasgow
Glasgow
G53 7RN

Dear R Bhatti

Re: **Thompson David**
2/1 47 Kilmuir Crescent
Glasgow G46 8BU

DOB: **08/06/1984**CHI: **0806845511**Attended on: **02/03/2025 at 18:28 hrs.**Departed on: **at hrs.**Discharge Type: **01c - Discharge with referral**Destination: **Private residence**Previous ED Attendance in last 12 months: **2**

Presenting complaint

fnc ref - eta 02/03 @ 1830 - Left great toe injury ? #

Nursing Assessment:

Investigations in ED:

1. XR Foot Lt

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Great Toe	Left	

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Going down a set of metal steps yesterday, caught his foot in a gap and hyper plantar flexion injury, on exam-bruised and swollen 1st/2nd toes. X-ray-displaced, intra-articular #, proximal phalanx. Walking boot fitted, advised analgesia, elevate, ice packs and VFC review.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

■■■■ Cowie

Nurse

Copies to:

1. R Bhatti (GP)

■■■■ Address:

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 02/03/2025

Consultant: GGC ED Virtual Consultant

R Bhatti
Sycamore Medical Practice
500 Corselet Road
Glasgow
Glasgow
G53 7RN

Dear R Bhatti

Re: **Thompson David**
2/1 47 Kilmuir Crescent
Glasgow G46 8BU

DOB: **08/06/1984**CHI: **0806845511**Attended on: **02/03/2025 at 17:06 hrs.**Departed on: **at hrs.**Discharge Type: **01c - Discharge with referral**Destination: **Admission to ED/MIU following a
Virtual Consultation**Previous ED Attendance in last 12 months: **1**

Presenting complaint
Virtual MIU from NHS 24 TOE INJURY 2/7

Nursing Assessment:
Left great toe injury

Investigations in ED: **None**

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Great Toe		

Procedures: **None**Immunisations: **None**Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Patient presented for virtual consultation. .Presenting complaint: Left great toe injury .History
 Presenting Complaint: walking down a metal stair case on Friday. Caught toe in a gap in stairs,
 jumpe forward causing what sound like a hyper extension of the toe. Instant pain in the toe. when
 took shoes off had extensive swelling and bruising as well as pain, has also noted some small red
 blood filled blisters appearing. Is heel walking as cannot put weight on the toe .Past Medical History:
 Nil .Drug History: Nil .Allergies: NKDA .Social History: Lives alone .Other Relevant Information Looks
 well, systemically well L - swelling and bruising to left big toe, no obvious deformity F - tender to
 palpate great toe phalanges as well as MTPJ M - deduced ROM due to pain, walking on heel, unable to
 W/B on toe Imp - # great toe .Plan: f2f vic miu 02/03 @ 1830

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

[Redacted Signature]

Nurse

Copies to:

1. R Bhatti (GP)

[Redacted Address]

NHS Confidential: Personal data about a patient

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7567595	Receive Date:	2-Mar-2025 13:27
Patient's Name:	David Thompson		
Date of birth:	8-Jun-1984 (40 years)	Gender:	M
Address:	2/1	Current Address:	2/2
	47 Kilmuir Crescent Thornliebank Glasgow G46 8BU		90 Castlemilk Drive Glasgow G45 9DS
Return Contact No:			
Tel No:	07899 407571		07899 407571
Mobile No:			
Priority:	within 4 hours	Call Origin:	MIU Telephone / Remote Consultation
Received:	2-Mar-2025 13:27	Calltype:	
Advised:	13:53	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Raheela Bhatti

CHI Number:
0806845511

NHSD details:

Receptionist:
TOE INJURY 2/7
MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange
Clinical summary created by: Caysie Coats (Call Taker Si) () [02/03/2025 13:53:17]
Reason for call: TOE INJURY 2/7Confirmed Symptom(s): No Confirmed Symptoms Symptom(s) not found: No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 02:03:2025 13:29:32 COATSC.. PT REPORTS WAS COMING DOWNSTAIRS AND CONCERNED BROKEN TOE.. BLACK AND BLUE IN COLOUR.. NOTED BLISTERS.. SWELLING SPREADING TO NEXT TOES AND DOWN FOOT.. GREAT TOE PAIN DESPITE PAIN RELIEF.. DW

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SCN [REDACTED] ADVISED MIU 4 FLOW HUB TO ARRANGE.. Outcome:
Patient suitable for MIU 4Hr - Flow Hub to arrange

Followups:
None

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7424846	Receive Date:	20-Sep-2024 21:30
Patient's Name:	David Thompson		
Date of birth:	8-Jun-1984 (40 years)	Gender:	M
Address:	2/1	Current Address:	2/2
	47 Kilmuir Crescent Thornliebank Glasgow G46 8BU		90 Castlemilk Drive Glasgow G45 9DS
Return Contact No:			
Tel No:	07899 407571		07899 407571
Mobile No:			
Priority:	within 4 hours	Call Origin:	MIU Telephone / Remote Consultation
Received:	20-Sep-2024 21:30	Calltype:	
Advised:	21:38	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Raheela Bhatti

CHI Number:
0806845511

NHSD details:

Receptionist:
FINGER INJURY - 1 DAY
 MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange
 Clinical summary created by: Emeka Chiazor (Call Taker Si) () [20/09/2024 21:44:44] Reason for call: FINGER INJURY - 1 DAY 20:09:2024 21:31:40 CHIAZORE.. FINGER INJURY - WAS AT COMMUNITY HOSPITAL GLOUCESTER YESTERDAY AND WAS TREATED AND TOLD TO GO TO TRAUMA AND ORTOPEADIC. HE JUST RETURN TO GLASGOW TODAY... THE TOP OF IT IS CUT AND FRACTURED, AN XRAY WAS DONE YESTERDAY. HIS HAND WAS PULLED INTO A CEMENT MIXER.. PT SUITABLE FOR ADVISE AND REFER - MIU 4 FLOW HUB TO ARRANGE..

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20:09:2024 21:42:03 MORRISONCL. CAL - CONTINUE WITH A+R.. Outcome:
Patient suitable for MIU 4Hr - Flow Hub to arrange

Followups:
None

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Pages:

GP Links Microbiology Report	
Patient Details	
Surname	THOMPSON
Forename	DAVID
CHI	0806845511
Date of birth	08.06.1984
Address	Flat 2/1 47 Kilmuir Crescent GLASGOW G46 8BU
Specimen Details	
Specimen Number	M.24.5710890.W
Specimen Type	Penis swab
Date/Time Collected	11.09.24 / 12:04
Date/Time Received	11.09.24 / 17:20
Requested By	Dr Raheela Bhatti
GP Practice	52147
Date/Time Reported	13.09.24 / 14:42

Results

Report issued by NHS GG&C Microbiology South Sector
Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Penis swab

CONS/GP: Dr Raheela Bhatti Order No:IS24314306
LOCATION: Sycamore Medical Practice

CULTURE RESULT: No significant growth

Microbiology guidance/contact/eReferral details here:
<https://rightdecisions.scot.nhs.uk/ggc-microbiology/>

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Cheryl [REDACTED] QEUH MIC
Date/Time authorised: 13.09.2024 14:41
** END OF REPORT **

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UK Covid-19 Test Report

Result

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

Patient Details

Surname	Thompson
Forename	David
CHI	0806845511
Date of birth	1984-06-08
Sex	Male
Address	

Specimen Details

Specimen Processed Date	16-04-2022 05:59
Test Start Date	15-04-2022 09:13
Test End Date	15-04-2022 21:11
GP Practice	52147
Specimen Number	MWZ02044592
Administration Method	

End of Report

Report Date: 16/04/2022

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NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7417491	Receive Date:	10-Sep-2024 15:29
Patient's Name:	David Thompson		
Date of birth:	8-Jun-1984 (40 years)	Gender:	M
Address:	2/1	Current Address:	2/2
	47 Kilmuir Crescent		90 Castlemilk Drive
	Thornliebank		Glasgow
	Glasgow		G45 9DS
	G46 8BU		
Return Contact No:			
Tel No:	07899 407571		07899 407571
Mobile No:			
Priority:	Routine	Call Origin:	
Received:	10-Sep-2024 15:29	Calltype:	NHS24 Advised (Info Only)
Advised:	16:03	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Raheela Bhatti

CHI Number:
0806845511

NHSD details:

Receptionist:
URINARY - 4 DAYS
NOA4 Pt advised to contact Practice within 4 Hrs - Info Only
Clinical summary created by: Carolyn Souter (Call Taker Si) () [10/09/2024 16:03:52] Reason for call: URINARY - 4 DAYS 10:09:2024 15:29:47 SOUTERC..
URINARY SYMPTOMS SINCE FRIDAY - PAIN WHEN PASSING URINE
ALONG WITH BLOOD IN URINE AND A YELLOW DISCHARGE WHEN
PASSING URINE - PT ADVISED WHEN PULLING FORESKIN BACK FEELS
LIKE A SWOLLEN RING WHICH IS STOPPING FLUID COMING OUT...
THAT AREA IS TENDER TO TOUCH AND SAME SORT OF PAIN WHEN
PASSING URINE... LOWER RIGHT ABDO PAIN FEELS LIKE A STITCH..
10:09:2024 16:00:46 WATSONJ. SYSTEMICALLY WELL.. ?INFECTION TO
PENIS. SOME FRESH BLOOD FROM TIP OF PENIS ON SATURDAY ONLY.
FOUL SMELLING YELLOW DISCHARGE FROM PENIS FOR 4/7. SMALL
HARD LUMP UNDER FORESKIN . X 2 EPISODES OF LOWER R ABDO PAIN
- SHORT LASTING. GP IN HOURS 4... Outcome: Pt advised to contact Practice

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within 4 Hrs - Info Only

Followups:

None

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GLASGOW MICROBIOLOGY SERVICES

NHS GREATER GLASGOW & CLYDE

Enquiries 0141 354 9132
SOUTH SECTOR LABORATORY

Patient / Specimen details

THOMPSON DAVID

Flat 2/1

47 Kilmuir Crescent

G46 8BU

CHI No. 0806845511

Hosp. No. 0806845511

D.O.B. 08.06.1984

Sex M

Cons/GP [REDACTED] Keir

Loc. 74 Kyleakin Rd Arden MC

Coll'd 11.02.2016 11:03

Rec'd 12.02.2016 09:55

Senders ref. no.

Routine Culture

Wound Swab Foot, right

Order No. IS2778593

Copy to:

74 Kyleakin Rd Arden MC

* FINAL REPORT *

Culture yields no significant growth

No evidence of Methicillin Resistant Staph. aureus

Authorised by [REDACTED]
Reported 15.02.2016 12:15

Lab No. M,16.5800333.R

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter**NHS**
Greater Glasgow
and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 25/04/2014

Consultant: Dr [REDACTED] Whitelaw

R Bhatti
Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
Glasgow
G46 8DH

Dear R Bhatti

Re: **Thompson David**
3/2 8 Jura Street
Glasgow G52 1DW

DOB: **08/06/1984**CHI: **0806845511**Attended on: **25/04/2014 at 06:20 hrs.**Departed on: **25/04/2014 at 08:21 hrs.**Discharge Type: **01c - Discharge with referral**Destination: **Private residence**Previous ED Attendance in last 12 months: **1**

Presenting complaint
facial abscess

Nursing Assessment:

nhs 24- seen yest and advised ooh dentist-given antibiotics/painkillers. states pain spread. swelling to face

Investigations in ED:

1. XR Orthopantomogram full

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Dental abscess without sinus		

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

Referred to maxfax, they will contact patient this morning with follow up. Increased metronidazole to 400mg bd. Systemically well.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

[Redacted Signature]

Doctor

Copies to:

1. R Bhatti (GP)

[Redacted Address] Address:

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GP Links Microbiology Report	
Patient Details	
Surname	THOMPSON
Forename	DAVID
CHI	0806845511
Date of birth	08.06.1984
Address	Flat 2/1 47 Kilmuir Crescent GLASGOW G46 8BU
Specimen Details	
Specimen Number	M,16.5800333.R
Specimen Type	Wound Swab
Date/Time Collected	11.02.16 / 11:03
Date/Time Received	12.02.16 / 09:55
Requested By	Keir
GP Practice	52147
Date/Time Reported	15.02.16 / 12:18

Results

Report issued by Microbiology, Glasgow South Sector

* FINAL REPORT *

Specimen: Wound Swab
Foot, right

Culture yields no significant growth

No evidence of Methicillin Resistant Staph. aureus

Additional:Scanned Document

Filename: igprda202607060952030.tif

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter**NHS**
Greater Glasgow
and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 24/04/2014

Consultant: Dr [REDACTED]

R Bhatti
Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
Glasgow
G46 8DH

Dear R Bhatti

Re: **Thompson David**
3/2 8 Jura Street
Glasgow G52 1DW

DOB: **08/06/1984**CHI: **0806845511**Attended on: **24/04/2014 at 11:05 hrs.**Departed on: **24/04/2014 at 14:31 hrs.**Discharge Type: **01b - Discharge with follow up by
primary care team**Destination: **Private residence**Previous ED Attendance in last 12 months: **0**

Presenting complaint
mouth inflammation

Nursing Assessment:

Self ref. C/O face swollen on L side of face. Had a sore front tooth last night. Pain in L cheekInvestigations in ED: **None**

Page 1 of 2

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Dental abscess without sinus	Left	

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

? dental abscess associated with upper right 1st incisor, which is discoloured and feels slightly mobile. Apyrexial, no fluctuant swelling. Supplied analgesia and advised to see Dentist - states not registered, so given telephone number for NHS Dental Advice Line and NHS 24 to see if he can arrange to be seen by the service for unregistered patients.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

■■■■ ■■■■

Doctor

Copies to:

1. R Bhatti (GP)

■■■■ Address:

Page 2 of 2

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Clinic Letter

Dr. R Bhatti
Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
G46 8DH

NHS**Greater Glasgow
and Clyde**

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Email Inquiries to:
Contact Tel Details: 0141 201 14576

Highly Sensitive: No

Dictated Date: 24/04/2013

Consent for Sharing Withheld: No

By: Dr Phil Munro
Transcribed Date: 22/04/2013
By: [REDACTED] Leatham

Dear Dr. R Bhatti,

Patient

Name: Thompson David
CHI: 0806845511
DOB: 08 Jun 1984
Address: 3/2 8 Jura Street

Glasgow
G52 1DW

Attendance

Attended: 22/04/2013 09:50
New/Return: S R A&E
Referral Source: Self referral
Consultant: Generic SOUTH ED
Consultant
Specialty: Emergency Medicine
Clinic: SGEDED1-A&E
RETURNS MONDAY

Long Term Condition:

Diagnosis:

Diagnosis	Code
Open wound of hand / Left / Hand	S61.9

Clinical Comments:

This 28 year old man attended with a ragged flap laceration on the dorsum of his left hand after falling downstairs. This was carefully cleaned and closed with steri-strips. Given the nature of the injury we had planned to see him back at the clinic but he has not attended for two further appointments. He has therefore been discharged. Please let us know if you wish us to see him again with regards to this injury.

Investigations: Nil.

Diagnosis: Ragged laceration dorsum left hand.

Current Treatment: Nil.

Page 1 of 2

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Follow up: Nil

Yours sincerely,
Dr Phil Munro
Consultant

cc. 1. Dr R Bhatti

THIRD PARTY COPY

Page 2 of 2

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter

Emergency Department
Southern General Hospital
1345 Govan Road

Glasgow

Lanarkshire

G51 4TF

Dept. Contact Details:

Tel: 0141 201 1456

Fax: 0141 232 7588

Email:

Date Completed: 11/04/2013

Consultant: Dr [REDACTED] Parke

R Bhatti

Dr Raheela Bhatti

74 Kyleakin Road

Arden

Glasgow

Glasgow

G46 8DH

Dear R Bhatti

Re: Thompson David

DOB: 08/06/1984

CHI: 0806845511

3/2 8 Jura Street

Glasgow G52 1DW

Attended on: 09/04/2013 at 22:53 hrs.

Departed on: 10/04/2013 at 01:00 hrs.

Discharge Type: 01c - Discharge with referral

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
inj

Nursing Assessment:

I hand inj, fall in close has sustained skin flap to palm aspect of hand. will require closure, cleaned and bandage applied, covered for att

Investigations in ED: None

Page 1 of 2

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Open wound of hand	Left	Hand

Procedures: None

Immunisations: None

Dispensed Medication: None

Clinician Notes:

laceration to palmar ulnar aspect of left hand, 3.5 cm wound, deep to subcutaneous fat layer, no neurovascular deficit, cleaned and closed with 4 x 5-0 ethilon sutures, for follow up at ed clinic on friday 12/4/13. no tetanus required

Followup : ed clinic

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Victoria McWhinnie
Doctor

Copies to:

1. R Bhatti (GP)

Address:

Page 2 of 2

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NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Emergency Attendance Letter

Emergency Department
Southern General Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:

Tel: 0141 201 1456

Fax: 0141 232 7588

Email:

Date Completed: 11/04/2013

Consultant: Dr [REDACTED] Parke

R Bhatti
Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
Glasgow
G46 8DH

Dear R Bhatti

Re: **Thompson David**
3/2 8 Jura Street
Glasgow G52 1DW

DOB: 08/06/1984

CHI: 0806845511

Attended on: 09/04/2013 at 22:53 hrs.

Departed on: 10/04/2013 at 01:00 hrs.

Discharge Type: 01c - Discharge with referral

Destination: Private residence

Previous ED Attendance in last 12 months: 1

Presenting complaint
inj

Nursing Assessment:

I hand inj, fall in close has sustained skin flap to palm aspect of hand. will require closure, cleaned and bandage applied, covered for att

Investigations in ED: None

NHS Confidential: Personal data about a patient

Thompson David

CHI: 0806845511

Diagnosis:

Diagnosis	Side	Site
Open wound of hand	Left	Hand

Procedures: **None**Immunisations: **None**Dispensed Medication: **None**

Clinician Notes:

laceration to palmar ulnar aspect of left hand, 3.5 cm wound, deep to subcutaneous fat layer, no neurovascular deficit, cleaned and closed with 4 x 5-0 ethilon sutures, for follow up at ed clinic on friday 12/4/13. no tetanus required

Followup: **ed clinic**

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Victoria McWhinnie
Doctor

Copies to:

1. R Bhatti (GP)

Address:

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NHS Confidential: Personal data about a patient

Acute Services Division

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

NHS
Greater Glasgow
and Clyde

24 July 2012

MAIN SWITCHBOARD: 0141 201 6000
Hours 8.30am - 5.00pm

DR BHATTI
74 KYLEAKIN ROAD
ARDEN
GLASGOW
G46 8DH

Dear DR BHATTI

DAVID THOMPSON 08/06/84
Address: 47 KILMUIR CRESCENT FLAT 2/1 G46 8BU
CHI No.0806845511
HOSP NO.SG03178156

MR DREGHORN's Orthopaedics
clinic on 24/07/12.

It would appear from our records that your patient did not keep the
above appointment and did not notify us that they would not be
attending.

No further appointment will be offered, your patient has been removed
from the waiting list and we would require a new referral if you
consider this necessary.
This is in line with NHS Greater Glasgow and Clyde's Did Not Attend
Policy.

Yours sincerely

Mrs [REDACTED] MacLeod
Health Records Manager

Delivering better health

www.nhs.gov.uk

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NHS Confidential: Personal data about a patient

ACCIDENT & EMERGENCY DEPARTMENT		NHS Glasgow Glyde
SURNAME: THOMPSON	DOB: 08/06/84 AGE: 28 SEX: M	A/E Number: AE0060673/12
FORENAME: DAVID	OCCUPATION:	CHI Number: 0806845511
ADDRESS: 47 KILMUIR CRESCENT FLAT 2/1 GLASGOW		UNIT Number: SG03178156
POSTCODE: G46 8BU	TEL: 07600 348186	ARRIVAL DATE: 12/07/12
		ARRIVAL TIME: 1314
		MODE: OWN
		REFERRAL BY: SELF
GP Name: RAHEELA R BHATTI		PRESENTING COMPLAINT: LEFT HAND
ADDRESS: 74 KYLEAKIN ROAD GLASGOW G46 8DH		INCIDENT TYPE: HIF
CODE: 52147/1 TEL: 0141 638 1464		INCIDENT LOCATION: INS
(BLOCK 1) SURNAME FORENAME ADDRESS POST CODE G.P. NAME ADDRESS CODE TEL		
GP DISCHARGE LETTER		
DIAGNOSIS <i>Clinical sequelae</i>		
INVESTIGATIONS		
• X-RAYS <i>Light weight cast</i>		
TREATMENT <i>Cast clinic</i>		
CODE PLEASE PRESCRIBE TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE DOCTOR'S NAME (PRINT) <i>H. SMITH</i> CODE <i>CON. SMITHA</i> (SIGNATURE) <i>[Signature]</i> DISCHARGE TIME <i>1530</i>		
FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME		
OUT PATIENTS (PLEASE CIRCLE) <i>1017</i> ADMISSION		
A&E CLINIC	ORTHOPAEDIC	TO WARD
SURGERY	MEDICINE	MEDICINE SURGERY
EYE	E.N.T.	ORTHOPAEDIC E.N.T.
GYNACEOLOGY	OTHER	GYNACEOLOGY OTHER

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NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow
and Clyde

Secretary: 0141 211 2938
Appointment Office: 0141 232 9499
Department Fax: 0141 211 2466

Our Ref: RM/JK

Typed: 22/09/2011

MR [REDACTED] ORTHOPAEDIC CLINIC - 20/09/2011

Dr Raheela Bhatti
Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
G46 8DH

Dear Dr Bhatti

Mr David Thompson DOB 08/06/1984 ~ Hosp: 51236096H
3/2 8 Jura Street Glasgow G52 1DW
CHI: 0806845511

Diagnosis: [REDACTED] fracture left thumb
Date of Injury: 11.09.11

This gentleman was seen back the Hand Clinic today. His back slab had become very loose and so it has been replaced today with a full [REDACTED] cast. X-ray on this shows that the fracture is not displaced any further and remains in an acceptable position. He is going to return for further x-ray left thumb in 1 week's time. He understands that there is still a possibility that the fracture will move and that he may have to stabilise this operatively.

Yours sincerely


Ros McKenna
Specialist Registrar in Orthopaedics

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NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

DEPARTMENT OF ORTHOPAEDIC SURGERY
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

NHS
Greater Glasgow
and Clyde

Secretary Tel: 0141 211 6289 (Mrs [REDACTED] Mulheron)
Secretary's Fax: 0141 211 2466
Email Address: [REDACTED]@ggc.scot.nhs.uk

Orthopaedic Discharge Summary

Dictated: 20/09/2011
Typed: MM/CM
Our Ref:

Dr Raheela Bhatti
74 Kyleakin Road
Arden
Glasgow
G46 8DH

Dear Dr Bhatti

Hospital Number: 51236096H
CHI Number: 0806845511
Patient Name: Mr David Thompson
DOB: 08/06/1984
Address: 3/2 8 Jura Street Glasgow G52 1DW

Consultant: Mr [REDACTED]

Date of Admission: 12/09/2011
Date of Discharge: 12/09/2011

Diagnosis: Fracture base thumb metacarpal
Management: Conservative
Outcome: reviewed in the hand clinic.

This gentleman was admitted having sustained the above injury and considered for theatre. It was discussed with the hand surgeons at the trauma meeting who have decided upon conservative management and he was therefore discharged with follow-up arranged in the hand clinic.

Yours sincerely


[REDACTED] Mullen
Specialist Registrar in Orthopaedics

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06-July-2026 ERIN MCGEEVER
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NHS Confidential: Personal data about a patient

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow G11 6NT

Dr R Bhatti
74 Kyleakin Road
Arden
Glasgow

G46 8DH

12 September 2011

Dear Dr Bhatti

Re: DAVID THOMPSON, 3/2 8 JURA STREET, GLASGOW, G52 1DW

Date of Birth: 08:06:84 Hospital Number: 51236096H CHI Number: 0806845511

Your patient attended Western Infirmary on the 11 SEP 2011 at 13:23 pm.

The presenting complaint was: **Hand Injury**

Triage Information: **Nil**

The following investigations were carried out: **Thumb-Left X Ray
Scaphoid Views X-Ray Left**

The A&E diagnosis was: **** Injury- Not Assault** - Fracture-Closed - Hand - Left
Fingers--Thumb--Distal-Phalanx**

The following treatment was given: **Nil**

At the conclusion of treatment the patient was: **Discharged From W I G With Referral**

Follow-up: **Fracture Clinic**

Additional Information: **Nil**

Yours sincerely,

Jeannie Graham
Emergency Nurse Practitioner

Consultants

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NHS Confidential: Personal data about a patient

David Thompson 08/06/1984 624 490 6160

All Consultations

All Consultations

Address and Telephone numbers

Oakbank ■■■■■ Midstock Rd Aberdeen AB15 5XP
Telephone - home 318717

All Consultations

11/04/2007 Administration Ms ■■■■■ - No Data Recorded
02/09/1999 Surgery consultation Dr Staff Unknown Member Of Staff
02/09/1999 Patient de-reg. - GP22 from HB Dr Staff Unknown Member Of Staff
14/06/1999 Surgery consultation Dr Staff Unknown Member Of Staff
14/06/1999 record update Dr Staff Unknown Member Of Staff
12/03/1999 Surgery consultation Dr Staff Unknown Member Of Staff
12/03/1999 Height: 1.64 metres O/E - height ACTION=No Action Required : RECALL_LETTER_STATUS=Send recall when due Dr Staff Unknown Member Of Staff
12/03/1999 Weight: 50 kgs O/E - weight ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due Dr Staff Unknown Member Of Staff
12/03/1999 Recall on 12/03/2004 for O/E - weight with Dr Staff Unknown Member Of Staff ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due
12/03/1999 BP 106 / 56 recall due: 12/03/2004 O/E - BP reading normal ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due Dr Staff Unknown Member Of Staff
12/03/1999 Recall on 12/03/2004 for O/E - BP reading normal with Dr Staff Unknown Member Of Staff ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due
12/03/1999 Smoker Light smoker - 1-9 cigs/day ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due Dr Staff Unknown Member Of Staff
12/03/1999 Recall on 12/03/2000 for - Light smoker - 1-9 cigs/day with Dr Staff Unknown Member Of Staff ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due
01/01/1997 Surgery consultation Dr Staff Unknown Member Of Staff
01/01/1997 Asthma Dr Staff Unknown Member Of Staff
01/01/1997 Placed on register 01/01/1997 ■■■■■
01/01/1997 #Clavicle Dr Staff Unknown Member Of Staff
01/01/1996 Surgery consultation Dr Staff Unknown Member Of Staff
01/01/1996 Disturbance of conduct NEC Dr Staff Unknown Member Of Staff
Surgery consultation Dr Staff Unknown Member Of Staff
Place of birth NOS Dr Staff Unknown Member Of Staff



Ms ■■■■■

Page 1 of 1

11 April 2007 8:15:19pm

NHS Confidential: Personal data about a patient

Full Report**Mr David Thompson**

08/06/1984 Male 624 490 6160 Transferred Out

Address

Oakbank Midstocket Rd Aberdeen AB15 5XP

Communication numbers

Telephone - home 318717

Problems

Currently Relevant	Started: 29/11/2006	Ended:
Asthma	Started: 01/01/1997	Ended:
#Clavicle	Started: 01/01/1997	Ended:
Disturbance of conduct NEC	Started: 01/01/1996	Ended:

Asthma register

Asthma Placed on register: 01/01/1997 Removed from register:

Medical History

02/09/1999 Patient de-reg - GP22 from HE

Unknown Member Of Staff

14/06/1999 record update

Unknown Member Of Staff

01/01/1997 Asthma

Unknown Member Of Staff

01/01/1997 #Clavicle

Unknown Member Of Staff

01/01/1996 Disturbance of conduct NEC

Unknown Member Of Staff

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Unknown Member Of Staff

Total patients for report 1

Elmbank Group Practice, Foresterhill Health Centre, Westburn Road, Aberdeen, AB25 2AY

Tel: 01224 696 949

Page 1

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Filename: igrprda202607060952120.tif
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Pages:

NHS Greater Glasgow City	
ACCIDENT & EMERGENCY DEPARTMENT	
SURNAME: THOMPSON FORENAME: DAVID ADDRESS: 47 KILMUIR CRESCENT FLAT 2/1 GLASGOW POSTCODE: G46 8BU	DOB: 08/06/84 AGE: 26 SEX: M A/E Number: AE0104546/10 OCCUPATION: CHI Number: 0806045511 UNIT Number : 5003178156 ARRIVAL DATE: 16/12/10 ARRIVAL TIME: 1759 MODE: OWN REFERRAL BY: SELF
GP Name: RAHEELA R BHATTI ADDRESS: 74 KYLEAKIN ROAD GLASGOW G46 8DH CODE: S2147/1 TEL: 0141 638 1464	
PRESENTING COMPLAINT: PERSONAL INCIDENT TYPE: SUR INCIDENT LOCATION: IND	
DIAGNOSIS: Perianal abscess (self-discharged) INVESTIGATIONS: — X-RAYS: — TREATMENT: Home Gamovical 625mg tds 7days. Worwearing advice given.	
PLEASE PRESCRIBE TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE	
DOCTOR'S NAME (PRINT) A LAWS (SIGNATURE) [Signature]	CODE STR LAWAR DISCHARGE TIME 19:20
FOLLOW UP NOT ARRANGED / ARRANGED DATE _____ TIME _____	
OUT PATIENTS (PLEASE CIRCLE)	
A&E CLINIC ORTHOPAEDIC SURGERY MEDICINE E.N.T. GYNACEOLOGY OTHER	ADMISSION TO WARD _____ MEDICINE SURGERY ORTHOPAEDIC E.N.T. GYNACEOLOGY OTHER

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ACCIDENT & EMERGENCY DEPARTMENT

NHS
Glasgow and Clyde

(BLO SUF	SURNAME: THOMPSON	DOB: 08/06/84	AGE: 26	SEX: M	A/E Number: AE0065696/10
	FORENAME: DAVID	OCCUPATION:			CHI Number: 0806845511
FOF	ADDRESS: 47 KILMUIR CRESCENT FLAT 2/1 GLASGOW			UNIT Number: SG03170156	
	POSTCODE: G46 8BU			TEL: 07600 348186	ARRIVAL DATE: 07/08/10
ADC				MODE: OWN	ARRIVAL TIME: 1430
				REFERRAL BY: SELF	

GP Name: RAHEELA R BHATTI ADDRESS: 74 KYLEAKIN ROAD GLASGOW G46 8DH CODE: 52147/1 TEL: 0141 638 1464	PRESENTING COMPLAINT: CUT TO THUMB INCIDENT TYPE: INJ INCIDENT LOCATION: INS
---	--

POS

G.P.

ADC

COL

GP DISCHARGE LETTER

DIAGNOSIS

INVESTIGATIONS

• X-RAYS

TREATMENT

PLEASE PRESCRIBE

STANDS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED: PLEASE COMPLETE

DOCTOR'S NAME (PRINT)

(SIGNATURE)

CODE

DISCHARGE TIME

UP	NOT ARRANGED / ARRANGED	DATE	TIME
ADMISSION TO WARD MEDICINE ORTHOPAEDIC Gynaecology E.N.T. SURGERY OTHER			

Handwritten Notes:

X Ray Triage in X Ray w/Room

Closed thumb in door - hinge side

Cash # on X Ray - not intraarticular

Oozing blood round nail, nail still in place

Padded dressing

Oral antibiotics

At OPC review, to observe for signs of infection

17.20

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jobcentreplus

Website: www.jobcentreplus.gov.uk

02631
Dr Aaaaaaa
ARDEN MEDICAL CENTRE
74 KYLEAKIN ROAD
ARDEN
GLASGOW
G46 8DH

Your reference is JL221982C
Please tell us this number
if you get in touch with us

Clyde and Fife BDC
Baird Street
Glasgow
G90 8BJ

Phone 0845 6088582
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088753

Date 18 November 2009

Dear Doctor Aaaaaaa

Work Capability Assessment Outcome Notification

Patients Name Mr D Thompson
Patients Address 2/1 47 Kilmuir Cres
Thornliebank
Glasgow
G46 8BU

Patients D.O.B : 8 June 1984

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 26 October 2009

We have decided that your patient is capable of work from and including 26 October 2009.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

■■■■■

Manager

4913/0614

Page 01 of 01

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Part of the Department
for Work and Pensions

Employment and Support Allowance

JOBCENTRE PLUS
GLASGOW CLYDE & FIFE BDC
BAIRD STREET
GLASGOW
G90 8BJ

DR. R. BHATTI
74, KYLEAKIN STREET
GLASGOW
G46 8DH

Our direct dial number is

Code 0845 Number 6088582

Textphone users with speech or hearing difficulties call

Code 0845 Number 6088753

If you get in touch with us, tell us this reference number

JL221982C

Date

26 / 10 / 2009

Limited capability for work assessment

Dear Doctor BHATTI

Patient's name

MR DAVID THOMPSON

Address

47, KILMUIR STREET

FLAT 2 - 1

GLASGOW

G46 8BU

Date of birth

08 / 06 / 1984

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Limited Capability for Work Assessment.

We decided that your patient is capable of work from 26 / 10 / 09. This is based on

☒ a medical assessment we arranged and your patient attended on 21 / 9 / 9

☐ medical information you provided

☒ information your patient gave us.

This means you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes. But you may have to give your patient new medical certificates if

- they decide to appeal against our decision
- their condition gets significantly worse
- they have a new medical condition.

We have sent your patient a summary of the Limited Capability for Work Assessment.

Yours sincerely

C. O'REILLY

for the manager

ESA65B 10/09

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NHS Confidential: Personal data about a patient

Acute Services Division

Surgery and Anaesthetics Directorate

ERG/SR /SG03178156
CHI NUMBER: 0806845511

MR. E. R. [REDACTED] FRACTURE CLINIC

SEEN: 08/07/09
DICTATED: 08/07/09
TYPED: 10/07/09

DR RAHEELA R BHATTI
74 KYLEAKIN ROAD
GLASGOW
G46 8DH

Dear Dr Bhatti,

DAVID THOMPSON DOB: 08/06/84 (SG03178156)
47 KILMUIR CRESCENT, FLAT 2/1, GLASGOW, G46 8BU

This gentleman was reviewed who had an undisplaced fracture left os calcis, three days ago. He was treated in a backslab. The backslab is shredded completely, so we are going to put him in to a below knee lightweight plaster. I have told him to avoid putting any weight on his heel and if anything it will just be tip-toe touching. He fully understood.

He will come back to the clinic in four weeks' time for plaster removal and review.

Yours sincerely

Sayed Haseena
Staff Grade in Orthopaedics

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW
G42 9TY
TEL NO: 0141 201 5435
ORTHO. FAX: 0141 201 5082

NHS
Greater Glasgow
and Clyde

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NHS Confidential: Personal data about a patient

			
IB/ESA113		Incapacity for work/Employment and Support Allowance	
1355 E 681 605 400-1 Drs Doctors Surgery 74 Kyleakin Road Glasgow UK G46 8DH		Our phone number is: 0141 249 3648 If you have a telephone, you can call on: 18001 0141 249 3648 If you get in touch with us, tell us this reference number: JL221982C Date: 2nd August 2009	
About your patient Full Name: Mr David Thompson NINo: JL221982C Date of birth: 8th June 1984		Address 2/1 47 KILMUIR CRESCENT GLASGOW G46 8BU	
Dear Doctor Your patient has made a claim for Incapacity Benefit or Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment. Please note • NHS doctors have a contractual obligation to provide the information requested without charge. • The form should be completed from your medical records. A separate examination is not necessary. • It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end. • Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines. • A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement. COMPUTER PRINTOUTS You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following: • Active problems. • Current medication with last prescribed date. • Details of the last three consultations. Please remove any third party data. If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld. Please reply within 5 working days. A business reply envelope is enclosed for your use. Thank you for your help Yours sincerely Ms Sharon Brown NMC No: 95105975 For the Medical Officer			

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

[Version 3]

Medical Services PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

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About your patient - continued**3 Current conditions not affecting ability to work**

Please list any other relevant conditions that do not affect the ability to work.

ATA

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking

Rising from sitting

Picking up objects

Reaching

Manual dexterity

Continence

Maintaining personal hygiene

Eating or drinking

Initiating or completing simple tasks

Communication

No problems known

5 Does the patient have a history of threatening or violent behaviour?

No

Yes



Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

6 Could your patient travel to an examination centre by public transport or taxi?

No

Yes

**7 Additional information**

Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Raheela

Name IN CAPITALS

Dr Raheela Bhatt

Date

05 / 03 / 09

Practice stamp

Dr Raheela Bhatt
 74 Kyleakin Road
 Glasgow G46 8DH
 TEL: 0141 638 1464
 FAX: 0141 621 0371

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(Version 3)

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525214 O/E Bratti

d/d 11/09/01

Acute Services Division

GARTNAVEL GENERAL HOSPITAL, 1053 Great Western Rd, Glasgow, G12 0YN

Surgery and Anaesthetics Directorate DIRECTORATE OF SURGERY

NHS
Greater Glasgow
and Clyde

Reply to: DAVID B KINGSMORE
Our Refs: Hospital No: 51236096H
CHI No: 0806845511

Telephone: 0141 211
FAX: 0141 357 4725

27 April 2009

Dr S L Goldthorp
37 Station Road
Milngavie
G62 8BT

Dear Dr Goldthorp,

Re: DAVID THOMPSON, D.O.B. 08/06/1984
40 GLASGOW ROAD, MILNGAVIE, GLASGOW G62 6AJ

Your patient was admitted as an emergency to the Western Infirmary on 24 March 2009.

PRESENTING SYMPTOMS

PENETRATING WOUND OF CHEST (860.1)

MAIN DIAGNOSIS FOR EPISODE

TRAUMATIC PNEUMOTHORAX (860.0)

INVESTIGATIONS PERFORMED

CHEST X-RAY

PROCEDURES PERFORMED

24/03/2009 RIGHT INSERTION OF UNDER WATER SEAL DRAIN INTO PLEURAL CAVITY (T12.4)

COMPLICATIONS

NONE (V65.8)

OUTCOME

SATISFACTORY AT DISCHARGE

Your patient was discharged home on 27 March 2009. No further appointment has been arranged in this unit, but I would be pleased to see this patient again if required.

Yours sincerely

DAVID B KINGSMORE
Consultant Surgeon

Delivering better health

www.nhs.uk

40369

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NHS Greater Glasgow & Clyde OOH Services

Call No: 2544444 Date: 06 Jul 2009 Time of Call: 21:01
Patient's Name: David Thompson DOB: 08/06/1984 Age: 25 Y
Address Today: 2/147 Kilmuir Crescent Thornliebank Home Address If different: 2/147 Kilmuir Crescent Thornliebank
Glasgow Glasgow
Post Code: G46 8BU Post Code: G46 8BU
Phone Number Today: (07983) 313 300 Home Phone If different: (00000) 000 000
NHS24 Call ID : 7457012
Callers Name: Relationship to patient:
Name of GP: Bhatti Raheela Practice No: 415
Surgery: 415 Arden MC 74 Kyleakin Road Cipher No:
Address: Arden Medical Centre 74 Kyleakin Road Arden G46 8DH Fax No: 01416210371
Speed Dial: 023
Call Type: No Action Required by Co- NOT GIVEN Time Passed: 21:27
Receptionist's Name: JIF Time Arrived: Time Complete: 06/07/2009 21:27:37
Patient's Complaint: **Patient's Complaint:**
HEEL SWOLLEN AND PAINFUL ((Non-Clinical User) (Edinburgh))
OPENED FOR RAPID TRIAGE- SUPPORTED BY TAL BERNADETTE WHO ADVISED A&E ((Non-Clinical User) (Edinburgh))

CB HEEL INJURY SATURDAY AM

Clinical summary created by: (Non-Clinical User) (Edinburgh) [06/07/2009 21:30:21]
HEEL INJURY / BACK SLAB FALLING APART FOR TONIGHT AND HAD HEEL INJURY ON SATURDAY, ATTENDED A&E GOT BACK SLAB ON HEEL, TONIGHT SWOLLEN & PAINFUL, BACK SLAB FALLING APART, DUE TO ATTEND A&E ON WEDNESDAY FOR RE-ASSESSMENT. REFER TO A&E 4HRS. CALL BACK IF WORSENS

Remarks:
BP: PR: per min Temp:
Clinical Notes:
Triage Doctor Follow Up:
Consultation(s):
By: Start: Finish

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NPM 1350 8/14/09

PATIENT QUESTIONNAIRE

DATE

This set of questions has been designed to help your new General Practitioner get to know you and your medical problems. The information you provide will be handled confidentially by your doctor but if you are concerned about any of the questions please leave them blank. Your doctor or nurse will be pleased to clarify any points. It will be appreciated if you could bring the form with you when you first see the nurse/doctor.

Mr/Mrs/Miss/Ms DAVID THOMPSON Date of Birth 08/06/1984

Address 47 KILMUIR CRESENT FLAT 21, ARDEN Tel.No. 07500348186

What is your marital status IN RELATIONSHIP

■ ■ ■ Name DAWN MCKISSOCK Address 47 KILMUIR CRESENT ARDEN,

Tel.No. 07983313300

ILLNESS ACCIDENTS OR OPERATIONS

Please list any medicines or tablets you are taking at present and the illness for which you are taking them:-

STAB WOUND OF CHEST, RESULTING IN RIGHT SIDED PNEUMOTHORAX
CHEST DRAIN INSERTED

MEDICATION (TABLETS)

PARACETAMOL FLUCLOXACILLIN
DICLOFENAC
DIIHYDROCODEINE
PENICILLIN

ALLERGIES

Are you allergic or sensitive to any medicines/food/animals etc NO

IMMUNISATIONS

Have you had any immunisation in the past 10 years e.g. POLIO / TETANUS / TYPHOID / INFLUENZA

Name: _____ Date: _____ Name: _____ Date: _____

Name: _____ Date: _____ Name: _____ Date: _____

SMOKING AND ALCOHOL

Do you smoke? YES How many per day? 10 — ON SPICE 31/3/09

If you have stopped smoking, when did you stop? _____

How much alcohol do you drink per week? DRINK OCCASIONALLY / ON SPICE 31/3/09

1 Unit = 1 glass wine

1 Unit = 1/2 pt beer

1 Unit = 1/2 whisky

Do you **EXERCISE**? What form of exercise do you participate in? FOOTBALL How Often? WEEKLY / ON SPICE 31/3/09

Do you use any form of recreational drugs? NO

What is your **OCCUPATION**? UNEMPLOYED

Dr R Bhatti
74 Kyleakin Road Glasgow G46 8DH

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FAMILY HISTORY

Please state if you or any member of your family have any of the following conditions:-

Sugar Diabetes NO Nervous Disorder NO
 High Blood Pressure NO Allergies NO
 Heart Attack NO Congenital Diseases NO
 Stroke NO Cancer YES
 Epilepsy or Fits NO Kidney Disease NO
 Asthma NO Other Diseases NO
 Skin Diseases NO
 Are your NO still alive and in good health? Mother YES Father YES

(If either has died could you please say how old they were when they died and what was the known cause of death)

WOMEN ONLY**PERIODS**

Are your periods regular? _____ At what age did your periods finish? _____ (If relevant)

If you use contraceptives would you please circle which method?

The Pill _____ Intra-uterine Coil _____ Diaphragm _____ Sheath _____ Other Method? _____

If you use the Pill – for how long have you been taking it? _____ Do you have any side effects? _____

Have you had a Cervical Smear Test? _____ Where? _____ Result? _____

What was the date of your last Smear? _____

Have you had a mammogram (breast screening)? _____ Date _____ Result? _____

CHILDREN

Have you had any children (please circle) Yes or No _____ How Many _____

TO BE COMPLETED BY THE DOCTOR / NURSE

Date _____

Height _____ Weight _____ BP _____ Urine _____ BMI _____

Action: _____

_____ for _____

Input Date _____ Signature _____

Dr R. Bhargava
74 Kytankin Road Glasgow G46 8D11

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ACCIDENT & EMERGENCY DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD, GLASGOW G42 9TY
TEL: 0141-201 6000

NHS
Greater Glasgow
and Clyde

3

(BLOCK) SURNAME	SURNAME: THOMPSON	DOB: 08/06/84	AGE: 24	SEX: M	A/E Number: AE0027590/09
FORENAME	FORENAME: DAVID	OCCUPATION:	not on patient		
ADDRESS	ADDRESS: 47 KILMUIR CRESCENT FLAT 2/1 GLASGOW		CHI Number: 0806845511 UNIT Number: 8003176156 ARRIVAL DATE: 29/03/09 ARRIVAL TIME: 1612 MODE: OWN REFERRAL BY: SELF		
POSTCODE	POSTCODE: G46 8BU		TEL: 07600 348186		

GP Name: J KEDDIE	PRESENTING COMPLAINT: STAB WOUND
ADDRESS: BRACKENBRAE SURGERY BISHOPBRIGGS G64 2AA	INCIDENT TYPE: ASS
CODE: 43557 1	INCIDENT LOCATION: OUT
TEL: 0141-772-2241	

POST CODE: *R Brath*

G.P. *R Brath*

ADDRESS: *R Brath*

CODE: *R Brath*

GP DISC: *infected wound (chest drain removal site) (R) chest*

DIAGNOSIS: *infected wound (chest drain removal site) (R) chest*

INVESTIGATIONS

• X-RAYS: *Chest & upper abdomen*

TREATMENT: *fluconazole 500mg PO BID*
Cont analgesia (om)
G.P. Review for ROS after 47
None

PLEASE PRESCRIBE

TETANUS PROPHYLAXIS / IMMUNOGLOBULIN / ALREADY IMMUNISED. PLEASE COMPLETE

DOCTOR'S NAME (PRINT) *I. I. I. I. I.* CODE *STR 1041m*

(SIGNATURE) *[Signature]* DISCHARGE TIME *17:55L*

FOLLOW UP NOT ARRANGED / ARRANGED DATE TIME

OUT PATIENTS (PLEASE CIRCLE)		ADMISSION	
A&E CLINIC	ORTHOPAEDIC	TO WARD	
SURGERY	MEDICINE	MEDICINE	SURGERY
EYE	E.N.T.	ORTHOPAEDIC	E.N.T.
GYNAECOLOGY	OTHER	GYNAECOLOGY	OTHER

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IMMEDIATE DISCHARGE LETTER
S2 S214 Or 2 Bnatti

NHS Greater Glasgow
Western Infirmary
Dumbarton Road
Glasgow G11 6NT
Telephone: 0141 - 211 - 2000

GP COPY First Issued: 27/03/2009 14:28
Printed: 27/03/2009 14:28

Admitted: 24/03/2009 Discharged: 27/03/2009
Discharged to: Home
Ward: L10W
Consultant: MR D [REDACTED] Vascular Surgery
Hospital No: 51236096H Date of birth: 08/06/1984
CHI: 0806845511

REGISTERED GP
Or [REDACTED] GOLDTHORP
37 STATION ROAD
MILNGAVIE
G62 8BT
MILNGAVIE

PATIENT
DAVID THOMPSON
2/1 47 KILMUIR CRESCENT
THORNIEBANK
GLASGOW
G46 8BU

no longer our patient

DIAGNOSES		ICD10	PROCEDURES	OPCS4
1. Stab wound of chest, 24/03/2009		S318		

MEDICATION

Drug Name	Format	Route	Dose	Admin Times				PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18			
Paracetamol	Tab	Oral	1g	X	X	X	X			50x500mg
Diclofenac	Tab	Oral	50mg					8hrly for pain	As required	21
Dihydrocodeine	Tab	Oral	30mg					as required, max qds	one week	30

Pharmacy Comments

FOLLOW UP ARRANGEMENTS

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS

Final discharge letter to follow
24 year old man admitted with assault. Two stab injuries to chest, resulting in right sided pneumothorax.
Chest drain inserted, lung now fully expanded.
Saturating well, no further problems.

Wound to be dressed by practice nurse, thank you
No formal follow up required.

Signed: [Signature] Designation: _____
Contact: [REDACTED] Pager Number: 4705

This letter has been produced by the NHS Greater Glasgow incremental Discharge Letter System Page 1 of 1

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SURNAME (BLOCK LETTERS)		MALE	
TITLE		OCCUPATION	
FORENAMES (BLOCK LETTERS)		PHONE NUMBER	
DAVID		772-2108 772-7105.	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER	
08.06.84	☒	6244906160	
	MARRIED (DATE)	C.H.I. NUMBER	
	DIVORCED (DATE)	5511	
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADDRESS		D	M
1. [REDACTED] HOTEL. 274 COLSTON RD. GLASGOW G4 8BE.			
2. FLAT 2-1 47 KILHUIR CRES GLASGOW G4 8BH.		G	R
		DOCTOR'S NAME	
		DR. J. KENNIE	
		CIPHER & DATE	
		29 APR 2009	
		BHATTI	

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TITLE				PHONE NO.	
FORENAMES (BLOCK LETTERS)				DAVID.	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER			
SS11 8.6.84	MARRIED (DATE)	6244 906160			
	DIVORCED (DATE)				
	WIDOWED (DATE)				
ALLERGIES		SPECIAL HAZARDS			
ADDRESS		D	M	DOCTOR'S NAME	CIPHER & DATE
1. 13 HILLHEAD STREET. G12 8PU				DR LOVE.	
2. 40 GLASGOW RD. MILNGAVIE G62 6AT		G		G.E. Morei	
3.					

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SURNAME (BLOCK LETTERS)		MALE	
TITLE THOMPSON		OCCUPATION	
FORENAMES (BLOCK LETTERS)		PHONE NUMBER	
DAVID			
DATE OF BIRTH	SINGLE	☒	N.H.S. NUMBER
8.6.84 SS11	MARRIED (DATE)		6244 906160.
	DIVORCED (DATE)		
	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS ☐	
OAK Bank School ADDRESS Midotacker Rd. Abenden Dec 1984		DOCTOR'S NAME	CIPHER & DATE
ST MARY'S KENMURE		DR B PRICE	23.
ST MARY'S ROAD			2.
BISHOPBRIGGS			00
664 3EN		9/13 SEP 2000	
15 HILLHEAD		LOVE	
ST. ANNE			
3.			
4.			
5.			
Cause of Death			
(1)			
(2)			
Form GP IIIB (Rev. 5/87)			
d 8291706MD 7/91 R.P.(53791)			

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SURNAME (BLOCK LETTERS)		TITLE		FORENAMES (BLOCK LETTERS)		MALE		OCCUPATION		PHONE NUMBER	
Thompson		David									
DATE OF BIRTH	SINGLE	MARRIED (DATE)		DIVORCED (DATE)		WIDOWED (DATE)		N.H.S. NUMBER		C.H.I. NUMBER	
8/6/84								6244906 60		5811	
ALLERGIES						SPECIAL HAZARDS					
ADDRESS						D		M		DOCTOR'S NAME	
40 GLASGOW RD 1. MILNGAVIE G12 6AT										DR G. MORRISON	
2. Lion Hotel 274 Colinton Rd G10 2BE						25 SEP 2001		J. KEDDIE		CIPHEP & DATE	

Page 77 of 149

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MALE		ASTHMA	
Surname		Forenames	
THOMPSON		DAVID	
Date of Birth		National Health Service Number	
8.6.84 (5511)		624 490 6160	
Address		Doctor's Name	Authority's Cipher and Stamp
87a Marmion		S. GUSTY	L. ALAN 21 APR 1997
Tel No. 3518		43219	
Subsequent Addresses			
THOMPSON DAVID E DOB: 08/06/1984 624 490 6160 9 Woolstone Road LNS London 17/11/1997 Se23 SE23 2TR 291-0055 F/1448 HJ Entwistle GP: DR RM MACAUSLAN 1190 GONBURGH 10 - E33 4EH 1715 G 26 OCT 1998 23/209			
Tel No.		(Note changes and insert year of change)	
Occupations	Year	Occupations	Year
Date of Death		19	
Cause of Death			
Doctor's Signature			

SURNAME
FORENAMES

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NHS Temporary services GMS

Patient's details Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☒ Mr ☐ Mrs ☐ Miss ☐ Ms Surname **THOMPSON**

Date of birth **8/6/80** First names **DAVID ELIAS**

NHS No. Previous surname/s

Home address **87A Mermaidon Rd
Plumstead** Temporary address, if applicable **181 Whitechapel
Rd**

Postcode **SE18 6SE** Postcode **SE28 0DE**

Telephone number Telephone number **0181 316 0796**

Doctor to whom details of treatment given should be sent

Name **DR GUPTA** Address **87A Mermaidon Rd**

THIRD PARTY COPY

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Clinical records

16/9/97 13 years
Cough phlegm - Green / Red. 20 JUL 1998
O₂ 13 - unresorbable.

Seen 2 / 10/97
1/10/97 seen cough rock chest high
phlegm - phlegm.
FEV1 270
chest clear.
Rx with 250* (20)
Salbutamol 5 puffs
Gamma cure

GALLIONS REACH
HEALTH CENTRE
THAMESMEAD
SE28 8BE
0181-311-1010

In case of queries, contact
at:

Please do not write on hatched area

THIRD PARTY COPY

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NHS Temporary services GMS2

Patient's details Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Surname THOMSON

Date of birth 8.6.84 First names DAVID

NHS No. 0000000000 Previous surname/s

Home address 89A MARMADON RD Temporary address, if applicable 13 WARE CLOSE
PLUMSTEAD THAMESMEAD

Postcode SE18 1EA Postcode SE23 6DF

Telephone number 316-1365 Telephone number 498-5202

Doctor to whom details of treatment given should be sent

Name DR GUPTA Address GRIFFIN RD
PLUMSTEAD

THIRD PARTY COPY

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Clinical record

25/01/92 full

? # clauiche

? Dislocates @ should

→ Gon Art

■ case of queries, contact at:

GALLONS REACH
HEALTH CENTRE
THAMESMEAD
SE28 8BE
0181-311-1010

Please do not write on hatched area

THIRD PARTY COPY

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THOMPSON		MALE	DATE OF BIRTH 08/06/84	SERIAL No. 5511
DAVID 6244906160		28 ST [REDACTED] ROAD LANARK ML11 7AX		
DRA J [REDACTED]		DATE 09/09/96 L		
THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.				
DATE	°C °F	CLINICAL NOTES	DIAGNOSIS	
				

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THOMPSON		MALE	DATE OF BIRTH 08/06/84	SERIAL No. 6593
DAVID		84/124	32 SECOND AVE	
ZEL910/506			KIRKINTILLOCH	
			GLASGOW	
DR. L M			G66 SDY	
			DATE 03/05/96 G	
THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE AND THIS CARD SHOULD BE USED UNTIL HIS MEDICAL RECORD ENVELOPE IS SENT TO YOU. IT SHOULD THEN BE PLACED IN THE ENVELOPE.				
DATE	°C °F	CLINICAL NOTES		DIAGNOSIS

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23-JUL-2006 SUN 17:19 G. E. M. S.

FAX NO. 01416166201

P. 01/01

Call No: 1682412	CHI No: 0806845511	Date: 23 Jul 2006	NHS 24 No: 3486288						
Patients Name: David Thompson		D.O.B. Age: 08/06/1984 22 Y	Callers Name						
Address Today: 97A Langmuirhead Road Kirkintilloch Glasgow		Home Address if different: The Lion Hotel, 274 Colston Road, Bishopbriggs Glasgow							
Post Code: G66 5DJ	Post Code: G64 2BE								
Phone Number: (0141) 578 6498	Call Type: Dentist Contacted by								
Name of GP: Keddie J	Time Call Received at NHS 24: 18:38								
Surgery: 10191 Kirkintilloch Road	Time Details Received at GEMS: 18:57								
Practice Number: 101	Time Patient Arrived:								
Fax Number: 0141 762 3482	Consultation Start time:								
Speed Dial: 0385W	Consultation End time:								
Dispatched To: No Action By GEMS									
Clinical Information ABSCESS IN MOUTH/3 DAYS Clinical summary created: 23-Jul-2006 SWELLING AT RIGHT BOTTOM WISDOM TOOTH, ABLE TO SWALLOW SATISFACTORILY. NO BREATHING PROBLEMS. SYMPTOMS PRESENT 4/7. TAKEN ANADIN EXTRA AT 11AM THIS MORNING. HAS NOT CONTACTED DENTIST. ADVISED TO TAKE REGULAR DOSES OF PARACETAMOL AND IBUPROFEN. CONTACT DENTIST IN AM.									
Primary Care Nurse									
BP: /	Pulse	Temp: °C	Allergies						
Physicians Notes <table border="1"> <tr> <td>CH.</td> <td>NORMAL</td> </tr> <tr> <td>SEE DR.</td> <td>ABNORMAL</td> </tr> <tr> <td></td> <td>H M L</td> </tr> </table> 24 JUL 2006				CH.	NORMAL	SEE DR.	ABNORMAL		H M L
CH.	NORMAL								
SEE DR.	ABNORMAL								
	H M L								
Referral:	Seen by Dr:	Rota No:	Nurse:						

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Primary Care Division



Homeless Health Services
55 [REDACTED] Street
Glasgow
G4 OUP

Date 10/01/05

Direct Line 0141 553 2863
Fax 0141 553 2830

Dear Dr. Keddie,

RE: David Thompson

DOB: 08/06/84

During the past year your patient has attended the dietetic drop-in session at [REDACTED] House, Broad Street, while a resident there.

At the drop-in your patient will have had their weight and BMI checked and the results and implications will have been discussed with your patient. If appropriate, dietary advice will have been given, depending upon the needs of your patient.

Your patient has now moved on from [REDACTED] House and so is no longer attending the drop-in session. I am therefore discharging your patient from dietetic care.

Should your patient require any further dietetic intervention please refer your patient back to me at the above address.

Yours Sincerely

[REDACTED]
Dietitian for the Hostel Assessment and Resettlement Team

OK	NORMAL
SEE	ABNORMAL
DR.	H M L

11 JAN 2005



D370787

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West Glasgow Hospitals Orthopaedic Department Notes

DAVID THOMPSON
20 CAIRNVIEW
KIRKINTILLOCH
G66 3LP.

D.O.B. 8/6/84

MR. A.T. [REDACTED] S FRACTURE CLINIC - 18.1.01

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Please check details
Check x-rays of this man's right ankle look excellent. He should remain non weight bearing until he comes back to see him on the 15th of February. He is complaining of pain within the plaster over his right patella and we are going to window that to ensure that there are no skin problems.

ATR/MY/1236096

C.C. DR. PAICE, KENMUIR MEDICAL PRACTICE, SPRINGFIELD ROAD, BISHOPBRIGGS, G64 1PJ.

CPD
A.T. [REDACTED] FRCS
CONSULTANT ORTHOPAEDIC SURGEON.

W

- 6 JUL 2001 CIRCULATE

RESULT	Y/N	OK
ABNORMAL		SC
APPOINTMENT		SC
PRESCRIPTION		FI
X-FOLDER		REG
NORMAL		RET
FILE		ADMIN
SUMMARY		

Dr. Paice,
Kenmuir Medical Practice,
Springfield Road,
Bishopbriggs,
G64 1PJ.

0068830M1

NHS Confidential: Personal data about a patient



West Glasgow Hospitals Orthopaedic Department Notes

DAVID THOMPSON
20 CAIRNVIEW
KIRKINTILLOCH
G66 3LP.

D.O.B. 8.6.84

MR. A.T. [REDACTED] FRACTURE CLINIC - 15.2.01

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

SE MORRISON
67/4038

Diagnosis: Salter [REDACTED] II type injury right distal tibia and fibula.

I saw this patient just over 5 weeks since he sustained the above injury. Out of cast he is non tender around the ankle and can weight bear without problem as regards this. His check x-rays today are satisfactory.

He complained of pain in his knee on weight bearing but clinical examination revealed no obvious tenderness or ligamentous laxity or effusion. I x-rayed his knee and there is no obvious bony injury.

I have therefore asked him to commence weight bearing gradually on this leg and will review him in 2 weeks time for further examination of his knee and referral to physiotherapy if appropriate.

BJ/MY/1236096

C.C. DR. PAICE, KENMUIR MEDICAL PRACTICE, SPRINGFIELD ROAD, BISHOPBRIGGS, G64 1PJ.

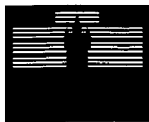
Mr. Bryn [REDACTED]
Specialist Registrar in Orthopaedic Surgery.

Dr. Paice,
Kenmuir Medical Practice,
Springfield Road,
Glasgow,
G64 1PJ.

22 JUN 2001 CIRCULATE		19 FEB 2001
RESULT	Y/N	MR
ABNORMAL		
FILE		
SUMMARY		ADMIN

0068830MI

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West Glasgow Hospitals

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
GLASGOW
G11 6NT
DIRECT LINE: 0141 211 2422

UGF/RM/1236096

MR FAZZI'S FRACTURE CLINIC - 05/06/01

Dr F [REDACTED]
General Practitioner
37 Station Road
Milngavie
G62 8BT

gh

- 8 JUN 2001 CIRCULATE		
RESULT	Y/N	M/K
ABNORMAL		SG
APPOINTMENT		
PRESCRIBE		
A&F FOLDER		
NORMAL		REG
FILE		RET
SUMMARY		ADMIN

Dear Dr [REDACTED]

RE: DAVID THOMPSON 40 GLASGOW ROAD MILNGAVIE G62 6AJ DOB: 8.6.84

The above patient failed to attend my Fracture Clinic today after your referral. I assume that the symptoms have settled and unless I hear to the contrary from yourself I will not be sending out a further appointment.

If I can be of any assistance please do not hesitate to contact me.

Yours sincerely

UMBERTO G FAZZI FRCS (Orth)
CONSULTANT ORTHOPAEDIC SURGEON

Incorporating the Western Infirmary, Gartnavel General Hospital,
The Glasgow Homoeopathic Hospital, Drumchapel Hospital and Blawarthill Hospital

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Hospital use Only	Clinic	Day Date	Time	Hospital No.	GPFH112
REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED				Appointment Category Routine ☐	
Hospital	WIG	Date	4/5/01	CHI NO	5511
Please arrange for this patient to attend the			ORTHOPAEDIC OP	Clinic of MR FAZZI	
Patient's Surname			THOMPSON	Maiden Surname	
First Names			DAVID	Single/Married/Widowed/Other	
Address			40 GLASGOW RD MILNGAVIE	Date of Birth	
				8/6/1984	
Postal Code			G62 6AJ	Patient's Occupation	
Contact telephone number				HB of residence	
				GGHB	
Has the patient attended hospital before?			If "YES" please state:		
Name of Hospital			Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER		
Year of Attendance			DRS MacLEOD, GOLDTHORP		
Hospital No.			37 STATION ROAD, MILNGAVIE G62 8BT		
If the patient's name and/or address has/have changed since then please give details:					
Can patient attend at short notice?					
If YES, minimum notice required			Days		
			Please use rubber stamp		

GP's Code Practice Code 40385

Contract Number

I would be grateful for your (1) diagnosis and advice on History, symptoms and signs is given below:

(2) Diagnosis and treatment of the above named patient. A brief outline of

Dear Mr Fazzi

I would be very grateful if you could see David who had a fractured tibia in January of this year. Unfortunately when he went back to playing football, he was kicked on the side of the right knee, and has experienced intermittent new problems ever since then.

He describes some pain on the outer aspect of the right knee, it occasionally gives way, and there has been no significant effusion.

On examination today, he did not seem to have a knee effusion, but there was some tenderness on the lateral joint line and some pain on stressing the lateral ligament.

I wonder if he may have developed a cartilage problem. I have advised him not to play football until he is seen by yourself.

Best wishes.

Yours sincerely

F
General Practitioner

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West Glasgow Hospitals Orthopaedic Department Notes

DAVID THOMPSON
20 CAIRNVIEW
KIRKINTILLOCH
G66 3LJ.

D.O.B. 8.6.84

MR. A.T. [REDACTED] NEW PATIENT FRACTURE CLINIC - 9.1.01

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

This man jumped about 25 feet a couple of days ago and sustained an injury to his right lower tibia. He was originally in [REDACTED] custody the details of which I am not sure about. Up until yesterday he has been homeless and he has now recently moved into a hostel in Govanhill. This man has a type II Salter injury to his distal right tibia. The lower limb is quite swollen. There is no evidence of any compartment syndrome however. He requires to be placed in an appropriate long leg cast, light weight with the ankle at right angles and needs to elevate this as much as possible over the next 9 days. He will be reviewed at that stage and hopefully the plaster changed to a better fitting variety. He will remain non weight bearing for at least 4 weeks. I am going to attempt to get our throughcare service to at least try and liaise with the appropriate groups on the South Side to see if he can be offered some help.

ATR/MY/1236096

C.C. DR. PAICE, KENMUIR MEDICAL PRACTICE, SPRINGFIELD ROAD,
BISHOPBRIGGS, G64 1PJ.

A.T. [REDACTED] FRCS
CONSULTANT ORTHOPAEDIC SURGEON.

Dr. Paice,
Kenmuir Medical Practice,
Springfield Road,
Bishopbriggs,
G64 1PJ.

10 tibia

Record	Dr. Paice
Result OK	Dr. Paice
12 Dec 01	

0068830MI

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Please check details - not a copy

12/1

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

WEST GLASGOW HOSPITALS
ACCIDENT/EMERGENCY FORM

CRN: 1236096

P	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
A	THOMPSON	DAVID	16	08/06/84	02/01/01	13:52	00224/01
T	Address		Sex	Religion	Date of Inc	Time	
I	2 [REDACTED] Park Avenue		Male		02/01/01		
E	GLASGOW		Marital Status		Type of Inc	Mode of Arrival	
N			Single /		Other	Walking	
T	PCG12 8DU	Tel					
G	Name	Address			Referred by		
P	Dr [REDACTED]	KENMUIR MEDICAL PRAC SPRINGFIELD ROAD BISHOPBRIGGS GLASGOW G64 1PJ			Selfref		
NEXT OF KIN	Name	Address			Complaint		
	Relat.						
	Rel. No.						
ROAD TRAFFIC ACCIDENT PLACE				DETAILS			
HOME ACCIDENT PROBABLE CAUSE							
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT							
Dear Doctor,				TRIAGE			
The above-named patient attended Accident & Emergency Department today.				TRIAGE TIME		TRIAGE CATEGORY	
Diagnosis <u>PAIN OVER 5 TH METACARPAL</u>				13:52		Category 3	
X-Ray film/ECG shows <u>No fr</u>				INITIAL COMPLAINT			
Treatment given <u>FLUORASPLINT</u>				INITIAL TREATMENT			
FILED BY MRJMON							
Drugs <u>2</u> days supply of <u>13/01/01</u> <u>0.20 g 712</u> has been given.							
Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)							
Would you please arrange _____							
DISCHARGE CODES: Please Circle 1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge 2. Discharge 4. Transfer to other hospital (see below) 6. Refer to O.P. Clinic (see below) 8. D.O.A.							
Ward No. (if admitted)		Transfer to Hospital			Consultant (if admitted)		
Follow up		Not arranged		Arranged		To be arranged	
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin ENT Gyn. Others Specify
Medical Officers Name (In Block Letters)				Signature of Medical Officer			
Cons SR Reg <u>SHO JHO</u> Clin Assist (please circle)				<u>[Signature]</u>			

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THIRD PARTY COPY

NOTHING TO ENSURE DETECTION
BY SCANNER

14-11-01

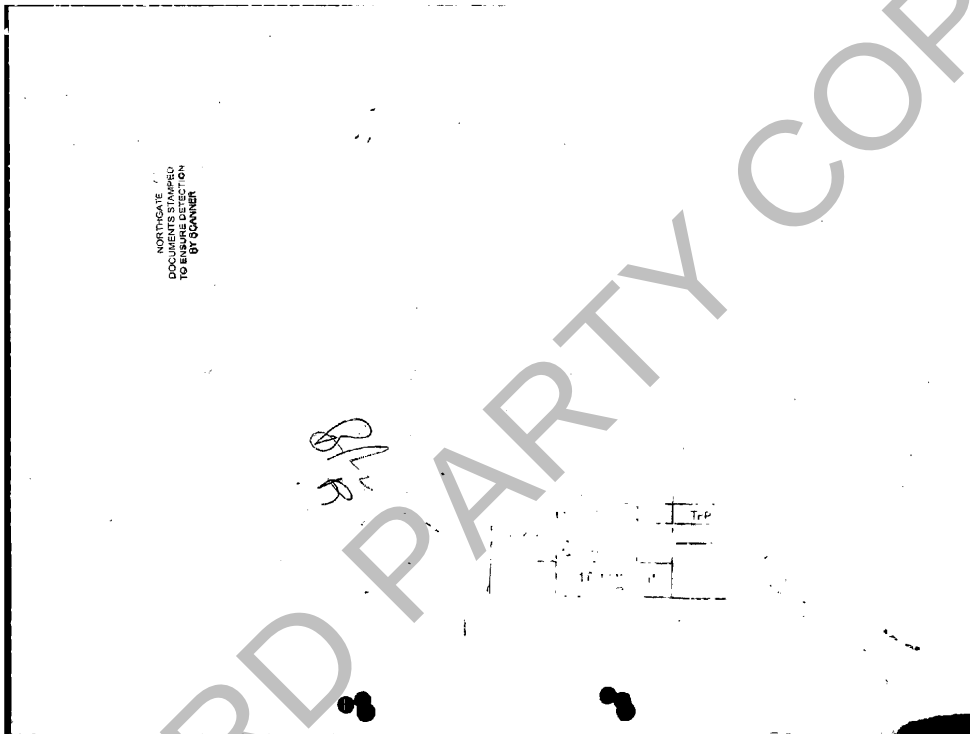
Pull Record	Dr Paice	☒	Standard
	Dr Gordon	☒	Fundhold
Clinical Update	Dr Berg	☐	
	Dr Doubal	☐	TPP
Inf. Patient Result OK	Dr Mclellan	☐	
	GP Reg	☐	
File	05 JAN 2001	☒	

47

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ACCIDENT & EMERGENCY DEPT. WESTERN INFIRMARY GLASGOW G11 6NT TEL: 0141-211-2304/2409		WEST GLASGOW HOSPITALS ACCIDENT/EMERGENCY FORM		G.P. COPY	
CRN: 1236096					
P A T I E N T	Surname THOMPSON	Forename DAVID	Age 16	Date of Birth 08/06/84	Arr Date 08/01/01
	Address CAIRNVIEW 20 CAIRNVIEW KIRKINTILLOCH		Sex Male	Religion	Date of Inc 08/01/01
	Tel PC G663LJ		Marital Status Single /	Type of Inc Other	Mode of Arrival Other
G P	Name Dr PAICE	Address KENMUIR MEDICAL PRAC SPRINGFIELD ROAD BISHOPBRIGGS GLASGOW G64 1PJ		Referred by POLICE	Complaint
NEXT OF KIN	Name MRS [REDACTED]	Address 20 CAIRNVIEW CAIRNVIEW KIRKINTILLOCH G66 3LJ			
	Relat. MOTHER				
	Id. No.				
ROAD TRAFFIC ACCIDENT PLACE			DETAILS		
HOME ACCIDENT PROBABLE CAUSE					
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT					
Dear Doctor,			TRIAGE		
The above-named patient attended Accident & Emergency Department today.			TRIAGE TIME 00:15		
Diagnosis ? # distal			TRIAGE CATEGORY Category 3		
X-Ray film/ECG shows Radiohumeral distal Tibia			INITIAL COMPLAINT Ankle Complaint		
Treatment given backslab & crutches			TREATMENT		
FILED BY MRLHUNT					
Drugs 5 days supply of Brijen has been given.					
Tetanus Prophylaxis has/has not been administered. TT Course TT Booster HATI (Please Tick)					
Would you please arrange					
DISCHARGE CODES: Please Circle 1. Admission 3. Refer to G.P. 5. Died 7. Irregular Discharge 2. Discharge 4. Transfer to other hospital (see below) 6. Refer to C.P. Clinic (see below) 8. D.O.A.					
Ward No. (if admitted)		Transfer to Hospital		Consultant (if admitted)	
Follow up		Not arranged		Arranged	
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical
				Surgical	Skin
				ENT	Gyn.
				Others Specify	
Medical Officers Name (In Block Letters)			Signature of Medical Officer		
Cons	SR	Reg	SHO/JO	Clin Assist	(please circle)

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STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT																																																																														
P A T I E N T	Surname	THOMPSON		Forename	DAVID		Age	15	Date of Birth	08/06/1984	Arr Date	01/02/00	Time	17:47	AE Number	004066																																																														
	Address	ST [REDACTED] RD KENMUIR			Sex	MALE		Religion			Date of Inc.	01/02/00		Time	~																																																															
		PC	G64 2EH		Tel	0141 563 022		Marital Status	SINGLE		Type of Inc.	OTHER		Mode of Arrival	NOT KNOWN																																																															
	Name	PAICE			Address	SPRINGFIELD ROAD BISHOPBRIGGS GLASGOW			Referred by																																																																					
N E X T O F K I N	Name	TRISHA			Address				Complaint	T 36.5 Osc 98%																																																																				
	Relat.	MOTHER						MED/CAS	7 AHEAD																																																																					
	Tel No.	0141 775 1585																																																																												
TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT																																																																														
THE ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY																																																																														
DIAGNOSIS _____ INVESTIGATION SHOWS _____																																																																														
TREATMENT GIVEN 9 pm																																																																														
R Treated at Genus with Pinon 10 for allergic reaction yesterday. Symptoms disappeared overnight but re-occurred + more widespread today - hot, itchy rash over torso, back + arms - not face or legs - no SOB/chest tightness/tongue swelling DE chest clear red, blotchy rash hot to touch over chest, abdo, back + arms. no SOB Plan - IV pinon + hydrocortisone - d/w patient cause →																																																																														
WOULD YOU PLEASE ARRANGE																																																																														
<table border="1"> <tr> <td>Investigations</td> <td>X-Ray</td> <td>Lab</td> <td>ECG</td> <td>Match</td> <td>Bact</td> <td>Admitted to ward</td> <td>Consultant</td> </tr> <tr> <td>Treatment</td> <td>Dressing</td> <td>Suture</td> <td>Tet Tox</td> <td>Antibiotic</td> <td>Analg</td> <td>Hospital Transferred</td> <td>Comments</td> </tr> <tr> <td>Pop</td> <td>Resusc</td> <td>Nurse's Signature</td> <td colspan="5">Medication advised by IVBn.</td> </tr> <tr> <td>Medical Officers Signature</td> <td colspan="6">K McL</td> <td>Medical Officers Name (BLOCK)</td> </tr> </table>																	Investigations	X-Ray	Lab	ECG	Match	Bact	Admitted to ward	Consultant	Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg	Hospital Transferred	Comments	Pop	Resusc	Nurse's Signature	Medication advised by IVBn.					Medical Officers Signature	K McL						Medical Officers Name (BLOCK)																														
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Medical Officers Signature	K McL						Medical Officers Name (BLOCK)																																																																							
<table border="1"> <tr> <td>Disposal Time</td> <td>Home</td> <td>Admit</td> <td>A/E Clinic</td> <td>Irreg Dis</td> <td>Died</td> <td>DOA</td> <td>GP</td> <td>Transfer</td> <td>Other Clinic</td> <td>DNW</td> <td>STAFF GRADE</td> <td>JHO</td> </tr> <tr> <td>22:00</td> <td>☒</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>REG (SHO)</td> <td>PLEASE FILL IN</td> </tr> <tr> <td>Drugs</td> <td colspan="10">3 days supply of drug prednisolone OD ✓</td> <td>has been given</td> </tr> <tr> <td>Drugs</td> <td colspan="10"></td> <td>Written Advice Issued:</td> </tr> <tr> <td>Drugs</td> <td colspan="10"></td> <td>Patient's Name</td> </tr> </table>																	Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW	STAFF GRADE	JHO	22:00	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	REG (SHO)	PLEASE FILL IN	Drugs	3 days supply of drug prednisolone OD ✓										has been given	Drugs											Written Advice Issued:	Drugs											Patient's Name
Disposal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW	STAFF GRADE	JHO																																																																		
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Tetanus Prophylaxis has / has not been administered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)																																																																														

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ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYLAXIS)						
Date Given	Drug (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By
12/00	Purkin	10mg	IV	9.05pm	RAIP	RAIP
12/00	Hydrocortisone	10mg	IV	9.05pm	RAIP	RAIP

DAVID Thompson

DATE	CLINICAL NOTES
	- no rx allergy - nothing new eaten - new deodorant, stopped use yesterday - ? new soap powder at home Advised to find out as further reactions may be worse will return 9.30pm RAIP
12/00	9.45pm - rash faded + non-itchy - will exclude new soap powder + hair gel Plan - continue 10mg purkin QD as prescribed by GP add 10mg prednisone QD for 3/7 RAIP 12/00

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1994-1995
1995-1996
1996-1997
1997-1998
1998-1999

XL

Glasgow Emergency Medical Services (Colour Name)

Call No: 137161	Date: 31/01/2000 19:57:50	Time of Call:
Patient's Name: Thompson David	DOB: 05/06/1994	Age: 15 Y
Address Today: ST MARYS SECURE UNIT St. Marys Road BISHOPBRIGGS Glasgow G63 2EH		Home Address if different:
Post Code	Post Code	
Phone Number Today: 43 0143 553 0220	Home Phone if different:	
Special Directions to Today's address:		
Callers Name:	Relationship to patient:	
Name of GP: Paine SJ	Practice No: 118	
Surgery: Haverhill Medical Practice	Optical No: 003000	
Address:	Fax No: 0844 764 2018	
	Speed Dial: 01555	
Cell Type: 91	Time Passed:	
Receptionist's Name: LEAT	Time Arrived: 18:25	Time complete: 19:10
Patient's Complaint: Broke out in severe rash, all over body.		
BP: PH: Temp:		
Clinical Notes: No previous history. No current medication. As Urticaria - large lesions on body. (Rash 1st)		
Treatment: (Chloroquine) 300mg Chloroquine 300mg 1st		
Diagnosis Code: M61.000		
Referral:		
Signed by Dr: E. HARLEY	Role No: 20	Nurse:

Prescribed	Dr Paine		Dr Paine
Clinical Update	Dr Giddens		Dr Giddens
Ref Patient	Dr Berg		Dr Berg
Result OK	Dr Doust		Dr Doust
File	Dr Mounier		Dr Mounier
	GP Reg		GP Reg
	01 FEB 2000		01 FEB 2000

Scanned Document
06-July-2026 ERIN MCGEEVER
Additional:Scanned Document

Filename: igprda202607060952500.tif
Extension:.tif
Pages:

THIS CONFIDENTIAL PERSONAL DATA ABOUT A PATIENT

SCORING KEY

NIGHT/DAY SYMPTOM SCORE:

☐ = Never ☐ = 1 to 2 x weekly
☐ = 1 to 2 x monthly ☐ = Daily

ACTIVITY

☐ = Rarely ☐ = Active play
☐ = Sports ☐ = Walking on flat

PEFR:

Record best of three readings (actual)
Record % predicted or best ever

COMPLIANCE WITH THERAPY:

☒ = Good ☐ = Poor

INHALER TECHNIQUE:

☒ = Good ☐ = Poor

DAYS OFF:

Record days off when normal activity resumed

OTHER EVENTS:

Record dates of other events

Adapted from Thoracic Asthma Group

Reference: 1. [redacted] 12A (Integrated Series)
Castlemead Publications, Henle, 1983.

 **Working with you for better health**
[redacted] & Partners Limited
[redacted] Middlesbrough, Middlesbrough UB11 1BT

20025129-AP/August 1995

CHILDREN'S ASTHMA RECORD CARD

PERSONAL HISTORY

Name: David Thompson
Address: 9, Woodstone Rd.
Postcode: SE23
Sex: M Age: 13y10 Date of birth: 8/6/84
Doctor's name: _____
Date of initial assessment: 20.11.97
Height: 153 Weight (kg): 70.1
Prescription: 1 x 100mcg inhaler per day: 10 daily
Prescription: 1 x 100mcg inhaler per day: 10 daily
Ex-smoker: No No per day: _____
Predicted PEFR: 390
Best PEFR: _____

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ASTHMA HISTORY		(Write in months across columns 1-12)											
Year of onset of symptoms <u>1997</u>		3	4	5	6	7	8	9	10	11	12		
Year of asthma diagnosis <u>1997</u>													
Family history of asthma or atopy													
Eczema	☒												
Hayfever	☒												
Wheezy bronchitis as a child	☒												
Other conditions (specify)	☒												
Other medication (specify)	☒												
Drug allergies (specify)	☒												
Present symptoms:													
Respiratory infection	☒												
Sputum	☒												
Cough	☒												
Asthma state:													
Mild	☐												
Moderate	☐												
Severe	☐												
TRIGGER FACTORS													
Damp	☒												
Cold air	☒												
Exercise/activity	☒												
Emotion/laughter	☐												
Respiratory infection	☒												
Animals	☒												
Smoke/Dust	☒												
Seasonal (specify)	<u>?</u>												
Other (specify)													

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ASTHMA EVENTS				ACTIONS TAKEN	
Local onset	Prem	1	2	Present level of understanding	Check box
	Surgery visit, G.P.			High	☐
	Nurse			Medium	☐
	G.P. call-out: day			Low	☐
	night			Education	
	Increase inhaled steroids			Explanation of asthma	☐
	Rescue oral steroids			Information on treatment	☐
	Nebulisation			Symptom recognition	☐
	Course of antibiotics			Home PEF monitoring	☐
	Emergency visit			Self-management plan	☐
	Hospitalisation			Booklets given	
	Consultant referral			Confidence with asthma	☐
	Other (specify)			Regular therapy in asthma	☐
				You can do it, Desmond O'Keefe	☐
				A guide to peak flow	☐
				Peak-flow diary card	☒
				Other (specify)	☐
				<i>Handwritten note:</i>	

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ASTHMA CONTROL

Date: 15/3/95	Height: 140cm	Weight:
Night: 2	Day: 1	Activity: 2
Actual PEFR: 220	Compliance: G	Child: 1
% predicted: 70%	Lab Test: P	Other events: 1
		Other events: 1
		Other events: 1

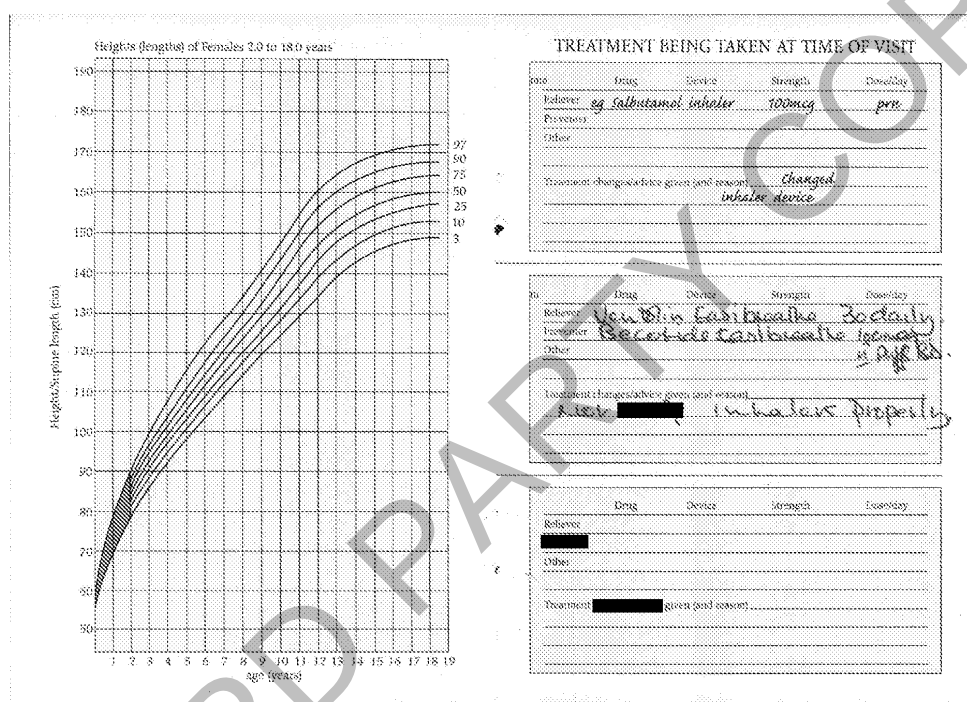
Date: 26.11.97	Height:	Weight:
Night: 3	Day: 3	Activity: 2/12 290
Actual PEFR: 390	Compliance: P	Child:
% predicted: 390	Lab Test: P	Other events:
		Other events:
		Other events:

Date:	Height:	Weight:
Night:	Day:	Activity:
Actual PEFR:	Compliance:	Child:
% predicted:	Lab Test:	Other events:
		Other events:
		Other events:

Heights (lengths) of Males 2.0 to 18.0 years

age (years)

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NHS Confidential: Personal data about a patient

ASTHMA CONTROL						TREATMENT BEING TAKEN AT TIME OF VISIT			
Date:		Height:		Weight:					
Age:	Day:	Activity:	Days off/last visit			Drug	Dosage	Strength	Frequency
Actual PEFR:		Compliance:		Chest:		Inhaler			
%		Ink Test:		Other events:		Prescription changes/other given (and reason)			
				Order to make back come					
Date:		Height:		Weight:					
Age:	Day:	Activity:	Days off/last visit			Drug	Dosage	Strength	Frequency
Actual PEFR:		Compliance:		Chest:		Inhaler			
%		Ink Test:		Other events:		Prescription changes/other given (and reason)			
				Order to make back come					
Date:		Height:		Weight:					
Age:	Day:	Activity:	Days off/last visit			Drug	Dosage	Strength	Frequency
Actual PEFR:		Compliance:		Chest:		Inhaler			
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				Order to make back come					

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ASTHMA CONTROL				TREATMENT BEING TAKEN AT TIME OF VISIT			
Date:	Height:		Weight:	Drug	Device	Strength	Dose/day
Night:	Day:	Activity:	Days off/last visit:	Reliever			
Actual PEFR:	Compliance:		Child:	Preventer			
% predicted/best	Inh Tech:		Other events: (Refer to inside back cover)	Other			
				Treatment changes/advice given (and reason)			

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MALE		Surname	Forenames
		Thompson	DAVID
Address			
87A MARMADON RD. PLUMSTEAD - SE16			
National Health Service Number		Date of Birth	
2EL910 506		08/06/84	
Date	★	CLINICAL NOTES	
16/1/96		new. 10/7/95 New patient check done - not done	
24.1.96	A	Behavioral problems at school - Causes distractin disobedience ✓ Refer Child Psychologist St. Nicholas Centre. Tavem Rd.	
7/2/96	A	Tonsillitis Rx - Amoxycillin susp. 250 mg/5 ml tabs (100)	
12/5/97		Ureter, blocked Nerves Cough in the night. No wheeze cephalosporins 250 tabs (15) 2 months SP 5 tabs (20 out)	

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MALE		Surname	Forenames
		<i>Thompson</i>	
Address			
<i>87A MARMAON ROAD SE18</i>			
National Health Service Number		Date of Birth	
<i>6244906160</i>		<i>8/6/84</i>	
Date	★	CLINICAL NOTES	
		<i>new, [redacted]</i>	
		<i>06 Nov 97 DNA</i>	
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Form FP7			

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MALE		Surname	Forenames
		THOMPSON	David Elias
		Address	
		9, Woolstone Rd Forest Hill SE23 2TR	
		National Health Service Number	Date of Birth
			8.6.84.
Date	★	CLINICAL NOTES	
14.11.97		Reg + NPC. ASTHMA	
PMH.		0 ops XGP - Or Euph Usually well. 317-7258 Bronchitis 3/12 ago. Δ Asthma Nov 97. (here).	
ESH.		In Care Mother + 1/2 A+W. Stress Father - Unknown 3 Brothers. (half brothers). Mat Grandmother Mastectomy Breast Ca. 12 Great Gr Parents 1 HD ??	
SENS -		Nil Known	
MED -		Ventolin Gasobreathe Becotide	

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Date	★	CLINICAL NOTES
BIP		100/50
Ht		1m 53
Wt		7st 1lb.
Smoke		- 10 day.
Alcohol		= No
Exercise		= Football
		PFR = 300
		Expected = 370
		urine - Prote.
25.11.99		Ventolin (asthma) (X)

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MALE		Surname	Forenames
		THOMPSON	DAVID
Address			
National Health Service Number		Date of Birth	
		8/6/84	
Date	★	CLINICAL NOTES	
14/11/97		cough ++ 3/12 cough ++ ex. Δ Asthma. smoke 1-2/day Hx - chest d Rte heard 100 ears Vented earbuds R Asthma Nurse R Rhinovir stop smoking D	

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MALE		Surname	Forenames
		HOMPSON	DAVID. 2356
Address			
87A MARTADON RD. PLUMSTEAD SE18 1EA			
National Health Service Number		Date of Birth	
ZEL91Q 506		8-6-84	
Date	★	CLINICAL NOTES	
31/1/94.		N/P.	
		UNFI	
1/8/94.		By email every 15 mins	
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Page 122 of 149

National Health
Service Number

Forenames (Block Letters)

DAVID

CLINICAL NOTES

Address

Reviewing. -

Date of Birth

274 Colston Rd. P64-28C

P-6-94

Date	*	Clinical Notes	Diagnosis
30.10.06.		P. now staying TRIP IN HOUSEHOLD UNIT IN PAVANHILL. Accident to ARM/HAND? AT GRI FOR TREATMENT - PIVOT TO PAINFUL + DORSAL [REDACTED] - EG.	

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355 2095

[illegible]

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5/2000 204722

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National Health Service Number	
Surname (Block Letters)	Forenames (Block Letters)
Thompson	David
Address	
Date of Birth	
8/6/84	

Mr David Thompson
40 Glasgow Road
MILNGAVIE
G62 6AJ
G07641 Dr [redacted]
M 08/06/84

Date		
26/2/01	S	Had # tissue out of plaster. Put round Thursday. App 1st. home. No violence on the way. St. eff. (R) knee by discharge SU, i to (60) - Cap perching, R NAD & splinted last week 26.2.01 Med S 21.1.01 - 20.2.01. #Lsa 15/3/01 Reg max line from 20/2/01 P 4 weeks 15/3/01 Med S 20/2/01 for 4 weeks (SS) 12/4/01 PMA. 15/01 play side knee. swelling Intermittent pain. Locks on way. 3/5/01 Playing football - knee damage Side on blow. No immediate swelling Clo pain (side of R knee Locking - see gives way. Pain behind # dash Tender - lateral side of knee. Stable knee effusion. Pain on full flexion. Lg - Pain on stretching lateral lig. "OUT Emg: collie problem. "Calf mark Rte - Med S - 12/4/01 - 3/5/01 } "knee problem" Med 3 2/01 Rte ortho - Stop football Elypoda 200mg 2 bid Max chl (89) - had to be no problem

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4/7/01
FORM GP111F
355 2095

Ortho WLS op not RT letter typed ✓

Date	
16/5/01	S
	- wishing sickline: Med 3 mit 15/6/07 @
	- says thoprogen didn't give good pain
	- relief.
	cocodamol (60) -
	RTH/Erwin

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[illegible]

Printed for Tactical Solutions B14779 7/00 (017302)

		National Health Service Number	Dr. [Signature]
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	Thompson		Diana
Address			Date of Birth
13 HILLHEAD ST Hill Road House			5/6/84

Date 4/9/00

Pull WC

Drop WC

My Parents separated (Father in France)
Mother + stepfather in LAOS
Sister 2 days
Maid 8 weeks

My MC signment

5'11" 117lbs 51b AP 12/60

Ex STAFF's (SECURE UNIT) part 2ys

Mom 8/8 10/2

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355 2095

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[illegible]

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters) THOMPSON	Forenames (Block Letters) DAVID
	Address ST. MARY'S SCHOOL ST MARYS RD RISWICK BRIDGEMANS	Date of Birth 8.6.84

Date

9/6/00
(extra)

Pain in ^{right} back 2-3 weeks since
playing football
yesterday had pain @ side
of [redacted] - tried again playing
football.
[redacted] — no nerve root symptoms
of walking ✓
tender @ lumbar region
leg ✓

pt. Improves from 60 (60)
advised not appropriate w/ extra
appointment.
How

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[illegible]

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		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	THOMSON.		DAVID
	Address		Date of Birth
		ST MARYS	8/6/84.

Date	
7/12/99	1) 2 1/2 month history of burrowing? plugging forehead. No medication for it. Intermittent.
no notes	2) on forehead, burrowing when walking today.
	off some hardness and (E) illium
	L. forward flexion + (C) lat flexion because
	peripher.
	See (C) 800 (K) 700 burrowing
	Endi ✓
	→ 1) try Harpoch (C) 45 See if not
	subling
	2) to have eyes watch.
	3) wanted to see if Harpoch. Apparently
	has inhibitors for? 600ms line from 1st
	line + is OK.
	GJR
19.6.00	DNA

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Date		
	ADDRESS OF OWN DOCTOR	DR [REDACTED] SHEPPARDSON HCL ?
	MORE OR LESS THAN 15 DAYS	
4 3 95		
1/1/94	Trarbotis —> Arney [REDACTED] 40. (27) 3	
	Alive re: smoking	
19.6.00	D.	

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Date	•	TEMPORARY RESIDENT
		(HOME)
		ADDRESS OF OWN DOCTOR
		MORE OR LESS THAN 14 DAYS

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Date		
23.9.99	5	New patient - 11 year old Born in Glasgow but lived in London until 8/12 ago - moved back with mum + 3 small brothers. Past h/o absconding from childrens homes + awaiting longer term placement H/o asthma - on Salbutamol Recreational Smokes ~ 8/day - info given
2/6/00		RA

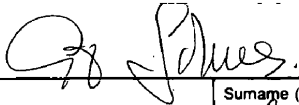
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[illegible]

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		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Thompson	Deved
	Address	Date of Birth
	St Johns.	6/6/84

Date	
17/8/98	:- wheezing H/O Bronchitis (0) Crackly chest - dry sp Coughy + Bronchial wheeze f/u Asthma Clinic
22/9/98	Peak 460 L/min. Sp 3" Est 423 L/min Chest much better. On wheeze occasional cough, exercise induced. Symptoms - spit also with cough describes green sleeping well at night phlegm sneezing 10 a day - MUST STOP. see to [redacted] phlegm ① Do Serial Peak flow recordings ② Use Pulmicort 400 Turbo 1 puff BD ③ Use Bricanyl 540 Turbo 1 puff QDS PRN (15 minutes prior to exercise) review 12.
22/9/98	0 Cough green phlegm as above Chest clear No (Alphabac 200, qds 20) U
25/11/98	DNA
22/1/99	1/this improving, (0) bedhead then 2/ all better (0) throat - now 2/ worse lost / much spit Chest clear

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CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) <i>Shewson</i>	Forenames (Block Letters) <i>Deivid</i>
	Address <i>St John's</i>	
		Date of Birth <i>08.06.84</i>

Date	
28/3/98	(n) chromic shingles well
(m)	

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355 2095

[illegible]

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Extension: .tif
Pages:

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Doctor: Brown ☐Action: ☒Date: 30 / 5 / 92If "T" code, patient happy
with telephone advice? Yes / No

Clinical notes:

Diagnosed Ringworm by PC
yesterday.
Advise about infectivity.

Diagnosis: Ring wormRX
Batch number

Disposal:

1. Hospital admission arranged.
2. To attend GRHC for follow-up.
3. Advised attend A & E dept.
4. Recall if required.

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SURNAME THOMPSON		FORENAME(S) DAVID		☒ M ☐ F		S M W S/D		PN 952300	Dr 27
DATE OF BIRTH 01/01/84		ADDRESS 34 FIDLOFARIS 3 Waterloo Close		☒		SENSITIVITIES			
OBSTETRIC HISTORY		PAST HISTORY		HEALTH CHECKS		Blood gp. ☐ Rhesus ☐ Diphtheria ☐ Rubella ☐ Pertussis ☐ Smallpox ☐ Tetanus ☐ BCG ☐ Polio ☐ Measles ☐			
		DATE		INITIALS					
		OFFERED		2018/9		M			
		EXAM		2018/9		M			
		CHAT		12/10/18					
		CLAIMED							

DATE	TYPE	DR.	NOTES	DIAGNOSIS	TREATMENT REFERRAL	C
29/1/19			GP 95/56 WIP Interview			
5/3/19			Stuffy nose for last 6/7. Cough + 2 grey Phlegm O/E Chest clear Throat normal	URT	Referred	
20/7/19	E 30		? Ring worm No cats	Micromed		
1.6.19	A 28		Lesion on chest looks more like eczema	Top Betnovate 9/52 - if no better do skin scrape.		
30.5			T- 12.30 DR DB			

GP 13 A

28/2/93	NV (27) 23:30		
24/6/03	A 74	UNIT + colored night.	Epk pm
21-8-93.	Hit on back of head by a brick thrown by a friend, grazed only. cleaned & saline. Accompanied by stopgap, had PGB at usual time.		

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Doctor:

27

Action:

NV

Date:

28, 2, 93.

If "T" code, patient happy
with telephone advice?

Yes / No

Clinical notes:

Lethargic today febrile. Vomited x1

Usual diet.

(96) (15) J & T / ASD, 1st to 2nd DUE.

Viral infection

CG+ (10/9/93)
(200)

Diagnosis:

RX
Batch number

Disposal:

1. Hospital admission arranged.
2. To attend GRHC for follow-up.
3. Advised attend A & E dept.
4. Recall if required.

NHS Confidential: Personal data about a patient

Fracture Clinic: 18.03.95

THOMPSON David dob 08.06.1984 X401 047 340
87A Marmadon Road London SE18 1EA

Diagnosis - Tissue injury of left wrist.

History - Fell while playing at [REDACTED] on an outstretched hand.
Complains of pain in the radial part of the wrist, on examination
there is fullness and tenderness in the Anatomical Snuff Box but
x-rays do not show any fractures around the wrist.

Advise light weight colles plaster and review on 28.03.95 with
plaster of on arrival and further assessment.

cc Dr H K [REDACTED]
188 [REDACTED]
Plum [REDACTED]
SE18 7LX (86)

NORMAL ☐APPOINTMENT ☐