Date	*	Clinical Notes	Diagnosis
13/9/05		Still feels unwell. Ongoing throat irritation	
		R Flixonase, Fexofenadine. 1/c to 21/9/05 [illegible]	
20/9/05	Tel	Ongoing probs — further 1/c to 23/9/05 [illegible]	
14.6.06	C28	[illegible] [illegible] [illegible] lost job	
		6/12 ago.	[illegible]
		[illegible] x30 see 1/12	
11.7.06	C28	Little improvement really [illegible] [illegible] [illegible]	
		3/12 [illegible] [illegible]. (Zispin [illegible] SSRI?)	[illegible]
1.8.06.	C28	SSRI Change to Mirtazapine 30 [illegible].	
		[illegible] see 1/12 [illegible] [illegible]	
		[illegible] [illegible].	
29.8.06	C28	Some improvement now. Sleeping a little better	
		tho' only for ~ 4 hrs. Mirtazapine 30 x 28	
		see 1/12	
26.9.06.	C28.	121/101 → 108/86. Some [illegible] of	
		[illegible]. [illegible] sleep [illegible] [illegible] [illegible]	[illegible]
		Mirtazapine to [illegible] [illegible]	
6/10/06	FC	11/10/06 — [illegible] offered a job	
25.10.06			
3/8/7		Chest pain (LF) lower lateral over the Ribs.	
		Dull ache. °radiation. °SOB	
		Sensitive on touching. °palpitations	
		°N+V. °Blackouts	
		P-74 BP-146/98. P-78 BP-140/93.	
		Been to A+E 2/52 — D/c	
		°cough / sputum	
		O/E — chest clear 'S1+S2 Slightly Tender on Touch	
		Emptied Fish tanks, wts.	
		Not taken any pain killers	
		°Trauma.	Impl - ? Muscular
		(P) Paracetamol [illegible] 1gm QID	
		Reassurance.	[illegible]
1.11.07		Chest pain. left side just lateral	
		to sternum 'burning pain' on	
		chest wall. also sharp pain	
		left side under axilla on palpation. No radiation.	

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

National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
Anderson	Colin

Address	Date of Birth
18 Alford Way	3.1.69

Date	*	Clinical Notes	Diagnosis
1.11.07 cont.		No ↑SOB, No agrivating/relieving factors. No palpitations No cough No trauma, No reflux, no dysphagia. BP 130/97 126/97 P 97 reg o/E HS I+II +0 chest clear tenderness to palpation on left side below auxilla at bottom of ribs no lump. Taking co codamol + ? given by wife. IMP - Muscular ? Gastritis. ℞ Try Omeprazole 20mg od (28) r/v 1/12. Continue with co codamol for pain relief. Find out what wife was giving him - advised to avoid NSAID.	
7.11.07	N	Tramadol x100 (given by [illegible])	
12/11/07		Cough [illegible] 1/52 [illegible] OOH. Commenced co-amoxyclav not helping. Feels SOB c coughing Small amounts sputum expectorated [illegible] No haemoptysis Hot + cold sweats. NKDA. o/E Not unwell looking Chest - creps bibasal L>R. Throat NAD °lymphadenopathy. Plan sputum sample CXR switch to [illegible]. advice rest, pain [illegible]. [illegible] cert. R/V [illegible] 10/7	LRTI
20.11.07		med 5 19.11 → 3.12.07 [illegible]	
26.11.07		Good [illegible] A few [illegible] at right base - [illegible] [illegible] Christmas [illegible]	
26/11/07		Bloods → FBC/PV.	

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

FORM GP111F

355 2095

PRINTED FOR ASTRON, B30160 3/03 (017302)

Date	*	Clinical Notes	Diagnosis
		– [illegible] FBC result slightly abnormal	
		– relevant if early recurrence only	
13/12/7		Still some cough, slight phlegm.	
		much better than before.	
		Finished 3 courses of Abx's	
		O/E – well. °Tachypnoea Temp – (N)	
		Chest: clear.	
		(P) Reassure.	
20.11.07	A	DNA	
8.1.08	ND	Tramadol x100	
14.1.08		Left rib pain continues despite Tramadol	rib pain
		Ix diclofenac tabs see 1/12 f/u	
14.2.08	ND	Tramadol x100	
21.2.08		Seen by [illegible] diclofenac + [illegible]	
		[illegible] + tramadol [illegible]	
26.2.08		[illegible] re acupuncture ✓	
28.2.08	[illegible]	[illegible]	
		see ~ 2/12 [illegible]	
1/3/8		ongoing (L) chest wall pain	never smoked
		(L) sternal edge	
		attended A+E yesterday – no changes made to meds	
		on tramadol + diclofenac	
		no cough / haemoptysis	
		mild intentional wt loss (diet change)	
		no dysphagia, dyspepsia, acid reflux, heartburn	
	1/e	tender chest wall	
		CXR Nov '07 – small opacification ??	
	(P)	rpt CXR to ensure no progression	
			[illegible]
17.3.08		[illegible] Add [illegible]	
		– still acupuncture & can add	
		[illegible] if [illegible] – see [illegible]	
10/4/8		Acup ✓	
14.4.08		[illegible] gradually – see [illegible]	
17.4.08		acup ✓	
24.4.08		acup ✓	

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

National Health Service Number	

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)	
ANDERSON	COLIN	
Address		**Date of Birth**
8. Alford Way Dunfermline		3/1/69

Date	*	Clinical Notes	Diagnosis
1/5/8		accip ✓	
19 5 08		LUQ Pain over left hypochondrium. Does seem musculoskeletal. / neuralgia. – refer Ortho.	
		↑ Amitriptyline to 50mg nocte & see 1/12	

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

FORM GP111F

355 2095

PRINTED FOR ASTRON, B51051 3/07 (017302)

Date	*	Clinical Notes	Diagnosis

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

5/2000 204722

FIFE PRIMARY CARE NHS TRUST
DEPARTMENT OF NUTRITION & DIETETICS

Name Colin Anderson

D.O.B. 3-1-69

Unit Number .....

HT: 1.72m.

DATE	WEIGHT	BMI	DIET	COMMENTS	Init.
4-12-01.	117.5 kg	39.8	↓ weight.	Aim – ↓ weight Plan – Stop sugary drinks – ↑ water – ↑ fruit + veg – ↑ s/w for lunch – ↑ activity. Difficult to get himself work for review. See in 3/12.	MJ.

DATE	WEIGHT	BMI	DIET	COMMENTS	Init.

Patient Health questionnaire (PHQ-9)

Name Colin Anderson Date 14 Oct 06

Over the last 2 weeks how often have you been bothered by any of the following problems?
(Please indicate with a ✓)

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				✓
Feeling down, depressed or hopeless			✓	
Trouble falling or staying asleep or sleeping too much				✓
Feeling tired or having little energy				✓
Poor appetite or overeating		✓		
Feeling bad about yourself - or that you are a failure or have let yourself or your family down		✓		
Trouble concentrating on things such as reading the newspaper or watching television	✓			
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual			✓	
Thoughts that you would be better off dead or of hurting yourself in some way		✓		
				16

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?		✓		

ADDRESS 18 Alford Way INIT C NAME ANDERSON

M/F DOB 3-1-69 NO

1. date 10-4-08 DIAGNOSIS Lt chest pain - not cardiac

HISTORY cont'd over

pain across ribs under Lt arm approx 1 yr.

job involves a lot of driving

pt. overweight

very tender to light pressure on skin

consent Lt

℞ points L14

VAS 8 (0-10) DURATION

OTHER HISTORY

DRUGS diclofenic / tramadol / omeprazole, co-codamol

Sub cut needling from just under Lt nipple to Lt shoulder blade x4 points - small needles

No of needles 5 Duration Mild/strong/Elec Hz

2. date 17-4-08

RESULT: reaction worse/nil/~~good~~/v.good

hrs / days / weeks

VAS 5-6

other

℞ points

Slight improvement

tender points only + L14.

x 2 rows of 3 needles

Sub cutaneous from nipple to shoulder blade under Lt arm

No of needles 6 Duration 5 Mild/strong/Elec Hz

3. date 24-4-08

RESULT: worse/nil/good/v.good

hrs/ days/ weeks

VAS 5-6

other

℞ points

pain improved after last tx for 2-3 days

as above

No of needles 6 Duration 5 Mild/strong/Elec Hz

4. date 1~~5~~/5/08

RESULT: worse/nil/good/v.good

days/ weeks

VAS 5-6

other

℞ points

diclofenic & tramadol only. ~~&~~ paracetamol req

pain improved for a couple of days then ~~edged bck~~ pain ↑.

as above + 2 extra ~~worse~~ errors

No of needles 6 Duration 5 Mild/strong/Elec Hz

5. date ~~15/5/08~~ 15/5/08

RESULT: worse/nil/good/v.good

hrs/ days/ weeks

VAS

other

℞ points

No of needles Duration Mild/strong/Elec Hz

6. date

RESULT: worse/nil/good/v.good

hrs/ days/ weeks

VAS

other

℞ points

No of needles Duration Mild/strong/Elec Hz

ADVERSE REACTIONS YES/NO details overleaf

ADDRESS..... INIT..... NAME .....

..... M/F DOB ..... NO.....

1. date..... DIAGNOSIS .....

HISTORY

cont'd over

Rx points

VAS.....(0-10) DURATION.....

OTHER

HISTORY

DRUGS No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

2. date..... Rx points

RESULT: reaction

worse/nil/good/v.good

.....hrs /.....days/.....weeks

VAS.....

other No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

3. date..... Rx points

RESULT:

worse/nil/good/v.good

.....hrs/.....days/.....weeks

VAS.....

other No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

4. date..... Rx points

RESULT:

worse/nil/good/v.good

.. /.....days/.....weeks

VAS.....

other No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

5. date..... Rx points

RESULT:

worse/nil/good/v.good

.....hrs/.....days/.....weeks

VAS.....

other No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

6. date..... Rx points

RESULT:

worse/nil/good/v.good

.....hrs/.....days/.....weeks

VAS.....

other No of needles ..... Duration ..... Mild/strong/Elec ..... Hz

---

ADVERSE REACTIONS YES/NO details overleaf

FOR SOCIAL SECURITY AND STATUTORY SICK PAY PURPOSES ONLY

Special Statement by the Doctor

In confidence to
Mr/Mrs/Miss/Ms ....

(A) I examined you on the

following dates.....

.....

.....

and advised you that you should refrain from work

.....

from.....to.....

Diagnosis of your disorder causing absence from work

(B) I have not examined you but, on the basis of a recent written report from -

Doctor.....(Name if known)

of .....

.....

.....(Address)

I have advised you that you should refrain from work for/until.....

.....

Doctor's remarks.

Doctor's signature

Date of signing

The special circumstances in which this form may be used are described in the handbook "A guide for medical practitioners."

LIST No F9373-4
Dr R W DUNCAN
NEW PARK MEDICAL PRACTICE
ROBERTSON ROAD
DUNFERMLINE

Form Med 5

PATIENT TO COMPLETE PARTICULARS ON REVERSE

Med 5 012618 10/05 SPSL

If you cannot fill this in yourself ask someone else to do so and sign it for you.

A. TO BE COMPLETED IN ALL CASES - PLEASE USE BLOCK LETTERS

Surname Mr/Mrs/Miss/Ms	
First names	
Present address	
	Postcode
	Date / Month / Year
Date of Birth	
National Insurance Number	
Works or Clock Number or Department	

B. If the doctor has given you a date to resume work

Date you intend to start (or seek) work for any employer or as a self-employed person — day | Date | Month | Year

For night shift workers only

Shift will begin at — Time — am/pm

and end next day at — Time — am/pm

C. FOR STATE BENEFIT CLAIMANTS ONLY

If you wish to claim benefit, continue below. To avoid losing benefit send this form QUICKLY to your local Jobcentre Plus or social security office.

NOTE: To start your claim to State benefit, if you are self-employed, unemployed or non-employed contact your Jobcentre Plus or Social Security office. If you are employed contact your employer for a form SSP1.

Full name and address of employer (if employed)

DECLARATION

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I declare that because of incapacity I have not worked since the date of my last claim. I also declare that my circumstances and those of my dependants are and have been as last stated. (if there has been a change cross out this declaration and attach a signed and dated statement of the new facts.)

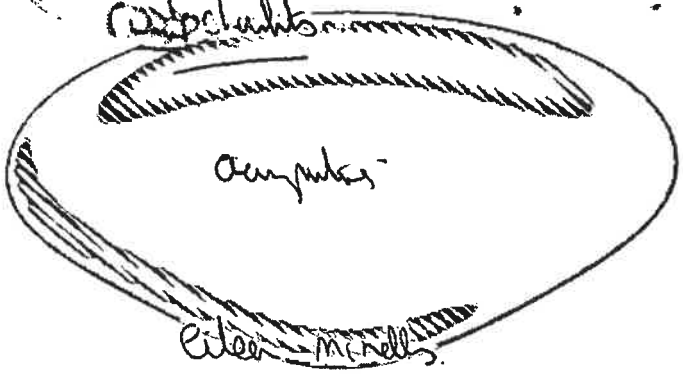
I declare that the information I have given on this form is correct and complete as far as I know and believe.

I agree that the Department for Work and Pensions or a doctor acting on their behalf may get in touch with my doctor so that they may give the Department for Work and Pensions any information which is needed to deal with this claim and any request to look at the claim again

Signature ..... Date .....

If you have signed on behalf of the person claiming, tick the box.

07841693334



07802892764

Vesicare

Mucodyne™

Forename:	Address:	DOB:
Surname:		CHI No / Hospital No:

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
Clarithromycin	500mg	bd	7/7	14.

Medication currently prescribed by Day Hospital: Yes ☐ No ☐

Dispense in Compliance Aid Yes ☐ No ☐
Type of compliance aid before admission: .....

Significant Changes to Medication from the Point of Admission

Medicine	Stopped/Started/ Changed	Details of Change and Reasons

Additional information attached: Warfarin sheet Yes ☐ No ☐ **Other**: Yes ☐ No ☐ Please specify:

Adverse Reactions/Allergies: Yes ☐ No ☐ Detail:

Comments: Cx – NAD. Afebrile. Systemically well.

Signature: _____ Date: 19.11.7

Name (in CAPS): MCGONIGLE

Contact No. for enquiries: 4378

Designation: Consultant/Registrar ☑ SHO ☐ JHO ☐ Other ☐ _____

Clinically Checked by Pharmacist: _____
Dispensed: _____
Check: _____
Date: _____

DATE OF ADMISSION: 19 / 11 / 07 DATE OF DISCHARGE: 19 / 11 / 07	**IMMEDIATE DISCHARGE & PRESCRIPTION FORM**	NHS Fife

Hospital Site: ***Page ..... of .....***

(Please use BLOCK CAPS when completing this form)

ANDERSON COLIN 18 Alford Way DUNFERMLINE KY11 8BF	D124912L 03/01/69 0301690472	TO: GP Forename: GP Surname: DUNCAN GP Address: NEW PARK MEDICAL PRACTISE.
Postcode:		GP Postcode: KY12 0BL
CHI No:	Hosp ID No:	Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: JAMIESON	Specialty: medicine
Discharged from Ward: 9b	Reason for Admission/presenting complaint: RT infection.

Mode of Admission: Elective ☐ Emergency ☑ Transfer ☐

Source of admission: GP ☐ Self ☐ Out of Hours ☐ Other:

Principal Diagnosis:

Legal Status:

Other Conditions:

1. —
2.
3. clot ufln - admitted
4.
5.

COMPUTER	
RECORDS OUT	✓
SUMMARY	✓
19 NOV 2007	
FILE	
HEALTH VISITOR	

Significant Operations/Procedures: Yes ☐ No ☐

1. Date:
2. Date:

Relevant Investigations: Yes ☐ No ☐ Comments:

Complications: Yes ☐ No ☐ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☐

Follow-up Arrangements

Cold Agglutinin in fbc — inkeeping with mycoplasma or infectious mononucleosis.
for 7/7 clarithromycin & repeat fbc in 10days - 14days.
Thank you.

Sickness Certificate Issued:	Yes	☐	No	☐	Duration of sickness certification:
Results awaited	Yes	☐	No	☐	If Yes, please specify:
Letters to follow	Yes	☐	No	☐	Comment:
Hospital Review	Yes	☐	No	☐	If Yes, please specify:

MS2385

Surgery: New Park Medical Practice

The following calls have been acted upon on behalf of NHS Fife.

Adastra Call #: 47290 Received NHS24: 18-Nov-2007 05:12
Full cover

Patient's Name :Colin Anderson
Community Health Index:0301690472
Date of birth: 03-Jan-1969 (Age: 38 years) Sex: Male | Received PCES: 05:29
Home Address: 18 Alford Way | Passed : 05:43
Dunfermline KY11 8BF () | Advised : __:__
Current Address:
()
Tel No: 01383 432791 Origin: Other | Arrived : 06:21
Urgency: Within 4 Hours Type: Nurse Treatmen | Departed : 07:00
Consulted by: Harkins L Own Doctor: Duncan, R

Message received:
STRUGGLING TO BREATH/VOMITTING/COUGHING/2 WKS

NHS24 Ref. no.: 5107785

NHS24 Triage Begin 18-Nov-2007 05:20 NHS24 Triage End 18-Nov-2007 05:23
NHS24 Triaged by : Triage Nurse (Nurse Advisor) (Edinburgh

NHS24 Clinical Summary:
Clinical summary created: 18-Nov-2007
COUGHING, VOMITING, HIGH TEMP FOR 4 HOURS-- ILL WITH SAME 2 WEEKS AND SEEN BY GP AND OOH'S. EARLIER IN WEEK, COUGHING CONTINUOUSLY

Clinical summary created: 18-Nov-2007
COUGHING, VOMITING, HIGH TEMP FOR 4 HOURS, WORSENING OVER 2 WEEKS AND BREATHING DIFFICULTIES, SEEN BY OWN GP AND AT OOH'S. PCEC 4 HRS HUB TO ARRANGE TIME AND LOCATION.

NHS24 Outcome: Attend PCEC within 4 Hrs

Advised : 05:20 Advised by : Triage Nurse (Nurse Advisor)

Time of Visit/Base 06:21 Consulting Doctor Harkins L

Clinical notes:

Triage - HISTORY

Triage - Examination

Triage - Diagnosis

Triage - Treatment

Outcome - HISTORY
seen at ooh 2 weeks ago with left upper quadrant pain and sob -commenced coamoxiclav symptoms did not improve saw own gp given Ciproxin 1 week ago and had cxr and sputum test taken result -ve last 2-3 days worsening cough sob, pmh nad med nad allergies nad

Outcome - Examination
o/e t 35.8 p 104 bp 133/102 sats 89-90% ENT nad chest right lower back crepes heard coughing constantly sob on exertion,

seen by dr cross refer to medics

Outcome - Diagnosis
?chest infection

Outcome - Treatment
admit ward 8 QMH patient being taken there now

Prescription

Followups:
Sent To Hospital:

#47290 - DOB:03-Jan-1969 (Age: 38 years) - Colin Anderson

Adastra Call #: 44900 Received NHS24: 06-Nov-2007 00:20
Full cover

Patient's Name :Colin Anderson
Community Health Index:0301690472
Date of birth: 03-Jan-1969 (Age: 38 years) Sex: Male | Received PCES: 00:40
Home Address: 18 Alford Way | Passed : 00:40
Dunfermline KY11 8BF () | Advised : __:__
Current Address:
()
Tel No: 01383 432791 Origin: Other | Arrived : 01:54
Urgency: Within 4 Hours Type: Nurse Treatmen | Departed : 02:24
Consulted by: Matheson, A Own Doctor: Duncan, R

Message received:
LEFT SIDE PAIN, 17 HRS SEE A/V

NHS24 Ref. no.: 5068323

NHS24 Triage Begin 06-Nov-2007 00:29 NHS24 Triage End 06-Nov-2007 00:39
NHS24 Triaged by : Triage Nurse (Nurse Advisor) (Edinburgh

NHS24 Clinical Summary:
Clinical summary created: 06-Nov-2007
LEFT SIDED UPPER ABDO PAIN FOR 6 MONTHS AND WORSENING, LAST ATTENDED GP FRIDAY, COMMENCED OMEPRAZOLE, TAKING IBUPROFEN AND COCODAMOL FOR PAIN WITH NO EFFECT. TENDER TO TOUCH, ABDO BLOATED. PCEC WITHIN 4 HRS, KUB TO PHONE

NHS24 Outcome: Attend PCEC within 4 Hrs

Advised : 00:29 Advised by : Triage Nurse (Nurse Advisor)

Time of Visit/Base 01:54 Consulting Doctor Matheson, A

Clinical notes:

Triage - HISTORY

Triage - Examination

Triage - Diagnosis

Triage - Treatment

Outcome - HISTORY
As above, prescribed Omeprazole 20mgs daily on 1/11/07 for ? Reflux, also taking Ibuprofen & Co-codamol 30/500mgs for LUQ pain. Taken x 3 Co-codamol in total tonight, x 2 at 20.00hrs & x 1 at 23.30. LUQ pain persists, eases only when lying flat, pain scale was 7/10, now 3/10. no vomiting but nauseated, no diarrhoea. Productive cough for 2-3/7. No chest pain or SOB, no calf pain or swelling. No urinary symptoms. No allergies.

Outcome - Examination
T 38.1C, P92, RR=18 BP 127/82, SPO2 95%. ENT - nad, chest - good bilateral air entry, creps Rt mid zone & base. Abdomen soft, tender LUQ, no rebound or guarding, BS heard. Urinalysis - nad. Seen by Dr Yousaf.

Outcome - Diagnosis
LRTI & ongoing LUQ pain ? cause.

Outcome - Treatment
Script for Co-Amoxiclav 375mgs x 1 TDS (21) + x 1 capsule stat + further x 1 to take in am from GP stock. Paracetamol 1gm stat, PGDs (BN 7571 exp July

ACCIDENT AND EMERGENCY DEPARTMENT
Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

GP NAME AND ADDRESS	PATIENT DATA
Robin Duncan **New Park Medical Practice** **163 Robertson Road** **Dunfermline** **Fife** **KY12 0BL** **01383 629200**	DOB **03/01/1969** Surname **Anderson** Forename(s) **Colin** Address **18 Alford Way** **Dunfermline** **Fife** **KY11 8BF** Phone No [redacted] School Occupation Religion **Protestant** Next Of Kin **[redacted]** Address **[redacted]** Relationship **[redacted]** Home Phone [redacted]

COMPUTER
RECORDS OUT
SUMMARY
17 AUG 2007
FILE ✓R
HEALTH V...

Date & Time of Attendance	Date and Time of Accident
15/08/2007 00.07	**15/08/2007 00.06**

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other *(Specify)*
OTHER

LOCATION	SOURCE OF REFERRAL
HOME	**SELF REFERRAL**

CRIS Number

Name of doctor DR. JHH

Time seen 00 : 30 **hours**

Presenting Complaint:

pains in chest ongoing seen gp last week dr just gave paracetamol

Investigation(s): ECG – NAD.

Diagnosis: Possible Acid Peptic Disease.

Treatment:

Follow-up: See GP.

Tick once copy has been sent to GP/School/Health Visitor	

Reason For Reattendance	Date Of Reattendance	Time Of Reattendance
A&E clinic		
A&E clinic		
A&E clinic		

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS		PATIENT DATA
DUNCAN, Robin NEW PARK MEDICAL PRACTICE 163 ROBERTSON ROAD DUNFERMLINE FIFE KY12 0BL (01383 629200)		file LB D.O.B. 03-JAN-69 Unit No. D124912L Surname ANDERSON Forename(s) COLIN Address 18 Alford Way DUNFERMLINE Fife KY11 8BF Occupation Religion PROTESTANT Phone No. Consultant [redacted] Next of Kin [redacted] SpO2 98% Home Phone [redacted] Work Phone [redacted]
Date and Time of Attendance: 13/02/07 20:04	Date and Time of Accident: 12/02/07 19:00	
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other *(Specify)* OTHER		
LOCATION: CHEST PAIN	SOURCE OF REFERRAL: SELF REFERRAL	
ALLERGIES - Penicillin OTHER - *(Specify)*	ALERT	T. P. 84 R. 20 B.P. 143/80
CURRENT THERAPY - Insulin Steroids ATS Betablockers OTHER - *(Specify)*		INVESTIGATIONS - *(Please tick)* Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray
PROVISIONAL DIAGNOSIS CHEST PAIN		TREATMENT - *(Please tick)* Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS
TIME FIRST SEEN BY DOCTOR 2015		Prescription Issued:

HISTORY/CLINICAL DETAILS

38 ♂ PC: 2/7 h/o of chest pain.

HPC: Pain noticed yesterday. Over left chest. Pleuritic in nature. Worse on ~~[illegible]~~ pressure. Associated with heartburn. Feels like indigestion. Has had gaviscon today. Helped heartburn. Pain is constant in nature. No N&V. No radiation. Has intermittent exacerbation. No SOB

O/E. CVS HS: I+II+0
Pulse regular

PMHx
Nil

Drug Hx   NKDA
Gaviscon bought today

Respi
RR: 12

Abdo soft NT. No LKKS. BS present.

LOH

ECG: Sinus rhythm.

Impression: 1) mechanical chest pain. Tender at costochondral area.

Plan 1) CXR to exclude infection. If OK then discharge with advice to come back if pain worsens.

Signature LOH

A. & E. I.

MS 137   **PLEASE USE BALLPOINT PEN**

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

MURDOCH, Gail
NEW PARK MEDICAL PRACTICE
163 ROBERTSON ROAD
DUNFERMLINE
FIFE
KY12 0DL (01383 629200)

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 18 Alford Way
DUNFERMLINE
Fife
Occupation KY11 8DF Religion
Phone No. PROTESTANT
Consultant [redacted]
Next of Kin
[redacted]
[redacted]
Home Phone [redacted]
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
08/08/06 23:55	08/08/06 22:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*

Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.

X-ray

11 AUG 2006

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

Inj© hand.

TREATMENT - *(Please tick)*

Dressing Bandage/Splint P.O.P. Suture

FIL.

Minor Procedure -

Analgesia Antibiotics

ATSALTH VISITORS

TIME FIRST SEEN BY DOCTOR RbR

Prescription Issued:

HISTORY/CLINICAL DETAILS

Injury by screwdriver driven into ©
middle finger.
no DVD
wound 1 x 1 cm.
no bleeding
Rest of the finger intact.

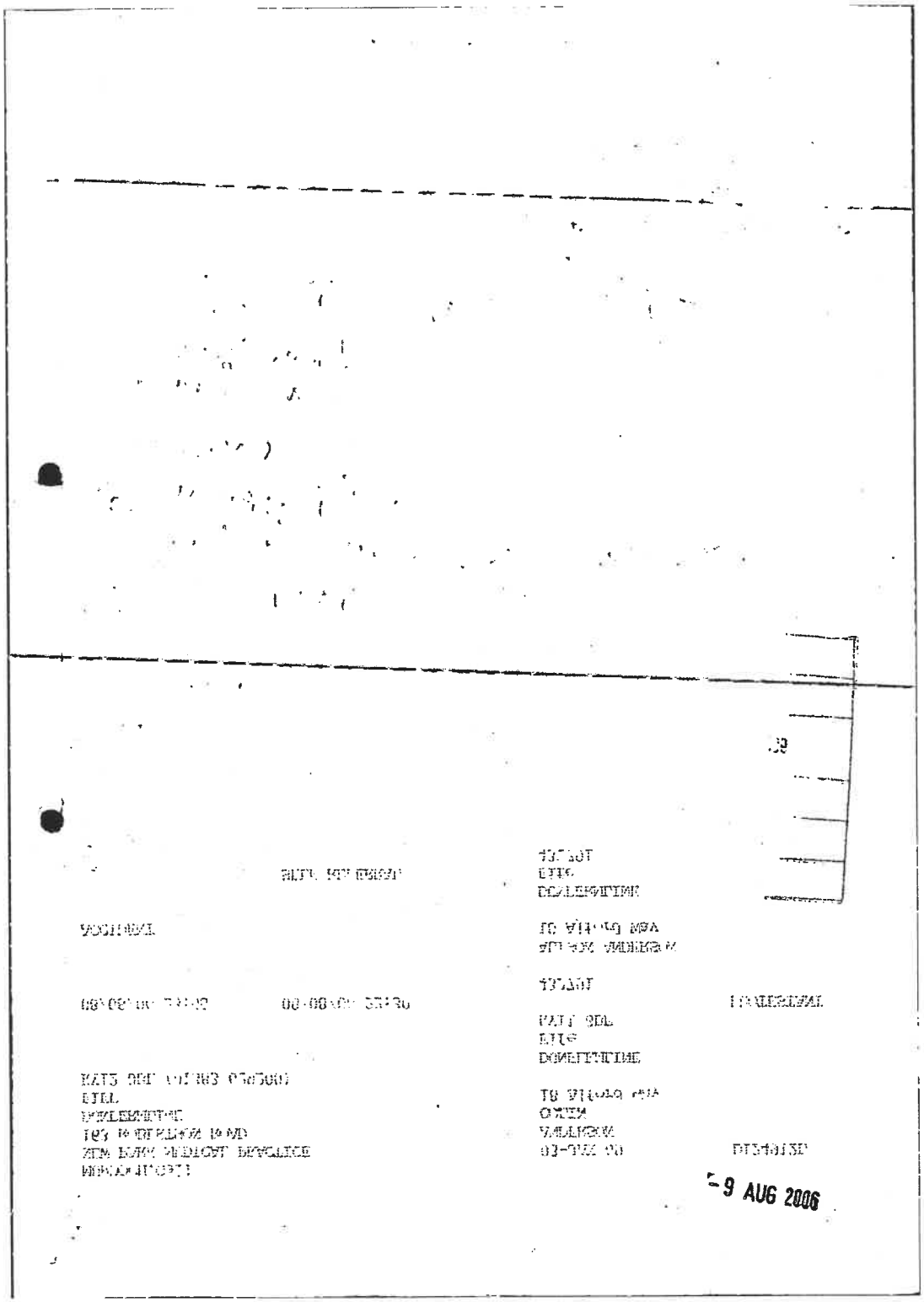
Rx
→ Clean & dress
→ GP review in 5 days
→ alternate day dress

Signature [redacted]

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN



9 AUG 2006

Operational Division
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
Telephone 01383 623623
www.show.scot.nhs.uk/faht

NHS
Fife

DEPARTMENT OF OTOLARYNGOLOGY

MR MICHAEL LEE, CONSULTANT OTOLARYNGOLOGIST

Dr G Murdoch
New Park Medical Practice
163 Robertson Road
DUNFERMLINE
KY12 0AE

Date dictated	**18 May 2006**
Date typed	**22 May 2006**
Our reference	**SH/KC/D124912**
CHI No	**301169-0472**
Enquiries to	**Kay Chisholm**
Extension	**4038**
E-mail	**kay.chisholm@faht.scot.nhs.uk**

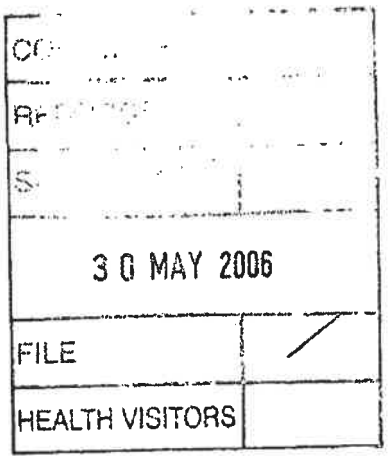
Dear Dr Murdoch

COLIN ANDERSON 18 ALFORD WAY DUNFERMLINE
DOB 30.11.69

Your patient has failed to attend his ENT review appointment on 7th February and 18th May 2006. No further appointment will be sent unless we hear from you.

Yours sincerely

S HAKIM
ASSOCIATE SPECIALIST - ENT



Fife Acute Hospitals
Queen Margaret Hospital

Whitefield Road
Dunfermline
Fife KY12 0SU
Telephone 01383 623623
www.show.scot.nhs.uk/faht

NHS
Fife

DEPARTMENT OF OTOLARYNGOLOGY – MR LEE CLINIC

Dr. G. Murdoch,
New Park Medical Practice,
163 Robertson Road,
DUNFERMLINE.

Date dictated	04.10.05
Date typed	06.10.05
Our Ref	SH/LC/D124912L
CHI No	0301690472
Enquiries to	Kay Chisholm
Extension	4038
Email	kay.chisholm@faht.scot.nhs.uk

Dear Dr. Murdoch,

COLIN ANDERSON, 18 ALFORD WAY, DUNFERMLINE.
DOB: 30.11.69.

Thanks for your letter referring 36 years old Mr. Anderson who is a telemetry engineer. He is complaining of a feeling of something stuck at the back of his throat for the past 6 months. There is no difficulty in breathing or swallowing whatsoever. He also suffers from heartburn and takes Rennie's and Gaviscon. He has no other complains.

On examination, the nasal septum was deviated to the left, but no polyps were seen in either nostril. No abnormality was seen in his mouth, throat, PNS, pharynx or larynx.

He is most likely suffering from pharyngo-laryngeal reflux and he was advised accordingly. I would be grateful if you could prescribe him a course of Protom pump inhibitors. He will be reviewed again in a few months time.

Yours sincerely,

S. HAKIM,
ASSOCIATE SPECIALIST IN ENT.

COMPUTER	
RECORDS OUT	
SUMMARY	
12 OCT 2005	
FILE	✓
HEALTH VISITORS	

QUEEN MARGARET 30/08/05

E.N.T.

ANDERSON,
COLIN,

18 ALFORD WAY,
DUNFERMLINE.

KY11 8BF

3011969

VICTORIA
2001

V501.947

DR. GAIL MURDOCH,
NEW PARK MEDICAL PRACTICE,

was 151 HARBOUR PLACE

163 ROBERTSON ROAD,
DUNFERMLINE.

Dear Dr.,

I would be grateful if you could see this gentleman who presents with a several month history of feeling as if he has a lump in his throat. He feels this is getting worse. It does not affect his breathing or his eating but he does tend to swallow more because of it. His thyroid function tests were normal. I could find no lumps or swelling on palpating his neck. However he does have a very sensitive gag reflex and gagged even when I pressed the side of his neck.

He does tend to be nasal but gained no benefits from nasal sprays. I would be grateful for your review.

He has no other significant past medical history.

Yours sincerely,

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

DUNCAN,Robin
NEW PARK MEDICAL PRACTICE
163 ROBERTSON ROAD
DUNFERMLINE
FIFE
KY12 0BL (01383 629200)

Date and Time of Attendance	Date and Time of Accident
30/05/04 09:59	

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

Ear problem

TIME FIRST SEEN BY DOCTOR Khalil 1013 5

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 18 Alford Way
DUNFERMLINE
Fife
KY11 8BF
Occupation Religion PROTESTANT
Phone No.
Consultant
Next of Kin
[redacted]
Home Phone
Work Phone

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

Prescription Issued:

HISTORY/CLINICAL DETAILS

This patient sneezed this morning and heard some crackly noises in the left ear. She stuck her little finger in the external canal and started scratching it when bleeding came out. Presented with pain in the left ear. Past history none. Drug history none. No known allergies.

On examination otoscopy shows a few drops of blood on the external auditory meatus with a scratch seen on the floor of the canal. The ear drum is intact, glistening and looks normal. No other injuries seen.

IMPRESSION: Scratch to the external auditory meatus.
PLAN: Take painkillers at home, not to wipe ear or probe it with any cotton buds.
Discharged.

DR. A. KHALIL
SHO IN A&E
AK/EMcD - 01/06/04

COMPUTER
RECORDS OUT ✓ R
SUMMARY
05 JUN 2004
FILE ✓ R
HEALTH VISITORS

Signature A. Khalil

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

DUNCAN, Robin
NEW PARK MEDICAL PRACTICE
163 ROBERTSON ROAD
DUNFERMLINE
FIFE
KY12 0BL (01383 629200)

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 18 Alford Way
DUNFERMLINE
Fife
KY11 8BF
Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone [redacted]
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
16/04/04 13:32	16/04/04 02:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
OTHER

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin ALERT
OTHER - *(Specify)* N/K

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)* COMPUTER RECORDS OUT
Bact. Cl. Chem. Haem. Hist. Urine E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)* —

TREATMENT - *(Please tick)* SUMMARY
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS
Prescription Issued:

21 APR 2004
FILE
HEALTH VISITORS

PROVISIONAL DIAGNOSIS

Inj (R) Hand

TIME FIRST SEEN BY DOCTOR 1405

HISTORY/CLINICAL DETAILS

Hx: Involved in a fight last night - punched someone's jaw. injuring RIGHT hand.

Inv: Painful. RIGHT hand.

O/E: Swelling over 4th+5 metacarpals. No deficit. No rotational deformity of little finger.
Tender +++ over 4th metacarpal + MCPJ. Non tender at elbow, wrist or ASB.
Good C.O.M but painful. CTS normal distally.

Xray RIGHT hand: No bony injury

Impression: Soft tissue injury

Management: STG, elevation sling. Written + verbal RICE advice.
Advice re analgesia, gentle mobilisation.

Discharged 1430

Allergies - Nil
Meds - Nil
PMH - Nil

Signature ..... Attend ENP
CHECD

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

TAYLOR,David
DALGETY BAY MEDICAL CENTRE
REGENT'S WAY
DALGETY BAY

KY11 5UY (01383 822174)

Date and Time of Attendance	Date and Time of Accident
29/08/03 14:15	29/08/03 12:15

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

ROAD TRAFFIC AC

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

chest inj

TIME FIRST SEEN BY DOCTOR

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 18 Alford Way ? Harbour Rd

DUNFERMLINE
Fife
KY11 8BF

Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]
[redacted]

[redacted]
Home Phone [redacted]
Work Phone [redacted]

SpO_2 99%

T. P. 82 R. B.P. 138/89

INVESTIGATIONS - *(Please tick)*

Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.

X-ray

TREATMENT - *(Please tick)*

Dressing Bandage/Splint P.O.P. Suture

Minor Procedure -

Analgesia Antibiotics ATS

Prescription Issued:

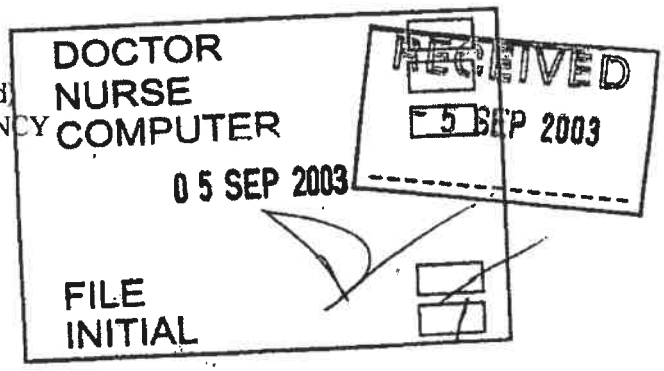
HISTORY/CLINICAL DETAILS

Diagnosis: Soft tissue injury left chest wall following an RTA.

This man sustained a soft tissue injury to his left anterior chest wall when he was involved in an RTA. He shunted into the back of a skip lorry at low speed. Seatbelt was on and airbag deployed. He is entirely well.

On examination there is no localising bony tenderness. Chest expansion is normal. I have reassured and discharged him.

MR R.H.D. MELVILLE MB., ChB., FRCS (Ed)
CONSULTANT IN ACCIDENT & EMERGENCY
RHDM/EMcD - 02/09/03



Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

INITIAL
FILE
COMPUTER
NURSE
DOCTOR
RECEIVED

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0S

GP's NAME AND ADDRESS

TAYLOR, David
DALGETY BAY MEDICAL CENTRE
REGENT'S WAY
DALGETY BAY

KY11 5UY

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 18 Alford Way

DUNFERMLINE
Fife
KY11 8BF Religion PROTESTANT
Occupation
Phone No.
Consultant [redacted]
Next of Kin [redacted]

Home Phone [redacted]
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
15/02/03 01:07	15/02/03 00:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

NOT SPECIFIED

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)* —

ALERT

T. P. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers —
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

? fB in throat

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

Prescription Issued:

HISTORY/CLINICAL DETAILS

ACTION COMPLETE
19 FEB 2003
INITIALS

PC - sore throat
? FB

RCHx - Feels (in last 2/7) as if something is stuck in throat.
- Hasn't swallowed foreign body / choked on any food / gotten any food stuck.
- Tonsillitis 2-3/12 ago - on Abx
- No other episodes.
- Throat sore
- Pain on swallowing
- Neck feels swollen.
- Ears not painful, but feel 'bunged up'
- runny nose.
- No problems breathing / wheeze
- Lips / tongue not swollen
- No rash
- No dizziness

OE - throat erythematous
- No tonsillar swelling / exudate.
- cervical L nodes tender. Submandibular glands slightly tender.
(R)ear - (R) canal tenderness
(L)ear - waxy
- unable to see eardrum.

IMP - URTI

plan - analgesia
- gargle salt water
(return if not improving / getting worse

Signature C Stone
STONE.

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

EAR, NOSE AND THROAT DEPARTMENT

Consultant: Mr R J Kellecher

SH/FW/V501.947

Dictated on 20.06.01
Typed on 22.06.01

Dr C J R Oliver
Millhill Surgery
87 Woodmill Street
DUNFERMLINE

Dear Dr Oliver

COLIN ANDERSON, 151 HARBOUR PLACE, DALGETY BAY, KY11 9GG
D.O.B. - 03.01.1969

Thank you for your letter referring this 32 year old gentleman. Mr Anderson, who is a non-smoker, was complaining of nasal blockage which is worst in the morning. He quite often spits up a lot on waking up in the morning. He also suffers from pain around the eyes and the nose. This has been going on for 6 months now and was helped by antibiotics but has never cleared.

On examination, including fibre optic examination under local anaesthetic, his nose was slightly congested. There was no abnormality in the mouth or throat. Post-nasal space, pharynx and larynx were clear with no cervical lymphadenopathy. X-ray of the chest and OPG were requested and he will be seen again with the results. In the meantime, he was given a course of Flixonase nasal spray, 2 puffs in each nostril twice a day for a few months.

Yours sincerely

S HAKIM
ENT Associate Specialist

ACTION ☐
COMPUTER ☐
01 MAY 2002
FILE ☑
INITIAL

Faxed 27/11

Hospital use Only | Clinic ENT Rad | Day WED | Date 6/6/01 | Time 2.50 | Hospital No. NEW V501947 | GP112H

Ambulance Transport Required: Yes/No Sitting/Stretcher

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐ ROUTINE

CHI No.

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital ..Victoria Hospital, Kirkcaldy.. Date ..2/5/2001

Please arrange for this patient to attend the ..Ear, Nose & Throat.. clinic of Dr/Mr .....

Patient's Surname ..Anderson.. Maiden Surname .....

First Names ..Colin.. Single/Married/Widowed/Other .....

Address ..151 Harbour Place.. Date of Birth ..3/1/1969 0472

..Dalgety Bay.. Patient's Occupation .....

Postal Code KY11 9GG Contact telephone number .....

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

Name of Hospital .....

Year of Attendance ..... Hospital No. .....

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

.....

.....

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Drs Oliver, Laggan, Burt
Grant, Phillips & Seaman
Millhill Surgery
87 Woodmill Street
DUNFERMLINE
Ref: 20485

Please use rubber stamp

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

This man has for a year been aware of a bloody taste in his mouth with the blood apparently from the nasopharynx or sinues. He clears temporarily with Doxycycline.

I would be grateful for advice on whether it is simply sinus infection.

Yours sincerely,

Dr. C J R Oliver
General Practitioner

HB	HLT	RK	MR	RM
✓	✓	✓	✓	✓

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

04 MAY 2001

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

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

..... Signature .....

355-2106

Fife Primary Care
NHS TRUST

NUTRITION AND DIETETIC DEPT.
DISCHARGE SUMMARY

FOR THE ATTENTION OF: DR GARMANY

Name: Colin Anderson	**Date of Birth:** 3-1-69
Address: 151 Harbour Pl. D. Bay	**GP:** ~~GP:~~
	Consultant:
Postcode:	**I.D.Number:**
Source of Referral: Prac. Nurse	**Date of Review Contact:** Dec 01

Height 1-72m.	**Weight** 117.5kg	**BMI** 39.8
Anthropometric Measurements:-		

CLINICAL MESSAGE

Seen only once in Dec 01 for weight reduction. D. advice - Asked to attend for review in March 02 but did not arrive -

I am discharging him from my list -

M. Lochtie SRD **Date** 13-3-02 -

ACTION
COMPUTER
15 MAR 2002
FILE
INITIAL

SL5/Jan00

Marjorie Lochtie
Community Dietitian
Lynebank Hospital
Halbeath Road
DUNFERMLINE

POSITIVE ABOUT DISABLED PEOPLE

CHARTER MARK
Awarded for excellence to Nutrition and Dietetic Department

MS460

(f)

Dear Patient,

PRIVATE & CONFIDENTIAL

We are in the process of updating your medical record, and it would be most helpful if you could answer the following questions. If you are unsure of the answer to a question, please ask the Doctor or Nurse

NAME Colin Anderson DATE OF BIRTH 3/1/69

ADDRESS 151 Hambar Place Dalgety Bay.

TELEPHONE NUMBER _____

Tick the boxes which apply to you:

1371

1. **Do you smoke?**

a. I have never smoked ✓
b. I smoke a pipe
c. I smoke 1-9 cigarettes/day
d. I smoke 10-19 cigarettes/day
e. I smoke 20-39 cigarettes/day
f. I smoke over 40 cigarettes/day
g. I have stopped smoking
I stopped smoking in _____
I used to smoke _____ per day

2. **Do you drink alcohol?**
(1 unit alcohol = 1 glass wine or 1 measure spirits or ½ pint beer.

a. I do not drink alcohol ✓
b. I drink less than 1 unit/daily
c. I drink 1-2 units/day
d. I drink 3-6 units/day
e. I drink 7-9 units/day
f. I drink more than 9 units/day

3 **Have you ever had**

a. High blood pressure
b. A heart attack
c. Angina
d. A stroke
e. Cancer
f. None of these ✓

4. **Do you have diabetes?** Yes No ✓

If yes, do you take:

a. A special diet
b. Tablets
c. Injection of insulin

5. **Has any close member of your family (eg grandparents, parents, brother, sister, child) had:**

a. High blood pressure
b. Heart attack/angina aged > 60
c. aged < 60
d. A stroke
e. Diabetes
f. None of these ✓

6. **Do you take exercise?**

a. Never
b. Occasionally ✓
c. Regularly (eg once weekly)
d. Frequently (eg several times/week)

HEIGHT 5·8" 1.72

WEIGHT 18 STONE ~~126~~ 114·3

7. **Do you care for a relative, friend or neighbour?**

Yes No ✓

8. **If yes, who do you care for:**

Name _____

Address _____

THANK YOU VERY MUCH FOR YOUR HELP

1. Recent BP 145/95
2. Urinalysis
3. Rubella Status
4. Tetanus Status

Date completed
Date entered on computer

INVERKEITHING MEDICAL GROUP
5 Friary Court ***Regents Way***
Inverkeithing ***Dalgety Bay***
KY11 1NU ***KY11 9UY***
Tel: 01383 413234 ***Tel: 01383 822174***

NEW PATIENT INFORMATION FORM (NP1)

DATE :

WELCOME TO OUR PRACTICE

In line with Government recommendations, it is our practice to perform a health check on all new patients. This gives us an opportunity to find out about your past and present health. **Please telephone the surgery to make an appointment with our Nurse for a NEW PATIENT HEALTH CHECK.** (This is only necessary for patients over 5 years old).
To help us with this please answer the following questions. If you don't know an answer don't worry - this is not a test!
Thank you for your help.

Dr's Ritchie, Taylor, Cochrane, Phillips, Allan, Duncan, Lapraik, Jalil, Lee & Garmany

PERSONAL DETAILS

Name COLIN ANDERSON
Address 151 HARBOUR PLACE
DALGETY BAY
Post Code KY11 9GG
Telephone

Date of Birth 3RD JAN 1969
Marital Status ENGAGED
Mr/~~Mrs~~/~~Ms~~/~~Miss~~
Occupation ENGINEER
Previous GP DR BURT
Previous GP Phone No -
Previous Health Board

Previous Surname
Previous Address 8 GORRIE ST
DUNFERMLINE FIFE

MEDICAL DETAILS

Current Medication NIL

WOMEN ONLY

Have you had a cervical smear test?
Date of your last cervical smear test?
Result of test? When is next test due?
Have you had a hysterectomy? If so, when?

CHILDREN ONLY

Immunisations - Please tick doses given (with dates if known)

Diphtheria/Tetanus/Whooping Cough/Hib
Men C/Polio 1st 2nd 3rd
Measles/Mumps/Rubella (MMR) Date
Pre-School booster Date
Meningitis C Date

This form should be passed to office for action when completed

ROUTINE

Victoria Hospital, Kirkcaldy 2/5/2001
Ear, Nose & Throat

Anderson
Colin
151 Harbour Place
Dalgety Bay

3/1/1969 0472

KY11 9GG

Drs Oliver, Laggan, Burt
Grant, Phillips & Seaman
Millhill Surgery
87 Woodmill Street
DUNFERMLINE
Ref: 20485

This man has for a year been aware of a bloody taste in his mouth with the blood apparently from the nasopharynx or sinues. He clears temporarily with Doxycycline.

I would be grateful for advice on whether it is simply sinus infection.

Yours sincerely,

Dr. C J R Oliver
General Practitioner

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

BURT, John
MILLHILL SURGERY
87 WOODMILL STREET

DUNFERMLINE
KY11 4JW (01383 621222)

Date and Time of Attendance	Date and Time of Accident
04/03/01 12:42	04/03/01 09:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

STREET ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 151 Harbour Place
Dalgety Bay
DUNFERMLINE
Fife
Occupation KY11 9GG Religion
Phone No. PROTESTANT
Consultant [redacted]
Next of Kin
[redacted]
Home Phone
Work Phone

ALLERGIES - Penicillin
OTHER - *(Specify)* NO

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)* NO

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

BACK INJ.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR JC 1245

Prescription Issued:

HISTORY/CLINICAL DETAILS

COLIN ANDERSON DOB: 03.01.1969

Diagnosis: Back injury.

Mr Anderson slid on the ice today. He came down on his back and has complained of some lower back pain in the lumber area. He has no awkward sensation in his legs and is able to walk normally. The pain is more predominantly to the left of the mid line.

On Examination: There was no specific bony tenderness over the lumber area. He had a full range of movement of his back and neurological examination of his legs was normal.

I have reassured Mr Anderson that he has probably just strained himself with his fall. I have advised him to use regular analgesia over the next couple of days, TCA SOS.

DR J CURRIE
SHO IN A&E
JC/SG 06.03.2001

Signature J Currie

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Fife Acute Hospitals NHS Trust

Queen Margaret Hospital
Whitefield Road, Dunfermline, Fife KY12 0SU Tel 01383 623623

Fax 01383 627068

Our Ref: NF/JM
Contact: Mr N Fyfe
Direct Dial 01383 627049

25 October 2000

Dr J Burt
Millhill Surgery
87 Woodmill Street
DUNFERMLINE KY11 4JW

Dear Dr Burt

Colin Anderson, 151 Harbour Place, Dalgety Bay

I enclose herewith G.P. records relating to Mr Colin Anderson, which were returned to us in error by the Procurator Fiscal, Dunfermline.

I should be most grateful if you would acknowledge safe receipt.

Yours sincerely

Jane Mercer

for

Norman Fyfe
Legal Services Manager

TELL		
OK		
MAKE APPOINTMENT	DR.	NURSE
27 OCT 2000		
SCRIPT AT DESK	PATIENT KNOWS	TELL PATIENT
COMPUTER		
NOTES TO DOCTOR		
FILE	JB.	

for reply

I done JM 27/10/00

MS1200

Fife Acute Hospitals NHS Trust

Queen Margaret Hospital
Whitefield Road, Dunfermline, Fife KY12 0SU Tel 01383 623623

DEPARTMENT OF ORTHOPAEDICS/TRAUMA
Consultant - Mr T W Dougall F.R.C.S. (Ortho)

Fax
Direct Dial

Our ref FV/UW/D124912L
Enquiries to Mrs Durham
Ext. 3541

Dictated: 29.09.00
Typed: 09.10.00

Dr J Burt
Millhill Surgery
87 Woodmill Street
DUNFERMLINE

Dear Dr Burt

108 Clinic Ed.

COLIN ANDERSON, 151 HARBOUR PLACE, DALGETY BAY (03.01.69)

I reviewed your patient, Colin Anderson, at the small fracture clinic on 29 September, 00.

Diagnosis:
Cellulitis of his right knee.

History:
Spontaneous swelling of his right knee about a week ago. No history of formal trauma.

On clinical examination at A&E there was some swelling of his knee but this was mainly at the anterior of his kneecap. Examination of the fluid of his knee was negative for bacteria.

We treated him with oral antibiotics.

On examination today, there is no redness, no swelling so I think he can stop his antibiotics. We told him that it will take a few weeks before everything settles down.

Yours sincerely

F Vaes
Orthopaedic Registrar

MS1200

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

BURT, John
MILLHILL SURGERY
87 WOODMILL STREET

DUNFERMLINE
KY11 4JW

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 151 Harbour Place
Dalgety Bay
DUNFERMLINE
Fife
KY11 9GG
Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone [redacted]
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
20/09/00 11:19	

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
NOT SPECIFIED

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. 36.9 P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS
prob ⓚ knee.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1140 KS

Prescription Issued:

HISTORY/CLINICAL DETAILS

31yr ♂ gradual onset 1/7 ago of painful, hot, swollen right knee. No hx of fall, trauma.
Painful on flexion and weight-bearing.
Feels well - no shivering, fever, PU discharge.

O/E Painful to weight bear on right leg. Knee hot. Right knee swollen. Erythema over patella. Small insect bite inferior to patella. Reduced flexion. Suprapatellar effusion. Tenderness over patella. Ligaments intact.

SHx works as engineer - kneels down now + then.

Plan Right knee xray → joint effusion. bones OK.

FBC, U+Es, glc ✓
Refer ortho for opinion
? septic arthritis

Signature K Stevenson
STEVENSON SHO.

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

HISTORY/CONTINUATION SHEET

..... UNIT/WARD/DEPT

Ward/Clinic/
Hosp ..... Con

Surname ... Anderson ..... Unit No
First Name ... Sara ..... D. of B
Address ..... M. Stat
..... Se
Occupation .....
.....
G.P. & Address

USE BLOCK LETTER

DATE

20.9.00
7 Nail

- Signs of cellulitis Right knee.
No Temperature.

Plan:

- Aspiration knee for culture + sensitivity
- Swab
+ Negative = oral antibiotics
Positive = admit + I.V. antibiotics

Review one week

TELL		
OK		
MAKE APPOINTMENT	DR	NURSE
22 SEP 2000		
SCRIPT AT DESK	PATIENT KNOWS	TELL PATIENT
COMPUTER		
NOTES TO DOCTOR		
FILE	B	

ACCIDENT AND EMERGENCY DEPARTMENT
Queen Margaret Hospital **Whitefield Road, Dunfermline KY12 0SU**

GP's NAME AND ADDRESS

BURT, John
MILLHILL SURGERY
87 WOODMILL STREET

DUNFERMLINE
KY11 4JW

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 151 Harbour Place
Dalgety Bay
DUNFERMLINE
Fife
KY11 9GG
Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone [redacted]
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
06/08/00 07:18	06/08/00 04:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
NOT SPECIFIED

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin ALERT
OTHER - *(Specify)* None

CURRENT THERAPY - Insulin Steroids ATS
Betablockers None
OTHER - *(Specify)*

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS
INJ TO RIGHT HAND

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 730 PR

Prescription Issued:

HISTORY/CLINICAL DETAILS

PC Ⓡ hand injury

Ⓡ handed technician, caught hand in printer
pain + bruising in 5th MC

O/E Minimal swelling
No bruising.
Tender over 4th/5th metacarpal heads. N-V intact distally

X ray revealed no bony injury
Advised to rest/elevate/put ice on hand
Has own analgesia
TCA if fails to settle

Signature Riel

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

TELL		
OK		
MAKE APPOINTMENT	DR	NURSE
08 AUG 2000		
SCRIPT AT DESK	PATIENT KNOWS	TELL PATIENT
COMPUTER		
NOTES TO DOCTOR		
FILE		

-7 AUG 2000

1.

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS

BURT, John
MILLHILL SURGERY
87 WOODMILL STREET

DUNFERMLINE
KY11 4JW

Date and Time of Attendance	Date and Time of Accident
17/12/99 17:10	17/12/99 12:30

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

WORK ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 151 Harbour Place
Dalgety Bay
DUNFERMLINE
Fife
KY11 9GG
Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone [redacted]
Work Phone [redacted]

ALLERGIES - Penicillin ALERT
OTHER - *(Specify)*

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

Inj ⓒ Index Finger

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1740

Prescription Issued:

HISTORY/CLINICAL DETAILS

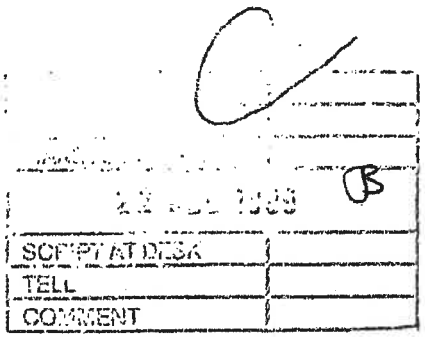
Puncture wound to first knuckle of left index finger at work on a metal cog today. Now complains of pain and swelling in the same area. Tetanus booster due.

On examination small 3 mm puncture wound over the left second MCP joint with surrounding erythema and slight bony tenderness. Decreased range of flexion at the index finger but no neurovascular deficit.

X-ray shows no fracture.

Management - course of Co-amoxyclav and Tetanus booster given. → C

DR EI-CHENG-CHUI
SHO IN A&E
ECC/JMacD 18.12.99



Signature .....

A. & E. I.

AS 137

PLEASE USE BALLPOINT PEN

F.A.O.
Dr Burt

Peter Davies

Queen Margaret Hospital
NHS TRUST
Physiotherapy Discharge Summary

Patient Name	Colin Anderson	**D.O.B.**	3-1-69
Address	108 Clunie Road Dunfermline	**Unit N°**	
		Physio Diagnosis	(2) Neck / Shoulder pain.

Outcome

A Resolved	☐		
B Much Improved	☑	Date of Letter	22-11-97
C Better	☐		
D Slightly Better	☐	Date of Referral	
E Maintained	☐		
F No Change	☐	Date of First Rx	1-12-98
G Worse	☐		
H.Stopped Attending	☐	Date of Discharge	18-3-98
Did not attend at all	☐		

Treatment

Manual Therapy	☑
Electrotherapy	☑
Exercise	☑
Advice/Education	☑
Other	☐

N° R_x 4

Advice on Further Management

SPEAK TO DOCTOR	
O.K.	
MAKE APPOINTMENT	

23 MAR 1998

DESK	

LB.

Queen Margaret Hospital NHS Trust

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

GP's NAME AND ADDRESS
BURT, John
MILLHILL SURGERY
87 WOODMILL STREET

DUNFERMLINE
KY11 4JW

Date and Time of Attendance	Date and Time of Accident
27/10/97 20:43	27/10/97 10:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
NOT SPECIFIED

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

PATIENT DATA

D.O.B. 03-JAN-69 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 108 CLUNIE ROAD

DUNFERMLINE

KY11 4EH

Occupation Religion PROTESTANT
Phone No. [redacted]
Consultant
Next of Kin [redacted]

Home Phone [redacted]
Work Phone

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS
PROBLEM (L) SHOULDER
R 2015

TIME FIRST SEEN BY DOCTOR 21.00

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

Prescription Issued:

HISTORY/CLINICAL DETAILS

This young man presented with a problem with his left shoulder. He complained of increasing discomfort along the length of his clavicle on the left side.

On examination there was very little to see, although he was quite tender over his acromio-clavicular joint. X-ray of his shoulder revealed very little, apart from some possible laxity at his acromio-clavicular joint. I suggested to him that he might consider resting his shoulder and avoid heavy lifting to aid the recovery of this particular joint.

Dr M.C. Proudfoot
GP in Accident & Emergency
MCP/MW 29.10.97

SPEAK TO DOCTOR	
O.K.	
MAKE APPOINTMENT	
31 OCT 1997	
SCRIPT AT DESK	
[illegible]	
COMMENT	

MB

Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

ACCIDENT AND EMERGENCY DEPARTMENT

Queen Margaret Hospital

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY114JW

PATIENT DATA

Ref. - 027280/1
D.O.B. 03 Jan 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 8 GORRIE STREET
DUNFERMLINE
KY11 4B
Occupation ~~LAB TECHNICIAN~~ Religion LACOUREE.
Phone No. [redacted]
Consultant
Next of Kin [redacted]
[redacted]
[redacted] KY11 4B
Home Phone [redacted]
Work Phone

Date and Time of Attendance	Date and Time of Accident
14/11/95 09:16	14/11/95 08:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

WORK ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

INJ L SHOULDER.
TC. 09.15.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 10.20

Prescription Issued:

HISTORY/CLINICAL DETAILS

Patient presented to Casualty having sustained an injury to his left shoulder while lifting heavy weights at work. He is tender over the right AC joint and supra-spinatus. X-ray of his shoulder and clavicle are normal. Discharged back to your care with Ibuprofen and a collar and cuff.
DR G. POLLINGTON/MW
CASUALTY SHO
15.11.95.

20 NOV 1995
S I 0 8 4 P 4

Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

DR Burt

Milnhill Surgery

PATIENT DATA

D.O.B. 3/1/69 Unit No.

Surname Andersen

Forename(s) Colin

Address

8 Gorrie Street

D/line

Occupation Lab. Technician Religion Prot.

Phone No. [redacted]

Consultant

Next of Kin

[redacted]

Home Phone

Work Phone

Date and Time of Attendance	Date and Time of Accident
17/9/95 22.30	

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

LOCATION	SOURCE OF REFERRAL
	Self

ALLERGIES - Penicillin
OTHER - *(Specify)* n/k.

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers —
OTHER . *(Specify)*

PROVISIONAL DIAGNOSIS

Painful ears

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 2230 KC.

Prescription Issued:

HISTORY/CLINICAL DETAILS

Pain in both ears since held nose + sneezed.
Blocked sinuses 3/7.
Chronic problems c̄ ears.
o discharge currently.

19 SEP 1995

84 | 1413 | 0

o/e Ⓛ eardrum scarred superiorly + inferiorly.
o perforation. Not tense.

Ⓡ eardrum perforated. Canal red. o pus.

Plan: nasal decongestant (drops).
oral sudafed decongestant.
amoxyl 250mg 8h.

Signature ....

A. & E. I.

MS 137 **PLEASE USE BALLPOINT PEN**

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. Bull
Milnafie HC.

PATIENT DATA

D.O.B. 3.1.69 Unit No.
Surname ANDERSON
Forename(s) COLIN
Address
8 GORLIE ST
DUNE.

Occupation LAB TECHNICIAN. Religion PROT.
Phone No.
Consultant
Next of Kin
[redacted]

Home Phone [redacted]
Work Phone

Date and Time of Attendance	Date and Time of Accident
22.40 6.3.95.	21.50 6.3.95

TYPE OF INCIDENT
R.T.A.: Work: Home: (Sport) Other *(Specify)*

LOCATION	SOURCE OF REFERRAL
	SELF.

ALLERGIES - Penicillin ALERT
OTHER - *(Specify)*
NONE

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER *(Specify)* NONE

PROVISIONAL DIAGNOSIS
Injury To Rt Ankle.

TIME FIRST SEEN BY DOCTOR 2245

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

Prescription Issued:

HISTORY/CLINICAL DETAILS

Eversion injury to (R) ankle playing 5-a-side. Ankle not swollen / painful / unable to weightbear.

O/E Swollen over lateral malleolus. 8 MAR 1995 [illegible]
Tender over both medial + lateral malleoli (L > M) no tenderness over forefoot. No 5th MT tenderness. No fibular neck tenderness
Vasc - sens - motor limited by pain.
→ X-ray → NAD. → ligamentous sprain
needs REST ice elevation physio. Orthen.

Signature James Ker

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY11 4JW

Date and Time of Attendance	Date and Time of Accident
03/03/95 17:23	03/03/95 02:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

HOME ACCIDENT

LOCATION	SOURCE OF REFERRAL
	OTHER

PATIENT DATA

Ref. - 004637/1
D.O.B. 03 Jan 1969 Unit No. D1249121
Surname ANDERSON
Forename(s) COLIN
Address 8 GORRIE STREET

DUNFERMLINE
KY11 4B
Occupation LAB TECHNICIAN
Religion
Phone No.
Consultant
Next of Kin
PARTNER
8 GORRIE STREET

DUNFERMLINE KY11 4B
Home Phone
Work Phone

ALLERGIES - Penicillin
OTHER - *(Specify)* —

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)* —

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

Scratch ® Eye
TR 1730

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

Prescription Issued:

TIME FIRST SEEN BY DOCTOR

HISTORY/CLINICAL DETAILS

This patient was referred by the Optician at Vision Express with a small corneal scratch on his right eye.

There was a very small scratch at about 3 o'clock in the right eye. He received this from his girlfriend's finger nails.

I have given him some Chloromycetin ointment and an eye patch and advised him to wear this for 24 hours and use the eye ointment for about 5 days. He is to return if his symptoms persist or worsen.

DR. G. POLLINGTON,
CASUALTY SHO/LC
4.3.95

8 MAR 1995

Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname Anderson D. of B. 03.01.69

First Name Colin Age

Address 8 Garnet St Dunfermline.

Religion Prot M/F M.

Occupation Lab Tech M.S.W. See

Next of Kin/Relationship: [redacted]

Maiden/Previous Name: Tel. No. [redacted]

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport Ambulance Other
25/9/94	2252	Yes	

Date and Time of Injury: 25-9-94

Accident | Emergency | Casual

Have you attended this Hospital before YES/NO

Place of Injury: Work School Home (Indoor) Road Traffic Other (specify):

DIAGNOSIS:

GNT Comp.

Drugs: Pencillin Allergy No Insulin Steroids A.T.S.

Head Injury Instructions:

T. 36.3 P. 64. B.P.

P.O.P. Instructions:

HISTORY/CLINICAL DETAILS:

FURTHER CORRESPONDENCE (IF ANY) RE ABOVE TO CONSULTANT IN CHARGE A & E DEPT.

This man presented complaining of mild left otalgia throughout today. Approximately 3 hours ago he noticed a brief episode of bleeding from the left external auditory meatus. There is no deafness, there is some hyperacusis on left. There is no history of tinnitus, vertigo or trauma to the ear. As a child he had some ear problems but says he has never had surgery to the ear. On examination he was afebrile and there was no cervical lymphadenopathy The right ear drum showed moderate tympanosclerosis but was otherwise normal. On the left there was a small amount of blood in the canal with some tenderness and possibly an abrasion in mid-canal. The drum appeared dull and rather featureless but not acutely inflamed. There was no physical otitis externa. Weber test was to the left, although had been mid-line earlier in the evening. Rinne test - positive on the left side. Impression - this man's ear has the appearance of some trauma to the external canal, although there is no history to go along with this. Alternatively, it is possible that he has a middle ear infection. In either case I do not think there is any real cause for concern. I have given him a course of Augmentin and advised him to see his GP if problems persist.

SITES X-RAYED:

X-RAY FINDINGS:

Dr White
Locum ENT SHO

TREATMENT: Augmentin 375mg tabs x 7/7

Voltarol

20 86 B. 4

05.10.94

Signature [redacted]

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor:

Dr Burt
Millhill Surgery
Dunfermline.

FHB(MR)10 (Rev.) JAN. 88.

Queen Margaret Hospital
NHS Trust

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS	PATIENT DATA
DR BURT MILLHILL SURG	D.O.B. 03-01-69 Unit No. Surname ANDERSON Forename(s) COLIN Address 8 GORRIE STREET DUNFERMLINE

Date and Time of Attendance	Date and Time of Accident
26/9/94 21:10	26/9/94 20.00

Occupation LAB. TEC. Religion PROT
Phone No. [redacted]
Consultant
Next of Kin
[redacted]

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other (Specify) — Other circled

LOCATION	SOURCE OF REFERRAL
	SELF

Home Phone
Work Phone

ALLERGIES - Penicillin
OTHER - *(Specify)* —

ALERT

T. 36·1 P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)* —

PROVISIONAL DIAGNOSIS

Earache Lt Ear.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 9-55 pm

Prescription Issued:

HISTORY/CLINICAL DETAILS

Pain in (L) ear for 1/7. Noticed bleeding from
(L) ear ? one hour ago
No deafness. Aware of hyperacusis.
No tinnitus
May have been knocked about head
yesterday while playing American football.
Had cold 4/52 ago - but this had cleared up
before pain started
PMH 'Ear infections' when young.
No ear surgery.
O/E (R) ear, throat - NAD
(L) ear - fresh blood - ? from ext. canal
? from middle ear
Drum - cloudiness
Weber's - sound heard equally in both ears
Rinne's positive

A. & E. I. Signature [illegible]

MS 137 Referred ENT at VHK

PLEASE USE BALLPOINT PEN

27. SEPT 94

Queen Margaret Hospital
NHS Trust

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY11 4JW

PATIENT DATA

Ref. - 017721/1
D.O.B. 03 Jan 1969
Surname ANDERSON
Forename(s) COLIN
Address 8 GORRIE STREET
DUNFERMLINE
KY11 4B
Occupation LAB TECHNICIAN 735044
Religion
Unit No. D1249121
Phone No.
Consultant [redacted]
Next of Kin [redacted]
Home Phone [redacted]
Work Phone

Date and Time of Attendance	Date and Time of Accident
11/08/94 15:19	11/08/94 14:50

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
WORK ACCIDENT

LOCATION	SOURCE OF REFERRAL
	WORK

ALLERGIES - Penicillin
OTHER - *(Specify)* —
ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers —
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS
lac ① index finger
TA 15.35

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

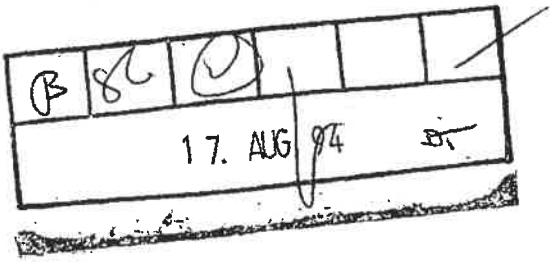
Prescription Issued:

HISTORY/CLINICAL DETAILS

This patient attended Casualty today having sustained a laceration to his left index finger on a glass lense while at work. He is covered for tetanus.

Examination reveals the laceration which was toileted and steristrips and a dressing applied on the top. Discharged.

DR M. BOWERS/MW
CASUALTY SHO
11.8.94



Signature m/bowers

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Queen Margaret Hospital
NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 0383 623623

Fax:

Direct Dial:

Dr C. Oliver
Millhill Surgery
Woodmill Street
Dunfermline

15/6/94

Dear Dr Oliver,

Re: Colin Anderson, 132 Dunfermline Rd. Crossgates

Thank you for referring this patient for physiotherapy to his back, leg and shoulder pains.

On examination on 16/5/94 he complained of a 2 year history of shoulder problems related to his activity in American football. His back problems were almost resolved at this time. Clinically his shoulder movements were restricted due to pain and protective muscle spasm. Mobilisation of his AC joint proved very painful also. I suspect that his history of multiple trauma has resulted in injury to both joint and adjacent soft tissues of his shoulder and AC joint.

Unfortunately, after 1 treatment session he failed to attend for his last 2 appointments and has not contacted us to arrange another. I have therefore regretfully discharged him from my patient list.

Yours sincerely,

P. Reeves

Paul Lynch
P.O. Senior Physiotherapist

17. JUN 94

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

DR. BURT
MILLHILL SURGERY

PATIENT DATA

D.O.B. 3-1-69 Unit No.
Surname ANDERSON
Forename(s) COLIN
Address 132 DUNFERMLINE RD., CROSSGATES
Occupation LAB. TECH. Religion C of S.
Phone No. [redacted]
Consultant
Next of Kin [redacted]
Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
16-9-93 0230	

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
ASSAULT

LOCATION	SOURCE OF REFERRAL
	POLICE

ALLERGIES - Penicillin
OTHER - *(Specify)* N/K

ALERT

CURRENT THERAPY - Insulin Steroids ATS Betablockers
OTHER - *(Specify)*

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

Facial injuries

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture ✓
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR NN 2:40

Prescription Issued:

HISTORY/CLINICAL DETAILS

24 yr old Man
Assaulted tonight.
Hit around the face and groin and a bottle smashed in to ① cheek.
OCOC ↓ Vom ↓N ↓ Headache

O/E smell of alcohol GCS 15
PERL FROEM
Lacerations noting to ① cheek.
& Bruising below ① eye.

For cleaning & Stitching
& ATT Booster

21. SEPT

D/C

Signature .....

A. & E. I.

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY114JW

PATIENT DATA

Ref. - 007993/1
D.O.B. 03 JAN 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 132 DUNFERMLINE ROAD
CROSSGATES
KY4 8AS
Occupation LAB TECHNICIAN Religion
Phone No. 610343
Consultant
Next of Kin [redacted]
Home Phone [redacted]
Work Phone

Date and Time of Attendance	Date and Time of Accident
02/05/93 17:35	02/05/93 16:35

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

HOME ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS

INJ (R) THUMB

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1400 HRS

Prescription Issued:

HISTORY/CLINICAL DETAILS

This gentleman injured his right thumb when he fell at football yesterday.
He also injured it when he was trying to open a tin today.
ON EXAMINATION he was bruised and tender over the lst mcp joint and there was no range of movement.
Xrays revealed ano fracture.
He was given a thumb spica and told he had staved his thumb and discharged.

K O'HARE
CASUALTY SHO
KO/SBCM

address

48 hrs

06 MAY 93

Signature ...

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY11 4JW

PATIENT DATA

Ref. - 004525/1
D.O.B. 03 JAN 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 132 DUNFERMLINE ROAD
CROSSGATES
KY4 8AS
Occupation LAB TECHNICIAN
Religion
Phone No.
Consultant
Next of Kin
Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
12/03/93 19:02	12/03/93 18:15

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
STREET/OUTDOORS

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
Inj ⓛ ankle.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 1900 1910

Prescription Issued:

HISTORY/CLINICAL DETAILS

This gentleman injured his left ankle this evening. Having done so previously on ~~both~~ two occasions. He was walking along the street when it gave way and he is unable to weightbear now.

On examination he has quite considerable swelling around his lateral malleolus and he is very tender there, otherwise ankle movements seem normal.

X-ray revealed no bony injury and he was given some elastoplast strapping and some crutches. He was advised to rest his ankle.

DR K O'HARE/AG
CASUALTY SHO

17. MAR 93

DT

Signature

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

Fife Health Board
Priority Care Unit

Mental Health Services
West Fife District General Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU
Tel: 0383 737777
Fax: 0383 621668

Our Ref: TT/HMcD
Enquiries: Mrs H McDonnagh
Extension: 2224

8 February 1993

Dr Burt
Millhill Surgery
Woodmill Street
DUNFERMLINE

Dear Dr Burt

RE: COLIN ANDERSON 132 DUNFERMLINE ROAD CROSSGATES (DOB 03.01.69)

Thank you for referring Mr Anderson. Dr Grant had contacted the Psychology Department to ask if Mr Anderson could be seen urgently following a recent overdose. I offered him an appointment for 8 February at Rosyth Health Centre which he did not attend. I have written to him asking him to contact me if he would like a further appointment and I will keep you informed if I hear from him.

Yours sincerely

TONY TURVEY
PRINCIPAL CLINICAL PSYCHOLOGIST

17. FEB 93

FIFE HEALTH BOARD

DISCHARGE SUMMARY

Hospital: Milesmark
Ward: 1
Name: Colin Anderson
Address: 132 Dunfermline Road
Crossgates
KY4 8AS

Consultant: D. Fraser
Unit number: M416518K
D.o.b: 03/01/1969
Admitted: 27/01/1993
Discharged: 27/01/1993

General Practitioner

Dr J Burt
Millhill Surgery
Dunfermline

Distribution of letters

Principal diagnosis:
Overdose of Paracetamol 25 x 500 mg
Diazepam 2 x 5 mg

Self-injury: None

History: Marital strife precipitated this event.

Intent: Cry for help
Past Medical History: Nil of note.

Psychiatric history: None

Drugs: Nil of note.

Social history:
Occupation: Ocular Technician
Smokes/day:
Other:

Marital status: Separated
Drinks (u/wk): <20

On examination: Edinburgh Coma Scale: 0
Fully conscious and undistressed.

Investigations: Paracetamol 637.

Initial treatment: Ipecac

Outcome: Discharged to G.P.

D. Fraser

29 January 1993

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY11 4JW

PATIENT DATA

Ref. - 085297/1
D.O.B. 03 JAN 1969 Unit No. D1249 12L
Surname ANDERSON
Forename(s) COLIN
Address 132 DUNFERMLINE ROAD
CROSSGATES
KY4 8AS
Occupation LAB TECHNICIAN Religion
Phone No.
Consultant [redacted]
Next of Kin [redacted]
[redacted]
Home Phone [redacted]
Work Phone

Date and Time of Attendance	Date and Time of Accident
30/08/92 15:50	30/08/92 15:25

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*
LEISURE/SPORT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

PROVISIONAL DIAGNOSIS
Inj (L) Shoulder

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

Prescription Issued:

HISTORY/CLINICAL DETAILS

Mr Anderson came to Casualty after having been injured while playing American Footabll. He said he fell and landed badly on his elbow and then someone else landed on him.

On examination he was tender to palpation generally over the left shoulder. NO evidence of joint deformity and no evidence of swelling.

Abduction limited to about 90°, flexion and extension were good.

He was also tender over his proximal radius. NO joint deformity or swelling.

X-ray of the shoulder reveald no evidence of bony injury and x-ray of the elbow was also normal.

IMPRESSION: Soft tissue shoulder injury. I have discharged him with advice to rest the shoulder for the next few days and given him a broad arm sling.

DR C BROWN
CASUALTY SHO
CB/MW

01 | B. | 7 | 8C
08. SEPT 92 DT

Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr Burt
Woodmill Rd

PATIENT DATA

D.O.B. 3/1/69 Unit No.
Surname Anderson
Forename(s) Colin
Address
1. Dunfermline Road
Crossgates.
Occupation Lab Tec. Religion
Phone No.
Consultant
Next of Kin
[redacted]
Home Phone
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
21.20 7/7/92	21.00 7/7/92

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

Sport

LOCATION	SOURCE OF REFERRAL
	Self

ALLERGIES - Penicillin
OTHER - *(Specify)*
n/k.

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

Injury to (L) knee

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 2128 SP.

Prescription Issued:

HISTORY/CLINICAL DETAILS

This chap presented tonight complaining of pain in the right knee which he had since he was tackled while playing American Football.

On examination of knee there is a small effusion present, full range of movement of the knee, power is grade 5 and there is no neurovascular loss. Collaterals and cruciates appeared to be intact. I could detect no evidence of fracture but x-rayed the knee which reveals no fracture noted and I therefore treated him with double tubigrip and advised him to rest as much as possible and discharged him.

DR S PEGG MW
CASUALTY SHO

26 JUL 92
189 A+E US 4 mg

Signature .....

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
MILLHILL SURGERY
87 WOODMILL STREET
KY114JW

PATIENT DATA

Ref. - 069169/1
D.O.B. 03 JAN 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 132 DUNFERMLINE ROAD
CROSSGATES
KY4 8AS
Occupation LAB TECHNICIAN Religion
Phone No. [redacted]
Consultant
Next of Kin [redacted]
[redacted]
[redacted] [redacted]
Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
27/01/92 11:15	26/01/92 16:00

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

LEISURE/SPORT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

Inj L Ankle.

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR GS 1215

Prescription issued:

HISTORY/CLINICAL DETAILS

This chap was playing American football yesterday and twisted his left ankle. He now has pain and swelling around the lateral malleolus and is unable to weight bear on the affected side. X-ray shows no bony injury. I think he is strained his lateral ligament complex and we have supplied a double tubigrip. He has been given a set of crutches and will return to Casualty in one week for review.

DR G SUTHERLAND
CASUALTY SHO
GS/KP

03 FEB 92

Signature

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

DR. Burt
Millhill Surgery

PATIENT DATA

D.O.B. 3·1·69 Unit No.
Surname Andersen
Forename(s) Colin
Address 4 Broomfield DR Dunfermline
Occupation Shop Assistant Religion
Phone No.
Consultant
Next of Kin [redacted]

Home Phone
Work Phone [redacted]

Date and Time of Attendance	Date and Time of Accident
26/5/91 22.10	26/5 PM.

TYPE OF INCIDENT
R.T.A. / Work: Home: Sport: Other *(Specify)*

LOCATION	SOURCE OF REFERRAL
	Self

ALLERGIES - Penicillin NO
OTHER - *(Specify)*

ALERT

T. P. R. B.P.

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)*

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

left Shoulder Injury

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR 22.10 A

Prescription Issued:

HISTORY/CLINICAL DETAILS

This patient injured his left shoulder lifting heavy weights today. He works for a fruit shop and quite often lifts heavy bags of potatoes. Since then he has had shooting pains in his left shoulder and left side of his chest.

On examination there is a full range of movement of the shoulder joint and no local tenderness over the humerus. He has local tenderness over the acromial clavicular joint however and over the lateral third of the clavicle on the left side. He is tender in the pectoral muscles also. NO evidence of bruising or loss of the normal profile of the shoulder joint. NO parasthesia in the axillary area. Xray showed no evidence of fracture or dislocation. I therefore conclude that he probably has an acromial clavicular ligaments strain and possibly some ~~strip~~ tearing of muscle fibres. Therefore issued with a bandage (collar & cuff) and some analgesia. He will return if things aren't settling.

DR A. MCNUTT
CASUALTY SHO
AM/MW

04 MAR 91 Ee

Signature A McNutt

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital RM.

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS	PATIENT DATA
Dr. JOHN BURT MILLHILL SURGERY WOODMILL STREET	Ref. - 026042/1 D.O.B. 03 JAN 1969 Unit No. D124912L Surname ANDERSON Forename(s) COLIN Address 4 BROOMFIELD DRIVE DUNFERMLINE Occupation ORD. SEAMAN N.R. Religion Phone No. Consultant Next of Kin [redacted] Home Phone Work Phone

Date and Time of Attendance	Date and Time of Accident
04/06/90 18:54	04/06/90 18:20

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

OUTDOORS

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES - Penicillin
OTHER - *(Specify)* No.

ALERT

T. P. R. B.P.

INVESTIGATIONS - *(Please tick)*
Bact. Cl. Chem. Haem. Hist. Urin. E.C.G.
X-ray

CURRENT THERAPY - Insulin Steroids ATS
Betablockers
OTHER - *(Specify)* N.

PROVISIONAL DIAGNOSIS

FACIAL LACERATIONS

TREATMENT - *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure -
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR

Prescription Issued:

HISTORY/CLINICAL DETAILS

Dragged through hedge by his dog. Feeling a little dizzy
Not KO'd.

o/e. Superficial 1cm lac. immed under (L) eye.
Curved 1cm lac. bridge of nose. -flap.

Rx - 2 x Ethilon 6-0 sutures under (L) eye.
3 x Ethilon 6-0 sutures on bridge of nose.
ROS at GP's in 7 days please.

Skull Xray -> NBI

(D) with head injury advice to fiancée

(D) JMS	JBS	✓
06 JUN 90		

Signature RMon

A. & E. I.

MS 137

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD
Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
MILLHILL SURGERY
WOODMILL STREET

PATIENT DATA

Ref. - 019288/1
D.O.B. 03 JAN 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 9A COUSTON STREET
DUNFERMLINE
Occupation ORD. SEAMAN N.R. Religion
Phone No. [redacted]
Consultant
Next of Kin [redacted]
[redacted]
Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
05/03/90 21:13	05/03/90 20:40

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

WORK ACCIDENT

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES— Penicillin
OTHER—*(Specify)*
NONE

ALERT

T. P. R. B.P.

CURRENT THERAPY— Insulin Steroids Betablockers ATS
OTHER—*(Specify)* AMOXIL.

INVESTIGATIONS— *(Please tick)*
Bact. Cl.Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

LAC. L. MIDDLE FINGER

TREATMENT— *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure—
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR :

Prescription Issued:

HISTORY/CLINICAL DETAILS

tetanus 3yrs ago.
laceration to tip of left middle finger.
for wound clean.
- suture 4·0 ethilon
x2. wear LA.
for ROS. 5/7.
D.

0 8. MAR 90

Signature.....

A. & E.I.

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD
Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS

Dr. JOHN BURT
ABBOT HOUSE SURG
ABBOT HOUSE EAST SURGERY
MAYGATE
KY12 7NH

PATIENT DATA

Ref. - 007893/1
D.O.B. 03 JAN 1969 Unit No. D124912L
Surname ANDERSON
Forename(s) COLIN
Address 94 PILMUIR STREET

DUNFERMLINE

Occupation ORD. SEAMAN Religion C of S.
Phone No. 721004
Consultant
Next of Kin [redacted]

[redacted]

Home Phone
Work Phone

Date and Time of Attendance	Date and Time of Accident
12/09/89 20:12	12/09/89

TYPE OF INCIDENT
R.T.A.: Work: Home: Sport: Other *(Specify)*

OTHER

LOCATION	SOURCE OF REFERRAL
	SELF REFERRAL

ALLERGIES— Penicillin NO.
OTHER—*(Specify)*

ALERT

T. P. R. B.P.

CURRENT THERAPY— Insulin Steroids Betablockers ATS
OTHER—*(Specify)* NO

INVESTIGATIONS— *(Please tick)*
Bact. Cl.Chem. Haem. Hist. Urin. E.C.G.
X-ray

PROVISIONAL DIAGNOSIS

010

INJ. L. ANKLE

TREATMENT— *(Please tick)*
Dressing Bandage/Splint P.O.P. Suture
Minor Procedure—
Analgesia Antibiotics ATS

TIME FIRST SEEN BY DOCTOR :

Prescription Issued:

HISTORY/CLINICAL DETAILS

Inversion injury left ankle. Some swelling and tenderness over lateral malleolus.
X-ray normal.
Given double tubigrip.
Discharged.

DR HEALY
CASUALTY SHO
LH/LS

12 SEPT.

JRB

Signature..... Healy .....

A. & E.I.

PLEASE USE BALLPOINT PEN

FIFE HEALTH BOARD ..... DUNFERMLINE & WEST FIFE HOSPITAL ..... HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... ANDERSON ..... D. of B. 3/1/69

First Name ..... COLIN ..... Age 20

Address ..... 94, PITMUIR ST.

..... DUNK

..... Religion ..... — ..... M/F ..... M

Occupation ..... UNEMPLOYED ..... M.S.W. S

Next of Kin/Relationship: [redacted]

Maiden/Previous Name: ..... Tel. No.: .....

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport Ambulance Other
25/4/89	22.00	NO	

Date and Time of Injury: —

Accident — Emergency — Casual

Have you attended this Hospital before YES/NO

Place of Injury: Work School Home (Indoor) Road Traffic Other (specify): —

DIAGNOSIS:

(R) EARACHE

Drugs: Penicillin Allergy N/K Insulin Steroids A.T.S.

Head Injury Instructions:

T. P. B.P.

P.O.P. Instructions:

HISTORY/CLINICAL DETAILS:

Complaining of right earache for the past 2 - 3 hours.
Examination confirms a right otitis media.
Amoxicillin 250 m.g. oral t.d.s. one week.
Advised that calling his own Doctor would have been more appropriate on this occasion.
Discharged.

William King
Casualty SHO
WK/JM

28. APR 89

JMO JMO

SITE X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature .....

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged
OP Clinic .....
Ward No. .....
Other Hospital .....

Name and Address of Family Doctor:

Dr. BURT
Maygate
DUNK

FHB(MR)10 (Rev.) JAN. 89.

FIFE HEALTH BOARD DWF HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname Clodegan 3/1/69 D. of B.

First Name Colin Age 20yrs

Address 31 Elgin Street
Dunfermline

Religion M/F

Occupation Seaman (RNR) M/S/W

Next of Kin/Relationship: [redacted]

Maiden/Previous Name: Tel. No.:

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport ~~Ambulance~~ ~~Other~~
14/4/89	00.05		

Date and Time of Injury: 2hrs.

Accident Emergency Casual

Have you attended this Hospital before YES/NO

Place of Injury: Work School Home (Indoor) Road Traffic
Other (specify):

Drugs: Pencillin Allergy Insulin Steroids A.T.S.
O/E

DIAGNOSIS:
(L) Ear problem. (Post Head injury.)

Head Injury Instructions:

T. P. B.P.

P.O.P. Instructions:

HISTORY/CLINICAL DETAILS:

This 20 year old man sustained a blow to his left ear 2 weeks ago and was seen in Casualty at that time. Since then his left ear has been quite painful but over the past 24 hours has become increasingly painful and he has noticed some serous fluid leaking from it. Also complaining of dullness of hearing.
On examination able to hear. Pinna inflamed. External meatus full of wax. Also a little inflamed.
Impression; impacted wax. ? ear infection.
Plan; Amoxicillin 250 m.g., t.d.s.
Cerumol ear drops to soften wax.
To attend G.P. for syringing of ears at the beginning of next week.
Discharged.

Elaine Campbell
Casualty SHO
EC/JM

19 APR 89

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

JHD JRB

Signature [signature]

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged
OP Clinic .....
Ward No. .....
Other Hospital .....

Name and Address of Family Doctor:
Dr Brent
Maygate Surg.

FHB(MR)10 (Rev.) JAN. 89.

FIFE HEALTH BOARD ..... HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... D. of B.

First Name ..... Age

Address .....

.....

..... Religion ..... M/F .....

Occupation ..... M.S.W. .....

Next of Kin and Relationship

Tel. No.:

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport Ambulance / Other

Date and Time of Injury:

Accident / Emergency / Casual

Place of Injury: Work / School / Home (Indoor) / Road Traffic / Other (specify):

Drugs: Penicillin Allergy / Insulin / Steroids / A.T.S.

Head Injury Instructions:

P.O.P. Instructions:

DIAGNOSIS:

T. P. B.P.

HISTORY/CLINICAL DETAILS:

Sustained a 5 cm. extremely shallow cut to the left palm which is really no more than a scratch. Needs no treatment. Discharged.

DR. W. KING,
CASUALTY S.H.O.,
WK/MG.

29. MAR 89

SITES X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature .....

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged

OP Clinic .....

Ward No. .....

Other Hospital .....

Name and Address of Family Doctor:

FHB(MR)10 (Rev.)

FIFE HEALTH BOARD ADAMSON HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname ANDERSON 3-1-69 D. of B.

First Name COLIN Age 17

Address HALLS OF RESIDENCE ELMWOOD COLLEGE

Religion .... M/F M

Occupation STUDENT M.S.W. S.

Next of Kin and Relationship

Tel. No.:

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport Ambulance Other
8/10/86	18.30	NO	Other ✓

Date and Time of Injury: 7.10.86 & 8.10.86

Accident ✓ Emergency Casual

Place of Injury: Work School Home (Indoor) Road Traffic Other (specify):

Drugs: Pencillin Allergy Insulin Steroids A.T.S.

Head Injury Instructions: GIVEN

P.O.P. Instructions:

DIAGNOSIS:

T. P. B.P.

HISTORY/CLINICAL DETAILS:

Yesterday hit over (R) maxilla c hockey club. Today (2) hit over (R) maxilla c hockey ball. Not KOed. No vomiting. Alert. Reports [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]. Pain (R) > (L) [illegible].

[illegible] [illegible] of [illegible] but [illegible] [illegible] [illegible]. Swollen [illegible] over (R) maxilla — for X-ray [illegible] ? # Vision (R) eye [illegible] [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible]

SITE X-RAYED:

X-RAY FINDINGS:

TREATMENT:

Signature ....

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged

OP Clinic ....

Ward No. ....

Other Hospital ....

Name and Address of Family Doctor: Drs. McDonald & Todd.

FHB (MR) 10 (Rev.)

FIFE HEALTH BOARD ..... HOSPITAL

PLEASE USE BALL POINT PEN AND BLOCK LETTERS

Surname ..... Duncan ..... 3/1/69 ..... D. of B.

First Name ..... Colin ..... Age 20

Address ..... 31 Glen St, Dunf

Religion ..... M/F M

Occupation ..... C/A ..... M.S.W. S

Next of Kin and Relationship [redacted] Mother

Tel. No.:

Date	Time of Arrival (24hr clock)	Referred by GP YES/NO	Transport Ambulance / Other
21/8/84	2170		

Date and Time of Injury:

Accident / Emergency / Casual

Place of Injury: Work / School / Home (Indoor) / Road Traffic

Other (specify):

Drugs: Pencillin Allergy / Insulin / Steroids / A.T.S.

NONE Known

Head Injury Instructions:

P.O.P. Instructions:

DIAGNOSIS:

Free NAD.

T. P. B.P.

HISTORY/CLINICAL DETAILS:

This young man sustained a blow to the face while playing basketball. He was not knocked out but feels a little dizzy and nauseated.
On examination he is fully alert and active, P.E.R.L.A., has bruising to the temporal region and cheek on the left side, no injury to his eyes, nose of mandible.
I have reassured him that although the bruising is spectacular it is not serious.
I have given him head injury instructions and discharged him.

Karin Hubbard
Casualty SHO
KH/JM

SITES X-RAYED:

X-RAY FINDINGS:

24 MAR 89

TREATMENT:

22 MAR 89

JHS JDB

Karin Hubbard

Signature .....

Tetanus Vaccination	Covered 1st	2nd	Booster

To: G.P. Discharged
OP Clinic .....
Ward No. .....
Other Hospital .....

Name and Address of Family Doctor:

Dr Burt

[redacted] Road St

MAYBOLE ? TRY Hospital Null

FHB(MR)10 (Rev.)

SOUTH-EASTERN REGIONAL RADIOTHERAPY SERVICE
ROYAL INFIRMARY AND WESTERN GENERAL HOSPITAL

PROFESSOR W. DUNCAN
DR. MARY DOUGLAS
DR. J. McLELLAND
DR. J. A. ORR
DR. G. L. RITCHIE
DR. A. O. LANGLANDS
DR. G. A. NEWAISHY

Please direct all correspondence to:-
DEPARTMENT OF RADIOTHERAPY,
WESTERN GENERAL HOSPITAL,
EDINBURGH EH4 2XU

Tel. No.: 031-332 2525 Ext. 193

GLR/CPB/75/4090

6 October 1975

Dr N L Stokoe
Consultant Ophthalmologist
Victoria Hospital
KIRKCALDY

Dear Dr Stokoe

Colin Anderson, age 6
[redacted]

I have now made contact with this little boy. He has been fostered out with a [redacted] at the above address. I saw him yesterday at Dunfermline, he seems well. In view of the fact that they live in Denny I am making arrangements for his further follow up to be conducted by Glasgow Radiotherapy at Falkirk.

Yours sincerely

G L RITCHIE
Consultant Radiotherapist

copy to: Dr A C Alexander
Nethertown Surgery
Nethertown Broad Street
DUNFERMLINE

SOUTH–EASTERN REGIONAL RADIOTHERAPY SERVICE
ROYAL INFIRMARY AND WESTERN GENERAL HOSPITAL

PROFESSOR W. DUNCAN
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Please direct all correspondence to:–
DEPARTMENT OF RADIOTHERAPY,
WESTERN GENERAL HOSPITAL,
EDINBURGH EH4 2XU

Tel. No.: 031-332 2525 Ext. 193

GLR/CPB/75/4090

25 July 1975

Dr A C Alexander
Nethertown Surgery
Nethertown Broad Street
DUNFERMLINE

Dear Dr Alexander

Colin Andersion - Age 6

The above patient who was in the [redacted] Childrens' Home was due to attend my Clinic at Dunfermline for follow-up consultation in connection with the treatment he received for eosinophilic granuloma.

He did not attend and we have been informed that he is no longer at the Home. I would be grateful if you would let me know his new address if you have it.

Yours sincerely

G L Ritchie
Consultant Radiotherapist

DENNY
STIRLINGSHIRE.

Victoria Hospital

V.197260

In reply please quote EH/JMG .....

HAYFIELD ROAD
KIRKCALDY, FIFE
KY2 5AH

Telephone: Kirkcaldy 61155

8th April, 1975

Dr. V.K. Goel,
Registrar,
Eye Department,
Victoria Hospital,
Hayfield Road,
Kirkcaldy.

Copy to: Dr. Alexander,
Crossford.

Dear Dr. Goel,

M/r Colin Anderson,
Martha Frew Children's Home,
Crossford.

Many thanks for referring this patient to Dr. Douglas.

I have discussed the case with Dr. Douglas and we both agree that this boy should have a course of external Radiotherapy, because these tumours are generally radio-sensitive in nature.

I have arranged his admission to the Western General Hospital for this.

Yours sincerely,

E.Haque
Senior Registrar for Dr. Douglas.

Victoria Hospital

EYE DEPARTMENT

Consultants
Dr. N.L. STOKOE
Dr. M.C. GRAYSON

HAYFIELD ROAD
KIRKCALDY, FIFE
KY2 5AH

Telephone: Kirkcaldy 61165

In reply please quote V.197260
NLS:RB

31st March 1975

Dr. Alexander
Crossford

Dear Dr. Alexander

M/r Colin Anderson
Martha Frew Childrens Home
Crossford

This little boy was brought to me by my assistant, Dr. Goel, from Dunfermline & West Fife Hospital. He presents rather a puzzle as he now shows a diffuse swelling of the left upper lid of his left eye and there is some firm nodularity to the outer side of the left orbit. On the x-ray there is destruction of the orbital roof. He is a young person to have a sinus mucocoele and the question is whether this could be due to a neoplasm. He has restriction of upward movement of his left eye and some restriction of abduction. There has been no response to antibiotics and we are taking him into the ward for further investigation.

Yours sincerely

N.L. Stokoe
Consultant Ophthalmologist

DUNFERMLINE & WEST FIFE HOSPITAL — **CASUALTY DEPARTMENT**

SURNAME	FIRST NAMES	M S W	DATE OF BIRTH
ANDERSON	COLIN		

ADDRESS: Martha Frew Home, Dunfermline

OWN DOCTOR: Dr. Yellowley

Dear Doctor,

Your patient, above-named, was seen to-day

DIAGNOSIS

GIVEN

TREATMENT

RECOMMENDED

This boy was referred up today by his G.P. with a left ptosis. He says he gave his eye a bash a couple of days ago. There appears to be no obvious precipitating factors of this. On examination the only abnormality was the left ptosis I have originally noted and an absent lower right quadrant abdominal reflex. The remainder of ~~the examination was entirely normal, particularly the~~ cranial nerve was intact. Reflexes were equal and ~~physiological apart from the abnormality of the abdominal~~ reflex. Tone, power in all muscle groups were normal. Both casualty officers saw this boy and came to the same conclusion, decided that although there is a mild degree of the swelling over the upper eyelid in the effected eye the only explanation we could give today for this condition is a temporary paralysis of the palpedrae superior ~~muscle due to swelling following a knock received at an~~ uncertain time. X-rays of skull, chest appear entirely normal. If this is a post-traumatic event then obviously it will settle. If however if fails to do so we feel it can be adequatly dealt with by an urgent Outpatient referral. 11.3.75 MDG/PF

Date _____ Signed _____ Casualty Officer

X-RAY REPORT

_____ SIGNATURE _____

TELEPHONE NO. [redacted]131/5.
(STD CODE 0383)

J. TEVENDALE, F.R.C.S.ED.,
E.N.T. CONSULTANT.

I. S. CHOWDHRY, F.R.C.S.ED.,
E.N.T. CONSULTANT.

Your Ref. .....

Our Ref. 124/9/12
RNJ/BW

Dunfermline & West Fife Hospital,
REID STREET,
DUNFERMLINE.
KY12 7EZ

16th January, 1975

Dr. J. Yellowley,
Nethertown Surgery,
Nethertown Broad Street,
Dunfermline.

Dear Dr. Yellowley,

Colin Anderson, Martha Frew Home, Crossford

Thank you very much for referring this child to our clinic with a history of bilateral otorrhoea for a long time associated with some earache and, according to Mother, foul smelling discharge which seems to be quite thick and green. There is some history of nasal catarrh occasionally but has cleared up since.

Clinical examination, however, showed both the tympanic membranes to be perfectly normal looking and free from any evidence of secretory otitis. There was no discharge to be seen on either side, except for some wax in the left ear. Examination of the nose and throat was also within normal limits.

I do not think we need to do anything further at this stage. However, if he does get features of otorrhoea we would like to see him during the attack any time in the future.

Yours sincerely,

R.N. Joshi,
E.N.T. Registrar.

DGDB/RD.

WEST FIFE HOSPITALS BOARD OF MANAGEMENT

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CONSULTANT OBSTETRICIAN.
D.G.D. BARR, M.D., CH.B., M.R.C.P.E. D.C.H
CONSULTANT PAEDIATRICIAN.

TELEPHONE NO. 22726.

The Maternity Hospital,
Dunfermline. KY11 3BZ.

20th October, 1972.

Dr. Alexander,
The Surgery,
Nethertown Broad Street,
DUNFERMLINE.

Dear Dr. Alexander,

Baby Colin Anderson; Formerly - c/o 18 Iona Road, Dunfermline

This baby is now c/o [redacted], and he remains in long-term care.

He has been followed up at this Clinic because, at the age of nine months, he was admitted to Leith Hospital critically ill with the diagnosis of the haemolytic uremic syndrome. This didorder is characterised by a micro-angiopathy affecting the renal arterioles and there is intra-vascular coagulation and severe haemolytic anaemia. There is occasionally permanent renal damage as the result of this, but Colin has been followed-up and he has grown well and shown no elevation of his blood urea. For a while, he was showing frequency of micturition and a relapse to nocturnal enuresis but both of these features have improved now. Clinically, he remains very well and I do not think that we need to continue seeing him. We would, however, be glad to review the position at any time should you so wish.

Yours sincerely,

David

David G. D. Barr
Consultant Paediatrician.

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CONSULTANT OBSTETRICIAN.
J. SYME, M.B., F.R.C.P.E.,
CONSULTANT PAEDIATRICIAN.

TELEPHONE NO. 22726

The Maternity Hospital,
Dunfermline.

5th May, 1970

Dr. Frater,
2 Viewfield Terrace,
DUNFERMLINE

Dear Dr. Frater,

Re: Baby Colin Anderson, c/o 18 Iona Road, Dunfermline

This baby attended here again as an Out-Patient on 1/5/70. He is making excellent progress in a clinical sense in that he is now walking with support. He is still in the [redacted] and his weight gain and general progress have been satisfactory.

His urine culture was sterile but I was a little suspicious on noting that his blood urea was still above the normal range at 58 mgs.%. In view of the fact that he had a proportion of his condition due to developed renal failure, I think we must continue to keep an eye on this and he will be seen again as an Out-Patient in two months' time when I may arrange for him to have a renal isotope scan as an Out-Patient.

Yours sincerely,

Consultant Paediatrician
(James Syme)

Copy to: Mr. Michie,
Childrens Officer.

JS/RCB.

WEST FIFE HOSPITALS BOARD OF MANAGEMENT.

R. G. WHITELAW, M.A., M.D., F.R.C.O.G
CONSULTANT OBSTETRICIAN.
G. R. BROWN M.B., CH.B., M.R.C.O.G
CONSULTANT OBSTETRICIAN.
J. SYME, M.B., F.R.C.P.E.,
CONSULTANT PAEDIATRICIAN.
TELEPHONE NO. 22726

The Maternity Hospital,
Dunfermline.

12th December, 1969.

Dr. Addly,
Assistant Medical Officer of Health,
Carnegie Clinic,
Pilmuir Street,
DUNFERMLINE.

Dear Dr. Addly,

Re: Baby Colin Anderson, [redacted]

I was very pleased to see this baby again, brought up by [redacted] of the [redacted]. He is making remarkably good progress and I gather has now been abandoned by mother. He was recently seen in the Casualty Department of Dunfermline & West Fife Hospital with what was thought to be frostbite of the right fifth toe. This was so coated in Gentian Violet that I was unable to make out any detail, but the tissue appears to be intact. In other respects, he is making good progress and shows no signs of neurological abnormality. I have requested haematological examination and blood urea and think that, in the meantime, he should continue on his oral iron. He will be seen again in a month's time.

Yours sincerely,

James Syme.
Consultant Paediatrician.

Copy to:-
Dr. Frater.

PAEDIATRIC DEPARTMENT

PHYSICIANS:-
DR. A. J. KEAY
DR. J. SYME

SURGEONS:-
MR. I. S. KIRKLAND
MR. W. BISSET

LEITH HOSPITAL,
MILL LANE,
EDINBURGH,
EH6 6TH
Telephone: 031-554 3211

OUT-PATIENTS SEEN BY APPOINTMENT

13th October, 1969

JGF/JMP/RN. 50202

Dear Dr. Frater.

Colin Anderson. aet 9 months.
63 Queensferry Road. Rosyth

Thank you for your letter about this nine month old child who was admitted, gravely ill, on 1.9.69. He was diagnosed as suffering from the "haemolytic uremia syndrome" which is characterised by a micro-angiopathy affecting the renal arterioles. Intra-vascular coagulation occurs and a severe haemolytic anaemia is a consequence of this, often with a thrombocytopenia.

He was extremely ill for the first two weeks after admission and, as a complication of the anti-coagulant therapy he received, he suffered from a near fatal haemothorax. He subsequently made a slow but gradual recovery and was discharged home on 6.10.69., on Ferrous Sulphate 120 mgs., three times a day. The aetiology of this condition is obscure but it is unlikely to recur. The main factors regarding the long term prognosis are related to the degree of permanent renal damage and also possible brain damage due to hyper-natremia. Certainly, while in the ward, he appeared to make an extremely satisfactory recovery but of course long term follow up will be essential and he will be seen at Dr. Syme's clinic in the West Fife Hospital in a weeks time.

Yours sincerely,

p.p. J.G. FLEMING.
Paediatric Registrar.

Dr. Frater.
2 Viewfield Terrace.
DUNFERMLINE.
Fife.

c.c. Dr. J. Syme.
Consultant Paediatrician.
Dunfermline & West Fife Hospital
DUNFERMLINE.
Fife.

PAEDIATRIC DEPARTMENT

PHYSICIANS:-
DR. A. J. KEAY
DR. J. SYME

SURGEONS:-
MR. I. S. KIRKLAND
MR. W. BISSET

LEITH HOSPITAL,
MILL LANE,
EDINBURGH.
EH6 6TH
Telephone: 031-554 3211

OUT-PATIENTS SEEN BY APPOINTMENT

13th October, 1969

CASE SUMMARY ON : Colin Anderson.
63 Queensferry Road.
ROSYTH.
Fife.

DATE OF BIRTH : 3.1.69.,

ADMITTED : 1.9.69.,

DISCHARGED : 6.10.69.,

HISTORY.

Well until two weeks before admission when he developed vomiting and diarrhoea, lasting approximately 48 hours. This was treated with a four day course of Ampicillin and he was said to have been subsequently active and well until the day before admission when he appeared extremely thirsty. He vomited at 2 a.m., on the morning of admission and subsequently refused feeds.

PAST HISTORY.

S.V.D. at 36 weeks gestation at home, weighing 5 lbs., Mother well during pregnancy. Cried immediately at birth at transferred to Dunfermline Maternity Hospital on account of prematurity, and subsequently discharged home when two weeks old. In Cameron Hospital, when three months old for approximately a month, with pneumonia. No other history of illness.

Artificially fed, mixed feeds being introduced when five months. Smiled when eight weeks old. Sitting without support by seven and a half months.

FAMILY HISTORY.

[redacted] aged 19 years. [redacted] aged 21 years. Both well. No significant family history. No siblings.

/over

EXAMINATION.

Weight 14 lbs., O.F.C. 42.8 cms., An extremely ill, semi-conscious, apathetic child with slight central cyanosis. Eyes sunken with dried tongue. Abdomen scaphoid with loose folds of skin which had a doughy, plastic sensation. No evidence of lymphadenopathy or jaundice., though he appeared pale.

Respiratory system - Deep, sighing respirations 50/minute. Good air entry both lungs. No evidence of crepitations or rhonchi. Pulse 140/minute, regular and of good volume. Flushed blood pressure lower limbs - 50 Hg., Heart sounds 1 and 2, no bruits.

Alimentary system - Abdomen scaphoid. No tenderness or rigidity. Liver palpable half a finger breadth below the costal margin. No renal enlargement obvious.

C.N.S. - Fontanelle just open but of normal tension. Pupils equal and reactive to light. No evidence of papillodoema. No neck stiffness and Kernig's sign negative. Generally unresponse and hypotonic but no localising neurological signs evident. Tendon reflexes sluggish but present and both plantar responses flexor.

INITIAL INVESTIGATIONS.

Blood urea 520 mgs.%
Serum sodium 170 m.eq/litre
Potassium 4.2 m.eq/litre
Chloride 124 m.eq/litre
$C.O_2$ 7 m.eq/litre
Serum osmolality 475 m.osmoles/litre
Haemoglobin (side room eel) 59%
Blood film showed the presence of numerous ecanthocytes (burst cells).
Urine contained 100 white cells/cu.mm., but no red cells and on chemical testing there was no blood, ketones or glucose. The pH was 5 but there was protein 1 g.%., An initial urine culture collected from a bag grew E. coli 10_6 per ml., Cerebro-spinal fluid was clear and there was no increase in cells or growth on culture.

DIAGNOSIS.

The presence of renal failure with oliguria and extremely high blood urea with anaemia (later confirmed as haemolytic), and a typical blood picture of burst cells confirmed the diagnosis of haemolytic uremic syndrome. The degree of hypernatremia and increased osmolality was however unusual.

/over

TREATMENT AND PROGRESS.

As he sucked reasonably well oral feeding was continued but, in addition, scalp vein infusion was started and he was given Heparin, great care being taken not to overload him with fluid and also so that there was no sudden change in serum osmolality, iso-osmolar solutions were given.

2.9.69., haemoglobin had fallen to 6 g/100 ml., (42%) with a reticulocyte count of 12.8%., P.C.V. 18., M.C.H.C. 34., E.S.R. 28 mm., white cell count 18,500/cu.mm., (72% neutrophils, 27% lymphocytes) platelets 490,000/cu.mm.,

At this stage because of the rapidly falling haemoglobin, he required blood and the question of exchange transfusion was raised. However, because of slight improvement in his clinical state it was decided to give an ordinary transfusion and 150 mls., of packed cells were given via a cut down at the left elbow, which he in fact tolerated satisfactorily. The Heparin infusion was continued for five days (until 5.9.69.,) the amount given being controlled by frequent estimation of his thrombin time.

5.9.69., serum osmolality 363 m.osmoles/litre., sodium 165 m.eq/litre., potassium 5.7 m.eq/litre., chloride 118 m.eq/litre., $C.O._2$ 23.5 m.eq/litre., Blood urea 198 mgs.%., Haemoglobin 70%., P.C.V. 29%., M.C.H.C. 35%., There had been a slow but steady improvement up until this stage when he developed increasing dyspnoea and pallor. He was shown to have extensive right sided haemothroax and, on 6.9.69., 300 mls. of uncoagulated blood were removed by right chest thoracentesis. The Heparin was discontinued at this stage and re-introduction was not required.

10.9.69., blood urea 23 mgs.%., sodium 145 m.eq/litre, potassium 3.9 m.eq/litre., chloride 110 m.eq/litre., $C.O._2$ 23.5 m.eq/litre., blood osmolality 296 (the first time since admission it had fallen below 300) and urine osmolality 3.41 m.osmoles/litre., I.V. fluids were stopped at this stage.

He required no further blood transfusion. By 20.9.69., his haemoglobin had fallen to 64% but there was a subsequent steady rise and by 6.10.69., had risen to 10.5 g/100 ml.,(72%). By this stage the peripheral blood film was practically clear of burst cells and the platelets, which in the second week of admission had fallen to below 40,000/cu.mm., were now plentiful. Chest x-ray on 30.9.69., showed complete clearing of the lung fields. On admission he was also covered with Ampicillin and Cloxacillin. Two bag urines initially produced growths of E. coli 10^5 and 10^6 per ml., but subsequently repeated urine cultures were sterile. No pathogens were obtained at any stage from stool culture and blood cultures taken before antibiotic therapy and during it were likewise negative. I.V.P. on 8.9.69., showed that both renal outlines appeared normal and both kidneys excreted the contrast, with normal calyceal detail on the left side. The right side was not well defined. The bladder outline appeared normal. Creatinine clearance on 10.9.69., was considerably reduced at 11 mls/minute but when repeated on 1.10.69., was increased to 18 mls/minute(corrected for surface area equals 84.8 mls/minute), thus indicating a satisfactory return in renal function.

/over

By this stage his urine contained neither protein, blood or sugar and on microscopy there were no cells.

On discharge home on 6.10.69., he was feeding satisfactorily and neurological examination, apart from slightly increased grasp reflex in both hands, appeared reasonable for his age as did developmental status and there was no evidence of any localising neurological signs.

He was discharged home on Mist. Ferrous Sulphate pro. inf. 120 mgs., three times a day and will be seen for review in a weeks time.

J.G. FLEMING.
Paediatric Registrar.

EAST FIFE HOSPITALS BOARD OF MANAGEMENT

CAMERON HOSPITAL

Phone:
Buckhaven ~~2172~~ 2472

In reply
please quote AHL/EM

WINDYGATES

29th April, 1969.

Dr. H. H. Frater,
2 Viewfield Terrace,
DUNFERMLINE.

Dear Dr. Frater,

Colin Anderson, 18 Iona Road, Dunfermline: D.O.B. 3.1.69

The above infant was admitted 24.3.69 suffering from an acute respiratory infection of some three days duration which had not responded to Ampicillin therapy.

On admission he was moderately ill, cyanosed, and dyspnoeic. Clinically there were signs of early consolidation at the left base. General systemic examination was otherwise satisfactory.

He was treated with a combination of Penbritin and Orbenin.

Chest x-ray showed only bronchiolitic change.
The peripheral blood picture was normal apart from a mild hypochromic anaemia - Hb. 66%.

Progress was rather slow but satisfactory from the respiratory point of view. He developed some diarrhoea possibly associated with his antibiotic therapy. This necessitated dietetic restriction for a while but no intestinal pathogens were isolated on culture.

Progress thereafter was uneventful. Re-x-ray 15.4.69 - "Film taken in the neutral position. Cardiovascular shadow probably normal. Lung fields are clear. Still a little prominence of the broncho-vascular markings in the right cardiophrenic angle but no acute lesion".

He was discharged 22.4.69 at which time he was well. He was feeding well without gastro-intestinal upset, and thriving. He had no respiratory symptoms, and the lungs were clinically clear. General systemic examination was satisfactory.

While in hospital his anaemia had been treated with Fersamal and I think this or some other oral iron preparation should be continued.

Yours faithfully,

I.D. Physician.

JS/RB.

WEST FIFE HOSPITALS BOARD OF MANAGEMENT.

R. G. WHITELAW, M.A., M.D., F.R.C.O.G.,
CONSULTANT OBSTETRICIAN.
G. R. BROWN, M.B., CH.B., M.R.C.O.G
CONSULTANT OBSTETRICIAN.
J. SYME, M.B., F.R.C.P.E.,
CONSULTANT PAEDIATRICIAN.

TELEPHONE NO. 22726.

The Maternity Hospital,
Dunfermline.

16th May, 1969.

Dr. Frater,
2 Viewfield Terrace,
DUNFERMLINE.

Dear Dr. Frater,

Re: Baby Colin Anderson, c/o 18 Iona Road, Dunfermline.

Further to my letter of 31/1/69, [redacted] has not brought the baby up for recent appointments.

Perhaps you will let me know if you wish me to send a further one.

Yours sincerely,

James Syme.
Consultant Paediatrician.

17/5/69

Dear [redacted],

I have had a letter from Dr Syme saying you have not brought Colin up for recent appointments. Please make an appointment yourself to see me so that we can arrange about

JS/RB.

WEST FIFE HOSPITALS BOARD OF MANAGEMENT.

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CONSULTANT PAEDIATRICIAN.

TELEPHONE NO. 22726.

The Maternity Hospital,
Dunfermline.

31st January, 1969.

Dr. Frater,
Viewfield Terrace,
DUNFERMLINE.

Dear Dr. Frater,

Re: Baby Colin Anderson, c/o 18 Iona Road, Dunfermline.

This baby was born here on 3/1/69 at an estimated 36 weeks maturity. Birth weight was 5lb and condition ar birth was good. The appearances were those of a moderate degree of immaturity but no complications developed and his eventual progress was satisfactory.

He was discharged home on 21/1/69 and will be seen again as an Out-Patient.

Yours sincerely,

James Syme.
Consultant Paediatrician.

Copy to:-
Dr.R.Wink.

Fife Health Board Department of Child and Family Psychiatry, Cupar, Fife.

Blacklaw Clinic,
Blacklaw Road,
Dunfermline.
Tel.: 20599

Confidential

6 May 76

Colin ANDERSON age 7½ years (3 Jan 69)
Foster parents: Mr. and Mrs. Waines, 118 St. Leonards Street, Dunfermline.

PROBLEM

Age 11 months (Dec 69) on, abandoned by [redacted], and taken into care; present foster parents, with whom he has been for a year, are his fourth.

Age 6½ (May 75) on, [redacted], with whom he is particularly happy, find that he has periods of smearing and of being wet at nights, but this can completely resolve for weeks at a time.

Specific learning difficulties with reading and number despite average intelligence.

BACKGROUND

Gestation, birth, early development:
Information not yet obtained.

Illness, accident:
None significant known.

Separation:
Age 11 months (Dec 69), [redacted] left Colin with a [redacted] and failed to return; taken into care and admitted to [redacted] for a month.
Age 1–2 years, fostered for a year, but this eventually broke down.
Age 2 (Jan–June 71), back in [redacted]
Age 2½ (June 71–Apr 72), a second fostering, again breaking down after ten months.
Age 3½ (June 72–?June 73), third fostering; [redacted] showed Colin great understanding, but after a few months [redacted] began calling to see Colin every week; he became upset, wet at night and aggressive towards foster parents small children.
Age 4½ (?June 73), returned [redacted]
Age 6½ (May 75) on, placed with [redacted], then living in Denny.
Age 6¾ (Nov 75), foster parents and Colin moved to Dunfermline.
Age 7 (Feb 76), foster [redacted] confined in hospital for a fortnight; her [redacted] and a [redacted] cared for Colin who was not upset.

Parents:
[redacted] is reported to have had two admissions of some months to Stratheden over the period June 70–July 71, and to be living rough at times then.
There is a report that [redacted] was also in Stratheden in 1971, 'in schizophrenic state'.

[redacted] is reported to have served a short sentence Feb 71 for a serious assault on [redacted]

1971, parents agreed to social work department assuming parental rights. Both parents are reported to have remarried.

Other significant adult:
[redacted] ([redacted] in the home; [redacted] outside) a housewife age 26, feels that she and Colin understand each other very well; he is now able to talk freely to her.

[redacted] ([redacted] in the house; [redacted] outside) age 29 and a storeman at Lauder Technical College, also gets on well with Colin.

Home:
A four bedroom rented flat over a shop; Colin has his own room.

Siblings:
Foster parents son [redacted] age 3 months; after a little initial jealousy, Colin is now pleased with him.

Friends: Mary, and close.

Interests: Playing out.
Sand pit.
Drawing
Soldiers
Looking at animal books.
Pocket money: 40p a week mostly spent on toys.

School: Age 5, Crossford primary school.
Age 6¼ (May 75) on, Denny primary school, where he was particularly happy.
Age 6¾ (Nov 75), St. Leonard's primary school, where he is quite happy but [redacted] feel the school makes less demands that he work.

Psychiatric referral:
Age 5¾ (Nov 74), referred by social work department, seen once by Dr. Prashaw at Martha Frew:
Colin appeared bold and affectless, the result of poor mothering in infancy; foster home needed, with mother perhaps eventually becoming 'aunt'.

OPINION

Presentation: Colin was seen in the clinic today with his foster parents, with whom he was on excellent terms without being clinging.
A pleasant, alert, sturdy boy, showing much interest in books and puppets but not interfering with clinic work.

C.N.S.: Normal, apart from latent L. internal squint, some unsteadiness when hopping, and definite R. finger agnosia.
R. hand, R. eye dominant; a little visuo-motor difficulty - occasional reversals; copying and writing untidy.
No other clumsiness, or mirror image difficulty.
Hearing, vision, speech: normal.

Mental state: Sleep: normal.
Dreams: occasional nightmare of witch.
No obvious anxiety or depression seen in the clinic, but Colin says he does feel sad briefly when he does bad things.
No restlessness.

He is only just reading at 5 year level, with comprehension to that age.
Considerable difficulty with simple arithmetic - just managing single digit addition and subtraction.
Good mechanical ability with small unfamiliar items.
With coloured progressive matrices he scored 19 (A8; Ab5; B6), an average score for a 7½ year old; he concentrated well and showed good reasoning ability.

Comment: His matrices score, ability to tell the time, and detail in his drawing of a face all suggest that intelligence is at least average.

The specific learning difficulties with reading, spelling and number may be related to changes of primary school, but there is probably a large organic element of irregular cerebral maturation.
Opinion of child guidance clinic might be useful at some time.

Colin said that he thought of his [redacted] at times, but he was obviously happy with [redacted] who show him a most loving and sensible concern; I was impressed with the delight they found just in being with him, and the way in which they will for example find an old pram on which he can express anger.

They found that nocturnal enuresis cleared completely when he was told he would not be able to go on holiday if he was wet, and they have since introduced a system of rewards for dry nights; they find the most effective sanction is to send him to bed early so that he misses TV.

Smearing of bedroom and toilet walls tends to occur in runs of a few days, and will then clear completely perhaps for six weeks.

CTP/LSA/5525/74/350

, KY15 5RR.

14th November, 1974.

The Director of Social Work,
Dunfermline Corporation,
Carnegie Clinic,
Pilmuir Street,
DUNFERMLINE.

Dear Sir,

Colin Anderson, c/o Martha Frew Children's Home, Crossford (D.o.b. 3.1.69)

This child was referred by Mr. Hughes (Senior Social Worker) for psychiatric assessment prior to the formulation of a policy for Colin's future. Colin is the product of a broken home, and I was not able to see his [redacted] who is the only parent in contact at present. I was however able to use Colin's social work record which gave an account of his earlier life.

Colin greeted me at the front door when I arrived. This boldness with strangers is a regular feature of his behaviour. He is very well able to use words and expressed himself well. He appeared to be of at least average intelligence (this is confirmed by his satisfactory progress in school). At interview he appeared gratified by the attention he was receiving and although very fluent he was unwilling to talk about certain topics and avoided questions skillfully. His instant relationship was superficial and he displayed no emotion throughout the interview. To summarise his conversation he is a self-centred child, firmly based in reality without much imagination and with a tendency to exaggerat[redacted] He appeared mildly anxious but gave no overt signs of psychiatric illness.

From the information obtained Colin has settled back in the Home quite successfully. He relates well to all staff members (male and female) without having a favourite, and is fond of physical contact. His general health is good. He can have temper tantrums if not allowed to do what he wants but these are not a problem. He maintains a good relationship with the other children, but does not have any particularly close friends. The only relative in contact is [redacted], and [redacted] visits are irregular and unpredictable.

It was my impression that Colin is a severely deprived child, as a result of the poor quality of [redacted] he received in infancy. Because of the separations, inconsistencies and various stresses Colin has become egocentric, untrusting, affectless and unable to relate to people on anything other than a superficial demanding, almost infantile, level. If this pattern continues Colin will eventually become an emotionless adult with very poor ability to form interpersonal relationships.

It/

It is my opinion that Colin requires a consistent female caretaker: from information received he does not single out any one person in his present placement, preferring to share his shallow emotions with several. For this reason I feel that his present placement is unsuitable. It appears that Colin took readily to his foster fathers but not his [redacted] although it is probably much more complex, I would suggest that this was because he never really had a [redacted] and will therefore accept substitutes but he does know his [redacted] and accepts [redacted] as his [redacted] and therefore will not accept a substitute. Unless there are definite plans to return Colin to his [redacted] care I can see little point in continued contact with [redacted] at this stage: it may be that once Colin had formed a strong enough relationship with a [redacted] then he could be reintroduced to [redacted] as an interested adult who did not have a central role in his life (rather like an aunt). In conclusion I feel that Colin requires a foster home but that he does not require continued contact with [redacted]

No further appointments have been arranged. I do not think it would be beneficial for Colin to be seen regularly as this would only complicate the central issue of getting him to form a lasting relationship with a mother substitute.

Yours sincerely,

Colin T. Preshaw

Colin T. Preshaw,
Senior Registrar.

Copy to: Dr. Yellowley

NHS Confidential: Personal data about a patient

[redacted]

FIFE ACUTE HOSPITALS NHS TRUST (QMH) RADIOLOGY REPORT

Name - **ANDERSON, COLIN** DOB - **03/01/1969**
18 ALFORD WAY, KY11 8BF
Ward - **GP** Ref - **DR SARA WILSON**

CRIS No - **111157**
Event No - **E-2271664**
Hosp No - **D124912L**
CHI No. - **0301690472**

CHEST

VERIFIED **Report by: DR K JAMIESON** **15/11/2007**
Typed by: JEAN ALLAN **15/11/2007**

History: Cough, sputum. Non smoker. Not responding to co-amoxiclav. Bibasal creps R > L. Nil cardiac and no haemoptysis.

CHEST : Poor inspiration achieved, this may in part be due to the patient's body habitus. There is an impression of some very minor increased opacification in the left lower zone, however in view of the poor inspiration I suspect this is just due to under inflation. No focal collapse or consolidation identified.

COMPUTER	
RECORDS OUT	

FILE	

Fife Area Laboratory — HAEMATOLOGY

Surname : ANDERSON
Forename : Colin
Address : 18 ALFORD WAY
: DUNFERMLINE

D.o.B : 03 Jan 1969 Sex : M
Case No : 0301690472 CHI :0301690472
Post code : KY11 8BF

Sender : Dr R.W. DUNCAN
Hosp/Surg : New Park Medical Practice
: 163 Robertson Road

Clin. det.: RECENT CHEST INFECTION
:

Labno.	H3169515S	H9285993X	H9285927B	H1685917X	H328288Q	H1014912
Date	26/11/07	18/11/07	18/11/07	23/11/04	11/03/03	20/09/00
WBC	**7.3**	**12.2H**	**13.0H**	**8.2**	**10.1**	**8.7**
RBC	4.47L	NT	NT	4.75	4.80	4.74
HGB	**13.4L**	**13.4L**	**13.2L**	**14.5**	**14.4**	**14.3**
Hct	41.0	NT	NT	44.1	43.2	40.4L
MCV	91.7	NT	NT	92.8	90.1	85.2
MCH	30.0	NT	NT	30.5	30.0	30.3
MCHC	32.7	NT	NT	32.9	33.3	35.5
PLT	**381**	**407H**	**407H**	**299**	**334**	**242**
RDW	15.6	**000	NT	14.1	12.6	13.2
Neut	3.32	7.85H	8.43H	5.69	6.60	5.83
Lymp	2.62	3.14	3.00	1.66	2.58	1.99
Mono	0.54	0.63	0.83H	0.40	0.58	0.59
Eos	0.74H	0.51H	0.64H	0.37	0.33	0.18
Baso	0.12H	0.07	0.09	0.04	0.01	0.09
PV	1.86H			1.94H		
Monospot		Negative				
Film			Film made			

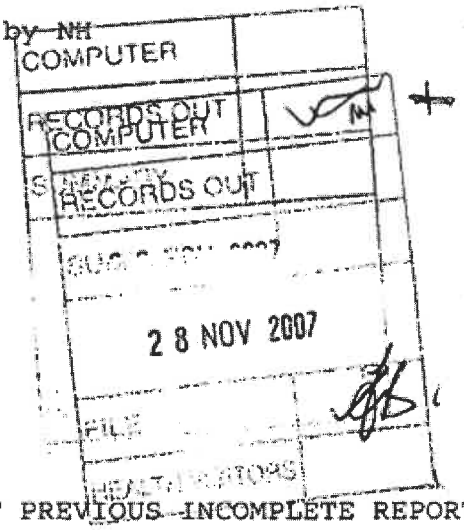
NT = Not Tested

H3169515S 26/11/07 Eosinophilia. ? allergy, drugs or post viral.

H9285993X 18/11/07 RBC INDICES NOT AVAILABLE DUE TO COLD AGGLUTININS BEING PRESENT.
FOR FILM COMMENT SEE SPECIMEN NO. H9285927B

H9285927B 18/11/07 Film - RBCs marked cold agglutination. Will require the provision and a warm specimen for the assessment of RBC results.

H1014912 20/09/00 Phoned to SN QACC at 14:30 by ~~NH~~



REPORT COMPLETE. FILE IN NOTES AND DISPOSE OF PREVIOUS INCOMPLETE REPORTS

Date and time of collection: 26 Nov 2007 11:48
Date and time of report: 26 Nov 2007 19:44
Specimen type: Venous Blood

Fife Area Laboratory — CLINICAL BIOCHEMISTRY

Surname: ANDERSON Forename: Colin D.o.B.: 03 Jan 1969 Sex: M Case No: 0301690472
Address: 18 ALFORD WAY DUNFERMLINE Post code: CHI: 0301690472
Cons/GP: Dr R.W. DUNCAN Source: New Park Medical Practice
163 Robertson Road

Current clin. details: Tired All The Time

	Date	23/11/04	11/03/03	20/09/00
	Time	PM	PM	
	Labno.	C1685917X	C328288Q	C908350P
Sodium (134-144 mmol/L)		140	139	141
Potassium (3.6-5.4 mmol/L)		4.2	5.0	4.3
Bicarbonate (22-32 mmol/L)		25	26	27
Urea (3.0-8.5 mmol/L)		6.9	6.1	6.5
Creatinine (50-120 umol/L)		107	104	101
Glucose (3.3-6.1 mmol/L)		6.5H	4.3	5.8
Albumin (38-50 g/L)		46	45	
Protein (Total) (60-80 g/L)		74	80	
Alkaline phosphatase (35-115 U/L)		114	102	
Gamma-Glutamyltransfer (7-50 U/L)		34	26	
Alanine transaminase (0-40 U/L)		35	42H	
Bilirubin (Total) (2-20 umol/L)		7	5	
TSH (0.5-3.9 mU/L)		1.49	3.89	
Free Thyroxine (10-19 pmol/L)		16	12	

C908350P 20/09/00 Please give clinical details
EL GL Phoned to QACC SN at 14:28 20/09/00 by NH

COMPUTER	
RECORDS OUT	
SUMMARY	
26 NOV 2004	
FILE	✓
HEALTH VISITORS	

(2)

Current Items Reported : EL LF GL TS SARC
Current Items Requested: EL LF GL TS SARC
Current Spec. Rec'd: 14:06 24 Nov 2004 Printed: 24 Nov 2004 Authorised by:

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

Fife Area Laboratory, Hayfield Road, Kirkcaldy Direct Tel:01592 648090

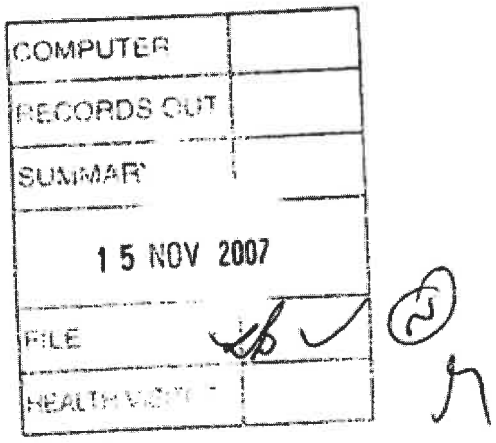
Surname : **ANDERSON** D.o.B. :03 Jan 1969 Sex : M
Forename : Colin Case No:**0301690472** CHI No :0301690472
Address : 18 ALFORD WAY DUNFERMLINE
Post Code : **KY11 8BF**

Report to : **Dr R.W. DUNCAN** Origin:New Park Medical Practice
: New Park Medical Practice
: 163 Robertson Road

Clin. det.: No details given
:
:

Lab Number: **M1885195H** Specimen:**Sputum** Date taken: **12 Nov 2007**

Culture.
Commensal organisms



Received : 13 Nov 2007 Reported: 14 Nov 2007 Auth :

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

FIFE AREA LABORATORY, HAYFIELD RD, KIRKCALDY Direct Tel:01592 648090

Surname : **ANDERSON** D.o.B. :03 Jan 1969 Sex : M
Forename : **Colin** Case No:**D124912L**
Address : 18 ALFORD WAY
Post Code :

Report to : **Dr S WILSON** Origin:New Park Medical Practice
: New Park Medical Practice
: 163 Robertson Road

Clin. det.: ?OE
: ON OTOMIZE
:

Lab Number: **M1566377P** Specimen:**Ear swab** Date taken: **01 Jun 2004**

Culture
1) A moderate growth of Staphylococcus aureus

Sensitivity: *1*
Flucloxacillin S
Chloramphenicol S
Gentamicin S

pt unfit for operation

COMPUTER
RECORDS OUT
SUMMARY
08 JUN 2004
FILE
HEALTH VISITORS

Copy to :

Received : 02 Jun 2004 Reported: 04 Jun 2004 Auth : MICF1 FRASER MIC

Dept of MEDICAL MICROBIOLOGY and INFECTION CONTROL

FIFE AREA LABORATORY, HAYFIELD RD, KIRKCALDY Direct Tel:01592 648090

Surname : ***ANDERSON*** D.o.B. :03 Jan 1969 Sex : M
Forename : Colin Case No:***0301690472***
Address : 151 HARBOUR PLACE DALGETY BAY
Post Code : ***KY11 9GG***

Report to : ***Dr L.E. DUNCAN*** Origin:Dalgety Bay Medical Centre
: Dalgety Bay Medical Centre
: Regent's Way

Clin. det.: Diarrhoea and vomiting
:
:

Lab Number: ***M896231W*** Specimen:***Faeces*** Date taken: ***11 Aug 2003***

Enteric culture
No intestinal pathogens isolated

Appearance..... Soft
Cryptosporidium--------: Negative

ACTION
COMPUTER
13 AUG 2003
FILE
INITIAL

Copy to :

Received : 11 Aug 2003 Reported: 13 Aug 2003 Auth :

```
]TCITEMPSEEPC                                    NO INFORMATION ON COMMENTS SCRE
 LOCAL RECORD FOUND - UPI CURRENT NUMBER/CC 0301690472 E
                                                  DATE OF LAST UPDATE 12/02/04

CHI DISPLAY OF PATIENT DETAILS (CHI No 030169 0472)   ORIGIN F002A  CONSORTIUM
  surname:    ANDERSON                        1st fnme:   COLIN
  2nd fnme:                                   O. inits:
  bth snme:                                   prv snme:
  Alt fnme:                                   Title:
       sex:   MALE      m/s: NOT KNOWN        DOB:   03 01 1969  UNCONFIRMED
  address 1:  18 ALFORD WAY
          2:  DUNFERMLINE                     Practice:  F2046 6
          3:  FIFE                            postcode:   KY118BF OT
  NHS No:     S424/69/51                      GP:  F9373 4       (R W DUNCAN
 .date acc:   060204   date into practice 060204         Disp. Dr:
  Mileage:
  area res:   F    Conc code:                 Immig.        Inst.      reas. reg.
  new area:       reason for transfer A       old area      MRE DATA EXISTS
  Hosp. recs: 00   Comm. recs: 00          prev. GP ref.: F9054 9 date acc  21050
  prev.    1: 151 HARBOUR PL
  address  2: DALGETY BAY                     ADDRESS CHANGED ON 11 02 04   By F00
           3: DUNFERMLINE                     prev. postcode: KY119GG
  NEXT SCREEN:  [S]  X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=M
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME L = LIST,
```