

Subject Access Request



Patient	Mr Brian Laird
Date of birth	31-Dec-1972 (age 53)
Gender	M
NHS number	6330405913
Patient's address	50 Kinross Street Burnley Lancashire BB11 4DP
Date range selected	Full record
Organisation	MMA Legal
Reference	100154

Problems

Active

04-Jun-2025

H/O: thromboembolism

14-May-2024 MRS SAMANTHA WILCOCK ()

Mental and behav dis due to use opioids: dependence syndr, continuous use

06-May-2021 Dr Emma Harding ()

Opioid dependence

09-Jan-2020 Dr Emma Harding ()

Hepatitis C antibody test

24-Nov-2015 Dr S F Appleyard ()

Deep vein thrombosis of leg related to intravenous drug use

22-Jan-2010 Mrs Irene Halstead ()Osteoarthritis NOS, of ankle and foot
left ankle- using crutches

Significant Past

26-Nov-2022 Mrs Bilkis Peters ()

Injury of head

27-Sept-2013 Dr S F Appleyard ()Deep vein thrombosis of leg related to intravenous drug use
-recurrent**09-Mar-2009 Mrs Irene Halstead ()**

Deep vein thrombosis of leg related to intravenous drug use

30-Dec-2000 Mrs Irene Halstead ()

Heroin dependence

09-Dec-1994 Mrs Irene Halstead ()Drug abuse monitoring
North Wesr drug team

Minor Past

17-Feb-2025 Dr Shahzabeen Sultana ()

Lower respiratory tract infection

04-Dec-2024

Lower respiratory tract infection

26-Nov-2022 Mrs Bilkis Peters ()

Falls

27-July-2021 Dr B F Savage ()Perineal pain
and dark urine 2 days**07-Feb-2020 MRS SAMANTHA WILCOCK ()**

Musculoskeletal chest pain

09-Jan-2020 Dr Emma Harding ()

Other back injuries

07-Jun-2019 Dr Emma Harding ()

[D]Irritability and anger

07-Jan-2019 Dr Emma Harding ()

[D]Irritability and anger

28-Sept-2018 Dr Emma Harding ()
[V]Observation following accident at work

31-Aug-2018 Dr Emma Harding ()
Other shoulder injuries
Laterality: Right

17-Aug-2018 Dr Emma Harding ()
Bereavement

04-May-2018 Mrs Shirley HARDY ()
C/O - upper back ache
following accident

07-Dec-2017 Dr Emma Harding ()
[D]Epistaxis

09-Sept-2016 Dr Catherine HENDERSON ()
Arthralgia of multiple joints

19-Feb-2016
Injection of therapeutic substance into joint
Diclofenac urgent care burnley

17-May-2011
[D]Musculoskeletal pain

Consultations

05-Aug-2026 Miss KELLY WINTERBOTTOM (KAW) Awaiting clinical code migration to EMIS Web

Comment Comment Online questionnaire completed by patient
Comment Comment Dear Mr Laird, The Doctor has advised the
following: would advise OTC co-codamol or paracetamol
and Ibuprofen 400mg tds - available Over the counter - if
tried and still in pain next steps would be co-codamol and
naproxen but obviously have side effects. Have you tried
the above ? Katy Burnley Group Practice Response: Tried
all above but cont not and will now take go codamol see
medical records
Comment Comment Received on: 04/08/2026 at 22:55

04-Aug-2026 Miss Reema Variyam (RV) Manchester Road SurgeryGP Surgery

Comment Comment SARS FORM HANDED IN AT MCR LEFT IN
THE SPC ENVELOPE-

04-Aug-2026 Miss Reema Variyam (RV) Manchester Road SurgeryScanned document

Document SARS
SARS (04-Aug-2026)
Comment Comment send records straight to solicitors

04-Aug-2026 Mrs Katy Moody (KAT) Awaiting clinical code migration to EMIS Web

Comment eConsultation via online application (procedure) Patient
request: Medical - Health problem
Comment Comment Describe the problem: pt had an accident on
his bike hit a pot hole and went flying- was in seen in UC-
arm now in a pot and wearing a sling round neck- unsure
how to use- in severe pain- was given abx by the hospital
not pain relief -
Comment Comment Attach a photo or file: No file attached
Comment Comment How long have you had this? Is it getting better
or worse?: 2 days ago
Comment Comment Have you tried anything to help?:
paracetamols not touching the pain- not able to take otc
co-codamol
Comment Comment Is there anything you're particularly worried
about?: pain relief
Comment Comment Expectations: prx pain relief - wouldnt mind
being seen- advised the gp wont do any xrays here at the
surgery- more needing pain relief
Comment Comment When are the best times to contact you:
anytime
Comment Comment Contact method preference: Text message,
Phone call
Comment Comment Preferred clinician to contact them: Anyone
Comment Comment Name: Laird, Brian Thomas
Comment Comment DOB: 31-12-1972
Comment Comment Postcode: BB11 4DP
Comment Comment Patient phone number: 07922151281
Comment Comment Submitted on: 04/08/2026 at 10:18

04-Aug-2026 Mrs Katy Moody (KAT) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number
 Comment SMS text message sent to patient Dear Mr Laird, The Doctor has advised the following: would advise OTC co-codamol or paracetamol and ibuprofen 400mg tds - available Over the counter - if tried and still in pain next steps would be co-codamol and naproxen but obviously have side effects. Have you tried the above ? TO RESPOND, please follow this link: <https://accurx.nhs.uk/c/p-afv87tve4y> Katy Burnley Group Practice Scheduled to send on 04/08/2026 12:04:48

03-Aug-2026 Miss Shaista Jamil (SJ12) St Peters CentreGP Surgery

Comment Comment Pt called re excruciating pain following a car accident - UCC advised.

02-Aug-2026 Miss Grace O'Hara ELACODER (GOH) Awaiting clinical code migration to EMIS Web

Document Seen in accident and emergency department
 ELHT (ACCIDENT and EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 3-8-2026 12459140

02-Aug-2026 Miss Grace O'Hara ELACODER (GOH) Awaiting clinical code migration to EMIS Web

Document Seen in accident and emergency department
 ELHT (ACCIDENT and EMERGENCY) OUTPATIENT LETTER 3-8-2026 12459169

09-Jun-2026 Miss Henrietta NII LARYEAFIO (Henrietta123) St Peters CentreGP Surgery

Comment Comment 2nd SARs patient options letter sent to pt email as pt never received the first letter snet in post
 Document Patient requests copy of medical record
 SARS options letter - to patient

19-May-2026 Miss Shaunie Murgatroyd (SM1) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447907514936
 Comment SMS text message sent to patient Dear Mr Laird, Please follow the link below to request an appointment. Please answer all of the questions and give as much information as you can to save you from any delay. Please note this does say you will get a reply within 48 hours, but if your request is deemed urgent by the clinical team for an on the day appointment you will get a reply the same day. <https://accurx.nhs.uk/patient-initiated/P81020/flow/medical-request> Thanks, The Reception Team Burnley Group Practice Sent on 19/05/2026 at 14:32

30-Apr-2026 Miss Henrietta NII LARYEAFIO (Henrietta123) St Peters CentreGP Surgery

Document Patient record requested by solicitor
 MMA Legal Limited
 Document Administration note
 consent form
 Document Patient requests copy of medical record
 SARS options letter - to patient
 Document Letter sent to solicitor
 SARS options letter - Solicitor

12-Feb-2026 Mrs Catherine Paton (CAP) St Peters CentreAdministration note

Additional Patient allocated named accountable general practitioner KW
 Additional Informing patient of named accountable general practitioner KW

12-Feb-2026 Mrs Catherine Paton (CAP) St Peters CentreScanned document

Document Patient registration
 Patient registration (12-Feb-2026)

12-Feb-2026 Mrs Catherine Paton (CAP) St Peters CentreAdministration note

Assessment New patient screening done
 Assessment Q1 More than 6/8 - Less than monthly=1
 Additional Template entry - EHR composition type Routine enquiry template
 Additional Light cigarette smoker (1-9 cigs/day)
 Social Smoking cessation advice declined
 Result FAST (Fast Alcohol Screening Test) score

1 / 16

12-Feb-2026 Mrs Catherine Paton (CAP) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447907514936
 Comment SMS text message sent to patient Dear Mr Laird, You are now registered with Burnley Group Practice. Your named Gp is Dr Wilkinson. Opening hours are 8.00am to 6.30pm Monday to Friday. Telephone number is 01282 911630 Thanks, Burnley Group Practice Sent on 12/02/2026 at 11:07

03-Aug-2025 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Out of hours report
Out of hours report (03-Aug-2025)

04-Jun-2025 Dr Deji Akinyooye () PADIHAM GROUP PRACTICE GP Surgery

Problem H/O: thromboembolism
 History History stopped taking rivaroxaban 3 months ago
 History History left leg has started to swell
 History History previous left leg and right leg thromboembolism
 History History pt has declined to attend for dvt scan
 History History I have restarted his rivaroxaban at 20mg, pt warned re red flags or if symptoms progress must attend a+e
 Examination Examination left leg swelling more than right

27-May-2025 Ms Lauren Leach () PADIHAM GROUP PRACTICE Scanned document

Document Letter received
Letter received from Inspire (27-May-2025)

27-Feb-2025 Ms Lauren Leach () PADIHAM GROUP PRACTICE Scanned document

Document Letter received
Letter received from Inspire (27-Feb-2025)

17-Feb-2025 Ms Alice Chesworth () Awaiting clinical code migration to EMIS Web

Document Discharge report
Acute Respiratory HUB Discharge Letter

17-Feb-2025 MRS SAMANTHA WILCOCK () Awaiting clinical code migration to EMIS Web

Document Attended extended hours clinic
Inbound document: Discharge report LAIRD, Brian (Mr) 1808 17-Feb-2025.rtf (17-Feb-2025)
 Problem Lower respiratory tract infection

17-Feb-2025 Miss Kareena Hanna () PADIHAM GROUP PRACTICE Administration note

Comment Comment ARI 15:45 Dr Sultana 17/2/25

17-Feb-2025 Dr Shahzabeen Sultana () East Lancashire Alliance Awaiting clinical code migration to EMIS Web

Problem Lower respiratory tract infection
 Comment Extended hours access enhanced services administration
 Comment Comment / Plan - treat as LRTI-antibiotics issued, explained no indication for steroid adv to see own doctor if no better after the course of the abx
 Additional Patient identity verified
 Additional Additional Presenting History - looks comfortable no respiratory distress T 36.1 Sats 99% HR 61 chest-only some congested noise on rt lung, no wheeze, no definite crackles
 Additional Not suitable for choice and booking referral
 Additional Discharged from follow-up
 History History Presenting History - coughing for over a week now, green sputum, feels cold in self, chest hurts when coughs, no wheeze or sob is a smoker-8-9 roll ups/day no haemoptysis expecting antibiotics and steroid-friend had them for similar symptoms!

05-Feb-2025 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Smoking cessation advice
 Comment Patient mobile telephone number +447938743412
 Comment SMS text message sent to patient Dear Mr Laird, Smoking can lead to strokes, cancer, heart and lung disease. We strongly advise quitting. The best way to stop is with a combination of medication and specialist support. You can try the NHS Quit Smoking app, or for more information visit: www.nhs.uk/smokefree Padiham Group Practice SMS sent on 05/02/2025 19:40:03

07-Jan-2025 Ms Lauren Leach () PADIHAM GROUP PRACTICE Scanned document

Document Letter received
Letter received from Inspire (07-Jan-2025)

31-Dec-2024 Mrs Valerie Kaye () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07938743412
Comment SMS text message sent to patient Dear Mr Laird, your medication has been issued but you will need a review before your next issue. Please contact the surgery on 01282 911740 to book a review with Nik Hothersall to ensure that we can continue to prescribe your medications safely Thanks, Mrs Valerie Kaye Padiham Group Practice

16-Dec-2024 Mr Nicholas Hothersall () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Comment Comment I have attempted to get hold of Brian on his mobile phone on three occasions this afternoon - however, the line has rang through to VM without answer.
Comment Reason for appointment: to review Mirtazapine - placed onto an 'acute' basis until reviewed.
Comment Text message to be sent to inform of the same and to advise to re book if required.

16-Dec-2024 Mr Nicholas Hothersall () Awaiting clinical code migration to EMIS Web

Comment Did not attend
Comment Patient mobile telephone number 07938743412
Comment SMS text message sent to patient Dear Mr Laird, We're sorry that you missed your planned telephone appointment this afternoon. In future, please notify us so that we can offer it to someone else. Please contact the surgery in order to re-book. Thanks Padiham Group Practice

04-Dec-2024 Dr Lucia Hacking () PADIHAM GROUP PRACTICE GP Surgery

Problem Lower respiratory tract infection
History History Few days h/o productive cough green mucus, dyspnoea, tight chest
History History - not known to have asthma/COPD
History Smokes tobacco daily - 30g bag of tobacco per week
History History Denies central, crushing chest pain - just feels tight all over
Examination Tympanic temperature 36.6 degrees C
Examination Peripheral oxygen saturation 98 %
Examination Heart rate 74 beats/min
Examination Examination Chest: mild right basal crackles
Comment Comment Plan decided with px:
Comment Comment 1) Doxycycline 5/7
Comment Comment - NKDA
Comment Comment - if not better after course contact surgery for r/v
Comment Comment - sooner if worsening/new symptoms
Comment Comment 2) Requested mirtazapine 45mg ON
Comment Comment - not issued since July
Comment Comment - said he has had lots of supply and has been taking
Comment Comment - under Inspire and sees the regularly for opiate dependence
Comment Comment - booked in for MH review - requested telephone
Comment Comment - mobile number updated
Comment Medication review (05-Dec-2025) [Diary entry deleted 19-May-2026]
Regime Medication review
Review

01-Nov-2024 Mrs Joanne Howard () Awaiting clinical code migration to EMIS Web

Comment NHS Health Check invitation SMS
Comment Patient mobile telephone number +447754161402
Comment SMS text message sent to patient Dear Mr Laird, You are due your NHS Health Check. You can find more information about the Health Check at: <https://www.nhs.uk/conditions/nhs-health-check/> To respond: <https://accrux.nhs.uk/c/p-z9g56ywn83> (Expires in 7 days) Padiham Group Practice SMS sent on 01/11/2024 11:52:00

03-July-2024 Miss Emily Whitwell () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are due a medication review. Please book this before requesting your next repeat medication. Thanks, Emily Padiham Group Practice

16-May-2024 Ms Alicia Ward () PADIHAM GROUP PRACTICEScanned document

Problem Opioid dependence
 Document Seen in drug misuse clinic
Inspire Substance East Lancashire Misuse Service

14-May-2024 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

Document Seen in substance misuse clinic
Seen in substance misuse clinic (14-May-2024)
 Problem Mental and behav dis due to use opioids: dependence syndr, continuous use

28-Mar-2024 Mrs Hilary Hargreaves () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Please could you arrange a medication review appointment with a GP. Thanks, Padiham Group Practice

16-Jan-2024 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Smoking cessation advice
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, Smoking can lead to strokes, cancer, heart and lung disease. We strongly advise quitting. The best way to stop is with a combination of medication and specialist support. You can try the NHS Quit Smoking app, or for more information visit: www.nhs.uk/smokefree Padiham Group Practice SMS sent on 16/01/2024 15:33:43

11-Jan-2024 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation first short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, A free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. To respond: <https://accrux.nhs.uk/c/p-q7khmubmva> (Expires in 7 days) Padiham Group Practice SMS sent on 11/01/2024 13:29:06

10-Jan-2024 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

Document Seen in substance misuse clinic
Seen in substance misuse clinic (10-Jan-2024)

05-Jan-2024 Mrs Valerie Kaye () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, please could you contact the surgery to make an appointment with our mental health practitioner for a review of your medication Thanks, Mrs Valerie Kaye Padiham Group Practice

02-Jan-2024 Mrs Lauren Barton () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, Please complete a survey to help us understand the reasons why some people get vaccinated and others don't - please follow this link <https://forms.office.com/e/8vYyWRHhW> Padiham Group Practice SMS sent on 02/01/2024 16:17:10

07-Nov-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation third short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are invited to attend a drop-in Flu Immunisation clinic at Padiham Group Practice. This will run on Wednesday 15th November at 1.30 -5pm. No appointment needed. There will be no Covid Vaccines available at these clinics. Padiham Group Practice SMS sent on 07/11/2023 16:42:03

22-Oct-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation second short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are invited to attend a drop-in Flu Immunisation clinic at Padiham Group Practice. These will run on Wednesday 25th October 1.30 -5pm Tuesday 31st October 1.30 - 5pm Wednesday 1st November 1.30 - 5pm No appointment needed. There will be no Covid Vaccines available at these clinics. Padiham Group Practice SMS sent on 22/10/2023 12:23:01

05-Oct-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation third short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are entitled to an NHS Flu vaccine at Padiham Group Practice. Please book on the attached link. Please disregard this if you already have an appointment or have had a flu vaccine. To respond: <https://accurx.nhs.uk/bd/kxmbpsea7q> (Expires in 7 days) Padiham Group Practice SMS sent on 05/10/2023 18:17:02

28-Sept-2023 Dr Sarah Webborn () PADIHAM GROUP PRACTICE Administration note

History Did not attend - no reason

19-Sept-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, Padiham Medical Centre are delighted to announce that it will start extended access every Monday evening from 6pm until 8.45pm and every 3rd Saturday from 9am until 12pm Appointments will be available for GP, Nurses and Health Care Assistants. Appointments can be booked by calling the surgery as normal. Padiham Group Practice SMS sent on 19/09/2023 09:45:23

19-Sept-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation second short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, A free flu vaccine is available for you at Padiham Group Practice. The clinic is only for flu vaccination, there will be no Covid vaccines given at this appointment. To respond: <https://accurx.nhs.uk/bd/qaedz2fpeb> (Expires in 7 days) Padiham Group Practice SMS sent on 19/09/2023 19:58:02

11-Sept-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment NHS Health Check invitation SMS
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, We would like to invite you along to our Living Well Check (NHS health check) drop-in session at Padiham Town Hall on Friday 15th September from 9:30-14:00. No appointment needed Padiham Group Practice SMS sent on 11/09/2023 10:16:01

10-Sept-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, All GP practices in East Lancashire will be closed between 1.00-6.30pm on Thursday 14 September 2023 for protected learning time. This is to provide dedicated training for staff, and to discuss and plan ways that will allow them to improve services and meet demand. During this time if you have a request that you feel is urgent please call 111 as provisions have been made for urgent triage. In an emergency please call 999. For all routine requests for appointments, prescriptions etc, please contact us when we are next open. Thank you for your understanding. Padiham Group Practice SMS sent on 10/09/2023 17:42:02

08-Sept-2023 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Influenza vaccination invitation first short message service text message sent
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, A free flu vaccine is available for you at Padiham Group Practice. The clinic is only for flu vaccination, there will be no Covid vaccines given at this appointment. To respond: <https://accurx.nhs.uk/bd/7gus2gs2p2> (Expires in 7 days)
 Padiham Group Practice SMS sent on 08/09/2023
 19:06:03

31-Aug-2023 Ms Melanie Hartley () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, We have tried to contact you but are unable to do so. Please could you call us when you are next available to do so, to arrange a review appointment with regards to your knee. Thanks, Padiham Group Practice

26-July-2023 Mrs Christine Garnett () PADIHAM GROUP PRACTICEScanned document

Document Letter received
 Letter received from Inspire (26-Jul-2023)

15-Mar-2023 Mrs Hilary Hargreaves () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Please could you arrange a medication review appointment with a GP? Thanks, Padiham Group Practice

03-Feb-2023 Dr Adeel Arain () PADIHAM GROUP PRACTICEGP Surgery

History History dizzy since had a fall in Nov
 History History coughing as well since
 History History did attend hosp- had cxr/bloods/CTB- told all normal. told orthostatic BP
 History History feels dizzy on standing intermittently- not today
 History History had abx from GP after hosp visit for cough
 History History says chest no better
 History History coughs most of the day
 History History sob on exertion
 History Cigarette smoker -used to be 20 10 /day
 History History idu as well- says not used drugs fpr 2 months- under Inspire
 History History also mentions knees v painful, told he has OA. on Amitrip regular
 Examination Examination t 36.6 sats 98 hr 77 regular
 Examination Examination chest clear, good a/e
 Comment Comment adv book for spirometry and knee joint injection
 Comment Comment adv to inc water intake, add salt as well
 Comment Comment rechk L/S BP with nurse

30-Jan-2023 Mrs Hilary Hargreaves () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Re your request to change your prescription back to monthly, Dr has asked if you can arrange a review appointment with a GP please? Thanks, Padiham Group Practice

08-Dec-2022 Mr Paul Rees () Awaiting clinical code migration to EMIS Web

Comment Patient participation group invitation letter
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, Here at Padiham Medical Centre we are looking for more patients to join our Patient Participation Group and would welcome your input. Come and have your say on ways we can improve the practice and get a general understanding of how we work. To get involved please e-mail: Padiham.PPG1@nhs.net or ask at Reception Many Thanks Padiham Medical Centre

06-Dec-2022 Mrs Katrina Parker () PADIHAM GROUP PRACTICEAdministration note

Additional Coagulation factor Xa inhibitor prophylaxis indicated
 Additional Template entry - EHR composition type Anticoagulation v16.2 by Ardens-Q Ltd.
 Additional Novel oral anticoagulant monitoring
 Additional Direct-acting oral anticoagulant dose unchanged
 Lab results Estimated creatinine clearance (Cockcroft-Gault formula) 123.36 mL/min

05-Dec-2022 Mrs Katrina Parker () PADIHAM GROUP PRACTICEGP Surgery

Comment Comment blood results downloaded for DOAC monitoring

05-Dec-2022 Dr S F Appleyard () Awaiting clinical code migration to EMIS Web

Lab results Full blood count - FBC
Full blood count - FBC(SFA) - hospital bloods:
 Haemoglobin estimation 135 g/L (Range: 130 - 180)
 Total white cell count 9.8 10⁹/L (Range: 4 - 11)
 Platelet count 263 10⁹/L (Range: 150 - 450)
 Red blood cell (RBC) count **4.2 10¹²/L** (Range: 4.5 - 6.5)
 Haematocrit **0.395** (Range: 0.4 - 0.5)
 Mean corpuscular volume (MCV) 93.9 fL (Range: 76 - 100)
 Mean corpusc. haemoglobin(MCH) **32.1 pg** (Range: 27 - 32)
 Mean corpusc. Hb. conc. (MCHC) 341 g/L (Range: 310 - 360)
 Red blood cell distribut width 12.8 % (Range: 10 - 15.7)
 Neutrophil count 7.3 10⁹/L (Range: 2 - 7.5)
 Lymphocyte count 1.6 10⁹/L (Range: 1.5 - 4)
 Monocyte count 0.6 10⁹/L (Range: 0.2 - 0.8)
 Eosinophil count 0.1 10⁹/L (No range available)
 Basophil count 0 10⁹/L (No range available)
 Large unstained cells 0.1 10⁹/L (No range available)
 % MICROCYTIC 0.3 % (No range available)
 Percentage hypochromic cells 0.6 % (No range available)
 Nucleated red blood cell count 0 10⁹/L (No range available)

05-Dec-2022 Dr S F Appleyard () Awaiting clinical code migration to EMIS Web

Lab results Renal profile, Liver function test, eGFRcreat (CKD-EPI)/1.73 m², AKI warning stage
Renal profile(SFA) - hospital bloods:
 Serum sodium 140 mmol/L (Range: 133 - 146)
 Serum potassium 4.9 mmol/L (Range: 3.5 - 5.3)
 Serum urea level 5.5 mmol/L (Range: 2.5 - 7.8)
 Serum creatinine 79 umol/L (Range: 58 - 110)
AKI warning stageNA:
Liver function test:
 Serum total bilirubin level 13 umol/L (No range available)
 Serum ALT level 19 iu/L (No range available)
 Total alkaline phosphatase 79 iu/L (Range: 30 - 130)
 Serum albumin 43 g/L (Range: 35 - 50)

29-Nov-2022 Dr Zawar Hussain () PADIHAM GROUP PRACTICEGP Surgery

History **History** Consultation during Covid-19 pandemic.
 History Telephone encounter
 History **History** note: pt was offered f2f by reception but he declined as out of area
 History **History** been to hospital following a fall, had a CT and told ok, but was also chesty but didn't get any abx /treatment, covid test was negative, still has cough with phlegm, feeling dizzy at times
 Examination **Examination** sounds well on phone, not confused, not breathless, full sentences
 Comment **Comment** abx issued for possible chest inf, advised pt if not improving/ongoing symptoms needs to be seen for examination, he will book in if needed

26-Nov-2022 Mrs Bilkis Peters () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document Out of hours report
Out of hours report (26-Nov-2022)
 Problem Injury of head
 Problem Falls

07-Nov-2022 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

Document Seen in substance misuse clinic
Seen in substance misuse clinic @ Inspire (16-Nov-2022)

27-Oct-2022 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment NHS Health Check invitation SMS
 Comment Patient mobile telephone number +447754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are due your NHS Health Check. Please book an appointment at the surgery on 01282 911740 You can find more information about the Health Check at:
<https://www.nhs.uk/conditions/nhs-health-check/>

12-Sept-2022 Mr Inaamullah Razak () PADIHAM GROUP PRACTICEGP Surgery

Comment **Comment** IIF/eclipse SMR 03 - failed encounter - not had doac since 5/22 - no further action

25-May-2022 Dr S F Appleyard () PADIHAM GROUP PRACTICE Administration note

Comment Comment see task re DOAC monitoring bloods, which hasn't had since 2020 - reception have spoken to Mr Laird who advises Dr Harding is going to take his bloods when he next attends inspire

31-Mar-2022 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICE Scanned document

Document Seen in substance misuse clinic
Seen in substance misuse clinic @ Inspire Burnley (31-Mar-2022)

15-Feb-2022 Mrs Bilkis Peters () Awaiting clinical code migration to EMIS Web

02-Mar-2022 Comment Comment head inj alleged assault
Document Seen in urgent care centre
ELHT (ACCIDENT & EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 15-2-2022 6114746

09-Feb-2022 Mrs Maria Philippides () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
Comment SMS text message sent to patient Dear Mr Laird, you are now overdue an important blood test as part of your medication monitoring - please book an appointment with the HCA at the Surgery Thank you Padiham Group Practice

21-Jan-2022 Mrs Bilkis Peters () PADIHAM GROUP PRACTICE Scanned document

11-Jan-2022 Document Seen in substance misuse clinic
Seen in substance misuse clinic from Inspire (11-Jan-2022)

10-Jan-2022 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
Comment SMS text message sent to patient Dear Mr Laird, Your prescription for your Rivaroxaban has now been changed to 2 weekly until you attend for a blood test. Please book in for this at your earliest convenience so that we can change it back to 4 weekly. Thanks Padiham Group Practice

06-Jan-2022 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
Comment SMS text message sent to patient Dear Mr Laird, Our records show that you still haven't had a blood test as part of your Rivaroxaban monitoring. Please book in for this at your earliest convenience so that the GP can carry on prescribing your medication. Thanks, Katrina Parker Padiham Group Practice

05-Jan-2022 Dr Sarah Webb () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History History phonecall from dr harding (inspire) - asking if we can issue subutex as no appts with inspire for 2 weeks

24-Dec-2021 Dr Miriam Khan () PADIHAM GROUP PRACTICE GP Surgery

History History telephone consultation due to COVID-19
History History brian rang this morning asking for buprenorphine px
History History last issued by dr harding
History History says he rang inspire and they said she is away and not back until new year and to contact dr regarding px
History History explained that need to check if ok to issue
History History called inspire this morning, they said no record of brian on system, not self referred yet
History History d/w dr fleming/savage and narayana
History History 2 week px
History History called patient back and explained 2 week px issued but he must contact inspire in new year/dr harding to take over px

21-Dec-2021 Mrs Joanne Howard () Awaiting clinical code migration to EMIS Web

Comment Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent COVID-19 vaccination SMS invite for Booster Dose sent

16-Dec-2021 MRS KIM LOWES () Awaiting clinical code migration to EMIS Web

History Medical report requested Subject Access Request requested by third party (AEGIS, Ref: JLM/115516/SC)

16-Dec-2021 MRS KIM LOWES () Awaiting clinical code migration to EMIS Web

History Medical report sent Subject Access Request sent to third party (AEGIS, Ref: JLM/115516/SC)

08-Dec-2021 Mr Patient Care Messaging () Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
Update to previous text for smoking cessation - the number is 0800 3286297 if you wish to ask for support stopping smoking Thank you www.mygp.io/ifu

06-Dec-2021 Mr Patient Care Messaging () Awaiting clinical code migration to EMIS Web

myGP Smoking cessation advice No additional comment entered

06-Dec-2021 Mr Patient Care Messaging () Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Are you still a smoker? - if this is the case we strongly advise you to stop smoking, it can lead to many health problems including cancer, heart disease, lung disease and strokes.
https://publications.cancerresearchuk.org/sites/default/files/publication-files/ED071B_LUNG_PDF.pdf Here is some advice on ways to quit smoking, local services and general tips: <https://www.nhs.uk/smokefree>
Or call Our smoking cessation advisor on 07816064178 Thank yo www.mygp.io/ifu

27-Oct-2021 Dr Sarah Webborn () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History History Rang to discuss subutex. Was started on it by Dr Harding (who works for inspire). This isnt something we would normally issue in general practice, explained I wouldn't know how to wean him down off it which was the plan from Dr Harding
History History He is reluctant to go back to inspire as doesn't want to see old ivdu's. has really tried to make a change to his life
Comment Comment I will ring Inspire/Dr Harding to see if they can take over prescribing ?do tel cons rather than him having to go down there.
Comment Comment Also needs bloods monitoring
Regime Medication review
Review

27-Oct-2021 Dr Sarah Webborn () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
Comment SMS text message sent to patient Dear Mr Laird, Please book in for routine bloods as part of your rivaroxaban monitoring Thanks, Dr S Webborn Padiham Group Practice

27-Oct-2021 Dr Sarah Webborn () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History History Spoke to Dr Harding - they will take over prescribing at inspire but he will need to attend for a drug screen
History History can always go in the evening to avoid coming into contact with other people as its quiet then
History History said it probably wont be until dec that they can take over prescribing as they are busy
Comment Comment called brian and informed him
Comment Comment he will self refer

05-Oct-2021 Mrs Valerie Binns () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
Comment SMS text message sent to patient Dear Mr Laird, the gp has sent your prescription for buprenorphine over to the pharmacy. she would like you to make a telephone consultation for a review before your next prescription is due Thanks, valerie binns Padiham Group Practice

04-Oct-2021 Dr S F Appleyard () PADIHAM GROUP PRACTICE Administration note

Comment Comment re script - was started on subutex by Dr Harding (who no longer works here) in May
Comment Comment I have asked for a review appt, as we need to arrange for the prescribing of this to be done by inspire

28-Sept-2021 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are now due for a blood test as part of your Rivaroxaban monitoring. Please book an appointment at your earliest convenience so that the GP can keep prescribing your medication. Thanks, Katrina Parker Padiham Group Practice

31-Aug-2021 Mrs Katrina Parker () PADIHAM GROUP PRACTICEGP Surgery

Comment *Comment* DOAC monitoring requires FBC, LFT, U&E and weight
 Document Letter sent to patient
MEDICATION MONITORING

03-Aug-2021 Mrs Katrina Parker () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Comment Telephone call to a patient re; due bloods for DOAC monitoring
 Comment no answer
 Comment I will send a text

03-Aug-2021 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Our records show that you have not yet made an appointment for a blood test as part of your Rivaroxaban monitoring, Please do this at your earliest convenience so that the GP can continue to prescribe your medication Thanks, Katrina Parker Padiham Group Practice

27-July-2021 Dr B F Savage () PADIHAM GROUP PRACTICEGP Surgery

History History some dysuria also
 History History no abdo pain
 Examination Examination well
 Examination Abdomen examined - NAD
 Examination Examination no groin or perineal tenderness and no lumps/ herniae
 Examination Urinalysis = no abnormality
 Comment ?UTI
 Comment advised re fluids
 Comment 7 day course trimethoprim
 Comment rv if not settling or Sx worse
 Problem Perineal pain and dark urine 2 days

20-July-2021 Mr Patient Care Messaging () Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: 21 Jul at 11:50AM with Miss Kerry Nield at Padiham Group Practice. If you can't attend text back CANCEL. Get our App: www.mygp.io/app

13-July-2021 External User () PADIHAM GROUP PRACTICEExternally entered note

Procedure Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca UK Ltd,31-Aug-2021,PV46694) *Injection site: Left arm*
 Comment *Comment* Informed consent given for treatment
 Comment *Comment* Open access service | Administered by EDMONDSON, Cassie (Reg Code: Not Provided) | Vaccination Provider ODS Code: G2F11

22-Jun-2021 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are now due for a blood test as part of your Rivaroxaban monitoring. Please book an appointment at your earliest convenience so that the GP can keep prescribing your medication. Thanks, Katrina Parker Padiham Group Practice
 Comment *Comment* Needs FBC, LFT, U&E and WEIGHT!!!

14-Jun-2021 Mrs Bilkis Peters () PADIHAM GROUP PRACTICEScanned document

Document Did not attend hospital appointment
Did not attend hospital appointment from BURNLEY GENERAL HOSPITAL (14-Jun-2021)

10-May-2021 Dr Emma Harding () PADIHAM GROUP PRACTICEGP Surgery

History History F2F consultation during Covid 19 pandemic
 History History Not used IV for 15yrs
 History History No heroin for years
 History History He was sniffing cocaine and making it into crack some time ago when he split up from ***** (12m ago)
 History History He has dreadful pain in his knees, right ankle and both feet.
 History History He saw ortho 12yrs ago and they said he has no cartilage left in his knees or his ankles
 Social Social He has won the industrial tribunal and is going to court for damages.
 Social Social He may get £11 000 and if he does he's going to get a van and set up as a courier, he's determined not to waste the money
 Problem Opioid dependence
 Examination Examination Severe OA to right ankle, joint almost fused
 Examination Examination He looks very well today, he's gained weight and it suits him
 Comment Comment For x-rays and review.
 Comment Comment I think he should stay on subutex for at least 3m, then slow reduction and ?naltrexone

06-May-2021 Dr Emma Harding () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

History History Telephone consultation during Covid 19 pandemic
 History History Brian has relapsed and he has been taking methadone. He reduced down to 5mg and swapped to subutex but his supplier has disappeared
 History History He is back with ***** now (who might be pregnant) and is stable
 History History He doesn't want to go to Inspire
 Problem Opioid dependence
 Comment Comment Discussed and he's been taking about 2mg of subutex a day so Px issued and I'll see him for a full review next week.

30-Apr-2021 Mr Patient Care Messaging () Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient
 Please see attached link to Practice Newsletter
<https://www.gpwebsolutions-host.co.uk/4432/2021/04/30/padiham-group-practice-april-newsletter/>

19-Mar-2021 Mrs Patricia McClean () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Due to concerns of Coronavirus and under guidance of the national Public Health team, we are screening patients before they come in to the practice via the link below. Thanks, Patricia McClean Please follow this link: (link will autogenerate here) You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Padiham Group Practice

17-Mar-2021 External User () PADIHAM GROUP PRACTICEExternally entered note

Procedure Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,29-Mar-2021,4120Z001) *Injection site: Left arm*
 Comment Comment Informed consent given for treatment
 Comment Comment Open access service | Administered by WILLIAMS, Emma (Reg Code: 10b1720e) | Vaccination Provider ODS Code: I8A3C

02-Mar-2021 Dr C Narayana () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

History Telephone consultation for meds review
 History History consultation during Covid-19 pandemic
 History History on Rivaroxaban - needs bloods. Worried his urine is dark first thing in am. Clears as the day goes on. No dysuria. Concerned it could be a UTI
 History History on PPI as used to be on Naproxen
 History History on 30mg Mirtazepine - helps with mood but still down at times and not sleeping - admits sometimes takes more which seems to help
 Comment Comment stop Omeprazole. Appt booked for DOAC monitoring - can dip urine at same appt - explained sounds like his urine is concentrated rather than anything else
 Comment Comment agreed to increase Mirtazepine to 45mg and review as needed
 Regime Medication review with patient
 Review

08-Feb-2021 Mrs Patricia McClean () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Due to concerns of Coronavirus and under guidance of the national Public Health team, we are screening patients before they come in to the practice via the link below. Thanks, Patricia McClean Please follow this link: (link will autogenerate here) You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Padiham Group Practice

08-Feb-2021 Mrs Patricia McClean () Awaiting clinical code migration to EMIS Web

Comment Comment Online questionnaire completed by patient
 Comment Comment Questionnaire: COVID-19 Triaging Questionnaire
 Comment Comment Fever: No
 Comment Comment Cough: No
 Comment Comment Change in smell/taste: No
 Comment Comment Travel outside UK in past 10d: No
 Comment Comment Contacts with symptoms: No
 Comment Comment Currently awaiting COVID test result: No
 Comment Comment Tested positive for COVID in past 10d: No
 Comment Comment Contacts tested positive for COVID in past 10d: No

29-Jan-2021 Dr Catherine HENDERSON () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are due for a medication review. Please book this at the surgery prior to further repeat medication requests. This will be a telephone appointment. Padiham Group Practice

11-Jan-2021 Mrs Annette Earnshaw () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, Please could you contact the surgery to make a routine appointment to have your bloods taken as requested by the HCA. Thanks, Reception Padiham Group Practice

21-Dec-2020 Mrs Katrina Parker () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07754161402
 Comment SMS text message sent to patient Dear Mr Laird, You are now due for a blood test as part of your Rivaroxaban monitoring. Please book an appointment at your earliest convenience so that the GP can keep prescribing your medication. Thanks, Katrina Parker Padiham Group Practice

21-Dec-2020 Mrs Katrina Parker () PADIHAM GROUP PRACTICEGP Surgery

Comment Comment Rivaroxaban requires FBC LFT, U&E and WEIGHT!!

03-Sept-2020 Dr Emma Harding () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

History History Telephone consultation during Covid 19 pandemic
 History History Asking for the results of his blood test.
 History History Needs TCI to speak to me F2F about a few issues.Impossible on the phone.
 Problem Hepatitis C antibody test
 Comment Comment Appt made.

09-Mar-2020 Dr S F Appleyard () PADIHAM GROUP PRACTICEAdministration note

Lab results Estimated creatinine clearance (Cockcroft-Gault formula) 149.889 mL/min
 Comment Comment Review period (i.e. 3 months, 6 months or 12 months) - 12 months

06-Mar-2020 Mrs Katrina Parker () PADIHAM GROUP PRACTICEGP Surgery

Examination Body weight 88 kg
 Examination Standing height 195 cm
 Examination Body mass index 23.14 kg/m2

02-Mar-2020 Mrs Valerie Binns () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07513843752
 Comment SMS text message sent to patient Dear Mr Laird, please could you contact the surgery regarding your rivaroxaban and naproxen. the naproxen should be stopped when taking rivaroxaban Thanks, valerie binns Padiham Group Practice

07-Feb-2020 Mrs Annette Earnshaw () Awaiting clinical code migration to EMIS Web

Document Seen in urgent care centre
ELHT (ACCIDENT & EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 7-2-2020 3895880

07-Feb-2020 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Discharged from hospital
Discharged from hospital from ROYAL BLACKBURN HOSPITAL (07-Feb-2020)
 Additional Hospital admission
 Problem Musculoskeletal chest pain

15-Jan-2020 Dr C Narayana () Awaiting clinical code migration to EMIS Web

Lab results Hepatitis C viral load Post Treatment
Hepatitis C viral load Results from Preston Microbiology Services. . HCV RNA NOT detected: less than 15 IU/ML. Log less than 1.18 . Results helpline : 01254 734160 *****End of report***** (cjin) - Satisfactory:

14-Jan-2020 Mrs Caroline White () Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07513843752
 Comment SMS text message sent to patient Dear Mr Laird, The letter you requested from Dr Harding is now ready to collect from reception Thanks, Caroline White Padiham Group Practice

13-Jan-2020 Mrs Caroline White () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Administration
TWIMC

13-Jan-2020 Dr Zawar Hussain () Awaiting clinical code migration to EMIS Web

Lab results HEP C FURTHER TESTS
HEP C FURTHER TESTS Results from Preston Microbiology Services. . Hepatitis C antibody DETECTED. Suggest repeat sample to confirm. Please see L,20.2004323.F for Hep C Viral Load result. Dr Sandra Long . Results helpline : 01254 734160 *****End of report***** (ZH) - Make an appointment with doctor - routine:

12-Jan-2020 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results Hepatitis C antibody test
Hepatitis C antibody test Hepatitis C antibody: Referred. Referral report no: L,20.2004365.V Results Helpline: 01254 734160 **** end of report **** (JHF) - further results pending:

11-Jan-2020 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results Renal profile, Liver function test, Bone profile, Serum lipids, eGFR creat (CKD-EPI)/1.73 m², AKI warning stage
 Hep C positive, well man....
Renal profile (JHF) - Satisfactory:
 Serum sodium 141 mmol/L (Range: 133 - 146)
 Serum potassium 4.2 mmol/L (Range: 3.5 - 5.3)
 Serum urea level 3.5 mmol/L (Range: 2.5 - 7.8)
 Serum creatinine 67 umol/L (Range: 58 - 110)
AKI warning stage NA:
Liver function test:
 Serum total bilirubin level 14 umol/L (No range available)
 Serum ALT level 15 iu/L (No range available)
 Total alkaline phosphatase 60 iu/L (Range: 30 - 130)
 Serum albumin 43 g/L (Range: 35 - 50)
Bone profile:
 Serum calcium 2.39 mmol/L (Range: 2.2 - 2.6)
 Serum adjusted calcium conc 2.39 mmol/L (Range: 2.2 - 2.6)
 Serum total protein 73 g/L (Range: 60 - 80)
 Serum globulin 30 g/L (Range: 18 - 36)
Serum lipids Random sample In High intensity statin treatment - aim to reduce non-HDL Cholesterol by at least 40%:
 Serum cholesterol 5.2 mmol/L (Range: 3 - 5)
 Serum triglycerides 0.78 mmol/L (No range available)
 Serum HDL cholesterol level 1.57 mmol/L (Range: >1)
 Calculated LDL cholesterol lev 3.3 mmol/L (No range available)
 Se non HDL cholesterol level 3.6 mmol/L (No range available)
 Serum cholesterol/HDL ratio 3.3 (No range available)

10-Jan-2020 Dr Emma Harding () PADIHAM GROUP PRACTICEGP Surgery

Problem Hepatitis C antibody test
 History **History** Was tested in Lancaster Castle but never got the results
 Comment **Comment** Neck bloods taken, needs to be the right side of his neck as the left side dried up even though I was in, thin vein. Well man check done to, see with results.
 Problem Other back injuries
 History **History** See my notes above re the injury at work. Has a job to go back to when he gets his head sorted *****.
 Comment **Comment** I will write a letter for him to pick up next week.

10-Jan-2020 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results Full blood count - FBC, HbA1c level - IFCC standardised
 Hep C positive, well man....
Full blood count - FBC(JHF) - Satisfactory:
 Haemoglobin estimation 135 g/L (Range: 130 - 180)
 Total white cell count 5.3 10⁹/L (Range: 4 - 11)
 Platelet count 202 10⁹/L (Range: 150 - 450)
 Red blood cell (RBC) count **4.4 10¹²/L** (Range: 4.5 - 6.5)
 Haematocrit 0.415 (Range: 0.4 - 0.5)
 Mean corpuscular volume (MCV) 94.4 fL (Range: 76 - 100)
 Mean corpusc. haemoglobin(MCH) 30.7 pg (Range: 27 - 32)
 Mean corpusc. Hb. conc. (MCHC) 325 g/L (Range: 310 - 360)
 Red blood cell distribut width 13.4 % (Range: 10 - 15.7)
 Neutrophil count 2.9 10⁹/L (Range: 2 - 7.5)
 Lymphocyte count 1.7 10⁹/L (Range: 1.5 - 4)
 Monocyte count 0.4 10⁹/L (Range: 0.2 - 0.8)
 Eosinophil count 0.1 10⁹/L (No range available)
 Basophil count 0 10⁹/L (No range available)
 Large unstained cells 0.1 10⁹/L (No range available)
 % MICROCYTIC 0.2 % (No range available)
 Percentage hypochromic cells 0.2 % (No range available)
 Nucleated red blood cell count 0 10⁹/L (No range available)

09-Jan-2020 Dr Emma Harding () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Problem Hepatitis C antibody test
 History **History** See letter from Blackburn. Brian has no ideas about this
 Comment **Comment** TCI to see me and I will repeat his blood test and request a PCR.
 Problem Other back injuries
 History **History** Solicitor says there is no record of a back injury.
 Social **Social** The windscreen of his car has cracked, he does not think that this has been done maliciously. He has split up from ***** they were using cocaine together but he is going to stay with his ***** who was in the army so there will be no drug use at his house.
 Comment **Comment** TCI to see me. I need to do bloods and repeat the letter.
 Regime Medication review with patient
 Review

19-Nov-2019 Mrs Bilkis Peters () PADIHAM GROUP PRACTICEScanned document

Document Letter received
Letter received from ROYAL BLACKBURN HOSPITAL (19-Nov-2019)

07-Jun-2019 Dr Emma Harding () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Problem [D]Irritability and anger
 History **History** Buspirone help a lot, has been going out drinking and drinks too much usually but not using anything else.
 Comment **Comment** Can have more buspirone and he'll come in for a review with me soon.

14-Feb-2019 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

Document Administration
Administration (14-Feb-2019)

07-Jan-2019 Dr Emma Harding () PADIHAM GROUP PRACTICEGP Surgery

Problem [D]Irritability and anger
 History **History** ***** Brian has been drinking too much over Xmas and snorting cocaine but nil since New Years Eve. Feels very irritable all the time and snapping at people
 Comment **Comment** Try buspirone, review with me in a few days.

24-Dec-2018 Dr Emma Harding () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Problem Bereavement
 Comment **Comment** He needs his mirtazapine today and will come in to see me in the new year.

04-Oct-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE Administration note

Regime
Review Medication review of medical notes

01-Oct-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE GP Surgery

Document To whom it may concern letter written
Letter TW/IMC (to be collected by patient once signed) EH/IGN

28-Sept-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Problem Failed encounter - message left on answer machine

28-Sept-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Problem [V]Observation following accident at work
History *History* See my notes above. Work have given him a date for the Tribunal. Has a 2 day course to start his own business. He got a letter from his old workplace saying they would contact the police if he contacts them again. Brian is hoping to get a part time job soon. Has a solicitor for the Tribunal who has recommended that Brian gets a letter from me to confirm that he attended here and said he had had an accident at work.
Comment *Comment* Has managed to get the DHC down and feels that he doesn't need another Px which is excellent. See prn and I will do a letter for him to pick up next week.

17-Sept-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Problem Bereavement
History *History* Has been getting withdrawal Sx so needed more DHC, not sleeping either
Comment *Comment* Discussed and slow reduction down and a week of nitrazepam and let me know how he gets on

31-Aug-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE GP Surgery**31-Aug-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE GP Surgery**

Problem Bereavement
History *History* Has managed to get down to 15mls a day of methadone, terrified of rattling, does not want to start all over again at Inspire and blue Px etc etc as it takes him right back to the old days.
Comment *Comment* Long chat and methadone reduction plan written out to reduce to 10mg, then DHC Px so he does not need to buy more methadone. Motivational discussion and see prn
Problem Other shoulder injuries Laterality: Right
History *History* Taking employers to an industrial tribunal for shoulder and back injuries ta work
Comment *Comment* All med 3 printed out, see me if he needs any more help.

17-Aug-2018 Dr Emma Harding () PADIHAM GROUP PRACTICE GP Surgery

Problem Bereavement
Document *eMED3 (2010) new statement issued, not fit for work*
Fit Note Document (Diagnosis: Bereavement; Duration 17-Aug-2018 - 17-Oct-2018)
Document *eMED3 (2010) new statement issued, not fit for work*
Fit Note Document (Diagnosis: Bereavement; Duration 08-Aug-2018 - 10-Oct-2018)
Comment *Comment* First med3 was an error so shredded
Comment *Comment* Long chat and med3 issued
Comment *Comment* Phone welfare rights.
Comment *Comment* Wean off methadone 1ml a day
Comment *Comment* Start mirtazapine and see 2 weeks.
History *History* Lost his job as he had an accident and solicitor involved, then lost his ***** in july, then told recently that his ***** has cancer. Not coping. Went out and bought some methadone and has been using 10mls a day for 2 weeks, frightened now. Has another 100mls at home. Signed on and has been given £26 for a month on UC. ***** has never used drugs and is being supportive. He has been clean for 10yrs.
Examination *Examination* Crying++ not coping

05-Jun-2018 Dr S F Appleyard () PADIHAM GROUP PRACTICE Administration note

Document *eMED3 (2010) new statement issued, not fit for work*
Fit Note Document (Diagnosis: Back Pain; Duration 29-May-2018 - 11-Jun-2018)
Comment *Comment* patient requesting sick note is dated from 29/5/18

04-Jun-2018 Dr S F Appleyard () PADIHAM GROUP PRACTICEAdministration note

Document eMED3 (2010) new statement issued, not fit for work
 Fit Note Document (Diagnosis: Back pain; Duration 04-Jun-2018 - 11-Jun-2018)

29-May-2018 Dr C Narayana () PADIHAM GROUP PRACTICEAdministration note

Document eMED3 (2010) new statement issued, not fit for work
 Fit Note Document (Diagnosis: back pain; Duration 29-May-2018 - 03-Jun-2018)

15-May-2018 Dr S F Appleyard () PADIHAM GROUP PRACTICEAdministration note

Document eMED3 (2010) new statement issued, not fit for work
 Fit Note Document (Diagnosis: Back pain; Duration 15-May-2018 - 29-May-2018)

08-May-2018 Dr S F Appleyard () PADIHAM GROUP PRACTICEGP Surgery

Document eMED3 (2010) new statement issued, not fit for work
 Fit Note Document (Diagnosis: Back pain after accident at work; Duration 08-May-2018 - 15-May-2018)

History History injured his back at work 1 week ago
 History History fell whilst carrying a wardrobe which weight 90kg
 History History R side of neck and upper chest wall still hurts, not able to return to work yet
 History History taking naproxen and paracetamol
 Examination Examination tender r trapezius and R lateral chest wall
 Comment Comment advised muscular pains, drop in physio, analgesia

04-May-2018 Mrs Shirley HARDY () PADIHAM GROUP PRACTICEGP Surgery

Problem C/O - upper back ache following accident
 History History he had an accident at work
 History History now his right shoulder is stiff and painful
 History History on naproxen with ppi
 History History feels work are being unfair and that the moving and handling needs to be more than one person
 History History a hole in the floor was the cause
 History History been off sick since wednesday
 Examination Examination ROM of shoulder and neck good
 Examination Examination some tenderness on palpation over the muscles on the right side
 Examination Examination no bruising present
 Comment Comment advised to add paracetamol
 Comment Comment advised excising the upper back and neck muscles
 Comment Comment tci if further concerns

07-Dec-2017 Dr Emma Harding () PADIHAM GROUP PRACTICEGP Surgery

Problem [D]Epistaxis
 Additional Smoking cessation advice
 History History Has sinus problems he thinks, pain and really bad when he puts his head forward, tender maxilla too on left. Getting nose bleeds, not much blood loss but big dark clots.
 Social Social Ex-heroin user, stopped 10yrs ago, occasional cocaine use but not enough to affect his septum
 Examination Examination Left nostril just full of blood
 Comment Comment First aid advice, for abx and see if nose bleeds not resolving.

03-Oct-2017 Mrs Hilary Hargreaves () PADIHAM GROUP PRACTICEAdministration note

Regime Medication review
 Review

25-Sept-2017 Dr J H Fleming () PADIHAM GROUP PRACTICEGP Surgery

History History Seen at treatment room. legs virtually healed apart from 1x1cm right medial malleolus. massive improvement.

20-Sept-2017 Mrs Bilkis Peters () PADIHAM GROUP PRACTICEScanned document

Document Seen in clinic
 Seen in clinic from KIDDROW LANE HEALTH CENTRE (20-Sep-2017)

11-Sept-2017 Dr J H Fleming () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

History History tried numerous times to ring the patient on all household numbrs. no answer. He has rung us asking for prescriptin for wound swab, which I have now left at tesco pharmacy

11-Sept-2017 Dr J H Fleming () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History History spoke to patient - the wound is half what it was last time I saw him, antibiotics prescribed as they definitely work
History History he will come in for me to have a look

08-Sept-2017 Dr Emma Harding () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4. May represent
colonisation rather than infection at this site Use antimicrobials only if the symptoms or examination
are consistent with a CURRENT clinical infection. Results helpline 01254 734160 ***** END OF
REPORT ***** END OF REPORT ***** (ING) - Make an appointment with nurse:

14-Aug-2017 Dr Anas Mohammed () PADIHAM GROUP PRACTICE GP Surgery

History History lower back pain works in a furniture store, last thursday was lifting heavy double bed with heavy container on top and felt something go in lower back
History History now pain across lower back
History History no pains down legs, no bowel or bladder dysfunction, no weight loss
Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: lower back pain; Duration 11-Aug-2017 - 21-Aug-2017)
Examination Examination paraspinal tenderness across l4/5
Examination Examination limited extension lumbar spine due to pain
Comment Comment agreed simple analgesia, topical nsaid gel, and massages to back to be given by *****
Comment Comment sick note til end of week and review if needed

25-July-2017 Dr Zawar Hussain () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History History TASK - "it was the ***** at the treatment room who took the swab ,he would also like some Eumovate for under his bandages .tel 07513843752."
History Telephone encounter
History History pt advised reception he feels he doesn't need to come in, would also like some eumovate for under the bandages
History History rang Kiddrow Lane treatment room - spoke to nurse who has seen him this morning - she advises area not worsening but has been slightly malodorous so could do with some abx, and that he does use eumovate which helps
Comment Comment tried ringing pt on his mobile but also number provided to reception and landline but no answer
Comment Comment i have issued abx course and eumovate, will ask reception to keep trying pt and let him know, having follow up with Tx room

21-July-2017 Dr Zawar Hussain () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity malodorous
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4. Results helpline 01254
734160 ***** END OF REPORT ***** END OF REPORT ***** (ZH) - unclear who
requested this, i will ask reception to book in with Dr if needed:

17-Apr-2017 Dr B F Savage () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity malodorous Exudate.
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4. Results helpline 01254
734160 ***** END OF REPORT ***** END OF REPORT *****:

15-Mar-2017 Mrs Shirley HARDY () PADIHAM GROUP PRACTICE GP Surgery

History History knee pain, he had a twist/fall due to his arthritic ankle joint right leg
History History has had this before and was given steroids
History History he is on naproxen and ppi
Examination Examination joint swollen not hot
Examination Examination ROM flexion to 90 degrees can fully extend
Examination Examination has bandage to lower leg for ulcer. right ankle swollen
Comment Comment tci if further concerns
Comment Comment asking about free scripts because he is on wafarin, says it was stopped but he still takes some times, says last bloods two months ago
Comment Comment not brought book with him
Comment Comment last script for warfarin was three years ago
Comment Comment advised he needs bloods checking and to bring his book and readings to the surgery

06-Jan-2017 Dr J H Fleming () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History **History** phone call from patient re swab results. the lesion was red and inflamed last week when swab was done, but eumovate has settled it down. has had bandages changed today and it is much better, does not appear to need antibiotics according to what nurse said today.

02-Jan-2017 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity** malodorous Exudate.
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* ANTIBIOTIC 1 2 3 4 1.Staphylococcus aureus + Clarithromycin S
 2. Flucloxacillin S 3. 4. May represent colonisation rather than infection at this site Use antimicrobials
 only if the symptoms or examination are consistent with a CURRENT clinical infection. Results helpline
 01254 734160 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - it would
 be easier to decide what to do if doctor could have a look at this lesion. please book in:

01-Dec-2016 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity** Inflamed Exudate.
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Mixed Bacterial Flora Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2.
 3. 4. Mixed organisms isolated (inc. Pseudomonas) Results helpline 01254 734160 ***** END OF
 REPORT ***** END OF REPORT ***** (JHF) - it would be easier to decide what to do if
 doctor could have a look at the infection:

17-Nov-2016 Dr J H Fleming () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

History **History** Phone call from the patient re the swab. wound is I am told no different in size from when I saw it and treatment staff feel the compression is working but that there is an element of infection in ther. try fluclo and if no better or not back to normal will let us know at which point a course of metronidazole?

14-Nov-2016 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity**
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Positive * see table * ANTIBIOTIC 1 2 3 4
 1.Staphylococcus aureus +++ Clarithromycin S 2.Mixed anaerobic organisms +++ Flucloxacillin S 3. 4.
 Results helpline 01254 734160 ***** END OF REPORT ***** END OF REPORT *****
 *(JHF) - may need antibiotics, but I would need to see wound:

03-Nov-2016 Dr S F Appleyard () PADIHAM GROUP PRACTICE Administration note

Comment **Comment** request from treatment room nurse for clobetasone cream for irritation and redness around leg ulcers

24-Oct-2016 MRS LYNN O'GRADY () PADIHAM GROUP PRACTICE Scanned document

Document **DNA hospital appointment**
DNA hospital appointment from ROYAL BLACKBURN HOSPITAL (24-Oct-2016)

24-Oct-2016 Mrs Gillian Chapman () PADIHAM GROUP PRACTICE Scanned document

15-Nov-2016 **Comment** **Comment** DNA Vascular surgery clinic
Document **DNA hospital appointment**
DNA hospital appointment from ROYAL BLACKBURN HOSPITAL (24-Oct-2016)

20-Sept-2016 Dr J H Fleming () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Referral **Referred to vascular surgeon NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient**
 Document **Referral Letter (20-Sep-2016)**
for Referred to vascular surgeon

20-Sept-2016 Miss Ilona Newton () PADIHAM GROUP PRACTICE GP Surgery

Document **Letter sent to patient**
Letter to Patient re Choose & Book paperwork JHF/IGN

16-Sept-2016 Dr J H Fleming () PADIHAM GROUP PRACTICE GP Surgery

History **History** review of his wounds. wound left leg shallow venous type ulcer 20cm long, 10cm wide.
 History **History** right medial malleolus 10x10cm. pulses fine both feet.
 History **History** ex IVDU
 History **History** ex DVT left leg he tells me
 Comment **Comment** antibiotics (don't drink on them)
 Comment **Comment** vascular clinic

14-Sept-2016 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity Exudate.
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : No significant growth. Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2.
 3. 4. Mixed coliforms +++. Results helpline 01254 734160 ***** END OF REPORT *****
 ***** END OF REPO RT ***** (JHF) - no obvious infection but please see doctor to have wound
 examined:

09-Sept-2016 Dr Catherine HENDERSON () PADIHAM GROUP PRACTICEGP Surgery

Problem Arthralgia of multiple joints
 History History Pain in L shoulder + L knee for the last couple of days
 History History Requesting steroids - had a course previously from RM which helped improve symptoms
 History History Known OA r ankle + on previous xray L knee
 History History Taking reg amitriptyline + naproxen
 Examination Examination Looks uncomfortable. Tender to palpation over L shoulder, no swelling apparent. All movements limited by pain
 Examination Examination L knee: moderate effusion, not able to fully flex or extend. Not warm, no tenderness to palpation
 Comment Comment ? due to OA
 Comment Comment Not had bloods done, to book in to r/o inflammatory cause
 Comment Comment Given further steroids but discussed should not be repeated without further ix
 Comment Comment Phone for results, RV again if ongoing
 Comment Comment ex IVDA

25-Aug-2016 Miss Joanne Singleton () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Administration
 Letter to Patient 1st DNA LTR

19-Aug-2016 Dr R Mukhtar () PADIHAM GROUP PRACTICEGP Surgery

History History past h/o ankle injury with a leg wound medial aspect of R ankle which took some time to heal - was left with scar tissue - 2wks ago foot went through plaster and caused a wound to medial aspect of R ankle over the same region - wonders if infected as has felt lethargic and tired
 Examination Examination temp 36.8
 Examination Examination haemodynamically stable
 Examination Examination wound noted R ankle medial aspect - looks infected with surrounding cellulitis
 Comment Comment for ABx - needs to attend treatment room for dressing - r/v middle to end of next week and sos in interim - patient ok with plan
 Comment Comment N:B requesting amitriptyline 10mg nocte as in 2013 worked well for pain relief with original injury/wound to R ankle

11-Apr-2016 Dr Saiqa Hussain () PADIHAM GROUP PRACTICEGP Surgery

History History cold and catarrh but now strong smell ++ after bending down, partner noticed it too
 History History tried steam etc
 Examination Examination odour +, nasal congestion and green catarrh
 Comment Comment abx, see prn
 Comment Comment discussed mild OA changes of knee

25-Mar-2016 Dr R Mukhtar () Awaiting clinical code migration to EMIS Web

Lab results Plain X-ray knee
Plain X-ray knee painful L knee - palpable effusion ?OA XR Knee Lt Clinical History : painful L knee - palpable effusion ?OA XR Knee Lt : An effusion is noted in the suprapatellar region. Mild OA changes present in the medial compartment. Reported by Genevieve Wilson, Reporting Radiographer RA32525. Reported by : WILSON Gen / RA32525(RM1) - d/w GP:

15-Mar-2016 Dr R Mukhtar () PADIHAM GROUP PRACTICEGP Surgery

History History painful L knee - swollen since yesterday - manual work lifting and unloading - tends to always be a little swollen - systemically well in self no temps - no trauma
 Examination Examination swollen L knee with palpable effusion - minimal heat full ROM no erythema
 Comment Comment likely OA - clinically not gout or infection - try a short course of pred and then back to NSAID - for x-ray L knee - see sos in interim - patient ok with plan

23-Feb-2016 Dr Saiqa Hussain () PADIHAM GROUP PRACTICEGP Surgery

Medication	Medication (NOT ISSUED) Prednisolone 5mg tablets 6 daily for 7 days, 42 tablet
Document	eMED3 (2010) new statement issued, not fit for work <i>Fit Note Document (Diagnosis: Bilateral shoulder pain and reduced movements; Duration 23/02/2016 - 29/02/2016)</i>
History	History pulling wagon at work last week and started with pains in shoulder and back
History	History now reduced movements, on naproxen
Examination	Examination good rom at neck, some tenderness R neck muscles
Examination	Examination full flexion of back
Examination	Examination reduced movements of shoulder - bilateral
Examination	Examination power in upper limbs and sensation normal
Comment	Comment discussed analgesia, med 3
Comment	Comment could try short course oral steroids
Comment	Comment refer to msk if not settling

23-Feb-2016 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

19-Feb-2016 Document	Seen in urgent care centre <i>Seen in urgent care centre from BURNLEY GENERAL HOSPITAL (19-Feb-2016)</i>
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11-Feb-2016 Dr B F Savage () PADIHAM GROUP PRACTICEGP Surgery

Problem	Problem started at weekend with mid back pain after stretching out
History	History now its in lower back , he's worried re kidneys and liver
Examination	Examination well
Examination	Urinalysis = no abnormality
Examination	Examination no back tenderness
Examination	Examination painful forward flexion
Comment	Comment reassured . likely muscular pain
Comment	Comment see if not settling, on naproxen , add in paracetamol , deep heat

08-Dec-2015 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEScanned document

03-Dec-2015 Document	Letter sent to patient <i>Letter sent to patient from BURNLEY GENERAL HOSPITAL (03-Dec-2015)</i>
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27-Nov-2015 Dr S F Appleyard () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Referral	Referral to community anticoagulation clinic <i>Burnley General Hospital, Purpose: Unknown. Referral Type: Outpatient</i>
Document	Referral Letter (27-Nov-2015) <i>for Referral to community anticoagulation clinic</i>

24-Nov-2015 Dr S F Appleyard () PADIHAM GROUP PRACTICEGP Surgery

Comment	Comment Mentor topic printed: Scabies, PILSL145 (Version=43)
Comment	Comment likely scabies, treat with cream and household contacts too
History	History itchy spots spreading up arms and few on abdomen, started 1wk ago
History	History tried antihist and canestan
Examination	Examination red papules, some crusting
Problem	Deep vein thrombosis of leg related to intravenous drug use
History	History chat re previous DVTx2
History	History he stopped attending warfarin clinic - I asked if he wanted to re-instate this and whether he would go for monitoring which he says he would
Comment	Comment re-ref anticoag clinic

26-Oct-2015 Dr C Narayana () PADIHAM GROUP PRACTICEGP Surgery

Additional	Smoking cessation advice
Additional	Patient allocated named accountable general practitioner
Additional	Informing patient of named accountable general practitioner
History	History cough and wheezy for past 1/52, green phelgm
Examination	Examination sats 96%ra, HR 80bpm, chest - wheeze at base
Examination	Examination RR16, temp 36.5
Social	Current smoker
Comment	Comment treat with steroids given Hx of wheeze, review if no better after course ?consider spirometry if further episodes

03-Sept-2015 Dr Saiqa Hussain () PADIHAM GROUP PRACTICEAdministration note

Regime	Medication review
Review	

16-Jun-2015 Dr R Mukhtar () PADIHAM GROUP PRACTICEGP Surgery

History **History** woke up couple days ago with pain R trap area - c/o pain on moving R shoulder - has been having problems with his mattress - has only taken brufen - no h/o injuries

Examination **Examination** decreased ROM R shoulder active and passive - not able to fully relax to allow full range of passive movements - tender R trapezius muscle - no bony tenderness

Comment **Comment** clinically R trap strain - try naproxen with paracetamol - see if not resolved 1-2wks and sos in interim - patient ok with plan

10-Apr-2015 Dr B F Savage () PADIHAM GROUP PRACTICEGP Surgery

Problem **Problem** vomiting in the evening a week or so

History **History** left side upper abdo pains

History **History** no diarrhoea

History **History** off food

History **History** been taking ibuprofen for rt ankle pain - chronic

Examination **Examination** abdo soft, tender LUQ

Comment **Comment** ? gastritis

Comment **Comment** for ppi

Comment **Comment** if has to take nsaid will need ppi cover

Comment **Comment** see if notsettling

18-Mar-2015 Mrs Susan Little () PADIHAM GROUP PRACTICEGP Surgery

Comment **Comment** d/n had requested a/biotics which dr r mukhtar then issued 18/3/2015.sl

17-Mar-2015 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity** Exudate.
Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
 2 3 4 1.Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4. Results helpline 01254
 736088 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - Please book in
 with a doctor to see this wound:

13-Mar-2015 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity** Exudate.
Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
 2 3 4 1.Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4. Results helpline 01254
 736088 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - may need
 antibiotics, can doctor look at wound please:

08-Dec-2014 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

02-Dec-2014 Document Seen in community treatment room
 Seen in community treatment room from KIDDROW LANE HEALTH CENTRE (02-Dec-2014)

05-Dec-2014 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

02-Dec-2014 Document Prescription request
 Prescription request (02-Dec-2014)

04-Dec-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity**
Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Mixed commensal skin flora only. Anaerobic : Anaerobes NOT isolated after 2 days. 1
 2 3 4 1. 2. 3. 4. Results helpline 01254 736088 ***** END OF REPORT ***** END OF
 REPORT ***** (SAI4432) - Satisfactory:

10-Oct-2014 Mrs Christine James () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

07-Oct-2014 Document Seen in community treatment room
 Seen in community treatment room (07-Oct-2014)

09-Oct-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results **Bacterial culture+sensitivity**
Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Mixed Bacterial Flora 1 2 3 4 1. 2. 3. 4. +++ skin flora +++ Pseudomonas sp Results
 helpline 01254 736088 ***** END OF REPORT ***** END OF REPO RT *****
 (SAI4432) - Satisfactory:

11-Sept-2014 Dr J H Fleming () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Mixed Bacterial Flora Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2.
 3. 4. Mixed coliforms +++ Pseudomonas sp +++ Skin flora +++ Results helpline 01254 736088
 ***** END OF REPORT ***** END OF REPO RT ***** (JHF) - please could the
 doctor have a look at these wounds:

11-Sept-2014 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

10-Sept-2014 Document Seen in community treatment room
Seen in community treatment room from KIDDROW LANE HEALTH CENTRE (10-Sep-2014)

15-Aug-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4. Results helpline 01254
 736088 ***** END OF REPORT ***** END OF REPORT ***** (SAI4432) - who took
 this ? if wound is infected needs abx:

18-July-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
 2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4. + Coliform May represent
 colonisation rather than infection at this site Use antimicrobials only if the symptoms or examination
 are consistent with a CURRENT clinical infection. Results helpline 01254 736088 ***** END OF
 REPORT ***** END OF REPO RT ***** (SAI4432) - does wound look infected? may
 need abx:

11-Jun-2014 Dr Wajid Hassan () PADIHAM GROUP PRACTICE GP Surgery

History	History	has itchy and angry both lower legs
History	History	currently under wound care nurses at St Peter's
History	History	has b/l leg ulcers
History	History	both legs bandaged
History	History	brought recent photographs and also notes from nurses
History	History	previous IVDU
Examination	Examination	photographs showing extensive inflammation on both lower legs and b/l superficial looking ulcers
Comment	Comment	RECENT ULCER SWAB SHOWS INFECTION
Comment	Comment	FLUCLOX did not help
Comment	Comment	try Coamoxiclav
Comment	Comment	symptomatic treatment for itch and erythem
Comment	Comment	is under regular fu of nurses
Comment	Comment	safety netting

29-May-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Positive *see below* Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1
 2 3 4 1. Staphylococcus aureus ++ Clarithromycin S 2. Flucloxacillin S 3. 4. May represent colonisation
 rather than infection at this site Use antimicrobials only if the symptoms or examination are consistent
 with a CURRENT clinical infection. Results helpline 01254 736088 ***** END OF REPORT *****
 ***** END OF REPO RT ***** (SAI4432) - may need abx if look infected:

30-Apr-2014 Dr Saiqa Hussain () Awaiting clinical code migration to EMIS Web

Lab results Bacterial culture+sensitivity malodorous
Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED
 ***** Aerobic : Mixed Bacterial Flora 1 2 3 4 1. 2. 3. 4. Results helpline 01254 736088 ***** END
 OF REPORT ***** END OF REPORT ***** (SAI4432) - Satisfactory:

01-Apr-2014 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Seen in primary care leg ulcer clinic
Seen in primary care leg ulcer clinic (01-Apr-2014)

28-Nov-2013 Dr Kahidur Rahman () PADIHAM GROUP PRACTICEGP Surgery

History **History** 2 day hx of productive cough, no blood in phlem, eating and drinking as normal, no chest pain

History **History** is also beeing treated for right leg ulcer, currantly on warfarin for DVT

History **History** patient attending with ***** and children, works at warehouse, also requesting ***** to be seen part of this consultation

History **History** had dressing done on right leg yesterday, to be re-done on saturday

Examination **Examination** looks well

Examination **Examination** temp 37.6 deg c

Examination **Examination** Chest clear

Examination **Examination** BPM 75

Examination **Examination** examination of right leg - new dressing signs of cellulitis - right foot NV intact

Social **Social** smokes 9/day

Comment **Comment** Considering possibility of both cellulitis and RTI and patient is on warfarin

Comment **Comment** treat with co-amoxiclav

24-Nov-2013 Mrs Christine Warren () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document **Document** OOH report
OOH report (24-Nov-2013)

30-Oct-2013 Dr R Mukhtar () PADIHAM GROUP PRACTICEGP Surgery

Additional **Additional** Trying to give up smoking

Additional **Additional** Smoking cessation advice

History **History** since saturday - 'upset' stomach - griping - no N+V - no diarrhoea but smells when he passes wind - had KFC over the weekend ?trigger

Examination **Examination** alert comfortable

Examination **Examination** temp 36.7

Examination **Examination** abdo soft discomfort epigastrium on deep palpation - no acute abdo - no masses/organomegaly

Comment **Comment** PPI for dyspepsia - for simple measures - stools for MCS if any diarrhoea - see if not settling over rest of week and sos in interim - patient ok with plan

28-Oct-2013 Mrs Debra Taylor () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document **Document** Letter received
Letter received (28-Oct-2013)script. details

10-Oct-2013 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

08-Oct-2013 **Document** Seen in primary care leg ulcer clinic
Seen in primary care leg ulcer clinic (08-Oct-2013)

03-Oct-2013 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

27-Sept-2013 **Document** DNA hospital appointment
DNA hospital appointment from BURNLEY GENERAL HOSPITAL (27-Sep-2013)

27-Sept-2013 Mrs Dorothy Waddicor () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document **Document** Letter sent to patient
Letter to Patient SFA/DPW

27-Sept-2013 Dr S F Appleyard () PADIHAM GROUP PRACTICEAdministration note

History **History** call from Pat, INR clinic

History **History** still not attending appts - last seen by anticoag 2/8/13 - she has written and tried to contact him by phone +++

History **History** not safe to continue warfarin if not attending for monitoring - is going to be discharged from anticoag now

History **History** Pat suggests ??Rivaroxaban - no montioring needed - but no antedote

History **History** pt asked to come in to discuss

Problem **Problem** Deep vein thrombosis of leg related to intravenous drug use -recurrent

21-Sept-2013 MRS HILLARY JAYAWARDENA () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document **Document** Seen in minor injuries department
Seen in minor injuries department from ACCRINGTON VICTORIA HOSPITAL (21-Sep-2013)

21-Sept-2013 Mrs Christine Warren () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document **Document** OOH report
OOH report (21-Sep-2013)

25-Jun-2013 MRS HILLARY JAYAWARDENA () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

11-Jun-2013 Document Seen in orthopaedic clinic
Seen in orthopaedic clinic from General Surgery - BGH (11-Jun-2013)

17-Jun-2013 Dr Saiqa Hussain () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: skin infection right ankle; Duration 17/06/2013 - 01/07/2013)
History still having dressings on open wound. doesn't feel he can work
Comment med 3, will need tci before next one is due so we can see wound.

06-Jun-2013 Dr S F Appleyard () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document eMED3 (2010) new statement issued, not fit for work
Fit Note Document (Diagnosis: skin infection right ankle; Duration 03/06/2013 - 17/06/2013)
History been seen at OOH for skin infection R ankle after caught it at work
History on antib - going for dressing change today
History needs sick note

04-Jun-2013 MRS SUSAN KEIGHLEY () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document Letter received
meds review

02-Jun-2013 Mrs Christine Warren () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document OOH report
OOH report (02-Jun-2013)

07-Mar-2013 Dr M T Haque () Awaiting clinical code migration to EMIS Web

13-Mar-2013 Lab results Bacterial culture+sensitivity Leg ulcer Inflamed
13-Mar-2013 **Bacterial culture+sensitivity******* ENSURE THAT * END OF REPORT * HAS BEEN REACHED
***** Aerobic : Positive *see below* 1 2 3 4 1.Pseudomonas species +++ 2. 3. 4. Results helpline
01254 736088 ***** END OF REPORT ***** END OF REPORT ***** (HAQ) - Make
an appointment with doctor - routine:

21-Feb-2013 Mrs Christine Warren () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document OOH report
OOH report (21-Feb-2013)

19-Feb-2013 Dr I L Milne () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Referral Orthopaedic referral NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient
Document Referral Letter (19-Feb-2013)
for Orthopaedic referral

15-Feb-2013 MRS SAMANTHA WILCOCK () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

31-Mar-2010 Document Letter from specialist
Letter from specialist/orthopaedics (31-Mar-2010)

14-Feb-2013 Mrs Dorothy Waddicor () PADIHAM GROUP PRACTICEGP Surgery

Comment Tel call with Mr. Zubairy's sec at BGH. Nothing on the trust computer system. Tel call with AGP - Pt attended in March 2010. A copy of that clinic letter will be faxed to PGP.

13-Feb-2013 Dr I L Milne () PADIHAM GROUP PRACTICEGP Surgery

History Get old letters from Mr Zubairy Needs reviewing for R ankle pain by a foot surgeon ? turned down for intervention as on warfarin

11-Jan-2013 Mrs Christine Warren () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document OOH report
OOH report (11-Jan-2013)

10-Jan-2013 Dr S F Appleyard () PADIHAM GROUP PRACTICEAdministration note

Comment asked tci re script for warfarin - DNA'd anticoag clinic Oct 2012 and no record of INR monitoring

29-Nov-2012 Mrs Debra Taylor () PADIHAM GROUP PRACTICEAwaiting clinical code migration to EMIS Web

Document Seen in orthopaedic clinic
Seen in orthopaedic clinic (29-Nov-2012) bgh

27-Nov-2012 Mrs Debra Taylor () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Seen in urgent care centre
Seen in urgent care centre (27-Nov-2012)bgh

22-Oct-2012 Mrs Debra Taylor () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Fax received
Fax received (22-Oct-2012)NHS

12-Oct-2012 Mrs Susan Little () PADIHAM GROUP PRACTICE Awaiting clinical code migration to EMIS Web

Document Did not attend - no reason
anticoagulant clinic x 3 (12-Oct-2012)

08-Oct-2012 Dr M T Haque () GP Surgery

Examination **Examination** 2-3 cm, longitudinal lesion on left antinor shin - overlying tibia. surrounding erythema. No obvious oozing sseen (has been before). calf soft, non tender. dorsalis pedis and post tibialis pulse paler arble. PR 72bpm, reg.

History **History** Banged left shin on table last week- mild bleeding, then developed redness and occasional oozing from lesion. Ex -IVDU, on warfarin. 2 years ago had ulcer in the same region -which required antibiotics and regular dressing. concerned could be heading that way. No calf pain or swelling. No fever/rigors - systemically well- NO chestpain/sob

Comment **Comment** Treat as cellulitis with course of abx. safety netted. wants to see nurse -?needing bandaging as was told by nurse before- will book appoinement to seek advice. review if not settling/worsening

02-Mar-2012 Dr I L Milne () Awaiting clinical code migration to EMIS Web

Additional Repeat medication check

14-Oct-2011 Mrs Lesley Moore () Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
Anticoagulation Treatment Record (pgp 18.10.11)(AnticoagulationTreatmentRecord(pgp181011).tif)

07-Sept-2011 Mrs Debra Taylor () Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
FTA physio. dpt. (LR 9.9.11)(FTAphysiodpt(LR9911).tif)

24-Jun-2011 Mrs Debra Taylor () Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
opd St. peters MSK clinic (LR 4.7.11)(opdStpetersMSKclinic(LR4711).tif)

17-May-2011 DR JULIE SALERNO () Awaiting clinical code migration to EMIS Web

Problem **[D]**Musculoskeletal pain

History **History** Last week tripped on pipe when on hol in Egypt, winded self but no specific injury, was given im injection of NSAID (is on warfarin)

History **History** Aching generally round shoulders but FROM

Examination **Examination** No specific jt pains just general ache RS clear

Medication **Medication** Ibuprofen Gel 5 %

Referral **Referral** to musculoskeletal clinic **Purpose:** Outpatient. **Referral Type:** Outpatient

Comment **Comment** To arrange INR with warfarin clinic, add in paracetamol, see sOS

Additional **Referral Letter to MSK JS-DPT**
Referral Letter to MSK JS-DPT

14-Apr-2011 MRS CLARE CRUSHAM () Awaiting clinical code migration to EMIS Web

Template entry Foreign travel advice

Template entry Full consent for immunisation

Template entry Travel Destination (Egypt)

Template entry First hepatitis A and typhoid vaccination (ATYAB029AL 01/13 R ARM)

Template entry Low dose diphtheria, tetanus and inactivated polio vaccinati **Place of Procedure:** G.P.Surgery, (E6075-2 11/12 L ARM)

23-Mar-2011 MRS SUSAN KEIGHLEY () Awaiting clinical code migration to EMIS Web

Additional Patient File Attachment
msk service recd 28/03/2011(mskservicerecd28032011.tif)

03-Mar-2011 Dr B F Savage () Awaiting clinical code migration to EMIS Web

Problem	Problem	rt and left ankle pain left leg swelling from previous DVTs
History	History	CHRONICALLY UNCOMFORTABLE AND AFFECTING MOBILITY-Zubairy said nothing could be done
Referral	Referral	to musculoskeletal clinic Purpose: Outpatient. Referral Type: Outpatient
Comment	Comment	try MSK again
Comment	Comment	off drugs now
Comment	Comment	just tramadol and warfarin
Additional	Referral Letter	TO MSK BFS-DPT
	Referral Letter	TO MSK BFS-DPT

28-Feb-2011 Dr S F Appleyard () Awaiting clinical code migration to EMIS Web

Comment	Comment	requesting more tramadol - been through paper notes -can't find any letter from Mr Zubairy - appears to be missing - asked to make appt
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17-Feb-2011 Dr S F Appleyard () Awaiting clinical code migration to EMIS Web

18-Feb-2011	Lab results	Plain X-ray ankle joint	
18-Feb-2011		Plain X-ray ankle joint Satisfactory:	
		Plain X-ray ankle joint XR Ankle Lt XR Ankle Lt : Articular margins and their alignment appear normal, no significant osteoarthritic changes. No fracture, dislocation or juxta articular soft tissue calcification. Reported by : DR E NAGARAJU (C6124373) / C6124373	(No range available)

10-Feb-2011 Dr S F Appleyard () Awaiting clinical code migration to EMIS Web

History	History	new patient. moved to padham to be with *****. ex heroin user. not used past 2y
History	History	severe arthritis R ankle and seen Mr Zubairy
History	History	prev DVTs and on lifelong warfarin
History	History	also takes tramadol
History	History	now pains L ankle
History	History	also chronic swelling L leg
Examination	Examination	L leg - non pitting oedema calf to thigh
Examination	Examination	ankle tender laterally, and reduced ROM
Medication	Medication	Tramadol Hydrochloride M/R Tablets 100 mg
Comment	Comment	for xr, old notes, see with results

26-Jan-2011 Mrs Lesley Moore () Awaiting clinical code migration to EMIS Web

Additional	Help to stop smoking letter
	Help to stop smoking letter

25-Jan-2011 MRS SUSAN KEIGHLEY () Awaiting clinical code migration to EMIS Web

Additional	Patient File Attachment
	NP form recd 26/01/2011(NPformrecd26012011.tif)

04-Nov-2002 Dr Alison Swann (AS) Awaiting clinical code migration to EMIS Web

Problem	Problem	needs medication states attended Burnley Wood today but they told him appt Thurs and would not give medication.
Comment	Comment	rx supplied Diazepam 10mgx15 and Temazepam 20mgx15.refused Fresubin

02-Oct-2002 Dr Alison Swann (AS) Awaiting clinical code migration to EMIS Web

Problem	Problem	Needs prescription. Advised re policy RHS re drugs of addiction.
Medication	Medication	Diazepam Tablets 10 mg
Medication	Medication	Temazepam Tablets 20 mg
Medication	Medication	Ensure Plus Liquid Feed (Banana) Tetrapak 220 ml

Medications (inc. issues)

Acute

Repeat

Past

08-July-2025 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

04-Jun-2025 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

04-Jun-2025 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

17-Feb-2025 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

17-Feb-2025 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

31-Dec-2024 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

05-Dec-2024 Doxycycline 100mg capsules Acute Medication (Past)
6 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day

04-Dec-2024 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

04-Dec-2024 Doxycycline 100mg capsules Acute Medication (Past)
6 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day

04-Dec-2024 Doxycycline 100mg capsules Acute Medication (Past)
6 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day

04-Dec-2024 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

15-July-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

15-July-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

14-Jun-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

14-Jun-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

01-May-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

01-May-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

28-Mar-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

28-Mar-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

07-Mar-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

07-Mar-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

01-Feb-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

01-Feb-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

04-Jan-2024 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

04-Jan-2024 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

30-Nov-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

30-Nov-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

03-Nov-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

03-Nov-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

29-Sept-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

29-Sept-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

23-Aug-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

23-Aug-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

14-July-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

14-July-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

23-Jun-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

23-Jun-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

30-May-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

30-May-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

26-Apr-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

26-Apr-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

03-Apr-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

03-Apr-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

15-Mar-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

09-Mar-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

09-Mar-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

13-Feb-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

08-Feb-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

30-Jan-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

30-Jan-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

20-Jan-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

20-Jan-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

14-Jan-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

14-Jan-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

04-Jan-2023 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

04-Jan-2023 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

23-Dec-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

23-Dec-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

14-Dec-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

14-Dec-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

07-Dec-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

07-Dec-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

29-Nov-2022 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - One To Be Taken Three Times A Day

29-Nov-2022 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - One To Be Taken Three Times A Day

25-Nov-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

25-Nov-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

04-Nov-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

04-Nov-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

28-Oct-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

28-Oct-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

21-Oct-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

21-Oct-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

14-Oct-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

14-Oct-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

05-Oct-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

05-Oct-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

20-Sept-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

20-Sept-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

08-Sept-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

08-Sept-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

26-Aug-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

26-Aug-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

17-Aug-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

17-Aug-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

01-Aug-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

01-Aug-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

25-July-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

25-July-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

18-July-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

18-July-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

15-July-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

15-July-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

08-July-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

08-July-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

01-July-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

01-July-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

08-Jun-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

08-Jun-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

25-May-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

25-May-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

25-May-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

18-May-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

17-May-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

17-May-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

10-May-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

10-May-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

10-May-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

03-May-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

03-May-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

03-May-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

25-Apr-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

25-Apr-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

25-Apr-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

13-Apr-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

13-Apr-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

13-Apr-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

01-Apr-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

01-Apr-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

01-Apr-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

25-Mar-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

25-Mar-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

25-Mar-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

15-Mar-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

15-Mar-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

15-Mar-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

04-Mar-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

04-Mar-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

04-Mar-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

23-Feb-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

23-Feb-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
7 tablet - One To Be Taken At Night

23-Feb-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

06-Jan-2022 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

06-Jan-2022 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Jan-2022 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

05-Jan-2022 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
14 tablet - Dissolve One Tablet Under The Tongue Each Day

24-Dec-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
14 tablet - Dissolve One Tablet Under The Tongue Each Day

26-Nov-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

22-Nov-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

22-Nov-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

22-Nov-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

29-Oct-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

27-Oct-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

27-Oct-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

27-Oct-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

04-Oct-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

01-Oct-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

01-Oct-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

01-Oct-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-Sept-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-Sept-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Sept-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

02-Sept-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

06-Aug-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-Aug-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

06-Aug-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

06-Aug-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

27-July-2021 Trimethoprim 200mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

27-July-2021 Trimethoprim 200mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

15-July-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

15-July-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

15-July-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

15-July-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

13-July-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

13-July-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

21-Jun-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

21-Jun-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

21-Jun-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

21-Jun-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

28-May-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

28-May-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

28-May-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

28-May-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-May-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
14 tablet - Dissolve One Tablet Under The Tongue Each Day

06-May-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

06-May-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

06-May-2021 Buprenorphine 2mg sublingual tablets sugar free Acute Medication (Past)
28 tablet - Dissolve One Tablet Under The Tongue Each Day

06-May-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

13-Apr-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

13-Apr-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

13-Apr-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

17-Mar-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

17-Mar-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

02-Mar-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

02-Mar-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

02-Mar-2021 Mirtazapine 45mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

02-Mar-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

29-Jan-2021 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

29-Jan-2021 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

29-Jan-2021 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

29-Jan-2021 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

30-Dec-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

30-Dec-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

30-Dec-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

30-Dec-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

30-Nov-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

30-Nov-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

30-Nov-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

30-Nov-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

06-Nov-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

06-Nov-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

06-Nov-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

06-Nov-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

01-Oct-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

01-Oct-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

01-Oct-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

01-Oct-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-Sept-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

03-Sept-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-Sept-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

03-Sept-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

04-Aug-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

04-Aug-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

04-Aug-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-Aug-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

18-Jun-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

18-Jun-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

18-Jun-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

18-Jun-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

27-May-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

27-May-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

27-May-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

27-May-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

16-Apr-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

16-Apr-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

16-Apr-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

15-Apr-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
7 tablet - One To Be Taken Each Day

15-Apr-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

02-Mar-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

02-Mar-2020 Rivaroxaban 20mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

27-Feb-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

27-Feb-2020 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

27-Feb-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

27-Feb-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

09-Jan-2020 Nitrazepam 5mg tablets Acute Medication (Past)
3 tablet - One To Be Taken At Night

09-Jan-2020 Nitrazepam 5mg tablets Acute Medication (Past)
3 tablet - One To Be Taken At Night

09-Jan-2020 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

09-Jan-2020 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

09-Jan-2020 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

09-Jan-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-Nov-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

04-Nov-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

04-Nov-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

04-Nov-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Oct-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

07-Oct-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Oct-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Oct-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

28-Aug-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

28-Aug-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

28-Aug-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

28-Aug-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

23-July-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

23-July-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

23-July-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

23-July-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jun-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Jun-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

07-Jun-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jun-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Jun-2019 Buspirone 10mg tablets Acute Medication (Past)
90 tablet - 1 as needed, up to 4 a day

07-Jun-2019 Buspirone 10mg tablets Acute Medication (Past)
90 tablet - 1 as needed, up to 4 a day

14-May-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

14-May-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

14-May-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

14-May-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

16-Apr-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

16-Apr-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

16-Apr-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

10-Apr-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

11-Mar-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

11-Mar-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

11-Mar-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

11-Mar-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

12-Feb-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

12-Feb-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

12-Feb-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

12-Feb-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Jan-2019 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jan-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Jan-2019 Buspirone 10mg tablets Acute Medication (Past)
90 tablet - 1 as needed, up to 4 a day

07-Jan-2019 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

07-Jan-2019 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Jan-2019 Buspirone 10mg tablets Acute Medication (Past)
90 tablet - 1 as needed, up to 4 a day

24-Dec-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

28-Nov-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

28-Nov-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

28-Nov-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

28-Nov-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

09-Nov-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

25-Oct-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

25-Oct-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

04-Oct-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

27-Sept-2018 Dihydrocodeine 30mg tablets Acute Medication (Past)
78 tablet - 12 aday, reduce by 1 tablet a day to stop

17-Sept-2018 Nitrazepam 5mg tablets Acute Medication (Past)
7 tablet - One To Be Taken At Night

17-Sept-2018 Dihydrocodeine 30mg tablets Acute Medication (Past)
78 tablet - 12 aday, reduce by 1 tablet a day to stop

17-Sept-2018 Nitrazepam 5mg tablets Acute Medication (Past)
7 tablet - One To Be Taken At Night

13-Sept-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

13-Sept-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

13-Sept-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

31-Aug-2018 Dihydrocodeine 30mg tablets Acute Medication (Past)
78 tablet - 12 aday, reduce by 1 tablet a day to stop

31-Aug-2018 Dihydrocodeine 30mg tablets Acute Medication (Past)
78 tablet - 12 aday, reduce by 1 tablet a day to stop

31-Aug-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

17-Aug-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
56 tablet - Two To Be Taken At Night

17-Aug-2018 Mirtazapine 15mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night

17-Aug-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

26-July-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

26-July-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

28-Jun-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

28-Jun-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

28-Jun-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

05-Jun-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

05-Jun-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

05-Jun-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

04-May-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

04-May-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-May-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

04-Apr-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-Apr-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

04-Apr-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Mar-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Mar-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

30-Jan-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

30-Jan-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

05-Jan-2018 Clobetasone 0.05% cream Acute Medication (Past)
100 gram - Apply Thinly Once Or Twice A Day

05-Jan-2018 Clobetasone 0.05% cream Acute Medication (Past)
100 gram - Apply Thinly Once Or Twice A Day

04-Jan-2018 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

04-Jan-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-Jan-2018 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Dec-2017 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - One To Be Taken Three Times A Day

07-Dec-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
112 tablet - 1 tablet 3-4 times a day

07-Dec-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Dec-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Dec-2017 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - One To Be Taken Three Times A Day

03-Nov-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

03-Nov-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-Nov-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

10-Oct-2017 Sigvaris Essential Thermoregulating class 2 (23-32mmHg) below knee closed toe lymphoedema garment long large plus Black (Sigvaris Britain Ltd) Acute Medication (Past)
2 device - as directed

10-Oct-2017 Sigvaris Essential Thermoregulating class 2 (23-32mmHg) below knee closed toe with grip top lymphoedema garment long large Nature (Sigvaris Britain Ltd) Acute Medication (Past)
2 device - as directed

10-Oct-2017 Sigvaris Essential Comfortable class 2 (23-32mmHg) below knee closed toe lymphoedema garment long large Black (Sigvaris Britain Ltd) Acute Medication (Past)
2 device - as directed

10-Oct-2017 Sigvaris Essential Comfortable class 2 (23-32mmHg) below knee closed toe lymphoedema garment long large Black (Sigvaris Britain Ltd) Acute Medication (Past)
2 device - as directed

10-Oct-2017 Sigvaris Essential Thermoregulating class 2 (23-32mmHg) below knee closed toe with grip top lymphoedema garment long large Nature (Sigvaris Britain Ltd) Acute Medication (Past)
2 device - as directed

04-Oct-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

04-Oct-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

04-Oct-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

25-Sept-2017 Clobetasone 0.05% cream Acute Medication (Past)
100 gram - Apply Thinly Once Or Twice A Day

25-Sept-2017 Clobetasone 0.05% cream Acute Medication (Past)
100 gram - Apply Thinly Once Or Twice A Day

25-Sept-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - One To Be Taken Four Times A Day

11-Sept-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - One To Be Taken Four Times A Day

11-Sept-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

11-Sept-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

11-Sept-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

14-Aug-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

14-Aug-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

14-Aug-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

14-Aug-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

25-July-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day

25-July-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - One To Be Taken Four Times A Day

25-July-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

25-July-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day

05-July-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

05-July-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

05-July-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jun-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

07-Jun-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

07-Jun-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

07-Jun-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

07-Jun-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

16-May-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

16-May-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

16-May-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

20-Apr-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

20-Apr-2017 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

13-Apr-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

13-Apr-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

12-Apr-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

15-Mar-2017 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 30mgs once a day for five days

15-Mar-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

15-Mar-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

15-Mar-2017 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 30mgs once a day for five days

15-Mar-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

24-Feb-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

24-Feb-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

23-Feb-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

23-Feb-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

23-Feb-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

30-Jan-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

30-Jan-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

30-Jan-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

05-Jan-2017 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

05-Jan-2017 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

05-Jan-2017 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

03-Jan-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

03-Jan-2017 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

12-Dec-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

12-Dec-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

12-Dec-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

23-Nov-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

17-Nov-2016 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

17-Nov-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

17-Nov-2016 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

17-Nov-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

03-Nov-2016 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

03-Nov-2016 Clobetasone 0.05% cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day for 7-10 days

03-Nov-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet twice a day

24-Oct-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

24-Oct-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

12-Oct-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

27-Sept-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

27-Sept-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

16-Sept-2016 Metronidazole 400mg tablets Acute Medication (Past)
15 tablet - One To Be Taken Three Times A Day

16-Sept-2016 Metronidazole 400mg tablets Acute Medication (Past)
15 tablet - One To Be Taken Three Times A Day

09-Sept-2016 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 3 daily all at once in the morning

09-Sept-2016 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 3 daily all at once in the morning

09-Sept-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
56 tablet - 1 tablet twice a day

05-Sept-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

05-Sept-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

19-Aug-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - 1 tablet 3-4 times a day

19-Aug-2016 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - One To Be Taken Four Times A Day

19-Aug-2016 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
112 tablet - Two To Be Taken Four Times A Day

19-Aug-2016 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
112 tablet - Two To Be Taken Four Times A Day

19-Aug-2016 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - One To Be Taken Four Times A Day

19-Aug-2016 Amitriptyline 10mg tablets Repeat Medication (Past)
28 tablet - One To Be Taken At Night - may cause drowsiness

10-Aug-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

10-Aug-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

13-July-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

13-July-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

20-Jun-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

20-Jun-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

24-May-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

24-May-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-May-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

03-May-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

11-Apr-2016 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day

11-Apr-2016 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day

08-Apr-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

08-Apr-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

15-Mar-2016 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 3 daily all at once in the morning

15-Mar-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

15-Mar-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

15-Mar-2016 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 3 daily all at once in the morning

24-Feb-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

24-Feb-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

23-Feb-2016 Prednisolone 5mg tablets Acute Medication (Past)
28 tablet - Four To Be Taken Each Day

23-Feb-2016 Prednisolone 5mg tablets Acute Medication (Past)
28 tablet - Four To Be Taken Each Day

02-Feb-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jan-2016 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

07-Jan-2016 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

11-Dec-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

11-Dec-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

24-Nov-2015 Permethrin 5% cream Acute Medication (Past)
300 gram - apply to whole body and wash off after 8-12 hours, repeat if necessary after 7 days

24-Nov-2015 Permethrin 5% cream Acute Medication (Past)
300 gram - apply to whole body and wash off after 8-12 hours, repeat if necessary after 7 days

18-Nov-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

18-Nov-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

26-Oct-2015 Prednisolone 5mg tablets Acute Medication (Past)
42 tablet - 6 daily for 7 days

26-Oct-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

26-Oct-2015 Prednisolone 5mg tablets Acute Medication (Past)
42 tablet - 6 daily for 7 days

26-Oct-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

25-Sept-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

03-Sept-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-Sept-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

03-Sept-2015 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

03-Sept-2015 Naproxen 500mg tablets Repeat Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

16-Jun-2015 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

16-Jun-2015 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - Two To Be Taken Every 4-6 Hours Up To Four Times A Day

16-Jun-2015 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - Two To Be Taken Every 4-6 Hours Up To Four Times A Day

16-Jun-2015 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

10-Apr-2015 Seal-Tight limb protector short leg CV27103 (Autono-Med Ltd) Acute Medication (Past)
2 device - as directed

10-Apr-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - 1 twice a day for a week then reduce to 1 daily

10-Apr-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - 1 twice a day for a week then reduce to 1 daily

10-Apr-2015 Seal-Tight limb protector short leg CV27103 (Autono-Med Ltd) Acute Medication (Past)
2 device - as directed

18-Mar-2015 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

18-Mar-2015 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

04-Dec-2014 Seal-Tight limb protector wide short leg CV27106 (Autono-Med Ltd) Acute Medication (Past)
2 device - as directed

04-Dec-2014 Seal-Tight limb protector wide short leg CV27106 (Autono-Med Ltd) Acute Medication (Past)
2 device - as directed

11-Sept-2014 Clarithromycin 500mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

19-Aug-2014 Clarithromycin 500mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

19-Aug-2014 Clarithromycin 500mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

19-Aug-2014 Clobetasone 0.05% cream Acute Medication (Past)
60 gram - Apply Thinly Once Or Twice A Day for 7-10 days

29-July-2014 Clobetasone 0.05% cream Acute Medication (Past)
60 gram - Apply Thinly Once Or Twice A Day for 7-10 days

29-July-2014 Clobetasone 0.05% cream Acute Medication (Past)
60 gram - Apply Thinly Once Or Twice A Day for 7-10 days

21-July-2014 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

21-July-2014 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

11-Jun-2014 Clobetasone 0.05% cream Acute Medication (Past)
60 gram - Apply Thinly Once Or Twice A Day for 7-10 days

11-Jun-2014 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

11-Jun-2014 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

11-Jun-2014 Clobetasone 0.05% cream Acute Medication (Past)
60 gram - Apply Thinly Once Or Twice A Day for 7-10 days

11-Jun-2014 Piroxicam 0.5% gel Acute Medication (Past)
112 gram - Apply Three Or Four Times A Day

11-Jun-2014 Chlorphenamine 4mg tablets Acute Medication (Past)
28 tablet - one to be taken at night as required

11-Jun-2014 Chlorphenamine 4mg tablets Acute Medication (Past)
28 tablet - one to be taken at night as required

11-Jun-2014 Piroxicam 0.5% gel Acute Medication (Past)
112 gram - Apply Three Or Four Times A Day

11-Jun-2014 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - One To Be Taken Each Day

11-Jun-2014 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - One To Be Taken Each Day

30-May-2014 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

30-May-2014 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

28-Nov-2013 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

28-Nov-2013 Co-amoxiclav 500mg/125mg tablets Acute Medication (Past)
21 tablet - One To Be Taken Three Times A Day

30-Oct-2013 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning

30-Oct-2013 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning

28-Oct-2013 Seal-Tight limb protector short leg CV27103 (Autono-Med Ltd) Acute Medication (Past)
1 device - as directed

28-Oct-2013 Seal-Tight limb protector short leg CV27103 (Autono-Med Ltd) Acute Medication (Past)
1 device - as directed

12-Aug-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

12-Aug-2013 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

12-Aug-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

18-July-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

18-July-2013 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

18-July-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

24-Jun-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

24-Jun-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

24-Jun-2013 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

24-Jun-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

22-May-2013 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

22-May-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

20-Mar-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

20-Mar-2013 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

20-Mar-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

13-Feb-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

13-Feb-2013 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

13-Feb-2013 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - 1 nightly

17-Oct-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

08-Oct-2012 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

08-Oct-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

08-Oct-2012 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

23-Aug-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

23-Aug-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

25-July-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

25-July-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

30-May-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

30-May-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

02-May-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

02-May-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

02-Mar-2012 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

02-Mar-2012 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

16-Nov-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

16-Nov-2011 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

29-Sept-2011 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

29-Sept-2011 Warfarin 5mg tablets Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

26-July-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

26-July-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

27-May-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

27-May-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

27-May-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

17-May-2011 Ibuprofen 5%gel Acute Medication (Past)
100 gram - RUB INTO AFFECTED AREA THREE TIMES A DAY

17-May-2011 Ibuprofen 5%gel Acute Medication (Past)
100 gram - RUB INTO AFFECTED AREA THREE TIMES A DAY

26-Apr-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

26-Apr-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

20-Apr-2011 Hepatyrrix vaccine suspension for injection 1ml pre-filled syringes (GlaxoSmithKline UK Ltd) Acute Medication (Past)
1 pre-filled disposable injection - AD1

20-Apr-2011 Revaxis vaccine suspension for injection 0.5ml pre-filled syringes (Sanofi) Acute Medication (Past)
1 pre-filled disposable injection - AS DIRECTED

20-Apr-2011 Revaxis vaccine suspension for injection 0.5ml pre-filled syringes (Sanofi) Acute Medication (Past)
1 pre-filled disposable injection - AS DIRECTED

20-Apr-2011 Hepatyrrix vaccine suspension for injection 1ml pre-filled syringes (GlaxoSmithKline UK Ltd) Acute Medication (Past)
1 pre-filled disposable injection - AD1

01-Apr-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

01-Apr-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

01-Apr-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

03-Mar-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

03-Mar-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
60 tablet - 1 AS REQUIRED TWICE A DAY

01-Mar-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

01-Mar-2011 Warfarin 5mg tablets Acute Medication (Past)
56 tablet - TWO TO BE TAKEN DAILY

10-Feb-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

10-Feb-2011 Tramadol 100mg modified-release tablets Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE A DAY

07-Nov-2002 Diazepam 10mg tablets Acute Medication (Past)
21 tablets - ONE TO BE TAKEN THREE TIMES A DAY

07-Nov-2002 Temazepam 20mg tablets Acute Medication (Past)
15 tablets - THREE TO BE TAKEN AT NIGHT

02-Oct-2002 Ensure Plus Liquid feed (banana) Tetrapak 220 ml Acute Medication (Past)
10*1 tetrapak(s) - USE AS DIRECTED

02-Oct-2002 Diazepam 10mg tablets Acute Medication (Past)
21 tablets - ONE TO BE TAKEN THREE TIMES A DAY

02-Oct-2002 Temazepam 20mg tablets Acute Medication (Past)
15 tablets - THREE TO BE TAKEN AT NIGHT

02-Oct-2002 Diazepam 10mg tablets Acute Medication (Past)
21 tablets - ONE TO BE TAKEN THREE TIMES A DAY

02-Oct-2002 Ensure Plus Liquid feed (banana) Tetrapak 220 ml Acute Medication (Past)
10*1 tetrapak(s) - USE AS DIRECTED

02-Oct-2002 Temazepam 20mg tablets Acute Medication (Past)
30 tablets - THREE TO BE TAKEN AT NIGHT

Allergies

24-Nov-2015 Dr S F Appleyard ()
Deep vein thrombosis of leg related to intravenous drug use
Unknown
Episodicity - New

27-Sept-2013 Dr S F Appleyard ()
Deep vein thrombosis of leg related to intravenous drug use
-recurrent
Unknown
Episodicity - New

09-Mar-2009 Mrs Irene Halstead ()
Deep vein thrombosis of leg related to intravenous drug use
Unknown
Episodicity - First

Vaccinations

11-Jan-2024 Mrs Maria Philippides ()

Influenza vaccination invitation first short message service text message sent
Comment

07-Nov-2023 Mrs Maria Philippides ()

Influenza vaccination invitation third short message service text message sent
Comment

22-Oct-2023 Mrs Maria Philippides ()

Influenza vaccination invitation second short message service text message sent
Comment

05-Oct-2023 Mrs Maria Philippides ()

Influenza vaccination invitation third short message service text message sent
Comment

19-Sept-2023 Mrs Maria Philippides ()

Influenza vaccination invitation second short message service text message sent
Comment

08-Sept-2023 Mrs Maria Philippides ()

Influenza vaccination invitation first short message service text message sent
Comment

21-Dec-2021 Mrs Joanne Howard ()

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent
COVID-19 vaccination SMS invite for Booster Dose sent
Comment

13-July-2021 External User ()

Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca UK Ltd,31-Aug-2021,PV46694)
Injection site: Left arm
Procedure

17-Mar-2021

Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,29-Mar-2021,4120Z001)
Injection site: Left arm
Procedure

14-Apr-2011 MRS CLARE CRUSHAM ()

Full consent for immunisation
Template entry

14-Apr-2011 MRS CLARE CRUSHAM ()

First hepatitis A and typhoid vaccination
(ATYAB029AL 01/13 R ARM)
Template entry

14-Apr-2011 MRS CLARE CRUSHAM ()

Low dose diphtheria, tetanus and inactivated polio vaccination
Place of Procedure: G.P.Surgery, (E6075-2 11/12 L ARM)
Template entry

Referrals

20-Sept-2016 Dr J H Fleming ()

Referred to vascular surgeon
NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient

27-Nov-2015 Dr S F Appleyard ()

Referral to community anticoagulation clinic
Burnley General Hospital, Purpose: Unknown. Referral Type: Outpatient

19-Feb-2013 Dr I L Milne ()

Orthopaedic referral
NHS e-Referral Service, Purpose: Unknown. Referral Type: Outpatient

17-May-2011 DR JULIE SALERNO ()

Referral to musculoskeletal clinic
Purpose: Outpatient. Referral Type: Outpatient

03-Mar-2011 Dr B F Savage ()

Referral to musculoskeletal clinic
Purpose: Outpatient. Referral Type: Outpatient

23-Feb-2011 Dr S F Appleyard ()

Referral for warfarin monitoring
Purpose: Outpatient, AS RQD BY ADRIENNE, IN INR CLINIC. SFA-DPT. Referral Type: Outpatient

Test Requests

This section is empty.

Test Results

05-Dec-2022 Dr S F Appleyard ()**Result:** Full blood count - FBC(SFA) - hospital bloods

Haemoglobin estimation	135 g/L	(Range: 130 - 180)
Total white cell count	9.8 10 ⁹ /L	(Range: 4 - 11)
Platelet count	263 10 ⁹ /L	(Range: 150 - 450)
Red blood cell (RBC) count	4.2 10¹²/L	(Range: 4.5 - 6.5)
Haematocrit	0.395	(Range: 0.4 - 0.5)
Mean corpuscular volume (MCV)	93.9 fL	(Range: 76 - 100)
Mean corpusc. haemoglobin(MCH)	32.1 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	341 g/L	(Range: 310 - 360)
Red blood cell distribut width	12.8 %	(Range: 10 - 15.7)
Neutrophil count	7.3 10 ⁹ /L	(Range: 2 - 7.5)
Lymphocyte count	1.6 10 ⁹ /L	(Range: 1.5 - 4)
Monocyte count	0.6 10 ⁹ /L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10 ⁹ /L	(No range available)
Basophil count	0 10 ⁹ /L	(No range available)
Large unstained cells	0.1 10 ⁹ /L	(No range available)
% MICROCYTIC	0.3 %	(No range available)
Percentage hypochromic cells	0.6 %	(No range available)
Nucleated red blood cell count	0 10 ⁹ /L	(No range available)

05-Dec-2022 Dr S F Appleyard ()**Result:** Renal profile(SFA) - hospital bloods

Serum sodium	140 mmol/L	(Range: 133 - 146)
Serum potassium	4.9 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	5.5 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	79 umol/L	(Range: 58 - 110)

05-Dec-2022 Dr S F Appleyard ()**Result:** AKI warning stage/NA**05-Dec-2022 Dr S F Appleyard ()****Result:** Liver function test

Serum total bilirubin level	13 umol/L	(No range available)
Serum ALT level	19 iu/L	(No range available)
Total alkaline phosphatase	79 iu/L	(Range: 30 - 130)
Serum albumin	43 g/L	(Range: 35 - 50)

15-Jan-2020 Dr C Narayana ()**Result:** Hepatitis C viral load Results from Preston Microbiology Services. . HCV RNA NOT detected: less than 15 IU/ML. Log less than 1.18 . Results helpline : 01254 734160 *****End of report***** (cjin) - Satisfactory**13-Jan-2020 Dr Zawar Hussain ()****Result:** HEP C FURTHER TESTS Results from Preston Microbiology Services. . Hepatitis C antibody DETECTED. Suggest repeat sample to confirm. Please see L,20.2004323.F for Hep C Viral Load result. Dr Sandra Long . Results helpline : 01254 734160 *****End of report***** (ZH) - Make an appointment with doctor - routine**12-Jan-2020 Dr J H Fleming ()****Result:** Hepatitis C antibody test Hepatitis C antibody: Referred. Referral report no: L,20.2004365.V Results Helpline: 01254 734160 **** end of report **** (JHF) - further results pending**11-Jan-2020 Dr J H Fleming ()****Result:** Renal profile(JHF) - Satisfactory

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	3.5 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	67 umol/L	(Range: 58 - 110)

11-Jan-2020 Dr J H Fleming ()**Result:** AKI warning stage/NA**11-Jan-2020 Dr J H Fleming ()****Result:** Liver function test

Serum total bilirubin level	14 umol/L	(No range available)
Serum ALT level	15 iu/L	(No range available)
Total alkaline phosphatase	60 iu/L	(Range: 30 - 130)
Serum albumin	43 g/L	(Range: 35 - 50)

11-Jan-2020 Dr J H Fleming ()**Result:** Bone profile

Serum calcium	2.39 mmol/L	(Range: 2.2 - 2.6)
Serum adjusted calcium conc	2.39 mmol/L	(Range: 2.2 - 2.6)
Serum total protein	73 g/L	(Range: 60 - 80)
Serum globulin	30 g/L	(Range: 18 - 36)

11-Jan-2020 Dr J H Fleming ()

Result: Serum lipids Random sample In High intensity statin treatment - aim to reduce non-HDL Cholesterol by at least 40%

Serum cholesterol	5.2 mmol/L	(Range: 3 - 5)
Serum triglycerides	0.78 mmol/L	(No range available)
Serum HDL cholesterol level	1.57 mmol/L	(Range: >1)
Calculated LDL cholesterol lev	3.3 mmol/L	(No range available)
Se non HDL cholesterol level	3.6 mmol/L	(No range available)
Serum cholesterol/HDL ratio	3.3	(No range available)

10-Jan-2020 Dr J H Fleming ()

Result: Full blood count - FBC(JHF) - Satisfactory

Haemoglobin estimation	135 g/L	(Range: 130 - 180)
Total white cell count	5.3 10 ⁹ /L	(Range: 4 - 11)
Platelet count	202 10 ⁹ /L	(Range: 150 - 450)
Red blood cell (RBC) count	4.4 10 ¹² /L	(Range: 4.5 - 6.5)
Haematocrit	0.415	(Range: 0.4 - 0.5)
Mean corpuscular volume (MCV)	94.4 fL	(Range: 76 - 100)
Mean corpusc. haemoglobin(MCH)	30.7 pg	(Range: 27 - 32)
Mean corpusc. Hb. conc. (MCHC)	325 g/L	(Range: 310 - 360)
Red blood cell distribut width	13.4 %	(Range: 10 - 15.7)
Neutrophil count	2.9 10 ⁹ /L	(Range: 2 - 7.5)
Lymphocyte count	1.7 10 ⁹ /L	(Range: 1.5 - 4)
Monocyte count	0.4 10 ⁹ /L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10 ⁹ /L	(No range available)
Basophil count	0 10 ⁹ /L	(No range available)
Large unstained cells	0.1 10 ⁹ /L	(No range available)
% MICROCYTIC	0.2 %	(No range available)
Percentage hypochromic cells	0.2 %	(No range available)
Nucleated red blood cell count	0 10 ⁹ /L	(No range available)

08-Sept-2017 Dr Emma Harding ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4.
 May represent colonisation rather than infection at this site Use antimicrobials only if the symptoms or examination are consistent with a
 CURRENT clinical infection. Results helpline 01254 734160 ***** END OF REPORT ***** END OF REPORT ***** (ING) -
 Make an appointment with nurse

21-July-2017 Dr Zawar Hussain ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4.
 Results helpline 01254 734160 ***** END OF REPORT ***** END OF REPORT ***** (ZH) - unclear who requested this, i will
 ask reception to book in with Dr if needed

17-Apr-2017 Dr B F Savage ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4.
 Results helpline 01254 734160 ***** END OF REPORT ***** END OF REPORT *****

02-Jan-2017 Dr J H Fleming ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4. May represent colonisation rather than infection at
 this site Use antimicrobials only if the symptoms or examination are consistent with a CURRENT clinical infection. Results helpline 01254
 734160 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - it would be easier to decide what to do if doctor could
 have a look at this lesion. please book in

01-Dec-2016 Dr J H Fleming ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Mixed Bacterial Flora
 Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2. 3. 4. Mixed organisms isolated (inc. Pseudomonas) Results helpline 01254
 734160 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - it would be easier to decide what to do if doctor could
 have a look at the infection

14-Nov-2016 Dr J H Fleming ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Positive * see table * ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Mixed anaerobic organisms +++
 Flucloxacillin S 3. 4. Results helpline 01254 734160 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - may need
 antibiotics, but I would need to see wound

14-Sept-2016 Dr J H Fleming ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : No significant growth.
 Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2. 3. 4. Mixed coliforms +++. Results helpline 01254 734160 ***** END OF
 REPORT ***** END OF REPORT ***** (JHF) - no obvious infection but please see doctor to have wound examined

25-Mar-2016 Dr R Mukhtar ()

Result: Plain X-ray kneepainful L knee - palpable effusion ? OA XR Knee Lt Clinical History : painful L knee - palpable effusion ? OA XR Knee Lt : An
 effusion is noted in the suprapatellar region. Mild OA changes present in the medial compartment. Reported by Genevieve Wilson, Reporting
 Radiographer RA32525. Reported by : WILSON Gen / RA32525(RM1) - d/w GP

17-Mar-2015 Dr J H Fleming ()

Result: Bacterial culture+sensitivity ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4.
 Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - Please book in with a doctor to
 see this wound

13-Mar-2015 Dr J H Fleming ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4.
 Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPORT ***** (JHF) - may need antibiotics, can
 doctor look at wound please

04-Dec-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Mixed commensal skin
 flora only. Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2. 3. 4. Results helpline 01254 736088 ***** END OF REPORT
 ***** END OF REPORT ***** (SAI4432) - Satisfactory

09-Oct-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Mixed Bacterial Flora 1 2
 3 4 1. 2. 3. 4. +++ skin flora +++ Pseudomonas sp Results helpline 01254 736088 ***** END OF REPORT ***** END OF
 REPO RT ***** (SAI4432) - Satisfactory

11-Sept-2014 Dr J H Fleming ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Mixed Bacterial Flora
 Anaerobic : Anaerobes NOT isolated after 2 days. 1 2 3 4 1. 2. 3. 4. Mixed coliforms +++ Pseudomonas sp +++ Skin flora +++ Results
 helpline 01254 736088 ***** END OF REPORT ***** END OF REPO RT ***** (JHF) - please could the doctor have a look at
 these wounds

15-Aug-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus +++ Clarithromycin S 2. Flucloxacillin S 3. 4.
 Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPORT ***** (SAI4432) - who took this ? if wound is
 infected needs abx

18-July-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus + Clarithromycin S 2. Flucloxacillin S 3. 4. +
 Coliform May represent colonisation rather than infection at this site Use antimicrobials only if the symptoms or examination are consistent with
 a CURRENT clinical infection. Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPO RT *****
 (SAI4432) - does wound look infected? may need abx

29-May-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below*
 Anaerobic : Anaerobes NOT isolated after 2 days. ANTIBIOTIC 1 2 3 4 1. Staphylococcus aureus ++ Clarithromycin S 2. Flucloxacillin S 3. 4.
 May represent colonisation rather than infection at this site Use antimicrobials only if the symptoms or examination are consistent with a
 CURRENT clinical infection. Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPO RT ***** (SAI4432)
 - may need abx if look infected

30-Apr-2014 Dr Saiqa Hussain ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Mixed Bacterial Flora 1 2
 3 4 1. 2. 3. 4. Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPORT ***** (SAI4432) - Satisfactory

13-Mar-2013 Dr M T Haque ()

Result: Bacterial culture+sensitivity***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** Aerobic : Positive *see below* 1 2 3
 4 1. Pseudomonas species +++ 2. 3. 4. Results helpline 01254 736088 ***** END OF REPORT ***** END OF REPORT *****
 (HAQ) - Make an appointment with doctor - routine

18-Feb-2011 Dr S F Appleyard ()**Result:** Plain X-ray ankle joint Satisfactory

Plain X-ray ankle joint XR Ankle Lt XR Ankle Lt : Articular margins and their
 alignment appear normal, no significant osteoarthritic changes. No fracture,
 dislocation or juxta articular soft tissue calcification. Reported by : DR E
 NAGARAJU (C6124373) / C6124373

(No range available)

Other Items

30-Jan-2110	Recall	Primary Care Group Admin tag (DO NOT REMOVE)
12-Feb-2026	Read Code	Scottish - ethnic category 2001 census
12-Feb-2026	Read Code	Preferred method of contact: unknown
18-Jun-2025	Read Code	Did not attend - no reason
16-Dec-2024	Read Code	Did not attend - no reason
01-May-2024	Read Code	Frailty Index score Automatically added via protocol 0.056
07-Mar-2024	Read Code	Online access to own health record granted following enhanced health record review
07-Mar-2024	Read Code	Online access to own health record granted following enhanced health record review
25-Oct-2023	Read Code	Enhanced review indicated before granting access to own health record PM REQUEST
28-Sept-2023	Read Code	Did not attend - no reason

03-Feb-2023	Read Code	Sitting systolic blood pressure 131 mmHg
03-Feb-2023	Read Code	Sitting diastolic blood pressure 91 mmHg
03-Feb-2023	Read Code	Standing systolic blood pressure 130 mmHg
03-Feb-2023	Read Code	Standing diastolic blood pressure 89 mmHg
05-Dec-2022	Read Code	eGFRcreat (CKD-EPI)/1.73 m ² 90 mL/min/1.73m ² eGFR is unreliable in AKI, pregnancy, oedema & malnourishment
15-Nov-2021	Read Code	Did not attend - no reason
24-Sept-2021	Read Code	Did not attend - no reason
10-Sept-2021	Read Code	Did not attend - no reason
27-Aug-2021	Read Code	Did not attend - no reason
21-July-2021	Read Code	Did not attend - no reason
22-Apr-2021	Read Code	Insurance form Universal Credit form completed and sent back
22-Mar-2021	Read Code	Insurance form received Universal Credit CJN
19-Mar-2021	Read Code	Did not attend - no reason
18-Mar-2021	Read Code	Short message service text message sent to patient Appt reminder: 19 Mar at 9:20am with Mrs Katrina Parker at Padiham Group Practice. If you can't attend text back CANCEL. Get our App: www.mygp.io/app
18-Mar-2021	Read Code	Short message service text message received from patient CANCEL
16-Mar-2021	Read Code	Short message service text message sent to patient Appt reminder: 19 Mar at 9:20am with Mrs Katrina Parker at Padiham Group Practice. If you can't attend text back CANCEL. Get our App: www.mygp.io/app
09-Feb-2021	Read Code	Did not attend - no reason
08-Feb-2021	Read Code	Short message service text message sent to patient Appt reminder: 09 Feb at 11:10am with Mrs Katrina Parker at Padiham Group Practice. If you can't attend text back CANCEL. Get our App: www.mygp.io/app
03-Dec-2020	Read Code	Forms - miscellaneous pip further evidence SFA- completed and returned 31.12.20
14-July-2020	Read Code	Patient record sent to solicitor Updated records from September 2018 to present date sent to Premex.
13-July-2020	Read Code	Patient record requested by solicitor Updated records requested by Premex
04-Mar-2020	Read Code	Short message service text message sent to patient If you are concerned you may have Corona virus or have been in contact with anyone who may have the Virus please DO NOT attend the Surgery or any Hospital facility. Instead contact 111 on this link https://111.nhs.uk/service/covid-19 Thank you www.mygp.io/ifu
26-Feb-2020	Read Code	Short message service text message sent to patient We strongly advise you to quit smoking, it can lead to many health problems including cancer, heart disease, lung disease and strokes. Here is some advice on ways to quit smoking, local services and general tips: https://www.nhs.uk/smokefree Thanks www.mygp.io/ifu
26-Feb-2020	Read Code	Smoking cessation advice No additional comment entered
11-Jan-2020	Read Code	eGFRcreat (CKD-EPI)/1.73 m ² 90 mL/min/1.73m ² For African/Afro-Caribbean patients, multiply result by 1.159
10-Jan-2020	Read Code	HbA1c lev1 - IFCC standardised 35 mmol/mol
10-Jan-2020	Read Code	Prescription collected by patient 5items
08-Jan-2020	Read Code	SMS text message sent to patient Appt reminder: 09 Jan at 11:30am with Dr Emma Harding at Padiham Group Practice. If you can't attend text back CANCEL. Get our App: www.mygp.io/app
02-Jan-2020	Read Code	SMS text message received from patient Lol

02-Jan-2020	Read Code	SMS text message sent to patient Age UK will be in the Medical Centre all day on 9th Jan 20. They will be able to assist you with anything relating to wellbeing/loneliness/benefits and nursing homes. No appointment is necessary.
17-Oct-2019	Read Code	NHS Health Check invitation
31-July-2019	Read Code	Administration note Records returned to Iron Mountain
20-Jun-2019	Read Code	Patient record sent to solicitor Full copy of records sent to Aegis Legal Ltd
11-Mar-2019	Read Code	Prescription collected by patient x4
12-Feb-2019	Read Code	Letter sent to solicitor New GDPR letter sent to AEGIS Legal
01-Feb-2019	Read Code	Patient record requested by solicitor Records requested by AEGIS Legal
10-Jan-2019	Read Code	NHS Health Check invitation
07-Nov-2018	Read Code	Insurance form Universal credit Form Returned
19-Oct-2018	Read Code	Forms - miscellaneous SFA Universal credit
07-Dec-2017	Read Code	Systolic blood pressure 138 mmHg
07-Dec-2017	Read Code	Diastolic blood pressure 78 mmHg
12-Oct-2017	Read Code	Prescription collected by pharmacy Tesco 2 item
07-Jun-2017	Read Code	Administration NOS Passport ID application passed to JHF.
17-May-2017	Read Code	Prescription collected by pharmacy 1 item tesco
20-Apr-2017	Read Code	Prescription collected by patient 1 item
18-Apr-2017	Read Code	Prescription collected by pharmacy 1 item tesco
17-Nov-2016	Read Code	Telephone encounter Spoke with patient to confirm he is wearing compression dressings. Informed SFA
17-Nov-2016	Read Code	Preferred method of contact: unknown
04-Nov-2016	Read Code	Prescription collected by pharmacy Tesco - 1 item - amitrip
27-Sept-2016	Read Code	Did not attend - no reason
20-Sept-2016	Read Code	Choose and book referral C&B paperwork posted to patient IGN
25-Aug-2016	Read Code	Did not attend - no reason
07-Apr-2016	Read Code	Test result to pat.by 'phone
19-Feb-2016	Read Code	Injection of therapeutic substance into joint Diclofenac urgent care burnley
03-Dec-2015	Read Code	Letter sent to patient inr will contact by letter,unable to contact by phone.
05-Aug-2015	Read Code	Telephone call to a patient patient rang re script req .t.c.i. constantly engaged tone
22-Jun-2015	Read Code	Patient allocated named accountable general practitioner as per registered GP
28-Nov-2013	Read Code	Systolic blood pressure 132 mmHg
28-Nov-2013	Read Code	Diastolic blood pressure 81 mmHg
03-Sept-2013	Read Code	Forms - miscellaneous N G A requesting records -copy records sent 11.9.2013- payment received
15-Apr-2013	Read Code	Disability living allowance SFA received. completed & returned 20.5.13.(£33-50pd 12.6.13)

06-Apr-2013	Read Code	Implied consent for core Summary Care Record dataset upload Added by SCR consent migration process
11-Mar-2013	Read Code	Smoking cessation advice 8CAL added to support QOF code change from 6791 hlth Ed Smoking
02-Mar-2013	Recall	Medication Review
24-Jan-2013	Read Code	Forms - miscellaneous Recovery Assist requesting records -copy records sent 31.1.2013-payment received
18-Jan-2013	Read Code	Did not attend - no reason
02-Mar-2012	Read Code	Repeat medication check
07-Sept-2011	Read Code	Did not attend physiotherapy appointment failed to contact department as requested
23-Mar-2011	Read Code	DNA hospital appointment MSK Service
15-Feb-2011	Read Code	Notes summary on computer
26-Jan-2011	Read Code	Health ed. - smoking
26-Jan-2011	Read Code	Main spoken language English
26-Jan-2011	Read Code	British or mixed British - ethnic category 2001 census
26-Jan-2011	Read Code	Rolls own cigarettes 1 oz/wk
26-Jan-2011	Read Code	Alcohol use disorder identificatn test consumptn questionre Not Known
27-Oct-2010	Read Code	Motor vehicle traffic accidents (MVTA)
22-Jan-2010	Read Code	Infertility problem
22-Jan-2010	Read Code	Osteoarthritis NOS, of ankle and foot left ankle- using crutches
06-Jan-2010	Read Code	Anticoagulation monitoring - secondary care
01-May-2009	Read Code	Leg ulcer NOS
24-Feb-2009	Read Code	Leg ulcer NOS
17-Mar-2008	Read Code	Tiredness symptom
14-Mar-2008	Read Code	**** relationship problem
18-Dec-2007	Read Code	Chesty cough
02-Nov-2007	Read Code	Leg swelling left
20-Sept-2007	Read Code	Osteoarthritis NOS, of ankle and foot
20-Aug-2007	Read Code	Abdominal pain vomiting and cramps
20-Aug-2007	Read Code	Ankle sprain right
01-May-2007	Read Code	Ex Patients Of Dr Swann
11-Feb-2007	Read Code	Infective otitis externa bilateral
13-Dec-2006	Read Code	Phlebitis and thrombophlebitis
10-Nov-2005	Read Code	Laceration NOS rt index finger
20-Oct-2005	Read Code	[X]Intent self poison/exposure to nonopioid analgesic
11-Jun-2005	Read Code	Laceration of arm left wrist

20-May-2005	Read Code	Seen in psychiatry clinic
11-Apr-2005	Read Code	O/E - paranoid delusions under influence of drugs
09-Apr-2005	Read Code	Leg ulcer NOS left leg
30-Oct-2002	Read Code	Immediately Necessary Treatment Fee Paid
29-Nov-2001	Read Code	Blackout - symptom dizzy
30-Dec-2000	Read Code	[X]Intent self poison/exposure to nonopioid analgesic
30-Dec-2000	Read Code	Heroin dependence
06-Feb-1998	Read Code	Fracture of thumb left
06-Feb-1998	Read Code	[X]Assault head injury
03-Feb-1998	Read Code	Anxiety states
09-Dec-1994	Read Code	Drug abuse monitoring North Wesr drug team
02-Sept-1992	Read Code	Head injury hit by car
09-Apr-1991	Read Code	Acute gastritis
22-Oct-1990	Read Code	H/O: knee problem right- persistent
23-Feb-1983	Read Code	Other elbow injuries
27-May-1982	Read Code	Enuresis alarm provided
17-Oct-1977	Read Code	Hypertrophic scar
28-Sept-1975	Read Code	Tonsillectomy & adenoidectomy
18-Oct-1973	Read Code	Diagnostic proctoscopy
18-Oct-1973	Read Code	Sigmoidoscopy NEC

Attachments

SARS

04-Aug-2026 Miss Reema Variyam (RV)

Additional:SARS

SARS (04-Aug-2026)

Filename: RVSCN_3.tif

Extension:.tif

Pages:

LAIRD, Brian (Mr)

Born: 31-Dec-1972

NHS No.: 633 040 5913
Page 3 of 3**BURNLEY GROUP PRACTICE**

Please return this form to the practice as soon as possible to avoid delaying in processing.

Name of patient: LAIRD, Brian Thomas (Mr)

Date of Birth: 31-Dec-1972

Address: 50 Kinross Street, Burnley, Lancashire, BB11 4DP

Please place a tick in the () only tick the option you would like the practice to undertake:

() **OPTION 1:**

I WOULD LIKE TO REGISTER FOR ONLINE ACCESS TO MY MEDICAL RECORD AND WILL COME TO THE SURGERY WITH ONE FORM OF PHOTO ID TO COMPLETE THE NECESSARY FORMS.

(✓) **OPTION 2:**

I WOULD LIKE TO REQUEST A TARGETED SAR AND I ASK THAT YOU PROVIDE ME WITH A COPY OF MY ELECTRONIC MEDICAL RECORD; PLEASE SPECIFY THE INFORMATION YOU REQUIRE BELOW:

- I WOULD LIKE A COPY OF RECORDS BETWEEN SPECIFIC DATES ONLY (PLEASE GIVE DATE RANGE) BELOW:
- I WOULD LIKE COPY RECORDS RELATING TO A SPECIFIC CONDITION/SPECIFIC INCIDENT ONLY (PLEASE DETAIL BELOW):

() **OPTION 3:**

I WOULD LIKE A FULL COPY OF MY MEDICAL RECORD INCLUDING ALL PAPER HELD RECORDS. I UNDERSTAND THAT THIS WILL TAKE LONGER TO PROCESS. UNLESS YOU SPECIFY OTHERWISE THESE WILL BE SENT TO YOU ELECTRONICALLY

Signed: BT/LDName: BRIAN THOMAS LAIRDDate: 4/8/26

My email address is: brazzerbraz121@gmail.com (please update if incorrect)

My Mobile number is: 07922151281 (please update if incorrect)

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

Seen in accident and emergency department

02-Aug-2026 Miss Grace O'Hara ELACODER (GOH)

Additional: Seen in accident and emergency department

ELHT (ACCIDENT and EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 3-8-2026 12459140

Filename: MIGSendDocument-2026-08-03.pdf

Extension: .tif

Pages:

MRN:RXR1132670

NHS: 6330405913

Emergency Department GP Letters

GP Practice: **Dr Y PATEL**
ST PETERS CENTRE
3RD FLOOR, CHURCH STREET
BURNLEY
LANCASHIRE
BB11 2DL

RBH Emergency Discharge Summary

Patient and Visit Information

Patient Demographics

Name: LAIRD, BRIAN THOMAS

Address:

50 Kinross Street

BURNLEY

BB11 4DP

Gender: Male

Date of Birth: 31/12/1972

Telephone: 07907514936

NHS Number: 6330405913

ELHT Medical Record Number (MRN) RXR1132670

ELHT Encounter No (FIN): 2381423

Attendance Details

Date and Time of Arrival: 02/Aug/2026 20:18:09

Lead Consultant: Teeli, Mehdi Hassan

Lead Consultant Specialty: Emergency Medicine
Service

ED/UTC Attendances in the Last 24 Months: 3

Referrer Details

Source of Referral: Self Referral

For GP Queries email: Discharge.Queries@elht.nhs.uk

Discharge Details

No qualifying data available.

No qualifying data available.

No qualifying data available.

Presenting Complaints

Injury of shoulder / arm / elbow / wrist / hand

Clinical Narrative

53 years male says that he fell off a paddle bike this, sustained isolated left wrist injury. He is right hand dominant.

Left wrist and hand grossly swollen with multiple friction grazes all over hand and forearm

X-Rays - comminuted volar displaced intra-articular distal radius fracture

I have explained patient that he will require ORIF

Closed reduction achieved under pentrox after verbal consent

Report Request ID: 97752544

Page 1 of 3

Print Date/Time: 03/08/2026 01:42

NHS Confidential: This is Personal Data about a patient correct at date and time of printing.

BST

Emergency Department GP Letters

Volar slab
 broad arm sling
 Check XR - good reduction achieved
 tetanus cover
 Co-amoxiclav prescription
 d/w Ortho Reg - will discuss in trauma meeting and they will contact the patient

Plan

Orders:

co-amoxiclav, DOSE: 1 tablet - ROUTE: oral - tablet - THREE times a day - DURATION: 1 week - for: OTHER: Add to Indication field - START: 03/Aug/26 01:32:00 BST - STOP: 09/Aug/26 21:59:00 BST, Formulary: Green, Flagged: Critical Medicine
 co-amoxiclav, DOSE: 1 tablet - ROUTE: oral - tablet - THREE times a day - for: OTHER: Add to Indication field - START: 03/Aug/26 01:34:00 BST, Formulary: Green, Flagged: Critical Medicine
 diphtheria/poliomyelitis/tetanus vaccine, DOSE: 0.5 mL, - ROUTE: intramuscular - injection, - once ONLY, - The recommended injection site is the deltoid region. - for: wounds, - START: 03/Aug/26 01:30:00 BST - STOP: 03/Aug/26 01:30:00 BST, STORAGE: Stored in Fridge
 methoxyflurane, DOSE: 3 mL, - ROUTE: inhalation - gas, - as required PRN for moderate pain, - Pentrox dosing: 3-6 mL as required, avoid administration on consecutive days; administer using inhaler device; maximum 15 mL per week. ED
 Staff - check 'CD Register' to se...
 XR Hand Lt

Allergies

NKA (Allergy) - Recorded: 19-Jan-2026

Medicines

Allergies: NKA.

Estimated Weight: 80 kg (Estimated on 03/08/26)

Height: No measured or estimated height recorded

BSA: No measured or estimated BSA recorded

New Medication Prescribed Since Admission						
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue	Pharmacy Use only
co-amoxiclav 500 mg-125 mg oral tablet	oral	1 tablet	THREE times a day		New: short term	
	Duration: 1 week;					

Prescriber: Imam , Syed Fuzail GMC6107890 Smartcard ID: IMAMS Contact Number:

Pharmacy Use Only

Screened by:		Dispensed by:		Checked by:	
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Safety Alerts

No qualifying data

Report Request ID: 97752544

Page 2 of 3

Print Date/Time: 03/08/2026 01:42

NHS Confidential: This is Personal Data about a patient correct at date and time of printing.

BST

*Emergency Department GP Letters***ED Clinicians**

Imam, Syed Fuzail; Imam, Syed Fuzail; Mojica, Gary Rolnet; Mojica, Gary Rolnet; Mojica, Gary Rolnet;

No qualifying data available.

Person Completing Record: Imam , Syed Fuzail
GMC6107890

Contact For Further Information

For information regarding this attendance, contact details are displayed below:

Emergency Department/ Urgent Treatment Centre, Level 1, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2
3HH, Direct Line: 01254 734023

Report Request ID: 97752544

Page 3 of 3

Print Date/Time: 03/08/2026 01:42

NHS Confidential: This is Personal Data about a patient correct at date and time of printing.

BST

Seen in accident and emergency department

02-Aug-2026 Miss Grace O'Hara ELACODER (GOH)

Additional: Seen in accident and emergency department

ELHT (ACCIDENT and EMERGENCY) OUTPATIENT LETTER 3-8-2026 12459169

Filename: MIGSendDocument-2026-08-03.pdf

Extension: .tif

Pages:

MRN:RXR1132670

NHS: 6330405913

Outpatient Letters

GP Practice: **Dr Y PATEL**

ST PETERS CENTRE

3RD FLOOR, CHURCH STREET

BURNLEY

LANCASHIRE

BB11 2DL

Burnley Urgent Treatment Centre: Patient & GP Discharge Letter

Patient and Visit Information

Patient Demographics

Name: LAIRD, BRIAN THOMAS

Address:

50 Kinross Street

BURNLEY

BB11 4DP

Gender: Male

Date of Birth: 31/12/1972

Telephone: 07763505111

NHS Number: 6330405913

ELHT Medical Record Number (MRN) RXR1132670

ELHT Encounter No (FIN): 2381423

Attendance Details

Date and Time of Arrival: 02/Aug/2026 20:18:09

Lead Consultant: Teeli, Mehdi Hassan

Lead Consultant Specialty: Emergency Medicine
 Service

ED/UTC Attendances in the Last 24 Months: 3

Referrer Details

Source of Referral: Self Referral

For GP Queries email: Discharge.Queries@elht.nhs.uk

Discharge Details

Discharge Method - ED: Treatment complete

Discharge Destination - ED: Usual Place of Residence

Discharge Follow Up: Fracture clinic

Presenting Complaints or Issues

Injury of shoulder / arm / elbow / wrist / hand

Clinical Narrative

53 years male says that he fell off a paddle bike this, sustained isolated left wrist injury. He is right hand dominant.

Left wrist and hand grossly swollen with multiple friction grazes all over hand and forearm

X-Rays - comminuted volar displaced intra-articular distal radius fracture

I have explained patient that he will require ORIF

Closed reduction achieved under pentrox after verbal consent

Report Request ID: 97754955

Page 1 of 2

Print Date/Time: 03/08/2026 02:49

NHS Confidential: This is Personal Data about a patient correct at date and time of printing.

BST

Outpatient Letters

Volar slab
broad arm sling
Check XR - good reduction achieved
tetanus cover
Co-amoxiclav prescription
d/w Ortho Reg - will discuss in trauma meeting and they will contact the patient

Allergies

NKA (Allergy) - Recorded: 19-Jan-2026

Medicines

Allergies: NKA.
Estimated Weight: 80 kg (Estimated on 03/08/26)
Height: No measured or estimated height recorded
BSA: No measured or estimated BSA recorded

New Medication Prescribed Since Admission						
Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue	Pharmacy Use only
co-amoxiclav 500 mg-125 mg oral tablet	oral	1 tablet	THREE times a day		New: short term	
	Duration: 1 week;					

Prescriber: Imam , Syed Fuzail GMC6107890 **Smartcard ID:** IMAMS **Contact Number:**

Pharmacy Use Only

Screened by:		Dispensed by:		Checked by:	
---------------------	--	----------------------	--	--------------------	--

ED Clinicians

Imam, Syed Fuzail; Imam, Syed Fuzail; Mojica, Gary Rolnet; Mojica, Gary Rolnet; Mojica, Gary Rolnet;

Discharging Staff Member: Imam , Syed Fuzail GMC6107890

Person Completing Record: Imam , Syed Fuzail
GMC6107890

Contact for Further Information

For information regarding this attendance, contact details are displayed below:

Burnley Urgent Treatment Centre, Burnley General Hospital, Briercliffe Road, Burnley, BB10 2PQ, **Direct Line:** 01282 804050

Report Request ID: 97754955

Page 2 of 2

Print Date/Time: 03/08/2026 02:49

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BST

Patient requests copy of medical record

09-Jun-2026 Miss Henrietta Nii LARYEAFIO (Henrietta123)

Additional: Patient requests copy of medical record

SARS options letter - to patient

Filename: Patient requests copy of medical record LAIRD, Brian (Mr) 1034 09-Jun-2026.rtf

Extension: .tif

Pages:

**BURNLEY GROUP PRACTICE**

LAIRD, Brian (Mr)
50 Kinross Street
Burnley
Lancashire
BB11 4DP

9 June 2026
Your NHS Number is: 633 040 5913

Dear Brian

Re: Request for copies of medical records

We are writing to you because we have received a request from a third party for a copy of your medical record – this is called a Subject Access Request (SAR). You will probably have signed a consent form allowing the company to request this information from us.

The rules surrounding access to patient records have changed and we need to make you aware that you have a number of options to choose from when a SAR is made. Whichever option you choose, we will be providing the data **directly to you** and not to the third party who made the request; please inform your solicitor of this.

Please read the following options carefully and then decide how you would like to proceed with this SAR.

Option 1

You can register for online access to your medical record. All of the data held in electronic format, including hospital letters and results will be accessible to you. You can then decide which information to share with a third party – not all of your medical record will be relevant to your case. To register for online access, you need to come into the surgery, with the enclosed form completed and one form of photo ID. If you're receiving this letter electronically and don't have access to a printer we will print the online access form for you at the surgery.

Option 2

You can request a Targeted Subject Access Request (TSAR). This means that we will provide you with a copy of relevant information such as A&E attendance for a specific event, rather than your complete record dating back to birth.

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net



BURNLEY GROUP PRACTICE

Option 3

You can request a full copy of your medical record.

Options 2 and 3 can be provided in paper or electronic format. Electronic is much quicker and is less of a drain on the resources of the NHS.

If however you choose to have paper copies of your medical record we will let you know once we have them ready for you and you will need to collect them, in person, from the surgery. We will need to see some form of photo ID and you will need to sign for them before we release them to you.

Future SARs

There are specific rules that cover repeated subject access requests that we need to make you aware of.

- If you have chosen option 2 or 3 on this occasion, you will already have been provided with a copy of your records, any repeated SARs will generally only cover additional information added to your record since the date of the last request.
- Any request for a further copy of full or partial records will be subject to an administration charge, up to £150.

You now need to tell us how you want to proceed by completing the slip below and returning it to the surgery. Please be aware that no action will be taken towards processing your request until we have received this form back from you.

Yours sincerely

Burnley

Group

Practice

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

**BURNLEY GROUP PRACTICE**

Please return this form to the practice as soon as possible to avoid delaying in processing.

Name of patient: LAIRD, Brian Thomas (Mr)

Date of Birth: 27-Dec-1972

Address: 50 Kinross Street, Burnley, Lancashire, BB11 4DP

Please place a tick in the () only tick the option you would like the practice to undertake:

() **OPTION 1:**

I WOULD LIKE TO REGISTER FOR ONLINE ACCESS TO MY MEDICAL RECORD AND WILL COME TO THE SURGERY WITH ONE FORM OF PHOTO ID TO COMPLETE THE NECESSARY FORMS.

() **OPTION 2:**

I WOULD LIKE TO REQUEST A TARGETED SAR AND I ASK THAT YOU PROVIDE ME WITH A COPY OF MY ELECTRONIC MEDICAL RECORD; PLEASE SPECIFY THE INFORMATION YOU REQUIRE BELOW:

- I WOULD LIKE A COPY OF RECORDS BETWEEN SPECIFIC DATES ONLY (PLEASE GIVE DATE RANGE) BELOW:

- I WOULD LIKE COPY RECORDS RELATING TO A SPECIFIC CONDITION/SPECIFIC INCIDENT ONLY (PLEASE DETAIL BELOW):

() **OPTION 3:**

I WOULD LIKE A FULL COPY OF MY MEDICAL RECORD INCLUDING ALL PAPER HELD RECORDS. I UNDERSTAND THAT THIS WILL TAKE LONGER TO PROCESS. UNLESS YOU SPECIFY OTHERWISE THESE WILL BE SENT TO YOU ELECTRONICALLY

Signed:

Name:

Date:

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

**BURNLEY GROUP PRACTICE**

My email address is: brazzerbraz121@gmail.com (please update if incorrect)

My Mobile number is: 07907514936 (please update if incorrect)

THIRD PARTY COPY

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

Patient record requested by solicitor
30-Apr-2026 Miss Henrietta NII LARYEAFIO (Henrietta123)
Additional: Patient record requested by solicitor
MMA Legal Limited
Filename: DSAR-80B0F2F2.pdf
Extension: .tif
Pages:

**Burnley Group Practice**

187-189 Manchester Road

Burnley

Lancashire

BB11 4HP

Date 30/04/2026

Ref: 100154

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Brian Laird

Client Reference: 100154

Client Address: 50 Kinross Street, Burnley, BB11 4DP

Date of Birth: 31/12/1972

Also Known As:

Name in Care:

NHS Number:

Previous Addresses:

Dear Sir/Madam,

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

Scope of Request

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

This specifically includes:

Full GP records (not a summary printout)

Consultation notes and free-text entries

Historical paper records (including Lloyd George records where applicable)

Coded clinical data

Correspondence to and from hospitals, specialists, and external providers

Mental health records held within the GP file

Safeguarding concerns or alerts

MMA Legal Limited, a company registered in England and Wales with registered number 13900519

Authorised and regulated by the Solicitors Regulation Authority number 8000579

Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement

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

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

Historical Records

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

Enclosures

We enclose:
Signed authority
Proof of identity

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

Statutory Timeframe

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

Non-Holding of Data

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

Service of Documents

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

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

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

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Brian Laird
Date of Birth:	31/12/1972
Previous Names (if any):	
Current Address:	50 Kinross Street Burnley BB11 4DP
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

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

1. STATUS AND CONSTRUCTION

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

2. APPOINTMENT

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

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

3. SCOPE OF AUTHORITY

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

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

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

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

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

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

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

including records held by:

- 5.1.6. Police Scotland
- 5.1.7. Any predecessor Scottish police force
- 5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

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

7. PROPORTIONALITY AND REASONED DECISION-MAKING

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

8. VALIDITY AND FORMAL REQUIREMENTS

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 - 8.2.2. The Authority is considered "out of date" within internal policy;
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This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

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

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

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Brian Laird
Date	24/03/2026

Witness	
Name	James Ryan
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	James Ryan
Date	24/03/2026

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SRA Number: 8000579

Completion Certificate

Reference ID: 2a0e53bb-fa3f-4b33-8094-398d1a9e81de

Document Details

Document Name(s): part-1, part-3, cfa, loa, fee-clarity
Total Pages: 4
Sent By: James Ryan (195.21.72.3)
Completed Date: Mar 24, 2026 15:17:01 UTC

Signer Information

Name: Mr Brian Laird
Email: brazzerbraz121@gmail.com
Telephone: 07907514936
IP Address: 109.156.175.146



Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-24 15:16:06	System
Document link sent to client by email	2026-03-24 15:16:06	System
Document link sent to client by sms	2026-03-24 15:16:07	System
Document link opened by client	2026-03-24 15:16:35	109.156.175.146
Document electronically signed	2026-03-24 15:17:01	109.156.175.146

Security Verification

SHA-256 Checksum: ff864b44c4d73a84efcf32e052dc9850879df82ca71405e136b2d049d758dc65

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

THIRD PARTY COPY

Administration note**30-Apr-2026 Miss Henrietta NII LARYEAFIO (Henrietta123)****Additional:**Administration note
*consent form***Filename:** 2a0e53bb-fa3f-4b33-8094-398d1a9e81de_loa.pdf**Extension:** .tif**Pages:**

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EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Brian Laird
Date	24/03/2026

Witness	
Name	James Ryan
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	James Ryan
Date	24/03/2026

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

Completion Certificate

Reference ID: 2a0e53bb-fa3f-4b33-8094-398d1a9e81de

Document Details

Document Name(s): part-1, part-3, cfa, loa, fee-clarity
Total Pages: 4
Sent By: James Ryan (195.21.72.3)
Completed Date: Mar 24, 2026 15:17:01 UTC

Signer Information

Name: Mr Brian Laird
Email: brazzerbraz121@gmail.com
Telephone: 07907514936
IP Address: 109.156.175.146



Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-03-24 15:16:06	System
Document link sent to client by email	2026-03-24 15:16:06	System
Document link sent to client by sms	2026-03-24 15:16:07	System
Document link opened by client	2026-03-24 15:16:35	109.156.175.146
Document electronically signed	2026-03-24 15:17:01	109.156.175.146

Security Verification

SHA-256 Checksum: ff864b44c4d73a84efcf32e052dc9850879df82ca71405e136b2d049d758dc65

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

THIRD PARTY COPY

Patient requests copy of medical record

30-Apr-2026 Miss Henrietta NII LARYEAFIO (Henrietta123)

Additional: Patient requests copy of medical record

SARS options letter - to patient

Filename: Patient requests copy of medical record LAIRD, Brian (Mr) 1141 30-Apr-2026.rtf

Extension: .rtf

Pages:

**BURNLEY GROUP PRACTICE**

LAIRD, Brian (Mr)
50 Kinross Street
Burnley
Lancashire
BB11 4DP

30 April 2026
Your NHS Number is: 633 040 5913

Dear Brian

Re: Request for copies of medical records

We are writing to you because we have received a request from a third party for a copy of your medical record – this is called a Subject Access Request (SAR). You will probably have signed a consent form allowing the company to request this information from us.

The rules surrounding access to patient records have changed and we need to make you aware that you have a number of options to choose from when a SAR is made. Whichever option you choose, we will be providing the data **directly to you** and not to the third party who made the request; please inform your solicitor of this.

Please read the following options carefully and then decide how you would like to proceed with this SAR.

Option 1

You can register for online access to your medical record. All of the data held in electronic format, including hospital letters and results will be accessible to you. You can then decide which information to share with a third party – not all of your medical record will be relevant to your case. To register for online access, you need to come into the surgery, with the enclosed form completed and one form of photo ID. If you're receiving this letter electronically and don't have access to a printer we will print the online access form for you at the surgery.

Option 2

You can request a Targeted Subject Access Request (TSAR). This means that we will provide you with a copy of relevant information such as A&E attendance for a specific event, rather than your complete record dating back to birth.

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net



BURNLEY GROUP PRACTICE

Option 3

You can request a full copy of your medical record.

Options 2 and 3 can be provided in paper or electronic format. Electronic is much quicker and is less of a drain on the resources of the NHS.

If however you choose to have paper copies of your medical record we will let you know once we have them ready for you and you will need to collect them, in person, from the surgery. We will need to see some form of photo ID and you will need to sign for them before we release them to you.

Future SARs

There are specific rules that cover repeated subject access requests that we need to make you aware of.

- If you have chosen option 2 or 3 on this occasion, you will already have been provided with a copy of your records, any repeated SARs will generally only cover additional information added to your record since the date of the last request.
- Any request for a further copy of full or partial records will be subject to an administration charge, up to £150.

You now need to tell us how you want to proceed by completing the slip below and returning it to the surgery. Please be aware that no action will be taken towards processing your request until we have received this form back from you.

Yours sincerely

NII

LARYEAFIO,

Henrietta

(Miss)

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
 Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
 Tel: 01282 911 630 Email: burnley.gp@nhs.net



BURNLEY GROUP PRACTICE

Please return this form to the practice as soon as possible to avoid delaying in processing.

Name of patient: LAIRD, Brian Thomas (Mr)

Date of Birth: 31-Dec-1972

Address: 50 Kinross Street, Burnley, Lancashire, BB11 4DP

Please place a tick in the () only tick the option you would like the practice to undertake:

() OPTION 1:

I WOULD LIKE TO REGISTER FOR ONLINE ACCESS TO MY MEDICAL RECORD AND WILL COME TO THE SURGERY WITH ONE FORM OF PHOTO ID TO COMPLETE THE NECESSARY FORMS.

() OPTION 2:

I WOULD LIKE TO REQUEST A TARGETED SAR AND I ASK THAT YOU PROVIDE ME WITH A COPY OF MY ELECTRONIC MEDICAL RECORD; PLEASE SPECIFY THE INFORMATION YOU REQUIRE BELOW:

- I WOULD LIKE A COPY OF RECORDS BETWEEN SPECIFIC DATES ONLY (PLEASE GIVE DATE RANGE) BELOW:

- I WOULD LIKE COPY RECORDS RELATING TO A SPECIFIC CONDITION/SPECIFIC INCIDENT ONLY (PLEASE DETAIL BELOW):

() OPTION 3:

I WOULD LIKE A FULL COPY OF MY MEDICAL RECORD INCLUDING ALL PAPER HELD RECORDS. I UNDERSTAND THAT THIS WILL TAKE LONGER TO PROCESS. UNLESS YOU SPECIFY OTHERWISE THESE WILL BE SENT TO YOU ELECTRONICALLY

Signed:

Name:

Date:

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
 Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
 Tel: 01282 911 630 Email: burnley.gp@nhs.net

**BURNLEY GROUP PRACTICE**

My email address is: (please update if incorrect)

My Mobile number is: 07907514936 (please update if incorrect)

THIRD PARTY COPY

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

Letter sent to solicitor

30-Apr-2026 Miss Henrietta NII LARYEAFIO (Henrietta123)

Additional: Letter sent to solicitor

SARS options letter - Solicitor

Filename: Letter sent to solicitor LAIRD, Brian (Mr) 1141 30-Apr-2026.rtf

Extension: .tif

Pages:



BURNLEY GROUP PRACTICE

Our ref: 614926

Your ref: 100154

Date: 30 April 2026

Dear Sir

Re: LAIRD, Brian (Mr) , 31-Dec-1972
50 Kinross Street, Burnley, Lancashire, BB11 4DP

Thank you for your Subject Access Request (SAR) on the above named patient.

We have written to the patient explaining their options about how to proceed with this SAR and we await their response.

It should be noted by you that we will be providing the information directly to the patient. It will then be for the patient to decide how to share this information with you, so please direct any further queries to the patient.

Yours sincerely

Burnley Group Practice

St Peter's Centre, 3rd Floor, Church St, Burnley, BB11 2DL
Branches: 187-189 Manchester Rd, Burnley, BB11 4HP / Kiddrow Lane Health Centre, Burnley BB12 6LH
Tel: 01282 911 630 Email: burnley.gp@nhs.net

Patient registration

12-Feb-2026 Mrs Catherine Paton (CAP)

Additional: Patient registration

Patient registration (12-Feb-2026)



Register with a GP Surgery

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering



✓ Yourself (Go to Section 2 - Patient details)

Someone else

Only provide your details if you are registering someone else.

2 Your name

4 Your contact phone number

3 Your relationship to the person you are registering



You can help save lives as a blood or organ donor. Become someone's lifeline.
Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

1 Title MR 2 First name BRIAN 3 Last name LAIRD 4 Middle name (If you have one) THOMAS 5 Previous last name 6 Date of birth DD MM YYYY 31 12 1972 7 What is your sex as recorded on your NHS record? Female ☐ Male ☒ Intersex ☐ Not specified or known ☐ 8 NHS number (if you have it) 9 Village, town or city of birth GLASGOW 10 Country of birth SCOTLAND 11 Current address 50 KINROSS ST BURNLEY LANCS Postcode BB11 4DP No fixed address ☐ 12 What postcode did you give to the last GP surgery you registered with? BB11 4DP BB11 4DP BB12 8DT 22 LAWRENCE ST ST	13 Name and address of UK GP surgery you registered with PADIHAM MEDICAL CENTER Postcode BB12 8BP 14 Have you ever lived somewhere else in the UK? Yes ☐ No ☒ 15 Last address in the UK 22 LAWRENCE ST BURNLEY LANCS Postcode BB12 8DT The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK. 16 Home phone number 17 Mobile phone number 07907514936 18 Email address 19 Name of emergency contact 20 21 22 23 Phone number of next of kin 24 Their relationship to you
---	--

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

England Wales Northern Ireland
Isle of Man Scotland Outside the UK

2 Where was the mother living when the baby was born?

Postcode

For patients under 18 years

1 Do you attend any of the following?

School Nursery Home school
None of these

3 Are any of these involved in your care?

Hospital specialist Health worker
Social worker None of these

2 Address

Postcode

4 Have you had all your routine vaccinations?

Yes No Don't know

5 Did you get your routine vaccinations in the UK?

Yes No Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

English, Welsh, Scottish, Northern Irish or British

Irish Gypsy or Irish Traveller

Any other White background

(B) Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or Multiple ethnic background

(C) Asian or Asian British

Indian Pakistani Bangladeshi

Chinese

Any other Asian background

(D) Black/African/Caribbean/British

African Caribbean

Any other Black, African or Caribbean background

(E) Other ethnic group

Arab

Any other ethnic group

Prefer not to say

Section 4 - Additional information

2 Have you registered with a UK GP before?

Yes ☐ No ☒

3 If you have moved to the UK, what date did you arrive?

4 Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?

Yes ☐ No ☒ Prefer not to say ☐

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 Do you need an interpreter for your appointments?

Yes ☐ No ☒

6 What language?

British Sign Language (BSL) ☐

7 Are you a carer?

Yes ☐ No ☒

8 What is your relationship to the person you are caring for?

9 What type of carer are you?

Young carer, under 18 ☐ Paid as a job ☐
Unpaid, but may get benefits ☐ Foster carer ☐

10 Do you have a carer?

Yes ☐ No ☒

11 What is your relationship to your carer?

12 What type of carer are they?

Young carer, under 18 ☐ Paid as a job ☐
Unpaid, but may get benefits ☐ Foster carer ☐

13 Carer's contact telephone number

14 What pharmacy do you want your prescriptions sent to?

Pharmacy address

COHENS
COAL CLOUGH LANE
BURNLEY

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you.

15 Do you live more than 1 mile from your nearest pharmacy?

Yes ☐ No ☒

16 Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?

Yes ☐ No ☒

Sharing your Summary Care Record

Your GP surgery shares your important healthcare information with other healthcare professionals in England when they provide you with direct care, such as emergency care or referral to a specialist service. This is called a Summary Care Record (SCR).

Why we share your information

Your SCR is shared with healthcare professionals to ensure the quality and safety of your care. This reduces the risk of things like adverse medical reactions or delays in urgent care.

What information is shared

Your SCR contains details of your:

- Medicines
- illnesses and health problems
- allergies and adverse reactions
- past operations and vaccinations

Your rights

You can choose not to share your SCR. However, this will mean healthcare professionals will not have access to important information about your healthcare.

If you do not want to share your SCR, speak to your GP.

If you are happy with your SCR being shared you do not need to do anything.

PART B

You do **not** have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health**1 Have you ever had any of these conditions?**

Alzheimer's disease or dementia

Asthma Cancer Diabetes

Epilepsy Heart disease

High blood pressure (hypertension)

Stroke Thyroid disease

NO

2 What best describes you?

☒ I smoke ☐ I used to smoke

☐ I have never smoked ☐ Prefer not to say

3 On average, how many cigarettes do you smoke a day?

5-8

4 What date did you stop smoking? DD MM YYYY**5 How often do you drink alcohol?**

Never Monthly or less

2 to 4 times a month 2 to 3 times a week

4 or more times a week Prefer not to say

ONCE A MONTH

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units, a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units 10

7 How often have you had six or more units of alcohol on a single occasion in the last year?

Never Less than monthly

Monthly Weekly Daily or almost daily

☒ Prefer not to say

8 What is your weight?

Kilograms Or Stone 14 Pounds 0

9 What is your height?

Centimetres Or Foot 6 Inches 5

10 Did you receive a blood transfusion before 1996?

Yes ☒ No ☐ Don't know

11 Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)?

Yes ☒ No ☐ Don't know

12 Allergies

NONE

13 Mental health conditions

NONE

Section 5 - Patient health (continued)**14** Disabilities**16** Give details of any medication you are taking**15** Other medical conditions

Are any of these repeat prescriptions?

Yes No

17 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

NO.

18 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

NO

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

☐ I understand I may have to pay for NHS treatment outside of the GP practice.

☐ I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

☐ I do not know if I have to pay for treatment.

N/A

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 Tick one of the following

- | | |
|--|---|
| ☐ I have an S1 form issued by an EU or EEA member state | ☐ I am in receipt of a European pension or benefit |
| ☐ I am entitled to an EHIC card, but I do not have one | ☐ I am in the UK as part of my employment |
| ☐ I have an EHIC card issued by an EU or EEA member state | ☐ None of these |

Enter details from your EHIC

1 Country code

5 Personal identification number

2 Name

6 Identification number of the institution

3 Given name

7 Identification number of the card

4 Date of birth DD MM YYYY

8 Expiry date DD MM YYYY

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

N/A.

Out of hours report

03-Aug-2025 MRS SAMANTHA WILCOCK ()

Additional: Out of hours report

Out of hours report (03-Aug-2025)

Filename: C1914A01-B274-48FC-BA2D-26527D8CC6A2_OOH report (03-Aug-2025).txt

Extension: .tif

Pages:

OOH ***
To: OOH Post Master
From: East Lancashire Medical Services Ltd (ELMS)
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 52 years)
Priority: Routine
Call #: 72711 Received: 03-Aug-2025 11:02

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 52 years)
Gender: Male
Address: 22 Lawrence St

Padiham
Burnley
Lancs BB12 8DL

Return Contact No: 07928 937379
Tel No: 07795 904210
Mobile No: 07795 904210
Origin: 111 Case
Case Type: Clinical Advice
Own Doctor:
Consulted by: Shah, Zulqarnain Ali

Received: 11:02
Advised: 13:43 Arrived PCC:
Cons Start: Cons End:

=====
**** Patients National Number ****
=====

6330405913

=====
**** Initial Reported Condition ****
=====

=====
**** External Triage Details ****
=====

External 111 Site Name:

NWAS 111

Outcome Code:

Dx08

Outcome Description:

To Contact A Local Service Within 24 Hours

=====
**** Final Triage details ****
=====

Triageed by:

Shah, Zulqarnain Ali

Triage Started:

03-Aug-2025 13:40

Triage Completed:

03-Aug-2025 13:43

History:

ID confirmed

Chesty cough, he thinks he has a chest infection, seems to have started 8 to 9 days ago, productive green phlegm, getting worse, wanting antibiotics. Has had chest infections before and feels the same. No chest pain, no haemoptysis, on blood thinners, slight blood from nose when he blew it hard but nothing more than a bit on his tissue. No fever, no confusion.

Background:

Current Problems

04-Jun-2025 H/O: thromboembolism

14-May-2024 Mental and behav dis due to use opioids: dependence syndr, continuous use

06-May-2021 Opioid dependence

09-Jan-2020 Hepatitis C antibody test

28-Sep-2018 Failed encounter - message left on answer machine

24-Nov-2015 Deep vein thrombosis of leg related to intravenous drug use

22-Jan-2010 Osteoarthritis NOS, of ankle and foot

Current Medication
Acute Medication
Rivaroxaban 20mg tablets
Repeat Medication
There is no Repeat Medication in the patient's record
Allergies and Adverse Reactions
There are no allergies in the patient's record

Examination:

Tel cons. speaking in full sentences.

Diagnosis:

LRTI

Treatment:

F2f appointment offered - he prefers treatment over the phone. Respected wishes, abx given, adv to call back if any further concerns, sooner if worse.
Advised to stop smoking.

=====
**** Prescribed Items (All Consultations) ****
=====

=====
**** Message to surgery ****
=====

Case Completed - No Further Action

=====
**** Clinical Codes (All Consultations) ****
=====

=====
**** Case Questions ****
=====

=====

Safeguarding

Q: Has a Safeguarding Referral been made?

A: No

=====

THIRD PARTY COPY

Letter received

27-May-2025 Ms Lauren Leach ()

Additional:Letter received

Letter received from Inspire (27-May-2025)

Filename: F5DA421A-4190-437D-ADA2-7AB9098870A5_LAUUPD_350.tif

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Pages:



East Lancashire
Integrated Substance Misuse Service

Burnley House, 37-41 Westgate, Burnley BB1 1RY
Tel: 01254 495 382 Fax: 01254 451 029
www.inspirelancs.org.uk

facebook.com/inspire.east
@InspireEastLanc

Private & Confidential
Padiham Group Practice
36 BURNLEY ROAD,
PADIHAM
BURNLEY
BB12 8BP

MEDICAL REVIEW – with his partner Sarah present today

GP:- Please could you re-prescribe rivaroxaban for Brian as he should be on it for life, thank you.

Plan – Brian and Sarah plan to go on holiday later this year and he would like to get down to 2mg buprenorphine before he goes and I have agreed to give him a rattle pack to take with him. Review in 6m.

Re: Brian Laird

DOB: 31/12/72

Date: 27/5/25

Recovery worker: Stacey Kavanagh

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Buprenorphine 6mg Monday weekly pickup

MEDICATION FROM GP OR OTHER:

Nil

Main Discussion Points

UDS: Positive for buprenorphine and cocaine

DRUG USE – Brian has not used heroin for over 20y now and he has not injected for the same. He got addicted to DHC and came to see me when I did shared care at Padiham and I put him on buprenorphine. His flat mate encourages Brian to take cocaine powder and at one point Brian was spending £600 a month on it. His mate is now moving out and Brian has reduced his use to less than once a week. He went out with his flatmate at the weekend, and he had 'a key' of cocaine. He is determined to stop using once his mate has moved out.

Working in partnership





Burnley House, 37-41 Westgate, Burnley BB11 1RY
Tel: 01254 495 382 Fax: 01524 451 029
www.inspirelancs.org.uk

facebook.com/inspire.east
 @InspireEastLanc

ALCOHOL – 1-2 bottles of wine with his partner Sarah at weekends.

PHYSICAL HEALTH and DIET – Good.

MENTAL HEALTH – Good, Brian is very happy in his new relationship.

NFO or Self-harm – Nil.

SOCIAL CIRCUMSTANCES – Brian lives in a new house which is perfect he says. His son Jack, 14y is now back living with Brian and will not go back to his mother's now. Brian is looking for work locally as he doesn't want the stress of working away anymore. I offered help with our employment services if he wants this. Brian has a new partner Sarah, who has never used drugs, and she works full time as a carer for dementia patients. Brian and Sarah went glamping near Pendle Hill, and they loved it.

DRIVING – Yes, and Brian is aware of his legal obligation to the DVLA.

BBV – Tested 3/2/23 and Hep C Ab positive PCR negative having cleared the infection himself. He has completed the course of Hep B vaccinations.

MENTAL STATE EXAMINATION – No concerns today.

PHYSICAL EXAMINATION – No concerns today, Brian looks well.

ECG – Not needed.

RDR and FRR – No concerns today.

SAFEGUARDING & OTHER RISKS – Nil currently.

Kind regards
Dr Emma Harding MbChB.MA.MRCGP.DRCOG
Specialist GP
Inspire Substance Misuse Service
Mob: 07464 494478
Email: emma.harding@cgl.org.uk

Working in partnership



Letter received

27-Feb-2025 Ms Lauren Leach ()

Additional: Letter received

Letter received from Inspire (27-Feb-2025)

Filename: 16CABC34-48FB-4ECC-A655-DA4A8DB8AA49_LAUSCN_441.tif

Extension: .tif

Pages:



Burnley House, 37-41 Westgate, Burnley BB11 1RY

Tel: 01254 495 382 Fax: 01524 451 029

www.inspirelancs.org.uk

facebook.com/inspire.east

@InspireEastLanc

Our ref: EH/TRC

03 March 2025

Private & Confidential

Padiham Group Practice

36 BURNLEY ROAD

PADIHAM, BURNLEY BB12 8BP

MEDICAL REVIEW –

Re: Brian Laird

DOB: 31/12/72

Date: 27/2/25

Recovery worker: Stacey Kavanagh

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Buprenorphine 6mg weekly pickup.

MEDICATION BY GP:

Nil.

Plan

We will send Brian another appointment for review. He will be at work and he works away so Stacey will contact him tomorrow.

Kind regards

Dr Emma Harding MbChB.MA.MRCGP.DRCOG

Specialist GP

Inspire Substance Misuse Service

Mbb: 07464 494478

Email: emma.harding@cgl.org.uk

Working in partnership



Additional: Discharge report

Acute Respiratory HUB Discharge Letter

Filename: 731657BA-D136-42C8-80D1-21EFA80EFFBA_Discharge report LAIRD, Brian (Mr) 1808 17-Feb-2025.rtf

Extension: .tif

Pages:



17 February 2025

Dear General Practice,

Your patient, LAIRD, Brian (Mr) , NHS Number 633 040 5913, has had a recent appointment in the ELA Acute Respiratory HUB. The details of the consultation are as below.

Any follow-up action required by the practice are highlighted in yellow.

Consultation

Date	Consultation Text
17-Feb-2025 15:53	Enterprise consultation (East Lancashire Alliance) SULTANA, Shahzabeen (Dr)
Problem	Lower respiratory tract infection (First)
History	Presenting History coughing for over a week now, green sputum, feels cold in self, chest hurts when coughs, no wheeze or sobis a smoker-8-9 roll ups/day no haemoptysis expecting antibiotics and steroid-friend had them for similar symptoms!
Medication	Amoxicillin 500mg capsules One To Be Taken Three Times A Day 15 capsule
Comment	Extended hours access enhanced services administration Comment / Plan treat as LRTI-antibiotics issued explained no indication for steroid adv to see own doctor if no better after the course of the abx
Additional	Patient identity verified Presenting History looks comfortable no respiratory distress T 36.1 Sats 99% HR 61 chest-only some congested noise on rt lung, no wheeze, no definite crackles Not suitable for choice and booking referral • Discharged from follow-up
17-Feb-2025 15:53	GP Surgery (East Lancashire Alliance) SULTANA, Shahzabeen (Dr)
Problem	Lower respiratory tract infection (First)
History	Presenting History coughing for over a week now, green sputum, feels cold in self, chest hurts when coughs, no wheeze or sobis a smoker-8-9 roll ups/day no haemoptysis expecting antibiotics and steroid-friend had them for similar symptoms!

Medication Amoxicillin 500mg capsules One To Be Taken Three Times A Day 15 capsule

Comment Extended hours access enhanced services administration
Comment / Plan treat as LRTI-antibiotics issued explained no indication for steroid adv to see own doctor if no better after the course of the abx

Additional Patient identity verified
Presenting History looks comfortable no respiratory distress T 36.1 Sats 99% HR 61 chest-only some congested noise on rt lung, no wheeze, no definite crackles
Not suitable for choice and booking referral • Discharged from follow-up

17-Feb-2025 11:03 Administration note (PADIHAM GROUP PRACTICE) HANNA, Kareena (Miss)

Comment ARI 15:45 Dr Sultana 17/2/25

You can view details of any prescribed medications in the shared records.

Regards

Acute Respiratory Hub

East Lancashire Alliance

Attended extended hours clinic

17-Feb-2025 MRS SAMANTHA WILCOCK ()

Additional: Attended extended hours clinic

Inbound document: Discharge report LAIRD, Brian (Mr) 1808 17-Feb-2025.rtf (17-Feb-2025)

Filename: 60E5F555-BDF4-49F0-B6EF-874788D7838F_Discharge report LAIRD, Brian (Mr) 1808 17-Feb-2025.rtf

Extension: .tif

Pages:



17 February 2025

Dear General Practice,

Your patient, LAIRD, Brian (Mr) , NHS Number 633 040 5913, has had a recent appointment in the ELA Acute Respiratory HUB. The details of the consultation are as below.

Any follow-up action required by the practice are highlighted in **yellow**.

Consultation

Date	Consultation Text
17-Feb-2025 15:53	Enterprise consultation (East Lancashire Alliance) SULTANA, Shahzabeen (Dr)
Problem	Lower respiratory tract infection (First)
History	Presenting History coughing for over a week now, green sputum, feels cold in self, chest hurts when coughs, no wheeze or sobis a smoker-8-9 roll ups/day no haemoptysis expecting antibiotics and steroid-friend had them for similar symptoms!
Medication	Amoxicillin 500mg capsules One To Be Taken Three Times A Day 15 capsule
Comment	Extended hours access enhanced services administration Comment / Plan treat as LRTI-antibiotics issued explained no indication for steroid adv to see own doctor if no better after the course of the abx
Additional	Patient identity verified Presenting History looks comfortable no respiratory distress T 36.1 Sats 99% HR 61 chest-only some congested noise on rt lung, no wheeze, no definite crackles Not suitable for choice and booking referral • Discharged from follow-up
17-Feb-2025 15:53	GP Surgery (East Lancashire Alliance) SULTANA, Shahzabeen (Dr)
Problem	Lower respiratory tract infection (First)
History	Presenting History coughing for over a week now, green sputum, feels cold in self, chest hurts when coughs, no wheeze or sobis a smoker-8-9 roll ups/day no haemoptysis expecting antibiotics and steroid-friend had them for similar symptoms!

Medication Amoxicillin 500mg capsules One To Be Taken Three Times A Day 15 capsule

Comment Extended hours access enhanced services administration
Comment / Plan treat as LRTI-antibiotics issuedexplained no indication for steroidadv to see own doctor if no better after the course of the abx

Additional Patient identity verified
Presenting History looks confortableno respiratory distressT 36.1Sats 99%HR 61chest-only some congested noise on rt lung, no wheeze, no definite crackles
Not suitable for choice and booking referral • Discharged from follow-up

17-Feb-2025 11:03 Administration note (PADIHAM GROUP PRACTICE) HANNA, Kareena (Miss)

Comment ARI 15:45 Dr Sultana 17/2/25

You can view details of any prescribed medications in the shared records.

Regards

Acute Respiratory Hub

East Lancashire Alliance

Letter received

07-Jan-2025

Additional: Letter received

Letter received from Inspire (07-Jan-2025)

Filename: 368D0964-56C7-473B-B2A1-F23E2C5BD2E3_LAUSCN_9.tif

Extension: .tif

Pages:



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Our ref: EH/NV
07 January 2025

Private & Confidential

Padiham Group Practice
36 BURNLEY ROAD, PADIHAM,
BURNLEY BB12 8BP

MEDICAL REVIEW – CNA as he was away working in Warrington

Re: Brian Laird

DOB: 31/12/72

Date: 7/1/25

Recovery worker: Stacey Kavanagh

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Buprenorphine 6mg weekly collection

MEDICATION BY GP:

Mirtazapine 45mg nocte

Plan**We will send Brian another appointment for review.**

Kind regards

Dr Emma Harding MbChB.MA.MRCGP.DRCOG

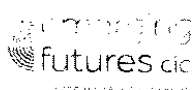
Specialist GP

Inspire Substance Misuse Service

Mob: 07464 494478

Email: emma.harding@cgl.org.uk

Working in partnership



16-May-2024 Ms Alicia Ward ()

Additional: Seen in drug misuse clinic

Inspire Substance East Lancashire Misuse Service

Filename: F4C16095-B29F-49D8-B2E9-0530E16C6484_Brian Thomas Laird.pdf

Extension: .tif

Pages:



East Lancashire
Integrated Substance Misuse Service

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Our Ref: PW/TR

Private & Confidential

Date: 16.05.24

Padiham Group Practice
36 BURNLEY ROAD
PADIHAM, BURNLEY BB12 8BP

Name Brian Thomas Laird
D.O.B: 31/12/1972 - Age: 51
Address: 13 Prescott Street, Burnley, BB10 4DT
Recovery Worker: Laura Mallon - East Lancs Inspire
Pharmacy: Lyndhurst Road.

Diagnosis:

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

DVT 2015

Osteoarthritis

Current medication prescribed by CGL:

Nil previously prescribed Espranor 6mg daily, weekly collection.

Medication from GP/other healthcare area:

Amitriptyline 10mg tablets
Mirtazapine 45mg tablets daily
NKDA

Drug screen (Urine) Positive Cocaine - benzo and Buprenorphine.

Drug use:

Heroin: None for a long time.

Crack: occasional cocaine use powdered, last used at the weekend. He has a couple of keys does not buy this will share with friends.

Benzo - Couple of 10mg diazepam - illicit stated they were fake ones. Due to being rough.

Pregabalin/Gabapentin None reported

Cannabis/NPS : None reported

Methadone/Buprenorphine: None disclosed

Amphetamine: one reported

LSD/Mushrooms None reported

Ketamine None reported

MDMA/Ecstasy None reported

Other None reported

Nicotine: rolls own 40gms. Weekly.



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Integrated Substance Misuse Service

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Alcohol:

Weekend drinking. Drinking 3 or 4 pints on a weekend with friends. Breathalyser taken today was zero.

No dependence previously.

Discussed Cocaethylene and dangers associated with mixing the drugs Brian was aware of this.

BBV (Blood Borne Viruses):

Last tested 03.02.23 positive antibody

Declined retest.

Physical Health:

Drug allergies

Last IVDU many years ago.

BBV Status past resolved infection declined retest

Hep B Vaccination. Fully vaccinated.

Infections: nil

Thromboembolic disease DVTs in the past.

Has not Attended A&E in the last 28 days.

Mum and brother has angina and hypertension.

Feeling well generally, but was rough today due to having no OST. Good diet and fluid intake.

DVT 2009, 2013, 2015

Osteoarthritis 2010.

Physical observations.

BP - 112/78

Pulse - 74

Oxygen saturations on room air - 99%

Temperature - 36.9

Mental health

Well kempt and polite in manner, good rapport established and maintained despite his frustrations.

Speech normal in rate, tone, flow, and content.

Denied any suicidal thoughts, plan, or intent.

No thoughts to harm others.

Social circumstances:

Working cash in hand and may be working away in the future cleaning. I asked who will care for his son and he



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advised his Godfather.

In receipt of benefits.

Forensic:

Nil for many years, affray, custodial sentences, 39 offences all alcohol related when he was a young man.

Last sentence 2010.

Safeguarding and risk:

Naloxone kit and training: Declined today as states he does not need one and does not associate with other drug users.

Sex working: No

Contact with children: no issues

Carer responsibilities: [REDACTED]

Social Services involvement: No

Safe Storage: Yes

Summary:

Brian fell off px on 8.5.24 due to getting to the pharmacy 5 minutes late on a Friday as it is not open on weekends, he was therefore off px as he missed 3 consecutive days. He missed an appointment earlier this week due to issues with his ex who he is currently living with and could not attend. Brian told me that he is unable to tolerate Espranor as this makes him sick which is documented in previous notes. He informed me that he wanted to go back onto weekly collections and was advised that this will not be possible as he had fallen off recently. He became quite annoyed at this and requested to see Dr Harding. I informed Brian that I will speak to my clinical lead Dr Deepti Kongnollikar and ask if Buprenorphine can be prescribed and if he can go back onto weekly collections, but I did advise him reduced pickups would probably be unlikely despite him providing a negative urine sample for heroin. He also requested an increase to 8mg.

Brian again became irritated and stated that he only missed the pharmacy and had not been using so felt it unfair to be on anything other than weekly collections. Nonetheless he did apologise and understood my limitations.

Following discussion with Dr Deepti she advised that he is to be prescribed Buprenorphine 6mg on daily supervised for 7 days only and he needs to be discussed in her clinic next Tuesday 21st May with his keyworker Laura Mallon. Email to Laura to advise. Brian was informed of the decision and agreed to daily supervised for 7 days and advised this will be reviewed by the clinical lead next week. Px will run to 22.5.24.

SAFEGUARDING & OTHER RISKS: [REDACTED]

but will be moving in with him at the end of May. Overdose appears to be low with opiate use as he has managed to not use anything since being of px. However, we discussed the risks associated with using cocaine and drinking alcohol. Risks, safety, accidental overdose prevention and harm reduction discussed. Further harm reduction advice offered around the potentially fatal synthetic opioids in circulation in the area which are very dangerous. Brian was not really interested today as he is not using opiates and hasn't for a long time. Further advised on Xylazine and Fentanyl which have also been present in fake benzos and Pregabalin and advised to avoid using these. He does not use pregabalin but advised he took some fake benzos due to feeling



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rough. Advised to avoid.

Dose optimisation and evidence based effective treatment doses highlighted.

Harm reduction, tolerance, and overdose risk from use of multiple CNS depressants also reiterated. Client expressed understanding of the points made and has insight into risks.

Plan:

1. Commence on 6mg Buprenorphine daily supervised starting today 16.05.24 for 7 days only as discussed with clinical lead at Lyndhurst Road – pharmacy closed at weekend.
2. Pharmacy contacted, and they are happy to dispense to Brian.
3. Brian to stop using cocaine due to risks highlighted. His intention is to stop this once he moves into his new property.
3. Next medical review next week 21.5.24 with Dr Deepti Kongnolikor and keyworker Laura Mallon.
4. Brian to remain engaged with Laura Mallon and attend appointments as necessary.

Yours sincerely,

Paula Ward

RMN/NMP

East Lancashire Inspire.

Request to GP:

1. Please take care when prescribing other medications that may have misuse potential particularly benzodiazepines and pregabalin.
2. Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine.
3. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).



EMERGING FUTURES

Seen in substance misuse clinic
14-May-2024 MRS SAMANTHA WILCOCK ()

Additional: Seen in substance misuse clinic

Seen in substance misuse clinic (14-May-2024)

Filename: 9368C833-E911-4708-9E42-187D391F660F_SWUPD_112.tif

Extension: .tif

Pages:



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Our Ref: PW/DD
 Padiham Group Practice
 36 BURNLEY ROAD, PADIHAM, BURNLEY BB12 8BP

Re: Brian Laird DOB: 31/12/72

Medical review DNA

Date: 14.05.24 Recovery worker: Laura Mallon

Brian was due to be seen in my clinic today to be restarted Espranor however he did not attend and Laura Mallon his worker was unable to make contact via telephone. He was previously prescribed Espranor 6mg and last collected on 8.5.24. He was last comprehensively reviewed by a medic on 10.01.2024.

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Been off px since 8.5.24 due to work commitments was previously prescribed Buprenorphine 6mg, Weekly pickup

MEDICATION FROM GP OR OTHER:

Mirtazapine 45mg tablets
 Amitriptyline 10mg tablets

Main Discussion Points

UDS: unable to complete

DRUG USE: unable to assess.

ALCOHOL: unable to assess

PHYSICAL HEALTH previous good health documented. Unable to assess current

MENTAL HEALTH: previous good mental health. Unable to assess current.

SOCIAL CIRCUMSTANCES: unable to assess.

DRIVING: Yes - and Brian has been made aware previously of his obligations to the DVLA.

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SAFEGUARDING & OTHER RISKS: Brian has not used illicit heroin for some time but due to being off px it is unclear if he has started using again due to not attending today. He declined Naloxone at last appointment. Laura to make contact as soon as possible and check on wellbeing.

Plan:

1. Discussion with Keyworker Laura Mallon and plan is for her to try and make contact with Brian to ascertain if he requires support for opiate use.
2. Laura to see Brian and complete Full risk review and book a further appointment as necessary.
3. Client to be outreached at earliest convenience (if consent allows) if no contact is made via phone.

Yours Sincerely,
 Paula Ward
 RMN/NMP
 East Lancashire – Inspire.

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EMERGINGFUTURES

Seen in substance misuse clinic

10-Jan-2024 MRS SAMANTHA WILCOCK ()

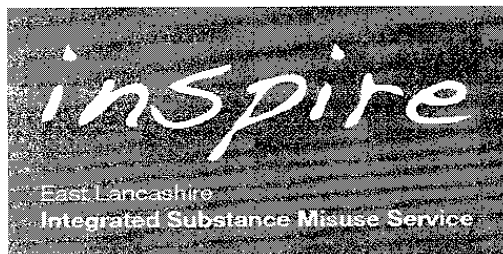
Additional: Seen in substance misuse clinic

Seen in substance misuse clinic (10-Jan-2024)

Filename: F0111CC6-333E-494D-ADF7-EA4C97E0E902_SWUPD_737.tif

Extension: .tif

Pages:



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Our ref: EH/GW
 10 January 2024
Private & Confidential
 Padiham Group Practice
 36 BURNLEY ROAD,
 PADIHAM,
 BURNLEY BB12 8BP

MEDICAL REVIEW

Re: Brian Laird

DOB: 31/12/72

Date: 10/1/24

Recovery worker: Laura Mallon

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Buprenorphine 6mg, Weekly pickup

MEDICATION FROM GP OR OTHER:

See LPRES

Main Discussion Points

UDS: Positive for buprenorphine only

DRUG USE – Brian has not used illicit opiates for years now. He got addicted to DHC because of stress in his last relationship [REDACTED]

[REDACTED] He hasn't used any crack for months now and hasn't injected for well over 20yrs now.

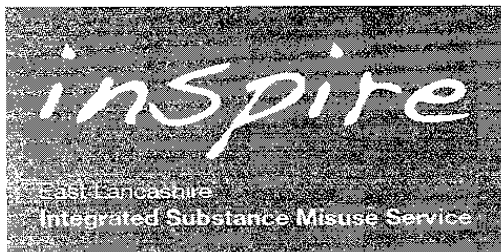
ALCOHOL – Brian is not drinking alcohol currently. He was never a heavy or dependent drinker.

PHYSICAL HEALTH – Good.

MENTAL HEALTH – Good.

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SOCIAL CIRCUMSTANCES – [REDACTED] Brian has just got a new job as a dog walker, and he is delighted. He needs a new house as things are getting difficult whilst he is staying [REDACTED] and he now wants to stay in Burnley.

DRIVING – Yes and Brian is aware of his obligations to the DVLA etc.

MENTAL STATE EXAMINATION – No concerns today.

PHYSICAL EXAMINATION – No concerns today.

SAFEGUARDING & OTHER RISKS – Nil currently.

Plan

Brian wants to come to see me again in 3-6m to discuss detoxing off his buprenorphine now that he is in a better place and hopefully his housing will be sorted by then too.

Kind regards
 Dr Emma Harding MbChB.MA.MRCGP.DRCOG
 Specialist GP
 Inspire Substance Misuse Service
 Mob: 07464 494478
 Email: emma.harding@cgl.org.uk

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Letter received

26-July-2023

Additional: Letter received

Letter received from Inspire (26-Jul-2023)

Filename: F760FE73-26FA-45DF-811D-F3D2A23BAC03_CGAUPD_117.tif

Extension: .tif

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Inspire Burnley
Burnley House
37-41 Westgate
Burnley
BB11 1RY

01254 495 382 option 2

Our ref: CS/EH
26 July 2023

Private & Confidential
Padiham Group Practice
36 Burnley Road,
Padiham, Burnley
BB12 8BP

MEDICAL REVIEW

Re: Brian Laird

DOB: 31/12/72

Date: 20/7/23

Recovery worker: Laura Mallon

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Buprenorphine 4mg Thursday weekly pickup

MEDICATION FROM GP OR OTHER:

See LPRES

Main Discussion Points

UDS: Positive for cocaine and buprenorphine

DRUG USE – Brian has not used heroin for many years now and he hasn't injected drugs for over 20 years now. He came to see me at Padiham when I was a shared care GP there and I started him on buprenorphine as he was using lots of DHC for mental health issues and stress within his relationship. He has been stable in treatment since, apart

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from falling off his script due to working away and the chemist being closed on Saturdays. He uses cocaine powder £200 a month, he smoked a rock of crack 5 weeks ago. He is well away from the drug using scene in Padiham.

ALCOHOL – Brian's drinking has increased from 10-15 pints at the weekend to a bottle of wine every other night, sometimes 2 bottles. We discussed this today and Brian knows that he has to cut down and he will do.

PHYSICAL HEALTH – Good. Previous DVT, on Rivaroxaban. Brian's left knee gives way at times and as he has OA he needs referring for consideration of an arthroscopy.

MENTAL HEALTH – Stable on low dose amitriptyline and mirtazapine.

DRIVING – Yes, and the DVLA are aware of Brian's buprenorphine prescription.

MENTAL STATE EXAMINATION – Brian is fine, and he is very happy to [REDACTED] living with him, but Brian has always worked and he misses this.

PHYSICAL EXAMINATION – Brian looks well, his knee is clinically arthritic, and he needs an x-ray and referral.

SAFEGUARDING & OTHER RISKS – Nil currently. We will organise a home visit if necessary.

Plan

I have agreed to increase Brian's buprenorphine to 6mg to ensure he doesn't relapse at this time of great stress.

Review in 3-6 m to review safeguarding and housing issues.

GP:- Please would you consider sending Brian for an x-ray of his knee and referral to orthopaedics for an arthroscopy, thank you.

Kind regards
 Dr Emma Harding MbChB.MA.MRCGP.DRCOG
 Specialist GP
 Inspire Substance Misuse Service
 Mob: 07464 494478
 Email: emma.harding@cgl.org.uk

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Out of hours report
 26-Nov-2022 Mrs Bilkis Peters ()

Additional: Out of hours report

Out of hours report (26-Nov-2022)

Filename: B73C3CC7-020A-4BB8-8F49-B2373495D400_OOH report (27-Nov-2022).txt

Extension: .tif

Pages:

OOH ***
To: OOH Post Master
From: East Lancashire Medical Services Ltd (ELMS)
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 49 years)
Priority: Routine
Call #: 79295 Received: 26-Nov-2022 15:19

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 49 years)
Gender: Male
Address: 22 Lawrence St

Padiham
Burnley
Lancs BB12 8DL

Return Contact No: 07754 161402

Tel No: 07795 904210

Mobile No: 07795 904210

Origin: 111 Case

Case Type: Doctor Advice

Own Doctor:

Consulted by: Mashar, P

Received: 15:19

Advised: 08:55 Arrived PCC:

Cons Start: Cons End:

=====
**** Patients National Number ****
=====

6330405913

=====
**** Initial Reported Condition ****
=====

=====
**** External Triage Details ****
=====

External 111 Site Name:

NWAS 111

Outcome Code:

Dx15

Outcome Description:

Speak To A Local Service Within 24 Hours

=====
**** Triage details ****
=====

Triaged by:

Mashar,P

Triage Started:

27-Nov-2022 08:40

Triage Completed:

27-Nov-2022 08:55

History:

spoke to him
he has history of fall and headinjury on right
side of back ,he has dizziness ,he blacked out
and he lost conscious and he was on floor ,he has
this lasted for 2 minutes
he has cough since last 2 weeks green sputum
.,no wheezing no difficulty in breathing
pmh:nil
medication:mirtazapine ,amitriptiline
nkda

Examination:

tel adv

Diagnosis:

fall + chest infection

Treatment:

discussed management plan
adv him to go to ucc and bgh or a&e at rbh .i
offered an appt to see gp an blackburn treatment
center at st ives or book an ambulance .he said

he will take lift to go to hospital for further
management as he has history of fallheadinjury
and loss of consciousness .

=====
**** Message to surgery ****
=====

Referred to BGH UTC

=====
**** Clinical Codes ****
=====

16D.. Falls
S646. Head injury
H06z1 Lower resp tract infection

=====
**** Case Questions ****
=====

Safeguarding

Q: Has a Safeguarding Referral been made?

A: No

01 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

09-Nov-2022

Additional:01 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

01 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

Filename: C6B1D260-7E32-276A-F904-3C53BD8AEDD9_01 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

Extension:.tif

Pages:

MALE

NHS

Surname

LAIRD

Forenames

28205

Date

BRIAN THOMAS

DofB: 31.12.1972

NHSNo: 633 040 5913

Ad

Sex: (M)

Date Added: 26.01.11

119 STOCKBRIDGE ROAD

QCX

PADIHAM

Tel

BURNLEY

Sul

BB12 7EX

DISP: N RES: N

P/M1124 PADIHAM GROUP PRACTICE

GP: SF APPLEYARD (A390)

Tel No.

Tel No.

Tel No.

Tel No.

Occupations



ERD01217112

SURNAME
FORENAMES

Date of Death 20

Cause of Death

Doctor's Signature

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

FORENAMES	Date	*	CLINICAL NOTES
SURNAME			



ERD01217112

THIS RECORD IS THE PROPERTY
OF THE NATIONAL HEALTH SERVICE

FORM FP5B
Version 1 09/08 2007-50249-EN-NHSBSA

MALE Surname Forenames

MALE

Surname

Forenames

Laird

Brian Thomas

Address

21 Cooper Street NELSON

National Health Service Number

633 040 5913

Date of Birth

03/12/72

Date

★

CLINICAL NOTES

9/10/02 A Pt. was observed for
wound 23 - on thigh area
and some infection -
feels sick - stopped Hyman
PT. Cipras - 500 Am
Drazen and Tenezo
not due - heavy wound
23. Has off to 10 Am tomorrow
10/10/02 Admitted to A&E on 9/10. re JVT.
has been given antibiotics.
left K&A - needs further in-
vestigation. has agreed to come to
A&E again today - dia has been
up. vomiting & neuropath.
T. Maxolon 10 mg T.D. (10/10) -
not dehydrated, some free
flow.

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

Form FP7

MALE	Surname	Forenames
	LAIRD	BRIAN
Address		
50 CHAPELHOUSE RD NELSON		
National Health Service Number		Date of Birth
633 0405913		31.12.72
Date	★	CLINICAL NOTES
13/02	A	wants Extra tablet of Diazepam. Some on previous prescription - He requested further on 8th May Some came out previous to prescription on 9th of May - He came to get the prescription on 16 10th - Refused
15/10/02	P	came to order Rx again saying that he knows who took his medication, was told to report to police. He went reported it, but police said we had to... So Dr J phoned police, 3 police officers came

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

Date	★	CLINICAL NOTES
		and took him (Brian) with them so well & 
15/7/02	A	U R II Arrested by car - 15/7/02 Sydney to 2nd. claim he is going on holidays on 16.7.02 for 3 weeks His next prescription is due on 19.7.02. - so - next prescription will be due on in 4 weeks from 19.7.02
15/8/02	A	Fraxibin Easy bag 1000 ml (2) in 2000 days
28/8/02	P	fraxibin original bottle 500ml 1 bottle od. (30) does not want easy bag.

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

THIS RECORD IS THE PROPERTY OF THE HEALTH AUTHORITY

MALE

Surname

Forenames

Laird

Brian

Address

50 Chapel House Rd, Nelson

National Health Service Number

633040 5913

Date of Birth

31/12/72

Date

★

CLINICAL NOTES

18/2/02

A

Temazepam 20mg tab
2 weeks st.Diazepam 10mg tab
1 pm 84Dabac M 55st
apm week

25/2/02

A

Feeling and been sick - 2
vomiting 1 week.

Gastron.

10m 5m

500ml

Paracetamol tab 2 pm

(60)

headache

Mr Abdena man

Looks as if he is taking too
many tablets — or drugs.

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

Form FP7

Date	★	CLINICAL NOTES
12.3.02	A	Temazepam 20mg tds 2 noct 56 Diazepam 10mg 1 tds 84 Went. precepting due on Th 15th April. NOT BEFORE - this time he is going precepting 6 days before. So the 6 days will be carried forward. The supply of 6 days is with Mum & dad. Of Ench - inform in folio
5.4.02	A	7. Diazepam. 50mg tds. + headache on 5th April Amoxycillin 500mg 1 tds 15 - Paracetamol 40 2 tds 40
8.5.02	P	Given Diazepam long 3 x 28 tds Temazepam 20mg 11 nocte x 56. Claims that someone else picked the script up.

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MALE	Surname LAIRD	Forenames BRIAN THOMAS
Address 50 CHAPEL HOUSE ROAD, NELSON		
National Health Service Number 633 040 5913		Date of Birth 31/12/1972

Date	★	CLINICAL NOTES
14.12.01	✓	Pr registered today ASSIGNED PT.
14/12/01	A	Went Not due until 14.01.02 ① Diazepam 10mg bid 1701 (63) ② Temazepam 20mg bid 2 work (42) claim - he is going to London - and will stay there - and will not come back of all he does. NO SUPPLY BEFORE INSISTS ON THE ABOVE SUPPLY
27/12/01	A	DNA
3.1.02	A	T. Diazepam 10mg (21) T. Temazepam 20mg (14) Handed to have ice supply to 3/02
2/1/02	P	Req: Diazepam & Temazepam

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

Date	★	CLINICAL NOTES
10.1.02	P	Req: Diazepam and Temazepam T. Diazepam 10mg t.b.d x 2 T. Temazepam 20mg T.O.N x 14 NEXT ONE ON 17 1 2002
16.1.02	A	Request 2 1/2 of above in working way → given 1 1/2 with Diazepam 10mg (21) Temazepam 20mg T.O.N (14) → Ibuprofen for painful knee 400mg (42)
23/1/02	A	Temazepam 20mg t.b.d 2 weeks (56) Diazepam 10mg t.b.d 1 week (84) This is 4 weeks supply — NOT TO GIVE MORE BEFORE <u>trying to move to London</u> want to go + look for a place.

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MALE

Surname

Forenames

LAIRD

BRIAN

Address

~~80 Chapel Street Colne~~

National Health Service Number

Date of Birth

33

Thurby Road Neth

31. 12. 72

Date

★

CLINICAL NOTES

13/9/01

A

1. Diazepam 10mg Tm 21 X 2
 2. Temazepam 20mg 2 noct. 14 X 2
 Drug addiction.
 Panic attack.

Was on Heroin & Methadone

26/9/01

Due on this date for Diazepam
 and Temazepam.

25/9/01

A

RPL 1 - 60
 2 - 40

3. Diclofenac 50mg R
 1 Tm 50

17th Dec. involved in fight
 c. left to left hand &
 left leg

26.9.01

DNA New pt check

5/10/01

A

Stories about van breakdown
 ch Nk 1 & 2
 of 2 weeks.

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Date	★	CLINICAL NOTES
9.10.01		DNA New pt check
20/10/01		Diazepam 10mg 1tds 21x2, Temazepam 20mg 2 nocte 14x2
5.11.01		DNA Nurses Appt
9/11/01		A# 8 Athens View Thursday Arrested by Police for Burgles M/L Diazepam 42 Temazepam 28
16/11/01	A	Going to Scotland tomorrow. M/L 3/5
27/11/01		Rpt Diazepam 10mg 42 1tds. Temazepam 20mg 28 2nocte
3/12/01	A	Diazepam 10mg Tms 42 Temazepam 20mg 2 noct 28 1bupren 400mg Tms 42

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MALE

Surname

Laird

Forenames

737.

Brian Thomas

Address

33 Thursby Rd Nelson

National Health Service Number

633 040 5913

31.12.72

Date



CLINICAL NOTES

22/8/01

Patient Assigned

24.8.01

A. N. P. in the Trust
 on 1st June 2001
 in the home of the patient
 at 7.15 pm

5/9/01

Living in 14 day
 40 Chapel St. in Colne

T. Temazepam 20mg

T. Doxepin 2mg

(28)

(42)



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

Form FP7

MALE Surname Laurel Forenames Brian 21/02
 Address 116 Victoria St. Nelson.
 National Health Service Number 633 040 5913 Date of Birth 31.12.72.

Date	★	CLINICAL NOTES
21/2/01		Chemist (Taylors Leeds Rd) advised surgery that patient received 3 weeks supply of Temazepam and Diazepam on 5/2 and then a further week supply on the 8/2. Medication not due until 5/3/01 - appointment given with Dr Fleming for 5/3/01 at 1.40pm. Temazepam 20mg t on. Diazepam 10mg t bd. Wanting to come on Emergency today for more medication.
22/2/01		Brian rang ELHA re his medication - they have

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Form FP7

Date	★	CLINICAL NOTES
		advised him to get an incident report from the police recording all details of theft of medication before any new doctor would give him his <u>requested medication</u> . Report given in Incident number LPFG 194/01

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PE ASSIGNED 24.1.01

MALE

Surname

Forenames

LAIRD

BRIAN THOMAS

Address

13 Wickcliffe Street, Nelson.

National Health Service Number.

Date of Birth

31.12.1972

Date

★

CLINICAL NOTES

PATIENT ASSIGNED 24.1.01

25/1/01 A Tab Diazepam long RM (42)

Temazepam 20mg (42)

also c/o Amoxicillin (21)

5.2.01 A Tab Diazepam long RM (42)

Tab Temazepam 20mg (42)

Also c/o head injury (1)

forehead bruise 1 Floxapen (28)

advised to go to A&E B&H

c 3 Dephther
Head injury

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

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Date	★	CLINICAL NOTES
8.01	A	Long SLS Qued L/F MHe el: el or 2d presentation was given with afn 1st of argument Drugs Tab Tenzepan 10mg BD (8) Tab Diazepam 10mg BD Tab Prox, 2mg 2x 4
8/2/01		Says girl friend has taken all her medication GIVEN: tab Tenzepan 20mg Tbd (14) tab Diazepam 10mg Tbd (14) 1 week supply
8.2.01		PATIENT REMOVED FROM LIST
15.2.01	A	DNA

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MALE		Surname LAIRD	Forenames BLIAN THOMAS
Address 33 THURSBY ROAD NELSON			
National Health Service Number 189		Date of Birth 31/12/72	

Date	★	CLINICAL NOTES
		<u>Prescribed</u>
21/7/14	A	Tab Diazepam 10mg Ph Paracetamol 45 20mg
4/8/14	A	3/2 supply of Diazepam Ph Paracetamol 30 going to L. Coler & Kirk for 3/2
25/8/14	A	Tab Diazepam 10mg Ph Paracetamol 20mg 32

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Date	★	CLINICAL NOTES
15/9/14	A	Ph Diazepam, 10mg Ph Trazodone 150mg 2mg 200 42
28/9/14		3/62 supply of Diazepam 2 Trazodone 150mg Zinc 2mg 200 63
		Zinc 2mg 200 42
19/10/00		NA Dr. J. Chou
12/12/00	A	3/62 supply zinc
9/11/00	A	3/62 supply zinc.
23/11/14	A	C3/62 supply zinc
20/12/14	A	C3/62 supply zinc
11/1/01	A	3/62 supply zinc.

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MALE

Surname

LAIRD

Forenames

BRIAN

Address

34 PILGRIM ST, NELSON, LANC

National Health Service Number

633 040 5913

Date of Birth

31.12.1972

Date

★

CLINICAL NOTES

7.7.00

Says going to Scotland
 The temperature long 24 20 (23)
 20 10mg 2mg (42)

10.7.00

DNA

12.7.00

A. Now Says home has been boarded
 barricaded with all stuff by
 housing authority. All medicines
 gone again. Now moving to
 Accrington with friends &
 looking for a doctor locally
 but no body would take him.
 Discharge by x 42 & TM2 x 18
 207

1.7.00

BE Not req. further NHS
 med. certs.

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THIRD PARTY COPY

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MALE	Surname	Forenames
	LAIRD	BRIAN T
Address		
34 PILGRIM ST, NELSON		
National Health Service Number		Date of Birth
633 0405913		31.12.72
Date	★	CLINICAL NOTES
29.3.00		
29.3.00	EL HA	Notification of address to list - assignment.
29/3/00	A	Heroin user 1.v a day. Smokes rollup ~ 18m/2. TMZ. 2mg x 10. Thirtly only Diazepam 1mg TDS x 48 forty two Med 3 x 29/2/00 (Going away 10 day) gungidene 5mg 5x daily Med 1 for 1/2 - 1 —
6.4.00		
25.4.00		Dep for 10 days/Remed - 10 was for 3/52. Diazepam 1mg TDS x 48 Tenezipa 20, 4 unit (48) 2 in 100 C 4/52 Tmg (1) Kne 2 in
27.4.00	A	Med 5 unit 14/5/00 L 11/4/00 No script given
5.5.00	A	Finger Medication is a Vay what broke down. TMZ 2mg (14) Diazepam - 10mg x (42) → Alprazolam ++ on not given TMZ 98: Being irresponsible

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

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Form FP7

Date	★	CLINICAL NOTES
10/4/00		
15/4/00	MT	For Epilepsy
15/5/00		Putting to have Temepin - says he left there
20/5/00		Family Discussion - says going to Scotland Need 3/52 sup Diazepam 10 > 70s (63) Transcranial Stim 30 c 8/52 I 2 1/2 No more until 12-6-00.
30/5/00		DNA
6/6/00		→ says last Tablet - was arrested - P - for 2/52 300s T.C.
13/6/00		Says going to Scotland for Haldol and J - 300s de moly 2/52 sup.
23/6/00	A	Says Medications sent - 2 glass box of urine? Car who brought him back for Scotland. Had not had any medication for 2 days. Had a fit last night - cp c-pai of E tal 84/100. Resp. good. Keenally good on entry tender diffusely → A/E for CXR + TM2 x 28

★ This column has been provided for doctors to enter A, V or C at the time of the visit. *Diazepam 10*
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MALE	Surname LARD.	Forenames Brian
Address 34, Tilgum St - 0001500		
National Health Service Number	Date of Birth 31-12-72	

Date	★	CLINICAL NOTES
23/12/19		injury (L) knee. c 4/52 2 2-2-09. script for Temezepam for (30) Brought back bottle on had (20) in add to contact dentist
28/1/20		for Temezepam 30m. (30) for 1/2 21
2/3/01		for k London. 42 1/2 Temezepam 20mg. 3 pack - 42
for data - 6/3/01		

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

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Form #P7

Date	★	CLINICAL NOTES
2/3/00		Pha rising Hemo. Low - Subacute Metabolic 4 on day 1/52. 280 MB Low - 1000.
3/3/00		1. 1000 - 2000 3 or 4. (42)
6/3/00		Low all table. Low all table. 1. 6. 0400 AM 10. 2. 10. 1. 1000 - 2000. 3 or 4. X 21
8/3/00		CH 1/2 Duplicate Low original in 17-2-00.
13/3/00		1. 1000 - 2000 3 or 4 (42)
13/3/00		Min - Metabolic. 350 MB CH 1/2 - 1000

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MALE

Surname

Forenames

LAIRD

Brian

Address

45 Broomfield St. - 1500.

National Health Service Number

Date of Birth

31-12-72

Date

★

CLINICAL NOTES

16/1/75

starting treatment. Summary
 ma to inject
 around Methyls.

T. Trazepam 20mg

3 tablets

for 3/52

(60)

Q2 - General Medicine

17/12/79

R General Medicine: Epilepsy
 Lost tablets - Pres.

T. Trazepam 20mg
 3 tablets

(42)

6/7/80

T. Trazepam 20mg
 3 tablets

(42)

for 2/52

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

Date	★	CLINICAL NOTES
19.1.00		1. Temazepam 20mg (42)  c 8/52. Anxiety - stable.
2.2.2000		T. Temazepam 20mg (42) 2 weeks
14.2.00		Temazepam - 20mg (42)
21/2/00		nausea " Prochlorperazine - 50 + 10 + 10
21/2/00		T. Temazepam (42) (lost.) T.B. Prochlorperazine na (30)
23/2/00		La - 50 - in body Stable in table. Anxiety - stable. 42 ex - make T.B. Temazepam 20mg (30) 3 rect.

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

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MALE		Surname	Forenames
		Laird	Brian T.
Address			
45 Brackenall St Nobs			
National Health Service Number		Date of Birth	
		31.12.72	

Date	★	CLINICAL NOTES
8/9/95	B	to Tamsyn - 200g. X 42 300g 2 weeks. 5.4/52 5.4-55. for 10h - 12h each.
24/9/95		to Tamsyn - (50) 200g to Tamsyn - (42) 200g 200g
2/10/95		to Tamsyn - (41) 200g for 10h - 12h
16/10/95		Staying in bed. 10h - 12h 2nd 10h - 12h. 16-10-95.

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

Date	★	CLINICAL NOTES
		2 Temazepam 20mg 30mg (42) 1/2 1/2 1/2 (20) C462 Anxiety state
22.10.99		1 Temazepam 20mg $\frac{1}{11}$ on (42)
5.11.99		1 Temazepam 20mg $\frac{1}{11}$ on (42)
		Lon-Surf.
		C462
19.11.99		1 Temazepam 20mg (42)
		Fr $\frac{2}{52}$
3.12.99		1 Temazepam 20mg (42)
17.12.99		1/2 1/2 - shaking on start - $1\frac{1}{2}$ weeks 2 days

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MALE

Surname

Forenames

Laurid

Brian T.

Address

45 Brackenwell St. Nelson

National Health Service Number

Date of Birth

31.12.72

Date

★

CLINICAL NOTES

12/5/55

c-4/52

Amalgam 85%

24/10/82

1. Tm 3rd molar 20mg
3 m

(42)

11/6/83

2. 1- (10) teeth

1 molar 1 molar Adhesive

MORPHOT Gel

1 m 5 m 1 m 5 m

1 m 5 m

20mg - 3 molar (42)

1 molar 1 molar

c-4/52

Retention 100%

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Date	★	CLINICAL NOTES
21/7/99		T. Temazepam. 20mg 42
16/7/99		#3 over - enter 20-6-99. make 1 week to come AAVane Susy - T. Temazepam 20mg. (42)
19.4.99		
27.7.99		T. Temazepam 20mg (42)
16.8.99		T. Temazepam 20mg (42)
23/8/99		Lorazepam - 1/2 hr. 42 C. Borneo 42
		T. Temazepam 20mg 3 over (42)
25/8/99		Lorazepam - 1/2 hr. Mandel - Bm. C. 42 Temazepam 20mg 21
1-9-99		Temazepam 20mg (42) 3 over

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MALE

Surname

4623

Forenames

hairel.

Brian Thomas

Address

45 Bracewell & Nelson

National Health Service Number

633 040 5913

Date of Birth

31.12.72

Date

★

CLINICAL NOTES

Assigned.

8/3/98

1. 1-2-84 - 20y.
3 weeks. 42.
2 2-84.

never broadly
known drug addict.
c. 4-82.

2-3-98.

16/3/98

1. 1-2-84 - 20y.
3 weeks. 42.
2 2-84.

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

Form FP7

Date	★	CLINICAL NOTES
		Young T. Andrew 4 3/12 Went on week add T. Temazepam 1 20mg 3mk
6/4/99		T. Temazepam 20mg 3mk 42 2 2mk
7/4/99	N	C. 4/12 Analy 8th
20/4/99	R	T. Temazepam 20mg 3mk 42 Alan on G. Thudlow 20mg 100% + 10
30.4.99		T. Temazepam 20mg 42
12/5/99		T. Temazepam 20 42

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National Health Service Number	Date of Birth
--------------------------------	---------------

Date	★	CLINICAL NOTES
04/2/98		Temazepam 20mg x 3 oad
18/2/98		Rpt as above
31/2/98		Temazepam 20mg 3 oad 14 days
14-1-99	4	Temazepam 20mg 3 oad 14 days
27/1/99		Temazepam 20mg 3 oad 14 days not due to 28/1/99 This date is on the Script

Form FP2

MALE

Surname

Forenames

Address

National Health Service Number

Date of Birth

Date

★

CLINICAL NOTES

20.7.98		To reduce initially by 5mg / 2 weeks.
3.8.98		Temazepam Elivar 10mg/5ml 30mls OD $\frac{2}{52}$
16.8.98		DNV A CPNTE DR Ashworth
14.8.98		R TEMAZEPAM ELIXIR 10mg/5ml 30mls OD $\frac{1}{52}$
		TO SEE DR BEFORE REPORT
21.2.98		Pl. of External. $\frac{2}{52}$ Rpt C.A. mandibles $\frac{2}{52}$ Rpt Temazepam elixir 10mg/5ml 30mls O.D. $\frac{2}{52}$ To reduce to 25mls/day every night $\frac{2}{52}$
4.4.98		Reduced consumption by 20mls over past $\frac{2}{52}$ Rpt 30mls O.D. 10mg/5ml $\frac{1}{52}$ Temazepam

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

Date	★	CLINICAL NOTES
14/5/98	A	Going to work in ground for 2/52 Needs Rx Temazepam 10mg/5ml 30mls o.d. 4conts 14/5/98 locum
18/9/98		DNA DR G
29.9.98		Temazepam Elixir 10mg/5ml 30ml o.d. 2/52
9.10.98		Temazepam Elixir 10mg/5ml 30ml o.d. 1/52
27.10.98		Viral URTI Prost - (NAD) Reassured Prescription of Temazepam elixir back to 3 x 20mg o.d. 1/52 / waiting 1/2 supply - told this - only 2/52 at a time.
9.11.98		Temazepam tabs 20mg x3 o.d. 14 days only
23.11.98		Temazepam tabs 20mg x3 o.d. 14 days only

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MALE

Surname

David

Forenames

Brian

Address

1 Albert Street Nelson

National Health Service Number

Date of Birth

31.12.72

Date

★

CLINICAL NOTES

18/11/97

Temazepam Elixir x280ml
10mg/5ml mdu

25/11/97

★ Liee in hip bands
Debarc (200)
Temazepam Elixir (280ml)
10mg/5ml mdu

2.12.97

Rp Temazepam Elixir (x280ml)
10mg/5ml mdu 20ml nocte

8.12.97

Rp Temazepam Elixir (x280ml)
10mg/5ml 20ml nocte

12.12.97

Rp Temazepam Elixir (x280ml)
10mg/5ml 20ml nocte

19.12.97

Rp Temazepam Elixir (x280ml)
10mg/5ml 20ml nocte

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

Date	★	CLINICAL NOTES
25.12.97	Rpt	Temazepam Elixir (280ml) 10mg/5ml 20ml nocte
31.12.97	Rpt	Temazepam Elixir 10mg/5ml 20ml nocte (280ml)
6.1.98	Rpt	Temazepam Elixir (280ml) 10mg/5ml 20ml nocte
9/1/98		Taking too much temazepam advised to reduce dose not taking heroin and methadone Says going to London from Temazepam 50mg/100ml Remains in hospital for test
20.7.98		Been taking Temazepam for several years Talking 60mg/100ml elixir at night at the moment Agreed contract to reduce over a period of time: 10mg/5ml Talking 30ml/day is supply at a time

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

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

FEMALE

Surname

Forenames

LAIRD

Bryan

Address

56 Rock St Nelson

National Health Service Number

Date of Birth

31.12.77

Date	★	CLINICAL NOTES
9.6.97	R	Temazepam Elixir 20ml nocte x 280ml
27/6/97	R	Temazepam Elixir 20ml nocte x 280ml Desloc M 3/Poo
15/7/97	RP	Temazepam Elixir 280ml 20ml nocte
28/7/97	RP	Temazepam Elixir 20ml nocte x 280ml
5.8.97	A	Backdated C. for 24.6.97 C 8/52 Ansed 5.8.97
5.8.97	RP	Temazepam Elixir (280ml) 20ml nocte
15/8/97	RP	Temazepam Elixir x 80ml 20ml nocte
26/8/97	RP	NOT TO BE GIVEN BEFORE 29/8/97 Temazepam Elixir 20ml nocte x 280ml

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

Date	★	CLINICAL NOTES
10.9.97	R	Temozepam elixir 280ml 20ml nocte
22.9.97	RP	Temazepam Elixir 280ml 20ml nocte
6.10.97	RP	Temazepam Elixir 280ml 20ml nocte
17.10.97	RP	Temazepam Elixir (280ml) 20ml nocte
27.10.97	RP	Temazepam Elixir (280ml) 20ml nocte
3.11.97	R	Temazepam Elixir (280ml) 20ml nocte
11/11/97		3/11 ← Back dated Pres 29/9/97
		Discontin by 60 hrs
12/11/97		Temazepam 10mg 30 tabs

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

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FEMALE MALE		Surname	Forenames
		LAIRD	BRYAN
Address			
82 Canon St Nelson			
National Health Service Number		Date of Birth	
644 73 26		31.12.72	
Date	★	CLINICAL NOTES	
		Nelson Patient	
22.7.96		Elvis Tenappa (10mg + 5mg) 300ml + 2 (anxiety for 3+ weeks)	
19/7/96	C	4/52 Drug dependency	
7/8/96	A	Says house has been broken in taken medicine Temazepam 280mg URI Pivaampulle 500mg (31) 10	
19/8/96	C	4/55 Drug dependency Temazepam 20mg 10mg/5 20mg 280	
3/9/96		Temazepam 21 10mg/5 280 20mg 280	
16.9.96	C	4 weeks anxiety	
	R	9 Temazepam 10mg/5mg 280 20mg 280	
30/9/96		Temazepam 20mg 280	
14/10/96	C	4	

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FORM FPB

Date	★	CLINICAL NOTES
28/1/96		Temazepam elix 20ml (280ml)
11/11/96		Temazepam Elixer 20ml nocte
11/11/96		Temazepam Elixer 280ml (x280ml)
6/12/96		Temazepam Elixir 20ml nocte x 280ml
8/12/96		cor 52 Anxiety skt
31/12/96		Temazepam Elixer 280ml
		(phn repeat = 14.1.97)
5/2/97		Temazepam Elixer 20ml nocte x 280ml
5/3/97		Temazepam elix (280ml) 20ml nocte
		C-Amoxycillin 500 Tm (15)
		Simplicin (15)
		Contra from 1.2.97 8/5w
25/3/97		Temazepam Elix (280ml) 20ml nocte
20/4/97		Temazepam elix 20ml (280ml) & Drug dependence
		C-Amoxycillin 500 (18) 300
15/5/97		Temazepam elix (280ml) 20ml nocte
		Temazepam elix 20ml nocte 280ml

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

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

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MALE	Surname CAIRD	Forenames BRIAN
Address 82 CARLETON ST, NELSON		
National Health Service Number		Date of Birth 31.12.72.

Date	★	CLINICAL NOTES
19-3-96		MeThadone Mixture Temazepam Extra } usual Rx
2/4/96	A	Repts bdr 4 tabs : Drug Dependence
16/4/96	A	Repl-bdr, gap to see tomorrow
25/4/96	A	Times 10-11 Lent 289ml C4 Dry Dependence
12/6/96	A	Temazepam 10mg/su (280) in 2nd mch T. Liver amply 501 (10) C8 Dry dependence - Not taking methadone now

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

MALE		Surname	Forenames
		LAIRD	BRIAN
Address			
82 CARLETON ST, NELSON			
National Health Service Number		Date of Birth	
644/73/26		31/12/1972	
Date	*	CLINICAL NOTES	
6/1/95		Temazepam 850 MG Methadone 150 MG	
18/12/95		Temazepam 10mg/5ml methadone 35ml nocte (490) C 4. drug dependence C for 6.12.95	
29/12/95		Reftr - for 14 days	
31/1/96		Ref to Comm - drugs Team fit 280	
15/1/96		most methadone 1mg/ml 35ml nocte (490) Temazepam 10mg/5ml 20ml nocte (280)	
23/2/96	C	4/52. Drug dependency.	
29.1.96		2/52 Prescription/Ref 52 dated 11.2.96.	
20/2/96		Temazepam 10 mg 5ml 20ml nocte (280) Methadone 1mg/ml 35ml nocte (490)	

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

Date	★	CLINICAL NOTES
		c 452 Anxiety State - 7.3.96 THIS patient keeps pastoring on 2 Tandem days off argues with receptionist Rings from Nelson and says he is singing from London Puts up multiple excuses for having 2152 Supply Cap Temazepam 20mg Elixir (20ml) x14 2 tablets (14) Methadone 35ml daily 170596 ACB 560 l (lix Temazepam for 1504d for 4 weeks

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

THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR HEALTH

MALE

Surname

Forenames

Larvel

Brian

Address

82 Canton Street

National Health Service Number

Date of Birth

31.12.72

Date

★

CLINICAL NOTES

23.9.94 Weekend VISIT as usual
to get. outpt. last 3/12
wearing from 4 out cl
now on zone keep talking
away & excuses & reason
cl- Methadone ? Seelie
1. Cap Temazepam 20mg 2nd (12)
2. - Methadone 35ml daily
2/10/95 must
Methadone 1mg/ml 2100
C- Temazepam 20mg 2000 (28)
2100 (14)
2/10/95 2 wk - Suppl given cl must 7 methadone
Gomh C- Temazepam 20mg 2000 (28) 1mg/ml
C- Anxolytic 1mg/ml 2000 6900
2100
27/10/95 T- Temazepam 20mg 2000 (28)
must methadone 1mg/ml
6900 ml

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

Date	★	CLINICAL NOTES
6/11/99	A	most mthachlor 2mg/yr 490ml
		T-Temazepam 20mg 2 noct (28) Ck. Anxiously and drug dependence
20/11/99	A	most mthachlor 1mg/yr
		35 daily 490ml
		Temazepam 10mg/5
		20ml noct (280)

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

THIS RECORD IS THE PROPERTY OF THE SECRETARY OF STATE FOR HEALTH

MALE	Surname Laird	Forenames Brian
Address 82 Carlton Street		
National Health Service Number		Date of Birth 31/12/72

Date	★	CLINICAL NOTES
28/3/95	P	Temazepam 20mg 2 nocte
5/4/95	S	TEMAZEPAM 20mg 14
2.5.95		Temazepam 20mg tabs 20 (14)
10/5/95		Still taking heroin - 4-5 bags (keto) were locked up - hospital searched by police Ward 10. Temazepam 20 - 2 nocte (14) Methadone elix 1mg/4
17/5/95		Pat. E. Chet - drug item Methadone elix 1mg/4 20ml Btl (280) Temazepam 20 2 nocte 280 ml (14)
24/5/95		Rpt as above
31/5/95		Rpt as above = T. Vitamin (14) Chlorpromazine eye gel (15)
8.6.95		Sees Dr T. weekly could not see yet going to London tomorrow for a week as before METHADONE ELIX

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

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C. ANXIETY STATE 1/52

7)

Date	★	CLINICAL NOTES
17.6.95		Dr A. Khan did not leave prescription for his methadone Temazepam one weeks supply Elly ^{mist} METHADONE 280ml 1mg/1ml Temazepam Cap 20mg 2ml (18)
21/6/95		Elly • Methadone 1mg/ml (180) C Temazepam 20 C 4 Anxolytic 12ml (14) + drug dependence
28/6/95		• Repl C 6 weeks from 14.6.95
5/7/95		• Repl
12/7/95		C Repl
19/7/95		Repl • mist methadone 1mg/ml 2ml B1 (280) C Temazepam 20 2ml (14)
26.7.95		Repl. prescri - phms are dated 3.8.95 lost - 52
29.8.95		C Temazepam 20mg 2ml Methadone (14)
6.9.95		C 5w - Anxolytic and drug dependence Repl by 10 day

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

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

MALE

Surname

Forenames

Address

National Health Service Number

Date of Birth

Date

★

CLINICAL NOTES

9.12.91 A Pt came at 11-40^{AM} instead of 11.15 appt. I was going in hurry for emergency appt. but decided to see him resp to late as demanded to see Doc - as ^{rules} in DRUGS left two Temazepam 2mg (14) given Chemist Ring at 12 noon that is it (14) or (21) of Temazepam. as script looked altered to him. Brian was asked to see me straightaway - consulted & asked about suspected script alterations denied and said I have done it. I went laughing away.

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

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Form FP7

He does not have pen!

Date	★	CLINICAL NOTES
		PT was discussed at meeting at 2 PM. It was decided that (Dr Walsh Dr P. & Manager) that we will remove from list & police will be informed. D. J. Smith

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

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

MALE	Surname LAIRD	Forenames BRIAN
Address 37 BRACEWELL ST		
National Health Service Number	Date of Birth 31/12/72	

Date	★	CLINICAL NOTES
12/12/94	A	demanding methadone. again. - said not enough. asked to go to chemist as daily dose given.
13/12/94		Meth 35ml x 1
14/12/94	A	Inside had to alter prescription Tenax altered (14) to (74) - says S had changed from 7 to 14 Laurie (Laurie) is next 1/2 Methadone 35ml x 1 Tenax 10mg (14) + Accutane 100mg daily.
15/12/94		Methadone 35ml daily 490mg (FP10 MDA)
23/12/94	A	Awaiting appointment at Laurie clinic. Gave urine Spec at Comm. Day Team 1-2

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

Date	★	CLINICAL NOTES
		weeks. Rx Temazepam tabs 20mg $\overline{\text{II}}$ on (14) COA 3/2: Anxiety State / Drug Dependence. Appt 1/2 for methadone script + temazepam for wine check next time
29/12/14		- Temazepam (28) - Divalpro (60) COA 3/4 - send A1/1) - Methadone x 3/5 = 45ml @ 35ml / day
11/1/15	A	daily dispersing Temaz (28) Xido (100) Methadone 450ml
19/1/15	A	Temaz (14)
8/2/15	A	Meth 240ml + 100 b17 temaz 20mg (14) Su 1/2 Anxiety State / Drug dep
15/2/15	A	temaz 20mg (28) Methadone x 56ml @ 40ml / Day + 100

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

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

MEDICAL RECORD TO FOLLOW

M. Surname

LAIRD

Forenames

Brian T.

Date of Birth

31.12.72

National Health Service Number

644/73/26

Address

82 Carlton St
Nelson

Dr

Dr Tandon

included in your list on

8.3.95 (Assigned)

Date

★

CLINICAL NOTES

11/1/95

★

Pharynx & larynx infl.

of throat inflamed
injectedrespiratory infection
all over

U.R.T.

Cef. Amoxycillin 250mg

Slight better 10th Dec

Lef. Paracetamol 20mg

in 1st 6 days

22/3/95

★

Has been here on cold wet

removed from Dr Spencer's list

4 weeks Cef. Trimox 200mg

200mg 1st 14 days

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

Terfenadine Cap 20mg D-

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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

MALE	Surname LAIRD	Forenames BRIAN
------	-------------------------	---------------------------

Address 37 Bracewell St, Ncham	
--	--

National Health Service Number	Date of Birth 31.12.72
--------------------------------	----------------------------------

Date	★	CLINICAL NOTES
9/12/94	RE	seen by drug team. pat ellis sang - Detoxification methadone 35ml daily mg (140ml) given will see him Tues. Pat again. tenazepam sang (14) given (had about drugs in prison) see addendum
9.12.94		

25/1/95	A	Brian	37 Bracewell
		St. Pat Ellis	
		by using methadone	
		520ml + 28 tenaz 1 see Hobs	

25.1.95	A	1700	ECR	20	(or vE)
					152. well. 14hr - 14hr 40
					Summary
					Dr

MALE

Surname

LAIRD

Forenames

BRIAN

Address

37 BRACEWELL ST NIELSON

National Health Service Number

Date of Birth

31.12.72.

Date

★

CLINICAL NOTES

22/10/90 A. Persistent problems @ knee.
 Some falling down stairs
 = 2/12 ago. Keep looking
 + giving him pain.
 SI tender medial aspect
 @ knee. Pain worse @
 knee bent. Swelling.

Refer physio

COT 452 @ knee pain.

21/9/92

Hit by a car yesterday
 brushed his head on side
 of windscreen. Dazed for
 couple of seconds = / very faint
 Headache last night = some noise
 some R. Temp re pain NO V.
 ME: Pupils. ✓ Deaf dream
~~no vomiting~~
 Reck ✓

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

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Date	★	CLINICAL NOTES
301194	(A)	gund small - Mt
		suffer
		just of color
		depressed - H/c CPN
		6 E 211-714
		Possibly drug abuse such as
		Alcohol abuse
		Went many times
		C3, as agent
		Demand for sub. I had
		open this
61294		Did not respond
		Rental DRS
		HEROIN - 1 mol
		Tyr
		C3 as Ht
7-12-94		Demand for sub
		NOT given offered Valium
		for 10 min on bed

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

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SOCIAL SERVICES

Middle Initial	Surname	Forenames
	LAIRD	BRIAN
Address		
37, Bracewell St Nelson		
National Health Service Number		Date of Birth
		31-12-72

Date	CLINICAL NOTES
16/11/76	Hot tea burn Resr.
9/5/77	? Skin graft needed
31/10/77	Syn. Pen! - Lungs
27-1-78	Cough since last night.
	Becky's patient V4/4/4/4
2/7/78	A) - drinking - 2nd PT
30/5/80	→
30. 10. 80	Tofranil 10g (70) 5 ii nocte 2x
12/1/81	Emureus - Cefixim 100/11.
	Murve:
16-2-81	FTA 18.5-81 Temp last night
	Thi an - 1/2 E VAD. T-97
	stellaneuroc. he lost for
	Byggs. 5 with had some problem
	and of the abdomen. Dr Thistlethwaite ✓
10/9/82	Tofranil = 10g / 11.

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

Date	•	CLINICAL NOTES
21-3-86	S	Sought linked to [unclear] so has had a [unclear] on - [unclear] p.s. - [unclear] - [unclear]
6-10-86		Eo same [unclear] Right [unclear] [unclear] - [unclear] [unclear] [unclear] [unclear]
19/2/87	A	Sent by school for check-up. Off school [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] (denies drugs) P26 H5 (N) 60 11/70 L.O.L. [unclear] (N) - R. V. [unclear] [unclear] (50): Chromosomes [unclear] from [unclear] (10ml)
24/2/87	A	appt [unclear] [unclear] 3 times a week. D - [unclear] -
5/9/87	A	wrt R. [unclear] [unclear] [unclear] of [unclear] [unclear] [unclear] [unclear]
9/11/87		[unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
11/1/87		[unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
20/1/87	A	[unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

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

MEDICAL RECORD TO FOLLOW

MAL

Surname

Forenames

HAIRD.
 Address **37 Braewell St,**
Nelson.

Brian Thomas
 National Health Service Number

Date of Birth **31.12.72**Dr. **R.C. Roll**Included in Your List on **28.6.76.**

Date	*	Clinical notes
28/12/76		Impured burn. Dole in C prev.
6/2/88		5 (Dofu RT)
23/1/89	A.	Pharyngitis & cold sore on mouth. Pen V 250mg qid (20) 3 courses later (20)
1/2/83		Stab & shot. S.C. Dual Behr.

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

11/72-21550-D#224454-1000M-E.A.P.-56-ST.

Form EC7B

THIRD PARTY COPY

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ADDRESS		Date of Birth	
LAIRD		KRIMAN	
73 HART ST.		31 XII 72	
DATE	C F	CLINICAL NOTES	DIAGNOSIS
29.8.73		1 melanoma @ w/e	
11.2.74		attending lap. Baby, nursing.	
		? abd pain.	
		NAD	
		R.E. Pambel P.	
19.2.74		L.C. 17.1.	
20.2.74		Ototoxic Pero	URT
30.4.74		Blebitis - stopping	
		found. Pen V	
		West Act Co.	
29/8/74		Torsillite - pericill II	
18/10/74		Torsillite - pe II	
5/11/74			
14.11.74			
19.11.74		amp. due this	
		Ramp.	
7/12/74		Amoxil Cochrane	
10/2/75		West Rural	
31/3/75		Infected lrm sole of foot	
		pe mile	
30.5.75		West Act Co.	URT
		Ref ENT	Pharyngitis
6.6.75		Chloramphenicol eye inf	

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

MEDICAL RECORD CARD

FORM E.C. 7
(Scotland)

(23.9.71) (E10941) Dd. No. 249802 254,000 11/71 J.&G.L., Ltd. Gp. 259

Page 181 of 425

MALE

644 Y3 026.

F.L.S.

SURNAME

LAIRD

CHRISTIAN NAMES

BRIAN THORNS

ADDRESS

73 HART ST.

Date of Birth

31 12 72

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
22.1.73.		Otorrhea O. 0.5	rhinitis.
9.2.73.		Said to be "ham" (a) night - not feeding & coughing. O/E <u>nao</u> . Haw used B.C.G. Admitted a chest Chest clear	
14.2.73.		Cough. nasal discharge R. 2m. O. time	
14.3.73		"Sticky eyes" - routine cleaning.	
23.3.73.		R. E. anthrax	teething upset
26/3/73.		Cross - ? reassured nao. Chest & Abd.	
31.3.73		Cough improved R. 2m. L.C.M.	
7/5/73.		found in cot this pm E blood round mouth + nose - no signs (small) of (v) tho' (pt) has been (v) last 2/7s. No bleeding (pt) visible. Nil else of note WARTS seen CC cures.	

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

DATE	°C °F	CLINICAL NOTES	DIAGNOSIS
8.5.73.		Colic overnight. 1 episode of passage of 140-ccurrent jelly stools. No further (V) Abdo. soft no masses + nil @ anus. To RHC ? intransigent.	
11.5.73.		Diminished. well	
16/5/73.		Colic ?? constip. Abdo. NAD & Advice	
		Morbenlyt symp.	
18/5/73.		Feeding but occasional screening; all else fine. Morbenlyt before every meal + 555 pm	Infantile colic
10/7/73.		Still constip. Advice Serokor syn.	
15/3/73		"Still" diarrhoea - (apparently 'phoned' for advice 1/2 ago) 93 healthy baby - abdo. soft, sl. tender, minimally distended. Feed. Abdo. SOS.	
17/3/73		Black stools. Abdo. OK.	
		W + S. X2.	
18/3/73		ISQ. Ref to Young RHC. Abdo. nil.	
		Thinning but, 'intransigent'	

* In C.F. Column, which is for cases of certified incapacity only, practitioners

RECORD OF TREATMENT OF TEMPORARY RESIDENT

LA

Surname **LAIRD** Mr ☒ Miss ☐ NHS Number Date of birth **31/12/72**

Forenames

BRIAN THOMAS

Temporary Address

PO WALSH

207 LIGHTHOUSE RD N8

Home Address

37 BRACEWELL ST N16

Name of doctor at home

R. E. BOLL

To be completed by patient

I am temporarily resident at the address shown above and I expect to remain in the district for (tick whichever is appropriate)

not more than 15 days from today ☒

more than 15 days from today ☐

but not more than 3 months from the date of my arrival.

I have received treatment from the doctor whose signature appears below.

Patient's signature **B. Laird** Date **23/10/91**

A person signing for the patient should state the relationship.

To be completed by doctor

I have accepted the person named above as a Temporary Resident and have given treatment which is not one of the exceptions listed in paragraph 32.6 of the Statement of Fees and Allowances.

*I also claim a rural Practice Payment. The distance from my main surgery to the patient's temporary residence is **1.5** miles.

Doctor's signature **M. Campbell**

Date **23/10/91** Code No. **0050**

* Delete if not applicable

M. Campbell

CLINICAL RECORD

(before completing, please detach the top copy, but send both copies to the Family Practitioner Committee).

23/10/91

- 8/12 → fell down stairs
- injured in Rt knee
- wanting to see Orthopaedic specialist.
- sometimes knee locks
- 3 ~~4~~ fell down stairs again
- sprained Lt Ankle
- Lt Ankle swollen esp
- last walked tender to reduced movements
- Xray Lt Ankle
- Coxproxamol (60).



THIRD PARTY COPY

VACCINATIONS AND IMMUNISATIONS - AUTHORISATIONS

Name **LAIRD** Forename(s) **BRIAN**
 Address **34 PILGRIM ST**
 Number **633 040 5913** Date of Birth **31.12.72**

Procedure	Date	Signature of Parent or Guardian giving consent
Diphtheria	1st _____	
Whooping Cough	2nd _____	
Tetanus	3rd _____	
HIB	Reinf. _____	
Diphtheria	1st _____	
Tetanus	2nd _____	
	3rd _____	
	Reinf. _____	
Tetanus	1st 6.4.00	LOT: 754270 Exp. 31.8.01 754271 - Exp 31.8.2001
	2nd 6-6-00	
	3rd _____	
	Reinf. 1. _____	
	Reinf. 2. _____	
Poliomyelitis	1st 7.3.78	
	2nd _____	
	3rd _____	
	Reinf. _____	
MMR		
Rubella		
Typhoid	1st _____	
	2nd _____	
	Reinf. _____	
Cholera	1st _____	
	2nd _____	
	Revacc. 1. _____ 2. _____	
BCG	30.1.84	
Influenza		

Appointment Sent

Date Attended

HEALTH SUMMARY

MALE

Name *Brian hard* Address *34 Pilg non st*

D.O.B.

31.12.72

SMWD

Own Occupation

Unemployed

Partner's Occupation

Date

Date

Date

1st B/P

120/70

2nd B/P

3rd B/P

Mean if Applicable

Weight

13 stone 2lb

Ideal Weight

Height

Nutrition Advice

Exercise

Smoker

Cigarettes

Pipe

Since 19

Non Smoker

Never

Stopped 19

Family History
of CVA or MI*NONE KNOWN*

Diabetes

Yes

Insulin

OHD

Diet

No

Date of
Tetanus*1st 6.4.10*

2nd

3rd

Booster

Urine date

Protein

Sugar

Alcohol

NIL

Notes/Advice given/Further action

MEDICAL HISTORY

Illnesses

Drug ADDICTION - HEROIN

TEMUZEPAM & DIAZEPAM.

Allergies

NONE KNOWN.

Hereditary Conditions

NONE KNOWN.

Current Medication

AS ABOVE

SOCIAL FACTORS AFFECTING HEALTH

Employment

NIL.

Housing

TERRACED HOUSE.

Family Circumstances

LIVES WITH FRIEND. —

3 BROTHERS. —

Current State of Health:

FEELS WELL. —

MALE

SUMMARY OF TREATMENT CARD

Surname

Forename(s)

Address

N.H.S. Number

Date of Birth

DATE

CLINICAL NOTES

15/4/02 AB

8/5/02 AB

31/5/02 AB - Pick up on Wednesday.

26/6/02 AB

24/7/02 AB

15/8/02 AB

Registration Details - Patient No: 12181

Personal details...		Address details...	
Sex	M	Post Code	BB12 8DL
Surname	Laird	House Name Flat No	
Previous Surname		No and Street	22 Lawrence Street
Forenames	Brian Thomas	Village	Padiham
Calling Name	Brian	Town	Burnley
Date of birth	31/12/1972	County	Lancs
Title	Mr.		
Birth Surname			
Marital Status	Single		
Ethnic Origin	(White) British		
Carers Telephone Number			
Carer			

HA/HB Details...		Contact details...	
Trading partner	East Lancashire Ha	Home Tel No	
Registered GP	Dr. Jacob Skaria	Work Telephone Number	
Usual GP	Dr. Jacob Skaria	Mobile Tel No	07541 448042
NHS Number	633 040 5913	E Mail Address	
Residential Inst			
Branch Surgery	Pritchard Street Surgery		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At	Pritchard Street	Walking Quarters	

Further Information		Imported user defined fields	
Long/Short stay or Dead			
Date of registration		28/08/2007	

Medical Record

Problems

Active Problems		Authorised By	Code
20/09/2007	Ankle osteoarthritis NOS	Dr. Skaria	N05z7-1

Past Problems		Authorised By	Code
24/02/2009	Leg ulcer NOS	Dr. Skaria	M271-3
09/03/2009	Deep vein thrombosis of leg related to intravenous drug use	Dr. Karthik	G801E
01/05/2009	Erectile dysfunction	Dr. Manjooran	E2273-1
01/05/2009	Leg ulcer NOS	Dr. Manjooran	M271-3
26/06/2009	Leg ulcer NOS	Dr. Rajan	M271-3
22/01/2010	Infertility problem	Dr. Skaria	1AZ2-1

Health Admin Problems		Authorised By	Code

Investigations		Authorised By	Code
26/09/2007	Full blood count - FBC (Source: Manually filed) . requested by: Unknown <- viewed by: GL		424..
19/03/2008	Liver function test (Source: Manually filed) . requested by: Unknown <- viewed by: GL		44D6.
19/03/2008	Serum lipids (Source: Manually filed) . requested by: Unknown <- viewed by:		44O..

Medical Record Printout - Patient No: 12181

31/01/2011

GL <-}.lab comment: Chol/HDL ratio - CVD risk prediction in primary prevention
 19/03/2003 Renal profile (Source: Manually filed) .requested by: Unknown <-}.viewed by: 44J5.
 GL
 19/03/2008 Full blood count - FBC (Source: Manually filed) .requested by: Unknown <-}.viewed by: 424..
 GL
 15/09/2009 Bacterial culture and sensitivity (Source: LAB) is on clindamycin already..
 ***** ENSURE THAT * END OF REPORT * HAS BEEN REACHED *****
 [Aerobic : Positive * see table *] [Anaerobic : Anaerobes NOT isolated after 2 days.] ANTIBIOTIC 1 2 3 4 [1.Staphylococcus aureus +++ Flucloxacillin S]2. Erythromycin R]3]4.]Results helpline 01254 736088]***** END OF REPORT *****
 411H.
 15/09/2009 Bacterial culture and sensitivity (Source: LAB) on clindamycin, *****
 ENSURE THAT * END OF REPORT * HAS BEEN REACHED ***** [Aerobic :
 Positive * see table *] [Anaerobic : Anaerobes NOT isolated after 2 days.] ANTIBIOTIC 1 2 3 4 [1.Staphylococcus aureus +++ Flucloxacillin S]2. Erythromycin R]3]4.]Results helpline 01254 736088]***** END OF REPORT *****
 411H.
 ***** END OF REPORT *****

Values	
Date	Last Entry
20/08/2010	International normalised ratio 3.1 latest INR reading taken from yellow book
11/12/2009	Alcohol use disorder identificatn test consumptn questionre 2 /12
19/03/2008	Percentage hypochromic cells 0.1 %
19/03/2008	Large unstained cells 0.1 10 ⁹ /L
19/03/2008	0 10 ⁹ /L
19/03/2008	Eosinophil count 0.1 10 ⁹ /L
19/03/2008	Monocyte count 0.4 10 ⁹ /L
19/03/2008	Lymphocyte count 1.9 10 ⁹ /L
19/03/2008	Neutrophil count 4 10 ⁹ /L
19/03/2008	Red blood cell distribut width 14.1 UNKNOWN UNITS
19/03/2008	Packed cell volume 0.409 l/l
19/03/2008	Mean corpuscular volume (MCV) 91.2 fL
19/03/2008	Mean corpusc. Hb. conc. (MCHC) 35.1 g/dL
19/03/2008	Mean corpusc. haemoglobin(MCH) 32 pg
19/03/2008	Red blood cell (RBC) count 4.49 10 ¹² /L
19/03/2008	Platelet count 205 10 ⁹ /L
19/03/2008	Total white cell count 6.5 10 ⁹ /L
19/03/2008	Haemoglobin estimation 14.4 g/dL
19/03/2006	Plasma fasting glucose level 5.8 mmol/L .requested by: Unknown <-}.viewed by: GL
19/03/2008	Serum sodium 139 mmol/L
19/03/2008	Serum urea level 6.1 mmol/L
19/03/2008	Serum potassium 4.1 mmol/L
19/03/2008	Serum creatinine 95 umol/L
19/03/2008	Total cholesterol:HDL ratio 5.9 UNKNOWN UNITS
19/03/2008	Calculated LDL cholesterol lev 4.7 mmol/L
19/03/2008	Serum HDL cholesterol level 1.1 mmol/L
19/03/2008	Serum triglycerides 1.61 mmol/L
19/03/2008	Serum cholesterol 6.5 mmol/L
19/03/2008	Serum TSH level 2.4 mu/L .requested by: Unknown <-}.viewed by: GL
19/03/2008	Total alkaline phosphatase 64 iu/L
19/03/2008	Serum total bilirubin level 6 umol/L
19/03/2008	Serum albumin 41 g/L
19/03/2008	ALT/SGPT serum level 29 iu/L
14/03/2008	Patient health questionnaire (PHQ-9) score 11 Score Other depressive disorder, severity moderate (score 11/27), coping somewhat difficult <-}. Q1=(c) Little interest: More than half the days <-}. Q4=(d) Feeling tired: Nearly every day <-}. Q5=(a) Poor appetite: Not at all <-}. Q6=(a) Feeling a let down: Not at all <-}. Q7=(d) Trouble concentrating: Nearly every day <-}. Q8=(d) Slow or restless: Nearly every day <-}. Q9=(a) Self harm: Not at all <-}. somewhat difficult
18/12/2007	Cigarette smoker 15 a day for over 22 years. cut down from 60/day
26/09/2007	Serum protein electrophoresis .requested by: Unknown <-}.viewed by: GL <-}.result: Normal pattern <-}.result: No monoclonal band detected
26/09/2007	Serum globulin 29 g/L
26/09/2007	Serum total protein 76 g/L
26/09/2007	Serum protein profile .requested by: Unknown <-}.viewed by: GL
26/09/2007	Erythrocyte sedimentation rate 11 mm/h .requested by: Unknown <-}.viewed by: GL
26/09/2007	Rheumatoid factor screen test .requested by: Unknown <-}.viewed by: GL <-}.result: Rheumatoid factor: Negative <-}.result: Results Helpline: 01254 736088 <-}.result: **** end of report ****
26/09/2007	Serum C reactive protein level 9 mg/L .requested by: Unknown <-}.viewed by: GL

22/08/2007 Body Mass Index high K/M2 25.25 kg/m2
 22/08/2007 O/E - weight 99 kg
 22/08/2007 O/E - height 198 cm
 22/08/2007 Urine protein test negative
 22/08/2007 Urine glucose test negative
 22/08/2007 Blood pressure reading 120/78 mm Hg
 22/08/2007 O/E - blood pressure reading
 14/08/2007 Prothrombin time 23.5 s
 11/10/2005 Semen analysis see report
 17/06/1999 Ankle X-ray
 18/10/1973 Barium enema ?lymphoid hyperplasia in the bowel

Attachments		Authorised By	Code
22/08/2007	Scanned document Result Blackburn Royal Hospital Radiology	G9HZI.XXX	Miss Darlington Brown
30/08/2007	Referral to haematologist Open Reference - URGENT - just come to this practice Warfarin needs monitoring SENT C & B	FZS4Z.DOC	Ms. Lingard
24/09/2007	Letter from outside agency Admin Letter Job Centre Plus Form	GJT6U.XXX	Mrs. Mercer
28/09/2007	Letter encounter DWP report req rec'd passed to Dr Skaria as her has notes for JCP report	GF5NE.DOC	Mrs. Mercer
05/10/2007	Letter from outside agency Admin Letter DWP	GJT8U.XXX	Mrs. Mercer
14/11/2007	Scanned document Result Blackburn Royal Hospital Radiology	H8GMC.XXX	Miss Darlington Brown
28/11/2007	Scanned document Admin Letter Job Centre Plus Form	HLN0U.XXX	Miss Darlington Brown
08/05/2008	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology	K0FE0.XXX	Mrs. Weeks
08/05/2008	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology	JZJH0.XXX	Mrs. Weeks
20/05/2008	Letter encounter To patient to inform him that Dr Flint his Consultant Haematologist has asked us not to prescribe any further Warfarin as patient keeps failing to attend appt as per DG	K4QLD.DOC	Ms. Lingard
30/05/2008	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology	D7_00041440.TIF.XX2	Mr. Docman
01/08/2008	Warfarin monitoring WARFARIN INFORMATION	Document1.doc	Mrs. Brazendale
12/03/2009	Haematol ref routine	Haematol Ref routine.doc	Ms. Lingard
01/04/2009	Scanned document Clinical Letter Royal Blackburn Hospital NHS Trust Prescription	D7_00060077.TIF.XX2	Mr. Docman
21/08/2009	Scanned document Clinical Letter Royal Blackburn Hospital WARFARIN CLINIC	D7_00069520.TIF.XX2	Mr. Docman
30/08/2009	Scanned document Clinical Letter Royal Blackburn Hospital A&E	D7_00069945.TIF.XX2	Mr. Docman
03/09/2009	Scanned document Discharge Summary/Report Royal Blackburn Hospital	D7_00070566.TIF.XX2	Mr. Docman
03/09/2009	Scanned document Discharge Summary/Report Royal Blackburn Hospital	D7_00070576.TIF.XX2	Mr. Docman
10/09/2009	Scanned document Discharge Summary/Report East Lancashire NHS	D7_00071169.TIF.XX2	Mr. Docman
14/10/2009	Scanned document Admin Letter DWP	D7_00076282.TIF.XX2	Mr. Docman
27/10/2009	Haematology ref Urgent	Haematology ref Urgent.doc	Ms. Lingard
04/11/2009	Scanned document Clinical Letter Burnley General Hospital PHARMACY	D7_00074645.TIF.XX2	Mr. Docman
11/11/2009	Scanned document Clinical Letter Burnley General Hospital WARFARIN CLINIC	D7_00075783.TIF.XX2	Mr. Docman
19/11/2009	Scanned document Clinical Letter Burnley General Hospital Haematology	D7_00076109.TIF.XX2	Mr. Docman
07/12/2009	Attachment twimc letter	twimc letter.doc	Ms. Lingard
04/01/2010	Scanned document Clinical Letter Burnley General Hospital Maxillo-facial and oral surgery	D7_00079512.TIF.XX2	Mr. Docman
25/01/2010	MSK ref routine	MSK ref routine.doc	Ms. Lingard
27/01/2010	Referral letter - Outpatient (NHS) (). Routine	Letter to whom it concern.doc	Dr. Skaria

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31/01/2011

11/02/2010	Scanned document Clinical Letter St Peters Centre Burnley Musculoskeletal Clinic	D7_00082132.TIF.XX2	Mr. Docman	EMISATTACHMENT
15/03/2010	Scanned document Clinical Letter St Peters Centre Burnley Physiotherapy	D7_00084085.TIF.XX2	Mr. Docman	EMISATTACHMENT
24/03/2010	Scanned document Clinical Letter Abbey Gisburne Park Orthopaedics	D7_00089603.TIF.XX2	Mr. Docman	EMISATTACHMENT
07/05/2010	Scanned document Clinical Letter Abbey Gisburne Park Hospital	D7_00087632.TIF.XX2	Mr. Docman	EMISATTACHMENT
28/05/2010	Referral letter - , Outpatient (NHS) (). Routine	LTWMC.doc	Dr. Skaria	EMISATTACHMENT
13/07/2010	Clinical Letter Burnley General Hospital	D7_00094171.TIF.XX2		EMISATTACHMENT
27/10/2010	Clinical Letter Royal Blackburn Hospital A&E	D7_00100957.TIF.XX2		EMISATTACHMENT
14/01/2011	Clinical Letter Burnley General Hospital Anticoagulant	D7_00106386.TIF.XX2		EMISATTACHMENT

Due Diary Entries	Authorised By	Code
None		

Overdue Diary Entries	Authorised By	Code
14/10/2010 International normalised ratio OVERDUE	Mrs. McGeough	42QE

Alerts	Authorised By	Code
None		

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Referrals	Authorised By	Code
18/10/1973 Admission to hospital	Mrs. Leyland	8Hd
27/10/1973 Discharged from hospital discharged on iron	Mrs. Leyland	8HE
12/08/1975 Emergency hospital admission Swallowed quantity of Capsulin.	Mrs. Leyland	8H2
13/08/1975 Discharged from hospital	Mrs. Leyland	8HE
28/09/1975 Admission to hospital No discharge date recorded	Mrs. Leyland	8Hd
27/05/1982 Admission to hospital	Mrs. Leyland	8Hd
04/02/1999 Admission to hospital	Mrs. Leyland	8Hd
30/12/2000 Discharged from hospital No admission date	Mrs. Leyland	8HE
29/11/2001 Admission to hospital No discharge date given	Mrs. Leyland	8Hd
20/10/2005 Emergency hospital admission	Mrs. Leyland	8H2
12/11/2005 Admission to hospital	Mrs. Leyland	8Hd
21/09/2007 Refer to physiotherapist referred to physio by Dr Skaria re right ankle swelling	Mrs. McGeough	8H77
02/11/2007 Refer for X-Ray Doppler Scan Left Leg.	Miss Hamer	8HQ1
18/12/2007 Referral to stop-smoking clinic	Dr. Skaria	8HTK
12/03/2009 Haematology referral Open Reference - recurrent DVTS h/o IV drug abuse	Ms. Lingard	EMISSPR823
27/10/2009 Haematology referral Stopped Warfarin and has h/o DVTS ADVISED BY C & B TO SEND DIRECT TO A/C AT RGH HAVE DONE SO AND PATIENT SHOULD REC AN APPT DIRECT FROM THEM	Ms. Lingard	EMISSPR823
25/01/2010 Referral to musculoskeletal clinic Right ankle pain	Ms. Lingard	8HTP

Immunisations	Authorised By	Code
17/12/1987 Tetanus vaccination	Mrs. Leyland	656
01/01/2004 Booster tetanus vaccination	Mrs. Young	6564
11/06/2005 Booster tetanus vaccination	Mrs. Leyland	6564

Health Status
22/08/2007 Blood pressure reading O/E - blood pressure reading
22/08/2007 Blood pressure reading 120/78 mm Hg
22/08/2007 Body Mass Index Body Mass Index high K/M2
22/08/2007 Alcohol consumption Light drinker - 1-2u/day

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31/01/2011

22/08/2007 Weight 99 kg
 22/08/2007 Height 198 cm
 11/12/2009 Alcohol use disorder identificatn test consumptn questionnre 2 /12
 11/12/2009 Exercise grading Avoids even trivial exercise

Other Observations	Authorised By	Code
18/10/1973 Diagnostic proctoscopy	Mrs. Leyland	772A
18/10/1973 Sigmoidoscopy NEC	Mrs. Leyland	771Qz
28/09/1975 Tonsillectomy and adenoidectomy	Mrs. Leyland	75306
17/10/1977 Hypertrophic scar Right shoulder should improve with time	Mrs. Leyland	M2y11
30/07/1980 Seen in hospital casualty	Mrs. Leyland	9N19
30/07/1980 Dog bite bitten on face and neck	Mrs. Leyland	TE60
22/12/1980 Seen in hospital casualty	Mrs. Leyland	9N19
22/12/1980 Dog bite Right leg	Mrs. Leyland	TE60
27/05/1982 Enuresis	Mrs. Leyland	1A22
27/05/1982 Enuresis alarm	Mrs. Leyland	8D73
23/02/1983 Other elbow injuries	Mrs. Leyland	SK130
23/02/1983 [SO]Left side	Mrs. Leyland	7NB32
23/02/1983 Seen in hospital casualty	Mrs. Leyland	9N19
12/02/1985 Seen in hospital casualty	Mrs. Leyland	9N19
12/02/1985 Unspecified injury of wrist	Mrs. Leyland	SK133
12/02/1985 [SO]Left side	Mrs. Leyland	7NB32
16/10/1987 DNA hospital appointment Failed to attend 3 appointments at enuresis clinic	Mrs. Leyland	9N4H
17/12/1987 Seen in hospital casualty Minor laceration Pinna/suture and TT booster	Mrs. Leyland	9N19
05/12/1988 Seen in hospital casualty	Mrs. Leyland	9N19
05/12/1988 Laceration NOS Left little finger laceration. Cleaned and sutured under LA	Mrs. Leyland	S8z
22/10/1990 H/O: knee problem persistant right knee problem	Mrs. Leyland	14G3
22/11/1990 Failed encounter Physiotherapy appointment	Mrs. Leyland	9N4
09/04/1991 Acute gastritis Info from GP card	Mrs. Leyland	J150
02/09/1992 Head injury Hit by car. Info from GP card	Mrs. Leyland	S646
09/12/1994 Drug addiction therapy North West Drug misuse team	Mrs. Leyland	8B23
09/12/1994 Drug addictn therap-methadone	Mrs. Leyland	8B23
26/03/1995 Seen in hospital casualty	Mrs. Leyland	9N19
26/03/1996 Hand pain Left before treatment	Mrs. Leyland	N245
26/03/1996 [SO]Left side	Mrs. Leyland	7NB32
03/02/1998 Anxiety states	Mrs. Leyland	E200
06/02/1998 Seen in hospital casualty	Mrs. Leyland	9N19
06/02/1998 Closed reduction of fracture of thumb	Mrs. Leyland	7K1LJ
06/02/1998 [SO]Left side	Mrs. Leyland	7NB32
06/02/1998 Head injury Alleged assault/multiple contusions to chest and fracture to base of thumb	Mrs. Leyland	S646
04/02/1999 Cellulitis NOS	Mrs. Leyland	M03z0
04/02/1999 Drainage of abscess NEC Known IV drug user/right leg inguinal abscess with cellulitis	Mrs. Leyland	7G251
17/06/1999 Closed fracture ankle, lateral malleolus	Mrs. Leyland	S342
17/06/1999 [SO]Right side	Mrs. Leyland	7NB31
17/06/1999 Seen in hospital casualty	Mrs. Leyland	9N19
12/07/2000 Registered - Awaiting Approval	Mr. Unknown User	91
12/07/2000 Verbal invite to screening	Xxxxxxxxxxxxxx	9O23
13/07/2000 Health ed. - donor status	Mrs. Brazendale	6796
13/07/2000 Registration Approved	Mr. Unknown User	91
25/07/2000 Closed - Internal Transfer	Mr. Unknown User	91
29/12/2000 Seen in hospital casualty Mental health related problem/declined offer of help	Mrs. Leyland	9N19
30/12/2000 Overdose of drug ?suicide intention	Mrs. Leyland	SL
30/12/2000 Heroin dependence Heroin abuser/refer psychiatry	Mrs. Leyland	E240
29/11/2001 Seen in hospital casualty	Mrs. Leyland	9N19
29/11/2001 [D]Dizziness Several blackouts, dizzy spells	Mrs. Leyland	R0040
22/07/2004 Scalds	Mrs. Leyland	SH
22/07/2004 Seen in hospital casualty	Mrs. Leyland	9N19
22/07/2004 Unspecified degree burn of hand injured at work	Mrs. Leyland	SH40
22/07/2004 [SO]Right side	Mrs. Leyland	7NB31
09/04/2005 Chronic skin ulcer	Mrs. Leyland	M27
09/04/2005 [SO]Left side Lower leg. Was previously admitted to ward but no follow up appointment given	Mrs. Leyland	7NB32
11/04/2005 Seen in hospital casualty ?some form of paranoid delusions were evident but obscured because of being under the influence of substances	Mrs. Leyland	9N19
11/04/2005 Seen in hospital casualty Demanded Diazepam, when not given became aggressive	Mrs. Leyland	9N19
13/04/2005 Failed encounter Follow up appointment for leg ulcer	Mrs. Leyland	9N4
18/04/2005 DNA hospital appointment Psychiatry appointment.	Mrs. Leyland	9N4H
20/05/2005 Seen in psychiatry clinic Mental health care plan	Mrs. Leyland	9N1T

11/06/2005	Seen in hospital casualty	Mrs. Leyland	9N19
11/06/2005	Laceration of arm laceration to left wrist	Mrs. Leyland	S9
11/06/2005	[SO]Left side	Mrs. Leyland	7NB32
25/08/2005	IB74 Incapacity benefit meets threshold for incapacity/medical certificates no longer needed	Mrs. Leyland	9DG
20/10/2005	Seen in hospital casualty	Mrs. Leyland	9N19
20/10/2005	Overdose of drug	Mrs. Leyland	SL
10/11/2005	Seen in hospital casualty	Mrs. Leyland	9N19
10/11/2005	Laceration of arm Right hand laceration. Transferred to other hospital	Mrs. Leyland	S9
10/11/2005	[SO]Right side	Mrs. Leyland	7NB31
12/11/2005	Finger operation Repair of RDN. Index finger of right hand	Mrs. Leyland	7K90
29/12/2005	DNA hospital appointment Failed to attend plastic surgery follow up appointment.	Mrs. Leyland	9N4H
14/03/2006	Other hand injury, excluding finger	Mrs. Leyland	SK14
14/03/2006	Seen in hospital casualty	Mrs. Leyland	9N19
14/03/2006	[SO]Right side	Mrs. Leyland	7NB31
17/03/2006	DNA hospital appointment follow up appointment for hand injury	Mrs. Leyland	9N4H
22/03/2006	Seen in hospital casualty re previous hand injury	Mrs. Leyland	9N19
22/03/2006	Cellulitis NOS Low grade infection and cellulitis of previous right wrist wound	Mrs. Leyland	M03z0
27/03/2006	DNA hospital appointment failed to attend 2 follow up appointments	Mrs. Leyland	9N4H
13/12/2006	O/E - phlebitis leg	Mrs. Leyland	2117
13/12/2006	Thrombophilia leg	Mrs. Leyland	D30A
08/02/2007	Did not attend blood test Failed to attend for warfarin monitoring	Mrs. Leyland	9N40
13/08/2007	Verbal invite to screening appt made 15/08/07	Mrs. Brazendale	9O23
13/08/2007	Smoking cessation advice	Mrs. Brazendale	8CAL
13/08/2007	Smoking cessation advice	Mrs. Brazendale	8CAL
13/08/2007	Smoking cessation advice	Mrs. Brazendale	8CAL
14/08/2007	Free Text Come out of prison, req repeat meds, also med 3. Havong INR checked today, has been on warfarin 13mg daily for a while, INR was checked every 2 weeks in prison and warfarin dose ranged from 11-13mg.	Mrs. Leyland	PCSDT846410
14/08/2007	MED3 - doctor's statement 4 weeks recurrent DVTs	Mrs. Leyland	9D1
14/08/2007	Blood test requested INR taken as requested by Dr Amin	Mrs. Leyland	4131
20/08/2007	Abdominal pain type stomach bug, has vomiting initially but notnow. getting stomach cramp. P: mebeverine.	Mrs. Leyland	196
20/08/2007	Ankle sprain on warfarin, after injury 7 months ago. P: Xray Rt ankle. try moveiat gel.	Mrs. Leyland	S550
22/08/2007	New patient screen done	Mrs. Young	68R2
22/08/2007	Other occupations	Mrs. Young	0Z
22/08/2007	Cohabiting	Mrs. Young	1336
22/08/2007	Heavy smoker - 20-39 cigs/day	Mrs. Young	1375
22/08/2007	Health ed. - smoking	Mrs. Young	6791
22/08/2007	Light drinker - 1-2u/day	Mrs. Young	1363
22/08/2007	Health ed. - alcohol	Mrs. Young	6792
24/08/2007	Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 20/08/07 mebeverine hydrochloride tablets 135mg take one 3 times/day <- 14/08/07 warfarin sodium tablets 5mg two tablets daily <- 14/08/07 warfarin sodium tablets 3mg take one daily <- 14/08/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- <- <-	Mrs. Leyland	679
24/08/2007	Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 20/08/07 mebeverine hydrochloride tablets 135mg take one 3 times/day <- 14/08/07 warfarin sodium tablets 5mg two tablets daily <- 14/08/07 warfarin sodium tablets 3mg take one daily <- 14/08/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- <- <-	Mrs. Leyland	679
28/08/2007	Patient MRE received from FPC	Ms. Lingard	9125
28/08/2007	Free Text Dr Hallam, GP at Pison diagnosed that he needs warfarin for life. H/o gall stone. arthritis of Rt ankle. letter to anticoag clinic done.	Mrs. Leyland	PCSDT846410
31/08/2007	Telephone encounter sick note given on 14.08.07 is lost.needs a duplicate one done.	Mrs. Leyland	9N31
31/08/2007	A4 record folder	Miss Darlington Brown	932
10/09/2007	Free Text med 3 DVT and arthritis of ankle.	Mrs. Leyland	PCSDT846410
10/09/2007	Free Text Med3given	Mrs. Leyland	PCSDT846410
12/09/2007	Notes summary on computer	Mrs. Leyland	9344
20/09/2007	Letter encounter JCP report req rec'd notes requested. when dealt with keep notes as patient is now out of area and needs deducting	Mrs. Mercer	9N33
20/09/2007	Patient reviewed explained Xray - advanced OA of Rt ankle, limping while walking. P: referral to phyio and Orthopaedics - letters done, also has tenderness and pain of SI joints. need to r/o ankylosing spondylitis. P: check BLOODS - FBC, ESR, CRP, Serum electrophoresis, rheumatoid factor. r/w with results.	Dr. Skaria	6A
20/09/2007	MED3 - doctor's statement x 4/52 advanced OA of Rt ankle awaiting specialist review.	Dr. Skaria	9D1
26/09/2007	Free Text JCP report req and notes passed to Dr Skaria	Mrs. Mercer	PCSDT846410
26/09/2007	Blood test requested ESR/CRP/Serum Ele/Rheumatoid- DJS	Mrs. Young	4131
04/10/2007	Free Text DWP form completed	Dr. Skaria	PCSDT846410

04/10/2007	Free Text JCP report scanned and sent	Mrs. Mercer	PCSDT846410
04/10/2007	Free Text DWP report scanned and sent	Mrs. Mercer	PCSDT846410
17/10/2007	MED3 - doctor's statement med3 4/52 arthritis right ankle.	Dr. Gupta	9D1
31/10/2007	Telephone encounter tried contacting mr laird on 603079 twice at 3.30pm and at 6.30pm - got answering machine both times - left message to contact the surgery tomorrow or nhs direct if urgent	Dr. Manjooran	9N31
02/11/2007	Swelling swelling of left leg for over a week, o/e left leg is swollen, no tenderness. scan	Dr. Gupta	16J
02/11/2007	Leg swelling symptom recurrence of leg swelling on Warfarin for DVT ?? UNDER COAGULATED. need to come in to rule out Cellulitis/DVT.	Dr. Skaria	1833
14/11/2007	MED3 - doctor's statement med3 4/52 oa right ankle.	Dr. Gupta	9D1
14/11/2007	Medication review with patient	Dr. Gupta	8B3x
21/11/2007	Free Text BACS remit rec'd from DWP 33.50 paid into Practice A/c	Mrs. Mercer	PCSDT846410
07/12/2007	Letter encounter Letter from JCP patient meets the threshold of incapacity med certs no longer need to be issued	Mrs. Weeks	9N33
07/12/2007	Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 22/11/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- 31/10/07 warfarin sodium tablets 5mg two tablets daily <- 31/10/07 warfarin sodium tablets 3mg take one daily <- <- <-	Mrs. McGeough	679
11/12/2007	Acute conjunctivitis for the last week. Vision fine. o/e no signs of iritis.	Dr. Awan	F4C0
11/12/2007	Infective otitis externa Both ears in the external auditory canal. Tympanic membranes fine.	Dr. Awan	F501
18/12/2007	Smoking cessation advice	Dr. Skaria	8CAL
18/12/2007	Smoking cessation advice	Dr. Skaria	8CAL
18/12/2007	Smoking cessation advice	Dr. Skaria	8CAL
18/12/2007	Chesty cough wheezy at night with green phlegm, soreness centre of chest. o/e chest clear. pulse: 66/min regular. P: Amoxicillin. need early INR check. chloramphenicol eye dp.	Dr. Skaria	1719
21/01/2008	Free Text Script reprinted as printed on plain paper	Mrs. McGeough	PCSDT846410
12/03/2008	Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 18/12/07 amoxicillin capsules 250mg take one 3 times/day <- 18/12/07 chloramphenicol eye drops 0.5% one drop 4 times/day <- 21/02/08 tramadol 12 hour modified release tablets 100mg take one twice daily <- 21/02/08 warfarin sodium tablets 5mg two tablets daily <- 21/02/08 warfarin sodium tablets 3mg take one daily <- <- <-	Mrs. McGeough	679
13/03/2008	Free Text need to chase up referral to anticoag clinic done August 07. no further letters from them. still taking large dose of warfarin but no documentation to say it is being monitored. P: note on script to patient to book in with nurse for BLOODS - INR. note to admin team to chase up referral done in August 07. patient to see doctor prior to requesting further scripts of WARFARIN.	Dr. Skaria	PCSDT846410
14/03/2008	Relationship problems relationship problems with partner - affecting sleep - advised to contact relate counselling	Dr. Manjooran	13HP
17/03/2008	Tiredness symptom awaiting bloods-	Dr. Gupta	168
19/03/2008	Blood test requested PI has taken own bloods in surgery as requested by DG	Mrs. Hartley	4131
19/03/2008	Free Text Anticoag therapy record shows INR 2.3 from 29/02/08, to be seen again in anticoag clinic 25/4/08	Mrs. Hartley	PCSDT846410
04/04/2008	Medication review of medical notes	Dr. Gupta	8B3y
14/01/2009	Transfer of Dr S P Guptas. Patient List	Mrs. Naylor	PCS8464TR1
09/03/2009	(REVIEW) Leg ulcer NOS	Dr. Karthik	M271-3
16/03/2009	(REVIEW) Leg ulcer NOS	Dr. Karthik	M271-3
19/03/2009	(REVIEW) Leg ulcer NOS	Dr. Skaria	M271-3
26/03/2009	Telephone encounter Hospital rang requesting copy of referral, given Ossy number they will be able to fax it.	Mrs. McGeough	9N31
01/04/2009	Hospital prescription	Miss Darlington Brown	8B2D
01/05/2009	Main spoken language English	Dr. Manjooran	13M
03/07/2009	(REVIEW) Leg ulcer NOS	Dr. Skaria	M271-3
21/08/2009	DNA hospital appointment anticoagulant clinic not to be issued Warfarin	Mr. Docman	9N4H
30/08/2009	Seen in hospital casualty ?abscess to right leg - swelling to right hand	Mr. Docman	9N19
10/09/2009	Telephone encounter Spoke to haematology - INR reading done on 30.8.09 is 1.4	Mrs. McGeough	9N31
10/09/2009	Discharge summary	Mr. Docman	93A
11/09/2009	Telephone encounter Patient in hosp recently, out of hosp ? 6.9.09 - spoke to sister on 820 - patient left ward before they could give him warfarin/other meds	Mrs. McGeough	9N31
20/10/2009	Social security claim report received notes requested	Mrs. Weeks	9EB
23/10/2009	Social security claim report received passed to DG for completion	Mrs. Weeks	9EB
29/10/2009	Telephone encounter DWP rang re progress of report - told with doctor and being dealt with	Mrs. McGeough	9N31
04/11/2009	Letter from specialist	Mr. Docman	9N36
05/11/2009	Social sec report sent off	Mrs. Weeks	9EB1
11/11/2009	Letter encounter to patient	Miss Darlington Brown	9N35
11/11/2009	DNA hospital appointment Anticoagulant Clinic.	Miss Darlington Brown	9N4H
11/11/2009	Did not attend	Miss Darlington	9Ni

18/11/2009	(REVIEW) Ankle osteoarthritis NOS	Brown	
18/11/2009	Did not attend	Dr. Skaria	N05z7-1
19/11/2009	Letter encounter to patient	Miss Darlington	9Ni
25/11/2009	Telephone encounter NO PHONE NUMBER TO CONTACT PATIENT RE HIS APPT AT bgh AT 3PM OUT PATIENT SUITE 3	Miss Darlington	9N35
02/12/2009	Administration LETTER DONE BY DR. SKARIA TO BE TYPED UP BY GILLY. TAKEN OVER TO OSSY. THURSDAY MORNING	Brown	
03/12/2009	Social security claim report payable order received put in DG box	Mrs. McGeough	9N31
04/12/2009	Anticoagulation monitoring - secondary care	Mrs. Heaton	9
04/12/2009	Warfarin dose unchanged	Mrs. Weeks	9EB
11/12/2009	Number of Children = 0	Ms. Anderson	66QC
11/12/2009	Number of Children Still Living at Home = 0	Ms. Anderson	66Q9
11/12/2009	Patient's next of kin JAMES LAIRD	Ms. Anderson	PCS8464NU29
11/12/2009	British or mixed British - ethnic category 2001 census	Ms. Anderson	PCS8464NU30
11/12/2009	Main spoken language English	Ms. Anderson	9182
11/12/2009	Occupations	Ms. Anderson	910
11/12/2009	Unemployed	Ms. Anderson	1314
11/12/2009	Single	Ms. Anderson	0
11/12/2009	Avoids even trivial exercise	Ms. Anderson	13J7
11/12/2009	Never smoked tobacco	Ms. Anderson	1331
04/01/2010	Listed for Oral Surgery admix	Ms. Anderson	1382
06/01/2010	Telephone encounter Patient rang requesting warfarin and tramadol - says he attended anticoag clinic on 18.12.09 and iNR was 2.1 - script requested and done by GM - to be seen again in anticoag clinic in February	Mr. Docman	1371
06/01/2010	Anticoagulation monitoring - secondary care	Mrs. McGeough	8HMQ
22/01/2010	(REVIEW) Ankle osteoarthritis NOS	Mrs. McGeough	9N31
05/02/2010	British or mixed British - ethnic category 2001 census	Dr. Skaria	66QC
08/03/2010	Anticoagulation monitoring - secondary care	Mrs. Naylor	N05z7-1
08/03/2010	Warfarin dose unchanged 10mg daily	Ms. Anderson	910
15/03/2010	DNA hospital appointment	Ms. Anderson	66QC
26/03/2010	Anticoagulation monitoring - secondary care	Ms. Anderson	66Q9
26/03/2010	Warfarin dose unchanged	Mr. Docman	9N4H
13/04/2010	(REVIEW) Ankle osteoarthritis NOS	Mrs. McGeough	66QC
13/04/2010	Anticoagulation monitoring - secondary care	Mrs. McGeough	66Q9
13/04/2010	Warfarin dose unchanged 10mg daily	Dr. Gupta	N05z7-1
07/05/2010	Letter encounter to patient from Gisborne Park - Inpatient Administrator	Ms. Anderson	66QC
14/05/2010	(REVIEW) Ankle osteoarthritis NOS	Ms. Anderson	66Q9
14/05/2010	Anticoagulation monitoring - secondary care	Mrs. Weeks	9N35
14/05/2010	Warfarin dose unchanged	Dr. Skaria	N05z7-1
20/08/2010	Anticoagulation monitoring - secondary care	Mrs. McGeough	66QC
20/08/2010	Warfarin dose unchanged	Mrs. McGeough	66Q9
27/10/2010	RTA injury examination	Mrs. McGeough	66Q9
14/01/2011	Seen in general medical clinic	Mr. Docman	6927
28/01/2011	Deduction - Patient Deducted by LASCA - Internal Transfer	Mr. Docman	9N1c
31/01/2011	Patient de-reg. MRE to FPC	Mrs. Stanton	PCS8464DE1
		Mrs. Stanton	924

Consultations

12/07/2000	XXXXXXXXXXXX at Seen in GP's surgery
Comment	Verbal invite to screening
12/07/2000	Mr. An Unknown User at Indirect encounter
Comment	Registered - Awaiting Approval
13/07/2000	Mr. An Unknown User at Indirect encounter
Comment	Registration Approved
13/07/2000	XXXXXXXXXXXX at Patient encounter data NOS
Comment	Health ed. - donor status
25/07/2000	Mr. An Unknown User at Indirect encounter
Comment	Closed - Internal Transfer
13/08/2007	Mrs. Catherine Brazendale at Admin
Comment	Verbal invite to screening appt made 15/08/07
	Smoking cessation advice
	Smoking cessation advice

	Smoking cessation advice Cigarette smoker cessation information sent out
14/08/2007 Comment	<u>Mrs. Beverley Hartley at Seen in GP's surgery</u> Blood test requested INR taken as requested by Dr Amin
14/08/2007 Comment	<u>Dr. Muhammed Amin at Seen in GP's surgery</u> Free Text Come out of prison, req repeat meds, also med 3. Havong INR checked today, has been on warfarin 13mg daily for a while, INR was checked every 2 weeks in prison and warfarin dose ranged from 11-13mg. MED3 - doctor's statement 4 weeks recurrent DVTs
14/08/2007 Comment	<u>Mrs. Catherine Brazendale at Laboratory Encounter</u> Prothrombin time International normalised ratio
20/08/2007 Comment	<u>Dr. Jacob Skaria at Seen in GP's surgery</u> Abdominal pain type stomach bug, has vomiting initially but not now, getting stomach cramp. P: mebeverine. Ankle sprain on warfarin, after injury 7 months ago. P: Xray Rt ankle, try move at gel.
22/08/2007 Comment	<u>Mrs. Jeanne Young at Seen in GP's surgery</u> New patient screen done Other occupations Cohabiting Heavy smoker - 20-39 cigs/day Health ed. - smoking Light drinker - 1-2u/day Health ed. - alcohol O/E - blood pressure reading O/E - Systolic BP reading O/E - Diastolic BP reading Urine glucose test negative Urine protein test negative Booster tetanus vaccination (diary entry deleted) (Not Known) O/E - height O/E - weight Body Mass Index high K/M2
24/08/2007 Comment	<u>Mrs. Helen McGeough at Admin</u> Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 20/08/07 mebeverine hydrochloride tablets 135mg take one 3 times/day <- 14/08/07 warfarin sodium tablets 5mg two tablets daily <- 14/08/07 warfarin sodium tablets 3mg take one daily <- 14/08/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- <- <- Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 20/08/07 mebeverine hydrochloride tablets 135mg take one 3 times/day <- 14/08/07 warfarin sodium tablets 5mg two tablets daily <- 14/08/07 warfarin sodium tablets 3mg take one daily <- 14/08/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- <- <-
28/08/2007 Comment	<u>Dr. Jacob Skaria at Seen in GP's surgery</u> Free Text Dr Hallam, GP at Prison diagnosed that he needs warfarin for life. H/o gall stone, arthritis of Rt ankle, letter to anticoag clinic done.
28/08/2007 Comment	<u>Ms. Gillian Lingard at Admin</u> Patient MRE received from FPC
30/08/2007 Comment	<u>Ms. Gillian Lingard at Admin</u> Referral to haematologist Open Reference - URGENT - just come to this practice Warfarin needs monitoring SENT C & B
31/08/2007	<u>Miss Emma Darlington Brown at Laboratory Encounter</u>

Comment	A4 record folder
31/08/2007	<u>Dr. S P Gupta at External Encounter</u>
Comment	Telephone encounter sick note given on 14.08.07 is lost, needs a duplicate one done.
10/09/2007	<u>Dr. Thomas Manjooran at Indirect encounter</u>
Comment	Free Text med 3 DVT and arthritis of ankle. Free Text Med3given
11/09/2007	<u>Mrs. Elizabeth Joy Leyland at Admin</u>
Comment	Seen in hospital casualty Laceration NOS Left little finger laceration. Cleaned and sutured under LA Seen in hospital casualty Minor laceration Pinna/suture and TT booster DNA hospital appointment Failed to attend 3 appointments at enuresis clinic Seen in hospital casualty Unspecified injury of wrist [SO]Left side Other elbow injuries [SO]Left side Seen in hospital casualty Admission to hospital Enuresis Enuresis alarm Seen in hospital casualty Dog bite bitten on face and neck Seen in hospital casualty Dog bite Right leg Admission to hospital No discharge date recorded Tonsillectomy and adenoidectomy Emergency hospital admission Swallowed quantity of Capsulin. Discharged from hospital Tetanus vaccination
12/09/2007	<u>Mrs. Elizabeth Joy Leyland at Admin</u>
Comment	Admission to hospital Discharged from hospital discharged on iron Diagnostic proctoscopy Sigmoidoscopy NEC Barium enema ?lymphoid hyperplasia in the bowel Haemoglobin estimation Hypertrophic scar Right shoulder should improve with time Drug addiction therapy North West Drug misuse team Drug addictn therap-methadone Failed encounter Physiotherapy appointment Seen in hospital casualty Hand pain Left before treatment [SO]Left side Seen in hospital casualty Closed reduction of fracture of thumb [SO]Left side Head injury Alleged assault/multiple contusions to chest and fracture to base of thumb Admission to hospital Cellulitis NOS Drainage of abscess NEC Known IV drug user/right leg inguinal abscess with cellulitis Closed fracture ankle, lateral malleolus [SO]Right side Seen in hospital casualty Ankle X-ray Discharged from hospital No admission date Overdose of drug ?suicide intention Heroin dependence Heroin abuser/refer psychiatry Seen in hospital casualty Mental health related problem/declined offer of help Seen in hospital casualty Admission to hospital No discharge date given [D]Dizziness Several blackouts, dizzy spells Scalds Seen in hospital casualty

Unspecified degree burn of hand injured at work
 [SO]Right side
 Chronic skin ulcer
 [SO]Left side Lower leg. Was previously admitted to ward but no follow up appointment given
 Failed encounter Follow up appointment for leg ulcer
 Seen in hospital casualty ?some form of paranoid delusions were evident but obscured because of being under the influence of substances
 DNA hospital appointment Psychiatry appointment.
 Seen in psychiatry clinic Mental health care plan
 Anxiety states
 Seen in hospital casualty Demanded Diazepam, when not given became aggressive
 Seen in hospital casualty
 Laceration of arm laceration to left wrist
 [SO]Left side
 Booster tetanus vaccination
 IB74 Incapacity benefit meets threshold for incapacity/medical certificates no longer needed
 Seen in hospital casualty
 Overdose of drug
 Emergency hospital admission
 Seen in hospital casualty
 Laceration of arm Right hand laceration. Transferred to other hospital
 [SO]Right side
 DNA hospital appointment Failed to attend plastic surgery follow up appointment.
 Other hand injury, excluding finger
 Seen in hospital casualty
 [SO]Right side
 DNA hospital appointment follow up appointment for hand injury
 Seen in hospital casualty re previous hand injury
 Cellulitis NOS Low grade infection and cellulitis of previous right wrist wound
 DNA hospital appointment failed to attend 2 follow up appointments
 Did not attend blood test Failed to attend for warfarin monitoring
 Semen analysis see report
 Admission to hospital
 Finger operation Repair of RDN. Index finger of right hand
 O/E - phlebitis leg
 Thrombophilia leg
 H/O: knee problem persistent right knee problem
 Head injury Hit by car. Info from GP card
 Acute gastritis Info from GP card
 Notes summary on computer

18/09/2007	<u>Miss Emma Darlington Brown at Laboratory Encounter</u>
Comment	Scanned document Result Blackburn Royal Hospital Radiology
20/09/2007	<u>Dr. Jacob Skania at Seen in GP's surgery</u>
Comment	Patient reviewed explained Xray - advanced OA of Rt ankle; limping while walking. P: referral to physio and Orthopaedics - letters done. also has tenderness and pain of SI joints. need to r/o ankylosing spondylitis. P: check BLOODS - FBC, ESR, CRP. Serum electrophoresis, rheumatoid factor. r/w with results. MED3 - doctor's statement x 4/52 advanced OA of Rt ankle awaiting specialist review.
20/09/2007	<u>Mrs. Lorraine Mercer at Admin</u>
Comment	Letter encounter JCP report req rec'd notes requested. when dealt with keep notes as patient is now out of area and needs deducting
21/09/2007	<u>Mrs. Helen McGeough at Patient encounter data NOS</u>
Comment	Refer to physiotherapist referred to physio by Dr Skania re right ankle swelling
26/09/2007	<u>Ms. Gillian Lingard at Laboratory Encounter</u>
Comment	Serum protein profile .requested by: Unknown <- . viewed by: GL Serum total protein Serum albumin Serum globulin Serum protein electrophoresis .requested by: Unknown <- . viewed by: GL <- . result: Normal pattern <- . result: No monoclonal band detected

26/09/2007 Comment	<u>Mrs. Jeanne Young at Seen in GP's surgery</u> Blood test requested ESR/CRP/Serum Ele/Rheumatoid- DJS
26/09/2007 Comment	<u>Ms. Gillian Lingard at Laboratory Encounter</u> Serum C reactive protein level .requested by: Unknown <- .viewed by: GL Rheumatoid factor screen test .requested by: Unknown <- .viewed by: GL <- .result: Rheumatoid factor: Negative <- .result: Results Helpline: 01254 736088 <- .result: **** end of report **** Erythrocyte sedimentation rate .requested by: Unknown <- .viewed by: GL Red blood cell (RBC) count Mean corpusc. haemoglobin(MCH) Mean corpusc. Hb. conc. (MCHC) Mean corpuscular volume (MCV) Packed cell volume Red blood cell distribut width Neutrophil count Lymphocyte count Monocyte count Eosinophil count Basophil count Large unstained cells Percentage hypochromic cells
26/09/2007 Comment	<u>Mrs. Lorraine Mercer at Admin</u> Free Text JCP report req and notes passed to Dr Skaria
28/09/2007 Comment	<u>Mrs. Lorraine Mercer at Admin</u> Letter encounter DWP report req rec'd passed to Dr Skaria as her has notes for JCP report
04/10/2007 Comment	<u>Mrs. Lorraine Mercer at Admin</u> Free Text JCP report scanned and sent Free Text DWP report scanned and sent
04/10/2007 Comment	<u>Dr. Jacob Skaria at Indirect encounter</u> Free Text DWP form completed
05/10/2007 Comment	<u>Mrs. Lorraine Mercer at Admin</u> Letter from outside agency Admin Letter Job Centre Plus Form Letter from outside agency-Admin Letter DWP
17/10/2007 Comment	<u>Dr. S P Gupta at Seen in GP's surgery</u> MED3 - doctor's statement med3 4/52 arthritis right ankle.
31/10/2007 Comment	<u>Dr. George Manjooran at Seen in GP's surgery</u> Telephone encounter tried contacting mr laird on 603079 twice at 3.30pm and at 6.30pm - got answering machine both times - left message to contact the surgery tomorrow or nhs direct if urgent
02/11/2007 Comment	<u>Dr. Jacob Skaria at Telephone encounter</u> Leg swelling symptom recurrence of leg swelling on Warfarin for DVT ?? UNDER COAGULATED. need to come in to rule out Cellulitis/DVT.
02/11/2007 Comment	<u>Dr. S P Gupta at Seen in GP's surgery</u> Swelling swelling of left leg for over a week, o/e left leg is swollen, no tenderness scan
02/11/2007 Comment	<u>Miss Bryony Ann Hamer at Seen in GP's surgery</u> Refer for X-Ray Doppler Scan Left Leg.
14/11/2007 Comment	<u>Dr. S P Gupta at Seen in GP's surgery</u> MED3 - doctor's statement med3 4/52 oa right ankle.

	Medication review with patient
19/11/2007 Comment	<u>Miss Emma Darlington Brown at Admin</u> Scanned document Result Blackburn Royal Hospital Radiology
21/11/2007 Comment	<u>Mrs. Lorraine Mercer at Admin</u> Free Text BACS remit rec'd from DWP 33.50 paid into Practice A/c
07/12/2007 Comment	<u>Mrs. Helen McGeough at Admin</u> Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 22/11/07 tramadol 12 hour modified release tablets 100mg take one twice daily <- 31/10/07 warfarin sodium tablets 5mg two tablets daily <- 31/10/07 warfarin sodium tablets 3mg take one daily <- <-
07/12/2007 Comment	<u>Mrs. Julie Weeks at Admin</u> Letter encounter Letter from JCP patient meets the threshold of incapacity med certs no longer need to be issued
11/12/2007 Comment	<u>Miss Emma Darlington Brown at Laboratory Encounter</u> Scanned document Admin Letter Job Centre Plus Form
11/12/2007 Comment	<u>Dr. Tamseel Awan at Seen in GP's surgery</u> Acute conjunctivitis for the last week. Vision fine. o/e no signs of intis. Infective otitis externa Both ears in the external auditory canal. Tympanic membranes fine.
18/12/2007 Comment	<u>Dr. Jacob Skaria at Indirect encounter</u> Smoking cessation advice Smoking cessation advice Smoking cessation advice Referral to stop-smoking clinic Cigarette smoker for over 22 years. cut down from 60/day Chesty cough wheezy at night with green phlegm. soreness centre of chest. n/e chest clear. pulse: 66/min regular. P: Amoxicillin. need early INR check. chloramphenicol eye dp.
21/01/2008 Comment	<u>Mrs. Helen McGeough at Admin</u> Free Text Script reprinted as printed on plain paper
12/03/2008 Comment	<u>Mrs. Helen McGeough at Admin</u> Health education - subject 12181 Mr. Brian Laird <- 120 Abraham Street Blackburn BB2 3PJ DOB 31/12/1972 <- <- Current Medication <- <- 18/12/07 amoxicillin capsules 250mg take one 3 times/day <- 18/12/07 chloramphenicol eye drops 0.5% one drop 4 times/day <- 21/02/08 tramadol 12 hour modified release tablets 100mg take one twice daily <- 21/02/08 warfarin sodium tablets 5mg two tablets daily <- 21/02/08 warfarin sodium tablets 3mg take one daily <- <-
13/03/2008 Comment	<u>Dr. Jacob Skaria at Indirect encounter</u> Free Text need to chase up referral to anticoag clinic done August 07. no further letters from them. still taking large dose of warfarin but no documentation to say it is being monitored. P. note on script to patient to book in with nurse for BLOODS - INR. note to admin team to chase up referral done in August 07. patient to see doctor prior to requesting further scripts of WARFARIN.
14/03/2008 Comment	<u>Dr. George Manjooan at Medication Issued</u> Patient health questionnaire (PHQ-9) score Other depressive disorder, severity moderate (score 11/27). coping somewhat difficult <- Q1=(c) Little interest: More than half the days <- Q4=(d) Feeling tired: Nearly every day <- Q5=(a) Poor appetite: Not at all <- Q6=(a) Feeling a let down: Not at all <- Q7=(d) Trouble concentrating: Nearly every day <- Q8=(d) Slow or restless: Nearly every day <- Q9=(a) Self harm: Not at all <- somewhat difficult Relationship problems relationship problems with partner - affecting sleep - advised to contact relate counselling

17/03/2008	<u>Dr. D Gupta at Seen in GP's surgery</u>
Comment	Tiredness symptom awaiting bloods-
19/03/2008	<u>Mrs. Beverley Hartley at Seen in GP's surgery</u>
Comment	Blood test requested Pt has taken own bloods in surgery as requested by DG Free Text Anticoag therapy record shows INR 2.3 from 29/02/08, to be seen again in anticoag clinic 25/4/08
19/03/2008	<u>Ms. Gillian Lingard at Laboratory Encounter</u>
Comment	Serum albumin Serum total bilirubin level Total alkaline phosphatase Serum TSH level requested by: Unknown <- .viewed by: GL Serum HDL cholesterol level Calculated LDL cholesterol lev Total cholesterol:HDL ratio Serum potassium Serum urea level Serum sodium Plasma fasting glucose level requested by: Unknown <- .viewed by: GL Red blood cell (RBC) count Mean corpusc. haemoglobin(MCH) Mean corpusc. Hb. conc. (MCHC) Mean corpuscular volume (MCV) Packed cell volume Red blood cell distribut width Neutrophil count Lymphocyte count Monocyte count Eosinophil count Basophil count Large unstained cells Percentage hypochromic cells
04/04/2008	<u>Dr. S P Gupta at Seen in GP's surgery</u>
Comment	Medication review of medical notes
13/05/2008	<u>Mrs. Julie Weeks at Admin</u>
Comment	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology
14/05/2008	<u>Mrs. Julie Weeks at Admin</u>
Comment	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology
20/05/2008	<u>Ms. Gillian Lingard at Admin</u>
Comment	Letter encounter To patient to inform him that Dr Flont his Consultant Haematologist has asked us not to prescribe any further Warfarin as patient keeps failing to attend appt as per DG
30/05/2008	<u>Mr. Pcti Docman at Docman</u>
Additional	Letter from consultant Clinical Letter Royal Blackburn Hospital NHS Trust Haematology
24/02/2009	<u>Dr. Jacob Skaria at Pritchard Street Surgery</u>
Problem (FIRST)	Leg ulcer NOS
History	both legs. looks infected. went back to heroine while on holidays but now successfully weaned off. taking tramadol for pain. asking for diazepam.
Comment	Flucloxacillin. book in with Anticoag clinic. adv against use of diazepam.
Medication	Flucloxacillin Capsules 500 mg 40 capsule ONE TO BE TAKEN FOUR TIMES A DAY Tramadol Hydrochloride M/R capsules 50 mg 28 capsule(s) ONE BD
09/03/2009	<u>Dr. Raju Karthik at Telephone Consultation</u>
Problem (REVIEW)	Leg ulcer NOS
History	completed course of flucloxacillin & ulcers better. now wants tramadol dosage increased - done.

Medication	Tramadol Hydrochloride M/R tablets 100 mg 60 tablet ONE TO BE TAKEN TWICE A DAY
Additional	Haematol ref routine
Problem (FIRST)	Deep vein thrombosis of leg related to intravenous drug use
History	had gone off anticoagulation & wants rereferring to anticoag clinic. rereferred.
18/03/2009	<u>Dr. Raju Karthik at Telephone Consultation</u>
Problem (REVIEW)	Leg ulcer NOS
History	completed 10 day course of anticiotic on monday. now redness coming back in leg. not systemically unwell. advised to book appt to be seen & ? another course of antibiotic. rv sos.
19/03/2009	<u>Dr. Jacob Skaria at Pritchard Street Surgery</u>
Problem (REVIEW)	Leg ulcer NOS
History	much improved after first course of ABx but still not fully cleared.
Examination	appearance of infected venous ulcers.
Comment	adv given. another prolonged course of oral antibiotics and consider extending treatment for another two weeks.
01/04/2009	<u>Mr. Pcti Docman at Docman</u>
Additional	Scanned document Clinical Letter Royal Blackburn Hospital NHS Trust Prescription
01/05/2009	<u>Dr. George Manjooan at Pritchard Street Surgery</u>
Problem (NEW)	Leg ulcer NOS
History	got slightly worse after completing abx - px further course of flucloxacillin - add trimovate
Social	Main spoken language English
Problem (FIRST)	Erectile dysfunction
History	recently having erectile problems - new partner - previous iv drug use - check testosterone and fasting blood glucose - review with results
26/06/2009	<u>Dr. Rashmi Rajan at Pritchard Street Surgery</u>
Problem (NEW)	Leg ulcer NOS
History	has been having ulcers over the legs, is previous IV drug abuser, is on methadone now, no calf pain.
Examination	of no evidence of DVT, ulcers seen over the legs, inflamed, tenderness ++.
Comment	try with course of antibiotics and also fucidin cream.
Medication	Co-Fluampicil 250/250 Capsules 28 capsule take one 4 times/day Fusidic Acid And Betamethasone Valerate Cream 2 % + 0.1 % 30 gram APPLY TWICE A DAY
03/07/2009	<u>Dr. Jacob Skaria at Pritchard Street Surgery</u>
Problem (REVIEW)	Leg ulcer NOS
History	on antibiotics.
Comment	continue for another 3 days. need INR checked and warfarin dose adjusted accordingly.
21/08/2009	<u>Mr. Pcti Docman at Docman</u>
Additional	Scanned document Clinical Letter Royal Blackburn Hospital WARFARIN CLINIC
03/09/2009	<u>Mr. Pcti Docman at Docman</u>
Additional	Scanned document Discharge Summary/Report Royal Blackburn Hospital Discharge Summary
03/09/2009	<u>Mr. Pcti Docman at Docman</u>
Additional	Scanned document Discharge Summary/Report Royal Blackburn Hospital Discharge Summary
04/09/2009	<u>Mr. Pcti Docman at Docman</u>
Additional	Scanned document Clinical Letter Royal Blackburn Hospital A&E

10/09/2009	Mr. Pcti Docman at Docman
Additional	Scanned document Discharge Summary/Report East Lancashire NHS Discharge Summary
15/09/2009	Dr. Rashmi Rajan at General Practice Surgery
Result	Bacterial culture and sensitivity on clindamycin
15/09/2009	Dr. Rashmi Rajan at General Practice Surgery
Result	Bacterial culture and sensitivity is on clindamycin already.
18/09/2009	Dr. Siva Maikandanathan at PRITCHARD STREET SURGERY P81160
History	pt felt he need more abx as per suggestion from sister from trt room in Monatague health centre- who had sent swabs 2 days back- to chase result-
14/10/2009	Mr. Pcti Docman at Docman
Additional	Scanned document Admin Letter DWP
23/10/2009	Dr. Rashmi Rajan at Pritchard Street Surgery
History	HAS HAD LOT OF TROUBLE WITH LEGS AND BEEN ON ANTIBIOTICS AND HAD RECURRENT DVTS, WAS ON WARFARIN BUT STOPPED.
Comment	REFER TO ANTICOAGULANT CLINIC.
Additional	Haematology ref Urgent
04/11/2009	Mr. Pcti Docman at Docman
Additional	Scanned document Clinical Letter Burnley General Hospital PHARMACY
11/11/2009	Mr. Pcti Docman at Docman
Additional	Scanned document Clinical Letter Burnley General Hospital WARFARIN CLINIC
18/11/2009	Dr. Jacob Skaria at PRITCHARD STREET SURGERY P81160
Problem (REVIEW)	Ankle osteoarthritis NOS
History	Rt ankle pain worsening. manage to walk with crutch maximum 20 - 25 meters. uses Rt ankle to push accelerator but manage to move around with his car. unable to mobilise unaided.
Comment	not taking any opiates due to previous h/o dependence. paracetamol not helping. try tramadol MR 50mg. appealing to DLA wish to have a letter to whom it concern explained his current state. ok.
19/11/2009	Mr. Pcti Docman at Docman
Additional	Scanned document Clinical Letter Burnley General Hospital Haematology
07/12/2009	Ms. Gillian Lingard at Externally Entered
Additional	EMIS attachment reference code twimc letter
04/01/2010	Mr. Pcti Docman at Docman
Additional	Scanned document Clinical Letter Burnley General Hospital Maxillo-facial and oral surgery
22/01/2010	Dr. Jacob Skaria at Pritchard Street Surgery
Problem (REVIEW)	Ankle osteoarthritis NOS
History	mobilising using crutches on Lt side also getting physio.
Comment	referred to MSK clinic. hand written letter done.
Additional	MSK ref routine Referral letter - , Outpatient (NHS) (), Routine
Problem (FIRST)	Infertility problem
History	have been trying for baby for 2 years.
Comment	semen analysis and see with results.
	LTWIMC regarding his mobility problems.

27/01/2010 New Referral	<u>Dr. Jacob Skaria at Indirect encounter</u> Outpatient (NHS), Routine, . . .
11/02/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Scanned document Clinical Letter St Peters Centre Burnley Musculoskeletal Clinic
15/03/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Scanned document Clinical Letter St Peters Centre Burnley Physiotherapy
24/03/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Scanned document Clinical Letter Abbey Gisburne Park Orthopaedics
13/04/2010 Problem (REVIEW) History Comment	<u>Dr. D Gupta at Pritchard Street Surgery</u> Ankle osteoarthritis NOS seen by orthopaedic surgeon-surgery not recommended says has been off methaone for 6 weeks
07/05/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Scanned document Clinical Letter Abbey Gisburne Park Hospital
14/05/2010 Problem (REVIEW) History Comment	<u>Dr. Jacob Skaria at Pritchard Street Surgery</u> Ankle osteoarthritis NOS asking about referral for special shoe as was adv by specialist for nonsurgical approach in view of recurrent DVT. no letter from Mr Zubairy re: same. note to JW to chase letter from Mr Zubairy and also referral to ortholst (haven't heard over past 6/52). asking for LTWIMC re: his condition and copy of letter from Zubairy. will do same soon as letter is available. adv to contact end of next week.
21/05/2010 Comment	<u>Dr. Jacob Skaria at Telephone Consultation</u> asking about letter from Mr Zubairy. noted no letter available also need to chase appointment to physio re: ankle braces.
28/05/2010 Comment New Referral Additional	<u>Dr. Jacob Skaria at Indirect encounter</u> Letter to whom it may concern. Outpatient (NHS), Routine, . . . Referral letter - . . . Outpatient (NHS) (), Routine
28/05/2010 Comment	<u>Dr. Jacob Skaria at Telephone encounter</u> Spoke to Ann, Mr Zubairy's secretary. says had already send letter dated 31st March but none received so faxing copy through to Ossy. ok.
13/07/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Clinical Letter Burnley General Hospital Scanned document
27/10/2010 Additional	<u>Mr. Pcti Docman at Docman</u> Clinical Letter Royal Blackburn Hospital A&E RTA injury examination
14/01/2011 Additional	<u>Mr. Pcti Docman at Docman</u> Clinical Letter Burnley General Hospital Anticoagulant Seen in general medical clinic

Medication

Current	Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
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31/01/2011

None

Past Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
29/09/2010	Tramadol Hydrochloride M/R capsules 50 mg ONE BD 56 capsule	29/09/2010P	Dr. George Manjooran	ACUTE
29/09/2010	Warfarin Sodium Tablets 5 mg USE AS DIRECTED 56 tablet	29/09/2010P	Dr. George Manjooran	ACUTE
09/03/2010	Tramadol Hydrochloride M/R capsules 50 mg ONE BD 56 capsule	08/06/2010P	Dr. Siva Maikandanathan	ACUTE
09/03/2010	Warfarin Sodium Tablets 5 mg USE AS DIRECTED 56 tablet	08/06/2010P	Dr. Siva Maikandanathan	ACUTE
04/12/2009	Warfarin Sodium Tablets 5 mg USE AS DIRECTED 56 tablet	22/01/2010P	Dr. George Manjooran	ACUTE
18/11/2009	Tramadol Hydrochloride M/R capsules 50 mg ONE BD 28 capsule(s)	22/01/2010P	Dr. George Manjooran	ACUTE
15/10/2009	Activa Below Knee Stocking Sand Class I, closed toe, large AS DIRECTED 4 stocking	15/10/2009P	Dr. Jacob Skaria	ACUTE
09/10/2009	Elasticated Viscose Stocknet 7.5 cm x 3 m (blue line) use as directed 1 stocking	09/10/2009P	Dr. Jacob Skaria	ACUTE
21/09/2009	Iodosorb Ointment 0.9 % AS DIRECTED 5 tube	21/09/2009P	Dr. D Gupta	ACUTE
21/09/2009	Actico (Cohesive) Compression Bandage 10 cm x 6 m use as directed 10 bandage	21/09/2009P	Dr. Siva Maikandanathan	ACUTE
21/09/2009	Activheal Polyurethane Foam Island Dressing (With Adhesive Border) square, 10 cm x 10 cm AS DIRECTED 10 dressing	21/09/2009P	Dr. Siva Maikandanathan	ACUTE
18/09/2009	Clindamycin Capsules 150 mg TAKE 4 CAPSULES FOUR TIMES DAILY FOR 5 DOSES THEN 3 FOUR TIMES A DAY FOR 2 DAYS 44 capsule	18/09/2009P	Dr. Rashmi Rajan	ACUTE
16/09/2009	Activon Tulle Dressing 5 cm x 5 cm TO BE USED AS DIRECTED 10 dressing	09/10/2009P	Dr. George Manjooran	ACUTE
16/09/2009	Biatain Adhesive Dressing square, 10 cm x 10 cm TO BE USED AS DIRECTED 10 dressing	16/09/2009P	Dr. George Manjooran	ACUTE
16/09/2009	3M Cavilon No Sting Barrier Film Foam Applicators (Sterile) 1 ml, 3343P TO BE USED AS DIRECTED 10 applicator(s)	16/09/2009P	Dr. George Manjooran	ACUTE
16/09/2009	K-Four #1 (K-Soft) Compression Bandage 10 cm x 3.5 m TO BE USED AS DIRECTED 10 bandage	09/10/2009P	Dr. George Manjooran	ACUTE
16/09/2009	K Lite Bandage 10 cm x 4.5 m TO BE USED AS DIRECTED 10 bandage	16/09/2009P	Dr. George Manjooran	ACUTE
16/09/2009	Hydromol Cream TO BE USED AS DIRECTED 500 gram	16/09/2009P	Dr. George Manjooran	ACUTE
10/09/2009	Fresubin Energy Liquid Feed (Mixed Flavours) Tetrapak 200 ml ONE TO BE TAKEN EACH DAY 28*1 carton	18/09/2009P	Dr. Jacob Skaria	ACUTE
03/07/2009	Tramadol Hydrochloride M/R tablets 100 mg ONE TO BE TAKEN TWICE A DAY 60 tablet	03/07/2009P	Dr. Jacob Skaria	ACUTE
26/06/2009	Co-Fluampicil 250/250 Capsules take one 4 times/day 12 CAPSULE	03/07/2009P	Dr. Rashmi Rajan	ACUTE
26/06/2009	Fusidic Acid And Betamethasone Valerate Cream 2 % + 0.1 % APPLY TWICE A DAY 30 gram	26/06/2009P	Dr. Rashmi Rajan	ACUTE
15/04/2009	Tramadol Hydrochloride M/R tablets 100 mg ONE TO BE TAKEN TWICE A DAY 60 tablet	15/04/2009P	Dr. George Manjooran	ACUTE
19/03/2009	Flucloxacillin Capsules 500 mg ONE TO BE TAKEN FOUR TIMES A DAY 56 CAPSULE	19/03/2009P	Dr. Jacob Skaria	ACUTE
09/03/2009	Tramadol Hydrochloride M/R tablets 100 mg ONE TO BE TAKEN TWICE A DAY 60 tablet	09/03/2009P	Dr. Raju Karthik	ACUTE
24/02/2009	Flucloxacillin Capsules 500 mg ONE TO BE TAKEN FOUR TIMES A DAY 40 capsule	24/02/2009P	Dr. Jacob Skaria	ACUTE
24/02/2009	Tramadol Hydrochloride M/R capsules 50 mg ONE BD 28 capsule(s)	24/02/2009P	Dr. Jacob Skaria	ACUTE
04/04/2008	HYDROXYZINE TABLETS 25MG take one as directed 28 tab	04/04/2008P	Dr. S P Gupta	ACUTE
18/12/2007	CHLORAMPHENICOL EYE DROPS 0.5% one drop 4 times/day 10 mls	18/12/2007P	Dr. Jacob Skaria	ACUTE
18/12/2007	AMOXICILLIN CAPSULES 250MG take one 3 times/day 15 cap	18/12/2007P	Dr. Jacob Skaria	ACUTE
11/12/2007	GENTAMICIN EYE/EAR DROPS 0.3% tds in both eyes and ears 10 mls	11/12/2007P	Dr. Tamseel Awan	ACUTE
20/08/2007	MEBEVERINE HYDROCHLORIDE TABLETS 135MG take one 3 times/day 60 tab	20/08/2007P	Mrs. Elizabeth Joy Leyland	ACUTE
16/04/2008	Tramadol Hydrochloride M/R tablets 100 mg take one twice daily 60 tablets	16/04/2008Q	INTERNAL USER INTERNAL USER	REPEAT

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31/01/2011

Patient No:737 Mr Brian Thomas Laird Page - 1 of 9

PATIENT SUMMARY

EMIS no : 737
 Name : Mr Brian Laird
 Age : 34 years
 D.O.B. : 31.12.1972 NHS No. : 6330405913
 Address : 156 Pine Street Nelson
 Post Code : BB9 9HW

Records at :
 Telephone number : 07922201391
 NHS number : 6330405913
 Hospital Number(s) :
 Trading Partner : Lancashire FHSA
 Registering Dr : PENDLE VALLEY PRACTICE
 Usual Dr : PENDLE VALLEY PRACTICE
 Dispensing? :
 RPP/Road miles :
 Walking quarters :
 Residential Inst. :
 Special dist/Blocked :
 13.8.2007 Registration status : Record Requested by FHSA

ACTIVE PROBLEMS

13.12.2006 Deep phlebitis/thrombophl. leg :

SIGNIFICANT (NOT ACTIVE) PROBLEMS

12.11.2005 Finger operation : - repair of RDN. Index finger
 of right hand with laceration.

ALLERGIES

None Recorded

DISEASES OR OPERATIONS

12.11.2005 Finger operation : - repair of RDN. Index finger
 of right hand with laceration.
 13.12.2006 Deep phlebitis/thrombophl. leg :

HEALTH STATUS

Notes summary on :- - -
 10.5.2005 Urine glucose :Urine glucose test not done
 10.5.2005 Urine protein te :Urine protein test not done
 10.5.2005 Waist circumfere :98 cm
 10.5.2005 Weight :92 Kg
 10.5.2005 O/E height :Height 195 cm
 10.5.2005 Body Mass Index :24.2
 10.5.2005 BP :130/78 mm Hg
 23.11.2005 Smoking Status :Current smoker
 23.11.2005 Tobacco consumpt :Current smoker
 10.5.2005 health ed smokin :Health ed. - smoking
 ref smoking cess :- - -
 Not stopping :- - -
 10.5.2005 Advised re diet :Pt advised re low fat diet
 10.5.2005 Alcohol consumpt :20 units/week
 10.5.2005 Health ed. - alc :Health ed. - alcohol
 10.5.2005 Exercise grading :Aerobic exercise 2 times/week
 10.5.2005 FH: Asthma :No FH: Asthma
 10.5.2005 FH: Asthma :No FH: Asthma
 ECG: LVH :- - -
 Biochemical test :- - -

Patient No:737 Mr Brian Thomas Laird Page - 2 of 9

Serum LDL choles :- - -
 Cholestrol ratio :- - -
 10 yr CHD risk :- - -

FAMILY HISTORY

10.05.2005 No FH: Asthma :
 10.05.2005 No FH: Diabetes :
 10.05.2005 No FH: Ischaemic heart Dis <60 :
 10.05.2005 FH: Ischaemic heart dis. >60 :Mother,
 10.05.2005 No FH: Ischaemic heart disease :
 10.05.2005 No FH: Stroke/TIA :

PRESENT MEDICATION

There are no Prescriptions for Mr Brian Laird

Past Medication

Last Issue	Item
2.8.2005	Chloramphenicol Eye-Drops 0.5 % asd 10 ml(s)
4.10.2005	Amoxicillin Capsules 250 mg tds 21 capsule(s)
16.11.2005	Jelonet Dressing 10 cm x 10 cm asd 10*1 dressing(s)
23.11.2005	Flucloxacillin Capsules 250 mg oen qds 28 capsule(s)
23.2.2006	Amoxicillin Capsules 500 mg 8 hrly 15 capsule(s)
23.2.2006	Nitrazepam Tablets 5 mg prn 7 tablet(s)
23.2.2006	Simple Linctus Paediatric, Sugar Free 10 mls tds 300 ml(s)
19.12.2006	Co-Codamol 8/500 Tablets 2 qds prn 84 tablet
19.12.2006	Warfarin Sodium Tablets 1 mg as per inr 28 tablet
19.12.2006	Warfarin Sodium Tablets 5 mg as per inr 28 tablet

IMMUNISATIONS

11.06.2005 Booster tetanus vaccination :Hospital Outpatient,

DIARY ENTRIES AND FOLLOW UP.

12.12.2047 Elderly Health Assessment

ALL ENTRIES (EXCEPT VALUES)

23.01.1996 Sickness benefit :Nelson Hc,
 19.07.1996 Sickness benefit :Nelson Hc,
 11.11.1996 Sickness benefit :Nelson Hc,
 10.05.2005 No FH: Asthma :
 10.05.2005 No FH: Diabetes :
 10.05.2005 No FH: Ischaemic heart Dis <60 :
 10.05.2005 Health Status Prompts :New Patient Check
 10.05.2005 White British :
 10.05.2005 Pt advised re low fat diet :
 10.05.2005 Aerobic exercise 2 times/week :
 10.05.2005 Current smoker :
 10.05.2005 FH: Ischaemic heart dis. >60 :Mother,
 10.05.2005 Health ed. - alcohol :
 10.05.2005 Health ed. - smoking :
 10.05.2005 Urine protein test not done :
 10.05.2005 Urine glucose test not done :
 10.05.2005 Heavy smoker - 20-39 cigs/day :
 10.05.2005 No FH: Ischaemic heart disease :
 10.05.2005 No FH: Stroke/TIA :
 02.06.2005 Did not attend - no reason :
 09.06.2005 Did not attend - no reason :
 11.06.2005 Booster tetanus vaccination :Hospital Outpatient,
 16.06.2005 Patient File Attachment :Accident & Emergency 11.6.05(
 Accident&Emergency11605.tif)

Patient No:737 Mr Brian Thomas Laird Page - 3 of 9

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02.08.2005 Stress related problem :.
14.09.2005 Patient File Attachment :Brun House 25.8.05(
                                      BrunHouse25805.tif)
04.10.2005 Semen analysis :
04.10.2005 Chesty cough :
20.10.2005 Admission to hospital :
27.10.2005 Patient File Attachment :A & E 20.10.05(A&E201005.tif)
10.11.2005 REF UROLOGY MR PILLAI :
10.11.2005 Patient File Attachment :A&E/Rpt(A&ERpt.tif)
11.11.2005 Patient File Attachment :A&E/Rpt/Dr S Raza(A&
                                      ERptDrSRaza.tif)
12.11.2005 I/patient disch summary rec'vd :
12.11.2005 Finger operation : - repair of RDN. Index finger
                                      of right hand with laceration.
14.11.2005 APPT WITH DR REQUIRED :
16.11.2005 Patient File Attachment :Preston Discharge summary 12.
                                      11.05(
                                      PrestonDischargesummary121105.
                                      tif)
23.11.2005 Smoking cessation advice :
23.11.2005 Current smoker :
29.12.2005 DNA hospital appointment :
13.02.2006 Discharge report :
02.03.2006 Patient File Attachment :treatment room (not dated)(
                                      treatmentroom(notdated).tif)
02.03.2006 Patient File Attachment :Palstic Surgery 29.12.05(
                                      PalsticSurgery291205.tif)
02.03.2006 DNA hospital appointment :
16.03.2006 Patient File Attachment :Urology Unit 13.2.06(
                                      UrologyUnit13206.tif)
23.03.2006 DNA hospital appointment :
23.03.2006 DNA hospital appointment :
23.03.2006 Did not attend - no reason :
28.03.2006 Patient File Attachment :A & E 16.3.06(A&E16306.tif)
31.03.2006 Patient File Attachment :A & E 20.3.06(A&E20306.tif)
31.03.2006 Did not attend - no reason :
13.04.2006 Patient File Attachment :A & E 15.2.06(A&E15206.tif)
20.04.2006 Patient File Attachment :Accident/Emergency 16.3.06(
                                      AccidentEmergency16306.tif)
20.04.2006 Patient File Attachment :16.3.06 A &E(16306A&E.tif)
20.04.2006 Patient File Attachment :A & E 14.3.06(A&E14306.tif)
11.05.2006 Patient File Attachment :Dr Gupta's # clinic 23.3.06(
                                      DrGupta's#clinic23306.tif)
18.05.2006 Patient File Attachment :Mr Bhattacharrya's Emerncy
                                      Unit clinic 23.3.06(
                                      MrBhattacharrya'
                                      sEmerncyUnitclinic23306.tif)
13.12.2006 Deep phlebitis/thrombophl. leg :
20.12.2006 REF WARFARIN CLINIC - BURNLEY GEN:
20.12.2006 Other referral :Dr A Iqbal,
22.12.2006 Did not attend - no reason :
04.01.2007 Patient File Attachment :County durham Discharge
                                      summary 13.12.06(
                                      CountydurhamDischargesummary131
                                      206.tif)
08.02.2007 DNA hospital appointment :
16.03.2007 Patient File Attachment :Anticoagulant clinic 8.2.07(
                                      Anticoagulantclinic8207.tif)
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Patient No:737 Mr Brian Thomas Laird Page - 5 of 9

Mr S Bhattacharyya

D: *RA15 Accident/Emergency 16.3.06

16.3.2006

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

P: Left prior to treatment, Swolen (R) hand

D: *RA14 16.3.06 A & E

16.3.2006

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

D: *RA10 A & E 16.3.06

14.3.2006

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

D: *RA13 A & E 14.3.06

2.3.2006

Yarnspinners Primary Health Care Centr

Treatment Room Nhc

T: DNA hospital appointment

D: *RA8 treatment room (not dated)

23.2.2006

Nelson Hc

Dr G N Bhat

S: chesty cough 2/12.also tried to get temazepam from me.

O: NAD.

Rx: Amoxicillin Capsules 500 mg 15 capsule(s).

Simple Linctus Paediatric, Sugar Free 300 ml(s).

Nitrazepam Tablets 5 mg 7 tablet(s).

R: Return if needed.

15.2.2006

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

D: *RA12 A & E 15.2.06

13.2.2006

Elsewhere Non-Payment

Patient Choice Centre

T: Discharge report

D: *RA9 Urology Unit 13.2.06

29.12.2005

Hospital Outpatient -Royal Blackburn Hospital

Plastic Surgery

T: DNA hospital appointment

Patient No:737 Mr Brian Thomas Laird Page - 4 of 9

All consultations

8.2.2007

Hospital Outpatient -Burnley General Hospital

Anticoagulant

T: DNA hospital appointment

D: *RA19 Anticoagulant clinic 8.2.07

20.12.2006

Referral Letter

Mrs Mary Webber

R: Other referral, Dr A Iqbal

D: *RL1 REF WARFARIN CLINIC - BURNLEY GEN

19.12.2006

Nelson Hc

Dr A Iqbal

S: has moved from durham and has been in prison and has brought a letter from gp there to stay on warfarin life long, as h/o chronic dvt, ?had test done for thrombophilia screen

Rx: Warfarin Sodium Tablets 5 mg

Warfarin Sodium Tablets 1 mg

Co-Codamol 8/500 Tablets

P: see letter, to be scanned, letter warfarin clinic

13.12.2006

First

Letter Communication To Doctor

Miscellaneous

E: Deep phlebitis/thrombophl. leg

D: *RA18 County durham Discharge summary 13.12.06

23.3.2006

Hospital Outpatient -Burnley General Hospital

Orthopaedic

T: DNA hospital appointment

D: *RA16 Dr Gupta's # clinic 23.3.06

23.3.2006

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

T: DNA hospital appointment

D: *RA17 Mr Bhattacharyya's Emergency Unit clinic 23.3.06

20.3.2006

Hospital Outpatient -Burnley General Hospital

Mr M Tan

D: *RA11 A & E 20.3.06

16.3.2006

Hospital Outpatient -Burnley General Hospital

Patient No:737 Mr Brian Thomas Laird Page - 6 of 9

D: *RA7 Plastic Surgery 29.12.05

23.11.2005

Nelson Hc

DR TAYYAB HUSSAIN

S: has few spots in groin area and. sore. was in
prison cell recently. gen well. no itch
O: x2 impetigous like lesions with broken skin and
crusting
Rx: Flucloxacillin Capsules 250 mg
P: for fluclo- gen adv given re contact

12.11.2005

First

Hospital Inpatient -Royal Preston Hospital

Plastic Surgery

E: Finger operation - repair of RDN. Index finger of
right hand with laceration.
T: I/patient disch summary rec'vd
D: *RA4 Preston Discharge summary 12.11.05

11.11.2005

Hospital Outpatient -Burnley General Hospital

Emergency Medicine

D: *RA6 A&E/Rpt/Dr S Raza

10.11.2005

Hospital Outpatient -Burnley General Hospital

Emergency Medicine

D: *RA5 A&E/Rpt

8.11.2005

Nelson Hc

DR KEWAL DEWAN

S: Attended re semen analysis report. Report
discussed. Sperm count is low. Has past h/o heroin
use. Current smoker and drinks 6 cans on lager 2/3
times/week.
O: Abdomen and external genitalia nad.
R: Mr Pillai.

8.11.2005

Nelson Hc

DR KEWAL DEWAN

S: C/O recurring cough for many months.
O: Throat congested. RS: no ronchi or crepitations
heard.
P: Symptoms due to smoking. Smoking cessation advice
given.

20.10.2005

Hospital Inpatient -Burnley General Hospital

Emergency Medicine

D: *RA3 A & E 20.10.05

Patient No:737 Mr Brian Thomas Laird Page - 7 of 9

Admission to hospital

19.10.2005
Nelson Hc
DR M Hassan

P: discussed L lower leg with treatment room nurse -
no sign of swelling seen at consultation - well
healing ulcer - asked to check for redness heat
and swelling when he next attends for support
stocking.

19.10.2005
Nelson Hc
DR M Hassan

S: L lower leg ulcer - req support stocking - says
lower leg becomes painfully oedematous at the end
of the day - had been measured up for a support
stocking at treatment room - did not go back to
collect. asked to make appt with treatment room to
sort out stocking. is otherwise well wanting to go
back to work.

11.10.2005
Path. Lab.
DR M Hassan

I: Microbiology, Make appointment to see
doctor (practice note) (*R2)

4.10.2005
Nelson Hc
Dr Anthony Mitchell

Onset

E: Chesty cough
S: 2 weeks green sputum, last cig 1h ago
O: bases clera
Rx: Amoxicillin Capsules 250 mg
Rq: Semen analysis
P: enquiring about semen analysis - says girlfriend
been checked.

25.8.2005
Elsewhere Non-Payment
Jobcentreplus

D: *RA2 Brun House 25.8.05

2.8.2005
Nelson Hc
Dr Zak Khan

Onset

E: Stress related problem .
S: h/o heroin use but stopped since 2002.still
stressed and and has L leg ulcer.getting dressed
by P/N.need sick note.also bhlephritis.
O: dressed leg.
Rx: Chloramphenicol Eye-Drops 0.5 %

Patient No:737 Mr Brian Thomas Laird Page - 8 of 9

P: med3 for -4/52-continue from 11/7/05(stress/leg ulcer).see previous consultation.adamant to continue from 11/7/05 as has h/o crime and prison for the last 10 yrs.

14.6.2005

Nelson Hc

DR DHARAM TRIPATHI

E: ulcer lt. leg,

S: heroin addict,attending treatment room for dressing

R: med3 4/52- leg ulcer, continuous from 17/5/05

11.6.2005

Hospital Outpatient -Burnley General Hospital

Mr S Bhattacharyya

T: Booster tetanus vaccination, Hospital Outpatient

D: *RAI Accident & Emergency 11.6.05

2.6.2005

Nelson Hc

Dr G N Bhat

P: DNA.

10.5.2005

Nelson Hc

Miss Saima Sarwar

T: Health Status Prompts (New Patient Check)

White British Urine glucose test not done

Urine protein test not done Waist 98 cm Wt. 92 Kg

Height 195 cm BMI 24.2 BP 130 mm Hg / 78 mm Hg

Current smoker Heavy smoker - 20-39 cigs/day

Health ed. - smoking Pt advised re low fat diet

Alcohol 20 units/week Health ed. - alcohol

Aerobic exercise 2 times/week

No FH: Ischaemic heart disease

No FH: Ischaemic heart Dis <60

FH: Ischaemic heart dis. >60

No FH: Stroke/TIA No FH: Diabetes No FH: Asthma

P: Pulse 72. Currently out of work. Not on any medication at present. Past medical history of Heroin Addict (clean for 3 years).

4.5.2005

Path. Lab.

Mrs Elizabeth Gilpin

I: Microbiology, Result already dealt with (*R1)

Biological Values

Value Units Ab

4.5.2005 Microbiology

4.5.2005 Microbiology (c)

Text : Specimen type: PUS SWAB

Ulcer Left

10.5.2005 Urine glucose test not done

Patient No:737 Mr Brian Thomas Laird Page - 9 of 9

10.5.2005	Urine protein test not done		
10.5.2005	Alcohol consumption	20	units/week
10.5.2005	O/E height	195	cm
10.5.2005	Blood Pressure	130/78	mmHg
10.5.2005	O/E - weight	92	Kg
10.5.2005	Body mass index	24.2	
10.5.2005	Waist circumference	98	cm
4.10.2005	Semen analysis		
11.10.2005	Microbiology		
11.10.2005	Microbiology (c)		
	Text : Reported	18.10.05	

P A T I E N T R E F E R R A L L E T T E R

Pendle Valley Practice
 Yarnspinners Primary Health Care Centre
 Yarnspinners Wharf
 Carr Road
 Nelson
 Lancashire
 BB9 7SR
 Tel: 01282 657657
 Fax: 01282 657675

Hospital: BURNLEY GENERAL HOSPITAL
 CASTERTON AVENUE
 BURNLEY
 LANCs

Date:15.8.2007

Please give my patient an appointment in;

DEPARTMENT: UROLOGY
 MR PILLAI

P a t i e n t D e t a i l s

NHS No: 6330405913 D.O.B: 31.12.1972

Hospital Number:

First Name;Brian Surname: Laird

Address: 156 Pine Street
 Nelson

BB9 9HW

Telephone 07922201391

None Recorded

PRESENT MEDICATION

There are no Prescriptions for Mr Brian Laird

Past Medication

No past drugs.

IMMUNISATIONS

None Recorded

DIARY ENTRIES AND FOLLOW UP.

12.12.2047 Elderly Health Assessment

ALL ENTRIES (EXCEPT VALUES)

23.01.1996 Sickness benefit	:Nelson Hc,
19.07.1996 Sickness benefit	:Nelson Hc,
11.11.1996 Sickness benefit	:Nelson Hc,

Biological Values

Value Units Ab

N 37. Mr Brian Laird, 156 Pine Street Nelson

07.11.2005 <Archived>

Report id: LV34007

Viewed by: DMH

Volume of Specimen Collected: N/A

Specimen Desc : SPEC.TYPE: SEMEN ?INFERTILITY

Spec.Type: Semen ?infertility

WIFE/PARTNER'S FOLDER NO.

Microbiology

(DMH)-Make appointment to see doctor (practice note)

Reported 18.10.05

M,05.0025189

Specimen Semen ?infertility

Received 11.10.05

Details

*****patient results below*****

Spec collected At Home	Normal forms (%)	5	%
Age 60 mins.	(a) Progressive mot (%)	10	
Continen	(b) Sluggish mot (%)	3	
Volume 4.0 ml	(c) Non-prog mot (%)	23	
Spermatozoa 1.5 Million/ml	(d) Non-motile (%)	64	

*****patient results above*****

** interpretive criteria/normal range **

* A NORMAL COUNT would be >20 million/mL *

** NORMAL MOTILITY is => 50% of sperm in *

** category (a)&(b) or 25% in (a) only *

** NORMAL MORPHOLOGY => 15% Normal Forms *

WIFE/PARTNER'S FOLDER NO.

DIANE LESLIE 1.9.62

Sample Taken : 11.10.2005 9:25 Request Date : Unknown

Rcvd by Lab : 11.10.2005 10:00 Invest Date : Unknown

Report Issued : 07.11.2005 8:35 Report Rcvd : 07.11.2005

----- Patient notes -----

11.11.2005 11:21.46 by DMH

Actioned by: JR - letter

N 737. Mr Brian Laird, 156 Pine Street Nelson

12.05.2005 <Archived>

Report id: LV27214

Viewed by: ELG

Volume of Specimen Collected: N/A

Specimen Desc : SPEC.TYPE: PUS SWAB SITE: SHIN LES.: ULCER QUAL

.. LEFT

Spec.Type: PUS SWAB Site: Shin Les.: Ulcer Qual.: Left

Microbiology

(ELG)-Result already dealt with

Specimen type: PUS SWAB Ulcer Left

Shin

CLINICAL DETAILS : ?Infection

& TREATMENT :

CULTURE 1.Pseudomonas sp. +++

2.Staph. aureus +++

3.Mixed anaerobes +++

4.

Sensitivity data, if relevant, appears below.

RESULT TO TREATMENT ROOM

YARN SPINNERS,NELSON HEALTH CENTRE

	1	2	3	4
Penicillin G		R		
Erythromycin		R		
Fusidic acid		S		
Flucloxacillin		S		
Metronidazole			S	

Sample Taken : 04.05.2005

Request Date : Unknown

Rcvd by Lab : 04.05.2005 17:09

Invest Date : Unknown

Report Issued : 12.05.2005 14:11

Report Rcvd : 12.05.2005

Single Patient Summary**Mr. Brian Laird, 10391, 633 040 5913****156 Pine Street, , Nelson Lancs BB9 9HW, 07851 318253**

Male, 31/12/1972 (32 years), Unknown

Registered : 01/08/2002, Deducted

Surgery : Burnley Wood Medical Centre, Registered GP : PR

Current Problems

07/03/1978 Immunisations	Active	65... JE
01/08/2002 Benzodiazepine dependence	Active	E241. PP
05/11/2002 Cellulitis - foot	Active	M037. ---
02/12/2002 Adult screening	Active	68P... ENG
04/08/2004 [X]Assault	Active	U3... PR
09/04/2005 Seen in hospital casualty	Active	9N19. JE

Tests (Height Weight BP etc)

02/12/2002 O/E - height, 2 metres	229.. ta
02/12/2002 O/E - weight, 86 kg	22A.. ta
02/12/2002 Body Mass Index normal K/M2, 21.5 kg/m2	22K1. ta
02/12/2002 O/E - BP reading normal	2464. ta
02/12/2002 O/E - Systolic BP reading, 130 mm Hg	2469. ta
02/12/2002 O/E - Diastolic BP reading, 80 mm Hg	246A. ta

Lab Tests

02/12/2002 Teetotaller	1361. ta
01/02/2005 Blood sample taken fbques, lft tft esr glucose.	41D0. te
01/02/2005 Swab sent to Lab	4147. ta
01/02/2005 Renal profile viewed by: PP gp comment: NORMAL RESULT	44J5. PP
01/02/2005 Serum creatinine, 108 umol/L	44J3. PP
01/02/2005 Serum potassium, 4.3 mmol/L	44I4. PP
01/02/2005 Serum sodium, 143 mmol/L	44I5. PP
01/02/2005 Serum urea level, 5.1 mmol/L	44J9. PP
01/02/2005 Serum albumin, 38 g/L viewed by: PP gp comment: NORMAL RESULT	44M4. PP
01/02/2005 Liver function test viewed by: PP gp comment: NORMAL RESULT	44D6. PP
01/02/2005 Serum alkaline phosphatase, 7 i iu/L	44F.. PP
01/02/2005 ALT/SGPT serum level, 16 iu/L	44G3. PP
01/02/2005 Serum gamma GT level, 24 iu/L	44G9. PP
01/02/2005 Serum total bilirubin level, 15 umol/L	44EC. PP
01/02/2005 Plasma glucose level, 4.1 mmol/L viewed by: PP gp comment: NORMAL RESULT	44g.. PP
01/02/2005 Microbiology IABN viewed by: PP result: Specimen type: SKIN SWAB Left result: Shin	4J... PP

paulines 24/05/2005 11:10:12

Single Patient Flexible Format (single.fp), Brian Laird

1

All Problems

C	07/03/1978 Immunisations	Active	65...	JE
C	01/08/2002 Benzodiazepine dependence	Active	E241.	PP
C	05/11/2002 Cellulitis - foot	Active	M037.	---
C	02/12/2002 Adult screening	Active	68P..	ENG
D	02/12/2002 Infectious dis:prevent/control		65...	JE
C	04/08/2004 [X]Assault	Active	U3...	PR
C	09/04/2005 Seen in hospital casualty	Active	9N19.	JE

Problems for last 6 months

C	01/08/2002 Benzodiazepine dependence	Active	E241.	PP
C	09/04/2005 Seen in hospital casualty	Active	9N19.	JE

Notes for last 6 months

01/08/2002 Benzodiazepine dependence-	E241.	PP
has packet etc from own Dr for 28 days supply said going back in 2 weeks so 2 weeks given and adv will not Px more and FPC will notice if is seeing lot of Drs as TR chat re this and dependence and local policy on benzos		
05/11/2002 Had a chat to patient will see westgate tomorrow	8CB..	PP
26/11/2002 Had a chat to patient now been assigned to us req meds it is 6.45 and Im knackered given scrip for diaz 5mg two tds and temaz 20 two at night see next week for full assessment	8CB..	PP
02/12/2002 Had a chat to patient multiple drug use is keen to get off heroin so given enough for 3w then urine test	8CB..	PP
02/12/2002 Had a chat to patient told that when returns we will convert to 70mg diaz a day and enforce a decrease	8CB..	PP
23/12/2002 Had a chat to patient moving full time to Stoke Newington	8CB..	PP
08/01/2003 Had a chat to patient no doctor yet given post dated script 10 1 03	8CB..	PP
04/08/2004 Had a chat to patient now off everything and adv we will not prescribe benzos. Dr in Colne as Temp resident I am willing to try dothiepin as a short term alternative - tried really hard to explain and not sure we got anywhere	8CB..	PR
31/01/2005 Open wound of lower limb ex IV drug user-clean now. 6w h/o ulcerated area left lower limb with surrounding cellulitis. Saw on call last night -given 10 days flucloxacillin/amoxil. Is a real mess. Bit clammy pulse 80. TCI mane for swabs/dressing/dopplers/bloods. Also needs xray ??bone involvement.	SA...	PP
01/02/2005 Blood sample taken fbcues, lft tft esr glucose.	41D0.	ta
01/02/2005 Dressing of wound with nugel and mepore.	81H..	ta
01/02/2005 Swab sent to Lab	4147.	ta
01/02/2005 Had a chat to patient will refer to Leg Ulcer clinic at St Nicholas HC. Appointment made for Wed 4.10pm.	8CB..	ta
01/02/2005 Telephone encounter with nurse at clinic. Doppler studies not routinely done until after attempt to heal with dressings first. If done a report will be sent through to surgery.	9N31.	ta
01/02/2005 O/E - peripheral pulses R-leg present	24E..	PP
01/02/2005 O/E - peripheral pulses L-leg present	24F..	PP
01/02/2005 Had a chat to patient necrotic tissue has been removed and dressed. Worried as leg is more swollen and h/o DVT's. However says swelling comes and goes depending on whether sitting or standing. O/E left calf 43cm right calf 41.5cm. I think swelling is prob	8CB..	PP

peallies 24/05/2005 11:10:12 Single Patient Flexible Format (single.fp), Brian Laird

2

01/02/2005 Renal profile viewed by: PP gp comment: NORMAL RESULT	44J5. PP
01/02/2005 Serum creatinine, 108 umol/L	44J3. PP
01/02/2005 Serum potassium, 4.3 mmol/L	44I4. PP
01/02/2005 Serum sodium, 143 mmol/L	44I5. PP
01/02/2005 Serum urea level, 5.1 mmol/L	44J9. PP
01/02/2005 Serum albumin, 38 g/L viewed by: PP gp comment: NORMAL RESULT	44M4. PP
01/02/2005 Liver function test viewed by: PP gp comment: NORMAL RESULT	44D6. PP
01/02/2005 Serum alkaline phosphatase, 71 iu/L	44F.. PP
01/02/2005 ALT/SGPT serum level, 16 iu/L	44G3. PP
01/02/2005 Serum gamma GT level, 24 iu/L	44G9. PP
01/02/2005 Serum total bilirubin level, 15 umol/L	44EC. PP
01/02/2005 Plasma glucose level, 4.1 mmol/L viewed by: PP gp comment: NORMAL RESULT	44g.. PP
01/02/2005 Leg X-ray No evidence of osteomyelitis - NORMAL	52A.. PP
01/02/2005 Microbiology !ABN viewed by: PP result: Specimen type: SKIN SWAB Left result: Shin result: CLINICAL DETAILS : Flucloxacillin result: & TREATMENT : Amoxycillin result: CELLULITIS LT SHIN<- .result: CULTURE 1.Staph. aureus ++ result: 2.Coliform ++ result: 3.Mixed anaerobes + result: 4. result: Sensitivity data if relevant, appears below. result: 1 2 3 4 result: Flucloxacillin S result: Metronidazole S result: Erythromycin S result: Fusidic acid R result: Penicillin G R	4J... PP
03/02/2005 Telephone encounter With X-Ray Dep Mr.Pandit's sec she will pull Brian's films & get DR.Pandit to report them hopefully the report will be faxed through by Thursday afternoon.	9N31. PP
04/02/2005 Failed encounter DNA'd appt and missed appt at St Nic's.	9N4.. PP
09/02/2005 Telephone encounter needs TCI mane for review. Quite aggressive on phone. Advised if DNA's again will be removed from list.	9N31. PP
10/02/2005 Patient's condition worsened more cellulitic and more swollen. Left leg swollen to groin.	2127. PP
10/02/2005 Admit medical emergency unsp. ?IV ab's needed ??DVT	8H21. PP
24/02/2005 Had a chat to patient out of hussy since 14th had a few days on antibiotics after discharge.	8CB.. PR
24/02/2005 Had a chat to patient has been trying to dress own wound and has not done badly is living [REDACTED] a bit so travel a bit awkward but lest review after weekend poss needs to be started on dressings at Kiddrow lane	8CB.. PR

24/02/2005 MED3 issued to patient to:24/04/2005 Leg Ulcer	9D1. PR
09/04/2005 Seen in hospital casualty ?? schizophrenia and leg ulcer. Cleansed/dressed. RIC	9N19. JE
09/04/2005 Seen in hospital casualty psychiatric problem. Left prior treatment.	9N19. JE
10/04/2005 Seen in hospital casualty returned unwell. Psychiatric problem. Oth OPD	9N19. JE
10/04/2005 Seen in hospital casualty re-dressed leg ulcer. Advice.	9N19. JE
13/04/2005 Letter encounter From Leander Clynsaw (MHN) Criminal Justice Liaison Service) informing DR.Daparthi that the patient's farther has agreed to bring him to the Lamont clinic for his appt.	9N33. 17
13/04/2005 Hyperlink SCANNED LETTER (PAGE 1)	@AAB17
13/04/2005 Hyperlink SCANNED LETTER (PAGE 2)	@AAB17
14/04/2005 Letter sent to patient to be removed	9NC3. aa
14/04/2005 Letter encounter LSCA - for removal	9N33. aa
15/04/2005 Letter encounter From Mr.Tan CON A&E Dept BGH - re this patient's attendance FOLLOW UP IN 2 DAYS.	9N33. 17
15/04/2005 Hyperlink SCANNED LETTER	@AAB17
21/04/2005 Failed encounter 13.4.05 A&E Review Clinic Mr.Bayton CON BGH - DISCHARGED.	9N4.. 17
21/04/2005 Hyperlink SCANNED LETTER	@AAB17
25/04/2005 Seen in psychiatry clinic 11.4.05 Via A&E Dept DR.Prajapathi SHO (DR.Quraishi) BGH - Patient offered an urgent appt in Lamont Clinic but demanded Diazepam when not given he became aggressive. NO FOLLOW UP MENTIONED	9N1T. 17
25/04/2005 Hyperlink SCANNED LETTER (PAGE 1)	@AAB17
25/04/2005 Hyperlink SCANNED LETTER (PAGE 2)	@AAB17
27/04/2005 Failed encounter 18.4.05 DR.Daparthi SHO (DR.Quraishi) BGH	9N4.. 17
27/04/2005 Hyperlink scanned letter	@AAB17
29/04/2005 Seen in psychiatry clinic 11.4.05 DR.Alam SHO (DR.Quraishi) BGH - Medication Changes Made. FOLLOW UP ARRANGED WITH PATIENT	9N1T. 17
11/05/2005 Hyperlink SCANNED LETTER (PAGE 1)	@AAB17
11/05/2005 Hyperlink SCANNED LETTER (PAGE 2)	@AAB17
13/05/2005 Letter encounter from Gwen Greenwood CMHT - to DR.Alam that due to his drinking it is unlikely this patient will find a few session of counselling any benefit.	9N33. 17
13/05/2005 Hyperlink scanned letter	@AAB17
24/05/2005 FP22 - practice advises outside of their area	923K. 17

Family History

02/12/2002 Unemployed	13J7. ta
02/12/2002 FH: Hypertension	12C1. ta

02/12/2002 Enjoys light exercise	1383. ta
02/12/2002 Moderate smoker - 10-19 cigs/d	1374. ta
02/12/2002 Teetotaller	1361. ta

Alcohol

02/12/2002 Teetotaller	1361. ta
------------------------	----------

Immunisations Given

07/03/1978 Immunisations	Active	65... JE
01/01/2001 Booster tetanus vaccination		6564. JE
02/12/2002 Infectious dis:prevent/control		65... JE

These sections were empty : Sensitivities. Operations

PATIENT SUMMARY

EMIS no : 737
 Name : Mr Brian Laird
 Age : 32 years
 D.O.B. : 31.12.1972 NHS No. : 6330405913
 Address : 156 Pine Street Nelson
 Post Code :

 Records at :
 Telephone number : 01282623324
 NHS number : 6330405913
 Hospital Number(s) :
 Trading Partner : Lancashire FHSA
 Registering Dr : PENDLE VALLEY PRACTICE
 Usual Dr : PENDLE VALLEY PRACTICE
 Dispensing? :
 RPP/Road miles :
 Walking quarters :
 Residential Inst. :
 Special dist/Blocked :
 4.5.2005 Registration status : Correctly registered

ACTIVE PROBLEMS

None Recorded

SIGNIFICANT (NOT ACTIVE) PROBLEMS

None Recorded

ALLERGIES

None Recorded

DISEASES OR OPERATIONS

None Recorded

HEALTH STATUS

Ethnic group :- - -
 Urine glucose :- - -
 Urine protein te :- - -
 Waist circumfere :- - -
 Weight :- - -
 Body Mass Index :- - -
 Systolic BP :- - -
 Smoking Status :- - -
 Tobacco consumpt :- - -
 health ed smokin :- - -
 ref smoking cess :- - -
 Not stopping :- - -
 Advised re diet :- - -
 Alcohol consumpt :- - -
 Health ed. - alc :- - -
 Exercise grading :- - -
 No FH: IHD :- - -
 FH IHD <60 :- - -
 FH:IHD >60 :- - -
 FH: CVA/stroke :- - -
 FH: Diabetes mel :- - -
 FH: Asthma :- - -
 ECG: LVH :- - -
 Biochemical test :- - -
 Serum LDL choles :- - -
 Cholestrol ratio :- - -
 10 yr CHD risk :- - -

FAMILY HISTORY

East Lancashire Hospitals **NHS**
NHS Trust

Our ref: RXR3166238
Your ref:

Anticoagulant Clinic
Pharmacy Department
Burnley General Hospital
Casterton Avenue
Burnley
BB10 2PQ
Tel.: 01282 474343
Fax: 01282 474334

08.02.07

Dr A Iqbal
Pendle Valley PMS
Yarnspinnners PHCC
Yarnspinnners Warf
NELSON, LANCs
BB9 7SR

Dear Dr Iqbal,

Re:
Brian Laird (DOB 31/12/72)
156 Pine Street, Nelson, Lancs. BB9 9HW

Thank you for referring the above patient to us, to continue his monitoring of warfarin in the treatment of his DVT.

However, he has failed to attend for blood tests and we have not received a sample for him.

We have had no response to our series of four letters and have therefore closed his file. We will provide no further follow-up unless we receive a new referral.

Since it is unsafe to take warfarin without monitoring, I would request that you stop further prescriptions being issued.

Kind regards

Yours sincerely,



Adrienne Lancaster
Anticoagulant Pharmacist

County Durham **NHS**
Primary Care Trust

Discharge Summary

13 December 2006

Dr Dennison
Pender Valley
Nelson
Lancashire

Dear Doctor

RE Mr Brian Thomas Laird 31/12/1972

This gentleman has been under our care since 16/08/06

Active Medical Problems: 1. Chronic DVT. 2. Chronic lower back pain.

Outstanding Appointments:

Past Medical History:

Tests Carried Out:

Current Medication: Tramadol 50mg qds. Warfarin 11mg daily. Recommended that he continues Warfarin life long.

Comments:

If you require any further information you will find the contact details below.



Dr S Boll
General Practitioner

Dr T B Docherty MBChB Head of Primary Care Services
Telephone 0191 332 3763/3648 Fax 0191 332 3407
Pharmacy Department 0191 332 3530

474743

fax

474334

East Lancashire Hospitals **NHS**

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
16th March 2006

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
11 PEERART COURT
COLNE
LANCS

BB8 8EH
AE No: AQ32236/27 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on THURSDAY 16th MARCH 2006 at 5:44 pm.

Referral details: SELF REFERRAL
Presenting complaint: RETURN SWOLLEN RIGHT HAND
Diagnosis and Comments: INFECTED RIGHT HAND
Investigations: NONE
Immunisation: NONE
Treatment Given: PRESCRIPTION
Prescription: PRESCRIPTION
Disposal & Follow up: GP

Yours sincerely
DR.A AZAM S.H.O.

East Lancashire Hospitals **NHS**
NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
14th March 2006

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
11 PEERART COURT
COLNE
LANCS

BB8 8EH
AE No: A032236/25 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on TUESDAY 14th MARCH 2006 at 11:59 am.

Referral details: SELF REFERRAL
Presenting complaint: LACERATION RIGHT HAND
Diagnosis and Comments: LACERATION RIGHT WRIST
Investigations: X-RAY
Immunisation: TETANUS COVERED
Treatment Given: CLEANSED & SUTURED
Prescription: NONE
Disposal & Follow up: RIC

Yours sincerely
DR. Y KHAN S.H.O.

Burnley General Hospital, Burnley BB10 2PQ Tel: 01282 425071 Pendle Community Hospital, Nelson BB9 9SZ Tel: 01282 425071
Queen's Park Hospital, Blackburn BB2 3HH Tel: 01254 263555 Rossendale Hospital, Rawtenstall BB4 6NE Tel: 01706 215151
Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555

East Lancashire Hospitals

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
15th February 2006

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
156 PINE ST
NELSON
LANCS

BB9 9HW
AE No: A032236/24 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on WEDNESDAY 15th FEBRUARY 2006 at 7:07 pm.

Referral details: POLICE CUSTODY
Presenting complaint: RIGHT WRIST/NOSE INJURY
Diagnosis and Comments: STI RIGHT HAND/WRIST

Investigations: X-RAY
Immunisation: NONE
Treatment Given: ADVICE
Prescription: NONE
Disposal & Follow up: OTH OPD

Yours sincerely
J GILES E.N.P.

Burnley General Hospital, Burnley BB10 2PQ Tel: 01282 425071 Pendle Community Hospital, Nelson BB9 9SZ Tel: 01282 425071
Queen's Park Hospital, Blackburn BB2 3HH Tel: 01254 263555 Rossendale Hospital, Rawtenstall BB4 6NE Tel: 01706 215151
Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555

KD

East Lancashire Hospitals **NHS**

Department of Emergency Medicine

Burnley General Hospital
Casterton Avenue
Burnley, Lancs. BB10 2PQ

29 MAR 2006

Secretary - Frances Moulton: (01282) 474057
Fax: (01282) 475206

Email: Frances.Moulton@elht.nhs.uk

MST/fm/A032236/27
A & E Clinic 20.3.06

22nd March 2006

Dr. J. Dennison
Pendle Valley PRCT
Yarnspinners PHCC
Yarnspinners Wharf
Carr Road
Nelson

Dear Dr. Dennison

Re: **Brian LAIRD (31.12.72)**
11 Peerart Court COLNE

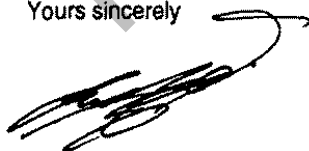
Diagnosis: Infected wound in right wrist.

This patient first came to the Emergency Medicine Department on 14th March 2006 after he fell and cut his right wrist on some broken glass in the street. He sustained an incised wound measuring about 4cms over the radial aspect of his right wrist. The wound was sutured and he was given a prescription for Co-Amoxiclav. He took the hospital prescription to an outside pharmacy 2 days later only to discover that the prescription was only valid for the hospital pharmacy. By this time the wound had got infected and so he came back to the department.

On his second visit to the department it was noted that most of the right hand was red and swollen and it was obvious that the infection had spread. He was given a course of Penicillin V and Flucloxacillin and Diclofenac to help the pain.

On review in the clinic today most of the cellulitis had settled but there was still a low grade infection in the wound. I have advised him to continue with the antibiotics and covered the wound with a dry dressing. He will be reviewed again in the clinic in 2 days time.

Yours sincerely



MR M M S TAN, FRCS (Ed), FFAEM
CONSULTANT IN EMERGENCY MEDICINE

East Lancashire Hospitals **NHS**

NHS Trust

MR.S. BHATTACHARYYA, F.R.C.S. (Eng.), F.F.A.E.M.
Consultant & Clinical Operations Director (Emergency Medicine) EL

Emergency Medicine Department
 Casterton Avenue
 Burnley General Hospital
 Burnley BB10 2PQ

Secretary Mrs. K. Beardsworth: (01282) 474243

Fax: (01282) 475206

e-mail: Kathryn.Beardsworth@ELHT.nhs.uk

24 MAR 2006

SBC/KAB/32236/25

Accident & Emergency Clinic: 16.3.06

17 March 2006

Dr Dennison
 Pendle Valley PRCT
 Yarnspinners PHCC
 Yarnspinners Wharf
 Carr Road
 Nelson

Dear Dr Dennison

BRIAN LAIRD – 31.12.72
11 PEERART COURT, COLNE

This patient attended the Emergency Medicine Clinic on 14 March, 2006 having injured his right hand. He was found to be right handed. Apparently, he had slipped on ice whereby he grazed his right hand against broken glass. He sustained a laceration to the right hand. He was found to be covered for Tetanus Toxoid. There was nothing significant to note in his past medical history or allergic history.

Initial assessment in the Emergency Medicine Department showed a 2cm x 0.2cm laceration over the distal 1/3 of the radius and two superficial lacerations measuring 1cm each over the thumb. The wounds were actively bleeding and finger movements were present. There was no distal neurovascular deficit. A pressure bandage was put over the laceration to stop the bleeding and an x-ray of his right hand was done which showed no bony injury or foreign body. Following removal of the pressure bandage the wound kept on oozing from venous injury but after the second episode of applying a pressure bandage, the bleeding stopped. The wound was then cleaned and sutured and a repeat pressure dressing was applied. He was prescribed Augmentin as prophylactic antibiotic and he was given a high arm sling.

/cont..

Burnley General Hospital, Burnley BB10 2PQ Tel: 01282 425071 Pendle Community Hospital, Nelson BB9 9SZ Tel: 01282 425071
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 Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555



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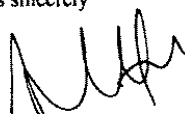
ETS1

East Lancashire Hospitals **NHS**
NHS Trust

2.

He failed to keep his clinic appointment today. I hope he is symptomatically better and I have made arrangements to see him again in the next Emergency Medicine Clinic.

Yours sincerely



MRS. BHATTACHARYYA, F.R.C.S. (Eng.), F.F.A.E.M.
Consultant & Clinical Operations Director (Emergency Medicine) EL

East Lancashire Hospitals **NHS**

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
11th November 2005

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
11 PEERART COURT
COLNE
LANCS

BB8 8EH
AE No: A032236/23 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on FRIDAY 11th NOVEMBER 2005 at 1:29 pm.

Referral details:	EMERGENCY CALL
Presenting complaint:	LACERATION RIGHT HAND
Diagnosis and Comments:	RIGHT HAND LACERATION
Investigations:	NONE
Immunisation:	NONE
Treatment Given:	NONE
Prescription:	NONE
Disposal & Follow up:	TRANSFER TO OTHER HOSPITAL

Yours sincerely
DR S RAZA S.H.O.

Burnley General Hospital, Burnley BB10 2PQ Tel: 01282 425071 Pendle Community Hospital, Nelson BB9 9SZ Tel: 01282 425071
Queen's Park Hospital, Blackburn BB2 3HH Tel: 01254 263555 Rossendale Hospital, Rawtenstall BB4 6NE Tel: 01706 215151
Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555

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East Lancashire Hospitals **NHS**

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
11th November 2005

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
1 PEERART COURT
COLNE
LANCS

BB8 8EH
AE No: A032236/22 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on THURSDAY 10th NOVEMBER 2005 at 10:23 pm.

Referral details: EMERGENCY CALL
Presenting complaint: LACERATION TO RIGHT HAND
Diagnosis and Comments: HAND WOUND

Investigations: NONE

Immunisation: NONE

Treatment Given: NONE

Prescription: NONE

Disposal & Follow up: GP

Yours sincerely
. A/E ON CALL

Burnley General Hospital, Burnley BB10 2PQ Tel: 01282 425071 Pendle Community Hospital, Nelson BB9 9SZ Tel: 01282 425071
Queen's Park Hospital, Blackburn BB2 3HH Tel: 01254 263555 Rossendale Hospital, Rawtenstall BB4 6NE Tel: 01706 215151
Royal Infirmary, Blackburn BB2 3LR Tel: 01254 263555



INVESTOR IN PEOPLE

www.hospitalsineastlancs.nhs.uk



WORKING LIVES

ETS1

East Lancashire Hospitals **NHS**

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
11th June 2005

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN THOMAS LAIRD
156 PINE ST
NELSON
LANCS

BB9 9HW
AE No: A032236/20 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on SATURDAY 11th JUNE 2005 at 03:27 am.

Referral details: EMERGENCY CALL
Presenting complaint: LACERATION TO LEFT WRIST
Diagnosis and Comments: LACERATION TO LEFT WRIST

Investigations: X-RAY
Immunisation: T.T. BOOSTER
Treatment Given: ADVICE
Prescription: NONE
Disposal & Follow up: GP

Yours sincerely
MS ANCDIYL S.H.O.

East Lancashire Hospitals **NHS**

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
20th October 2005

DR DENNISON
PENDLE VALLEY PRCT
YARNSPINNERS PHCC
YARNSPINNERS WHARF
CARR ROAD, NELSON
BB9 7SR

Dear DR DENNISON

Re: MR BRIAN LAIRD
NFA

AE No: A032236/21 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on THURSDAY 20th OCTOBER 2005 at 03:02 am.

Referral details: EMERGENCY CALL

Presenting complaint: OVERDOSE

Diagnosis and Comments: OVERDOSE

Investigations: NONE

Immunisation: NONE

Treatment Given: NONE

Prescription: NONE

Disposal & Follow up: ADMISSION TO WARD

Yours sincerely
DR K SADAN S.H.O.

ETSS

02 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

09-Nov-2022 Dr Data Migration ()

Additional: 02 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

02 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

Filename: D866B81A-192D-A924-2B96-38FF14466535_02 of 02_Lloyd_George_Record_brian laird_6330405913_31-12-1972.pdf

Extension: .tif

Pages:

NHS**MALE****Surname**

LAIRD

Forenames

BRIAN

Date of Birth

31-12-72

National Health Service Number

633 040 5913

Address119 STOCKBRIDGE RD
PADHAM**Doctor's Name**

SFA

**Authority's Cipher
and Stamp**

26-1-11

Tel No. BB12 7EX**Subsequent Addresses****Tel No.****Tel No.****Tel No.****Tel No.****Occupations**

ERD01217113

(and insert
age)**Year****SURNAME**
FORENAMES**Date of Death** 20**Cause of Death****Doctor's Signature**

[illegible]

FORENAMES



ERD01217113

Inst Box Nbr: 764997070
 EKP Box Nbr: 764997070
 Column Id: 0109921530
 Location Id: 0109921530
 File Descr: 6330405913

Date: 31/07/2011
Box Type: 1.4
File No: 00035

MD 48

B

000005125910233 *

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OF THE NATIONAL HEALTH SERVICE

FORM FP5B

Version 1 09/02 2007-50249-EN-NHSBSA

PATIENT SUMMARY

EMIS no : 5130
 Name : Mr Brian Laird
 Age : 29 years
 D.O.B. : 31.12.1972 NHS No. : 6330405913
 Address : 21 Cooper Street Nelson
 Post Code : BB9 7XW

ACTIVE PROBLEMS

None Recorded

SIGNIFICANT (NOT ACTIVE) PROBLEMS

None Recorded

ALLERGIES

None Recorded

DISEASES OR OPERATIONS

None Recorded

PRESENT MEDICATION

	Last Issue
Repeat Prescriptions	
Diazepam Tablets 10 mg 1 tds 21 tablets	18.10.2002
Temazepam Tablets 20 mg two to be taken at night 14 tablets	18.10.2002

IMMUNISATIONS

06.04.2000 First tetanus vaccination :G.P.Surgery, ha 10.4.00 A
 07.04.2000 Infectious dis:prevent/control :G.P.Surgery,
 06.06.2000 Second tetanus vaccination :G.P.Surgery, HA 12.6.00 A

All consultations

18.10.2002
 G.P.Surgery
 Dr BK Sinha

E: rpt rx

8.10.2002
 G.P.Surgery
 Dr BK Sinha

E: pain lt leg
 S: 3/7
 O: swollen tender calf muscles rash and cellulitis
 leg
 R: ref M.A.U

Latest Biological Values

6.4.2000 Urine not examined

G.P.Surgery

6.4.2000 Blood Pressure

G.P.Surgery

6.4.2000 O/E - weight

Value Units Ab

120/70 mmHg

83.182 Kg

date 13.8.07

12181 o/c.

B

DR T.MANJOORAN

DR D.GUPTA

DR SP GUPTA

DR CK RAO

DR S.S.RAZA

DR J SKARIA

new patient
med 15/8/07NEW PATIENT HEALTH QUESTIONNAIRE

INTRODUCTION

This questionnaire will help to establish a base-line view of the patient life-style and will assist the nurse / doctor in carrying out a new patient health check. The information provided will assist also in the identification of "at risk" patients and focus care advice on at risk areas.

Please take this Questionnaire home and fill in as much information as possible, failure to complete all the sections may delay the GPs decision.

HEALTH QUESTIONNAIRE

Date applied to join the Practice 1/8/07

To the Patient... Please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Name BRIAN T. LAIRD Date of Birth 31.12.72Address 120 ABRAHAM ST, BLACKBURNTelephone number / Mobile 603079Weight 155 lb Height 6' 4"Blood pressure checked in the last 10 years? Yes / ~~No~~Tetanus jabs in the last 10 years? Yes / ~~No~~Cholesterol checked in the last 2 years? ~~Yes~~ / NoOccupation UnemployedSMOKING- Do you smoke? Yes / ~~No~~. If Yes, how many per day? 15/20If you smoke, how old were you when you started? 11

EX-SMOKERS- If you used to smoke, how old were you when you stopped? _____

If you used to smoke, how many did you smoke per day? _____

PASSIVE SMOKING Are you exposed to smoke at work? Yes / No. At home? Yes / No

ALCOHOL-

How many units of alcohol do you drink each week? 7
 (1 unit = half pint of beer, 1 glass of wine, or a pub measure of spirits)

BABY VACCINATIONS- If not known please bring in your child's red book so that we can take a copy.

Dates of baby vaccinations to be entered-Please give the dates of the baby vaccinations that your child has had.

PATIENT SUMMARY

EMIS no : 10321
 Name : Mr Brian Laird
 Age : 29 years
 D.O.B. : 31.12.1972 NHS No. : ZZZZ 999
 Address : 34 Humphrey Street Brierfield Nelson
 Post Code : BB9 5HQ

 Records at :
 Telephone number :
 NHS number : ZZZZ 999
 Hospital Number(s) :
 Trading Partner : Lancashire FHSA
 Registering Dr : Dr D J Webborn
 Usual Dr : Dr D J Webborn
 Dispensing? :
 RPP/Road miles :
 Walking quarters :
 Residential Inst. :
 Special dist/Blocked :
 4.10.2002 Registration status : Correctly registered

ACTIVE PROBLEMS

20.09.2002 Drug dependence :

ALLERGIES

None Recorded

DISEASES OR OPERATIONS

17.02.1999 [X]Abscess of limb :groin
 20.09.2002 Drug dependence :

HEALTH STATUS

Occupations :- - -
 Weight :- - -
 Body Mass Index :- - -
 Ideal Weight :- - -
 Systolic BP :- - -
 Smoking :- - -
 Alcohol :- - -
 Diet :- - -
 Exercise grading :- - -
 Urine Protein :- - -
 Urine Glucose :- - -
 FH:IHD<60 :- - -
 FH:IHD>60 :- - -
 FH: CVA/stroke :- - -
 FH:Diabetes :- - -
 FH: Asthma :- - -
 NP SCREEN CLAIM :- - -

FAMILY HISTORY

None Recorded

PRESENT MEDICATION

	Last Issue
Acute Prescriptions	
Diazepam Tablets 10 mg tds 42 tablets	4.10.2002
Temazepam Tablets 20 mg 3 daily 42 tablets	4.10.2002
Ensure Plus Liquid Feed (Mixed Flavours) Tetrapak 220 ml tds 42*1 tetrapak(s)	4.10.2002

Past Medication

Last Issue	Item
9.2.1998	Temazepam Elixir 10 mg/5 ml 30 mls nocte 200 ml
17.2.1999	Co-Fluampicil 250/250 Capsules qds 28 capsules
17.2.1999	Diazepam Tablets 10 mg 3 daily 21 tablets

IMMUNISATIONS

None Recorded

DIARY ENTRIES AND FOLLOW UP.

17.12.2047 Elderly Health Assessment

ALL ENTRIES (EXCEPT VALUES)

```

03.02.1998 MED5 issued to patient      :27.1.98-3.2.98
03.02.1998 MED3 issued to patient      :2w Anxiety state.
17.02.1999 [X]Abscess of limb          :groin
17.02.1999 Dressing of wound           :- infected injection site
                                           small sinus packed with
                                           sorbsan review man'e.
18.02.1999 Did not attend - no reason  :
20.09.2002 Drug dependence             :

```

All consultations

7.10.2002
Path. Lab.
Dr D J Webbhorn

I: Drugs of abuse screening test, Abnormal,
no action (*R1)

4.10.2002
G.P. Surgery
Dr D J Webbhorn

Review

E: Drug dependence
S: has been under dr jehangir - says has no doctor.
has been on benzodiazepines for years. says has
problems with eating
P: urine
chase up with preston

20.9.2002
G.P. Surgery
Dr W M Ions

Onset

E: Drug dependence
Rx: Diazepam Tablets 10 mg 3 od 21 tablets
Temazepam Tablets 20 mg 3 on 42 tablets
Ensure Plus Liquid Feed (Mixed Flavours) Tetrapak
220 ml 1 tds 42*1 tetrapak(s)
P: told to contact preston

18.2.1999
G.P.Surgery
Sister Moira Cooper

D: Did not attend - no reason

17.2.1999
G.P. Surgery
Sister Kath Daintree

D: Dressing of wound - infected injection site small sinus packed with sorbsan review man'e.

17.2.1999
Extras
Dr D J Webborn

New

E: [X]Abscess of limb groin
S: has infection in the groin from injecting heroin.
weeping alot of pus. has relapsed.
says that he was on temazepam - now off
Dr Ashworth's list
Rx: Diazepam Tablets 10 mg 3 daily 21 tablets
Co-Fluampicil 250/250 Capsules qds 28 capsules

9.2.1998
G.P.Surgery
Dr D J Webborn

S: Still not found GP.
Rx: Temazepam Elixir 10 mg/5 ml 30 mls nocte 200 ml
P: Ring ELHA tomorrow.

3.2.1998
G.P.Surgery
Dr D J Webborn

New

E: MED3 issued to patient 2w Anxiety state.
S: Unable to gain sick certification. No GP assigned.

3.2.1998
G.P.Surgery
Dr D J Webborn

New

E: MED5 issued to patient 27.1.98-3.2.98

3.2.1998
G.P.Surgery
Dr D J Webborn

S: Not found GP yet given furthur 1 week of
treatment.
Rx: Temazepam Elixir 10 mg/5 ml 30 mls nocte 200 ml

27.1.1998
G.P.Surgery
Dr D J Webborn

S: Has been on benzodiazepan from Dr.Tandon. Says
taking 30mls temazepam elixir at night. On no
other drugs. No alcohol problem.
Rx: Temazepam Elixir 10 mg/5 ml 30 mls nocte 200 ml
P: Discussed with Dr. tandon

Biological Values	Value	Units	Ab
7.10.2002 Drugs of abuse screening test			
7.10.2002 Urine cannabinoids screening test			
Text : Not detected			
7.10.2002 Urine amphetamine screening test			
Text : Not detected			
7.10.2002 Urine benzodiazepine			
Text : Positive			
7.10.2002 Urine methadone			
Text : Not detected			
7.10.2002 Urine morphine			
Text : Positive			
7.10.2002 Urine cocaine metabolite screen			
Text : Not detected			

Hospital Department
 HM Prison
 The Castle
 LANCASTER
 LA1 1YL
 ☎ 01524 385100 Ext 5284
 Fax: 01524 385101



Your Ref:

Our Ref: DC/AW

Date: 27/7/07

Dear Dr

Your patient: BRIAN LARD 31/12/72

was treated for RECURRENT DVT
 whilst in prison. EX IV DRUG USER

Treatment on release is as follows:

WARFARIN 13mg DAILY (NOW STABLE ON THIS
 DOSE - INR 26/7/07 2.5) RECOMMEND
 Repeat INR 2/52

TRAMADOL M/R 100mg (ONE HUNDRED) DAILY FOR
 LEG PAIN

Yours sincerely

Dr 
 Medical Officer

WP:\Hospital\treat-It.dco



INVESTORS IN PEOPLE

DRS IONS, WEBBORN & HUTCHINSON
POOLE VIEW MEDICAL CENTRE
ARTHUR STREET, BRIEFIELD
NELSON, LANCs., BB9 5RZ
TEL 02822 614599

PATIENT SUMMARY

EMIS no. : 10321

Name : Mr Brian Laird

Age : 25 years

D.O.B. : 31.12.72

NHS No. : ZZZZ 999

Address : 1 Albert Street Nelson

Post Code :

All consultations

27.1.98

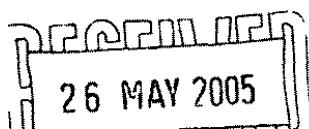
G.P. Surgery

Dr D J Webborn

S: Has been on benzodiazepan from Dr. Tandon. Says taking 30mls temazepam elixir at night. On no other drugs. No alcohol problem.

Rx: Temazepam Elixir 10 mg/5 ml 30 mls nocte 200 ml

P: Discussed with Dr. tandon



Enquires : Dr Quraishi's Secretary
Tel/Fax : 01282 474733
E-mail : Linda.Day@lancashirecare.nhs.uk

Lancashire Care 

NHS Trust

Mental Health Directorate
Lamont Clinic
Burnley General Hospital
Casterton Avenue
Burnley
Lancs BB10 2PQ

Ref : SHQ/LCD

Website : www.lancashirecare.nhs.uk

20 April 2005

Dr Patrick
Burnley Wood Medical Centre
50 Parliament Street
Burnley

Dear Dr Patrick

BRIAN THOMAS LAIRD, d.o.b. 31.12.72, 156 Pine Street, Nelson BB9 9HW
Patient Number : P45956
N.H.S. Number : 633 040 5913

I saw the above patient in Lamont Clinic along with his brother on 11 April 2005.

Brian is a 32 year old single unemployed man who used to work as a cleaner. He was in prison for 2 years for drug dealing and has been a drug addict. For the past 2 weeks he had shown bizarre behaviour - stripping off in public and being agitated. He is very stressed [REDACTED] He complained of bizarre behaviour and does not sleep very well. He has increased sexual desires and feels high. He has scary thoughts and thinks that someone is trying to control him. He said someone is putting thoughts in his mind. He has no thought withdrawal. He has delusions of reference and thinks he can't control his thoughts. He feels paranoid and thinks he is being watched. Last night he was arrested for breach of the peace as he was naked. He was released this morning. He has no alcohol withdrawal symptoms or depressive symptoms. He is not hearing voices.

He drinks ½ litre of Vodka every day and smokes 20 cigarettes per day. He was a drug addict in the past and has not used drugs for many years but recently took Amphetamines i/v 5 days ago.

He took an overdose of Diazepam in 2002. He has been on Dothiepin and Prozac in the past for his depression. He was withdrawn from Benzodiazepines.

He has no past medical history.

He is not on any medication.



Chairman: Mrs Vourneen Darbyshire

Chief Executive: Finlay Robertson

BRIAN LAIRD
20 April 2005 12:01

PD8017 MS069

[REDACTED]

On mental state examination he is a 32 year old man who was relaxed with good eye contact. He was well dressed and did not show inappropriate behaviour. There was no psychomotor retardation. His mood was subjectively and objectively distressed. His speech was increased but there was no pressure. There were no hallucinations or delusions. He had abnormal thoughts and no suicidal thoughts. His cognition was intact and he had insight.

Plan

1. He was reassured and advised to stop taking drugs.
2. He should cut down his alcohol intake and contact Bull Street Alcohol Information Centre.
3. I started Olanzapine 10mg nocte
4. He will be referred to the CMHT for counselling.
5. We will review him next week in Dr Quraishi's clinic.

Yours sincerely



DR ALAM
S.H.O. in Psychiatry

Copy to Burnley CMHT



Chairman: Mrs Vourneen Darbyshire

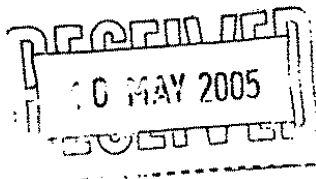
Chief Executive: Finlay Robertson

BRIAN LAIRD
20 April 2005 12:01

PD8017 MS069



Lancashire Care **NHS**
NHS Trust



Gannow Lane Resource Centre
164 Gannow Lane
BURNLEY
Lancs
BB12 6QH
Tel no - 01282 471600
Fax no - 01282 471601

Our ref GG/PH/NHS no - 633 040 5913

9 May 2005

Dr Alam
SHO in Psychiatry
Lamont Clinic
BURNLEY GENERAL HOSPITAL

Dear Dr Alam

Re: Brian Thomas Laird (31-12-1972)
156 Pine Street Nelson Lancs BB9 9HW.

Thank you for your referral of the above named gentleman to the Burnley Community Mental Health Team for counselling.

Mr Laird is drinking heavily, and he is taking amphetamines intravenously. This will understandably affect his behaviour. Mr Laird should address his substance misuse problems before he can be properly assessed. It is unlikely that he will find a few sessions of counselling of any benefit.

Please do not hesitate to contact me on the above address or telephone number should you wish to discuss this client further.

Yours sincerely

GWEN GREENWOOD
DEPUTY ICMHT MANAGER
BURNLEY COMMUNITY MENTAL HEALTH TEAM

Copy to Dr P Patrick, GP - Burnley Wood Medical Centre



Temporary services

GMS3

757

Patient details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate
☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

31-12-72

First names

P. J. J. J.

NHS

No.

6330405913

Previous surname/s

Home address

8 Alford Road

Temporary address, if applicable

Burnley, Lancashire

196

Postcode

BB11 1AA

Postcode

BB11 1AA

Telephone number

01274 233333

Telephone number

01274 233333

Doctor to whom details of treatment given should be sent

Name

Dr. P. J. J. J.

Address

Burnley, Lancashire

Medical Centre

CIE EFH 2.6.05



Clinical records

4/5/05

- infected leg ulcer. T=35
 ⊕ leg P=84mg
- seen by P/N.

- for ABs - fluconazole 150mg 2dly.
- cold salt w/ (had DVT in ⊕ calf in past).
- ant. leg ulcer - 4cm diameter, spread 2cm (slw P/N) - small ulcer
- seen P/N 2.1/7.

In case of queries, contact:

at:

- med 3 2/52 "leg ulcer" M. A. M. M. M.
- med 5 1/6/05 & 4/1/05 "leg ulcer"

Please do not write on hatched area

* patient aggressive at
 her desk - wanted
 something to "see threat!"
 Rude & aggressive then
 admitted paracetamol &
 cold drinks &

Lancashire Care **NHS**

NHS Trust

Mental Health Unit
Lamont Clinic
Burnley General Hospital
Casterton Avenue
Burnley
Lancashire
BB10 2PQ

www.lancashirecare.nhs.uk

Direct Line: 01282 474730

Direct Fax: 01282 474730

VSP/BMC

12 April 2005

Dr Patrick
Burnley Wood Medical Centre
Parliament Street
Burnley

NORMAL	
MED CHANGE REQ	
REFERRAL REQ	
TESTS REQ	
TO SEE DOCTOR	
ACTIONED BY	
DR C	DR R
	DR P

Dear Dr Patrick

BRIAN LAIRD DOB 31/12/72**8 Athens View Athletic St Burnley****Patient Number: P45956****NHS number: 633 040 5913**

I saw this patient in the Accident and Emergency Department of Burnley General Hospital on 11 April 2005. He was accompanied by his brother. I assessed this patient two nights ago in A & E and he was discharged.

According to the patient's brother, he was found naked just outside his house and was deluded and he brought him to A & E. According to the patient, he took Cannabis last evening but he did not specify the amount. He also took three bottles of vodka and then he was feeling unsafe at home. His brother took him to A & E and in the car he took his clothes off because he was feeling very hot and also felt like leaving his clothes behind.

He said that he feels safe in hospital and wanted to stay in the A & E Department or get admitted to the ward. He told me that he had Cannabis a day ago as well and then came to the A & E Department to be seen for his ulcer on one of his legs. He told me that the ulcer was an excuse and he liked being in A & E or hospital because his [REDACTED] has been admitted to the critical unit for alcohol problems. He told me that he feels unsafe after having alcohol.

This time around he denied having thoughts of his girlfriend being controlled by a mobile phone as he told me two nights ago. There was a difference in his presentation tonight and two nights ago when he reported to A & E but some form of paranoid delusions were evident but obscured because of his being under the influence of substances.



Chairman: Mrs Vourneen Darbyshire

Chief Executive: Finlay Robertson

PD8017 MS069

2. Brian Laird

I requested that one of the A & E doctors do a urine drug screen but I was told that it would not be possible to get the result soon.

He was dressed in a hospital gown and appearing slightly drowsy as if under the effect of some substances but not confused. There was no guarding or suspiciousness. He was co-operative and maintained proper eye contact. His speech was normal in rate and flow. No flight of ideas. Mood normal both subjectively and objectively. No psychomotor agitation or retardation. Paranoid ideas of feeling unsafe at home and scared. No ideas of harming himself or others. No hallucinations noted or reported. He was not able to focus for long on conversation. Memory intact. Sleep disturbed but appetite normal. In his previous presentation two nights ago, he told me that his sleep was normal. No active features of depression. Insight "I want to be in A & E or admitted to the ward".

He was demanding Diazepam and said that it would make him feel better and fresh.

Impression:

- Drug induced state.
- Underlying drug induced psychosis.

Plan:

An urgent out patient appointment in the Lamont Clinic has been booked with his sector team for re-assessment at 11.00 am on 11 April 2005. The purpose of the urgent outpatient appointment is to reassess him when he would not be under the influence of substances and hence it would be possible to explore his underlying delusional ideas much better.

I informed the patient about the appointment but he was not happy with it and told me that he wants Diazepam. I refused him Diazepam and he started using foul words.

I have again advised the patient to contact Westgate if they can offer him counselling.

Yours sincerely



DR V S PRAJAPATI
Psychiatric on call SHO

East Lancashire Hospitals **NHS**

Mr M M S Tan, Consultant in A & E Medicine
 Accident and Emergency Department
 Burnley General Hospital
 Casterton Avenue
 BURNLEY
 BB10 2PQ

Direct dial: (01282) 474057
 Fax: (01282) 475206

Email: Frances.Moulton@cd.burnleyhc-tr.nwest.nhs.uk

MST/flm/A032236/17
 A & E Clinic 11.4.05

12th April 2005

Dr Patrick
 Burnley Wood Medical Centre
 Parliament Street
 BURNLEY

Dear Dr Patrick

Re: **Brian LAIRD (31.12.72)**
8 Athens View, Athletic Street BURNLEY

Diagnosis: Chronic ulcer in left lower leg.

This patient came to the Accident and Emergency Department on 9th April 2005 with a chronic ulcer in the left lower leg which he tells us he has had for about 3 months. It all started when he caught his lower leg on something and developed an abrasion in that area which for some reason did not heal. Instead it became an ulcer. He tells me that about 2 months ago he had been admitted to one of the medical wards and presumably was on intravenous antibiotics for about 3 days. He was discharged from the ward after that but it seems that there was no follow up for him. By the time he came to the department 2 days ago the ulcer had become chronic and moist. It was dressed with Flamazine dressings and he was asked to come back to the department today for review.

On review in the clinic today he does indeed have a moist ulcer in the left lower leg. The cavity was still rather shallow but it measured about 6cms x 2 cms I have taken a swab from this ulcer and redressed it with Flamazine dressings. We will review him again in the clinic in 2 days time. However I have explained to him that this looks very much like a chronic ulcer and I think that in the long term he is going to need follow up by the district nurse in the community.

Yours sincerely

MR M M S TAN, FRCS (Ed), FFAEM
CONSULTANT IN ACCIDENT AND EMERGENCY MEDICINE



Lancashire Care **NHS**
NHS Trust

Criminal Justice Liaison Service
Gannow Lane Resource Centre
164 Gannow Lane
Burnley
BB12 6QH
Telephone: 01282 471 600
Fax: 01282 471 601

12 APR 2005

Dr Daparthy
Lamont Clinic
Burnley General Hospital
Fax 01282 474 733

NORMAL	
MEDICATION REQ	
REFERRAL REQ	
TESTS REQ	
TO SPECIALIST	
ACTIONED BY	
DRG	DRP

11/04/2005

Dear Dr Daparthy

Re: Bryan Laird (DOB 31/12/1972)

156 Pine Street, Nelson

Telephone 01282 632 224 Mobile phone 07851 318 253

I write to inform you that I assessed the above named gentleman at Burnley police station today. Bryan was arrested to prevent a breach of the peace he was reported to have stripped off in public and thrown his possessions into his front garden. On arriving in police custody staff report that Bryan was agitated with accelerated speech, he appeared anxious and kept backing away from officers.

Bryan reports that he has experienced a great deal of stress recently his [REDACTED] currently in critical care following heart failure. Bryan feels unable to cope and is currently consuming ½ litre bottle of vodka every other day, he has been smoking skunk regularly and for the last three weeks has been injecting amphetamine (last use 4 days ago) consequently he appears to be exhibiting symptoms of a drug induced psychosis. Bryan began using heroin aged 21 but has been clean for the last 3 years he denied ever being dependent on alcohol.

Bryan reports that he feels "confused and scared"; he believes that he is "cracking up" and gave examples of "people controlling people through phones and the internet". Bryan believes that the phone his girlfriend has given him is "evil"; he believes the phone is responsible for her having a mental breakdown and now his own breakdown. Bryan believes that he is being watched and followed by "Asian people", that children are trying to control his behaviour and that people can read his thoughts. Bryan thought that his clothes were contaminated with a "bad vibe" he claims that he threw all his possessions out and stripped off because he didn't feel safe and wanted a "fresh start". Bryan denied experiencing hallucinations of any form.

Bryan states that his mood has been reasonably stable although he has felt anxious and agitated over the last two days. Bryan's appetite and libido are unaffected although due to racing thoughts his sleep has been significantly disturbed over the 4 days. Due to lack of sleep two days ago he took two tablets (Temazepam?) given to him by a friend he states these tablets caused him to feel "wound up and moody".

Bryan denied current thoughts plans or intent to harm himself or others but feels frightened that his paranoid thoughts will cause him to "start thinking about topping myself" particularly as his [REDACTED] committed suicide. During the 1990's Bryan was arrested for a number of theft and shoplifting offences, he served 18 months in prison for supplying drugs and was released on 10/02/2004; Bryan has not been arrested since his release from prison.

I contacted the Accident and Emergency department and spoke to Carrie Smith (A&E psychiatric liaison), Bryan presented to A&E on 09/04/05 with "psychiatric problems" but left before he could be seen, he attended twice on 10/04/05 the first time he had an ulcer dressed on his leg and in the second attendance he was seen by Dr Prakajapti (SHO in psychiatry) who made reference to a past history of schizophrenia and suggested an urgent psychiatric outpatient be arranged but Bryan refused follow up. Bryan has not had previous contact with Leeds road resource centre and is not registered on the social services database.

Bryan states that he needs help and attended A&E because he wanted to be admitted to hospital to feel safe again, he was pleased that he was arrested and states he felt able to sleep knowing the authorities were protecting him, he was reluctant to leave the police station because his paranoia leaves him feeling unsafe.

I have advised Bryan to avoid illicit substances and alcohol and explained how his recent use is likely to have contributed to his current feelings of paranoia and persecution. Bryan's father is agreeable to bringing him to the Lamont clinic for his appointment with you at 2pm today.

If you require any additional information please do not hesitate to contact me.

Yours Sincerely



Leander Clynschaw
Mental Health Nurse
Criminal Justice Liaison

Cc Dr Patrick
Burnley Wood Medical Centre

FORM OF AUTHORITY

TO: Burnley Wood Surgery,
50 Portmunt St.
Burnley

I, Brian Laird of C/O 8 ATHENS RD. BURNLEY, , date of
birth 31-12-72 hereby authorise and request you to forward all the
medical records, including notes and x-rays relating to treatment administered
to me as a result of an accident on the 4TH JUNE 2003 to:-

Messrs N G A Solicitors
2nd Floor
Imperial Chambers
32 Manchester Road
Burnley
Lancashire
BB11 1HH

I have no intention of raising a claim against the Area Health Authority.

Signed: B. Laird
BRIAN LAIRD (MR)

Dated this 22nd day of March 2004.

BURNLEY WOOD MEDICAL CENTRE
ACCESS TO GENERAL PRACTITIONER RECORDS

Dear Patient,

We have received a request for copies of your medical records from your Solicitor and/or Medical Expert. In order for us to proceed with this request, we would be grateful if you could read and **FULLY COMPLETE** the form below and return to us in the stamped addressed envelope enclosed within 10 days.

Full Name of Patient

BRAN THOMAS LAIRD

Current Address

1 M. PULSON
T. ...
LANCASHIRE

Date of Birth

11/11/77

Tel.No.

Is Clinical Negligence
Alleged:

YES/NO

If so, against whom?

.....

I consent to my entire GP
medical records
being disclosed to:
(Please insert name(s))

NCA SOLICITORS
.....
.....

I understand that my medical records may be made available to my opponent in the claim I am making, and/or to my opponent's solicitor or experts. I also understand that my solicitor may be required to make my medical records available to the Court.

I understand that my GP has a duty to peruse my records before they are released and that he/she may withhold any references to third parties unless those third parties have given their consent, or information that he/she considers may be harmful for me to know, subject to the Court's power to overturn such decision and to order disclosure.

SIGNATURE OF PATIENT

.....

DATE OF SIGNATURE

14/12/24

If you have any questions regarding this request for Consent to release your medical records, please contact Mrs Ashworth on Tel. 422913.

ACCIDENT & EMERGENCY DEPARTMENT
 CONSULTANTS: MR S BHATIA, FRCS., (Ed.), FRCR
 MR E A BAYTON, FRCS., (Ed.)
 MR M M S TAN, FRCS., (Ed.), FRCR

East Lancashire Hospitals NHS Trust



INITIAL COMPLAINT: SCALD TO HAND

INCIDENT TYPE: INJURY AT WORK

INCIDENT DATE AND TIME: 22/07/2004 05:30

ATTENDANCE DATE AND TIME: 22/07/2004 06:04

MODE OF ARRIVAL: OTHER SOURCE OF REFERRAL: SELF REFERRAL

RECEPTIONIST : EDB ***SPECIAL REGISTER CODE : ***

TRIAGE NURSE NAME: S/N Taylor

TRIAGE TIME: 06:04

SPECIAL CASES: Allergies

Burns and scalds
 ↓
 Severe pain
 ↓
 orange

GCS* BP* Resp Rate* (* on admission)

TRIAGE CATEGORY: 1/RED 2/ORANGE 3/YELLOW 4/GREEN 5/BLUE

A/E NO: A032236/14



NAME: MR BRIAN LAIRD

ADDRESS: 37 BRACEWELL ST, NELSON,
 LANC
 POSTCODE: BB9 9QT

TEL:

DOB: 31/12/1972 AGE: 31Y SEX: M

A/E NO: A032236/14 CASENOTE NO: X76174

NHS NO: 633 040 5913 DISTRICT NO: 00166238

OCCUPATION: CLEANER RELIGION: RC

NEXT OF KIN: J LAIRD
 NOK ADDRESS:

TEL:

GP NAME & ADDRESS: DR BARI (DO NOT USE)
 HORSEFIELD PMS PILOT, COLNE HEALTH CENTRE
 MARKET STEET COLNE LANC
 BB8 0LJ TEL:

(G1)

50



Temporary services

QCLX

GPR 1/1/03

1056

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

Patient's details

Date if claim sent electronically

080103

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Laiged

DR F

Date of birth

31.12.72

First names

Brian THOMAS

C

NHS
No.

Previous surname/s

Home address

8 ATHENS VIEW

Temporary address, if applicable

BURNLEY

Postcode

633 040 5913

Postcode

Telephone number

Telephone number

Details of treatment should be sent to

Doctor's name and full address

DR SINHA R
N/1/1/2GK Crumbieholme
ACH

Clinical records

5.12.02.
 (L) leg infected: gran
 red inflammation over
 centre & lower (L) leg
 anteriorly. No calf tenderness.
~~SVT~~ DVT unlikely
 Mucopus. B nif

Do not write on this tinted area

case of series, contact:

at:



Temporary services

GMS 3799 7126

G.K. CRUMBLEHOLME

mp.

Please complete in BLOCK CAPITALS and tick ☒ appropriate

Patient's details

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS

No.

6330405913

Previous surname/s

Home address

8 ATHENS

Temporary address, if applicable

VIEW BURNLEY

LANCS

Postcode

BB10 4LR

Postcode

Telephone number

01282 703098

Telephone number

Details of treatment should be sent to

Doctor's name and full address

LAST DOCTOR WAS DR SINHA NELSON HEALTH CENTRE?



Dr Lotha, Wong & Phillips
Oxford Rd Medical Centre
25 Oxford Rd, Burnley
Lancs BB11 3BB
Tel: 01282 423603

Clinical records

5.12.02 6 1/2 aap admitted w swollen ? infected leg
treated with antibiotics - did improve
further 1/2 supplied by hosp. Then temp GP seen
→ given 2 1/2 supply - just completed course 2/7/02
H/o heroin abuse / on diazepam - temazepam
used to inject in legs - not done for years.

176

Do not write on this tinted area

In case of queries, contact:
at:



Temporary services

GMS3/99

Please complete in BLOCK CAPITALS and tick appropriate

Patient's details

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS
No.

Previous surname/s

Home address

66 PARKINSON ST

Temporary address, if applicable

BURNLEY WOOD

BURNLEY

Postcode

Postcode

Telephone number

Telephone number

Details of treatment should be sent to

Doctor's name and full address

MY LAST DOCTOR WAS AT NELSON BUT I'M
NO LONGER ON HIS LIST AS HE MOVED TO DURHAM

633 040 5913

DR G K CRUMBLEHOLME

Mrs Q. C. X. (KT)



Clinical records

Needs medication. - states needs
to be allocated.

Disurs. states attended Bursley
wood today but they told him
appl Thurs and would not
give medication.

Diazepam 10mg TDS (15) } mixed

Temozepam 20mg $\frac{111}{111}$ route (15) &

Refused thesubin.

Do not write on this tinted area

In case of queries, contact:
at:

NHS**Temporary services**

GMS3 14926

Patient details ^{mp} Please complete in BLOCK CAPITALS and tick ☒ appropriate☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

E/L

Date of birth

2.11.72

First names

BRIAN THOMAS

NHS

No.

6330405913

Previous surname/s

Home address

FENS VIEW

Temporary address, if applicable

Postcode

30 11 1

3

THIRTY
Postcode

Telephone number

01282 703098

Telephone number

Doctor to whom details of treatment given should be sent

Name

Address

DR JEHANGER

NELSON

PESTON

HEATH CENTER?



Clinical records

2/10/02. Needs prescription.

Diazepam 10mg TDS. (21)

Temepam 20mg $\frac{111}{111}$ nocte (30)

+ Erase Plus. (10)

Advised re policy RPH re
drugs of addiction. *

In case of queries, contact:

at:

Please do not write on hatched area

NHS**Temporary services**

GMS3/99

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

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LARD.

Date of birth

31.12.72

First names

BRIAN THOMAS.

NHS
No.

Previous surname/s

Home address

8, A THENS VIEW.

Temporary address, if applicable

11-11-11-11-11-11

BURNLEY-1.

Postcode

Postcode

Telephone number

Telephone number

Details of treatment should be sent to

Doctor's name and full address

DR SINHA - NELSON H/C



GK CRUMBLEHOLME

633 040 5913

E LANC

LTS

Clinical records

Recently Indx DVT/CELLULITIS (L) calf. FIC
 Advised not DVT. (no GP x 6/52)
 Heparin IV misuse

REQUEST DILTIAZEM/HEPARIN. ^oclot pi
 o/e. (L) leg lower ant. swollen
 (Femoral IV sites) ^{Aspect Red + warm.} lymphangitis/phlebitis.
 T-R ^oC7- F80 130/82. ^oTachypnoea
 DD DVT/CELLULITIS.

STRONGLY ADVISED - ADMISSION DECLINED.

Rx Cefurox. 375

BDZ Declined.

CAPACITY ✓

wound risks.

TCA SOS

Do not write on this tinted area

In case of queries, contact:
 at:



Temporary services

GMS3/99

NO DOCTOR 2002

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

Patient's details

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

31.12.72

First names

LAIRD

NHS
No.

Previous surname/s

BRIAN THOMAS

Home address

Temporary address, if applicable

34 HUMPHRY ST

BRIDFIELD

NELSON

Postcode

Postcode

Telephone number

Telephone number

Details of treatment should be sent to

Doctor's name and full address

N.H.S. PRESTON.

633 040 5913



Clinical records

Do not write on this tinted area.

In case of queries, contact:
at:



Temporary services

GMS3/99

21/10/02

Please complete in BLOCK CAPITALS and tick ☐ as appropriate

Patient's details

Date if claim sent electronically

☒ Mr
 ☐ Mrs
 ☐ Miss
 ☐ Ms

Surname

Laird

Date of birth

13-12-72

First names

Bryan

NHS
No.

6330405913

Previous surname/s

Home address

21 COOPER ST

Temporary address, if applicable

NELSON

LANCS

Postcode

BB9 7XW

Postcode

Telephone number

Telephone number

 Details of treatment should be sent to
 Doctor's name and full address

Dr. SEHANCHI R.

Dr Y RASHWORTH MChB
 Barrowford Surgery Edgeway
 Barrowford BB9 8QP
 Tel: 01753 555555
 Fax: 01753 555558



Clinical records

Digipen 30mg 3x10mg/day. } 1/2 supply.
Tenipen 3x20mg nocte

Do not write on this tinted area

In case of queries, contact:
at:



Temporary services

GMS3 10341

Patient details RFH '02

Please complete in BLOCK CAPITALS and tick ☒ as appropriate
☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname LAIRD

Date of birth 31-12-72

First names BRIAN

NHS No. 6330405913

Previous surname/s

Home address

207 Lightfoot Road
Hornsey
N8

Temporary address, if applicable

53 Parkinson St.
Burnley

Postcode

Postcode

Telephone number

Telephone number

Doctor to whom details of treatment given should be sent

Name

Dr Kar

Address

Hornsey Health Centre
IV8

Clinical records

Been up for 2 1/2 weeks
 on Dapron 10mg tds
 and Tempra 20mg nmta
 has proof - but need for
 & who supply

In case of queries, contact:

at:

I have only done
 2 weeks as due to
 Please do not write on hatched area
 leave

THIRD PART



Temporary services

GMS3/99 11629

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

Patient's details

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS

No.

6330405913

Previous surname/s

Home address

56 LIGHTFOOT RD

LONDON

Temporary address, if applicable

32 FORD ST

BURNLEY

Postcode

N8

Postcode

Telephone number

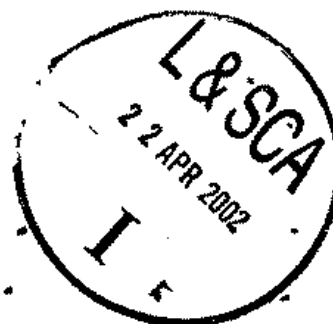
Telephone number

Details of treatment should be sent to

Doctor's name and full address

DR JHA HORNSEY HEALTH CENTER LONDON N8

DR OM. JEHANGIR - GCK



Clinical records

22/3/02.

Unit Aug above off course /
 thereon

Many for May 10mg MS

February 20mg 0.7.

Leaving to register in the

Deleted to Approval
 message

here February 20mg x (10)
 May 10mg x (15)

17

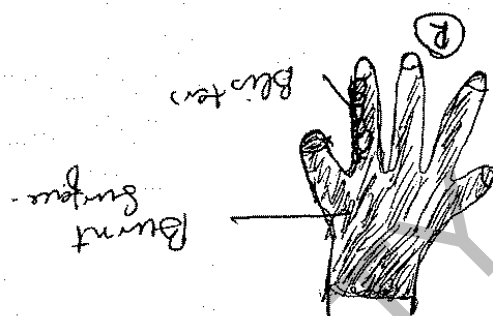
Do not write on this tinted area

In of queries, contact:
 at:

Plan
 Hematoma seen
 pressing
 Analogy

No blue areas of bruise
 few blisters on ② under finger

Cap. Eggs → 2.210



② hand and on fingers
 superficial bruise in dorsum of

o/e

No neurological dysfunction

Pt was
 walking near hot water strongly
 bathed with hot water
 c/o severe pain in ② hand and blisters
 on ② hand
 dropped in hot ② hand

→ 05:30

Plc → Burn in ② hand

6:10

Continued...

DATE	DRUGS PRESCRIBED	DOSAGE / ROUTE	TIME GIVEN	PRESCRIBER	GIVEN BY
22/7/14	oxamorph. tabs	15mg / 7.5ml	06.10	gln	AB

A & E Doctor 1 / Name : 2 - ahul
 A & E Doctor 2 / Name : _____
 Doctor 1 Speciality / Name : _____
 Doctor 2 Speciality / Name : _____
 Nurse's Name : _____

Time Examined : 06:10
 Time Referred : _____
 Time Seen : _____
 Time Decided to Admit : _____
 Treatment Complete : _____
 Ready for transfer / discharge.

PATIENT GROUP	SPECIAL CASES	INVESTIGATIONS
1 ☐ ACCIDENT 2 ☐ BITES / STINGS 3 ☐ DRUG ABUSE 4 ☐ ? N.A.I. (SR) 5 ☐ ASSAULT / ACTUAL BODILY HARM 6 ☐ MAJOR ACCIDENT 7 ☐ SELF POISONING 8 ☐ SELF INFLICTED 9 ☐ MEDICAL 10 ☐ SURGICAL / UROLOGY 11 ☐ ORTHOPAEDIC (NON TRAUMA) 12 ☐ OBS / GYNAE 13 ☐ E.N.T. 14 ☐ OPHTHALMOLOGY 15 ☐ MAXILLOFACIAL 16 ☐ PSYCHIATRIC 17 ☐ MUNCHAUSEN (SR) 18 ☐ D.O.A. 19 ☐ TOXIC RELATED ? USE	20 ☐ ASTHMA 21 ☐ ANTICOAGULANTS 22 ☐ DIABETIC 23 ☐ EPILEPTIC 24 ☐ HAEMOPHILIAC 25 ☐ PACEMAKER 26 ☐ STEROIDS 27 ☐ OTHER 28 ☐ FALLS 29 ☐ PHYSICAL DISABILITY 30 ☐ ADULT MENTAL HANDICAP 31 ☐ CHILD DEVELOPMENT DISORDER	1 ☐ ☐ ☐ X-RAY 2 ☐ ☐ ☐ ECG 3 ☐ ☐ ☐ FBC / PVT 4 ☐ ☐ ☐ BLOOD GLUCOSE 5 ☐ ☐ ☐ U & E'S 6 ☐ ☐ ☐ ROUTINE URINE 7 ☐ ☐ ☐ C & S 8 ☐ ☐ ☐ SCAN U.S. 9 ☐ ☐ ☐ SCAN C.T. 10 ☐ ☐ ☐ SERUM AMYLASE 11 ☐ ☐ ☐ CARDIAC ENZYMES 12 ☐ ☐ ☐ OTHER - SPECIFY 13 ☐ ☐ ☐ GROUP & SAVE 14 ☐ ☐ ☐ PARACETAMOL LEVELS 15 ☐ ☐ ☐ SALICYLATE LEVELS 16 ☐ ☐ ☐ PREGNOSTICON 17 ☐ ☐ ☐ SCAN M.R.I. 18 ☐ ☐ ☐ GROUP & CROSS MATCH

DATE	PRESCRIPTION GIVEN	DOSAGE	SIGNATURE
22/7	Tabs. Tylan 2000		gln

East Lancashire **NHS**
Health Authority

Dr QM Jehangir
The Health Centre
Leeds Road
Nelson
BB9 9TG

3 Caxton Road
Fulwood
Preston
Lancashire
PR2 9ZZ

14th December 2001

Please ask for: Frances Houlding

Tel: 01772 221444

Fax: 01772 221448

Your ref:

Our ref: FH

Dear Dr Jehangir

Re: Brian Laird D/B 31.12.72, 50 Chapel House Road, Nelson

The above named person has been unable to obtain the acceptance of a doctor in the area. In view of this it is necessary to assign his name to your list.

Please note that the NHS (General Medical Services) Regulations ensure that all patients can be registered with a General Medical Practitioner. Therefore any patient who is not on a GP's list and has been refused acceptance to a list can apply to the Health Authority for assignment to a doctor.

The Health Authority may assign the patient "to such a doctor in its medical list as it thinks fit" taking into consideration the distance between the patients residence and the practice premises, whether the patient has been removed from a GP's list in the locality in the previous 6 months and any other circumstances it thinks relevant.

There is no right to refuse an assignment. However you can appeal against the assignment by making written representations to the Health Authority (to Peter Lewenz) within 7 days of the assignment being made. Until a decision on the appeal is notified to him/her the GP remains responsible for treatment of the person assigned to him/her.

Please note that the regulations make no reference to the practice area. Copies of the relevant section of the regulations are available from the East Lancashire Health Authority.

I have requested the medical records as a matter of urgency and will forward them to you immediately they are received in this office.

Yours sincerely

F Houlding

R Mrs E Jones
Head of Contractor & Patient Services

Burnley Health Care

NHS Trust

ACCIDENT & EMERGENCY DEPARTMENT

TEL:(01282)474053
FAX:(01282)474049

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR MMS TAN
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
1st December 2001

DR SULAIMAN
COLNE HEALTH CENTRE
MARKET STREET
COLNE

BB8 0LJ

Dear DR SULAIMAN

Re:MR BRIAN LAIRD
33 THURSBY RD
NELSON
LANCS

BB9 8LR
AE No:A032236/12 NHS No:633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on THURSDAY 29th NOVEMBER 2001 at 10:05 pm.

Referral details: SELF REFERRAL
Presenting complaint: DIZZINESS
Diagnosis and Comments: SEVERAL BLACKOUTS,DIZZY SPELLS

Investigations: FBC/PVT
Immunisation: NONE
Treatment Given: NONE
Prescription: NONE
Disposal & Follow up: ADMISSION TO WARD

Yours sincerely
. A/E ON CALL



Temporary services

GMS3/99

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

Patient's details

Date if claim sent electronically

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS
No.

6330405913

Previous surname/s

Home address

207 Lightfoot Rd
LONDON

Temporary address, if applicable

EXCHANGE STREET
COLNE

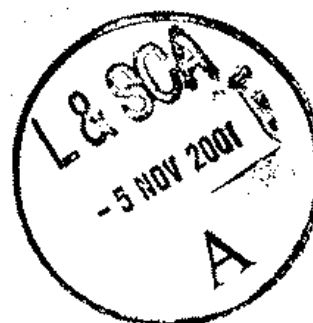
Postcode

N8

Postcode

Telephone number

Telephone number

Details of treatment should be sent to
Doctor's name and full addressS M Sultman
QCX

Clinical records

Stranded here - missed lift back
to London. No Rx.

On Tegretol, 100mg (20)

Diazepam 10mg (20)

Tenazepam. Not given.

Doesn't know name/address of GP in London.

Do not write on this tinted area

In case of queries, contact:
at:

East Lancashire **NHS**
Health Authority

Dr S M Sulaiman
Colne Health Centre
Market Street
Colne
BB8 0LJ

3 Caxton Road
Fulwood
Preston
Lancashire
PR2 9ZZ

12th September 2001

Please ask for: Mrs S Parkinson

Tel: 01772 221444
Fax: 01772 221448

Your ref:
Our ref: SP/MP

Dear Dr Sulaiman

Re: Brian Laird D/B: 31.12.72, 40 Chapel Street, Colne.

The above named person has been unable to obtain the acceptance of a doctor in the area. In view of this it is necessary to assign his name to your list.

Please note that the NHS (General Medical Services) Regulations ensure that all patients can be registered with a General Medical Practitioner. Therefore any patient who is not on a GP's list and has been refused acceptance to a list can apply to the Health Authority for assignment to a doctor.

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I have requested the medical records as a matter of urgency and will forward them to you immediately they are received in this office.

Yours sincerely

m. m. Parkinson

pp

Mrs E Jones
Head of Contractor & Patient Services

 BURNLEY HEALTH CARE N.H.S. TRUST Burnley General Hospital Casterton Avenue BURNLEY BB10 2PQ	BIOCHEMISTRY		Tel. No (01282 47) 4300															
	Name LAIRD BRIAN		Report For Nelson Health Centre															
	Patient No.	Requested By Dr. G.T.R. Spencer	From Nelson Health Centre															
	Date of Birth 31.12.72	Sex M	Patient Address 16 VICTORIA STREET															
	Date Received 30.05.01	13:32																
Clinical Detail: Routine Check																		
<table> <tr><td>Ur. Methadone</td><td>Not detected</td></tr> <tr><td>Ur. Amphetamines</td><td>Not detected</td></tr> <tr><td>Ur. Benzodiazepines</td><td>Positive</td></tr> <tr><td>Ur. Cocaine Metab.</td><td>Not detected</td></tr> <tr><td>Ur. Cannabinoids</td><td>Not detected</td></tr> <tr><td>Ur. Morphine</td><td>Positive</td></tr> <tr><td>Other Drugs</td><td>Not detected</td></tr> </table>					Ur. Methadone	Not detected	Ur. Amphetamines	Not detected	Ur. Benzodiazepines	Positive	Ur. Cocaine Metab.	Not detected	Ur. Cannabinoids	Not detected	Ur. Morphine	Positive	Other Drugs	Not detected
Ur. Methadone	Not detected																	
Ur. Amphetamines	Not detected																	
Ur. Benzodiazepines	Positive																	
Ur. Cocaine Metab.	Not detected																	
Ur. Cannabinoids	Not detected																	
Ur. Morphine	Positive																	
Other Drugs	Not detected																	
Comments																		
Date of Report 31.05.01	Date and Time Sample Collected 30.05.01		Lab Number B.01.0082377															

Accident and Emergency Mental Health Liaison Nurses,
Tel 01282 475050 Fax 01282 474049

ID Date
Dear Dr
Address

This patient has attended the Accident Department with a mental health related problem

Surname Forename
Date of Birth
Date of Attendance

Reason for Attendance

Time of Attendance

Who Assessed this Person in the
A E Department

Who else is involved
with this person

Outcome of
attendance

Further information

This patient's primary problem is Drug Abuse. He has already made contact with a drug counsellor. He is therefore not for follow up by our team.

Nurse involved with this patient

Sex

Did this person receive
follow up by our service



Employment status



RECEIVED

05 JAN 2001

 BURNLEY HEALTH CARE N.H.S. TRUST Burnley General Hospital Casterton Avenue BURNLEY BB10 2PQ	BIOCHEMISTRY		Tel. No (01282 47) 4300																									
	Name LAIRD BRIAN		Report For Colne Health Centre																									
	Patient No.	Requested By Dr. Kerridge		From Colne Health Centre																								
	Date of Birth 31.12.72	Sex M	Patient Address																									
	Date Received 20.07.00	19:50																										
Clinical Detail: No Details Given																												
<table border="0"> <tr> <td>Ur.Methadone</td> <td>Not detected</td> <td rowspan="7"> TVC CSN FJK CMS 24 JUL 2000 <table border="1"> <tr> <td>NORMAL</td> <td>SCRIPT</td> <td>DESTROY</td> </tr> <tr> <td>VIS/CI</td> <td>NOTES TO</td> <td>FILE</td> </tr> <tr> <td>ENTER</td> <td>REFER</td> <td>COMPUTER</td> </tr> </table> </td> </tr> <tr> <td>Ur.Amphetamines</td> <td>Not detected</td> </tr> <tr> <td>Ur.Benzodiazepines</td> <td>Positive</td> </tr> <tr> <td>Ur.Cocaine Metab.</td> <td>Not detected</td> </tr> <tr> <td>Ur.Cannabinoids</td> <td>Not detected</td> </tr> <tr> <td>Ur.Morphine</td> <td>Positive</td> </tr> <tr> <td>Other Drugs</td> <td>Not detected</td> </tr> </table>					Ur.Methadone	Not detected	TVC CSN FJK CMS 24 JUL 2000 <table border="1"> <tr> <td>NORMAL</td> <td>SCRIPT</td> <td>DESTROY</td> </tr> <tr> <td>VIS/CI</td> <td>NOTES TO</td> <td>FILE</td> </tr> <tr> <td>ENTER</td> <td>REFER</td> <td>COMPUTER</td> </tr> </table>	NORMAL	SCRIPT	DESTROY	VIS/CI	NOTES TO	FILE	ENTER	REFER	COMPUTER	Ur.Amphetamines	Not detected	Ur.Benzodiazepines	Positive	Ur.Cocaine Metab.	Not detected	Ur.Cannabinoids	Not detected	Ur.Morphine	Positive	Other Drugs	Not detected
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EAST LANCASHIRE

HEALTH AUTHORITY

Dr A U R Khan
The Health Centre
Leeds Road
Nelson
BB9 9TG

Please ask for Mrs J Taylor Ext. 377

Your Ref:
Our Ref: JT

20th July 2000

Dear Dr Khan

Re: Brian Laird D/B 31.12.72 33 Thursby Road, Nelson.

The above named person has been unable to obtain the acceptance of a doctor in the area. In view of this it is necessary to assign his name to your list.

Please note that the NHS (General Medical Services) Regulations ensure that all patients can be registered with a General Medical Practitioner. Therefore any patient who is not on a GP's list and has been refused acceptance to a list can apply to the Health Authority for assignment to a doctor.

The Health Authority may assign the patient "to such a doctor in its medical list as it thinks fit" taking into consideration the distance between the patients residence and the practice premises, whether the patient has been removed from a GP's list in the locality in the previous 6 months and any other circumstances it thinks relevant.

There is no right to refuse an assignment. However you can appeal against the assignment by making written representations to the Health Authority (to Vivien Aspey) within 7 days of the assignment being made. Until a decision on the appeal is notified to him/her the GP remains responsible for treatment of the person assigned to him/her.

Please note that the regulations make no reference to the practice area. Copies of the relevant section of the regulations are available from East Lancashire Health Authority.

I have requested the medical record as a matter of urgency and will forward them to you immediately they are received in this office.

Yours sincerely

E Jones

p.p

E JONES (Mrs)
Head of Contractor & Patient Services
Lancashire and South Cumbria Agency (NHS)

3 Caxton Road • Fulwood • Preston • PR2 9ZZ • Tel: (01772) 704141 • Fax: (01772) 791100
Lancashire & South Cumbria Agency (NHS)
General Manager • H. D. Peter (Miss) BSc (Hons), IPFA, MBA (Dist)



Temporary services

GMS3

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ if appropriate☒ Mr ☒ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS

No.

Previous surnames

Home address

Temporary address, if applicable

Postcode

Postcode

Telephone number

Telephone number

Doctor to whom details of treatment given should be sent

Name

Address

? DR. S. M. K. NELSON ?

A. KHAN

QCK

6330405913

Clinical records

19.7.00 Pres. Under Dr Malik, Nelson.
 but moved to Accrington
 back in Nelson awaiting to be
 assigned.
 Sayg Meds:

Diazepam 10mg SOS

Temazepam 20mg ti nocte.

pres. on methadone + heroin
 After asked for urine for drug screen
 - said had heroin 2/7 ago
 Given 7/7 supply - upset not given 14/7

In case of queries contact:

DRS. COWPE, NORTHRIDGE,
 SPENCER-PALMER, KERRIDGE
 at: & PALMOWSKI
 RICHMOND COURT GROUP
 PRACTICE
 MARKET STREET, COLNE
 LANCASHIRE BB3 0LJ

for.

Please do not write on hatched area



EAST LANCASHIRE

HEALTH AUTHORITY

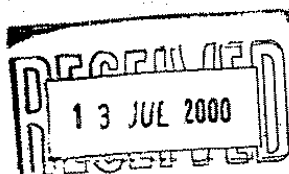
Dr F Manjooran
341 Blackburn Road
Accrington
Lancs
BB5 1RY

Please ask for Mrs S Parkinson Ext. 377

Your Ref:
Our Ref: SP

12th July 2000

Dear Dr Manjooran



Re: Brian Laird D/B 31.12.72 14 Beech Street Accrington BB5 2AU

The above named person has been unable to obtain the acceptance of a doctor in the area. In view of this it is necessary to assign his name to your list.

Please note that the NHS (General Medical Services) Regulations ensure that all patients can be registered with a General Medical Practitioner. Therefore any patient who is not on a GP's list and has been refused acceptance to a list can apply to the Health Authority for assignment to a doctor.

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I have requested the medical record as a matter of urgency and will forward them to you immediately they are received in this office

Yours sincerely

E JONES (Mrs)
Head of Contractor & Patient Services
Lancashire and South Cumbria Agency (NHS)

**BURNLEY HEALTH CARE
— N.H.S. TRUST —**

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474055

MR S BHATTACHARYYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
9th February 2000

DR SAEED
NETHERFIELD SURGERY
LEEDS ROAD
NELSON
LANCS
BB9 9TG

Dear DR SAEED

Re: MR BRIAN THOMAS LAIRD
24 VERNON STREET
NELSON
LANCS

BB9 9DB
AE No: A032236/8 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on THURSDAY 3rd FEBRUARY 2000 at 1:36 pm.

Referral details:	SELF REFERRAL
Presenting complaint:	INJURY LEFT LEG
Diagnosis and Comments:	SPRAIN LEFT KNEE , ? MENISCAL INJURY
Investigations:	NONE
Immunisation:	NONE
Treatment Given:	CREPE BANDAGE
Prescription:	NONE
Disposal & Follow up:	FRACTURE CLINIC

Yours sincerely

R.N MUBEEN TRUST GRADE

BURNLEY HEALTH CARE N.H.S. TRUST

ACCIDENT & EMERGENCY DEPARTMENT

TEL: (01282) 474053
FAX: (01282) 474055

MR S BHATTACHARYA
CONSULTANT & CLINICAL DIRECTOR
MR E A BAYTON
CONSULTANT
MR DUNCAN BLADON
CLINICAL NURSE MANAGER
23rd October 1999

DR SAEED
NETHERFIELD SURGERY
LEEDS ROAD
NELSON
LANCS
BB9 9TG

Dear DR SAEED

Re: MR BRIAN THOMAS LAIRD
45 BRACEWELL ST
NELSON
LANCS

BB9 9QT
AE No: A032236/6 NHS No: 633 040 5913
D.O.B. 31/12/1972

Your patient attended this Accident & Emergency Department
on SATURDAY 23rd OCTOBER 1999 at 12:39 pm.

Referral details:	EMERGENCY CALL
Presenting complaint:	NECK INJURY
Diagnosis and Comments:	FALL MULTIPLE INJURIES
Investigations:	X-RAY
Immunisation:	NONE
Treatment Given:	ADVICE
Prescription:	VOLTAROL 50MG
Disposal & Follow up:	GP

Yours sincerely

DR. P MANKANDAN S.H.O.

BURNLEY HEALTH CARE
N.H.S. TRUST

DEPARTMENT OF ORTHOPAEDICS

DIRECT DIAL: 01282 474431

Our ref: BVK/JAH/A032236/5

18 June 1999

FRACTURE CLINIC 18.06.99

Dr Saeed
The Health Centre
Leeds Road
NELSON

Dear Dr Saeed

BRAIN LAIRD (31.12.72)
45 BRACEWELL STREET, NELSON

This young man came to casualty yesterday and has been referred on to the fracture clinic where I have seen him today. His history appears rather vague and so does the patient. He says that he is a drug abuser. His friend who escorted him today says that he injured it about 8 days' ago. The right foot is fairly swollen. There is no infection. There is no neurovascular deficit in the toes. X-ray of the os calcis does not show any fracture. X-ray of the ankle suggests a small fracture through the tip of the lateral malleolus.

I did offer to admit him for elevation on the ward but the patient has refused. He has been given a plaster backslab and he promises to elevate it at home. He has a pair of crutches. We will re-assess him after 2 weeks out of his plaster slab.

Yours sincerely



21.6.99

B V Khatu
Associate Specialist
Mr Dennison's Unit

BURNLEY HEALTH CARE
N.H.S. TRUST

Accident and Emergency Department
Mr S U Rahman, MBBS, FRCS ENG, FFARCS
Consultant & Clinical Director
Tele: (01282) 474053
Fax : (01282) 474444

Date: 17/06/99

DR M SAEED
NETHERFIELD SURGERY
LEEDS ROAD
NELSON
LANCS
BB9 9TG

Dear DR SAEED

Re: MR BRIAN THOMAS LAIRD
45 BRACEWELL ST
NELSON
LANCS

DOB: 31/12/1972

BB9 9QT

AE No: A032236/5

District No: 00166238

Your patient attended this Accident & Emergency Department on THURSDAY 17th JUNE at 11.26 am

Presenting complaint: PROBLEM RIGHT ANKLE/FOOT

Referral details: SELF REFERRAL

Investigations: X-RAY

Diagnosis and Comments: ?FRACTURE RIGHT LATERAL MALLEOLUS

Treatment Given: P. O. P. SPLINT, ADVICE

Disposal & Followup: FRACTURE CLINIC

Yours sincerely

DR. U KOKKALERA SHO
SHO to Mr S U Rahman
Burnley General Hospital



EAST LANCASHIRE

HEALTH AUTHORITY

Dr M Saeed
Netherfield Surgery
Leeds Road
Nelson
BB9 9TG

Please ask for Mrs J Taylor Ext. 216

Your Ref:
Our Ref: JT

8th March 1999

Dear Dr Saeed

Re: Brian Laird D/B 31.12.72 45 Bracewell Street, Nelson.

The above named person has been unable to obtain the acceptance of a doctor in the area. In view of this it is necessary to assign his name to your list.

Please note that the NHS (General Medical Services) Regulations ensure that all patients can be registered with a General Medical Practitioner. Therefore any patient who is not on a GP's list and has been refused acceptance to a list can apply to the Health Authority for assignment to a doctor.

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The medical record card is enclosed herewith for your register.

Yours sincerely

P.P E JONES (Mrs)
Head of Contractor & Patient Services
Lancashire and South Cumbria Agency (NHS)

3 Caxton Road • Fulwood • Preston • PR2 9ZZ • Tel: (01772) 704141 • Fax: (01772) 791100
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**BURNLEY HEALTH CARE
N.H.S. TRUST**

DEPARTMENT OF GENERAL SURGERY

DIRECT LINE 01282 474641

FAX 01282 474124

DGDS/AKC/JL/X76174

3 March 1999

DR. M. SAEED

Dr I Ashworth
Barrowford Medical Centre
The Ridgeway
Barrowford
NELSON
BB9 6YT

COMPUTER	
SEEN BY	<i>[Signature]</i>
15 MAR 1999	
ACTION	<i>NO P.</i>
FILE	

Dear Dr Ashworth

BRI. THOMAS LAIRD DOB 31.12.72
37 BRACEWELL STREET NELSON

Your patient was admitted to Burnley General Hospital on 4.2.99 with a right inguinal abscess with cellulitis. He is a known IV drug user. There is no doubt that this is an effect of drug abuse. He had this abscess drained and I enclose the results of culture and sensitivity, bloods and LFTs. As you can see, they are deranged. We have not planned to review him in the clinic unless you feel that there is a surgical reason for us to see him again.

Yours sincerely

[Signature]
MR A K CHATTERJEE
ASSOCIATE SPECIALIST TO MR SANDILANDS' UNIT

Enc

DR. M. SAEED

17/2/99 Claimed (E/L)



Temporary services

GMS3

17 N.

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS

No.

6330405913

Previous surname/s

Home address

5, BRUCEWELL ST

Temporary address, if applicable

NELSON

CANES

Postcode

339 9QT

Postcode

Telephone number

692231

Telephone number

Doctor to whom details of treatment given should be sent

Name

Address



Clinical records

See Computer Screen.

Of Dr. Ashworth list.

John

In case of queries, contact:

at:

Please do not write on hatched area

 BURNLEY HEALTH CARE N.H.S. TRUST Burnley General Hospital Casterton Avenue BURNLEY BB10 2PQ	MICROBIOLOGY		Telephone No. (01282 47) 4293	
	Name LAIRD BRIAN		Report For Accident and Emergency.	
	Reference No AE-A32236	Requested By Mr. D.G. Sandilands		
	Date of Birth 31.12.72	Sex M	Patient Address	
	Date Received 05.02.99			
CLINICAL DETAILS : & TREATMENT :				
CULTURE No Growth Blood cultures negative after 2 days' incubation Incubation continues to 7days (21days if ?SABE) Any positive results will be telephoned and a further report issued.				
Date of Report 07.02.99		BLOOD CULTURE		Lab No. M, 99.0010944

 BURNLEY HEALTH CARE N.H.S. TRUST Burnley General Hospital Casterton Avenue BURNLEY BB10 2PQ	MICROBIOLOGY		Telephone No. (01282 47) 4293	
	Name LAIRD BRIAN		Report For Ward 24	
	Reference No X76174	Requested By Mr. M. Welch		
	Date of Birth 31.12.72	Sex M	Patient Address	
	Date Received 08.02.99			
CLINICAL DETAILS : & TREATMENT : UUU				
CULTURE. 1. Staph. aureus 2. Alpha haem. strep. 3.				
If Ceftriaxone is used: consider stopping or changing after 2 days treatment				
Penicillin G-R/S 1 2 3 Erythromycin 1 2 3 Fusidic acid 1 2 3 Flucloxacillin 1 2 3 Amp/Amoxycillin 1 2 3 Trimethoprim 1 2 3 Cephradine 1 2 3 Ceftriaxone 1 2 3				
Date of Report				Lab No.

BURNLEY HEALTH CARE N.H.S. TRUST		HAEMATOLOGY		Telephone No. (01282 47) 4316																																																	
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Comments		Differential Count Neutrophils 5.09 $\times 10^9/l$ (2.00-7.50) Lymphocytes 2.99 $\times 10^9/l$ (1.50-4.00) Monocytes 0.42 $\times 10^9/l$ (0.20-0.80) Eosinophils 0.04 $\times 10^9/l$ (0.00-0.40) Basophils 0.02 $\times 10^9/l$ (0.01-0.10)																																																			
P. Visc - Hi 1.96 cP (at 25°C)		Reticulocytes %		IM Test																																																	
Date of Report 05.02.99	Hb:- 150	WBC:- 8.6	PLA:- 239.0	Lab No. H,99.0011944																																																	

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Glucose	4.3	mmol/l (	3.0-10.0	)																																																			
Comments		26/6 WD24																																																					
Date of Report 04.02.99	Date and Time Sample Collected 04.02.99 ***	Lab Number B 99 0017176																																																					

No ID5.

RFH.
20.1.98.

BURNLEY HEALTH CARE
N.H.S. TRUST

not Dr Tandon
patient.

Accident and Emergency Department
Mr S U Rahman, MBBS, FRCS ENG, FFAEM
Consultant & Clinical Director
Tele: (01282) 474053
Fax : (01282) 474444

Date: 06/02/98

DR O P TANDON (FH)
NELSON HEALTH CENTRE
LEEDS ROAD
NELSON
LANCS
BB9 9TG

Dear DR TANDON (FH)

Re:

MR BRIAN THOMAS LAIRD
15 NEWFIELD DRIVE
NELSON

DOB: 31/12/1972

AE No: A032236/3

District No: 00166238

Your patient attended this Accident & Emergency Department on THURSDAY 5th FEBRUARY
at 9.34 pm

Presenting complaint: INJURY TO HEAD, BACK AND LEFT THUMB

Referral details: EMERGENCY CALL

Investigations: X-RAY

Diagnosis and Comments: ALLEGED ASSAULT - MULTIPLE CONTUSIONS TO CHEST AND FRACTURE
P.P. BASE OF LEFT THUMB

Immunisation: TETANUS COVERED

Treatment Given: SPLINT, ADVICE, PRESCRIPTION

Disposal & Followup: FRACTURE CLINIC

Yours sincerely

DR. N MUBEEN
SHO to Mr S U Rahman
Burnley General Hospital

Security HTS
Date: _____

Burnley General Hospital
Casterton Avenue, Burnley BB10 2PQ



Temporary services

GMS3

W. 3/2/98

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS

No.

633 040 5912

Previous surname/s

Home address

1 ALBERT ST
NELSON

Temporary address, if applicable

Postcode

Postcode

Telephone number

Telephone number

Doctor to whom details of treatment given should be sent

Name

OP TANDON

Address

NELSON H/C LEEDS RD NELSON.

The Pendle Valley Group

Clinical records

In case of queries, contact:

at:

Please do not write on hatched area



Temporary services

GMS3

588

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate 16
☒ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

LAIRD

Date of birth

31.12.72

First names

BRIAN THOMAS

NHS
No.

6330405913

Previous surname/s

Home address

1 ALBERT ST
NEELSON

Temporary address, if applicable

Postcode

BB9 7EM

Postcode

Telephone number

Telephone number

Doctor to whom details of treatment given should be sent

Name

DR TONDON.

Address

N. H.C.

(STRUCK OFF 20.1.98)

IR Ashworth

5



Clinical records

3298 (5) West Tisbury & L
Mdgiv-
phases had S/S -
20 sl. / Nut
x 200L

Inc.

In case of queries, contact:

at:

Please do not write on hatched area

475

Temporary services

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

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

Date of birth **31.12.72**
 First names **BRIAN THOMAS**

NHS No. **1**
 Previous surname/s **NELSON**

Home address **1 ALBERT ST**
 Temporary address, if applicable **NELSON**

Postcode _____
 Postcode _____

Telephone number _____
 Telephone number _____

Doctor to whom details of treatment given should be sent

Name **O. P. TANDON**
 Address **NELSON HEALTH CENTER**

LEELEDS RD NELSON

THIRD PARTY COPY

Clinical records

In case of queries, contact
at: **BRS. TAMS, WEBBORN & HUTCHINSON**
PENDLE VIEW MEDICAL CENTRE
ARTHUR STREET, BRIERFIELD
NELSON, LANCs., BB9 5RZ
TEL 0282 814599

Please do not write on hatched area



Temporary services

GMS3



Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate☒ Mr ☐ Mrs ☐ Miss ☐ Ms Surname

LAIRD

Date of birth First names

31.12.72

BRIAN THOMAS

NHS No. Previous surname/s

6340405913

Home address Temporary address, if applicable

1 ALBERT STREET

NELSON

LANCS

Postcode Postcode

BB9 7HE

Telephone number Telephone number

Doctor to whom details of treatment given should be sent

Name Address

~~Dr O.A. TARDON~~

NELSON HEALTH

removed 23.1.98.

CENTRE, LEEDS ROAD

12 Ashworth

NELSON.

Clinical records

26.1.98. A.

1 amegjan 301 224-
(10 → /54)

301

In case of queries, contact:

at:

Please do not write on hatched area

CLINICAL DETAILS

REFERRAL NO CONSULTANT **PAT ELLIS - COMMUNITY DRUGS TEAM** DATE **04 01 1996**
 PATIENT NAME **MR. BRIAN LAIRD** DOB **31 12 1972**

DIAGNOSTIC _____ DATE _____ UNIT _____ INVESTIGATION _____
 TESTS _____ DATE _____ UNIT _____ INVESTIGATION _____
 _____ DATE _____ UNIT _____ INVESTIGATION _____

CURRENT MEDICATION **MIST METHADONE 35ml daily. TEMAZEPAM ELIXIR 40 mg daily**

REASON FOR REFERRAL

DIAGNOSIS ? HEROIN ADDICTION

The above named has been regularly getting the above treatment from me, more or less on a regular basis for over seven months. He doesn't like to get prescriptions from the Hospital Out Patient Department.

He has not been seen by a member of the Drugs Team for several months. I would be most grateful if you would see him soon.

Thank you.

ENT BY : 01282 32345

E

A4-A4 03/03/95 14:15

PG:

BURNLEY, PENDLE & ROSSENDALE

Community Drug Team

60 Westgate, Burnley. Telephone (0282) 32345

PE/KT

3rd March 1995

Dr PD Walsh
 Reedyford Health Care Group
 Nelson Health Centre
 Leeds Road
 NELSON
 Lancs
 BB9 9TG

Dear Dr Walsh

Re: **Brian Laird. d.o.b. 03.12.72.**
82 Carlton Street, Nelson.

I have seen the above man at the Community Drug Team this morning.

I have referred him to PHSA to be allocated a new G.P. and I have referred him to the Drug Clinic for continuation of his Methadone detox.

He will be seen by Dr Han in the clinic on Wednesday March 8th

1995 at 2.00 pm.

Please will you prescribe Methadone to cover up to and including Tuesday 7th March 1995 as urgent and necessary treatment.

Yours sincerely

P Ellis

PAT ELLIS
Nurse Specialist
Community Drug Team

RE MOVED FROM LIST

17.3.95 21.1.95

✓ Methadone Sy 40ml ad (280ml)
+ Transdermal Patches 10mg 14 on } awaiting drug clinic

IN CONFIDENCE: Please read notes on reverse

**NORTH WEST DRUG
MISUSE DATABASE**Local Monitoring of
Problem Drug Use

Telephone Enquiries: 061-798 0544

**and NOTIFICATION OF DRUG
ADDICTION**
Misuse of Drugs Act, 1971

Telephone Enquiries: 071-273 2213

Health Authority Code:

P 03

Home Office Code:

1 1

For Database use Only:

Ref:

Date in:

Complete as much as you can of this form for every patient whom you attend who has a drug problem of any kind. The notification part of the form should only be sent to the Home Office if the person is notifiable. Use BLOCK LETTERS and a Ball Point Pen. Guidelines on reverse.

Details of Patient

First Name(s) **BAIAN** Last Name **LAIRD**
 Address **82 CARLTON ST NELSON LANC.**
 Date of Birth **31 12 72** Male ☒ Female ☐
 Postcode **BA1 2 7 2** NHS No. **BA1 2 7 2**
 Ethnic Group **White**

Employment: Present or last occupation
 Employed ☐ Unemployed ☐ How long unemployed? **1 year**

Referral From: Self ☒ GP ☐ Probation ☐ Family/Friend ☐
 Psychiatrist ☐ Drug Team ☐ Other, specify **Drug Team**

Notification: Is this person notifiable in accordance with the Misuse of Drugs Act 1971? Yes ☒ No ☐
 If so, state which drug(s) **Heroin**

Drug Profile Past Month: include each drug used, prescribed or not (if drug-free list significant prior use)

	DRUG NAME	PRESCRIBED OR NOT (Yes/No/Both)	HOW OFTEN (times per day/wk/month)	HOW MUCH (quantity or cost per session)	ROUTE	DURATION (of this drug episode)	ACQ OF 1st USE
MAIN DRUG	METHADON	☒	once	35 ml	oral	4 days	
DRUG 2							
DRUG 3							
DRUG 4							
DRUG 5 /alcohol							

Is person drug free? Yes ☐ No ☒ If Yes, how long? **1 year** (See reverse)
 Injected in past month? Yes ☐ No ☒ Ever injected? Yes ☐ No ☒
 Shared needle/syringe in past month? Yes ☐ No ☒ Ever shared? Yes ☐ No ☒

Action Planned

Plan at onset: Nil action ☐ Planned O/P treatment ☐ Planned I/P treatment ☐ Further appointment ☐
 Referred on ☒ specify where **DRUG TEAM**
 Liaison with ☒ specify who/where **PAT ELLIS, COMM. DRUG TEAM BURNLEY**
 Prescribing plan: Nil ☐ Non-opiate drugs ☐ specify which **Heroin**
 Methadone ... DTF ☐ or other forms, specify **Heroin**
 Other opiates ☐ specify **Heroin**
 Anticipate duration of prescribing (write NIK if not known) **1 year** Is this a reducing dose? Yes ☐ No ☒ Don't know ☐
 Prescriber, if not yourself: GP ☐ Psychiatrist ☐ Drug Team Doctor ☐ Other **Drug Team**

Details of Reporting Doctor

Name: **SHAH JAYASHREE R**
 Patient seen in/at/by: General Practice ☐ Hospital Outpatient ☒ Hospital Inpatient ☐ Police Surgeon ☐
 Prison Med. Service ☐ Other, specify **Drug Team**
 Treatment Centre/
Hospital/Practice: Name & Address **Redford HEALTH CARE GROUP, NELSON HEALTH CENTRE**
LEEDS RD NELSON LANC
 Postcode **BA1 2 7 2** Tel: **0282 698036** Date Seen **09 12 96**

This is your copy to retain

Drug Research Unit (University of Manchester) 061-798 0544
© Crown Copyright Form 1990/3 M

CTRS/MHB

13th January 1995

Drug Team
60 Westgate
Burnley

Dear Sir/Madam

Brian Laird, 37 Bracewell St, Nelson 31.12.72

We are currently prescribing Methadone 35mls daily, dispensing Temazepam 20mg 2 at night for Brian. He is apparently awaiting an appointment at the Lamont Clinic. Hope that this meets with your approval. Kind regards.

Yours sincerely

Dr G T R Spencer MBCHB DRCOG MRCP

EAST LANCASHIRE CO-OWNERSHIP DEPUTISING SERVICE LIMITED

(IDENTITY) DR. <i>[Signature]</i>		CA' <i>[Signature]</i>	
PATIENTS <i>[Signature]</i>		BLOCK CAPS	
AGE <i>[Signature]</i>	DATE: <i>[Signature]</i>		TIME <i>[Signature]</i>
ORAL/RECTAL TEMP.	C.O. <i>[Signature]</i>		
PULSE	RELEVANT HISTORY <i>[Signature]</i>		
RESPIRATION			
CLINICAL FINDINGS <i>[Signature]</i>		PRESENT MEDICATION	
		ADMINISTERED	
		Rx <i>[Signature]</i>	
DIAGNOSIS <i>[Signature]</i>		DISPOSAL (Advisory only) PLEASE TICK BELOW	
PATIENTS OWN DOCTOR (NAME & INITIALS) <i>[Signature]</i>		HOSPITALIZED ☒	
SURGERY ADDRESS <i>[Signature]</i>		REVISIT IN _____ DAYS	
		TO SURGERY IN _____ DAYS	
		TREATMENT COMPLETED ☒	

[Signature]

INSERT CARBONS

USE A BALL POINT PEN

Surname LAIRD No. 29981
 Mrs. BRIAN Date of Birth 31. 12. 72
 Miss Forenames 37 BRACEWELL ST Age 17
 Address NELSON. Date 10. 8. 90
 Occupation UIE Time seen 5.30 a.m.
 Own Doctor QUINN seen p.m.
 Type of Accident Home/R.T.A./Works/Other INV (R) LEG

ACCIDENT and EMERGENCY DEPARTMENT**BURNLEY GENERAL HOSPITAL**

Dear Doctor,

The following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis Haemarthrosis (R) knee

Treatment NB7
9.4. Volkard 75mg / 1hr
KW6.40am

A medical certificate has/has not been issued for days
 weeks

Further action

☐ Referred to yourself for further treatment

☐ Referred to an Out Patient Clinic or Accident Clinic

☐ Admitted to

(Mark X in the relevant box)

Yours sincerely,

562A

Casualty Officer.

INSERT CARBONS

USE A BALL POINT PEN

Mr. Surname LAIRD No. 22585
 Mrs. Miss Forenames BRIAN Date of Birth 31.12.72
 Address 37 BRACEWELL ST Age 16
NELSON Date 23.6.89
 Occupation CARRIER Time seen 5.25 a.m.
 Own Doctor GUHA (a.m.)
 Type of Accident Home/R.T.A./Works/Other TRAPPED (L) THUMB

ACCIDENT and EMERGENCY DEPARTMENT**BURNLEY GENERAL HOSPITAL**

Dear Doctor,

Following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis NB1

Treatment (1) Thumb Spica for 5 days.
(2) Analgesia
(3) Expose the thumb after

A medical certificate has/has not been issued for days 10 weeks.

Further action

☒ Referred to yourself for further treatment

☐ Referred to an Out Patient Clinic or Accident Clinic

☐ Admitted to ✓

(Mark X in the relevant box)

Yours sincerely,



Casualty Officer.

562A

X76174/CBW/EA.

17th June, 1982.

(Copy sent to Dr. H. M. Turgier for Information)

Dr. Flynn,
Leeds Road Health Centre,
Nelson.

Dear Dr. Flynn,

re Brian Laird,
Born 31st December, 1972,
37 Bracewell Street, Nelson.
Attends St. Francis Saviour School.

This enuretic boy was admitted to Deerplay Ward at the Marsden Hospital, under the care of Dr. Thistlethwaite, for a period of inpatient training with a buzzer.

He did very well on the ward, and by the 7th of June he had been completely dry from the 27th of May.

We are arranging for a buzzer to be obtained from the community services but have made no arrangements for further follow up.

DT/MM/Y 76174

19th March, 1982

Dr. Flynn,
205 Leeds Road,
Nelson.

Dear Dr. Flynn,

re: Brian Thomas Laird, 31.12.72,
37 Bracewell Street,
Nelson.

I saw Brian at clinic on the 17th March. Unfortunately he is still wetting his bed some six nights out of seven and I think on balance this boy would be better with a period of in-patient training. I am going to ask Dr. Helen Turner if a buzzer can be provided for him which the lad will then bring into hospital so that at the time of discharge he can go on to using the buzzer at home. I shall write back to you about his progress in due course.

Yours sincerely,


David Thistlethwaite

BOARD OF MANAGEMENT
FOR
YORKHILL AND ASSOCIATED HOSPITALS

Telephone: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL
GLASGOW, G3 8SJ

DGY/CM.

20th November, 1973.

Dr. R. Welch;
Health Centre,
LINWOOD,
Renfrewshire.

Dear Dr. Welch,

Brian Laird (172292),
73, Hart St.,
Linwood.

I apologise for the fact that you have not had a letter from me before. Brian was re-admitted following our conversation, on 18th October, 1973. Despite the history of his having constant melaena stools earlier in the week, he did not have any blood in his stools following admission to hospital. Proctoscopy and sigmoidoscopy were done and on proctoscopy there were two small linear ulcers anteriorly in the rectum which looked traumatic. Barium enema was performed and this showed what appeared to be lymphoid hyperplasia in the bowel. However, on further discussion of this, the possibility of this being artefact was raised. Even if this is the case, there is nothing active to be done about it meantime as it is a self-curing condition.

The baby was discharged home on Iron - his haemoglobin level was 11.2 gm./100ml. - and he has been seen once at the follow-up clinic since his discharge on 27th October, 1973. When seen at the clinic it was reported that he had

intermittently/

P.T.O.

- 2 -

intermittently been cross and it may be that he is getting recurrent colic spasms, or even spontaneously reducing small episodes of intussusception. However, on rectal examination, there were normal yellow faeces.

We have arranged to see him again in six weeks time.

Yours sincerely,

DSY
D.C. YOUNG,
Consultant Surgeon.

DEPARTMENT OF PAEDIATRIC SURGERY
FOR LECTURER—D. G. YOUNG
LECTURER—D. A. ROSS



ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3 8S
Telephone: 041-339

AR/CAR

1st June, 1973

c. R. Welch,
Health Centre,
Linwood.

Dear Dr. Welch,

Re: Brian Laird, 172292,
73 Hart Street, Linwood.

This patient attended for review following his recent admission for abdominal pain and constipation. He is settled on conservative treatment. He has been well since then except on one occasion when he vomited some blood but otherwise is feeding well without any vomiting. There is no evidence of any constipation in his history but on examination today he has some hard stools in the rectum but no local lesion. He is obviously thriving, weight being 9.2 Kg. I do not think there is any abnormality here and apart from checking his urine again I do not think any treatment or investigation is required at the present time. We have arranged to see him again in three months.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'D.A. Ross'.

D. A. ROSS

UNIVERSITY OF GLASGOW

DEPARTMENT OF PEDIATRIC SURGERY
LECTURER—D. G. YOUNG
LECTURER—D. A. ROSS



ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3
Telephone: 041-339 8888

GY/CAR

4th March, 1974

Dr. Welch,
Health Centre,
Linwood.

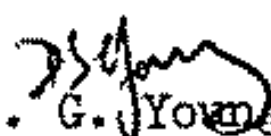
Dear Dr. Welch,

Re: Brian Laird, 172292,
73 Hart St., Linwood.

I saw this little lad again on Friday. He continues occasionally to have either a dark stool or streaking of blood on the stool. He has been otherwise well. I have had his blood checked today and this shows his haemoglobin level to be 11G/100 ml.

I suggested he have a little iron and prescribed 5 ml. sytron twice a day.

Yours sincerely,


D. G. Young,
Consultant Surgeon.

ARGYLL & CLYDE HEALTH BOARD
RENFREW DISTRICT

Consultant Paediatricians
Dr. Ian A. Coulls
Dr. Cameron Shepherd
Phone: 041-889 8151

Paediatric Unit
Hawkhead Hospital
Hawkhead Road
Paisley PA2 7BL

18th August, 19

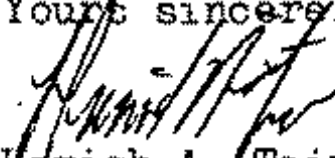
Dr. Cunningham,
Health Centre,
Linwood.

Dear Dr. Cunningham,

re: Brian Laird - H.N. 174855 (31.12.72)
3 Morar Drive, Linwood.

This child was admitted to Ward 2 on 12th August having swallowed a quantity of Capsulin which is an anticoagulant used for rheumatics. He appeared to have suffered no ill effects from this and there was no evidence of subsequent liver or kidney damage and he was discharged home on 13th August.

Yours sincerely,


Hamish A. Tait
Registrar.

Ear, Nose & Throat
Craw Road,
Yaisley.

Dr. Cunningham
Health Centre,
Linwood.

for,

... BRIAN LAIRD, 3 MORRIS DRIVE, LINWOOD, ...

Mr patient was admitted on .. 28.9.75 ..

sent an operation for T & A

condition is satisfactory and he/she is being discharged

Yours faithfully

Surname LAIRD No. 4752
 Date of Birth 31-1-74
 Address 37 Bracewell St Age 10
Nelson Date 23-2-83
 Occupation St Francis Xavier Time seen 9-50 a.m.
 Seen by Doctor Dr. G. G. G. p.m.
 Type of Accident Home/R.T.A./Works/Other Fig (L) Ellipse

ACCIDENT and EMERGENCY DEPARTMENT

BURNLEY GENERAL HOSPITAL

Dear Doctor,

The following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis Injury left elbow

Treatment Analgesic & B1 cream

A medical certificate has/has not been issued for 2 weeks

Further action

☒ Referred to yourself for further treatment

☐ Referred to an Out Patient Clinic or Accident Clinic

Referred to

Surname LAIRD
 First names Brian
 Address 37 Bracewell St
Nelson
 Occupation Fisher & Mower Sch
 Own Doctor Dr. Gueha
 Date of Birth 31-12-72
 Age 12
 Date 12-2-85
 Time seen 10-55 a.m.
 Type of accident Home/R.T.A./Works/Other Fry (L) Wrist

ACCIDENT and EMERGENCY DEPARTMENT

BURNLEY GENERAL HOSPITAL

Dear Doctor,

The following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis SPRALINE DORSA
(CLOTHES)

Treatment THUNDER
REST

A medical certificate has/has not been issued for..... days
 weeks

Further action

- ☐ Referred to yourself for further treatment
☐ Referred to an Out Patient Clinic or Accident Clinic RLC
☐ Admitted to 2 WR.

Name Brian
 371 Bracewell St
Nelson
 on Ishtammon School
 tor Dr Fleming
 Date of Birth 31.12.7
 Age 13
 Date 5.8.80
 Time seen 11.15 a.m.
 Home/R.T.A./Works/Other Trig (L) 8160

ACCIDENT and EMERGENCY DEPARTMENT

BURNLEY GENERAL HOSPITAL

ctor,

following details relate to your patient, named above, who attended Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

gnosis Brims + fx cm left
Elbow.

atment

medical certificate has/has not been issued for days
 weeks

action

- ☐ Referred to yourself for further treatment
☒ Referred to an Out Patient Clinic or Accident Clinic

Admitted to

Mr. Surname CARRD No. 13-1-1
 Mrs. Brian ~~Garrard~~ Date of Birth 21.12.72
 Address 37 Brunswick St Age 14
Walsby Walsby - more school Date 5.5.87
 Own Doctor Roll Time seen 2.45 a.m. ☒ p.m.
 Type of Accident Home/R.T.A./Works/Other Imp (R) elbow

ACCIDENT and EMERGENCY DEPARTMENT

BURNLEY GENERAL HOSPITAL

Dear Doctor,

The following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis MS/

Treatment N.I.V.

A medical certificate has/has not been issued for 0 days
0 weeks

Further action

- ☐ Referred to yourself for further treatment
☐ Referred to an Out Patient Clinic or Accident Clinic
☐ Admitted to Sum

Mark X in the relevant box)

Yours sincerely,

Surname LATRO
 Forename Brian
 Address 37 Bracewell St
 Nelson
 Fishers-More
 Gurnea
 Doctor
 of
 Patient Home/R.T.A./Works/Other Lac (L) ear
 No.
 Date of Birth 31.12.7
 Age 15
 Date 17.12.8
 Time seen 11.30 a.m.

ACCIDENT and EMERGENCY DEPARTMENT

BURNLEY GENERAL HOSPITAL

Doctor,

The following details relate to your patient, named above, who attended Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis MINOR LACERATION
 PINNA
 Treatment SUTURE
 IT BOOSTER

A medical certificate has/has not been issued for days
 weeks

Referral action

- ☒ Referred to yourself for further treatment
☐ Referred to an Out Patient Clinic or Accident Clinic

INSERT CARBONS

USE A BALL POINT PEN

Mr. Surname LAIRD

No. 42306

Mrs. Miss Forenames BRIAN

Date of Birth

Address 37 BRACEWELL ST.

31/12/72

NELSON

Age 15

Occupation FISHER MOORE

Date 5/12/88

Own Doctor DR GUHA

Time seen 9.15

Type of Accident

Home/R.T.A./Works/Other LAC(L) LITTLE FINGER

ACCIDENT and EMERGENCY DEPARTMENT**BURNLEY GENERAL HOSPITAL**

Dear Doctor,

The following details relate to your patient, named above, who attended the Accident and Emergency Department at the BURNLEY GENERAL HOSPITAL, for treatment.

Diagnosis Lac (L) little finger

Treatment clean & suture under L.A. + dress

TT - covered

A medical certificate has/has not been issued for..... days
weeks

Further action

☒ Referred to yourself for further treatment

☐ Referred to an Out Patient Clinic or Accident Clinic

☐ Admitted to

(Mark X in the relevant box)

FILE

PRESCRIPTION

RESULT

SEE DOCTOR

OTHER

Yours sincerely,

562A

Casualty Officer.

07-Nov-2022 MRS SAMANTHA WILCOCK ()

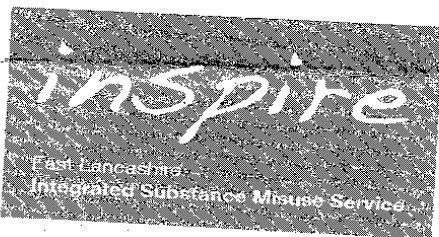
Additional: Seen in substance misuse clinic

Seen in substance misuse clinic @ Inspire (16-Nov-2022)

Filename: EE8DC49F-D941-4A27-BDB0-75531DAFB75B_SWUPD_75.tif

Extension: .tif

Pages:



Private & Confidential

Date: 07/11/2022

Our Ref- KW/BA

Padiham Group Practice
36 BURNLEY ROAD
PADIHAM
BURNLEY
BB12 8BP

Burnley House, 37-41 Westgate, Burnley BB11 1RY
Tel: 01254 495 382 Fax: 01524 451 029
www.inspirelancs.org.uk

facebook.com/inspire.east
@InspireEastLanc

Name Brian Thomas Laird

D.O.B: 31/12/1972 - Age: 49

Address: 13 Prescott Street, Burnley, BB10 4DT

Recovery Worker: Laura Mallon - East Lancs Inspire

Pharmacy: Tesco Instore Pharmacy (Centenary Way)

Diagnosis:

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

DVT 2015

Osteoarthritis

Current medication prescribed by CGL:

Espranor 4mg daily, weekly collection.

Medication from GP/other healthcare area:

Amitriptyline 10mg tablets 3-4 times a day

Mirtazapine 45mg tablets daily

NKDA

Drug-screen (Urine) Positive Buprenorphine, cocaine.**Drug use:**

Heroin - None for a long time

Crack - occasional cocaine use - powdered, occasional last used at the weekend.

Benzo - None disclosed

Pregabalin/Gabapentin - None reported

Cannabis/NPS - occasional use opportunistic

Methadone/Buprenorphine - None disclosed

Amphetamine - None reported

LSD/Mushrooms - None reported

Ketamine - None reported

MDMA/E's - None reported

Other - None reported

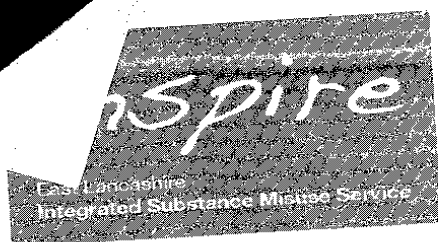
Nicotine - rolls own 40gms last a week

14 NOV 2022

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Alcohol:

Weekend drinking. Drinking large amounts, 10 – 15 pints.

No dependence previously.

Takes cocaine with alcohol – discussed cocaethylene and dangers associated with mixing the drugs.

BBV (Blood Borne Viruses):

Last tested 10/01/2020 – positive antibody

Declined retest.

Physical Health:

Drug allergies – none.

Last IVDU – many years ago.

BBV Status – past resolved infection – declines retest

Hep B Vaccination. Had

Infections – none.

Thromboembolic disease – DVTs – should be on Rivaroxaban but needs blood taking.

Has not Attended A&E in the last 28 days.

Mum and brother has angina and hypertension.

Feeling well generally, good diet and fluid.

Thinks he is gaining weight.

DVT – 2009, 2013, 2015

Osteoarthritis – 2010.

Mental health

Well kempt and polite in manner, good rapport established.

Mood variable.

Speech normal in rate, tone, flow, and content.

Denied any suicidal thoughts, plan, or intent.

No thoughts to harm others.

Social circumstances:

Lives with a friend

No social involvement.

Working cash in hand.

In receipt of benefits.

Forensic:

Nil for many years, affray, custodial sentences, 39 offences all alcohol related when he was a young man

Last sentence 2010.

Safeguarding and risk:

Naloxone kit and training: Declined today as states he does not need one.

Sex working: No

Contact with children: Yes – no issues

Carer responsibilities: No

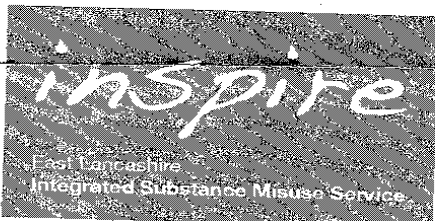
Social Services involvement: No

Safe Storage: Yes

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Driving: Yes – aware of responsibilities to DVLA and insurance.

Summary:

Stable in treatment, has been self-reducing by slicing Espranor in half – had reduced to 3mg but then due to low mood he increased back to 4mg – discussed this in detail and we have agreed to stay at 4mg then when he is ready, he will let us know so we can start a planned structured reduction plan. He would also like to change to Buprenorphine as he states Espranor makes him sick – states he needs to split dose thorough out the day – will discuss with clinical lead as currently can only prescribe Buprenorphine on a planned reduction of 2mg and below.

Brian will also be working away soon and will need to collect his prescription from where he will be staying – advised we will need a few days' notice to sort this out.

Dose optimisation and evidence based effective treatment doses highlighted.
Harm reduction, tolerance, and overdose risk from use of multiple CNS depressants also reiterated.
Client expressed understanding of the points made and has insight into risks.

Plan:

1. Change to Buprenorphine 4mg from 25.11.22 (discussed with clinical lead)
2. KW to contact pharmacy to see if they stock Buprenorphine
3. Next medical review 6/12 or sooner if clinically indicated.

Yours sincerely,

Kathryn Worthington,
RGN/NMP
Kathryn.worthington@cgl.org.uk
East Lancashire Inspire.
01254 495382

Request to GP:

1. Please consider alternatives to opiate based products and possibly review client's prescription of multiple CNS depressants and dispensing arrangements.
2. Please advise this service if there are significant changes to the client's health that would impact upon their OST prescribing.
3. Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram which is contraindicated with methadone).
4. Please could you inform us of any medication, including dosages, currently being prescribed by yourselves if appropriate. Thank you.

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Seen in substance misuse clinic
31-Mar-2022 MRS SAMANTHA WILCOCK ()

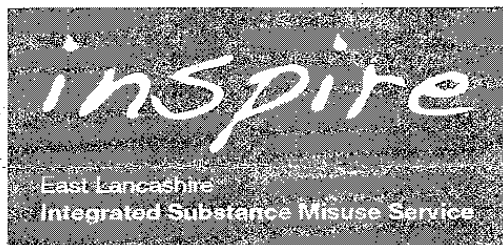
Additional: Seen in substance misuse clinic

Seen in substance misuse clinic @ Inspire Burnley (31-Mar-2022)

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Pages:



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Our ref: EH/mh
31 March 2022
Private & Confidential

Padiham Group Practice
Burnley Road Padiham
Burnley
BB12 8BP

MEDICAL REVIEW

Re: Brian Laird

DOB: 31/12/72

Date: 29/03/2022

Recovery worker: Laura Mallon

Diagnosis

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

MEDICATION BY CGL PRIOR TO REVIEW:

Espranor 4mg Thursday weekly pick up

MEDICATION FROM GP OR OTHER:

Mirtazapine 45mg nocte

Rivaroxaban 20mg od

Amitriptylline 10mg qds

- 4 APR 2022

Allergies: NKDA

Main Discussion Points

UDS:- Positive for buprenorphine only

DRUG USE – Brian has not used heroin for years. He was using DHC to excess so he came to see me at Padiham Group Practice where I was a shared care GP and I started him on buprenorphine. He hasn't injected for over 20yrs now. He had a relapse in 2008 for about 10 weeks following a relationship breakdown. He is feeling very sick on espranor so hasn't been taking it regularly, eg if he has to work. He had a few lines of cocaine in the pub recently but he rarely does this, only if he is offered some. He does not use any other illicit drugs

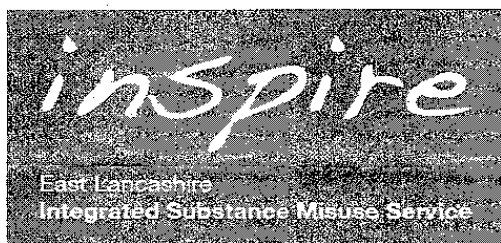
ALCOHOL – 12 pints at weekend

PREVIOUS TREATMENT INCLUDING DETOX AND REHAB – Community Rx only

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PHYSICAL HEALTH – Pain in his thorax, right side anteriorly from an assault and pain over his left lower ribs when he coughs or moves. No sputum production

MENTAL HEALTH – Good, Brian is generally a happy man and he is happy now that he has split up from his girlfriend

ACEs –

FORENSIC – Nil for many years, affray, custodial sentences, 39 offences all alcohol related when he was a young man

DRIVING – Yes and he is aware of his responsibility to the DVLA

MENTAL STATE EXAMINATION – Brian was cheerful today and is happy to be working as it keeps him busy

PHYSICAL EXAMINATION – Chest clear, HS-I+II+O, Brian looked fit and well today

VACCINATIONS– 2 vaccinations only, he doesn't want another vaccination as he hasn't injected for years

HEPATITIS STATUS– Done at his GPs by myself and no further action needed

SAFE STORAGE– Yes

NALOXONE– Not needed, he doesn't associate with any other users and he hasn't injected for many years

SAFEGUARDING & OTHER RISKS – Nil currently

Plan

I have agreed to change Brian over to Buprenorphine so that he can reduce himself off it
 Review in 6m

Kind regards

Dr Emma Harding MbChB.MA.MRCGP.DRCOG

Specialist GP

Inspire Substance Misuse Service

Mob: 07464 494478

Email: emma.harding@cgl.org.uk

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EMERGINGFUTURES

Seen in urgent care centre

15-Feb-2022 Mrs Bilkis Peters ()

Additional: Seen in urgent care centre

ELHT (ACCIDENT & EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 15-2-2022 6114746

Filename: 5D724448-6CE6-4297-9902-68781D39E8C4_MIGSendDocument-2022-02-15.pdf

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East Lancashire Hospitals
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URGENT CARE CENTRE
BURNLEY GENERAL HOSPITAL
CASTERTON AVENUE
BURNLEY
LANCASHIRE BB10 2PQ

Telephone: 01282 804050

DR S. APPLEYARD P81130
PADIHAM GROUP PRACT
36 BURNLEY ROAD
PADIHAM
LANCS
BB12 8BP

15th February 2022

Dear DR APPLEYARD

RE: MR BRIAN THOMAS LAIRD
22 LAWRENCE STREET
PADIHAM
BURNLEY
LANCASHIRE BB12 8DL

DOB: 31/12/1972
NHS No: 633 040 5913
Hosp No: RXR1132670

Your patient attended the Urgent Care Centre on
TUESDAY 15th FEBRUARY 2022 at 11:03 am. The patient's departure time was

The complaint recorded by the reception staff was:

ETT 11.30 DR 2)
HEAD INJ ALLEGED ASSAULT)

During the assessment the following investigations were carried out:

Computerized axial tomography (procedure))

The following diagnoses were made:

Traumatic brain injury with brief loss of consciousness (disorder))

The examining clinician has made the following additional note regarding the diagnosis:

NOTHING RECORDED

Please note that if the patient has been admitted, then this represents a provisional diagnosis only.
The formal discharge summary will contain the final diagnosis.

During their stay in the department, the patient received the following treatments:

Treatment not indicated (situation))

Their departure/follow up code is: (DISCHARGED)

The examining clinician has made the following additional note:

NOTHING RECORDED

NOTHING RECORDED

If you require further information please contact the department of the telephone number above.

Yours Sincerely

MR.S BHATTACHARYYA (CONSULTANT))

Seen in substance misuse clinic

11-Jan-2022 Mrs Bilkis Peters ()

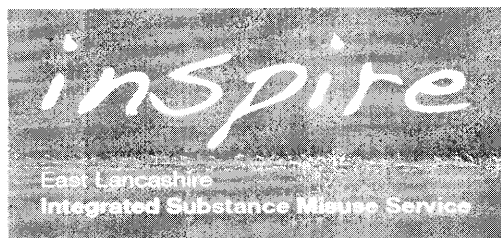
Additional: Seen in substance misuse clinic

Seen in substance misuse clinic from Inspire(11-Jan-2022)

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Pages:



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Our ref: KD/CS
 Date: 11/01/2022

17 JAN 2022

Private & Confidential
 Padiham Group Practice
 36 BURNLEY ROAD,
 PADIHAM,
 BB12 8BP

Dear Doctor

I have reviewed the following patient in my NMP clinic on 11/01/2022 with his key worker Laura Mallon. Brian had been receiving his Buprenorphine prescription from his GP however they are no longer able to continue prescribing this for him. Brian has referred himself to Inspire for ongoing prescribing.

Name: Brian Laird

D.O.B: 31/12/1972

Address: 57 Hollingreave Road
 Burnley
 BB11 2HT

Recovery Worker: Laura Mallon

DIAGNOSIS

F11.2- Mental and behavioural disorders due to opiate dependence syndrome.

CURRENT MEDICATION PRESCRIBED BY CGL

Nil

MEDICATION FROM GP/OTHER HEALTHCARE PROVIDER

Buprenorphine 2mg OD
 Mirtazapine 45mg Nocte
 Rivaroxaban 20mg OD
 Amitriptyline 10mg TDS-QDS

OTC/SUPPLEMENTS: Nil

ALLERGIES: Nil

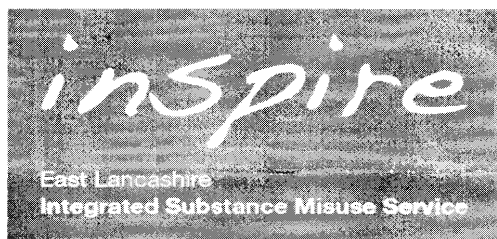
ASSESSMENT

Brian is a tall, slim built, white male. He was very pleasant on interaction and did not present with any objective evidence or reports of intoxication or withdrawal. Has been taking Buprenorphine 2mg prescribed by his GP and



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buying 1 mg on top as he has felt more stressed recently due to some relationship issues. Brian reports it is now 18 years since he last used heroin and has been very stable on his OST. He is eager to stabilise and work towards detox.

DRUG SCREEN

Positive – Buprenorphine, cocaine

DRUG USE

Crack/Cocaine – Occasional use when socialising, opportunistic use with friends at the pub. Used once in last 2 weeks, few lines snorted.

Buprenorphine - Prescribed

Nicotine – Smokes 50g tobacco per week.

Advised re smoking cessation telephone service currently posting out NRT telephone number 08003286297

ALCOHOL ASSESSMENT

Social drinker, Larger 10 pints normally at the weekend. No withdrawals following alcohol use.

BBV

Last tested 10/01/2020 – positive antibody – declined today.

Hx IVDU none recently.

PHYSICAL HEALTH

No cardiac/respiratory/renal/hepatic conditions.

Feeling well generally, good diet and fluid.

Thinks he is gaining weight.

DVT – 2009, 2013, 2015

Osteoarthritis – 2010.

MENTAL HEALTH

Well kempt and polite in manner, good rapport established.

Mood up and down due to relationship issues.

Speech normal in rate, tone, flow, and content.

Denied any suicidal thoughts, plan, or intent.

No thoughts to harm others.

Good eye contact maintained.

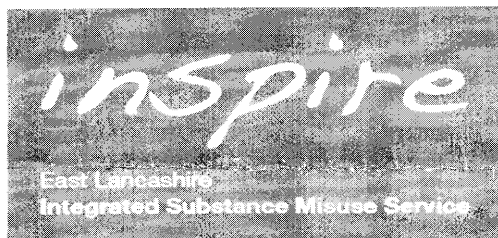
No evidence of any thought disorder or perceptual disturbance.

Capacity intact and no justification for formal assessment. Good retention of information to contribute to informed decision making and consent to treatment.

SOCIAL CIRCUMSTANCES



EMERGING FUTURES



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17 JAN 2022

FORENSIC

Nil

DRIVING

Not currently driving.

SAFEGUARDING & OTHER RISKS

Risk of overdose – Declined, no current on top opiate use.

Risk of deterioration of mental state

Risk of deterioration of physical health

Risk of relapse

Safe storage – Has lockable box has been issued today.

COVID 19 – Self-care advice given. No symptoms in the household. Advised action to take if develop symptoms.

SUMMARY

Discussed Espranor and its dosing and Brian is happy to stabilise on 4mg and then look to detox soon. Was collecting PX monthly, discussed with Dr E Harding and agreed to weekly dispensing. We did explore possibility of regular buprenorphine however, Espranor PX would guarantee supply with Inspire.

Brian stated he has 2 days Buprenorphine left from GP, PX to be supplied from 13/01/2022.

Harm reduction advice provides, regarding risks of illicit drug use on top of OST prescription (not to use unless necessary).

Counselled regarding pharmacokinetics/dynamics and risks associated with OST including the increased risk of overdose during the titration period and risks if patient is not opiate dependent.

Dose optimisation discussed. Harm reduction, tolerance and risks associated with use of other CNS depressant drugs explained. Client acknowledged understanding of information provided and risk factors discussed.

PLAN

1. Espranor 4mg to start 13/01/2022
2. T/C from key worker in 1 week to monitor for any adverse side effects.
3. Dr E Harding will discuss Buvidal Depot with Brian when he collects his PX later today.
4. Key worker to review regularly and to offer appropriate psycho-social interventions and encourage engagement with support groups.
5. Key worker will monitor mental health needs and risk factors and liaise with wider MDT and other agencies as necessary.
6. Medical/NMP review in 3 months or sooner if clinically indicated.



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Yours sincerely,

Karen Daniels RNMH NMP

Information for GP.

1. Please take care when prescribing other medications that may have misuse potential particularly benzodiazepines and pregabalin– if at some point you do feel such a treatment is required, please get in touch; we may be able to offer advice that reduce risks of misuse or developing long-term physical dependence.
2. Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine.
3. Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram).
4. Please could you complete LFT, U&E, FBC as Brian has been on Buprenorphine for some time and may be a candidate for Buvidal Depot medication.

Letter sent to patient

31-Aug-2021 Mrs Katrina Parker ()

Additional: Letter sent to patient

MEDICATION MONITORING

Filename: 994B43C0-31C0-4B49-BD7C-4F8FFE8D390F_Letter sent to patient LAIRD, Brian (Mr) 0906 31-Aug-2021.rtf

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Pages:

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPELYARD
DR. C.J. NARAYANA
DR. Z. HUSSAIN
DR. S. WEBBORN
DR. M. KHAN

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel - 01282 731333

MRS. J. HOWARD
Practice Manager

MRS. MARIA PHILIPPIDES
MRS. SHIRLEY HARDY
MRS. VANESSA TAYLOR
Nurse Practitioners

31-Aug-2021

Our ref:

PRIVATE & CONFIDENTIAL

Mr B Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL
Lancs.

Dear Brian

The Practice has developed new guidelines for the treatment and review of patients on certain medications. These guidelines now recommend a blood test so that the Doctor can continue prescribing your Rivaroxaban.

I would be grateful if you could contact the Practice to make an appointment in the Haematology clinic at your earliest convenience.

Many thanks for your co-operation.

Yours sincerely,

MARIA PHILIPPIDES,
NURSE PRACTITIONER.

Did not attend hospital appointment

14-Jun-2021 Mrs Bilkis Peters ()

Additional: Did not attend hospital appointment

Did not attend hospital appointment from BURNLEY GENERAL HOSPITAL (14-Jun-2021)

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East Lancashire Hospitals

NHS Trust

MAIN X-RAY DEPARTMENT
Burnley General Teaching Hospital
Casterton Avenue
Burnley
Lancashire
BB10 2PQ

Telephone 01254 735208 / 732306
Alternate

Date: 14 June 2021
Hosp No: RXR1132670
NHS No: 633 040 5913

LOCUM Dr P81130L8
Padiham Medical Centre
36 Burnley Road
Padiham
Burnley
BB12 8BP

Dear LOCUM Dr P81130L8,

The following radiology event has been **CANCELLED**.

Examinations: XR Ankle Rt, XR Foot Both and XR Knee Both.

Cancel Description: The patient DNA'd and has made no contact. Card destroyed

Status comments: **DNA - KATHY WINTERS**

Patient: Mr Brian Thomas Laird

Date of birth: 31-Dec-1972

NHS Number: 633 040 5913

Hospital Number: RXR1132670

CRIS Number: 70602326

Patient Address: 22 LAWRENCE STREET, PADIHAM, BURNLEY, LANCASHIRE, BB12 8DL

Yours sincerely,

Radiology Booking Team

The Trust is taking part in the national 'Friends and Family Test', if you would like to complete this survey online after your visit to the Radiology you can do so here:-

<https://www.elht.nhs.uk/patients/patient-experience/friends-and-family-test>

Click on the link to 'Outpatients' and then select the Radiology Department you visited.

18 JUN 2021

Safe Personal Effective E-97361701



Seen in urgent care centre

07-Feb-2020

Additional: Seen in urgent care centre

ELHT (ACCIDENT & EMERGENCY) IMMEDIATE INPATIENT DISCHARGE LETTER INCLUDES DAY CASE 7-2-2020 3895880

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CASTERTON AVENUE
BURNLEY
LANCASHIRE BB10 2PQ

Telephone: 01282 804050

DR S. APPLEYARD P81130
PADIHAM GROUP PRACT
36 BURNLEY ROAD
PADIHAM
LANCS
BB12 8BP

7th February 2020

Dear DR APPLEYARD

RE: MR BRIAN THOMAS LAIRD
46 WORDSWORTH STREET
HAPTON
BURNLEY
LANCASHIRE BB12 7JX

DOB: 31/12/1972
NHS No: 633 040 5913
Hosp No: RXR1132670

Your patient attended the Urgent Care Centre on
FRIDAY 7th FEBRUARY 2020 at 00:29 am. The patient's departure time was 02:47 am

The complaint recorded by the reception staff was:

CHEST PAIN)

During the assessment the following investigations were carried out:

Plain radiography (procedure))
D-dimer assay (procedure))
Complete blood count (procedure))
Urea and electrolytes (procedure))

The following diagnoses were made:

Pulmonary embolism (disorder))

The examining clinician has made the following additional note regarding the diagnosis:

NOTHING RECORDED

Please note that if the patient has been admitted, then this represents a provisional diagnosis only.
The formal discharge summary will contain the final diagnosis.

During their stay in the department, the patient received the following treatments:

Cardiac monitor surveillance (regime/therapy))

New medication commenced (finding))

Their departure/follow up code is: (GP FOR FURTHER MANAGEMENT)

The examining clinician has made the following additional note:

Rivaroxaban 15 mg BD)

NOTHING RECORDED

If you require further information please contact the department of the telephone number above.

Yours Sincerely

MR.S BHATTACHARYYA (CONSULTANT))

Discharged from hospital

07-Feb-2020 MRS SAMANTHA WILCOCK ()

Additional: Discharged from hospital

Discharged from hospital from ROYAL BLACKBURN HOSPITAL (07-Feb-2020)

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DISCHARGE SUMMARY Safe Logo

ROYAL BLACKBURN HOSPITAL

Hasingden Road, Blackburn BB3 2HH

Telephone Blackburn 01254 263555

Inpatient Letter

Patient Identification
BRIAN THOMAS LAIRD
46 WORDSWORTH STREET
HAPTON
BURNLEY
LANCASHIRE
BB12 7JX

Admission Date 07/02/2020 10:18
Admission Source Not known
Admission Method Other - Not Known
Discharge Date 07/02/2020 13:12
Sex Male
Date of Birth 31/12/1972
Marital Status Not Specified
NHS number 633 040 5913
Hospital Number RXR1132670
Telephone No NO LANDLINE

SHORT STAY MEDICAL ADMISSION

Referred by Urgent care centre.

Presented with Right sided chest pain for 2 days, felt like an ache, non radiating, catches his breath when has pain and worsening with movement. Lifted heavy weights 3 days ago and since then is experiencing pain.

EWS was 0, HR-70/min, SpO2-100% on air, B.P was 122/77, RR-15/min. Chest was clear, U&E, FBC was normal, CRP was 16, d-dimer 528. ECG showed normal sinus rhythm, he was not short of breath clinically.

He was reviewed by consultant onsite and his presentation was likely related to the musculoskeletal type of chest pain, no clinical evidence of P.E or DVT was evident.

Also as he has the Hx of IVDU and had multiple DVTs in the past 2015/2013/2009- for which he was advised warfarin in the past but he never took it- as he did not want it- he is considered to be high risk for VTE. So it was suggested that he needs anticoagulant Rivaroxaban long term- life long.

So he has been given the prescription of Rivaroxaban of 20mg OD to start with and GP to please review and adjust the anticoagulant dose as per NICE guidelines. Patient has agreed to take the medication life long and risks and benefits of anticoagulations explained in detail. He is also advised that he needs to be compliant with anticoagulations as being a high risk of VTE.

He is being discharged with safety netting advise I-e if symptoms worsen or he feels short of breath or unwell, then to return to hospital- he understood and agreed.

Dr SF Appleyard
 PADIHAM GROUP PRACTICE
 PADIHAM MEDICAL CTR
 36 BURNLEY ROAD
 PADIHAM
 BURNLEY, LANCAS
 BB12 8BP

Consultant Consultant Ambulatory Emergency Care Team
Ward RBH Ambulatory Emergency Care
Speciality Not Specified
Letter Ref 1171636/3
Date Printed 10/02/2020 08:58
Signed Paulette Merrin [WARD CLERK]
 Sarwat Jahan GMC 6116730 [DOCTOR REQ]

[1171636/

Administration

13-Jan-2020

Additional:Administration

TWIMC

File name: ABF99CAD-56C9-4BB5-96BF-AD89B2987135_Administration LAIRD, Brian (Mr) 1301 13-Jan-2020.rtf

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Pages:

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEBYARD
DR. C.J. NARAYANA
DR. Z. HUSSAIN
DR. C. HENDERSON
DR. E. HARDING
DR. S. WEBBORN

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 01282 731333
Fax – 01282 731323

MR. D. McEVOY
Practice Manager

MRS. MARIA PHILIPIDES
MRS. SHIRLEY HARDY
MRS. VANESSA TAYLOR
Nurse Practitioners
13-Jan-2020

Our Reference - EH/CW

To Whom It May Concern

Dear Sir/Madam,

Re Mr Brian Laird Date of Birth 31-Dec-1972
22 Lawrence St, Padiham, Burnley, BB12 8DL

I am writing regarding this 47 year old gentleman who injured his back during an accident at work. Brian unfortunately is still complaining of back pain over his lower thoracic region and lumbar region. Fortunately there are no red flag symptoms to suggest a disc prolapse but Brian has musculoskeletal pain and probably still a degree of inflammation following the accident.

I would be grateful if this could be taken into consideration.

Thank you.

Yours sincerely

DR. E. HARDING
GMC: 3462054

Letter received

19-Nov-2019 Mrs Bilkis Peters ()

Additional: Letter received

Letter received from ROYAL BLACKBURN HOSPITAL (19-Nov-2019)

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East Lancashire Hospitals NHS Trust

Dr S F Appleyard
Padiham Group Practise
36 Burnley Road
Padiham
Lancashire
BB12 8BP

Consultant: I. Gkikas Hepatology Department

Hepatology Office, D1
Level 4, Royal Blackburn Hospital
Haslingden Road
Blackburn BB2 3HH

Tel: 01254 734028

Email: hepatologynurses@elht.nhs.ukWeb: www.elht.nhs.uk

Our ref: PHE data May 2019

Typed: 19/11/2019

Dear Dr Appleyard

Name: Brian Laird
Address: 22 Lawrence Street
Padiham
Burnley
BB12 8DL

DoB: 31/12/1972

NHS no: 6330405913

Tel no: 07719369170

As part of a national cross-agency initiative aimed at eliminating hepatitis C as a significant public health concern, a review of all NHS laboratory reports of hepatitis C to Public Health England since 1996 has been undertaken to identify those that are not known to have been previously or currently engaged with specialist care for their hepatitis C.

The above patient has previously tested **POSITIVE** for hepatitis C antibody

There are new, funded, highly effective oral drugs available that cure hepatitis C infection, and this person would benefit from further assessment and possible treatment if required. We would like to contact this patient directly to offer them a hepatitis C RNA (PCR) test to determine if they still have active infection. If PCR positive we will offer them an appointment at our hepatitis service for assessment for treatment.

This approach is supported by Public Health England (with Caldicott Guardian and Medical Director approval), NHS England (with Chief Clinical Information Officer approval), and The Hepatitis C Trust (the national patient organisation). We have previously sent information about hepatitis C and the patient re-engagement exercise.

What do I have to do (GP)?

Some patients may have tested positive several years ago and circumstances may have changed. This letter is for information and no action is required; however if you have concerns about contact being made with the patient at the above address (e.g. because of a terminal illness, or if patient never had or no longer has hepatitis C, or if they have declined referral) **please let us know by contacting us by 01254 734028**. Should you wish to refer the patient please contact the team above, or refer via eReferral.

The patient's address is that last registered on the NHS spine, but if this appears incorrect, we would be very grateful if you could advise us accordingly.

In the absence of any primary care concerns **within 4 weeks** of this letter, we will contact the patient. Please tell us if you would prefer to offer PCR testing yourself and then refer the patient to us if positive. Thank you for your help with this.

Kind regards

Safe | Personal | Effective

RECEIVED 27

Administration

14-Feb-2019 MRS SAMANTHA WILCOCK ()

Additional: Administration

Administration (14-Feb-2019)

Filename: BDBD05B0-C5AA-437F-8B63-D1B2E517D416_SWSCN_62.tif

Extension: .tif

Pages:

Please return this form to the practice as soon as possible to avoid delaying in processing.

Name of patient:

Date of Birth:

BRIAN THOMAS LAIRD

31.12.72

Address:

22 LAWRENCE ST PADIHAM BB128DL

Please place a tick in the () only tick the option you would like the practice to undertake:

☒ OPTION 1:

I WOULD LIKE TO REGISTER FOR ONLINE ACCESS TO MY MEDICAL RECORD AND WILL COME TO THE SURGERY WITH 2 FORMS OF ID TO COMPLETE THE NECESSARY FORMS. THIS OPTION WILL ENABLE YOU THE PATIENT TO PRINT YOUR RECORDS.

☐ OPTION 2:

I WOULD LIKE TO REQUEST A TARGETED SAR AND I ASK THAT YOU PROVIDE ME WITH ACCESS TO MY ELECTRONIC MEDICAL RECORDS; PLEASE SPECIFY THE INFORMATION YOU REQUIRE BELOW:

- ☐ I WOULD LIKE ELECTRONIC ACCESS TO MY RECORDS BETWEEN SPECIFIC DATES ONLY (PLEASE GIVE DATE RANGE) BELOW:

- ☐ I WOULD LIKE ELECTRONIC ACCESS TO MY RECORDS RELATING TO A SPECIFIC CONDITION/SPECIFIC INCIDENT ONLY (PLEASE DETAIL BELOW):

JAN 18 TO FEB 19.

MY ACCIDENT AT WORK TO DATE PLEASE.

☐ OPTION 3:

I WILL INFORM MY SOLICITORS THAT I NO LONGER WISH TO PROCEED WITH THIS SAR AND THAT THEY SHOULD REQUEST A MEDICAL REPORT FROM PADIHAM GROUP PRACTICE INSTEAD.

Signed: B.T. Laird

Name: BRIAN THOMAS LAIRD.

Date: 14/2/19.

To whom it may concern letter written

01-Oct-2018 Dr Emma Harding ()

Additional: To whom it may concern letter written

Letter TWIMC (to be collected by patient once signed) EH/IGN

Filename: E505E90F-00CF-49E1-AAFE-5BCC38492EA3_To whom it may concern letter written LAIRD, Brian (Mr) 1059 01-Oct-2018.rtf

Extension:.tif

Pages:

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. C.J. NARAYANA
DR. Z. HUSSAIN
DR. C. HENDERSON
DR. E. HARDING

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 01282 731333

Fax – 01282 731323

MR. D. McEVOY
Practice Manager

MRS. MARIA PHILIPPIDES
MRS. SHIRLEY HARDY
MRS VANESSA TAYLOR
Nurse Practitioners

01-Oct-2018

Our ref: EH/IGN

TO WHOM IT MAY CONCERN

Re Mr Brian Laird Date of Birth **31-Dec-1972**
22 Lawrence St, Padiham, Burnley, BB12 8DL

Dear Sir/Madam

I can confirm that this gentleman attended our surgery on 4th May 2018 complaining of pain in his upper back following an accident at work. He also had pain and stiffness of his right shoulder. Brian states that a hole in the floor at work whilst he was carrying a wardrobe was the cause of the accident. Brian then attended again on 8th May 2018 because the right side of his neck and upper chest were still painful and he was given some analgesia from a colleague of mine. I then saw Brian on 17th August and his mood had dipped significantly following issues at work where his contract was terminated.

I believe that Brian is involved in the work up to an industrial tribunal and I hope this information is useful for you. I might add that Brian has never suffered from depression before and has required medication from us to help with his situation and his mood at the present time. I continue to review Brian on a regular basis. I hope this information is useful to you but should you require any further information please do not hesitate to contact me here at the surgery.

Yours faithfully

DR EMMA HARDING
GMC: 3462054

eMED3 (2010) new statement issued, not fit for work

17-Aug-2018 Dr Emma Harding ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Bereavement; Duration 17-Aug-2018 - 17-Oct-2018)

Filename: 2857A3B2-CE0F-433D-9242-67710C406C8C_FitNote_d786b980-120F-4518-bc16-d39b47dc9b0a.pdf

Extension:.tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 17 / 08 / 2018

and, because of the following condition(s): Bereavement

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for 2 Month(s)

or from / / to / /

I will/will not need to assess your fitness for work again at the end of this period.

(Please delete as applicable)

Doctor's signature

Date of statement 17 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
 Padiham Medical Centre, 36 Burnley Road, Padiham
 Burnley, BB12 8BP
 Telephone: 01282 731333

Unique ID: Med 3 01/17 D786B980-120F-4518-BC16-D39B47DC9B0A

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work

17-Aug-2018 Dr Emma Harding ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Bereavement; Duration 08-Aug-2018 - 10-Oct-2018)

Filename: 8ADBE1B4-C5ED-464C-90BE-A76463726982_FitNote_443d1733-4cf8-45e7-bf4d-3ba9373f0f89.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 17 / 08 / 2018

and, because of the following condition(s): Bereavement

I advise you that:
☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- | | |
|---|---|
| ☐ a phased return to work- | ☐ amended duties- |
| ☐ altered hours- | ☐ workplace adaptations- |

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 / 08 / 2018 to 10 / 10 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 17 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 443D1733-4CF8-45E7-BF4D-3BA9373F0F89

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data**Help getting back to work if you are employed**

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.For more information please visit www.gov.uk and type 'patients and employees' into the search field.Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.**Your details** – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms LAIRD

Other names

BRIAN THOMAS

Address

22 LAWRENCE ST

PADIHAM

BURNLEY

Postcode BB12 8DL

Date of birth

31 / 12 / 1972

Mobile

NI number

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What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work

05-Jun-2018 Dr S F Appleyard ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Back Pain; Duration 29-May-2018 - 11-Jun-2018)

Filename: DFB25ED8-5CDF-437A-AB0E-C95B994C1A57_FitNote_d1ccfacc-fc94-4501-8570-6064ae8c9b66.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 05 / 06 / 2018

and, because of the following condition(s): Back Pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 / 05 / 2018 to 11 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.

(Please delete as applicable)

Doctor's signature

Date of statement 05 / 06 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 D1CCFACC-FC94-4501-8570-6064AE8C9B66

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms LAIRD

Other names

BRIAN THOMAS

Address

22 LAWRENCE ST

PADIHAM

BURNLEY

Postcode BB12 8DL

Date of birth

31 / 12 / 1972

Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) duplicate issued, not fit for work

05-Jun-2018 Dr Emma Harding ()

Additional: eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Back Pain; Duration 29-May-2018 - 11-Jun-2018)

Filename: D7CB58A5-E438-41A7-BBA9-776FB8AF2DA7_FitNote_efe0ead4-8e75-4c66-bc70-d808f027b06d.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 05 / 06 / 2018

and, because of the following condition(s): Back Pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 / 05 / 2018 to 11 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 31 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 EFE0EAD4-8E75-4C66-BC70-D808F027B06D

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

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For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Mr, Mrs, Miss, Ms LAIRD

Other names

BRIAN THOMAS

Address

22 LAWRENCE ST

PADIHAM

BURNLEY

Postcode BB12 8DL

Date of birth

31 / 12 / 1972

Mobile

NI number

What you need to do now

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eMED3 (2010) new statement issued, not fit for work

04-Jun-2018 Dr S F Appleyard ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Back pain; Duration 04-Jun-2018 - 11-Jun-2018)

Filename: 64E00BF8-48FC-42ED-8038-AD816E8C5D71_FitNote_bc2922e0-7017-485e-b865-32ca40754b88.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms. Brian Thomas Laird

I assessed your case on: 04 / 06 / 2018

and, because of the following condition(s): Back pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 04 / 06 / 2018 to 11 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 04 / 06 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 BC2922E0-7017-485E-B865-32CA40754B88

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms. LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

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eMED3 (2010) duplicate issued, not fit for work

04-Jun-2018 Dr Emma Harding ()

Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Back pain; Duration 04-Jun-2018 - 11-Jun-2018)

Filename: CCE1EA9A-8ED7-404C-BA59-82B57D9114E9_FitNote_e35554b9-4006-4e0a-a17f-b1df1c75ea49.pdf

Extension:.tif

Pages:

**Statement of Fitness for Work
For social security or Statutory Sick Pay**

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 04 / 06 / 2018

and, because of the following condition(s): Back pain

I advise you that:
☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- | | |
|---|---|
| ☐ a phased return to work- | ☐ amended duties- |
| ☐ altered hours- | ☐ workplace adaptations- |

Comments, including functional effects of your condition(s):

This will be the case for

or from 04 / 06 / 2018 to 11 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 31 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 E35554B9-4006-4E0A-A17F-B1DF-1C75EA49

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- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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Surname

Mr, Mrs, Miss, Ms LAIRD

Other names

BRIAN THOMAS

Address

22 LAWRENCE ST

PADIHAM

BURNLEY

Postcode BB12 8DL

Date of birth

31 / 12 / 1972

Mobile

NI number

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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work

29-May-2018 Dr C Narayana ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: back pain; Duration 29-May-2018 - 03-Jun-2018)

Filename: 33851C97-3786-47BD-AB00-06082FD700E9_FitNote_71a50727-7d72-428c-b96f-b1e3dbe3294d.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 29 / 05 / 2018

and, because of the following condition(s): back pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 / 05 / 2018 to 03 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 29 / 05 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 71A50727-7D72-428C-B96F-B1E3DBE3294D

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) duplicate issued, not fit for work

29-May-2018 Dr Emma Harding ()

Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: back pain; Duration 29-May-2018 - 03-Jun-2018)

Filename: 1C855476-3041-4DBC-A88E-67E46E643DA9_FitNote_9173e8b4-8973-45f8-89d0-1195659ebdd5.pdf

Extension:.tif

Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 29 / 05 / 2018

and, because of the following condition(s): back pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 / 05 / 2018 to 03 / 06 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 31 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
 Padiham Medical Centre, 36 Burnley Road, Padiham
 Burnley, BB12 8BP
 Telephone: 01282 731333

Unique ID: Med 3 01/17 9173E8B4-8973-45F8-89D0-1195659EBDD5

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- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work

15-May-2018 Dr S F Appleyard ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Back pain; Duration 15-May-2018 - 29-May-2018)

Filename: 0B144766-A205-4BC0-8ACF-1A170D78A2BC_FitNote_8c520a74-e3c1-420c-a80b-c96faaa294c1.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 15 / 05 / 2018

and, because of the following condition(s): Back pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 15 / 05 / 2018 to 29 / 05 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 15 / 05 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 8C520A74-E3C1-420C-A80B-C96FAAA294C1

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- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

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eMED3 (2010) duplicate issued, not fit for work

15-May-2018 Dr Emma Harding ()

Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Back pain; Duration 15-May-2018 - 29-May-2018)

Filename: 5F0F97E9-F6F2-46DF-A834-E8507D7B39CE_FitNote_2e12c48c-452a-4c82-9921-1b80b9c2287a.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms Brian Thomas Laird

I assessed your case on: 15 / 05 / 2018

and, because of the following condition(s): Back pain

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 15 / 05 / 2018 to 29 / 05 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 31 / 08 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 2E12C48C-452A-4C82-9921-1B80B9C2287A

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Surname Mr, Mrs, Miss, Ms LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST
PADIHAM
BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

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eMED3 (2010) new statement issued, not fit for work

08-May-2018 Dr S F Appleyard ()

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Back pain after accident at work; Duration 08-May-2018 - 15-May-2018)

Filename: 366493F8-74AA-4F23-9159-D84A3B5445AD_FitNote_f76352fb-c425-407c-8be9-15f4c89dd6a0.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Mr, Mrs, Miss, Ms. Brian Thomas Laird

I assessed your case on: 08 / 05 / 2018

and, because of the following condition(s): Back pain after accident at work

I advise you that:

☒ you are not fit for work.

☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work- ☐ amended duties-
- ☐ altered hours- ☐ workplace adaptations-

Comments, including functional effects of your condition(s):

This will be the case for

or from 08 / 05 / 2018 to 15 / 05 / 2018

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 08 / 05 / 2018

Doctor's address

PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham
Burnley, BB12 8BP
Telephone: 01282 731333

Unique ID: Med 3 01/17 F76352FB-C425-407C-8BE9-15F4C89DD6A0

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- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname Mr, Mrs, Miss, Ms. LAIRD

Other names BRIAN THOMAS

Address 22 LAWRENCE ST

PADIHAM

BURNLEY Postcode BB12 8DL

Date of birth 31 / 12 / 1972 Mobile

NI number

What you need to do now

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- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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eMED3 (2010) duplicate issued, not fit for work

08-May-2018 Dr Emma Harding ()

Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Back pain after accident at work; Duration 08-May-2018 - 15-May-2018)

Filename: 1ECA88DB-8CC9-4E42-951B-8B4B05A8344E_FitNote_2df6d418-ee7a-417e-80ba-65e18099b4d6.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms. Brian Thomas Laird				
I assessed your case on:	08 / 05 / 2018				
and, because of the following condition(s):	Back pain after accident at work				
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td>☐ a phased return to work-</td> <td>☐ amended duties-</td> </tr> <tr> <td>☐ altered hours-</td> <td>☐ workplace adaptations-</td> </tr> </table>		☐ a phased return to work-	☐ amended duties-	☐ altered hours-	☐ workplace adaptations-
☐ a phased return to work-	☐ amended duties-				
☐ altered hours-	☐ workplace adaptations-				
Comments, including functional effects of your condition(s):					
This will be the case for _____ or from 08 / 05 / 2018 to 15 / 05 / 2018					
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	31 / 08 / 2018				
Doctor's address	PADIHAM GROUP PRACTICE Padiham Medical Centre, 36 Burnley Road, Padiham Burnley, BB12 8BP Telephone: 01282 731333				
Unique ID: Med 3 01/17 2DF6D418-EE7A-417E-80BA-65E18099B4D6					

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Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms. LAIRD
Other names	BRIAN THOMAS
Address	22 LAWRENCE ST PADIHAM BURNLEY Postcode BB12 8DL
Date of birth	31 / 12 / 1972 Mobile
NI number	

What you need to do now

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Seen in clinic

20-Sept-2017

Additional:Seen in clinic

Seen in clinic from KIDDROW LANE HEALTH CENTRE (20-Sep-2017)

Filename: 0EB4210D-CB85-4FC2-94DD-129E2947E53E_BIPSCN_270.tif

Extension:.tif

Pages:

Patient Name:

Brian Laird

DOB:

31/12/72

I SCAN

Dear Doctor

I am writing to inform you that this patient has attended the clinic today at:

Kiddrow Lane treatment room

The product I have recommended is manufactured by Sigvaris Britain Ltd., and can be found in the Drug Tariff.
The prescription details needed for your pharmacist to dispense the correct item/s are as follows:

Product Name

SIGVARIS Class II, below knee, closed toe, black

Shoe
size
10-13

mmHg	Size	Length	Prod Code	PIP Code	Quantity
23-32mmHg	Large	long	50997	364 5165	1 pair

Product Name

SIGVARIS Class II, below knee, closed toe, long, scroll

mmHg	Size	Length	Prod Code	PIP Code	Quantity
23-32	large	long	50981	364-5009	1 pair

N.B

It is essential the patient is given the exact product/s listed in the table above.
It has been chosen specifically for the size and fabric, and any other product may
result in the patient's treatment programme being compromised.

If at anytime you are concerned about the progress of this patient, please refer back to me and
I will happily review.

Best Regards



Kerry Brown
RGN

NOTE:

This letter is produced as a service to medicine by Sigvaris Britain Ltd., world leaders in producing medical compression stockings
as a solution for treatment of venous disease and lymphoedema.

You can visit their website at www.sigvaris.co.uk
or Telephone 01264 326666

GP Copy

SIGVARIS

eMED3 (2010) new statement issued, not fit for work

14-Aug-2017 Dr Anas Mohammed ()

Additional:eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: lower back pain; Duration 11-Aug-2017 - 21-Aug-2017)

Filename: B004D62D-7B3A-4DE2-B7A4-300B98DA8BD6_FitNote_58a14c46-850f-491b-9d74-bde460ee220b.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Brian Thomas Laird
I assessed your case on:	14 / 08 / 2017
and, because of the following condition(s):	lower back pain
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work ☐ amended duties---- ☐ altered hours---- ☐ workplace adaptations	
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 11 / 08 / 2017 to 21 / 08 / 2017	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	14 / 08 / 2017
Doctor's address	PADIHAM GROUP PRACTICE Padiham Medical Centre, 36 Burnley Road, Padiham Burnley, BB12 8BP Telephone: 01282 731333
Unique ID: Med 3 04/10- 58A14C46-850F-491B-9D74-BDE460EE220B	
For the patient – what to do now Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.	
If you want to make a new claim to social security benefits you can: • download a claim form at www.direct.gov.uk/benefits, or • phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- LAIRD
Other names	BRIAN THOMAS
Address	22 LAWRENCE ST PADIHAM BURNLEY Postcode BB12 8DL
Date of birth	31 / 12 / 1972
National Insurance (NI) number	
Declaration – for social security benefit claimants only I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: ☐	

DNA hospital appointment

24-Oct-2016

Additional:DNA hospital appointment

DNA hospital appointment from ROYAL BLACKBURN HOSPITAL (24-Oct-2016)

Filename: F40A3038-CC11-4688-8C72-E4863BC690BE_LOGSCN_24.tif

Extension:.tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

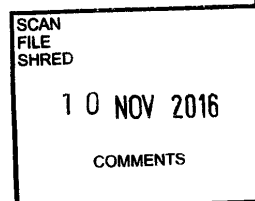
Our Ref: VP/CB / Outpatient Letter / JobID 597865
NHS No: 633 040 5913
Hospital No: RXR1132670

Location: Royal Blackburn Hospital
Date Of Clinic: 24/10/2016
Date Typed: 28/10/2016

Mr V Perricone
General Surgery and Vascular
Surgery & Anaesthetics Service
Royal Blackburn Hospital
Haslingden Road
Blackburn
BB2 3HH

Dr S F Appleyard
Padiham Group Pract
36 Burnley Road
Padiham
Lancs
BB12 8BP

Phone 01254 733571
Fax 01254 736119



Dear Dr Appleyard

Re: Brian Thomas Laird, 31/12/1972
22 Lawrence St, Padiham, Burnley, Lancs, BB12 8DL

Mr Laird failed to attend my clinic today. I had the opportunity to review his past history which includes heroin addiction and bilateral DVT's. In view of his age I suspect that Mr Laird has deep venous insufficiency and his leg ulcers require aggressive treatment with four layer compression. I would be happy to assess him if his intention is to attend clinic, but I do recommend that a prompt regime of compression is instigated in the community.

I have made no further follow up arrangements. Kind regards.

Yours sincerely

Authorised on 01/11/2016 16:16:18 by Vittorio Perricone.

Mr Vittorio Perricone, GMC No: 4067917
Consultant Surgeon in Vascular Surgery

Copy to:
Brian Thomas Laird
22 Lawrence St
Padiham
Burnley
Lancs
BB12 8DL

Safe Personal Effective

Page 1 of 1

DNA hospital appointment**24-Oct-2016****Additional:**DNA hospital appointment*DNA hospital appointment from ROYAL BLACKBURN HOSPITAL (24-Oct-2016)***Filename:** E158DEF8-B9FD-41BB-9A9D-66AC113BE1B1_CHASCN_6.tif**Extension:**.tif**Pages:****East Lancashire Hospitals**

NHS Trust

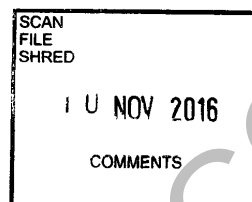
Our Ref: VP/CB / Outpatient Letter /JobID 597865
 NHS No: 633 040 5913
 Hospital No: RXR1132670

Location: Royal Blackburn Hospital
 Date Of Clinic: 24/10/2016
 Date Typed: 28/10/2016

Dr S F Appleyard
 Padiham Group Pract
 36 Burnley Road
 Padiham
 Lancs
 BB12 8BP

Mr V Perricone
 General Surgery and Vascular
 Surgery & Anaesthetics Service
 Royal Blackburn Hospital
 Haslingden Road
 Blackburn
 BB2 3HH

Phone 01254 733571
 Fax 01254 736119



Dear Dr Appleyard

Re: Brian Thomas Laird, 31/12/1972
22 Lawrence St, Padiham, Burnley, Lancs, BB12 8DL

Mr Laird failed to attend my clinic today. I had the opportunity to review his past history which includes heroin addiction and bilateral DVT's. In view of his age I suspect that Mr Laird has deep venous insufficiency and his leg ulcers require aggressive treatment with four layer compression. I would be happy to assess him if his intention is to attend clinic, but I do recommend that a prompt regime of compression is instigated in the community.

I have made no further follow up arrangements. Kind regards.

Yours sincerely

Authorised on 01/11/2016 16:16:18 by Vittorio Perricone.

Mr Vittorio Perricone, GMC No: 4067917
 Consultant Surgeon in Vascular Surgery

Copy to:
 Brian Thomas Laird
 22 Lawrence St
 Padiham
 Burnley
 Lancs
 BB12 8DL

THIRD PARTY COPY

Safe Personal Effective

Page 1 of 1

Referral Letter (20-Sep-2016)

20-Sept-2016 Dr J H Fleming ()

Additional:Referral Letter (20-Sep-2016)

for Referred to vascular surgeon

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. R. MUKHTAR
DR. C.J. NARAYANA

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

DR. S. HUSSAIN
DR. C. HENDERSON
DR. Z. HUSSAIN

Tel – 01282 731333
Fax – 01282 731323

MR. D. McEVOY
Practice Manager

MRS. MARIA PHILIPPIDES
MRS. S. HARDY
Nurse Practitioners
20-Sep-2016

Our Reference - JHF/IGN

URGENT

Consultant Vascular Surgeon
NHS e-Referral Service

Dear Consultant Vascular Surgeon,

Re Mr Brian Laird Date of Birth 31-Dec-1972
22 Lawrence St, Padiham, Burnley, BB12 8DL
Telephone 01282680059 NHS Number 633 040 5913 Hospital Number

I would be very grateful indeed if you could see this gentleman with some urgency. He presented to me because he has a possible infected wound on his left leg. When I took his bandages off I was quite surprised to see a 20cm x 10cm wound on the left anterior leg. It is shallow and looks like a venous ulcer to me. This is compounded by the fact that he has a strong pulse in his foot on that side. On the right leg he has a wound over the medial malleolus which is 10cm x 10cm, equally with a good pulse. He tells me he is an ex-intravenous drug user and also that he has had a DVT in the past in the left leg. I have given him a course of antibiotics but I am very concerned that such a young man has such an extensive lesion on both legs which from what he tells me seems to have been coming and going for a very long time. He gets this dressed regularly at the local treatment clinic.

I have given him some antibiotics but I would be very grateful indeed if you could see him as soon as possible with a view to determining whether you think he would benefit from further investigation.

With kind regards

Yours sincerely

Dictated but not signed for speedy despatch

DR J H FLEMING MSc FRCGP
GMC 4633161

Attached - Past Medical History & Medications as per computer Mr B Laird

Past Medical History - Mr B Laird**Problems****Active**

Date	Problem	Associated Text	Date Ended
09-Sep-2016	Arthralgia of multiple joints		
24-Nov-2015	Deep vein thrombosis of leg related to intravenous drug use		
22-Jan-2010	Osteoarthritis NOS, of ankle and foot	left ankle- using crutches	

Medication**Acute**

Drug	Dosage	Quantity	Last Issued On
Metronidazole 400mg tablets	One To Be Taken Three Times A Day	15 tablet	16-Sep-2016
Prednisolone 5mg tablets	3 daily all at once in the morning	30 tablet	09-Sep-2016

Repeat

Drug	Dosage	Quantity	Last Issued On
Amitriptyline 10mg tablets	1 tablet twice a day	56 tablet	09-Sep-2016
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day	28 capsule	05-Sep-2016
Naproxen 500mg tablets	One To Be Taken Twice A Day After Food	56 tablet	05-Sep-2016

Allergies

Letter sent to patient

20-Sept-2016 Miss Ilona Newton ()

Additional: Letter sent to patient

Letter to Patient re Choose & Book paperwork JHF/IGN

Filename: D32AEB1B-4578-422F-9368-2A7D6EC356CA_Letter sent to patient LAIRD, Brian (Mr) 1154 20-Sep-2016.rtf

Extension:.tif

Pages:

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPELYARD
DR R. MUKHTAR
DR. C.J. NARAYANA

DR. S. HUSSAIN
DR. C. HENDERSON

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 01282 731333
Fax – 01282 731323

MR. D. McEVOY
Practice Manager
MRS. MARIA PHILIPIDES
Nurse Practitioner
MRS. SHIRLEY HARDY
Nurse Practitioner

20-Sep-2016

Our ref: JHF/IGN

PRIVATE & CONFIDENTIAL

Mr B Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL
Lancs.

Dear Mr B Laird

RE: YOUR CHOOSE & BOOK REFERRAL

Your referral has been processed using the e-Referral Service set up by the government. This system allows you to choose where you wish to have your appointment.

Please find enclosed the Unique Booking Reference Number (UBRN) together with information telling you how to make your choice. The highlighted areas are important, please do not lose this information.

If you follow the instructions on this paperwork you should not have a problem. However, should you experience difficulties with this system, please telephone 0345 608 8888 to ask for help. This is the national booking line.

Alternatively, you can contact The Choose & Book Team who deal with these requests, to ask for help with your referral.

Yours sincerely,

Choose & Book Team.

Administration

25-Aug-2016

Additional:Administration

Letter to Patient 1st DNA LTR

File name: A586E3DF-17F2-4DD1-986A-3CB532CBC7F2_Administration LAIRD, Brian (Mr) 1113 25-Aug-2016.rtf

Extension:.tif

Pages:

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPELYARD
DR R. MUKHTAR
DR. C.J. NARAYANA

DR. S. HUSSAIN
DR. C. HENDERSON

MRS. MARIA PHILIPPIDES
Nurse Practitioner
MR. D. McEVOY
Practice Manager

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 01282 731333
Fax – 01282 731323

25-Aug-2016

Our ref: PGP/JS

PRIVATE & CONFIDENTIAL

Mr B Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL
Lancs.

Dear Mr Laird

RE: DNA (DID NOT ATTEND) POLICY – FIRST LETTER

There is great pressure on appointment availability. On average, 200 appointments per month are wasted because patients do not attend them and do not cancel them.

It has come to our attention that you recently did not attend (DNA'd) an appointment here at the surgery.

We currently have a very high volume of wasted appointments and unfortunately these result in fewer appointments to offer to other patients.

Please could you cancel your appointment if you no longer need it so the appointment can be offered to another patient.

Patients who continue to not attend appointments may be asked to register elsewhere.

If you would like to discuss this further, please make an appointment to see the Practice Manager.

Yours sincerely,

MRS. GAIL BLACKSTON
ASSISTANT PRACTICE MANAGER.

eMED3 (2010) new statement issued, not fit for work

23-Feb-2016 Dr Saiqa Hussain ()

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: Bilateral shoulder pain and reduced movements; Duration 23/02/2016 - 29/02/2016)

Filename: FC28152D-9BD1-41D5-B95C-0AE657849169_FitNote_0d87dd3a-4a64-43dd-9332-e9906b9767eb.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name I assessed your case on: and, because of the following condition(s): I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work ☐ amended duties
☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)Doctor's signature Date of statement
 Doctor's address
 PADIHAM GROUP PRACTICE
 Padiham Medical Centre, 36 Burnley Road, Padiham
 Burnley, BB12 8BP
 Telephone: 01282 731333

Unique ID: Med 3 04/10- 0D87DD3A-4A64-43DD-9332-E9906B9767EB

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname Other names Address Postcode Date of birth National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature Date If you have signed this form for someone else, please tick here: ☐

eMED3 (2010) duplicate issued, not fit for work

23-Feb-2016 Dr Emma Harding ()

Additional:eMED3 (2010) duplicate issued, not fit for work

Fit Note Document (Diagnosis: Bilateral shoulder pain and reduced movements; Duration 23-Feb-2016 - 29-Feb-2016)

Filename: 8650961C-43BF-4AEF-8B28-ACB665AC1B99_FitNote_d8e75bef-32f1-4667-9f2d-4893d55f03ac.pdf

Extension:.tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay					
Patient's name	Mr, Mrs, Miss, Ms. Brian Thomas Laird				
I assessed your case on:	23 / 02 / 2016				
and, because of the following condition(s):	Bilateral shoulder pain and reduced movements				
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:-				
If available, and with your employer's agreement, you may benefit from: <table border="0"> <tr> <td>☐ a phased return to work-</td> <td>☐ amended duties-</td> </tr> <tr> <td>☐ altered hours-</td> <td>☐ workplace adaptations-</td> </tr> </table>		☐ a phased return to work-	☐ amended duties-	☐ altered hours-	☐ workplace adaptations-
☐ a phased return to work-	☐ amended duties-				
☐ altered hours-	☐ workplace adaptations-				
Comments, including functional effects of your condition(s):					
This will be the case for _____ or from 23 / 02 / 2016 to 29 / 02 / 2016					
I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)					
Doctor's signature					
Date of statement	31 / 08 / 2018				
Doctor's address	PADIHAM GROUP PRACTICE Padiham Medical Centre, 36 Burnley Road, Padiham Burnley, BB12 8BP Telephone: 01282 731333				
Unique ID: Med 3 01/17 D8E75BEF-32F1-4667-9F2D-4893D55F03AC					

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed
 If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
 For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms. LAIRD
Other names	BRIAN THOMAS
Address	22 LAWRENCE ST PADIHAM BURNLEY Postcode BB12 8DL
Date of birth	31 / 12 / 1972 Mobile
NI number	

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Seen in urgent care centre

19-Feb-2016 MRS SAMANTHA WILCOCK ()

Additional:Seen in urgent care centre

Seen in urgent care centre from BURNLEY GENERAL HOSPITAL (19-Feb-2016)

Filename: CCE36AB0-D098-4187-B535-A3E061CC23A5_SWUPD_149.tif

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Pages:

East Lancashire Hospitals **NHS**

NHS Trust

URGENT CARE CENTRE
BURNLEY GENERAL HOSPITAL
CASTERTON AVENUE
BURNLEY
LANCASHIRE BB10 2PQ

Telephone: 01282 804050

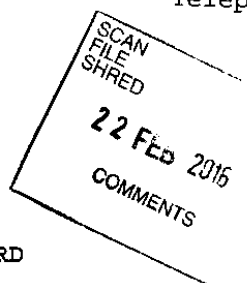
DR S. APPLEYARD
PADIHAM GROUP PRACT
36 BURNLEY ROAD
PADIHAM
LANCS
BB12 8BP

19th February 2016

Dear DR APPLEYARD

RE: MR BRIAN THOMAS LAIRD
22 LAWRENCE ST
PADIHAM
BURNLEY
LANCS BB12 8DL

DOB: 31/12/1972
NHS No: 633 040 5913
Hosp No: RXR1132670



Your patient attended the Urgent Care Centre on FRIDAY 19th FEBRUARY 2016 at 01:03 am. The patient's departure time was 02:37 am

The complaint recorded by the reception staff was:
ARM AND LEG PAINS

During the assessment the following investigations were carried out:
NONE/NO FURTHER INVESTIGATIONS

The following diagnoses were made:

Bilateral SHOULDER MUSCLE/TENDON INJURY
Bilateral NECK MUSCLE/TENDON INJURY

The examining clinician has made the following additional note regarding the diagnosis:

DICLOFENAC INJECTION

Please note that if the patient has been admitted, then this represents a provisional diagnosis only. The formal discharge summary will contain the final diagnosis.

During their stay in the department, the patient received the following treatments:

P.T.O.

GUIDANCE VERBAL

Their departure/follow up code is: DISCHARGE FROM FOLLOW UP.

The examining clinician has made the following additional note:

The Consultant for this episode was DR S P SIVARAMAN.

If you require further information please contact the department of the telephone number above.

Yours sincerely

UCC LOCUM DOCTOR

THIRD PARTY COPY

Letter sent to patient

03-Dec-2015 MRS SAMANTHA WILCOCK ()

Additional: Letter sent to patient

Letter sent to patient from BURNLEY GENERAL HOSPITAL (03-Dec-2015)

Filename: 75D5F4D7-2792-4BDE-9836-87CB4B348CDA_SWSCN_423.tif

Extension: .tif

Pages:

East Lancashire Hospitals

NHS Trust

Anticoagulant Clinics, Pharmacy Department
East Lancs Hospitals NHS Trust

Burnley General Hospital Tel 01282 804343
Royal Blackburn Hospital Tel 01254 732893

3 December 2015

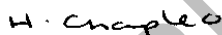
Brian Laird
22 Lawrence Street
PADIHAM
Burnley
Lancs
BB12 8DL

Dear Mr Laird,

We have received a referral from Dr Appleyard, Padiham Group Practice asking us to initiate anticoagulant therapy for treatment of recurrent DVT.

Please could you contact the above telephone number on receipt of this letter to arrange a convenient date & time to attend.

Yours sincerely



H Chapleo

Anticoagulant Clinic Secretary

✓ Cc Dr SF Appleyard
Padiham Group Practice
Burnley Road
PADIHAM
BB12 8BP

**Safe Personal Effective**

Referral Letter (27-Nov-2015)

27-Nov-2015 Dr S F Appleyard ()

Additional: Referral Letter (27-Nov-2015)

for Referral to community anticoagulation clinic

PADIHAM GROUP PRACTICE

DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. R. MUKHTAR
DR. C.J. NARAYANA

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

DR. J. SALERNO
DR. S. HUSSAIN

Tel – 01282 731333
Fax – 01282 731323

MRS. MARIA PHILIPIDES
Nurse Practitioner
MR. D. McEVOY
Practice Manager.
27-Nov-2015

Our Reference - SFA/IGN

Anticoagulation Clinic
Burnley General Hospital
Casterton Avenue
Burnley
BB10 2PQ

Dear Doctor,

Re Mr Brian Laird Date of Birth 31-Dec-1972
22 Lawrence St, Padiham, Burnley, BB12 8DL
Telephone 01282680059 NHS Number 633 040 5913 Hospital Number

Thank you for seeing this forty-two year old man who has had two previous DVT's both related to IV drug use. He used to take Warfarin and has been under follow-up from yourselves. He stopped attending the Warfarin Clinic in 2013.

I have seen him again and he would like to restart Warfarin. He feels he would be able to attend the monitoring checks now.

I would be most grateful if you could send him a further appointment.

Yours sincerely

Dictated but not signed for speedy despatch

DR S F APPLEYARD
GMC: 6072134

Attached - Past Medical History & Medications as per computer Mr B Laird

Past Medical History - Mr B Laird**Problems****Active**

Date	Problem	Associated Text	Date Ended
24-Nov-2015	Deep vein thrombosis of leg related to intravenous drug use		
22-Jan-2010	Osteoarthritis NOS, of ankle and foot	left ankle- using crutches	

Medication**Acute**

Drug	Dosage	Quantity	Last Issued On
Permethrin 5% cream	apply to whole body and wash off after 8-12 hours, repeat if necessary after 7 days	300 gram	24-Nov-2015
Prednisolone 5mg tablets	6 daily for 7 days	42 tablet	26-Oct-2015

Repeat

Drug	Dosage	Quantity	Last Issued On
Omeprazole 20mg gastro-resistant capsules	One To Be Taken Each Day	28 capsule	18-Nov-2015
Naproxen 500mg tablets	One To Be Taken Twice A Day After Food	56 tablet	18-Nov-2015

Allergies

Seen in community treatment room

02-Dec-2014 MRS SAMANTHA WILCOCK ()

Additional: Seen in community treatment room

Seen in community treatment room from KIDDROW LANE HEALTH CENTRE (02-Dec-2014)

Filename: 16ADC479-1983-4DB3-AAEB-0DFC06D1A035_SWSCN_51.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

Treatment Room
The Health Centre
Kiddrow Lane
Burnley
Lancs
BB12 6LH

Tel: 01282 731001

Tuesday, 02 December 2014

Dr. IL Milne
PADIHAM MEDICAL CENTRE
36 BURNLEY ROAD
PADIHAM
BURNLEY
BB12 8BP

Dear Dr IL Milne

Re: NHS Number: 6330405913
Brian Thomas Thomas Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL

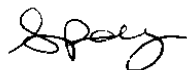
DOB: 31/12/1972

On today's visit a swab was taken from Right leg
Due to the wound breakdown in skin, wound
developed 2/7 ago red & inflamed, moist

Please take appropriate action on the swab result.

Yours sincerely,

Treatment Room Staff Nurse



Safe Personal Effective

Prescription request

02-Dec-2014 MRS SAMANTHA WILCOCK ()

Additional: Prescription request

Prescription request (02-Dec-2014)

Filename: 36FC80AD-444D-40AE-953A-6CB42B9EDF32_SWUPD_19.tif

SCAN FILE SHRED
5 DEC 2014
COMMENTS

TREATMENT ROOM/
LEG ULCER CLINIC
KIDDROW LANE HEALTH CENTRE

DRESSINGS REQUEST

DEAR DOCTOR.....*Dr Muir*.....

PATIENT'S NAME.....*Brian Laird*.....

ADDRESS.....*22 Lawrence St*.....

.....*Perth*.....

DATE OF BIRTH.....*31/12/72*.....

ITEM	SIZE	QUANTITY
<i>Aquacel Ag Ribbon Dressing</i>	<i>2cm x 45cm</i>	<i>1 x box</i>

(Seal tight
protector -
already prescribed
it needs
another
please)

SIGNATURE: *[Signature]* SFOLEY

DATE: *2/12/14*

[Signature]

Seal-Tight Wound Care Protector

Patient : Brian Lateral Hospital / Clinic :

Date : 2/12/14 Consultant :

Dear Doctor,

The patient presenting this leaflet has received treatment for his or her underlying condition - please will you prescribe the Seal-Tight product. The appropriate model has been indicated below.

CV27105: Adult Foot / Ankle



For foot ulcer patients where the dressing does not go up beyond the ankle. The bag is usually sufficient to cover half way up the calf.

Although the contact pressure of the seal is light, patients with sensitive wounds may require a Seal-Tight which seals higher up the leg. (tick) ☐

CV27103: Adult Short Leg



This is the typical model for a leg ulcer patient and can easily be fitted over multi-layer compression bandages. If the leg is over 16" in circumference then the model to the right would be more appropriate.

(tick) ☐

CV27106: Adult Wide Short Leg



This model is the same as the short leg yet has a larger ring at the top. Many patients prefer this model if they have sensitive skin.

Please ² (tick) ☒

Leaflet supplied by Autonomed Ltd. Tel: 0870 041 0150 Web: www.autonomed.co.uk

Seen in community treatment room

07-Oct-2014

Additional: Seen in community treatment room

Seen in community treatment room (07-Oct-2014)

Filename: 3AC8A591-C7EB-4456-812A-8485E6E69A6A_CHJSCN_5.tif

Extension: .tif

Pages:

East Lancashire Hospitals

NHS Trust

Treatment Room
The Health Centre
Kiddrow Lane
Burnley
Lancs
BB12 6LH

Tel: 01282 731001

Tuesday, 07 October 2014

Dr. IL Milne
PADIHAM MEDICAL CENTRE
36 BURNLEY ROAD
PADIHAM
BURNLEY
BB12 8BP



Dear Dr IL Milne

Re: NIS Number: 6330405913
Brian Thomas Thomas Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL

DOB: 31/12/1972

On today's visit a swab was taken from Ⓢ lower leg

Due to the wound larger in size red & inflamed

Please take appropriate action on the swab result.

Yours sincerely,

Treatment Room Staff Nurse

Safe Personal Effective

Seen in community treatment room

10-Sept-2014 MRS SAMANTHA WILCOCK ()

Additional: Seen in community treatment room

Seen in community treatment room from KIDDROW LANE HEALTH CENTRE (10-Sep-2014)

Filename: 3D63AC93-22EF-42A2-BD78-647F2D56F92B_SWSCN_391.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

Treatment Room
The Health Centre
Kiddrow Lane
Burnley
Lancs
BB12 6LH

Tel: 01282 731001

Wednesday, 10 September 2014

Dr. IL Milne *Flenny*
PADIHAM MEDICAL CENTRE
36 BURNLEY ROAD
PADIHAM
BURNLEY
BB12 8BP

Dear Dr IL Milne *Flenny*

Re: NHS Number: 6330405913
Brian Thomas Thomas Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL

DOB: 31/12/1972

yesterday's
On ~~today's~~ visit a swab was taken from Left ankle.
Due to the wound deterioration and odour from
wound.

Please take appropriate action on the swab result.

Yours sincerely,

Angela Flenny
Treatment Room Staff Nurse

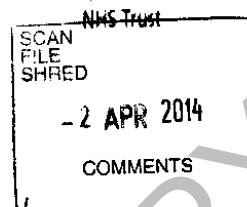
Safe Personal Effective

Seen in primary care leg ulcer clinic
 01-Apr-2014 MRS SAMANTHA WILCOCK ()
 Additional: Seen in primary care leg ulcer clinic
 Seen in primary care leg ulcer clinic (01-Apr-2014)
 Filename: 53042776-7B30-4D85-9CBF-9B07EEE4DA47_SWSCN_128.tif
 Extension: .tif
 Pages:

bettertogether

East Lancashire Hospitals **NHS**

COMMUNITY LEG ULCER CLINIC



Dear Doctor Appleyard

Date: 1/4/14

Re: Brian Lard

D.O.B 31/12/72

Address: 22 Lawrence St Padiham

The above patient has been assessed by the nurse in Leg Ulcer Clinic.

The Doppler reading is ABPI (R) 1.14 (L) 1.04

Treatment suggested is: Act20 shock stretch
compression

Please Prescribe: Nil as yet.

Thank you

Name: Malcolm

G.P. Authorization:

Designation _____

OOH report
 24-Nov-2013 Mrs Christine Warren ()
 Additional: OOH report
 OOH report (24-Nov-2013)
 Filename: A5E0E6AD-7A1C-444B-B6DD-F05B5BD6EE13_OOH report (24-Nov-2013).txt

Extension:.tif
Pages:

OOH ***
To: OOH Post Master
From: NHSD 111
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 40 years)
Priority: P3
Call #: 91383 Received: 24-Nov-2013 15:28

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 40 years)
Gender: Male
Address: 22 Lawrence St

Padiham
Burnley
Lancs BB12 8DL
Return Contact No:01282 543469
Tel No: 01282 543469
Mobile No:
Origin:
Case Type: 111 Cases
Own Doctor:
Consulted by:

Received: 15:28
Advised: Arrived PCC:
Cons Start: Cons End:

=====

NHS Number:

6330405913

=====

Reported Condition:

Symptoms: DENTAL PAIN 24 HOURS

=====

Pathways:

Pathways Final Disposition:

The individual needs to contact a dental practice
within 24 hours. (Dx21)

=====

Message to surgery:

None

=====

Clinical Codes:

=====

THIRD PARTY COPY

Letter received

28-Oct-2013 Mrs Debra Taylor ()

Additional: Letter received

Letter received (28-Oct-2013) script. details

File name: A0FDE7E4-C5B4-4F84-89E1-EA1D15E2C4B3_cfd68e3af15d412291fadfb019c00249.tif

Extension: .tif

Pages:

Patient: Brian LairdHospital/Clinic: St. Peters T/RoomClinician: L. Newman / RGNDate: 28.10.13

28

COMMENTS

To be completed for patient to take to GP

Seal-Tight

Dear Doctor, the patient presenting this leaflet is currently receiving treatment for their condition which involves the application of regular dressings. These dressings need to be kept dry at all times. Would you please prescribe the appropriate model of Seal-Tight as indicated below? Seal-Tight allows the patient to maintain personal hygiene and bath or shower in safety with their dressings in place. Thank you.



Prescribe: Seal-Tight Wound Protector
CV27105 Adult Foot/Ankle

For patients where the dressing does not go far above the ankle. Will cover lower half of calf.

(tick) ☐

Prescribe: Seal-Tight Wound Protector
CV27103 Adult Short Leg

Typically for leg ulcer patients. Fits easily over multi layer dressings.

(tick) ☒

Prescribe: Seal-Tight Wound Protector
CV27106 Adult Wide Short Leg

For patients where the maximum circumference of the limb exceeds 16"

(tick) ☒

Leaflet supplied by Autonomed Ltd.

Tel 0870 041 0150

Web www.autonomed.co.uk

Seen in primary care leg ulcer clinic

08-Oct-2013 MRS SAMANTHA WILCOCK ()

Additional: Seen in primary care leg ulcer clinic

Seen in primary care leg ulcer clinic (08-Oct-2013)

Filename: 4C21D956-3A33-46A3-BCAA-7D324DED7390_SWSCN_307.tif

Extension: .tif

Pages:

East Lancashire **NHS**
Primary Care Trust

COMMUNITY LEG ULCER CLINIC

Dear Doctor MILNEDate: 8.10.13Re: Brian LardD.O.B. 31/12/72Address: 22 LAWRENCE STREET PADHAM BB12 8DL

The above patient has been assessed by the nurse in Leg Ulcer Clinic.

The Doppler reading is ABPI (R) leg DP 1.32 PTA 1.04 (L) leg DP 1.24 PTA 1.04

Treatment suggested is: To continue to wear compression
hosiery XL class II black below knee to right
leg. To continue 1/2 dressings and
double short stretch bandages to
left leg.

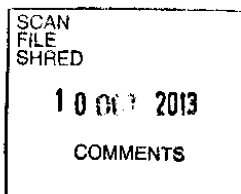
Please Prescribe:

NA

Thank you

Name: Clayne

G.P. Authorization:

Designation SISTER

DNA hospital appointment

27-Sept-2013 MRS SAMANTHA WILCOCK ()

Additional: DNA hospital appointment

DNA hospital appointment from BURNLEY GENERAL HOSPITAL (27-Sep-2013)

File name: 0CB7D85B-D4A5-42FE-B263-03FE2AD39CC4_SWSCN_336.tif

Extension: .tif

Pages:

East Lancashire Hospitals

NHS Trust

Our ref: RXR1132670

ANTICOAGULANT CLINICS
EAST LANCASHIRE HOSPITALS NHS TRUST

~~Adrienne Lancaster~~/Pat Jenkin
Anticoagulant Pharmacists
~~John Ingham/Lucie Hoole~~ Anticoagulant Nurses
Burnley General Hospital
Tel: 01282 804343

~~Mags Hanratty/Marian Partington/Diane Ineson/Cathy Davis~~
Anticoagulant Nurses
Royal Blackburn Hospital
Tel: 01254 732893

27/09/2013

Dr S APPLEYARD
PADIHAM GROUP PRACTICE
BURNLEY ROAD

PADIHAM
LANCS
BB12 8BP

Dear Dr S APPLEYARD,

Re: BRIAN LAIRD 31/12/1972
22 LAWRENCE STREET, PADIHAM, LANCASHIRE, BB12 8DL

We have been monitoring your patient since 11/11/2009 for the treatment of
RECURRENT DVT.

Unfortunately MR LAIRD has failed to attend four consecutive appointments and the
last attendance for a blood test for INR was on 02/08/13

We have received no response to our letters and the file has been discontinued. Our final letter
asks BRIAN to make an appointment to see you.

Please consider the risk/benefit of continuing to prescribe warfarin/sinrome for this
patient and arrange alternative monitoring if appropriate.

We will provide no further follow-up unless we receive a new referral.

Please note that further prescriptions should not be issued or dispensed if alternative
arrangements are not made.

Please contact me if I can be of further assistance.

Yours sincerely,


Anticoagulant Pharmacist/Nurse



Letter sent to patient

27-Sept-2013 Mrs Dorothy Waddicor ()

Additional: Letter sent to patient

Letter to Patient SFA/DPW

Filename: 115D5165-D6A8-43FB-8E09-64D05652304E_Letter sent to patient LAIRD, Brian (Mr) 1620 27-Sep-2013.rtf

Extension: .tif

Pages:

PADIHAM GROUP PRACTICE

DR C.J.M. DONALD
DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR R. MUKHTAR

DR. J. SALERNO
DR. S. HUSSAIN

MRS. MARIA PHILIPIDES
Nurse Practitioner
MRS. JAYNE DEWHURST
Practice Manager

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 01282 731333
Fax – 01282 731323

27-Sep-2013

Our ref: SFA/DPW

PRIVATE & CONFIDENTIAL

Mr B Laird
22 Lawrence St
Padiham
Burnley
BB12 8DL
Lancs.

Dear Mr Laird

I am writing to you regarding your Warfarin medication which you are taking for recurrent blood clots in your leg. When you are taking Warfarin it is important that you attend for regular monitoring in the INR clinic. This is to ensure that you are on the correct dose and that it is at a level sufficient to prevent further blood clots but not too high to cause dangerous bleeding.

The dose of the Warfarin has to be adjusted according to the INR blood test. It is very concerning that you have not been able to attend your appointments in the INR clinic. I see the last time you attended was on the 2nd August 2013. Unfortunately the INR clinic now have to discharge you. It is not safe to continue taking Warfarin if you are not going to attend for monitoring.

I would be most grateful if you could make an appointment with myself at the surgery to discuss this.

Yours sincerely,

DR. S.F. APPLEYARD,
GMC: 6072134

Seen in minor injuries department

21-Sept-2013 MRS HILLARY JAYAWARDENA ()

Additional: Seen in minor injuries department

Seen in minor injuries department from ACCRINGTON VICTORIA HOSPITAL (21-Sep-2013)

Filename: 51EF0347-7B80-4D15-8A54-EAACED823683_JAYSCN_38.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

MINOR INJURIES UNIT
ACCRINGTON VICTORIA HOSPITAL
HAYWOOD ROAD
ACCRINGTON
LANCASHIRE
BB5 6AS

Telephone 01254 359036

SATURDAY 21st SEPTEMBER 2013

DR S F APPLEYARD
PADIHAM GROUP PRACT
36 BURNLEY ROAD
PADIHAM
LANCS
BB12 8BP

Dear DR S F APPLEYARD

Your patient MR BRIAN THOMAS LAIRD
22 LAWRENCE ST, PADIHAM, BURNLEY, BB12 8DL
DOB: 31/12/1972
Hospital No: RXR1132670 NHS No: 633 040 5913

attended the Minor Injuries Unit at Accrington Victoria
Hospital on SATURDAY 21st SEPTEMBER 2013 at 09:54 am.

Type of incident: OTHER

Initial Complaint: LEFT LOWER LEG INFECTION/ULCER

Diagnosis: TIBIA/FIBULA/LOWER LEG
WOUND REVIEW

Treatment: BANDAGE/SUPPORT

Treatment: DRESSING

Treatment: ADVICE VERBAL

Treatment: GUIDANCE/ADV WRITTEN

Treatment: WOOL/CREPE

Investigations: NONE/NO FURTHER INVESTIGATIONS

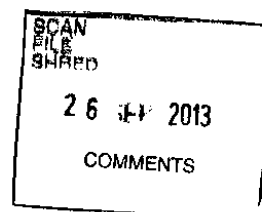
Disposal: OTHER

Comments:

If you have any queries, please do not hesitate to contact
the Department on the number above.

Yours sincerely

J A Ashworth
Matron Minor Injuries Unit



ETS6

OOH report

21-Sept-2013 Mrs Christine Warren ()

Additional: OOH report

OOH report (21-Sep-2013)

Filename: 90B97C7E-BDD0-46C3-98DD-46F9E80E335A_OOH report (21-Sep-2013).txt

Extension:.tif
Pages:

OOH ***
To: OOH Post Master
From: NHSD 111
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 40 years)
Priority: P3
Call #: 95110 Received: 21-Sep-2013 09:12

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 40 years)
Gender: Male
Address: 22 Lawrence St

Padiham
Burnley
Lancs BB12 8DL
Return Contact No:01282 543469
Tel No: 01282 543469
Mobile No:
Origin:
Case Type: 111 Clinician
Own Doctor: Mitchell, A P
Consulted by:

Received: 09:12
Advised: Arrived PCC:
Cons Start: Cons End:

=====

NHS Number:

6330405913

=====

Reported Condition:

Symptoms: WEEPING LEG ULCER LHS / WORSENING 1
WEEK / LEG ULCER DIAGNOSED / COMPRESSION
STOCKINGS FITTED

=====

Pathways:

Pathways Final Disposition:

The individual needs to contact the GP practice
or other local service within 6 hours. If the
practice is not open within this period they need
to contact the out of hours service. (Dx06)

=====

Message to surgery:

None

=====

Clinical Codes:

=====

THIRD PARTY COPY

eMED3 (2010) new statement issued, not fit for work

17-Jun-2013

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: skin infection right ankle; Duration 17/06/2013 - 01/07/2013)

Filename: 99C05860-247D-41F8-B847-0200D23CD274_FitNote_c39c1683-cb95-42ed-9bc6-7fd61a42a1ca.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay	
Patient's name	Mr, Mrs, Miss, Ms- Brian Thomas Laird
I assessed your case on:	17 / 06 / 2013
and, because of the following condition(s):	skin infection right ankle
I advise you that:	☒ you are not fit for work. ☐ you may be fit for work taking account of the following advice:
If available, and with your employer's agreement, you may benefit from: ☐ a phased return to work ☐ amended duties ☐ altered hours ☐ workplace adaptations	
Comments, including functional effects of your condition(s):	
This will be the case for _____ or from 17 / 06 / 2013 to 01 / 07 / 2013	
I will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)	
Doctor's signature	
Date of statement	17 / 06 / 2013
Doctor's address	PADIHAM GROUP PRACTICE Padiham Medical Centre, 36 Burnley Road, Padiham Burnley, BB12 8BP Telephone: 08444771855
Unique ID: Med 3 04/10- C39C1683-CB95-42ED-9BC6-7FD61A42A1CA	

For the patient – what to do now	
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.	
What your doctor's advice means	
Not fit for work: Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.	
May be fit for work taking account of the following advice: Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.	
If you are employed If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.	
Social security benefit claimants If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.	
If you want to make a new claim to social security benefits you can: - download a claim form at www.direct.gov.uk/benefits, or - phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.	
Your details – Please use BLOCK CAPITALS	
Surname	Mr, Mrs, Miss, Ms- LAIRD
Other names	BRIAN THOMAS
Address	22 LAWRENCE ST PADIHAM BURNLEY Postcode BB12 8DL
Date of birth	31 / 12 / 1972
National Insurance (NI) number	
Declaration – for social security benefit claimants only	
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.	
Signature	
Date	/ /
If you have signed this form for someone else, please tick here: ☐	

Seen in orthopaedic clinic

11-Jun-2013

Additional: Seen in orthopaedic clinic

Seen in orthopaedic clinic from General Surgery - BGH (11-Jun-2013)

Filename: ADA8073A-69E5-4BF4-A0EF-E6B7B0B3BF49_JAYSCN_30.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

Mr A I Zubairy MB, FRCSI, FRCS (TR & Orth)
Consultant Orthopaedic Surgeon (GMC Number 4400422)
Specialising in Adult Foot and Ankle Disorders
Burnley General Hospital
Secretary Direct Dial No: (01282) 805227
Fax No: (01282) 801319

Our ref: AIZ.IM.LW.RXR1132670

ORTHOPAEDIC CLINIC RBF 11.06.13
 17 June 2013

Dr I L Milne
 Padiham Group Practice
 36 Burnley Road
 PADIHAM
 BB12 8BP

Dear Dr Milne

Re: **BRIAN LAIRD (31.12.72)**
22 LAWRENCE STREET PADIHAM BB12 8DL

Your patient failed to attend his foot and ankle outpatient clinic appointment today. I am trusting that he did not need this appointment and I am therefore discharging him back to your care. Please do get in touch again if this is not the case.

Yours sincerely


Mr I Majid
Specialist Registrar
Mr A I Zubairy's Unit

The discharge of this patient to your clinical care is in accordance with the requirements of the contract between your PCT and ELHT which aims to bring the number of follow up appointments in line with numbers in other health economies

eMED3 (2010) new statement issued, not fit for work

06-Jun-2013 Dr S F Appleyard ()

Additional: eMED3 (2010) new statement issued, not fit for work

Fit Note Document (Diagnosis: skin infection right ankle; Duration 03/06/2013 - 17/06/2013)

Filename: 556B7D53-C61E-44F1-8D7F-59917AD2C500_FitNote_3b63196f-e448-44cc-b088-026310fbbe3c.pdf

Extension: .tif

Pages:

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name I assessed your case on: and, because of the following condition(s): I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work ☐ amended duties
☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for or from to I will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)Doctor's signature Date of statement Doctor's address

Unique ID: Med 3 04/10- 3B63196F-E448-44CC-B088-026310FBBE3C

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:

Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:

Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed

If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants

If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:

- download a claim form at www.direct.gov.uk/benefits, or
- phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Your details – Please use BLOCK CAPITALS

Surname Other names Address Postcode Date of birth National Insurance (NI) number

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature Date If you have signed this form for someone else, please tick here: ☐

Letter received

04-Jun-2013 MRS SUSAN KEIGHLEY ()

Additional: Letter received

meds review

Filename: B494D7A7-2C6F-4464-927F-8CF7960022A9_SKSCN_107.tif

Extension: .tif

Pages:

NHS Medicines Use Review Service Feedback Form



To: S F Appleyard
PADIHAM GROUP PRACTICE
Padiham Medical Centre, 36 Burnley Road, Padiham, Burnley,
Lancashire, BB12 8BP

Date: 04/06/2013

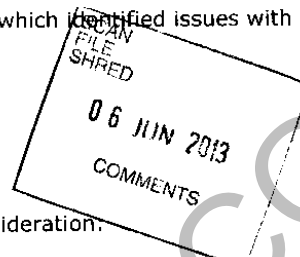
Re. Mr. Brian Laird
22 Lawrence Street, Padiham, Burnley, Lancashire, BB12 8DL

DOB: 31/12/1972

NHS number: Unknown

This patient recently received a Medicines Use Review (MUR) which identified issues with the following medicines which are detailed below:

Tramadol 100mg m/r Tablets @
Warfarin 5mg (pink) Tablets
Amitriptyline 10mg Tablets



The following matters were identified which require your consideration:

- ☐ Potential drug interaction(s)
- ☐ Potential side effects/adverse drug reaction preventing use of medicine
- ☐ Patient reports not using the medicine any more
- ☐ Patient reports not using the medicine inline with the directions of the prescriber
- ☐ Patient reports difficulty using the medicine - issue with the device
- ☐ Patient reports difficulty using the medicine - issue with the formulation
- ☒ Patient reports lack of efficacy
- ☐ Patient reports problem with dosage regimen
- ☐ Patient reports unresolved concern about the medicine
- ☒ Other (see comments below)

Further Information / comments / possible action:

Mr Laird is not getting much relief with the tramadol and avoids taking the amitriptyline because of the 'drowsy' side effects. He has a referral in June and hopes this will bring a solution that didn't arise last time. In the meantime or if an alternate cannot be found he will come in to discuss trying alternate medication to manage his pain and gaining support to aid his mobility - such as a wheelchair for bad days.

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Mrs Claire Jones
Tesco In-Store Pharmacy
Wyre Street, Padiham, Burnley, BB12 8DQ

Tel No. 01282809247

OOH report

02-Jun-2013 Mrs Christine Warren ()

Additional:OOH report

OOH report (02-Jun-2013)

Filename: D2C751D2-FDB5-4555-A3D0-7A43621A537D_OOH report (02-Jun-2013).txt

Extension:.tif

Pages:

OOH ***
To: OOH Post Master
From: East Lancashire Medical Services Ltd (ELMS)
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 40 years)
Priority: Routine
Call #: 72031 Received: 02-Jun-2013 15:36

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 40 years)
Gender: Male
Address: 22 Lawrence St

Padiham

Lancs BB12 8DL
Return Contact No: 01282 543469
Tel No: 01282 543469
Mobile No: 01282 543469
Origin: 111 Case
Case Type: Treatment Centre
Own Doctor:
Consulted by: Misra, A

Received: 15:36
Advised: Arrived PCC: 16:28
Cons Start: 16:31 Cons End: 16:41

=====

Message to surgery:

Patient Advised Attend Own Surgery

=====

Clinical Codes:
M0... Skin/subcutaneous infections

=====

Pathways:
User: Patricia Barksby

Pathways Final Disposition:

The individual needs to contact the GP practice
or other local service within 2 hours. If the
practice is not open within this period they need
to contact the out of hours service. (Dx05)

=====

Consultation details:

History:

2w after a minor blunt injury --had a small cut
rt sided of ankle--been dressing by self and
continued...at present it is red and infected
pmh oa recurrent dvt
meds tramadol warfarin and amitriptyline
nkda

Examination:

well perfused
rt ankle--local infection

Diagnosis:

skin infection

Treatment:

Advised to contact again if worsens or not
resolving
Advised to contact own GP if not resolving
drink plenty of clear fluids
will see UCC Nr for dressing tonight and Gp to
provide med3 if requested

Prescriptions:

flucloxacillin capsules 500mg one four times a day 28.00

OOH report

21-Feb-2013 Mrs Christine Warren ()

Additional:OOH report

OOH report (21-Feb-2013)

Filename: 83793D5D-7AB6-405F-B1E9-DD6E69346351_OOH report (21-Feb-2013).txt

Extension:.tif

Pages:

OOH ***
To: OOH Post Master
From: East Lancashire Medical Services Ltd (ELMS)
At: EMIS
Subject: Brian Laird 31-Dec-1972 (Age: 40 years)
Priority: 111 MSG
Call #: 20063 Received: 21-Feb-2013 17:30

Patients Name: Brian Laird
Date of birth: 31-Dec-1972 (Age: 40 years)
Gender: Male
Address: 22 Lawrence St

Padiham

Lancs BB12 8DL
Return Contact No: 01282 543469
Tel No: 01282 680059
Mobile No: 01282 543469
Origin:
Case Type: FCMS 111 Closed Case
Own Doctor: Mitchell, A P
Consulted by:

Received: 17:30
Advised: Arrived PCC:
Cons Start: Cons End:

=====

Message to surgery:

None

=====

Clinical Codes:

=====

Reported Condition:

Symptoms: has an ulcer on the leg - dressing is
coming off Comments: 7384 - taken by debbie

=====

Pathways:

User: Deborah Savage

Pathways Final Disposition:

The individual needs to be seen by the GP
practice or other local service within 12 hours.
If the practice is not open within this period
they need to be seen by the out of hours service.

(Dx07)

=====

THIRD PARTY COPY

Referral Letter (19-Feb-2013)

19-Feb-2013 Dr I L Milne ()

Additional:Referral Letter (19-Feb-2013)

for Orthopaedic referral

Filename: DB5C6FEF-725A-435D-880F-CF13EFD7483B_1302191103_Referral Letter.rtf

Extension:.tif

Pages:

PADIHAM GROUP PRACTICE

DR I.L. MILNE
DR C.J.M. DONALD
DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. R. MUKHTAR
DR. J. SALERNO

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

Tel – 08444 771855
Fax – 01282 777720

MRS. MARIA PHILIPPIDES
Nurse Practitioner
MRS. JAYNE DEWHURST
Practice Manager
19-Feb-2013

Our Reference - ILM/IGN

Mr Zubairy
Consultant Orthopaedic Surgeon
Choose & Book Service at NHS

Dear Mr Zubairy

Re Mr Brian Laird Date of Birth 31-Dec-1972
22 Lawrence St, Padiham, Burnley, BB12 8DL
Telephone 01282680059 NHS Number 633 040 5913 Hospital Number

Thank you for seeing this gentleman who is known to you from the past.

He has very severe osteoarthritis in his right ankle. Treatment possibilities were limited by the fact that he is on lifelong Warfarin, having previously been an intravenous drug abuser. He still has significant ulcers on his other leg which are being treated and obviously he is unable to take non-steroidal anti-inflammatories and one wants to keep his use of other opiate type analgesics to a minimum. I do not know whether you have anything else to offer this gentleman in the way of treatment but I thank you for your further assessment.

Yours sincerely

DR I L MILNE
GMC 233103

Attached - Past Medical History & Medications as per computer Mr B Laird

Past Medical History - Mr B Laird**Problems****Active**

Date	Problem	Associated Text	Date Ended
22-Jan-2010	Osteoarthritis NOS, of ankle and foot	left ankle- using crutches	

Medication**Acute**

Drug	Dosage	Quantity	Last Issued On
Amitriptyline 10mg tablets	1 nightly	28 tablet	13-Feb-2013

Repeat

Drug	Dosage	Quantity	Last Issued On
Warfarin 5mg tablets	TWO TO BE TAKEN DAILY	56 tablet	13-Feb-2013
Tramadol 100mg modified-release tablets	1 AS REQUIRED TWICE A DAY	60 tablet	17-Oct-2012

Allergies

OOH report

11-Jan-2013 Mrs Christine Warren ()

Additional:OOH report

OOH report (11-Jan-2013)

Filename: DC9BF120-E31D-4C2D-9BB4-2BF99DC904B1_OOH report (11-Jan-2013).txt

Extension:.tif

Pages:

OOH ***

To: OOH Post Master

From: East Lancashire Medical Services Ltd (ELMS)

At: EMIS

Subject: Brian Laird 31-Dec-1972 (Age: 40 years)

Priority: 111 MSG

Call #: 87350 Received: 11-Jan-2013 18:44

Patients Name: Brian Laird

Date of birth: 31-Dec-1972 (Age: 40 years)

Gender: Male

Address:

22 Lawrence St
Padiham

Lancs BB12 8DL

Return Contact No:01282 543469

Tel No: 01282 680059

Mobile No: 01282 543469

Origin:

Case Type: FCMS 111 Closed Case

Own Doctor: Mitchell, A P

Consulted by:

Received: 18:44

Advised: Arrived PCC:

Cons Start: Cons End:

=====

Message to surgery:

None

=====

Clinical Codes:

=====

Reported Condition:

Symptoms:toothache Comments:ext 7379

=====

Pathways:

User: Lindsey Hargreaves

Pathways Final Disposition:

The individual needs to be seen by a dental
practice within 6 hours. (Dx19)

=====

Seen in orthopaedic clinic

29-Nov-2012 Mrs Debra Taylor ()

Additional:Seen in orthopaedic clinic

Seen in orthopaedic clinic (29-Nov-2012)bgh

Filename: FB716DE0-57CD-4A01-88E9-29D2DA8A6745_DTUPD_210.tif

Extension:.tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

Mrs A Hallett, FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon
Department of Orthopaedics
Burnley General Hospital
Casterton Avenue
Burnley
BB10 2PQ

SCAN
FILE
SHRED

05 DEC 2012

COMMENTS

Secretary Direct Dial No: (01282) 804432
Fax No: (01282) 801319

Our Ref: AH/KT/RXR1132670

30th November 2012
Fracture Clinic: 21st November 2012

Dr S F Appleyard
Padiham Group Practice
Burnley Road
Padiham

Dear Dr Appleyard

RE: **BRIAN LAIRD (31.12.72)**
22 LAWRENCE STREET PADIHAM

Diagnoses:

1. Crush injury right wrist and hand
2. Osteoarthritis CMC joint right thumb

Management: Wrist splint, early mobilisation, reassurance and discharge

This right hand dominant 39 year old machine operator unfortunately caught his hand and wrist in a machine at work. He was pulled between 2 rollers, sustaining a crushing injury. He was seen in A & E where a suspicion of a thumb metacarpal fracture was raised and he was put into a wrist splint.

On examination there are abrasions over the forearm and hand. There is swelling over the extensor aspect of the wrist and the dorsum of the hand and there is bruising around the base of the thumb. However, he has a very good range of movement in the wrist, thumb and fingers.

X-rays do not demonstrate any obvious fracture. There is arthritis of the CMC joint of the thumb.

I have explained the diagnosis to Mr Laird today, have shown him some exercises to do and have advised him to wear the splint for comfort until his swelling subsides.

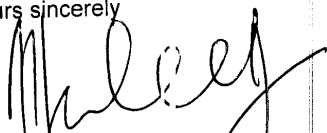
Cont....

East Lancashire Hospitals **NHS**
NHS Trust

Page 2 – Brian Laird (RXR1132670)

I have discharged him back to your care.

Yours sincerely



Mrs A Hallett
Consultant Trauma & Orthopaedic Surgeon
Honorary Clinical Senior Lecturer
School of Postgraduate Medical & Dental Education, UCLAN

The discharge of this patient to your clinical care is in accordance with the requirements of the contract between your PCT and ELHT which aims to bring the number of follow up appointments in line with numbers in other health economies.

ETS5

Seen in urgent care centre

27-Nov-2012 Mrs Debra Taylor ()

Additional: Seen in urgent care centre

Seen in urgent care centre (27-Nov-2012)bgh

Filename: 5EE9669E-6507-469E-96F3-A508394BF76F_DTUPD_129.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

URGENT CARE CENTRE
 BURNLEY GENERAL HOSPITAL
 CASTERTON AVENUE
 BURNLEY
 LANCASHIRE BB10 2PQ

SCAN
 FILE
 SHRED

29 Nov 2012

COMMENTS

Telephone: 01282 804050

DR. S. APPELYARD
 PADIHAM GROUP PRACTICE
 BURNLEY ROAD
 PADIHAM
 LANC
 BB12 8BP

27th November 2012

Dear DR. APPELYARD

RE: MR BRIAN THOMAS LAIRD
 22 LAWRENCE ST
 PADIHAM
 BURNLEY
 LANC BB12 8DL

DOB: 31/12/1972
 NHS No: 633 040 5913
 Hosp No: RXR1132670

Your patient attended the Urgent Care Centre on
 TUESDAY 27th NOVEMBER 2012 at 08:05 am

The complaint recorded by the reception staff was:
 RIGHT HAND INJURY

During the assessment the following investigations were
 carried out:
 PLAIN X-RAY
 NONE/NO FURTHER INVESTIGATIONS

The following diagnoses were made:

Right METACARPAL/HAND FRACTURE - CLOSED

The examining clinician has made the following additional note
 regarding the diagnosis:

FRACTURE RIGHT HAND

Please note that if the patient has been admitted, then this
 represents a provisional diagnosis only. The formal
 discharge summary will contain the final diagnosis.

During their stay in the department, the patient received the
 following treatments:

P.T.O.

ADVICE VERBAL
SPLINT Mallet
ANALGESIA
REFERRAL TO SPECIALTY

Their departure/follow up code is: CLINIC-FRACTURE/ORTHOPAEDIC.

The examining clinician has made the following additional note:

If you require further information please contact the department of the telephone number above.

Yours sincerely

DR.M HUSSAIN S.T.

THIRD PARTY COPY

Fax received

22-Oct-2012 Mrs Debra Taylor ()

Additional: Fax received

Fax received (22-Oct-2012) NHS

Filename: C17EB81F-45B5-461E-A269-6C23BE3AEFF3_DTSCN_99.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

Fa: Dr S APPELYARD
PADHAM GROUP PRACTICE
BURNLEY ROAD

To: PADHAM
LANCS
BB12 8BP
Telephone: 08444 771855
Fax: 01282 777720

Fax: BRIAN LAIRD
Page: 22 LAWRENCE STREET

Re: PADHAM
LANCASHIRE
BB12 8DL

Hospital Number: RXR1132670
DOB: 31/12/1972 Telephone: 01282 543469

2012
COMMENTS
from: Anticoagulant Clinic
Burnley General Hospital
Casterton Avenue
Burnley
Lancs
BB10 2PQ

Phone: 01282 804343

Our Fax No: 01282 803281

Date: As fax

IMPORTANT- CONFIDENTIAL NOTICE

The contents of this fax transmission are intended for use only of the person to whom it is addressed. The contents are strictly confidential and in addition are privileged and exempt from disclosure under the applicable law. If you are not the intended recipient you are strictly prohibited from reading, disseminating or using this fax or its contents in any way

Dear Doctor,

For your information.

Your patient has failed to attend for at least two consecutive anticoagulant clinic appointments.

The following page is a copy of the letter sent to the patient and gives details of the missed tests.

Thank you for your attention.

Yours faithfully

Adrienne Lancaster
Anticoagulant Pharmacist

P.2/2

To: 901282777720

19-OCT-2012 15:35 From:

Did not attend - no reason

12-Oct-2012 Mrs Susan Little ()

Additional: Did not attend - no reason

anticoagulant clinic x 3 (12-Oct-2012)

Filename: F7B50C6F-6D20-4A6F-AD80-B7A6AB984395_SLSCN_4.tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**
NHS Trust

Our ref: RXR1132670

Anticoagulant Clinic
Burnley General Hospital
Casterton Ave,
Burnley, Lancs
BB10 2PQ
Tel: 01282 804343
Fax: 01282 503281
12/10/2012

BRIAN LAIRD
22 LAWRENCE STREET

PADIHAM
LANCASHIRE
BB12 8DL

Date of last appointment: 12/10/2012

Dear MR LAIRD

Unfortunately you have now failed two appointments at the anticoagulation clinic on:
12/10/2012 and 05/10/2012

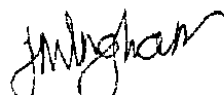
Please attend clinic for a blood test at PADIHAM HEALTH CENTRE on
OCT.19 at 14:30

If you are unable to attend on this date please contact us as soon as possible.

It is not safe to take warfarin or sinrome without regular blood tests.

If you have already had a blood test since this letter was sent please disregard this letter.

Yours sincerely


Anticoagulation Pharmacist / Nurse

0150

P.2/2

02-11-2012 14:44:28

12-OCT-2012 15:16 From:

Patient File Attachment

14-Oct-2011 Mrs Lesley Moore ()

Additional: Patient File Attachment

Anticoagulation Treatment Record (pgp 18.10.11)(AnticoagulationTreatmentRecord(pgp181011).tif)

File name: A955E168-6FA6-4DE0-B752-10E0EC3AC510_AnticoagulationTreatmentRecord(pgp181011).tif

Extension: .tif

Pages:

Anticoagulant Treatment Record

Date

INR

Daily dosage (mg)

Comments

Signature

29/07/2011

INR 2.00

DOSE 10.00

14/10/2011

INR 2.10

DOSE 10.00

Sun

Mon

Tue

Wed

Thu

Fri

Sat

10mg

10mg

10mg

10mg

10mg

10mg

10mg

Warfarin

mg/day

NEXT TEST 06/01/2012

Time: 11:00

MR BRIAN LAIRD

DOB 31/12/1972

RXR1132670

Patient File Attachment

07-Sept-2011 Mrs Debra Taylor ()

Additional: Patient File Attachment

FTA physio. dpt. (LR 9.9.11)(FTAphysiodpt(LR9911).tif)

File name: 98F0A50A-B53B-460A-BF91-D0B167BE4058_FTAphysiodpt(LR9911).tif

SCANNED FILE SHRED 09 SEP 2011 COMMENTS

Physiotherapy Service Report

DR S MORRIS
MSK SERVICE

C.C. DR MILNE – PADIHAM MED CENTRE

Dear DR KUMAR

Re: BRIAN LAIRD

DOB: 31 12 1972

Attendance	
☐	Progress report – Ongoing Treatment
☐	Assessed and advised – Discharged
☐	Problems partially resolved. No further improvement gained. Returned to your care – Discharged
☐	No change in problem. Patient returned to your care – Discharged
☐	Problem resolving. No need for further Physiotherapy intervention. All relevant advice and exercises given – Discharged
☐	Patient was offered an appointment, but failed to attend – Discharged
☒	Patient failed to contact the department as requested – Discharged
☐	Treatment incomplete/no longer wishes to attend/failed to attend further treatment – Self Discharge
Treatment	
☐	Exercises
☐	Mobilisation
☐	Injection
☐	Electrotherapy
☐	Hydrotherapy
☐	Muscle balance
☐	Gym
☐	Acupuncture
☐	Back Builders
☐	Education/Advice

Comments :

A more detailed report is available from the physiotherapist named below on request.

Signed Print Name: Janet Stevenson – Administrator Date : 07 September 2011
 Physiotherapy Department, St Peter's PCC, Church Street, Burnley
 Tel: 01282 644086

Patient File Attachment

24-Jun-2011 Mrs Debra Taylor ()

Additional: Patient File Attachment

opd St. peters MSK clinic (LR 4.7.11)(opdStpetersMSKclinic(LR4711).tif)

Filename: D0A867BA-395C-4328-A8BB-F50340B2B678_opdStpetersMSKclinic(LR4711).tif

Extension: .tif

Pages:

East Lancashire Hospitals **NHS**

NHS Trust

MUSCULOSKELETAL MEDICINE CLINIC

Ground Floor
St Peters Centre
Church Street
Burnley
BB11 2DL

Tel: 01282 644036

Fax: 01282 644543

Date: 30.06.2011

Clinic Date: 24.06.2011

Our reference: 3JM/JAL/16185

Dr J Salerno
Padiham Group Practice
Burnley Road
Padiham
Burnley

Dear Dr Salerno

Re: Mr Brian Thomas Laird DOB: 31.12.1972 NHS No: 6330405913
Address: 22 Lawrence Street Padiham Burnley BB12 8DL
Tel No: 080 059 / 07541 448 042**Clinical Diagnosis:** Left leg radiculopathy**Management Plan:** Refer to Physiotherapy**History:**

Many thanks for sending me this troubled 38 year old gentleman who is a poor historian. He manages to describe a 2 year history of the whole of the left leg feeling numb, heavy and jelly like with occasional weakness. This mainly occurs after sitting but also after standing and walking. By lying supine his symptoms disappear and he attributes this to post DVT syndrome having had previous clots in the left groin and both calves.

However on deeper questioning there is associated paraesthesiae, occasional back pain with him holding the left side. Although he describes the pain involving the whole leg he points mainly to the lateral aspect around the anterior dorsum of the left ankle.

Dural symptoms are negative, there are no red flags but the previous sinister features of IV drug abuse although his appetite and weight are now steady, he is clean and no history of fever.

His main concern is that he has severe right ankle OA and is afraid the left ankle is heading in the same direction

However a recent X-ray in February 2011 of the left ankle was perfectly normal.

He has had no recent treatment or Physiotherapy.

RECEIVED
- 4 JUL 2011
COMMUNIS

Past medical History reveals the DVT's and IV drug abuse and the severe OA in the right ankle for which he needs a fusion. Apparently Mr Zubairy is reluctant to carry this out whilst he is still taking his Warfarin medication which may be life long. He has tried insoles to correct a leg length discrepancy and a heel raise but these are no benefit. He occasionally walks with a stick.

He takes Tramadol 100mg bd and Warfarin, and has no allergies to medicines.

Brian is on Incapacity Benefit, occasionally attending the gym to work on his upper body.

Examination:

Brian stands over to the left side to take pressure off the right ankle. He walks with a limp avoiding weight bearing on the right ankle.

Lumbar movements are restricted in a partial articular pattern with extension to neutral, side flexions fingers to lower thigh, all pain free and forward flexion fingers to mid shin reproducing the left leg tightness. SLR's also positive, L=50° worsened by ankle dorsiflexion and cervical flexion. R=N=70°. Slump test is positive on the left with FNS negative.

Sensation is not reduced in a dermatomal distribution and myotomes were of full strength. Knee and ankle jerk reflexes are present with down going plantars.

There is tenderness to palpation of the L4 vertebra centrally.

Sacroiliac and hip and left ankle movements were full and pain free.

There was a strong left dorsalis pedis pulse.

There is visible OA changes of the right ankle with approximately 2cm shortening and the left leg was swollen throughout its length in keeping with post-thrombotic swelling.

Clinical Summary:

Brian has a left leg radiculopathy and this explains the normal left ankle X-ray. I fully explained the difference between the left leg swelling and the pain referred from his back and given him some written information today.

He agrees the best way forward is for Physiotherapy which he is requesting at St Peter's in Burnley and I will refer him by way of this letter. I have instilled in him the need to be compliant.

Many thanks.

Yours sincerely

Dr S J Morris
GPwSI in Musculoskeletal Medicine

Cc: Physiotherapy Department, Burnley General Hospital, Casterton Avenue, Burnley
(Patient would prefer to be seen at St Peter's Centre)

18 Week Information:

Date of original GP referral: 07.06.2011
Outcome Code: Seen treatment not started – Clock Continues
Organisation Code: RXR

Referral Letter to MSK JS-DPT

17-May-2011 DR JULIE SALERNO ()

Additional: Referral Letter to MSK JS-DPT

Referral Letter to MSK JS-DPT

Filename: 33E4BFE6-16D7-4119-9F27-05FC1E29EAA5_EMIS28205_121851.rtf

Extension: .tif

Pages:

PADIHAM GROUP PRACTICE

DR I.L. MILNE
DR C.J.M. DONALD
DR. B. SEENEY
DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. J. SALERNO

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

MRS. MARIA PHILIPPIDES
Nurse Practitioner
MRS. JAYNE DEWHURST
Practice Manager

Tel – 08444 771855
Fax – 01282 777720

19.05.2011

Our Reference - JS/DPT

NHS referral - Please give an appointment

Musculoskeletal Services,
Patient Choice Centre.

Dear Doctor,

Re Mr Brian Thomas Laird Date of Birth 31.12.1972
22 Lawrence St, Padiham, Burnley, BB12 8DL
Telephone **01282680059** NHS Number **6330405913** Hospital Number

Thank you for seeing this man who has bilateral ankle pain. He has been seen by Mr. Zubairy and told he has osteoarthritis and that he could fuse the right ankle but obviously the patient is not keen.

In 2009 he developed a DVT of his left leg following i.v. drug abuse.

Therefore he has chronic venous insufficiency and arthralgia – both of which are affecting his mobility. He does not use drugs now and has a new baby.

I would appreciate any help and advice you are able to offer.

Yours faithfully,

DR. JULIE SALERNO
GMC: 2987590

Attached - Past Medical History & Medications as per computer Mr B Laird

Past Medical History - Mr B Laird**Problems****Active Problems**

17.5.2011	[D]Musculoskeletal pain	
22.1.2010	Osteoarthritis NOS-ankle/foot	left ankle- using crutches

Significant Past

9.3.2009	DVT leg related intra drug use	
30.12.2000	Heroin dependence	
9.12.1994	Drug abuse monitoring	North Wesr drug team

Drugs**Acutes**

Warfarin Sodium Tablets 5 mg 2 daily 56 tablet	26.4.2011
--	-----------

Ibuprofen Gel 5 % rub into affected area tds 100 gram	17.5.2011
---	-----------

Repeats

Tramadol Hydrochloride M/R Tablets 100 mg 1 prn bd 60 tablet	26.4.2011
--	-----------

Allergies

Patient File Attachment

23-Mar-2011 MRS SUSAN KEIGHLEY ()

Additional: Patient File Attachment

msk service recd 28/03/2011(mskservicerecd28032011.tif)

Filename: 34985B18-D07A-4B26-B67D-324C215B9919_mskservicerecd28032011.tif

Extension: .tif

Pages:



East Lancashire
Community Health Services

MUSCULOSKELETAL SERVICE
Ground Floor
St Peters Centre
Church Street
Burnley
BB11 2DL

Tel: 01282 644036
Fax: 01282 644543

Date: 23.03.2011
Our Ref: TH/BC/16185

Dr B Savage
Padiham Group Practice
Padiham

Dear Dr Savage,

Re: Mr Erian Thomas Laird Dob: 31.12.1972 NHS No: 6330405913
Address: 22 Lawrence Street Padiham Burnley BB12 8DL

Unfortunately this patient failed to attend their initial appointment and no contact has been made with the clinic.

The patient's referral has been cancelled. Should treatment still be required, please re-refer the patient.

Yours sincerely

Barbara Cutler

Musculoskeletal Service
NHS East Lancashire

Referral Letter TO MSK BFS-DPT

03-Mar-2011 Dr B F Savage ()

Additional: Referral Letter TO MSK BFS-DPT

Referral Letter TO MSK BFS-DPT

Filename: F86EE008-5FDB-46EA-99C6-C0BBE1339BD9_EMIS28205_118420.rtf

PADIHAM GROUP PRACTICE

DR I.L. MILNE
DR C.J.M. DONALD
DR. B. SEENEY
DR. B.F. SAVAGE
DR J.H. FLEMING
DR. S.F. APPLEYARD
DR. J. SALERNO

Burnley Road
PADIHAM
Burnley
BB12 8BP
Lancashire

MRS. MARIA PHILIPIDES
Nurse Practitioner
MRS. JAYNE DEWHURST
Practice Manager

Tel – 08444 771855
Fax – 01282 777720

07.03.2011

Our Reference - BFS/DPT

NHS referral - Please give an appointment

Musculoskeletal Services,
Patient Choice Centre.

Dear Doctor,

Re Mr Brian Thomas Laird Date of Birth 31.12.1972
22 Lawrence St, Padiham, Burnley, BB12 8DL
Telephone **01282680059** NHS Number **6330405913** Hospital Number

Thank you for seeing this man who has bilateral ankle pain. He has been seen by Mr. Zubairy and told he has osteoarthritis and that he could fuse the right ankle but obviously the patient is not keen.

In 2009 he developed a DVT of his left leg following i.v. drug abuse.

Therefore he has chronic venous insufficiency and arthralgia – both of which are affecting his mobility. He does not use drugs now and has a new baby.

I would appreciate any help and advice you are able to offer.

Yours faithfully,

DR. B. F. SAVAGE,
GMC 3182901

Attached - Past Medical History Mr B Laird

Past Medical History - Mr B Laird**Problems****Active Problems**

22.1.2010 Osteoarthritis NOS-ankle/foot left ankle- using crutches

Significant Past

9.3.2009 DVT leg related intra drug use

30.12.2000 Heroin dependence

9.12.1994 Drug abuse monitoring North Wesr drug team

Drugs**Acutes**

Warfarin Sodium Tablets 5 mg 2 daily 56 tablet 1.3.2011

Repeats

Tramadol Hydrochloride M/R Tablets 100 mg 1 prn 3.3.2011
bd 60 tablet

Allergies

Help to stop smoking letter

26-Jan-2011 Mrs Lesley Moore ()

Additional: Help to stop smoking letter

Help to stop smoking letter

Filename: 56A6DA82-C113-4A06-9491-4A388E1A2EDB_EMIS28205_116438.rtf

Extension: .tif

Pages:

*DR I L MILNE
DR C J M DONALD
DR B SEENEY
DR B F SAVAGE
DR J H FLEMING
Dr S F APPELYARD*

*Dr J SALERNO
General Practitioner
MRS MARIA PHILIPPIDES
Nurse Practitioner*

*MRS JAYNE DEWHURST
Practice Manager*

26.01.2011

*PADIHAM GROUP PRACTICE
36 BURNLEY ROAD
PADIHAM
BURNLEY
BB12 8BP*

*Tel – 08444 771855
Fax – 01282 777720*

Our ref: PGP/LM

PRIVATE & CONFIDENTIAL

Mr Brian Thomas Laird
119 Stockbridge Road
Padiham
Burnley
BB12 7EX

Dear Mr Laird

You have expressed a wish for help to stop smoking. I have enclosed an information sheet on where help is available. I hope this is of use to you. Alternatively you could discuss it with one of the practice nurses.

Yours sincerely

Padiham Group Practice

Patient File Attachment

25-Jan-2011

Additional: Patient File Attachment

NP form recd 26/01/2011(NPformrecd26012011.tif)

Padiham Group Practice
36 Burnley Road
Padiham, BB12 8BP
Doctors Milne, Donald, Seeney, Savage, Fleming & Appleyard

New Patient Registration - Application Form

Patient Details

Full Name, including Title (e.g. Mr or Mrs)	MR BRIAN THOMAS
Previous Surname	LAI RD
Date of Birth	31.12.72
Occupation	U/E
Full Postal address	119 STOCKBRIDGE RD PADIHAM
Home & Mobile Telephone Numbers	01282 680059 07541448042
E Mail Address	BRIANMICH@LIVE.CO.UK..
Name & Address of previous GP	DR GUPTA BLACKBURN 0125456262
Next of Kin	
What is your Ethnic Group	WHITE
What is your main language	ENGLISH
Do you have a carer?	NO
Are you a carer?	NO
Are you registered disabled	NO
Do you hold a living will	NO

Medical Information.

Have you ever suffered from any of the following :-

Epilepsy	Yes	No
High Blood Pressure	Yes	No
Heart Attack/Stroke	Yes	No
Cancer	Yes	No
Eczema/Hay Fever	Yes	No
Blindness/Glaucoma	Yes	No
Diabetes	Yes	No
Depression	Yes	No
Asthma	Yes	No

Please list any serious illnesses/operations/disabilities (and for women any pregnancy related problems and the year they took place):- ON WARFARIN DAILY, SEVERE ARTERITIS, NO RIGHT ANKLE, AND SLIGHT IN LEFT, LEFT LEG 4 INCH. WIDER THAN RIGHT, ON TRAMADOL AND WARFARIN 10MIL DAILY. ADD TRAMADOL 100ML SLOW RELEASE TWICE DAILY. 1

Are you allergic to any medicines and if so which?	Yes/No
Please list any medicines being taken and the amount	WARFARIN 10ML DAILY AND TRAMADOL 100ML S/R EVERY 12 HOURS
Have you ever refused treatment/screening of any kind and if so what?	NO
Other Information	
Do you smoke?	Yes/No
If No - Have you ever smoked?	Yes/No
If yes how many cigarettes or ounces of tobacco per week?	10Z WEEKLY
Would you like advice on giving up smoking?	Yes/No
Your Height?	6' 4" IN
Your Weight?	17 STONE
Family History Please state any serious illness, in particular heart disease, stroke, high blood pressure, diabetes or any inherited disease	HIGH BLOOD PRESSURE ANGEIANA GOLDSTONES WITCH I HAVE BUT NOT BEING TREATED FOR
For Patients aged 65 and over or those with a chronic disease (e.g. asthma or diabetes)	
Have you had a flu vaccination?	
If yes please enter the date	NO
Have you had a pneumococcal vaccination?	
If yes please enter the date	

Alcohol Screening Questionnaire

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	1
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	1
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last 6 months?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	6

If you score 5 or more than please continue on to the next set of question

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often during the last 6 months had you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily	0
How often in the past 6 months have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily	0
How often during the last 6 months have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily	0
How often during the last 6 months have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
How often during the last 6 months have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
Have you or someone else been injured as a result of your drinking?	No				Yes	0
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No				Yes	0

Total Score of questions 1-10 = 0

Signature of patient applying for registration	B T. [Signature]
Date of application	

- Submitting this form will NOT automatically register you with the surgery.
- Submitting this form does NOT guarantee or even imply that you will be accepted onto the practice register.
- You will be asked to provide satisfactory identification showing your permanent registered address.
- You will be asked to attend a new patient medical as part of the registration process

For Practice Use Only

Member of staff to confirm identification seen (please tick relevant box):-

Birth Certificate	Driving Licence	☐	Passport	☒
Allowance Book	Rent Book	☐	Utility Bill	☒
Other (please specify):-				
Identification Seen By:- (Member of staffs name)		Debbie Loveday		
Date identification seen		25 th Jan 2011		

Letter from specialist

31-Mar-2010

Additional: Letter from specialist

Letter from specialist/orthopaedics (31-Mar-2010)

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14-FEB-2013 15:11 From:

To: 0128277720 P.1-1

0128277720

Mr A I Zubairy FRCSI, FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon
Trauma & General Orthopaedics
Foot & Ankle Disorders
GMC No: 4400422

FAO Dr. [Signature]

www.orthodoc.nps.org/zubairy

IZ/AHM/0150563

1 March 2010
Clinic: 24 March 2010

NHS CONTRACT

Mrs Liz Maskell
Extended Scope Physiotherapist
Musculoskeletal Medicine Clinic
Ground Floor, St Peter's Centre
Church Street
Burnley BB11 2DL

Dear Mrs Maskell

Re: **Brian Thomas Laird DOB 31.12.1972**
22 Lawrence Street, Padiham BB12 8DL

Many thanks for referring this patient with ongoing problems with osteoarthritis of the right ankle. Mr Laird tells me that his right ankle has been a problem for the past several years with increasing pain and stiffness. There is no definite history of injury. He uses one crutch on the opposite side and walks with his foot externally rotated. He takes Tramadol for pain and says it that it works if he is not weight bearing.

Past medical history includes ex-intravenous drug abuse, he tells me that he has not taken any drugs in the last 8 months or so. He has had several episodes of deep venous thrombosis due to IV drug abuse in both his lower limbs. He is on 10mg Warfarin for life. He is a smoker and smokes about half an ounce of tobacco every day.

Clinically, there is obvious swelling of his ankle and hindfoot. He had limited range of dorsiflexion about 10 degrees and is fixed in about 10 degrees of equinus. Plantar flexion was to about 20 degrees. Hindfoot was neutral. Peripheral pulse was palpable.

X-rays of his right ankle show severe osteoarthritic changes.

We have discussed options of management. The only surgical option would be ankle fusion. This however, carries high risks of complications considering his past medical history. The alternative would be providing him with modified footwear with a heel raise to accommodate for the equinus of the ankle which would hopefully improve his symptoms to an acceptable level. He was happy to give that a try. I have therefore made a referral to surgical appliances.

Kind regards,

Yours sincerely

DACTATED BUT NOT SIGNED.

Aamir I Zubairy FRCSI FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon

Copy
Dr Skaria, 296 Union Road, Oswaldtwistle BB5 3JD

15 MAR 2010
GCM 100003