

PORTSMOUTH  
**HealthCare**  
 NHS  
 TRUST

**FAX**

Please telephone **Code A** if any page is missing or indistinct

To *Medical Records*  
*GWMH.*

Date *7-12-00*

For the Attention Of:

Fax No: **Code A**

From

*Beverley*  
*Cover.*

Pages (include this sheet)

*Lorna Green*

*7*

This facsimile is intended only for the individual or entity to whom it is addressed. If you have received it in error, please destroy the original and telephone 023 92894378 immediately.

*Beverley*

*Copy of correspondence requesting  
 records. Look forward to  
 hearing from you.*

*Mary Chanell*

*Lorna Green*

PORTSMOUTH HEALTHCARE NHS TRUST CENTRAL OFFICE

**St James Hospital**

Locksway Road, Portsmouth, Hampshire, PO4 8LD

Telephone: **Code A** Facsimile: **Code A**

Website: <http://www.portsmouth.healthcare.org>



- 2 -

Secondly with regard to provision of the medical records, I informed you incorrectly that records for St Christopher's, the Gosport War Memorial Hospital and Haslar should be obtained separately from the Portsmouth Hospital records. However, I am informed that all these records should be amalgamated into the one folder and I will, therefore, be able to disclose them all, once I am able to get them from Blendworth 2 ward where Code A is currently a patient.

As promised, I will check the position with the ward and the Consultant looking after Code A and endeavour to obtain the records for photocopying as soon as possible.

Please address all future correspondence about Portsmouth Hospitals issues to me personally at the above address.

Yours sincerely,

**SUE SCANNELL**  
**LITIGATION MANAGER**

c.c. - Mrs L Green (Lorna, I will of course obtain the necessary consent from your staff before disclosing your records - Sue)

## MEDICAL AUTHORITY / CONSENT FORM

FULL NAME:

Code A

DATE OF BIRTH:

Code A

ADDRESS:

Code A

Previous address (if you have moved within the last six months)

HOME TEL NO:

Code A

## GENERAL PRACTITIONER'S DETAILS

GP'S NAME:

DR SINCLAIR

ADDRESS:

JUBILEE SURGARY, BARRY'S MEADOW, HIGH ST  
TITCHFIELD, FAREHAM PO14 4EH

## HOSPITAL DETAILS

HOSPITAL (1)

QUEEN...ALEXANDRA HOSPITAL

ADDRESS

COSHAM, PORTSMOUTH

HOSPITAL (2)

ST...CHRISTOPHER'S HOSPITAL

ADDRESS

WICKHAM RD, FAREHAM

HOSPITAL (3)

HASLAR HOSPITAL

ADDRESS

HASLAR, GOSPORT

I..

Code A

of

Code A

Authorise and consent to the release of my General Practitioner's and hospitals' notes, records and x-rays to my solicitor, Mr C J Hodgkinson of Warner Goodman and Streat, 8 College Place, London Road, Southampton, SO15 2FF

HOSPITAL (4) GOSPORT WAR MEMORIAL HOSPITAL

**APPLICATION ON BEHALF OF A PATIENT  
FOR HOSPITAL MEDICAL RECORDS FOR US WHEN  
COURT PROCEEDINGS ARE CONTEMPLATED**

This should be completed as fully as possible

**To: Medical Records Officer  
Queen Alexandra Hospital  
Portsmouth**

1 (a)	Full name of patient (including previous surnames)	Code A
(b)	Address now	Code A
(c)	Address at start of treatment	S/A
(d)	Date of birth (and death, if applicable)	Code A
(e)	Hospital ref. no if available	Q 189185 610 716 4714
(f)	N.I.number, if available	
2.	This application is made because the patient is considering	
(a)	a claim against your hospital as detailed in para 7 overleaf	YES
(b)	pursuing an action against someone else	NO
3	Department(s) where treatment was received	A+E + EDITH KEEN
4	Name(s) of consultant(s) at your hospital in charge of the treatment	
5	Whether treatment at your hospital was private or NHS, wholly or in part	Wholly NHS
6	A description of the treatment received, with approximate dates	In-Patient January-May 2000 Admitted on 10/1/00 following Myocardial Infarction

15.01.00 or  
22.01.00

SEP.  
Edith Keen

Q A: HOSPITAL 15<sup>th</sup> or 22.01.00 — 14.02.00  
ST CHRISTOPHER'S 14.02.00 — 16.05.00  
HASLAR NAH. 10.07.00 — 8.08.00  
GOSPORT WAR MEMORIAL 8.08.00 — STILL IN HOSPITAL

		Also long history of Rheumatoid arthritis and steroid therapy.
7	<p>If the answer to Q2(a) is "Yes" details of</p> <p>(a) the likely nature of the claim,</p> <p>(b) grounds for the claim,</p> <p>(c) approximate dates of the events involved</p>	<p>Hospital acquired haematoma to the legs resulting in chronic leg ulcers</p> <p>MRSA infection</p> <p>Lack of appropriate care. Nurse alleged to have caused injury/haematoma to legs</p> <p>Initial injury approximately 21/01/00</p>
8	<p>If the answer to Q2(b) is "Yes" insert</p> <p>(i) the names of the proposed defendants</p>	
	<p>(ii) whether legal proceedings yet begun</p>	Not yet
9	<p>We confirm we will pay (i)reasonable copying charges</p> <p>(ii)reasonable administration fee</p>	<p>i) Confirmed</p> <p>ii) Confirmed</p>
10	<p>We request prior details of</p> <p>(i) photocopying and administration charges for medical records</p> <p>(ii) number of and cost of copying x-ray and scan films</p>	<p>Yes</p> <p>Yes</p>
11	<p>Any other relevant information, particular requirements, or any particular documents not required (e.g. copies of computerised records)</p>	All documents
	Signature of Solicitor	<b>Code A</b>
	Name Warner Goodman & Streat	
	<p>Address</p> <p>8 College Place</p> <p>London Road</p> <p>Southampton SO15 2FF</p>	
	Ref.CJH	
	Telephone Number	<b>Code A</b>

Fax number 023 80226423

Please print name beneath each signature.  
Signature by child over 12 but under  
18 years also requires signature by parent

Signature of patient

**Code A**

Signature of parent or next friend  
if appropriate

Signature of personal representative  
where patient has died

n/a