Clyde Emergency Medicine Departments **RAH / IRH Hospital**

Statement Details			
Regarding		Date of Birth	
Incident Number			
For		Division	
Date of Statement		Time of Statement	
Other Person/s Present			

Doctors Details: **Email address:**			
Forenames		Surname	
Date of Birth		Age	
Place of Birth			
GMC Number			

Doctor Statement

I am a registered Doctor and have been qualified for ____ years. My Qualifications are:

MB ChB ☐ MRCP ☐ MRCS ☐ MRCEM ☐
FRCP ☐ FRCS ☐ FRCEM ☐
Other ☐

I am a

FY2 ☐ GPVTS ☐ CT1-3 ☐ ST4-6 ☐ Speciality Doctor ☐ Consultant ☐

working in

Emergency Medicine [x] Surgery ☐ Medicine ☐ Anaesthetic/ITU ☐
Other ☐

Contact or Citation Details

I am presently based in the:
☐ Emergency Department
☐ Other Department ☐

In the ☐

I can be contacted through the:
☐ Emergency Department Secretary Tel No: ☐
☐ Extension Number: ☐
☐ Pager Number: ☐

Please send correspondence or citations to:
☐ Emergency Department, address as above
☐ Other address *Home address if ED Locum*

Availability

Dates when unavailable in the next 12 months

Statement

☐ I have examined the written case records of _____ and can speak to the facts contained within these notes.

☐ At about *00:00* Hrs on *Day* the *00/00/0000* I had reason to consult and examine *Patients Name* [*Record Number*].

Statement

The patient had arrived by:

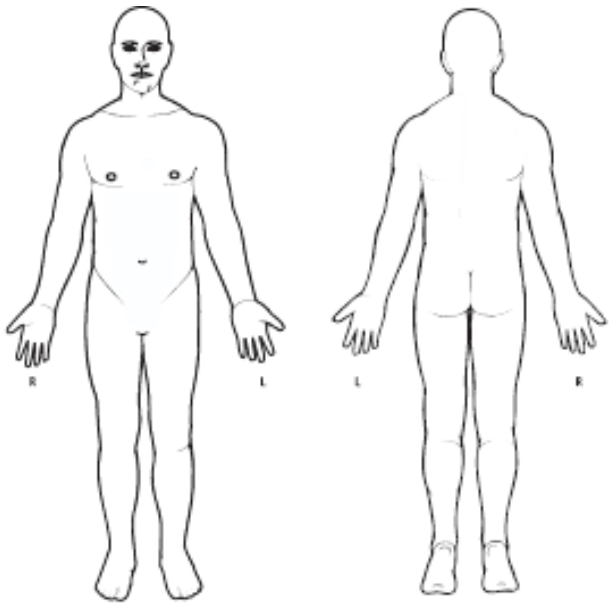
Standby Call ☐ Ambulance ☐ Police ☐ Self Transfer ☐

The patient had sustained injuries as a result of:

This information was provided by:

Patient ☐ Relatives/Friends ☐ Ambulance Staff ☐ Police ☐

The initial examination revealed



The patient underwent the following Investigations:

The patient underwent the following Treatment / Procedure(s):

What were the potential consequences of not providing or offering treatment?

In my view the injuries sustained will result in:

☐ Full Recovery

☐ Permanent Scarring or Disfigurement

☐ Ongoing issues requiring further Specialist input

☐ The patient's condition/injuries are consistent with the history given.

If not, why not:

I can speak to the facts contained within the patient's medical records. I cannot identify the patient referred to in this statement.

Signed _____ Date _____