TRAVEL REPORT REQUIREMENTS

Karthik is adding REPORT TYPE : ML- T and ML-DT

If ML-T is on : Then travel report will kick in .

Changes:

1. Setup a Default:
   1. Statement of instruction to Travel and DESK top reports
      1. If it is a Telephone Appointment >> ( NO need of numbers >> look at our existing ones )

This report is entirely independent and is prepared for the symptoms sustained in the Incident.

The instructing party has requested an assessment to be conducted with a report to include the nature and extent of the claimant’s injuries, treatment received, effects on lifestyle and whether any further treatment is appropriate.

Type of Assessment: Telephone

The report is produced for Court purposes and prepared on the basis of the following information

* + - 1. Information provided by the Claimant
      2. Written and special instructions from the instructing party
      3. My own professional medical opinion.
      4. Review of the following documents: IF RECORDS AS USUAL LIKE WE DO NOW

- test

- General Practitioner Records

Ii : If it is a DESK TOP REPORT

* + 1. It will be the same like telephone appointment STATEMENT OF INSTRUCTION >> BUT THE Type of assessment will be : Assessment by Records Only
  1. References: for ML- Travel

Dalton CB et al. Outbreaks of entero-toxigenic Escherichia coli infection in American adults: A clinical an epidemiological profile. Epidemiol infect 1999; 123:9-16

Ericsson CD. Post- infectious irritable bowel syndrome. Clin Infect Dis 2008;46:594-599

Spiller, R et al. Post infectious irritable bowel syndrome. Gastroenterology 2009;136:1979-88

Marshall, JK et al. Post-infectious irritable bowel syndrome after a food-borne outbreak of acute gastroenteritis attributed to a viral pathogen. Clin Gastroenterol Hepatol 2007;5:457-60

DuPont CL et al. Acute infectious diarrhoea in immune-competent adults. NEJM 2014;370;1532.

1. Dash Board :
   1. ML-T / ML-D : should be on
   2. Type of APPT : Telephone / DT ( If DT : NO need to book an appointment and you will not get any .
   3. Search Filter : Report Type : ML-GP / ML-SP / ML-T , ML-D
2. Details tab :
   1. Accident date : Change to Incident Date : in the details and PDF
   2. ADD check Box : Approximately
   3. In the accompanied By : change to : Interview with : + Minor >> till is a must like our usual flow >>
   4. REMOVE : ID section
   5. NEW BOX : Like address : Incident Location
      1. This is being added in the web by Karthik
3. PMH :
   1. ADD : GI Symptoms
      1. Inside : multi select : check box and follow like medical flow
         1. No GI symptoms: if this choice is selected >> disable all the below choices >> the sentence below should be >>
            1. He/ she did not suffer from Gastro intestinal symptoms before the incident.
         2. Diarrhoea
         3. Vomiting
         4. Fever
         5. Abdominal Pain
         6. IBS
         7. Crohns Disease
         8. Ulcerative Colitis
         9. Other
      2. Example of the start of the sentence >> Developed Diarrhea before the index incident .
   2. Cancer / Terminal Illness >> Follow the flow of MEDICAL
      1. Inside combo >>
         1. None >> if None >>
            1. He/ she did not suffer from cancer / Terminal illness recently before the incident.
         2. Free texted space if the user types any thing >. Bring it to the sentence >>
   3. Chronic Infections : follow medical flow like cancer / terminal illness
      1. Inside combo >.
         1. None >. If None
            1. He/ she did not suffer from chronic infections before the incident
   4. Long term conditions:
      1. Inside combo >.
         1. None >. If None
            1. He/ she did not suffer from long term conditions ( Heart disease / Diabetes ) before the incident.
   5. Disable >> Accident menu
4. Incident : Follow flow like work accident + Allow the user to use this section completely BY FREE TEXT >> like NON RTA : other >.
   1. ADD after other: Radio: Travel >>
   2. Time of incident ( same like medical records date combo section ) >> Allow dates to choose FROM and to / bypass
      1. System do not allow >> dates Less than the DOB OR DO incident OR future date
   3. ( Radio button – optional ) Did you go on holiday :
      1. Radio >> Alone / accompanied
         1. If accompanied >. Multi select >> Family / partner / wife / husband / Parents / friend / friends / Other …
         2. Package Type ( optional ) : Full Board / Half Board / Not sure
         3. Tour Operator Name ( Optional ) : Thomas Cook / Jet 2 / Thompsons/ Others :………………………………….
      2. Did you report this incident ? : yes / No : If Yes > check box : Hotel Staff /Resort Staff / Tour operator / Holiday Representative
         1. Sentence >> The incident was reported (Hotel staff)
   4. Start the sentence >>
      1. The claimant was on holiday along with XXXX at the time of the incident . IF ALONE >> The claimant was on holiday at the time of the incident.
5. Free text accident description >> Title >. Holiday Incident >.
6. >> TAB : Food and Drink ( Food & Drink )
   * 1. Did the claimant **eat food or drink at the hotel / Resort**: Yes / No / Free text ?
        1. If yes >> ONLY ONE BELOW SELCTION IS ALLOWED RADIO Or Combo better choice >>
           1. Optional ( Date from and to ) This a start and an end date
           2. Optional ( selective dates ) : 11.09.14 , 16.9.14
           3. No of days ( on arrival ) : box combo numbers 1-21 + days

Answers

Sentences: If yes : The claimant had eaten food and drink at the Resort / Hotel ?

1. From : 01.02.2015 To : 02.02.2016
2. Type of Holiday : ( All Inclusive )

( Below the dates in the brackets ) ( After number of days of arrival )

If No : The claimant did not eat or drink at the Resort / Hotel .

* + 1. **What food or drink in particular** does the claimant believe this **caused the illness** and on what date and where it was served or consumed ?: YES / NO / Free text :: If yes
       - 1. Multi select ( Check box ) >> food list ( Raw meat / poultry , raw fish , raw shell fish, raw oysters ,raw eggs , un pasteurised milk , *cooked sliced meats, pâté, soft cheeses and pre-packed sandwiches* ( + Free text
         2. Dates : Not sure / Dates

Optional ( Date from and to ) This a start and an end date

Optional ( selective dates ) : 11.09.14 , 16.9.14

Answers

Sentences: If Yes : The claimant believes that the illness is caused by the food served or consumed at the Hotel / Restaurant ( Food List )

Not sure about the dates >> No need of the sentence .

If dates are given : display

If NO : The claimant does not believe that the illness is caused by the food served or consumed at the Hotel / Restaurant .

* + 1. Did the claimant **eat outside the hotel** before they got ill? : Yes / No/ Free text / Bypass
       - 1. If Yes : Check box > allow more than one option

Excursion

Restaurant outside

Take away

Free text

Answer :

If Yes :The claimant had consumed food and drink outside the hotel and became unwell ( sub choices )

If No : No food and drink was consumed outside the hotel.

If Bypass >. Pass the question and do not display in the PDF

* + 1. Did the Claimant notice the **smell of food** that had ‘**gone off’**?
  1. Yes / No / not sure / Free Text / Bypass
  2. If yes ( optional ) >> allow free text / Choose Check box for the food list)

Answer : if yes >. A ‘gone off’ smell was noticed on the served food ( the food item )

If No : No change was noticed with the smell of food.

If Not sure : Unable to recollect or comment on the smell of food.

5.Did the Claimant ever notice the **taste of food** that had **‘gone off’**?

* 1. Yes / No / Not sure / Free test / Bypass
  2. If yes ( optional ) >> food list / free text

Answer : if yes >. A ‘gone off’ taste was noticed on the served food. ( the food item )>>

If No : No change was noticed with the taste of food.

If Not sure : Unable to recollect or comment on taste of the food.

6.Did the Claimant eat any particular **food** that appeared **under cooked**?

* 1. Yes / No / Not sure / Free text / Bypass
  2. If yes ( optional ) : Allow free text + food list +

Answer: if yes : The consumed food was cooked thoroughly . ( Food list )

Bullet Point the food item >

If No : The consumed food was under cooked .

Not sure : Unable to recollect or comment on the cooking of the food. ( Under cooked / cooked thoroughly )

7.Did the **food** appear to have been **reheated**?

* 1. Yes / No / Not sure / Free text / Bypass

Answer >. If yes : The food appeared that it has been reheated .

If No : The food did not appear reheated .

If Not sure : Unable to recollect or comment on the reheating of food.

1. Did the claimant notice foods such as **salads** been **washed**?
   1. Yes / No / Not sure / Free text / Bypass

Answer >. If yes : The washable foods ( Salads / fruits ) appeared to be washed .

If No : The washable foods ( Salads / fruits ) did not appear to be washed .

If Not sure : Unable to recollect or comment on the cleanliness of the washable food items. ( Salads / fruits )

1. Was the **food** in the hotel **left uncovered** i.e in a buffet?
   1. Yes / No / Not sure/ Free text / Bypass

Answers :

If yes : The food at the hotel / restaurant was left uncovered ( Buffet) .

If No : >> The food at the hotel / restaurant was covered ( Buffet).

If not sure > Unable to recollect or comment on food left uncovered at the hotel or buffet.

1. Was the **food** served **Cold**?
   1. Yes / No / Not sure / Free text / Bypass
   2. If yes : Free text + Food List

 Answers :

If yes : The served food was cold ( Food List )

If No : >> The served food was not cold.

If not sure > Unable to recollect or comment on the served food temperature.

1. Was the **food** in the hotel that should have been **chilled** i.e meat, fish or salad products **left in un-chilled areas**, for example in a buffet? Yes / No/ Not sure / Free text / Bypass:

If yes ( optional ) food ) :………………………………

If yes : The served chilled food / drink was left in Un-chilled area ( Food List )

If No : >> The served chilled food ( that should have been chilled ) was from a chilled area .

If not sure > Unable to recollect or comment about chilled food being left in un-chilled area.

1. Were the **chilled food cabinets working**?
   1. Yes / No / Not sure / Free text / Bypass

Answers :

If yes : The chilled food storage cabinets were working.

If No : >> The chilled food storage cabinets were not working .

If not sure > Unable to recollect or comment on the working condition of chilled food cabinet storages.

1. Was **food left in exposed areas** for long periods of time i.e in a buffet?
   1. Yes / No / Not sure / Free text / Bypass

Answers :

If yes : The served food was exposed for a long period of time ( Buffets / Restaurant )

If No : >> The served food was not exposed for a long period of time.

If not sure > Unable to recollect or comment about the served food exposed period.

Hygiene separate tab >> Allow user to do >. OPTIONAL >. Full free texting in this section >>

1. Did staff appear to have ‘**dirty’ hands** : Yes / No / Not sure / free text / Bypass

Answers :

If yes : The staff appear to have ‘dirty hands’

If no : The staff did not appear to have ‘dirty hands’

If Not sure : Unable to recollect or comment on staffs hands being dirty .

1. Did the claimant see **staff** handling food **wearing gloves** : Yes / No / Not sure/ Free text / Bypass

Answers :

If yes : The staff handling food were wearing gloves .

If no : The staff handling food were not wearing gloves .

If Not sure : Unable to recollect or comment on staff handling food wearing gloves.

1. Were there **notices** requiring **staff** to **wash their hands after serving food?**
   1. Yes / No / Not sure / Free text / bypass

Answers :

If yes : There were notices requiring staff to wash their hands after serving food.

If no : There were no notices requiring staff to wash their hands after serving food.

If Not sure : Unable to recollect or comment on notices requiring staff to wash their hands after serving food.

1. Were **guests** asked to **wash their hands?** : Yes / No / Not Sure / free text / bypass

Answers :

If yes : The guests were asked to wash their hands .

If no : The guests were not asked to wash their hands .

.

If Not sure : Unable to recollect or comment on ( Guests being advised to wash hands ).

1. Were **antibacterial hand gels** provided in **food service areas**? (especially if there was already a known outbreak of a virus or infection) : Yes / No / Not sure / free text / bypass

Answer

If yes : There were anti-bacterial gels provided in food service area.

If no : There were no anti-bacterial gels provided in food service area .

If Not sure: Unable to recollect or comment on anti-bacterial gel provision in the food service areas.

1. If **other guests** were **sick** – were they **confined to their rooms**: Yes / No / Not sure / free text / bypass

Answers

Yes >. The claimant was aware of other guests being sick and they were confined to the rooms.

No > The claimant is not aware of other guests being sick and their advice to stay in their rooms.

Not sure >Unable to comment or recollect infection of other guests and their confinement to the rooms.

1. Did the **cutlery / serving appliances** appear to be **clean**?
   1. Yes / No / Not Sure / Free text / Bypass

Answers:

If yes : The cutlery and the serving appliances appear to be clean .

If No : The cutlery and the serving appliances were dirty and unclean.

If Not sure : Unable to comment or recollect about the cleanliness of the cutlery and serving appliances .

Free Text >. Just display them .

1. Were there **separate cutlery and serving appliances** for **different types of food** i.e meat and fish? :
   1. Yes / No / Not Sure / Free text / Bypass

Answers:

If yes : There were separate cutlery and serving appliances for different types of foods.

If No : There were no separate cutlery and serving appliances for different types of foods.

If Not sure : Unable to comment or recollect about provision of separate cutlery and serving appliances for different types of foods.

Free Text >. Just display them .

1. Did the restaurant and the **food serving areas** appear to be **clean**?
   1. Yes / No / Not Sure / Free text / Bypass

Answers:

If yes : The restaurant and the food serving areas appear to be clean .

If No : The restaurant and the food serving areas appear to be dirty and unclean .

If Not sure: Unable to comment or recollect about the cleanliness of the restaurant and the food serving area.

Free Text >. Just display them .

1. Were the **floors / tables / services areas** appear **clean**?
   1. Yes /No / Not sure / free Text / Bypass

Answers:

If yes : The floors / tables / services areas appear clean .

If No : The floors / tables / services areas appear unclean .

If Not sure : Unable to comment or recollect about the cleanliness of the floors / tables / services area .

Free Text >. Just display them

1. Did any of the **food** appear to be **out of date**?
   1. Yes /No / Not sure / free Text / Bypass

Answers:

If yes : The food appeared to be out of date .

If No : The food did not appear to be out of date .

If Not sure : Unable to comment or recollect about the expiry date of the food. ( Out of date or not )

Free Text >. Just display them

1. Were **drinks** **served** with or without ice from **non-bottled sources** (example : in a jug/glass) ?
   1. Yes /No / Not sure / free Text / Bypass

Answers:

If yes : The drinks were served with or without ice from non-bottled sources .

If No : The drinks were not served from non-bottled sources. (Bottles were used)

If Not sure: Unable to comment or recollect about the drinks being served with or without ice from non-bottled sources.

Free Text >. Just display them

1. Did the claimant see any **( Insects / birds / animals )** around the food service areas?

Yes / No / Free text / bypass >. If yes

( Allow optional >>check box to the items ( cockroach , flies , birds , cats , dogs , rats , free text )

 Answers:

If yes : There were ( XYZ choice from the check box ) around the food serviced areas .

If No : There were no insects/ birds/ animals around the food serviced areas.

If Not sure: unable to comment or recollect about insects/ birds/ animals around the food serviced areas.

Free Text >. Just display them

1. Did the hotel **display notices** in the food service areas advising **guests not to use hands to handle food**?
   1. Yes /No / Not sure / free Text / Bypass

Answers:

If yes : There were displayed notices in the food service areas advising guests not to use hands to handle food.

If No : There were no display notices in the food service areas advising guests not to use hands to handle food

If Not sure: Unable to comment or recollect about display notices in the food service areas advising guests not to use hands to handle food by the hotel.

Free Text >. Just display them

1. Did **staff members** advise **guests not to use hands whilst serving food**?
   1. Yes /No / Not sure / free Text / Bypass

Answers:

If yes : The staff on hand were advising guests not to handle food with hands . If guests were handling food with hands (as opposed to implements).

If No: The staff on hand were not advising guests not to handle food with hands. If guests were handling food with hands (as opposed to implements)

If Not sure: Unable to comment or recollect about staff on hand advising guests not to handle food with hands ( If guests were handling food with hands (as opposed to implements) .

Free Text >. Just display them

1. Did any of the **guests** also **suffer illness** at the same time? If so, does the claimant have details?
   1. Yes /No / Not sure >>> NO BYPASS HERE
      1. If yes >> Free text : Box

Answers >>

Yes >. The claimant was aware of other guests with illness ( optional >free text content ).

No > The claimant is not aware of other guests being ill.

Not sure >Unable to comment or recollect infection of other guests at the hotel / resort.

1. Did any **other members** of the claimant’s **family/ friends** sustain a similar infection or illness?
   1. Yes / No
   2. If yes
      1. List check boxes (Partner , Friend , Friends , Mother , Father , Parents , Son , Daughter , Grand Parents , Grandfather , Grand Mother , Step Mother , Step father, Brother , Sister, Free text

Answers >>

Yes >. The claimant`s ( XXXXX ) sustained a similar infection .

No > Family and friends did not sustain similar infection or illness.

1. Did the **hotel place any measures** into place once this was reported?
   1. If Yes / No / Not sure / free text / bypass
   2. If Yes >. Optional :
      1. If so, what was this and on what date ?
         1. Quarantine
         2. Closed the restaurant
         3. Informed the Health Protection Agency
         4. Free text

Answers >>

Yes >. The hotel placed measures in to place when this incident was reported ( Choices )

No > The hotel did not place any measures in to place when this incident was reported.

Not sure >Unable to comment or recollect any measures done by the hotel following reporting of the incident.

1. Did the claimant **swim** in the sea or pool?
   1. Yes / No
   2. If yes : Radio : Pool , Sea , Sea & Pool

Answers

If yes : The claimant was exposed to the sea / pool / both sea and pool

If No : The claimant was not exposed to the sea / pool / both sea and pool

1. Did the **pool** appear clean ?
   1. Yes / No / Not sure / Free text / Bypass

Yes >. The pool was clean .

No > The pool was dirty and unclean .

Not sure >Unable to comment or recollect about the cleanliness of the pool.

1. Were the **toilets** in the Hotel and Restaurant were clean?
   1. Yes / No / Not sure / free text / bypass

Yes >. The toilets in the hotel and restaurant were clean.

No > The toilets in the hotel and restaurant were unclean and dirty.

Not sure >Unable to comment or recollect about the cleanliness of the toilets in the hotel and restaurant.

**Symptoms** >> new tab TRAVEL >> + LEAVE EXISTING PSYCHOLOLOGY AND medical >.

* 1. ADD New section TRAVEL >> follow our existing GI Upset
  2. Multiselect >> Like a body map >> select multiple travel symptoms but code separately :
  3. Pain
  4. Discomfort
  5. Temperature
  6. Diarrhoea , Sickness , Abdominal Cramps >>> same like our tool >. Neck, shoulder and back >> allow to complete in one selection
  7. Sickness
  8. Nausea
  9. Nausea and sickness
  10. Diarrhoea : Need Radio box : inside : With Blood , Without Blood
      1. Onset
      2. Intial severity
      3. Current severity >> flow as usual >> add on optional >> like headaches
      4. Symptom Frequency >> No of times ( Hour / Day / Week )
  11. Abdominal Cramps
  12. Abdominal Pains
  13. Nausea and Sickness
  14. Worms in Stool
  15. Shock
  16. Dehydration
  17. Weakness
  18. Fatigue , weakness & lethargy >>
  19. Headaches
  20. Fatigue
  21. Loss of weight >> ask : weight Loss in Kgs : Bypass / allow to enter weight combo ( 1- 20) : Developed loss of weight approximately ( 2 Kgs ) within 24 hours after the accident. It has improved and is currently moderate.
  22. Loss of Appetite
  23. Loss of Stamina
  24. Pins and needles
  25. Tingling
  26. Numbness
  27. Paresthesia
  28. Weakness
  29. Dizziness
  30. Blurred Vision
  31. Loss of self-confidence ( Image ) >> THE HIGHLIGHTED ARE PSYCHOLOGICAL SYMPTOMS
  32. Fear of Holidays
  33. Anxiety (General)
  34. Anxiety & Depression
  35. Depression
  36. Flashbacks
  37. Nightmares
  38. Panic Attacks
  39. Emotional Instability
  40. Social Withdrawal
  41. Dreams
  42. Hair loss
  43. Others >> ALLOW THE USER TO FRE TEXT THE TITIL OF THE SYMPTOM like our symptom other >>

1. Flow : Keep the below
   1. Onset : Bypass , within few hours , within 12 hours , within 24 hours , within 72 hours , , within 24- 48 hours , within 12-72 hours , few days , within 1-2 days , within 3-5 days , within a week,
   2. Initial severity
   3. Current severity
   4. Duration of severity
   5. Associated symptoms : Keep all we have for GI UPSET : instead of Fear of travel >> change to Fear of Holidays , add : Worms in stool
   6. Rest the same
   7. ADD : A Check BOX like associated symptoms : Title : Unable to Tolerate : Check boxes : Meat Products , Egg , Chicken , Sausages , Fish , shell fish , Oysters , Bacon, Pork, Beef, Milk, other
      1. Since the incident the claimant could not eat / tolerate (Choice ).
   8. In the sentences >> instead of accident >> replace it with incident.
2. If resolved in the symptom section >.
   1. Diagnosis :
      1. It was due to the index incident
      2. It was due to the poor hygiene
      3. It was due to Gastroenteritis caused due to lack of Hygiene.
      4. It was due to Gastroenteritis ( set this as default for physical )
      5. It was due to infective Gastroenteritis
      6. It was due to Gastroenteritis ( Viral Origin )
      7. It was due to Gastroenteritis ( Bacterial Origin )
      8. It was due to Gastroenteritis (Parasite Origin)
      9. Unknown
      10. It is less likely due to the incident
      11. It is not due to the incident
      12. It is due to a pre-existing condition
      13. It was due to the Psychological trauma caused by the incident
      14. It was due to the Stress of the incident.
      15. It was due to the stress of the claim process
      16. It was due to the shock caused by the incident

Initial Treatment >> Bypass as default >> TAB NOT REQUIRED

* 1. Change Tab : Diagnosis
     1. Whether the Claimant was advised in resort as to what infection/ illness they suffered : Yes / No / Free text / Bypass
        1. If yes :
           1. Combo ( like our diagnosis ) + Free Text

Gastroenteritis

infective Gastroenteritis

It was due to Gastroenteritis ( Viral Origin )

It was due to Gastroenteritis ( Bacterial Origin )

It was due to Gastroenteritis (Parasite Origin)

It was due to salmonella

It was due to Shigella

It was due to ***Campylobacter***

It was due to *Norovirus*

It was due to ***Shigella***

It was due to ***Listeria***

* + - 1. If yes >> sentence >> The claimant was advised in the resort / hotel about the illness others were suffering was caused by XXX
      2. If No : The claimant was not advised in the resort / hotel about the illness.
    1. Whether the Claimant was advised or informed about the type of infection or Illness they suffered?
       1. Yes / No / Bypass
          1. If yes >> Multi select OR check box >> ( Optional )

GP

Urgent care center

Walk in center

Out of Hours

Accident & Emergency

Sentence >. If yes >. The claimant was informed about the type of infection or illness they suffered . ( by GP)

If No : The claimant was not informed about the type of infection or illness they suffered.

* + 1. Was a stool or other sample taken for analysis ?
       1. Same as above subset of question 2 >>

Answers : If yes >>The stool sample was taken for analysis .( GP )

If No : The stool sample was not taken for analysis.

1. Later Treatment >> sentence : instead off accident as incident
   1. OTC >> >> Radio >>UK / Abroad / Both
      1. ADD >> Anti Diarrhoea Tablets , Rehydration Sachets , Anti spasmodic Tablets
      2. Rest of the flow no change >> amend accident to INCIDENT
      3. Sentence >> Started to self-medicate (UK / Abroad / UK and whilst abroad ) with Paracetamol after the accident.
   2. Medications :
      1. Add IN THE OTHERS SECTION >> Anti Diarrhoea Tablets , Rehydration Sachets , Anti spasmodic Tablets
      2. Rest of the flow no change >> amend accident to INCIDENT
   3. Pharmacist >. Radio >. UK/ Abroad / Both
      1. Remove Body Map
         1. :ADD : Advice >>
      2. Rest of the flow no change >> amend accident to INCIDENT
      3. Check sentence >>
   4. Casualty, GP , UCC , Minor injury unit / Walk in Centre, Out of hours service :>>ADD Radio >>. UK/ Abroad/ Both
      1. ADD the above : in Advice : Fluids , Diet , Anti Diarrhoea Tablets , Rehydration Sachets , Anti spasmodic Tablets, Quarantine
      2. Prescription >> OTHER MEDICATIONS >.. ADD : Anti Diarrhoea Tablets , Rehydration Sachets , Anti spasmodic Tablets
      3. Check sentence >>
   5. NEW Left side add >> : Consultations Abroad : Below pharmacist >> follow like GP> no body map
      1. Optional check boxes : Doctor / Nurse / Specialist / Other >> free text
      2. Optional >>> Hospital / Clinic Name >> Free text
      3. Follow same like our out of hours >> with slight change
         1. Advice : Fluids , Diet , Anti Diarrhea Tablets , Rehydration Sachets , Quarantine , Other >> free text
         2. Medications : Anti Diarrhoea Tablets , Rehydration Sachets , Anti spasmodic Tablets , Painkillers , Paracetamol , Codeine , Co-dodamol , Others
         3. Referral : Hospital , GP surgery , Other
         4. Admission :
            1. Name : Blank box : Free text to type the name of the hospital
            2. Optional Box : Days / weeks
         5. Investigations : to our usual investigation list >> please add >>
            1. Blood test : Results : Normal . Abnormal , unknown , Awaiting Results
            2. Stool Tests : same as above + Positive parasites
            3. Ultrasound Scan : same as blood test
      4. Sentence > Consulted (Doctor ) abroad >>
2. Work : Change the sentences to Incident >>
   1. In work restrictions >> have only the displayed choices + change the sentences to incident
3. Travel section : Tab not required
4. Living : No Change
5. Restrictions :
   1. Home : ADD : Food & Drink >> separately above Activities in HOME section >> follow Activities >> sentence follow other activities
   2. ADD a Check box : Fluids , Soft diet ,salads , fruits , Juices , water , Other >.below : example sentences
   3. Her / His diet was restricted to fluids.
   4. Her / His diet was restricted to salads, fruits, juices and water.
   5. ADD : Sports tab (Holiday Activities) >> In a separate section >> in Missed events >>
      * 1. Flow :
           1. Activities >. Multi select

Swimming, Being on the Beach , Cycling , Kayaking , Canoeing , Walking , Playing Tennis , Table Tennis , Fun Events , Cinema , dining , dancing , Wall climbing , drawing , Archery , surfing, Horse riding, Skiing , snowboarding , Fine dining , Boat Trips , excursions , Other

* + - * 1. ADD Choice radio > Missed / Not enjoyed >.

Sentences >> The claimant had missed/ not enjoyed the following activities due to the incident. (List the activities )

* + - 1. Free Text >> Same like comments section

1. **GPE and MSK(Examine**) >> **Free text – Check skype**
2. **Summary :** 
   1. General Summary : ( change accident to incident)
      1. REMOVE : Quality of history and long term deformity
      2. Consistency of symptoms
      3. Claimant`s Treatment
   2. Work and Home same : BUT change accident to Incident ..
   3. NEW TAB >> FREE TEXT >> if selected >. Change entire summary to a free text section
   4. NEW TAB with in Summary >> **Limitations (new tab)** Optional tab >> like work restrictions in summary tab >> The user selects the combo and add to the limitations >. More than one sentence could be added >>
      1. I cannot personally substantiate whether any other guests were similarly affected at the resort. Alternative organisms may have been responsible for the claimant`s symptoms. We do not have the benefit of stool culture to provide certainty on this point.
      2. The precise source of the infection is speculative. A member of the resort staff, particularly a food handler, the food itself, a contaminated environmental surface, an infected fellow guest could all have been a vehicle for transmission.
3. Prognosis >>
   1. Diagnosis >>
      1. It is due to the index incident
      2. It is due to the poor hygiene
      3. It is due to Gastroenteritis caused due to lack of Hygiene.
      4. It is due to Gastroenteritis
      5. It is due to infective Gastroenteritis
      6. It is due to Gastroenteritis ( Viral Origin )
      7. It is due to Gastroenteritis ( Bacterial Origin )
      8. It is due to Gastroenteritis (Parasite Origin)
      9. Unknown
      10. It is less likely due to the incident
      11. It is not due to the incident
      12. It is due to the pre-existing condition
      13. It is due to the Psychological trauma caused by the incident
      14. It is due to the Stress of the incident.
      15. It is due to the stress of the claim process
      16. It is due to the shock caused by the incident
   2. Leave exacerbation >> no change >.
   3. Assessment of current severity >> No change >> apply the same principles if the diagnosis is Unknown , less likely and not due to the accident >> the flow will be same as RTA reports
   4. Recommendations >> Same no change >> The highlighted ones are psychological
   5. Treatment >> show only the below >. Referral
      1. Referral to a Gastroenterologist
      2. Referral to an Epidemiologist
      3. Referral to a Virologist
      4. Referral to a Microbiologist
      5. Referral to a Rheumatologist
   6. Treatment >> Medical >> follow as usual
      1. Continue with current treatment
      2. Continue with Medications
   7. Expected recovery >> no change >> same as it is
   8. Further Recommendations >>
      1. Default >> If symptoms do not recover in line with the stated prognosis following the recommended treatment then I would recommend further examination by a Gastroenterologist.
      2. FOR Psychological highlighted symptoms >>>
         1. If symptoms do not recover in line with the stated prognosis following the recommended treatment, then I would recommend further examination by a Psychologist.
4. Conclusion >> ( Both question and answers are below )
   1. This is after prognosis section:>> same like hygiene section >>
      1. Pre- Existing symptoms before the Holiday : No / No/ Bypass ( If bypass do not show the sentence ) : Set default to NO
      2. Onset of symptoms within the time scale : Yes / NO / Bypass : Set default to YES
      3. Involvement of other Guests: Yes / No/ Bypass :
      4. Poor standards of Hygiene : Yes / No / Bypass : Set default to YES
      5. Positive Stool or blood sample: yes / No / Bypass
      6. Quarantine Measures: No / Bypass : Set default to No
      7. Sentence Formation >>
         1. If No >> The claimant did not have pre-existing symptoms before the incident: If NO selected

If yes >> The claimant had pre-existing symptoms before the incident

* + - 1. The onset of symptoms of infective gastroenteritis are within the usual timescale: If YES

If No >> The onset of symptoms for infective gastroenteritis are not within the usual timescale

* + - 1. If yes >> Involvement of other Guests with the infection: IF YES

If No >> There were no involvement of other guests.

* + - 1. If yes >>Poor standards of hygiene at the hotel / Resort: If YES

If No > There were no poor standards of hygiene at the hotel / resort .

* + - 1. If yes : The stool / blood sample has shown positive for infection.

If No : The stool / blood sample does not show a positive infection .

* + - 1. Lack of effective quarantine measures taken by the resort would significantly increase the risk of contagion to all guests at the resort : If No

General last sentence of this section >>>> ( Like >. Multi combo selection and to add )

Generally >> default this sentence if answer is YES to no4 >> In my opinion on the balance of probabilities the above details support the claimant`s symptoms to be caused as a result of consumption of pathogenic microorganisms through direct contact or from a contaminated food.

In my opinion on the balance of probabilities the above details do not support the claimant`s symptoms to be caused as a result of consumption of pathogenic microorganisms through direct contact or from a contaminated food.

1. Medical Records section : APPLY TO ALL TYPE OF REPORTS >>
   1. Move : Medical Entries UP >> to have more space
   2. RADIO FREE Text >> either the whole section to be made free text : including the date >>
   3. Allow Space to say : Hospital / Surgery Name :
   4. More space for summary
   5. In the PDF >> Review of Post / pre Incident Details (change from accident to incident)
   6. It’s a separate section >> not in the PMH section In PDF
2. Addendum Report >> same like our usual report >> open and show all data >. Remove the unwanted data from the details >>
3. Addendum Letter >> follow same usual flow >> Remove the unwanted data from the details >>
4. Letter >> follow usual flow >> Remove the unwanted data from the details >>
5. Addendum Notes >> Show Like Desk TOP >> need >> personal details >> records section >> BUT NEED A LOT TO ADD IN THE RECORDS >> CONCLUSION >> SAME >> + Remove the unwanted data from the details >>

DESK TOP REPORTS >>

We only prepare report based on the received records . no tel or face to face consultation >> the report to be like medical notes addendum >>> with the added sections

1. Statement of Instruction :
   * 1. It will be the same like telephone appointment STATEMENT OF INSTRUCTION >> BUT THE Type of assessment will be : Assessment by Records Only .
2. Details tab : same like Tel apt
   1. REMOVE : Interview with and accompanied by
   2. REMOVE : ID section
   3. NEW BOX : Like address : Incident Location
3. Medical Records
4. Conclusion
5. Rest the same >>
6. Addendum , addendum letter , addendum notes : >> Remove the unwanted data from the details >> 1. Like Tel apt >> but no appointment has taken place , so no need of consultation date .

**PDF Changes >**

1. We need the title , expert name , medco if it is present , ( more bigger )
2. Section A : Claimant Details
   1. Name
   2. Date of Birth
   3. Occupation : THIS IS NOT REQUIRED FOR DESK TOP REPORTS
   4. Address
   5. Remove >> ID
   6. Accompanied by >> change to >> Interviewed with: If present : NOT REQUIRED FOR DESK TOP REPORTS
   7. Date of Incident : If approximately Show ( Approximately )In brackets
   8. Place of Incident :
   9. Age of the claimant at time of incident :
   10. Date of Consultation: No need time , just the date is fine
   11. Type of Consultation: Telephone OR Desk Top Report
   12. Date of Report
   13. Name of instructing solicitors/agency :
3. Section B
   1. Statement of Instruction
4. Section C
   1. Incident Details
5. Section D
   1. Past Medical History
      1. Just the title and the content below >> refer to our usual home circumstances
6. Section E
   1. Visual Analogue pain score
   2. Symptoms: List all of them resolved and unresolved / ongoing
      1. Simply : title the symptom > highlight >. Below the description of it >> refer to our usual home circumstances / travel
7. Section F
   1. Our usual section C >>
      1. Employment Position / Education
      2. Consequential Effects
      3. Effect on Daily Life
8. Section G >> OPTIONAL
   1. Medical Records Review
      1. Our usual way
   2. Summary
   3. Conclusion
9. Section H
   1. Opinion
   2. Limitations: if data is present >> Text data
10. Section I
    1. Prognosis >. List Both ongoing and resolved problems
       1. Title >> and just the sentences below >. High light the title
11. Section J
    1. Future Treatment and Rehabilitation
       1. Our usual: Section F
12. Section K
    1. Conclusion
    2. Data free text >>
13. Section L
    1. Declaration
    2. Statement of Truth
    3. Signature + usual expert info
14. **Expert Curriculum Vitae**