

# Encounter Report

Mr Joe Bloggs	Born 15-Mar-2010	Gender Male	Unverified NHS No. 9932 541 28
Home Address	Home Phone 01234567890	GP Practice	
123 Some Street	Home Email joe.bloggs.12345@gmail.com	Medway Medical Practice	
A Town		123 Some Street	
		A Town	
		Phone 01234567890	

## Permission to View

Permission to view outcome	Permission to view
Date obtained	01-Jan-2020
Date expires	31-Dec-2020

TODO

### Primary Reason for Call

Patient feels dizzy.

### Clinical Summary

Patient fels nausea and dizzy after waking up. Lasted 30 minutes.

### Additional Patient Notes

Additional Patient Notes  
Additional Patient Notes abc 01-Feb-2017, 12:00  
These are more notes, nested under the top one.

### Disposition Details

Lie down.

### Information and advice given

Do not perform any strenuous activities.

### Recorded Allergies

No known allergies or adverse reaction.

### Triage Report

An injury or other health problem was described.  
The individual was described as breathing and conscious.  
Loss of at least a mugful of blood in the last 30 minutes was not described.  
An illness or other health problem was described. - Dizziness  
Fighting for breath was not described.  
A heart attack, chest/upper back pain, recent probable stroke, recent fit/seizure or suicide attempt was not described as the main call reason.  
Dizziness and nausea was described.

## Prescribed Items

Medications

## Appointment Reference

Date/Time: 01 June 2017 14:00 Location: CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST Psychiatric Community Care Service

*Document Created* 01-Apr-2020, 15:32 BST

*Document Owner* Medway Medical Practice

*Authored by* Mary Jones - Nurse Triage Practitioner, Medway NHS Foundation Trust on 01-Jan-2017, 20:00

*Consent Status* Permission to view

*Encounter Type* NHS111 Encounter

*Encounter Time* 01-Apr-2020, 14:00 BST to 01-Apr-2020, 15:32 BST

*Encounter Identifier* 1

*Encounter Disposition* Finished

*Responsible Party* Dr Frankenstein

## TODO

**Other participant(s) in this document**

***Referred To***

*Referred To Organization* Medway Community Hospital

*Visit Address* Emergency Phone 0123456789

**Church Street Walk in Centre**

**4 Church Street**

**Medway**

**ME8 7TT**

***Call back Contact***

*Name* Call Centre Manager - Call Centre

*Organization* 111 CALL CENTRE

## TODO

*Document ID* A709A442-3CF4-476E-8377-376500E829C9 *Version* 2

*Primary Recipients* Thames Medical Practice *Phone* 0123476895

Medway Kent Out of Hours Clinic