

Patient: A [REDACTED] | DOB: 15 [REDACTED] | NHS No: 485 271 9034 | Address: Flat 3, 82 [REDACTED] Sheffield S3 8 [REDACTED]

14 May 2026

**To Whom It May Concern**

(For the attention of the legal representative / community legal centre)

Re: [REDACTED] | DOB: [REDACTED] | NHS Number: 485 271 9034

**Introduction and Background**

I write as the registered General Practitioner for the above-named patient, who was registered at this practice on 30 April 2026 following referral by Sheffield NASS support services. I have seen A [REDACTED] on two occasions: an initial assessment on 2 May 2026 and a follow-up consultation on 12 May 2026. This letter summarises my clinical observations relevant to her asylum claim and is provided at her written request.

**Physical Examination Findings**

On examination the following physical findings were documented:

**Forearm:**

A well-healed linear scar approximately 6 cm in length on the dorsal surface of the left forearm, consistent with a laceration from a sharp or blunt implement. Age of scar is consistent with an injury sustained 6-12 weeks prior to examination.

**Upper back:**

Multiple hyperpigmented contusions on the upper back (bilateral paravertebral region), consistent with repeated blunt-force trauma. Pattern and distribution are consistent with blows from a blunt instrument. Approximate age: 6-10 weeks.

**Limbs:**

No acute fractures identified. Full range of movement maintained in upper limbs.

**Psychological Assessment**

Using the PHQ-9 and GAD-7 validated screening tools, A [REDACTED] scored 16/27 on the PHQ-9 (moderately severe depression) and 14/21 on the GAD-7 (severe anxiety). She described recurrent intrusive memories of events in her country of origin, hypervigilance, disturbed sleep, and avoidance behaviours consistent with significant trauma exposure. In my clinical opinion, her presentation is consistent with Post-Traumatic Stress Disorder (PTSD) and a co-morbid depressive episode.

A [REDACTED] medico-legal assessment by a specialist experienced in documenting torture and ill-treatment - such as a Medical Foundation clinician - would be of significant evidential value. I am willing to liaise with any such specialist and to provide supplementary clinical information as required.

**Clinical Opinion**

The physical injuries documented are, in my clinical opinion, consistent with the account provided by [REDACTED] of assault and ill-treatment by state actors. The psychological presentation is consistent with a person who has experienced significant trauma, persecution, and forced displacement. I have no clinical reason to doubt the authenticity of her account.

Yours sincerely,

Dr [REDACTED]  
General Practitioner | Burngreave Medical Centre  
2 [REDACTED] Sheffield S4 7 [REDACTED]  
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This letter is provided for medico-legal purposes only. It is a clinical summary and does not constitute a specialist medico-legal report.

A [REDACTED] expert report should be commissioned from a qualified specialist in the assessment of survivors of torture and organised violence.