

Medical Record

Investigations	Authorised By	Code
21/05/2025	Full blood count - FBC (Source: LAB) normal - no action (RM).	424..
21/05/2025	Bone profile (Source: LAB) satisfactory (RM).	44Z2.
21/05/2025	Urea and electrolytes (Source: LAB) normal - no action (RM).	44JB.
21/05/2025	Liver function test (Source: LAB) satisfactory (RM).	44D6.
21/05/2025	Serum lipids (Source: LAB) satisfactory (RM).	44O..
21/05/2025	Thyroid function tests (Source: LAB) normal - no action (RM).	44Z..
21/05/2025	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal but on the cusp of PRe Diabetes (RM).	
26/03/2025	Urea and electrolytes (Source: LAB) normal/ Negative (ALI).	44JB.
26/03/2025	Liver function test (Source: LAB) normal/ Negative (ALI).	44D6.
26/03/2025	Serum lipids (Source: LAB) normal/ Negative (ALI).	44O..
26/03/2025	Thyroid function tests (Source: LAB) normal/ Negative (ALI).	44Z..
26/03/2025	(Non Coded Event - BNP (NT-Pro)) (Source: LAB) normal/ Negative (ALI). NT-proBNP should always be interpreted in combination with clinical evaluation. Please see Heart Failure Diagnostic Pathway (When used as recommended by protocol, NT-proBNP >= 400 suggests proceeding to ECG and echo.)	
30/05/2024	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal/ Negative (RM).	
30/05/2024	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
30/05/2024	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
30/05/2024	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
30/05/2024	Thyroid function tests (Source: LAB) normal/ Negative (RM).	44Z..
30/05/2024	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
10/01/2024	Bowel Cancer Screening Result (Source: Manually filed) .	686A.
04/05/2023	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) just below threshold for pre diabetes (RM).	
04/05/2023	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
04/05/2023	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
04/05/2023	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
04/05/2023	Serum lipids (Source: LAB) satisfactory (RM).	44O..
03/05/2023	Virology (Source: Manually filed) . - Cervical smear - human papillomavirus negative	4K2Q.
15/11/2022	(Non Coded Event - I ANA/Centromere Abs) (Source: LAB) normal/ Negative (ALI). Negative	
15/11/2022	Liver function test (Source: LAB) improving (ALI).	44D6.
26/10/2022	Bone profile (Source: LAB) repeat test (IF).	44Z2.
26/10/2022	(Non Coded Event - C-reactive Protein) (Source: LAB) normal/ Negative (IF).	
26/10/2022	Urea and electrolytes (Source: LAB) normal/ Negative (IF).	44JB.
26/10/2022	Liver function test (Source: LAB) repeat test (IF).	44D6.
26/10/2022	Full blood count - FBC (Source: LAB) satisfactory (IF).	424..
26/10/2022	Erythrocyte sedimentation rate (Source: LAB) normal/ Negative (IF).	42B6.
11/05/2022	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal/ Negative (RM).	
11/05/2022	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
11/05/2022	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
11/05/2022	Urea and electrolytes (Source: LAB) normal/ Negative (RM). (NA) Old specimen: result invalid.	44JB.
11/05/2022	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
11/01/2022	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal/ Negative (GH).	
11/01/2022	Urea and electrolytes (Source: LAB) Normal/ Negative (GH). (NA) Old specimen: result invalid.	44JB.
11/01/2022	Thyroid function tests (Source: LAB) Normal/ Negative (GH).	44Z..
11/01/2022	Full blood count - FBC (Source: LAB) Normal/ Negative (GH).	424..
11/01/2022	Erythrocyte sedimentation rate (Source: LAB) Normal/ Negative (GH).	42B6.
20/10/2021	2019-nCoV (novel coronavirus) not detected (Source: LAB) .	^ESCT1299077
23/09/2021	Serum vitamin B12 (Source: LAB) normal/ Negative (RM).	42T..
23/09/2021	Serum folate (Source: LAB) normal/ Negative (RM).	42U5.
23/09/2021	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
23/09/2021	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
23/09/2021	(Non Coded Event - Protein EP & Igs) (Source: LAB) normal/ Negative (RM). No paraprotein detected.	
23/09/2021	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
31/03/2021	Plasma glucose level (Source: LAB) normal/ Negative (RM). Non-fasting sample	44g..
31/03/2021	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
31/03/2021	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
31/03/2021	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
31/03/2021	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
29/09/2020	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) Normal/ Negative (GH).	
29/09/2020	Serum ferritin (Source: LAB) Normal/ Negative (GH). Males 15-300 (<15 iron deficiency) Females 15-200 (<15 iron deficiency) 15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.	42R4.
29/09/2020	Serum vitamin B12 (Source: LAB) Normal/ Negative (GH).	42T..
29/09/2020	Serum folate (Source: LAB) Normal/ Negative (GH).	42U5.

29/09/2020	Urea and electrolytes (Source: LAB) Normal/ Negative (GH).	44JB.
29/09/2020	Liver function test (Source: LAB) Normal/ Negative (GH).	44D6.
29/09/2020	Plasma glucose level (Source: LAB) Normal/ Negative (GH). Fasting sample	44g..
29/09/2020	Full blood count - FBC (Source: LAB) Normal/ Negative (GH).	424..
29/09/2020	Erythrocyte sedimentation rate (Source: LAB) Normal/ Negative (GH).	42B6.
01/07/2020	(Non Coded Event - QFIT) (Source: LAB) Normal/ Negative (CC). Negative qFIT result.[Refer to NHS GG&C guidelines for symptom based triage.]	
24/06/2020	Bone profile (Source: LAB) Normal - no action (CC).	44Z2.
24/06/2020	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal - no action (CC).	
24/06/2020	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
24/06/2020	Liver function test (Source: LAB) Normal - no action (CC).	44D6.
24/06/2020	Thyroid function tests (Source: LAB) Normal - no action (CC).	44Z2.
24/06/2020	(Non Coded Event - FSH) (Source: LAB) post menopausal levels (CC). Results within post-menopausal reference range.[Infertility cannot be assumed during this stage]and for up to 1 year post menopause (over age 50)]	
24/06/2020	(Non Coded Event - I Coeliac Serol (Dx)) (Source: LAB) Normal/ Negative (CC). IgA TTG Ab = IgA Tissue Transglutaminase Ab.[Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.]If screening for coeliac disease, this result is only valid if the person was eating gluten at least twice a day for previous 6 weeks	
24/06/2020	Full blood count - FBC (Source: LAB) Normal - no action (CC).	424..
09/10/2018	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) Normal - no action (CC).	
26/09/2018	Plasma glucose level (Source: LAB) borderline raised TSK (CC). Non-fasting sample	44g..
26/09/2018	Full blood count - FBC (Source: LAB) Normal - no action (CC). Change to adult Reference Range for Hb,HCT,RBC+Lymphs from 27/8/18	424..
26/09/2018	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
26/09/2018	Liver function test (Source: LAB) Normal - no action (CC). Please note change in Abbott Total Bilirubin method from 18/01/18	44D6.
26/09/2018	Serum lipids (Source: LAB) Satisfactory (CC).	44O..
19/06/2017	Bowel Cancer Screening Result (Source: Manually filed).	686A.
06/10/2015	Full blood count - FBC (Source: LAB) Normal - no action (CC).	424..
27/08/2015	(Non Coded Event - I Coeliac Serology) (Source: LAB) Normal/ Negative (CC). TTG Ab = Tissue Transglutaminase Ab Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.]	
27/08/2015	Bone profile (Source: LAB) Normal - no action (CC). Alkaline Phosphatase results IFCC aligned from 03/08/15.]	44Z2.
27/08/2015	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal - no action (CC).	
27/08/2015	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
27/08/2015	Liver function test (Source: LAB) Normal - no action (CC). Alkaline Phosphatase results IFCC aligned from 03/08/15.]	44D6.
27/08/2015	Thyroid function tests (Source: LAB) Normal - no action (CC).	44Z2.
27/08/2015	Serum 1,25-dihydroxy vitamin D3 level (Source: LAB) Normal - no action (CC). Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.]	44LO.
27/08/2015	Plasma glucose level (Source: LAB) Normal - no action (CC). Non-fasting sample	44g..
27/08/2015	Serum ferritin (Source: LAB) Normal - no action (CC). Males 20-300 (<20 iron deficiency) Females 15-200 (<15 iron deficiency) 15-50 intermediate result. Consider iron deficiency In anaemic patients, older patients and those with inflammatory disease.]	42R4.
27/08/2015	Serum vitamin B12 (Source: LAB) Normal - no action (CC).	42T..
27/08/2015	Serum folate (Source: LAB) Normal - no action (CC).	42U5.
19/08/2015	Cervical Cytology (Source: Manually filed) . Routine Recall -	4K22.
26/09/2013	Plasma glucose level (Source: LAB) . Non-fasting sample	44g..
26/09/2013	Serum lipids (Source: LAB) . Non-fasting sample	44O..
13/01/2012	Cervical Cytology (Source: Manually filed) . Routine Recall -	4K22.

Alerts	Authorised By	Code
21/03/2022	Alert 23/8/19 & 21/3/22 did not take part in bowel screening	Miss McGowan
17/05/2019	Alert smear defaulter	Mrs Douglas

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Immunisations	Authorised By	Code
03/10/2025	Administration of first inactivated seasonal influenza vacc 3051222/ FLUAQIV/IM/Right Arm/FLU - Seqirus UK (Possil Pharmacy)	65ED4
07/01/2025	Administration of first inactivated seasonal influenza vacc 3040806/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (CP 1733 North Park Pharmacy)	65ED4
01/11/2023	Administration of first inactivated seasonal influenza vacc 3029228/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (Wellcare Pharmacy)	65ED4
15/11/2022	Administration of first dose of SARS-CoV-2 vaccine 200028A/ COVMODERNA/IM/Left Arm/C-19 Moderna (Glasgow Central Mosque)	*ESCT1348323
15/11/2022	Administration of first inactivated seasonal influenza vacc 440151A/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (Glasgow Central Mosque)	65ED4
	Immunisation course to maintain protection against SARS-CoV-2 (severe acute	

05/12/2021	respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Saseh) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (J Saseh)		^ESCT1423363
05/12/2021	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic)		^ESCT1348323
05/12/2021	Administration of first inactivated seasonal influenza vacc P100362174/ FLUQIVC/IM/Left Arm/FLU - Flucelvax Tetra (QIVc) (Barmulloch Community Centre - Public Vaccination Clinic)		65ED4
08/06/2021	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By K Tytler) PV46694/ AZ/IM/RUA/C-19 (By K Tytler)		^ESCT1348325
26/03/2021	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By D Mollins) 4120Z003/ AZ/IM/RUA/C-19 (By D Mollins)		^ESCT1348323
09/11/2020	Seasonal influenza vaccination (Right arm) FLUCELVAX TETRA Sequirus Btch P100253416 Exp 05/21	Mrs Millar	65ED
09/11/2020	Flu vaccination administration Given at Community Centre for Health	Mrs Millar	90X-1
03/11/2020	Influenza vaccn invit SMS sent Flu vaccination administration Asthma Review - not well controlled at present. Admits to being irregular with ICS but taking more often recently. Using reliever 3 times per day and some night time symptoms. Technique observed and very poor. Agreed to use aerochamber. Technique show with this. R/R 2/52 and could consider step up if not helping. Advised if any deterioration in symptoms should see GP before appt.		90XC
07/11/2019		Mrs Devitt	90X-1
07/11/2019	Consent given for seasonal influenza vaccination	Mrs Devitt	68NV0
07/11/2019	Seasonal influenza vaccination (Left arm) SANOFI Batch No T3G682V Expiry 06/20	Mrs Devitt	65ED
09/10/2018	Consent given for seasonal influenza vaccination	Mrs Davidson	68NV0
09/10/2018	Seasonal influenza vaccination (Left arm) SANOFI Batch No R3G351V EXP 05/2019	Mrs Davidson	65ED
13/11/2017	Influenza vaccination L arm	Mrs Douglas	65E
13/11/2017	Seasonal influenza vaccination Sanofi Pasteur BN P2A501M Exp 06/18	Mrs Douglas	65ED
03/11/2017	Flu vac inv 2nd SMS txt msg st		90XC2
14/11/2016	Influenza vaccn invit SMS sent		90XC
11/11/2016	Seasonal influenza vaccination Agrippal Lot 165302 Exp 04/17	Mrs Davidson	65ED
19/10/2016	Influenza vaccn invit SMS sent		90XC
28/09/2016	Influenza vaccn invit SMS sent		90XC
29/10/2015	Flu vac inv 1st SMS txt msg st		90XC1
06/10/2015	Seasonal influenza vaccination Lot M7273-6 Exp 05/16 Sanofi Pasteur	Mrs Davidson	65ED
20/10/2014	Influenza vaccination	Mrs Devitt	65E
20/10/2014	Seasonal influenza vaccination L8206-1 EXP 05/2015 Sanofi Pasteur	Mrs Devitt	65ED
01/10/2014	Influenza vacc 1st phone invit Text invite		90X70
27/11/2013	Seasonal influenza vaccination B/N E11 EXP 06/14 (GMS)	Dr MacNeill	65ED
14/11/2013	Influenza vaccn invit SMS sent 1st text invite sent		90XC
14/12/2012	Consent given for seasonal influenza vaccination	Mrs Davidson	68NV0
14/12/2012	Seasonal influenza vaccination (Left arm) BN J7166-1 EXP 06/13 Sanofi Paster	Mrs Davidson	65ED
13/10/2011	Influenza vacc consent given	Mrs Douglas	68NV
13/10/2011	Influenza vaccination (Right arm) Batch No. X07 - exp 05/12 Abbott	Mrs Douglas	65E
27/10/2010	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Injection Site: Left Arm priority=1 Batch Number: V10 Expiry date: 30/06/2011 Manufacturer: Abbott Laboratories / Solvay Healthcare Product Name: Influvac	office	68NV
27/10/2010		office	65E
09/12/2009	Consent given for pandemic influenza vaccination Recorded through Combined Vaccination priority=1 PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given Injection Site: Right Arm priority=1 Batch Number: A81CA106A Expiry date: 31/08/2011 Manufacturer: GlaxoSmithKline Product Name: Pandemrix	joanne	68Nr
09/12/2009		joanne	65E9
26/10/2009	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Batch Number: 095302A Expiry Date: 5/2010 priority=1 Batch Number: 095302A Expiry date: 31/05/2010 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	joanne	68NV
26/10/2009		joanne	65E
19/11/2008	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Site: Left Arm - Batch Number: 188011A Expiry Date: 7/2009 priority=1 Batch Number: 188011A Expiry date: 31/07/2009 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	office	68NV
19/11/2008		office	65E
14/11/2007	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Site: Right Arm - Batch Number: 163031A Expiry Date: 6/2008 priority=1 Batch Number: 163031A Expiry date: 30/06/2008 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	joanne	68NV
14/11/2007		joanne	65E
31/10/2007	Low dose diphtheria, tetanus and inactivated polio vaccinati revaxis priority=2	Mrs Devitt	65K5
31/10/2007	Booster hepatitis A and typhoid vaccination : priority=2	Mrs Devitt	65MN
24/07/1996	Booster tetanus vaccination Tetanus Immunis.\$\$.clm - Repeat after an Interval	UnknownUser	6564

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	In GP care		
12/07/1996	Booster polio vaccination Polio Immunis.\$\$.clm - Repeat after an Interval	UnknownUser	6584
12/07/1996	In GP care		
12/07/1996	Typhoid vaccination : priority=2	Mrs Devitt	652
12/07/1996	1st hepatitis A vaccination : priority=2	Mrs Devitt	65FA

Health Status	
19/08/2015	Cervical smear result Cervical smear: negative
26/09/2013	Height 166 cm
21/05/2025	Weight 89 Kg
21/05/2025	Body Mass Index 32.3 kg/m2
21/05/2025	Blood pressure reading 136/80 mm Hg
26/03/2025	Blood pressure reading O/E - BP reading
21/05/2025	Smoking Status Ex smoker
21/05/2025	Exercise grading Takes inadequate exercise

Other Observations	Authorised By	Code
11/06/2025	Spacer device in use	Mrs Devitt 663I
11/06/2025	Asthma medication review	Mrs Devitt 8B3j
11/06/2025	Asthma management plan given	Mrs Devitt 663U
11/06/2025	Asthma monitoring	Mrs Devitt 663-1
10/06/2025	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Wednesday 11 of June at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
21/05/2025	Hypertension monitoring	Mrs Devitt 662P
21/05/2025	Health ed. - diet	Mrs Devitt 6799
21/05/2025	Takes inadequate exercise	Mrs Devitt 138O
21/05/2025	Aerobic exercise 3+ times/week	Mrs Devitt 138B
21/05/2025	Ex smoker	Mrs Devitt 137S
20/05/2025	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Wednesday 21 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
31/12/2024	Site of encounter NOS Actioned in Pharmacotherapy Hub	Ms Kane 9N1Z
31/12/2024	Rep.presc. monitoring NOS MM LES Level 1 Review	Ms Kane 66RZ
31/12/2024	Post hospital dischrge med reconciliation with medical notes	Ms Kane 8B3S1
30/05/2024	Lifestyle counselling	Mrs Devitt 67H
30/05/2024	Hypertension monitoring	Mrs Devitt 662P
30/05/2024	Medication review done	Mrs Devitt 8B3V
30/05/2024	Asthma monitoring	Mrs Devitt 663-1
30/05/2024	Spacer device in use	Mrs Devitt 663I
30/05/2024	Asthma medication review	Mrs Devitt 8B3j
30/05/2024	Ex smoker	Mrs Devitt 137S
29/05/2024	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 30 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
15/05/2024	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 16 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
01/05/2024	Asthma monitor phone invite Asthma Invite (Text sent)	9OJ8
30/04/2024	Asthma monitor phone invite Asthma Invite (Text sent)	9OJ8
22/02/2024	Medication review done by doctor	Dr Henderson 8BIH
10/01/2024	BCSP faecal occult blood test normal	Ms Martin 686A
04/05/2023	Spacer device in use	Mrs Devitt 663I
04/05/2023	Asthma medication review	Mrs Devitt 8B3j
04/05/2023	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt 663u
04/05/2023	Asthma not limiting activities	Mrs Devitt 663Q
04/05/2023	Asthma not disturbing sleep	Mrs Devitt 663O
04/05/2023	Inhaler technique - good	Mrs Devitt 663H
04/05/2023	Using inhaled steroids - normal dose	Mrs Devitt 663g1
04/05/2023	Lifestyle counselling	Mrs Devitt 67H
04/05/2023	Hypertension monitoring	Mrs Devitt 662P
04/05/2023	Ex smoker	Mrs Devitt 137S
03/05/2023	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:15 on Thursday 04 of	9N3G

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	May at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		
28/04/2023	Asthma monitor phone invite Text invite sent		90J8
24/04/2023	SMS text sent to patient Invite for Hypertension A/R with PN- (Text sent)		9N3G
03/02/2023	SMS text sent to patient Text to apologise re Dr shortage sent		9N3G
19/12/2022	SMS text sent to patient staff shortage		9N3G
25/10/2022	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:10 on Wednesday 26 of October at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
14/09/2022	SMS text sent to patient Bank Hol notification sent		9N3G
11/05/2022	Asthma monitoring	Mrs Devitt	663-1
11/05/2022	Spacer device in use	Mrs Devitt	663I
11/05/2022	Asthma medication review	Mrs Devitt	8B3j
11/05/2022	Asthma causes daytime symptoms 1 to 2 times per month	Mrs Devitt	663t
11/05/2022	Asthma not limiting activities	Mrs Devitt	663Q
11/05/2022	Asthma not disturbing sleep	Mrs Devitt	663O
11/05/2022	Inhaler technique - good	Mrs Devitt	663H
11/05/2022	Using inhaled steroids - normal dose	Mrs Devitt	663g1
11/05/2022	Lifestyle counselling	Mrs Devitt	67H
11/05/2022	Hypertension monitoring	Mrs Devitt	662P
11/05/2022	Medication review done	Mrs Devitt	8B3V
11/05/2022	Ex smoker	Mrs Devitt	137S
10/05/2022	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:10 on Wednesday 11 of May at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx. - DO NOT REPLY TO THIS TEXT.		9N3G
26/04/2022	SMS text sent to patient Advice text re only one Dr available on Thursday		9N3G
07/04/2022	Asthma monitor phone invite Text invite sent		90J8
21/03/2022	No response to bowel cancer screening programme invitation	Miss McGowan	90w2
20/03/2022	No response to bowel cancer screening programme invitation Non-Responder	Miss McGowan	90w2
27/02/2022	SMS text sent to patient Shortage of Drs text sent		9N3G
24/02/2022	SMS text sent to patient Shortage of Drs text sent		9N3G
03/11/2021	SMS text sent to patient Road closure 05/11/21 Cop26 sent		9N3G
31/10/2021	SMS text sent to patient COP26 emerg only 01/11/21		9N3G
25/10/2021	SMS text sent to patient Cop26 px text sent		9N3G
18/10/2021	SMS text sent to patient Cop26 disruption text		9N3G
22/09/2021	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:45 on Thursday 23 of September at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.		9N3G
10/08/2021	SMS text sent to patient WINDOWS 10 UPGRADE SURGERY COSED		9N3G
03/08/2021	SMS text sent to patient text sent surgery closed 11/08/21 for IT upgrade		9N3G
19/05/2021	Dr Crawford ex patients	Miss Muirhead	PCS18830DR2
05/05/2021	Hypertension annual review Text message delivered		662d
31/03/2021	Asthma monitoring	Mrs Devitt	663-1
31/03/2021	Asthma annual review	Mrs Devitt	66YJ
31/03/2021	Spacer device in use	Mrs Devitt	663I
31/03/2021	Asthma medication review	Mrs Devitt	8B3j
31/03/2021	Asthma causes daytime symptoms 1 to 2 times per month	Mrs Devitt	663t
31/03/2021	Asthma not disturbing sleep	Mrs Devitt	663O
31/03/2021	Inhaler technique - good	Mrs Devitt	663H
31/03/2021	Lifestyle counselling	Mrs Devitt	67H
31/03/2021	Medication review done	Mrs Devitt	8B3V
31/03/2021	Ex smoker	Mrs Devitt	137S
30/03/2021	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:50 on Wednesday 31 of March at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.		9N3G
07/11/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 15:08 on Monday 09 of November at Sandyford Surgery. If you can't attend call...		9N3G
28/09/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:10 on Tuesday 29 of September at Sandyford Surgery. If you can't attend c...		9N3G
03/09/2020	Asthma monitoring	Mrs Devitt	663-1
02/09/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 17:10 on Thursday 03 of September at Sandyford Surgery. If you can't attend ...		9N3G
01/09/2020	Medication review done by doctor	Dr Henderson	8BIH
02/07/2020	Home blood pressure monitor returned by patient	Mrs Devitt	EMISNQHO61
18/03/2020	SMS text sent to patient Covid-19		9N3G
13/01/2020	SMS text sent to patient SMEAR INVITE SENT		9N3G
20/11/2019	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:10 on Thursday 21 of November at Sandyford Surgery. If you can't attend c...		9N3G
07/11/2019	Asthma annual review	Mrs Devitt	66YJ
07/11/2019	Spacer device in use	Mrs Devitt	663I
07/11/2019	Asthma medication review	Mrs Devitt	8B3j
07/11/2019	Asthma causes daytime symptoms most days	Mrs Devitt	663v
07/11/2019	Asthma not limiting activities	Mrs Devitt	663Q
07/11/2019	Asthma not disturbing sleep	Mrs Devitt	663O
07/11/2019	Ex smoker	Mrs Devitt	137S

06/11/2019	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 17:20 on Thursday 07 of November at Sandyford Surgery. If you can't attend c...		9N3G
25/08/2019	No response to bowel cancer screening programme invitation Non-Responder	Ms Kinnear	9Ow2
22/08/2019	No response to bowel cancer screening programme invitation	Ms Kinnear	9Ow2
14/05/2019	Cervical smear defaulter Exclusion From SCCRS Until 14/08/2023. Reason: Defaulter	Mrs Douglas	9O6S
13/10/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Monday 15 of October at Sandyford Surgery. If you can't attend call...		9N3G
02/10/2018	Exercise tolerance test normal (REVIEW)	Dr Crawford	33B93
25/09/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 08:30 on Wednesday 26 of September at Sandyford Surgery. If you can't attend...		9N3G
30/08/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:00 on Friday 31 of August at Sandyford Surgery. If you can't attend call ...		9N3G
09/07/2018	Medication review done	Dr Crawford	8B3V
09/07/2018	Using inhaled steroids - normal dose	Dr Crawford	663g1
09/07/2018	Spacer device in use	Dr Crawford	663I
09/07/2018	Asthma never disturbs sleep	Dr Crawford	663O0
09/07/2018	Asthma never restricts exercise	Dr Crawford	663f
07/07/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:00 on Monday 09 of July at Sandyford Surgery. If you can't attend call 01...		9N3G
25/04/2018	Consent commun SMS text message GDPR Consent		9NdP
25/04/2018	SMS text sent to patient GDPR Consent Text sent		9N3G
10/01/2018	Dr Lawsons ex reg patients	Miss Muirhead	PCS18830DR1
11/11/2017	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:25 on Monday 13 of November at Sandyford Surgery. If you can't attend call...		9N3G
07/08/2017	SMS text sent to patient Contact patient text		9N3G
28/04/2017	SMS text sent to patient Contact text re PC upgrade		9N3G
24/02/2017	Medication review done	Dr MacNeill	8B3V
11/11/2016	Asthma monitoring by nurse	Mrs Davidson	66YQ
11/11/2016	Asthma annual review	Mrs Davidson	66YJ
11/11/2016	Peak flow meter at home	Mrs Davidson	663S
11/11/2016	Asthma medication review	Mrs Davidson	8B3j
11/11/2016	Bronchodilators used a maximum of once daily	Mrs Davidson	663M
11/11/2016	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Davidson	663u
11/11/2016	Asthma not limiting activities	Mrs Davidson	663Q
11/11/2016	Asthma not disturbing sleep	Mrs Davidson	663O
11/11/2016	Inhaler technique - good	Mrs Davidson	663H
11/11/2016	Using inhaled steroids - normal dose	Mrs Davidson	663g1
10/11/2016	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:50 on Friday 11 of November at Sandyford Surgery. If you can't attend call...		9N3G
18/03/2016	Inhaler technique - good	Dr Lawson	663H
18/03/2016	Using inhaled steroids - normal dose	Dr Lawson	663g1
18/03/2016	Asthma never disturbs sleep	Dr Lawson	663O0
18/03/2016	Asthma sometimes restricts exercise	Dr Lawson	663e0
17/03/2016	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Friday 18 of March at Sandyford Surgery. If you can't attend call 0...		9N3G
05/10/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:20 on Tuesday 06 of October at Sandyford Surgery. If you can't attend call...		9N3G
14/09/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 12:20 on Tuesday 15 of September at Sandyford Surgery. If you can't attend c...		9N3G
26/08/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Thursday 27 of August at Sandyford Surgery. If you can't attend call...		9N3G
19/08/2015	Cervical smear taken	Mrs Devitt	7E2A2
18/08/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 15:10 on Wednesday 19 of August at Sandyford Surgery. If you can't attend ca...		9N3G
10/08/2015	Medication review done	Dr Campbell	8B3V
19/02/2015	Failed encounter - message left on answer machine	Dr Crawford	9N4F
20/10/2014	Asthma annual review	Mrs Devitt	66YJ
20/10/2014	Asthma medication review	Mrs Devitt	8B3j
20/10/2014	Smoking cessation advice	Mrs Devitt	8CAL
20/10/2014	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt	663u
20/10/2014	Asthma not limiting activities	Mrs Devitt	663Q
20/10/2014	Asthma not disturbing sleep	Mrs Devitt	663O
20/10/2014	Inhaler technique - moderate	Mrs Devitt	66Y4
20/10/2014	Using inhaled steroids - normal dose	Mrs Devitt	663g1
18/10/2014	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:30 on Monday 20 of October at Sandyford Surgery. If you can't attend call...		9N3G
05/06/2014	SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 08:40 on Friday 06 of June at Sandyford Surgery. If you can't attend call 01...		9N3G
13/01/2014	Asthma monitor phone invite 1st Text invite sent		9OJ8

10/01/2014	Asthma monitor phone invite	Miss Muirhead	90J8
27/11/2013	Medication review done	Dr MacNeill	8B3V
27/11/2013	Asthma annual review	Dr MacNeill	66YJ
27/11/2013	Peak flow meter at home	Dr MacNeill	663S
27/11/2013	Asthma medication review	Dr MacNeill	8B3j
27/11/2013	Asthma management plan given	Dr MacNeill	663U
26/09/2013	In paid employment	Mrs Douglas	13Je
26/09/2013	GPPAQ physical act ind: active	Mrs Douglas	138b
26/09/2013	Healthy diet	Mrs Douglas	1FH
26/09/2013	Goal identification	Mrs Douglas	67L
26/09/2013	Not interested in stop smoking	Mrs Douglas	137d
26/09/2013	Healthy lifestyle program stat	Mrs Douglas	9m4
26/09/2013	Smoking cessation advice	Mrs Douglas	8CAL
26/09/2013	Cigarette smoker	Mrs Douglas	137P
26/09/2013	Current smoker	Mrs Douglas	137R
26/09/2013	Excepted from depression quality indicators: Patient unsuita	Mrs Douglas	9hC0
26/09/2013	No breathlessness	Mrs Douglas	1731
26/09/2013	Chest pain not present	Mrs Douglas	1821
26/09/2013	Interpreter not needed	Mrs Douglas	9NU1
26/09/2013	White Scottish	Mrs Douglas	9S13
26/09/2013	NHS Health Check programme	Mrs Douglas	6B5
25/09/2013	SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:00 on Thursday 26 of September at Sandyford Surgery. If you can't attend ...		9N3G
29/04/2013	Primary prevention of ischaemic heart disease	Miss Muirhead	6C0
04/01/2013	Letter sent to patient \XGMP-40455CS-01\NetworkShare\40455\Letters\Asthma Review_04012013090606998.doc	Miss Muirhead	9NC3
28/12/2012	Equivalent quantities for all medication checked MM LES	Mrs Douglas	8BIQ
28/12/2012	Rep.presc. monitoring NOS MM LES	Mrs Douglas	66RZ
14/12/2012	Bronchodilators used a maximum of once daily	Mrs Davidson	663M
14/12/2012	Asthma not limiting activities	Mrs Davidson	663Q
14/12/2012	Asthma not disturbing sleep	Mrs Davidson	663O
14/12/2012	Inhaler technique - moderate	Mrs Davidson	66Y4
14/12/2012	Using inhaled steroids - normal dose	Mrs Davidson	663g1
14/12/2012	Asthma annual review	Mrs Davidson	66YJ
14/12/2012	Asthma medication review	Mrs Davidson	8B3j
23/10/2012	Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455\Letters\BP REVIEW_23102012111430818.doc	Miss Muirhead	90J4
10/07/2012	Medication review done	Dr Lawson	8B3V
26/03/2012	Equivalent quantities for all medication checked MM LES	Mrs Douglas	8BIQ
26/03/2012	Rep.presc. monitoring NOS MM LES	Mrs Douglas	66RZ
25/01/2012	Asthma annual review	Mrs Devitt	66YJ
25/01/2012	Asthma medication review	Mrs Devitt	8B3j
25/01/2012	Smoking cessation advice	Mrs Devitt	8CAL
25/01/2012	Inhaler technique - good	Mrs Devitt	663H
25/01/2012	Asthma not disturbing sleep	Mrs Devitt	663O
25/01/2012	Using inhaled steroids - normal dose	Mrs Devitt	663g1
25/01/2012	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt	663u
29/12/2011	Asthma monitor 3rd letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011095158870.doc	Miss Muirhead	90J6
29/12/2011	Asthma monitor 2nd letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011094844510.doc	Miss Muirhead	90J5
02/12/2011	Medication review done by doctor	Dr Lawson	8BIH
27/10/2011	Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_27102011111317416.doc	Miss Muirhead	90J4
13/10/2011	Smoking cessation advice	Mrs Douglas	8CAL
27/10/2010	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
27/10/2010	Smoking cessation advice Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8CAL
27/10/2010	Current smoker Disease: SPICE Asthma Action, priority=1	Mrs Devitt	137R
27/10/2010	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
27/10/2010	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
27/10/2010	Asthma disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663N
13/09/2010	Asthma monitor 1st letter \GPASS40455W3K1\NetworkShare\40455 \Letters\Asthma Review_13092010141120114.doc priority=2	Miss Muirhead	90J4
14/05/2010	[V]Issue of medical certificate 3w SI jt pain priority=2	Mr Locum 2	ZV680
12/05/2010	Medication review	UnknownUser	8B314
30/03/2010	Interpreter not needed Disease: Ethnicity, priority=2	joanne	9NU1
30/03/2010	White Scottish Disease: Ethnicity, priority=2	joanne	9S13
15/03/2010	Medication review	UnknownUser	8B314
08/02/2010	Medication review	UnknownUser	8B314
05/01/2010	Medication review	UnknownUser	8B314
05/01/2010	Medication review done priority=2	Dr Crawford	8B3V
09/12/2009	Discussion Yes	Mrs Devitt	PCSDT18830_26
09/12/2009	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
09/12/2009	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
09/12/2009	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
09/12/2009	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663O
24/11/2009	CALM - Asthma 2nd Letter Sent priority=2	Miss Muirhead	90J5
04/11/2009	CALM - Asthma 1st Letter Sent priority=2	Mrs Douglas	90J4
26/10/2009	Medication review	UnknownUser	8B314
26/10/2009	Smoking cessation advice Cessastion smoking\$.clm - Repeat after an Interval	Mrs Devitt	8CAL

26/10/2009	Light smoker - 1-9 cigs/day Smoker\$.clm - Repeat after an Interval	Mrs Devitt	1373
26/10/2009	Current smoker : priority=1	Mrs Devitt	137R
20/10/2009	Medication review	UnknownUser	8B314
10/08/2009	Medication review	UnknownUser	8B314
15/07/2009	Medication review	UnknownUser	8B314
15/07/2009	Medication review done priority=2	Dr MacNeill	8B3V
15/06/2009	Medication review	UnknownUser	8B314
28/01/2009	Medication review	UnknownUser	8B314
16/12/2008	Gastroscopy normal priority=1	joanne	36140
09/12/2008	Diagnostic laparoscopy normal priority=1	joanne	7H29
09/12/2008	Medication review	UnknownUser	8B314
19/11/2008	Discussion Yes	office	PCSDT18830_26
19/11/2008	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
19/11/2008	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
19/11/2008	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
19/11/2008	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
14/11/2008	Medication review	UnknownUser	8B314
06/11/2008	CALM - Asthma 1st Letter Sent priority=2	Miss Muirhead	9QJ4
03/10/2008	Ultrasound of pelvis 1 NORMAL priority=1	joanne	7P061
03/10/2008	Ultrasound of abdomen 1 NORMAL priority=1	joanne	7P051
21/05/2008	MED3 - doctor's statement Cholecystectomy 4/52 priority=1	Dr MacNeill	9D1
22/04/2008	MED5 - doctor's special stat 4 weeks:cholecystitis and lx of abdominal pain priority=2	Dr Crawford	9D2
25/03/2008	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52, continuous from last cert priority=1	Dr Crawford	9D1
12/03/2008	Medication review	UnknownUser	8B314
25/02/2008	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52 priority=1	Dr MacNeill	9D1
22/02/2008	Medication review	UnknownUser	8B314
07/02/2008	Medication review	UnknownUser	8B314
21/11/2007	Gallbladder calculus priority=1	UnknownUser	J64
14/11/2007	Discussion Yes	Mrs Douglas	PCSDT18830_26
14/11/2007	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
14/11/2007	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
14/11/2007	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
14/11/2007	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
30/10/2007	CALM - Asthma 2nd Letter Sent priority=2	office	9QJ5
20/09/2007	CALM - Asthma 1st Letter Sent priority=2	Mrs Devitt	9QJ4
17/09/2007	Medication review	UnknownUser	8B314
30/01/2007	CALM - Asthma 3rd Letter Sent priority=2	Mrs Douglas	9QJ6
28/01/2007	Medication review	UnknownUser	8B314
14/12/2006	CALM - Asthma 2nd Letter Sent priority=2	Mrs Douglas	9QJ5
03/11/2006	CALM - Asthma 1st Letter Sent priority=2	Miss Muirhead	9QJ4
01/11/2006	Medication review	UnknownUser	8B314
05/06/2006	Medication review	UnknownUser	8B314
29/12/2005	CALM - Asthma 2nd Letter Sent priority=2	office	9QJ5
29/04/2005	Blood sample -> Biochem Lab 1 NORMAL Profile priority=2	UnknownUser	4143
12/01/2005	Medication review	UnknownUser	8B314
05/10/2004	CALM - Asthma 1st Letter Sent priority=2	office	9QJ4
12/02/2004	Never smoked tobacco priority=2	UnknownUser	1371
23/09/2003	Medication review	UnknownUser	8B314
01/02/2002	Letter invite to screening xxContraception.clm - Call for screening	UnknownUser	9Q21
07/01/2002	Medication review	UnknownUser	8B314
25/07/2001	Contraception - not needed Contraceptive Review\$.clm - No Action Required	UnknownUser	PCSDT18830_100
23/06/2001	Notes summary on computer priority=2	joanne	9344
04/07/2000	GP102 sent to Health Board priority=2	UnknownUser	9612
10/05/2000	Oral contraception -no problem Contraceptive Review\$.clm - Repeat after an Interval	UnknownUser	6145
28/07/1999	GP102 sent to Health Board priority=1	UnknownUser	9612
24/06/1999	Medication review	UnknownUser	8B314
18/11/1994	Asthma unspecified Hp Asthma\$.clm - Repeat after an Interval	UnknownUser	H33z
09/05/1991	In GP care		
09/05/1991	Pat. GP7B/GP8B card from HB priority=1	UnknownUser	9124
17/04/1991	Light drinker - 1-2u/day Alcohol Intake.clm - Repeat after an Interval	UnknownUser	1363
17/04/1991	In GP care		
17/04/1991	Never smoked tobacco Smoker\$.clm - No Action Required	UnknownUser	1371
Not Known	In GP care		
	Marital Status: Single	UnknownUser	1331

Consultations

07/10/2025 17:24	Mrs Joanne Millar at Data Entry
Comment	Records passed to AM for action
07/10/2025 12:09	Ms Lynne Kinnear at Data Entry
Comment	Pt called to confirm ok to send full records as below
07/10/2025 09:17	Mrs Joanne Millar at Data Entry
Comment	mloam - called to check consent for FULL copy records as below
07/10/2025 08:02	Mrs Joanne Millar at Data Entry
Comment	Request for full copy records from Aiker Legal on behalf of Redress Scheme - - will

	check with patient re consent
<u>06/10/2025</u>	
Additional	Administration of first inactivated seasonal influenza vacc 3051222/FLUAQIV/IM/Right Arm//FLU - Seqirus UK (Possil Pharmacy)
<u>18/09/2025 16:04</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to ask if eligible for pneumococcal vaccine - checked criteria and unfortunately not until over 65 with current health history. Janice happy with advice and will access flu vaccine when available.
<u>16/07/2025 10:23</u>	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Better. Keen to return to work. Moving onwards is much happier and feels supported.
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Luforbec Inhaler 100 micrograms + 6 micrograms/dose 1 dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINANCE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Fibromyalgia, recovery from Sepsis, PTSD; Duration: 16/07/2025 - 18/08/2025)
<u>16/07/2025 09:37</u>	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	MLOAM
<u>07/07/2025 10:01</u>	<u>Dr Wendy Kelleher at Data Entry</u>
History	ECHO result normal
<u>18/06/2025 14:11</u>	<u>Dr Alice Niven at Telephone Call</u>
History	Discussed fit note. Doesn't feel able mentally to go back. 'Jumped' by Robert's family in the southside for money. Welfare meeting with education board tomorrow
Additional	eMED3 (2010) new statement issued, may be fit for work FitNote.pdf, (Diagnosis: Emotional distress Grief PTSD Undergoing therapy; Duration: 18/06/2025 - 16/07/2025) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis dec 2024 Fibromyalgia Grief PTSD Undergoing therapy; Duration: 18/06/2025 - 16/07/2025)
<u>11/06/2025 10:11</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Asthma review - recovering from recent viral illness. Still using reliever often. discussed moving to MART therapy. Agreeabel. Prefers MDI and spacer. Not keen for DPII. Aware of greener disposal of MDI's at pharmacy. Oral care advice reinforced. . Will start will low dose MART 1PBD luforbec. Explained how and when to use and Luforbec action plan given to reinforce this information. Advised to get back to us with any concerns/worsening symptoms.
Medication	Luforbec Inhaler 100 micrograms + 6 micrograms/dose 1 dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINANCE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS
Result	Urine protein test negative
Medication	Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C)
Follow up	Asthma monitoring (11/06/2026)
Additional	Asthma monitoring Asthma management plan given Asthma medication review Spacer device in use
<u>10/06/2025</u>	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Wednesday 11 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
<u>21/05/2025 10:58</u>	<u>Dr Fiona Clarey at Sandyford Surgery</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia flare PTSD; Duration: 21/05/2025 - 18/06/2025)
<u>21/05/2025</u>	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC)) normal but on the cusp of PRe Diabetes (RM)
<u>21/05/2025 09:59</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	HTN A/R - bloods taken. Grieving still for loss of partner. Getting counselling via hospice. Asked to bring urine for diptest. Asthma review due. Not enough time today to fully complete. Happy to return. PEF 300. Tells me using reliever at least a couple of times per week. could consider MART therapy going forward to try to improve control.
Test Request	Bone Profile - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Thyroid function tests - Completed, HbA1c - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 136/80 mm Hg O/E - weight, 89 Kg Body Mass Index, 32.3 Asthma accident and emergency attendance since last visit, 1 Peak flow rate before bronchodilation, 300 litres/min

NHS Confidential: Personal data about a patient

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Social	Ex smoker Aerobic exercise 3+ times/week Alcohol consumption, 4 units/week Takes inadequate exercise
Follow up	Hypertension monitoring (21/05/2026)
Additional	Health ed. - diet Hypertension monitoring
<u>20/05/2025</u>	<u>at M.Jog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Wednesday 21 of May at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
<u>23/04/2025 14:54</u>	<u>Dr Alice Niven at Telephone Call</u>
History	cardiology have been in touch re holter speaking to hospice counsellor tomorrow better sleep feeling more positive off another month ad review then
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: sepsis from influenza recovery fibromyalgia flare PTSD symptoms; Duration: 23/04/2025 - 21/05/2025)
<u>23/04/2025 10:41</u>	<u>Dr Alice Niven at Data Entry</u>
History	no not required
<u>22/04/2025 11:53</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	FBC requested 26/03/25 not received in lab. Do you want repeated ? - tasked to AN
<u>26/03/2025</u>	<u>Dr Alice Niven at General Practice Surgery</u>
Result	Thyroid function tests normal/ Negative (ALI) Serum lipids normal/ Negative (ALI) Liver function test normal/ Negative (ALI) Urea and electrolytes normal/ Negative (ALI)
<u>26/03/2025</u>	<u>Dr Alice Niven at General Practice Surgery</u>
Result	(Non Coded Event - BNP (NT-Pro)) normal/ Negative (ALI)
<u>26/03/2025 09:56</u>	<u>Dr Alice Niven at Sandyford Surgery</u>
History	symptoms that are getting her down : sore to eat loose stools very low mood, anxious pains in odd places - fibromyalgia sleep poor, headaches, low mood , anxious, fibromyalgia. positives: swimming, exercise, university trail re fatty liver - 'healthiest
Examination	O/E - BP reading upset during consultation but trying to stay positive. Blood pressure reading 144/84 mm Hg
Comment	All sx anxiety related currently on Abx for cellulitis of the foot. happy to do BNP and awiaintg PALS. agreed that MH approach managed by hospice team with whom she has appt.
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C) Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY
Test Request	Zerobase Cream 11 % 500 gram APPLY THINLY TO THE AFFECTED AREA TDS Full Blood Count - Completed , NT Pro Brain Natriuretic Peptide - Completed , Urea and Electrolytes - Completed , Liver Function Tests - Completed , Lipid profile (inc. HDL) - Completed , Thyroid function tests - Completed
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia/ PTSD symptoms Cellulitis; Duration: 26/03/2025 - 23/04/2025)
<u>24/03/2025</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH -
<u>07/03/2025 17:38</u>	<u>Dr Alice Niven at Data Entry</u>
History	As expected bounce back from cardiology. they also mention ' completely inappropriately for a micro to suggest an ECHO when the source of infection was Influenza). BNP might be useful even for patient reassurance. will call patient about this
<u>26/02/2025 09:56</u>	<u>Dr Alice Niven at Sandyford Surgery</u>
Problem (FIRST)	Influenza NOS Here for review. really struggling with tension, sensory changes, pains in her chest - happens. Mood is terrible. nightmares, flashbacks - ptsd type symptoms - is waiting counselling.
History	fibromyalgia wormseing - swelling at knees etc. is trying - walking and swimming three days a week now - good - focus on the positives - come a long way now.
Examination	O/E - BP reading Hs dual.

Comment	Blood pressure reading 140/85 mm Hg fit note one month - review then - looking into going to a school that is one level. I don't see any reason why she can't do some stairs - functional abilities should get back to normal in time. reassured re cp - I do not think this is cardiac in nature. refer cardiology clinic.
Medication	Aspirin Dispersible tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia Traumatic mood changes; Duration: 26/02/2025 - 26/03/2025)
Problem (FIRST)	Septicaemia
17/02/2025 17:38	<u>Dr Alice Niven at Telephone Call</u>
History	discussed echo result - although I see dr RM did as well. still feeling quite vulnerable and not right, two steps forward one steep back. has follow up with me re fit note etc next week.
12/02/2025 10:45	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Points to epigastrium and xiphisternum area where her pain was yesterday. Lasted 5 mins severe, hard to breathe and scary, sweaty, was sick brought t up some liquid only. O/E Well BP 142/88 no postural drop, P 76 min reg, HS normal. Chest clear. Abdo soft tender epigastrium, no masses. ANgles of mouth a bit dry, thinks she has thrush on tongue - a bit coated - swabbed. Also explained re the echo decision. Clearly quite upset with her admission (Sepsis) and partner dying (at the same time ??) Imp Yesterdays event was GORD by the sound of things - still has some irritation when swallowing feels it going down....Safety netted.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN TWICE DAILY Hydrocortisone And Miconazole Cream 1 % + 2 % 15 gram APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY
Test Request	Tongue Swab (C&S) - Completed
12/02/2025 09:13	<u>Dr Alice Niven at Data Entry</u>
History	FYI - I had an email back from admitting consultant yday confirming no need for ECHO as OP. From Dr Neil McGlinchey : This lady was primarily under the care of a colleague for most of her admission. I met her once on 27/12 and she was ultimately boarded from my ward prior to discharge. Her inflammatory markers had normalised. The boarders team discussed her with microbiology prior to discharge. They should have cancelled the echo prior to discharge if they deemed her well enough to go home (or kept her as an inpatient if still considering IE). I will ask for the echo to be cancelled.
12/02/2025 09:03	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Took a turn yesterday, couldn't breathe in, had chest pain, felt sick, sweaty, this lasted 5 mins. Then drank some cold water, felt better. Was scared. Given appt
29/01/2025 11:08	<u>Dr Alice Niven at Sandyford Surgery</u>
History	review post influenza A and sepsis from bacterial pneumonia. cough, mucus and cp better. still having numbness and tingling in face and hands and legs pain and tender left side (where pneumonia was) palpitations up into neck, no pain in anterior chest. is a resilient person and finding it hard to cope 6 weeks after being very unwell, is trying her best - is doing physio at home and increasing exercise tolerance. has a lot of family and friend support. is not sleeping well at all > linking in with stress and symptoms as well. wakening up in a panic wondering where she is and the feeling of having oxygen mask/nasal cannulae in again - element of post-traumatic stress.
Examination	O/E - BP reading alert, well, upset at times, S 96-98%, P 78 regular, HS dual NO murmur, Chest clear, tender muscular
Medication	Blood pressure reading 120/80 mm Hg Paracetamol Tablets 500 mg 200 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Influenza A Sepsis from bacterial pneumonia Awaiting ECHO; Duration: 29/01/2025 - 28/02/2025)
Comment	no abnormal clinical findings today - good news. general supportive chat. Med 3 - one more month - 'added awaiting echo' and 'sepsis' observe symptoms over time. may need mental health support of ongoing symptoms as above. F/U ECHO - should be sooner than the next few months (if indication was ? infective endocarditis). no murmur so reassured in meantime.
20/01/2025 09:01	<u>Dr Alice Niven at Telephone Call</u>
History	Would like a f2f to assess for working and just feeling rubbish, quite anxious and getting some panic symptoms. nil acute just now. managing out the flat - 5 minute walks out of the flat to the bottom of the hill, top flat and no lift. stress, grief and been very unwell last month.
09/01/2025 17:13	<u>Dr Gail Henderson at Data Entry</u>
History	ECHO may take a while for appt but not urgent and nothing to worry about. Just routine after the bacterial infection she had.
09/01/2025 14:40	<u>Ms Denise Dunne at Data Entry</u>

Comment	Task -Hi Gail, Janice was asking about an ECHO. She says its on her IDL. And she is worried as she has not heard anything? Thanks Denise
<u>08/01/2025</u>	
Additional	Administration of first inactivated seasonal influenza vacc 3040806/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (CP 1733 North Park Pharmacy)
<u>03/01/2025 12:01</u>	<u>Dr Wendy Kelleher at Data Entry</u>
History	OOH report, referred from OOH to GRI by them mainly re leg swelling as ?DVT. Await ED letter but no indication from consult today of ongoing issue
<u>03/01/2025 10:05</u>	<u>Dr Wendy Kelleher at Sandyford Surgery</u>
History	Phoned to discuss medications, recent admission with influenza A and strep pneumonia in bloodcultures (awaiting OP echo). Reviewed again after discharge, inflammatory markers stable didn't want to stay in. Given three days of steroids at acute assessment was reviewed by a consultant. Wondering if should have emergency pack of steroids. Also has a white sore coating on tongue
Social	Works on the 6th floor, no lift
Comment	Imp: Discussed, at the moment as not a chronic chest issue would be advisable to always have a GP discussion/review if feels at the point of having steroids instead of an emergency pack. Given nystatin for tongue issue as likely thrush. fitnote given, is likely to need longer
Medication	Zerobase Cream 11 % 500 gram APPLY THINLY TO THE AFFECTED AREA TDS Nystatin Oral suspension 100,000 units/ml 30 ml 1ML QID
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Influenza, bacterial infection hospitalised with recovery; Duration: 17/12/2024 - 31/01/2025)
<u>03/01/2025</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH
<u>31/12/2024 10:54</u>	<u>Ms Nicola Kane at Data Entry</u>
Comment	Med rec by pharmacy tech IDL 18-30/12/2024 QEUH. See IDL for details of admission. Discharged with amlodipine and duloxetine, already on pt record. No follow ups required.
Additional	Post hospital dischrge med reconciliation with medical notes Rep.presc. monitoring NOS MM LES Level 1 Review Site of encounter NOS Actioned in Pharmacotherapy Hub
<u>18/12/2024</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH
<u>13/08/2024 10:15</u>	<u>Ms Denise Dunne at Data Entry</u>
Comment	Pt called to inform us that her partner has passed away.
<u>05/06/2024 12:38</u>	<u>Dr Fiona Clarey at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Family illness and stress; Duration: 05/06/2024 - 26/06/2024)
<u>05/06/2024 10:44</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt req extension on fitnote. Pt asked if the fitnote can be up to 26/6 3 weeks only and not the noraml 4 weeks, advised by employer

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/06/2025	Luforbec Inhaler 100 micrograms + 6 micrograms/dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINACE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS 240 DOSE	10/09/2025P	Dr Roderick MacNeill	REPEAT
04/11/2022	Duloxetine Gastro-resistant Capsules 60 mg ONE TO BE TAKEN EACH DAY 56 CAPSULE	10/09/2025P	Dr Roderick MacNeill	REPEAT
08/07/2020	Amlodipine Tablets 5 mg ONE TO BE TAKEN EACH DAY 56 TABLET	10/09/2025P	Dr Roderick MacNeill	REPEAT
05/01/2010	Aerochamber Plus Spacer device standard (blue) (STATUS=C) 1 INVAL	11/06/2025P	Dr Alice Niven	REPEAT
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/02/2025	Aspirin Dispersible tablets 75 mg ONE TO BE TAKEN EACH DAY 56 TABLET	26/02/2025P	Dr Alice Niven	ACUTE
12/02/2025	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN TWICE DAILY 56 CAPSULE	12/02/2025P	Dr Roderick MacNeill	ACUTE
12/02/2025	Hydrocortisone And Miconazole Cream 1 % + 2 % APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 15 gram	12/02/2025P	Dr Roderick MacNeill	ACUTE

29/01/2025	Paracetamol Tablets 500 mg TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 200 tablet	29/01/2025P	Dr Alice Niven	ACUTE
03/01/2025	Zerobase Cream 11 % APPLY THINLY TO THE AFFECTED AREA TDS 500 gram	26/03/2025P	Dr Alice Niven	ACUTE
03/01/2025	Nystatin Oral suspension 100,000 units/ml 1ML QID 30 ml	03/01/2025P	Dr Wendy Kelleher	ACUTE
11/04/2024	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	09/05/2024P	Dr Roderick MacNeill	ACUTE
22/02/2024	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	22/02/2024P	Dr Gail Henderson	ACUTE
04/05/2023	Duloxetine Gastro-resistant Capsules 60 mg ONE CAPSULE DAILY 28 capsule	04/05/2023P	Dr Roderick MacNeill	ACUTE
27/01/2023	Ispaghula Husk Granules for Oral Suspension Gluten Free 3.5 gram sachet THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY 120 SACHET	27/01/2023P	Dr Fiona Clarey	ACUTE
27/01/2023	Senna Tablets 7.5 mg TWO TO BE TAKEN AT NIGHT 60 TABLET	27/01/2023P	Dr Fiona Clarey	ACUTE
11/01/2022	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	11/01/2022P	Dr Gail Henderson	ACUTE
22/09/2021	Nortriptyline Capsules 10 mg 1 CAPSULE TO BE TAKEN AT NIGHT 56 capsule	17/12/2021P	Dr Fiona Clarey	ACUTE
06/09/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	06/09/2021P	Dr Roderick MacNeill	ACUTE
15/07/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	15/07/2021P	Dr Gail Henderson	ACUTE
05/07/2021	Estradiol Transdermal Gel 0.06 % ONE PUMP DAILY 160 GRAM	15/07/2021P	Dr Gail Henderson	ACUTE
10/06/2021	Ropinirole Hydrochloride Tablets 250 micrograms 2 TABS NOCTE ALONG WITH THE 2MG TABLET 112 TABLET	15/07/2021P	Dr Gail Henderson	ACUTE
18/05/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	18/05/2021P	Dr Fiona Clarey	ACUTE
22/01/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	01/03/2021P	Dr Christine M Crawford	ACUTE
15/12/2020	Ropinirole Hydrochloride Tablets 1 mg ONE TAB NOCTE 56 TABLET	15/12/2020P	Dr Gail Henderson	ACUTE
15/12/2020	Ropinirole Hydrochloride Tablets 500 micrograms ONE TAB NOCTE 56 tablet	15/12/2020P	Dr Gail Henderson	ACUTE
02/12/2020	Ropinirole Hydrochloride Tablets 250 micrograms 3 PER NIGHT INCREASE ONE TABLET EVERY WEEK UNTIL 8 PER NIGHT 84 tablet	02/12/2020P	Dr Christine M Crawford	ACUTE
12/11/2020	Ropinirole Hydrochloride Tablets 250 micrograms ONCE DAILY FOR A WEEK THEN INCREASE BY ONE TABLET EVERY WEEK UNTIL TAKING 8 TABLETS DAILY 42 tablet	12/11/2020P	Dr Gail Henderson	ACUTE
11/05/2020	Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY 60 sachet	11/05/2020P	Dr Christine M Crawford	ACUTE
11/05/2020	Scheriproct Suppositories INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT 12 SUPPOSITORY	11/05/2020P	Dr Christine M Crawford	ACUTE
15/04/2020	Clenil Modulite Cfc-free inhaler 200 micrograms/actuation TWO PUFFS TO BE INHALED TWICE A DAY 1 INHALER	15/04/2020P	Dr Christine M Crawford	ACUTE
15/04/2020	Zopiclone Tablets 7.5 mg ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP 14 tablet	15/04/2020P	Dr Christine M Crawford	ACUTE
20/11/2019	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation TWO PUFFS TO BE INHALED TWICE A DAY 2 inhaler	20/11/2019P	Dr Christine M Crawford	ACUTE
20/11/2019	Salbutamol Cfc-free inhaler 100 micrograms/puff TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 2 inhaler	20/11/2019P	Dr Christine M Crawford	ACUTE
07/10/2019	Aciclovir Dispersible tablets 200 mg ONE TO BE TAKE FIVE TIMES A DAY 25 TABLET	07/10/2019P	Dr Gail Henderson	ACUTE
07/10/2019	Zopiclone Tablets 7.5 mg ONE TO BE TAKEN AT NIGHT 7 TABLET	07/10/2019P	Dr Gail Henderson	ACUTE
15/10/2018	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN BD 56 CAPSULE	15/10/2018P	Dr Christine M Crawford	ACUTE
26/09/2018	Glyceryl Trinitrate Pump spray 400 micrograms/dose ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH 200 DOSE	26/09/2018P	Dr Christine M Crawford	ACUTE
31/08/2018	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	31/08/2018P	Dr Fiona Clarey	ACUTE
31/08/2018	Ibuprofen Sugar-free suspension 100 mg/5 ml 10MLS TDS 300 ml	31/08/2018P	Dr Fiona Clarey	ACUTE
31/08/2018	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY 28 capsule	31/08/2018P	Dr Fiona Clarey	ACUTE
09/07/2018	Piroxicam Gel 0.5 % Rub into the affected site three to four times daily 60 GRAM	09/07/2018P	Dr Christine M Crawford	ACUTE
26/01/2018	Cerelle Tablets 75 micrograms ONE TAB DAILY 84 tablet	26/01/2018P	Dr Fiona Clarey	ACUTE
17/01/2018	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	17/01/2018P	Dr Christine M Crawford	ACUTE
22/09/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	22/09/2017P	Dr Fiona Clarey	ACUTE
02/08/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	02/08/2017P	Dr Alison Lawson	ACUTE
08/06/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	08/06/2017P	Dr Fiona Clarey	ACUTE
19/04/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	19/04/2017P	Dr Roderick MacNeill	ACUTE
	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE			

11/11/2016	TIMES A DAY 60 tablet	21/12/2016P	Dr Alison Lawson	ACUTE
31/08/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	31/08/2016P	Dr Fiona Clarey	ACUTE
08/07/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	08/07/2016P	Dr Roderick MacNeill	ACUTE
18/03/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	17/05/2016P	Dr Alison Lawson	ACUTE
01/10/2015	Tranexamic Acid Tablets 500 mg TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS 48 tablet	01/10/2015P	Dr Alison Lawson	ACUTE
27/08/2015	Tranexamic Acid Tablets 500 mg TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS 48 tablet	27/08/2015P	Dr Christine M Crawford	ACUTE
18/06/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	18/06/2015P	Dr Roderick MacNeill	ACUTE
16/04/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	16/04/2015P	Dr Alison Lawson	ACUTE
19/02/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	19/02/2015P	Dr Christine M Crawford	ACUTE
06/02/2014	Prochlorperazine Maleate Buccal tablets 3 mg ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY 20 tablet	06/02/2014P	Dr Roderick MacNeill	ACUTE
27/11/2013	Peak Flow Meter (Standard Range) Meter AS DIRECTED 1 device	27/11/2013P	Dr Roderick MacNeill	ACUTE
26/09/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	26/09/2013P	Dr Christine M Crawford	ACUTE
01/08/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	01/08/2013P	Dr Christine M Crawford	ACUTE
04/04/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	04/04/2013P	Dr Roderick MacNeill	ACUTE
02/11/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	02/11/2012P	Dr Roderick MacNeill	ACUTE
21/05/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	21/05/2012P	Dr Alison Lawson	ACUTE
01/03/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	12/04/2012P	Dr Roderick MacNeill	ACUTE
02/11/2011	Duloxetine Gastro-resistant Capsules 30 mg ONE CAPSULE NOCTE 28 capsule	02/12/2011P	Dr Alison Lawson	ACUTE
02/11/2011	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	02/11/2011P	Dr Roderick MacNeill	ACUTE
02/03/2011	Canesten Combi Pessary and cream AD 1 INVAL	02/03/2011P	Mr Locum 2	ACUTE
27/01/2011	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril Daily 1 SPRAY	27/01/2011P	Mr Locum 2	ACUTE
20/12/2010	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril Daily 1 SPRAY	20/12/2010P	Dr Roderick MacNeill	ACUTE
28/10/2010	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril daily 1 SPRAY	28/10/2010P	Dr Roderick MacNeill	ACUTE
19/08/2010	Versatis Medicated Plaster 700 mg (5 %) wear 12 hours daily then off for 12 hours 30 INVAL	19/08/2010P	Dr Christine M Crawford	ACUTE
02/06/2010	Movicol Oral powder (lemon and lime) 13.8 grams/sachet 1 sachet Twice daily 50 SACH	02/06/2010P	Dr Alison Lawson	ACUTE
02/06/2010	Clotrimazole Vaginal cream 10 % Apply nocte 1 CREAM	02/06/2010P	Dr Alison Lawson	ACUTE
21/04/2010	Buprenorphine Transdermal patches 52.5 micrograms/hour Apply one patch every 4 days 4 PATCH	21/04/2010P	Mr Locum 1	ACUTE
20/01/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 4 PATCH	20/01/2010P	Dr Alison Lawson	ACUTE
05/01/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 8 PATCH	05/01/2010P	Dr Christine M Crawford	ACUTE
05/01/2010	Co-Codamol 30/500 Caplets 2 Tabs up to qid for pain 60 TABS	05/01/2010P	Dr Christine M Crawford	ACUTE
16/10/2009	Buprenorphine Transdermal patches 5 micrograms/hour apply one weekly 4 PATCH	16/10/2009P	Mr Locum 2	ACUTE
10/08/2009	Prochlorperazine Maleate Buccal tablets 3 mg 1 Tab 4 times daily 28 TABS	10/08/2009P	Dr Alison Lawson	ACUTE
10/08/2009	Cefalexin Capsules 500 mg 1 Cap 3 times daily 21 CAPS	10/08/2009P	Dr Alison Lawson	ACUTE
15/07/2009	Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 28 caps	15/07/2009P	Dr Roderick MacNeill	ACUTE
15/06/2009	Ibuprofen Gel 10 % Apply 4 times daily 100 GEL	15/06/2009P	Dr Alison Lawson	ACUTE
09/06/2009	Gabapentin Capsules 300 mg 1 Cap 3 times daily AD 100 CAPS	09/06/2009P	Dr Christine M Crawford	ACUTE
08/05/2009	Gabapentin Capsules 300 mg 1 Cap 3 times daily AD 100 CAPS	08/05/2009P	Dr Alison Lawson	ACUTE
24/04/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	24/04/2009P	Dr Roderick MacNeill	ACUTE
27/03/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	27/03/2009P	Dr Alison Lawson	ACUTE
02/03/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	02/03/2009P	Dr Alison Lawson	ACUTE
04/02/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	04/02/2009P	Dr Roderick MacNeill	ACUTE
05/01/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	05/01/2009P	Dr Alison Lawson	ACUTE
15/12/2008	Lactulose Solution 3.1-3.7 g/5 ml 10 ml-20ml Twice daily 150 SOLN	15/12/2008P	Dr Alison Lawson	ACUTE
15/12/2008	Glycerol (Adult) Suppositories 4 gram 2 to be inserted AD 12 SUPPS	15/12/2008P	Dr Alison Lawson	ACUTE
15/12/2008	Tramadol Hydrochloride Capsules 50 mg 2 Caps 3 times daily 42 CAPS	15/12/2008P	Dr Alison Lawson	ACUTE
	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if			

09/12/2008	req for pain 100 TABS	09/12/2008P	Dr Alison Lawson	ACUTE
13/11/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	13/11/2008P	Dr Roderick MacNeill	ACUTE
13/11/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	13/11/2008P	Dr Roderick MacNeill	ACUTE
23/10/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	23/10/2008P	Dr Christine M Crawford	ACUTE
23/10/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	23/10/2008P	Dr Christine M Crawford	ACUTE
26/09/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 120 TABS	26/09/2008P	Dr Roderick MacNeill	ACUTE
26/09/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	26/09/2008P	Dr Roderick MacNeill	ACUTE
29/08/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	29/08/2008P	Dr Roderick MacNeill	ACUTE
29/08/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 120 TABS	29/08/2008P	Dr Roderick MacNeill	ACUTE
14/08/2008	Amtripyline Hydrochloride Tablets 10 mg 1 or 2 Tabs At night 56 TABS	14/08/2008P	Dr Roderick MacNeill	ACUTE
06/08/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 60 TABS	06/08/2008P	Dr Alison Lawson	ACUTE
06/08/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	06/08/2008P	Dr Alison Lawson	ACUTE
06/08/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	06/08/2008P	Dr Alison Lawson	ACUTE
24/07/2008	Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 20 CAPS	24/07/2008P	Mr Locum 2	ACUTE
14/07/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	14/07/2008P	Dr Roderick MacNeill	ACUTE
14/07/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	14/07/2008P	Dr Roderick MacNeill	ACUTE
14/07/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	14/07/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Movicol Oral powder (lemon and lime) 13.8 grams/sachet 1 sachet Twice daily 30 SACH	20/06/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	20/06/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	20/06/2008P	Dr Roderick MacNeill	ACUTE
23/05/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	23/05/2008P	Dr Alison Lawson	ACUTE
21/05/2008	Mepore Dressing 7 cm x 8 cm 20 INVAL	21/05/2008P	Dr Roderick MacNeill	ACUTE
21/05/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	21/05/2008P	Dr Roderick MacNeill	ACUTE
09/05/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	09/05/2008P	Dr Alison Lawson	ACUTE
09/05/2008	Diazepam Tablets 2 mg 1 Tab 3 times daily 10 TABS	09/05/2008P	Dr Alison Lawson	ACUTE
17/04/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	17/04/2008P	Dr Christine M Crawford	ACUTE
17/04/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	17/04/2008P	Dr Christine M Crawford	ACUTE
17/04/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	17/04/2008P	Dr Christine M Crawford	ACUTE
01/04/2008	Mebeverine Hydrochloride Tablets 135 mg 1 Tab tid 20 mins ac 100 TABS	01/04/2008P	Dr Christine M Crawford	ACUTE
25/03/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	25/03/2008P	Dr Christine M Crawford	ACUTE
25/03/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	25/03/2008P	Dr Christine M Crawford	ACUTE
12/03/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	12/03/2008P	Dr Alison Lawson	ACUTE
07/02/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	07/02/2008P	Dr Roderick MacNeill	ACUTE
07/02/2008	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	07/02/2008P	Dr Roderick MacNeill	ACUTE
07/01/2008	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	07/01/2008P	Mr Locum 2	ACUTE
07/01/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	07/01/2008P	Mr Locum 2	ACUTE
22/11/2007	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	22/11/2007P	Dr Roderick MacNeill	ACUTE
19/11/2007	Diclofenac Sodium E/c tablets 50 mg 1 Tab tid pc if req 84 TABS	19/11/2007P	Dr Christine M Crawford	ACUTE
19/11/2007	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	19/11/2007P	Dr Christine M Crawford	ACUTE
31/10/2007	Hepatitis A Virus Hm 175 Strain Vaccine 1440 units/1 ml pre-filled syringe to be injected 1 VACC	31/10/2007P	Mrs Morag Devitt	ACUTE
26/09/2007	Erythromycin Capsules (Gastro-Resistant) 250 mg 2 Caps Twice daily 30 CAPS	26/09/2007P	Dr Alison Lawson	ACUTE
26/09/2007	Tramadol Hydrochloride Capsules 50 mg 1 or 2 Caps 4 times daily 60 CAPS	26/09/2007P	Dr Alison Lawson	ACUTE
19/01/2007	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	19/01/2007P	Dr Alison Lawson	ACUTE
27/12/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	27/12/2006P	Mr Locum 2	ACUTE
27/12/2006	Citalopram Hydrobromide Tablets 10 mg 1 Tab Daily 28 TABS	27/12/2006P	Mr Locum 2	ACUTE
01/11/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	01/11/2006P	Dr Roderick MacNeill	ACUTE
28/09/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	28/09/2006P	Dr Roderick MacNeill	ACUTE
05/06/2006	Amoxicillin Capsules 500 mg 1 Cap 3 times daily 15 CAPS	05/06/2006P	Dr Alison Lawson	ACUTE

11/04/2006	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	11/04/2006P	Dr Alison Lawson	ACUTE
14/03/2006	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	14/03/2006P	Dr Alison Lawson	ACUTE
05/07/2005	Loperamide Hydrochloride Capsules 2 mg 1 Cap As directed 30 CAPS	05/07/2005P	Mr Locum 2	ACUTE
05/07/2005	Prochlorperazine Maleate Tablets 5 mg 1 Tab 3 times daily 15 TABS	05/07/2005P	Mr Locum 2	ACUTE
12/01/2005	Amoxicillin Capsules 250 mg 1 Cap 3 times daily 21 CAPS	12/01/2005P	Mr Locum 2	ACUTE
12/01/2005	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	12/01/2005P	Mr Locum 2	ACUTE
12/01/2005	Zopiclone Tablets 7.5 mg 1 Tab At night 7 TABS	12/01/2005P	Mr Locum 2	ACUTE
14/11/2003	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	14/11/2003P	Mr Locum 2	ACUTE
14/11/2003	Cefalexin Capsules 500 mg 1 Cap 3 times daily 21 CAPS	14/11/2003P	Mr Locum 2	ACUTE
14/11/2003	Pholcodine Linctus 5 mg/5 ml 10ML THREE TIMES DAILY 200 mis	14/11/2003P	Mr Locum 2	ACUTE
23/09/2003	Ibuprofen Tablets 600 mg 1 Tab tid pc if req for pai 56 TABS	23/09/2003P	Mr Locum 2	ACUTE
23/09/2003	Amoxicillin Capsules 250 mg 1 Cap THREE TIMES DAILY 21 CAPS	23/09/2003P	Mr Locum 2	ACUTE
24/03/2003	Co-Codamol 8/500 Tablets 2 TABS 4 TO 6 HRLY PRN 100 TABS	24/03/2003P	Mr Locum 2	ACUTE
18/12/2002	Electrolade Oral powder (multiflavour) As directed 10 SACH	18/12/2002P	Mr Locum 2	ACUTE
18/12/2002	Prochlorperazine Maleate Tablets 5 mg 1 Tab 3 times daily 15 TABS	18/12/2002P	Mr Locum 2	ACUTE
18/12/2002	Loperamide Hydrochloride Capsules 2 mg 2 As directed 30 CAPS	18/12/2002P	Mr Locum 2	ACUTE
22/04/2002	Lactulose Solution 3.1-3.7 g/5 ml 15 ml Twice daily 500 SOLN	22/04/2002P	Mr Locum 2	ACUTE
22/04/2002	Alverine Citrate Capsules 60 mg 1 Cap 3 times daily 60 CAPS	22/04/2002P	Mr Locum 2	ACUTE
07/01/2002	Amoxicillin Capsules 250 mg 1 CAP THREE TIMES DAILY 15 CAPS	07/01/2002P	Mr Locum 2	ACUTE
19/11/2001	Beclometasone Inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	19/11/2001P	Mr Locum 2	ACUTE
19/11/2001	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	19/11/2001Q	Dr Alison Lawson	ACUTE
12/02/2001	Diazepam Tablets 2 mg 1 Tab 8hrly prn 28 TABS	12/02/2001P	Mr Locum 2	ACUTE
18/12/2000	Diazepam Tablets 2 mg 1 Tab Take as required 28 TABS	18/12/2000P	Mr Locum 2	ACUTE
29/10/1999	Manevac Sachets 4 grams/sachet 1 SACHET TWICE DAILY 56 SACH	29/10/1999P	Mr Locum 2	ACUTE
29/10/1999	Alverine Citrate Capsules 60 mg 1 CAP THREE TIMES DAILY 60 CAPS	29/10/1999P	Mr Locum 2	ACUTE
29/10/1999	Metoclopramide Hydrochloride Tablets 5 mg 1 TAB THREE TIMES DAILY 84 tabs	29/10/1999P	Mr Locum 2	ACUTE
05/03/1999	Malathion Alcoholic Lotion 0.5 % APPLY AS DIRECTED 2 op	05/03/1999P	Mr Locum 2	ACUTE
11/02/1999	Zopiclone Tablets 7.5 mg 1 TAB AT NIGHT 12 TABS	11/02/1999P	Mr Locum 2	ACUTE
11/02/1999	Loperamide Hydrochloride Capsules 2 mg 2 TABS FOUR TIMES DAILY 30 CAPS	11/02/1999P	Mr Locum 2	ACUTE
12/11/1998	Sertraline Hydrochloride Tablets 50 mg 1 TAB IN THE MORNING 28 tabs	12/11/1998P	Mr Locum 2	ACUTE
26/08/1998	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 tabs	26/08/1998P	Mr Locum 2	ACUTE
15/10/1997	Doxycycline Hyclate Capsules 100 mg 1 CAP IN THE MORNING 8 caps	15/10/1997P	Mr Locum 2	ACUTE
30/07/1997	Ibuprofen Cream 5 % APPLY THREE TIMES DAILY 100 application	30/07/1997P	Mr Locum 2	ACUTE
03/07/1997	Fusidic Acid M/R Eye Drops 1 % APPLY TWICE DAILY 5 application	03/07/1997P	Mr Locum 2	ACUTE
02/06/1997	Fusidic Acid M/R Eye Drops 1 % 1 DROP TWICE DAILY 1 op	02/06/1997P	Mr Locum 2	ACUTE
02/06/1997	Amoxicillin Capsules 250 mg 1 CAP THREE TIMES DAILY 15 CAPS	02/06/1997P	Mr Locum 2	ACUTE
08/05/1997	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	08/05/1997Q	Dr Alison Lawson	ACUTE
07/04/1997	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 tabs	07/04/1997P	Mr Locum 2	ACUTE
31/12/1996	Kolanticon Gel 10ML QID IF REQ 500 ml	31/12/1996P	Mr Locum 2	ACUTE
07/03/2022	Nortriptyline Capsules 10 mg 1 CAPSULE TO BE TAKEN AT NIGHT 56 capsule	11/04/2024P	Dr Fiona Clarey	REPEAT
03/09/2020	Duloxetine Gastro-resistant Capsules 40 mg 1 Cap AT NIGHT 56 capsule	11/10/2022P	Dr Fiona Clarey	REPEAT
24/06/2020	Estradiol Transdermal Gel 0.06 % APPLY TWO PUMPS ONCE DAILY 80 gram	22/01/2021P	Dr Roderick MacNeill	REPEAT
06/02/2014	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml APPLY TWICE DAILY 30 ML	06/02/2014P	Dr Alison Lawson	REPEAT
27/11/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	26/10/2016P	Dr Alison Lawson	REPEAT
13/01/2012	Duloxetine Gastro-resistant Capsules 30 mg ONE CAPSULE NOCTE 56 CAPSULE	31/08/2020P	Dr Christine M Crawford	REPEAT
07/06/2011	Buprenorphine Transdermal patches 52.5 micrograms/hour Apply one patch every 4 days 8 PATCH	03/10/2011P	Dr Alison Lawson	REPEAT
07/06/2011	Citalopram Hydrobromide Tablets 20 mg 1 Tab In the morning 56 TABS	23/10/2020P	Dr Gail Henderson	REPEAT
	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation			

07/06/2011	2 Puffs Twice daily 1 INHAL	20/05/2025P	Dr Alice Niven	REPEAT
07/06/2011	Salbutamol Cfc-free inhaler 100 micrograms/puff 2 PUFFS QID IF REQ 1 op	20/05/2025P	Dr Alice Niven	REPEAT
29/09/2010	Mebeverine Hydrochloride Tablets 135 mg 1 Tab tid 20 mins ac 100 TABS	29/09/2010P	Dr Alison Lawson	REPEAT
12/05/2010	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 CAP BD 56 CAPSULE	31/12/2014P	Dr Alison Lawson	REPEAT
01/04/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 8 PATCH	01/04/2010P	Mr Locum 1	REPEAT
03/03/2010	Azithromycin Tablets 250 mg per Resp clinic Study drug 1 TABS	Not Issued	Dr Alison Lawson	REPEAT
30/11/2009	Beclometasone Breath-actuated inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	30/11/2009P	Dr Christine M Crawford	REPEAT
30/11/2009	Buprenorphine Transdermal patches 20 micrograms/hour Apply Weekly 5 patches	30/11/2009P	Dr Christine M Crawford	REPEAT
30/11/2009	Etoricoxib Tablets 30 mg 1 or 2 Tabs Daily 56 TABS	30/11/2009P	Dr Alison Lawson	REPEAT
16/10/2009	Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff 2 Puffs Take as required 1 INHAL	16/10/2009P	Dr Christine M Crawford	REPEAT
16/10/2009	Buprenorphine Transdermal patches 10 micrograms/hour Apply one weekly 4 PATCH	16/10/2009P	Dr Alison Lawson	REPEAT
16/10/2009	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	16/10/2009Q	Dr Roderick MacNeill	REPEAT
17/09/2009	Dihydrocodeine Tartrate M/R tablets 60 mg 2 Tabs Twice daily 224 TABS	17/09/2009P	Dr Alison Lawson	REPEAT
09/06/2009	Citalopram Hydrobromide Tablets 10 mg 1 Tab Daily 56 TABS	09/06/2009P	Dr Alison Lawson	REPEAT
06/02/2008	Beclometasone Inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	06/02/2008P	Dr Roderick MacNeill	REPEAT
05/03/1999	Sertraline Hydrochloride Tablets 50 mg 1 TAB IN THE MORNING 28 tabs	05/03/1999P	UnknownUser	REPEAT
24/12/1998	Sertraline Hydrochloride Tablets 100 mg 1 TAB IN THE MORNING 28 tabs	Not Issued	UnknownUser	REPEAT
03/07/1997	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 TABS	03/07/1997P	UnknownUser	REPEAT

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Alison Lawson	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service	
New Result	
CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2344395
Practice Code	G40455

Smear Taker	Dr Alison Lawson
Reporting Location	Glasgow Royal

SCCRS ID	1201560857
Laboratory ID	12G1001377
Smear Taken Date	13/ 01/ 2012 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 3 years
Recall Date	13/ 01/ 2015

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Lab Report ID : B,13.2089976.F **Coding Status** : Coded
Filed By User : Mrs Joanne Millar **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum lipids				
	-Non-fasting sample				
	Cholesterol	5.2	mmol/L		NK
	Triglycerides	0.7	mmol/L	(0.2-2.3 U)	NK
	HDL Cholesterol		1.5 mmol/L		NK
	LDL-Cholest (calc'd)		NA		NK
R	Serum VLDL cholesterol level			NA	NK
	Chol/HDL ratio		3.5		NK

Sample Collected Date : 26/09/2013 11:29:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2013 16:45:00
Received Date : 27/09/2013 11:00:26
Requestor :
Requestor GMC Code :

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Lab Report ID : B,13.2089977.T Coding Status : Coded
Filed By User : Mrs Joanne Millar File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		Plasma glucose level			
		-Non-fasting sample			
		Glucose	4.9	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 26/09/2013 11:29:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2013 16:45:00
Received Date : 27/09/2013 11:00:27
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15.2359934.B Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level					
Normal - no action (CC)					
-Non-fasting sample					
Glucose		5.8	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2015 15:32:00
Received Date : 27/08/2015 19:02:03
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15.2359935.X Coding Status : Part Read Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
Normal - no action (CC)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.38	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.03	mmol/L	(0.80-1.50 U)	NK
Albumin		35	g/L	(35-50 U)	NK
Alkaline Phosphatase		89	U/L	(30-130 U)	NK
R C-reactive Protein					
Normal - no action (CC)					
C Reactive Protein		2	mg/L	(0-10 U)	NK
R Urea and electrolytes					
Normal - no action (CC)					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea	3.7	mmol/L	(2.5-7.8 U)		NK
Creatinine		65	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal - no action (CC)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		3	umol/L	(<<20 U)	NK
ALT	16	U/L	(<<50 U)		NK
AST	16	U/L	(<<40 U)		NK
Alkaline Phosphatase		89	U/L	(30-130 U)	NK
Albumin		35	g/L	(35-50 U)	NK
R Thyroid function tests					
Normal - no action (CC)					
TSH	1.68	mU/L	(0.35-5.00 U)		NK
Free T4	13.4	pmol/L	(9.0-21.0 U)		NK
Total T3					NK
R Serum 1,25-dihydroxy vitamin D3 level					
Normal - no action (CC)					
-Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.					
25-OH Vitamin D		51	nmol/L		NK

Sample Collected Date : 27/08/2015 10:06:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 27/08/2015 15:33:00
 Received Date : 27/08/2015 19:02:06
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,15.2359935.X Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum ferritin				
	Normal - no action (CC)				
	-Males 20-300 (<20 iron deficiency)				
	-Females 15-200 (<15 iron deficiency)				
	-15-50 intermediate result. Consider iron deficiency				
	-in anaemic patients, older patients and those				
	-with inflammatory disease.				
	Serum Ferritin	29	ug/l	(15-200 U)	NK
R	Serum vitamin B12				
	Normal - no action (CC)				
	Serum Vitamin B12	355	ng/l	(200-900 U)	NK
R	Serum folate				
	Normal - no action (CC)				
	Serum Folate	14.3	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2015 15:33:00
Received Date : 27/08/2015 19:02:13
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Alison Lawson	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service	
New Result	
CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2344395
Practice Code	G40455

Smear Taker	Morag Devitt
Reporting Location	NHSGGC

SCCRS ID	1352854344
Laboratory ID	15G4066584
Smear Taken Date	19/ 08/ 2015 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 3 years
Recall Date	19/ 08/ 2018

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Lab Report ID : B,15.3614099.L Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I Coeliac Serology				
	Normal/ Negative (CC)				
	-TTG Ab = Tissue Transglutaminase Ab				
	-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.				
	TTG Ab (IgA)	0.4	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2015 15:59:00
Received Date : 02/09/2015 13:00:06
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15.2580353.F Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-xs tiredness

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Full blood count - FBC			
		Normal - no action (CC)			
		White Blood Count		10.7	x10 ⁹ /l (4.0-11.0 U) NK
		Red Cell Count		4.91	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	139	g/l	(115-165 U) NK
		Haematocrit	0.423	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		86.2	fl (80.0-100.0 U) NK
		MCH	28.3	pg	(27.0-32.0 U) NK
		Platelet Count		353	x10 ⁹ /l (150-400 U) NK
		Neutrophils	6.7	x10 ⁹ /l	(2.0-7.5 U) NK
		Lymphocytes	3.2	x10 ⁹ /l	(1.5-4.0 U) NK
		Monocytes	0.5	x10 ⁹ /l	(0.2-0.8 U) NK
		Eosinophils	0.2	x10 ⁹ /l	(0.0-0.4 U) NK
		Basophils	0	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 06/10/2015 09:28:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 06/10/2015 11:59:00
Received Date : 06/10/2015 13:00:25
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Mrs Helena Cameron
Patient Matched	Yes.	BoSS Message Type	Result

electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0593
Practice Code	G40455

Report Date	19Jun2017
Letter ID	41023854755741
Kit ID	7721695254
Result	BCSP faecal occult blood test normal(686A.)
Report Comments	Negative
Recommended Management	No action required

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Lab Report ID : B,18.2156148.J Coding Status : Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -chest pani ? prev MI

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
Normal - no action (CC)					
		Sodium	139	mmol/L (133-146 U)	NK
		Potassium	4.5	mmol/L (3.5-5.3 U)	NK
		Chloride	104	mmol/L (95-108 U)	NK
	4.5	Urea	mmol/L	(2.5-7.8 U)	NK
		Creatinine	55	umol/L (40-130 U)	NK
		Estimated GFR	> 60	ml/min (>>60 U)	NK
R Liver function test					
Normal - no action (CC)					
-Please note change in Abbott Total Bilirubin method from 18/01/18					
		Total Bilirubin	10	umol/L (<<20 U)	NK
	21	ALT	U/L	(<<50 U)	NK
	16	AST	U/L	(<<40 U)	NK
		Alkaline Phosphatase	88	U/L (30-130 U)	NK
		Albumin	37	g/L (35-50 U)	NK
R Serum lipids					
Satisfactory (CC)					
		Cholesterol	5.1	mmol/L	NK
		Triglycerides	0.8	mmol/L (0.2-2.3 U)	NK
		HDL Cholesterol	1.5	mmol/L	NK
		LDL-Cholest (calc'd)	3.2	mmol/L	NK
R		Serum VLDL cholesterol level		0.4 mmol/L	NK
		Chol/HDL ratio	3.4		NK

Sample Collected Date : 26/09/2018 08:50:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/09/2018 12:28:00
 Received Date : 26/09/2018 19:00:43
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,18.2156411.P Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-chest pani ? prev MI

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level			Y		
borderline raised TSK (CC)					
-Non-fasting sample					
Glucose	+	8.6	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 26/09/2018 08:50:00

Collection Start Date :

Collection End Date :

Received by Lab Date : 26/09/2018 12:48:00

Received Date : 26/09/2018 19:00:49

Requestor :

Requestor GMC Code :

NHS Confidential: Personal data about a patient

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Lab Report ID : B,18.2156436.X Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-chest pain ? prev MI
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Normal - no action (CC)					
-Change to adult Reference Range for Hb,HCT,RBC+Lymphs from 27/8/18					
White Blood Count		9.8	x10 ⁹ /l	(4.0-10.0 U)	NK
Red Cell Count		5.19	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin	150	g/l		(115-165 U)	NK
Haematocrit	0.452	l/l		(0.370-0.470 U)	NK
Mean Cell Volume		87.1	fl	(83.0-101.0 U)	NK
MCH	28.9	pg		(27.0-32.0 U)	NK
Platelet Count		339	x10 ⁹ /l	(150-410 U)	NK
Neutrophils	5.0	x10 ⁹ /l		(2.0-7.0 U)	NK
Lymphocytes	3.9	x10 ⁹ /l		(1.1-5.0 U)	NK
Monocytes	0.5	x10 ⁹ /l		(0.2-1.0 U)	NK
Eosinophils	0.33	x10 ⁹ /l		(0.02-0.50 U)	NK
Basophils	0.1	x10 ⁹ /l		(0.0-0.1 U)	NK
Nucleated RBC	0		x10 ⁹ /l		NK

Sample Collected Date : 26/09/2018 08:50:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2018 12:51:00
Received Date : 26/09/2018 19:01:09
Requestor :
Requestor GMC Code :

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Lab Report ID : B,18.2308053.S Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-raised glu

SPECIMEN : Blood					
	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	Normal - no action (CC)				
	HbA1c (IFCC)	34		mmol/mol (20-42 U)	NK

Sample Collected Date : 09/10/2018 11:28:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/10/2018 15:13:00
Received Date : 09/10/2018 19:01:28
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Christine M Crawford	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2343411
Practice Code	G40455

Exclusion Reason	Defaulter
Exclusion Date	14/ 05/ 2019
Exclusion End Date	14/ 08/ 2023
Extended	No
Closed	No
Next Recall Date	19/ 08/ 2018

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Ms Lynne Kinnear
Patient Matched	Yes.	BoSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0415
Practice Code	G40455

Report Date	25 Aug 2019
Letter ID	510305501172
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	27 May 2019

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Lab Report ID : B,20.1401193.P Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-altered bowel habit; Mire...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Normal - no action (CC)					
White Blood Count				8.5	x10 ⁹ /l (4.0-10.0 U) NK
Red Cell Count				4.96	x10 ¹² /l (3.80-5.80 U) NK
Haemoglobin	145		g/l	(115-165 U)	NK
Haematocrit	0.444		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				89.5	fl (83.0-101.0 U) NK
MCH	29.2		pg	(27.0-32.0 U)	NK
Platelet Count				358	x10 ⁹ /l (150-410 U) NK
Neutrophils	4.4			x10 ⁹ /l (2.0-7.0 U)	NK
Lymphocytes	3.4			x10 ⁹ /l (1.1-5.0 U)	NK
Monocytes	0.5			x10 ⁹ /l (0.2-1.0 U)	NK
Eosinophils	0.23			x10 ⁹ /l (0.02-0.50 U)	NK
Basophils	0.1			x10 ⁹ /l (0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 24/06/2020 09:26:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2020 12:06:00
Received Date : 24/06/2020 13:00:07
Requestor :
Requestor GMC Code :

Lab Report ID : B,20.1401194.F Coding Status : Part Read Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-altered bowel habit; Mir....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
Normal - no action (CC - v.1)					
Calcium		2.26	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.29	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.26	mmol/L	(0.80-1.50 U)	NK
Albumin		37	g/L	(35-50 U)	NK
Alkaline Phosphatase		104	U/L	(30-130 U)	NK
R C-reactive Protein					
Normal - no action (CC - v.1)					
C Reactive Protein		4	mg/L	(0-10 U)	NK
R Urea and electrolytes	Y				
Normal - no action (CC)					
Sodium		144	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride	+	109	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		53	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal - no action (CC - v.1)					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT		22	U/L	(<<50 U)	NK
AST		17	U/L	(<<40 U)	NK
Alkaline Phosphatase		104	U/L	(30-130 U)	NK
Albumin		37	g/L	(35-50 U)	NK
R Thyroid function tests					
Normal - no action (CC)					
TSH		1.76	mU/L	(0.35-5.00 U)	NK
Free T4		12.4	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R FSH					
post menopausal levels (CC)					
-Results within post-menopausal reference range.					
-Infertility cannot be assumed during this stage					
-and for up to 1 year post menopause (over age 50)					
FSH		66.1	U/L		NK

Sample Collected Date : 24/06/2020 09:26:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 24/06/2020 11:58:00
 Received Date : 24/06/2020 19:00:17
 Requestor :
 Requestor GMC Code :

Lab Report ID : B,20.3564733.B Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-altered bowel habit; Mir....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I Coeliac Serol (Dx)				
	Normal/ Negative (CC)				
	-IgA TTG Ab = IgA Tissue Transglutaminase Ab.				
	-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.				
	-If screening for coeliac disease, this result is only valid if the				
	-person was eating gluten at least twice a day for previous 6 weeks				
	TTG Ab (IgA)	0.5	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : 24/06/2020 09:26:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2020 12:29:00
Received Date : 25/06/2020 19:00:28
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.4640985.E Coding Status : Not Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-altered bowel habit

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R		QFIT			
		Normal/ Negative (CC)			
		-Negative qFIT result.			
		-Refer to NHS GG&C guidelines for symptom based triage.			
R		qFIT	< 9	ug Hb/g (<<9 U)	NK
			faeces		

Sample Collected Date : 01/07/2020 12:41:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/07/2020 11:07:00
Received Date : 03/07/2020 13:00:02
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881106.K Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-foot pain ? neuralgia.
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Full blood count - FBC				
	Normal/ Negative (GH)				
	White Blood Count			9.0	x10 ⁹ /l (4.0-10.0 U) NK
	Red Cell Count			5.03	x10 ¹² /l (3.80-5.80 U) NK
	Haemoglobin	147	g/l	(115-165 U)	NK
	Haematocrit	0.448	l/l	(0.370-0.470 U)	NK
	Mean Cell Volume			89.1	fl (83.0-101.0 U) NK
	MCH	29.2	pg	(27.0-32.0 U)	NK
	Platelet Count			339	x10 ⁹ /l (150-410 U) NK
	Neutrophils	5.1		x10 ⁹ /l (2.0-7.0 U)	NK
	Lymphocytes	3.1		x10 ⁹ /l (1.1-5.0 U)	NK
	Monocytes	0.5		x10 ⁹ /l (0.2-1.0 U)	NK
	Eosinophils	0.30		x10 ⁹ /l (0.02-0.50 U)	NK
	Basophils	0		x10 ⁹ /l (0.0-0.1 U)	NK
	Nucleated RBC	0		x10 ⁹ /l	NK
R	Erythrocyte sedimentation rate				
	Normal/ Negative (GH)				
	ESR	5	mm/hr	(0-19 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:17:00
Received Date : 29/09/2020 19:00:35
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881104.A Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level					
Normal/ Negative (GH)					
-Fasting sample					
Glucose		5.1	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:15:00
Received Date : 29/09/2020 19:00:54
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881105.C **Coding Status** : Coded
Filed By User : Dr Gail Henderson **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
Normal/ Negative (GH)					
Sodium		141	mmol/L	(133-146 U)	NK
Potassium		4.5	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea	3.9	mmol/L	(2.5-7.8 U)		NK
Creatinine		56	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal/ Negative (GH)					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT	16	U/L	(<<50 U)		NK
AST	17	U/L	(<<40 U)		NK
Alkaline Phosphatase		110	U/L	(30-130 U)	NK
Albumin		36	g/L	(35-50 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:12:00
Received Date : 29/09/2020 19:01:00
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881105.C Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum ferritin				
	Normal/ Negative (GH)				
	-Males 15-300 (<15 iron deficiency)				
	-Females 15-200 (<15 iron deficiency)				
	-15-50 intermediate result. Consider iron deficiency				
	-in anaemic patients, older patients and those				
	-with inflammatory disease.				
	Serum Ferritin	42	ug/l	(15-200 U)	NK
R	Serum vitamin B12				
	Normal/ Negative (GH)				
	Serum Vitamin B12	348	ng/l	(200-883 U)	NK
R	Serum folate				
	Normal/ Negative (GH)				
	Serum Folate	5.5	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:12:00
Received Date : 29/09/2020 19:01:18
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881107.J Coding Status : Part Read Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	Normal/ Negative (GH)				
	HbA1c (IFCC)	38	mmol/mol (20-41 U)		NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:16:00
Received Date : 29/09/2020 19:01:22
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

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Lab Report ID : B,21.0964043.J Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Hypertension a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
normal/ Negative (RM)					
White Blood Count				8.3	x10 ⁹ /l (4.0-10.0 U) NK
Red Cell Count				4.91	x10 ¹² /l (3.80-5.80 U) NK
Haemoglobin	142		g/l	(115-165 U)	NK
Haematocrit	0.442		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				90.0	fl (83.0-101.0 U) NK
MCH	28.9		pg	(27.0-32.0 U)	NK
Platelet Count				337	x10 ⁹ /l (150-410 U) NK
Neutrophils	3.7			x10 ⁹ /l (2.0-7.0 U)	NK
Lymphocytes	3.7			x10 ⁹ /l (1.1-5.0 U)	NK
Monocytes	0.4			x10 ⁹ /l (0.2-1.0 U)	NK
Eosinophils	0.42			x10 ⁹ /l (0.02-0.50 U)	NK
Basophils	0.1			x10 ⁹ /l (0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 31/03/2021 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 17:31:00
Received Date : 31/03/2021 19:00:41
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.0960673.A Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R Urea and electrolytes						
normal/ Negative (RM)						
		Sodium	143	mmol/L	(133-146 U)	NK
		Potassium	4.3	mmol/L	(3.5-5.3 U)	NK
		Chloride	104	mmol/L	(95-108 U)	NK
		Urea	3.8	mmol/L	(2.5-7.8 U)	NK
		Creatinine	63	umol/L	(40-130 U)	NK
		Estimated GFR	> 60	ml/min	(>>60 U)	NK
R Liver function test						
normal/ Negative (RM)						
		Total Bilirubin		3	umol/L	(<<20 U) NK
		ALT	21	U/L	(<<50 U)	NK
		AST	17	U/L	(<<40 U)	NK
		Alkaline Phosphatase		103	U/L	(30-130 U) NK
		Albumin	38	g/L	(35-50 U)	NK
R Serum lipids						
normal/ Negative (RM)						
		Cholesterol	5.1	mmol/L		NK
		Triglycerides	1.0	mmol/L	(0.2-2.3 U)	NK
		HDL Cholesterol		1.8	mmol/L	NK
		LDL-Cholest (calc'd)		2.8	mmol/L	NK
R		Serum VLDL cholesterol level			0.5	mmol/L NK
		Chol/HDL ratio		2.8		NK

Sample Collected Date : 31/03/2021 10:17:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 31/03/2021 17:13:00
 Received Date : 01/04/2021 13:00:07
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,21.0960872.H Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-Hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Plasma glucose level			
		normal/ Negative (RM)			
		-Non-fasting sample			
		Glucose	5.1	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 31/03/2021 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 18:10:00
Received Date : 01/04/2021 13:00:10
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.2076924.S Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Widespread neuropathic pa...
 -South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
 -for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
normal/ Negative (RM)					
White Blood Count				8.6	x10 ⁹ /l (4.0-10.0 U) NK
Red Cell Count				4.72	x10 ¹² /l (3.80-5.80 U) NK
Haemoglobin	139		g/l	(115-165 U)	NK
Haematocrit	0.412		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				87.3	fl (83.0-101.0 U) NK
MCH	29.4		pg	(27.0-32.0 U)	NK
Platelet Count				347	x10 ⁹ /l (150-410 U) NK
Neutrophils	4.6			x10 ⁹ /l (2.0-7.0 U)	NK
Lymphocytes	3.2			x10 ⁹ /l (1.1-5.0 U)	NK
Monocytes	0.5			x10 ⁹ /l (0.2-1.0 U)	NK
Eosinophils	0.26			x10 ⁹ /l (0.02-0.50 U)	NK
Basophils	0			x10 ⁹ /l (0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 23/09/2021 12:13:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 23/09/2021 16:06:00
 Received Date : 23/09/2021 19:01:06
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,21.2077029.E Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Widespread neuropathic pa...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum vitamin B12				
	normal/ Negative (RM)				
	Serum Vitamin B12		411	ng/l	(200-883 U) NK
R	Serum folate				
	normal/ Negative (RM)				
	Serum Folate	4.1	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 23/09/2021 12:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/09/2021 16:27:00
Received Date : 23/09/2021 19:01:30
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.2077029.E **Coding Status** : Part Read Coded
Filed By User : Dr Roderick MacNeill **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Widespread neuropathic pa...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R Urea and electrolytes						
normal/ Negative (RM)						
		Sodium	140	mmol/L	(133-146 U)	NK
		Potassium	4.4	mmol/L	(3.5-5.3 U)	NK
		Chloride	103	mmol/L	(95-108 U)	NK
		Urea	4.4	mmol/L	(2.5-7.8 U)	NK
		Creatinine	59	umol/L	(40-130 U)	NK
		Estimated GFR	> 60	ml/min	(>>60 U)	NK
R Liver function test						
normal/ Negative (RM)						
		Total Bilirubin		8	umol/L	(<<20 U) NK
		ALT	23	U/L	(<<50 U)	NK
		AST	19	U/L	(<<40 U)	NK
		Alkaline Phosphatase		104	U/L	(30-130 U) NK
		Albumin	39	g/L	(35-50 U)	NK
R Protein EP & Igs						
normal/ Negative (RM)						
-No paraprotein detected.						
		Total Protein	69	g/L	(60-80 U)	NK
		Electrophoresis				NK
-No paraprotein detected						
R		Paraprotein 1	NA			NK
R		Paraprotein 2	NA			NK
R		Paraprotein 3	NA			NK
		IgG	9.3	g/L	(6.0-16.0 U)	NK
		IgA	1.5	g/L	(0.8-4.0 U)	NK
		IgM	0.81	g/L	(0.4-2.4 U)	NK

Sample Collected Date : 23/09/2021 12:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/09/2021 16:27:00
Received Date : 24/09/2021 13:00:06
Requestor :
Requestor GMC Code :

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Lab Report ID : AAF86919289	Coding Status : Coded
Filed By User : Miss Liz McGowan	File Status : Filed
Assigned to :	Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R	2019-nCoV (novel coronavirus) not detected				

R	2019-nCoV (novel coronavirus) not detected				NK

-SARS-CoV-2 Negative by PCR

-Sample taken at GGH and analysed in the National Lighthouse Laboratory

Sample Collected Date : 20/10/2021 11:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 21/10/2021 13:00:07
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

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Lab Report ID : B,22.0574555.Z Coding Status : Coded
 Filed By User : Dr Gail Henderson File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-Headache with tenderness ...
 -South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
 -for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Full blood count - FBC				
	Normal/ Negative (GH)				
		White Blood Count	+	11.7	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.92	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	137	g/l	(115-165 U) NK
		Haematocrit	0.431	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		87.6	fl (83.0-101.0 U) NK
		MCH	27.8	pg	(27.0-32.0 U) NK
		Platelet Count		389	x10 ⁹ /l (150-410 U) NK
		Neutrophils	+	7.9	x10 ⁹ /l (2.0-7.0 U) NK
		Lymphocytes		2.8	x10 ⁹ /l (1.1-5.0 U) NK
		Monocytes		1.0	x10 ⁹ /l (0.2-1.0 U) NK
		Eosinophils		0.03	x10 ⁹ /l (0.02-0.50 U) NK
		Basophils		0	x10 ⁹ /l (0.0-0.1 U) NK
		Nucleated RBC		0	x10 ⁹ /l NK
R	Erythrocyte sedimentation rate				
	Normal/ Negative (GH)				
		ESR	2	mm/hr	(0-19 U)NK

Sample Collected Date : 11/01/2022 13:15:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 12/01/2022 12:06:00
 Received Date : 12/01/2022 19:00:17
 Requestor :
 Requestor GMC Code :

Lab Report ID : B,22.0574535.G Coding Status : Part Read Coded
 Filed By User : Dr Gail Henderson File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Headache with tenderness ...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		C-reactive Protein			
		Normal/ Negative (GH)			
		C Reactive Protein		5	mg/L (0-10 U) NK
R					
		Urea and electrolytes			
		Normal/ Negative (GH)			
		-(NA) Old specimen: result invalid.			
		Sodium	141	mmol/L	(133-146 U) NK
		Potassium	NA		NK
		Chloride	104	mmol/L	(95-108 U) NK
		Urea	6.0	mmol/L	(2.5-7.8 U) NK
		Creatinine	59	umol/L	(40-130 U) NK
		Estimated GFR	> 60	ml/min	(>>60 U) NK
R					
		Thyroid function tests			
		Normal/ Negative (GH)			
		TSH	1.68	mU/L	(0.35-5.00 U) NK
		Free T4	13.5	pmol/L	(9.0-21.0 U) NK
		Total T3			NK

Sample Collected Date : 11/01/2022 13:15:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 12/01/2022 12:09:00
 Received Date : 12/01/2022 19:00:34
 Requestor :
 Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Miss Liz McGowan
Patient Matched	Yes.	BoSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0325
Practice Code	G40455

Report Date	20 Mar 2022
Letter ID	610370122987
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	20 Dec 2021

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Lab Report ID : B,22.1251325.J Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Hypertensin a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum lipids					
normal/ Negative (RM)					
		Cholesterol	6.0	mmol/L	NK
		Triglycerides	1.3	mmol/L (0.2-2.3 U)	NK
		HDL Cholesterol	1.9	mmol/L	NK
		LDL-Cholest (calc'd)	3.5	mmol/L	NK
R		Serum VLDL cholesterol level		0.6 mmol/L	NK
		Chol/HDL ratio		3.2	NK
R Urea and electrolytes					
normal/ Negative (RM)					
-(NA) Old specimen: result invalid.					
		Sodium	144	mmol/L (133-146 U)	NK
		Potassium	NA		NK
		Chloride	102	mmol/L (95-108 U)	NK
	6.7	Urea	mmol/L	(2.5-7.8 U)	NK
		Creatinine	67	umol/L (40-130 U)	NK
		Estimated GFR	> 60	ml/min (>>60 U)	NK
R Liver function test					
normal/ Negative (RM)					
		Total Bilirubin		4 umol/L (<<20 U)	NK
	18	ALT	U/L	(<<50 U)	NK
	20	AST	U/L	(<<40 U)	NK
		Alkaline Phosphatase	121	U/L (30-130 U)	NK
	39	Albumin	g/L	(35-50 U)	NK

Sample Collected Date : 11/05/2022 16:47:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 12/05/2022 12:54:00
 Received Date : 12/05/2022 19:00:18
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,22.1251666.V Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-Hypertensin a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Full blood count - FBC	Y		
		normal/ Negative (RM)			
		White Blood Count	+	11.6	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.72	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	137	g/l	(115-165 U) NK
		Haematocrit	0.428	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		90.7	fl (83.0-101.0 U) NK
		MCH	29.0	pg	(27.0-32.0 U) NK
		Platelet Count		341	x10 ⁹ /l (150-410 U) NK
		Neutrophils	6.9	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.7	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.6	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.31	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0.1	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 11/05/2022 16:47:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/05/2022 13:18:00
Received Date : 12/05/2022 19:00:31
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.1251625.T Coding Status : Part Read Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-Hypertensin a/R

SPECIMEN : Blood					
	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	normal/ Negative (RM)				
	HbA1c (IFCC)	39		mmol/mol (20-41 U)	NK

Sample Collected Date : 11/05/2022 16:47:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/05/2022 13:16:00
Received Date : 12/05/2022 19:00:38
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.2340613.K Coding Status : Coded
 Filed By User : Dr Issmael Fergague File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-generalised pains which h...
 -South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
 -for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Full blood count - FBC Y				
	satisfactory (IF)				
	White Blood Count	+	10.5	x10 ⁹ /l (4.0-10.0 U)	NK
	Red Cell Count		4.92	x10 ¹² /l (3.80-5.80 U)	NK
	Haemoglobin	139	g/l	(115-165 U)	NK
	Haematocrit	0.438	l/l	(0.370-0.470 U)	NK
	Mean Cell Volume		89.0	fl (83.0-101.0 U)	NK
	MCH	28.3	pg	(27.0-32.0 U)	NK
	Platelet Count		349	x10 ⁹ /l (150-410 U)	NK
	Neutrophils	6.1	x10 ⁹ /l	(2.0-7.0 U)	NK
	Lymphocytes	3.4	x10 ⁹ /l	(1.1-5.0 U)	NK
	Monocytes	0.6	x10 ⁹ /l	(0.2-1.0 U)	NK
	Eosinophils	0.30	x10 ⁹ /l	(0.02-0.50 U)	NK
	Basophils	0	x10 ⁹ /l	(0.0-0.1 U)	NK
	Nucleated RBC	0	x10 ⁹ /l		NK
R	Erythrocyte sedimentation rate				
	normal/ Negative (IF)				
	ESR	5	mm/hr	(0-19 U)	NK

Sample Collected Date : 26/10/2022 10:03:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/10/2022 12:11:00
 Received Date : 26/10/2022 19:00:25
 Requestor :
 Requestor GMC Code :

Lab Report ID : B,22.2340605.H Coding Status : Part Read Coded
 Filed By User : Dr Issmael Fergague File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-generalised pains which h...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R	Bone profile	Y				
	repeat test (IF)					
	Calcium	2.36	mmol/L	(2.20-2.60 U)	NK	
	Calcium (adjusted)	2.47	mmol/L	(2.20-2.60 U)	NK	
	Phosphate	1.31	mmol/L	(0.80-1.50 U)	NK	
	Albumin	38	g/L	(35-50 U)	NK	
	Alkaline Phosphatase	+	154	U/L	(30-130 U)	NK
R	C-reactive Protein					
	normal/ Negative (IF)					
	C Reactive Protein		4	mg/L	(0-10 U)	NK
R	Urea and electrolytes					
	normal/ Negative (IF)					
	Sodium	141	mmol/L	(133-146 U)	NK	
	Potassium	4.7	mmol/L	(3.5-5.3 U)	NK	
	Chloride	103	mmol/L	(95-108 U)	NK	
	Urea	6.5	mmol/L	(2.5-7.8 U)	NK	
	Creatinine	69	umol/L	(40-130 U)	NK	
	Estimated GFR	> 60	ml/min	(>>60 U)	NK	
R	Liver function test	Y				
	repeat test (IF)					
	Total Bilirubin		9	umol/L	(<<20 U)	NK
	ALT	20	U/L	(<<50 U)	NK	
	AST	18	U/L	(<<40 U)	NK	
	Alkaline Phosphatase	+	154	U/L	(30-130 U)	NK
	Albumin	38	g/L	(35-50 U)	NK	

Sample Collected Date : 26/10/2022 10:03:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/10/2022 12:10:00
 Received Date : 26/10/2022 19:01:01
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,22.2525695.B Coding Status : Coded
Filed By User : Dr Alice Niven File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-dry mouth, muscle and joi...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R			Y		
Liver function test					
improving (ALI)					
		Total Bilirubin		9 umol/L	(<<20 U)NK
		ALT	18 U/L	(<<50 U)NK	
		AST	18 U/L	(<<40 U)NK	
		Alkaline Phosphatase	+	141 U/L	(30-130 U) NK
		Albumin	37	g/L	(35-50 U) NK

Sample Collected Date : 15/11/2022 09:19:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2022 12:53:00
Received Date : 15/11/2022 19:00:18
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.3692668.G Coding Status : Part Read Coded
Filed By User : Dr Alice Niven File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-dry mouth, muscle and joi...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I ANA/Centromere Abs				
	normal/ Negative (ALI)				
	-Negative				
	ANA screen		Negative		NK

Sample Collected Date : 15/11/2022 09:19:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2022 15:42:00
Received Date : 18/11/2022 19:01:14
Requestor :
Requestor GMC Code :

Lab Report ID : B,23.1258472.X Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :
 -hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R Urea and electrolytes						
normal/ Negative (RM)						
		Sodium	142	mmol/L	(133-146 U)	NK
		Potassium	4.4	mmol/L	(3.5-5.3 U)	NK
		Chloride	100	mmol/L	(95-108 U)	NK
		Urea	6.0	mmol/L	(2.5-7.8 U)	NK
		Creatinine	55	umol/L	(40-130 U)	NK
		Estimated GFR	> 60	ml/min	(>>60 U)	NK
R Liver function test						
normal/ Negative (RM)						
		Total Bilirubin		4	umol/L (<<20 U)	NK
		ALT	28	U/L	(<<50 U)	NK
		AST	22	U/L	(<<40 U)	NK
		Alkaline Phosphatase	+	133	U/L (30-130 U)	NK
		Albumin	41	g/L	(35-50 U)	NK
R Serum lipids						
satisfactory (RM)						
		Cholesterol	5.8	mmol/L		NK
		Triglycerides	2.1	mmol/L	(0.2-2.3 U)	NK
		HDL Cholesterol		1.8	mmol/L	NK
		LDL-Cholest (calc'd)		3.0	mmol/L	NK
R Serum VLDL cholesterol						
		level			1.0	mmol/L NK
		Chol/HDL ratio		3.2		NK

Sample Collected Date : 04/05/2023 16:48:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 05/05/2023 13:19:00
 Received Date : 05/05/2023 19:01:42
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,23.1258521.N Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-hypertension a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		Full blood count - FBC			
		normal/ Negative (RM)			
		White Blood Count		8.5	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.48	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	128	g/l	(115-165 U) NK
		Haematocrit	0.422	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		94.2	fl (83.0-101.0 U) NK
		MCH	28.6	pg	(27.0-32.0 U) NK
		Platelet Count		261	x10 ⁹ /l (150-410 U) NK
		Neutrophils	4.8	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.0	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.4	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.26	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 04/05/2023 16:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/05/2023 13:50:00
Received Date : 05/05/2023 19:01:49
Requestor :
Requestor GMC Code :

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Lab Report ID : B,23.1258544.A Coding Status : Part Read Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	just below threshold for pre diabetes (RM)				
	HbA1c (IFCC)	40	mmol/mol (20-41 U)		NK

Sample Collected Date : 04/05/2023 16:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/05/2023 13:54:00
Received Date : 05/05/2023 19:01:55
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Miss Moretta Morrison
Patient Matched	Yes.	SCCRS Message Type	FHIR Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2705655662
Name	CONVERY,JANICE
Date Of Birth	27/05/1965
GMC Code of Registered GP	5703692
Practice Code	G40455

Smear Taker	Nurse Jeannie
Reporting Location	NHSGGC

SCCRS ID	1626229017
Laboratory ID	23g4061820
Smear Taken Date	03/05/2023 00:00
Cytology Result	No Result
Report Comments	
HPV Result	Human papillomavirus -ve (4K2Q.) (2287791000000118)
Recommended Management	Routine Recall - 5 years
Recall Date	03/05/2028

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Ms Alison Martin
Patient Matched	Yes.	BoSS Message Type	Result

electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0325
Practice Code	G40455

Report Date	10Jan2024
Letter ID	11042649893511
Kit ID	7627897946
Result	BCSP faecal occult blood test normal(686A.)
Report Comments	Negative
Recommended Management	No action required

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Lab Report ID : B,24.1563762.S Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-HTN A/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Full blood count - FBC	Y		
		normal/ Negative (RM)			
		White Blood Count	+	10.3	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.98	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	137	g/l	(115-165 U) NK
		Haematocrit	0.454	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		91.2	fl (83.0-101.0 U) NK
		MCH	27.5	pg	(27.0-32.0 U) NK
		Platelet Count		375	x10 ⁹ /l (150-410 U) NK
		Neutrophils	5.7	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.7	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.6	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.19	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0.1	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 30/05/2024 16:37:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/05/2024 12:22:00
Received Date : 31/05/2024 15:02:04
Requestor :
Requestor GMC Code :

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Lab Report ID : B,24.1563761.D Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-HTN A/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum lipids					
normal/ Negative (RM)					
		Cholesterol	6.1	mmol/L	NK
		Triglycerides	1.2	mmol/L (0.2-2.3 U)	NK
		HDL Cholesterol	2.2	mmol/L	NK
		LDL-Cholest (calc'd)	3.4	mmol/L	NK
R		Serum VLDL cholesterol level		0.5 mmol/L	NK
		Chol/HDL ratio		2.8	NK
R Urea and electrolytes					
normal/ Negative (RM)					
		Sodium	142	mmol/L (133-146 U)	NK
		Potassium	5.2	mmol/L (3.5-5.3 U)	NK
		Chloride	101	mmol/L (95-108 U)	NK
		Urea	5.6	mmol/L (2.5-7.8 U)	NK
		Creatinine	65	umol/L (40-130 U)	NK
		Estimated GFR	> 60	ml/min (>>60 U)	NK
R Liver function test					
normal/ Negative (RM)					
		Total Bilirubin		4 umol/L (<<20 U)	NK
		ALT	33	U/L (<<50 U)	NK
		AST	30	U/L (<<40 U)	NK
		Alkaline Phosphatase	+	139 U/L (30-130 U)	NK
		Albumin	40	g/L (35-50 U)	NK
R Thyroid function tests					
normal/ Negative (RM)					
		TSH	2.95	mU/L (0.35-5.00 U)	NK
		Free T4	12.0	pmol/L (9.0-21.0 U)	NK
		Total T3			NK

Sample Collected Date : 30/05/2024 16:37:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 31/05/2024 12:24:00
 Received Date : 31/05/2024 15:02:07
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,24.1563760.R Coding Status : Part Read Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-HTN A/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1c (IFCC)					
normal/ Negative (RM)					
HbA1c (IFCC)		39		mmol/mol (20-41 U)	NK

Sample Collected Date : 30/05/2024 16:37:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/05/2024 12:22:00
Received Date : 31/05/2024 19:00:17
Requestor :
Requestor GMC Code :

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Lab Report ID : B,25.1061027.J Coding Status : Part Read Coded
Filed By User : Dr Alice Niven File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-heart palps, recent recov...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	BNP (NT-Pro)				

normal/ Negative (ALI)

-NT-proBNP should always be interpreted in combination with
-clinical evaluation. Please see Heart Failure Diagnostic Pathway
-When used as recommended by protocol, NT-proBNP $\geq$ 400 suggests
-proceeding to ECG and echo.

NT pro BNP	140	ng/L	NK

Sample Collected Date : 26/03/2025 10:25:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/03/2025 18:25:00
Received Date : 27/03/2025 07:00:42
Requestor :
Requestor GMC Code :

Lab Report ID : B,25.1058971.Y **Coding Status** : Coded
Filed By User : Dr Alice Niven **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-heart palps, recent recov...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
normal/ Negative (ALI)					
Sodium		141	mmol/L	(133-146 U)	NK
Potassium		4.3	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea	7.0	mmol/L		(2.5-7.8 U)	NK
Creatinine		48	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
normal/ Negative (ALI)					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT	20	U/L		(<<50 U)	NK
AST	22	U/L		(<<40 U)	NK
Alkaline Phosphatase		117	U/L	(30-130 U)	NK
Albumin		38	g/L	(35-50 U)	NK
R Serum lipids					
normal/ Negative (ALI)					
Cholesterol	5.6	mmol/L			NK
Triglycerides	1.0	mmol/L		(0.2-2.3 U)	NK
HDL Cholesterol		1.8	mmol/L		NK
LDL-Cholest (calc'd)		3.3	mmol/L		NK
R Serum VLDL cholesterol level				0.5	mmol/L NK
Chol/HDL ratio				3.1	NK
R Thyroid function tests					
normal/ Negative (ALI)					
TSH	3.28	mU/L		(0.35-5.00 U)	NK
Free T4		12.8	pmol/L	(9.0-21.0 U)	NK
Total T3					NK

Sample Collected Date : 26/03/2025 10:25:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/03/2025 18:14:00
Received Date : 27/03/2025 15:01:07
Requestor :
Requestor GMC Code :

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Lab Report ID : B,25.1584493.L Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benvie Street GLASGOW

Report Text :

-HTN A/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
normal - no action (RM)					
White Blood Count				8.5 x10 ⁹ /l (4.0-10.0 U)	NK
Red Cell Count				4.83 x10 ¹² /l (3.80-5.80 U)	NK
Haemoglobin	134		g/l	(115-165 U)	NK
Haematocrit	0.431		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				89.2 fl (83.0-101.0 U)	NK
MCH	27.7		pg	(27.0-32.0 U)	NK
Platelet Count				397 x10 ⁹ /l (150-410 U)	NK
Neutrophils	4.3		x10 ⁹ /l	(2.0-7.0 U)	NK
Lymphocytes	3.4		x10 ⁹ /l	(1.1-5.0 U)	NK
Monocytes	0.5		x10 ⁹ /l	(0.2-1.0 U)	NK
Eosinophils	0.22		x10 ⁹ /l	(0.02-0.50 U)	NK
Basophils	0.1		x10 ⁹ /l	(0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 21/05/2025 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/05/2025 17:59:00
Received Date : 21/05/2025 19:00:37
Requestor :
Requestor GMC Code :

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Lab Report ID : B,25.1584458.Y Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-HTN A/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R	Bone profile	Y				
	satisfactory (RM)					
	Calcium	2.26	mmol/L	(2.20-2.60 U)	NK	
	Calcium (adjusted)	2.34	mmol/L	(2.20-2.60 U)	NK	
	Phosphate	1.14	mmol/L	(0.80-1.50 U)	NK	
	Albumin	38	g/L	(35-50 U)	NK	
	Alkaline Phosphatase	+	137	U/L	(30-130 U)	NK
R	Urea and electrolytes					
	normal - no action (RM)					
	Sodium	141	mmol/L	(133-146 U)	NK	
	Potassium	4.2	mmol/L	(3.5-5.3 U)	NK	
	Chloride	104	mmol/L	(95-108 U)	NK	
	Urea	4.5	mmol/L	(2.5-7.8 U)	NK	
	Creatinine	53	umol/L	(40-130 U)	NK	
	Estimated GFR	> 60	ml/min	(>>60 U)	NK	
R	Liver function test	Y				
	satisfactory (RM)					
	Total Bilirubin	6	umol/L	(<<20 U)	NK	
	ALT	26	U/L	(<<50 U)	NK	
	AST	22	U/L	(<<40 U)	NK	
	Alkaline Phosphatase	+	137	U/L	(30-130 U)	NK
	Albumin	38	g/L	(35-50 U)	NK	
R	Serum lipids					
	satisfactory (RM)					
	Cholesterol	5.1	mmol/L		NK	
	Triglycerides	0.9	mmol/L	(0.2-2.3 U)	NK	
	HDL Cholesterol	1.9	mmol/L		NK	
	LDL-Cholest (calc'd)	2.8	mmol/L		NK	
R	Serum VLDL cholesterol level			0.4	mmol/L	NK
	Chol/HDL ratio		2.7			NK
R	Thyroid function tests					
	normal - no action (RM)					
	TSH	2.94	mU/L	(0.35-5.00 U)	NK	
	Free T4	12.1	pmol/L	(9.0-21.0 U)	NK	
	Total T3				NK	

Sample Collected Date : 21/05/2025 10:20:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 21/05/2025 17:57:00
 Received Date : 22/05/2025 11:00:32
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,25.1584526.C Coding Status : Part Read Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-HTN A/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	normal but on the cusp of PRe Diabetes (RM)				
	HbA1c (IFCC)	40	mmol/mol	(20-41 U)	NK

Sample Collected Date : 21/05/2025 10:20:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 21/05/2025 18:03:00
Received Date : 22/05/2025 11:00:46
Requestor :
Requestor GMC Code :

Consultations	
10/01/2024 00:00	<u>Ms Alison Martin at General Practice Surgery</u>
Result	Bowel Cancer Screening Result

02/11/2023	
Additional	Administration of first inactivated seasonal influenza vacc 3029228/ FLUQ/VC/IM/Right Arm/FLU - Seqirus UK (Wellcare Pharmacy)

22/06/2023 17:46	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt requested a note to state what issues she has to show her work as she feels they are going to move her into a position that she wont be able to do because of her medical conditions. I have advised I can print off a GP summary which states what medical conditions she has. If she needs a further letter she would have to make a GP appt. Pt understood. GP summary in box for collection.

04/05/2023	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC)) just below threshold for pre diabetes (RM)

04/05/2023 16:24	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension A/R - bloods taken. Feeling in a good place. No issues with medication. Enjoying job and keeps active with work an walking. Feels diet ok although aware weight up. Asthma review - been feeling a bit more wheezy last couple of weeks. Taking ICS 2puffs am only. Advised to increase 2PBD. Happy with MDI and uses spacer. Discussed inhaler disposal and GRC audit completed
Test Request	HbA1c - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 132/80 mm Hg O/E - weight, 86 Kg Body Mass Index, 31.21
Social	Ex smoker
Result	Urine protein test negative
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Hypertension monitoring Lifestyle counselling Using inhaled steroids - normal dose Inhaler technique - good Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per week Asthma medication review Spacer device in use Asthma accident and emergency attendance since last visit, 0

04/05/2023 16:10	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt req repeat px for duloxetine for 1 month supply only. Pt advised her meds are out of sync. All other repeats due next month.

03/05/2023 00:00	<u>Miss Moretta Morrison at General Practice Surgery</u>
Result	Virology
Follow up	Cervical smear due (03/05/2028) SCCRS Recall

03/05/2023	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:15 on Thursday 04 of May at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.

28/04/2023	<u>at MJog</u>
Additional	Asthma monitor phone invite Text invite sent

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<u>24/04/2023</u>	<u>at MJog</u>
Additional	SMS text sent to patient Invite for Hypertension A/R with PN- (Text sent)
-	----
<u>05/04/2023 14:47</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Note on px, asthma review due may 23
-	----
<u>03/02/2023</u>	<u>at MJog</u>
Additional	SMS text sent to patient Text to apologise re Dr shortage sent
-	----
<u>27/01/2023 16:21</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	attends fr t2f. history as previous
Examination	indicating overlying splenic flexure on left side for source of pain. no pain on ballotting kidney either side, no hepatosplenomegaly. bowel sounds active
Comment	?relating to constipation- agree given altered bowel habit qFit, add in laxatives for regular use, follow up if not settling
Medication	Ispaghula Husk Granules, Gluten Free 3.5 grams/sachet 120 SACHET THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY Senna Tablets 7.5 mg 60 TABLET TWO TO BE TAKEN AT NIGHT Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 60 mg 28 capsule ONE TO BE TAKEN EACH DAY Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT
Test Request	qFIT - Requested
-	----
<u>26/01/2023 15:58</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	t/c of Janice- duloxetine has helped mood. still getting some issues. a bit of upper abdo pain. middle-left hand side. feels like a "gnawing" pain. always there. worse bending over (eg to tie laces), worse also lying flat in bed at night. doesn't think pulsating, doesn't think radiating to back. note mildly elevated alk phos. comments been quite constipated- moved bowels every 5 days or so. wonders if this pain represents constipation. previously quite constipated with IBS and note duloxetine dose increase. has previously been on laxatives for constipation
Comment	mainly would like this pain in abdomen assessed- appt given to see me tomorrow afternoon for review of this (needs time to make it up from southside where she works in a school)- appt made, consider regular laxatives if feel this is medication and constipation related
-	----
<u>19/12/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient staff shortage
-	----
<u>23/11/2022 15:43</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Asthma review done in May - no changes. Using reliever around 1-2 times per week. Takes Clenil 1PBD. Feels things stable. Review again with hypertension in May.
-	----
<u>17/11/2022</u>	
Additional	Administration of first dose of SARS-CoV-2 vaccine 200028A/ COVIMODERNA/IM/Left Arm//C-19 Moderna (Glasgow Central Mosque)
-	----
<u>17/11/2022</u>	
Additional	Administration of first inactivated seasonal influenza vacc 440151A/ FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Glasgow Central Mosque)
-	----
<u>15/11/2022 09:20</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Bloods taken as requested and asthma review appt arranged
-	----
<u>04/11/2022 15:18</u>	<u>Dr Alice Niven at Telephone Call</u>
History	Pain in neck, thighs up arms and legs, stopping her from sleep and being mobile. Discussed in depth - been to pain clinic and awaiting acupuncture via homeopathy care - no letter - seen in summer. check ANA when rechecking LFTs. (convinced this is 'autoimmune' . this is the last test to be done then outwith scope of medical test available. Spoke frankly about fibro and mgmt of this - increase duloxetine. she takes vit d every day. no longer takes oestrogen (didn't help) and mierna due change. has alpha one antitriptyase - but LFT normal.

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Medication	Duloxetine Gastro-resistant Capsules 60 mg 28 capsule <i>ONE TO BE TAKEN EACH DAY</i>
Test Request	Liver Function Tests - <i>Requested</i> , ANA (anti - nuclear and centromere abs) - <i>Requested</i>
-	----
<u>28/10/2022 13:42</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt called and informed to rpt Bone profile and LFT bloods in 4-6 weeks- Pt said will book in again closer to the time
-	----
<u>28/10/2022 13:25</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
Comment	slightly raised Alk Phos which is new- nil to clearly account for this on prev consultation. repeat in first instance within 4-6 weeks, suspect will have resolved
-	----
<u>26/10/2022 10:02</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Bloods taken as requested
Test Request	Bone Profile - <i>Completed</i> , CRP - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , ESR - <i>Completed</i> , Full Blood Count - <i>Completed</i>
-	----
<u>25/10/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:10 on Wednesday 26 of October at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
-	----
<u>20/10/2022 17:03</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	t/c to Janice- asking about getting oil removed- been trying to call sandyford initiative to make appt but not having any luck- reassured to continue trying. alternative to see gynae privately. agree she will continue trying to call SI. also wondering if new condition- note background chronic pain and ?fibromyalgia but not some worsening of pains and worsening of dry eyes. eyes very dry and states has a blister on underside of eyelid.
Comment	agree bloods, she will seek review of eyes with optician. review with results
Test Request	Bone Profile - <i>Requested</i> , CRP - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , ESR - <i>Requested</i> , Full Blood Count - <i>Requested</i>
-	----
<u>11/10/2022 11:57</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt returned the call and has been advised that the doctor can only give so much advice on contraception removal-really she should be discussing this with Sandyford family planning clinic or where she had the coil fitted. Pt said it wasn't just that she also wanted to discuss other health issues but did not want to elaborate any further on that- adv appt with Dr kept
-	----
<u>11/10/2022 11:54</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	MLOAM- pt called wanted to discuss removal of coil
-	----
<u>14/09/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient Bank Hol notification sent
-	----
<u>11/05/2022 16:40</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension/asthma A/R - bloods taken. Feels asthma well controlled. Using ICs 1PBD via spacer and not used reliever in around 3 weeks. Happy with inhaler types and aware of triggers. Feeling well in herself. enjoying new job. feels keeping her going. More active and trying to reduce weight - lost 3kgs so far. No urine today.
Test Request	HbA1c - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Lipid profile (inc. HDL) - <i>Completed</i> , Full Blood Count - <i>Completed</i>
Examination	Body Mass Index, 30.12 O/E - weight, 83 Kg Body Mass Index, 30.12
Social	Ex smoker
Result	Urine protein test not done
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Medication review done Hypertension monitoring

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	Lifestyle counselling Using inhaled steroids - normal dose Inhaler technique - good Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per month Asthma medication review Spacer device in use Asthma accident and emergency attendance since last visit, 0 Asthma monitoring
10/05/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:10 on Wednesday 11 of May at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx. - DO NOT REPLY TO THIS TEXT.
28/04/2022 15:19	Mrs Morag Devitt at Telephone Consultation
Comment	Called for asthma review - noted due annual hypertension review - best to do both FTF so appt booked for both 2/52.
26/04/2022 12:50	Miss Moretta Morrison at Data Entry
Comment	MLOAM to call surgery - Dr has advised that we will need to wait for clinic letter first before prescribing magnesium and Vit D .
26/04/2022 12:48	Dr Gail Henderson at Data Entry
History	Wait for clinic letter as various strengths available
26/04/2022 12:24	Miss Moretta Morrison at Data Entry
Comment	Due asthma review - note on px to make appnt with Practice Nurse.
26/04/2022 12:18	Miss Moretta Morrison at Data Entry
Comment	Patient phoned to order repeat meds. Said she attended Integrative Care last week and they said she should continue on high strength Vitamin D and magnesium. We don't have any letter from them yet and I explained that to her. Added that she can't afford to buy these items and I was just to ask Dr for it.
26/04/2022	at MJog
Additional	SMS text sent to patient Advice text re only one Dr available on Thursday
19/04/2022 10:26	Ms Lynne Kinnear at Data Entry
Comment	MLOAM - to cancel appt tele appt with nurse tomorrow and advised pt I have re-arranged for thursday 28/4 between 3-4 pls confirm this is ok?
07/04/2022	at MJog
Additional	Asthma monitor phone invite Text invite sent
20/03/2022 00:00	Miss Liz McGowan at General Practice Surgery
Follow up	No response to bowel cancer screening programme invitation (20/12/2021)
Comment	Bowel Cancer Screening Exclusion No response to bowel cancer screening programme invitation Non-Responder
27/02/2022	at MJog
Additional	SMS text sent to patient Shortage of Drs text sent
24/02/2022	at MJog
Additional	SMS text sent to patient Shortage of Drs text sent
11/01/2022	Dr Gail Henderson at General Practice Surgery
Result	Thyroid function tests Normal/ Negative (GH) Urea and electrolytes Normal/ Negative (GH) (Non Coded Event - C-reactive Protein) Normal/ Negative (GH)

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-	----
<u>11/01/2022</u>	<u>Dr Gail Henderson at General Practice Surgery</u>
Result	Erythrocyte sedimentation rate Normal/ Negative (GH) Full blood count - FBC Normal/ Negative (GH)
-	-----
<u>11/01/2022 11:55</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	BP 144/88, 140/86. Bloods taken. Due hypertension review in March so recheck BP then, didn't take glucose but will be done at A/R
Examination	O/E - BP reading
Test Request	Glucose - Requested, CRP - Completed, Urea and Electrolytes - Completed, Thyroid function tests - Completed, ESR - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 140/86 mm Hg
-	-----
<u>11/01/2022 11:18</u>	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Large argument yesterday with partner's family, he has cancer and they expect her to care for him. She had been doing well, starting new job and has moved back to her own flat last night. Just can't cope with them trying to control her. Ended up at OOH - see letter with headache. They have asked us to do ESR/CRP today to rule out GCA as she had some tenderness in temple. Most likely diagnosis is stress related headache related to her situation. Appt for bloods just now
Medication	Diazepam Tablets 2 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY
Test Request	Glucose - Requested, CRP - Requested, Urea and Electrolytes - Requested, Thyroid function tests - Requested, ESR - Requested, Full Blood Count - Requested
-	-----
<u>10/01/2022</u>	<u>Miss Moretta Morrison at Data Entry</u>
Comment	NHS24 report/OOH
-	-----
<u>09/12/2021 15:07</u>	<u>Dr Gail Henderson at Telephone Consultation</u>
History	See letter from Dr Tyagi. MRI brain and c-spine and bloods normal. Dr Tyagi thinks it is fibromyalgia. Lots of the symptoms over the years do tie in with this - pain, fatigue, insomnia, IBS, neck stiffness. Taking nortriptyline 10mg and duloxetine 40mg and thinks there has been a small improvement. Keen to stay on the same. Keen for me to refer her to centre for integrative care for a consultation. Has a new job in Shawlands Primary as a learning support teacher and looking forward to starting.
-	-----
<u>06/12/2021</u>	----
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Saseh) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (J Saseh)
-	-----
<u>06/12/2021</u>	----
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic)
-	-----
<u>06/12/2021</u>	----
Additional	Administration of first inactivated seasonal influenza vacc P100362174/ FLUQIVC/IM/Left Arm/FLU - Flucelvax Tetra (QIVc) (Barmulloch Community Centre - Public Vaccination Clinic)
-	-----
<u>03/11/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient Road closure 05/11/21 Cop26 sent
-	-----
<u>31/10/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient COP26 emerg only 01/11/21
-	-----
<u>25/10/2021 15:02</u>	<u>Dr Gail Henderson at Data Entry</u>
History	Fit for work so no more fit notes required
-	-----
<u>25/10/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient Cop26 px text sent

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20/10/2021	Miss Liz McGowan at General Practice Surgery
Result	2019-nCoV (novel coronavirus) not detected
18/10/2021	at MJog
Additional	SMS text sent to patient Cop26 disruption text
23/09/2021	Dr Roderick MacNeill at General Practice Surgery
Result	Serum folate normal/ Negative (RM) Serum vitamin B12 normal/ Negative (RM)
23/09/2021	Dr Roderick MacNeill at General Practice Surgery
Result	(Non Coded Event - Protein EP & Igs) normal/ Negative (RM) Liver function test normal/ Negative (RM) Urea and electrolytes normal/ Negative (RM)
23/09/2021 12:06	Mrs Cecilia Douglas at Sandyford Surgery
Comment	Bloods taken as requested
Test Request	Vitamin B12 - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Protein Electrophoresis & Immunoglobulins - Completed, Folate - Completed, Full Blood Count - Completed
Examination	O/E - weight, 86 Kg
22/09/2021 15:52	Dr Roderick MacNeill at Telephone Consultation
History	Headaches, earache, eyes stuck with green, sharp chest pains, sharp pains when swallowing, balance is an issue and keeps falling. Random swellings, body feels heavy shuffling walks. Walks every day. As Dr Tyagi suggests try nortriptyline with the view to withdrawing duloxetine at some point/ Has titrated down the ropinirole and is coming off this. Chronic Pain Syndrome
Medication	Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT
Test Request	Vitamin B12 - Requested, Urea and Electrolytes - Requested, Liver Function Tests - Requested, Protein Electrophoresis & Immunoglobulins - Requested, Folate - Requested, Full Blood Count - Requested
22/09/2021	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:45 on Thursday 23 of September at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.
14/09/2021 12:26	Dr Alice Niven at Data Entry
History	see letter from neurology "if normal - no further tests required" if not normal - let neurology know.
Test Request	Vitamin B12 - Requested, Protein Electrophoresis & Immunoglobulins - Requested, Folate - Requested
23/08/2021 15:40	Dr Roderick MacNeill at Data Entry
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Under investigation by neurology; Duration: 10/08/2021 - 19/09/2021)
26/07/2021 12:33	Dr Alice Niven at Sandyford Surgery
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: under investigation by neurology; Duration: 12/07/2021 - 09/08/2021)
15/07/2021 14:13	Dr Gail Henderson at Data Entry
Medication	Ropinirole Hydrochloride Tablets 2 mg 56 TABLET ONE TAB NOCTE (NOTE THIS IS TWO MG) Ropinirole Hydrochloride Tablets 250 micrograms 112 TABLET 2 TABS NOCTE ALONG WITH THE 2MG TABLET Estradiol Gel 0.06 % pump-pack 160 GRAM ONE PUMP DAILY
05/07/2021 14:58	Miss Liz McGowan at Data Entry
Comment	Fitnote emailed to pt, delivery received.

05/07/2021 12:57	<u>Dr Alice Niven at Data Entry</u>
History	wanting back on osterdiol gel - has mirena in situ since 2018 - ok fitnote for 'foot pain' no longer under investigation. -restless leg syndrome as per neurology. one month given. review thereafter.
Medication	Estradiol Gel 0.06 % pump-pack 80 gram ONE PUMP DAILY
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation; Duration: 27/04/2021 - 30/06/2021) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: restless leg syndrome; Duration: 05/07/2021 - 12/07/2021)

05/07/2021 10:46	<u>Miss Moretta Morrison at Data Entry</u>
Comment	Took herself off the HRT gel but would like to go back on it again as her menopausal flushes are back. She decided she didn't want to be on it as she was on Parkinson's medication. Also requesting FitNote extension for another 2 months please. To be emailed.

10/06/2021 13:01	<u>Dr Roderick MacNeill at Data Entry</u>
History	see Dr Tyagi's letter.
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 56 tablet 1 TAB NOCTE ALONG WITH THE 2MG TABLET

09/06/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By K Tytler) PV46694/ AZ/IM/RUA/C-19 (By K Tytler)

04/06/2021 12:00	<u>Dr Alice Niven at Data Entry</u>
Problem (FIRST)	ECG normal

10/05/2021 14:28	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Fitnote emailed to pt delivery report received.

10/05/2021 11:36	<u>Dr Roderick MacNeill at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation; Duration: 27/04/2021 - 30/06/2021)

31/03/2021 09:56	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension/Asthma Review - bloods taken (non fasted) Asked to hand in urine sample to dipstest. Feeling ok. Weight down 3kgs - has been trying. Eating less carbs. Exercise can be difficult due to neurological problem. Asthma well controlled. Takes 2Puffs ICS in morning and not used reliever in past couple of weeks. Hapy with MDI and uses spacer.
Test Request	Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Glucose - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 138/82 mm Hg O/E - weight, 80 Kg Body Mass Index, 29.03
Social	Ex smoker
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Medication review done Lifestyle counselling Inhaler technique - good Asthma not disturbing sleep Asthma causes daytime symptoms 1 to 2 times per month Asthma medication review Spacer device in use Asthma annual review Asthma accident and emergency attendance since last visit, 0 Asthma monitoring

30/03/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By D Mollins) 4120Z003/ AZ/IM/RUA/C-19 (By D Mollins)

19/03/2021 11:49	<u>Miss Liz McGowan at Data Entry</u>

Comment	pt called back, I have given her a 20min appt for asthma and hypertension review on Wed 31/03.
-	----
19/03/2021 11:41	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called for asthma review - no reply. Noted due hypertension review so if calls back can offer FTF appt for both (20 min)
-	----
01/03/2021 16:45	<u>Dr Christine M Crawford at Phone Encounter</u>
Comment	"discuss meds - call mobile" only benefit from ropinirole is that Janice now sleeps from around 00.20 to 6.30/7.00 so quality of life is better, has gradually cut down oestrogen gel (to every 3 days) with no return of sweats so plans to stop it now - fine. will contact Dr. Tyagi re review job hunting hampered by fact that employers currently feel asthma makes her high risk so they are reluctant to consider her.
Medication	Ropinirole Hydrochloride Tablets 2 mg 56 TABLET ONE TAB NOCTE (NOTE THIS IS TWO MG) Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 40 mg 56 capsule 1 Cap AT NIGHT Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: feet pain under investigation by neurologist; Duration: 28/02/2021 - 26/04/2021)
-	----
22/01/2021 15:40	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	FitNote scanned and emailed
-	----
22/01/2021 11:52	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	No real benefit from Ropinirole (on 2mg now) though is sleeping a bit better (used to be up every hour) . Should be speaking to Dr Tyagi in the next few weeks. Needs a sick line possibly. Wants to work (online) but needs ESA too.
Medication	Ropinirole Hydrochloride Tablets 2 mg 28 tablet ONE TAB NOCTE (NOTE THIS IS TWO MG) Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Duloxetine Gastro-resistant Capsules 40 mg 56 capsule 1 Cap AT NIGHT Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet Pain, under investigation by neurology; Duration: 08/12/2020 - 28/02/2021)
-	----
02/12/2020 12:39	<u>Dr Alice Niven at Data Entry</u>
History	SR -titration of
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 84 tablet 3 PER NIGHT INCREASE ONE TABLET EVERY WEEK UNTIL 8 PER NIGHT
-	----
12/11/2020 16:42	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Dr Tyagi requested ropinirole. Also recommended stopping citalopram - Janice will half tablets for a couple of weeks then gradually stop.
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 42 tablet ONCE DAILY FOR A WEEK THEN INCREASE BY ONE TABLET EVERY WEEK UNTIL TAKING 8 TABLETS DAILY
-	----
09/11/2020	<u>Mrs Joanne Millar at Data Entry</u>
Comment	Flu vaccination administration Given at Community Centre for Health
Additional	Seasonal influenza vaccination (Right arm) FLUCELVAX TETRA Sequirus Btch P100253416 Exp 05/21
-	----
03/11/2020 15:34	<u>Miss Janice Muirhead at Data Entry</u>
Comment	Fit note emailed to pt- missjaniceconvery@yahoo.co.uk
-	----
03/11/2020 12:22	<u>Dr Gail Henderson at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet Pain under lx by Neurologist; Duration: 02/11/2020 - 07/12/2020)
-	----

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05/10/2020 16:07	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Been to neurologist - ? peripheral neuropathy or restless leg syndrome. Has MRI on 24th Oct. He mentioned ropinirole but waiting for scan to be done. Janice needs further line. Leaving Arnold Clark today so feeling a bit emotional. Passed exam this week to teach English as a foreign language so feeling positive about that
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation by neurologist; Duration: 05/10/2020 - 02/11/2020)
-	----
29/09/2020 09:00	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Comment	Bloods taken
Test Request	Glucose - Completed, Vitamin B12 - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Folate - Completed, ESR - Completed, Full Blood Count - Completed, HbA1c - Completed
-	----
23/09/2020 11:19	<u>Dr Alice Niven at Sandyford Surgery</u>
History	being made redundant from Arnold Clark. would like to utilise medical insurance before she leaves (expires 5th Oct). would like to see specialist regarding . had this ;since she was born', off balance, pain in feet. duloxetine not helped. not had vit b12 and glucose for years - worth repeating. on the list for podiatry - see symptoms and examination below. ? neuralgia. need to rule out other causes first and refer??? neurologist - need date and name of apt.
Comment	I suggest she gets a blood test prior to seeing specialist.
Test Request	Glucose - Requested, Vitamin B12 - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Folate - Requested, ESR - Requested, Full Blood Count - Requested
-	----
07/09/2020 10:18	<u>Dr Gail Henderson at Telephone Consultation</u>
History	missjaniceconvery@yahoo.co.uk I examined her feet and legs on Thurs 2nd and peripheral pulses palpable, no swelling or discoloration in feet, feet warm and good cap refill. No boney pain. ? neuralgia. Increase duloxetine to 40mg and review. Needs line for work as walking difficult.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain referred to podiatry; Duration: 07/09/2020 - 05/10/2020)
-	----
03/09/2020 17:09	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Asthma ok just now. Using clenil 2PBD and not requiring much reliever. Added to hypertension recall both 6/12
Examination	O/E - BP reading Blood pressure reading 122/76 mm Hg Diastolic blood pressure, 76 mm Hg O/E - weight, 83 Kg
Follow up	(diary entry deleted) (Not Known)
Examination	Body Mass Index, 30.12
-	----
01/09/2020 10:29	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Needs BP checked as been on amlodipine for 2/12. Appt made for Thursday, new script done for another 2/12. Very happy with HRT. C/O burning sensation in feet , numbness in hands, present for quite a while. No swelling, redness or pain. Worried about circulation - we can check feet when in on Thursday. (Morag can ask me to have a quick look)
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Additional	Medication review done by doctor
-	----
08/07/2020 14:19	<u>Dr Christine M Crawford at Phone Encounter</u>
Problem (FIRST)	Essential hypertension
Comment	re oestrogen treatment - "like night and day" - very happy with this. happy to start amlodipine and see nurse for BP review 3-4 weeks - may need dose increase then. also discussed weight
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY
-	----
07/07/2020 15:50	<u>Dr Christine M Crawford at Data Entry</u>
Comment	ECG requested BP needs treated and guidelines suggest CCB first line
-	----
02/07/2020 16:30	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	passed to CC

Examination	Average home diastolic blood pressure, 101 mmHg Average home systolic blood pressure, 160 mmHg Home blood pressure monitor returned by patient
Additional	

01/07/2020	Dr Christine M Crawford at General Practice Surgery
Result	(Non Coded Event - QFIT) Normal/ Negative (CC)

24/06/2020 09:51	Miss Moretta Morrison at Data Entry
Comment	Given Home BP machine as per CC.

24/06/2020	Dr Christine M Crawford at General Practice Surgery
Result	Full blood count - FBC Normal - no action (CC)

24/06/2020 09:18	Dr Christine M Crawford at Sandyford Surgery
Comment	no diarrhoea today but has had it daily apart from one day, again fresh blood Sunday (had it on and off). "scared to eat" - occ faecal inco OE abd soft, tender L paraumbilical region but no masses felt. PR - skin tag 7 o'clock, otherwise NAD flushes ++, keen to try HRT (also poor sleep). maternal grandmother died of breast cancer but no other FH. has Mirena so start oestrogen note BP --> will do home monitoring (issued today) refer colorectal
Medication	Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily
Test Request	qFIT - Requested
Examination	O/E - BP reading Blood pressure reading 154/100 mm Hg
Social	both parents died within short period and feels this has had a great impact. daughter Emma now in same sex relationship but anxious about telling her father. daughter/Janice mutually supportive. furloughed from Arnold Clark (there 10y) and not optimistic re job long term. training in TEFL and keen to work with refugees here.

23/06/2020 11:06	Dr Christine M Crawford at Phone Encounter
Comment	sleeping tablets put her in "sleep walk mode" - h/o same - so feels they are risky and prefers not to take. But still not sleeping ("pacing") - only getting about 4 hours. also c/o sweats+++ - Mirena in situ since Sept 2018 - amenorrhoeic stools have been watery with blood at the end. will attend for assessment and bloods
Test Request	TTG (IgA) abs - to test for coeliac - Requested, Bone Profile - Requested, CRP - Requested, Urea and Electrolytes - Requested, FSH - Requested, Liver Function Tests - Requested, Thyroid function tests - Requested, Full Blood Count - Requested

23/06/2020 08:50	Mrs Kathy Gordon at Data Entry
Comment	pt is still bleeding from the back passage

Consultations	
11/05/2020 10:46	<u>Dr Christine M Crawford at Sandyford Surgery</u> noted fresh blood from back passage - intermittent, when she passes a solid stool. no pain associated. has had this occasionally for years, but more of an issue recently - fresh blood "pouring" - noted in toilet rather than just wiping. no swelling/lumps noted. generally fine but sleep still an issue. longstanding bowel problem - can be solid or "running" and keeps to bland diet to reduce latter. Can't eat a lot of dairy (sometimes vomits too with this). No change in bowel habit. Possible haemorrhoids but explained would need seen and possibly referred if persists. But try Fybogel orange to regulate bowel, and will report if ongoing issues. Says bowel issue started after she had Emma and that she did take Fybogel (her mother-in-law's)
Comment	
Medication	Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet 60 sachet <i>THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY</i> Scheriproct Suppositories 12 <i>SUPPOSITORY INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT</i>

07/05/2020 14:59	<u>Miss Janice Muirhead at Data Entry</u> Pt req call back in next few days for bleeding back passage- advised pt to call tomorrow for tel triage slot - happy to do this

15/04/2020 13:22	<u>Dr Christine M Crawford at Phone Encounter</u> step father [REDACTED] died on Sunday - he moved in with her Mum when she was about 3 or 4, and Mum put her into care when aged 13y. Not close to mother (who died in Sept) but cared for Jimmy for 15y - latterly in care home then admitted for end of life care in the end. Coping (he was a good age - born 1930) but getting grief from mother's side of the family who have never been close or supportive to her. wants something to sleep - discussed. also feels chest a bit tight so step up Clenil to 200 (2 puffs BD) short term
Comment	
Medication	Zopiclone Tablets 7.5 mg 14 tablet <i>ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP</i> Clenil Modulite Cfc-free inhaler 200 micrograms/actuation 1 <i>INHALER TWO PUFFS TO BE INHALED TWICE A DAY</i>

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Consultations

17/05/2016 13:27 Dr Alison Lawson at Data Entry
 Medication Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
 Comment See gp for review next time ? change to mini pill ? Mirena- suggested before

06/04/2016 11:00 Dr Alison Lawson at Sandford Surgery
 History Big meltdown after family wedding, she was invited , not ~~invited~~ or her own partner. not treated well. Extensive family issues, Janice put in care by an older sister at the age of 15. Allowed to vent. Does not wish counselling, thinks she will cope by herself. Requesting sickline as she doesn't think she can cope with work at the minute. regrets going to the wedding. Was hoping to build bridges with her sister. Older brother told her who her father was.
 Medication Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
 Social In care as a teenager. No contact with her mother, sees her stepdad and a couple of other family members.

Additional eMED3 (2010) new statement issued, not fit for work Fitnote.pdf, (Diagnosis: Viral illness; Duration: 06/04/2016 - 20/04/2016)

History Ongoing bleeding, no time to assess today, will make a further appt.

Registration Details - Patient No: 2915

Personal details...		Address details...	
Date of birth	27/05/1965	Post Code	G20 7SA
Sex	F	No and Street	F3-2 21 Benview Street
Title	Miss	Town	GLASGOW
Surname	Convery	County	
Previous Surname		Village	
Forenames	Janice	House Name Flat No	
Calling Name	Janice		
Ethnic Origin			
Marital Status	Single		
Birth Surname			
HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	MainTel No	07788417505
Registered GP	Dr Fiona Clarey	Alt Tel No	07788417505
Usual GP	Dr Fiona Clarey	N.O.K Tel DO NOT USE	
Residential Inst		E Mail Address	missjaniceconvery@yahoo.co.uk
Branch Surgery			
CHI Number	2705655662		
NHS Number	S496/65/338		
Imported user defined fields		Practice Information...	
GPASS Patient ID		Hospital Number	
Next of Kin Name and Tel	07788417505	Records At	Sandyford Surgery
Contact Relationship	Daughter - 07799316748	Dispensing	N
School Attending			
Welfare Contact Name			
Further Information		Upload Consent	
Long Short Dead		SCI-DC Consent	Implied Consent (default)
Date of Registration	09/05/1991		
AMSIMCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
eCompliance Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
22/11/2021	Fibromyalgia	Dr Henderson	N248
02/07/2020	Essential hypertension	Dr Crawford	G20
29/10/2018	Hallux valgus osteotomy NEC Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	Dr Man	7K192-1
07/09/2018	Insertion of intrauterine system mirena	Ms McLaren	7E097
27/10/2010	Asthma NOS Disease: SPICE Asthma Opening,	Mrs Devitt	H33zz
22/08/2002	Asthma NOS	Carlos	H33zz
15/04/2002	Other laparoscopic female sterilisation	UnknownUser	7E1D
23/06/2001	Forceps delivery female Start Date: 26/09/1991	UnknownUser	L395

23/06/2001	Threatened abortion Start Date: 27/05/1991	UnknownUser	L100
23/06/2001	H/O: pelvic inflammatory dis. Start Date: 01/01/1989	UnknownUser	1592

Past Problems		Authorised By	Code
26/02/2025	Septicaemia	Dr Niven	A38
26/02/2025	Influenza NOS	Dr Niven	H27z
18/12/2024	Other hospital admission NOS influenza A	Any Wilson	8H3Z
11/04/2024	Stress at home	Dr Scullion	13HT1
04/06/2021	ECG normal	Dr Niven	3216
01/10/2018	Exercise tolerance test normal	Dr Henderson	33B93
27/10/2010	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
09/12/2009	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
19/11/2008	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
14/11/2007	Never smoked tobacco Disease: SPICE Asthma Action,	Mrs Devitt	1371
14/11/2007	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
17/04/1991	GP/HPC-health promotion clinic	Dr Henderson	989

Health Admin Problems		Authorised By	Code
27/10/2010	Asthma annual review Disease: SPICE Asthma Opening,	Mrs Devitt	66YJ
09/12/2009	Asthma annual review Disease: SPICE Asthma Opening,	Mrs Devitt	66YJ
19/11/2008	Smoking cessation advice Disease: SPICE Basic Health Values,	Miss Muirhead	8CAL
19/11/2008	Current smoker Disease: SPICE Asthma Action,	Mrs Devitt	137R

Consultations	
18/03/2016 10:21	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Asthma sometimes restricts exercise Asthma never disturbs sleep
Examination	Peak exp. flow rate: PEFR/PFR, 400 L/min Predicted peak flow (EN13826), 418 l/min
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning
Additional	Using inhaled steroids - normal dose Inhaler technique - good

-	
History	L sided facial pain x 1 week. ENT normal. Reproduced on tapping L TM jt. ? TMJ dysfunction. Suggest speak to dentist again. Relieved by Paracetamol on top of her Tramadol

27/01/2016 14:41	<u>Miss Janice Muirhead at Data Entry</u>
Comment	pt advised tma nurse for asthma review

-	
09/10/2015 15:23	<u>Mrs Joanne Millar at Data Entry</u>
Comment	spoke to Mr Wilson' sec at Breast Clinic. Will have appt for review on or before 9th Nov. Advised patient of this and if not had appt then to contact us to chase up again

-	
09/10/2015 12:37	<u>Mrs Irene Davidson at Telephone Consultation</u>
Comment	Waiting for an appointment for breast clinic had mamogram 3 /52 ago .

-	
09/10/2015 12:04	<u>Mrs Joanne Millar at Data Entry</u>
Comment	portal checked at nurses req to check for an appt

-	
06/10/2015 09:20	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Comment	blood taken . Waiting for appointment at breast clinic .
Test Request	Full Blood Count - Completed
Additional	Seasonal influenza vaccination Lot M7273-6 Exp 05/16 Sanofi Pasteur

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01/10/2015	Dr Chris Ho at Data Entry
Additional	
10/09/2015 15:05	Dr Christine M Crawford at Data Entry
Test Request	Full Blood Count - Requested
10/09/2015	Mrs Cecilia Douglas at Sandyford Surgery
Comment	FBC not received by lab. Do you want this repeated
27/08/2015 09:33	Dr Christine M Crawford at Sandyford Surgery
Comment	skin R breast is different and not clear how long. no lumps palp but refer. xs bleeding, recently 16 days. also c/o tiredness. see prev gyn letters, never had tranexamic acid so try this as reluctant re Mirena but may consider.
Medication	Tranexamic Acid Tablets 500 mg 48 tablet TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS
Comment	also c/o burning patches on various bits of body including soles, can last a day and feels hot to touch? additionally noted diarrhoea with urgency if lot of milk or dairy and thinks element lactose intolerance - may be correct, discussed
Test Request	Glucose - Requested, Vitamin B12 - Requested, Bone Profile - Requested, CRP - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Folate - Requested, Thyroid function tests - Requested, Vitamin D - Requested, ESR - Requested, Full Blood Count - Requested, TTG (IgA) / Coeliac screen - Requested
Social	happy with office job Arnold Clark 11-8, 5 days a week. has changed life (prev in catering) and no longer drinks as was culture
27/08/2015	Mrs Cecilia Douglas at Sandyford Surgery
Comment	Bloods taken
Test Request	Glucose - Completed, Vitamin B12 - Completed, Bone Profile - Completed, CRP - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Folate - Completed, Thyroid function tests - Completed, Vitamin D - Completed, ESR - Completed, Full Blood Count - Completed, TTG (IgA) / Coeliac screen - Completed
19/08/2015 15:21	Mrs Morag Devitt at Sandyford Surgery
Comment	CS - os appears intact. Not done bowel screening. Lost kit. Will arrange replacement. Says noticed dimpling right breast. Advised needs to see GP. Also bleeding still a problem. Feels norethisterone not helping. Will discuss with GP also.
Examination	O/E - weight, 75.2 Kg
Additional	Body Mass Index, 27.29 Cervical smear taken
19/08/2015 00:00	Mrs Cecilia Douglas at General Practice Surgery
Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)
10/08/2015	Dr Helen Campbell at Data Entry
Additional	Medication review done
16/04/2015 12:38	Dr Aijaz Mohammad at Sandyford Surgery
History	sr norethisterone - ddone
19/02/2015 15:28	Dr Christine M Crawford at Phone Encounter
Comment	heavy frequent periods. prev attended gyn 2012 for lx and Mirena suggested but DNA and seemed to settle ot an extent. however, again problematic so req norethisterone (prev given by gyn). she thinks due change of life but agreed will come in for PV and smear (? refer gyn/ consider Mirena)
Medication	Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
19/02/2015 14:52	Dr Christine M Crawford at Data Entry
Comment	Failed encounter - message left on answer machine
19/02/2015 10:11	Mrs Joanne Millar at Data Entry
Comment	please call - asking to speak to Dr abiut getting medication to help stop heavy

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	bleeding 07788417505
-	----
<u>20/10/2014 11:27</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Influenza vaccination
Examination	Peak flow rate before bronchodilation, 250 litres/min
Social	Cigarette smoker, 2 cigarettes/day
Follow up	(diary entry deleted) (Not Known)
Additional	Using inhaled steroids - normal dose Inhaler technique - moderate Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per week Smoking cessation advice Asthma medication review Asthma annual review Seasonal influenza vaccination L8206-1 EXP 05/2015 Sanofi Pasteur
-	----
<u>09/06/2014 15:34</u>	<u>Dr Alison Lawson at Data Entry</u>
History	Appt next Mon am at 11.40 with Dr McGinn , anaesthetist/pain specialist at Ross hall.
-	----
<u>09/06/2014 09:35</u>	<u>Miss Janice Muirhead at Data Entry</u>
Comment	AL- Pt returned your call and says she wishes to go ahead, says she will contact consultant but she is available if you want to spk to her
-	----
<u>06/06/2014 08:47</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Recurrent R SI jt pain. Asking for private referral for fusion. Also pain L ant ribs x 1 month
Medication	Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE
Comment	CXR, increase Duloxetine to 1 bd, explore private referral
-	----
<u>06/02/2014 15:26</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
Medication	Prochlorperazine Maleate Buccal tablets 3 mg 20 tablet ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY
History	Sore tummy and anorexic for a few days with nausea. O/E Well abdo soft minor discomfort in epigastrium. Has some resolving boils in L upper hypochondrium which apparently faire up with her period. Some acne spots on face too so try zineryt. Imp GI upset, for stemetil
Medication	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE DAILY
-	----
<u>10/01/2014</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor phone invite
-	----
<u>27/11/2013</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN
History	In for review. Pain controllable on her meds. Changed job which helps. Considering reducing hours more. Astham well controlled.
Examination	Peak flow rate before bronchodilation, 380 litres/min
Medication	Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE 1 CAP BD Peak Flow Meter (Standard Range) Meter 1 device AS DIRECTED
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Seasonal influenza vaccination B/N E11 EXP 06/14 (GMS) Asthma management plan given Asthma medication review Peak flow meter at home Asthma annual review Asthma accident and emergency attendance since last visit, 0 Medication review done
-	----
<u>26/09/2013</u>	<u>Dr Christine M Crawford at Data Entry</u>
Comment	due GP review re meds

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-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Attended Keep Well. Discussed smoking but no plans to stop. No other concerns. Random bloods taken. Recheck BP 1 month.
-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Healthy diet GPPAQ physical act ind: active
Social	In paid employment
-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	NHS Health Check programme
Social	White Scottish Interpreter not needed
Problem	Chest pain not present
Problem	No breathlessness
Social	Excepted from depression quality indicators: Patient unsuita
Result	O/E - pulse rate NOS 69 Blood pressure reading 131/90 mm Hg Height 166 cm Weight 74 Kg BMI 26.9 kg/m2
History	Current smoker Cigarette smoker
Result	Cigarette consumption 2
History	Smoking cessation advice
Social	Healthy lifestyle program stat
History	Not interested in stop smoking Goal identification
-	----
01/08/2013	<u>Dr Christine M Crawford at Data Entry</u>
Comment	+ note re review
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN
-	----
04/01/2013	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Problem	Letter sent to patient \\XGMP-40455CS-01\NetworkShare\40455 Letters\Asthma Review_04012013090606998.doc
-	----
28/12/2012	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Rep.presc. monitoring NOS MM LES Equivalent quantities for all medication checked MM LES
-	----
14/12/2012	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Examination	O/E - weight, 76.4 Kg Body Mass Index, 28.06 Peak flow rate before bronchodilation, 320 litres/min
Social	Current smoker, 2 per day
Comment	Asthma review has symptoms daily so increase clenil to 2 puffs in morning and review if no improvement .
Follow up	(diary entry deleted) (Not Known)
Additional	Using inhaled steroids - normal dose Asthma medication review Asthma annual review Inhaler technique - moderate Asthma daytime symptoms, 0 times/week Seasonal Influenza vaccination (Left arm) BN J7166-1 EXP 06/13 Sanofi Paster Consent given for seasonal influenza vaccination Asthma not disturbing sleep Asthma not limiting activities Bronchodilators used a maximum of once daily
-	----
23/10/2012	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Problem	Asthma monitor 1st letter \\XGMP-40455CS-01\NetworkShare\40455 Letters\BP REVIEW_23102012111430818.doc
-	----

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<u>21/05/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
Medication	Tramadol Hydrochloride Capsules 50 mg 90 capsule ONE TO BE TAKEN 8 HRLY FOR PAIN PRN Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE
-	----
<u>24/04/2012</u>	<u>Dr Christine M Crawford at Data Entry</u>
Comment	note recommendation in gyn letter re tranexamic acid, ?for Mirena later
-	----
<u>26/03/2012</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Rep.presc. monitoring NOS MM LES Equivalent quantities for all medication checked MM LES
-	----
<u>10/02/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Abdo pain, epigastric and down L side. No relief with tramadol last night. Also usual back pain. Afebril, pulse 80, abdo soft, tender in epigastrium and L side Urinalysis is neg. Worried about USS scan, awaiting follow up as showed L Ovarian cyst. Also thinks has a fluid discharge ? urine in the morning- ?? Unlikely to be related to cyst. Note has stopped omeprazole ? element of reflux.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE 1 CAP BD
Comment	Can double up Duloxetine at night for back pain. Restart Omeprazole and continue tramadol 2 tabs QID pm. Imp- diff to assess. Not systemically unwell. Safety netted- I am working at WIG OOH tomorrow if has another bad night.
-	----
<u>25/01/2012</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Bloods taken as requested. Asthma check - control ok at present. Using reliever a couple of times per week. Taking ICS in morning only. Advised to take at night also and monitor symptoms. discussed stepping treatment. Happy with MDI's.
Examination	O/E - weight, 73.2 Kg
Social	Cigarette smoker, 2 cigarettes/day
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma causes daytime symptoms 1 to 2 times per week Using inhaled steroids - normal dose Asthma not disturbing sleep Inhaler technique - good Smoking cessation advice Asthma medication review Asthma annual review
-	----
<u>13/01/2012 00:00</u>	<u>Mrs Cecilia Douglas at General Practice Surgery</u>
Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)
-	----
<u>13/01/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Menorrhagia, some postcoital bleeding . PV- Tender LIF ? mass ? sigmoid. Also c/e sweats. TMA for lh fsh oest and CEA. Arrange USS pelvis, smear and cervical swab taken. Refer gynae
-	----
<u>29/12/2011</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor 3rd letter \\XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011095158870.doc
-	----
<u>29/12/2011</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor 2nd letter \\XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011094844510.doc
-	----
<u>02/12/2011</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Doing much better. Stopped patches and on Duloxetine only. Sleeps at night with it and has not had to take Tramadol. No alcohol now and new job with Arnold Clark, less physical which helps. Now thinks being fired was blessing in disguise. Feels better than she has done for a while. Pain is bearable
Medication	Duloxetine Gastro-resistant Capsules 30 mg 28 capsule ONE CAPSULE NOCTE Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	Medication review done by doctor

02/12/2011 Comment	Mrs Kathy Gordon at Data Entry please call would like to speak to dr about her meds 07788417505
02/11/2011 History	Dr Roderick MacNeill at Sandyford Surgery as per letter from pain clinic. Note on script to see for review next time.
02/11/2011 Comment	Miss Janice Muirhead at Data Entry patient came in to get px as advised in hosp letter dated 05/10/11 - to go to APPLE
27/10/2011 Additional	Miss Janice Muirhead at Sandyford Surgery (18830) Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_27102011111317416.doc
13/10/2011 Comment Additional	Mrs Cecilia Douglas at Sandyford Surgery Influenza vacc consent given Smoking cessation advice
13/10/2011 Social Additional	Mrs Cecilia Douglas at Sandyford Surgery Current smoker, 1 per day Influenza vaccination (Right arm) Batch No. X07 - exp 05/12 Abbott
01/03/2011 History	Mrs Irene Davidson at Sandyford Surgery Blood taken for Ilt's .Requesting treatment for thrush priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
28/02/2011 History	Dr Christine M Crawford at Sandyford Surgery note due review and LFT's priority=2
28/10/2010 History	Dr Roderick MacNeill at Sandyford Surgery asking for nasonex priority=2
27/10/2010 History	Mrs Morag Devitt at Sandyford Surgery Asthma review - see SPICE. Happy with MDi's. Uses reliever most days. recovering from URTI so using a bit more at present. Has increased ICS to BD as usually just uses at night. Flu vac given. Will ret for LFT's in Nov. Starting new jo with Arnold clark on Mon. priority=2 O/E - weight Characteristic 68.8:kg priority=2
Problem	Influenza vaccination Injection Site: Left Arm priority=1 Batch Number: V10 Expiry date: 30/06/2011 Manufacturer: Abbott Laboratories / Solvay Healthcare Product Name: Influvac
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
Problem	Asthma NOS Disease: SPICE Asthma Opening,
Problem	Asthma annual review Disease: SPICE Asthma Opening,
History	Asthma disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Current smoker Disease: SPICE Asthma Action, priority=1
History	Smoking cessation advice Disease: SPICE Asthma Action, priority=2 Asthma medication review Disease: SPICE Asthma Action, priority=2 O/E - weight Weight\$.clm - Repeat after an Interval (diary entry deleted) (Not Known) PEFR actual O/E - weight
30/09/2010	Dr Roderick MacNeill at Sandyford Surgery buprenorphine patch changed to 8 patches so as they last a month.,Note on

History	script for review priority=2
-	----
<u>16/09/2010</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	"Patient is unsure about when she should be having LFTs. Clinic advised getting regularly but didnt indicate how often, could dr advise. Not due at clinic until Jan" prev abnormal LFTs, mild alpha 1 antitrypsin def, last LFTs and AFP on SCI 25/5/10 normal. suggest routine check Nov. However, feeling rotten, nauseated. BNO 7 days till today. not "ill" ill" but not well, offered appt tomorrow for assessment. priority=2
-	----
<u>13/09/2010</u>	<u>Miss Janice Muirhead at Sandyford Surgery</u>
History	Asthma monitor 1st letter \\GPASS40455W3K1\NetworkShare\40455 \Letters\Asthma Review_13092010141120114.doc priority=2
-	----
<u>19/08/2010</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	per pain clinic priority=2
-	----
<u>21/06/2010</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Cervical smear: negative Cervical Screening\$\$ ctm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
-	----
<u>02/06/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Constipated, difficulty puing, has to strain. all for last 2 months. Wonders about prolapse- nil to see but says tampon comes out when strains to pu. PV uncomfortable- ? because lying on back. But tender cervix. Clinically vag thrush. HVS and smear taken. Note negative gynae lx last year. Plan - Sort out constipation and see if urinary flow improves, if not will refer urology. 2. Very upset as fired from work. discussed. ? opportunity to retrain priority=2
-	----
<u>19/05/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	DWP received and passed to AL priority=2
-	----
<u>14/05/2010</u>	<u>Telephone Advice at Sandyford Surgery</u>
History	fit note - unfit 3w - sacroiliac pains - due SI injections 28/05 DGlocum priority=2 [V]Issue of medical certificate 3w SI jt pain priority=2
-	----
<u>12/05/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
-	----
<u>21/04/2010</u>	<u>Mr Locum 1 at Sandyford Surgery</u>
History	Med3 4 weeks sacroiliac joint pain, manager not agreeing to light duties. Pain not improved with butrans 35mcg so increase this. also taking coxamol 30/500 8 tabs daily. Discussed inv for alpha 1 antitrypsin def. Shepherd priority=2
-	----
<u>12/04/2010</u>	<u>Joanne at Sandyford Surgery</u>
History	White Scottish Disease: Ethnicity, priority=2 Interpreter not needed Disease: Ethnicity, priority=2
-	----
<u>08/04/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	AML - UK Independent Medical - notes sent recorded delivery priority=2
-	----
<u>31/03/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	Request for medical report received from UK Independent Medical and passed to Dr Lawson .cr priority=2
-	----
<u>23/03/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	DWP faxed back as they called to request this instead of electronically priority=2
-	----
<u>15/03/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>

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History	Got letter from Dr Ewan Cameron saying that alpha 1-antitrypsin is only 80 % of normal. Asking about it- will have to wait and see Dr Mills. Appt is in April now. USS scan was neg. note LFTs are improving. Not feeling great, wonders if injection is wearing off. priority=2 Medication review
-	----
10/03/2010	<u>Receptionist at Sandyford Surgery</u>
History	Electronic DWP rec'd and passed to Dr Lawson priority=2
-	----
03/03/2010	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Enrolled in Prof Thomson's Azithromycin study priority=2
-	----
08/02/2010	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Asking if we have any more info from Asthma reseach re raised transaminases. Scistore checked- mild transaminases raised. Presume hep screen has also been done. Await letter from Dr cameron, Asthma research fellow. Note he has referred to Dr Mills priority=2 Medication review
-	----
20/01/2010	<u>Telephone Advice at Sandyford Surgery</u>
History	Would like a few more Buprenorphine . Further 4 given as ordering early priority=2
-	----
05/01/2010	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	basically in due to poor pain control; added another 10 patch to the 20 2 days ago. no better. taking etorocoxib and paracet too, sleep disturbed, not coping, tearful. due injections 29/1 but can't hold out that long. not wanting lots of tabs. also worried pain has more serious cause. skin reaction to patches but keen to increase and continue. 35mcg is changed after 4 day, co-codamol 30/500 is to tide over short term only. see 2 weeks if not much better. ?physio again - not keen. wants MDIs - given aeroxh priority=2 Medication review done priority=2 Medication review
-	----
09/12/2009	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. Using reliever quite a lot at present. Only taking ICS once daily. Advised to step up to BD as prescribed. R/R if symptoms not reduced. Swine flu vac given. priority=2
Problem	PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given Injection Site: Right Arm priority=1 Batch Number: A81CA106A Expiry date: 31/08/2011 Manufacturer: GlaxoSmithKline Product Name: Pandemrix
Problem	Consent given for pandemic influenza vaccination Recorded through Combined Vaccination priority=1
Problem	Asthma annual review Disease: SPICE Asthma Opening,
History	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 PEFR exp. PEFR actual Discussion Yes
-	----
24/11/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-	----
04/11/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
30/10/2009	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	need letter re drugs as travelling via Dubia. priority=2
-	----
26/10/2009	<u>Telephone Advice at Sandyford Surgery</u>

History	Medication review
-	----
<u>26/10/2009</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1. Due to increase dose of Buprenorphine to 20 mcg/hr when away on holiday. OK- script for 5 patches given in advance. 2. Also requesting Mefloquine for malaria PP x 9 tabs x250mg priority=2
-	----
<u>26/10/2009</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Flu vacc given. priority=2
Problem	Current smoker : priority=1
Problem	Influenza vaccination Batch Number: 095302A Expiry Date: 5/2010 priority=1 Batch Number: 095302A Expiry date: 31/05/2010 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
History	Light smoker - 1-9 cigs/day Smoker\$.clm - Repeat after an Interval (diary entry deleted) (Not Known) Smoking cessation advice Cessation smoking\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	----
<u>20/10/2009</u>	<u>Telephone Advice at Sandyford Surgery</u>
History	Medication review
-	----
<u>08/10/2009</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	will need letter re medication nearer travel. also re antimalarials - away 20 days, options doxycycline or malarone priority=2
-	----
<u>08/10/2009</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Travelling to Vietnam via bankok. See travel sheet. Up to dfate with required vaccines. Thinks staying in costal resort in vietnam but not sure. Will find out and get back to us re malaria risk. priority=2 Booster hepatitis A and typhoid vaccination : priority=2 1st hepatitis A vaccination : priority=2 Typhoid vaccination : priority=2 Low dose diphtheria, tetanus and inactivated polio vaccinati revaxis priority=2
-	----
<u>10/08/2009</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Headache x 2 days. No neck stiffness. Vomiting on and off today since 11 am Also has R hypochondrial and R loin pain. Tender RHypo and R loin ++ P 88 P 36.4 Urinalysis- tr ptotein/+ Nil else. Ddx R Pyelo/stone in CBD/ Gastro. Mssu sent.Cover with Cefalexin. Rx Stemetil 12,5 mg R arm Lot (b) D7Y 170 exp Feb 12 and Buccastem. priority=2 Medication review
-	----
<u>15/07/2009</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	In for more meds. also has boil on back of L thigh. Applying for DLA mainly to help with transport costs to physio. Physio suggested going on the sick but pain consultant sensibly thinks this is a bad idea. Finds the etoricoxib helpful and occasionally takes 60mg. priority=2 Medication review done priority=2 Medication review
-	----
<u>26/06/2009</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Trial of Arcoxia per pain clinic. note to ensure she stays on Omeprazole priority=2
-	----
<u>15/06/2009</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Fed up and miserable. Has steroid injection to SI jt last week, also acupuncture. Now worse than ever. Weepy, but says not depressed. Fed up with chronic pain. Tender +++ over lower back/SI jts. due to attend pain centre tomorrow for further acupuncture- probably unhelpful. Suggest try Ibugel 10% pending letter from pain clinic(recommending a new nsaid) and increase Citalopram to 20mg. Will call pain centre to find out what NS they have in mind. Stop Gabapentin as not helped. priority=2 Medication review
-	----
<u>11/05/2009</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>

History	E. In to discuss gabapentin. Getting SI joints injected too. Given titration sheet form hospital priority=2
08/05/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Start Gabapentin per pain clinic. Also convert to DHC continus- put on repeat. priority=2
17/02/2009	<u>Miss Janice Muirhead at Sandyford Surgery</u>
Problem	Smoking cessation advice Disease: SPICE Basic Health Values,
28/01/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Has been referred to pain clinic at Stobhill Hosp by Mr Rogers priority=2 Medication review
08/01/2009	<u>Receptionist at Sandyford Surgery</u>
History	AML - UK Ind Med - copy notes sent RD priority=2
31/12/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Diagnostic laparoscopy normal priority=1
29/12/2008	<u>Receptionist at Sandyford Surgery</u>
History	Casenotes and UK Medical Independent form passed to AL priority=2
18/12/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Gastroscopy normal priority=1
15/12/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Had laparoscopy last week, complicated by haematoma formation at sight of entry. Had to be readmitted until settled. Now improving, now still has some seepage at sight. Abdo soft, tender L side. BS presents. BNO x 1 week. Rx tramadol and glycerin supps and LActulose. Does not wish sick line- Has endoscopy tomorrow. ? cause of abdo pain priority=2
09/12/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
21/11/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Ultrasound of abdomen 1 NORMAL priority=1
Problem	Ultrasound of pelvis 1 NORMAL priority=1
19/11/2008	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. More symptoms recently. Only takes preventer in am. Advised to increase to BD and monitor symptoms. Flu vac given. priority=2 Influenza vaccination Site: Left Arm - Batch Number: 188011A Expiry Date: 7/2009 priority=1 Batch Number: 188011A Expiry date: 31/07/2009 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
History	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Current smoker Disease: SPICE Asthma Action,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 Discussion Yes
14/11/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Still ongoing pelvic pain and higher up also. has laparoscopy Dec 12th and endoscopy on 16th. If no solution will need reviewed , at least regarding analgesia. Advised of dependence issues and DHC. priority=2 Medication review

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13/11/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	note on script to see Dr for review re meds (DHC) priority=2
-	----
06/11/2008	<u>Dr Allison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
29/08/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Ongoing problems with abdo pain, now more high up in abdomen. Found the amitryptiline is giving her diarrhoea worse in mornings 3-4 times. Also too sedated with it. Suggest stop. Also feels the naproxen is giving her lumpy skin (similar to when she attended GEMS) ...so stop. Chase up gynae priority=2
-	----
29/08/2008	<u>Receptionist at Sandyford Surgery</u>
History	P/t app WIG GYN 09/10/08 at 10.20am letter has just been sent out. ma priority=2
-	----
14/08/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	CONTD She didn't feel physio helped either. Add in amitryptiline as pain modifier for MBP and IBS. Discussed MBP and role of physio in this and IBS. Hasn't heard from gynae. Managing 12 hr shifts at work. Chase up gynae. priority=2
-	----
14/08/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	E. Ongoing abdo pain. Same pain that she has had for last 2/12. Nauseated with this. Vomited once but thinks it was the pakora she had eaten. Pain across upper abdo, going round to back and goes from low sacrum to mid thoracic area. O/E Upset. Abdo soft, some tenderness in L hypochondrium, ? mass on deep inspiration. Chest clear, SLR L=R=N, back general discomfort over all paravertebral areas. Dx MBP, likely IBS but will send for USS. She doesn't think it is IBS. CONTD priority=2
-	----
06/08/2008	<u>Dr Allison Lawson at Sandyford Surgery</u>
History	Requests more DHC. Given 60. See GP if needs more. priority=2
-	----
24/07/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	see GEMS. redness cleared now has lump on groin sounds like lymph node. anxious re this, given severity of infection rx 5 more days flucloxacillin. make appt fasting gluc. tm priority=2
-	----
22/07/2008	<u>Gems at Sandyford Surgery</u>
History	GEMS slip - see out of hours folder priority=2
-	----
02/07/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Iliac Fossa Pain
-	----
27/06/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	asking for mebeverine. Note on script re gynae appts. We will re-refer. priority=2
-	----
20/06/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Dissolvable suture visible R flank, removed. C/O bloated feeling in abdomen and pain in R upper back/shoulder blade. Not constipated. O/E Well abdo soft no masses, BS normal.Imp Constipated secondary to DHC. Unhappy with surgeon who mentioned cysts on ovary but was offhand re this. Anaesthetist told her it was endometriosis... Still no word from gynae priority=2
-	----
21/05/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Cholecystectomy, just out of hosp. Asking for DHC and mepore. C4/52. Still not heard from Gynae, as she has been told she has endometriosis. Chase up priority=2
Problem	MED3 - doctor's statement Cholecystectomy 4/52 priority=1
-	----

09/05/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Getting out of cab when another car reversed into cab and she was thrown back against the door post. Discomfort across lower back. No bowel or bladder problem, no leg symptoms. SLR 90 deg, reflexes and sensation normal. Prominent lumbar lordosis, tender over paraspinus lumbar muscles, good rom spine. No sig spinal tenderness. Imp- Soft tissue injury. Rx Diaz as muscle relaxant, continue Naproxen and DHC. Has admission date for surgery Sun 18th May priority=2
-	----
29/04/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	for info - has been told that she will be seen at hosp within the next couple of weeks - wanted to let you know to save phoning to chase this up priority=2
-	----
22/04/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	MED5 - doctor's special stat 4 weeks:cholecystitis and lx of abdominal pain priority=2
-	----
01/04/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	no better, RUQ pain but main problem pain L loin to LIF. No urinary sympts, bowels reg despite analgesics - was "running through" before. No ppt/relieving factors, worse lying on R side. OE abd soft, tender L loin, less so LIF. Check urine, FBC biochem. Try addinf colofac and take omep BD with naproxen (nauseated). Using DHC but not too much, still taking tramadol but adv not to mix. Going to try shift at work Fri. Confirm on standby list for surgery. priority=2
-	----
28/03/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	phoned GGH again re date for proposed surgery - Dr. who saw her at clinic will return call. priority=2
-	----
25/03/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	in complaining of pain - miserable. Getting sharp RUQ pain (depending a bit on what she eats) but worse pain is L lumbar region. Took Dad's tramadol as trying not to overdo DHC (as adv) but pain bad , not sure what helping most. Awaiting laparoscopic cholecystectomy + gyn involvement in theatre. Try adding naproxen and use DHC, not to use tramadol. (Says paracet as in cocodamol upsets stomach?) Phoned sec, at clinic 5/3, will call back re info re op. priority=2
Problem	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52, continuous from last cert priority=1
-	----
12/03/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Requesting DHC. Seen at desk, still has pain in LIF and R hypochondrium. On standby list for cholecystectomy. Review pain relief when next seen priority=2 Medication review
-	----
29/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Left Prominent Ovary
-	----
25/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	In to discuss USS> L ovary prominent. Ongoing dragging pain in LIF going through to back. Not cyclical. Refer gynae. Wants sick line as fed up with work and her bosses attitude re her pain. priority=2
Problem	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52 priority=1
-	----
22/02/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Phoned for result pelvic USS. R ovary reported twice, clearly an error. i have phoned USS and they will clarify and get back to us. priority=2 Medication review
-	----
20/02/2008	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Meade appt for ear syringing. O/E both Tm visible. no wax to syringe. c/O painful ears when flying and headaches. advised to see GP for further advice....created in GC; 1 of 1 priority=2
-	----
07/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>

History	asking for easy breathe inhalers, also asking for DHC and cocodamol, presumably for gallstones priority=2 Medication review
07/01/2008	<u>Mr Locum 2 at Sandyford Surgery</u>
History	special request issued priority=2
04/12/2007	<u>Fiona Hendry at Sandyford Surgery</u>
Problem	Gallbladder calculus priority=1
28/11/2007	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Gallstones
22/11/2007	<u>Telephone Advice at Sandyford Surgery</u>
History	Cannot tolerate the diclofenac, causing stomach bloating. Going to Cuba on hols and wants an alternative to help if it failes up. Found the DHC helpful in hospital. OK, warned re addicitive qualities priority=2
19/11/2007	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	scan last Fri showed gallstones, in pain++. Taking Dad's tramadol, not effective. Also R hand "froze" on occ, worried re seizure but doesn't sound like it. Discussed analgesia, refer surgeons. Due to go to Cuba in 2 weeks. Worried re surgery - Dad ended up in ITU for 21 days and had prolonged recovery. priority=2
14/11/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Influenza Vaccination priority=2 Influenza vaccination Site: Right Arm - Batch Number: 163031A Expiry Date: 6/2008 priority=1 Batch Number: 163031A Expiry date: 30/06/2008 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
14/11/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. No problems. fairly good control at present. CS - os appears intact Flu vac given. priority=2 Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Never smoked tobacco Disease: SPICE Asthma Action,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 Cervical smear: negative Cervical Screening\$\$,clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - height Disease: SPICE Asthma Measurement O/E - height PEFR exp. PEFR actual Discussion Yes
31/10/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	travelling to Cuba - see travel sheet. Needs Hep A. Thinks had tetanus 7 years ago. Will check file. Also for asthma check priority=2 O/E - weight Characteristic 72.4:kg priority=2 O/E - weight Weight\$\$,clm - Repeat after an Interval (diary entry deleted) (Not Known) O/E - weight
30/10/2007	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2

-	----
<u>26/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Persisting pleuritic chest pains. Now moved from R shoulder to over L scapula. Exacerbated by movement and deep breathing. Also a bit clammy at times. Appetite good. P 60. chest clinically clear. No local tenderness. Odd. ? M-S. ? Viral/atypical pleurisy. cover with Erythromycin and check ESR CRP, fbc diff, d-dimers and USS GB to exclude atypical GB disease. Not usually a complainer. priority=2
-	----
<u>20/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
<u>17/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Pain R chest wall x 1 week. Started 6 days ago under R breast, now moved to R side of neck. So severe admitted to WIG Sat and Sun. Pain brought on but leaning forward and is pleuritic. CXR/ECG normal. Chest clinically clear, afebrile and no tachycardia. No abdo tenderness. No cervical glands.Dx Atypical. Discharged on DHC and Amox 500. No better. ??Pleurisy ??Nerve root irritation. Odd. review/refer if not settling 1-2 days priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Medication review
-	----
<u>27/04/2007</u>	<u>office at Sandyford Surgery</u>
History	smear defaulter priority=2
-	----
<u>23/02/2007</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Father out of hosp(remarkable recovery), so significant improvement in her mood. Stopped zimovane felt they caused her side effects. Continue on citalopram. See in 2-3 months. priority=2
-	----
<u>30/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	3rd recall letter sent for Asthma priority=2 CALM - Asthma 3rd Letter Sent priority=2
-	----
<u>28/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
-	----
<u>19/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	See Dr for SSRI review next time. priority=2
-	----
<u>27/12/2006</u>	<u>Mr Locum 1 at Sandyford Surgery</u>
History	tense, anxious, panicky...related to father's current ill-health...chat...try citalopram/zopiclone jm priority=2
-	----
<u>14/12/2006</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-	----
<u>03/11/2006</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
<u>01/11/2006</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Dad in ITU after cholecystectomy? septicaemia. Discussed. Rpt zopiclone. Allowed to ventilate again. Mum still around using false name. priority=2 Medication review
-	----
<u>28/09/2006</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
	Mother has returned to Glasgow (Janice had cut her off because of fraud/lies/theft...has a number of convictions pertaining to this). Very upset

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History	tearful, police involved, as there may be outstanding warrants. Not sleeping. Adjustment reaction. Allowed to ventilate. Has had counselling in the past and she acknowledges there is little can be done at this stage priority=2
-----	-----
05/06/2006	Dr Alison Lawson at Sandyford Surgery
History	Medication review
-----	-----
29/12/2005	Dr Alison Lawson at Sandyford Surgery
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-----	-----
06/07/2005	UnknownUser at Sandyford Surgery
History	Haematology 1 NORMAL fbc priority=2
-----	-----
06/07/2005	Ms Anne McLean at Sandyford Surgery
History	Referral for further care Referred To: Gartnavel Gen, NHS. Referral Type: Out Patient. Speciality Type: Gastroenterology. Referral Nature: Investigate.
-----	-----
16/05/2005	Mrs Cecilia Douglas at Sandyford Surgery
History	Microbiology 1 NORMAL Faeces priority=2
-----	-----
04/05/2005	UnknownUser at Sandyford Surgery
History	Blood sample -> Biochem Lab 1 NORMAL Profile priority=2
-----	-----
12/01/2005	Dr Roderick MacNeill at Sandyford Surgery
History	Medication review
-----	-----
05/10/2004	Dr Alison Lawson at Sandyford Surgery
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-----	-----
12/02/2004	UnknownUser at Sandyford Surgery
History	Never smoked tobacco priority=2
-----	-----
23/09/2003	Dr Christine M Crawford at Sandyford Surgery
History	Medication review
-----	-----
13/01/2003	Roddy Lander at Sandyford Surgery
History	Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
-----	-----
27/12/2002	UnknownUser at Sandyford Surgery
History	Microbiology 1 NORMAL Faeces priority=2
-----	-----
22/08/2002	Carlos at Sandyford Surgery
Problem	Asthma NOS
-----	-----
02/05/2002	UnknownUser at Sandyford Surgery
Problem	Other laparoscopic female sterilisation
-----	-----
01/02/2002	UnknownUser at Sandyford Surgery
History	Letter invite to screening xxContraception.clm - Call for screening
-----	-----
07/01/2002	Dr Alison Lawson at Sandyford Surgery
History	Medication review
-----	-----
20/11/2001	UnknownUser at Sandyford Surgery
History	Referral for further care Referred To: Western/Gartnavel, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate.

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25/07/2001	UnknownUser at Sandyford Surgery
History	Contraception - not needed Contraceptive Review\$.clm - No Action Required
23/06/2001	UnknownUser at Sandyford Surgery
Problem	H/O: pelvic inflammatory dis. Start Date: 01/01/1989
Problem	Threatened abortion Start Date: 27/05/1991
Problem	Forceps delivery female Start Date: 26/09/1991
History	Notes summary on computer priority=2
18/06/2001	UnknownUser at Sandyford Surgery
History	Oral contraception -no problem Contraceptive Review\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
30/06/2000	UnknownUser at Sandyford Surgery
History	GP102 sent to Health Board priority=2
23/06/2000	Mrs Irene Davidson at Sandyford Surgery
History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
23/11/1999	UnknownUser at Sandyford Surgery
History	Migrated Data priority=2
Problem	GP/HPC-health promotion clinic
Problem	Pat. GP7B/GP8B card from HB priority=1
Problem	GP102 sent to Health Board priority=1
History	Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Booster tetanus vaccination Tetanus Immunis.\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Booster polio vaccination Polio Immunis.\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Asthma unspecified Hp Asthma\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Never smoked tobacco Smoker\$.clm - No Action Required In GP care O/E - weight Weight\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - height Height\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Light drinker - 1-2u/day Alcohol Intake.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - BP reading normal B P Screening\$.clm Cervical smear: negative Cervical Screening\$.clm In GP care Cervical smear: negative Cervical Screening\$.clm In GP care Cervical smear: negative Cervical Screening\$.clm In GP care Referral for further care Referred To: Western/Gartnavel, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.
29/10/1999	Dr Alison Lawson at Sandyford Surgery
History	Acute Consultation priority=2
24/06/1999	Dr Roderick MacNeill at Sandyford Surgery

History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Medication review

Convery Janice

CHI: 2705655662

Letter to Patient:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Janice Convery
FLAT 3/2
21 BENVIEW STREET
Glasgow
Lanarkshire
G20 7SA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 1100
Respiratory
0141 451-6161
Miranda Connor
30/06/2025
NM/MC
27/06/2025
27/06/2025

07 JUL 2025

Dear Janice,

I am writing to let you know the result of your echocardiogram. This shows that your heart's pumping function is normal. There is no significant abnormality associated with any of the heart valves and no features that would suggest any infection problem related to the valves, which was the primary reason why the scan was requested. No further actions are required on the basis of this result.

With best wishes.

Yours Sincerely,

Dr Neil McGlinchey

Consultant Respiratory Physician

Electronically Signed: Dr Neil McGlinchey, Consultant

cc. Dr Clarey:
Drs Macneill clarey &henderson: Sandyford Surgery:
1119 Argyle Street:
Glasgow G3 8ND:



Palpitations Service
Cardiology Department
Waiting Area F
Queen Elizabeth University Hospital
0141 452 3189
08/04/25

Dr F Clarey
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

11 APR 2025

Dear Dr Clarey

Re: Janice CONVERY
CHI: 2705655662

Your patient was referred to the Palpitations Service and the outcome is detailed below.

Telephone Consultation with Cardiac Physiologist on 08/04/25.

The above patient is now on the waiting list @ GGH to have a 24 HR ECG monitor carried out, I will forward you the results of this test in due course.

Yours Sincerely

Wilma Gordon

Chief Cardiac Physiologist

Palpitations Service

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7583039	Receive Date:	22-Mar-2025 11:37
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2 21 Benview Street Glasgow G20 7SA	Current Address:	3/2 21 Benview Street Glasgow G20 7SA
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	22-Mar-2025 11:37	Calltype:	Attend OOH Appointment
Advised:	14:01	Arrived PCC:	22-Mar-2025 13:19
Cons start:		Cons End:	
Consulting Doctor:	Gillian Barrett	Own doctor:	Fiona Clarey
CHI Number:	2705655662		

Reported Condition:

Symptoms: This case was generated from 7582958. Caller Name: Janice Caller Number: Initial Symptoms: History: nhs 24 notes r/v - will need F2F r/v for obs/exam - direct appoint PCEC thanks Examination: Diagnosis: Treatment: Case Summary: --- ?INFECTION IN FOOT - 3 DAYS --- Clinical summary created by: Laura McCafferty (Call Taker Si) () [22/03/2025 10:56:52] Reason for call: ?INFECTION IN FOOT - 3 DAYSConfirmed Symptom(s): Foot swelling and redness Symptom(s) not found: No foot injury No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 22:03:2025 10:25:56 MCCAFFERTYL.. ?CELULITIS INFECTION IN FOOT. STARTED ON WEDNESDAY THOUGHT WAS ATHLETES FOOT BEEN USING ATHLETES FOOT SPRAY. FOOT NOW SWOLLEN, RAISED AT FIRST 3 TOES AND HAS A RED CIRCLE TRACKING UP THE FOOT. RECENT HX OF SEPSIS.. SCN SHANNON BUCHANAN ADV PCEC 4.. Outcome: PCEC within 4 Hrs ---

Triage details:

History - **Concerned about cellulitis. Treating left foot for athletes foot. Developeed redness to foot. Hot to touch. Unwell yesterday feels a bit better today. Recent history of sepsis from influenza A. Worried about this happening again.**
PMh
as per ecs.

Examination - **Looks well colour good**
broken skin between baby toes left foot. skin to dorsum inflamed hot to touch , No tracking , No spread beyond foot.

Diagnosis - **cellulitis.**

Treatment - **treat as prescription**
continue with current treatment for fungal infection
keep clean

Advised to contact own GP if not resolving
Advised to contact again if worsens or not resolving

Examination - **HCA SCOTLAND**

n Details - **Systolic BP (Initial Reading) mmHg 129**
Diastolic BP (Initial Reading) mmHg 86
Is there chest pain? Yes
Is there any abdominal pain? No
Patient has a history of Asthma
Oxygen saturation % 98.0
Smoking status Current non-smoker
Heart Rate 89
Temperature C 36.7
Level of consciousness Alert

Prescriptions:

Flucloxacillin 500mg capsules 1 capsule - every 6 hours - an hour before food or on an empty stomach - oral 28.00

Followups:

No Follow Up

Clinical Codes:

M0... Skin/subcutaneous infections

Cardiology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

04/03/2025

Dr AZ Niven
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr AZ Niven
CHI Number: 2705655662
Patient Name: Janice Convery
Referral Date: 03/03/2025

Advice Response to recent Referral:

I agree, the proposal to arrange an outpatient echo to assess for infective endocarditis was completely inappropriate and that it should have been undertaken as an inpatient if that was a legitimate clinical concern.

I suggest you contact the medical consultant responsible for this lady's care in December to discuss further.

However, if she had a confirmed viral influenza infection, bacterial endocarditis should not really have been a concern.

Your examination findings are not suggestive of valvular heart disease or any decompensated heart failure.

She doesn't appear to ever have had an NT-proBNP checked, this could further reassure

I doubt a transthoracic echo will contribute much here in that setting.

If experiencing frequent palpitations you could refer for a routine holter monitor via the Direct Access Palpitations service.

Yours Sincerely

Dr Damien Collison

User ID: Damien Collison

OP Advice Letter

NHS Confidential: Personal data about a patient

GP Links Microbiology Report	
Patient Details	
Surname	CONVERY
Forename	JANICE
CHI	2705655662
Date of birth	27.05.1965
Address	F32 21 Benview Street GLASGOW G20 7SA
Specimen Details	
Specimen Number	M,25.5001999.L
Specimen Type	Tongue swab
Date/Time Collected	12.02.25 / 11:13
Date/Time Received	12.02.25 / 17:39
Requested By	Dr Roderick MacNeill
GP Practice	40455
Date/Time Reported	14.02.25 / 14:37

Results
 Report issued by NHS GG&C Microbiology South Sector
 Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Routine Culture
 SPECIMEN TYPE: Tongue swab

CONS/GP: Dr Roderick MacNeill Order No:IS25583544
 LOCATION: Sandyford GP Surg Glasgow

CULTURE RESULT: No significant growth

Microbiology guidance/contact/eReferral details here:
<https://rightdecisions.scot.nhs.uk/ggc-microbiology/>

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Zahra Ahmad QEUH MIC
 Date/Time authorised: 14.02.2025 14:36
 ** END OF REPORT **

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Palpitations/suspected arrhythmia (PALS)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
PALS (Palpitations) GGC Palpitations Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G034G Email address -
Urgency of referral Routine Date of referral 19-Mar-2025 Date sent 19-Mar-2025	

PATIENT DETAILS		Patient's address
Surname Convery Forename(s) Janice Title Miss Sex Female Date of birth 27-May-1965 CHI no. 2705655662 Area of Residence -	F32 21 Benview Street GLASGOW G20 7SA Contact number(s) Voice: 07788417505 E-mail: missjaniceconvery@yahoo.co.uk	

1010359400202

Unique Care Pathway Number: 1010359400202

REGISTERED GP DETAILS		Practice address
Name Dr Fiona Clarey GMC code 7036928 GP code 03255 Practice name Sandyford Surgery (18830) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 E-mail: ggc.gp40455clinical@nhs.scot	

REFERRING GP DETAILS		Practice address
Name Dr. Alice Niven GMC code 7083130 GP code 00809 Practice name Drs MacNeill, Clarey & Henderson (40455) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Palpitations

Comment: Influenza pneumonia sepsis in December.
Struggling with intermittent palpitations since then.
No CP, SOB related to panic only.
HS dual no murmur. Pulse regular when assessed in surgery on couple of occasions since last baseline ecg in January.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Previous referral to palpitations service:	No	-
Previously documented arrhythmia?:	No	-
Echocardiogram in past year?:	No	-
Pulse:	NK	-
Frequency of palpitations:	NK	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Preferred hospital: Western Infirmary

OK to send correspondence to home address?: Yes

Patient will accept cancellation or short notice appointment (within 1-21 days): Yes

Referred By: Referring GP

Electronic Attachment Present: No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Direct Access Echo

03/02/2025

Dr AZ Niven
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr AZ Niven

Patient Name: Janice Convery
CHI Number: 2705655662
Referral Date: 29/01/2025

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

☒ Please refer to the referral guidance directory for referral criteria for this service.

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/>

☐ Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

☐ Other

Please re-refer to Cardiology

Yours sincerely

NHS Confidential: Personal data about a patient

TECH Denise Skedd

User ID Denise Skedd

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Cardiology GGC General Referral West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Routine Date of referral 03-Mar-2025 Date sent 03-Mar-2025	

PATIENT DETAILS		Patient's address
Surname Convery Forename(s) Janice Title Miss Sex Female Date of birth 27-May-1965 CHI no. 2705655662 Area of Residence -	F32 21 Benview Street GLASGOW G20 7SA Contact number(s) Voice: 07788417505 E-mail: missjaniceconvery@yahoo.co.uk	

101035761903D

Unique Care Pathway Number: 101035761903D

REGISTERED GP DETAILS		Practice address
Name Dr Fiona Clarey GMC code 7036928 GP code 03255 Practice name Sandyford Surgery (18830) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 E-mail: ggc.gp40455clinical@nhs.scot	

REFERRING GP DETAILS		Practice address
Name Dr. Alice Niven GMC code 7083130 GP code 00809 Practice name Drs MacNeill, Clarey & Henderson (40455) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Chest pain and breathlessness

Comment: Really struggling to improve from recent hospital admission with sepsis from influenza. (18th-30th Dec 2024)
 CP - central , no radiation .
 SOBOE - managing grading activities - short walk to swim three times a week.
 Palpitations when moving around - no syncope.
 Been off work for 3 months as cannot climb the stairs to her class.
 Discussion with micro about requirement for ECHO whilst IP and thoughts were that this shouldn't have been mentioned.
 Certainly she has no murmur, HS dual no added sounds at all, No JVP/pitting oedema. Pulse regular at around 80bpm. BP 140/85.

I am reviewing her often for medical assessments for work and function progress, but given current symptoms would appreciate your review.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fibromyalgia	-	22-Nov-2021	22-Nov-2021
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Other hospital admission NOS	influenza A	18-Dec-2024	18-Dec-2024
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	04-Nov-2022	23-Dec-2024
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	23-Dec-2024
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	23-Dec-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	23-Dec-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	23-Dec-2024

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	26-Feb-2025	26-Feb-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN TWICE DAILY	-	12-Feb-2025	12-Feb-2025
Hydrocortisone And Miconazole Cream 1 % + 2 %	15	15 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	12-Feb-2025	12-Feb-2025
Paracetamol Tablets 500 mg	200	200 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	29-Jan-2025	29-Jan-2025
Zerobase Cream 11 %	500	500 gram	APPLY THINLY TO THE AFFECTED AREA TDS	-	03-Jan-2025	03-Jan-2025
Nystatin Oral suspension 100,000 units/ml	30	30 ml	1ML QID	-	03-Jan-2025	03-Jan-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
26-Feb-2025	140	85
29-Jan-2025	120	80
30-May-2024	122	78
04-May-2023	132	80
11-Jan-2022	140	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
30-May-2024	-	87	31.57
04-May-2023	-	86	31.21
11-May-2022	-	83	30.12
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		30-May-2024
Ex smoker:		04-May-2023
Ex smoker:		11-May-2022
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Alcohol consumption, 4 units/week:		30-May-2024
Alcohol consumption, 4 units/week:		04-May-2023
Alcohol consumption, 0 units/week:		11-May-2022
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 16/01/2025

Consultant: Mr Tadhg Kelliher

F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear F Clarey

Re: **Convery Janice**
FLAT 3/2
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **01/01/2025 at 23:12 hrs.**

Departed on: **02/01/2025 at 12:17 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
medical

Nursing Assessment:

R side pleuritic chest pain similar to recent pneumonia disch QEUEH 2/7 following 12 day admission with Flu A and strep pneumonia L arm 146/89

Investigations in ED:

1. Coagulation screen

2. Urea and Electrolytes

3. Glucose

4. LFT

5. CRP

6. Full Blood Count

7. Troponin I hs

8. Chol / Triglyceride

9. D - Dimer

10. XR Chest

11. Sample in Blood Culture
Bottles

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Asthma, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Admitted with dyspnoea and myalgia on a background of recent discharge from QEUI with Flu A and Strep pneumoniae with radiological CAP. On examination - wheeze noted in chest. PEF 250. CXR - nil change from previous/. ECG - sinus rhythm. Impression - mild exacerbation of asthma. Discharged home with 3/7 prednisolone.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Abigail Wild
Doctor

Copies to:

1. F Clarey (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7515160	Receive Date:	1-Jan-2025 20:22
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2	Current Address:	3/2
	21 Benview Street		21 Benview Street
	Glasgow		Glasgow
	G20 7SA		G20 7SA
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	within 2 hours	Call Origin:	
Received:	1-Jan-2025 20:22	Calltype:	Home Visit
Advised:	20:44	Arrived PCC:	
Cons start:	1-Jan-2025 22:08	Cons End:	1-Jan-2025 22:50
Consulting Doctor:	Margaret MacLean	Own doctor:	Fiona Clarey

CHI Number:
2705655662

NHSD details:

Receptionist:
BREATHING CONCERNS 2 HOURS
VIS3 Home Visit within 2 Hrs
Clinical summary created by: Ryan McGurran (Call Taker Si) () [01/01/2025
20:45:33] Reason for call: BREATHING CONCERNS 2 HOURS 01:01:2025
20:23:05 MCGURRANR.. DISCHARGED FROM HOSPITAL ON 30TH AFTER
BEING IN WITH FLU, PNEUMONIA AND SEPSIS... LEG PAIN.. 01:01:2025
20:42:19 BESWICKK.. WORSENING BREATHING OVER 3 HOURS. AUDIBLE
WHEEZE. SOB. LEFT LEG PAIN- KNEE DOWN. PAINFUL TO MOBILISE.
PARACETAMOL X 4 TODAY. RECENTLY DISCHARGED FROM HOSPITAL
2 DAYS AGO -POST 12 DAY STAY. HOME VISIT 2 HOURS... Outcome: Home
Visit within 2 Hrs

Consultation details:

History - **Admitted from 18/12 till 30/12 with influenza A and strep pneumonia.**
Feeling ok when discharged. Became unwell today with leg swelling and

breathlessness. Has had stabbing pleuritic pain right side of chest going up to neck over last few hours. Cough but no sputum or haemoptysis. Wheezy. Used ventolin twice today. Not sure if feverish. No nausea or vomiting. No abdo pain. Bowels ok. No urinary symptoms. PMHx - cholecystectomy, fibromyalgia, high BP. Meds/allergies - as per ECS.

Examination - Apyrexial. HR 74. Sats 95% OA. RR 16. BP 142/78. No resp distress. Chest clear. Left leg slightly bigger than right with puffiness below knee. Calve soft and non-tender. Feels discomfort left lateral thigh. No skin changes.

Diagnosis - ?DVT/PTE

Treatment - Referred medics GRI (QEUH unable to take). Letter done. Declined ambulance - daughter will take.

Followups:
Hospital Referral

Clinical Codes:
H51.. Pleurisy

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No
FIONA CLAREYDrs MacNeill, Clarey & Henderson,Sandyford Surgery,1119
Argyle Street, Glasgow, G3 8ND



Main Switchboard:
Date of Completion: 30-Dec-2024

Dear FIONA CLAREY,

Name	CHI	DoB	Address
Janice Convery	2705655662	27-May-1965	FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA
Admitted	Type	Discharged	Destination
18-Dec-2024 13:09	IP	30-Dec-2024	Private Residence - no additional detail added
Specialty	Consultant	Ward	Telephone
Respiratory Medicine	McGlinchey	QEUH Ward 65 - Neuro Surgery	
Primary Diagnosis			
There is no data to display.			
Secondary Diagnosis			
There is no data to display.			
Significant Operations / Procedures:			
There is no data to display.			

Last Discharge Review: Omar Salim (Omar Salim2 - FY2) on 30 Dec 2024 15:20

Discharge Medication:

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Amlodipine 5mg tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes		Dispensing Details: 7	Y	
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	inhalation	2 Puffs Twice daily, use with spacer	No	Patient's own supply		Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	ONE TO BE TAKEN EACH DAY,	Yes		Dispensing Details: 10	Y	
Salbutamol 100 micrograms/puff Cfc-free inhaler	inhalation	2 PUFFS QID IF REQ,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Dispensed by LM 30/12/2024
Checked by Stephanie Campbell 30/12/2024

Withheld Medication:					
Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, Ms Convery was admitted 18/12/24 with 10/7 Hx myalgia, SOB and wheeze. 3/7 Hx severe SOB and productive cough. Tested positive for Influenza A. Blood cultures positive for strep. pneumoniae. Subsequent HIV test 19/12/24 non-reactive. Treated for influenza and secondary bacterial infection. Completed treatment with Tamiflu, IV abx. IVOSTed to PO

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

	abx, completed 10/7. Inflammatory markers now normal. Observations normal. Patient clinically stable. Deemed fit for discharge. For OP echo as per infectious diseases advice to exclude infective endocarditis. Kind regards, Ward 65 QEUH
Discharge Comments:	
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Omar SALIM

Prescription Review

Medications reviewed by pharmacist: Nicole Cromar (Advanced Pharmacist)
Checked by: Stephanie CAMPBELL2 (Pharmacy Technician)
Discharged by: Lauren GILL (NQP Nurse)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7499363	Receive Date:	18-Dec-2024 01:51
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2	Current Address:	1/2
	21 Benview Street		28 Mansionhouse Road
	Glasgow		Glasgow
	G20 7SA		G41 3DN
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	999/Emergency	Call Origin:	
Received:	18-Dec-2024 01:51	Calltype:	Ambulance
Advised:	02:15	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Fiona Clarey

CHI Number:
2705655662

NHSD details:

Receptionist:
SAS Ref: 11632831 DIFFICULTY BREATHING 2 DAYS
EMGI 999 contacted - For information only
Clinical summary created by: Kirsty Egan (Call Taker Si) () [18/12/2024 02:15:47]
Reason for call: SAS Ref: 11632831 DIFFICULTY BREATHING 2
DAYS**Confirmed Symptom(s):** Chest pain Has Fever **Additional details of problem(s):** Crushing discomfort in chest Constricting band in chest Chest pain for more than 12 hours or pain not constant (supervision sought)
Associated Features/Red Flags: Feeling cold and sweaty Changes in normal breathing pattern Changes in normal skin colour **Symptom(s) not found:**
 No pain radiating to jaw or upper back or neck or an arm No pain moving through to the back No heaviness, pressure or tightness in chest No pain between shoulder blades Not nauseated or vomiting **Risk Factor(s):** No travel outside Europe in last 21 days or to an affected country No travel outside Europe in last 21 days or to an affected country **Call Detail(s):** Clinical supervisor: Quinn Nuala QUINN Cardonald Endpoint Management Selected (CT) 18:12:2024 01:52:58 EGANK.. PAIN UNDER COLLAR BONE AND DOWN RIGHT SIDE... HAS ASTHMA. PAIN AT EAR. LOOKS GREY IN COLOUR. PAIN HAS BEEN

CONSTANT SINCE IT STARTED... D/W AND CALL TAKEN OVER BY SCN N
QUINN - SHORT SHALLOW BREATHS SOUNDS LIKE GASPING FOR
BREATH AT TIMES. PAIN BELOW COLLAR BONE. NO EFFECT FROM
INHALERS. STATES COLOUR GREY. ILT REQUESTED ? ASTHMA
POSSIBLE PE. SAS REFERENCE NUMBER 11632831... Outcome: 999 contacted
- For information only

Followups:

None

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Attended for Breast Screening on 21-09-2023. Result was normal.

Yours sincerely,

Jacqueline Kelly
Clinical Director

Convery Janice

CHI: 2705655662

Clinic Letter



Highly Sensitive: Yes

Centre for Integrative Care
1053 Great Western Road
Glasgow
G12 0YN
0141 211 1600

Dr. F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Centre for Integrative Care
0141 211 1688
CIC.Admin@ggc.scot.nhs.uk
30/05/2023
CF/MP
27/05/2024
27/05/2024

Dear Dr. F Clarey,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - IC Acupuncture; Clinic - ICCFIC34-NURSE C FAIRLEY ACUPUNCTURE
TUES ALL DAY
Date and Time of Appointment - 30/05/2023 14:10

Clinical Comments:

Date treatment started 25.04.2023. Date treatment ended 30.05.2023. Number of sessions attended was 5/6. Unfortunately Janice missed her final Acupuncture session as she was on Jury Duty. Reason for referral chronic pain from Fibromyalgia of several years duration and tingling and swelling of hands and feet. At the clinic Janice said her right leg could give way and she was prone to falls. She also had right hip pain and brain fog. She complained of a poor sleep pattern and also disturbed sleep. Her initial pain score was 9/10 and initial Fatigue score was 8/10. Over the course of treatment a combination of local, distal and auricular Acupuncture points were selected to target areas of pain reduce fatigue and promote relaxation. Acupuncture points ren6 and ren4 were added to help with Fatigue. The swelling in Janice's hands and feet reduced at the end of Acupuncture sessions until the next morning. The pain only reduced for one day post Acupuncture but Janice said she got 48hrs really from generalised pain in her upper body following treatment. We discussed sleep issues and I gave Janice Information leaflet on improving sleep. She said she felt lighter after her Acupuncture treatments. Janice has now been discharged from the Acupuncture clinic .

Yours Sincerely,

Carol Fairley

Clinical Nurse Specialist

Centre for Integrative Care

Convery Janice

CHI: 2705655662

OPCL 30/05/2023 v1

Electronically Signed: Dr Jacqueline Mardon, Consultant

cc. Tahera Chaudry
Speciality Doctor
Centre for Integrative Care
Copy to ***

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC Direct Access Echo Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Direct Access Echo GGC Direct Access ECHO	— Consultant / receiving practitioner and/or specialty clinic
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G034G
	Email address -
Urgency of referral Routine	Date sent 29-Jan-2025
Date of referral 29-Jan-2025	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	E-mail: missjaniceconvery@yahoo.co.uk
Area of Residence	-	

101035437223S

Unique Care Pathway Number: 101035437223S

REGISTERED GP DETAILS		Practice address
Name	Dr Fiona Clarey	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7036928	
GP code	03255	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698
		E-mail: ggc.gp40455clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Alice Niven	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7083130	
GP code	00809	Contact number(s)
Practice name	Drs MacNeill, Clarey & Henderson (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? endocarditis

Comment: This lady was admitted 18th with flu A and sepsis from bacterial pneumonia. her d/c summary said OP ECHO to rule out infective endocarditis. To me I would expect this as IP or urgent OP. No murmur/fever/ obs normal today. Would you consider bringing ECHO forwards?

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fibromyalgia	-	22-Nov-2021	22-Nov-2021
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Other hospital admission NOS	influenza A	18-Dec-2024	18-Dec-2024
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	04-Nov-2022	23-Dec-2024
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	23-Dec-2024
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	23-Dec-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	23-Dec-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	23-Dec-2024

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Paracetamol Tablets 500 mg	200	200 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	29-Jan-2025	29-Jan-2025
Zerobase Cream 11 %	500	500 gram	APPLY THINLY TO THE AFFECTED AREA TDS	-	03-Jan-2025	03-Jan-2025

Nystatin Oral suspension 100,000 units/ml	30	30 ml	1ML QID	-	03-Jan-2025	03-Jan-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
29-Jan-2025	120	80
30-May-2024	122	78
04-May-2023	132	80
11-Jan-2022	140	86
31-Mar-2021	138	82

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
30-May-2024	-	87	31.57
04-May-2023	-	86	31.21
11-May-2022	-	83	30.12
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		30-May-2024
Ex smoker:		04-May-2023
Ex smoker:		11-May-2022
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Alcohol consumption, 4 units/week:		30-May-2024
Alcohol consumption, 4 units/week:		04-May-2023
Alcohol consumption, 0 units/week:		11-May-2022
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991
GPAAQ physical act ind: active:		26-Sep-2013

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
AF proven on ECG:	NO	-
Murmur:	NO	-
Hypertension:	NK	-
Valvular heart disease:	NK	-
Valve surgery:	NK	-
MI:	NK	-
CABG:	NK	-
PTCA:	NK	-
Angina:	NK	-
Previous Echo:	NK	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Warfarin:NK
 Aspirin:NK
 Clopidogrel:NK

Dipyridamole:NK

B-Blocker:NK

Ca channel blocker:NK

Digoxin:NK

Preferred hospital:NK

OK to send correspondence to home address?:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Dr D. Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.

Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Dr Alice Niven B.Med.Sci., B.M., B.S., M.R.C.G.P.

Sandyford Surgery

1119 Argyle Street
Glasgow
G3 8ND
Tel: 0141 248 3698

www.sandyfordsurgery.com

21/03/2022

Miss Janice Convery
F32 21 Benview Street
GLASGOW
G20 7SA

Dear Miss Convery

BOWEL SCREENING

We have been notified that you have **not participated** in the Bowel Screening Programme.

Bowel Screening aims to detect bowel cancer at an early stage in people with no symptoms. If bowel cancer is detected early there is a 90% chance of treating the disease successfully.

We hope you will reconsider your decision and we would recommend that you participate in this programme. For approximately every 650 people invited for screening, one bowel cancer death will be prevented.

If you wish to participate, please contact the Scottish Bowel Screening Helpline on Telephone number 0800 0121 833 for a screening kit to be sent out to you or if you require further information.

Alternatively we can inform you of the benefits and risks of taking part in this programme. If for any reason you think you may have difficulty providing a sample please speak to the Dr or Practice Nurse.

Yours sincerely

Drs MacNeill, Clarey & Henderson
Sandyford Surgery

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6570880	Receive Date:	10-Jan-2022 18:12
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (56 years)	Gender:	F
Address:	3/2 21 Benview Street Glasgow G20 7SA	Current Address:	New Victoria 55 Grange Road Glasgow G42 9LF
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	Pr 4 Within 4 hrs	Call Origin:	
Received:	10-Jan-2022 18:12	Calltype:	PCEC Within 4 Hrs
Advised:	18:39	Arrived PCC:	10-Jan-2022 19:15
Cons start:	10-Jan-2022 19:16	Cons End:	10-Jan-2022 20:21
Consulting Doctor:	Daniel Mathie	Own doctor:	AA Lawson

CHI Number:
2705655662

NHSD details:

Receptionist:
L-SIDE HEAD PAIN 4/7
PCC4 PCEC within 4 Hrs
Clinical summary created by: Linda Martin (Call Taker Si) () [10/01/2022 18:39:10]
Reason for call: L-SIDE HEAD PAIN 4/7Confirmed Symptom(s): Light sensitive Symptom(s) not found: No fever Risk Factor(s): No high risk factors identified Drowsy, confused or feeling terrified No underlying high risk conditions identified Call Detail(s): Clinical supervisor: NP A.BEATTIE 10:01:2022 18:16:18 MARTINL2.. NOT SLEPT HAD PANIC ATTACK TODAY DIZZY CANT STAND UP STRAIGHT SUFFER FIBROMYALGIA ASTHMA + HYPERTENSION NO COVID SYMPTOMS NEGATIVE LFD TEST YESTERDAY.. CALL SUPPORTED BY NP ANGELA BEATTIE PCEC 4 HRS GAVE WORSENING STATEMENT.. SUDDEN ONSET HEADACHE 4/7 AGO . PAIN ABOVE L-EYE TO TEMPLE . ASPIRIN GIVEN AS UNABLE TO TAKE PARACETAMOL WITH CODIENE , BLURRED VISION NORMAL . ABLE TO GO TO SHOPS YESTERDAY... PT STATES HAD POSSIBLE PANIC ATTACK EARLIER. CURRENTLY SITTING OUTSIDE OOH NEW VIC . PCEC 4 HRS HUB TO ARRANGE NEXT STEPS OF CARE.. Outcome: PCEC within 4 Hrs

Consultation details:

History - PCEC Victoria: Face to face assessment; Dr D Mathie, GPST3

History as documented. 4 day history of headache left temple, 8/10 severity, constant, blurred vision (although prone to this), some sensitivity to light bilaterally. Feeling nauseous but no vomiting - "stomach churning". No fevers, no sensitivity to sound, no jaw claudication, no PMR symptoms. Has been taking aspirin every 4 hours as cannot take co-codamol/paracetamol.

PMH: Gets tension headaches on forehead (bilateral) but no history of migraines. Fibromyalgia.

DH: on nortriptyline, no allergies

SH: Carer for partner, stressful situation as partners family do not accept her and recent argument today left her with panic attack, now complaining of some tingling hands. No smoking/alcohol. Awaiting to start job as teaching assistant.

Examination - T37.1 HR 92 SpO2 96 BP 167/100

- Chest clear, no added sounds. HS normal. Pulse regular.

Left eye, some redness noted lower eyelid. Tenderness ++ left temple, no palpable temporal artery.

Cranial nerves - normal visual acuity, normal eye movements, PEARL, sensitivity to light when torched shined

Diagnosis - Headache. ?migraine (no history of this but unilateral, visual symptoms, nausea) ?tension (atypical of this but recent stressors) ?GCA (>50, prolonged history, severe pain, temple tenderness)

Treatment - Diclofenac for pain (Laura Hanshaw nurse gave diclofenac 75mg to right buttock IM (LL8652; 05/2023))

Omeprazole 20mg dose given at PCEC from stock and advised to stop aspirin

Prednisolone 60mg dose given at PCEC from stock

Follow up: Advised to contact GP tomorrow morning to arrange bloods including ESR and CRP. May require discussion with rheumatology team.

Worsening advice given.

Followups:

GP Follow Up - Please consider checking ESR and CRP and continue steroids if felt appropriate/discuss with rheumatology during day time hours.

Clinical Codes:

1B1G. Headache

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 17/12/2021

Consultant: Dr Peter Davis

F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear F Clarey

Re: **Convery Janice**
FLAT 3/2
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **17/12/2021 at 14:31 hrs.**

Departed on: **at hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

I foot inj

Nursing Assessment:

Investigations in ED:

1. XR Foot Lt

2. XR Foot Lt

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Contusion of Other and Unspecified Parts of Foot		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Contusion to left foot. Dx with advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Kirsty Allan

Nurse

Copies to:

1. F Clarey (GP)

School Address:

Convery Janice

CHI: 2705655662

Clinic Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department: Neurology
Contact Tel: 0141 232 7542
Enquiries to:
Letter Date: 22/11/2021
Reference: AT/LD
Dictated: 22/11/2021
Date:
Transcribed: 23/11/2021
Date:

Dear Dr. F Clarey,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - Neurology; Clinic - SGATNE 12-DR TYAGI HEADACHE MONDAY
Date and Time of Appointment - 22/11/2021 11:45

Clinical Comments:

I had a brief telephone consultation with Ms Convery who continues remain symptomatic with the generalised neuropathic pains. I wondered about an element of fibromyalgia to her symptoms as well. I have said to her that her investigations have been fairly satisfactory and do not have any further recommendations but you may wish to refer her to the pain clinic for their input.

Yours sincerely

Dr Alok Tyagi

Consultant Neurologist

Electronically Signed: Dr Alok Tyagi, Consultant

cc. Ms Janice Convery
Flat 3-2
21 BENVIEW STREET
GLASGOW
G20 7SA

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	convery
Forename	janice
CHI	2705655662
Date of birth	1965-05-27
Sex	unknown
Address	FLAT 3/2 21 BENVIEW ST GLASGOW G20 7SA

Specimen Details

Specimen Processed Date	20-10-2021 20:57
Test Start Date	20-10-2021 11:30
Test End Date	20-10-2021 11:31
GP Practice	40455
Specimen Number	AAF86919289
Administration Method	self

End of Report

Report Date: 21/10/2021



jobcentreplus

Website: www.jobcentreplus.gov.uk

02631
Dr Crawford
SANDYFORD SURGERY
1119 ARGYLE ST
FINNIESTON
GLASGOW
G3 8ND

Your reference is NM247506A
Please tell us this number
if you get in touch with us

ESA Clydebank
Mail Handling Site A
Wolverhampton
WV98 2AX

Phone 0800 1690310
TEXTPHONE for the deaf/hard of
hearing ONLY 0800 1690314

Date 19 October 2021

25 OCT 2021

Dear Dr Crawford,

We no longer need Statements of Fitness for Work (known as fit notes) for your patient as they are fit for work

Patient's name: Miss. Janice Convery

Address: 3/2 21 Benview St, Glasgow, G20 7SA

Date of birth: 27 May 1965

Following your patient's Work Capability Assessment, we've decided they are fit to do some types of work, but this might not be the same as they have done before.
This means you no longer need to provide fit notes for their Employment and Support Allowance (ESA) claim.

Providing fit notes in the future for their ESA claim

Subject to your clinical discretion you may issue further fit notes in the future to your patient if:

- their condition gets worse
- they develop a new disability or health condition
- **they ask you for evidence for a reconsideration or appeal against our decision.**

Further guidance for GPs on completing fit notes is available at:

<https://www.gov.uk/government/publications/fit-note-guidance-for-gps>

<https://www.gov.uk/government/publications/a-short-guide-to-the-benefit-system-for-general-practitioners>

Helping people back into work

19 October 2021
Dr Crawford

REF:NM247506A

We know most people are better off in work, so we are encouraging your patient to find out what type of work they may be able to do with their health condition or disability through focused support at their local Jobcentre Plus. Their work coach will take your patient's illness, health condition, or disability into account when setting work requirements.

Your patient has agreed that we can tell you about the decision.

We've sent your patient a summary of their Work Capability Assessment outcome.

We may need to contact you again about your patient's disability, illness or health condition in the future.

If you have any questions about this letter or you need it in Braille, large print, or audio please call us on the number at the top of this letter.

Thanks for your help.

Yours sincerely

Paul Sheridan

Manager

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

14 SEP 2021

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
12 September 2021

Mrs Janice Convery
Flat 3-2
21 Benvie Street
GLASGOW
G20 7SA

Dear Mrs Convery

I can now confirm that I have now reviewed your blood tests which were carried out on 31 March 2021 which showed normal U&E's and eGFR, normal liver functions, blood glucose and lipid profile. Your full blood count was normal as well.

I would request your GP to check your vitamin B12 and folate levels as well as serum protein electrophoresis and should these be normal, I would not recommend any further blood investigations.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

cc

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

14 SEP 2021

Consulting Rooms:
BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 8 September 2021

10 September 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob - 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

I reviewed Mrs Convery at the clinic today. I reassured her regarding her investigations in that her MRI brain and cervical and thoracic spine were quite satisfactory. She does have some white matter changes which are perhaps non-specific.

She continues to have problems with burning and painful sensations in her arm and legs and feels her balance is affected. I re-examined her and did not find any focal deficit. In particular, motor and sensory examinations both to spino-thalamic and dorsal column sensations were normal. Reflexes were normally elicited and plantars bilaterally downgoing.

She remains on amlodipine and 40 mg of duloxetine having trialled pregabalin, gabapentin and Morphine patches. She also remains on ropinirole 2.25 mg a day.

I have said to Mrs Convery that as her ropinirole has made no impact to her symptoms. I would strongly recommend that she reduce this by 0.25 mg every 3 days to stop. I would suggest you give her a trial of nortriptyline 10-50 mg nocte to see if that helps her symptoms in any way. I would also arrange for a routine review in due course on the NHS.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

30 AUG 2021

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
26 August 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob - 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery's MRI brain scan showed some non-specific white matter changes. MRI cervical spine showed some degenerative changes as well. She is being reviewed again at the clinic to discuss this.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Dr Alok Tyagi
MD, DNB, DM, FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 15 July 2021

16 July 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

20 JUL 2021

I had a telephone consultation with Mrs Convery today. Her symptoms are only better for about 3 hours with the tablets and she now tells me her hands are getting affected and her balance is not very good. I have said to her that it may be worth doing further imaging and I have arranged an MRI brain, cervical and thoracic spine to be done and would review her in the clinic with the results of that.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Homeopathy GGC General Referral	—— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	—— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral Routine	Date sent 16-Dec-2021
Date of referral 15-Dec-2021	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	E-mail: missjaniceconvery@yahoo.co.uk
Area of Residence	-	

101025108840T

Unique Care Pathway Number: 101025108840T

REGISTERED GP DETAILS		Practice address
Name	Dr Fiona Clarey	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7036928	
GP code	03255	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698
		E-mail: ggc.gp40455clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Gail Henderson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	4615145	
GP code	00655	Contact number(s)
Practice name	Drs MacNeill, Clarey & Henderson (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Fibromyalgia

Comment: Dear Colleague,

Many thanks for seeing this 56 year old lady who has recently been diagnosed with fibromyalgia by Dr Tyagi, consultant neurologist. Looking back, she has had many symptoms since 2018, generalised neuropathic pains, fatigue and lethargy, insomnia, IBS and neck and back stiffness.

She was fully investigated by Dr Tyagi and all investigations including MRI brain, c-spine and all her bloods were reported as normal.

She is currently taking nortriptyline 10mg and duloxetine 40mg and thinks there possibly has been a small improvement and is keen to persist on the same doses of these drugs. She has also started a new job in Shawlands Primary as a learning support teacher and is really enjoying the new challenge.

She is keen to be feeling a bit better than currently and when I suggested the Centre for Integrative Care she was really keen to be seen by you for an assessment.

Many thanks for seeing her.

Yours sincerely

Dr Gail Henderson
15th December 2021

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 40 mg	56	56 capsule	1 Cap AT NIGHT	-	03-Sep-2020	02-Nov-2021
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	02-Nov-2021
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	15-Jul-2021
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	02-Nov-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	02-Nov-2021

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Nortriptyline Capsules 10 mg	56	56 capsule	1 CAPSULE TO BE TAKEN AT NIGHT	-	22-Sep-2021	02-Nov-2021
Ropinirole Hydrochloride Tablets 2 mg	56	56 TABLET	ONE TAB NOCTE (NOTE THIS IS TWO MG)	-	06-Sep-2021	06-Sep-2021
Ropinirole Hydrochloride Tablets 2 mg	56	56 TABLET	ONE TAB NOCTE (NOTE THIS IS TWO MG)	-	15-Jul-2021	15-Jul-2021
Estradiol Gel 0.06 % pump-pack	160	160 GRAM	ONE PUMP DAILY	-	05-Jul-2021	15-Jul-2021
Ropinirole Hydrochloride Tablets 250 micrograms	112	112 TABLET	2 TABS NOCTE ALONG WITH THE 2MG TABLET	-	10-Jun-2021	15-Jul-2021

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
31-Mar-2021	138	82
03-Sep-2020	122	76
24-Jun-2020	154	100
15-Oct-2018	146	86
26-Sep-2018	138	90

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03
03-Sep-2020	-	83	30.12
07-Nov-2019	-	81.2	29.47
09-Oct-2018	-	83.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name Janice Convery

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice: -----

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work... ☐ amended duties...
☐ altered hours... ☐ workplace adaptations...

Comments, including functional effects of your condition(s):

This will be the case for to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature 

Date of statement

Doctor's address

Unique ID: Med 3 01/17

029022BB-34FB-449B-AF66-A8FC240FCF7A

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• in England and Wales visit www.fitforwork.org or phone 0800 032 6235
• in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details - Please use BLOCK CAPITALS

Surname CONVERY
Other names
Address
 Postcode
Date of birth Mobile
NI number

What you need to do now

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Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
8 June 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

10 JUN 2021

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery has been in touch with Sister Cathy Devine regarding her restless leg syndrome. She has had good relief with ropinirole which she is now on 2 mg a day but has had some recurrence of her symptoms and I wonder if her dosage could be increased to 2.25 mg or indeed 2.5 mg a day.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

NHS Confidential: Personal data about a patient

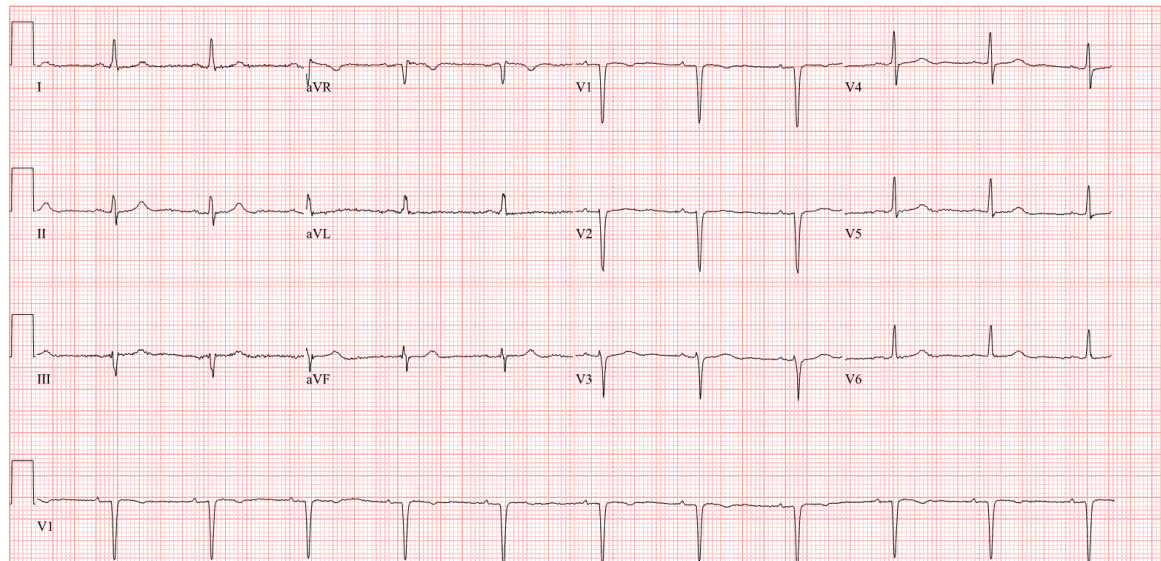
Convery, Janice	ID:2705655662	02-JUN-2021 13:55:41	GREATER GLASGOW SITE-WIGPOP ROUTINE RECORD
27-MAY-1965 (56 yr)	Vent. rate 66 BPM	Normal sinus rhythm	
Female	PR interval 156 ms	Normal ECG	
	QRS duration 80 ms		
Room:	QT/QTc 380/398 ms	Confirmed by Brown, Yvonne (7019) on 04/06/2021 13:52:04	
Loc:742	P-R-T axes 16 -17 61		

Technician: 725
Test ind:

Referred by: GP

Confirmed By: Yvonne Brown

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 0

SID: 3322547 EID:7019 EDT: 13:52 04-JUN-2021 ORDER:

Convery, Janice

ID: 2705655662

2-Jun-2021 13:55:41

CARDIAC DEPT. WEST GLASGOW ACH

27-May-1965
Female

Vent. rate 66 bpm
PR interval 156 ms
QRS duration 80 ms
QT/QTc 380/398 ms
P-R-T axes 16 -17 61

Normal sinus rhythm
Normal ECG

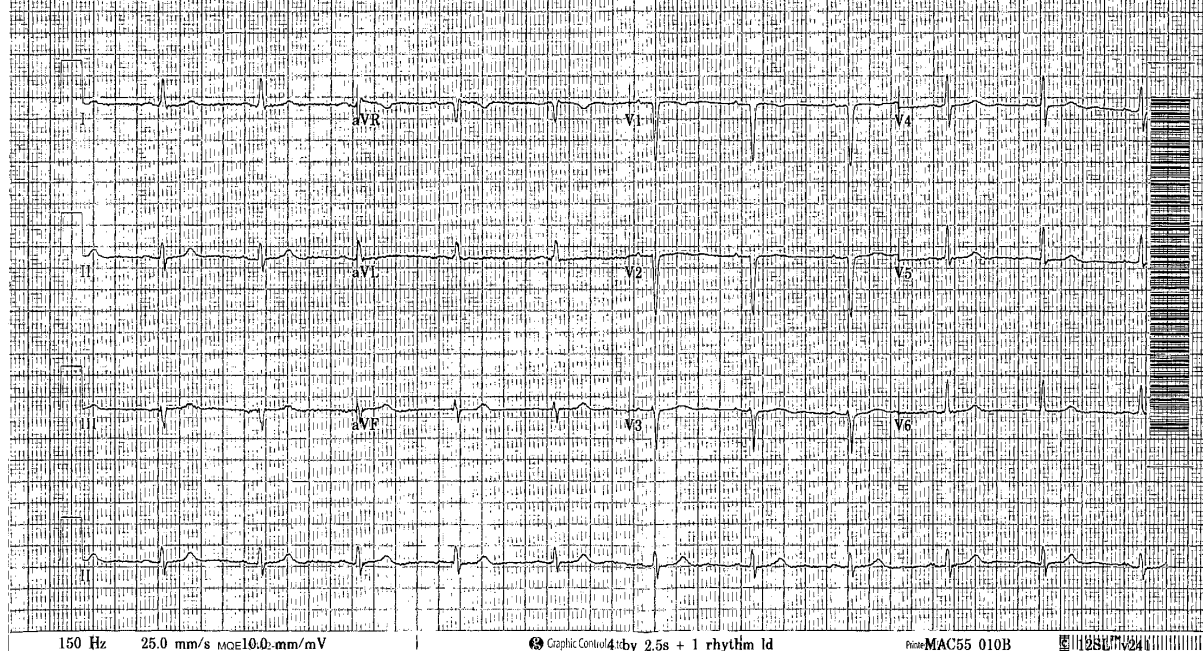
Loc: 742

Technician: 725

Referred by: GP

Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s MGE10.0: mm/mV

Graphic Control 4: by 2.5s + 1 rhythm Id

Pulse MAC55 010B

2567724

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

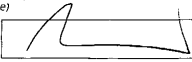
I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-----

If available, and with your employer's agreement, you may benefit from:
☐ a phased return to work... ☐ amended duties-----
☐ altered hours----- ☐ workplace adaptations-----

Comments, including functional effects of your condition(s):

This will be the case for to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature 

Date of statement

Doctor's address

Unique ID: Med 3 01/17

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address
 Postcode

Date of birth Mobile

NI number

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Date of statement

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05E753BD-0E30-4267-A96A-905E2B9E4D97

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Surname

Other names

Address

GLASGOW Postcode G20 7SA

Date of birth Mobile

NI number

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GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 10 November 2020

11 November 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

I reviewed Mrs Convery at the clinic today. I reassured her regarding her test results in that her nerve conduction studies were quite normal. MRI lumbo-sacral spine showed some degenerative changes but nil else.

She continues to be symptomatic and I think it would be worth giving her a trial of ropinirole 0.25-0.5 mg nocte to see if that helps her symptoms in any way.

I would request Cathy Devine, Acute Pain Sister at Ross Hall to contact her in due course to see how she has been getting on with her symptoms.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

13 NOV 2020

Convery Janice

CHI: 2705655662

Clinic Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. CM Crawford
Drs Crawford macneill clarey & he
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department: Podiatry
Contact Tel: 01413479809
Enquiries to: ellie.earl@ggc.scot.nhs.uk
Letter Date: 11/11/2020
Reference:
Dictated: 11/11/2020
Date:
Transcribed: 11/11/2020
Date:

Dear Dr. CM Crawford,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - Podiatry; Clinic - MLWNPTR156-NEW WEST PODIATRY TEAM
TELEPHONE WEDNESDAY34-NEW WEST PODIATRY TEAM TELEPHONE TUESDAY
Date and Time of Appointment - 11/11/2020 15:15

Follow Up: Discharged

Clinical Comments:
Telephone appointment.

The patient apologised on the phone saying that she cancelled the appointment and that she went to see a private podiatrist. She says she no longer requires our services.

Patient was discharged from Podiatry today.

Podiatrist Ellie Earl.

Electronically Signed: ,

cc.

Neurology

Dr. Alok Tyagi MD, DNB, DM, FRCP Edin.
Consultant Neurologist

patient's name:

DANCE C MERY.

date of birth:

date of consultation:

10/01/20

Dear Doctor

The above named patient attended the neurology clinic today at Ross Hall Hospital. Following consultation and discussion of current symptoms I would be grateful if you would consider providing the patient with a prescription of the medication listed below:

ROLINIKOLE 0.25gr 10 W
x 7/2

Then increase by 0.25gr every week
to a dose of 2gr W. *Script done*

I will arrange a follow up appointment at Ross Hall for the patient and continue to advise you of their management plan. If you have any queries about the information provided in the first instance please contact Cathy Davine, Pain Management Sister at Ross Hall. 0141 303 7495

Thank you in advance for your cooperation. A formal letter will follow in due course.

Regards

Alok Tyagi
DNB, DM, FRCP Edin

Adjust to discontinue regarding Citalopram and Duloxetine with 6

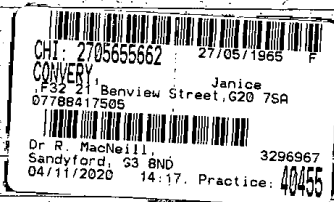
Script updated

NHSGreater Glasgow
and Clyde

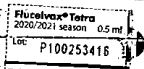
16 NOV 2020

**IMPORTANT – MUST BE COMPLETED FOR PATIENTS WHO ATTEND FOR
IMMUNISATION WITHOUT APPOINTMENT LETTER**

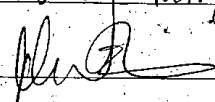
Please complete the following details:-

CHI Number If known	
Date of Birth	
Surname	
Forename	
Full Address	
Postcode	
GP Practice Code	
GP Practice Address	

To be completed by Immuniser**IMMUNISATION DETAILS**

Name of Vaccination Centre	
Date of Vaccine	
Type of Vaccine Given	
Batch Number	

Site of Injection – Please tick appropriate box
☒ Left arm
 ☒ Right Arm

Immuniser Name	Mandy Fairgrieve
Signature	

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name **Mr-Mrs-Miss, Ms---** **Janice Convery**

I assessed your case on: **03 / 11 / 2020**

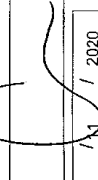
and, because of the following condition(s):
Feet Pain under IX by Neurologist

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
☐ a phased return to work... ☐ amended duties....
☐ altered hours.... ☐ workplace adaptations.

Comments, including functional effects of your condition(s):

This will be the case for
 or from **02 / 11 / 2020** to **07 / 12 / 2020**
 I will/will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature 

Date of statement **03 / 11 / 2020**

Doctor's address
Sandyford Surgery
1119 Argyle Street
Glasgow, G3 8ND
Telephone: 0141 248 3698

Unique ID: Med 3 03/17

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- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname **Mr-Mrs-Miss, Ms--- CONVERY**

Other names **JANICE**

Address **F32 21 BENVIEW STREET**
GLASGOW Postcode **G20 7SA**

Date of birth **27 / 05 / 1965** Mobile

NI number

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MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

30 OCT 2020

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
28 October 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery's MRI lumbo-sacral spine was quite satisfactory. She had early degenerative changes but nil else.

This is a good result.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Attended for Breast Screening on 05-10-2020. Result was normal.

Yours sincerely,

Dr Marzi Davies
Clinical Director

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-----

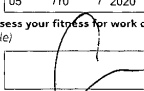
If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work....	☐ amended duties.....
☐ altered hours.....	☐ workplace adaptations.....

Comments, including functional effects of your condition(s):

This will be the case for

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature 

Date of statement

Doctor's address

Unique ID: Med 3 01/17

7F9A3C22-3C84-48B4-A293-ED88FB327E9A

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname	Mr, Mrs, Miss, Ms--- CONVERY	
Other names	JANICE	
Address	F32 21 BENVIEW STREET	
	GLASGOW	
	Postcode G20 7SA	
Date of birth	27 / 05 / 1965	Mobile
NI number		

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Dr Alok Tyagi
MD, DNB, DM, FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD

Ross Hall Hospital 1 October 2020

3 October 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

07 OCT 2020

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Thank you for your referral on Ms Convery who attended the clinic by herself for a face to face consultation today.

She tells me that she has had symptoms for a number of years and describes having pains in her legs and clumsiness. On specific details she says that she gets burning in her feet and this affects both her feet to the same extent. This is most prominent when she is resting or when she is in bed at night and would get better if she would walk. She would also tend to move her feet a lot in bed.

She denied any definite weakness although did say that she has been clumsy all her life and that her motor skills are affected as is her co-ordination.

She feels she is now getting similar symptoms in her arms.

She denied any bladder complaints.

She tells me that she has attended the pain clinic for a number of years and had steroid injections to her back with no benefit.

She gave no other past medical history of any note. Her family history is not contributory.

She has tried gabapentin, pregabalin, naproxen and opioids and is currently on duloxetine 40 mg a day since 2010 and also takes citalopram 20 mg a day.

She is a non-smoker who doesn't take alcohol and lives with her partner.

Examination revealed no cranial nerve abnormalities. Motor and sensory examinations were normal to both spino-thalamic and dorsal column sensations. Reflexes were normally elicited and plantars bilaterally downgoing.

Her SLR was reduced on the left side to about 40-45 degrees.

Opinion:

Ms Convery's leg symptoms are perhaps in keeping with restless leg syndrome and I have said the same to her. I have however agreed to carry out some investigations and would review her in the clinic with the results of the same. I would arrange an MRI of her lumbo-sacral spine and neurophysiological tests.

Thank you for your referral.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:.....

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work... ☐ amended duties.....
☐ altered hours..... ☐ workplace adaptations.....

Comments, including functional effects of your condition(s):

This will be the case for
or from

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 01/17

SFDD1B39-DB15-481D-8A9B-97ED029D311

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Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

GLASGOW Postcode G20 7SA

Date of birth Mobile

NI number

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.



Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

18/08/2020

Dr CM Crawford
Drs Crawford macneill clarey & he
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr CM Crawford

Re: Janice Convery
Address: FLAT 3/221 BENVUE STREET
Glasgow
G20 7SA

CHI Number: 2705655662

Speciality: General Surgery

It would appear from our records that:

() Your patient has not responded to our recent letters inviting them to arrange an appointment.

(x) Your patient has indicated that they no longer require an appointment.

() Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

Irene Hunter

21 AUG 2020

Home Blood Pressure Record Sheet

You should take blood pressure readings in the morning and evening.

- For each blood pressure recording, take two measurements at least 1 minute apart and whilst you are seated.
- Do this for a minimum of 4 days, ideally for 7 days.

CHI: 2705655662
 27/05/1965 F
 Janice
 Benview Street, G20 7SA
 07798417505
 Nurse M Devitt,
 Sandyford, G3 8ND
 01/07/2020 17:57. Practice: 40455

Date	Time	Systolic (upper value) First reading	Diastolic (lower value) First reading	Systolic (upper value)	Diastolic (lower value)	Pulse
June						
24th	13:00	164	96			66
24th	22:00	173	107	175	102	74
25th	08:30	161	99	159	103	74
25th	18:30	154	128	175	104	75
26th	10:00	146	92	140	95	64 (S)
26th	14:45	157	99	165	97	74
27th	10:45	151	96	147	90	66 (S)
27th	18:30	145	85	135	85	73
28th	9:20	163	101	159	103	65
28th	18:30	179	108	175	117	70
29th	11:40	172	102	165	103	72
29th	14:30	162	107	169	108	76 (S)
30th	11:20	154	98	139	101	70
30th	20:15	158	102	149	100	71
July	1st					
	1st					

[average 160/101] mmHg

H:\Home BP monitoring\Home_BP monitoring_Record_Sheet.doc

→ Pass to CC

(S) = Sleep
 night
 Before

SANDYFORD SURGERY**SEASONAL FLU VACCINE CONSENT 2019/20****ADULTS >18****PGD for nurses only****PSD FOR HCA authorised by GP****DATE****CATEGORY**Over 65 yr (aTIV) ☐AT RISK GROUP 18 – 64yrs (QIV)
(tick below) ☒**PLEASE TICK RISK CATEGORY**AGE 54

Asthma (steroid inhaler)	COPD	Diabetes	Heart Disease	Liver disease	Renal Disease	Immuno- suppression	Chronic Neurological Condition (incl stroke)	Pregnant women
☒								<u>Will now be done at ANC</u>

BMI >40	No spleen	Residential/ nursing home	Coeliac	unpaid carer	Health/social care staff	Given by Pharm	Other (Specify)
					<u>Not done at GP</u>		

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ALLERGIES- e.g eggs/latex/ antibiotics

YES/NO

N.B FOR SEVERE EGG ALLERGY GIVE QIVc

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?

YES/NO

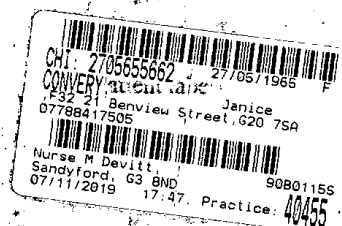
I CONSENT TO BEING IMMUNISED WITH SEASONAL INFLUENZA VACCINE

SIGNED

DATE

I confirm I have verified correct vaccine to be administered ☒ aTIV ☒ QIVc (QIVc for egg allergy)

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Am.
Flu Vaccine	 T36682V (Quadrivalent Influenza Vaccine (split virus, inactivated))		6/20	1m (L) am

Immunised by: m. Smith Date 7/11/19Post immunisation advice given ☒ Yes/No Clinical update recorded ☒ Yes/No Scanned Yes/No

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Direct Access ECG Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
ECG GGC Direct Access ECG	— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Routine Date of referral 07-Jul-2020	Date sent 07-Jul-2020

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	
Area of Residence	-	

101021274438J

Unique Care Pathway Number: 101021274438J

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Sandyford Surgery (18830)	Contact number(s)
Practice code	40455	
		Voice: 0141 248 3698 Facsimile: 0141 221 5144 E-mail: GG-UHB.GP40455clinical@nhs.net

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Drs Crawford, MacNeill, Clarey & He (40455)	Contact number(s)
Practice code	40455	

Voice:0141 248 3698

Facsimile:0141 221 5144

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: As per Indication for Referral

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	24-Jun-2020
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	17-Mar-2020
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	24-Jun-2020
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	24-Jun-2020
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	24-Jun-2020

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Estradiol Gel 0.06 % pump-pack	80	80 gram	APPLY TWO PUMPS ONCE DAILY	-	24-Jun-2020	24-Jun-2020
Ispaghula Husk Sugar and			THE CONTENTS OF		11-	11-

Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	ONE SACHET TO BE TAKEN TWICE A DAY	-	May-2020	May-2020
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT	-	11-May-2020	11-May-2020
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	15-Apr-2020	15-Apr-2020
Zopiclone Tablets 7.5 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP	-	15-Apr-2020	15-Apr-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
24-Jun-2020	154	100
15-Oct-2018	146	86
26-Sep-2018	138	90
26-Sep-2013	131	90
01-Mar-2011	124	80

Body Measurements

Date Recorded	Height	Weight	BMI
07-Nov-2019	-	81.2	29.47
09-Oct-2018	-	83.2	-
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Primary Reason for ECG::Hypertension? LVH (Echocardiography is not indicated)

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol (Glasgow, v15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
General Surgery - Colorectal GGC Colorectal	— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral	Urgent - Suspected Cancer
Date of referral	24-Jun-2020
Date sent	24-Jun-2020

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	
Area of Residence	-	

1010212152354

Unique Care Pathway Number: 1010212152354

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GMC code	2343411	
GP code	04154	Contact number(s)
Practice name	Drs Crawford, MacNeill, Clarey & He (40455)	
Practice code	40455	

Voice:0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: rectal bleeding and altered bowel habit

Comment: Dear Doctor

I would be grateful if this 55 year old lady could be seen for assessment. She contacted us about six weeks ago with concern about rectal bleeding. At that point she had noted fresh blood from her back passage. She described this as intermittent, when she passes a solid stool, and with no pain associated. She said she has had this occasionally for years but it had been more of an issue recently. At the time when she contacted us she had noted fresh blood "pouring" so that blood was noted in the toilet rather than just on wiping. At that point she described her bowel habit as variable, going from solid to "running", and she has tried to keep to a bland diet because of that. At that point, she did not report any change in bowel habit. We agreed she would try Fybogel orange as well as topical treatment for possible haemorrhoids, and would let us know how things progressed.

I have since spoken to Janice again on the phone and then seen her for review. There has now been a change in bowel habit with diarrhoea most days and no solid stools in between times. She is also reporting left paraumbilical pain. She has passed fresh blood PR intermittently. She tried cutting dairy from her diet but does not feel that this has resolved matters and in fact now she says she is "scared to eat". On abdominal examination, she was tender in the left paraumbilical region but no masses were felt. On rectal examination there was a skin tag at 7 o'clock but no other abnormality.

I have checked her bloods but do feel she merits further assessment. I am grateful to you for seeing her.

Yours sincerely

Dr Christine M. Crawford
24th June 2020

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
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Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

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Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
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Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	17-Mar-2020
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	24-Jun-2020
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	24-Jun-2020
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	24-Jun-2020

Recent medication (Any medication issued within last 90 days not shown above)

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Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	11-May-2020	11-May-2020
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT	-	11-May-2020	11-May-2020
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	15-Apr-2020	15-Apr-2020
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09-Oct-2018	-	83.2	-
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991

GPPAQ physical act ind: active:

26-Sep-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

New onset persistent rectal bleeding >4 weeks without obvious perianal cause:true

QFIT requested?:Yes - result pending

FBC requested?:Yes - result available

Haemoglobin result:145

MCV:89.5

Urea and Electrolytes requested?:Yes - result available

eGFR:>60

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.

Dr D. Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.

Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Sandyford Surgery

1119 Argyle Street

Glasgow G3 8ND

Tel: 0141 248 3698

Fax: 0141 221 5144

www.sandyfordsurgery.com

26/08/2019

Miss Janice Convery
F32 21 Benview Street
GLASGOW
G20 7SA

Dear Miss Convery

BOWEL SCREENING

We have been notified that you have **not participated** in the Bowel Screening Programme.

Bowel Screening aims to detect bowel cancer at an early stage in people with no symptoms. If bowel cancer is detected early there is a 90% chance of treating the disease successfully.

We hope you will reconsider your decision and we would recommend that you participate in this programme. For approximately every 650 people invited for screening, one bowel cancer death will be prevented.

If you wish to participate, please contact the Scottish Bowel Screening Helpline on Telephone number 0800 0121 833 for a screening kit to be sent out to you or if you require further information.

Alternatively we can inform you of the benefits and risks of taking part in this programme. If for any reason you think you may have difficulty providing a sample please speak to the Dr or Practice Nurse.

Yours sincerely

Drs Crawford, MacNeill, Clarey & Henderson
Sandyford Surgery

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

27 NOV 2018

23 11 18 (clinic 22 11 18)

Dear Dr Crawford,

Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Mrs Convery was reviewed today. It's only about four weeks since surgery and her foot is coming along well. She is in less pain than she was prior to surgery. The second toe is drooping slightly but should pick up in due course. She is now going to get on a normal pair of shoes and get walking on this.

She would like to get back to work and as she is doing so well I don't think I need to see her again, unless she wants to.

Kind regards

Yours sincerely,

J STUART MOIR
Consultant Orthopaedic Surgeon

Nuffield Health Glasgow Hospital,
Beaconsfield Road,
Glasgow G12 0PJ
Tel: 0141 334 9441
Fax: 0141 339 1150

Secretary: Mrs S. Bradman
0141 638 4411
Fax: 01360 770698
j.s.moir@btinternet.com

Ross Hall Hospital,
221 Crookston Road,
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Fax: 0141 303 4857

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

01 NOV 2018

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

30 10 18

Dear Dr Crawford,

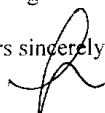
Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Mrs Convery had right forefoot surgery at Ross Hall on the 29th October. The hallux valgus was corrected by scarf and proximal phalangeal osteotomy and the second toe by pip joint excision, with a Smart Toe intramedullary implant.

She will require to be heel-weight bearing in a post-op shoe for the next few weeks and will be seen next week for removal of sutures.

Kind regards

Yours sincerely,



J STUART MOIR
Consultant Orthopaedic Surgeon

cc RHH

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Beaconsfield Road,
Glasgow G12 0PJ
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Tel: 0141 810 3151
Fax: 0141 303 4857

Convery Janice

CHI: 2705655662

Letter to Patient:



Greater Glasgow
and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

01 NOV 2018

Janice Convery
FLAT 3/2
21 BENVIEW STREET
Glasgow
Lanarkshire
G20 7SA

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 26/10/2018
Reference: PV/JM
Dictated 10/10/2018
Date:
Transcribed 18/10/2018
Date:

Dear MsConvery,

I am pleased to inform you that the biopsy from the lining of the uterus did not show any abnormality. I hope you find this reassuring.

With kind regards

Yours sincerely

Dr Padma Vanga
Consultant in Gynaecology and Obstetrics

Electronically Signed: Dr Padma Vanga, Consultant

cc. Dr Crawford
Drs Crawford & Macneill,
Sandyford Surgery,
1119 Argyle Street,
Glasgow,
G3 8ND

SANDYFORD SURGERY**SEASONAL FLU VACCINE CONSENT 2018/19****ADULTS >18****PGD for nurses only****PSD FOR HCA authorised by GP** _____**DATE** _____**CATEGORY**

Over 75yr (aTIV)

☐

(NURSE)

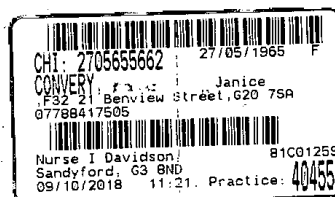
65-74 yrs (TIV)

☐

(NURSE/HCA)

AT RISK GROUP 18 – 64yrs (QIV)
(tick below)☒

(NURSE/HCA)

AGE 53**PLEASE TICK RISK CATEGORY**

Asthma (steroid inhaler)	COPD	Diabetes	Heart Disease	Liver disease	Renal Disease	Immuno- suppression	Chronic Neurological Condition (incl stroke)	Pregnant women
☒								

BMI >40	No spleen	Residential/ nursing home	Coeliac	unpaid carer	Health/social care staff	Given by Pharm	Other (Specify)

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ALLERGIES- e.g eggs/latex/antibiotics
(SEE APENDIX 1)

YES/NO

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?

YES/NO

I CONSENT TO BEING IMMUNISED WITH SEASONAL INFLUENZA VACCINE

SIGNED _____

DATE 9/10/18**I confirm I have verified correct vaccine to be administered**☒

aTIV/TIV/QIV

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm
Flu Vaccine		Coaxone group (P) vaccine test video (backdated) 20/10/2019 PL 55020017 PA 2130121 Lot R3G351V EXP 05-2019 6409-0		

Immunised by: Janice Date 8/10/18

Post immunisation advice given Yes/No

Clinical update recorded Yes/No

Scanned Yes/No

Convery Janice

CHI: 2705655662

Clinical letter - GP:

Dr. CM Crawford
Drs Crawford & Macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:

Letter Date: 02/10/2018
Reference: PV/JM
Dictated 07/09/2018
Date:
Transcribed 10/09/2018
Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Gynaecology
0141 232 7955

Dear Dr Crawford ,

Janice Convery; D.O.B: 27/05/1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

I saw Janice a 53 year old for heavy menstrual bleeding for some time now. She did not get any benefit from Cerelle or Norethisterone. She is a para 1 with normal smears. She has had a laparoscopy twice for gynaecology pelvic pain and cholecystectomy.

Pelvic examination is unremarkable. Transvaginal scan showed right retroverted uterus, normal size with regular endometrium. Both ovaries are normal. I have obtained a pipelle biopsy and inserted a Mirena after her consent.

With kind regards

Yours sincerely

Dr Padma Vanga
Consultant in Gynaecology and Obstetrics

Electronically Signed: Dr Padma Vanga, Consultant

cc.

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service



Dr. Christine Crawford
1119 Argyle Street
Glasgow
G3 8ND

Printed on: 01/10/2018

Dear Dr. Christine Crawford,

Re: Miss Janice Convery (CHI 2705655662). Flat 3/2 21 Benview Street Lanarkshire G20 7SA

Your patient was seen at the Rapid Access Chest Pain Clinic on 01/10/2018 at Stobhill Hospital.

Presenting History

There was no presenting history details given.

Presenting Notes For years has been experiencing severe chest pain. "stitch like". Occurs at random. Lasts a few seconds but is left with a lingering dullness in the chest and neck. Occurring daily. No known relieving or precipitating factors. Recently had surgery on her bunions cancelled due to abnormal ECG. Reviewed by Dr Northcote, consultant cardiologist at ross hall. echo normal - no evidence of infarct.

Relevant Past Medical History

None.

anxiety, lower back pain, cholecystectomy,

Investigations

ECG

Heart Rate: 62 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT

ETT Done.
Protocol: Bruce.
No angina during exercise.
Ex. Time: 08:00.
Negative.

Reason(s) for Stopping
Dyspnoea, Fatigue

Clinical Findings

BP (mmHg) 130/80

Cholesterol	Result	Date Taken
Last Cholesterol test	5.1 mmol/L	26/09/2018

Smoking Status Current Non Smoker (quit for less than 1 year)

Diagnosis and Recommendations

Outcome: Symptoms and test results indicate that ischaemic heart disease is unlikely

Anti-anginals: Not required

Secondary prevention: Not required

Risk Factor Management: Please manage cholesterol and blood pressure in line with GGC Guidelines. Consider smoking cessation, physical activity levels, alcohol consumption and weight management

No OP review: No Op review or further investigations required but if you have further concerns please consider referral to cardiology out-patients.

Additional discharge comments: Symptoms are atypical. The ETT is reassuring at 8 minutes. No evidence of exercise induced ischaemia.

Advised to continue trying to stop smoking.

To see GP if symptoms persist.

Yours Sincerely,

Louise Thom

Rapid Access Chest Pain Service



Ross Hall
Hospital

Seen By CC.

Serious about health. Passionate about care.

NURSING DISCHARGE SUMMARY

Dr	Crawford	Patient	Janice Convery
Address	1119 Argyll Street, Glasgow, G3 8ND	Address	3/2 21 Benview Street Glasgow, G20 7SA

Dear Dr Crawford

The above named patient was admitted to Ross Hall Hospital on 19/09/2018

under the care of Mr JS Moir

Surgery/investigation performed Admission for Right Forefoot Correction but procedure cancelled as ECG abnormal. Seen by Cardiologist Dr Northcote, echo done.

Patient was discharged on 19/09/2018

Out-patient appointment Consultant will arrange follow up

Other information Copy of ECG and Echocardiogram enclosed.

Copy of discontinued Medication (Yes/No delete as appropriate)

Copy of discharge drugs is enclosed (Yes/No delete as appropriate)

Please do not hesitate to contact the Ward if you need further information. The Consultant will be writing to you in due course.

Yours sincerely

A Smith

Staff Nurse - Clyde Suite

221 Crookston Road, Glasgow G52 3NQ

T 0141 810 3151 F 0141 882 7439 www.bmihealthcare.co.uk

BMI Healthcare Limited Registered in England Number 2164270. Registered office BMI Healthcare House, 3 Paris Garden, Southwark, London SE1 8ND.

BMI ROSSHALL HOSPITAL ECHOCARDIOGRAPHY REPORT

Name Convery, Janice	Date 19/09/2018
Birthdate 27/05/1965	Tape
Patient Id 3428205	Ref. Doc.
Sex Female	Physician
Height	BSA
Weight	BP

2D	M-Mode	Doppler
IVSd 1.4 cm		
LVIDd 3.7 cm		
EDV(Teich) 59 ml		
LVPWd 1.5 cm		
IVSs 1.5 cm		
%IVS Thck 3 %		
LVIDs 2.9 cm		
ESV(Teich) 32 ml		
EF(Teich) 46 %		
ESV(Cube) 24 ml		
EF(Cube) 53 %		
%FS 22 %		
SV(Teich) 27 ml		
SV(Cube) 27 ml		
LVPWs 1.9 cm		
%LVPW Thck 28 %		
LVs Mass 215.11 g		
LVs Mass (ASE) 183.57 g		

Referral Diagnosis
ECG shows probable old anterior MI

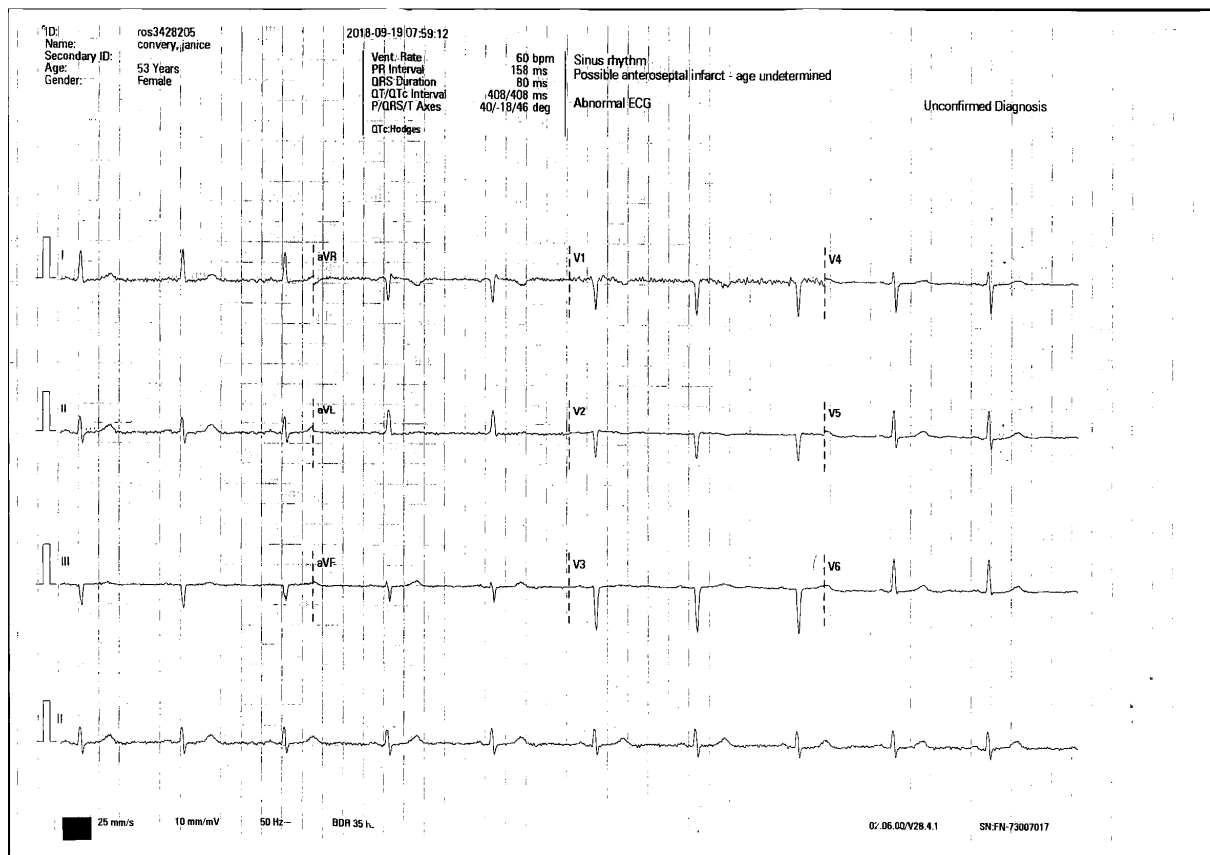
Clinical Diagnosis

Echo Summary
Mild concentric LVH. Non dilated LV with good LV systolic function. No Regional Wall Motion Abnormality. Overall LVEF 55-60%.
Structurally normal aortic and mitral valves on 2D Imaging. Normal Doppler flow patterns.
No evidence of previous MI.
Dr R Northcote



Print Date: 9/19/2018

NHS Confidential: Personal data about a patient



J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Seen R. FC
31/8/18

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

3 8 18 (clinic 26 7 18)

Dear Dr Crawford,

Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Thanks very much for referring Ms Convery who attended me today. She is fifty three years of age and tells me she has longstanding low back pain. She has been to the Pain Clinic for this and currently takes Fluoxetine and Citalopram.

She has had bilateral forefoot pain for some years now, gradually becoming more severe, right worse than left. When she gets up in the morning her foot is sore and stiff until she gets going. She also has a fairly longstanding second hammer toe on the right.

On examination she had symmetrical posture of her feet with mild bilateral hallux valgus, but lumpy big toe joints and a second hammer toe on the right. The base of the second toe was ballottable, but not subluxed. She didn't have Achilles tightness. There was restricted movement of the right hallux of about 30° in dorsiflexion, and plantar flexion was particularly uncomfortable. Movement of the left was better but still somewhat restricted. She was certainly tender over the dorsum and medial aspects of both big toe joints. The right second toe was passively correctable and the mtp joint was not unstable.

Radiology showed moderate hallux valgus and some joint space narrowing and dorsal osteophyte formation in both big toes, right worse than left.

We have decided to go ahead with right hallux valgus correction with some shortening to decompress the joint and accompany this with a cheilectomy, and second toe pip joint correction with intramedullary implant.

I discussed the likely timescale of recovery, including the first four to six weeks in a wool and crepe bandage and post-op shoe, followed by wearing a wide-fitting shoe and gradual resumption of mobility at between three and six months. The possible complications include infection, nerve damage, some stiffness in the hallux mtp joint particularly in view of the pre-existing grade 2 osteoarthritis.

Nuffield Health Glasgow Hospital,
Beaconsfield Road,
Glasgow G12 0PJ
Tel: 0141 334 9441
Fax: 0141 339 1150

Secretary: Mrs S. Bradman
0141 638 4411
Fax: 01360 770698
j.s.moir@btinternet.com

Ross Hall Hospital,
221 Crookston Road,
Glasgow G52 3NQ
Tel: 0141 810 3151
Fax: 0141 303 4857

Kind regards

Yours sincerely,


J STUART MOIR
Consultant Orthopaedic Surgeon

cc's
✓ Patient/RHH

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

3 8 18 (clinic 26 7 18)

Dear Dr Crawford,

Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

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221 Crookston Road,
Glasgow G52 3NQ
Tel: 0141 810 3151
Fax: 0141 303 4857

13 AUG 2018

Ms Convery would like surgery after the middle of September, and I will arrange this.

Kind regards

Yours sincerely,


J STUART MOIR
Consultant Orthopaedic Surgeon

cc RHH

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Rapid Access Chest Pain Referral Protocol - Glasgow (Glasgow, v15.0)

REFERRAL TO			
GGC Rapid Access Chest Pain Clinic G Rapid Access Chest Pain		Consultant / receiving practitioner and/or specialty clinic	
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde		Hospital and hospital address Hospital location code. G034G Email address -	
Urgency of referral	Urgent	Date of referral	Date sent
	26-Sep-2018		26-Sep-2018

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	
Area of Residence	-	

1010170629665	Unique Care Pathway Number: 1010170629665

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698 Facsimile: 0141 221 5144

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s)
Practice name	Drs Crawford & MacNeill (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Rapid access

Comment: Dear Doctor

I would be grateful if this 53 year old lady could be seen urgently. I think she may be suitable for the Rapid Access Chest Pain Clinic, but if you feel she is better seen at a Cardiology Clinic I would be grateful if this referral could be appropriately directed.

Miss Convery is a 53 year old lady who went to Ross Hall for routine foot surgery last week and this was cancelled in view of her abnormal ECG (copy attached). You will see her ECG is reported as showing possible anteroseptal infarct of undetermined age. She went on to have an echocardiogram (also attached) and this showed mild concentric LVH but no evidence of previous MI.

All this happened a week ago and Janice has been terribly upset since. She says she has been having chest pains for years but was always told it related to her anxiety. She says that over the past week the chest pains have been much worse and she describes these as coming on quite suddenly and she is naturally alarmed. There does not seem to be any relation to exertion and indeed she says she is scared to do anything now because she is so worried. She is normally reasonably active in her working day, although she does not specifically exercise. She does not have a lot of details about her family history, but says that two of her maternal uncles have died in their fifties of presumed cardiac death. Janice herself had cut down her smoking to two cigarettes per day but has now stopped completely. Her weight has crept up and she is going to endeavour to lose weight.

Although her chest pain does not sound typically cardiac, in view of her history and the recent findings, I do feel she merits urgent assessment. I am most grateful to you for seeing her.

Yours sincerely

Dr Christine M. Crawford
26th September 2018

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	31-Aug-2018
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	31-Aug-2018

Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	31-Aug-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	31-Aug-2018

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH	-	26-Sep-2018	26-Sep-2018
Tramadol Hydrochloride Capsules 50 mg	60	60 CAPSULE	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	31-Aug-2018	31-Aug-2018
Ibuprofen Sugar-free suspension 100 mg/5 ml	300	300 ml	10MLS TDS	-	31-Aug-2018	31-Aug-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	31-Aug-2018	31-Aug-2018
Piroxicam Gel 0.5 %	60	60 GRAM	Rub into the affected site three to four times daily	-	09-Jul-2018	09-Jul-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
26-Sep-2018	138	90
26-Sep-2013	131	90
01-Mar-2011	124	80
17-Sep-2007	110	50
23-Jun-2000	100	68

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9
14-Dec-2012	-	76.4	28.06
25-Jan-2012	-	73.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
BP systolic:	138	-
BP diastolic:	90	-
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Symptoms present for <= 4 weeks?:	Yes	-
Existing treated angina that is more frequent or related to less exertion?:	NK	-
Have the changed symptoms been present for <= 4 weeks?:	NK	-
Is patient physically able to/capable of undertaking a treadmill test?:	yes	-
Pre-existing OP cardiology appt?:	No	-
Discussed with cardiologist?:	No	-

Cholesterol test done within last 6 months?:	Yes	-
Treated hypertensive:	No	-
Smoker?:	Current non-smoker	-
Clinical warnings		
Additional relevant information		
Administrative information		
Preferred hospital:NK		
OK to send correspondence to home address?:Yes		
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes		
Referred By:Referring GP		
Electronic Attachment Present:Yes		
Social circumstances		
Ethnic Origin: White Scottish		

Signature of referring doctor (or other professional) Date

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.
Dr D Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.
Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.
Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Sandyford Surgery

1119 Argyle Street

Glasgow, G3 8ND

Tel: 0141 248 3698

Fax: 0141 221 5144

www.sandyfordsurgery.com

CMC/JM

10th July 2018

PRIVATE REFERRAL

Consultant Orthopaedic Surgeon

Dear Doctor

JANICE CONVERY – D.O.B 27.05.65
F32, 21 BENVIEW ST, GLASGOW, G20 7SA

Thank you for seeing this 53 year old lady who has bilateral hallux valgus and is complaining particularly of pain in her right first MTP joint. Janice feels the pain is now impacting significantly on her life. She worked in hospitality for many years and was mainly on her feet but this is no longer the case. Nevertheless, she finds the pain limiting and is keen to have something definitive done about it, should you feel it appropriate. I am grateful to you for seeing her for assessment.

Yours sincerely

Dr Christine M. Crawford
Sandyford Surgery

Seasonal Flu & Pneumococcal Consent 2017/18

Print Patient Label / Patient ID

CHI: 2706555662 27/05/1965 F
 CONVEY, Janice
 F32-21 Benview, G20 7SA
 0141 574 7539
 Dr R. MacNeill, 3296967
 Sandyford, G3 8ND
 DATE TIME Practice: 40455

Date 13.11.17

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES-

YES/NO

E.G. EGGS/LATEX/ANTIBIOTICS (if yes, see appendix 1)

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION? YES/NO

SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Preg
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BMI	Chronic Neuro Condition	Dr advise	Coeliac	Occ Health	Given by Pharm	Other	6months to 2 yrs	2- 5 yrs	12 -17 yrs	18 - 65 yrs
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

13th NOV

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Inactivated influenza vaccine (split virus) BP Series 2017/2018 PA 2131/12/21	314 96277		L ARM	13-11-17 CD
Pneumococcal	Lot P2A501M EXP 06-2018				

Immunised by: Seane Daggles

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY LB (DO NOT WORKFLOW)

Clinical update recorded Yes / No

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Did Not Attend for Breast Screening on 12-10-2017.

Yours sincerely,

Dr Hilary Dobson
Clinical Director

SANDYFORD SURGERY

Seasonal Flu & Pneumococcal Consent 2016/17

CHI: 2705655662 27/05/1965 F
 CONVEY Janice
 532, 21 Berview St, Firhill, G20 7SA
 0141 574 7539
 Nurse J Davidson,
 Sandyford, G3 9ND
 11/11/2016 10.28. Practice: 40455
 81C01255

(please circle)

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ANY SEVERE ALLERGIES?

YES/NO

E.g EGGS/LATEX/ANTIBIOTICS (if yes, see appendix 1)

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?
(if yes, give subcutaneously)

YES/NO

SMOKER/NON SMOKER 3c02.

PLEASE TICK RISK CATEGORY (tick all that apply)

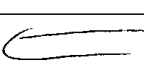
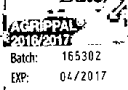
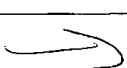
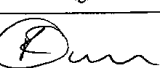
Asthma(steroid inhaler) COPD	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Preg
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

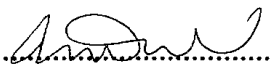
BMI	Chronic Neuro Condition	Dr advise	Coeliac	Occ Health	Given by Pharm	Other	6months to 2 yrs	2- 5 yrs	12 -17 yrs	18 - 65 yrs
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date
Flu Vaccine		 Batch: 165302 EXP: 04/2017			11/11/16
Pneumococcal					

Immunised by : 

Post vaccine advice given yes/no

Logged on computer yes/no

Scanned yes/no

2nd dose vaccine required yes/no date _____

NHS Greater Glasgow and Clyde

Page 1 of 2

Call No:	4705918	Date	07/06/2016	External Case	
Patient's Name:	Janice Convery	DOB:	27/05/1965	Age:	51 years
Address Today	Home Address (If Different)				
3/2 21 Benview Street Firhill					
Glasgow					
Postcode:	G20 7SA	Postcode:			
Current Phone	07788 417505	Home Phone (If Different)			
CHI Number	2705655662				
Callers Name:	Relationship to patient:				
Name of GP:	Lawson,AA(047)	Time Call Received NHS24	07/06/2016 19:33:37		
Surgery:	047 1119 Argyle Street	Time Received OOH			
Call Type:	No Action Required By Co-op	Time Patient Arrived			
Priority	Consultation Start				
	Consultation End				

Receptionist: **Time Arrived:** **Time Complete:** 07/06/2016 19:47

FELL ON CONCRETE. HEAD PAINFUL ((User) (Glasgow))

DISCUSSED WITH CS D MILLIGAN USING HEAD INJURY MEMOIRE. ((User) (Edinburgh))

HEAD INJURY 6 HOURS SEE AV

SCAI Pt given self care advice - For Information Only

Clinical summary created by: (User) (Edinburgh) [07/06/2016 20:47:27]

HEAD INJURY FOR 6 HRS AND TRIPPED OVER BOX AND LANDED ON SIDE OF HEAD, SMALL TENDER, HARD LUMP. PAIN CONSTANT AND DULL. PAIN TO TOP OF EAR. DIZZY INITIALLY ON STANDING. STILL NAUSEOUS. NO ANALGESIA. ADVISED PARACETAMOL, MONITOR FOR WORSENING/FURTHER SYMPTOMS. SELF CARE ADVISED.

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:

Started-

Finished-

Initial Assessment

History

Examination

Report Statistics:

Report produced by Adastra Version 3 - 07/06/2016 21:49:27

Diagnosis

Treatment

Clinical Coding

Prescription Details

Convery Janice

CHI: 2705655662

Clinic Letter



Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

0141 211 2000
Department of Surgery -
Breast

0141 301 9859

June.Kirkland@ggc.scot.nhs.uk Annf

19/10/2015

CW/AM

19/10/2015

20/10/2015

Dr. AA Lawson
Drs Crawford lawson & macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main Switchboard:
Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Dear Dr. AA Lawson,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - General Surgery; Clinic - MCWGSJ-MR WILSON GENERAL SURGERY
EXTRA CLINIC

Date and Time of Appointment - 19/10/2015 09:45

Follow Up: Patient discharged from Breast Clinic

Clinical Comments:

Janice came along to the clinic today because she had been aware of what she describes as dimpling in her right breast but actually what she's describing I think is the fact that her right breast has increased in size and that she has a small crease between her axilla and her breast has become more accentuated.

Breast examination generally was normal and I am very pleased to say recent mammography is entirely satisfactory, in view of that I have reassured Janice that all is well and haven't asked her to return to the clinic.

Kind Regards

Mr Christopher Wilson

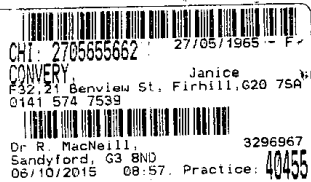
Consultant Surgeon

Electronically Signed: Mr Christopher Wilson, Consultant

cc.

Seasonal Flu & Pneumococcal Consent 2015/16

Print 1



Date 6/10/15

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER /NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
✓										

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE 6.10.15

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	✓	Inactivated Influenza Vaccine IsaVax 05/09/2015/2016 PL 06745/0095 PA 544234/1 Lot M7273-6 EXP 05-2016	→	✓	6/10/15 m
Pneumococcal					

Immunised by : [Signature]

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY [Signature] (DO NOT WORKFLOW)

Clinical update recorded Yes / No

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Gynaecology Protocol (Glasgow, vR15.0)

REFERRAL TO	
Gynaecology - General GGC Gynae Gen Ref	— Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— Hospital and hospital address Hospital location code. G207H Email address -
Urgency of referral Routine	Date sent 10-Jul-2018
Date of referral 09-Jul-2018	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s) Voice: 0141 574 7539
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

101016511629H	Unique Care Pathway Number: 101016511629H

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144
Practice name	Sandyford Surgery (18830)	
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s) Voice: 0141 248 3698
Practice name	Drs Crawford & MacNeill (40455)	
Practice code	40455	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: continuing menorrhagia - for Mirena?

Comment: Dear Doctor

Thank you for seeing this 53 year old lady who is complaining of frequent heavy bleeding. I note she previously attended your clinic in 2012. She continued to have trouble with heavy bleeding and I note she has been prescribed norethisterone on a fairly regular basis over the past three years up until around January. When we saw her for review it was suggested she try the POP so she went on to Cerelle but continued to bleed on this, sometimes heavily. She therefore stopped it and continues to complain of frequent bleeding, heavy at times. However, she is now agreeable to consider a Mirena (she was not keen before). I would therefore be grateful if she could be seen for an up to date assessment with a view to a Mirena, if you feel it appropriate.

Many thanks for your help.

Yours sincerely

Dr Christine M. Crawford
9th July 2018

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	09-Jul-2018
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	22-Sep-2017
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	09-Jul-2018
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	09-Jul-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	09-Jul-2018

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
			Rub into the affected site		09-Jul-	09-Jul-

Piroxicam Gel 0.5 %	60	60 GRAM	three to four times daily	-	2018	2018
Cerelle Tablets 75 micrograms	84	84 tablet	ONE TAB DAILY	-	26-Jan-2018	26-Jan-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
26-Sep-2013	131	90
01-Mar-2011	124	80
17-Sep-2007	110	50
23-Jun-2000	100	68
24-Jun-1999	100	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9
14-Dec-2012	-	76.4	28.06
25-Jan-2012	-	73.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Current smoker:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Not interested in stop smoking:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	negative	-
Last smear date:	2015-08-19	-

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

76.4

Seasonal Flu & Pneumococcal Consent 2014/15

Print Patient:

071: 2 05655662 27/05/1965 F
 JANICE
 32 21 Benview St Firhill G20 5SA
 0141 374 7539
 90801155
 20/05/2014 11:27 Practice 40455

Date 28/10/14

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/ NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒										

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

28/10/14

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Inactivated influenza vaccine split virion, BP, Season 2014/2015 Lot L8206-1 EXP 05/2015	314 961771		IMR/dettord mg	28/10/14
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY (DO NOT WORKFLOW)

Clinical update recorded Yes/No

Dr Gordon McGinn
Consultant Anaesthetist & Pain Specialist
BSc, MBChB, FRCA, FFPMRCA

Consulting Rooms:

Ross Hall Hospital
221 Crookston Road
GLASGOW
G52 3NQ
Tel: 0141 810 3151

GMcG/JQ/3428205

16th June 2014

Dr A Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

26 JUN 2014

JANICE CONVERY – D.O.B. 27.05.65
TEL. NO. 07788 417505
FLAT 3/2, 21 BENVIEW STREET, GLASGOW G20 7SA

Thank you very much for referring this lady to the Pain Management Service at Ross Hall Hospital.

I understand from your letter and from the patient, she previously attended the Stobhill Pain Management Service and had a number of sacroiliac joint injections and different medications. I understand that her present medication is Duloxetine 30mg bd and Tramadol 50mg 4-5 times per day.

She told me that she had had the pain in the right side of her lower and mid back for many years and thought this might have been down to working in the Catering Industry. She also wondered if her sacroiliac joint might be affected and whether any surgical approaches would be of value. From my own assessment she had normal power and reflexes in both legs with markedly decreased range of movement of the lumbar spine and while she had no allodynia or hyperalgesia over the low to mid back she had extreme tenderness to touch the whole way up from the buttock to approx T8. This to me suggests much more in the way of myofascial or muscle pain than specifically her sacroiliac joint although admittedly she does locate the area over the SI joint as being particularly painful. So while any form of surgical approach to the SI joint might be considered although I have absolutely no experience of this type of approach, I would think that would be ignoring the main problem which is from my perspective, largely myofascial pain. She walks with a markedly altered gait and describes significant fear avoidance but also tended to push herself and had a very poor understanding of pacing. She remains pretty anxious and described very significant sleep disturbance.

Impression:

In general terms Mrs Convery gives the impression of a lady who is in a well-established pattern of chronic pain and while a large aspect of this I think is myofascial in nature, I think there would be great difficulties in trying to move this lady forward.

In/...

2.

JANICE CONVERY – D.O.B. 27.05.65 contd.

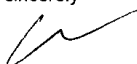
In the first instance I think it would be useful to see if we could attempt to define her fear avoidance and pacing strategies and see if we could improve on those to a certain extent. She was not clear regarding any input from physiotherapy at her previous visit to the Stobhill Pain Management Service. I also gave her a handwritten note for Capsaicin to be applied to the tender area and clearly explained that this would only provide minimal pain relief at best but that anything that progressed things forward would allow her to comply with physiotherapy more effectively.

Treatment Plan:

In the first instance I have referred her to our own Physiotherapists with the suggestion of Capsaicin and we will see how things progress from there. There is the possibility of repeating the sacroiliac joint injections as she felt that she got significant benefit but clearly at best these would only buy a window of opportunity again to allow her to progress with physio.

Kind regards.

Yours sincerely



Dr GORDON McGINN
CONSULTANT ANAESTHETIST & PAIN SPECIALIST

cc *Ross Hall notes*

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.
Dr Alison A Lawson M.B.Ch.B., M.R.C.P., M.R.C.G.P.
Dr D Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Scan
Sandyford Surgery

1119 Argyle Street

Glasgow G3 8ND

Tel: 0141.248.3698

Fax: 0141.221.5144

www.sandyfordsurgery.com

FAXED 9 JUN 2014

AAL/AML

9th June 2014

Dr Gordon McGinn
Anaesthetic & Pain Relief
Ross Hall Hospital
221 Crookston Road
Glasgow
G52 3NQ

Dear Dr McGinn

JANICE CONVERY - D.O.B. 27.05.65 -
F32 21 BENVIEW ST, GLASGOW G20 7SA

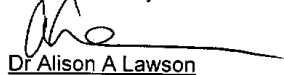
App Mon 16/6 @ 11.40

Thank you for seeing this 49-year old woman who has longstanding left sided low back pain. She was previously referred to the pain clinic at Stobhill in 2009 and followed up for a couple of years. She has been seen by the pain physiotherapist at the clinic, had bilateral sacroiliac joint injections in 2009 and 2010 and has been on a variety of medications including Gabapentin which was unhelpful, Amitriptyline which she could not tolerate, Buprenorphine patches which she felt over sedated her and she is currently on Duloxetine 30mg bd and Tramadol 50mg 8 hourly prn. She presented again more recently with recurring exacerbation of right sided SI joint pain and having done some research has asked for a referral for fusion of the SI joint. She has also been complaining of some pain in the left anterior ribs for about one month.

On examination, straight leg raising is normal and she does have some tenderness in the area of the right SI joint and over the left anterior ribs, chest is clear.

I am not aware that pinning of the SI joints would be helpful here but she is very keen to have a further pain assessment and wishes to be seen privately in view of the waiting time on the NHS. She previously lost one job as a restaurant manager and currently has good support from her employers who have arranged a comfortable supportive chair for her at work and who are flexible about her hours, she goes in later as Duloxetine makes her feel drowsy. She is very anxious that her job is not compromised again by her recurring pain. Thank you for seeing her.

Yours sincerely



Dr Alison A Lawson
Sandyford Surgery

PAIN SPECIALIST – ROSS HALL

Dr Gordon McGinn
Anaesthetic & Pain Relief

NEUROSURGEON – ROSS HALL

Mr W Taylor
Mr L Alakandy

*Dance
Country*



Western Infirmary
CONVERY, Janice

3/2 21 Benview Street, , Glasgow, Lanarkshire, G20 7SA
Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: **27/05/1965**
Chi No: **2705655662**
CRIS No: **5628182**
Hosp No: **51142244R**

VERIFIED Verified By: Dr Grant Baxter 16/06/14 1253.

Clinical History : Left rib pain, tender.

XR Chest :

Heart size within normal limits.
There is no active focal lung lesion.

18 JUN 2014

Ref. Src: Sandyford Surgery, 1119 Argyle Street, Glasgow, G3 8ND

Exams: XR Chest

Exam Date: 06/06/14 Event: E-28546368



Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:

Tel: 0141 201 5130

Fax: 0141 636 5608

Email:

Date Completed: 09/06/2014

Consultant: Dr David Ritchie

AA Lawson
Drs Crawford lawson & macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear AA Lawson

Re: **Convery Janice**
3/2 21 BENVUE STREET
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **27/05/2014 at 21:51 hrs.**

Departed on: **27/05/2014 at 22:44 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
rib problem

Nursing Assessment:
left sided rib pain for month feels swollen tonight pain worse

Investigations in ED: **None**

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Kevin Thomson
Consultant

Copies to:

1. AA Lawson (GP)

School Address:

Seasonal Flu & Pneumococcal Consent 2013/14

Print Name

Date

27/11/13

CHI: 2705655662 27/05/1965 F
 CONVEY
 0141 574 7539 Janice
 0141 574 7539 Sandyford, G20 7SA
 Dr R. MacNeill
 Sandyford, G3 8ND
 27/11/2013 09:03 Practice: 3296967
 40455

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

27/11/13

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Influvac® Desu 2013/2014 Batch no: E11				
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY

C9

(DO NOT WORKFLOW)

Clinical update recorded Yes / No

S O U T H G L A S G O W H O S P I T A L S B I O C H E M I S T R Y R E P O R T

Form: SA Run: 390

Surname: **CONVERY**
 Forename: **JANICE**
 DOB/Age: **27.05.65**
 Address: **FLAT 3/2**
 Location: **Sandyford GP Surg Glasgow**
 Diagnosis: **Keep Well Check**

CHI/Unit No: **2705655662**Sex: **Female**Requestor: **Dr Alison Lawson**

[[CURRENT]]

Lab Number	B,13.2089976.F	B,13.2089977.T
Date/Time collected	26.09.13 11:29	26.09.13 11:29
Date/Time received	26.09.13 16:45	26.09.13 16:45

Sodium	mmol/L	(133-146)
Potassium	mmol/L	(3.5-5.3)
Chloride	mmol/L	(95-108)
Bicarbonate	mmol/L	(22-29)
Urea	mmol/L	(2.5-7.8)
Creatinine	umol/L	(40-130)
GFR (est'd)	ml/min	(>60)
Glucose	mmol/L	(3.5-6.0)
CRP	mg/L	(0-10)
Magnesium	mmol/L	(0.70-1.00)
Calcium	mmol/L	(2.20-2.60)
Adj Calcium	mmol/L	(2.20-2.60)
Phosphate	mmol/L	(0.80-1.50)
Albumin	g/L	(35-50)
Alk Phos	U/L	(30-130)
Tot Bilirubin	umol/L	(0-20)
Conj Bilirubin	umol/L	
AST	U/L	(0-40)
gGT	U/L	(0-40)
ALT	U/L	(0-50)
Amylase	U/L	(0-100)
CK	U/L	(25-200)
Troponin I	ug/L	(<0.04)
Total Protein	g/L	(60-80)
Globulins	g/L	(23-38)
Urate	mmol/L	(0.14-0.36)
Osmolality	mOsm/Kg	(275-295)
Cholesterol	mmol/L	5.2
Triglyceride	mmol/L	(0.2-2.3) 0.7
VLDL Chol	mmol/L	NA
LDL Chol	mmol/L	NA
HDL Chol	mmol/L	1.5
Chol/HDL		3.5

4.9

- 2 OCT 2013

Result Comments:

26.09.13 Glucose : Non-fasting sample

Date reported: 27.09.13

Authoriser: Computer validation

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO	
General Surgery - Breast GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral ROUTINE	
Date of referral 28-Aug-2015	Date sent 31-Aug-2015

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview St Firhill GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	Contact number(s)
Area of Residence	-	Voice: 0141 574 7539

1010098666145	Unique Care Pathway Number: 1010098666145

REGISTERED GP DETAILS		Practice address
Name	Dr Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2344395	
GP code	05932	
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Contact number(s)
		Voice: 0141 248 3698 Facsimile: 0141 221 5144

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	
Practice name	Drs Crawford, Lawson & MacNeill (40455)	
Practice code	40455	Contact number(s)
		Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: unusual appearance skin right breast

Comment: Dear Doctor

Thank you for seeing this 50 year old lady for assessment. She recently saw our practice nurse and mentioned dimpling on her right breast so was advised to see the doctor. On inspection, the skin over the lateral aspect of her right breast is different from elsewhere and she is very unclear as to how long it has been like this. I think it may be longstanding and she attended because she was concerned having read an article. I am not sure that I would describe it as actual dimpling but the texture of the skin is certainly different. On examination, her breasts are slightly asymmetrical but I could not palpate any lumps. She has not yet been invited for screening mammography.

While I think it unlikely there is anything of serious note, we would be grateful for your assessment.

Yours sincerely

Dr Christine M Crawford
28th August 2015

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Tramadol Hydrochloride Capsules 50 mg	60	60 CAPSULE	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	27-Nov-2013	10-Aug-2015
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	10-Aug-2015
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	10-Aug-2015
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	10-Aug-2015
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	10-Aug-2015

Recent medication (Any medication issued within last 90 days not shown above)

Date

Date last

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>started</u>	<u>issued</u>
Tranexamic Acid Tablets 500 mg	48	48 tablet	TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS	-	27-Aug-2015	27-Aug-2015
Norethisterone Tablets 5 mg	60	60 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	18-Jun-2015	18-Jun-2015
Norethisterone Tablets 5 mg	60	60 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	16-Apr-2015	16-Apr-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Seasonal Flu & Pneumococcal Consent 2012/13

CHI: 2705655662 27/05/1965 F

CONVEY Janice
F3/2 21 Benview St. G20 7SA
0141 574 7539

Name & DOB

Date 14/12/12

Nurse I Davidson, 81C01255
Sandyford, G3 8ND
14/12/2012 12:05. Practice: 40455

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		INACTIVATED INFLUENZA VACCINE (SPLIT VIRION) BP PL 067450095 PA 544/04/1 Lot J7166-1 EXP 06-2013		(R) side.	14/12/12 m
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY (DO NOT WORKFLOW)

Clinical update recorded Yes/No

Acute Services Division

Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH

Reception/Return Appointments 0141 355 1209

Secretary: Jacqueline Cooper 0141 355 1828



SPECIALIST GYNAECOLOGY CLINICS

Dictated 30/05/2012
Typed 05/06/2012
Your Ref CHI: 2705655662 - CRN: 51142244R
Our Ref JR/JC

- 8 JUN 2012

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I am sorry that you were not able to keep your clinic appointment at Stobhill today. We had planned to repeat your pelvic ultrasound scan and also wondered whether you would wish to have a Mirena inserted. We would not routinely send a further clinic appointment but would be happy to do so if you would like to attend. Perhaps you could contact my secretary Jacqui on the telephone number above if you would like to come back to see us.

Best wishes and Kind regards,

Yours sincerely,

A handwritten signature, likely of Dr Judith Roberts, consisting of stylized initials.

Dr Judith Roberts
Consultant Gynaecologist

Delivering better health

www.nhsggc.org.uk

40366

Acute Services Division



Greater Glasgow
and Clyde

Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH
Reception/Return Appointments 0141 355 1209
Secretary: Jacqueline Cooper 0141 355 1828

SPECIALIST GYNAECOLOGY CLINICS

Dictated 05/04/2012
Typed 17/04/2012
Our Ref JR/JC

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Further to my last letter I have now received the results of this lady's pipelle endometrial biopsy. This showed normal late secretory endometrium with no atypical features. I shall let Janice know that this result was reassuringly normal and we have a plan to see her back at the clinic for follow-up.

Best wishes and Kind regards,

Yours sincerely,

Dr Judith Roberts
Consultant Gynaecologist

24 APR 2012

Delivering better health

www.nhsggc.org.uk

40366

Acute Services Division



Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road

Glasgow G21 3UH

Reception/Return Appointments 0141 355 1209

Secretary: Jacqueline Cooper 0141 355 1828

Greater Glasgow
and Clyde

SPECIALIST GYNAECOLOGY CLINICS

Dictated 29/03/2012

Typed 17/04/2012

Our Ref JR/JC

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R

3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Many thanks for referring this 46 year old lady who complains of heavy periods associated with post coital and intermenstrual bleeding. I note that her cervical smears are up-to-date. Interestingly she recently had an ovarian cysts identified on scan which had apparently resolved on repeat scan.

Vaginal examination was unremarkable. I carried out a trans-vaginal scan and this demonstrated a regular endometrium and a normal sized retroverted uterus. There was a small left sided ovarian cyst measuring 2.39cms diameter and I think this is probably the resolving cyst that was seen previously. Clearly it has not completely disappeared but I have strongly reassured Janice that this does not seem to be anything worrying.

I have taken a pipelle endometrial biopsy and recommended that she try taking Tranexamic Acid over the next few cycles.

We have given her some writing information about the Mirena intra-uterine system and I am bringing her back to the clinic in a couple of months time so that we can repeat the scan and she can have a Mirena inserted then if she wishes. I shall write again when I have seen her back.

Kind regards,

Yours sincerely,

Dr Judith Roberts
Consultant Gynaecologist

24 APR 2012

Delivering better health

www.nhsggc.org.uk

40366



Gartnavel General Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

VERIFIED Verified By: Dr Sue Lassman 13/03/12 1804.

Clinical History : Follow-up of left ovarian cyst seen previously.

US Pelvis transvaginal :

The retroverted uterus is normal in appearance. Both ovaries are normal in size and appearance. The ovarian cyst seen previously has resolved and is, therefore, likely to have reflected a resolving haemorrhagic physiological cyst.

15 MAR 2012

North Glasgow Hospitals

Ref. Src: Sandyford Surgery, 1119 Argyle Street, Glasgow, G3 8ND

Exams: US Pelvis transvaginal

Exam Date: 12/03/12 Event: E-26353749



Page 1 of 1

08963

NHS
Glasgow

Gartnavel General Hospital
CONVERY, Janice
Flat 3/2, 21 Benview Street, Glasgow, G20 7SA
Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

VERIFIED Verified By: Dr Sue Lassman 31/01/12 1059.

Clinical History : Menorrhagia and post-coital bleeding. Previous ovarian cyst.

US Pelvis transvaginal :

The uterus is retroverted in position and normal in size. The endometrium is smooth and thin.

The right ovary appears normal. The left ovary contains a cyst which is 3.5 cms in its maximum diameter. This contains a number of septations and echogenic foci. Some of the septations are a little bit nodular and thickened but there is no vascularity demonstrated. There is a trace of pelvic free fluid.

Impression:

Left ovarian cyst which is complex in appearance. This could represent a haemorrhagic cyst and reassessment in 6 weeks is advised. This has been arranged.

North Glasgow Hospitals

For: Dr. Benvenuto Surgery, 1110 Argyle Street, Glasgow, G3 8ND

Examined by: Dr. Benvenuto

Examined on: 01/02/12

02 FEB 2012

NHS Confidential: Personal data about a patient

SURNAME CONVERY	UNIT No. 51142244R	CONS/GP P/N MELANIE DEVITT
FORENAME JANICE	CHI No. 2705655662	DESTINATION SANDYFORD SURGERY
D.O.B 27.05.65 SEX Female	ADDRESS 3/2 21 BENVIEW STREET	1119 ARGYLE STREET

	DATE TIME	25.01.12 11:29				
LH U/L	(SeeHandbook)	5.0				
FSH U/L	(SeeHandbook)	6.3				
Prolactin mU/L	(<630)					
Oestradiol pmol/L	(SeeHandbook)	910				
Progesterone nmol/L	(SeeHandbook)					
Testosterone nmol/L	(1.0-3.2)					
SHBG nmol/L	(20-155)					
FAI	(<7.0)					

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number 7070478
Collected DATE 25.01.12 TIME 11:29
Received DATE 25.01.12 TIME 16:07
Report Issued DATE 26.01.12 TIME 17:00
Authorised by Karen Rankin

27 JAN 2012

Gonadal Hormones


Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

SURNAME CONVERY	UNIT No. 51142244R	CONS/GP P/N MELANIE DEVITT
FORENAME JANICE	CHI No. 2705655662	DESTINATION SANDYFORD SURGERY
D.O.B 27.05.65 SEX Female	ADDRESS 3/2 21 BENVIEW STREET	1119 ARGYLE STREET

Date / Time	Ca125 Old Method KU/L (<35)	CA125 New Method KU/L (<35)	CEA Old Method ug/L (<5.0)	CEA New Method ug/L (<5.0)	
25.01.12 11:29				2.3	

New method (Abbott) introduced 22/9/05 replacing old (Bayer) method

27 JAN 2012

25.01.12 Re-standardised CEA method from 1.4.10, expect 10% rise in result

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number N,12.7070478.X
Collected DATE 25.01.12 TIME 11:29
Received DATE 25.01.12 TIME 16:07
Report Issued DATE 26.01.12 TIME 17:00
Authorised by <i>Susan Knox</i>

Marker Report


Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name **GONVERVY JANICE**

SEX **SE**

D.o.B **27.05.65**

Sandyford Surgery

Address **3/2 21 BENVIEW ST**

Consultant **Dr. A.A. Lawson**

Hosp. No **ZGM0965676**

GLASGOW

Taken **13.01.12 08:43**

Investigation **GU CULTURE**

Received **13.01.12 16:31**

Specimen **Cervical SWAB**

GRAM FILM: DOES NOT SUGGEST BACTERIAL VAGINOSIS

CULTURE: NEISSERIA GONORRHOEAE NOT ISOLATED
TRICHOMONAS VAGINALIS NOT ISOLATED
YEASTS NOT ISOLATED
NO SIGNIFICANT GROWTH

18 JAN 2012

Final report

Entered by: Joanne Kelly

Authorised on behalf of:

Copy for : Sandyford Surgery

Microbiologist
Dr. E. Thakker

Reported **16.01.12 12:18 hrs**

Lab No
FI, 12.0400877.S

Acute Services Division

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Dictated: 01/12/2011

Typed: 02/12/2011

Our Ref: CR/JM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery,
1119 Argyle Street, Glasgow
G3 8ND

9 DEC 2011

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Procedure: Bilateral sacro iliac joint injections of local anaesthetic and steroid

Mrs. Convery attended Stobhill ACH today for the above procedures which were performed in theatre under aseptic conditions and which proceeded uneventfully. She will be followed up in the Pain Management Outpatient Clinic.

Best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'C. Rae'.

Dr. C. Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Clinical Psychologists: Dr K Gillan, Dr A McGregor; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade

www.nhsggc.org.uk

40369

Seasonal Flu & Pneumococcal Consent 2011-12

Print P:

CHI: 2705655662 27/05/1965 F
 CONVERY
 F3/2 21 Benview St, G20 7SA
 0141 574 7539
 Dr C. Crawford,
 Sandyford, G3 8ND 2343411
 13/10/2011 14:42. Practice: 40455

DOB

Date

13/10/11

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER (

CESSATION ADVICE GIVEN

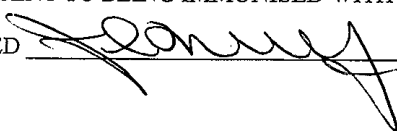
YES/NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

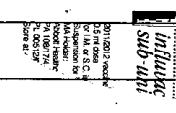
I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

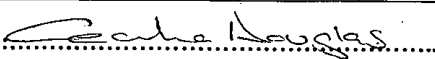


DATE

13.10.11

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		influvac [®] sub-unit 2011/2012 vaccine 0.5 ml influenza vaccine		R ARM	13/10/11 CD
Pneumococcal		X07			

Immunised by



PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY



(DO NOT WORKFLOW)

Clinical update recorded

Yes/No

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Dictated: 05/10/2011

0141 355 1491

Typed: 14/10/2011

Our Ref: LM/SB/51142244R

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

31 OCT 2011

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

We reviewed this lady at the Pain Management Clinic on the 5th October 2011. Since her last sacro iliac joint injection in May 2011 she experienced over nine weeks relief on the right side with the left side lasting longer.

At present she is not taking her Buprenorphine 52.5 micrograms per hour patches except on days where she is struggling. She does find that when she puts them on she is over sedated.

I am pleased that she has obtained a new desk job within Arnold Clark. Her sleep pattern though is still disturbed.

Management Plan:

1. We would recommend that she obtained a prescription for Tramadol 50mg to be used during her exacerbations she could convert to slow release to be taken if this is effective.
2. She could commence Duloxetine 30mg nocte.
3. We will organise for her to have repeat bilateral sacro iliac joint injections at the next available theatre slot.

Many thanks

Yours sincerely


Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhs.uk

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr R Keenan.
Clinical Psychologists: Dr K Gillan, Dr A McGregor; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade

40369

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Professor Peter R Mills' Liver Clinic

Garnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 05/07/2011
Dictated 05/07/2011
Typed 08/07/2011
Our Ref PRM/PDG
Enquiries to Mrs P Gilmour, Secretary
Direct Line 0141 211 3279
Fax No 0141 211 1676

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND

12 JUL 2011

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Diagnosis:

1. Fatty liver
2. Mild alpha-1-antitrypsin deficiency – Pi MZ phenotype
3. Asthma
4. Previous cholecystectomy 2008
5. Sacroiliitis – attends pain clinic

I was pleased to review Janice at the clinic. She remains entirely well and has been off alcohol completely for 1½ years now. She has also got her weight down to 70 kilograms today. I think the previous abnormal liver function tests were due to a combination of alcohol excess and being a little overweight.

I congratulated her on her good progress and I have not arranged further review.

Yours sincerely

A handwritten signature in black ink, appearing to be 'P. Mills'.

Prof Peter R Mills, MD FRCP
Consultant Physician & Gastroenterologist

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW

13 MAY 2011



Dictated: 06/05/2011

Typed: 09/05/2011

Our Ref: CR/JM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Mrs. Convery attended Stobhill ACH today for bilateral sacro iliac joint injections of local anaesthetic and steroid which were performed in theatre under aseptic conditions and x-ray guidance. The injections proceeded uneventfully and she will be followed up in the Pain Management Outpatient Clinic.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Rae', written in a cursive style.

Dr C Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

SURNAME CONVERY	
FORENAME JANICE	
Hosp No 51142244R	
CHI No 2705655662	
D.O.B 27.05.65	SEX Female
ADDRESS 3/2 21 BENVIEW STREET	
CONSULTANT/GP DR C CRAWFORD	
HOSP/PRACTICE SANDYFORD SURGERY	
WARD/TOWN 1119 ARGYLE STREET	
Collected 01.03.11 @ 09:14	Received 02.03.11 @ 11:42
Report Issued 02.03.11 @ 13:05	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
	Sodium mmol/L
	Potassium mmol/L
	Chloride mmol/L
	Bicarbonate mmol/L
	Urea mmol/L
	Creatinine § µmol/L
	eGFR (estimated GFR) mL/min
	Plasma Glucose mmol/L
	CRP mg/L
	Amylase U/L
	Urate § mmol/L
	Troponin I µg/L
	CK U/L
8	Bilirubin <20 µmol/L
17	AST <40 U/L
22	ALT <50 U/L
7	Gamma-GT <40 § U/L
81	Alk.Phos. 40-150 § U/L
65	Protein 60-80 g/L
36	Albumin 32-45 g/L
29	Globulins 23-38 g/L
	Calcium mmol/L
	Adjusted Calcium mmol/L
	Phosphate § mmol/L
	Magnesium mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA § g/L
	IgG § g/L
	IgM § g/L
NB Unless otherwise stated analyses carried out on serum	
Lab No. N.11.7146022 Run No. 555	
Very old specimen	
- 3 MAR 2011	
§Significant sex/age differences	
Authorised by  Date Reported 02.03.11	 Accredited Medical Laboratory Reference No:2335

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
Gynaecology - Irregular Menstruation GGC Gynae Gen Ref	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G516H Email address -
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	
Urgency of referral ROUTINE Date of referral 18-Jan-2012 Date sent 25-Jan-2012	

PATIENT DETAILS		Patient's address
Surname	Convery	F3/2 21 Benview St Firhill GLASGOW G20 7SA Contact number(s) Voice: 0141 574 7539
Forename(s)	Janice	
Title	Miss	
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

1010030560325	Unique Care Pathway Number: 1010030560325

REGISTERED GP DETAILS		Practice address
Name	Dr Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144
GMC code	2344395 GP code 05932	
Practice name	Sandyford Surgery (18830)	
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698
GMC code	2344395 GP code 05932	
Practice name	Drs Crawford, Lawson & MacNeill (40455)	
Practice code	40455	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Post coital bleeding

Comment: Dear Colleague

Thank you for seeing this 46-year old who has had menorrhagia for the last few months and more recently some post coital bleeding. On examination she is slightly tender in the left iliac fossa with a sensation of a mass which I thought possibly was her sigmoid rather than an ovarian cyst. However I have referred her for an ultrasound of her pelvis and taken an up to date cervical smear. I have also sent bloods for hormones and CEA. She was extensively investigated for pelvic pain about 3 years ago up to and including laparoscopy which was normal. However in view of her new symptoms I would be grateful for your further assessment. With thanks for your help.

Yours sincerely

Dr Alison A Lawson
Sandyford Surgery

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Asthma annual review	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Asthma annual review	Disease: SPICE Asthma Opening,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	ONE CAPSULE NOCTE	-	13-Jan-2012	13-Jan-2012
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	06-Jul-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPS	1 Cap In the morning	-	12-May-2010	05-Jan-2012
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	05-Jan-2012
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	05-Jan-2012
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	05-Jan-2012

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	ONE CAPSULE NOCTE	-	02-Nov-2011	02-Dec-2011
Tramadol Hydrochloride Capsules 50 mg	90	90 capsule	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	02-Nov-2011	02-Nov-2011
Buprenorphine Transdermal patches 52.5 micrograms/hour	8	8 PATCH	Apply one patch every 4 days	-	07-Jun-2011	03-Oct-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker, 1 per day:		13-Oct-2011
Current smoker:	Disease: SPICE Asthma Action, priority=1	27-Oct-2010
Light smoker - 1-9 cigs/day:	Smoker\$.clm - Repeat after an Interval	26-Oct-2009
Current smoker:	: priority=1	26-Oct-2009
Current smoker:	Disease: SPICE Asthma Action,	19-Nov-2008
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	result not available -	
Last smear date:	2012-01-13	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Seasonal Flu & Pneumococcal Consent 2010-11

Pri

CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC 2343411
 Sandyford Surgery, 0141 248 3698
 27/10/2010 16:53. Practice.:40455

& DOB

Date 27/10/10

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/ NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

Janice Convery

DATE 27/10/10

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	<i>influvac</i>				
Pneumococcal					

Immunised by : *Ms Smith*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY *CU* (DO NOT WORKFLOW)

Clinical update recorded Yes/ No

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Dictated: 27/08/2010
Typed: 15/09/2010

Telephone: 0141 355 1491

Our Ref: CR/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

20 SEP 2010

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

Procedure: Bilateral sacroiliac joint injections

Janice attended Stobhill ACH today for the above procedure. These were performed in theatre under aseptic conditions and were uneventful. Follow up will be arranged in the pain management outpatient clinic.

Yours sincerely

Dr C Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr M Parry, Sr R Keenan
Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Dictated: 14/07/2010
Typed: 27/07/2010

Telephone: 0141 355 1491

Our Ref: LM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED - 1 AUG 2010

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

We reviewed this lady at the Pain Management Clinic on 14th July 2010. Unfortunately she had no improvement following her bilateral sacro iliac joint injections performed on 28th May 2010. She had previously approximately 5 weeks relief following the procedure performed by Dr Rae in January 2010.

At present she describes constant severe lower back pain over the sacro iliac joints radiating down into the anterior aspect of both thighs. At present she is on BuTrans 52.5micrograms per hour. She was very tearful during the consultation and she stated she lost her job a few months ago as a restaurant manager due to her ill health. I note she had previously trialed Amitriptyline and Gabapentin however she felt "out of control" on this medication.

Management Plan:

1. We will organise for her to have repeat bilateral sacro iliac joint injections under Dr Rae.
2. I would recommend the Lidoderm patch be applied to the affected areas on both sides of her back for one month trial.
3. We will discuss her case at the Multi-Disciplinary Team Meeting.

Yours sincerely

Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Delivering better health.

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie

Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr M Parry, Sr R Keenan.

Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright;

Physiotherapists: C Farish, A Williams, L Sparks, J Ford.

Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name: CONVERY JANICE
Address: 3/2 21 BENVIEW ST
GLASGOW
Investigation: GU CULTURE
Specimen: High vaginal SWAB

Sex: F D.O.B. 27.05.65
Consultant: Dr. A.A. Lawson

Sandyford Surgery
Hosp. No. ZG10965676

Taken: 02.06.10 09:16
Received: 02.06.10 16:14

RECEIVED - 7 JUN 2010

GRAM FILM: DOES NOT SUGGEST BACTERIAL VAGINOSIS

CULTURE: NEISSERIA GONORRHOEAE NOT ISOLATED
TRICHOMONAS VAGINALIS NOT ISOLATED
YEASTS NOT ISOLATED
NO SIGNIFICANT GROWTH

Final report

Entered by: Joanne Kelly

Authorised on behalf of:

Copy for: Sandyford Surgery

Microbiologist
Dr. B. Thakker

Reported 04.06.10 1224 hrs

Lab No. M,10.0438641.W

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name **CONVERY JANICE**
Address **3/2 21 BENVIEW ST**
GLASGOW
Investigation **Urine analysis**
Specimen **Mid stream specimen**

Sex **F** D.o.B. **27.05.65**
Consultant **Dr.A.A.Lawson**
CHI No. : **2705655662**

Sandyford Surgery
Hosp. No. **ZGM0965676**
Taken **02.06.10 12:53**
Received **02.06.10 15:57**

MICROSCOPY: White blood cells : NIL
Red blood cells : NIL
Squamous cells : SCANTY

CULTURE: No significant growth.

Interpretation: no significant findings.

- 4 JUN 2010

Final Report

Entered by: Joanne Kelly

Authorised on behalf of:

COPY FOR : Sandyford Surgery

Microbiologist
Dr. J. Hood

Reported **03.06.10 1221 hrs**

Lab No.
M,10.0065639.B

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Saba, Sr K Scullion
Clinical Psychologist : Dr E Toland
Physiotherapists : Mr C Farish, Mrs A Williams
Secretary : Miss L Armstrong

Dictated &
Typed 28/05/2010
Our Ref LM/RN
Enquiries to: Miss Lynn Armstrong (Secretary)
Direct Line: 0141 355 1491

RECEIVED 11 JUN 2010

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

We performed a bilateral sacroiliac joint injection in the Day Surgery Unit today. We will review the patient in four months' time.

Many thanks.

Yours sincerely

A handwritten signature in black ink, appearing to be 'L Manchanda'.

Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Professor Peter R Mills' Liver Clinic

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 25/05/2010
Dictated 07/06/2010
Typed 07/06/2010
Our Ref RH/PDG
Enquiries to Mrs P Gilmour, Secretary
Direct Line 0141 211 3279
Fax No 0141 211 1676

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
GLASGOW G3 8ND

Dr Ewan Cameron
Clinical Research Fellow
Respiratory Unit
Gartnavel General Hospital

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Diagnosis:

1. Mild alpha-1-antitrypsin deficiency – Pi MZ phenotype
2. Mildly abnormal LFTs
3. Asthma
4. Previous cholecystectomy 2008
5. Sacroiliitis – attends pain clinic

10 JUN 2010

This 44 year old lady was referred to Professor Mills' liver clinic after attending the asthma research unit with the intention of participating in a clinical trial. Unfortunately, she was noted to have mildly abnormal LFTs (mild transaminitis) on two occasions and, as such, was referred to the liver clinic.

The patient herself offered a few complaints with the main ones being lethargy and mild upper abdominal discomfort. She also has a longstanding history of constipation and abdominal bloating which can be troublesome at times. She has had a previous cholecystectomy in 2008, has asthma and attends the pain clinic to try to deal with pains in her sacroiliac joints. Currently, she is on buprenorphine patches.

She informs me that she used to drink 4-5 bottles of wine per week but has been off alcohol since January as she felt that she was drinking more than she should. Of note, her weight has also increased recently with her weight at the clinic being 74 kilograms. It should be noted that abdominal examination today was essentially unremarkable.

She recently attended our nurse-led liver clinic for pre-assessment blood tests and, essentially her LFTs were normal except for a slightly elevated ALT at 66. A liver screen was also within normal limits with normal auto-antibodies and a normal virology screen for hepatitis B and C. Of note, her alpha-1-antitrypsin was slightly low at 0.83 (normal range 1.1-2.1), with her alpha-1-antitrypsin phenotype being determined as Pi MZ.

She certainly has evidence of mild alpha-1-antitrypsin deficiency and patients with her phenotype tend to have around 60% of the normal serum level of alpha-1-antitrypsin. However, I am not

convinced that this is contributing to her mildly abnormal LFTs. It could however be contributing to her asthma/COPD. I note that she is an occasional smoker. I suspect the cause of her mildly abnormal LFTs is probably a degree of non-alcoholic fatty liver disease and I took time explaining this to her today. On top of this, as mentioned, she was consuming more alcohol than she should and this may have contributed to her transaminitis. LFTs in January showed as AST of 70 and an ALT of 132 but these have improved and her most recent LFTs, undertaken at the clinic today, were normal. Other blood tests were also within normal limits.

I have simply reassured her at the clinic today and advised her to continue to try to abstain from alcohol or only take it in moderation. Otherwise, we would simply monitor her LFTs on a regular basis. At the present time, I have arranged to see her back at the clinic in eight months time. I also advised her with regards trying to lose weight.

Continuing medications: buprenorphine patches, mebeverine 1 tablet bd, omeprazole, inhalers, citalopram.

Yours sincerely



Rizwana Hamid
Specialist Registrar in Gastroenterology

North Glasgow University Hospitals
Division

7A Day Ward (7th Floor)
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Tel 0141 301 7974
Fax 0141 211 1006
E-mail Jane.Sutherland@ggc.scot.nhs.uk



Private and Confidential

Dr MacNeill
Sandyford Sugery
119 Argyle St
G3 8ND

29 APR 2010

Date : 27/04/2010
Our Ref : JS/51142244R
Enquiries to: 0141 301 7974
Page : 5152
Direct Line : 57974

Dear Dr MacNeill

Re: Janice Convery, 3/2, 21 Benview St, G20 7SA (DOB 27/05/65) CHI-2705655662

Ms Convery's blood results are now available:

Haematology:- All results were within normal ranges.

Biochemistry: ALT was elevated at 66 and her Alpha-1-antitrypsin was slightly low at 0.83, all other results are within normal ranges and her HFE gene was normal.

Virology:- Ms Convery was negative for hepatitis B and C,

Immunology:- All results were within normal ranges or negative.

Yours sincerely

A handwritten signature in black ink that reads 'J Sutherland'.

Jane Sutherland

Hepatology Specialist Nurse

Attended CNS 1 June 2006



North Glasgow University Hospitals
Division

7A Day Ward (7th Floor)
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Tel 0141 301 7974
Fax 0141 211 1006
E-mail Jane.Sutherland@ggc.scot.nhs.uk



Private and Confidential

Dr MacNeill

Sandyford Sugery

119 Argyle St

G3 8ND

16 APR 2010

Date : 14/04/2010
Our Ref : JS/51142244R
Enquiries to: 0141 301 7974
Page : 5152
Direct Line : 57974

Dear Dr MacNeill

Re: Janice Convery, 3/2, 21 Benview St, G20 7SA (DOB 27/05/65) CHI-2705655662

Ms Convery attended my Pre Assessment Liver clinic today, on examination no evidence of liver disease was found she did have some tenderness to her-left upper quadrant, bloods-taken at this clinic include:

Haematology: FBC, Coag, Ferritin, ESR
Biochemistry: LFT, Profile, U&Es, TFTs, Alpha-1-antitrypsin, AFP, Caeruloplasmin, HFE,
Virology:- HBsAG, Anti HBC, Anti HCV,
Immunology:- Immunoglobulins, ANA, Mitochondrial Antibody, Smooth Muscle antibody and Anti LKM.
I will inform you when these results are available

Ms Convery will be reviewed at Prof Mills's clinic in four to six weeks time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Sutherland'.

Jane Sutherland

Hepatology Specialist Nurse

Attended CNS 1 June 2006



**Cervical Cytopathology Request Form
(Complete)**

Request Id	1135256732	 1135256732
DOB / CHI	2705655662	
Name	CONVERY, JANICE	
CHI Address	FLAT 3/2, 21 BENVIEW ST, GLASGOW, G20 7SA	
Correspondence		

Smear Taker ID	Dr Alison Lawson
Sender Location	4045 - SANDYFORD SURGERY
Sender Address	1119 ARGYLE ST, GLASGOW, G03 8ND
Practice Address	1119 ARGYLE ST, GLASGOW, G03 8ND

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	Not Given
I.U.C.D.	Not Given
Post Natal	Not Given
Currently Immunosuppressed	Not Given

Refer	No Referral
Observations	No Referral
Date Of Exam	04 Jun 2010
Date Sample Taken	04 Jun 2010
Last Menstrual Period	

Clinical Comments

Signature Of Requester	Dr Alison Lawson

Result	Negative
Recall Advice	Routine Recall

Infection(s)

Cytology Report



CONVERY, JANICE
2705655662

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Respiratory Medicine

Professor Thomson's Respiratory Clinic

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 22/02/2010
Dictated 22/02/2010
Typed 08/03/2010
Your Ref
Our Ref EC/MG
Enquiries to 0141 211 3241

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

10 MAR 2010

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I now have some of the results from this lady's liver screen. Reassuringly her hepatitis serology was all negative as was her auto antibody screen. Interestingly, the only result of note is her alpha 1 anti-trypsin level which was found to be slightly reduced at 0.91 where the normal range is normally 1.1-2.10. This is only outwith the normal limits and I am not entirely clear whether this could account for her problems with today's liver enzymes. I will leave the assessment of this to Dr. Mills whom I have already referred her to and will keep you updated of any further results as they become available.

Yours sincerely

M. Graham

PP DR E CAMERON
CLINICAL RESEARCH FELLOW

Copy To:
Dr Mills, Consultant Physician, Floor 8. GGH

Acute Services Division
Emergency Care and Medical Services Directorate
Department of Respiratory Medicine

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Typed 05/02/2010
Your Ref
Our Ref EC/MG
Enquiries to 0141 211 3241

Dr Peter Mills,
Consultant Hepatologist,
Gartnavel General Hospital,
Glasgow G12.

08 FEB 2010

Dear Dr. Mills,

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I would be most grateful if you could review this lady at your out patient liver clinic some time in the near future. She attended the Asthma Research Unit here at Gartnavel with the intention of participating in one of our research studies. However, during the screening process, she was found to have a transaminitis on 2 occasions. The aetiology of this is not entirely clear at this time.

Unfortunately she will not be able to continue forward in the research project, however, I have taken the opportunity to perform a liver screen and also request an out patient abdominal ultrasound. Pertinent points in her history is that she possibly had some excessive alcohol intake in the past and continues to drink moderate quantities. She does have a history of extensive foreign travel throughout south east Asia including Vietnam, Cambodia and Thailand and last year underwent a cholecystectomy for gallstones.

I would be interested to know the final outcome from your out patient review and I have explained to Mrs. Convery that she will hear from you in due course and will also receive an appointment in the post for her radiology out patient appointment.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Euan Cameron'.

DR E CAMERON
Clinical Research Fellow

Copy To:
Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND



04/02/10

Dear Dr. Lawson

Re: Name: Janice Convery (Screen number 1041) Date of Birth: 27/05/65
Address: 21 Benview Street, G20 7SA

**Effect of macrolides on asthma control, airway inflammation and bacterial
colonisation in smokers with asthma
A randomised controlled double-blind parallel group study**

Your patient consented to participate in the above study but did not meet the inclusion/exclusion criteria for randomisation.

If you require any information on your patient's screening tests (for example spirometry or blood tests) please contact us and we would be happy to forward all reports to you.

Thanking you,
Yours sincerely,

03 MAR 2010

Dr. Euan Cameron

Clinical Research Fellow
Asthma Clinical Research Centre
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN.

Tel: 0141 211 3498/1673

Fax: 0141 211 3484

E-mail: asthmaresearch2005@yahoo.com

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Calwell, Sr K Scullion
Clinical Psychologist : Dr M Dunbar
Physiotherapists : Mr G MacGreogr, Mr C Farish
Secretary : Miss L Armstrong

Dictated &
Typed 29/01/2010
Our Ref CR/RN
Enquiries to: Mrs Lynn Armstrong (Secretary)
Direct Line: 0141 201 3785
E-mail lynn.armstrong@northglasgow.scot.nhs.uk

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



RECEIVED - 2 FEB 2010

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Procedure: Bilateral sacroiliac joint injections of local anaesthetic and Steroid

Mrs Convery attended Stobhill ACH today for the above procedure which was performed in theatre under x-ray guidance. The procedures were uneventful and follow-up has been arranged.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C Rae'.

Dr C Rae
Consultant in Anaesthesia & Pain Management



Date 20/01/10

03 MAR 2010

Dear Dr. Lawson

Re: Name: Janice Convery (Screen number 1041) Date of Birth: 27/05/65
Address: 21 Benview Street, G20 7SA

Effect of macrolides on asthma control, airway inflammation and bacterial colonisation in smokers with asthma

The above patient has consented to take part in a study under the care of the Asthma Research Unit at Gartnavel General Hospital. The project is funded by the MRC and will be supervised by Professor Neil C. Thomson.

This is a randomised parallel group trial to evaluate the effect of azithromycin on asthma control and airway inflammation in patients who smoke and have asthma. It will last for 16-18 weeks and compare the effect of oral azithromycin (250 mg od) for 12 weeks with a matched placebo.

If your patient is taking a long-acting beta agonist, high dose inhaled corticosteroid or asthma tablets, these will be reduced following a managed step-down process. If all entry criteria are met, patients will be maintained on 400 mcg of beclometasone equivalent a day and salbutamol as required, along with either azithromycin or placebo tablet. At the end of the study your patient will return to their usual asthma treatment.

The trial should not influence decisions that need to be made regarding clinical management. If any medication known to interact with azithromycin (for example, anti-psychotics, antivirals, coumarin-type anticoagulants including warfarin, cyclosporine, itraconazole, midazolam, moxifloxacin, and theophylline) is to be initiated, please stop the study tablet.

The study has ethical approval and the informed consent of the patient. If you require any further information about the study, please do not hesitate to contact us.

Yours sincerely,

Dr. Euan Cameron
Clinical Research Fellow; Asthma Clinical Research Centre
Gartnavel General Hospital
1053 Great Western Road, Glasgow G12 0YN.
Tel: 0141 211 3498/1673
Fax: 0141 211 3464

H1N1 Immunisation Record Form

PERSONAL DETAILS

Surname		Forename	
Date of Birth			
Home address			
Postcode			
Email address			
GP		GP address	

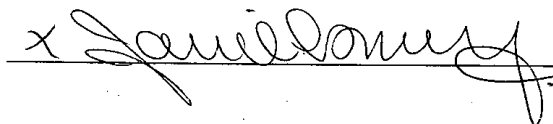
CHI: 2705655662
 CONVERY, Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crauford GMC : 2343411
 Sandyford Surgery, 0141 248 3698
 09/12/2009 16:43 Practice: 40455

Please answer the following questions:

	Yes	No	Details
1. Do you have a history of a <u>severe, life threatening</u> allergic reaction to eggs and/or egg products?		☒	
2. Have you ever had a <u>severe, life threatening</u> allergic reaction to influenza vaccine in the past?		☒	
3. Are you, or do you think you might be, pregnant?		☒	
4. Do you have a condition, or are you having any medical treatment, that has weakened your immune system?		☒	
5. If you have not yet had a seasonal flu jab this year, would you like to be offered this with the H1N1 vaccine?	☒		HAD
6. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?		☒	
7. Do you feel well enough today to receive the vaccine?	☒		

I agree to receive the H1N1 (and Seasonal Flu) vaccine.

Signature



Date

9/12/09

Vaccine	Date Given	Brand	Batch Number	Expiry Date	Site of Injection	Name	Designation	Signature
H1N1 Dose 1	9/12/09		Pandemrix					
H1N1 Dose 2 (if applicable)			Lot: A81CA106A			1m (2) am MORTT PIN		MORTT
Seasonal flu								

2nd November 2009

To Whom It May Concern:

JANICE CONVERY, 3-2 21 Benview St, Firhill, Glasgow G20, United Kingdom

This lady is a patient of mine and currently is taking prescribed medication, namely:

Buprenorphine (Butrans) Patch 20micrograms/hour patch

Etoricoxib 30mg daily

Citalopram 20mg daily

Omeprazole 20mg daily

Mebeverine 135mg three times daily

Beclometasone inhaler 50mcg

Salamol inhaler

Yours sincerely,

Dr D. Roderick MacNeill

Sandyford Surgery

Seasonal Flu & Pneumococcal Consent 2009-10

P

CHI: 2705655662
 CONVERY, Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SP
 574 7539
 Dr C. Crawford GMC 2343411
 Sandyford Surgery, 0141 248 3698
 Practice 40455

ie & DOB

Date 26/10/09

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

(SMOKER) NON SMOKER 2 CPW

CESSATION ADVICE GIVEN

YES/NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

26/10/09

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	AGRIPPAL 2009/2010 Batch: 095302N Expiry: 05/2010			in L arm	Myguth
Pneumococcal					

Immunised by : Myguth

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY CK (DO NOT WORKFLOW)

Acute Services Division

SURGICAL SPECIALITIES
Surgery and Anaesthetics Directorate

Surgical Clinic 22/07/2009



Our ref: JM\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

08/10/2009

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

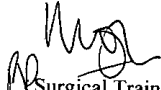
13 OCT 2009

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 -- Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I reviewed this lady today in Mr Rogers clinic. This lady has been troubled with a number of abdominal, pelvic and back problems for which we have been unable to find an organic cause. I am pleased to say that with visiting the chronic pain team she seems to be making some forward progress. We plan to discharge her from the clinic today but if there are any further problems please do not hesitate to re-refer.

Yours sincerely,


Surgical Trainee
Jonathan Morrison

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CHI: 2705655662
 CONVEY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC 2343411
 Sandyford Surgery 0141 248 3698
 08/10/2009 11:27 Practice: 40455

Sandyford Surgery
Foreign Travel advice and immunisation

Thailand - 6/night
 Vietnam Hanoi 3/7

DOB _____ Destination(s) _____

Departure date 6/1/09 Length of stay 28/1/09 Insurance cover - yes/no

Type of travel - Organised / Self Organised / Work related Holiday

Accommodation - Hotel / Self Catering / Private House / Other _____

General Health	Yes	No	Details	Health Promotion	Yes	No
Well Today				Sun Exposure		
Previous Reactions				Alcohol		
Pregnancy				Diarrhoea and vomiting		
Current Medication				Personal safety		
Drug allergies				Safe Sex		
Food allergies				CCP		
				bite avoidance	✓	

Vaccination	Last Received	Need Prescribed	Given Today	Booster Due Date
Ditavax	1st/1st July 1996	31/12/07		
Adult				
Dichtheria				
Hecatyrix		31/12/07		
Typhim				
Hep A	12/7/96			
Hep A immune				
Meningitis AC				
Men ACWY				
Hep B	low risk			
Yellow Fever				
PRIVATES				
Rabies	low risk			
Jap B Enceph.				

Malarial Prophylaxis Required	Yes (No) ?
Current Recommendations for country	Proguanil and chloroquine / mefloquine / dox/cycline / malarone
Contraindications	Yes / No
Mefloquine Counselling	Yes / No
Private Script	Yes / No
Leaflet Given	Yes / No

ADVICE Signature myoult (telephone) Date 8/1/09

Scan my

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Greater Glasgow
and Clyde

CHRONIC PAIN SERVICE

Dictated: 18/09/2009

Typed: 19/10/2009

Telephone: 0141 355 1491

Our Ref: MO/LA/51142244R

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

26 OCT 2009

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

I reviewed your patient in the Pain Management Clinic this afternoon. Janice experienced a slight reduction in her pain after her bilateral sacroiliac joint injections which we performed in June, but she also started Arcoxia at the same time and is not completely sure which to credit for her improvement. In spite of that she continues to complain quite bitterly of her low back pain. I note that she is now looking for a lighter job as her work as a waitress involves a lot of standing and carrying which does seem to exacerbate her symptoms. She did attend the physiotherapists here for an assessment but declined to pursue any treatment with them which I feel is a bit of a shame.

She is currently taking Dihydrocodeine slow release 120mgs twice a day and Arcoxia 60mgs a day. Janice is still very focussed on pain relief rather than pain management and I have had a long talk with her about the fact that we are rarely able to completely relieve this sort of chronic pain and that the best we can usually hope for is symptom management. She was very keen on trying some alternative medication so I think it worth stopping her Dihydrocodeine and replacing this with a Buprenorphine patch (BuTrans) starting at a strength of 10micrograms per hour. This may be insufficient given her relatively high dose of Dihydrocodeine so this may need to be increased to 15micrograms per hour (which involves using a 10 and a 5 strength patch together) or 20micrograms per hour. I have warned Janice that nausea in the first couple of weeks is a frequent complaint and that this can be treated with any of the oral antiemetic. Janice was also keen to have sacroiliac joint injections repeated and I think this is not unreasonable. I will list her for this.

Yours sincerely

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

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40369

North Glasgow Hospitals



SCAN ONLY

Patient Label

51142244R
CONVERY F
JANICE 27/05/1965
3/2 21 BENVIEW STREET
GLASGOW
LANARKSHIRE G20 7SA
CHI-2705655662

The patient attended PAIN Clinic at STOBHILL

Hospital on 18/9/09 and I would advise a change to drug therapy from
to

or additional therapy of BUTRANS PATCH
BUPRENORPHINE

as detailed below. Full letter to follow.

Additional Comments: MM NEEDED TO INCREASE TO
15mg/w (10mg + 5mg) OR 20mg/w AFTER A WEEK

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
BUTRANS	10mg/w	7 DAYS	

Yours Sincerely

Signature:

Name (print)

Grade:

Ext. No:

MOVEN

CONS

White copy to - G.P. Pink copy - File this copy in Case Records

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name	CONVERY Janice	Sex	F	D.o.B.	27.05.65	Sandyford Surgery
Address	flat 3/2	Consultant	Dr. A.A. Lawson	Hosp. No.	ZGM0965676	
	21 benview st	CHI No.	: 2705655662			Taken 10.08.09 NK
Investigation	Urine analysis					Received 11.08.09 12:43
Specimen	Mid stream specimen					

MICROSCOPY: White blood cells : NIL
Red blood cells : NIL
Squamous cells : MODERATE NUMBERS

CULTURE: No growth.

Interpretation: no significant findings.

RECEIVED 13 AUG 2009

Final Report

Entered by: K.Greig

Authorised on behalf of:

COPY FOR : Sandyford Surgery

Microbiologists
Dr. J. Hood

Reported 12.08.09 1256 hrs

Lab No. M,09,0086522.W

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



CHRONIC PAIN SERVICE

Secretary Tel: 0141 355 1491

Ref No: MO/LA/51142244R

Clinic: 12/06/2009
Typed: 19/06/2009

Dr R MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 26 JUN 2009

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVIEW STREET, FLAT 3/2, GLASGOW G20 7SA

I saw your patient in the Day Surgery Unit this morning where we performed bilateral sacroiliac joint injections. We will review Janice in due course in the medical clinic to see how these have affected her. Janice told me this morning that she had successfully titrated her Gabapentin to the maximum recommended dose of 1800mgs a day, but unfortunately they have not given her any benefit whatsoever. She was very certain of this. I think therefore she should slowly come off this medication. I note that she is not taking an anti-inflammatory at the moment and indeed tells me that she cannot tolerate Diclofenac because it upsets her stomach. I note that she also takes Omeprazole daily. I wonder if it worth trying a Cox2 inhibitor to see if she could tolerate this better and I suggest starting a Cox2 inhibitor such as Etoricoxib (Arcoxia) at a dose of 30mgs once a day. If she tolerates this, this dose can be increased by increments of 30mgs up to a maximum of 90mgs. We will review things further in the pain management clinic in due course.

Yours sincerely

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland
Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

40369

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Calwell, Sr K Scullion
Clinical Psychologist : Dr M Dunbar
Physiotherapists : Mr G MacGreogr, Mr C Farish
Secretary : Miss L Armstrong

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



Dictated &
Typed 12/06/2009
Our Ref MO /RL
Enquiries to: Mrs Lynn Armstrong (Secretary)
Direct Line: 0141 201 3785
E-mail lynn.armstrong@northglasgow.scot.nhs.uk

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 22 JUN 2009

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Your patient underwent bilateral sacro-iliac joint injections today in the Day Surgery Unit at Stobhill ACH. The procedure was uneventful. She will be followed up in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Owen'.

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

Acute Services Division

Rehabilitation and Assessment

Directorate Dr M Owen
Department of Anaesthetics
Stobhill Hospital

Physiotherapy Department
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Tel: 0141 201 3588



Dr R MacNeill
1119 Argyle St
G3 8ND

Date 02 September 2009

Dear Dr Owen

Discharge Letter

Re: Ms Janice Convery

DOB: 27.05.65

CHI: 2705655662

Address: 21 Benview Street, Flat 3/2 G20 7SA

RECEIVED 09 SEP 2009

This patient was referred to physiotherapy from The Pain Clinic on 24.04.09

Complaining of central low back pain.

Diagnosis: Persistent low back pain

He/ She

- ☒ Received treatment 5 sessions; from 13.05.09 to 16.06.09
- ☒ Was given advice/ exercises
- ☒ Was to contact us if further help was required and has not
- ☒ Unable to attend review appointment on 23.06.09
- ☐ Was put on the waiting list but failed to contact us for an appointment
- ☐ Was given an appliance

Comment:

Lumbar range was limited into right side flexion; forward flexion and extension all increasing her low back pain. Her hips were cleared and her true leg length was equal. ASIS and PSIS levels were equal and a lumbar x-ray was carried out to rule out spondylolysis. The x-ray was normal. Acupuncture was used as an adjunct to treatment to try and help Janice manage her pain. Unfortunately she did not react well to acupuncture. I discussed pain neurophysiology with Janice and educated her about the development of persistent pain. I was hoping that we could introduce graded activity and goal setting but she was

Delivering better health

www.nhsggc.org.uk

Registered with the Health Professions Council

40367

unable to attend her review appointment on 23.06.09. She has failed to contact the department since to re-arrange another session therefore I am discharging her from our care.

Yours sincerely



JAYNE FORD (Senior 1 Physiotherapist)

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



CHRONIC PAIN SERVICE

Secretary Tel: 0141 355 1491

Ref No: LA/LA/51142244R

Date: 18/05/2009

RECEIVED 21 MAY 2009

Dr R MacNeill
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVIEW STREET, FLAT 3/2, GLASGOW G20 7SA

The above patient was recently discussed at our Multi-Disciplinary Team Meeting on 6th May 2009 and has been referred on to Jayne Ford, Chronic Pain Physiotherapist, Physiotherapy Department, Stobhill Hospital.

If you require further information please do not hesitate to contact Dr Owen on 0141 355 1491.

Many thanks.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. Armstrong'.

Miss L. Armstrong
Chronic Pain Secretary

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland
Physiotherapists: C Farish, A Williams, J Ford Secretary: Miss L Armstrong.

40369

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167

Ref No: MO/LA/51142244R

Clinic: 24/04/2009
Typed: 04/05/2009

Dr R MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 08 MAY 2009

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVUE STREET, FLAT 3/2, GLASGOW G20 7SA

Please find enclosed my letter concerning your patient Janice Convery who I saw in the Pain Management Clinic to consult about her ongoing left sided low back pain. You will see from the enclosed letter that we have agreed a 5 point management plan. I would be grateful if you could help by prescribing a course of Gabapentin. I am including a titration sheet to help with this. I would also be grateful if you could convert her Dihydrocodeine which she is currently taking at about 240mgs total in one day to a slow release form, Dihydrocodeine Continuous at a dose of 120mgs twice a day. I have had a long chat to Janice about the pros and cons of this medication and it does seem that she has tried many other painkillers and not been able to tolerate them. We discussed the benefits of taking analgesia in a time rather than a pain dependent manner and I think that a slow release form will allow her to do this.

Many thanks for your help.

Yours sincerely

Dr M Owen
SpR in Anaesthesia & Pain Management

Encs

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.

Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹

Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167

Ref No: MO/LA/51142244R

Clinic: 24/04/2009

Typed: 04/05/2009

P N Rogers
Consultant Surgeon
Surgical Specialities
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

Dear Mr Rogers

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVUE STREET, FLAT 3/2, GLASGOW G20 7SA

Thank you for referring this 43 year old lady to the Pain Management Clinic. As you know she has been troubled with a variety of abdominal pains for some years now. On closer questioning her main complaint is a 5 year history of left sided lower back pain. She does complain that this radiates anteriorly, but I feel the bulk of her symptoms are confined to the back. This pain is constant, described as dragging, is neither helped by physical activity nor rest, and clearly Janice finds this very difficult to cope with emotionally and physically. She has tried a variety of painkillers including Tramadol, Diclofenac and Amitriptyline, none of which have helped or have been tolerable. Currently she takes Dihydrocodeine at a dose of 60mgs 4 times a day which does give some benefit.

In terms of psychosocial assessment, Janice is a single lady who lives with her 18 year old daughter. She works 4 days a week as a waitress but is finding this increasingly difficult due to her pain. It is clear that she finds her employers non-supportive and there is a good deal of conflict surrounding her inability to do her job. She does seem to be able to keep herself physically reasonably active, walking every day, but it is clear that this pain has affected her mood detrimentally. She also experiences extremely disturbed sleep.

I note that as a child she remembers having a leg length discrepancy diagnosed and wearing a built up shoe on the left foot. This may be of relevance.

On examination she is a reasonably fit looking lady. She was very tearful during the consultation. Remarkable findings were of extreme musculoskeletal tenderness over the left lower back and buttock with exquisitely tender spot over the left sacroiliac joint. The right sacroiliac joint is mildly tender.

I think this lady is suffering from sacroiliac joint pain although the picture is somewhat confused by abdominal pathology including gallbladder pain and possible irritable bowel. In addition, there are various psychosocial features that are probably contributing to the picture.

Contl...

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.

Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹

Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005

Fax: 0141 201 4167

Cont/...Janice Convery/...51142244R

I had a long talk to Janice about the fact that it was unlikely that we would be able to take the pain away completely and that it may be something that she needs to learn to live with to some extent. I have however agreed the following management plan with her:

1. Sacroiliac joint injections, certainly on the left and we will consider injecting the right on the day if this is also giving trouble.
2. Gabapentin, I will write to the GP to ask him to prescribe this.
3. With Janice's agreement I am going to ask the GP to convert the Dihydrocodeine to a slow release form at a dose of 120mgs twice a day.
4. I have encouraged Janice to take Paracetamol regularly.
5. I will discuss with my Physiotherapist colleagues whether there might be benefit in assessing Janice's leg length discrepancy to see if a shoe build up might relieve some of her symptoms.

Yours sincerely

Dr M Owen
SpR in Anaesthesia & Pain Management

✓ cc Dr R MacNeill
1119 Argyle Street
GLASGOW G3 8ND

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹
Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.



Stobhill Hospital – Chronic Pain Service

GENERAL PRACTITIONERS INFORMATION LEAFLET

Suggested titration for GABAPENTIN (NEURONTIN)

If starting dose is 300mg, please titrate as follows:

	Morning	Afternoon	Evening
Week 1			300mg
Week 2	300mg		300mg
Week 3	300mg	300mg	300mg
Week 4	300mg	300mg	600mg
Week 5	600mg	300mg	600mg
Week 6	600mg	600mg	600mg

If starting dose is 100mg, please titrate as follows:

	Morning	Afternoon	Evening
Week 1			100mg
Week 2	100mg		100mg
Week 3	100mg	100mg	100mg
Week 4	100mg	100mg	200mg
Week 5	200mg	100mg	200mg
Week 6	200mg	200mg	200mg
Week 7	200mg	200mg	300mg
Week 8	300mg	200mg	300mg
Week 9	300mg	300mg	300mg

Maximum dose 1800mg in divided doses.

Acute Services Division

Surgery and Anaesthetics Directorate
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Direct Line: 0141 211 3288
Fax: 0141 211 3466



PAIN MANAGEMENT CLINIC

TDM/CMCN/51142244R

RECEIVED 28 JAN 2009

26th January 2009

Dr Colin Rae
Consultant in Anaesthesia & Pain Management
Pain Management Clinic
STOBHILL HOSPITAL
300 Balgrayhill Road
Glasgow
G21 3UR

Dear Colin

JANICE CONVERY CHI:2705655662
21 Benview Street Flat 3/2 Glasgow G20 7SA

I would be grateful if you could see the above patient, whose address falls within the catchment area of Stobhill Hospital. The referral letter is enclosed.

Kind regards.

Yours sincerely


T D McCubbin
Consultant in Anaesthesia & Pain Management

*Enc

cc: Mr P N Rogers, Consultant Surgeon, GGH
Dr R MacNeill, 1119 Argyle Street, Glasgow G3 8ND ✓

Delivering better health

www.nhsggc.org.uk

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Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

Direct Line: 0141-232-7952



DEPARTMENT OF GYNAECOLOGY

TD/SB/51142244R

10 March 2009

RECEIVED 18 MAR 2009

Dr R MacNeill
1119 Argyle Street
GLASGOW G3 8ND

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65 chi: 5662
3/2 21 BENVUE ST GLASGOW G20 7SA

Ultrasound carried out on this patient on 22.1.09 showed no abnormality.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tom Dow'. The signature is written in a cursive style with a long, sweeping underline.

TOM DOW
CONSULTANT GYNAECOLOGIST

Acute Services Division

RECEIVED 26 JAN 2009

Surgery and Anaesthetics Directorate

SURGICAL SPECIALITIES
Surgical Clinic 14th January 2009



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

19/01/2009

Dr M Serpell
Consultant In Pain Management
Pain Clinic
GGH

CC: Dr Roderick MacNeill ✓
1119 Argyle Street
Glasgow
G3 8ND

Dear Mick

Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I would be grateful if you could arrange to see this lady. She has a long history of assorted abdominal pains. The current problem is left iliac fossa pain which appears to radiate from the region of the left sacroiliac joint through to the front. This has been investigated fairly extensively by abdominal ultrasound and laparoscopy. In addition earlier this year she had a laparoscopic cholecystectomy because of what were thought to be symptomatic gallstones and then subsequently had an upper GI endoscopy because of persisting upper abdominal pain. The abdominal pain now seems to have settled largely.

Currently she takes 60mgs of dihydrocodene 4 times a day and this appears to be inadequate in controlling her discomfort. She is also on Citalopram and Mebevarine.

I have done my best to reassure this lady that there doesn't appear to be a significant organic problem underlying her pain and that we now need to focus our efforts on pain control. She seems much more willing to accept this view now than previously. I am grateful for your advice.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'P N Rogers', written over a horizontal line.

P N Rogers
Consultant Surgeon

Delivering better health

www.nhsggc.org.uk

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RECEIVED 17 DEC 2008

NHS Greater Glasgow And Clyde
Endoscopy Unit, Gartnavel General Hospital
GASTROSCOPY REPORT

Name: **Janice CONVERY, 27/05/1965 (F)**
CHI No: **2705655662**
Case note no.: **51142244R**

Address: **3/2 21 Benview Street**
Glasgow
Lanarkshire
G207SA

GP: **Dr Roderick Macneill**
1119 Argyle Street
Glasgow
G38ND

Procedure date
16th December 2008

Status: Day patient/NHS
Hospital: Gartnavel General
Ward: (none)
Referring Cons: Mr Paul Rogers
(General Surgery)

Indications
LUQ pain.

Consultant/Endoscopist
Dr Derek Gillen
Nurses: SN Morven Kent
SN Lynne Christopher

Report
The whole upper gastro-intestinal tract was normal.

Follow up
Review will be in the Surgical Clinic.

Instrument
GGH 59 - EG2770K A120203

Advice/comments
Well-tolerated. Nil of note.

Premedication
Xylocaine Spray (Oral) 6 spray


Dr Derek Gillen
Consultant Gastroenterologist

IMMEDIATE DISCHARGE LETTER

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone: 0141 - 211 - 2000

PATIENT COPY

First Issued: 11/12/2008 13:12
Printed:

Admitted: 10/12/2008 Discharged: 11/12/2008
Discharged to: Home
Ward: L10E
Consultant: MR PN ROGERS, General Surgery
Hospital No: 51142244R Date of birth: 27/05/1965
CHI: 2705655662

Seen only

REGISTERED GP

Dr RODERICK MACNEILL
1119 ARGYLE STREET
GLASGOW
G3 8ND
GLASGOW

PATIENT

JANICE CONVERY
3/2 21 BENVIEW STREET
GLASGOW
LANARKSHIRE
G20 7SA

DIAGNOSES

No diagnoses have been made for this patient

ICD10**PROCEDURES****OPCS4****MEDICATION**

Drug Name	Format	Route	Dose	Admin Times					PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18	22			
Omeprazole	Cap	Oral	20 mg	X						Indefinite	7
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	50x500mg
Mebeverine	Tab	Oral	150 mg	X	X					Indefinite	Patients Own
Beclamethasone diskhaler (100mcg)	Inh	Inh	as directed						as previously prescribed	Indefinite	Patients Own
Salmeterol		Inhaled	100 microgr						prn		Patients Own

Pharmacy Comments**FOLLOW UP ARRANGEMENTS**

Outpatient Clinic Consultant Date
Surgical MR PN ROGERS 4 weeks

Outpatient Investigations Date
No arrangements made

Community Care Date Reason
No arrangements made

GENERAL COMMENTS*Final discharge letter to follow*

This 43 year old lady presented on 10.12.08 with severe abdominal pain. She had a diagnostic laparoscopy the day before at GGH. The pain was umbilical and described as sharp, severe and exacerbated with movement. Examination was reassuring, the wound is well healed, there is bruising in the epigastrium but bowel sounds are present and there is no evidence of herniae. There is no free air under the diaphragm on CXR.

She was kept for observation, in case it was a rectus sheath haematoma, and symptomatic treatment. She has been improving, the abdomen is now soft and much less tender. She is stable and can go home but will be seen again in clinic in 4 weeks.

Kind regards,

Signed:

Designation:

Contact: Andrew Murray

Pager Number:

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Macneill
1119 Argyle Street
Glasgow

RECEIVED 11 DEC 2008

G3 8ND

11 December, 2008

Dear Dr Macneill,

Re. JANICE CONVERY, 3/2 21 BENVIEW STREET, GLASGOW, LANARKSHIRE, G20 7SA
Date of Birth 27.05.65 Hospital Number: 51142244R CHI Number: 2705655662

Your patient attended Western Infirmary on the 10 DEC 2008 at 12:59 pm.

The presenting complaint
was:

ABDOMINAL PAIN

Triage
Information:

**Laparoscopy Yesterday. Painful, Tender Abdomen. Feels
Difficulty Breathing.Temp 35.8**

The following investigations were carried
out:

**Erect Chest X-Ray
Ae09-Fbc/Glucose/Profile/Crp**

The A&E diagnosis
was:

**Gastro-Intestinal - Other Gastro-Intestinal Problem-Specify In
G P Letter**

The following treatment was
given:

Nil

At the conclusion of treatment the patient
was:

Admitted

Follow-
up:

Admitted

Additional
Information:

Nil

Yours sincerely,

Patrick Grant
Consultant In Emergency Medicine

Consultants

Acute Services Division

RECEIVED 29 DEC 2008

Women and Children's Directorate

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW
G51 4TF



Direct Line: 0141 232 7955/7953/7952/7951

CT/FMM/51142244R

DEPARTMENT OF GYNAECOLOGY – DR TAGGART'S DAY SURGERY LIST 09.12.08

17 December 2008

Dr A Lawson
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr Lawson

JANICE CONVERY DOB: 27.05.65 (5662)
FLAT 3-2 21 BENVUE STREET GLASGOW

This patient attended the day surgery unit today as planned for diagnostic laparoscopy. The findings were of normal pelvic organs, no evidence of endometriosis, adhesions or pelvic inflammatory disease and no apparent cause for her pain. We have not arranged any further follow up in gynaecology.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Christina Taggart'.

CHRISTINA TAGGART
CONSULTANT GYNAECOLOGIST

FLU CONSENT 2008-2009

P

CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC: 2343411
 Sandyford Surgery 0141 248 3698
 19/11/2008 17:01 Practice: 40455

ne & DOB

Date 19/11/08

Please answer the following questions:

UP TO DATE TELEPHONE NUMBER.....

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

I AM A SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immunosuppression Due to disease or treatment	Residential/ nursing home	Carer of disabled or elderly
☒									

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE

SIGNED

X. Jones

DATE

19/11/08

****FOR OFFICE USE ONLY******PLEASE CHECK HEIGHT, WEIGHT (BMI) & BP (WITHIN LAST 15 MONTHS) ******USE CDSS TEMPLATE TO LOG INFO**

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		lot: N88017AT Date: 07-2009		1m (L) arm	19/11/08
Pneumococcal		BEGRIVAC® 2008-2009 0.2 ml Influenza vaccine			

Clinical update recorded Yes/No

F6 (Screening)

.65E Flu immunisation

.68NE. Declined

.6572 Pneumococcal immunisation

.68NX. Declined

Smoking status/ Cessation advice given

Yes/ No

Immunised by : *Wentt*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY *CK* (DO NOT WORKFLOW)

Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

DIRECT LINE: 0141 232 7953/7952/7951/7955



TD/KG/51142244

DEPARTMENT OF GYNAECOLOGY – DR DOW'S CLINIC 13.11.08

17 November 2008

Dr MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 28 NOV 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65(5662)
F3/2 21 BENVUE STREET GLASGOW G20 7SA

Thank you for referring this patient. She complains of frequent left iliac fossa discomfort going through to her back. She also has constant loose stools with no constipation. My feeling is that her pain is much more likely to be related to her gastro-intestinal tract but I have arranged for her to have a vaginal probe ultrasound of the pelvis and have put her name on the waiting list for day surgery laparoscopy.

Kind regards.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tom Dow', written over a horizontal line.

TOM DOW
LOCUM CONSULTANT GYNAECOLOGIST

Delivering better health

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40366

Acute Services Division
SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF
DIRECT LINE: 0141 232 7953



AP/KG/51142244

DEPARTMENT OF GYNAECOLOGY – DR DOW'S CLINIC 9.10.08

13 October 2008

Dr MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 31 OCT 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65(5662)
F3/2 21 BENVUE STREET GLASGOW G20 7SA

This lady did not attend the gynaecology clinic today. I am assuming that her symptoms have settled but if you wish us to see her, please re-refer.

Yours sincerely

A PANDRAVADA
ST3

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Acute Services Division

Surgery and Anaesthetics Directorate **SURGICAL SPECIALITIES**

Surgical Clinic 1st October 2008



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Email: suzanne.stenson.wg@northglasgow.scot.nhs.uk

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

06/10/2008

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 09 OCT 2008

CC: Dr Dow
Consultant Gynaecologist
Southern General Hospital
1345 Govan Road
Glasgow, G51 4TF

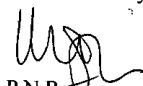
Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

This lady came to the clinic today. She still has significant problems with abdominal pain. Much of this is upper abdominal but some of it can be more generalised. The Mebevacrine which we prescribed at her last visit has produced little benefit. She is awaiting review by the gynaecologists but first has to have a pelvic ultrasound in the Golden Jubilee Hospital and this will happen very soon.

During the consultation today she was very tearful indeed and so there does appear to be at least some psychological overlay on her symptoms. Given that much of her symptomatology remains in the upper abdomen I think it would be prudent to carry out an upper GI endoscopy and this has been arranged.

Yours sincerely,


P N Rogers
Consultant Surgeon

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www.nhsggc.org.uk

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Western Infirmary
CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA
Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

SYNTAX CHECKED by: CAROL MCQUADE 05/11/08 1552 Report By: DR N CORRIGAN
03/10/08.

Clinical History :

Previous cholecystectomy. Ongoing discomfort in upper abdomen with palpable liver/mass.
Previous enlarged left ovary.

US Abdomen :

US Pelvis :

RECEIVED 24 NOV 2008

Report:

The pancreas was obscured. The uterus and left ovary are normal. The right ovary was not well visualised. There is no free fluid. The liver, kidneys, spleen and aorta are normal. Portal and hepatic venous flow are normally-directed. There is no obvious right upper quadrant mass.

Dictated By Corrigan, Neil (Dr)

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891





Western Infirmary
CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA
Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

Verified by Corrigan, Neil (Dr)

RECEIVED 24 NOV 2008

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND
Exams: US Abdomen,US Pelvis
Exam Date: 03/10/08 Event: E-11227891





Stobhill Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: **27/05/1965**

Chi No: **2705655662**

CRIS No: **5628182**

Hosp No: **51142244R**

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Clinical History :

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Previous enlarged left ovary.

US Abdomen :

US Pelvis :

Report:

The pancreas was obscured. The uterus and left ovary are normal. The right ovary was not well visualised. There is no free fluid. The liver, kidneys, spleen and aorta are normal. Portal and hepatic venous flow are normally-directed. There is no obvious right upper quadrant mass.

Dictated By Corrigan, Neil (Dr)

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891



Page 1 of 2

08965

RECEIVED 13 Nov 2008



North Glasgow
Hospitals

Stobhill Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

Verified by Corrigan, Neil (Dr)

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891



Page 2 of 2

08965

Fax sent by : 912116287

WESTERN

19-07-08 14:28 Pg: 2/3

Call No: 2234300	Date: 19/07/2008 10:24	NHS 24 No: 6044253
Patients Name: Janice Convery	D.O.B: 27/05/1965 Age: 43 years	Callers Name: Relationship:
Address Today: 3/2 21 Benview Street Firhill Glasgow	Home Address if different: 3/2 21 Benview Street Firhill Glasgow	
Post Code: G20 7SA	Post Code: G20 7SA	
Phone Number: 07788 417505	Call Type: Attend PCEC	
Name of GP: Lawson,AA(047)	Time Call Received at NHS 24: 19/07/2008 09:49:12	
Surgery: 047 1119 Argyle Street	Time Details Received at GEMS: 19/07/2008 10:24:38	
Practice Number:	Time Patient Arrived: 19/07/2008 13:59:52	
Speed Dial: CONTACT DETAILS (.) FAX NUMBER() (.) SPEED DIAL(171) (.) MORNING FAX(0141 221 5144) (.) BYPASS NUMBER(0141 221 7181) (.) BYPASS NUMBER(0141 226 5749) (.) PRACTICE(0141 248 3698)	Consultation Start time: 19/07/2008 14:12:53 Consultation End time: 19/07/2008 14:27:12	

Dispatched To: Western

Clinical Information

CB SPREADING SORE ON RIGHT LEG 3 DAYS SEE A/Vclinical summary created by:
(Other clinical user) (Glasgow) [19/07/2008 10:26:29]
X FOR X AND UNTRIAGED CALL PASSED TO PARTNER TO ACTION

Examination Results:

HEAD AND NECK
Temperature 36.30 C

Clinicians Notes

had a "spot" top right thigh 3/7 age which she burst, since then the area has enlarged now slightly swollen and hot to touch, painful when walking, has been taken DF118 and naproxen for abdominal discomfort, has had upper abdominal pain this morning, feels nauseated has had a cholecystectomy 6/52 ago, also has pain on inspiration SATS 98, poor appetite taking fluids

nkda

gall bladder, ?enlarged ovary awaiting gyn appt, IBS
on several medications- PPI, IBS rx- unsure names, ? else

Area R upper thigh- Initially small boil now red and tender. Feeling tired. No fevers. No hx similar.

Had lap cholecystectomy 6/52 ago- since then ongoing pains RUQ and nausea. No worse than normal today. When asked mentions pain worse on moving and breathing- had for 6 weeks and pt assoc with RUQ pain. No SOB, cough or CP.

PMH as above

DH naproxen, DHC, PPI, IBS meds but unable to remember names. NKDA

Well, T 36.3. P 76 reg, well perfused.

R inner thigh 15cm circular area of redness with small underlying collection with head.

Chest clear, HS dual

Abdo SNT, no reb/guarding

Cellulitis and small collection

PO Flucloxacillin.

Worsening stat given. Understands- re getting bigger/fevers/feeling unwell.

Mark on leg, 3/7 - spreading redness (tracking). Started as a boil.

cellulitis

PCEC P4 - western

Fax sent by : 912116207

WESTERN

19-07-08 14:28

Pg: 3/3

Prescription Items: flucloxacillin capsules 500mg take one capsule four times per day for 7 days. by mouth
28.00

Clinical Code/s: M0... Skin/subcutaneous infections
M0... Skin/subcutaneous infections

Informational Outcome: No Follow Up

Referral: Consulting Clinician: Williams, Rhiannon(CC)

Acute Services Division

Surgery and Anaesthetics Directorate **SURGICAL SPECIALITIES**



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

30/06/2008

RECEIVED 14 JUL 2008

Dr Dow
Consultant Gynaecologist
Southern General Hospital
1345 Govan Road
Glasgow, G51 4TF

CC: Dr MacNeil ✓
1119 Argyle Street
Glasgow
G3 8ND

Dear Dow

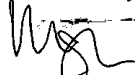
Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
21 Benview Street, Flat 3/2, Glasgow, G20 7SA

This young lady has recently had a cholecystectomy carried out under my care. As part of the investigation for her gallbladder surgery an abdominal ultrasound demonstrated enlargement of the left ovary. She is a somewhat anxious woman and understandably wishes to be reassured about the appearances of her left ovary particularly in view of the fact that she occasionally has left iliac fossa pain. I understand that she was given an appointment for the gynaecology clinic and failed to attend but she assures me that she never received an appointment. I would be grateful therefore if you would consider sending for her again.

With regard to her gallbladder surgery she has made an excellent recovery.

She has quite a lot of abdominal symptoms but I think these are largely due to irritable bowel syndrome and I am sending a copy of this letter to her general practitioner to confirm that I have already made a request in a hand-written note for a regular prescription of Mebeverine. I am grateful for your help.

Yours sincerely,


P N Rogers
Consultant Surgeon

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40369

REFERRAL TO	
Gynaecology	____ Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	____ Hospital and hospital address
	Hospital location code.
	G516H
	Email address
Urgency of referral	Routine
Date of referral	30-Jun-2008
Date sent	30-Jun-2008

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
Contact number(s)	
Voice: 574 7539	

This lady was referred by myself in February with ongoing problems with pelvic pain. Apparently she has missed two appointments but she says she never got word. She had an ultrasound done in February 08 which showed a left prominent ovary measuring 3 x 3cms. As you can see from my previous referral letter there was a bit of confusion with regards this ultrasound report, reporting that she has got two right ovaries. Since then she has been under the surgeons for a laparoscopic cholecystectomy and although we have not had any discharge letter as yet, she was verbally told by the Anaesthetists post operatively that the surgeon had a wee look at her ovaries and apparently signs of endometriosis was seen in this area. It does sound all a bit vague and obviously the surgeon may document this in the discharge letter but again they may not. Janice is keen to see yourself as her pain in her left iliac fossa particularly is ongoing.

I am grateful to you for seeing her.



for Dr Roderick MacNeill
30th June 2008

Dr. Christine M. Crawford
M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.

Dr. Alison A. Lawson
M.B.Ch.B., M.R.C.P., M.R.C.G.P.

Dr. D. Roderick MacNeill
M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND

Tel: 0141 248 3698
Fax: 0141 221 5144

27/06/2008

Miss Janice Convery
F3/2 21 Benview St Firhill
G207SA

Dear Miss Convery

MISSED APPOINTMENT - 09/06/2008
GYNAECOLOGY CLINIC AT SOUTHERN GENERAL HOSPITAL

We have been advised that you failed to attend the above appointment.

If you still want this appointment it is important that you contact the hospital directly in the next few days to rearrange another appointment. This will save the doctor time having to re refer you at a later stage.

When phoning the hospital please ensure that they have your correct address and contact telephone number.

Yours sincerely,

Ms Janice Muirhead
Practice Manager to Sandyford Surgery

Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

Direct Line: 0141-232-7952



DEPARTMENT OF GYNAECOLOGY

TD/SB/51142244R

9 June 2008

Dr Roderick MacNeill
1119 Argyle Street
GLASGOW G3

RECEIVED 26 JUN 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.6.1965 chi; 5662
F3/2 21 BENVUE STREET FIRHILL GLASGOW G20 7SA

Your patient failed to attend the gynaecology clinic. Due to pressure on appointments and clinic waiting times no further appointment has been arranged.

Yours sincerely


TOM DOW
CONSULTANT GYNAECOLOGIST

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

Name of G.P.:

Your Patient:

Name: Jamie Conway
Address: 21 Benview Street
Flat 3/2
Glasgow
D.O.B. 27/5/65 Unit No. 511922442

Consultant: Rogers
Admitted to Ward 4A On 19/5/8
Discharged on 20/5/8 From Ward 4A
Or seen at _____ Clinic on 1/1

418081
CONFIDENTIAL
GREATER GLASGOW & CLYDE
GARTNAVEL GENERAL HOSPITAL, Glasgow G12 0YN
Telephone 0141-211-3000



Diagnosis

1

2

3

4

Operation/Procedures

1 Laparoscopic cholecystectomy 19/5/8.

2

3

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Follow Up Arrangements

Clinic: _____ Date: 1/1

Home Help: Yes _____ No _____

District Nurse: Yes _____ No _____

Meals/Wheels: Yes _____ No _____

Paramedical (please state): _____

Other: _____

Please TICK box if childproof containers are UNSUITABLE ☐

PHARMACY USE ONLY

Medicine	Form	Dose	TIMES FOR ADMINISTRATION										Recommended duration of treatment from date of discharge
			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	
Atalopram	Oral	10mg	✓										
Naproxen	Oral	500mg	✓								✓		
Omeprazole	Oral	20mg	✓										
Betamethasone dipropionate lili	Oral	2 pps	✓										
Rhydromedone	Oral	30mg					QDS	PRN					
Salbutamol	luli	2 pps					PRN						
Panobronol	Oral	1g					QDS	PRN					

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)

Follow-up OPP 3wks after discharge.

PRESCRIBERS NAME IN BLOCK CAPITALS S.LIMDESIGNATION PHSIGNATURE [Signature]DATE 20/5/8

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

Pager No. 5264Dispensed by: _____ Checked by: _____
Date: _____ CP Check: _____

Medication Collected by (Messenger): _____

WARD USE ONLY

Medication Rec. on Ward by: _____

Issued by: _____

Date Issued: _____

Signature of Recipient: _____

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

HOME PLAN



Hospital **GGH**

Phone Number **211 3000**

Patient Label

Jonie Conway

Ward **4A**

Phone Number **211 3214**

Consultant **Mr Rodgers**

Named Nurse

Discharge Date **20/5/08**

ADMISSION DETAILS

Date of Admission **19/5/08**

Admission Ward **4A**

Reason for Admission / Treatment **Laparoscopic cholecystomy**

MEDICATION

You have been given a ☒ day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed.

You will / will not require a further supply of this medication.

Please contact your GP within a week if you require a further supply of medication.

FOLLOW UP

You will / will not require follow up at the hospital

You have an appointment for

1. **3 weeks after discharge** on _____ (day) _____ (date)
2. _____ on _____ (day) _____ (date)

You will receive a return appointment through the post for

1. _____ in _____ weeks time
2. _____ in _____ weeks time
3. _____ in _____ weeks time

Transport will / will not be arranged

SPECIAL INSTRUCTIONS / ADVICE

Any concerns after 24hrs please contact own GP.

If you should have a problem with this discharge plan please do not hesitate to contact the ward within 24 hours.

Patient / Carer Signature

Named / Associate Nurse Signature

Acute Services Division

GARTNAVEL GENERAL HOSPITAL, 1053 Great Western Rd, Glasgow, G12 0YN
Surgery and Anaesthetics Directorate

DIRECTORATE OF SURGERY

NHS
Greater Glasgow
and Clyde

Reply to: P N ROGERS
Ref No: Hospital No: 51142244R

Direct: 0141 211 3194
FAX: 0141 357 4725

5 April 2008

DR LAWSON
1119 ARGYLE STREET
GLASGOW
G3 8ND

Dear Dr Lawson,

Re: JANICE CONVERY, D.O.B. 27/05/1965
FLAT 3/2, 21 BENVUE STREET,
GLASGOW, G20 7SA

Thank you for referring this patient for a surgical opinion. She was put on the non-urgent waiting list on 05/03/2008 under the care of P N Rogers for admission to Gartnavel General Hospital as an in-patient.

PROVISIONAL DIAGNOSIS:

BILIARY COLIC

PROPOSED TREATMENT:

LAPAROSCOPIC CHOLECYSTECTOMY

RECEIVED 15 APR 2008

Yours sincerely,



IAIN SMITH
SURGICAL TRAINEE

Delivering better health

www.nhsggc.org.uk

40369

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

NHS GREATER GLASGOW & CLYDE

Name:	JANICE CONVERY	Sex:	F	Age:	27.05.65	Hosp:	General practitioner	Hosp No.:	51142244E
Address:		Cons:					Practice Number: 40455	CHI No:	2705655662
						Ward:	Dr Crawford & Partners		
							1119 Argyle Street	Taken:	02.04.08
Specimen:	Mid-stream specimen of urine	Investigation:	Urine C & S					Reported:	04.04.08

No pus cells were seen.
No red blood cells were seen.
No significant growth.

RECEIVED 07 APR 2008

Microbiologists

/ Typed by SHAR

Mid-stream specimen of urine

End of Report B.08.0813901.G

SURNAME	CONVERY		
FORENAME	JANICE		
Hosp No	51142244R		
CHI No	2705655662		
D.O.B	27.05.65	SEX	Female
ADDRESS	21 Benview Street		
CONSULTANT/GP	LAWSON		
HOSP/PRACTICE	SANDYFORD SURGERY		
WARD/TOWN	1119 ARGYLE ST		
Collected 01.04.08 @ 10:10	Received 01.04.08 @ 16:15	Report Issued 02.04.08 @ 11:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
142	Sodium	135-145	mmol/L
4.2	Potassium	3.5-5.0	mmol/L
104	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
3.9	Urea	2.5-7.5	mmol/L
62	Creatinine	55-98	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5-5.5	mmol/L
0.8	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
6	Bilirubin	3-22	µmol/L
17	AST	<40	U/L
17	ALT	<50	U/L
14	Gamma-GT	<55	U/L
74	Alk.Phos.	40-150	U/L
69	Protein	60-80	g/L
40	Albumin	32-45	g/L
29	Globulins	23-38	g/L
2.36	Calcium		mmol/L
2.41	Adjusted Calcium	2.10-2.60	mmol/L
1.00	Phosphate	0.70-1.40	mmol/L
	Magnesium	0.70-1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA	0.8-4.0	g/L
	IgG	6-16	g/L
	IgM	0.5-2.0	g/L
	Lab No. N,08.7172706 Run No. 366		
RECEIVED - 3 APR 2008 §Significant sex/age differences - See handbook			
Authorised by <i>Auto Check</i> Date Reported 02.04.08		 Accredited Medical Laboratory Reference No:2335	

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOG.

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	DR C CRAWFORD.1119 A 1119 ARGYLE STREET GLASGOW	SURNAME CONVERY		FORENAME JANICE	
		SEX F	D.O.B. AGE 27.05.65	HOSPITAL 51142244R	LABORATORY No. H.08.1069258.M

REPORT		Cumulative FBC's				CHI Ancillary No 2705655662	
		31.08.05	15.09.07	26.09.07	01.04.08		
WBC	10.47	13.20	10.57	11.14	(4.00-11.00)		
RBC	4.44	4.34	4.51	4.81	(3.80-5.80)		
Hb	13.0	13.2	13.4	13.9	(11.5-16.5)		
Hct	0.411	0.392	0.417	0.425	(0.370-0.470)		
MCV	93.0	90.3	92.5	88.4	(80.0-100.0)		
MCH	29.3	30.4	29.7	28.9	(27.0-32.0)		
Plts	336	299	404	324	(150-400)		
Neuts	6.38	10.07	6.01	5.73	(2.00-7.50)		
Lymphs	3.36	2.27	3.55	4.25	(1.50-4.00)		
Monos	0.41	0.76	0.75	0.72	(0.20-0.80)		
Eos	0.17	0.08	0.24	0.41	(0.04-0.40)		
ESR			4		(0-10)		
GFST							
Retics					(25.0-85.0)		

RECEIVED - 3 APR 2008

FULL BLOOD COUNT

DATE OF REPORT 01.04.08	TIME 15:35
RUN 940	
DATE OF SAMPLE 01.04.08	TIME 15:26

REFERRAL TO	
Gynaecology	_____ Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	_____ Hospital and hospital address
	Hospital location code.
	G516H
	Email address
	-
Urgency of referral	Routine
Date of referral	28-Feb-2008
Date sent	28-Feb-2008

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
Contact number(s)	
	Voice: 574 7539

Thank you for seeing Janice who has had a recent ultrasound of her pelvis organised by the General Surgeons because of ongoing pain. Their feeling is that this is an irritable bowel syndrome but her ultrasound which was done 7th February 2008 (E-10883319) has shown a left prominent ovary measuring 3cm x 3cms. The report that was faxed through to us commented on two right ovaries but a verbal phone call has corrected this error and confirmed that it is the left ovary which is prominent. Janice is an anxious lady and has had a previous laparoscopic procedure in April 2002 to be sterilised.

I would be grateful for your help and assessment.



Dr Roderick MacNeill
29th February 2008

VERIFIED Verified By: DR K NWAFOR 12/02/08 Typed By: DAVLI 07/02/08-1609
Clinical History : PID
Previous laparoscopy
Left iliac fossa pain
? ovarian origin
(clarified by AL)
LEFT ovary is prominent
RECEIVED 22 FEB 2008

US Pelvis : Suboptimal views of the pelvis organ was obtained. Allowing for this, the uterus is inverted, measuring 7 x 5cm in length. The ~~right~~ *left* ovary is prominent, measuring 3cm x 3cm. No evidence of free fluid. The right ovary is unremarkable. No evidence of free fluid.

There are echogenic gallstones within a non-inflamed gallbladder. No evidence of either intra- or extra-hepatic bile duct dilatation. Liver, spleen, and kidneys are unremarkable with no evidence of either hydronephrosis or upper urinary tract dilatation.

Ref. Src: Gartnavel General Hospital, 1053 Great Western Road, Glasgow, , G12 0YN
Exams: US Pelvis
Exam Date: 07/02/08 Event: E-10883319  Page 1 of 1 00993

☒ For information
☐ please comment

Any difficulties in reading this
please telephone

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Acute Services Division

SURGICAL SPECIALITIES

Surgery and Anaesthetics Directorate
Surgical Clinic 23rd January 2008



**Greater Glasgow
and Clyde**

**Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN**

Our ref: AF/SS
Please reply to: Mr P N Rogers

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

**Direct Line: 0141 211 3194
Fax No: 0141 357 4725**

19th February 2008

Dr Crawford
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 23 FEB 2008

Dear Dr Crawford

RE: JANICE CONVERY FLAT 3/2, 21 BENVUE STREET, FIRHILL, G20 7SA
DOB 27.05.65 CHI-5662 51142244R

Many thanks for referring this pleasant lady to the clinic today. She presents with a significant history consistent with cholecystitis and recent ultrasound scan confirmed the presence of multiple calculi in the gallbladder however there was no biliary duct dilatation noted. Today she describes a 3 year history of intermittent pain in the right upper quadrant and more recent pain in the left iliac fossa. I note she previously had a laparoscopy for pelvic inflammatory disease and has a history of irritable bowel syndrome. She is an extremely anxious lady.

On examination her abdomen is soft and non-tender with no masses or organomegaly. Bowel sounds are present throughout.

I have discussed the options of laparoscopic cholecystectomy with her today and she is keen for this to be done. In the first instance I have requested an ultrasound of the pelvis to exclude any serious abnormality with regards to her left iliac fossa pain. I have reassured her that the pain is likely linked to her irritable bowel syndrome. We will review her once this has been carried out with a view to laparoscopic cholecystectomy depending on the result.

Yours sincerely,


ALISTAIR FRANKS
SURGICAL TRAINEE

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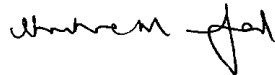
40369

REFERRAL TO	
General Surgery	Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	Hospital and hospital address
	Hospital location code.
	G516H
	Email address
	-
Urgency of referral	Routine
Date of referral	23-Nov-2007
Date sent	23-Nov-2007

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
Contact number(s)	
Voice: 574 7539	

Thank you for seeing this 42-year old lady. A recent ultrasound shows multiple gallbladder calculi. She originally presented in September with what appeared to be right chest wall pain subsequently radiating to her shoulder. She was admitted and treated as pleurisy (although chest X-ray was normal). My partner subsequently thought she may have gallstones, hence the ultrasound. She has again been having significant pain over the past week or so and I would be grateful for your assessment.

Janice is understandably a bit twitchy about this as her father had a cholecystectomy over a year ago and ended up in ITU for three weeks (I think he had septicaemia). I have told her I think it is likely she will require surgery and I think she would be agreeable, if apprehensive.



Dr Christine M Crawford
26th November 2007



Gartnavel General Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR AA LAWSON - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

VERIFIED Verified By: CATHY MUIR 19/11/07 Typed By: DUNPA 16/11/07-1517

Clinical History : Atypical chest pain. Extending to right shoulder. ? Related to gallstones.

US Gallbladder :

Multiple gallbladder calculi present. Normal appearance present in biliary tree, liver parenchyma, pancreas, spleen and both kidneys.

RECEIVED 21 NOV 2007

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Gallbladder

Exam Date: 16/11/07 Event: E-10761337



Page 1 of 1

FLU CONSENT 2007-2008

Pr CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SP
 574 7539
 Dr C. Crawford GMC : 2943411
 Sandyford Surgery
 14/11/2007 16:48 Practice : 40455

e & DOB

Date 14/11/07

Please answer the following questions:

UP TO DATE TELEPHONE NUMBER.....

(please circle)

YES NO

ARE YOU WELL AT PRESENT?

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES NO

ARE YOU PREGNANT OR BREAST FEEDING

YES NO

I AM A SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immunosuppression Due to disease or treatment	Residential/ nursing home	Carer of disabled or elderly
✓									

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE

SIGNED

Janice Convery

DATE 14/11/07

****FOR OFFICE USE ONLY**

****PLEASE CHECK HEIGHT, WEIGHT (BMI) & BP (WITHIN LAST 15 MONTHS) ****
IF NOT RECORDED TMA NURSE / CLINICAL ASSISTANT

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		06.2008	1m	(R) 10ney / de Told	14/11/07 MA
Pneumococcal		BECRIVAC® 2007-2008 0.5 ml Influenza vaccine			

Clinical update recorded Yes No

F6 (Screening)

.65E Flu immunisation .68NE. Declined
 .6572 Pneumococcal immunisation .68NX. Declined

Smoking status/ Cessation advise given

Yes/ No

Immunised by : *msent*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY(DO NOT WORKFLOW)

CHI: 2705655662
 CONVEY: Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7S
 574 7539
 Dr C Crawford GMC 234341

Sandyford Surgery
Foreign Travel advice and immunisation

DOB

Destination(s)

Cuba

Departure date 2/12/07 Length of stay 2/52 Insurance cover – yes/noType of travel Organised / Self Organised / Work related HolidayAccommodation Hotel / Self Catering / Private House / Other

General Health	Yes	No	Details	Health Promotion	Yes	No
Well Today	☒	☐		Sun Exposure	☐	☐
Previous Reactions	☐	☒		Alcohol	☐	☐
Pregnancy	☐	☒		Diarrhoea and vomiting	☐	☐
Current Medication	☒	☐	atolopam	Personal safety	☐	☐
Drug allergies	☐	☒	inhalers	Safe Sex, AIDS, OCP	☐	☐
Food allergies	☐	☒			☐	☐

Vaccination	Last Received	Need Prescribed	Given Today	Booster Due Date
Diftavax	<u>2/12/07</u>	☒	REVAXIS®	<u>1m(R) arm</u>
Adult Diphtheria	<u>12/7/96</u>		Batch: 80551-1 Expiry: 05-2009	
Hepatyrix			HEPATYRIX®	<u>1m(L) arm</u>
Typhim	<u>17/7/96</u>		ATYAB015AC	
Hep A	<u>12/7/96</u>	<u>apple</u>	EXP: 10-2008	
Hep A immune				
Meningitis AC				
Men ACWY				
Hep B			1. 2. 3.	
Yellow Fever				
PRIVATES				
Rabies				
Jap B Enceph.				

Malarial Prophylaxis Required	Yes / No
Current Recommendations for country	Proguanil and chloroquine / mefloquine / doxycycline / malarone
Contraindications	Yes / No
Mefloquine Counselling	Yes / No
Private Script	Yes / No
Leaflet Given	Yes / No

Signature

Mjgentt

Date

2 31/10/07

VACS GIVEN

Mjgentt

14/11/07.

Scan

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOGY

CONSULTANT PATIENT LOC	DR LAWSON 1119 ARGYL	SURNAME	CONVERY		FORENAME	JANICE	
OR GP NAME ADDRESS	General Practice	SEX	F	D.O.B. AGE	27.05.65	HOSPITAL	51142244R
						LABORATORY No.	4.07.1138123.L

REPORT

CHI\Ancillary No2705655662

Coagulation Screen

D DIMER LEVEL

NA ng/ml

D Dimer Normal level less than 500 ng/ml

SAMPLE DATED 26.09.07.. NOT RECEIVED AT LAB UNTIL 27.09.07
UNABLE TO PROCESS. PLEASE REPEAT.

RECEIVED 01 SEP 2007

DATE OF REPORT	TIME
27.09.07	12:15
RUN	
429	
DATE OF SAMPLE	TIME
	11:27

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOGY

CONSULTANT PATIENT LOC. <i>DR LAWSON 1119 ARGYL</i>	SURNAME <i>CONVERY</i>	FORENAME <i>JANICE</i>	
OR IP NAME ADDRESS <i>1119 ARGYLE ST</i> <i>G 3</i>	SEX <i>F</i>	D.O.B. AGE <i>27.05.65</i>	HOSPITAL <i>51142244R</i>
	LABORATORY No. <i>H, 07.1138123.L</i>		

REPORT

CHI Ancillary No 2705555662

<i>Cumulative FBC's</i>				
	<i>31.08.05</i>	<i>15.09.07</i>	<i>26.09.07</i>	
<i>WBC</i>	<i>10.47</i>	<i>13.20</i>	<i>10.57</i>	<i>(4.00-11.00)</i>
<i>RBC</i>	<i>4.44</i>	<i>4.34</i>	<i>4.51</i>	<i>(3.80-5.80)</i>
<i>Hb</i>	<i>13.0</i>	<i>13.2</i>	<i>13.4</i>	<i>(11.5-16.5)</i>
<i>Hct</i>	<i>0.411</i>	<i>0.392</i>	<i>0.417</i>	<i>(0.370-0.470)</i>
<i>MCV</i>	<i>93.0</i>	<i>90.3</i>	<i>92.5</i>	<i>(80.0-100.0)</i>
<i>MCH</i>	<i>29.3</i>	<i>30.4</i>	<i>29.7</i>	<i>(27.0-32.0)</i>
<i>Plts</i>	<i>336</i>	<i>299</i>	<i>404</i>	<i>(150-400)</i>
<i>Neuts</i>	<i>6.38</i>	<i>10.07</i>	<i>6.01</i>	<i>(2.00-7.50)</i>
<i>Lymphs</i>	<i>3.36</i>	<i>2.27</i>	<i>3.55</i>	<i>(1.50-4.00)</i>
<i>Monos</i>	<i>0.41</i>	<i>0.76</i>	<i>0.75</i>	<i>(0.20-0.80)</i>
<i>Eos</i>	<i>0.17</i>	<i>0.08</i>	<i>0.24</i>	<i>(0.04-0.40)</i>
<i>ESR</i>			<i>4</i>	<i>(0-10)</i>
<i>GFST</i>				
<i>Retics</i>				<i>(25.0-85.0)</i>

RECEIVED 01 OCT 2007

FULL BLOOD COUNT

DATE OF REPORT <i>27.09.07</i>	TIME <i>11:38</i>
RUN <i>590</i>	
DATE OF SAMPLE <i>27.09.07</i>	TIME <i>11:27</i>

SURNAME CONVERY	
FORENAME JANICE	
Hosp No 51142244R	
CHI No 2705655662	
D.O.B 27.05.65	SEX Female
ADDRESS 21 Benview Street	
CONSULTANT/GP LAWSON	
HOSP/PRACTICE SANDYFORD SURGERY	
WARD/TOWN 1119 ARGYLE ST	
Collected 27.09.07 @ 00:00	Received 27.09.07 @ 11:35
Report Issued 27.09.07 @ 14:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
141	Sodium 135-145 mmol/L
4.8	Potassium 3.5-5.0 mmol/L
104	Chloride 98-108 mmol/L
	Bicarbonate 21-28 mmol/L
3.9	Urea 2.5-7.5 mmol/L
90	Creatinine 55-98 μ mol/L
>60	eGFR (est. Glomerular Filtration Rate)
	Glucose 3.5-5.5 mmol/L
1	CRP <10 mg/L
	Amylase <100 U/L
	Urate μ mol/L
	Troponin I <0.04 μ g/L
	CK <210 U/L
5	Bilirubin 3-22 μ mol/L
17	AST <40 U/L
18	ALT <50 U/L
18	Gamma-GT <55 μ U/L
84	Alk.Phos. 40-150 μ U/L
67	Protein 60-80 g/L
38	Albumin 32-45 g/L
29	Globulins 23-38 g/L
	Calcium mmol/L
	Adjusted Calcium 2.10-2.60 mmol/L
	Phosphate 0.70-1.40 μ mol/L
	Magnesium 0.70-1.00 mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA 0.8-4.0 g/L
	IgG 6-16 g/L
	IgM 0.5-2.0 g/L
Lab No. N.07.7325726 Run No. 94	
Wrong date or time on request	
RECEIVED 28 SEP 2007	
§Significant sex/age differences - See handbook	
Authorised by <i>Auto Check</i> Date Reported 27.09.07	 Accredited Medical Laboratory Reference No:2335

Acute Services Division

Emergency Care and
Medical Services Directorate

Western Infirmary, Glasgow, G11 6NT

Acute Medicine - Level 8

Direct ☎ Secretary : 0141 211 2850

DR M WALTERS



Greater Glasgow
and Clyde

CONSULTANT IN CHARGE

PATIENT	JANICE CONVERY	HOSPITAL NO.	51142244R
ADDRESS	FLAT 3/2, 21 BENVIEW ST GLASGOW, G20 7SA	DATE OF BIRTH	27.5.65 (CHI 5662)
ADMITTED	15.9.07	DISCHARGED	16.9.07
DIAGNOSIS 1st	MUSCULOSKELETAL CHEST PAIN		
DIAGNOSIS 2nd	LRTI		

LE/GM

Dictated: 19.9.07

Typed: 28.10.07

Dr A Lawson
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 31 OCT 2007

Dear Dr Lawson

This lady presented with a six day history of right-sided pleuritic chest pain. She denies any cough or history of haemoptysis. She had recently returned from a trip to Rome. She denies any calf swelling or tenderness.

Initial examination was otherwise unremarkable. ECG showed sinus rhythm. Arterial blood gases on air were normal. Routine blood tests including D-dimer were normal.

She was started on a course of Amoxycillin and given regular analgesia for her pain. Her symptoms appeared to settle with the above treatment and she was therefore discharged home. No follow up has been arranged.

Yours sincerely

DR L EVANS
MEDICAL SHO

Delivering better health

www.nhsggc.org.uk

40372

IMMEDIATE DISCHARGE LETTER
**Greater
Glasgow**
Western Infirmary

 Dumbarton Road
Glasgow
G11 6NT

Telephone : 0141 - 211 - 2000

GP COPY
First Issued: 17/09/2007 11:26
Printed: 17/09/2007 11:26

Admitted: 15/09/2007

Discharged: 16/09/2007

Discharged to: Home

Ward: L8Rec

Consultant: DR WALTERS, General Medicine

Hospital No: 51142244R

Date of birth: 27/05/1965

CHI: 2705655662
REGISTERED GP
 Dr ALISON LAWSON
1119 ARGYLE STREET
GLASGOW
G3 8ND
PATIENT
 JANICE CONVERY
21 BENVIEW STREET
FLAT 3/2
GLASGOW
G20 7SA

RECEIVED 28 SEP 2007
DIAGNOSES

1. Atypical chest pain, Right, 15/09/2007

ICD10
R074
PROCEDURES**OPCS4****MEDICATION**

Drug Name	Format	Route	Dose	Admin Times					PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18	22			
Amoxicillin		Oral	500mg	X			X	X		6 days	18
Tramadol		Oral	50mg						PRN max TDS	7 days	21
Paracetamol	Tab	Oral	1g						4-6hrly for pain	7 days	50
Dihydrocodeine	Tab	Oral	30mg						4-6 hrly prn pain.	7 days	30
									Max 240mg/24hrs		

Pharmacy Comments**FOLLOW UP ARRANGEMENTS**

Outpatient Clinic	Consultant	Date
No arrangements made		

Outpatient Investigations	Date
No arrangements made	

Community Care	Date	Reason
No arrangements made		

GENERAL COMMENTS
Final discharge letter to follow

This lady was admitted with right-sided pleuritic chest pain. CXR, ECG normal. Likely diagnosis is pain secondary to infection. Discharged with 6 days' worth of antibiotics and analgesia.

Signed:
Contact: Ruairaidh McRitchie

Designation:
Pager Number:

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Lawson
1119 Argyle Street
Glasgow

RECEIVED 17 SEP 2007

G3 8ND

16 September, 2007

Dear Dr Lawson,

Re. JANICE CONVERY, 21 Benview Street, FLAT 3/2, GLASGOW, G20 7SA
Date of Birth 27.05.65 Hospital Number: 51142244R CHI Number: 2705655662

Your patient attended Western Infirmary on the 15 SEP 2007 at 09:42 am.

The presenting complaint
was:

CHEST PAIN

Triage
Information:

**Pleuritic Pain (Sharp Pain ^ With Cough, Breathing) Pain
Since Tuesday Worse On Movement And Inspiration
Analgesia Not Working**

The following investigations were carried
out:

Nil

The A&E diagnosis
was:

Respiratory - Pleurisy

The following treatment was
given:

Nil

At the conclusion of treatment the patient
was:

Admitted

Follow-
up:

Admitted/Future Admission

Additional
Information:

Nil

Yours sincerely,

Nirosha Gunatillake
Doctor

Consultants

**Cervical Cytopathology Request Form
(Complete)**

Request Id	1020819472	 1020819472
DOB / CHI	2705655662	
Name	CONVERY, JANICE	
CHI Address	FLAT 3/2, 21 BENVIEW ST, GLASGOW, G20 7SA	
Correspondence		

Smear Taker ID	17171
Sender Location No.	474
Sender Address	1119 ARGYLE ST, GLASGOW, G03 8ND
Practice Address	1119 ARGYLE ST, GLASGOW, G03 8ND

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
I.U.C.D.	No
Post Natal	No
Currently Immunosuppressed	No

Refer	No Referral
Observations	No Referral
Date Of Exam	14 Nov 2007
Date Sample Taken	14 Nov 2007
Last Menstrual Period	31 Oct 2007

Clinical Comments

Signature Of Requester	Morag Devitt

Result	Negative
Recall Advice	Routine Recall

Infection(s)

Cytology Report



CONVERY, JANICE
2705655662

NHS Confidential: Personal data about a patient

 GYNAECOLOGICAL CYTOLOGY USE BALLPOINT PEN FIRMLY										HOSPITAL <u>W.P. 27.1.1998</u> LAB. NUMBER									
Surname <u>PENDURCH</u>					Birth Date <u>25</u> <u>05</u> <u>65</u>					CHI. Number									
Forenames <u>SANDIE</u>					Date of Examination <u>21</u> <u>10</u> <u>97</u>					Hospital Record Number									
Previous Surname					Address Results to be sent if different					Previous Examination or Cytology Number <u>4610548</u>									
Permanent Address (with postal code) <u>21 BONDING ST</u> Postal Code <u>G2 7PT</u>					Postal Code					Date of Previous Examination <u>200896</u>									
Name and Full Postal Address of G.P. Dr D RODERICK MACNEILL 1119 Argyle St Glasgow G3 8ND Tel: 0141 248 3698					Name and Address of Sender <u>G.P.</u> Postal Code														
SENDER	G.P.	09	Reason for Smear	Date of L.M.P.	Contraception					Smear Type		Appearance of Cervix							
	F.P. Clinic	01		No. of Pregnancies	I.U.C.D. Oral														
	W.W. Clinic	02		1st Ever Examination	Nil 1 1					Cervical 1		Intact 1							
	Maternity	00		Routine Repeat	Past 2 2					Vaginal 2		Ectopy 2							
	Gynaecology	03		Repeat of previous non-neg.	Current 3 3					Other 3		Infected 3							
	G.U.M.	04	Other (Specify)	Radiation (Pelvic)	YES	1							Suspicious	4					
	Other	05		Hormone Treatment	YES	1							Malignant	5					
	Colposcopy	20																	
Clinical Diagnosis and Comments <u>Repro. system stopped July '98.</u>										Result Unsatisfactory 0 Negative 1 Borderline 2 Mild Dyskaryosis 3 Moderate Dyskaryosis 4 Severe Dyskaryosis 5 ? Invasion 6 Glandular Abnormality 7 Adenocarcinoma 8 Other 9					Result Trich 1 Yeast 2 Virus 3 ADVICE Routine Repeat 3yrs 1 Repeat in Mths 2 Refer to Colposcopy 3 Refer to Gynaecology 4				
Clinician's Signature <u>[Signature]</u>										Pathologist's Signature					Date				
Pathologist's Comments																			

NHS Confidential: Personal data about a patient

GYNAECOLOGICAL CYTOLOGY				HOSPITAL	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER	
Surname CONVOY		Birth Date 25/05/25		H. I. G. (C) 93/ 06779	
Forenames SAWICE		Date of Examination 2008/9/3		CHI. Number ->	
Previous Surname		Previous Examination or Cytology Number 8714418		Hospital Record Number	
Permanent Address (with postal code) 42 CLEVELAND ST Postal Code SO		Address Results to be sent if different CC AL MS		Date of Previous Examination 6/08/97	
Name and Full Postal Address of G.P.		Name and Address of Dr. CHRISTINE M. CRAWFORD 1119 ARGYLE STREET GLASGOW G3 8ND 041-248 3698 Postal Code			
Sender G.P. 1 F.P. Clinic 2 W.W. Clinic 3 Maternity 4 Gynaecology 5 G.U.M. 6 Other 7	Reason for Smear 1st Ever Examination 1 Routine Repeat 2 Repeat of previous non-neg. 3 Other (specify) 4	Date of L.M.P. on depo No. of Pregnancies 1+0 Age at Menopause Radiation (Pelvic) YES 1 Hormone Treatment YES 1	Contraception Depo Nil I.U.C.D. Oral Past 2 2 Current 3 3	Smear Type Cervical 1 Vaginal 2 Other 3	Appearance of Cervix Intact 1 Ectopy 2 Infected 3 Suspicious 4 Malignant 5
Clinical Diagnosis and Comments Routine smear			FOR LAB. USE ONLY Negative 1 Trich 1 Borderline 2 Yeast 2 Mild Dyskaryosis 3 Viru Moderate 4 Severe 5 Other 6 Unsatisfactory 7		
Clinician's Signature MS			R E S U L T		
Pathologist's Comments Negative smear. No endocervicals seen.			A D V I C E		
Pathologist's Signature J. Fraser			Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3		
Date 10.6.93					

NHS Confidential: Personal data about a patient

GYNAECOLOGICAL CYTOLOGY				HOSPITAL	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER	
Surname CONWAY		Birth Date 25/05/75		CHI. Number	
Forenames SAWICE		Date of Examination 20/08/93		Hospital Record Number	
Previous Surname		Previous Examination or Cytology Number 8716418		Date of Previous Examination 6/10/87	
Permanent Address (with postal code) 42 CLEVELAND ST GLASGOW G3 5D		Address Results to be sent if different 24/6/93		Name and Address of Sender Dr. CHRISTINE M. CRAWFORD 1119 ARGYLE STREET GLASGOW G3 8ND 041-248 3698	
Sender		Reason for Smear		Contraception	
G.P. 1		1st Ever Examination 1		I.U.C.D. Oral	
F.P. Clinic 2		Routine Repeat 2		Nil 1 1	
W.W. Clinic 3		Repeat of previous non-neg. 3		Past 2 2	
Maternity 4		Other (specify) 4		Current 3 3	
Gynaecology 5		Radiation (Pelvic) YES 1		Smear Type	
G.U.M. 6		Hormone Treatment YES 1		Cervical 1	
Other 7				Vaginal 2	
				Other 3	
				Appearance of Cervix	
				Intact 1	
				Ectopy 2	
				Infected 3	
				Suspicious 4	
				Malignant 5	
Clinical Diagnosis and Comments 10/18/697. Depo Power 101.				FOR LAB. USE ONLY	
Clinician's Signature J. Fraser				Negative 1 Trich 1	
Pathologist's Comments Negative smear. No endocervicals seen.				Borderline 2 Yeast 2	
Pathologist's Signature J. Fraser				Mild Dyskaryosis 3 Virus 3	
Date 10.6.93				Moderate 4	
				Severe 5	
				Other 6	
				Unsatisfactory 7	
				Routine Repeat in 3 years 1	
				Repeat in Months 2	
				Refer to Gynaecology/Colposcopy 3	

NHS Confidential: Personal data about a patient

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY		Lab No:
Gynaecological Cytology Report		CC001057/2003
Name :	Janice CONVERY	D.O.B. : 27-MAY-1965
Address:	21 Benview St 3/2 Glasgow	CHI No. : Hosp. No. :
	G20 7SA	Date of Examination : 13-JAN-2003
Sender :	DR CRAWFORD 1119 Argyle St Glasgow	GP:
	G3 8ND	
Date Received :	15-JAN-2003	Date Issued : 17-JAN-2003
History		
Report		
Result	1 NEGATIVE	
Advice	ROUTINE RECALL	
Reported by	GRI Pathology Dept	

NHS Confidential: Personal data about a patient

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY	
Gynaecological Cytology Report	
Name :	Janice CONVERY
Address:	21 Benview St Glasgow G20 7SA
Sender :	DR MACNEILL 1119 Argyle St Glasgow G3 8ND
Date Received :	03-NOV-1999
History	.
Report	Endocervical cells are not seen. M 6C.
Result	1 NEGATIVE
Advice	ROUTINE RECALL
Reported by	GRI Pathology Dept
Date of Examination :	29-OCT-1999
Lab No:	CC026928/99
D.O.B.:	25-MAY-1965
CHI No. :	
Hosp. No. :	
GP:	
Date Issued :	08-NOV-99

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GYNAECOLOGICAL CYTOLOGY				HOSPITAL		W.I.G. (C)	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER		96/10356	
Surname CONVEY		Birth Date		D	M	Y	CHI. Number
Forenames JANE		Date of Examination		2	5	5	6
Previous Surname		Date of Examination		2	0	0	8
Permanent Address (with postal code)		Address Results to be sent if different		Previous Examination or Cytology Number		93/06779	
FLAT 311 44 CLEVELAND ST. Postal Code G3 7AD		CC AL MS REPEAT 3 YEARS REPEAT 1 YEAR LETTER SENT		Date of Previous Examination		2 0 0 5 9 3	
Name and Full Postal Address of G.P.		Name and Address of Sender		Dr A. A. LAWSON 1119 ARGYLE STREET GLASGOW G3 7AD		Glasgow Code	
G.P. F.P. Clinic W.W. Clinic Maternity Gynaecology G.U.M. Other Colposcopy		Reason for Smear 1 1st Ever Examination 2 Routine Repeat 3 Repeat of previous non-neg. 4 Other (specify)		Date of L.M.P. ON DEPO No. of Pregnancies 10 Age at Menopause		Contraception Nil 1 Past 2 Current 3	
Smear Type		Appearance of Cervix		Intact 1 Ectopy 2 Infected 3 Suspicious 4 Malignant 5			
Clinical Diagnosis and Comments		FOR LAB. USE ONLY		Negative 1 Borderline 2 Mild Dyskaryosis 3 Moderate 4 Severe 5 Other 6 Unsatisfactory 7		Trich 1 Yeast 2 Virus 3	
Clinician's Signature A. D. D. D.		Pathologist's Comments		R E S U L T		A D V I C E	
Pathologist's Signature J. Harwood		M.H. 11.9.96		Date 7.9.96		Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3	

Deducting FHS# is - TRAFFORD (Cipher = GMH)

The following is the Cytology record for Receiving FHS# (G)

MISS JANICE CONVERY

15 PRIMROSE BANK BOWDON ALTRINCHAM CHESHIRE WA14 3EW

NHS no. S496/65/338 Date of birth 25.05.1965 *LS68*

msm

Next test is due on 13.06.90

Recall type is 'Routine'

with status 'Non-respondent'

Positive/Doubtful marker is UNSET

Hysterectomy : Not Entered

There is 1 test record printed

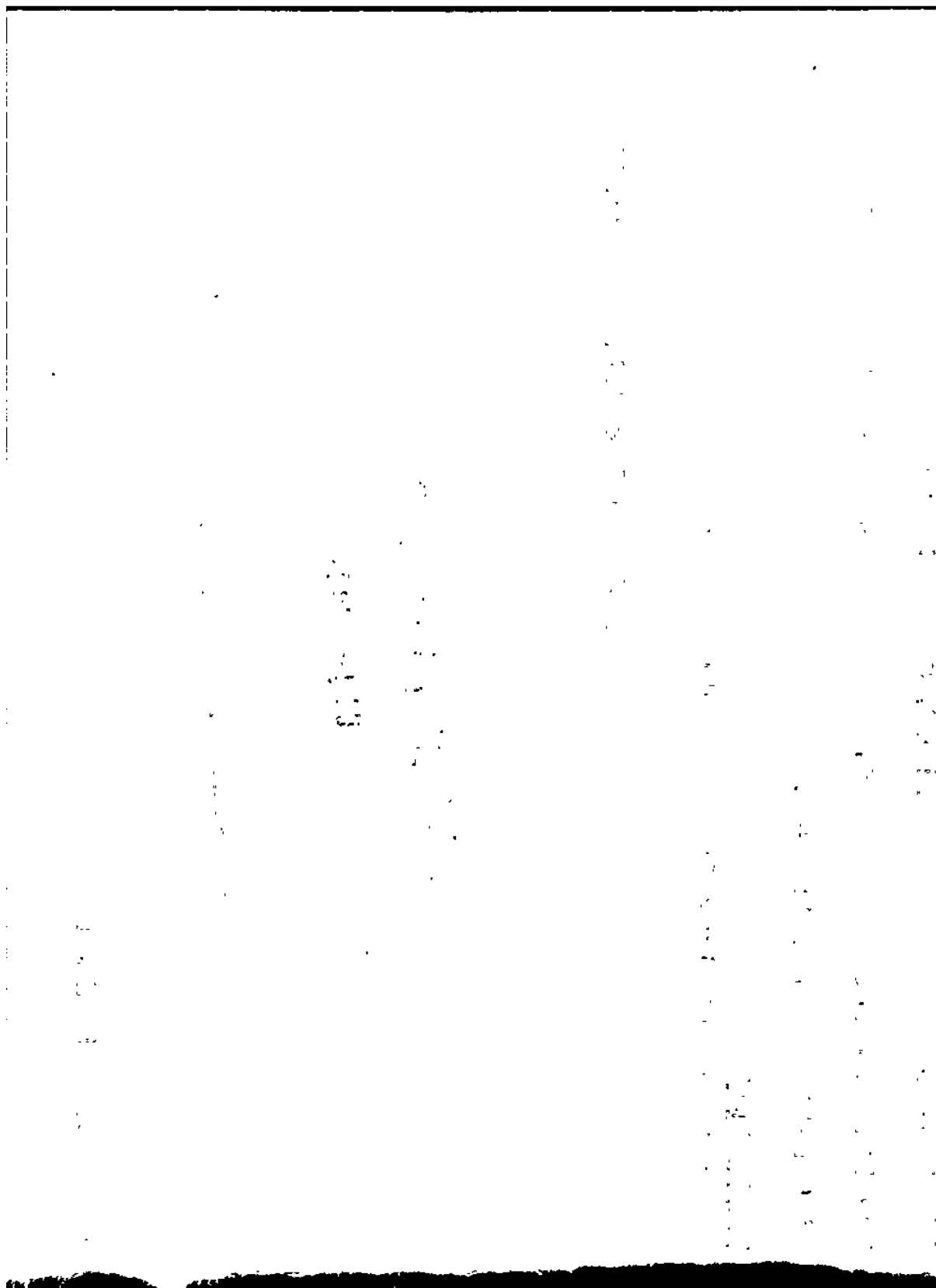
NB

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CONVERY	Result Negative
JANICE (MISS)	on date 13.06.85 RCT A
surname(previous)((extra name)) forenames(title)	Laboratory name & address
NHS no. S476/65/338 Date of birth 25.05.1965	TRAFFORD FPC
address 15 PRIMROSE BANK	OAKLAND HOUSE
BOWDON	TALBOT RD
ALTRINCHAM	MANCHESTER
CHESHIRE	
WA14 3EW	
Sender	Slide number
	Pregnancies
	Births (live & still)
	Abortions & miscarriages
	Source N-SEE SENDER
	Condition
	Comment
General Practitioner	
P. Bee	
ST. JOHNS MEDICAL CENTRE	
ST. JOHNS RD	
ALTRINCHAM	
CHESHIRE WA14 2NW	Positive/Doubtful UNSET

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NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION				DEPARTMENT OF HAEMATOLOGY	
CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS		SURNAME FORENAME		SEX D.O.B. AGE HOSPITAL LABORATORY No.	
DR C CRAWFORD.11.19 A 11.19 ARGYLE STREET GLASGOW		CRAWFORD Janice		F 27.03.65 2H05178419 H, 50429.1507.	
REPORT					
<i>Cumulative FBC's</i> 29.04.05 WBC 8.72 PCV 4.64 Hb 13.4 Hct 0.406 MCV 89.0 MCH 29.5 Plts 270 Neuts 5.87 Lymphs 2.37 Monos 0.29 Eos 0.08 ESR GPST Reflex (4.00-11.00) (3.80-5.80) (11.5-16.5) (0.370-0.470) (80.0-100.0) (27.0-32.0) (150-400) (2.00-7.50) (1.50-4.00) (0.20-0.80) (0.01-0.40) (2-10) (25.0-65.0)					
- 5 JUL 2005 G.C. R.M. A.D. NORMAL/NEGATIVE POSITIVE SHOWS INF MAKE APPR. TREATMENT RESULT LOGGED CONTACT PATIENT CLINICAL UPDATE DONE BY [Signature]					
DATE OF REPORT 29.04.05 RUN 705 DATE OF SAMPLE 29.04.05 TIME 16:16 RM TIME 15:56					
FULL BLOOD COUNT					



97053237 B	04/07/97	XR 0315736	X-RAY W.I.G.
CONVER, Janice	32Y	F	AA, LAWSON
44 CLEVELAND STR, GLASGOW			GP

LEFT ANKLE
No significant bone or joint abnormality.

*DR JL MORRISON/LK 04/07/97

REPORT LEFT W.I. RADIOLOGY
ON

04 JUL 1997

04/07/97 - L ANKLE

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BIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ANICE CONNERY

Sex: F Age: 25.05.65
Cons.: DR CRAWFORD

Hosp: General practitioner
Practice Number: 40455
Ward: Dr Crawford & Partners
1119 Argyle Street

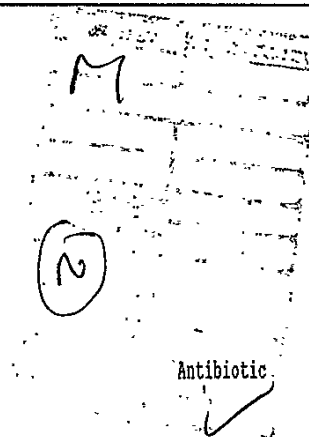
Hosp No.: ZH97128400

Conjunctival (eye) swab
GHT

Investigation: C & S

Taken: 02.06.97
Reported: 04.06.97

1. No growth
- 2.
- 3.
- 4.

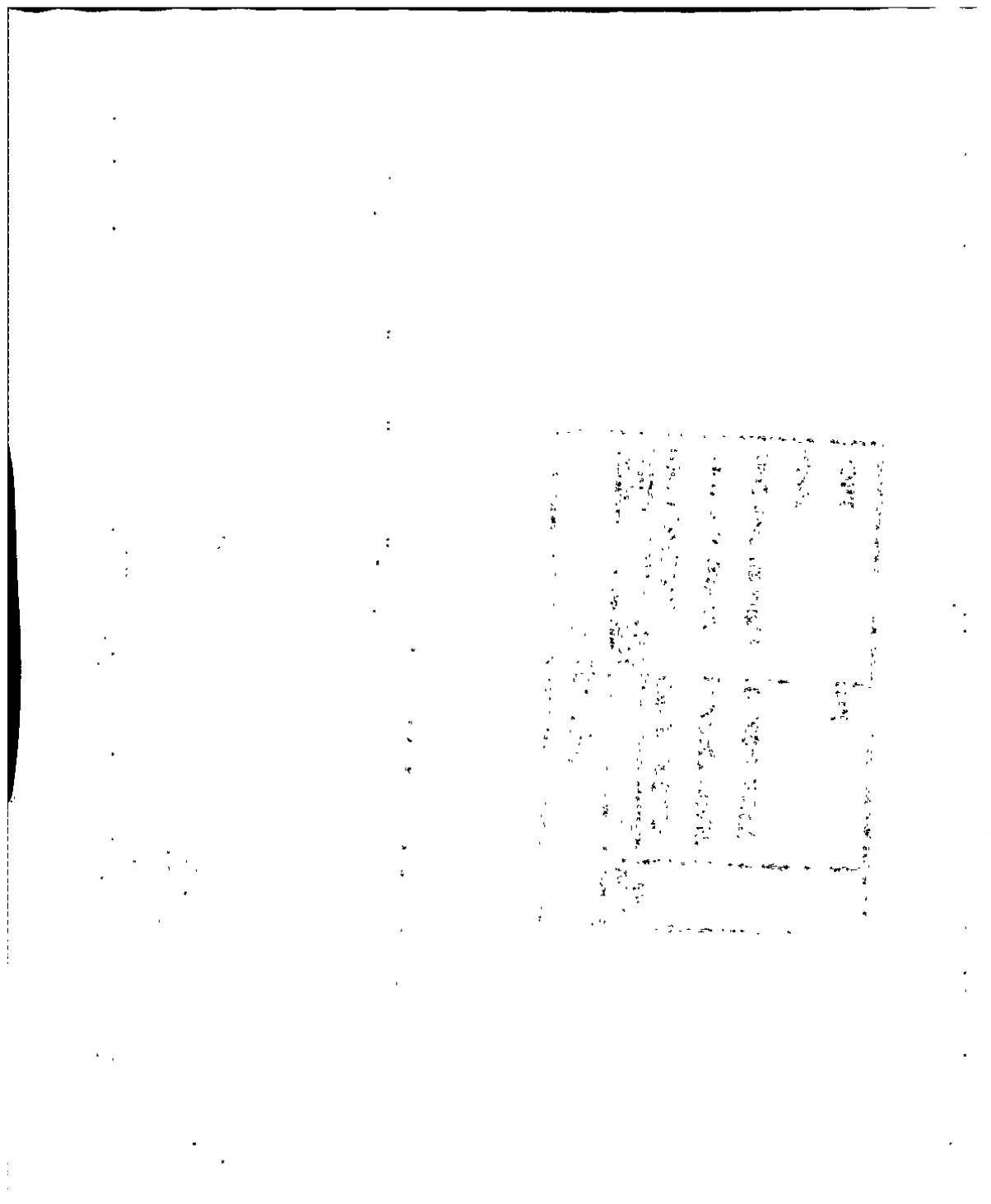


Organism
1. 2. 3. 4.

logists: Dr S. Samavedam

Conjunctival (eye) swab

Lab No.: B,97.0059003.N



MICROBIOLOGY DEPARTMENT

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Name: JANICE CONVERY

Sex: F Age: 27.05.65

Hosp: General practitioner
Practice Number: 40455

CHI No: 2705655662

Take: 29.04.05

Specimen: Faeces

Investigation: Faeces

Reported: 03.05.05

E coli 0157, Salmonella, Shigella & Campylobacter NOT found.

16 MAY 2005	
CC	REC'D
NO. 1111	NEGATIVE
SYSTEM WORKING	MAKE APP. ENRURSE
SCRIPT	CLINICAL UPDATE
NOTES	FILE

Microbiologist: Robin Gilmore

Faeces

End of Report: B.05.0060817.K

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT	MACNEILL	SURNAME	CONVERY	HOSPITAL NUMBER
HOSPITAL GP	WARD 1119 ARG	FORENAME	JANICE	DATE OF BIRTH 25/05/65
DATE	21/10/96	TIME WITHDRAWN	09:50	LABORATORY NUMBER 552501B
				SEX Female

U R I N E

Pregnancy Test

- VE

TEST ONLY RELIABLE 6 WEEKS AFTER LMP

Comment:

authorised By: AGR

reported at 17:22 on 21/10/96

profiles requested on this patient: UPRE



RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)	5 Thyroid Hormones	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)	Triiodothyronine (T ₃)	(0.9 - 2.7 nmol/L)
C-Reactive Protein (CRP)	(<10 mg/l)	Free Thyroxine (fT ₄)	(9 - 24 pmol/L)
Fructosamine	(<285 umol/L)	Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)
Glycosylated Haemoglobin (HbA _{1c})	(3.5 - 4.6 %)		
Immunoglobulin G (IgG)	(7 - 19 g/L)	6 Tumour markers	(Reference interval)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)	Alpha-fetoprotein (AFP)	(<5 kU/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)	CA-125	*
Iron	(10 - 40 umol/L)*	Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Total Iron Binding Capacity	(45 - 77 umol/L)*	Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Magnesium	(0.7 - 1.0 mmol/L)	LDH	(80 - 180 U/L)
Zinc	(14 - 18 umol/L)	Neurone Specific Enolase (NSE)	(<12 ug/L)*
		Prostate Specific Antigen (PSA)	*
2 Drugs	(Notional target)	7 Vitamins	(Reference interval)
Carbamazepine (CBZ)	(15 - 40 umol/L)	Vitamin A	(0.6 - 4.4 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)	Carotene	(0.93 - 3.75 umol/L)
Lithium	(0.5 - 1.0 mmol/L)	Vitamin B1	(<25%)
Phenobarbitone	(65 - 170 umol/L)	Vitamin B2	(<60%)
Phenytoin	(40 - 80 umol/L)	Vitamin B6	(<150%)
Theophylline	(55 - 110 umol/L)	Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Valproate	(350 - 700 umol/L)	Vitamin D	(10 - 50 nmol/L)*
3 Lipids	(Reference interval)		
Cholesterol	(3.1 - 6.5 mmol/L) *		
Triglyceride	(<2.1 mmol/L) *		
HDL Cholesterol	(0.8 - 1.9 mmol/L) *		
4 Endocrinology	(Reference interval)		
Follicle Stimulating Hormone (FSH)	*		
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)		
Luteinising Hormone (LH)	*		
Oestradiol	*		
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)		
Progesterone	*		
Prolactin	(<360 mU/L)		
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)		

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

* Analyte shows an age or sex dependence, cycle variation or depends on clinical history

Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-11/95

CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)	5 Thyroid Hormones	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<38 U/L)	Triiodothyronine (T ₃)	(0.9 - 2.7 nmol/L)
C-Reactive Protein (CRP)	(<10 mg/l)	Free Thyroxine (fT ₄)	(9 - 24 pmol/L)
Fructosamine	(<285 umol/L)	Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)
Glycosylated Haemoglobin (HbA ₁)	(4.8 - 7.8 %)	6 Tumour markers	(Reference interval)
Immunoglobulin G (IgG)	(7 - 19 g/L)	Alpha-fetoprotein (AFP)	(<5 kU/L)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)	CA-125	*
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)	Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Iron	(10 - 40 umol/L)*	Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Total Iron Binding Capacity	(45 - 77 umol/L)*	LDH	(80 - 180 U/L)
Magnesium	(0.7 - 1.0 mmol/L)	Neurone Specific Enolase (NSE)	(<12 ug/L)*
Zinc	(14 - 18 umol/L)	Prostate Specific Antigen (PSA)	
2 Drugs	(Notional target)	7 Vitamins	(Reference interval)
Carbamazepine (CBZ)	(15 - 40 umol/L)	Vitamin A	(0.6 - 4.4 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)	Carotene	(0.93 - 3.75 umol/L)
Lithium	(0.5 - 1.0 mmol/L)	Vitamin B1	(<25%)
Phenobarbitone	(65 - 170 umol/L)	Vitamin B2	(<60%)
Phenytoin	(40 - 80 umol/L)	Vitamin B6	(<150%)
Theophylline	(55 - 110 umol/L)	Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Valproate	(350 - 700 umol/L)	Vitamin D	(10 - 50 nmol/L)*
3 Lipids	(Reference interval)		
Cholesterol	(3.1 - 6.5 mmol/L) *		
Triglyceride	(<2.1 mmol/L) *		
HDL Cholesterol	(0.8 - 1.9 mmol/L) *		
4 Endocrinology	(Reference interval)		
Follicle Stimulating Hormone (FSH)	*		
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)		
Luteinising Hormone (LH)	*		
Oestradiol	*		
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)		
Progesterone	*		
Prolactin	(<360 mU/L)		
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)		

RESULT CODES

INSUFF	Insufficient
ND	Not detected
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NSR	No specimen received
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Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-03/95

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WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST		DEPARTMENT OF HAEMATOLOGY	
CONSULTANT & PATIENT LOC OR DR C. CRAWFORD 1119 ARGYLE STREET GLASGOW		SURNAME CONVERY	FORENAME JANICE
GP NAME & ADDRESS	SEX F	D.O.B. AGE 25.05.65	HOSPITAL 295309031
LABORATORY No. H,50908.0042.0			

REPORT

Authorised by Jim Newton (Routine)

						E.S.R.		RETIC	GFST	
DIFFERENTIAL	NEUT	LYMPH	MONOS	EOSIN.	BASO.	MYELO	PRO.MYE.	BLAST	NUCL R.B.C.	OTHERS
X 10 %L	4.40	3.39	0.87	0.12	0.03					
WBC	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF REPORT		TIME
X 10 %L	X 10 ¹² /L	g/dL	L/L	fL	pg			8-Sep-95		11:11
								RUN		
								7714		
								DATE OF SAMPLE		TIME
								8-Sep-95		10:29

BIOCHEMISTRY REPORT

CONVERY JANICE

GP 1119 ARG
25/05/65

LAWSON

139135Q Reported: 08/09/95
07/09/95 13:09

: Authorised By: uP

RESULTS	CONSTITUENT
	Sodium 135-144 mmol/l
	Potassium 3.5-5.1 mmol/l
OLD	Chloride 97-108 mmol/l
	Total CO ₂ 22-32 mmol/l
4.3	Urea 2.5-7.5 mmol/l *
70	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
	Total CK 10-171 U/l
	CK-MB
	Ratio
	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
	Amylase 70-300 U/l

*Reference ranges for these assays have significant age and sex dependence.

Further information may be obtained from the
Duty Biochemist (211 - 3355/3341)

MP 2/95

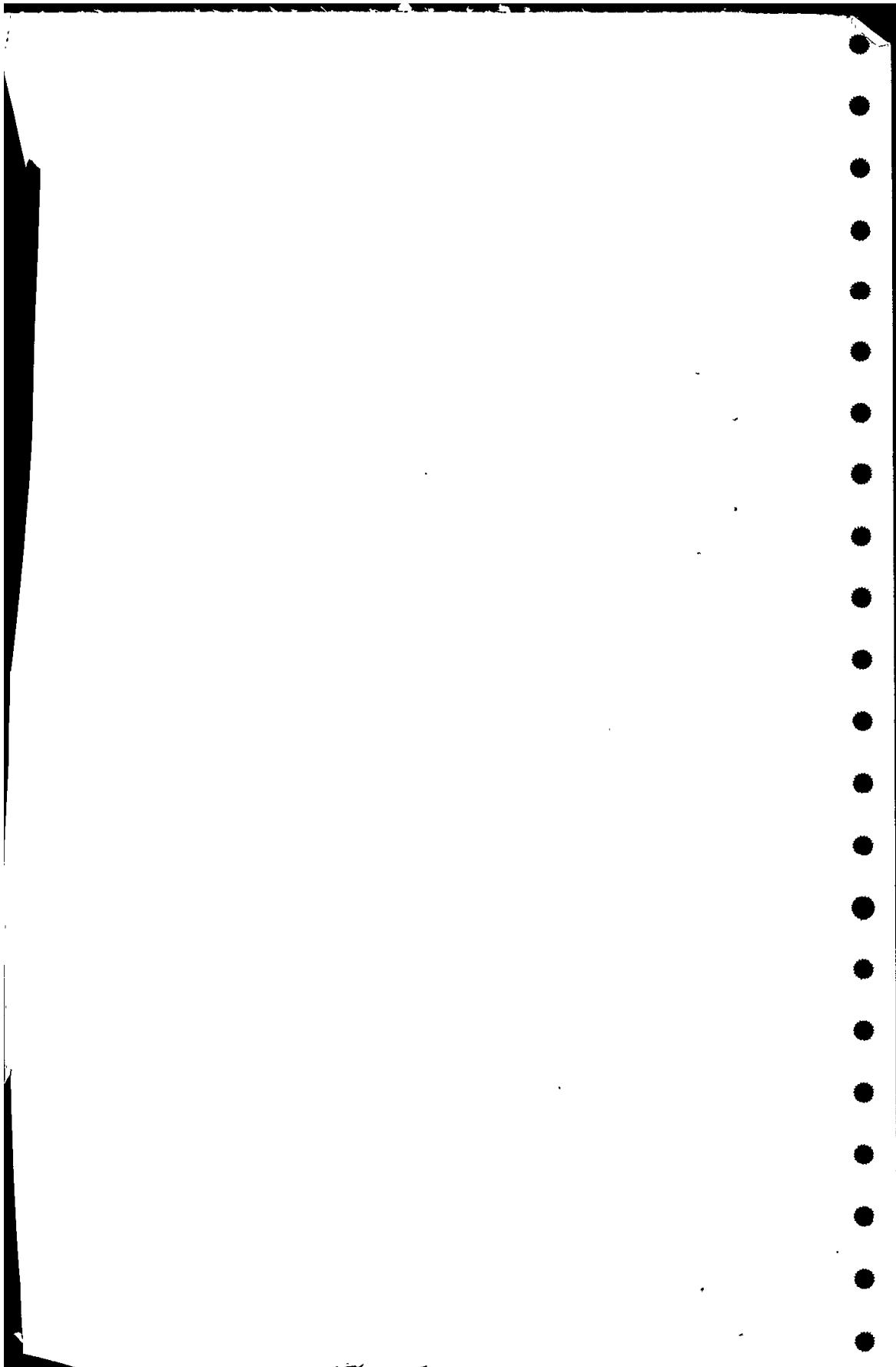
SURNAME	CONVERY		
FORENAME	Janice		
Hosp No	ZC05434494		
CHI No	2705655662		
D.O.B	27.05.65	SEX	F
ADDRESS	21 benview stree		
CONSULTANT/GP	D R MACNEILL		
HOSP/PRACTICE	SANDYFORD SURGERY		
WARD/TOWN	1119 ARGYLE ST		
Requested 29.04.05 @ 11:59	Received 29.04.05 @ 16:21	Laboratory No. 7198064	
 CLINICAL BIOCHEMISTRY CPA ACCREDITED LABORATORY			
142	Sodium	135-145	mmol/L
3.9	Potassium	3.5-5.0	mmol/L
104	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
2.5	Urea	2.5-7.5	mmol/L
74	Creatinine	55-98	µmol/L
	Glucose	3.5-5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
13	Bilirubin	3-22	µmol/L
16	AST	<40	U/L
17	ALT	<50	U/L
8	Gamma-GT	<55	U/L
164	Alk.Phos.	80-280	U/L
	Protein	60-80	g/L
43	Albumin	36-52	g/L
	Globulins	19-33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10-2.60	mmol/L
	Phosphate	0.70-1.40	mmol/L
	Magnesium	0.70-1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
0.58	TSH	0.2-5.0	mU/L
16	Free T4	9-25	pmol/L
	T3	0.8-3.0	nmol/L
	IgA	0.8-4.0	g/L
	IgG	6-16	g/L
	IgM	0.5-2.0	g/L
Run No. 764			
§Significant sex/age differences - See handbook			
Authorised by <i>Auto Check</i> Date Reported 30.04.05		North Glasgow University Hospitals Division Gartnavel General ☎(0141)-211-3355	

ST GLASGOW HOSPITALS UNIVERSITY NHS TRUST RADIOLOGY DEPARTMENT	CONVERY, Janice 32Y F AA, LAWSON GP			X-RAY W.I.G.
	44 CLEVELAND STR, GLASGOW			
	<u>LEFT ANKLE</u> No significant bone or joint abnormality.			
	*DR JL MORRISON/LK 04/07/97 REPORT LEFT W.I. RADIOLOGY ON 04 JUL 1997			
4/07/97 - L ANKLE				

5/7/97		-> (C) ankle - went over a pot-hole. Swollen St. on 18-6-97 - still swollen. Medically treated. pain as described. X-ray. Keep on rest for another 2-3 wks - has obviously improved. no more swelling.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by HMSO Scotland Dd 8391993 3/96 (120234)



- SMEAR DETAILS

Trafford.
RUN DATE 12/ 1/93 PAGE: 1

CHI STATUS
MARITAL STATUS
LAST UPDATE

1147
[] HOWSON TRA
N
11/12/87

RESULTS OF SMEAR

TYPE OF SMEAR CERVICAL

CLASS OF SMEAR NORMAL

CELLULARITY

ENDOCERVICAL OR
BASAL CELLS

SMEAR EXAMINED BY NO LONGER EMPLOYED

NOTIFICATION OF NOT TO BE NOTIFIED
RESULT

FOLLOW UP STIRLING ROYAL INFIRMARY
HOSPITAL/CLINIC

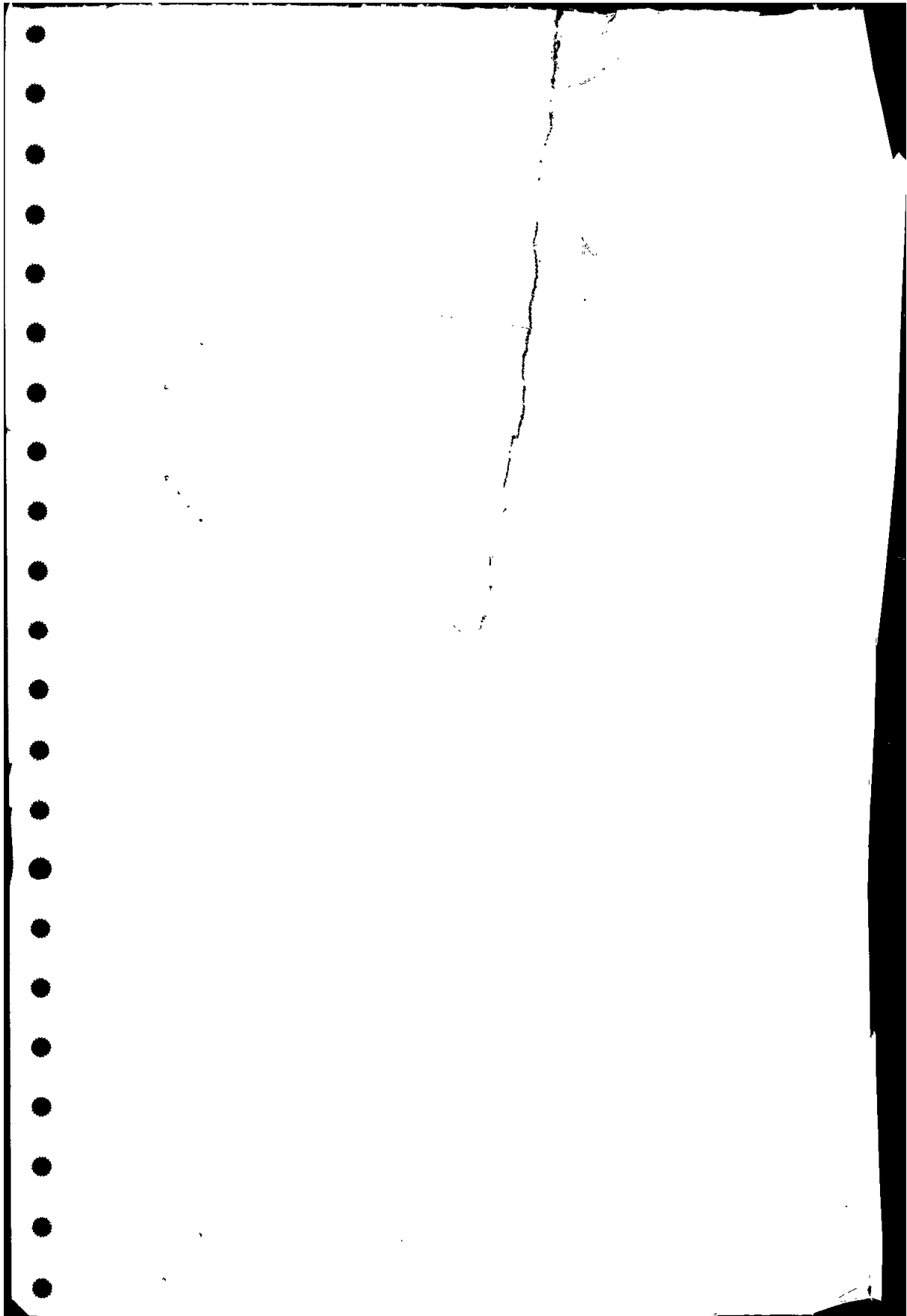
F/U CASE REF.NO

MONTH & YEAR OF 01/93
LAST ENQUIRY

RESPONSE TO LEFT AREA - NO CONTACT
ENQUIRY

HISTOLOGY REF
NUMBER

NHS NO: - J 496/65/332
J
8 25- 68



[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

FEMALE

CONVEY

DATE OF BIRTH

SERIAL No

25/05/45

0063

JANICE
S496.1065.638ROOM ¹⁹ 23 FSH
GLENEAGLES HOTEL
AUCHTERADER

DR. G A CREASE

DATE 26/04/82 T

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE
AND THIS CARD SHOULD BE USED UNTIL HER MEDICAL RECORD ENVELOPE IS SENT TO YOU.
IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/8/83		2-3 dys Punct legs on calves +H, and BDX of legs	
17/2/84		Wongyan 30 x 6	
28-12-84		Perh ? cause The Tay Petronale	
		Refect Rx Wongyan 20 O.P. X/G.	
		B.L. 1/5	
13-6-85		Smear - < Breast exam back - O-P X/G.	
10/1/86		Chen. Dymen / Gualig no Shuntum M.P. Pm R. Chen Posing / Pulcing	

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD
ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE

MEDICAL RECORD CARD

FORM G.P.8A (A & C)

14.1.86. Pam Shaw printer

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
207.18		Colt OK now hooked (Dated 21/1/86.)	
8.5	86	Microcytosis 30 M.P. 140 80 Form ✓	O.P. x 6
1.10.86		Microcytosis 30	

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE.

DR BEE		
FEMALE	Surname CONVERY	Forenames JANICE
Address 15 PRIMROSE BANK BOWDON		
National Health Service Number WAITRESS		Date of Birth 25/5/65
Date	★	CLINICAL NOTES
8/11/89	A	generalised abdominal pain since 5/11 - constant + fluctuating Abdo distended. ^{Chronic} No reg. ^{relieved} No dysuria. Just finished Nurofen. Was on Depo-provera for 18/2 up to Aug 88 - then until Aug 89 for menorrhagia to start T. 80 73662 Abdo tender ^{ST 7 210} No wound ? Probable Influenza Dis See (2) ^{but Temp 40.04} ^{but 40.14} ^{but 40.04} ^{but 40.04}

★ This column has been provided for doctors to enter A, V or C at their discretion.

[illegible]

[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

[illegible]

*In C.F. Column, Which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

NHS Confidential: Personal data about a patient

[illegible]

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[illegible]

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[illegible]

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FORM G.P. 8A (COMP)

NHS Confidential: Personal data about a patient

[illegible]

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CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) Conson	Forenames (Block Letters) JANICE
	Address	
		Date of Birth 27-5-65

Date	*	Clinical Notes	Diagnosis
10/4/03		- O eye - sticky in morning localised lateral inferior conjunctival injection - no FB. no ulcers & fluoresce. PERCA. bp - conjunctivitis Rx fenethalol	
23/9/03		WRTU - conj. dirty spots. abnormal vision, can't find the wheel. chest - clear. amoxicillin 250mg x 14 14-profen 600mg x 5b. wrtu 1 more } back pain persists → refer physio summary	
14/11/03 (E)		- Conj+++. Retrobulbar pain. Tredakis o/e well chest - minor infection chest - good AE, not added PEF 420. bp Tredakis Rx - cephalax 500 TDS x 21 - paracetamol 1g qds - aspirin 7.5 (14) Has coccal at hand.	
12/1/05 (E)		- WRTU & sinus pain OK degree of facial tenderness ear - mild mild pharyngitis	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

D Sinusitis

Rx amoxicillin 250 (20)
paracetamol
aspirin 7.5 (7)

PRINTED FOR ASTRON, B24563 3/02 (053791)

- not done yet. Has exam
on Friday

Date	*	Clinical Notes	Diagnosis
27/4/05	①	Wt loss 1 stone last 2 wk. Had Vomiting for 3-4d. ... Cramps - Then diarrhoea last 2w intermittent G 10st7 (was 11st7) Abdo SNT Impr. ? gastroenteritis → stool sample check FBC U+E LFT TFT	
	②	Dry scalp - Try T-gel.	
	③	Asking for sleeping tabs as exams wk of qt may = refused as need to lx about first	
		Alimare bcr	
28/4/05		Blood test for FBC, U+E, LFTs, TFTs - 10	
5/7/05		~~66kg~~ 66kg (10st5lb) still ~~nausea~~ nausea, ~~irritable~~ irritable frequent ~~clinging~~ clinging, 3-4 bowel motions, blood, mucus small amounts, constipation, sharp pain, ~~irritation~~ , ~~irritation~~ ~~PMH~~ PMH ~~from~~ from ~~colon~~ colon, ~~of~~ of ~~small~~ small ~~bowel~~ bowel stool sample wt, U+E/LFT normal QT - ~~abdo~~ abdo ~~soft~~ soft ~~irritable~~ irritable ~~periumbilical~~ periumbilical FBC/U+E/LFT/CRP/ESR/Anti endometrial antibodies - ~~low~~ low ~~calorie~~ calorie - ~~low~~ low ~~calorie~~ calorie - ~~low~~ low ~~calorie~~ calorie - ~~low~~ low ~~calorie~~ calorie	
14/3/06	NS	Pseudoephedrine 60g x30	
11/4/06	NS	Pseudoephedrine - 60g x20	
5/6/06		URT. Rx Amox 500 x15. Chest - nil focal ↑ Beclomethasone 2 puffs QID	PF 310

* This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Address		Date of Birth
	CONUGRY		JANICE
			23-5-65

Date	
23/6/2000	LMP 19/6/2000. BP 100/68 Requesting Depo-provera. D/W Dr Lawson - depo-provera. 150mg quin IM BN 9/05/01. N/A 15/9/2000. Discussed risks - osteoporosis as had been on Depo-provera previously for 7 yrs with no menses and stopped in 1998. If wishes to continue with depo-provera to make appointment with Dr to discuss first. Machine + tulle dressing to blistered heel. - m
18/12/00	Chest pain - Stress related. Mother has defrauded lots of people, including Janice's friends. Police involved. Long chat.
12/2/01	Diaz 2g x 28 use carefully. Long consult. Strained xx, ex partner causing difficulties because of Janice's parents + their alleged fraud. Apparently ex partner was told that Janice's Dad was a pervert + hence he is concerned for Emma's safety. Janice feels they (ex partner family) are just gonna let her off to undermine Janice. Not happy, tearful. Doesn't feel she is depressed and wouldn't take an antidepressant. Discussed - given Jordan Hill counselling no. 1. Re diazepam 2g (28). Note - DOB - on her birth cert it is 27.5.65 - however she was always told her DOB was 25.5.65 - so large to birth cert. One of her great problems is the unresolved issue of her childhood - where was she brought up - who is her father etc?

*This column has been provided for doctors to enter A, V or C at their discretion

Work under study -

No new sigs.
Must make tenderers @ 100% parallel
w. hp MPD. Advice
costed 8/5000 (100)

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	CONCEEN	JANICE	
Address		Date of Birth	
		25-5-65	

Date	
4/1/99	on 11/1/99 she Ricky moved to a voluntary (look up) 2 yrs ago. Janice spent last spring. No prospect of resolution. He says he will move out at NY - ? Barbara Young x2 - helpful, still passing at times 4/1/99 (T) Janice came home from London with Emma last night. Ricky? drinking? drunk. Janice left the house with Emma with Ricky - Elaine has gone along to see how Emma is. Advised if any concern about Emma's safety then she should call the police. Janice says she's concerned about Ricky's mental state. I think that going to be assessed when he is sober. 5/1/99 (P) Back home. Emma fine. Ricky refusing to leave. Janice does not feel that Emma is at risk. She does not know what she will do if Ricky refuses to leave. Hsing is looking at her case & alternative accommodation. She is going to consult a lawyer today.

* This column has been provided for doctors to enter A, V or C at their discretion

Date	
11/2/99	Applied Glasgow West Hsg Hss.
	V+D. x 2/7. R loperamide
	letter for housing.
24/2/99	6 Codonard x40
5/3/99	King to Parents 16-26h - needs letter for Women's Aid ✓
	↑ Sent 100
24.6.99	Occ chest pain + back pain. Sharp lasts <1 sec, any time? ^{obs} didn't occur on holiday. OK Well 100% P 68/100 H110. Chest clear.
	No tenderness.
	Inc Souds muscle stress exercising posture.
	Not needing contraceptive WJ ✓
21/9/99	at home in home, RIB CC. washed & being asked to change to loose fit - explained that in long term if related in breast it but no understand circumstances (well see in surgery measure)
29/10/99	Ex Smeur taken, ex as clearly unresolved. ———
29/10/99	Pain intermittent, RIF, 1-2 mts also nausea + occ vomits after heavy meals - esp greasy food. Bowel habit - once every 4-5 days. OK Well
	○ NAD Inc ? IBS ? gallbladder ○ BS ? dyspepsia.
	Rx - Mucosac sachet 1/RS - metoprolol 50 (86) TDS - omeprazole.

* This column has been provided for doctors to enter A, V or C at their discretion

See in tx.

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	
	Date of Birth	
	Conway	JAMES
		25/5/65

Date	
4/7/97	X-ray report
30/7/97	① Left side shoulder - missing X-ray - ve. W/beam, mild dislocation laterally. Exercises. No proflax cream (000). Stuffed wound, feeling great just had a hot shower.
10/9/97	Depo. Provera 150mg / 1m 12. ECU10 10 score. W/D 3rd Dec. MT
18/10/97	frontal headache TM's disturbed ? sinusitis Vibranon 100g x8
3.12.97	Tring (L) occipital node reassured Depo Provera 180mg DK14S. MT W/D 2nd Feb.
4.3.98	Take Depo - Nov been sexually active. Advised to take extra contraception. 7-10 days MT
28.5.98	Depo. Provera 150mg/ml. ECU19SAK. W/D 21 May MT W/D 100/60.66kg Depo Provera 150mg/ml. ECU19SAK. W/D 20 Aug MT
21/7/98	Assaulted by partner Sat night - in a fight with him on stairs from a night and. Own skinned on her face 2" cut forehead + 3/4 cut lip up

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FORM GP111F
355 2095



← x6 sutures

← x3 sutures.

Bruising medial aspect
of both eyes.
Bruising (C) side of neck
(C) ear (pinna) + behind (C) ear.
Bite/bruising 2" diam (R) forearm

Date	
	She has asked him to leave V upset at violence of the argument. Thinks he needs help Relationship x 8 years - 1 year last 2 yrs same pushing & shoving but not as severe as this fight
	Col Donald x 40 CF 27/7/98 Head injury
	✓ D.N to go in to nurse patients (too embarrassed to come out)
19/7/98	MTC
2/8/98	Pauls E split up. Ricky's family / Ricky not accepting. "putting pressure on" Sensat 10 x 28
14/11/98	came at Ricky's request - had agreed to attend therapy - but clearly stressed herself he not accepting situation, her assuming threatening attitude she is launching trying to cope, but weeping and upset long chat
	Sensat Song X 28
	(only back Sensat a few days)
	asked specifically to return to see us (Ricky's family - Mum / sister etc now supervise)

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8/11/98 Sensat Song X 28
took to make app

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	CONVERKY		JANICE
	Address		Date of Birth
			25-5-65

Date	
20/8/96	Cervical smear taken
7/10/96	Small Pessary (Cure)
21/10/96	Ventolin inhaler (D of MD)
21/10/96	1st late for dept. No period.
	Clear preg test
23/10/96	Pregnancy Test Neg.
	Depo-Provera 150mg / Lot # 23202
21/10/96	Block 25021
31/10/96	1st
	2nd
	de heavy pain ant chest - few days, worse at night
	no clear pattern / food / posture / resp /
	no resp symps
	w/ h/o dyspepsia
	prob 86/min neg
	no local tenderness
	IKSF ✓ V R A
	chest clear
	2 lymph node pain
	Kalanthan 10ml daily, 500mg
14/1/97	Depo-Provera 150mg/ml, Lot # 2182 Next
	due 5/4/97. No problems
4/4/97	(Tue 8.4.97.)
	→ Needs depot - none in fridge! Script written,
	see on Monday.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

no tiredness, fatigue, pain in back - seems postural
worse lying down not food related, Kalatan unhelpful
Teaful, upset, feed down, partner been paid off etc,
sniffing at child etc, no other biological features.
Discussed use of antidepressant - see on Mon.

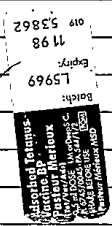
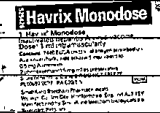
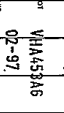
Date	
7/4/97	D1382 02/96 Depo Provera Discussed about need as 3 days ago Rx reversed 20-30
8/5/97	→ Quite a bit better. Mark positive. Continue on reversed 20-30 Also 1/2 nasal cavity stuffy + Try Nasorex 400 ⁵
2/6/97	Cough due to spit Shaky days Chest - 1 sl. wheeze Swabs ✓ fine Pt 330 Amox 250 x 21 CT Inhalers → ↑ brown inhaler double dose
	? Dermatitis hands Advise good barrier Washes as barrier May need skin testing.
2/6/97	⑥ Salbutamol x10p Becotide 100 in? 1 x 20 ⁵
04-6-97	Micro report
18-6-97	well.
9/10/97	Depo Provera 107. DT145. MS 10 years Be on Depo 6 years:- Talked about ? side effects: Preferes using Depo to pill ect.
3/7/97	→ ① able - went over in a hot-hole in Hyndley St on 18-6-97 - still swollen, malodorous, brown pain on invasion. X-ray. Keep on reversed for another 2-3 mths - has obviously improved, see how things go

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	CONNERY	JANICE
	Address	
		Date of Birth
		25.5.65

Date	
8.3.95	Depo Provera 150mg / 1ml Lot E19353 9.10.2 ✓ N/D. 1st June 95
2/6/95	Depo Provera 150mg / 1ml Lot J E19859. Next due 25/8/95 Exp 1.98
24.8.95	WHL Going on holiday to - return Depo Provera 150mg / 1ml Lot E208201 Wt 64kg N/D 13th Nov
6/9/95	No follow up 1-2 pm. No sample Symptoms not assessed. Advised. Depo will start this follow up → date for use 1.98
7.9.95	WHL Bloods. when
8.9.95	Bio Report
11	HAS. 11
11/9/95	Biochem report
16.11.95	Depo Provera 150mg / 1ml Lot E21046 8/11/95 N/D Feb 1996
6/2/96	WHL & 2 months dark clear Adm Amoxycillin 250mg x 11 Depo Provera 150mg / 1ml Lot E22257. N/D.

*This column has been provided for doctors to enter A, V or C at their discretion

Date	
1.5.96	Depo Provera Lot. E22798 w/19 July 2001 K/P 110/65 WT 105.
10/6/96	Wasp sting 8/7-ago (L) ny as pya became more swollen again yesterday itchy o/c. Right: papules surface and non under hyp: delayed hypersensitivity reaction Ink under 60g bol x 30 (Shing as a child) Gp/w Immunology - unlikely to progress to anaphylaxis
12.6.96	Going to Turkey Aug Sept 96 for 2 weeks Never been vaccinated since childhood ✓ General Health good - not pregnant • Polio oral Lot. WD 5124W4. 13
19.7.96	   BRL ✓ Hypoallergenic phybogel
22.7.96	Depo Provera Lot. E23203 150mg/ml K/P 100/70: WD 13th AT Seen on Depo. at least 5 years: WT: 63
28/9/96	SMear Res. app. Scot. 20-8-96)
7/8/96	FyBogel (1) op AD

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Convey		Daniel
	Address	Date of Birth	
		25.	

Date	
25.3.93	WELL: G/P. 100/70 Depo. Power, incl LOT E13698 AS NEXT DUE. 10th June Smear DUE next visit
10/5/93	Smear APP SENT
20.5.93	Cx smear ✓
10.6.93	Depo Power in LOT E14212
10/6/93	Smear Result Next due 15th Sept AS
31/8/93	PF 456 exam with me → walking stick green spot. non motor distilled just now described Enthused A. X22 (R) Ventrals with Basilide 100 field neuritis respiratory, lower of not relating DEPOPOWER. 150mg E14730 (R) due 22/11. 24/11/93 Depo Power 150mg LOT E15543 (R) due 2nd Feb 94 AS 7/12/94 Depo Power E15543. 150mg (R) (due 21/5/94) fell at work → pain low back, (A) side. due sup home the profen 600mg X 60.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

as to pain dorsum (A) hand over 2nd/3rd mts
→ difficulty making fist at time
h/o 1 ganglion - comes & goes.
(A) handed. →

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	
		Date of Birth
		25/5/65.

Date	
22/2/92	NEP+ PROVANT (Sung) 1ml 23721.
10/3/92	Cont to have tight chest. due 14/5/92 PEFR 330. auscultation - one scattered wheeze D asthma Short Ventolin inhaler 2 puffs 4 hrs Review 1/2
15/3/92	(DWA)
23/3/92	Feeling better with inhalers. PEFR 440 - still scattered wheezes. esp at times cont c ventolin
30.3.92	Much improved o/E chest clear PEFR 470
29/4/92	ventolin inhaler x 2 2 puffs 4 hourly
18/5/92	Dobut 150g E11146 exp 5/94 Next due 5/8/92

* This column has been provided for doctors to enter A, V or C at their discretion

ae

Date	
5/8/92	DEPO- PROVERA LOT E12125.
2.10.92	NEAR DUE OCT 21.2
21.10.92	Ventolin inhaler 1000mcg
11/12/92	Depo. Provera LOT. E12308
	NEAR DUE 6 th JAN.
31/12/92	signed CP102.
	DEPO-PROVERA E12782 15mg (due 25/3/93)
	(going to Cyprus tomorrow)
2/3/93	Headaches PF 250
	Shoeys. PF 385
	Cough dry by Spiv
	Chest - in 1 local
	Amoxyl x21
	Stoplylin 250 5d x 30
	Verflin x10P
3/3/93	Nauseated Vomiting PF 480
	Temp 38
	Chest deep
	Neck stiffness
	Stop Amoxyl / Stoplylin
	CTSA PCT x40
	Buccastem x50.

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth
	Conway	Janie
		25/5/65

Date	
16/4/91	Chronic nasal catarrh x 1 yr → Rhinorrhoea x 11.0
6/6/91	CP Found out she was pregnant on 24/5/91 - diagnosed at FRC - referred to QMNH - at that time 22/52 pregnant Now 23/52 weeks. Unplanned pregnancy but pleased now. Well so far - threatened abortion at 24/52 - USS scan satisfactory. Oneq - received Ant D. EDD End Sept 1991. POTx Nil. PMTx Nil of note. Dtx Nil. She lives in flat c boy friend + his mother - 2 apt + kitchen. very cramped quarters. Smokes w/c cigarette/day. GIE Well. BP 110/60 (same reg. Abx) = 23/52 Adx re diet, ↓ smoking See 24/6/91 Booked Dr Miller QMNH already. Letter to housing dept Copy Referral 10/6/91 To inform it may concern Copy letter 21.5.91 Queen Mother's Hosp. Discharge 24.6.91 D.N.A. Patient phoned to say that her shift had been changed and had to work till 6 p. To come to clinic on 8/7/91 @ 2.15 p. Attending QNH on 1/7/91 QNH letter 8.7.91 D.N.A.
16.6.91	QNH letter
8.7.91	D.N.A.
20/7/91	Lives with boyfriend + mother. (2 apt) Wants house in area Apparthy mental ltr not sufficient for for further ltr

* This column has been provided for doctors to enter A, V or C at their discretion

Date	
25/9/91	Copy letter
29/9/91	Penicillin 600 X60.
1.10.91	Queen Mother Dismissal Summary
7/10/91	11 postnatal UTI & cough.
	OE / scattered rhinchi refusal
	no h/o asthma (true ph) aft cigs since pregnant.
	Amoxycillin 250mg X21 (+ bronchodilator).
9.10.91	my letter re hanging Copy letter
15.10.91	Family Planning Notes
18.11.91	Pat note On depot knash / road Asad
	Baby line - Bottle feeding - Ashmole
	Review early Dec for next depot
5.12.91	Dep- Provera: 100mg. 1st course dg 90/50: no problem with depo. Lor. 23720: WGT JUNE 20th FEB 92
27/1/92	PF 380 cough + ant chest pain. OE / prolonged exp w/ focal

* This column has been provided for doctors to enter A, V or C at their discretion

Amoxycillin 250mg X21
Volmax 4mg + BD X30.

occ cigs only.

[illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

NAME AND CODE No:-		Janice Convery, ~~23 Larchbank, Ladywell.~~ ~~No 19 Brown Walk~~ Wallhouse Children's Home D.O.B.: 25.5.65.	
DATE	C/F	S. H. T.	CLINICAL NOTES
2.3.79	ICB	S ✓	T.P. S. Banged elbow two or three days ago. O. Slight tenderness over lateral epicondyle. A. No evidence of fracture. P. No further action.
23/4/79	ICB	S ✓	Fell down stairs at school. Soft tissue injury to Rt ankle. Gelling support.
22.10.79	ICB	S ✓	TP S Spots on face. O Multiple small pustules. A Mild impetigo spread by poor hygiene and touching face all the time. P Aureomycin ointment one tube. 70✓
22.8.80	ICB	S ✓	TP A Pharyngitis P Advice Problem: Parents in London. Mother being sought by police for further frauds. Janice presently staying with her older sister Mrs. Edgar. 70
4.12.80	FIS	S ✓	Problem: 1. S. Janice and Sharon are in Wallhouse Childrens Home. Caroline is separated from Barry and is living with friends 19 Gorsebank. Caroline's son Steven is with foster parents in Dedridge. Mr. and Mrs. Convery have a house somewhere. They 'phone Wallhouse occasionally but have left no address. Janice wants to do hotel work when she leaves school at the age of 16 years. P. General discussion. Need for contraception among young hotel workers discussed. T.P. S. Cough for green sputum. Smokes about 5 cigs. per day. O. Chest clear. P. Stop smoking. Tabs: erythromycin 250mgms q.i.d. (28) 70✓
12.1.81	N.N.		Janice has been placed in Uphall Family Group Home (132 Forest Walk, Uphall) but is still attending school in Livingston. She will remain in care until she is 16. at least. N. Ross Social Worker.

Not reg.

Janice Convery,
23 Larchbank.

NAME AND CODE No:—

Age, 13 years.

DATE	C/F	S. H. T.	CLINICAL NOTES
18.9.78	MPR	H	S. Sore throat and ears. Aches in bones. Fevered. O. Throat infection. P. Pen. V.

		National Health Service Number	
NEW PATIENT		Surname (Block Letters)	Forenames (Block Letters)
DATA COLLECTION		CONVERY	ANICE
		Address	Date of Birth
		27 DENBY ST. 3/5.	25.5.65.
Date			
17.4.91.	DATE OF REGISTRATION		
	DATE OF HEALTH CHECK INVITATION		
	OCCUPATION <i>Unemployed.</i>		
	HOUSEHOLD: <i>Sharing:</i>		
	PAST MEDICAL HISTORY: <i>Ruptured lung: few years ago</i>		
	PELVIC INFLAMMATORY DISEASE: <i>1989:</i>		
	SINUS PROBLEMS: <i>Serious 1 1/2 y: NOSE STICKED</i>		
	Both Parents alive: <i>1986 Episode Low BP: FAINTING: NOW GOOD</i>		
	FAMILY HISTORY heart trouble NO:		
	high blood pressure NO.		
	strokes NO.		
	diabetes NO		
	anything else that runs in the family		
	ASTHMA: MOTHER, FATHER, SISTER, BROTHER.		COMMENTS
	SMOKING HISTORY YES: <i>5-10 per day:</i>		
	ALCOHOL CONSUMPTION <i>moderate:</i> <i>10 units per week:</i>		
	REGULAR EXERCISE: <i>Works with hammering is</i>		
	<i>WALKING:</i>		
	DENT. NORMAL:		
	IMMUNISATIONS: <i>CHILD</i>		
	DRUG HISTORY Medication NO,		
	Known allergies <i>WIL known</i>		

[illegible]

Convery, Janice

DoB: 27/05/1965

Report Valid On 24/01/03 09:53

Sandyford Surgery

Page number 1

Registration

Miss Janice Convery
F3/2 21 Benview St Firhill
GLASGOW

Service Code: Permanent

DoB: 27/05/1965

G20 7SA

Telephone:

Contact: ?

Contact/Relship: ?

CHI Number: 2705655662

Registered GP: Dr A A Lawson

Registered: ?

BMI: 0.0

Height: 0 m

Weight: 0 kg

BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval	
				Pres.	Review
NASONEX AQ NASAL SPRAY	1 puffs 2 PUFFS EACH NOSTRIL ONCE	07/01/02	14/11/02	28	8
Beclomethasone Dipropionate 200 Dose II	1 2 PUFFS Twice daily	07/01/02	14/11/02	28	8
Salbutamol 200 Dose INHAL 100MCG/DOSE	1op - AS DIRECTED	17/10/96	14/11/02	28	8

Clinical / User Marker

15/04/2002	High	Other laparoscopic female sterilisation	
23/06/2001	High	Forceps delivery female	
23/06/2001	High	H/O: pelvic inflammatory dis.	
23/06/2001	High	Threatened abortion	
17/04/1991	High	GP/HPC-health promotion clinic	
23/06/2001	Medium	Notes summary on computer	
28/07/1999	Medium	GP102 sent to Health Board	
09/05/1991	Medium	Pat. GP7B/GP8B card from HB	
18/12/2002	Low	Microbiology Faeces	1 NORMAL
22/08/2002	Low	H/O: asthma	
04/07/2000	Low	GP102 sent to Health Board	

Screening

13/01/03	Cervical Screening\$\$	Cervical smear: negative	
Repeat after an Interval - 36 Months		Send recall when due	Send result letter
25/07/01	Contraceptive Review\$\$	Contraception - not needed	
No Action Required		Do not send recall letter	Do not send result letter
23/06/00	B P Screening\$\$	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Send recall when due	Do not send result letter
10/05/00	Contraceptive Review\$\$	Oral contraception -no problem	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter

Summary Sheet: Sandyford Surgery

Printed at 24/01/03 09:53:25

Convery, Janice**DoB: 27/05/1965****Report Valid On 24/01/03 09:53**

Sandyford Surgery

Page number 2

29/10/99	Cervical Screening\$\$	Cervical smear: negative	
	Repeat after an Interval - 36 Months	Third recall letter sent	Result letter sent
24/06/99	B P Screening\$\$	O/E - BP reading normal	
	Repeat after an Interval - 60 Months	Send recall when due	
20/08/96	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	
24/07/96	Tetanus Immunisation\$\$	Booster tetanus vaccination	
	Repeat after an Interval - 120 Months	Send recall when due	
12/07/96	Polio Immunisation\$\$	Booster polio vaccination	
	Repeat after an Interval - 120 Months	Send recall when due	
20/10/94	B P Screening\$\$	O/E - BP reading normal	
		Send recall when due	
20/05/93	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	
17/04/91	Alcohol Intake\$\$	Light drinker - 1-2u/day	
	Repeat after an Interval - 12 Months	Send recall when due	Do not send result letter
17/04/91	Height\$\$	O/E - height	
	Repeat after an Interval - 36 Months	Send recall when due	Do not send result letter
17/04/91	Smoker\$\$ Status	Never smoked tobacco	
	No Action Required	Send recall when due	Do not send result letter
17/04/91	Weight\$\$	O/E - weight	
	Repeat after an Interval - 36 Months	Send recall when due	Do not send result letter
13/06/85	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	

Priority Clinical / User Marker

15/04/2002	High	Other laparoscopic female sterilisation
23/06/2001	High	Forceps delivery female
23/06/2001	High	H/O: pelvic inflammatory dis.
23/06/2001	High	Threatened abortion
17/04/1991	High	GP/HPC-health promotion clinic

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance	Type
19/07/98 1:	High	Western Inf	A+E	Not Specified	Self Referral
20/11/01	High	Western Inf	Gynaecology Locum 1	Investigate 1st Visit	Out Patient

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters)	Forenames (Block Letters)
		Conway	James
		Address	Date of Birth
			25/5/65

Date	
4/7/97	X-Ray Report
30/7/97	⑤ all still swollen - rearing X-ray - ve. w/ seen, mild disapt (lateral) Exercises, Rx prolex cream (oo)

SANDYFORD SURGERY

ASTHMA MANAGEMENT PLAN

NAME

DATE

PERSONAL GOALS:

What do you want from your asthma treatment? _____

FEELING WELL ZONE (for example: breathing is good, you can exercise without breathlessness, no days off work/school)

use your preventive medicine daily(brown)

medicine	device	amount	time (am/md/pm)

BEST PEAK FLOW RATE=

RELIEVER medicine (blue)-to be taken as required/ or 10 minutes before exercise

ACTION ZONE (for example: coughing, waking at night, tight chest)

In this zone you could double your up your preventive medicine for at least 8 weeks. Start to measure your peak flow rate.

medicine	device	amount	time (am/md/pm)

DANGER ZONE (for example: breathless, can't talk/walk, reliever not lasting)

Continue using your reliever (BLUE) medicine and get help from the Doctor
Surgery phone number= 0141-248-3698 or go straight to **HOSPITAL**.

If you have a **spacer** with a reliever device you can take up to **10 to 15 puffs**, as required.

After an emergency, could you please contact the nurse or the doctor at the surgery for a review of your asthma.

Signature of nurse or doctor discussing plan: _____

4

T

6. Change of Doctor. (a) If you choose a new National Health Service doctor because you have changed to a new address, you and the new doctor should fill in Part A on page 3. (b) If you wish to change your doctor for any other reason—

either (1) you may transfer at once with the consent of your present doctor and the new doctor; Part B on page 3 should be completed by you and both doctors; or (2) you may write to the Health Board saying that you intend to change. This card must be sent with the letter; it will be returned to you with the necessary instructions. You will not be able to transfer in this case until at least 14 days after the Board receive your letter.

1 _____

2 _____

3 _____

4 _____

(5.2.75) (E18605) Dd. 960897 629,000 4/75 J.&G.L., Ltd. G259

NATIONAL HEALTH SERVICE

MEDICAL CARD

ISSUED BY THE

TAYSIDE HEALTH BOARD,

23 Roseangle, Dundee DD1 4LU.



Postage must be paid on all letters to the Health Board.
Use this number for any official correspondence.

N.H.S. No. 8446-65-338

To MR SANIAR CONVERY

(Full Name) MR

(Address) 81, PARK AVENUE,

DUNDEE

Date of Birth

25/5/1965

Please notify your doctor and your Health Board of change of name or address.

Former or any other Surname

DR. K. H. FRESHWATER

Board Stamp

IMPORTANT: Please keep this card safe. Take it when you visit your doctor or go for Dental Treatment or an Eye Test.
If you are going abroad for more than three months this card should be returned to the Health Board at the above address or, alternatively, handed to the Immigration Officer on departure.

24 JUL 1975

HEALTH BOARD

2

GENERAL INFORMATION

1. This card shows the name of the doctor who will give you general medical treatment under the National Health Service. It should be shown to him if he asks to see it; if it is not produced the doctor may charge a fee. He will give a receipt for the fee on a special form, which contains instructions for the recovery of the fee.

2. Consultations. Attendance at the doctor's consulting room should be during consulting hours.

3. Visits. Please do not ask the doctor to call unless the patient is too ill to attend at the consulting room. It is essential to give the doctor notice before 10 a.m. if the visit is required the same day except in case of emergency. Only in exceptional circumstances should a visit between the hours of 8 p.m. and 9 a.m. be requested.

4. Accident or Emergency. If neither your doctor nor his deputy is available, immediate attention in an emergency can be obtained from any doctor giving general medical services under the National Health Service Act.

5. Medical treatment when temporarily away from home. If you are away from your usual address for a short time, you may apply for treatment to any doctor giving general medical services (see 7 below).

6. Change of Doctor (see page 4).

7. Lists of Doctors, Dentists and Opticians taking part in the National Health Service can be seen at main Post Offices.

8. Any enquiry or complaint about general medical, dental, ophthalmic or pharmaceutical services should be made to the Secretary of the Health Board. Complaints cannot normally be dealt with unless made within 6 weeks of the event which gave rise to the complaint.

3

CHANGE OF DOCTOR

Part A. To be filled in if person has changed to a new address and chooses another doctor (see 6 (a) on page 4).

I wish to be placed on the list of

Dr. _____ Date _____

Signature of applicant or authorised person _____

Address _____

Signature of Doctor Date _____

* Drugs _____ † Mileage _____

Part B.—To be filled in if person has not changed to a new address and transfers with the consent of both doctors (see 6(b) (1) on page 4).

I wish to be placed on the list of

Dr. _____ Date _____

Signature of applicant or authorised person _____

Address _____

I agree to this transfer. _____ Date _____

Signature of consenting doctor _____

Signature of accepting doctor _____

* Drugs _____ † Mileage _____

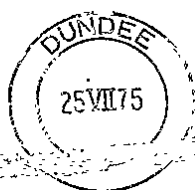
* If doctor is to supply drugs he should enter D in space marked *
† If doctor claims payment for mileage he should enter the number of miles in space marked †. If there is any special difficulty of access, details should be given on a separate note.

NHS Confidential: Personal data about a patient

Undelivered, return to

25 ROSEANGLE,

DUNDEE



If undelivered return to
Tayside Health Board,

*Gene away
bel*

GREATER GLASGOW HEALTH BOARD—WESTERN DISTRICT

Telephone: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3 8SJ

RM/JS.

1st. November, 1976.

Out-patient dept.

Dr. T.H. Ratani,
6 Achamore Road,
Glasgow, G15.

Hosp. No. 209439.

Dear Dr. Ratani,

Re: Janice Convery - 25.5.65.
38 Fettercairn Av., Glasgow.

Thank you for referring this child who has a long history of no hair growth with recent alopecia areata.

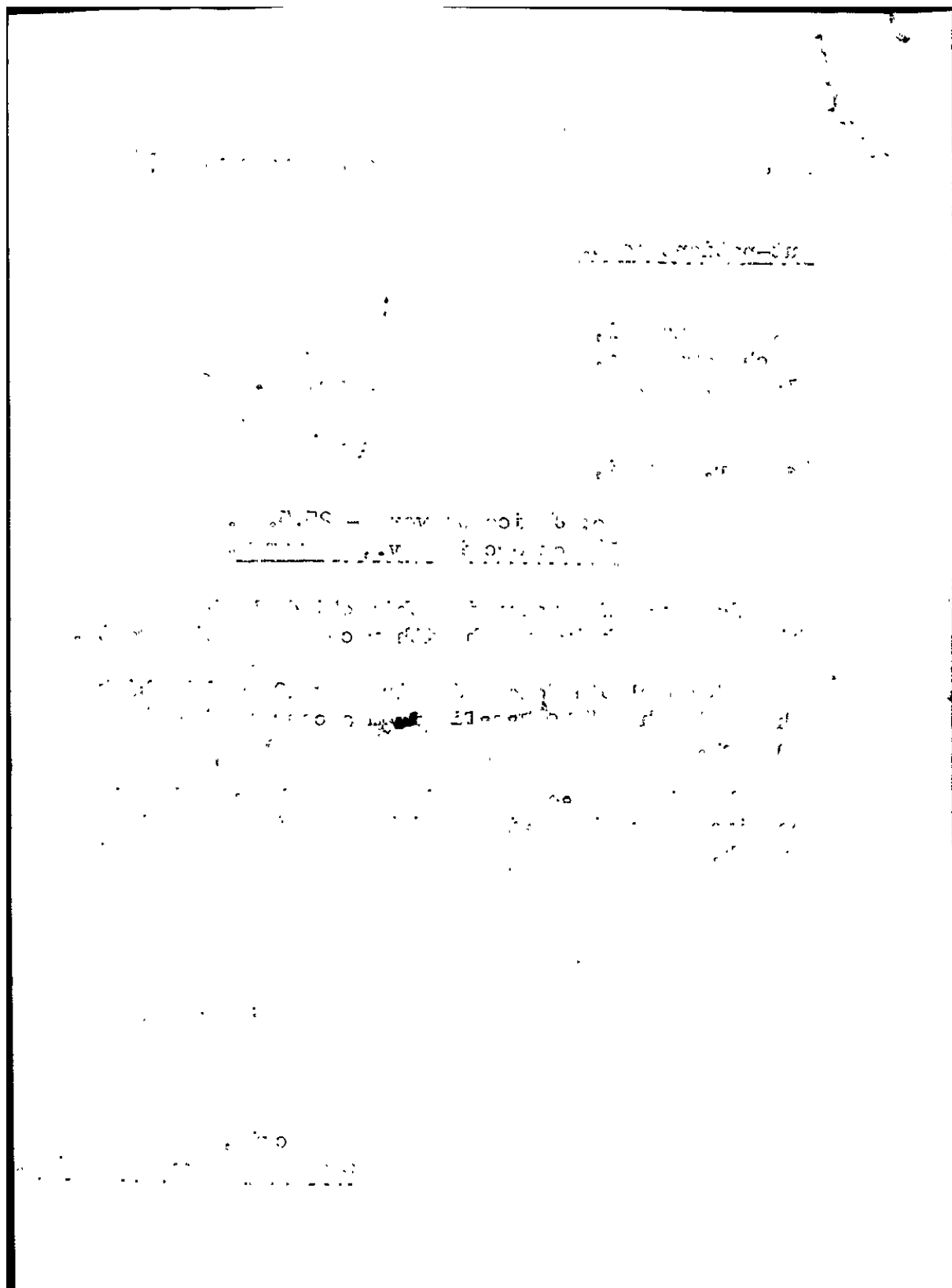
A haemoglobin done today is only 12G and I think she would therefore benefit from a course of oral therapy.

She will be seen again in one month when she will be given some ultra violet light to stimulate hair growth.

Yours sincerely,



R. Mackie,
Consultant Dermatologist.





PATIENT QUESTIONNAIRE

DATE

PLEASE FILL IN QUESTIONNAIRE IN CAPITALS.

Full Name Janice Convery Date of Birth 25 May 1965
 Address 15 Primrose Bank
Bowdon Vale nr Altonham
 Sex Female Tel No 9285714 Height 5'4 1/2 Weight 10st
 Job General assistant
 Hobbies

Have you had any previous serious illness? NO

FAMILY HISTORY

Are there any illnesses in the family i.e. heart disease, strokes, diabetes? NO

Have you had or are you about to have any operations? NO

Are you currently undergoing a course of treatment? NO

Have you any disabilities? NO

Are your parents still alive, if so please state age Yes 49, 59

If not what was the cause of death and at what age

Have you ever lived abroad? NO

When was your last tetanus injection? 3 years ago

Have you had any recent inoculations?

NO

Doctors' Deputising Service

Own Doctor: Bar 823 THROAT SWOLLEN

Name: J. Convey Age: 11

Address: 34 Letherman Ave

Diagnosis: DRUMCHAPEL 1UP

Temp 91 + Sore Throat
Ac. Tonsillitis

Treatment: Erythroxid
Paracet

Re-visit:

☒ NO

Patient will ring you if necessary

☐ YES

ON

Mon	Tues	Wed	Thurs	Fri.
	✓			

Date: 17/4/77

Call sign: 24

When diarrhoea disturbs...

new **Imodium*** restores

 Janssen Pharmaceutical Limited

* TRADEMARK

PLEASE FILL IN QUESTIONNAIRE IN CAPITALS.

Have you any allergies? NO If so please state type

Do you smoke, if so how many cigarettes a day? 10 - 15

Do you drink alcohol, if so how much in a week? 5 or 6 Glasses

Are there any points that you particularly want to raise with the doctor? .. NO ..

WOMENS SECTION ONLY.

When was your last cervical smear? 2 years -

How many children do you have? None

How old are they?

Do you use any form of contraception? NO

If so, what sort and for how long?

Have you been immunised against German measles? YES

CHILDRENS SECTION.

What immunisations have they had:

	Date of injections			
DPTet				
Polio				
Measles				
MMR				
Rubella				

North Glasgow University Hospitals
Division

DEPARTMENT OF GASTROENTEROLOGY
Dr Peter R Mills' Gastroenterology Clinic



*Floor 8
Gartnavel General Hospital
1053 Gt Western Road
Glasgow
G12 0YN*

*Clinic Date: 31.08.05
Typed: 7.09.05*

Secretary's Direct Tel No: 0141 211 3278

Our ref: KD/MW/51142244R

Dr B Greenhalgh
GP Locum
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

G		DATE	DONE BY
POSTED	RECEIVED	DEPUTY LOGGED	
MAILED	CLINICAL	CONTACT PATIENT	
SCRIPT	CLINICAL UPDATE		
NOTES	FILE		

Dear Dr Greenhalgh

JANICE CONVERY DOB 27/05/65
Flat 3/2, 21 Benview Street, Firhill, Glasgow, G20 7SA

I reviewed this 40 year old lady with diarrhoea and weight loss at Dr Mills' Gastroenterology Clinic today. She reports a six month history of diarrhoea, occurring 2-3 times daily, which is grossly different from her usual bowel habit of 2-3 times weekly. She describes loose stools with no p.r. blood that don't flush easily. She notes a reduced frequency of diarrhoea when she takes Imodium tablets. She also describes initial weight loss, occurring with the diarrhoea, of about one stone within a month. However, she tells me that she has since put the weight back on as she has increased her food intake. There is associated nausea, but no vomiting, and the nausea is always relieved by food, which accounts for her increased appetite. Her only other symptom is of a sweatiess. She denies any abdominal pain or indigestion and claims not to have problems with heat, tremor or palpitations.

In the past she has had irritable bowel syndrome causing constipation, which was treated with laxatives. However, she is currently on no medication and denies any alcohol excess.

On examination she looks well with no evidence of jaundice or anaemia. The abdomen was soft and non-tender with no palpable organs or masses. Bowel sounds were normal.

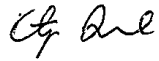
I have repeated her bloods in clinic today, including thyroid function and Coeliac screen. Should these be abnormal, we will let you know. However, we will otherwise review in clinic in six months' time. In the interim I have suggested that she continue with Imodium to provide symptomatic relief. Should she develop any further worrying features, please contact us.

Many thanks.



Kind regards

Yours sincerely



Kathryn Dunne
Medical SHO



E-mail Subject Line: Gastroenterology, - -, 2705655662, Convery, Janice

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 06 July 2005 GP Urgency: Routine CHI 2705655662

Please arrange for this patient to attend **Gastroenterology
Gartnavel General**

Surname **Convery**
Forename **Janice**
Address **F3/2 21 Benview St Firhill GLASGOW**

Title **Miss**
Date of birth **27/05/1965**
Tel **574 7539**

Post code **G20 7SA**
Previous name
" address

Previous hospital attendance Y/N
If Yes, please indicate year Year
Unit number
Referral checked by

Referring clinician: Locum 1
Sandyford Surgery
1119 Argyle St Glasgow
GLASGOW
G3 8ND

0141 248 3698, fax: 0141 221 5144
Practice Number 40455

I would be grateful if you could see this lady who presented with a three months history of nausea and a churning feeling in her stomach. She tells me that occasionally she wretches in the mornings but does not bring up food stuff. She does not complain of any heartburn or indigestion but has been having loose bowel motions approximately 3/4 a day. There has not been any blood or mucus in this. She tells me that she has lost approximately one stone.

On examination there is nothing to find in her abdomen, she is not jaundiced and she had routine blood checks about two months ago which were all normal and she also had a normal stool check. Thank you for seeing her.

Yours sincerely

Dr B Greenhalgh
GP Locum

Convery, Janice, 2705655662, 27/05/1965 - - Gastroenterology Gartnavel General
Routine
AML \\Gpass40455w2k1\Documents\Locum 1\Convery, Janice 2005 07 06 #1.doc

1609546

GREATER GLASGOW BACK PAIN SERVICE REFERRAL FORM

Cord signs? - TREAT AS EMERGENCY

Systemically unwell? • Previous diagnosis of cancer? • Possible infectious cause?
• New/alterd back pain <20 or >55 years + raised ESR or abnormal FBC or LFTs?

Do not use this form – refer urgently to relevant OP clinic

Patient details

Janice Convery

Sex: F ☒ M ☐

F3/2 21 Benview St Firhill

GLASGOW

G20 7SA

D o B 21/5/65 Tel No 574 7539

CHI number 5662

Practice stamp

DR C M CRAWFORD
SANDYFORD SURGERY
1119 ARGYLE STREET
GLASGOW G3 8ND
TEL 0141 248 3698
FAX 0141 221 5144

Practice code 46455

Tel No. Fax No.

How long has the patient had THIS episode of low back pain? ~ 8 weeks many days

Is the patient OFF work because of this episode of low back pain?

Yes ☐ No ☒

Does this patient have low back pain only?

Yes ☒ No ☐

OR

Does this patient have pain radiating below the knee in addition to low back pain?

Relevant Past Medical History

X-Ray Reports / Scans
(please attach copies)

RhA

☐

Diabetes

☐

Osteoporosis

☐

Respiratory

☐

Cardiac

☐

Neurological

☐

Epilepsy

☐

Pacemaker

☐

Date Received 25/09/03

First Appointment Offered 12/10/03

Date of Assessment 17/10/03

Pims ☐

Number Of Treatments 4

Cancellations 2

Failed to Attend 1

Physiotherapy Diagnosis

Postural dysfunction lumbar spine

Discharge Summary

Discharged. much better.

more aware of posture
- ↑ lumbar mobility

Advice to continue with postural + spinal exercises.

Physiotherapists Signature:

M. Conway

Date of Discharge:

10/12/03

15 DEC 2003		
C.C.	R.M.	A.L.
NORMAL/NEGATIVE	RESULT LOGGED	DONE BY
POSITIVE/SHOWS INF	CONTACT PATIENT	
MAKE APPT. DR/NURSE	CLINICAL UPDATE	
SCRIPT		
NOTES	FILE	

GREATER GLASGOW BACK PAIN SERVICE REFERRAL FORM

Cord signs? - TREAT AS EMERGENCY

Systemically unwell? • Previous diagnosis of cancer? • Possible infectious cause?
• New/alterd back pain <20 or >55 years + raised ESR or abnormal FBC or LFTs?
Do not use this form – refer urgently to relevant OP clinic

Patient details

Janice Convery

F3/2 21 Benview St Firhill

GLASGOW

G20 7SA

Sex: F ☒ M ☐

Practice stamp

Practice code... 6410555

Tel No. Fax No.

D o B... 27/05/65... Tel No.

CHI number... 50662

How long has the patient had THIS episode of low back pain? ... ~ 8 weeks ... 11 days

Is the patient OFF work because of this episode of low back pain? Yes ☒ No ☐

Does this patient have low back pain only? Yes ☒ No ☐

OR

Does this patient have pain radiating below the knee in addition to low back pain? Yes ☐ No ☐

Imaging not recommended at this stage (see back pain guideline)

Other relevant information ... PROLONGED PAIN ... LOW BACK PAIN -
... LUMBAR ... ROMAINS ACTIVE (INCL. WALKING)
... 2-3 WK ... HAS ... + ...
... PAIN ... AT ... AFTER
... CAN DISTURB SLEEP

Referrer's signature ... Please print name ...

Date ... 27/9/03

PLEASE POST OR FAX THIS FORM TO YOUR LOCAL PHYSIOTHERAPY SERVICE

Physiotherapy use only below this line.

Outcome Symptoms resolved ☐ Spontaneous resolution ☐ Referred to orthopaedic surgeon ☐
Referred to DEXA ☐ Referred to psychology ☐ Referred to community exercise class ☐
Referred for imaging ☐ Referred to enhanced back pain class ☐

Discharge comments ...



West Glasgow Hospitals

AJ/SB/1142244

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel No: 0141 2112198/2656
Fax No: 0141 211 1847

DEPARTMENT OF GYNAECOLOGY - DR GILMORE'S CLINIC 15.3.02

19 March 2002

Dr Liam Harkins
Locum
Sandyford Surgery
1119 Argyle Street
GLASGOW G3 8ND

Dear Dr Harkins

JANICE CONVERY DOB 27.5.65
F3/2 21 BENVUE ST FIRHILL GLASGOW

Thank you for referring Janice to our clinic. She requests sterilisation. She has one daughter aged 10. She has been appropriately counselled regarding the procedure, failure rate and the risks involved.

We have arranged for Janice to be admitted on 15.4.02 as a day case for sterilisation.

Yours sincerely

ANAND JETTI
REGISTRAR

22 MAR 2002

ing the Western Infirmary, Gartnavel General Hospital,
Homoeopathic Hospital, Drumchapel Hospital and Blawarthill Hospital

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Appointment Category Routine ☐ Soon ☐ Urgent ☐			
Hospital	Western Infirmary	Date	20.11.01	CHI No.	6	5	6	8
Please arrange for the patient to attend the				Gynaecology Clinic			clinic of Dr / Mr	
Patients Name	CONVERY			Maiden Surname				
First Names	JANICE			Single / Married / Widowed /				
Address	F3/2, 21 Benview Street, Firhill			Date of Birth				
	Glasgow			27.05.1965				
Postal	G20 7SA			Patients Occupation				
	Contact telephone			248 8158				
Has the patient attended hospital before		If "yes" please		Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER				
Name of Hospital								
Year of		Hospital No.						
If the patients name and/or address has/have changed since then please give details:								
Can the patient attend at short notice?								
If YES, minimum notice required				days				
Please use rubber stamp								

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given

Dear Doctor,

This 36 year old para 1+0 requests referral for sterilisation. I have had a long chat with her regarding the relative efficacy of this but she insists that following conversation with her current partner that she wishes to proceed to sterilisation. She is separated from the father of her first child who is now 10 years old, but neither she or her current partner wish to have any further children. I would be grateful if you could see her with a view to considering laparoscopic sterilisation.

With thanks for your help.

Yours sincerely,

Dr Liam Harkins
Locum to Sandyford Surgery

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from:

No. (if known)

Signature

11 February 1999

TO WHOM IT MAY CONCERN

Re: Janice Convery

This is to confirm that the above is a patient in my practice and I would be grateful if her application for rehousing in your area could be considered sympathetically. She is under a considerable amount of stress due to the threats of violence which she has received from her partner. I think it would be in her and her 7 year old daughter's best interests if they could be rehoused as quickly as possible. I would be happy to provide any further information required.

Yours sincerely

Alison A Lawson

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

CRN: 1142244

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	CONVERY	JANICE	33	25/05/65	19/07/98	02:15	031421/98
	Address		Sex	Religion	Date of Inc	Time	
	44 Cleveland Street GLASGOW		Female	Roman Cathol	19/07/98		
T	PC G3 7AD	Tel 248 8158	Marital Status	Occupation/School	Type of Inc	Mode of Arrival	
			Single /	BARPERSON	Other	By Ambul	
G P	Name	Address			Referred by		
	Dr LAWSON	1119 ARGYLE STREET GLASGOW			Selfref		
NEXT OF KIN	Name	Address			Complaint		
	JAMES	G3 8ND					
	FATHER	3 Ashburn Gardens					
	Relat.	LONDON SW7 4DG					
	Tel. No.						

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

Dear Doctor,

TRIAGE TIME

02:15

TRIAGE CATEGORY

Category 3

The above-named patient attended Accident & Emergency Department today.

Diagnosis Assaulted Forehead INITIAL COMPLAINTlaceration, laceration above upper lip FACIAL INJURY BruisingX-Ray film/ECG shows - INITIAL TREATMENTTreatment given 6 x 5-0 ethilon suture forehead3 x 6-0 ethilon suture above lipHT card

FILED BY MRLIRV

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange removal of suture 5/7, thanks

DISCHARGE CODES: Please Circle										
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.							
Ward No. (if admitted)		Transfer to Hospital		Consultant (if admitted)						
Follow up	Not arranged	Arranged	To be arranged							
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters)

Signature of Medical Officer

Cons SR Reg SHO JHO Clin Assist (please circle)A. PERKIE

31 December 1997

Mr Ian G Cumming, LLB
Director, Legal Services
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU

Dear Mr Cumming

Re: Claim by Janice Convery 44 Cleveland Street Glasgow G3 7AD

I enclose photocopies of my notes of this lady's attendance at my surgery and a photocopy of her ankle x-ray. Your letter only asked for the photocopies rather than a report and, if you wish me to decipher any of my writings, then I will happily provide a report.

My fee for preparation and photocopying of medical records in relation to the claimant's attendance is £20.

Yours sincerely

Roderick MacNeill



Glasgow City Council

Legal Services

Director
Ian G Cumming LLB

Legal Services
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU

DX GW145

Telephone: 0141 287 4102/4
Fax No: 0141 287 3844
If phoning please ask for Ms Reid

Date: 29 December 1997
Our Ref: Cr/LR/3/77908/JAR/12
Your Ref:

Dr Crawford
1119 Argyle Street
GLASGOW

Dear Dr Crawford

**CLAIM BY JANICE CONVERY
44 CLEVELAND STREET, GLASGOW**

I have enclosed a Mandate signed by the abovenamed who attended your surgery for treatment following an accident on or about 18 June 1997. I shall be grateful if you will comply with the terms of the Mandate by providing me with photocopies of all medical records held by you in relation to the Claimant's attendance.

The records are required in relation to a claim against this authority whereby Ms Convery alleges she was injured after tripping in a pothole.

I look forward to hearing from you and confirm I will be responsible for your fee.

Yours sincerely

Janine Reid
JP Director

Encl

CLAIM AGAINST GLASGOW CITY COUNCIL

**THE SOCIAL SECURITY (RECOVERY OF BENEFITS)
ACT 1997**

CLAIM NUMBER 77908
NAME Jamie McKenney
DATE OF BIRTH 25.5.65
NATIONAL INSURANCE NO NM 247506A
HOME ADDRESS 311
44 Cleveland Street
POST CODE GLASGOW G3 7AD

DATE OF INCIDENT 18.6.97

EMPLOYER'S NAME Royal Scottish Automobile Club
ADDRESS 11 Blythwood Sq
Glasgow

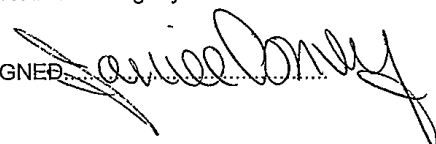
NAME OF DOCTOR Dr Crawford nurse strapped leg
up on 18th June 97.
ADDRESS OF PRACTICE 1119 ARVILE ST
GLASGOW

DATE/S OF ATTENDANCE 3.7.97 - 30.7.97

NAME OF HOSPITAL (if attended) 4.7.97
DATE OF ATTENDANCE Western Infirmary Glasgow

I hereby authorise you to provide to Glasgow City Council, Legal Services Department, City Chambers, Glasgow, when requested to do so, copies of medical records following my visit on or around the date as stated above.

SIGNED



DATE

2nd Dec 97



Our Ref.:
Your Ref.:
If phoning
ask for:-

GREATER GLASGOW HEALTH BOARD

SEEN BY	BY
<i>RL</i>	
<i>U</i>	
NOTES PLEASE	
PRESCRIPTION	
TELL PATIENT NORMAL/CLEAR	
STEEK TO DR.	
SEE DR.	
FILE	<i>RL</i>

FAMILY PLANNING CENTRE
2 CLAREMONT TERRACE
GLASGOW G3 7XR
041-332 9144

4/10/86

Case No: 912350

Dear Dr Campbell,

Janice Convery (25/5/65)
27 Derby St
G3 7TS

had Depo - Mover 150m today.
(1/52 post partum but did not wish
to wait)

Yours sincerely,

Have a wonderful
week.



**Guardian
Royal
Exchange**

The Consulting Medical Officer,
Head Office Life Department:
13 St. Andrew Square, Edinburgh, EH2 0BY.
CONFIDENTIAL MEDICAL ATTENDANT'S REPORT

G.R.E. Ref.

Branch. H3

Class. F0001

Proposal No. U5006651

Date to 'L'/E'. 22 / 7 / 86

Counter Life/Scheme Name.

C.J. GRANT

FULL NAME JANICE KATHLEEN CONVERYADDRESS CROMLY HOUSE, B4 KINROSSDUNIBLANEOCCUPATION HOUSEKEEPERDate of birth 25/5/65

Answers to the questions do NOT entail medical examination

1.

(a) How long have you been the regular Medical Attendant of the above-named?

(a)

1982.

(b) When did you last see him/her?

(b)

Jan 1986.

(c) What was his/her state of health at that time?

(c)

Unwilling to interview.

(d) From what date do the records in your possession run?

(d)

1966

2.

Please give below from your records his/her medical history:

(KINDLY NOTE - with regard to non-cancellable sickness/disability insurance, histories of nervous debility/overwork, attending a psychiatrist or musculo-skeletal disorders are of particular importance.)

Exact nature of illness	Date	Duration	Weeks off work	Sequelae (CURED/ NOT CURED)
<u>was only childhood</u>				
<u>accidents &</u>	<u>1966-1977</u>			
<u>1979 minor skeletal injuries.</u>				
<u>1979 knee surgery.</u>				
<u>1978-83 Menstrual - low threshold</u>				
<u>documented with frequency.</u>				
<u>1982 Grace Sanction Appeal of R. Stank.</u>				
<u>1986 Small Bowel & Back</u>				
<u>Reheat of P. B. Presentation</u>				

If he/she has attended hospital, had an X-ray or other specialised investigation, please give details; none noted.

Nature of investigation	Disorder	Date	Results
<u>None.</u>			

Guardian Royal Exchange Assurance, Head Office Life Department, 13 St. Andrew Square, Edinburgh EH2 0BY.

(Applicable only to the settlement of the fee)

We thank you for your report, and have pleasure in enclosing a cheque in settlement of your fee.

We shall be obliged if you will present the cheque as soon as possible.

Bridge of Earn
Orthopaedic

6.8.82.

Logan Clark.

CONVERY
JANICE

Room 23 FSH, Glensagles Hotel.
Auchterarder

SINGLE.
25.05.65
Hotel worker.

Dr. Robert Dick
Practice Centre
Auchterarder PH3 1AJ

Dear Mr. Clark,

This patient has a ganglion of the dorsum of the left hand which is gradually increasing in size over the last few months.

I should be most grateful of your opinion and advice.

Yours sincerely,

Robert Dick. M.B. Ch.B.,

*She had an
appt for*

22.10.82 (appt).

but did not keep it!



**Guardian
Royal
Exchange**

The Consulting Medical Officer,
Head Office Life Department:
13 St. Andrew Square, Edinburgh, EH2 0BY.
CONFIDENTIAL MEDICAL ATTENDANT'S REPORT

Date 22ND JULY 1986
Issuing Office EDINBURGH

DR DICK,
THE SURGERY,
AUCHTERADER,
FIFE.

NAME OF APPLICANT MISS J.K. CONVERY

The applicant has given permission to refer to you as Medical Attendant.

Will you kindly reply to the questions annexed. Your report will be treated as strictly confidential.

PERSONAL EXAMINATION IS NOT REQUIRED.

A reply, in the enclosed stamped envelope, by RETURN OF POST, will be appreciated even if you are unable to complete the form.

On receipt of your report, the upper part of this page will be returned, together with a fee of £ 11 by cheque made payable in accordance with your instructions below.

cheque for the report should be
made payable to

and should be sent to

PLEASE WRITE IN BLOCK LETTERS

Robert Dick

(initials and name)

(address)

Drs. Dick, Crease & Laird
Practice Centre
Rossie Place,
Auchterarder PH3 1AJ.
Tel: 2275

3. Are drugs or medicines at present prescribed? If so what types and dosages? Are they taken regularly?	No.	
4. Having regard to age and height, is he/she of average weight?	Yes.	
5. Has he/she always been of temperate habits?	To the best of my knowledge ^{and belief} Yes.	
6. Have you the result(s) of (a) examination of the urine? (b) tests of the blood pressure?	Date (a) 5 May 86 (b) 5 May 86.	Result nil sugar nil album 140/80.
7. Is there any tendency to hereditary disease in the family?	No.	
8. Female proposers (a) What is the state of the uterine functions? (b) Have confinements been favourable? (c) Is the Proposer pregnant? (d) Are oral contraceptives taken?	(a) Satisfactory (b) — (c) No. (d) Yes.	
9. Special question (when applicable)	was in care in Childhood and was examined frequently.	

NOTES AND COMMENTS
(An opinion is not requested)

Life Assurance:

Non-Cancellable Sickness/Disability Insurance
(terminating not later than age 65)

Date.....

Signature

Address

PLEASE COMPLETE THE PAYMENT
INSTRUCTIONS ON THE FRONT PAGE

Qualifications

9 October 1991

Philemon Housing Association
85 Claremont Street
Glasgow G3

Dear Sir/Madam

Re: Janice Convery, Flat 3/5, 27 Derby Street, Glasgow G3 7TG

I understand the above has applied to yourselves for rehousing for herself, her boyfriend and her baby daughter, who was born on 26 September 1991. As you are aware, they are currently living with Mrs Elizabeth Daly (Janice's boyfriend's mother) in a two apartment flat belonging to the Housing Association.

Current conditions are very cramped, even more so with the arrival of the baby. This is naturally putting everyone concerned under considerable stress. Moreover, Janice has recently been suffering from a chest infection and has developed symptoms of asthma, and is currently under treatment. This is despite the fact that she stopped smoking on becoming pregnant. Their current situation on the top floor is therefore far from ideal.

I would be grateful if the full circumstances including Janice's own health could be taken into account with regard to their application for rehousing.

Thank you for your assistance.

Yours sincerely

Christine M Crawford

25 July 1991

TO WHOM IT MAY CONCERN

Re: Janice Convery

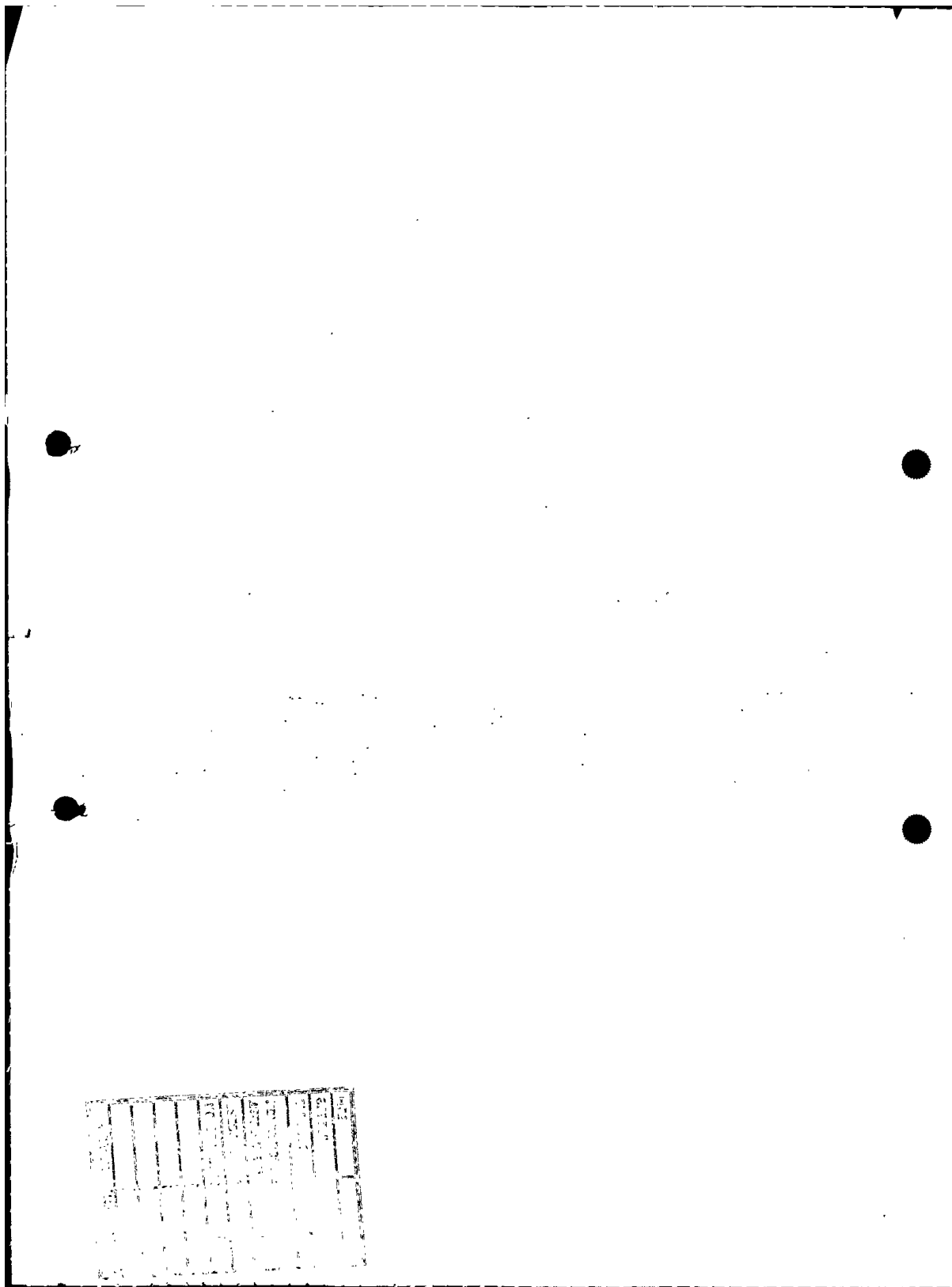
I understand that Janice has applied for another house in this area pending the arrival of her baby in September 1991. My locum provided a letter last month confirming details of her present accommodation but I understand that she has not been allocated any further priority points.

I write to elaborate on her present circumstances in the hopes that her request could be looked upon more sympathetically. She currently lives with her boyfriend in his mother's home. Mrs Daly, the mother, has given up her bedroom for the couple and sleeps herself in the sitting-room. This is, obviously, difficult under the present circumstances and once the baby arrives I think this would be an almost impossible situation. There are other reasons why Janice has applied for a house in this area. Firstly, her boyfriend has been born and brought up here. Secondly, his mother, Mrs Daly, has problems with her mother who lives locally and who is becoming progressively more demented. Mrs Daly is called upon to provide a great deal of support for her own mother and, as her own health is not good, she depends on her son and Janice to provide help and assistance with her mother who has a tendency to wander the streets and call at all hours of the day and night. This is, obviously, a stressful situation for the whole family and Janice would like to remain close so that she and her boyfriend could continue to be a support to his family. I would be most grateful if Janice's request could be reconsidered in the light of this further information.

With thanks,

Yours sincerely

Alison A Lawson



The Queen Mother's Hospital

Our Ref: RJSH/JG

Your Ref:

Enquiries to: Ext. 4539



YORKHILL

GLASGOW G3 8SJ

Telephone: 041-339 8888

14th June, 1991

Dr. C.M. Crawford,
1119 Argyle Street,
GLASGOW,
G3 8ND

Dear Dr. Crawford,

Re: Janice Convery d.o.b. 25.5.65 Hosp. no. 63398
3/5 27 Derby Street, Glasgow, G3 7TG

Thank you for referring this lady to Dr. Miller's antenatal clinic. I saw her for her booking visit on 10th June, 1991, when she was at 23 weeks by scan, her own dates being uncertain. All appeared well, apart from some intermittent right-sided abdominal pain which, she said, felt like a stitch. Her blood pressure was 110/70 mm Hg.

We will be happy to share her antenatal care. She has been asked to return here at 26 weeks and to see you in the interval.

Yours sincerely,

Robert J.S. Hawthorn,
Senior Registrar

SEEN BY	TO BE SEEN BY
NOTES PLEASE	
PRESCRIPTION	
TELL PATIENT	
NORMAL/CLEAR	
S. M. C.	
FILE	

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT
QUEEN MOTHERS' HOSPITAL

Antenatal Summary Sheet

SURNAME	CHRISTIAN NAME	UNIT NUMBER
Convery	Janice	63398

Occupation	Marital State Single	Date of Birth 25.5.65
Maiden Name	Consultant : Dr. Miller	Transferred From Home
Admitted 27.5.91	Discharged 27.5.91	Disposal Home
Age 26	Height	Parity 0+0
		Blood Group O Negative
G.P. Dr. Christine Crawford, 1119 Argyle Street, GLASGOW, G3.	Copies to:	

Principal Diagnosis Precipitating Admission	Threatened abortion.	Code
Principal Diagnosis after Admission	Threatened abortion.	
Surgical Operations		

Progress

Bleeding settled on admission.

SEEN BY	TO BE SEEN BY	NOTES PLEASE	PRESCRIPTION	TELL PATIENT	FORMAL/CLEAR	PAK TO DR.	FILE
2							

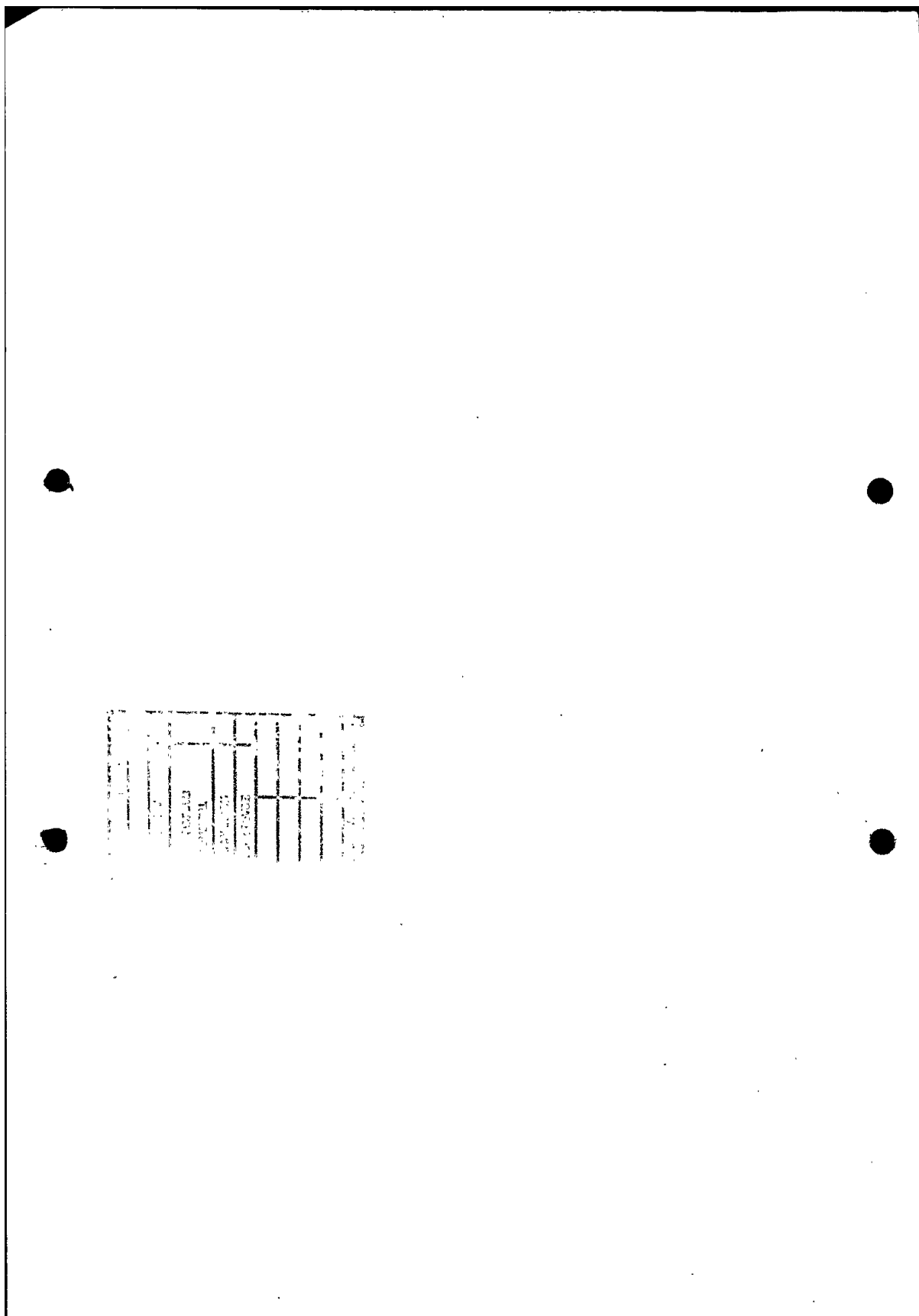
Investigations

Kleihauer - no fetal cells seen.
Blood group - O Negative.
USS - not low lying placenta.

Next A. N. Appt.: Place: ANC Date: 2/52 Time:

Comment and Recommendations:

Signature ... Dr. A. Salman ... Date ... 29.5.91 ...
Status ... SHO ...



10 June 1991

TO WHOM IT MAY CONCERN

I write to confirm that Janice Convery of Flat 3/5, 27 Derby Street, Glasgow G3 7TG is 23 weeks pregnant and expecting the delivery of her child at the end of September 1991. She presently lives in a 2 apartment flat with her boyfriend and his mother and they find the conditions very cramped. With the imminent arrival of her child, I would be grateful if you would consider her request for rehousing to be a matter of some priority.

Yours sincerely

Fiona Groom

Queen Mother's

10 June 1991

Antenatal

xx Miller

Convery
Janice

Flat 3/5, 27 Derby Street
Glasgow
G3 7TG

25 5 65

Dear Doctor Miller

I would be grateful if you could book this 25 year old girl for the delivery of her first baby in the Queen Mother's Hospital. She discovered 2 weeks ago that she was 22 weeks pregnant, having been amenorrhoeic since receiving Depo-Provera about a year ago. She was initially very shocked by her pregnancy but both she and her boyfriend are now very pleased. I understand that she was admitted to the Queen Mother's Hospital with threatened abortion at 22 weeks gestation and an ultrasound scan at that time was satisfactory and she was given Anti D Immunoglobulin.

She apparently suffered from pelvic inflammatory disease in 1989 but has no other past medical history of any note. She lives in a flat with her boyfriend and his mother in very cramped conditions and I have written to the housing authority to see if we can have her rehoused.

She has been very well in her pregnancy so far and today her blood pressure was 90/60 and her urinalysis was negative. Abdominal examination revealed an enlarged uterus consistent with 23+ weeks gestation.

We would be happy to share her antenatal care if this is acceptable to you

Many thanks,
Yours sincerely

Fiona Groom

FORTH VALLEY HEALTH BOARD

FAMILY PLANNING SERVICE

FAMILY PLANNING CLINIC,

Stirling Royal Infirmary

STIRLING.

DATE : 27.1.87

Dear Dr. Dick

Your Patient Janice Convery
1 Station Rd
Dunblane

CLINIC NO

DATE OF BIRTH 25.5.65

visited the Clinic this week and expressed a desire to use Depoprovera as a contraceptive. I could find no contra-indication on history and routine examination, and have injected her with : Depo. Provera 150ml.

We have arranged to see her in three months. She has been advised to expect menstrual irregularity and a possible delay to normal fertility.

Yours sincerely

Chkell.

Medical Officer

Dr. Dick, Gross & Laid
Practice Centre
Auchterarder

IMPORTANT—In the event of a transfusion being needed the blood grouping should be repeated and cross-matching should always be carried out.

ANTE-NATAL RECORD

INVESTIGATIONS		Date	Results	HISTORY	FIRST EXAMINATION	Date / /	Examination 35/37 Week Date / /
A.B.O. Blood Group				Oedema	Height	Special Observations	Head/Brim Relationship
Rhesus				Headache	Teeth		Pelvic Capacity
Antibodies				Bowels	Breasts		
W/R Kahn				Micturition	Heart		
X-Ray chest				Discharge	Varicose Veins		Sgd.
Repeat A.B.O.				Date of Quickening / /	Pelvic Examinations		This patient is fit for inhalation analgesia
" "					Cervical Smear		Sgd.
" "							Date / /

DATE	WEEKS	FUNDAL HEIGHT	PRESENTATION & POSITION	RELATION OF PP TO BRIM	FH	WEIGHT	URINE Prot	URINE Sugar	URINE Ket	B.P.	OEDEMA	Hb	NEXT VISIT	Sgd.	NOTES e.g. Repeat A.B.O. antibodies, infections, drugs, polio immunisations, classes attended
6.6.91	23+	23					-	-	-	100/60	nil		3/52	FG	Review 3/52 booked 22/11
8.7.91	24	24					N/A			100/60			3/52	4	2m Tests
29.7.91	31+	30				52KG	NIL	NIL		110/60			19/8/91		
2.9.91	36+	36			Left	61KG	NIL	NIL		110/60					
9.9.91	37+	37			Caput 4/5	65KG	NIL	NIL		110/60			1/2		W/ass tired but well, active baby
23.9.91	38+	38			Caput	68KG	NIL	NIL		120/60					22/11

28.5.65

27-5-65

SURNAME (BLOCK LETTERS)		FEMALE	
TITLE (Mrs, Miss)		OCCUPATION	
FORENAMES (BLOCK LETTERS)		PHONE NUMBER	
CONVERY		248 8158	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER	
27/5/65	MARRIED (DATE)	S496 1965 338	
~~27/5/65~~	DIVORCED (DATE)	CHI: 5662	
~~27/5/65~~	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADDRESS	D	M	DOCTOR'S NAME
31, CLEVELAND ST, G3 7AD			KA LAWREN
2 312 21 BONVIEW ST KATHIL, G20 7SA			
3.			
4.			
5.			
Cause of Death			
(1)			
(2)			
355-2090			
Printed by HMSO Scotland Dd 8391997 4/96 (124412)			
Form GP 111A (Rev. 5/87)			

G.P.111.

NHS Confidential: Personal data about a patient

Convery. SURNAME		Janice K. CHRISTIAN NAMES		00	
National Health Service Number 5496.65.338		Single Married Widowed	Date of Birth 25 5 65	(Note changes) 0063	
Address (1) 23 Larchbank Leeds Hill Livingston.		Name of Practitioner Dr. F. I. STEWART		Health Board Cipher—Date 3/1/79	
132 (2) Forest Walk Uphall.		(2)		Die	
Rm 112 (3) 19 SH. Glencairn Hotel Gal. Brease Cherry Road		(3)		(3) TAYSIDE -6 AUG 1982 HEALTH BOARD	
5 Underway. Brae		(4)		✓ 11.12.87	
1 Station Rd. Dunblane		Dr. R. E. Wilson		V 11.12.87	
Form (Scotland) — FEMALE					
Signature					

This column is provided for doctors to enter A, V or C at their discretion

	Date	*	CLINICAL NOTES
FORENAMES			
SURNAME			

FEMALE

Surname

CONVEKY

Forenames

Janice

Date of Birth

25.5.65

Single

Married

Widow

National Health Service Number

S 496 65 338

Address

15 Primrose Bank
Bowdon.

Doctor's Name

P. Bee

Committee's Cipher and Stamp

6111
11 APR 1970
22 JUL 1971

Tel No.

Subsequent Addresses

3/5 27 DERBY ST

Tel No.

G37

Tel No.

Tel No.

Tel No.

(Note changes and insert year of change)

Occupations

Year

Occupations

Year

Date of Death 19

Cause of Death

Doctor's Signature

SURNAME
FORENAMES

NHS Confidential: Personal data about a patient

MAJOR ALLERGIES									
Date Noted									
BLOOD GROUP		RH	ANTIBODIES						
		Date	Date						
	DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC		
1									
2									
3									
Boost									
Boost									
Boost									
TUBERCULIN TEST	Result				B.C.G.	Result			
	Date					Date			
OTHER INOCULATIONS	Type								
	Date								
M.M.R. (Date)									
CERVICAL SMEAR (Date)									

NHS Confidential: Personal data about a patient

CONVERY SURNAME		JANIE CHRISTIAN NAMES			OCCUPATION		SURNAME
National Health Service Number S496.65 238		Single Married Widowed	Date of Birth	25	5	65	
Address (1) 31 PARK AVENUE DUNDEE.		Name of Practitioner K.H. FRESHWATER		Executive Council Cipher	Date 24 JUL 1975	HEALTH BOARD	19.....
(2) 38 FETTERCAIRN AVE GL5		(2) WM P BARR		(2)	(2)	Died	19.....
(3) 212 44 CLEVELAND ST GLASGOW G3 7AO		(3) DR A.A. LAWSON		(3) 23 OCT 1992	(3)	CAUSE OF DEATH	1. _____ 2. _____
(4)		(4)		(4)	(4)		
Form E.C.6B (Scotland) — FEMALE							Signature of Practitioner

Consultations	
30/05/2024 15:55	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension/Asthma A/R - bloods taken. No issues with medication. Weight steady. Not able to do much exercise at the moment as caring for partner and not getting a lot of free time. Trying to home cook and eat well for him also. Asthma review - Using a bit more reliever just now but thinks may be stress and a bit of hayfever. Only using ICS in morn ing so encouraged to use 2PBD and monitor reliever use. Can get back to us if stil having regular symptoms and could consider add in LABA. Encouraged to use spacer and oral care advice reinforced.
Test Request	Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Thyroid function tests - Completed, HbA1c - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 122/78 mm Hg O/E - weight, 87 Kg Body Mass Index, 31.57
Social	Ex smoker
Follow up	Alcohol consumption, 4 units/week (diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Asthma medication review Spacer device in use Asthma accident and emergency attendance since last visit, 0 Asthma monitoring Medication review done Hypertension monitoring Lifestyle counselling

29/05/2024	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 30 of May at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.

15/05/2024	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 16 of May at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.

09/05/2024 14:49	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Partner ~~terminal~~ terminal. Issues with his side of the family and no help from his two children. Her daughter ~~is~~ is great and supportive and has lots of friends who are close. Teaches English as a foreign language in Shawlands and Head is fine with her being off. We will continue to furnish Med3 as long as they are needed. Loves her job and sees the importance of returning when she can.
Medication	Diazepam Tablets 2 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Family Illness and Stress; Duration: 09/05/2024 - 06/06/2024)

01/05/2024	<u>at MJog</u>
Additional	Asthma monitor phone invite Asthma Invite (Text sent)

30/04/2024	<u>at MJog</u>
Additional	Asthma monitor phone invite Asthma Invite (Text sent)

11/04/2024 11:20	<u>Dr Mairi Scullion at Telephone Consultation</u>
Problem (FIRST)	Stress at home
History	See below. Spoke w Janice. Remains under a lot of understandable strain at the moment. Partner palliative and unclear if / when he will deteriorate further. Needing Med 3 for work - dates as below. Also requesting further DPM to use when anxiety bad - aware to try and keep use sparing where possible. Supportive chat. Review PRN
Medication	Diazepam Tablets 2 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C)

Additional	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: family illness and stress; Duration: 11/04/2024 - 09/05/2024)
19/03/2024 13:38	Dr Fiona Clarey at Data Entry eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Family illness and stress; Duration: 19/03/2024 - 02/04/2024)
07/03/2024 17:18	Dr Roderick MacNeill at Data Entry eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Family illness and Stress; Duration: 07/03/2024 - 21/03/2024)
22/02/2024 12:07	Dr Gail Henderson at Telephone Consultation ██████, her partner is terminal, oncologist not giving him any more chemo. Janice feeling quite anxious and overwhelmed. His family being pushy re Janice and saying she is after his money and flat eventhough she has her own flat. She is working and that is her lifeline, her job is 9am-3pm in Shawlands Primary and keen to keep working. Nurses come in twice weekly to see him. Asking for something to use prn for anxiety. Similar situation in 2022 and diazepam helped then.
Medication	Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C)
Additional	Medication review done by doctor

Medical Record

Investigations	Authorised By	Code
21/05/2025	Full blood count - FBC (Source: LAB) normal - no action (RM).	424..
21/05/2025	Bone profile (Source: LAB) satisfactory (RM).	44Z2.
21/05/2025	Urea and electrolytes (Source: LAB) normal - no action (RM).	44JB.
21/05/2025	Liver function test (Source: LAB) satisfactory (RM).	44D6.
21/05/2025	Serum lipids (Source: LAB) satisfactory (RM).	44O..
21/05/2025	Thyroid function tests (Source: LAB) normal - no action (RM).	44Z..
21/05/2025	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal but on the cusp of PRe Diabetes (RM).	
26/03/2025	Urea and electrolytes (Source: LAB) normal/ Negative (ALI).	44JB.
26/03/2025	Liver function test (Source: LAB) normal/ Negative (ALI).	44D6.
26/03/2025	Serum lipids (Source: LAB) normal/ Negative (ALI).	44O..
26/03/2025	Thyroid function tests (Source: LAB) normal/ Negative (ALI).	44Z..
26/03/2025	(Non Coded Event - BNP (NT-Pro)) (Source: LAB) normal/ Negative (ALI). NT-proBNP should always be interpreted in combination with clinical evaluation. Please see Heart Failure Diagnostic Pathway (When used as recommended by protocol, NT-proBNP >= 400 suggests proceeding to ECG and echo.)	
30/05/2024	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal/ Negative (RM).	
30/05/2024	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
30/05/2024	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
30/05/2024	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
30/05/2024	Thyroid function tests (Source: LAB) normal/ Negative (RM).	44Z..
30/05/2024	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
10/01/2024	Bowel Cancer Screening Result (Source: Manually filed) .	686A.
04/05/2023	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) just below threshold for pre diabetes (RM).	
04/05/2023	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
04/05/2023	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
04/05/2023	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
04/05/2023	Serum lipids (Source: LAB) satisfactory (RM).	44O..
03/05/2023	Virology (Source: Manually filed) . - Cervical smear - human papillomavirus negative	4K2Q.
15/11/2022	(Non Coded Event - I ANA/Centromere Abs) (Source: LAB) normal/ Negative (ALI). Negative	
15/11/2022	Liver function test (Source: LAB) improving (ALI).	44D6.
26/10/2022	Bone profile (Source: LAB) repeat test (IF).	44Z2.
26/10/2022	(Non Coded Event - C-reactive Protein) (Source: LAB) normal/ Negative (IF).	
26/10/2022	Urea and electrolytes (Source: LAB) normal/ Negative (IF).	44JB.
26/10/2022	Liver function test (Source: LAB) repeat test (IF).	44D6.
26/10/2022	Full blood count - FBC (Source: LAB) satisfactory (IF).	424..
26/10/2022	Erythrocyte sedimentation rate (Source: LAB) normal/ Negative (IF).	42B6.
11/05/2022	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) normal/ Negative (RM).	
11/05/2022	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
11/05/2022	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
11/05/2022	Urea and electrolytes (Source: LAB) normal/ Negative (RM). (NA) Old specimen: result invalid.	44JB.
11/05/2022	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
11/01/2022	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal/ Negative (GH).	
11/01/2022	Urea and electrolytes (Source: LAB) Normal/ Negative (GH). (NA) Old specimen: result invalid.	44JB.
11/01/2022	Thyroid function tests (Source: LAB) Normal/ Negative (GH).	44Z..
11/01/2022	Full blood count - FBC (Source: LAB) Normal/ Negative (GH).	424..
11/01/2022	Erythrocyte sedimentation rate (Source: LAB) Normal/ Negative (GH).	42B6.
20/10/2021	2019-nCoV (novel coronavirus) not detected (Source: LAB) .	^ESCT1299077
23/09/2021	Serum vitamin B12 (Source: LAB) normal/ Negative (RM).	42T..
23/09/2021	Serum folate (Source: LAB) normal/ Negative (RM).	42U5.
23/09/2021	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
23/09/2021	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
23/09/2021	(Non Coded Event - Protein EP & Igs) (Source: LAB) normal/ Negative (RM). No paraprotein detected.	
23/09/2021	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
31/03/2021	Plasma glucose level (Source: LAB) normal/ Negative (RM). Non-fasting sample	44g..
31/03/2021	Urea and electrolytes (Source: LAB) normal/ Negative (RM).	44JB.
31/03/2021	Liver function test (Source: LAB) normal/ Negative (RM).	44D6.
31/03/2021	Serum lipids (Source: LAB) normal/ Negative (RM).	44O..
31/03/2021	Full blood count - FBC (Source: LAB) normal/ Negative (RM).	424..
29/09/2020	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) Normal/ Negative (GH).	
29/09/2020	Serum ferritin (Source: LAB) Normal/ Negative (GH). Males 15-300 (<15 iron deficiency) Females 15-200 (<15 iron deficiency) 15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.	42R4.
29/09/2020	Serum vitamin B12 (Source: LAB) Normal/ Negative (GH).	42T..
29/09/2020	Serum folate (Source: LAB) Normal/ Negative (GH).	42U5.

29/09/2020	Urea and electrolytes (Source: LAB) Normal/ Negative (GH).	44JB.
29/09/2020	Liver function test (Source: LAB) Normal/ Negative (GH).	44D6.
29/09/2020	Plasma glucose level (Source: LAB) Normal/ Negative (GH). Fasting sample	44g..
29/09/2020	Full blood count - FBC (Source: LAB) Normal/ Negative (GH).	424..
29/09/2020	Erythrocyte sedimentation rate (Source: LAB) Normal/ Negative (GH).	42B6.
01/07/2020	(Non Coded Event - QFIT) (Source: LAB) Normal/ Negative (CC). Negative qFIT result.[Refer to NHS GG&C guidelines for symptom based triage.]	
24/06/2020	Bone profile (Source: LAB) Normal - no action (CC).	44Z2.
24/06/2020	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal - no action (CC).	
24/06/2020	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
24/06/2020	Liver function test (Source: LAB) Normal - no action (CC).	44D6.
24/06/2020	Thyroid function tests (Source: LAB) Normal - no action (CC).	44Z2.
24/06/2020	(Non Coded Event - FSH) (Source: LAB) post menopausal levels (CC). Results within post-menopausal reference range.[Infertility cannot be assumed during this stage]and for up to 1 year post menopause (over age 50)]	
24/06/2020	(Non Coded Event - I Coeliac Serol (Dx)) (Source: LAB) Normal/ Negative (CC). IgA TTG Ab = IgA Tissue Transglutaminase Ab.[Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.]If screening for coeliac disease, this result is only valid if the person was eating gluten at least twice a day for previous 6 weeks	
24/06/2020	Full blood count - FBC (Source: LAB) Normal - no action (CC).	424..
09/10/2018	(Non Coded Event - HbA1C (IFCC)) (Source: LAB) Normal - no action (CC).	
26/09/2018	Plasma glucose level (Source: LAB) borderline raised TSK (CC). Non-fasting sample	44g..
26/09/2018	Full blood count - FBC (Source: LAB) Normal - no action (CC). Change to adult Reference Range for Hb,HCT,RBC+Lymphs from 27/8/18	424..
26/09/2018	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
26/09/2018	Liver function test (Source: LAB) Normal - no action (CC). Please note change in Abbott Total Bilirubin method from 18/01/18	44D6.
26/09/2018	Serum lipids (Source: LAB) Satisfactory (CC).	44O..
19/06/2017	Bowel Cancer Screening Result (Source: Manually filed).	686A.
06/10/2015	Full blood count - FBC (Source: LAB) Normal - no action (CC).	424..
27/08/2015	(Non Coded Event - I Coeliac Serology) (Source: LAB) Normal/ Negative (CC). TTG Ab = Tissue Transglutaminase Ab Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.]	
27/08/2015	Bone profile (Source: LAB) Normal - no action (CC). Alkaline Phosphatase results IFCC aligned from 03/08/15.]	44Z2.
27/08/2015	(Non Coded Event - C-reactive Protein) (Source: LAB) Normal - no action (CC).	
27/08/2015	Urea and electrolytes (Source: LAB) Normal - no action (CC).	44JB.
27/08/2015	Liver function test (Source: LAB) Normal - no action (CC). Alkaline Phosphatase results IFCC aligned from 03/08/15.]	44D6.
27/08/2015	Thyroid function tests (Source: LAB) Normal - no action (CC).	44Z2.
27/08/2015	Serum 1,25-dihydroxy vitamin D3 level (Source: LAB) Normal - no action (CC). Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.]	44LO.
27/08/2015	Plasma glucose level (Source: LAB) Normal - no action (CC). Non-fasting sample	44g..
27/08/2015	Serum ferritin (Source: LAB) Normal - no action (CC). Males 20-300 (<20 iron deficiency) Females 15-200 (<15 iron deficiency) 15-50 intermediate result. Consider iron deficiency In anaemic patients, older patients and those with inflammatory disease.]	42R4.
27/08/2015	Serum vitamin B12 (Source: LAB) Normal - no action (CC).	42T..
27/08/2015	Serum folate (Source: LAB) Normal - no action (CC).	42U5.
19/08/2015	Cervical Cytology (Source: Manually filed) . Routine Recall -	4K22.
26/09/2013	Plasma glucose level (Source: LAB) . Non-fasting sample	44g..
26/09/2013	Serum lipids (Source: LAB) . Non-fasting sample	44O..
13/01/2012	Cervical Cytology (Source: Manually filed) . Routine Recall -	4K22.

Alerts	Authorised By	Code
21/03/2022	Alert 23/8/19 & 21/3/22 did not take part in bowel screening	Miss McGowan
17/05/2019	Alert smear defaulter	Mrs Douglas

Drug Allergies	Authorised By	Code
None		

Non Drug Allergies	Authorised By	Code
None		

Family History	Authorised By	Code
None		

Immunisations	Authorised By	Code
03/10/2025	Administration of first inactivated seasonal influenza vacc 3051222/ FLUAQIV/IM/Right Arm/FLU - Seqirus UK (Possil Pharmacy)	65ED4
07/01/2025	Administration of first inactivated seasonal influenza vacc 3040806/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (CP 1733 North Park Pharmacy)	65ED4
01/11/2023	Administration of first inactivated seasonal influenza vacc 3029228/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (Wellcare Pharmacy)	65ED4
15/11/2022	Administration of first dose of SARS-CoV-2 vaccine 200028A/ COVMODERNA/IM/Left Arm/C-19 Moderna (Glasgow Central Mosque)	*ESCT1348323
15/11/2022	Administration of first inactivated seasonal influenza vacc 440151A/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (Glasgow Central Mosque)	65ED4
	Immunisation course to maintain protection against SARS-CoV-2 (severe acute	

05/12/2021	respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Saseh) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (J Saseh)		^ESCT1423363
05/12/2021	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic)		^ESCT1348323
05/12/2021	Administration of first inactivated seasonal influenza vacc P100362174/ FLUQIVC/IM/Left Arm/FLU - Flucelvax Tetra (QIVc) (Barmulloch Community Centre - Public Vaccination Clinic)		65ED4
08/06/2021	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By K Tytler) PV46694/ AZ/IM/RUA/C-19 (By K Tytler)		^ESCT1348325
26/03/2021	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By D Mollins) 4120Z003/ AZ/IM/RUA/C-19 (By D Mollins)		^ESCT1348323
09/11/2020	Seasonal influenza vaccination (Right arm) FLUCELVAX TETRA Sequirus Btch P100253416 Exp 05/21	Mrs Millar	65ED
09/11/2020	Flu vaccination administration Given at Community Centre for Health	Mrs Millar	90X-1
03/11/2020	Influenza vaccn invit SMS sent Flu vaccination administration Asthma Review - not well controlled at present. Admits to being irregular with ICS but taking more often recently. Using reliever 3 times per day and some night time symptoms. Technique observed and very poor. Agreed to use aerochamber. Technique show with this. R/R 2/52 and could consider step up if not helping. Advised if any deterioration in symptoms should see GP before appt.		90XC
07/11/2019		Mrs Devitt	90X-1
07/11/2019	Consent given for seasonal influenza vaccination	Mrs Devitt	68NV0
07/11/2019	Seasonal influenza vaccination (Left arm) SANOFI Batch No T3G682V Expiry 06/20	Mrs Devitt	65ED
09/10/2018	Consent given for seasonal influenza vaccination	Mrs Davidson	68NV0
09/10/2018	Seasonal influenza vaccination (Left arm) SANOFI Batch No R3G351V EXP 05/2019	Mrs Davidson	65ED
13/11/2017	Influenza vaccination L arm	Mrs Douglas	65E
13/11/2017	Seasonal influenza vaccination Sanofi Pasteur BN P2A501M Exp 06/18	Mrs Douglas	65ED
03/11/2017	Flu vac inv 2nd SMS txt msg st		90XC2
14/11/2016	Influenza vaccn invit SMS sent		90XC
11/11/2016	Seasonal influenza vaccination Agrippal Lot 165302 Exp 04/17	Mrs Davidson	65ED
19/10/2016	Influenza vaccn invit SMS sent		90XC
28/09/2016	Influenza vaccn invit SMS sent		90XC
29/10/2015	Flu vac inv 1st SMS txt msg st		90XC1
06/10/2015	Seasonal influenza vaccination Lot M7273-6 Exp 05/16 Sanofi Pasteur	Mrs Davidson	65ED
20/10/2014	Influenza vaccination	Mrs Devitt	65E
20/10/2014	Seasonal influenza vaccination L8206-1 EXP 05/2015 Sanofi Pasteur	Mrs Devitt	65ED
01/10/2014	Influenza vacc 1st phone invit Text invite		90X70
27/11/2013	Seasonal influenza vaccination B/N E11 EXP 06/14 (GMS)	Dr MacNeill	65ED
14/11/2013	Influenza vaccn invit SMS sent 1st text invite sent		90XC
14/12/2012	Consent given for seasonal influenza vaccination	Mrs Davidson	68NV0
14/12/2012	Seasonal influenza vaccination (Left arm) BN J7166-1 EXP 06/13 Sanofi Paster	Mrs Davidson	65ED
13/10/2011	Influenza vacc consent given	Mrs Douglas	68NV
13/10/2011	Influenza vaccination (Right arm) Batch No. X07 - exp 05/12 Abbott	Mrs Douglas	65E
27/10/2010	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Injection Site: Left Arm priority=1 Batch Number: V10 Expiry date: 30/06/2011 Manufacturer: Abbott Laboratories / Solvay Healthcare Product Name: Influvac	office	68NV
27/10/2010		office	65E
09/12/2009	Consent given for pandemic influenza vaccination Recorded through Combined Vaccination priority=1 PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given Injection Site: Right Arm priority=1 Batch Number: A81CA106A Expiry date: 31/08/2011 Manufacturer: GlaxoSmithKline Product Name: Pandemrix	joanne	68Nr
09/12/2009		joanne	65E9
26/10/2009	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Batch Number: 095302A Expiry Date: 5/2010 priority=1 Batch Number: 095302A Expiry date: 31/05/2010 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	joanne	68NV
26/10/2009		joanne	65E
19/11/2008	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Site: Left Arm - Batch Number: 188011A Expiry Date: 7/2009 priority=1 Batch Number: 188011A Expiry date: 31/07/2009 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	office	68NV
19/11/2008		office	65E
14/11/2007	Influenza vacc consent given Recorded through Combined Vaccination priority=1 Influenza vaccination Site: Right Arm - Batch Number: 163031A Expiry Date: 6/2008 priority=1 Batch Number: 163031A Expiry date: 30/06/2008 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination	joanne	68NV
14/11/2007		joanne	65E
31/10/2007	Low dose diphtheria, tetanus and inactivated polio vaccinati revaxis priority=2	Mrs Devitt	65K5
31/10/2007	Booster hepatitis A and typhoid vaccination : priority=2	Mrs Devitt	65MN
24/07/1996	Booster tetanus vaccination Tetanus Immunis.\$\$.clm - Repeat after an Interval	UnknownUser	6564

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	In GP care		
12/07/1996	Booster polio vaccination Polio Immunis.\$\$.clm - Repeat after an Interval	UnknownUser	6584
12/07/1996	In GP care		
12/07/1996	Typhoid vaccination : priority=2	Mrs Devitt	652
12/07/1996	1st hepatitis A vaccination : priority=2	Mrs Devitt	65FA

Health Status	
19/08/2015	Cervical smear result Cervical smear: negative
26/09/2013	Height 166 cm
21/05/2025	Weight 89 Kg
21/05/2025	Body Mass Index 32.3 kg/m2
21/05/2025	Blood pressure reading 136/80 mm Hg
26/03/2025	Blood pressure reading O/E - BP reading
21/05/2025	Smoking Status Ex smoker
21/05/2025	Exercise grading Takes inadequate exercise

Other Observations	Authorised By	Code
11/06/2025	Spacer device in use	Mrs Devitt 663I
11/06/2025	Asthma medication review	Mrs Devitt 8B3j
11/06/2025	Asthma management plan given	Mrs Devitt 663U
11/06/2025	Asthma monitoring	Mrs Devitt 663-1
10/06/2025	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Wednesday 11 of June at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
21/05/2025	Hypertension monitoring	Mrs Devitt 662P
21/05/2025	Health ed. - diet	Mrs Devitt 6799
21/05/2025	Takes inadequate exercise	Mrs Devitt 138O
21/05/2025	Aerobic exercise 3+ times/week	Mrs Devitt 138B
21/05/2025	Ex smoker	Mrs Devitt 137S
20/05/2025	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Wednesday 21 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
31/12/2024	Site of encounter NOS Actioned in Pharmacotherapy Hub	Ms Kane 9N1Z
31/12/2024	Rep.presc. monitoring NOS MM LES Level 1 Review	Ms Kane 66RZ
31/12/2024	Post hospital dischrge med reconciliation with medical notes	Ms Kane 8B3S1
30/05/2024	Lifestyle counselling	Mrs Devitt 67H
30/05/2024	Hypertension monitoring	Mrs Devitt 662P
30/05/2024	Medication review done	Mrs Devitt 8B3V
30/05/2024	Asthma monitoring	Mrs Devitt 663-1
30/05/2024	Spacer device in use	Mrs Devitt 663I
30/05/2024	Asthma medication review	Mrs Devitt 8B3j
30/05/2024	Ex smoker	Mrs Devitt 137S
29/05/2024	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 30 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
15/05/2024	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:00 on Thursday 16 of May at Sandford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.	9N3G
01/05/2024	Asthma monitor phone invite Asthma Invite (Text sent)	9OJ8
30/04/2024	Asthma monitor phone invite Asthma Invite (Text sent)	9OJ8
22/02/2024	Medication review done by doctor	Dr Henderson 8BIH
10/01/2024	BCSP faecal occult blood test normal	Ms Martin 686A
04/05/2023	Spacer device in use	Mrs Devitt 663I
04/05/2023	Asthma medication review	Mrs Devitt 8B3j
04/05/2023	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt 663u
04/05/2023	Asthma not limiting activities	Mrs Devitt 663Q
04/05/2023	Asthma not disturbing sleep	Mrs Devitt 663O
04/05/2023	Inhaler technique - good	Mrs Devitt 663H
04/05/2023	Using inhaled steroids - normal dose	Mrs Devitt 663g1
04/05/2023	Lifestyle counselling	Mrs Devitt 67H
04/05/2023	Hypertension monitoring	Mrs Devitt 662P
04/05/2023	Ex smoker	Mrs Devitt 137S
03/05/2023	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:15 on Thursday 04 of	9N3G

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	May at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		
28/04/2023	Asthma monitor phone invite Text invite sent		90J8
24/04/2023	SMS text sent to patient Invite for Hypertension A/R with PN- (Text sent)		9N3G
03/02/2023	SMS text sent to patient Text to apologise re Dr shortage sent		9N3G
19/12/2022	SMS text sent to patient staff shortage		9N3G
25/10/2022	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:10 on Wednesday 26 of October at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.		9N3G
14/09/2022	SMS text sent to patient Bank Hol notification sent		9N3G
11/05/2022	Asthma monitoring	Mrs Devitt	663-1
11/05/2022	Spacer device in use	Mrs Devitt	663I
11/05/2022	Asthma medication review	Mrs Devitt	8B3j
11/05/2022	Asthma causes daytime symptoms 1 to 2 times per month	Mrs Devitt	663t
11/05/2022	Asthma not limiting activities	Mrs Devitt	663Q
11/05/2022	Asthma not disturbing sleep	Mrs Devitt	663O
11/05/2022	Inhaler technique - good	Mrs Devitt	663H
11/05/2022	Using inhaled steroids - normal dose	Mrs Devitt	663g1
11/05/2022	Lifestyle counselling	Mrs Devitt	67H
11/05/2022	Hypertension monitoring	Mrs Devitt	662P
11/05/2022	Medication review done	Mrs Devitt	8B3V
11/05/2022	Ex smoker	Mrs Devitt	137S
10/05/2022	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:10 on Wednesday 11 of May at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx. - DO NOT REPLY TO THIS TEXT.		9N3G
26/04/2022	SMS text sent to patient Advice text re only one Dr available on Thursday		9N3G
07/04/2022	Asthma monitor phone invite Text invite sent		90J8
21/03/2022	No response to bowel cancer screening programme invitation	Miss McGowan	90w2
20/03/2022	No response to bowel cancer screening programme invitation Non-Responder	Miss McGowan	90w2
27/02/2022	SMS text sent to patient Shortage of Drs text sent		9N3G
24/02/2022	SMS text sent to patient Shortage of Drs text sent		9N3G
03/11/2021	SMS text sent to patient Road closure 05/11/21 Cop26 sent		9N3G
31/10/2021	SMS text sent to patient COP26 emerg only 01/11/21		9N3G
25/10/2021	SMS text sent to patient Cop26 px text sent		9N3G
18/10/2021	SMS text sent to patient Cop26 disruption text		9N3G
22/09/2021	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:45 on Thursday 23 of September at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.		9N3G
10/08/2021	SMS text sent to patient WINDOWS 10 UPGRADE SURGERY COSED		9N3G
03/08/2021	SMS text sent to patient text sent surgery closed 11/08/21 for IT upgrade		9N3G
19/05/2021	Dr Crawford ex patients	Miss Muirhead	PCS18830DR2
05/05/2021	Hypertension annual review Text message delivered		662d
31/03/2021	Asthma monitoring	Mrs Devitt	663-1
31/03/2021	Asthma annual review	Mrs Devitt	66YJ
31/03/2021	Spacer device in use	Mrs Devitt	663I
31/03/2021	Asthma medication review	Mrs Devitt	8B3j
31/03/2021	Asthma causes daytime symptoms 1 to 2 times per month	Mrs Devitt	663t
31/03/2021	Asthma not disturbing sleep	Mrs Devitt	663O
31/03/2021	Inhaler technique - good	Mrs Devitt	663H
31/03/2021	Lifestyle counselling	Mrs Devitt	67H
31/03/2021	Medication review done	Mrs Devitt	8B3V
31/03/2021	Ex smoker	Mrs Devitt	137S
30/03/2021	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:50 on Wednesday 31 of March at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.		9N3G
07/11/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 15:08 on Monday 09 of November at Sandyford Surgery. If you can't attend call...		9N3G
28/09/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:10 on Tuesday 29 of September at Sandyford Surgery. If you can't attend c...		9N3G
03/09/2020	Asthma monitoring	Mrs Devitt	663-1
02/09/2020	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 17:10 on Thursday 03 of September at Sandyford Surgery. If you can't attend ...		9N3G
01/09/2020	Medication review done by doctor	Dr Henderson	8BIH
02/07/2020	Home blood pressure monitor returned by patient	Mrs Devitt	EMISNQHO61
18/03/2020	SMS text sent to patient Covid-19		9N3G
13/01/2020	SMS text sent to patient SMEAR INVITE SENT		9N3G
20/11/2019	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:10 on Thursday 21 of November at Sandyford Surgery. If you can't attend c...		9N3G
07/11/2019	Asthma annual review	Mrs Devitt	66YJ
07/11/2019	Spacer device in use	Mrs Devitt	663I
07/11/2019	Asthma medication review	Mrs Devitt	8B3j
07/11/2019	Asthma causes daytime symptoms most days	Mrs Devitt	663v
07/11/2019	Asthma not limiting activities	Mrs Devitt	663Q
07/11/2019	Asthma not disturbing sleep	Mrs Devitt	663O
07/11/2019	Ex smoker	Mrs Devitt	137S

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06/11/2019	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 17:20 on Thursday 07 of November at Sandyford Surgery. If you can't attend c...		9N3G
25/08/2019	No response to bowel cancer screening programme invitation Non-Responder	Ms Kinnear	9Ow2
22/08/2019	No response to bowel cancer screening programme invitation	Ms Kinnear	9Ow2
14/05/2019	Cervical smear defaulter Exclusion From SCCRS Until 14/08/2023. Reason: Defaulter	Mrs Douglas	9O6S
13/10/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Monday 15 of October at Sandyford Surgery. If you can't attend call...		9N3G
02/10/2018	Exercise tolerance test normal (REVIEW)	Dr Crawford	33B93
25/09/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 08:30 on Wednesday 26 of September at Sandyford Surgery. If you can't attend...		9N3G
30/08/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:00 on Friday 31 of August at Sandyford Surgery. If you can't attend call ...		9N3G
09/07/2018	Medication review done	Dr Crawford	8B3V
09/07/2018	Using inhaled steroids - normal dose	Dr Crawford	663g1
09/07/2018	Spacer device in use	Dr Crawford	663I
09/07/2018	Asthma never disturbs sleep	Dr Crawford	663O0
09/07/2018	Asthma never restricts exercise	Dr Crawford	663f
07/07/2018	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:00 on Monday 09 of July at Sandyford Surgery. If you can't attend call 01...		9N3G
25/04/2018	Consent commun SMS text message GDPR Consent		9NdP
25/04/2018	SMS text sent to patient GDPR Consent Text sent		9N3G
10/01/2018	Dr Lawsons ex reg patients	Miss Muirhead	PCS18830DR1
11/11/2017	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:25 on Monday 13 of November at Sandyford Surgery. If you can't attend call...		9N3G
07/08/2017	SMS text sent to patient Contact patient text		9N3G
28/04/2017	SMS text sent to patient Contact text re PC upgrade		9N3G
24/02/2017	Medication review done	Dr MacNeill	8B3V
11/11/2016	Asthma monitoring by nurse	Mrs Davidson	66YQ
11/11/2016	Asthma annual review	Mrs Davidson	66YJ
11/11/2016	Peak flow meter at home	Mrs Davidson	663S
11/11/2016	Asthma medication review	Mrs Davidson	8B3j
11/11/2016	Bronchodilators used a maximum of once daily	Mrs Davidson	663M
11/11/2016	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Davidson	663u
11/11/2016	Asthma not limiting activities	Mrs Davidson	663Q
11/11/2016	Asthma not disturbing sleep	Mrs Davidson	663O
11/11/2016	Inhaler technique - good	Mrs Davidson	663H
11/11/2016	Using inhaled steroids - normal dose	Mrs Davidson	663g1
10/11/2016	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:50 on Friday 11 of November at Sandyford Surgery. If you can't attend cal...		9N3G
18/03/2016	Inhaler technique - good	Dr Lawson	663H
18/03/2016	Using inhaled steroids - normal dose	Dr Lawson	663g1
18/03/2016	Asthma never disturbs sleep	Dr Lawson	663O0
18/03/2016	Asthma sometimes restricts exercise	Dr Lawson	663e0
17/03/2016	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Friday 18 of March at Sandyford Surgery. If you can't attend call 0...		9N3G
05/10/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:20 on Tuesday 06 of October at Sandyford Surgery. If you can't attend cal...		9N3G
14/09/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 12:20 on Tuesday 15 of September at Sandyford Surgery. If you can't attend c...		9N3G
26/08/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Thursday 27 of August at Sandyford Surgery. If you can't attend cal...		9N3G
19/08/2015	Cervical smear taken	Mrs Devitt	7E2A2
18/08/2015	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 15:10 on Wednesday 19 of August at Sandyford Surgery. If you can't attend ca...		9N3G
10/08/2015	Medication review done	Dr Campbell	8B3V
19/02/2015	Failed encounter - message left on answer machine	Dr Crawford	9N4F
20/10/2014	Asthma annual review	Mrs Devitt	66YJ
20/10/2014	Asthma medication review	Mrs Devitt	8B3j
20/10/2014	Smoking cessation advice	Mrs Devitt	8CAL
20/10/2014	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt	663u
20/10/2014	Asthma not limiting activities	Mrs Devitt	663Q
20/10/2014	Asthma not disturbing sleep	Mrs Devitt	663O
20/10/2014	Inhaler technique - moderate	Mrs Devitt	66Y4
20/10/2014	Using inhaled steroids - normal dose	Mrs Devitt	663g1
18/10/2014	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:30 on Monday 20 of October at Sandyford Surgery. If you can't attend call...		9N3G
05/06/2014	SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 08:40 on Friday 06 of June at Sandyford Surgery. If you can't attend call 01...		9N3G
13/01/2014	Asthma monitor phone invite 1st Text invite sent		9OJ8

10/01/2014	Asthma monitor phone invite	Miss Muirhead	90J8
27/11/2013	Medication review done	Dr MacNeill	8B3V
27/11/2013	Asthma annual review	Dr MacNeill	66YJ
27/11/2013	Peak flow meter at home	Dr MacNeill	663S
27/11/2013	Asthma medication review	Dr MacNeill	8B3j
27/11/2013	Asthma management plan given	Dr MacNeill	663U
26/09/2013	In paid employment	Mrs Douglas	13Je
26/09/2013	GPPAQ physical act ind: active	Mrs Douglas	138b
26/09/2013	Healthy diet	Mrs Douglas	1FH
26/09/2013	Goal identification	Mrs Douglas	67L
26/09/2013	Not interested in stop smoking	Mrs Douglas	137d
26/09/2013	Healthy lifestyle program stat	Mrs Douglas	9m4
26/09/2013	Smoking cessation advice	Mrs Douglas	8CAL
26/09/2013	Cigarette smoker	Mrs Douglas	137P
26/09/2013	Current smoker	Mrs Douglas	137R
26/09/2013	Excepted from depression quality indicators: Patient unsuita	Mrs Douglas	9hC0
26/09/2013	No breathlessness	Mrs Douglas	1731
26/09/2013	Chest pain not present	Mrs Douglas	1821
26/09/2013	Interpreter not needed	Mrs Douglas	9NU1
26/09/2013	White Scottish	Mrs Douglas	9S13
26/09/2013	NHS Health Check programme	Mrs Douglas	6B5
25/09/2013	SMS text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:00 on Thursday 26 of September at Sandyford Surgery. If you can't attend ...		9N3G
29/04/2013	Primary prevention of ischaemic heart disease	Miss Muirhead	6C0
04/01/2013	Letter sent to patient \XGMP-40455CS-01\NetworkShare\40455\Letters\Asthma Review_04012013090606998.doc	Miss Muirhead	9NC3
28/12/2012	Equivalent quantities for all medication checked MM LES	Mrs Douglas	8BIQ
28/12/2012	Rep.presc. monitoring NOS MM LES	Mrs Douglas	66RZ
14/12/2012	Bronchodilators used a maximum of once daily	Mrs Davidson	663M
14/12/2012	Asthma not limiting activities	Mrs Davidson	663Q
14/12/2012	Asthma not disturbing sleep	Mrs Davidson	663O
14/12/2012	Inhaler technique - moderate	Mrs Davidson	66Y4
14/12/2012	Using inhaled steroids - normal dose	Mrs Davidson	663g1
14/12/2012	Asthma annual review	Mrs Davidson	66YJ
14/12/2012	Asthma medication review	Mrs Davidson	8B3j
23/10/2012	Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455\Letters\BP REVIEW_23102012111430818.doc	Miss Muirhead	90J4
10/07/2012	Medication review done	Dr Lawson	8B3V
26/03/2012	Equivalent quantities for all medication checked MM LES	Mrs Douglas	8BIQ
26/03/2012	Rep.presc. monitoring NOS MM LES	Mrs Douglas	66RZ
25/01/2012	Asthma annual review	Mrs Devitt	66YJ
25/01/2012	Asthma medication review	Mrs Devitt	8B3j
25/01/2012	Smoking cessation advice	Mrs Devitt	8CAL
25/01/2012	Inhaler technique - good	Mrs Devitt	663H
25/01/2012	Asthma not disturbing sleep	Mrs Devitt	663O
25/01/2012	Using inhaled steroids - normal dose	Mrs Devitt	663g1
25/01/2012	Asthma causes daytime symptoms 1 to 2 times per week	Mrs Devitt	663u
29/12/2011	Asthma monitor 3rd letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011095158870.doc	Miss Muirhead	90J6
29/12/2011	Asthma monitor 2nd letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011094844510.doc	Miss Muirhead	90J5
02/12/2011	Medication review done by doctor	Dr Lawson	8BIH
27/10/2011	Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_27102011111317416.doc	Miss Muirhead	90J4
13/10/2011	Smoking cessation advice	Mrs Douglas	8CAL
27/10/2010	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
27/10/2010	Smoking cessation advice Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8CAL
27/10/2010	Current smoker Disease: SPICE Asthma Action, priority=1	Mrs Devitt	137R
27/10/2010	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
27/10/2010	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
27/10/2010	Asthma disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663N
13/09/2010	Asthma monitor 1st letter \GPASS40455W3K1\NetworkShare\40455 \Letters\Asthma Review_13092010141120114.doc priority=2	Miss Muirhead	90J4
14/05/2010	[V]Issue of medical certificate 3w SI jt pain priority=2	Mr Locum 2	ZV680
12/05/2010	Medication review	UnknownUser	8B314
30/03/2010	Interpreter not needed Disease: Ethnicity, priority=2	joanne	9NU1
30/03/2010	White Scottish Disease: Ethnicity, priority=2	joanne	9S13
15/03/2010	Medication review	UnknownUser	8B314
08/02/2010	Medication review	UnknownUser	8B314
05/01/2010	Medication review	UnknownUser	8B314
05/01/2010	Medication review done priority=2	Dr Crawford	8B3V
09/12/2009	Discussion Yes	Mrs Devitt	PCSDT18830_26
09/12/2009	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
09/12/2009	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
09/12/2009	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
09/12/2009	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663O
24/11/2009	CALM - Asthma 2nd Letter Sent priority=2	Miss Muirhead	90J5
04/11/2009	CALM - Asthma 1st Letter Sent priority=2	Mrs Douglas	90J4
26/10/2009	Medication review	UnknownUser	8B314
26/10/2009	Smoking cessation advice Cessastion smoking\$.clm - Repeat after an Interval	Mrs Devitt	8CAL

26/10/2009	Light smoker - 1-9 cigs/day Smoker\$.clm - Repeat after an Interval	Mrs Devitt	1373
26/10/2009	Current smoker : priority=1	Mrs Devitt	137R
20/10/2009	Medication review	UnknownUser	8B314
10/08/2009	Medication review	UnknownUser	8B314
15/07/2009	Medication review	UnknownUser	8B314
15/07/2009	Medication review done priority=2	Dr MacNeill	8B3V
15/06/2009	Medication review	UnknownUser	8B314
28/01/2009	Medication review	UnknownUser	8B314
16/12/2008	Gastroscopy normal priority=1	joanne	36140
09/12/2008	Diagnostic laparoscopy normal priority=1	joanne	7H29
09/12/2008	Medication review	UnknownUser	8B314
19/11/2008	Discussion Yes	office	PCSDT18830_26
19/11/2008	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
19/11/2008	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
19/11/2008	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
19/11/2008	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
14/11/2008	Medication review	UnknownUser	8B314
06/11/2008	CALM - Asthma 1st Letter Sent priority=2	Miss Muirhead	9QJ4
03/10/2008	Ultrasound of pelvis 1 NORMAL priority=1	joanne	7P061
03/10/2008	Ultrasound of abdomen 1 NORMAL priority=1	joanne	7P051
21/05/2008	MED3 - doctor's statement Cholecystectomy 4/52 priority=1	Dr MacNeill	9D1
22/04/2008	MED5 - doctor's special stat 4 weeks:cholecystitis and lx of abdominal pain priority=2	Dr Crawford	9D2
25/03/2008	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52, continuous from last cert priority=1	Dr Crawford	9D1
12/03/2008	Medication review	UnknownUser	8B314
25/02/2008	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52 priority=1	Dr MacNeill	9D1
22/02/2008	Medication review	UnknownUser	8B314
07/02/2008	Medication review	UnknownUser	8B314
21/11/2007	Gallbladder calculus priority=1	UnknownUser	J64
14/11/2007	Discussion Yes	Mrs Douglas	PCSDT18830_26
14/11/2007	Asthma medication review Disease: SPICE Asthma Action, priority=2	Mrs Devitt	8B3j
14/11/2007	Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
14/11/2007	Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	17ZZ
14/11/2007	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2	Mrs Devitt	663Q
30/10/2007	CALM - Asthma 2nd Letter Sent priority=2	office	9QJ5
20/09/2007	CALM - Asthma 1st Letter Sent priority=2	Mrs Devitt	9QJ4
17/09/2007	Medication review	UnknownUser	8B314
30/01/2007	CALM - Asthma 3rd Letter Sent priority=2	Mrs Douglas	9QJ6
28/01/2007	Medication review	UnknownUser	8B314
14/12/2006	CALM - Asthma 2nd Letter Sent priority=2	Mrs Douglas	9QJ5
03/11/2006	CALM - Asthma 1st Letter Sent priority=2	Miss Muirhead	9QJ4
01/11/2006	Medication review	UnknownUser	8B314
05/06/2006	Medication review	UnknownUser	8B314
29/12/2005	CALM - Asthma 2nd Letter Sent priority=2	office	9QJ5
29/04/2005	Blood sample -> Biochem Lab 1 NORMAL Profile priority=2	UnknownUser	4143
12/01/2005	Medication review	UnknownUser	8B314
05/10/2004	CALM - Asthma 1st Letter Sent priority=2	office	9QJ4
12/02/2004	Never smoked tobacco priority=2	UnknownUser	1371
23/09/2003	Medication review	UnknownUser	8B314
01/02/2002	Letter invite to screening xxContraception.clm - Call for screening	UnknownUser	9Q21
07/01/2002	Medication review	UnknownUser	8B314
25/07/2001	Contraception - not needed Contraceptive Review\$.clm - No Action Required	UnknownUser	PCSDT18830_100
23/06/2001	Notes summary on computer priority=2	joanne	9344
04/07/2000	GP102 sent to Health Board priority=2	UnknownUser	9612
10/05/2000	Oral contraception -no problem Contraceptive Review\$.clm - Repeat after an Interval	UnknownUser	6145
28/07/1999	GP102 sent to Health Board priority=1	UnknownUser	9612
24/06/1999	Medication review	UnknownUser	8B314
18/11/1994	Asthma unspecified Hp Asthma\$.clm - Repeat after an Interval	UnknownUser	H33z
09/05/1991	In GP care		
09/05/1991	Pat. GP7B/GP8B card from HB priority=1	UnknownUser	9124
17/04/1991	Light drinker - 1-2u/day Alcohol Intake.clm - Repeat after an Interval	UnknownUser	1363
17/04/1991	In GP care		
17/04/1991	Never smoked tobacco Smoker\$.clm - No Action Required	UnknownUser	1371
Not Known	In GP care		
	Marital Status: Single	UnknownUser	1331

Consultations

07/10/2025 17:24	Mrs Joanne Millar at Data Entry
Comment	Records passed to AM for action
07/10/2025 12:09	Ms Lynne Kinnear at Data Entry
Comment	Pt called to confirm ok to send full records as below
07/10/2025 09:17	Mrs Joanne Millar at Data Entry
Comment	mloam - called to check consent for FULL copy records as below
07/10/2025 08:02	Mrs Joanne Millar at Data Entry
Comment	Request for full copy records from Aiker Legal on behalf of Redress Scheme - - will

	check with patient re consent
<u>06/10/2025</u>	
Additional	Administration of first inactivated seasonal influenza vacc 3051222/FLUAQIV/IM/Right Arm//FLU - Seqirus UK (Possil Pharmacy)
<u>18/09/2025 16:04</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called to ask if eligible for pneumococcal vaccine - checked criteria and unfortunately not until over 65 with current health history. Janice happy with advice and will access flu vaccine when available.
<u>16/07/2025 10:23</u>	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Better. Keen to return to work. Moving onwards is much happier and feels supported.
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY Luforbec Inhaler 100 micrograms + 6 micrograms/dose 1 dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINANCE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Fibromyalgia, recovery from Sepsis, PTSD; Duration: 16/07/2025 - 18/08/2025)
<u>16/07/2025 09:37</u>	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	MLOAM
<u>07/07/2025 10:01</u>	<u>Dr Wendy Kelleher at Data Entry</u>
History	ECHO result normal
<u>18/06/2025 14:11</u>	<u>Dr Alice Niven at Telephone Call</u>
History	Discussed fit note. Doesn't feel able mentally to go back. 'Jumped' by Robert's family in the southside for money. Welfare meeting with education board tomorrow
Additional	eMED3 (2010) new statement issued, may be fit for work FitNote.pdf, (Diagnosis: Emotional distress Grief PTSD Undergoing therapy; Duration: 18/06/2025 - 16/07/2025) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis dec 2024 Fibromyalgia Grief PTSD Undergoing therapy; Duration: 18/06/2025 - 16/07/2025)
<u>11/06/2025 10:11</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Asthma review - recovering from recent viral illness. Still using reliever often. discussed moving to MART therapy. Agreeabel. Prefers MDI and spacer. Not keen for DPII. Aware of greener disposal of MDI's at pharmacy. Oral care advice reinforced. . Will start will low dose MART 1PBD luforbec. Explained how and when to use and Luforbec action plan given to reinforce this information. Advised to get back to us with any concerns/worsening symptoms.
Medication	Luforbec Inhaler 100 micrograms + 6 micrograms/dose 1 dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINANCE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS
Result	Urine protein test negative
Medication	Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C)
Follow up	Asthma monitoring (11/06/2026)
Additional	Asthma monitoring Asthma management plan given Asthma medication review Spacer device in use
<u>10/06/2025</u>	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:00 on Wednesday 11 of June at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
<u>21/05/2025 10:58</u>	<u>Dr Fiona Clarey at Sandyford Surgery</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia flare PTSD; Duration: 21/05/2025 - 18/06/2025)
<u>21/05/2025</u>	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC)) normal but on the cusp of PRe Diabetes (RM)
<u>21/05/2025 09:59</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	HTN A/R - bloods taken. Grieving still for loss of partner. Getting counselling via hospice. Asked to bring urine for diptest. Asthma review due. Not enough time today to fully complete. Happy to return. PEF 300. Tells me using reliever at least a couple of times per week. could consider MART therapy going forward to try to improve control.
Test Request	Bone Profile - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Thyroid function tests - Completed, HbA1c - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 136/80 mm Hg O/E - weight, 89 Kg Body Mass Index, 32.3 Asthma accident and emergency attendance since last visit, 1 Peak flow rate before bronchodilation, 300 litres/min

NHS Confidential: Personal data about a patient

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Social	Ex smoker Aerobic exercise 3+ times/week Alcohol consumption, 4 units/week Takes inadequate exercise
Follow up	Hypertension monitoring (21/05/2026)
Additional	Health ed. - diet Hypertension monitoring
<u>20/05/2025</u>	<u>at M.Jog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 09:30 on Wednesday 21 of May at Sandyford Surgery. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
<u>23/04/2025 14:54</u>	<u>Dr Alice Niven at Telephone Call</u>
History	cardiology have been in touch re holter speaking to hospice counsellor tomorrow better sleep feeling more positive off another month ad review then
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: sepsis from influenza recovery fibromyalgia flare PTSD symptoms; Duration: 23/04/2025 - 21/05/2025)
<u>23/04/2025 10:41</u>	<u>Dr Alice Niven at Data Entry</u>
History	no not required
<u>22/04/2025 11:53</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	FBC requested 26/03/25 not received in lab. Do you want repeated ? - tasked to AN
<u>26/03/2025</u>	<u>Dr Alice Niven at General Practice Surgery</u>
Result	Thyroid function tests normal/ Negative (ALI) Serum lipids normal/ Negative (ALI) Liver function test normal/ Negative (ALI) Urea and electrolytes normal/ Negative (ALI)
<u>26/03/2025</u>	<u>Dr Alice Niven at General Practice Surgery</u>
Result	(Non Coded Event - BNP (NT-Pro)) normal/ Negative (ALI)
<u>26/03/2025 09:56</u>	<u>Dr Alice Niven at Sandyford Surgery</u>
History	symptoms that are getting her down : sore to eat loose stools very low mood, anxious pains in odd places - fibromyalgia sleep poor, headaches, low mood , anxious, fibromyalgia. positives: swimming, exercise, university trail re fatty liver - 'healthiest
Examination	O/E - BP reading upset during consultation but trying to stay positive. Blood pressure reading 144/84 mm Hg
Comment	All sx anxiety related currently on Abx for cellulitis of the foot. happy to do BNP and awiaintg PALS. agreed that MH approach managed by hospice team with whom she has appt.
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Aerochamber Plus Spacer device standard (blue) 1 INVAL (STATUS=C) Duloxetine Gastro-resistant Capsules 60 mg 56 CAPSULE ONE TO BE TAKEN EACH DAY
Test Request	Zerobase Cream 11 % 500 gram APPLY THINLY TO THE AFFECTED AREA TDS Full Blood Count - Completed , NT Pro Brain Natriuretic Peptide - Completed , Urea and Electrolytes - Completed , Liver Function Tests - Completed , Lipid profile (inc. HDL) - Completed , Thyroid function tests - Completed
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia/ PTSD symptoms Cellulitis; Duration: 26/03/2025 - 23/04/2025)
<u>24/03/2025</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH -
<u>07/03/2025 17:38</u>	<u>Dr Alice Niven at Data Entry</u>
History	As expected bounce back from cardiology. they also mention ' completely inappropriately for a micro to suggest an ECHO when the source of infection was Influenza). BNP might be useful even for patient reassurance. will call patient about this
<u>26/02/2025 09:56</u>	<u>Dr Alice Niven at Sandyford Surgery</u>
Problem (FIRST)	Influenza NOS Here for review. really struggling with tension, sensory changes, pains in her chest - happens. Mood is terrible. nightmares, flashbacks - ptsd type symptoms - is waiting counselling.
History	fibromyalgia wormseing - swelling at knees etc. is trying - walking and swimming three days a week now - good - focus on the positives - come a long way now.
Examination	O/E - BP reading Hs dual.

Comment	Blood pressure reading 140/85 mm Hg fit note one month - review then - looking into going to a school that is one level. I don't see any reason why she can't do some stairs - functional abilities should get back to normal in time. reassured re cp - I do not think this is cardiac in nature. refer cardiology clinic.
Medication	Aspirin Dispersible tablets 75 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Sepsis recovery Fibromyalgia Traumatic mood changes; Duration: 26/02/2025 - 26/03/2025)
Problem (FIRST)	Septicaemia
17/02/2025 17:38	<u>Dr Alice Niven at Telephone Call</u>
History	discussed echo result - although I see dr RM did as well. still feeling quite vulnerable and not right, two steps forward one steep back. has follow up with me re fit note etc next week.
12/02/2025 10:45	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Points to epigastrium and xiphisternum area where her pain was yesterday. Lasted 5 mins severe, hard to breathe and scary, sweaty, was sick brought t up some liquid only. O/E Well BP 142/88 no postural drop, P 76 min reg, HS normal. Chest clear. Abdo soft tender epigastrium, no masses. ANgles of mouth a bit dry, thinks she has thrush on tongue- a bit coated- swabbed. Also explained re the echo decision. Clearly quite upset with her admission (Sepsis) and partner dying (at the same time ??) Imp Yesterdays event was GORD by the sound of things- still has some irritation when swallowing feels it going down....Safety netted.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE ONE TO BE TAKEN TWICE DAILY Hydrocortisone And Miconazole Cream 1 % + 2 % 15 gram APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY
Test Request	Tongue Swab (C&S) - Completed
12/02/2025 09:13	<u>Dr Alice Niven at Data Entry</u>
History	FYI - I had an email back from admitting consultant yday confirming no need for ECHO as OP. From Dr Neil McGlinchey : This lady was primarily under the care of a colleague for most of her admission. I met her once on 27/12 and she was ultimately boarded from my ward prior to discharge. Her inflammatory markers had normalised. The boarders team discussed her with microbiology prior to discharge. They should have cancelled the echo prior to discharge if they deemed her well enough to go home (or kept her as an inpatient if still considering IE). I will ask for the echo to be cancelled.
12/02/2025 09:03	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Took a turn yesterday, couldn't breathe in, had chest pain, felt sick, sweaty, this lasted 5 mins. Then drank some cold water, felt better. Was scared. Given appt
29/01/2025 11:08	<u>Dr Alice Niven at Sandyford Surgery</u>
History	review post influenza A and sepsis from bacterial pneumonia. cough, mucus and cp better. still having numbness and tingling in face and hands and legs pain and tender left side (where pneumonia was) palpitations up into neck, no pain in anterior chest. is a resilient person and finding it hard to cope 6 weeks after being very unwell, is trying her best - is doing physio at home and increasing exercise tolerance. has a lot of family and friend support. is not sleeping well at all > linking in with stress and symptoms as well. wakening up in a panic wondering where she is and the feeling of having oxygen mask/nasal cannulae in again - element of post-traumatic stress.
Examination	O/E - BP reading alert, well, upset at times, S 96-98%, P 78 regular, HS dual NO murmur, Chest clear, tender muscular
Medication	Blood pressure reading 120/80 mm Hg Paracetamol Tablets 500 mg 200 tablet TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Influenza A Sepsis from bacterial pneumonia Awaiting ECHO; Duration: 29/01/2025 - 28/02/2025)
Comment	no abnormal clinical findings today - good news. general supportive chat. Med 3 - one more month - 'added awaiting echo' and 'sepsis' observe symptoms over time. may need mental health support of ongoing symptoms as above. F/U ECHO - should be sooner than the next few months (if indication was ? infective endocarditis). no murmur so reassured in meantime.
20/01/2025 09:01	<u>Dr Alice Niven at Telephone Call</u>
History	Would like a f2f to assess for working and just feeling rubbish, quite anxious and getting some panic symptoms. nil acute just now. managing out the flat - 5 minute walks out of the flat to the bottom of the hill, top flat and no lift. stress, grief and been very unwell last month.
09/01/2025 17:13	<u>Dr Gail Henderson at Data Entry</u>
History	ECHO may take a while for appt but not urgent and nothing to worry about. Just routine after the bacterial infection she had.
09/01/2025 14:40	<u>Ms Denise Dunne at Data Entry</u>

Comment	Task -Hi Gail, Janice was asking about an ECHO. She says its on her IDL. And she is worried as she has not heard anything? Thanks Denise
<u>08/01/2025</u>	
Additional	Administration of first inactivated seasonal influenza vacc 3040806/ FLUQIVC/IM/Right Arm/FLU - Seqirus UK (CP 1733 North Park Pharmacy)
<u>03/01/2025 12:01</u>	<u>Dr Wendy Kelleher at Data Entry</u>
History	OOH report, referred from OOH to GRI by them mainly re leg swelling as ?DVT. Await ED letter but no indication from consult today of ongoing issue
<u>03/01/2025 10:05</u>	<u>Dr Wendy Kelleher at Sandyford Surgery</u>
History	Phoned to discuss medications, recent admission with influenza A and strep pneumonia in bloodcultures (awaiting OP echo). Reviewed again after discharge, inflammatory markers stable didn't want to stay in. Given three days of steroids at acute assessment was reviewed by a consultant. Wondering if should have emergency pack of steroids. Also has a white sore coating on tongue
Social	Works on the 6th floor, no lift
Comment	Imp: Discussed, at the moment as not a chronic chest issue would be advisable to always have a GP discussion/review if feels at the point of having steroids instead of an emergency pack. Given nystatin for tongue issue as likely thrush. fitnote given, is likely to need longer
Medication	Zerobase Cream 11 % 500 gram APPLY THINLY TO THE AFFECTED AREA TDS Nystatin Oral suspension 100,000 units/ml 30 ml 1ML QID
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Influenza, bacterial infection hospitalised with recovery; Duration: 17/12/2024 - 31/01/2025)
<u>03/01/2025</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH
<u>31/12/2024 10:54</u>	<u>Ms Nicola Kane at Data Entry</u>
Comment	Med rec by pharmacy tech IDL 18-30/12/2024 QEUH. See IDL for details of admission. Discharged with amlodipine and duloxetine, already on pt record. No follow ups required.
Additional	Post hospital dischrge med reconciliation with medical notes Rep.presc. monitoring NOS MM LES Level 1 Review Site of encounter NOS Actioned in Pharmacotherapy Hub
<u>18/12/2024</u>	<u>Ms Jacqueline Young at Sandyford Surgery</u>
Comment	NHS24 report/OOH
<u>13/08/2024 10:15</u>	<u>Ms Denise Dunne at Data Entry</u>
Comment	Pt called to inform us that her partner has passed away.
<u>05/06/2024 12:38</u>	<u>Dr Fiona Clarey at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Family illness and stress; Duration: 05/06/2024 - 26/06/2024)
<u>05/06/2024 10:44</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt req extension on fitnote. Pt asked if the fitnote can be up to 26/6 3 weeks only and not the noraml 4 weeks, advised by employer

Medication

Current				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
11/06/2025	Luforbec Inhaler 100 micrograms + 6 micrograms/dose ONE PUFF TO BE INHALED TWICE A DAY FOR MAINTAINACE AND UP TO 6 TIMES FOR SYMPTOMS. MAX 8 DOSES IN 24 HRS 240 DOSE	10/09/2025P	Dr Roderick MacNeill	REPEAT
04/11/2022	Duloxetine Gastro-resistant Capsules 60 mg ONE TO BE TAKEN EACH DAY 56 CAPSULE	10/09/2025P	Dr Roderick MacNeill	REPEAT
08/07/2020	Amlodipine Tablets 5 mg ONE TO BE TAKEN EACH DAY 56 TABLET	10/09/2025P	Dr Roderick MacNeill	REPEAT
05/01/2010	Aerochamber Plus Spacer device standard (blue) (STATUS=C) 1 INVAL	11/06/2025P	Dr Alice Niven	REPEAT
Past				
Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
26/02/2025	Aspirin Dispersible tablets 75 mg ONE TO BE TAKEN EACH DAY 56 TABLET	26/02/2025P	Dr Alice Niven	ACUTE
12/02/2025	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN TWICE DAILY 56 CAPSULE	12/02/2025P	Dr Roderick MacNeill	ACUTE
12/02/2025	Hydrocortisone And Miconazole Cream 1 % + 2 % APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY 15 gram	12/02/2025P	Dr Roderick MacNeill	ACUTE

29/01/2025	Paracetamol Tablets 500 mg TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS) 200 tablet	29/01/2025P	Dr Alice Niven	ACUTE
03/01/2025	Zerobase Cream 11 % APPLY THINLY TO THE AFFECTED AREA TDS 500 gram	26/03/2025P	Dr Alice Niven	ACUTE
03/01/2025	Nystatin Oral suspension 100,000 units/ml 1ML QID 30 ml	03/01/2025P	Dr Wendy Kelleher	ACUTE
11/04/2024	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	09/05/2024P	Dr Roderick MacNeill	ACUTE
22/02/2024	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	22/02/2024P	Dr Gail Henderson	ACUTE
04/05/2023	Duloxetine Gastro-resistant Capsules 60 mg ONE CAPSULE DAILY 28 capsule	04/05/2023P	Dr Roderick MacNeill	ACUTE
27/01/2023	Ispaghula Husk Granules for Oral Suspension Gluten Free 3.5 gram sachet THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY 120 SACHET	27/01/2023P	Dr Fiona Clarey	ACUTE
27/01/2023	Senna Tablets 7.5 mg TWO TO BE TAKEN AT NIGHT 60 TABLET	27/01/2023P	Dr Fiona Clarey	ACUTE
11/01/2022	Diazepam Tablets 2 mg ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY 21 TABLET	11/01/2022P	Dr Gail Henderson	ACUTE
22/09/2021	Nortriptyline Capsules 10 mg 1 CAPSULE TO BE TAKEN AT NIGHT 56 capsule	17/12/2021P	Dr Fiona Clarey	ACUTE
06/09/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	06/09/2021P	Dr Roderick MacNeill	ACUTE
15/07/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	15/07/2021P	Dr Gail Henderson	ACUTE
05/07/2021	Estradiol Transdermal Gel 0.06 % ONE PUMP DAILY 160 GRAM	15/07/2021P	Dr Gail Henderson	ACUTE
10/06/2021	Ropinirole Hydrochloride Tablets 250 micrograms 2 TABS NOCTE ALONG WITH THE 2MG TABLET 112 TABLET	15/07/2021P	Dr Gail Henderson	ACUTE
18/05/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	18/05/2021P	Dr Fiona Clarey	ACUTE
22/01/2021	Ropinirole Hydrochloride Tablets 2 mg ONE TAB NOCTE (NOTE THIS IS TWO MG) 56 TABLET	01/03/2021P	Dr Christine M Crawford	ACUTE
15/12/2020	Ropinirole Hydrochloride Tablets 1 mg ONE TAB NOCTE 56 TABLET	15/12/2020P	Dr Gail Henderson	ACUTE
15/12/2020	Ropinirole Hydrochloride Tablets 500 micrograms ONE TAB NOCTE 56 tablet	15/12/2020P	Dr Gail Henderson	ACUTE
02/12/2020	Ropinirole Hydrochloride Tablets 250 micrograms 3 PER NIGHT INCREASE ONE TABLET EVERY WEEK UNTIL 8 PER NIGHT 84 tablet	02/12/2020P	Dr Christine M Crawford	ACUTE
12/11/2020	Ropinirole Hydrochloride Tablets 250 micrograms ONCE DAILY FOR A WEEK THEN INCREASE BY ONE TABLET EVERY WEEK UNTIL TAKING 8 TABLETS DAILY 42 tablet	12/11/2020P	Dr Gail Henderson	ACUTE
11/05/2020	Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY 60 sachet	11/05/2020P	Dr Christine M Crawford	ACUTE
11/05/2020	Scheriproct Suppositories INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT 12 SUPPOSITORY	11/05/2020P	Dr Christine M Crawford	ACUTE
15/04/2020	Clenil Modulite Cfc-free inhaler 200 micrograms/actuation TWO PUFFS TO BE INHALED TWICE A DAY 1 INHALER	15/04/2020P	Dr Christine M Crawford	ACUTE
15/04/2020	Zopiclone Tablets 7.5 mg ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP 14 tablet	15/04/2020P	Dr Christine M Crawford	ACUTE
20/11/2019	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation TWO PUFFS TO BE INHALED TWICE A DAY 2 inhaler	20/11/2019P	Dr Christine M Crawford	ACUTE
20/11/2019	Salbutamol Cfc-free inhaler 100 micrograms/puff TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY 2 inhaler	20/11/2019P	Dr Christine M Crawford	ACUTE
07/10/2019	Aciclovir Dispersible tablets 200 mg ONE TO BE TAKE FIVE TIMES A DAY 25 TABLET	07/10/2019P	Dr Gail Henderson	ACUTE
07/10/2019	Zopiclone Tablets 7.5 mg ONE TO BE TAKEN AT NIGHT 7 TABLET	07/10/2019P	Dr Gail Henderson	ACUTE
15/10/2018	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN BD 56 CAPSULE	15/10/2018P	Dr Christine M Crawford	ACUTE
26/09/2018	Glyceryl Trinitrate Pump spray 400 micrograms/dose ONE OR TWO SPRAYS TO BE ADMINISTERED UNDER THE TONGUE AND THEN CLOSE MOUTH 200 DOSE	26/09/2018P	Dr Christine M Crawford	ACUTE
31/08/2018	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	31/08/2018P	Dr Fiona Clarey	ACUTE
31/08/2018	Ibuprofen Sugar-free suspension 100 mg/5 ml 10MLS TDS 300 ml	31/08/2018P	Dr Fiona Clarey	ACUTE
31/08/2018	Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN EACH DAY 28 capsule	31/08/2018P	Dr Fiona Clarey	ACUTE
09/07/2018	Piroxicam Gel 0.5 % Rub into the affected site three to four times daily 60 GRAM	09/07/2018P	Dr Christine M Crawford	ACUTE
26/01/2018	Cerelle Tablets 75 micrograms ONE TAB DAILY 84 tablet	26/01/2018P	Dr Fiona Clarey	ACUTE
17/01/2018	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	17/01/2018P	Dr Christine M Crawford	ACUTE
22/09/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	22/09/2017P	Dr Fiona Clarey	ACUTE
02/08/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	02/08/2017P	Dr Alison Lawson	ACUTE
08/06/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	08/06/2017P	Dr Fiona Clarey	ACUTE
19/04/2017	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	19/04/2017P	Dr Roderick MacNeill	ACUTE
	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE			

11/11/2016	TIMES A DAY 60 tablet	21/12/2016P	Dr Alison Lawson	ACUTE
31/08/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	31/08/2016P	Dr Fiona Clarey	ACUTE
08/07/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	08/07/2016P	Dr Roderick MacNeill	ACUTE
18/03/2016	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	17/05/2016P	Dr Alison Lawson	ACUTE
01/10/2015	Tranexamic Acid Tablets 500 mg TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS 48 tablet	01/10/2015P	Dr Alison Lawson	ACUTE
27/08/2015	Tranexamic Acid Tablets 500 mg TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS 48 tablet	27/08/2015P	Dr Christine M Crawford	ACUTE
18/06/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	18/06/2015P	Dr Roderick MacNeill	ACUTE
16/04/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	16/04/2015P	Dr Alison Lawson	ACUTE
19/02/2015	Norethisterone Tablets 5 mg ONE TO BE TAKEN THREE TIMES A DAY 60 tablet	19/02/2015P	Dr Christine M Crawford	ACUTE
06/02/2014	Prochlorperazine Maleate Buccal tablets 3 mg ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY 20 tablet	06/02/2014P	Dr Roderick MacNeill	ACUTE
27/11/2013	Peak Flow Meter (Standard Range) Meter AS DIRECTED 1 device	27/11/2013P	Dr Roderick MacNeill	ACUTE
26/09/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	26/09/2013P	Dr Christine M Crawford	ACUTE
01/08/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	01/08/2013P	Dr Christine M Crawford	ACUTE
04/04/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	04/04/2013P	Dr Roderick MacNeill	ACUTE
02/11/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	02/11/2012P	Dr Roderick MacNeill	ACUTE
21/05/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	21/05/2012P	Dr Alison Lawson	ACUTE
01/03/2012	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	12/04/2012P	Dr Roderick MacNeill	ACUTE
02/11/2011	Duloxetine Gastro-resistant Capsules 30 mg ONE CAPSULE NOCTE 28 capsule	02/12/2011P	Dr Alison Lawson	ACUTE
02/11/2011	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 90 capsule	02/11/2011P	Dr Roderick MacNeill	ACUTE
02/03/2011	Canesten Combi Pessary and cream AD 1 INVAL	02/03/2011P	Mr Locum 2	ACUTE
27/01/2011	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril Daily 1 SPRAY	27/01/2011P	Mr Locum 2	ACUTE
20/12/2010	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril Daily 1 SPRAY	20/12/2010P	Dr Roderick MacNeill	ACUTE
28/10/2010	Mometasone Furoate Nasal spray 50 micrograms/dose 2 Puffs each nostril daily 1 SPRAY	28/10/2010P	Dr Roderick MacNeill	ACUTE
19/08/2010	Versatis Medicated Plaster 700 mg (5 %) wear 12 hours daily then off for 12 hours 30 INVAL	19/08/2010P	Dr Christine M Crawford	ACUTE
02/06/2010	Movicol Oral powder (lemon and lime) 13.8 grams/sachet 1 sachet Twice daily 50 SACH	02/06/2010P	Dr Alison Lawson	ACUTE
02/06/2010	Clotrimazole Vaginal cream 10 % Apply nocte 1 CREAM	02/06/2010P	Dr Alison Lawson	ACUTE
21/04/2010	Buprenorphine Transdermal patches 52.5 micrograms/hour Apply one patch every 4 days 4 PATCH	21/04/2010P	Mr Locum 1	ACUTE
20/01/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 4 PATCH	20/01/2010P	Dr Alison Lawson	ACUTE
05/01/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 8 PATCH	05/01/2010P	Dr Christine M Crawford	ACUTE
05/01/2010	Co-Codamol 30/500 Caplets 2 Tabs up to qid for pain 60 TABS	05/01/2010P	Dr Christine M Crawford	ACUTE
16/10/2009	Buprenorphine Transdermal patches 5 micrograms/hour apply one weekly 4 PATCH	16/10/2009P	Mr Locum 2	ACUTE
10/08/2009	Prochlorperazine Maleate Buccal tablets 3 mg 1 Tab 4 times daily 28 TABS	10/08/2009P	Dr Alison Lawson	ACUTE
10/08/2009	Cefalexin Capsules 500 mg 1 Cap 3 times daily 21 CAPS	10/08/2009P	Dr Alison Lawson	ACUTE
15/07/2009	Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 28 caps	15/07/2009P	Dr Roderick MacNeill	ACUTE
15/06/2009	Ibuprofen Gel 10 % Apply 4 times daily 100 GEL	15/06/2009P	Dr Alison Lawson	ACUTE
09/06/2009	Gabapentin Capsules 300 mg 1 Cap 3 times daily AD 100 CAPS	09/06/2009P	Dr Christine M Crawford	ACUTE
08/05/2009	Gabapentin Capsules 300 mg 1 Cap 3 times daily AD 100 CAPS	08/05/2009P	Dr Alison Lawson	ACUTE
24/04/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	24/04/2009P	Dr Roderick MacNeill	ACUTE
27/03/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	27/03/2009P	Dr Alison Lawson	ACUTE
02/03/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	02/03/2009P	Dr Alison Lawson	ACUTE
04/02/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	04/02/2009P	Dr Roderick MacNeill	ACUTE
05/01/2009	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	05/01/2009P	Dr Alison Lawson	ACUTE
15/12/2008	Lactulose Solution 3.1-3.7 g/5 ml 10 ml-20ml Twice daily 150 SOLN	15/12/2008P	Dr Alison Lawson	ACUTE
15/12/2008	Glycerol (Adult) Suppositories 4 gram 2 to be inserted AD 12 SUPPS	15/12/2008P	Dr Alison Lawson	ACUTE
15/12/2008	Tramadol Hydrochloride Capsules 50 mg 2 Caps 3 times daily 42 CAPS	15/12/2008P	Dr Alison Lawson	ACUTE
	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if			

09/12/2008	req for pain 100 TABS	09/12/2008P	Dr Alison Lawson	ACUTE
13/11/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	13/11/2008P	Dr Roderick MacNeill	ACUTE
13/11/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	13/11/2008P	Dr Roderick MacNeill	ACUTE
23/10/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	23/10/2008P	Dr Christine M Crawford	ACUTE
23/10/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 tabs up to qid if req for pain 100 TABS	23/10/2008P	Dr Christine M Crawford	ACUTE
26/09/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 120 TABS	26/09/2008P	Dr Roderick MacNeill	ACUTE
26/09/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	26/09/2008P	Dr Roderick MacNeill	ACUTE
29/08/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	29/08/2008P	Dr Roderick MacNeill	ACUTE
29/08/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 120 TABS	29/08/2008P	Dr Roderick MacNeill	ACUTE
14/08/2008	Amtripyline Hydrochloride Tablets 10 mg 1 or 2 Tabs At night 56 TABS	14/08/2008P	Dr Roderick MacNeill	ACUTE
06/08/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 60 TABS	06/08/2008P	Dr Alison Lawson	ACUTE
06/08/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	06/08/2008P	Dr Alison Lawson	ACUTE
06/08/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	06/08/2008P	Dr Alison Lawson	ACUTE
24/07/2008	Flucloxacillin Capsules 500 mg 1 Cap 4 times daily 20 CAPS	24/07/2008P	Mr Locum 2	ACUTE
14/07/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	14/07/2008P	Dr Roderick MacNeill	ACUTE
14/07/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	14/07/2008P	Dr Roderick MacNeill	ACUTE
14/07/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	14/07/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Movicol Oral powder (lemon and lime) 13.8 grams/sachet 1 sachet Twice daily 30 SACH	20/06/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	20/06/2008P	Dr Roderick MacNeill	ACUTE
20/06/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	20/06/2008P	Dr Roderick MacNeill	ACUTE
23/05/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	23/05/2008P	Dr Alison Lawson	ACUTE
21/05/2008	Mepore Dressing 7 cm x 8 cm 20 INVAL	21/05/2008P	Dr Roderick MacNeill	ACUTE
21/05/2008	Dihydrocodeine Tartrate Tablets 30 mg 2 Tabs 4 to 6 hrly prn 100 TABS	21/05/2008P	Dr Roderick MacNeill	ACUTE
09/05/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	09/05/2008P	Dr Alison Lawson	ACUTE
09/05/2008	Diazepam Tablets 2 mg 1 Tab 3 times daily 10 TABS	09/05/2008P	Dr Alison Lawson	ACUTE
17/04/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	17/04/2008P	Dr Christine M Crawford	ACUTE
17/04/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	17/04/2008P	Dr Christine M Crawford	ACUTE
17/04/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	17/04/2008P	Dr Christine M Crawford	ACUTE
01/04/2008	Mebeverine Hydrochloride Tablets 135 mg 1 Tab tid 20 mins ac 100 TABS	01/04/2008P	Dr Christine M Crawford	ACUTE
25/03/2008	Naproxen E/c tablets 500 mg 1 Tab Twice daily pc 56 TABS	25/03/2008P	Dr Christine M Crawford	ACUTE
25/03/2008	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 Cap In the morning 28 CAPS	25/03/2008P	Dr Christine M Crawford	ACUTE
12/03/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	12/03/2008P	Dr Alison Lawson	ACUTE
07/02/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	07/02/2008P	Dr Roderick MacNeill	ACUTE
07/02/2008	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	07/02/2008P	Dr Roderick MacNeill	ACUTE
07/01/2008	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	07/01/2008P	Mr Locum 2	ACUTE
07/01/2008	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	07/01/2008P	Mr Locum 2	ACUTE
22/11/2007	Dihydrocodeine Tartrate Tablets 30 mg 1 or 2 Tabs 6hrly prn 60 TABS	22/11/2007P	Dr Roderick MacNeill	ACUTE
19/11/2007	Diclofenac Sodium E/c tablets 50 mg 1 Tab tid pc if req 84 TABS	19/11/2007P	Dr Christine M Crawford	ACUTE
19/11/2007	Co-Codamol 30/500 Caplets 2 tabs up to QID for pain 100 TABS	19/11/2007P	Dr Christine M Crawford	ACUTE
31/10/2007	Hepatitis A Virus Hm 175 Strain Vaccine 1440 units/1 ml pre-filled syringe to be injected 1 VACC	31/10/2007P	Mrs Morag Devitt	ACUTE
26/09/2007	Erythromycin Capsules (Gastro-Resistant) 250 mg 2 Caps Twice daily 30 CAPS	26/09/2007P	Dr Alison Lawson	ACUTE
26/09/2007	Tramadol Hydrochloride Capsules 50 mg 1 or 2 Caps 4 times daily 60 CAPS	26/09/2007P	Dr Alison Lawson	ACUTE
19/01/2007	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	19/01/2007P	Dr Alison Lawson	ACUTE
27/12/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	27/12/2006P	Mr Locum 2	ACUTE
27/12/2006	Citalopram Hydrobromide Tablets 10 mg 1 Tab Daily 28 TABS	27/12/2006P	Mr Locum 2	ACUTE
01/11/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	01/11/2006P	Dr Roderick MacNeill	ACUTE
28/09/2006	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	28/09/2006P	Dr Roderick MacNeill	ACUTE
05/06/2006	Amoxicillin Capsules 500 mg 1 Cap 3 times daily 15 CAPS	05/06/2006P	Dr Alison Lawson	ACUTE

11/04/2006	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	11/04/2006P	Dr Alison Lawson	ACUTE
14/03/2006	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	14/03/2006P	Dr Alison Lawson	ACUTE
05/07/2005	Loperamide Hydrochloride Capsules 2 mg 1 Cap As directed 30 CAPS	05/07/2005P	Mr Locum 2	ACUTE
05/07/2005	Prochlorperazine Maleate Tablets 5 mg 1 Tab 3 times daily 15 TABS	05/07/2005P	Mr Locum 2	ACUTE
12/01/2005	Amoxicillin Capsules 250 mg 1 Cap 3 times daily 21 CAPS	12/01/2005P	Mr Locum 2	ACUTE
12/01/2005	Pseudoephedrine Hydrochloride Tablets 60 mg 1 TAB THREE TIMES DAILY 30 TABS	12/01/2005P	Mr Locum 2	ACUTE
12/01/2005	Zopiclone Tablets 7.5 mg 1 Tab At night 7 TABS	12/01/2005P	Mr Locum 2	ACUTE
14/11/2003	Zopiclone Tablets 7.5 mg 1 Tab At night 14 TABS	14/11/2003P	Mr Locum 2	ACUTE
14/11/2003	Cefalexin Capsules 500 mg 1 Cap 3 times daily 21 CAPS	14/11/2003P	Mr Locum 2	ACUTE
14/11/2003	Pholcodine Linctus 5 mg/5 ml 10ML THREE TIMES DAILY 200 mis	14/11/2003P	Mr Locum 2	ACUTE
23/09/2003	Ibuprofen Tablets 600 mg 1 Tab tid pc if req for pai 56 TABS	23/09/2003P	Mr Locum 2	ACUTE
23/09/2003	Amoxicillin Capsules 250 mg 1 Cap THREE TIMES DAILY 21 CAPS	23/09/2003P	Mr Locum 2	ACUTE
24/03/2003	Co-Codamol 8/500 Tablets 2 TABS 4 TO 6 HRLY PRN 100 TABS	24/03/2003P	Mr Locum 2	ACUTE
18/12/2002	Electrolade Oral powder (multiflavour) As directed 10 SACH	18/12/2002P	Mr Locum 2	ACUTE
18/12/2002	Prochlorperazine Maleate Tablets 5 mg 1 Tab 3 times daily 15 TABS	18/12/2002P	Mr Locum 2	ACUTE
18/12/2002	Loperamide Hydrochloride Capsules 2 mg 2 As directed 30 CAPS	18/12/2002P	Mr Locum 2	ACUTE
22/04/2002	Lactulose Solution 3.1-3.7 g/5 ml 15 ml Twice daily 500 SOLN	22/04/2002P	Mr Locum 2	ACUTE
22/04/2002	Alverine Citrate Capsules 60 mg 1 Cap 3 times daily 60 CAPS	22/04/2002P	Mr Locum 2	ACUTE
07/01/2002	Amoxicillin Capsules 250 mg 1 CAP THREE TIMES DAILY 15 CAPS	07/01/2002P	Mr Locum 2	ACUTE
19/11/2001	Beclometasone Inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	19/11/2001P	Mr Locum 2	ACUTE
19/11/2001	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	19/11/2001Q	Dr Alison Lawson	ACUTE
12/02/2001	Diazepam Tablets 2 mg 1 Tab 8hrly prn 28 TABS	12/02/2001P	Mr Locum 2	ACUTE
18/12/2000	Diazepam Tablets 2 mg 1 Tab Take as required 28 TABS	18/12/2000P	Mr Locum 2	ACUTE
29/10/1999	Manevac Sachets 4 grams/sachet 1 SACHET TWICE DAILY 56 SACH	29/10/1999P	Mr Locum 2	ACUTE
29/10/1999	Alverine Citrate Capsules 60 mg 1 CAP THREE TIMES DAILY 60 CAPS	29/10/1999P	Mr Locum 2	ACUTE
29/10/1999	Metoclopramide Hydrochloride Tablets 5 mg 1 TAB THREE TIMES DAILY 84 tabs	29/10/1999P	Mr Locum 2	ACUTE
05/03/1999	Malathion Alcoholic Lotion 0.5 % APPLY AS DIRECTED 2 op	05/03/1999P	Mr Locum 2	ACUTE
11/02/1999	Zopiclone Tablets 7.5 mg 1 TAB AT NIGHT 12 TABS	11/02/1999P	Mr Locum 2	ACUTE
11/02/1999	Loperamide Hydrochloride Capsules 2 mg 2 TABS FOUR TIMES DAILY 30 CAPS	11/02/1999P	Mr Locum 2	ACUTE
12/11/1998	Sertraline Hydrochloride Tablets 50 mg 1 TAB IN THE MORNING 28 tabs	12/11/1998P	Mr Locum 2	ACUTE
26/08/1998	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 tabs	26/08/1998P	Mr Locum 2	ACUTE
15/10/1997	Doxycycline Hyclate Capsules 100 mg 1 CAP IN THE MORNING 8 caps	15/10/1997P	Mr Locum 2	ACUTE
30/07/1997	Ibuprofen Cream 5 % APPLY THREE TIMES DAILY 100 application	30/07/1997P	Mr Locum 2	ACUTE
03/07/1997	Fusidic Acid M/R Eye Drops 1 % APPLY TWICE DAILY 5 application	03/07/1997P	Mr Locum 2	ACUTE
02/06/1997	Fusidic Acid M/R Eye Drops 1 % 1 DROP TWICE DAILY 1 op	02/06/1997P	Mr Locum 2	ACUTE
02/06/1997	Amoxicillin Capsules 250 mg 1 CAP THREE TIMES DAILY 15 CAPS	02/06/1997P	Mr Locum 2	ACUTE
08/05/1997	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	08/05/1997Q	Dr Alison Lawson	ACUTE
07/04/1997	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 tabs	07/04/1997P	Mr Locum 2	ACUTE
31/12/1996	Kolanticon Gel 10ML QID IF REQ 500 ml	31/12/1996P	Mr Locum 2	ACUTE
07/03/2022	Nortriptyline Capsules 10 mg 1 CAPSULE TO BE TAKEN AT NIGHT 56 capsule	11/04/2024P	Dr Fiona Clarey	REPEAT
03/09/2020	Duloxetine Gastro-resistant Capsules 40 mg 1 Cap AT NIGHT 56 capsule	11/10/2022P	Dr Fiona Clarey	REPEAT
24/06/2020	Estradiol Transdermal Gel 0.06 % APPLY TWO PUMPS ONCE DAILY 80 gram	22/01/2021P	Dr Roderick MacNeill	REPEAT
06/02/2014	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml APPLY TWICE DAILY 30 ML	06/02/2014P	Dr Alison Lawson	REPEAT
27/11/2013	Tramadol Hydrochloride Capsules 50 mg ONE TO BE TAKEN 8 HRLY FOR PAIN PRN 60 CAPSULE	26/10/2016P	Dr Alison Lawson	REPEAT
13/01/2012	Duloxetine Gastro-resistant Capsules 30 mg ONE CAPSULE NOCTE 56 CAPSULE	31/08/2020P	Dr Christine M Crawford	REPEAT
07/06/2011	Buprenorphine Transdermal patches 52.5 micrograms/hour Apply one patch every 4 days 8 PATCH	03/10/2011P	Dr Alison Lawson	REPEAT
07/06/2011	Citalopram Hydrobromide Tablets 20 mg 1 Tab In the morning 56 TABS	23/10/2020P	Dr Gail Henderson	REPEAT
	Clenil Modulite Cfc-free inhaler 100 micrograms/actuation			

07/06/2011	2 Puffs Twice daily 1 INHAL	20/05/2025P	Dr Alice Niven	REPEAT
07/06/2011	Salbutamol Cfc-free inhaler 100 micrograms/puff 2 PUFFS QID IF REQ 1 op	20/05/2025P	Dr Alice Niven	REPEAT
29/09/2010	Mebeverine Hydrochloride Tablets 135 mg 1 Tab tid 20 mins ac 100 TABS	29/09/2010P	Dr Alison Lawson	REPEAT
12/05/2010	Omeprazole Capsules (Gastro-Resistant) 20 mg 1 CAP BD 56 CAPSULE	31/12/2014P	Dr Alison Lawson	REPEAT
01/04/2010	Buprenorphine Transdermal patches 35 micrograms/hour apply one patch every 4 days 8 PATCH	01/04/2010P	Mr Locum 1	REPEAT
03/03/2010	Azithromycin Tablets 250 mg per Resp clinic Study drug 1 TABS	Not Issued	Dr Alison Lawson	REPEAT
30/11/2009	Beclometasone Breath-actuated inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	30/11/2009P	Dr Christine M Crawford	REPEAT
30/11/2009	Buprenorphine Transdermal patches 20 micrograms/hour Apply Weekly 5 patches	30/11/2009P	Dr Christine M Crawford	REPEAT
30/11/2009	Etoricoxib Tablets 30 mg 1 or 2 Tabs Daily 56 TABS	30/11/2009P	Dr Alison Lawson	REPEAT
16/10/2009	Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff 2 Puffs Take as required 1 INHAL	16/10/2009P	Dr Christine M Crawford	REPEAT
16/10/2009	Buprenorphine Transdermal patches 10 micrograms/hour Apply one weekly 4 PATCH	16/10/2009P	Dr Alison Lawson	REPEAT
16/10/2009	Nasonex Nasal spray 50 micrograms/dose 2 PUFFS EACH NOSTRIL ONCE DAILY 1 spray	16/10/2009Q	Dr Roderick MacNeill	REPEAT
17/09/2009	Dihydrocodeine Tartrate M/R tablets 60 mg 2 Tabs Twice daily 224 TABS	17/09/2009P	Dr Alison Lawson	REPEAT
09/06/2009	Citalopram Hydrobromide Tablets 10 mg 1 Tab Daily 56 TABS	09/06/2009P	Dr Alison Lawson	REPEAT
06/02/2008	Beclometasone Inhaler 50 micrograms/actuation 2 Puffs Twice daily 1 INHAL	06/02/2008P	Dr Roderick MacNeill	REPEAT
05/03/1999	Sertraline Hydrochloride Tablets 50 mg 1 TAB IN THE MORNING 28 tabs	05/03/1999P	UnknownUser	REPEAT
24/12/1998	Sertraline Hydrochloride Tablets 100 mg 1 TAB IN THE MORNING 28 tabs	Not Issued	UnknownUser	REPEAT
03/07/1997	Paroxetine Hydrochloride Tablets 20 mg 1 TAB IN THE MORNING 30 TABS	03/07/1997P	UnknownUser	REPEAT

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Alison Lawson	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service	
New Result	
CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2344395
Practice Code	G40455

Smear Taker	Dr Alison Lawson
Reporting Location	Glasgow Royal

SCCRS ID	1201560857
Laboratory ID	12G1001377
Smear Taken Date	13/ 01/ 2012 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 3 years
Recall Date	13/ 01/ 2015

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Lab Report ID : B,13.2089976.F **Coding Status** : Coded
Filed By User : Mrs Joanne Millar **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum lipids				
	-Non-fasting sample				
	Cholesterol	5.2	mmol/L		NK
	Triglycerides	0.7	mmol/L	(0.2-2.3 U)	NK
	HDL Cholesterol	1.5	mmol/L		NK
	LDL-Cholest (calc'd)		NA		NK
R	Serum VLDL cholesterol level			NA	NK
	Chol/HDL ratio		3.5		NK

Sample Collected Date : 26/09/2013 11:29:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2013 16:45:00
Received Date : 27/09/2013 11:00:26
Requestor :
Requestor GMC Code :

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Lab Report ID : B,13.2089977.T Coding Status : Coded
Filed By User : Mrs Joanne Millar File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level					
-Non-fasting sample					
Glucose		4.9	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 26/09/2013 11:29:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2013 16:45:00
Received Date : 27/09/2013 11:00:27
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15.2359934.B Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level					
Normal - no action (CC)					
-Non-fasting sample					
Glucose		5.8	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2015 15:32:00
Received Date : 27/08/2015 19:02:03
Requestor :
Requestor GMC Code :

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Lab Report ID : B,15.2359935.X Coding Status : Part Read Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
Normal - no action (CC)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Calcium		2.32	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.38	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.03	mmol/L	(0.80-1.50 U)	NK
Albumin		35	g/L	(35-50 U)	NK
Alkaline Phosphatase		89	U/L	(30-130 U)	NK
R C-reactive Protein					
Normal - no action (CC)					
C Reactive Protein		2	mg/L	(0-10 U)	NK
R Urea and electrolytes					
Normal - no action (CC)					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.8	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea	3.7	mmol/L	(2.5-7.8 U)		NK
Creatinine		65	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal - no action (CC)					
-Alkaline Phosphatase results IFCC aligned from 03/08/15.					
Total Bilirubin		3	umol/L	(<<20 U)	NK
ALT	16	U/L	(<<50 U)		NK
AST	16	U/L	(<<40 U)		NK
Alkaline Phosphatase		89	U/L	(30-130 U)	NK
Albumin		35	g/L	(35-50 U)	NK
R Thyroid function tests					
Normal - no action (CC)					
TSH	1.68	mU/L	(0.35-5.00 U)		NK
Free T4	13.4	pmol/L	(9.0-21.0 U)		NK
Total T3					NK
R Serum 1,25-dihydroxy vitamin D3 level					
Normal - no action (CC)					
-Total 25OH Vit D: <25 deficient, 25-50 insufficient, >50 adequate.					
25-OH Vitamin D		51	nmol/L		NK

Sample Collected Date : 27/08/2015 10:06:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 27/08/2015 15:33:00
 Received Date : 27/08/2015 19:02:06
 Requestor :
 Requestor GMC Code :

NHS Confidential: Personal data about a patient

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Lab Report ID : B,15.2359935.X Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum ferritin				
	Normal - no action (CC)				
	-Males 20-300 (<20 iron deficiency)				
	-Females 15-200 (<15 iron deficiency)				
	-15-50 intermediate result. Consider iron deficiency				
	-in anaemic patients, older patients and those				
	-with inflammatory disease.				
	Serum Ferritin	29	ug/l	(15-200 U)	NK
R	Serum vitamin B12				
	Normal - no action (CC)				
	Serum Vitamin B12	355	ng/l	(200-900 U)	NK
R	Serum folate				
	Normal - no action (CC)				
	Serum Folate	14.3	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 27/08/2015 15:33:00
Received Date : 27/08/2015 19:02:13
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Alison Lawson	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2344395
Practice Code	G40455

Smear Taker	Morag Devitt
Reporting Location	NHSGGC

SCCRS ID	1352854344
Laboratory ID	15G4066584
Smear Taken Date	19/ 08/ 2015 00:00:00
Result	Negative (4K22.)
Report Comments	
Recommended Management	Routine Recall - 3 years
Recall Date	19/ 08/ 2018

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Lab Report ID : B,15.3614099.L Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-menorrhagia, xs tiredness...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I Coeliac Serology				
	Normal/ Negative (CC)				
	-TTG Ab = Tissue Transglutaminase Ab				
	-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.				
	TTG Ab (IgA)	0.4	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : 27/08/2015 10:06:00

Collection Start Date :

Collection End Date :

Received by Lab Date : 27/08/2015 15:59:00

Received Date : 02/09/2015 13:00:06

Requestor :

Requestor GMC Code :

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Lab Report ID : B,15.2580353.F Coding Status : Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-xs tiredness

SPECIMEN : Blood

R	Abn	Value	Units	Range	Status	
	Full blood count - CBC					
	Normal - no action (FBC)					
		White Blood Count		10.7	x10 ⁹ /l (4.0-11.0 U)	NK
		Red Cell Count		4.91	x10 ¹² /l (3.80-5.80 U)	NK
		Haemoglobin	139	g/l	(115-165 U)	NK
		Haematocrit	0.423	l/l	(0.370-0.470 U)	NK
		Mean Cell Volume		86.2	fl (80.0-100.0 U)	NK
		MCH	28.3	pg	(27.0-32.0 U)	NK
		Platelet Count		353	x10 ⁹ /l (150-400 U)	NK
		Neutrophils	6.7	x10 ⁹ /l	(2.0-7.5 U)	NK
		Lymphocytes	3.2	x10 ⁹ /l	(1.5-4.0 U)	NK
		Monocytes	0.5	x10 ⁹ /l	(0.2-0.8 U)	NK
		Eosinophils	0.2	x10 ⁹ /l	(0.0-0.4 U)	NK
		Basophils	0	x10 ⁹ /l	(0.0-0.1 U)	NK
		Nucleated RBC	0	x10 ⁹ /l	NK	

```
Sample Collected Date : 06/10/2015 09:28:00
Collection Start Date  :
Collection End Date    :
Received by Lab Date   : 06/10/2015 11:59:00
Received Date          : 06/10/2015 13:00:25
Requestor              :
Requestor GMC Code     :
```

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Mrs Helena Cameron
Patient Matched	Yes.	BoSS Message Type	Result

electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0593
Practice Code	G40455

Report Date	19Jun2017
Letter ID	41023854755741
Kit ID	7721695254
Result	BCSP faecal occult blood test normal(686A.)
Report Comments	Negative
Recommended Management	No action required

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Lab Report ID : B,18.2156148.J Coding Status : Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -chest pani ? prev MI

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
Normal - no action (CC)					
		Sodium	139	mmol/L (133-146 U)	NK
		Potassium	4.5	mmol/L (3.5-5.3 U)	NK
		Chloride	104	mmol/L (95-108 U)	NK
	4.5	Urea	mmol/L	(2.5-7.8 U)	NK
		Creatinine	55	umol/L (40-130 U)	NK
		Estimated GFR	> 60	ml/min (>>60 U)	NK
R Liver function test					
Normal - no action (CC)					
-Please note change in Abbott Total Bilirubin method from 18/01/18					
		Total Bilirubin	10	umol/L (<<20 U)	NK
	21	ALT	U/L	(<<50 U)	NK
	16	AST	U/L	(<<40 U)	NK
		Alkaline Phosphatase	88	U/L (30-130 U)	NK
		Albumin	37	g/L (35-50 U)	NK
R Serum lipids					
Satisfactory (CC)					
		Cholesterol	5.1	mmol/L	NK
		Triglycerides	0.8	mmol/L (0.2-2.3 U)	NK
		HDL Cholesterol	1.5	mmol/L	NK
		LDL-Cholest (calc'd)	3.2	mmol/L	NK
R		Serum VLDL cholesterol level		0.4 mmol/L	NK
		Chol/HDL ratio	3.4		NK

Sample Collected Date : 26/09/2018 08:50:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/09/2018 12:28:00
 Received Date : 26/09/2018 19:00:43
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,18.2156411.P Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-chest pani ? prev MI

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level			Y		
borderline raised TSK (CC)					
-Non-fasting sample					
Glucose	+	8.6	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 26/09/2018 08:50:00

Collection Start Date :

Collection End Date :

Received by Lab Date : 26/09/2018 12:48:00

Received Date : 26/09/2018 19:00:49

Requestor :

Requestor GMC Code :

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Lab Report ID : B,18.2156436.X Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-chest pain ? prev MI
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Normal - no action (CC)					
-Change to adult Reference Range for Hb,HCT,RBC+Lymphs from 27/8/18					
White Blood Count		9.8	x10 ⁹ /l	(4.0-10.0 U)	NK
Red Cell Count		5.19	x10 ¹² /l	(3.80-5.80 U)	NK
Haemoglobin	150	g/l		(115-165 U)	NK
Haematocrit	0.452	l/l		(0.370-0.470 U)	NK
Mean Cell Volume		87.1	fl	(83.0-101.0 U)	NK
MCH	28.9	pg		(27.0-32.0 U)	NK
Platelet Count		339	x10 ⁹ /l	(150-410 U)	NK
Neutrophils	5.0	x10 ⁹ /l		(2.0-7.0 U)	NK
Lymphocytes	3.9	x10 ⁹ /l		(1.1-5.0 U)	NK
Monocytes	0.5	x10 ⁹ /l		(0.2-1.0 U)	NK
Eosinophils	0.33	x10 ⁹ /l		(0.02-0.50 U)	NK
Basophils	0.1	x10 ⁹ /l		(0.0-0.1 U)	NK
Nucleated RBC	0		x10 ⁹ /l		NK

Sample Collected Date : 26/09/2018 08:50:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 26/09/2018 12:51:00
Received Date : 26/09/2018 19:01:09
Requestor :
Requestor GMC Code :

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Lab Report ID : B,18.2308053.S Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-raised glu

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1c (IFCC)					
Normal - no action (CC)					
HbA1c (IFCC)		34		mmol/mol (20-42 U)	NK

Sample Collected Date : 09/10/2018 11:28:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 09/10/2018 15:13:00
Received Date : 09/10/2018 19:01:28
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Dr Christine M Crawford	Filed By User	Mrs Cecilia Douglas
Patient Matched	Yes.	SCCRS Message Type	Exclusion

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
GMC Code of Registered GP	2343411
Practice Code	G40455

Exclusion Reason	Defaulter
Exclusion Date	14/ 05/ 2019
Exclusion End Date	14/ 08/ 2023
Extended	No
Closed	No
Next Recall Date	19/ 08/ 2018

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Ms Lynne Kinnear
Patient Matched	Yes.	BoSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0415
Practice Code	G40455

Report Date	25 Aug 2019
Letter ID	510305501172
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	27 May 2019

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Lab Report ID : B,20.1401193.P Coding Status : Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-altered bowel habit; Mire...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
Normal - no action (CC)					
White Blood Count				8.5	x10 ⁹ /l (4.0-10.0 U) NK
Red Cell Count				4.96	x10 ¹² /l (3.80-5.80 U) NK
Haemoglobin	145		g/l	(115-165 U)	NK
Haematocrit	0.444		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				89.5	fl (83.0-101.0 U) NK
MCH	29.2		pg	(27.0-32.0 U)	NK
Platelet Count				358	x10 ⁹ /l (150-410 U) NK
Neutrophils	4.4			x10 ⁹ /l (2.0-7.0 U)	NK
Lymphocytes	3.4			x10 ⁹ /l (1.1-5.0 U)	NK
Monocytes	0.5			x10 ⁹ /l (0.2-1.0 U)	NK
Eosinophils	0.23			x10 ⁹ /l (0.02-0.50 U)	NK
Basophils	0.1			x10 ⁹ /l (0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 24/06/2020 09:26:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2020 12:06:00
Received Date : 24/06/2020 13:00:07
Requestor :
Requestor GMC Code :

Lab Report ID : B,20.1401194.F Coding Status : Part Read Coded
 Filed By User : Dr Christine M Crawford File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-altered bowel habit; Mir....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Bone profile					
Normal - no action (CC - v.1)					
Calcium		2.26	mmol/L	(2.20-2.60 U)	NK
Calcium (adjusted)		2.29	mmol/L	(2.20-2.60 U)	NK
Phosphate		1.26	mmol/L	(0.80-1.50 U)	NK
Albumin		37	g/L	(35-50 U)	NK
Alkaline Phosphatase		104	U/L	(30-130 U)	NK
R C-reactive Protein					
Normal - no action (CC - v.1)					
C Reactive Protein		4	mg/L	(0-10 U)	NK
R Urea and electrolytes	Y				
Normal - no action (CC)					
Sodium		144	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride	+	109	mmol/L	(95-108 U)	NK
Urea		4.1	mmol/L	(2.5-7.8 U)	NK
Creatinine		53	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal - no action (CC - v.1)					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT		22	U/L	(<<50 U)	NK
AST		17	U/L	(<<40 U)	NK
Alkaline Phosphatase		104	U/L	(30-130 U)	NK
Albumin		37	g/L	(35-50 U)	NK
R Thyroid function tests					
Normal - no action (CC)					
TSH		1.76	mU/L	(0.35-5.00 U)	NK
Free T4		12.4	pmol/L	(9.0-21.0 U)	NK
Total T3					NK
R FSH					
post menopausal levels (CC)					
-Results within post-menopausal reference range.					
-Infertility cannot be assumed during this stage					
-and for up to 1 year post menopause (over age 50)					
FSH		66.1	U/L		NK

Sample Collected Date : 24/06/2020 09:26:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 24/06/2020 11:58:00
 Received Date : 24/06/2020 19:00:17
 Requestor :
 Requestor GMC Code :

Lab Report ID : B,20.3564733.B Coding Status : Part Read Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-altered bowel habit; Mir....

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I Coeliac Serol (Dx)				
	Normal/ Negative (CC)				
	-IgA TTG Ab = IgA Tissue Transglutaminase Ab.				
	-Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.				
	-If screening for coeliac disease, this result is only valid if the				
	-person was eating gluten at least twice a day for previous 6 weeks				
	TTG Ab (IgA)	0.5	U/mL	(0.0-7.0 U)	NK

Sample Collected Date : 24/06/2020 09:26:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 24/06/2020 12:29:00
Received Date : 25/06/2020 19:00:28
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.4640985.E Coding Status : Not Coded
Filed By User : Dr Christine M Crawford File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-altered bowel habit

SPECIMEN : Faeces

	Abn	Value	Units	Range	Status
R		QFIT			
		Normal/ Negative (CC)			
		-Negative qFIT result.			
		-Refer to NHS GG&C guidelines for symptom based triage.			
R		qFIT	< 9	ug Hb/g (<<9 U)	NK
			faeces		

Sample Collected Date : 01/07/2020 12:41:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 02/07/2020 11:07:00
Received Date : 03/07/2020 13:00:02
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881106.K Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-foot pain ? neuralgia.
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Full blood count - FBC				
	Normal/ Negative (GH)				
	White Blood Count			9.0	x10 ⁹ /l (4.0-10.0 U) NK
	Red Cell Count			5.03	x10 ¹² /l (3.80-5.80 U) NK
	Haemoglobin	147	g/l	(115-165 U)	NK
	Haematocrit	0.448	l/l	(0.370-0.470 U)	NK
	Mean Cell Volume			89.1	fl (83.0-101.0 U) NK
	MCH	29.2	pg	(27.0-32.0 U)	NK
	Platelet Count			339	x10 ⁹ /l (150-410 U) NK
	Neutrophils	5.1		x10 ⁹ /l (2.0-7.0 U)	NK
	Lymphocytes	3.1		x10 ⁹ /l (1.1-5.0 U)	NK
	Monocytes	0.5		x10 ⁹ /l (0.2-1.0 U)	NK
	Eosinophils	0.30		x10 ⁹ /l (0.02-0.50 U)	NK
	Basophils	0		x10 ⁹ /l (0.0-0.1 U)	NK
	Nucleated RBC	0		x10 ⁹ /l	NK
R	Erythrocyte sedimentation rate				
	Normal/ Negative (GH)				
	ESR	5	mm/hr	(0-19 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:17:00
Received Date : 29/09/2020 19:00:35
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881104.A Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Plasma glucose level					
Normal/ Negative (GH)					
-Fasting sample					
Glucose		5.1	mmol/L	(3.5-6.0 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:15:00
Received Date : 29/09/2020 19:00:54
Requestor :
Requestor GMC Code :

NHS Confidential: Personal data about a patient

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Lab Report ID : B,20.1881105.C Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
Normal/ Negative (GH)					
Sodium		141	mmol/L	(133-146 U)	NK
Potassium		4.5	mmol/L	(3.5-5.3 U)	NK
Chloride		104	mmol/L	(95-108 U)	NK
Urea	3.9	mmol/L	(2.5-7.8 U)		NK
Creatinine		56	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
Normal/ Negative (GH)					
Total Bilirubin		4	umol/L	(<<20 U)	NK
ALT	16	U/L	(<<50 U)		NK
AST	17	U/L	(<<40 U)		NK
Alkaline Phosphatase		110	U/L	(30-130 U)	NK
Albumin		36	g/L	(35-50 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:12:00
Received Date : 29/09/2020 19:01:00
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881105.C Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum ferritin				
	Normal/ Negative (GH)				
	-Males 15-300 (<15 iron deficiency)				
	-Females 15-200 (<15 iron deficiency)				
	-15-50 intermediate result. Consider iron deficiency				
	-in anaemic patients, older patients and those				
	-with inflammatory disease.				
	Serum Ferritin	42	ug/l	(15-200 U)	NK
R	Serum vitamin B12				
	Normal/ Negative (GH)				
	Serum Vitamin B12	348	ng/l	(200-883 U)	NK
R	Serum folate				
	Normal/ Negative (GH)				
	Serum Folate	5.5	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:12:00
Received Date : 29/09/2020 19:01:18
Requestor :
Requestor GMC Code :

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Lab Report ID : B,20.1881107.J Coding Status : Part Read Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-foot pain ? neuralgia.

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	Normal/ Negative (GH)				
	HbA1c (IFCC)	38	mmol/mol (20-41 U)		NK

Sample Collected Date : 29/09/2020 09:14:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 29/09/2020 12:16:00
Received Date : 29/09/2020 19:01:22
Requestor :
Requestor GMC Code :

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Lab Report ID : B,21.0964043.J **Coding Status** : Coded
Filed By User : Dr Roderick MacNeill **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Hypertension a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		Full blood count - FBC			
		normal/ Negative (RM)			
		White Blood Count		8.3	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.91	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	142	g/l	(115-165 U) NK
		Haematocrit	0.442	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		90.0	fl (83.0-101.0 U) NK
		MCH	28.9	pg	(27.0-32.0 U) NK
		Platelet Count		337	x10 ⁹ /l (150-410 U) NK
		Neutrophils	3.7	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.7	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.4	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.42	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0.1	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 31/03/2021 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 17:31:00
Received Date : 31/03/2021 19:00:41
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.0960673.A **Coding Status** : Coded
Filed By User : Dr Roderick MacNeill **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R Urea and electrolytes						
normal/ Negative (RM)						
		Sodium	143	mmol/L	(133-146 U)	NK
		Potassium	4.3	mmol/L	(3.5-5.3 U)	NK
		Chloride	104	mmol/L	(95-108 U)	NK
		Urea	3.8	mmol/L	(2.5-7.8 U)	NK
		Creatinine	63	umol/L	(40-130 U)	NK
		Estimated GFR	> 60	ml/min	(>>60 U)	NK
R Liver function test						
normal/ Negative (RM)						
		Total Bilirubin		3	umol/L	(<<20 U) NK
		ALT	21	U/L	(<<50 U)	NK
		AST	17	U/L	(<<40 U)	NK
		Alkaline Phosphatase		103	U/L	(30-130 U) NK
		Albumin	38	g/L	(35-50 U)	NK
R Serum lipids						
normal/ Negative (RM)						
		Cholesterol	5.1	mmol/L		NK
		Triglycerides	1.0	mmol/L	(0.2-2.3 U)	NK
		HDL Cholesterol		1.8	mmol/L	NK
		LDL-Cholest (calc'd)		2.8	mmol/L	NK
R Serum VLDL cholesterol level						
					0.5	mmol/L NK
		Chol/HDL ratio		2.8		NK

Sample Collected Date : 31/03/2021 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 17:13:00
Received Date : 01/04/2021 13:00:07
Requestor :
Requestor GMC Code :

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Lab Report ID : B,21.0960872.H Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-Hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Plasma glucose level			
		normal/ Negative (RM)			
		-Non-fasting sample			
		Glucose	5.1	mmol/L (3.5-6.0 U)	NK

Sample Collected Date : 31/03/2021 10:17:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 31/03/2021 18:10:00
Received Date : 01/04/2021 13:00:10
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.2076924.S Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Widespread neuropathic pa...
 -South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
 -for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Full blood count - FBC					
normal/ Negative (RM)					
White Blood Count				8.6 x10 ⁹ /l (4.0-10.0 U)	NK
Red Cell Count				4.72 x10 ¹² /l (3.80-5.80 U)	NK
Haemoglobin	139		g/l	(115-165 U)	NK
Haematocrit	0.412		l/l	(0.370-0.470 U)	NK
Mean Cell Volume				87.3 fl (83.0-101.0 U)	NK
MCH	29.4		pg	(27.0-32.0 U)	NK
Platelet Count				347 x10 ⁹ /l (150-410 U)	NK
Neutrophils	4.6			x10 ⁹ /l (2.0-7.0 U)	NK
Lymphocytes	3.2			x10 ⁹ /l (1.1-5.0 U)	NK
Monocytes	0.5			x10 ⁹ /l (0.2-1.0 U)	NK
Eosinophils	0.26			x10 ⁹ /l (0.02-0.50 U)	NK
Basophils	0			x10 ⁹ /l (0.0-0.1 U)	NK
Nucleated RBC	0			x10 ⁹ /l	NK

Sample Collected Date : 23/09/2021 12:13:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 23/09/2021 16:06:00
 Received Date : 23/09/2021 19:01:06
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,21.2077029.E Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-Widespread neuropathic pa...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Serum vitamin B12				
	normal/ Negative (RM)				
	Serum Vitamin B12		411	ng/l	(200-883 U) NK
R	Serum folate				
	normal/ Negative (RM)				
	Serum Folate	4.1	ug/l	(3.1-20.0 U)	NK

Sample Collected Date : 23/09/2021 12:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/09/2021 16:27:00
Received Date : 23/09/2021 19:01:30
Requestor :
Requestor GMC Code :

Lab Report ID : B,21.2077029.E **Coding Status** : Part Read Coded
Filed By User : Dr Roderick MacNeill **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Widespread neuropathic pa...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Urea and electrolytes					
normal/ Negative (RM)					
Sodium		140	mmol/L	(133-146 U)	NK
Potassium		4.4	mmol/L	(3.5-5.3 U)	NK
Chloride		103	mmol/L	(95-108 U)	NK
Urea	4.4	mmol/L	(2.5-7.8 U)		NK
Creatinine		59	umol/L	(40-130 U)	NK
Estimated GFR		> 60	ml/min	(>>60 U)	NK
R Liver function test					
normal/ Negative (RM)					
Total Bilirubin		8	umol/L	(<<20 U)	NK
ALT	23	U/L	(<<50 U)		NK
AST	19	U/L	(<<40 U)		NK
Alkaline Phosphatase		104	U/L	(30-130 U)	NK
Albumin		39	g/L	(35-50 U)	NK
R Protein EP & Igs					
normal/ Negative (RM)					
-No paraprotein detected.					
Total Protein		69	g/L	(60-80 U)	NK
Electrophoresis					NK
-No paraprotein detected					
R Paraprotein 1		NA			NK
R Paraprotein 2		NA			NK
R Paraprotein 3		NA			NK
IgG	9.3	g/L	(6.0-16.0 U)		NK
IgA	1.5	g/L	(0.8-4.0 U)		NK
IgM	0.81	g/L	(0.4-2.4 U)		NK

Sample Collected Date : 23/09/2021 12:13:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 23/09/2021 16:27:00
Received Date : 24/09/2021 13:00:06
Requestor :
Requestor GMC Code :

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Lab Report ID : AAF86919289	Coding Status : Coded
Filed By User : Miss Liz McGowan	File Status : Filed
Assigned to :	Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

SPECIMEN : Throat and Nose Swab N

	Abn	Value	Units	Range	Status
R	2019-nCoV (novel coronavirus) not detected				

R	2019-nCoV (novel coronavirus) not detected				NK

-SARS-CoV-2 Negative by PCR

-Sample taken at GGH and analysed in the National Lighthouse Laboratory

Sample Collected Date : 20/10/2021 11:30:00
Collection Start Date :
Collection End Date :
Received by Lab Date :
Received Date : 21/10/2021 13:00:07
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.0574555.Z Coding Status : Coded
Filed By User : Dr Gail Henderson File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-Headache with tenderness ...
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Full blood count - FBC	Y		
		Normal/ Negative (GH)			
		White Blood Count	+	11.7	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.92	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	137	g/l	(115-165 U) NK
		Haematocrit	0.431	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		87.6	fl (83.0-101.0 U) NK
		MCH	27.8	pg	(27.0-32.0 U) NK
		Platelet Count		389	x10 ⁹ /l (150-410 U) NK
		Neutrophils	+	7.9	x10 ⁹ /l (2.0-7.0 U) NK
		Lymphocytes		2.8	x10 ⁹ /l (1.1-5.0 U) NK
		Monocytes		1.0	x10 ⁹ /l (0.2-1.0 U) NK
		Eosinophils		0.03	x10 ⁹ /l (0.02-0.50 U) NK
		Basophils		0	x10 ⁹ /l (0.0-0.1 U) NK
		Nucleated RBC		0	x10 ⁹ /l NK
R		Erythrocyte sedimentation rate			
		Normal/ Negative (GH)			
		ESR	2	mm/hr	(0-19 U) NK

Sample Collected Date : 11/01/2022 13:15:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/01/2022 12:06:00
Received Date : 12/01/2022 19:00:17
Requestor :
Requestor GMC Code :

Lab Report ID : B,22.0574535.G Coding Status : Part Read Coded
 Filed By User : Dr Gail Henderson File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Headache with tenderness ...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		C-reactive Protein			
		Normal/ Negative (GH)			
		C Reactive Protein		5	mg/L (0-10 U) NK
R					
		Urea and electrolytes			
		Normal/ Negative (GH)			
		-(NA) Old specimen: result invalid.			
		Sodium	141	mmol/L	(133-146 U) NK
		Potassium	NA		NK
		Chloride	104	mmol/L	(95-108 U) NK
		Urea	6.0	mmol/L	(2.5-7.8 U) NK
		Creatinine	59	umol/L	(40-130 U) NK
		Estimated GFR	> 60	ml/min	(>>60 U) NK
R					
		Thyroid function tests			
		Normal/ Negative (GH)			
		TSH	1.68	mU/L	(0.35-5.00 U) NK
		Free T4	13.5	pmol/L	(9.0-21.0 U) NK
		Total T3			NK

Sample Collected Date : 11/01/2022 13:15:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 12/01/2022 12:09:00
 Received Date : 12/01/2022 19:00:34
 Requestor :
 Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Miss Liz McGowan
Patient Matched	Yes.	BoSS Message Type	Exclusion

electronic Notification of Bowel Screening Results Service

New Exclusion

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0325
Practice Code	G40455

Report Date	20 Mar 2022
Letter ID	610370122987
Exclusion Reason	Non-Responder
Report Comments	No response to bowel cancer screening programme invitation (9Ow2.)
Invitation Date	20 Dec 2021

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Lab Report ID : B,22.1251325.J Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
 -Hypertensin a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R Serum lipids					
normal/ Negative (RM)					
		Cholesterol	6.0	mmol/L	NK
		Triglycerides	1.3	mmol/L (0.2-2.3 U)	NK
		HDL Cholesterol	1.9	mmol/L	NK
		LDL-Cholest (calc'd)	3.5	mmol/L	NK
R		Serum VLDL cholesterol level		0.6 mmol/L	NK
		Chol/HDL ratio		3.2	NK
R Urea and electrolytes					
normal/ Negative (RM)					
-(NA) Old specimen: result invalid.					
		Sodium	144	mmol/L (133-146 U)	NK
		Potassium	NA		NK
		Chloride	102	mmol/L (95-108 U)	NK
	6.7	Urea	mmol/L	(2.5-7.8 U)	NK
		Creatinine	67	umol/L (40-130 U)	NK
		Estimated GFR	> 60	ml/min (>>60 U)	NK
R Liver function test					
normal/ Negative (RM)					
		Total Bilirubin		4 umol/L (<<20 U)	NK
	18	ALT	U/L	(<<50 U)	NK
	20	AST	U/L	(<<40 U)	NK
		Alkaline Phosphatase		121 U/L (30-130 U)	NK
	39	Albumin	g/L	(35-50 U)	NK

Sample Collected Date : 11/05/2022 16:47:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 12/05/2022 12:54:00
 Received Date : 12/05/2022 19:00:18
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,22.1251666.V Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-Hypertensin a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R		Full blood count - FBC	Y		
		normal/ Negative (RM)			
		White Blood Count	+	11.6	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.72	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	137	g/l	(115-165 U) NK
		Haematocrit	0.428	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		90.7	fl (83.0-101.0 U) NK
		MCH	29.0	pg	(27.0-32.0 U) NK
		Platelet Count		341	x10 ⁹ /l (150-410 U) NK
		Neutrophils	6.9	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.7	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.6	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.31	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0.1	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 11/05/2022 16:47:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/05/2022 13:18:00
Received Date : 12/05/2022 19:00:31
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.1251625.T **Coding Status** : Part Read Coded
Filed By User : Dr Roderick MacNeill **File Status** : Filed
Assigned to : **Task Status** : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-Hypertensin a/R

SPECIMEN : Blood					
	Abn	Value	Units	Range	Status
R	HbA1c (IFCC)				
	normal/ Negative (RM)				
	HbA1c (IFCC)	39		mmol/mol (20-41 U)	NK

Sample Collected Date : 11/05/2022 16:47:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 12/05/2022 13:16:00
Received Date : 12/05/2022 19:00:38
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.2340613.K Coding Status : Coded
 Filed By User : Dr Issmael Fergague File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-generalised pains which h...
 -South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
 -for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	Full blood count - FBC Y				
	satisfactory (IF)				
	White Blood Count	+	10.5	x10 ⁹ /l (4.0-10.0 U)	NK
	Red Cell Count		4.92	x10 ¹² /l (3.80-5.80 U)	NK
	Haemoglobin	139	g/l	(115-165 U)	NK
	Haematocrit	0.438	l/l	(0.370-0.470 U)	NK
	Mean Cell Volume		89.0	fl (83.0-101.0 U)	NK
	MCH	28.3	pg	(27.0-32.0 U)	NK
	Platelet Count		349	x10 ⁹ /l (150-410 U)	NK
	Neutrophils	6.1	x10 ⁹ /l	(2.0-7.0 U)	NK
	Lymphocytes	3.4	x10 ⁹ /l	(1.1-5.0 U)	NK
	Monocytes	0.6	x10 ⁹ /l	(0.2-1.0 U)	NK
	Eosinophils	0.30	x10 ⁹ /l	(0.02-0.50 U)	NK
	Basophils	0	x10 ⁹ /l	(0.0-0.1 U)	NK
	Nucleated RBC	0	x10 ⁹ /l		NK
R	Erythrocyte sedimentation rate				
	normal/ Negative (IF)				
	ESR	5	mm/hr	(0-19 U)	NK

Sample Collected Date : 26/10/2022 10:03:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/10/2022 12:11:00
 Received Date : 26/10/2022 19:00:25
 Requestor :
 Requestor GMC Code :

Lab Report ID : B,22.2340605.H Coding Status : Part Read Coded
 Filed By User : Dr Issmael Fergague File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-generalised pains which h...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R	Bone profile	Y				
	repeat test (IF)					
	Calcium	2.36	mmol/L	(2.20-2.60 U)	NK	
	Calcium (adjusted)	2.47	mmol/L	(2.20-2.60 U)	NK	
	Phosphate	1.31	mmol/L	(0.80-1.50 U)	NK	
	Albumin	38	g/L	(35-50 U)	NK	
	Alkaline Phosphatase	+	154	U/L	(30-130 U)	NK
R	C-reactive Protein					
	normal/ Negative (IF)					
	C Reactive Protein		4	mg/L	(0-10 U)	NK
R	Urea and electrolytes					
	normal/ Negative (IF)					
	Sodium	141	mmol/L	(133-146 U)	NK	
	Potassium	4.7	mmol/L	(3.5-5.3 U)	NK	
	Chloride	103	mmol/L	(95-108 U)	NK	
	Urea	6.5	mmol/L	(2.5-7.8 U)	NK	
	Creatinine	69	umol/L	(40-130 U)	NK	
	Estimated GFR	> 60	ml/min	(>>60 U)	NK	
R	Liver function test	Y				
	repeat test (IF)					
	Total Bilirubin		9	umol/L	(<<20 U)	NK
	ALT	20	U/L	(<<50 U)	NK	
	AST	18	U/L	(<<40 U)	NK	
	Alkaline Phosphatase	+	154	U/L	(30-130 U)	NK
	Albumin	38	g/L	(35-50 U)	NK	

Sample Collected Date : 26/10/2022 10:03:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 26/10/2022 12:10:00
 Received Date : 26/10/2022 19:01:01
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,22.2525695.B Coding Status : Coded
Filed By User : Dr Alice Niven File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :

-dry mouth, muscle and joi...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R			Y		
Liver function test					
improving (ALI)					
		Total Bilirubin		9 umol/L	(<<20 U)NK
		ALT	18 U/L	(<<50 U)NK	
		AST	18 U/L	(<<40 U)NK	
		Alkaline Phosphatase	+	141 U/L	(30-130 U) NK
		Albumin	37	g/L	(35-50 U) NK

Sample Collected Date : 15/11/2022 09:19:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2022 12:53:00
Received Date : 15/11/2022 19:00:18
Requestor :
Requestor GMC Code :

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Lab Report ID : B,22.3692668.G Coding Status : Part Read Coded
Filed By User : Dr Alice Niven File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-dry mouth, muscle and joi...

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R	I ANA/Centromere Abs				
	normal/ Negative (ALI)				
	-Negative				
	ANA screen		Negative		NK

Sample Collected Date : 15/11/2022 09:19:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 15/11/2022 15:42:00
Received Date : 18/11/2022 19:01:14
Requestor :
Requestor GMC Code :

Lab Report ID : B,23.1258472.X Coding Status : Coded
 Filed By User : Dr Roderick MacNeill File Status : Filed
 Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

**** ABNORMAL ****

Report Text :
 -hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status	
R Urea and electrolytes						
normal/ Negative (RM)						
		Sodium	142	mmol/L	(133-146 U)	NK
		Potassium	4.4	mmol/L	(3.5-5.3 U)	NK
		Chloride	100	mmol/L	(95-108 U)	NK
		Urea	6.0	mmol/L	(2.5-7.8 U)	NK
		Creatinine	55	umol/L	(40-130 U)	NK
		Estimated GFR	> 60	ml/min	(>>60 U)	NK
R Liver function test						
normal/ Negative (RM)						
		Total Bilirubin		4	umol/L (<<20 U)	NK
		ALT	28	U/L	(<<50 U)	NK
		AST	22	U/L	(<<40 U)	NK
		Alkaline Phosphatase	+	133	U/L (30-130 U)	NK
		Albumin	41	g/L	(35-50 U)	NK
R Serum lipids						
satisfactory (RM)						
		Cholesterol	5.8	mmol/L		NK
		Triglycerides	2.1	mmol/L	(0.2-2.3 U)	NK
		HDL Cholesterol		1.8	mmol/L	NK
		LDL-Cholest (calc'd)		3.0	mmol/L	NK
R Serum VLDL cholesterol						
		level			1.0	mmol/L NK
		Chol/HDL ratio		3.2		NK

Sample Collected Date : 04/05/2023 16:48:00
 Collection Start Date :
 Collection End Date :
 Received by Lab Date : 05/05/2023 13:19:00
 Received Date : 05/05/2023 19:01:42
 Requestor :
 Requestor GMC Code :

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Lab Report ID : B,23.1258521.N Coding Status : Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :

-hypertension a/R
-South Haematology Labs are an ISO:15189 accredited laboratory(UKAS)
-for scope on schedule. Please see the user handbook for clarification

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R					
		Full blood count - FBC			
		normal/ Negative (RM)			
		White Blood Count		8.5	x10 ⁹ /l (4.0-10.0 U) NK
		Red Cell Count		4.48	x10 ¹² /l (3.80-5.80 U) NK
		Haemoglobin	128	g/l	(115-165 U) NK
		Haematocrit	0.422	l/l	(0.370-0.470 U) NK
		Mean Cell Volume		94.2	fl (83.0-101.0 U) NK
		MCH	28.6	pg	(27.0-32.0 U) NK
		Platelet Count		261	x10 ⁹ /l (150-410 U) NK
		Neutrophils	4.8	x10 ⁹ /l	(2.0-7.0 U) NK
		Lymphocytes	3.0	x10 ⁹ /l	(1.1-5.0 U) NK
		Monocytes	0.4	x10 ⁹ /l	(0.2-1.0 U) NK
		Eosinophils	0.26	x10 ⁹ /l	(0.02-0.50 U) NK
		Basophils	0	x10 ⁹ /l	(0.0-0.1 U) NK
		Nucleated RBC	0	x10 ⁹ /l	NK

Sample Collected Date : 04/05/2023 16:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/05/2023 13:50:00
Received Date : 05/05/2023 19:01:49
Requestor :
Requestor GMC Code :

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Lab Report ID : B,23.1258544.A Coding Status : Part Read Coded
Filed By User : Dr Roderick MacNeill File Status : Filed
Assigned to : Task Status : No Tasks

Patient Details : (2915) Janice Convery DOB : 27/05/1965 CHI : 2705655662 SEX : F

ADR : F3-2 21 Benview Street GLASGOW

Report Text :
-hypertension a/R

SPECIMEN : Blood

	Abn	Value	Units	Range	Status
R HbA1c (IFCC)					
just below threshold for pre diabetes (RM)					
HbA1c (IFCC)		40	mmol/mol (20-41 U)		NK

Sample Collected Date : 04/05/2023 16:48:00
Collection Start Date :
Collection End Date :
Received by Lab Date : 05/05/2023 13:54:00
Received Date : 05/05/2023 19:01:55
Requestor :
Requestor GMC Code :

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Miss Moretta Morrison
Patient Matched	Yes.	SCCRS Message Type	FHIR Result

electronic Notification of Cervical Cytology Results Service
New Result

CHI Number	2705655662
Name	CONVERY,JANICE
Date Of Birth	27/05/1965
GMC Code of Registered GP	5703692
Practice Code	G40455

Smear Taker	Nurse Jeannie
Reporting Location	NHSGGC

SCCRS ID	1626229017
Laboratory ID	23g4061820
Smear Taken Date	03/05/2023 00:00
Cytology Result	No Result
Report Comments	
HPV Result	Human papillomavirus -ve (4K2Q.) (2287791000000118)
Recommended Management	Routine Recall - 5 years
Recall Date	03/05/2028

File Status	Filed.	Tasks	No Tasks.
Assigned User	Unassigned.	Filed By User	Ms Alison Martin
Patient Matched	Yes.	BoSS Message Type	Result

electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	2705655662
Name	CONVERY, JANICE
Date Of Birth	27/ 05/ 1965
Registered GP	G0325
Practice Code	G40455

Report Date	10Jan2024
Letter ID	11042649893511
Kit ID	7627897946
Result	BCSP faecal occult blood test normal(686A.)
Report Comments	Negative
Recommended Management	No action required

Consultations	
10/01/2024 00:00	<u>Ms Alison Martin at General Practice Surgery</u>
Result	Bowel Cancer Screening Result

02/11/2023	
Additional	Administration of first inactivated seasonal influenza vacc 3029228/FLUQ/VC/1M/Right Arm/FLU - Seqirus UK (Wellcare Pharmacy)

22/06/2023 17:46	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt requested a note to state what issues she has to show her work as she feels they are going to move her into a position that she wont be able to do because of her medical conditions. I have advised I can print off a GP summary which states what medical conditions she has. If she needs a further letter she would have to make a GP appt. Pt understood. GP summary in box for collection.

04/05/2023	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	(Non Coded Event - HbA1C (IFCC)) just below threshold for pre diabetes (RM)

04/05/2023 16:24	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension A/R - bloods taken. Feeling in a good place. No issues with medication. Enjoying job and keeps active with work an walking. Feels diet ok although aware weight up. Asthma review - been feeling a bit more wheezy last couple of weeks. Taking ICS 2puffs am only. Advised to increase 2PBD. Happy with MDI and uses spacer. Discussed inhaler disposal and GRC audit completed
Test Request	HbA1c - Completed, Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 132/80 mm Hg O/E - weight, 86 Kg Body Mass Index, 31.21
Social	Ex smoker
Result	Urine protein test negative
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Hypertension monitoring Lifestyle counselling Using inhaled steroids - normal dose Inhaler technique - good Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per week Asthma medication review Spacer device in use Asthma accident and emergency attendance since last visit, 0

04/05/2023 16:10	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Pt req repeat px for duloxetine for 1 month supply only. Pt advised her meds are out of sync. All other repeats due next month.

03/05/2023 00:00	<u>Miss Moretta Morrison at General Practice Surgery</u>
Result	Virology
Follow up	Cervical smear due (03/05/2028) SCCRS Recall

03/05/2023	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:15 on Thursday 04 of May at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.

28/04/2023	<u>at MJog</u>
Additional	Asthma monitor phone invite Text invite sent

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<u>24/04/2023</u>	<u>at MJog</u>
Additional	SMS text sent to patient Invite for Hypertension A/R with PN- (Text sent)
-	----
<u>05/04/2023 14:47</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Note on px, asthma review due may 23
-	----
<u>03/02/2023</u>	<u>at MJog</u>
Additional	SMS text sent to patient Text to apologise re Dr shortage sent
-	----
<u>27/01/2023 16:21</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	attends fr t2f. history as previous
Examination	indicating overlying splenic flexure on left side for source of pain. no pain on ballotting kidney either side, no hepatosplenomegaly. bowel sounds active
Comment	?relating to constipation- agree given altered bowel habit qFit, add in laxatives for regular use, follow up if not settling
Medication	Ispaghula Husk Granules, Gluten Free 3.5 grams/sachet 120 SACHET THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY Senna Tablets 7.5 mg 60 TABLET TWO TO BE TAKEN AT NIGHT Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 60 mg 28 capsule ONE TO BE TAKEN EACH DAY Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT
Test Request	qFIT - Requested
-	----
<u>26/01/2023 15:58</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	t/c of Janice- duloxetine has helped mood. still getting some issues. a bit of upper abdo pain. middle-left hand side. feels like a "gnawing" pain. always there. worse bending over (eg to tie laces), worse also lying flat in bed at night. doesn't think pulsating, doesn't think radiating to back. note mildly elevated alk phos. comments been quite constipated- moved bowels every 5 days or so. wonders if this pain represents constipation. previously quite constipated with IBS and note duloxetine dose increase. has previously been on laxatives for constipation
Comment	mainly would like this pain in abdomen assessed- appt given to see me tomorrow afternoon for review of this (needs time to make it up from southside where she works in a school)- appt made, consider regular laxatives if feel this is medication and constipation related
-	----
<u>19/12/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient staff shortage
-	----
<u>23/11/2022 15:43</u>	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Asthma review done in May - no changes. Using reliever around 1-2 times per week. Takes Clenil 1PBD. Feels things stable. Review again with hypertension in May.
-	----
<u>17/11/2022</u>	
Additional	Administration of first dose of SARS-CoV-2 vaccine 200028A/COVIMODERNA/IM/Left Arm//C-19 Moderna (Glasgow Central Mosque)
-	----
<u>17/11/2022</u>	
Additional	Administration of first inactivated seasonal influenza vacc 440151A/FLUQIVC/IM/Right Arm//FLU - Seqirus UK (Glasgow Central Mosque)
-	----
<u>15/11/2022 09:20</u>	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Bloods taken as requested and asthma review appt arranged
-	----
<u>04/11/2022 15:18</u>	<u>Dr Alice Niven at Telephone Call</u>
History	Pain in neck, thighs up arms and legs, stopping her from sleep and being mobile. Discussed in depth - been to pain clinic and awaiting acupuncture via homeopathy care - no letter - seen in summer. check ANA when rechecking LFTs. (convinced this is 'autoimmune' . this is the last test to be done then outwith scope of medical test available. Spoke frankly about fibro and mgmt of this - increase duloxetine. she takes vit d every day. no longer takes oestrogen (didn't help) and mierna due change. has alpha one antitriptyase - but LFT normal.

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Medication	Duloxetine Gastro-resistant Capsules 60 mg 28 capsule <i>ONE TO BE TAKEN EACH DAY</i>
Test Request	Liver Function Tests - <i>Requested</i> , ANA (anti - nuclear and centromere abs) - <i>Requested</i>
-	----
<u>28/10/2022 13:42</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt called and informed to rpt Bone profile and LFT bloods in 4-6 weeks- Pt said will book in again closer to the time
-	----
<u>28/10/2022 13:25</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
Comment	slightly raised Alk Phos which is new- nil to clearly account for this on prev consultation. repeat in first instance within 4-6 weeks, suspect will have resolved
-	----
<u>26/10/2022 10:02</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Bloods taken as requested
Test Request	Bone Profile - <i>Completed</i> , CRP - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , ESR - <i>Completed</i> , Full Blood Count - <i>Completed</i>
-	----
<u>25/10/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 10:10 on Wednesday 26 of October at Sandyford Surgery. PLEASE WEAR A MASK WHEN YOU ATTEND. If you can't attend call 01412483698 - DO NOT REPLY TO THIS TEXT.
-	----
<u>20/10/2022 17:03</u>	<u>Dr Issmael Fergague at Sandyford Surgery</u>
History	t/c to Janice- asking about getting oil removed- been trying to call sandyford initiative to make appt but not having any luck- reassured to continue trying. alternative to see gynae privately. agree she will continue trying to call SI. also wondering if new condition- note background chronic pain and ?fibromyalgia but not some worsening of pains and worsening of dry eyes. eyex very dry and states has a blister on underside of eyelid.
Comment	agree bloods, she will seek review of eyes with optician. review with results
Test Request	Bone Profile - <i>Requested</i> , CRP - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , ESR - <i>Requested</i> , Full Blood Count - <i>Requested</i>
-	----
<u>11/10/2022 11:57</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	Pt returned the call and has been advised that the doctor can only give so much advice on contraception removal-really she should be discussing this with Sandyford family planning clinic or where she had the coil fitted. Pt said it wasn't just that she also wanted to discuss other health issues but did not want to elaborate any further on that- adv appt with Dr kept
-	----
<u>11/10/2022 11:54</u>	<u>Ms Alison Martin at Data Entry</u>
Comment	MLOAM- pt called wanted to discuss removal of coil
-	----
<u>14/09/2022</u>	<u>at MJog</u>
Additional	SMS text sent to patient Bank Hol notification sent
-	----
<u>11/05/2022 16:40</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension/asthma A/R - bloods taken. Feels asthma well controlled. Using ICs 1PBD via spacer and not used reliever in around 3 weeks. Happy with inhaler types and aware of triggers. Feeling well in herself. enjoying new job. feels keeping her going. More active and trying to reduce weight - lost 3kgs so far. No urine today.
Test Request	HbA1c - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Lipid profile (inc. HDL) - <i>Completed</i> , Full Blood Count - <i>Completed</i>
Examination	Body Mass Index, 30.12 O/E - weight, 83 Kg Body Mass Index, 30.12
Social	Ex smoker
Result	Urine protein test not done
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Medication review done Hypertension monitoring

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	Lifestyle counselling Using inhaled steroids - normal dose Inhaler technique - good Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per month Asthma medication review Spacer device in use Asthma accident and emergency attendance since last visit, 0 Asthma monitoring
10/05/2022	at MJog
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 16:10 on Wednesday 11 of May at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx. - DO NOT REPLY TO THIS TEXT.
28/04/2022 15:19	Mrs Morag Devitt at Telephone Consultation
Comment	Called for asthma review - noted due annual hypertension review - best to do both FTF so appt booked for both 2/52.
26/04/2022 12:50	Miss Moretta Morrison at Data Entry
Comment	MLOAM to call surgery - Dr has advised that we will need to wait for clinic letter first before prescribing magnesium and Vit D .
26/04/2022 12:48	Dr Gail Henderson at Data Entry
History	Wait for clinic letter as various strengths available
26/04/2022 12:24	Miss Moretta Morrison at Data Entry
Comment	Due asthma review - note on px to make appnt with Practice Nurse.
26/04/2022 12:18	Miss Moretta Morrison at Data Entry
Comment	Patient phoned to order repeat meds. Said she attended Integrative Care last week and they said she should continue on high strength Vitamin D and magnesium. We don't have any letter from them yet and I explained that to her. Added that she can't afford to buy these items and I was just to ask Dr for it.
26/04/2022	at MJog
Additional	SMS text sent to patient Advice text re only one Dr available on Thursday
19/04/2022 10:26	Ms Lynne Kinnear at Data Entry
Comment	MLOAM - to cancel appt tele appt with nurse tomorrow and advised pt I have re-arranged for thursday 28/4 between 3-4 pls confirm this is ok?
07/04/2022	at MJog
Additional	Asthma monitor phone invite Text invite sent
20/03/2022 00:00	Miss Liz McGowan at General Practice Surgery
Follow up	No response to bowel cancer screening programme invitation (20/12/2021)
Comment	Bowel Cancer Screening Exclusion No response to bowel cancer screening programme invitation Non-Responder
27/02/2022	at MJog
Additional	SMS text sent to patient Shortage of Drs text sent
24/02/2022	at MJog
Additional	SMS text sent to patient Shortage of Drs text sent
11/01/2022	Dr Gail Henderson at General Practice Surgery
Result	Thyroid function tests Normal/ Negative (GH) Urea and electrolytes Normal/ Negative (GH) (Non Coded Event - C-reactive Protein) Normal/ Negative (GH)

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-	----
<u>11/01/2022</u>	<u>Dr Gail Henderson at General Practice Surgery</u>
Result	Erythrocyte sedimentation rate Normal/ Negative (GH) Full blood count - FBC Normal/ Negative (GH)
-	-----
<u>11/01/2022 11:55</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	BP 144/88, 140/86. Bloods taken. Due hypertension review in March so recheck BP then, didn't take glucose but will be done at A/R
Examination	O/E - BP reading
Test Request	Glucose - Requested, CRP - Completed, Urea and Electrolytes - Completed, Thyroid function tests - Completed, ESR - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 140/86 mm Hg
-	-----
<u>11/01/2022 11:18</u>	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Large argument yesterday with partner's family, he has cancer and they expect her to care for him. She had been doing well, starting new job and has moved back to her own flat last night. Just can't cope with them trying to control her. Ended up at OOH - see letter with headache. They have asked us to do ESR/CRP today to rule out GCA as she had some tenderness in temple. Most likely diagnosis is stress related headache related to her situation. Appt for bloods just now
Medication	Diazepam Tablets 2 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WHEN REQUIRED FOR ANXIETY
Test Request	Glucose - Requested, CRP - Requested, Urea and Electrolytes - Requested, Thyroid function tests - Requested, ESR - Requested, Full Blood Count - Requested
-	-----
<u>10/01/2022</u>	<u>Miss Moretta Morrison at Data Entry</u>
Comment	NHS24 report/OOH
-	-----
<u>09/12/2021 15:07</u>	<u>Dr Gail Henderson at Telephone Consultation</u>
History	See letter from Dr Tyagi. MRI brain and c-spine and bloods normal. Dr Tyagi thinks it is fibromyalgia. Lots of the symptoms over the years do tie in with this - pain, fatigue, insomnia, IBS, neck stiffness. Taking nortriptyline 10mg and duloxetine 40mg and thinks there has been a small improvement. Keen to stay on the same. Keen for me to refer her to centre for integrative care for a consultation. Has a new job in Shawlands Primary as a learning support teacher and looking forward to starting.
-	-----
<u>06/12/2021</u>	----
Additional	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (J Saseh) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (J Saseh)
-	-----
<u>06/12/2021</u>	----
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic) FM3802/ PF/IM/Right Arm/C-19 Booster Pfizer (Barmulloch Community Centre - Public Vaccination Clinic)
-	-----
<u>06/12/2021</u>	----
Additional	Administration of first inactivated seasonal influenza vacc P100362174/ FLUQIVC/IM/Left Arm/FLU - Flucelvax Tetra (QIVc) (Barmulloch Community Centre - Public Vaccination Clinic)
-	-----
<u>03/11/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient Road closure 05/11/21 Cop26 sent
-	-----
<u>31/10/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient COP26 emerg only 01/11/21
-	-----
<u>25/10/2021 15:02</u>	<u>Dr Gail Henderson at Data Entry</u>
History	Fit for work so no more fit notes required
-	-----
<u>25/10/2021</u>	<u>at MJog</u>
Additional	SMS text sent to patient Cop26 px text sent

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20/10/2021	<u>Miss Liz McGowan at General Practice Surgery</u>
Result	2019-nCoV (novel coronavirus) not detected
18/10/2021	<u>at MJog</u>
Additional	SMS text sent to patient Cop26 disruption text
23/09/2021	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	Serum folate normal/ Negative (RM) Serum vitamin B12 normal/ Negative (RM)
23/09/2021	<u>Dr Roderick MacNeill at General Practice Surgery</u>
Result	(Non Coded Event - Protein EP & Igs) normal/ Negative (RM) Liver function test normal/ Negative (RM) Urea and electrolytes normal/ Negative (RM)
23/09/2021 12:06	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Bloods taken as requested
Test Request	Vitamin B12 - <i>Completed</i> , Urea and Electrolytes - <i>Completed</i> , Liver Function Tests - <i>Completed</i> , Protein Electrophoresis & Immunoglobulins - <i>Completed</i> , Folate - <i>Completed</i> , Full Blood Count - <i>Completed</i>
Examination	O/E - weight, 86 Kg
22/09/2021 15:52	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	Headaches, earache, eyes stuck with green, sharp chest pains, sharp pains when swallowing, balance is an issue and keeps falling. Random swellings, body feels heavy shuffling walks. Walks every day. As Dr Tyagi suggests try nortriptyline with the view to withdrawing duloxetine at some point/ Has titrated down the ropinirole and is coming off this. Chronic Pain Syndrome
Medication	Nortriptyline Capsules 10 mg 56 capsule 1 CAPSULE TO BE TAKEN AT NIGHT
Test Request	Vitamin B12 - <i>Requested</i> , Urea and Electrolytes - <i>Requested</i> , Liver Function Tests - <i>Requested</i> , Protein Electrophoresis & Immunoglobulins - <i>Requested</i> , Folate - <i>Requested</i> , Full Blood Count - <i>Requested</i>
22/09/2021	<u>at MJog</u>
Additional	SMS text sent to patient Type: Appointment Reminder Status: Message Delivered Message: Janice Convery Don't forget your appointment at 11:45 on Thursday 23 of September at Sandyford Surgery. If you can't attend call 01412483698 Not attending costs NHS Scotland £135 approx.
14/09/2021 12:26	<u>Dr Alice Niven at Data Entry</u>
History	see letter from neurology 'if normal - no further tests required' if not normal - let neurology know.
Test Request	Vitamin B12 - <i>Requested</i> , Protein Electrophoresis & Immunoglobulins - <i>Requested</i> , Folate - <i>Requested</i>
23/08/2021 15:40	<u>Dr Roderick MacNeill at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Under investigation by neurology; Duration: 10/08/2021 - 19/09/2021)
26/07/2021 12:33	<u>Dr Alice Niven at Sandyford Surgery</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: under investigation by neurology; Duration: 12/07/2021 - 09/08/2021)
15/07/2021 14:13	<u>Dr Gail Henderson at Data Entry</u>
Medication	Ropinirole Hydrochloride Tablets 2 mg 56 TABLET ONE TAB NOCTE (NOTE THIS IS TWO MG) Ropinirole Hydrochloride Tablets 250 micrograms 112 TABLET 2 TABS NOCTE ALONG WITH THE 2MG TABLET Estradiol Gel 0.06 % pump-pack 160 GRAM ONE PUMP DAILY
05/07/2021 14:58	<u>Miss Liz McGowan at Data Entry</u>
Comment	Fitnote emailed to pt, delivery received.

05/07/2021 12:57	<u>Dr Alice Niven at Data Entry</u>
History	wanting back on osterdiol gel - has mirena in situ since 2018 - ok fitnote for 'foot pain' no longer under investigation. -restless leg syndrome as per neurology. one month given. review thereafter.
Medication	Estradiol Gel 0.06 % pump-pack 80 gram ONE PUMP DAILY
Additional	eMED3 (2010) duplicate issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation; Duration: 27/04/2021 - 30/06/2021) eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: restless leg syndrome; Duration: 05/07/2021 - 12/07/2021)

05/07/2021 10:46	<u>Miss Moretta Morrison at Data Entry</u>
Comment	Took herself off the HRT gel but would like to go back on it again as her menopausal flushes are back. She decided she didn't want to be on it as she was on Parkinson's medication. Also requesting FitNote extension for another 2 months please. To be emailed.

10/06/2021 13:01	<u>Dr Roderick MacNeill at Data Entry</u>
History	see Dr Tyagi's letter.
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 56 tablet 1 TAB NOCTE ALONG WITH THE 2MG TABLET

09/06/2021	
Additional	Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By K Tytler) PV46694/ AZ/IM/RUA/C-19 (By K Tytler)

04/06/2021 12:00	<u>Dr Alice Niven at Data Entry</u>
Problem (FIRST)	ECG normal

10/05/2021 14:28	<u>Ms Lynne Kinnear at Data Entry</u>
Comment	Fitnote emailed to pt delivery report received.

10/05/2021 11:36	<u>Dr Roderick MacNeill at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation; Duration: 27/04/2021 - 30/06/2021)

31/03/2021 09:56	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Hypertension/Asthma Review - bloods taken (non fasted) Asked to hand in urine sample to dipstest. Feeling ok. Weight down 3kgs - has been trying. Eating less carbs. Exercise can be difficult due to neurological problem. Asthma well controlled. Takes 2Puffs ICS in morning and not used reliever in past couple of weeks. Hapy with MDI and uses spacer.
Test Request	Urea and Electrolytes - Completed, Liver Function Tests - Completed, Lipid profile (inc. HDL) - Completed, Glucose - Completed, Full Blood Count - Completed
Examination	Blood pressure reading 138/82 mm Hg O/E - weight, 80 Kg Body Mass Index, 29.03
Social	Ex smoker
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Medication review done Lifestyle counselling Inhaler technique - good Asthma not disturbing sleep Asthma causes daytime symptoms 1 to 2 times per month Asthma medication review Spacer device in use Asthma annual review Asthma accident and emergency attendance since last visit, 0 Asthma monitoring

30/03/2021	
Additional	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 (By D Mollins) 4120Z003/ AZ/IM/RUA/C-19 (By D Mollins)

19/03/2021 11:49	<u>Miss Liz McGowan at Data Entry</u>

Comment	pt called back, I have given her a 20min appt for asthma and hypertension review on Wed 31/03.
-	----
19/03/2021 11:41	<u>Mrs Morag Devitt at Telephone Consultation</u>
Comment	Called for asthma review - no reply. Noted due hypertension review so if calls back can offer FTF appt for both (20 min)
-	----
01/03/2021 16:45	<u>Dr Christine M Crawford at Phone Encounter</u>
Comment	"discuss meds - call mobile"
	only benefit from ropinirole is that Janice now sleeps from around 00.20 to 6.30/7.00 so quality of life is better, has gradually cut down oestrogen gel (to every 3 days) with no return of sweats so plans to stop it now - fine.
	will contact Dr. Tyagi re review
	job hunting hampered by fact that employers currently feel asthma makes her high risk so they are reluctant to consider her.
Medication	Ropinirole Hydrochloride Tablets 2 mg 56 TABLET ONE TAB NOCTE (NOTE THIS IS TWO MG) Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Duloxetine Gastro-resistant Capsules 40 mg 56 capsule 1 Cap AT NIGHT Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: feet pain under investigation by neurologist; Duration: 28/02/2021 - 26/04/2021)
-	----
22/01/2021 15:40	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	FitNote scanned and emailed
-	----
22/01/2021 11:52	<u>Dr Roderick MacNeill at Telephone Consultation</u>
History	No real benefit from Ropinirole (on 2mg now) though is sleeping a bit better (used to be up every hour) . Should be speaking to Dr Tyagi in the next few weeks. Needs a sick line possibly. Wants to work (online) but needs ESA too.
Medication	Ropinirole Hydrochloride Tablets 2 mg 28 tablet ONE TAB NOCTE (NOTE THIS IS TWO MG) Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Duloxetine Gastro-resistant Capsules 40 mg 56 capsule 1 Cap AT NIGHT Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet Pain, under investigation by neurology; Duration: 08/12/2020 - 28/02/2021)
-	----
02/12/2020 12:39	<u>Dr Alice Niven at Data Entry</u>
History	SR -titration of
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 84 tablet 3 PER NIGHT INCREASE ONE TABLET EVERY WEEK UNTIL 8 PER NIGHT
-	----
12/11/2020 16:42	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Dr Tyagi requested ropinirole. Also recommended stopping citalopram - Janice will half tablets for a couple of weeks then gradually stop.
Medication	Ropinirole Hydrochloride Tablets 250 micrograms 42 tablet ONCE DAILY FOR A WEEK THEN INCREASE BY ONE TABLET EVERY WEEK UNTIL TAKING 8 TABLETS DAILY
-	----
09/11/2020	<u>Mrs Joanne Millar at Data Entry</u>
Comment	Flu vaccination administration Given at Community Centre for Health
Additional	Seasonal influenza vaccination (Right arm) FLUCELVAX TETRA Sequirus Btch P100253416 Exp 05/21
-	----
03/11/2020 15:34	<u>Miss Janice Muirhead at Data Entry</u>
Comment	Fit note emailed to pt- missjaniceconvery@yahoo.co.uk
-	----
03/11/2020 12:22	<u>Dr Gail Henderson at Data Entry</u>
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet Pain under lx by Neurologist; Duration: 02/11/2020 - 07/12/2020)
-	----

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05/10/2020 16:07	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Been to neurologist - ? peripheral neuropathy or restless leg syndrome. Has MRI on 24th Oct. He mentioned ropinirole but waiting for scan to be done. Janice needs further line. Leaving Arnold Clark today so feeling a bit emotional. Passed exam this week to teach English as a foreign language so feeling positive about that
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain under investigation by neurologist; Duration: 05/10/2020 - 02/11/2020)

29/09/2020 09:00	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Comment	Bloods taken
Test Request	Glucose - Completed, Vitamin B12 - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Folate - Completed, ESR - Completed, Full Blood Count - Completed, HbA1c - Completed

23/09/2020 11:19	<u>Dr Alice Niven at Sandyford Surgery</u>
History	being made redundant from Arnold Clark. would like to utilise medical insurance before she leaves (expires 5th Oct). would like to see specialist regarding . had this ;since she was born', off balance, pain in feet. duloxetine not helped. not had vit b12 and glucose for years - worth repeating. on the list for podiatry - see symptoms and examination below. ? neuralgia. need to rule out other causes first and refer??? neurologist - need date and name of apt.
Comment	I suggest she gets a blood test prior to seeing specialist.
Test Request	Glucose - Requested, Vitamin B12 - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Folate - Requested, ESR - Requested, Full Blood Count - Requested

07/09/2020 10:18	<u>Dr Gail Henderson at Telephone Consultation</u>
History	missjaniceconvery@yahoo.co.uk I examined her feet and legs on Thurs 2nd and peripheral pulses palpable, no swelling or discoloration in feet, feet warm and good cap refill. No boney pain. ? neuralgia. Increase duloxetine to 40mg and review. Needs line for work as walking difficult.
Additional	eMED3 (2010) new statement issued, not fit for work FitNote.pdf, (Diagnosis: Feet pain referred to podiatry; Duration: 07/09/2020 - 05/10/2020)

03/09/2020 17:09	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Asthma ok just now. Using clenil 2PBD and not requiring much reliever. Added to hypertension recall both 6/12
Examination	O/E - BP reading Blood pressure reading 122/76 mm Hg Diastolic blood pressure, 76 mm Hg O/E - weight, 83 Kg
Follow up	(diary entry deleted) (Not Known)
Examination	Body Mass Index, 30.12

01/09/2020 10:29	<u>Dr Gail Henderson at Telephone Consultation</u>
History	Needs BP checked as been on amlodipine for 2/12. Appt made for Thursday, new script done for another 2/12. Very happy with HRT. C/O burning sensation in feet , numbness in hands, present for quite a while. No swelling, redness or pain. Worried about circulation - we can check feet when in on Thursday. (Morag can ask me to have a quick look)
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY
Additional	Medication review done by doctor

08/07/2020 14:19	<u>Dr Christine M Crawford at Phone Encounter</u>
Problem (FIRST)	Essential hypertension
Comment	re oestrogen treatment - "like night and day" - very happy with this. happy to start amlodipine and see nurse for BP review 3-4 weeks - may need dose increase then. also discussed weight
Medication	Amlodipine Tablets 5 mg 56 TABLET ONE TO BE TAKEN EACH DAY Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY

07/07/2020 15:50	<u>Dr Christine M Crawford at Data Entry</u>
Comment	ECG requested BP needs treated and guidelines suggest CCB first line

02/07/2020 16:30	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	passed to CC

Examination	Average home diastolic blood pressure, 101 mmHg Average home systolic blood pressure, 160 mmHg Home blood pressure monitor returned by patient
Additional	

01/07/2020	Dr Christine M Crawford at General Practice Surgery
Result	(Non Coded Event - QFIT) Normal/ Negative (CC)

24/06/2020 09:51	Miss Moretta Morrison at Data Entry
Comment	Given Home BP machine as per CC.

24/06/2020	Dr Christine M Crawford at General Practice Surgery
Result	Full blood count - FBC Normal - no action (CC)

24/06/2020 09:18	Dr Christine M Crawford at Sandyford Surgery
Comment	no diarrhoea today but has had it daily apart from one day, again fresh blood Sunday (had it on and off). "scared to eat" - occ faecal inco OE abd soft, tender L paraumbilical region but no masses felt. PR - skin tag 7 o'clock, otherwise NAD flushes ++, keen to try HRT (also poor sleep). maternal grandmother died of breast cancer but no other FH. has Mirena so start oestrogen note BP --> will do home monitoring (issued today) refer colorectal
Medication	Estradiol Gel 0.06 % pump-pack 80 gram APPLY TWO PUMPS ONCE DAILY Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily
Test Request	qFIT - Requested
Examination	O/E - BP reading Blood pressure reading 154/100 mm Hg
Social	both parents died within short period and feels this has had a great impact. daughter Emma now in same sex relationship but anxious about telling her father. daughter/Janice mutually supportive. furloughed from Arnold Clark (there 10y) and not optimistic re job long term. training in TEFL and keen to work with refugees here.

23/06/2020 11:06	Dr Christine M Crawford at Phone Encounter
Comment	sleeping tablets put her in "sleep walk mode" - h/o same - so feels they are risky and prefers not to take. But still not sleeping ("pacing") - only getting about 4 hours. also c/o sweats+++ - Mirena in situ since Sept 2018 - amenorrhoeic stools have been watery with blood at the end. will attend for assessment and bloods
Test Request	TTG (IgA) abs - to test for coeliac - Requested, Bone Profile - Requested, CRP - Requested, Urea and Electrolytes - Requested, FSH - Requested, Liver Function Tests - Requested, Thyroid function tests - Requested, Full Blood Count - Requested

23/06/2020 08:50	Mrs Kathy Gordon at Data Entry
Comment	pt is still bleeding from the back passage

Consultations	
<u>11/05/2020 10:46</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
Comment	noted fresh blood from back passage - intermittent, when she passes a solid stool. no pain associated. has had this occasionally for years, but more of an issue recently - fresh blood "pouring" - noted in toilet rather than just wiping. no swelling/lumps noted. generally fine but sleep still an issue. longstanding bowel problem - can be solid or "running" and keeps to bland diet to reduce latter. Can't eat a lot of dairy (sometimes vomits too with this). No change in bowel habit. Possible haemorrhoids but explained would need seen and possibly referred if persists. But try Fybogel orange to regulate bowel, and will report if ongoing issues. Says bowel issue started after she had Emma and that she did take Fybogel (her mother-in-law's)
Medication	Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet 60 sachet <i>THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY</i> Scheriproct Suppositories 12 <i>SUPPOSITORY INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT</i>

<u>07/05/2020 14:59</u>	<u>Miss Janice Muirhead at Data Entry</u>
Comment	Pt req call back in next few days for bleeding back passage- advised pt to call tomorrow for tel triage slot - happy to do this

<u>15/04/2020 13:22</u>	<u>Dr Christine M Crawford at Phone Encounter</u>
Comment	step father [REDACTED] died on Sunday - he moved in with her Mum when she was about 3 or 4, and Mum put her into care when aged 13y. Not close to mother (who died in Sept) but cared for Jimmy for 15y - latterly in care home then admitted for end of life care in the end. Coping (he was a good age - born 1930) but getting grief from mother's side of the family who have never been close or supportive to her. wants something to sleep - discussed.
Medication	also feels chest a bit tight so step up Clenil to 200 (2 puffs BD) short term Zopiclone Tablets 7.5 mg 14 tablet <i>ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP</i> Clenil Modulite Cfc-free inhaler 200 micrograms/actuation 1 <i>INHALER TWO PUFFS TO BE INHALED TWICE A DAY</i>

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Consultations

17/05/2016 13:27 Dr Alison Lawson at Data Entry
Medication Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
Comment See gp for review next time ? change to mini pill ? Mirena- suggested before

06/04/2016 11:00 Dr Alison Lawson at Sandford Surgery

History Big meltdown after family wedding, she was invited , not ~~invited~~ or her own partner. not treated well. Extensive family issues, Janice put in care by an older sister at the age of 15. Allowed to vent. Does not wish counselling, thinks she will cope by herself. Requesting sickline as she doesn't think she can cope with work at the minute. regrets going to the wedding. Was hoping to build bridges with her sister. Older brother told her who her father was.

Medication Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY

Social In care as a teenager. No contact with her mother, sees her stepdad and a couple of other family members.

Additional eMED3 (2010) new statement issued, not fit for work Fitnote.pdf, (Diagnosis: Viral illness; Duration: 06/04/2016 - 20/04/2016)

History Ongoing bleeding, no time to assess today, will make a further appt.

Registration Details - Patient No: 2915

Personal details...		Address details...	
Date of birth	27/05/1965	Post Code	G20 7SA
Sex	F	No and Street	F3-2 21 Benview Street
Title	Miss	Town	GLASGOW
Surname	Convery	County	
Previous Surname		Village	
Forenames	Janice	House Name Flat No	
Calling Name	Janice		
Ethnic Origin			
Marital Status	Single		
Birth Surname			
HA/HB Details...		Contact details...	
Trading partner	Greater Glasgow	MainTel No	07788417505
Registered GP	Dr Fiona Clarey	Alt Tel No	07788417505
Usual GP	Dr Fiona Clarey	N.O.K Tel DO NOT USE	
Residential Inst		E Mail Address	missjaniceconvery@yahoo.co.uk
Branch Surgery			
CHI Number	2705655662		
NHS Number	S496/65/338		
Imported user defined fields		Practice Information...	
GPASS Patient ID		Hospital Number	
Next of Kin Name and Tel	07788417505	Records At	Sandyford Surgery
Contact Relationship	Daughter - 07799316748	Dispensing	N
School Attending			
Welfare Contact Name			
Further Information		Upload Consent	
Long Short Dead		SCI-DC Consent	Implied Consent (default)
Date of Registration	09/05/1991		
AMSIMCR Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
Pharmacy Details			
eCompliance Check	Yes		
MCR Suitability Status	-1		
MCR Registration Status	1		

Medical Record

Problems

Active Problems		Authorised By	Code
22/11/2021	Fibromyalgia	Dr Henderson	N248
02/07/2020	Essential hypertension	Dr Crawford	G20
29/10/2018	Hallux valgus osteotomy NEC Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	Dr Man	7K192-1
07/09/2018	Insertion of intrauterine system mirena	Ms McLaren	7E097
27/10/2010	Asthma NOS Disease: SPICE Asthma Opening,	Mrs Devitt	H33zz
22/08/2002	Asthma NOS	Carlos	H33zz
15/04/2002	Other laparoscopic female sterilisation	UnknownUser	7E1D
23/06/2001	Forceps delivery female Start Date: 26/09/1991	UnknownUser	L395

23/06/2001	Threatened abortion Start Date: 27/05/1991	UnknownUser	L100
23/06/2001	H/O: pelvic inflammatory dis. Start Date: 01/01/1989	UnknownUser	1592

Past Problems		Authorised By	Code
26/02/2025	Septicaemia	Dr Niven	A38
26/02/2025	Influenza NOS	Dr Niven	H27z
18/12/2024	Other hospital admission NOS influenza A	Any Wilson	8H3Z
11/04/2024	Stress at home	Dr Scullion	13HT1
04/06/2021	ECG normal	Dr Niven	3216
01/10/2018	Exercise tolerance test normal	Dr Henderson	33B93
27/10/2010	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
09/12/2009	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
19/11/2008	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
14/11/2007	Never smoked tobacco Disease: SPICE Asthma Action,	Mrs Devitt	1371
14/11/2007	Inhaler technique - good Disease: SPICE Asthma Measurement,	Mrs Devitt	663H
17/04/1991	GP/HPC-health promotion clinic	Dr Henderson	989

Health Admin Problems		Authorised By	Code
27/10/2010	Asthma annual review Disease: SPICE Asthma Opening,	Mrs Devitt	66YJ
09/12/2009	Asthma annual review Disease: SPICE Asthma Opening,	Mrs Devitt	66YJ
19/11/2008	Smoking cessation advice Disease: SPICE Basic Health Values,	Miss Muirhead	8CAL
19/11/2008	Current smoker Disease: SPICE Asthma Action,	Mrs Devitt	137R

Consultations	
<u>18/03/2016 10:21</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Asthma sometimes restricts exercise Asthma never disturbs sleep
Examination	Peak exp. flow rate: PEFR/PFR, 400 L/min Predicted peak flow (EN13826), 418 l/min
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning
Additional	Using inhaled steroids - normal dose Inhaler technique - good

-	
History	L sided facial pain x 1 week. ENT normal. Reproduced on tapping L TM jt. ? TMJ dysfunction. Suggest speak to dentist again. Relieved by Paracetamol on top of her Tramadol

<u>27/01/2016 14:41</u>	<u>Miss Janice Muirhead at Data Entry</u>
Comment	pt advised tma nurse for asthma review

-	
<u>09/10/2015 15:23</u>	<u>Mrs Joanne Millar at Data Entry</u>
Comment	spoke to Mr Wilson' sec at Breast Clinic. Will have appt for review on or before 9th Nov. Advised patient of this and if not had appt then to contact us to chase up again

-	
<u>09/10/2015 12:37</u>	<u>Mrs Irene Davidson at Telephone Consultation</u>
Comment	Waiting for an appointment for breast clinic had mamogram 3 /52 ago .

-	
<u>09/10/2015 12:04</u>	<u>Mrs Joanne Millar at Data Entry</u>
Comment	portal checked at nurses req to check for an appt

-	
<u>06/10/2015 09:20</u>	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Comment	blood taken . Waiting for appointment at breast clinic .
Test Request	Full Blood Count - Completed
Additional	Seasonal influenza vaccination Lot M7273-6 Exp 05/16 Sanofi Pasteur

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01/10/2015	Dr Chris Ho at Data Entry
Additional	
10/09/2015 15:05	Dr Christine M Crawford at Data Entry
Test Request	Full Blood Count - Requested
10/09/2015	Mrs Cecilia Douglas at Sandyford Surgery
Comment	FBC not received by lab. Do you want this repeated
27/08/2015 09:33	Dr Christine M Crawford at Sandyford Surgery
Comment	skin R breast is different and not clear how long. no lumps palp but refer. xs bleeding, recently 16 days. also c/o tiredness. see prev gyn letters, never had tranexamic acid so try this as reluctant re Mirena but may consider.
Medication	Tranexamic Acid Tablets 500 mg 48 tablet TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS
Comment	also c/o burning patches on various bits of body including soles, can last a day and feels hot to touch? additionally noted diarrhoea with urgency if lot of milk or dairy and thinks element lactose intolerance - may be correct, discussed
Test Request	Glucose - Requested, Vitamin B12 - Requested, Bone Profile - Requested, CRP - Requested, Urea and Electrolytes - Requested, Ferritin - Requested, Liver Function Tests - Requested, Folate - Requested, Thyroid function tests - Requested, Vitamin D - Requested, ESR - Requested, Full Blood Count - Requested, TTG (IgA) / Coeliac screen - Requested
Social	happy with office job Arnold Clark 11-8, 5 days a week. has changed life (prev in catering) and no longer drinks as was culture
27/08/2015	Mrs Cecilia Douglas at Sandyford Surgery
Comment	Bloods taken
Test Request	Glucose - Completed, Vitamin B12 - Completed, Bone Profile - Completed, CRP - Completed, Urea and Electrolytes - Completed, Ferritin - Completed, Liver Function Tests - Completed, Folate - Completed, Thyroid function tests - Completed, Vitamin D - Completed, ESR - Completed, Full Blood Count - Completed, TTG (IgA) / Coeliac screen - Completed
19/08/2015 15:21	Mrs Morag Devitt at Sandyford Surgery
Comment	CS - os appears intact. Not done bowel screening. Lost kit. Will arrange replacement. Says noticed dimpling right breast. Advised needs to see GP. Also bleeding still a problem. Feels norethisterone not helping. Will discuss with GP also.
Examination	O/E - weight, 75.2 Kg
Additional	Body Mass Index, 27.29 Cervical smear taken
19/08/2015 00:00	Mrs Cecilia Douglas at General Practice Surgery
Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)
10/08/2015	Dr Helen Campbell at Data Entry
Additional	Medication review done
16/04/2015 12:38	Dr Aijaz Mohammad at Sandyford Surgery
History	sr norethisterone - ddone
19/02/2015 15:28	Dr Christine M Crawford at Phone Encounter
Comment	heavy frequent periods. prev attended gyn 2012 for lx and Mirena suggested but DNA and seemed to settle ot an extent. however, again problematic so req norethisterone (prev given by gyn). she thinks due change of life but agreed will come in for PV and smear (? refer gyn/ consider Mirena)
Medication	Norethisterone Tablets 5 mg 60 tablet ONE TO BE TAKEN THREE TIMES A DAY
19/02/2015 14:52	Dr Christine M Crawford at Data Entry
Comment	Failed encounter - message left on answer machine
19/02/2015 10:11	Mrs Joanne Millar at Data Entry
Comment	please call - asking to speak to Dr abiut getting medication to help stop heavy

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	bleeding 07788417505
-	----
<u>20/10/2014 11:27</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Influenza vaccination
Examination	Peak flow rate before bronchodilation, 250 litres/min
Social	Cigarette smoker, 2 cigarettes/day
Follow up	(diary entry deleted) (Not Known)
Additional	Using inhaled steroids - normal dose Inhaler technique - moderate Asthma not disturbing sleep Asthma not limiting activities Asthma causes daytime symptoms 1 to 2 times per week Smoking cessation advice Asthma medication review Asthma annual review Seasonal influenza vaccination L8206-1 EXP 05/2015 Sanofi Pasteur
-	----
<u>09/06/2014 15:34</u>	<u>Dr Alison Lawson at Data Entry</u>
History	Appt next Mon am at 11.40 with Dr McGinn , anaesthetist/pain specialist at Ross hall.
-	----
<u>09/06/2014 09:35</u>	<u>Miss Janice Muirhead at Data Entry</u>
Comment	AL- Pt returned your call and says she wishes to go ahead, says she will contact consultant but she is available if you want to spk to her
-	----
<u>06/06/2014 08:47</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Recurrent R SI jt pain. Asking for private referral for fusion. Also pain L ant ribs x 1 month
Medication	Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE
Comment	CXR, increase Duloxetine to 1 bd, explore private referral
-	----
<u>06/02/2014 15:26</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
Medication	Prochlorperazine Maleate Buccal tablets 3 mg 20 tablet ONE OR TWO TO BE DISSOLVED BETWEEN UPPER LIP AND GUM FOR NAUSEA UP TO TWICE DAILY
History	Sore tummy and anorexic for a few days with nausea. O/E Well abdo soft minor discomfort in epigastrium. Has some resolving boils in L upper hypochondrium which apparently faire up with her period. Some acne spots on face too so try zineryt. Imp GI upset, for stemetil
Medication	Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml 30 ML APPLY TWICE DAILY
-	----
<u>10/01/2014</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor phone invite
-	----
<u>27/11/2013</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN
History	In for review. Pain controllable on her meds. Changed job which helps. Considering reducing hours more. Astham well controlled.
Examination	Peak flow rate before bronchodilation, 380 litres/min
Medication	Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE 1 CAP BD Peak Flow Meter (Standard Range) Meter 1 device AS DIRECTED
Follow up	(diary entry deleted) (Not Known) (diary entry deleted) (Not Known)
Additional	Seasonal influenza vaccination B/N E11 EXP 06/14 (GMS) Asthma management plan given Asthma medication review Peak flow meter at home Asthma annual review Asthma accident and emergency attendance since last visit, 0 Medication review done
-	----
<u>26/09/2013</u>	<u>Dr Christine M Crawford at Data Entry</u>
Comment	due GP review re meds

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-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Attended Keep Well. Discussed smoking but no plans to stop. No other concerns. Random bloods taken. Recheck BP 1 month.
-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Healthy diet GPPAQ physical act ind: active
Social	In paid employment
-	----
26/09/2013	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	NHS Health Check programme
Social	White Scottish Interpreter not needed
Problem	Chest pain not present
Problem	No breathlessness
Social	Excepted from depression quality indicators: Patient unsuita
Result	O/E - pulse rate NOS 69 Blood pressure reading 131/90 mm Hg Height 166 cm Weight 74 Kg BMI 26.9 kg/m2
History	Current smoker Cigarette smoker
Result	Cigarette consumption 2
History	Smoking cessation advice
Social	Healthy lifestyle program stat
History	Not interested in stop smoking Goal identification
-	----
01/08/2013	<u>Dr Christine M Crawford at Data Entry</u>
Comment	+ note re review
Medication	Tramadol Hydrochloride Capsules 50 mg 60 CAPSULE ONE TO BE TAKEN 8 HRLY FOR PAIN PRN
-	----
04/01/2013	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Problem	Letter sent to patient \\XGMP-40455CS-01\NetworkShare\40455 Letters\Asthma Review_04012013090606998.doc
-	----
28/12/2012	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Rep.presc. monitoring NOS MM LES Equivalent quantities for all medication checked MM LES
-	----
14/12/2012	<u>Mrs Irene Davidson at Sandyford Surgery</u>
Examination	O/E - weight, 76.4 Kg Body Mass Index, 28.06 Peak flow rate before bronchodilation, 320 litres/min
Social	Current smoker, 2 per day
Comment	Asthma review has symptoms daily so increase clenil to 2 puffs in morning and review if no improvement .
Follow up	(diary entry deleted) (Not Known)
Additional	Using inhaled steroids - normal dose Asthma medication review Asthma annual review Inhaler technique - moderate Asthma daytime symptoms, 0 times/week Seasonal Influenza vaccination (Left arm) BN J7166-1 EXP 06/13 Sanofi Paster Consent given for seasonal influenza vaccination Asthma not disturbing sleep Asthma not limiting activities Bronchodilators used a maximum of once daily
-	----
23/10/2012	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Problem	Asthma monitor 1st letter \\XGMP-40455CS-01\NetworkShare\40455 Letters\BP REVIEW_23102012111430818.doc
-	----

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<u>21/05/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
Medication	Tramadol Hydrochloride Capsules 50 mg 90 capsule ONE TO BE TAKEN 8 HRLY FOR PAIN PRN Duloxetine Gastro-resistant Capsules 30 mg 56 CAPSULE ONE CAPSULE NOCTE
-	----
<u>24/04/2012</u>	<u>Dr Christine M Crawford at Data Entry</u>
Comment	note recommendation in gyn letter re tranexamic acid, ?for Mirena later
-	----
<u>26/03/2012</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Rep.presc. monitoring NOS MM LES Equivalent quantities for all medication checked MM LES
-	----
<u>10/02/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Abdo pain, epigastric and down L side. No relief with tramadol last night. Also usual back pain. Afebril, pulse 80, abdo soft, tender in epigastrium and L side Urinalysis is neg. Worried about USS scan, awaiting follow up as showed L Ovarian cyst. Also thinks has a fluid discharge ? urine in the morning- ?? Unlikely to be related to cyst. Note has stopped omeprazole ? element of reflux.
Medication	Omeprazole Capsules (Gastro-Resistant) 20 mg 56 CAPSULE 1 CAP BD
Comment	Can double up Duloxetine at night for back pain. Restart Omeprazole and continue tramadol 2 tabs QID pm. Imp- diff to assess. Not systemically unwell. Safety netted- I am working at WIG OOH tomorrow if has another bad night.
-	----
<u>25/01/2012</u>	<u>Mrs Morag Devitt at Sandyford Surgery</u>
Comment	Bloods taken as requested. Asthma check - control ok at present. Using reliever a couple of times per week. Taking ICS in morning only. Advised to take at night also and monitor symptoms. discussed stepping treatment. Happy with MDI's.
Examination	O/E - weight, 73.2 Kg
Social	Cigarette smoker, 2 cigarettes/day
Follow up	(diary entry deleted) (Not Known)
Additional	Asthma causes daytime symptoms 1 to 2 times per week Using inhaled steroids - normal dose Asthma not disturbing sleep Inhaler technique - good Smoking cessation advice Asthma medication review Asthma annual review
-	----
<u>13/01/2012 00:00</u>	<u>Mrs Cecilia Douglas at General Practice Surgery</u>
Result	Cervical Cytology
Follow up	(diary entry deleted) (Not Known)
-	----
<u>13/01/2012</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Menorrhagia, some postcoital bleeding . PV- Tender LIF ? mass ? sigmoid. Also c/e sweats. TMA for lh fsh oest and CEA. Arrange USS pelvis, smear and cervical swab taken. Refer gynae
-	----
<u>29/12/2011</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor 3rd letter \\XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011095158870.doc
-	----
<u>29/12/2011</u>	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor 2nd letter \\XGMP-40455CS-01\NetworkShare\40455 \Letters\Asthma Review_29122011094844510.doc
-	----
<u>02/12/2011</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Doing much better. Stopped patches and on Duloxetine only. Sleeps at night with it and has not had to take Tramadol. No alcohol now and new job with Arnold Clark, less physical which helps. Now thinks being fired was blessing in disguise. Feels better than she has done for a while. Pain is bearable
Medication	Duloxetine Gastro-resistant Capsules 30 mg 28 capsule ONE CAPSULE NOCTE Citalopram Hydrobromide Tablets 20 mg 56 TABS 1 Tab In the morning Clenil Modulite Cfc-free inhaler 100 micrograms/actuation 1 INHAL 2 Puffs Twice daily Salbutamol Cfc-free inhaler 100 micrograms/puff 1 op 2 PUFFS QID IF REQ
Additional	Medication review done by doctor

02/12/2011	<u>Mrs Kathy Gordon at Data Entry</u>
Comment	please call would like to speak to dr about her meds 07788417505
02/11/2011	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	as per letter from pain clinic. Note on script to see for review next time.
02/11/2011	<u>Miss Janice Muirhead at Data Entry</u>
Comment	patient came in to get px as advised in hosp letter dated 05/10/11 - to go to APPLE
27/10/2011	<u>Miss Janice Muirhead at Sandyford Surgery (18830)</u>
Additional	Asthma monitor 1st letter \XGMP-40455CS-01\NetworkShare\40455 Letters\Asthma Review_27102011111317416.doc
13/10/2011	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Comment	Influenza vacc consent given
Additional	Smoking cessation advice
13/10/2011	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
Social	Current smoker, 1 per day
Additional	Influenza vaccination (Right arm) Batch No. X07 - exp 05/12 Abbott
01/03/2011	<u>Mrs Irene Davidson at Sandyford Surgery</u>
History	Blood taken for Ilt's .Requesting treatment for thrush priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
28/02/2011	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	note due review and LFT's priority=2
28/10/2010	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	asking for nasonex priority=2
27/10/2010	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma review - see SPICE. Happy with MDi's. Uses reliever most days. recovering from URTI so using a bit more at present. Has increased ICS to BD as usually just uses at night. Flu vac given. Will ret for LFT's in Nov. Starting new jo with Arnold clark on Mon. priority=2 O/E - weight Characteristic 68.8:kg priority=2 Influenza vaccination Injection Site: Left Arm priority=1 Batch Number: V10 Expiry date: 30/06/2011 Manufacturer: Abbott Laboratories / Solvay Healthcare Product Name: Influvac
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
Problem	Asthma NOS Disease: SPICE Asthma Opening,
Problem	Asthma annual review Disease: SPICE Asthma Opening,
History	Asthma disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2 Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Current smoker Disease: SPICE Asthma Action, priority=1
Problem	Smoking cessation advice Disease: SPICE Asthma Action, priority=2
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 O/E - weight Weight\$.clm - Repeat after an Interval (diary entry deleted) (Not Known) PEFR actual O/E - weight
30/09/2010	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
	buprenorphine patch changed to 8 patches so as they last a month.,Note on

History	script for review priority=2
-	----
<u>16/09/2010</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	"Patient is unsure about when she should be having LFTs. Clinic advised getting regularly but didnt indicate how often, could dr advise. Not due at clinic until Jan" prev abnormal LFTs, mild alpha 1 antitrypsin def, last LFTs and AFP on SCI 25/5/10 normal. suggest routine check Nov. However, feeling rotten, nauseated. BNO 7 days till today. not "ill" ill" but not well, offered appt tomorrow for assessment. priority=2
-	----
<u>13/09/2010</u>	<u>Miss Janice Muirhead at Sandyford Surgery</u>
History	Asthma monitor 1st letter \\GPASS40455W3K1\NetworkShare\40455 \Letters\Asthma Review_13092010141120114.doc priority=2
-	----
<u>19/08/2010</u>	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	per pain clinic priority=2
-	----
<u>21/06/2010</u>	<u>Mrs Cecilia Douglas at Sandyford Surgery</u>
History	Cervical smear: negative Cervical Screening\$\$ ctm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
-	----
<u>02/06/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Constipated, difficulty puing, has to strain. all for last 2 months. Wonders about prolapse- nil to see but says tampon comes out when strains to pu. PV uncomfortable- ? because lying on back. But tender cervix. Clinically vag thrush. HVS and smear taken. Note negative gynae lx last year. Plan - Sort out constipation and see if urinary flow improves, if not will refer urology. 2. Very upset as fired from work. discussed. ? opportunity to retrain priority=2
-	----
<u>19/05/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	DWP received and passed to AL priority=2
-	----
<u>14/05/2010</u>	<u>Telephone Advice at Sandyford Surgery</u>
History	fit note - unfit 3w - sacroiliac pains - due SI injections 28/05 DGlocum priority=2 [V]Issue of medical certificate 3w SI jt pain priority=2
-	----
<u>12/05/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
-	----
<u>21/04/2010</u>	<u>Mr Locum 1 at Sandyford Surgery</u>
History	Med3 4 weeks sacroiliac joint pain, manager not agreeing to light duties. Pain not improved with butrans 35mcg so increase this. also taking coxamol 30/500 8 tabs daily. Discussed inv for alpha 1 antitrypsin def. Shepherd priority=2
-	----
<u>12/04/2010</u>	<u>Joanne at Sandyford Surgery</u>
History	White Scottish Disease: Ethnicity, priority=2 Interpreter not needed Disease: Ethnicity, priority=2
-	----
<u>08/04/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	AML - UK Independent Medical - notes sent recorded delivery priority=2
-	----
<u>31/03/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	Request for medical report received from UK Independent Medical and passed to Dr Lawson .cr priority=2
-	----
<u>23/03/2010</u>	<u>Receptionist at Sandyford Surgery</u>
History	DWP faxed back as they called to request this instead of electronically priority=2
-	----
<u>15/03/2010</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>

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History	Got letter from Dr Ewan Cameron saying that alpha 1-antitrypsin is only 80 % of normal. Asking about it- will have to wait and see Dr Mills. Appt is in April now. USS scan was neg. note LFTs are improving. Not feeling great, wonders if injection is wearing off. priority=2 Medication review
-	----
10/03/2010	<u>Receptionist at Sandyford Surgery</u>
History	Electronic DWP rec'd and passed to Dr Lawson priority=2
-	----
03/03/2010	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Enrolled in Prof Thomson's Azithromycin study priority=2
-	----
08/02/2010	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Asking if we have any more info from Asthma reseach re raised transaminases. Scistore checked- mild transaminases raised. Presume hep screen has also been done. Await letter from Dr cameron, Asthma research fellow. Note he has referred to Dr Mills priority=2 Medication review
-	----
20/01/2010	<u>Telephone Advice at Sandyford Surgery</u>
History	Would like a few more Buprenorphine . Further 4 given as ordering early priority=2
-	----
05/01/2010	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	basically in due to poor pain control; added another 10 patch to the 20 2 days ago. no better. taking etorocoxib and paracet too, sleep disturbed, not coping, tearful. due injections 29/1 but can't hold out that long. not wanting lots of tabs. also worried pain has more serious cause. skin reaction to patches but keen to increase and continue. 35mcg is changed after 4 day, co-codamol 30/500 is to tide over short term only. see 2 weeks if not much better. ?physio again - not keen. wants MDIs - given aeroch priority=2 Medication review done priority=2 Medication review
-	----
09/12/2009	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. Using reliever quite a lot at present. Only taking ICS once daily. Advised to step up to BD as prescribed. R/R if symptoms not reduced. Swine flu vac given. priority=2
Problem	PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given Injection Site: Right Arm priority=1 Batch Number: A81CA106A Expiry date: 31/08/2011 Manufacturer: GlaxoSmithKline Product Name: Pandemrix
Problem	Consent given for pandemic influenza vaccination Recorded through Combined Vaccination priority=1
Problem	Asthma annual review Disease: SPICE Asthma Opening,
History	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 PEFR exp. PEFR actual Discussion Yes
-	----
24/11/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-	----
04/11/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
30/10/2009	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	need letter re drugs as travelling via Dubia. priority=2
-	----
26/10/2009	<u>Telephone Advice at Sandyford Surgery</u>

History	Medication review
-	----
26/10/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1. Due to increase dose of Buprenorphine to 20 mcg/hr when away on holiday. OK- script for 5 patches given in advance. 2. Also requesting Mefloquine for malaria PP x 9 tabs x250mg priority=2
-	----
26/10/2009	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Flu vacc given. priority=2
Problem	Current smoker : priority=1
Problem	Influenza vaccination Batch Number: 095302A Expiry Date: 5/2010 priority=1 Batch Number: 095302A Expiry date: 31/05/2010 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
History	Light smoker - 1-9 cigs/day Smoker\$.clm - Repeat after an Interval (diary entry deleted) (Not Known) Smoking cessation advice Cessation smoking\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
-	----
20/10/2009	<u>Telephone Advice at Sandyford Surgery</u>
History	Medication review
-	----
08/10/2009	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	will need letter re medication nearer travel. also re antimalarials - away 20 days, options doxycycline or malarone priority=2
-	----
08/10/2009	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Travelling to Vietnam via bankok. See travel sheet. Up to dfate with required vaccines. Thinks staying in costal resort in vietnam but not sure. Will find out and get back to us re malaria risk. priority=2 Booster hepatitis A and typhoid vaccination : priority=2 1st hepatitis A vaccination : priority=2 Typhoid vaccination : priority=2 Low dose diphtheria, tetanus and inactivated polio vaccinati revaxis priority=2
-	----
10/08/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Headache x 2 days. No neck stiffness. Vomiting on and off today since 11 am Also has R hypochondrial and R loin pain. Tender RHypo and R loin ++ P 88 P 36.4 Urinalysis- tr ptotein/+ Nil else. Ddx R Pyelo/stone in CBD/ Gastro. Mssu sent.Cover with Cefalexin. Rx Stemetil 12,5 mg R arm Lot (b) D7Y 170 exp Feb 12 and Buccastem. priority=2 Medication review
-	----
15/07/2009	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	In for more meds. also has boil on back of L thigh. Applying for DLA mainly to help with transport costs to physio. Physio suggested going on the sick but pain consultant sensibly thinks this is a bad idea. Finds the etoricoxib helpful and occasionally takes 60mg. priority=2 Medication review done priority=2 Medication review
-	----
26/06/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Trial of Arcoxia per pain clinic. note to ensure she stays on Omeprazole priority=2
-	----
15/06/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Fed up and miserable. Has steroid injection to SI jt last week, also acupuncture. Now worse than ever. Weepy, but says not depressed. Fed up with chronic pain. Tender +++ over lower back/SI jts. due to attend pain centre tomorrow for further acupuncture- probably unhelpful. Suggest try Ibugel 10% pending letter from pain clinic(recommending a new nsaid) and increase Citalopram to 20mg. Will call pain centre to find out what NS they have in mind. Stop Gabapentin as not helped. priority=2 Medication review
-	----
11/05/2009	<u>Dr Roderick MacNeill at Sandyford Surgery</u>

History	E. In to discuss gabapentin. Getting SI joints injected too. Given titration sheet form hospital priority=2
08/05/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Start Gabapentin per pain clinic. Also convert to DHC continus- put on repeat. priority=2
17/02/2009	<u>Miss Janice Muirhead at Sandyford Surgery</u>
Problem	Smoking cessation advice Disease: SPICE Basic Health Values,
28/01/2009	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Has been referred to pain clinic at Stobhill Hosp by Mr Rogers priority=2 Medication review
08/01/2009	<u>Receptionist at Sandyford Surgery</u>
History	AML - UK Ind Med - copy notes sent RD priority=2
31/12/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Diagnostic laparoscopy normal priority=1
29/12/2008	<u>Receptionist at Sandyford Surgery</u>
History	Casenotes and UK Medical Independent form passed to AL priority=2
18/12/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Gastroscopy normal priority=1
15/12/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Had laparoscopy last week, complicated by haematoma formation at sight of entry. Had to be readmitted until settled. Now improving, now still has some seepage at sight. Abdo soft, tender L side. BS presents. BNO x 1 week. Rx tramadol and glycerin supps and LActulose. Does not wish sick line- Has endoscopy tomorrow. ? cause of abdo pain priority=2
09/12/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
21/11/2008	<u>Joanne at Sandyford Surgery</u>
Problem	Ultrasound of abdomen 1 NORMAL priority=1
Problem	Ultrasound of pelvis 1 NORMAL priority=1
19/11/2008	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. More symptoms recently. Only takes preventer in am. Advised to increase to BD and monitor symptoms. Flu vac given. priority=2 Influenza vaccination Site: Left Arm - Batch Number: 188011A Expiry Date: 7/2009 priority=1 Batch Number: 188011A Expiry date: 31/07/2009 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
History	Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Current smoker Disease: SPICE Asthma Action,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 Discussion Yes
14/11/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Still ongoing pelvic pain and higher up also. has laparoscopy Dec 12th and endoscopy on 16th. If no solution will need reviewed , at least regarding analgesia. Advised of dependence issues and DHC. priority=2 Medication review

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13/11/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	note on script to see Dr for review re meds (DHC) priority=2
-	----
06/11/2008	<u>Dr Allison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
29/08/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Ongoing problems with abdo pain, now more high up in abdomen. Found the amitryptiline is giving her diarrhoea worse in mornings 3-4 times. Also too sedated with it. Suggest stop. Also feels the naproxen is giving her lumpy skin (similar to when she attended GEMS) ...so stop. Chase up gynae priority=2
-	----
29/08/2008	<u>Receptionist at Sandyford Surgery</u>
History	P/t app WIG GYN 09/10/08 at 10.20am letter has just been sent out. ma priority=2
-	----
14/08/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	CONTD She didn't feel physio helped either. Add in amitryptiline as pain modifier for MBP and IBS. Discussed MBP and role of physio in this and IBS. Hasn't heard from gynae. Managing 12 hr shifts at work. Chase up gynae. priority=2
-	----
14/08/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	E. Ongoing abdo pain. Same pain that she has had for last 2/12. Nauseated with this. Vomited once but thinks it was the pakora she had eaten. Pain across upper abdo, going round to back and goes from low sacrum to mid thoracic area. O/E Upset. Abdo soft, some tenderness in L hypochondrium, ? mass on deep inspiration. Chest clear, SLR L=R=N, back general discomfort over all paravertebral areas. Dx MBP, likely IBS but will send for USS. She doesn't think it is IBS. CONTD priority=2
-	----
06/08/2008	<u>Dr Allison Lawson at Sandyford Surgery</u>
History	Requests more DHC. Given 60. See GP if needs more. priority=2
-	----
24/07/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	see GEMS. redness cleared now has lump on groin sounds like lymph node. anxious re this, given severity of infection rx 5 more days flucloxacillin. make appt fasting gluc. tm priority=2
-	----
22/07/2008	<u>Gems at Sandyford Surgery</u>
History	GEMS slip - see out of hours folder priority=2
-	----
02/07/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Iliac Fossa Pain
-	----
27/06/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	asking for mebeverine. Note on script re gynae appts. We will re-refer. priority=2
-	----
20/06/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Dissolvable suture visible R flank, removed. C/O bloated feeling in abdomen and pain in R upper back/shoulder blade. Not constipated. O/E Well abdo soft no masses, BS normal.Imp Constipated secondary to DHC. Unhappy with surgeon who mentioned cysts on ovary but was offhand re this. Anaesthetist told her it was endometriosis... Still no word from gynae priority=2
-	----
21/05/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Cholecystectomy, just out of hosp. Asking for DHC and mepore. C4/52. Still not heard from Gynae, as she has been told she has endometriosis. Chase up priority=2
Problem	MED3 - doctor's statement Cholecystectomy 4/52 priority=1
-	----

09/05/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Getting out of cab when another car reversed into cab and she was thrown back against the door post. Discomfort across lower back. No bowel or bladder problem, no leg symptoms. SLR 90 deg, reflexes and sensation normal. Prominent lumbar lordosis, tender over paraspinus lumbar muscles, good rom spine. No sig spinal tenderness. Imp- Soft tissue injury. Rx Diaz as muscle relaxant, continue Naproxen and DHC. Has admission date for surgery Sun 18th May priority=2
-	----
29/04/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	for info - has been told that she will be seen at hosp within the next couple of weeks - wanted to let you know to save phoning to chase this up priority=2
-	----
22/04/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	MED5 - doctor's special stat 4 weeks:cholecystitis and lx of abdominal pain priority=2
-	----
01/04/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	no better, RUQ pain but main problem pain L loin to LIF. No urinary sympts, bowels reg despite analgesics - was "running through" before. No ppt/relieving factors, worse lying on R side. OE abd soft, tender L loin, less so LIF. Check urine, FBC biochem. Try addinf colofac and take omep BD with naproxen (nauseated). Using DHC but not too much, still taking tramadol but adv not to mix. Going to try shift at work Fri. Confirm on standby list for surgery. priority=2
-	----
28/03/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	phoned GGH again re date for proposed surgery - Dr. who saw her at clinic will return call. priority=2
-	----
25/03/2008	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	in complaining of pain - miserable. Getting sharp RUQ pain (depending a bit on what she eats) but worse pain is L lumbar region. Took Dad's tramadol as trying not to overdo DHC (as adv) but pain bad , not sure what helping most. Awaiting laparoscopic cholecystectomy + gyn involvement in theatre. Try adding naproxen and use DHC, not to use tramadol. (Says paracet as in cocodamol upsets stomach?) Phoned sec, at clinic 5/3, will call back re info re op. priority=2
Problem	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52, continuous from last cert priority=1
-	----
12/03/2008	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Requesting DHC. Seen at desk, still has pain in LIF and R hypochondrium. On standby list for cholecystectomy. Review pain relief when next seen priority=2 Medication review
-	----
29/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Left Prominent Ovary
-	----
25/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	In to discuss USS> L ovary prominent. Ongoing dragging pain in LIF going through to back. Not cyclical. Refer gynae. Wants sick line as fed up with work and her bosses attitude re her pain. priority=2
Problem	MED3 - doctor's statement Cholecystitis and lx of abdo pain 4/52 priority=1
-	----
22/02/2008	<u>Telephone Advice at Sandyford Surgery</u>
History	Phoned for result pelvic USS. R ovary reported twice, clearly an error. i have phoned USS and they will clarify and get back to us. priority=2 Medication review
-	----
20/02/2008	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Meade appt for ear syringing. O/E both Tm visible. no wax to syringe. c/O painful ears when flying and headaches. advised to see GP for further advice....created in GC; 1 of 1 priority=2
-	----
07/02/2008	<u>Dr Roderick MacNeill at Sandyford Surgery</u>

History	asking for easy breathe inhalers, also asking for DHC and cocodamol, presumably for gallstones priority=2 Medication review
07/01/2008	<u>Mr Locum 2 at Sandyford Surgery</u>
History	special request issued priority=2
04/12/2007	<u>Fiona Hendry at Sandyford Surgery</u>
Problem	Gallbladder calculus priority=1
28/11/2007	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	SCI Electronic Referral priority=2 Referral for further care Referred To: SCI Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Investigate. , Referral Reason: Actual Hospital: Western Infirmary/Gartnavel General Gallstones
22/11/2007	<u>Telephone Advice at Sandyford Surgery</u>
History	Cannot tolerate the diclofenac, causing stomach bloating. Going to Cuba on hols and wants an alternative to help if it failes up. Found the DHC helpful in hospital. OK, warned re addicitive qualities priority=2
19/11/2007	<u>Dr Christine M Crawford at Sandyford Surgery</u>
History	scan last Fri showed gallstones, in pain++. Taking Dad's tramadol, not effective. Also R hand "froze" on occ, worried re seizure but doesn't sound like it. Discussed analgesia, refer surgeons. Due to go to Cuba in 2 weeks. Worried re surgery - Dad ended up in ITU for 21 days and had prolonged recovery. priority=2
14/11/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Influenza Vaccination priority=2 Influenza vaccination Site: Right Arm - Batch Number: 163031A Expiry Date: 6/2008 priority=1 Batch Number: 163031A Expiry date: 30/06/2008 Manufacturer: Unknown Manufacturer Product Name: Unknown Influenza Vaccination
Problem	Influenza vacc consent given Recorded through Combined Vaccination priority=1
14/11/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	Asthma check - see SPICE. No problems. fairly good control at present. CS - os appears intact Flu vac given. priority=2 Asthma not disturbing sleep Disease: SPICE Asthma Opening, priority=2 Respiratory symptom NOS Disease: SPICE Asthma Opening, priority=2 Asthma not limiting activities Disease: SPICE Asthma Opening, priority=2
Problem	Inhaler technique - good Disease: SPICE Asthma Measurement,
Problem	Never smoked tobacco Disease: SPICE Asthma Action,
History	Asthma medication review Disease: SPICE Asthma Action, priority=2 Cervical smear: negative Cervical Screening\$\$,clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - height Disease: SPICE Asthma Measurement O/E - height PEFR exp. PEFR actual Discussion Yes
31/10/2007	<u>Mrs Morag Devitt at Sandyford Surgery</u>
History	travelling to Cuba - see travel sheet. Needs Hep A. Thinks had tetanus 7 years ago. Will check file. Also for asthma check priority=2 O/E - weight Characteristic 72.4:kg priority=2 O/E - weight Weight\$\$,clm - Repeat after an Interval (diary entry deleted) (Not Known) O/E - weight
30/10/2007	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2

-	----
<u>26/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Persisting pleuritic chest pains. Now moved from R shoulder to over L scapula. Exacerbated by movement and deep breathing. Also a bit clammy at times. Appetite good. P 60. chest clinically clear. No local tenderness. Odd. ? M-S. ? Viral/atypical pleurisy. cover with Erythromycin and check ESR CRP. fbc diff. d-dimers and USS GB to exclude atypical GB disease. Not usually a complainer. priority=2
-	----
<u>20/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
<u>17/09/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Pain R chest wall x 1 week. Started 6 days ago under R breast, now moved to R side of neck. So severe admitted to WIG Sat and Sun. Pain brought on but leaning forward and is pleuritic. CXR/ECG normal. Chest clinically clear. afebrile and no tachycardia. No abdo tenderness. No cervical glands.Dx Atypical. Discharged on DHC and Amox 500. No better. ??Pleurisy ??Nerve root irritation. Odd. review/refer if not settling 1-2 days priority=2 Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Medication review
-	----
<u>27/04/2007</u>	<u>office at Sandyford Surgery</u>
History	smear defaulter priority=2
-	----
<u>23/02/2007</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Father out of hosp(remarkable recovery), so significant improvement in her mood. Stopped zimovane felt they caused her side effects. Continue on citalopram. See in 2-3 months. priority=2
-	----
<u>30/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	3rd recall letter sent for Asthma priority=2 CALM - Asthma 3rd Letter Sent priority=2
-	----
<u>28/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Medication review
-	----
<u>19/01/2007</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	See Dr for SSRI review next time. priority=2
-	----
<u>27/12/2006</u>	<u>Mr Locum 1 at Sandyford Surgery</u>
History	tense, anxious, panicky...related to father's current ill-health...chat...try citalopram/zopiclone jm priority=2
-	----
<u>14/12/2006</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-	----
<u>03/11/2006</u>	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-	----
<u>01/11/2006</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
History	Dad in ITU after cholecystectomy? septicaemia. Discussed. Rpt zopiclone. Allowed to ventilate again. Mum still around using false name. priority=2 Medication review
-	----
<u>28/09/2006</u>	<u>Dr Roderick MacNeill at Sandyford Surgery</u>
	Mother has returned to Glasgow (Janice had cut her off because of fraud/lies/theft...has a number of convictions pertaining to this). Very upset

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History	tearful, police involved, as there may be outstanding warrants. Not sleeping. Adjustment reaction. Allowed to ventilate. Has had counselling in the past and she acknowledges there is little can be done at this stage priority=2
-----	-----
05/06/2006	Dr Alison Lawson at Sandyford Surgery
History	Medication review
-----	-----
29/12/2005	Dr Alison Lawson at Sandyford Surgery
History	2nd recall letter sent for Asthma priority=2 CALM - Asthma 2nd Letter Sent priority=2
-----	-----
06/07/2005	UnknownUser at Sandyford Surgery
History	Haematology 1 NORMAL fbc priority=2
-----	-----
06/07/2005	Ms Anne McLean at Sandyford Surgery
History	Referral for further care Referred To: Gartnavel Gen, NHS. Referral Type: Out Patient. Speciality Type: Gastroenterology. Referral Nature: Investigate.
-----	-----
16/05/2005	Mrs Cecilia Douglas at Sandyford Surgery
History	Microbiology 1 NORMAL Faeces priority=2
-----	-----
04/05/2005	UnknownUser at Sandyford Surgery
History	Blood sample -> Biochem Lab 1 NORMAL Profile priority=2
-----	-----
12/01/2005	Dr Roderick MacNeill at Sandyford Surgery
History	Medication review
-----	-----
05/10/2004	Dr Alison Lawson at Sandyford Surgery
History	1st recall letter sent for Asthma priority=2 CALM - Asthma 1st Letter Sent priority=2
-----	-----
12/02/2004	UnknownUser at Sandyford Surgery
History	Never smoked tobacco priority=2
-----	-----
23/09/2003	Dr Christine M Crawford at Sandyford Surgery
History	Medication review
-----	-----
13/01/2003	Roddy Lander at Sandyford Surgery
History	Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known)
-----	-----
27/12/2002	UnknownUser at Sandyford Surgery
History	Microbiology 1 NORMAL Faeces priority=2
-----	-----
22/08/2002	Carlos at Sandyford Surgery
Problem	Asthma NOS
-----	-----
02/05/2002	UnknownUser at Sandyford Surgery
Problem	Other laparoscopic female sterilisation
-----	-----
01/02/2002	UnknownUser at Sandyford Surgery
History	Letter invite to screening xxContraception.clm - Call for screening
-----	-----
07/01/2002	Dr Alison Lawson at Sandyford Surgery
History	Medication review
-----	-----
20/11/2001	UnknownUser at Sandyford Surgery
History	Referral for further care Referred To: Western/Gartnavel, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Investigate.

25/07/2001	<u>UnknownUser at Sandyford Surgery</u>
History	Contraception - not needed Contraceptive Review\$.clm - No Action Required
23/06/2001	<u>UnknownUser at Sandyford Surgery</u>
Problem	H/O: pelvic inflammatory dis. Start Date: 01/01/1989
Problem	Threatened abortion Start Date: 27/05/1991
Problem	Forceps delivery female Start Date: 26/09/1991
History	Notes summary on computer priority=2
18/06/2001	<u>UnknownUser at Sandyford Surgery</u>
History	Oral contraception -no problem Contraceptive Review\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
30/06/2000	<u>UnknownUser at Sandyford Surgery</u>
History	GP102 sent to Health Board priority=2
23/06/2000	<u>Mrs Irene Davidson at Sandyford Surgery</u>
History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval (diary entry deleted) (Not Known)
23/11/1999	<u>UnknownUser at Sandyford Surgery</u>
History	Migrated Data priority=2
Problem	GP/HPC-health promotion clinic
Problem	Pat. GP7B/GP8B card from HB priority=1
Problem	GP102 sent to Health Board priority=1
History	Cervical smear: negative Cervical Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Booster tetanus vaccination Tetanus Immunis.\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Booster polio vaccination Polio Immunis.\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Asthma unspecified Hp Asthma\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Never smoked tobacco Smoker\$.clm - No Action Required In GP care O/E - weight Weight\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - height Height\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Light drinker - 1-2u/day Alcohol Intake.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) O/E - BP reading normal B P Screening\$.clm Cervical smear: negative Cervical Screening\$.clm In GP care Cervical smear: negative Cervical Screening\$.clm In GP care Cervical smear: negative Cervical Screening\$.clm In GP care Referral for further care Referred To: Western/Gartnavel, NHS. Referral Type: Self Referral. Speciality Type: A+E. Referral Nature: Not Specified.
29/10/1999	<u>Dr Alison Lawson at Sandyford Surgery</u>
History	Acute Consultation priority=2
24/06/1999	<u>Dr Roderick MacNeill at Sandyford Surgery</u>

History	Systolic blood pressure Diastolic blood pressure O/E - BP reading normal B P Screening\$.clm - Repeat after an Interval In GP care (diary entry deleted) (Not Known) Medication review

Convery Janice

CHI: 2705655662

Letter to Patient:



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Janice Convery
FLAT 3/2
21 BENVIEW STREET
Glasgow
Lanarkshire
G20 7SA

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 201 1100
Respiratory
0141 451-6161
Miranda Connor
30/06/2025
NM/MC
27/06/2025
27/06/2025

07 JUL 2025

Dear Janice,

I am writing to let you know the result of your echocardiogram. This shows that your heart's pumping function is normal. There is no significant abnormality associated with any of the heart valves and no features that would suggest any infection problem related to the valves, which was the primary reason why the scan was requested. No further actions are required on the basis of this result.

With best wishes.

Yours Sincerely,

Dr Neil McGlinchey

Consultant Respiratory Physician

Electronically Signed: Dr Neil McGlinchey, Consultant

cc. Dr Clarey:
Drs Macneill clarey &henderson: Sandyford Surgery:
1119 Argyle Street:
Glasgow G3 8ND:



Palpitations Service
Cardiology Department
Waiting Area F
Queen Elizabeth University Hospital
0141 452 3189
08/04/25

Dr F Clarey
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

11 APR 2025

Dear Dr Clarey

Re: Janice CONVERY
CHI: 2705655662

Your patient was referred to the Palpitations Service and the outcome is detailed below.

Telephone Consultation with Cardiac Physiologist on 08/04/25.

The above patient is now on the waiting list @ GGH to have a 24 HR ECG monitor carried out, I will forward you the results of this test in due course.

Yours Sincerely

Wilma Gordon

Chief Cardiac Physiologist

Palpitations Service

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7583039	Receive Date:	22-Mar-2025 11:37
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2 21 Benview Street Glasgow G20 7SA	Current Address:	3/2 21 Benview Street Glasgow G20 7SA
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	22-Mar-2025 11:37	Calltype:	Attend OOH Appointment
Advised:	14:01	Arrived PCC:	22-Mar-2025 13:19
Cons start:		Cons End:	
Consulting Doctor:	Gillian Barrett	Own doctor:	Fiona Clarey
CHI Number:	2705655662		

Reported Condition:

Symptoms: This case was generated from 7582958. Caller Name: Janice Caller Number: Initial Symptoms: History: nhs 24 notes r/v - will need F2F r/v for obs/exam - direct appoint PCEC thanks Examination: Diagnosis: Treatment: Case Summary: --- ?INFECTION IN FOOT - 3 DAYS --- Clinical summary created by: Laura McCafferty (Call Taker Si) () [22/03/2025 10:56:52] Reason for call: ?INFECTION IN FOOT - 3 DAYSConfirmed Symptom(s): Foot swelling and redness Symptom(s) not found: No foot injury No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 22:03:2025 10:25:56 MCCAFFERTYL.. ?CELULITIS INFECTION IN FOOT. STARTED ON WEDNESDAY THOUGHT WAS ATHLETES FOOT BEEN USING ATHLETES FOOT SPRAY. FOOT NOW SWOLLEN, RAISED AT FIRST 3 TOES AND HAS A RED CIRCLE TRACKING UP THE FOOT. RECENT HX OF SEPSIS.. SCN SHANNON BUCHANAN ADV PCEC 4.. Outcome: PCEC within 4 Hrs ---

Triage details:

History - **Concerned about cellulitis. Treating left foot for athletes foot. Developeed redness to foot. Hot to touch. Unwell yesterday feels a bit better today. Recent history of sepsis from influenza A. Worried about this happening again.**
PMh
as per ecs.

Examination - **Looks well colour good**
broken skin between baby toes left foot. skin to dorsum inflamed hot to touch , No tracking , No spread beyond foot.

Diagnosis - **cellulitis.**

Treatment - **treat as prescription**
continue with current treatment for fungal infection
keep clean

Advised to contact own GP if not resolving
Advised to contact again if worsens or not resolving

Examination - **HCA SCOTLAND**

n Details - **Systolic BP (Initial Reading) mmHg 129**
Diastolic BP (Initial Reading) mmHg 86
Is there chest pain? Yes
Is there any abdominal pain? No
Patient has a history of Asthma
Oxygen saturation % 98.0
Smoking status Current non-smoker
Heart Rate 89
Temperature C 36.7
Level of consciousness Alert

Prescriptions:

Flucloxacillin 500mg capsules 1 capsule - every 6 hours - an hour before food or on an empty stomach - oral 28.00

Followups:

No Follow Up

Clinical Codes:

M0... Skin/subcutaneous infections

Cardiology
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

04/03/2025

Dr AZ Niven
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr AZ Niven
CHI Number: 2705655662
Patient Name: Janice Convery
Referral Date: 03/03/2025

Advice Response to recent Referral:

I agree, the proposal to arrange an outpatient echo to assess for infective endocarditis was completely inappropriate and that it should have been undertaken as an inpatient if that was a legitimate clinical concern.

I suggest you contact the medical consultant responsible for this lady's care in December to discuss further.

However, if she had a confirmed viral influenza infection, bacterial endocarditis should not really have been a concern.

Your examination findings are not suggestive of valvular heart disease or any decompensated heart failure.

She doesn't appear to ever have had an NT-proBNP checked, this could further reassure

I doubt a transthoracic echo will contribute much here in that setting.

If experiencing frequent palpitations you could refer for a routine holter monitor via the Direct Access Palpitations service.

Yours Sincerely

Dr Damien Collison

User ID: Damien Collison

OP Advice Letter

NHS Confidential: Personal data about a patient

GP Links Microbiology Report	
Patient Details	
Surname	CONVERY
Forename	JANICE
CHI	2705655662
Date of birth	27.05.1965
Address	F32 21 Benview Street GLASGOW G20 7SA
Specimen Details	
Specimen Number	M,25.5001999.L
Specimen Type	Tongue swab
Date/Time Collected	12.02.25 / 11:13
Date/Time Received	12.02.25 / 17:39
Requested By	Dr Roderick MacNeill
GP Practice	40455
Date/Time Reported	14.02.25 / 14:37

Results
 Report issued by NHS GG&C Microbiology South Sector
 Enquiries 0141 354 9132

** FINAL REPORT **

INVESTIGATION: Routine Culture
 SPECIMEN TYPE: Tongue swab

CONS/GP: Dr Roderick MacNeill Order No:IS25583544
 LOCATION: Sandyford GP Surg Glasgow

CULTURE RESULT: No significant growth

Microbiology guidance/contact/eReferral details here:
<https://rightdecisions.scot.nhs.uk/ggc-microbiology/>

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Zahra Ahmad QEUH MIC
 Date/Time authorised: 14.02.2025 14:36
 ** END OF REPORT **

Direct Access Echo

03/02/2025

Dr AZ Niven
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr AZ Niven

Patient Name: Janice Convery
CHI Number: 2705655662
Referral Date: 29/01/2025

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

(x) Please refer to the referral guidance directory for referral criteria for this service.

<https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/>

() Insufficient clinical information to allow specialty to triage this referral.

Enter free text here

() Other

Please re-refer to Cardiology

Yours sincerely

NHS Confidential: Personal data about a patient

TECH Denise Skedd

User ID Denise Skedd

SCGC Opwl Rem Ref Hosp Req V1

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Palpitations/suspected arrhythmia (PALS)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
PALS (Palpitations) GGC Palpitations	— Consultant / receiving practitioner and/or specialty clinic
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G034G
	Email address -
Urgency of referral Routine	Date sent 19-Mar-2025
Date of referral 19-Mar-2025	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	E-mail: missjaniceconvery@yahoo.co.uk
Area of Residence	-	

1010359400202

Unique Care Pathway Number: 1010359400202

REGISTERED GP DETAILS		Practice address
Name	Dr Fiona Clarey	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7036928	
GP code	03255	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698
		E-mail: ggc.gp40455clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Alice Niven	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7083130	
GP code	00809	Contact number(s)
Practice name	Drs MacNeill, Clarey & Henderson (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Palpitations

Comment: Influenza pneumonia sepsis in December.
Struggling with intermittent palpitations since then.
No CP, SOB related to panic only.
HS dual no murmur. Pulse regular when assessed in surgery on couple of occasions since last baseline ecg in January.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Previous referral to palpitations service:	No	-
Previously documented arrhythmia?:	No	-
Echocardiogram in past year?:	No	-
Pulse:	NK	-
Frequency of palpitations:	NK	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Preferred hospital: Western Infirmary

OK to send correspondence to home address?: Yes

Patient will accept cancellation or short notice appointment (within 1-21 days): Yes

Referred By: Referring GP

Electronic Attachment Present: No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
 2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Cardiology GGC General Referral West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Routine Date of referral 03-Mar-2025 Date sent 03-Mar-2025	

PATIENT DETAILS		Patient's address
Surname Convery Forename(s) Janice Title Miss Sex Female Date of birth 27-May-1965 CHI no. 2705655662 Area of Residence -	F32 21 Benview Street GLASGOW G20 7SA Contact number(s) Voice: 07788417505 E-mail: missjaniceconvery@yahoo.co.uk	

101035761903D

Unique Care Pathway Number: 101035761903D

REGISTERED GP DETAILS		Practice address
Name Dr Fiona Clarey GMC code 7036928 GP code 03255 Practice name Sandyford Surgery (18830) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 E-mail: ggc.gp40455clinical@nhs.scot	

REFERRING GP DETAILS		Practice address
Name Dr. Alice Niven GMC code 7083130 GP code 00809 Practice name Drs MacNeill, Clarey & Henderson (40455) Practice code 40455	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Chest pain and breathlessness

Comment: Really struggling to improve from recent hospital admission with sepsis from influenza. (18th-30th Dec 2024)

CP - central , no radiation .

SOBOE - managing grading activities - short walk to swim three times a week.

Palpitations when moving around - no syncope.

Been off work for 3 months as cannot climb the stairs to her class.

Discussion with micro about requirement for ECHO whilst IP and thoughts were that this shouldn't have been mentioned.

Certainly she has no murmur, HS dual no added sounds at all, No JVP/pitting oedema. Pulse regular at around 80bpm. BP 140/85.

I am reviewing her often for medical assessments for work and function progress, but given current symptoms would appreciate your review.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fibromyalgia	-	22-Nov-2021	22-Nov-2021
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Other hospital admission NOS	influenza A	18-Dec-2024	18-Dec-2024
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	04-Nov-2022	23-Dec-2024
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	23-Dec-2024
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	23-Dec-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	23-Dec-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	23-Dec-2024

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Aspirin Dispersible tablets 75 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	26-Feb-2025	26-Feb-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN TWICE DAILY	-	12-Feb-2025	12-Feb-2025
Hydrocortisone And Miconazole Cream 1 % + 2 %	15	15 gram	APPLY THINLY TO THE AFFECTED AREA ONCE OR TWICE DAILY	-	12-Feb-2025	12-Feb-2025
Paracetamol Tablets 500 mg	200	200 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	29-Jan-2025	29-Jan-2025
Zerobase Cream 11 %	500	500 gram	APPLY THINLY TO THE AFFECTED AREA TDS	-	03-Jan-2025	03-Jan-2025
Nystatin Oral suspension 100,000 units/ml	30	30 ml	1ML QID	-	03-Jan-2025	03-Jan-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
26-Feb-2025	140	85
29-Jan-2025	120	80
30-May-2024	122	78
04-May-2023	132	80
11-Jan-2022	140	86

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
30-May-2024	-	87	31.57
04-May-2023	-	86	31.21
11-May-2022	-	83	30.12
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		30-May-2024
Ex smoker:		04-May-2023
Ex smoker:		11-May-2022
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Alcohol consumption, 4 units/week:		30-May-2024
Alcohol consumption, 4 units/week:		04-May-2023
Alcohol consumption, 0 units/week:		11-May-2022
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 16/01/2025

Consultant: Mr Tadhg Kelliher

F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear F Clarey

Re: **Convery Janice**
FLAT 3/2
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **01/01/2025 at 23:12 hrs.**

Departed on: **02/01/2025 at 12:17 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **1**

Presenting complaint
medical

Nursing Assessment:

R side pleuritic chest pain similar to recent pneumonia disch QEUH 2/7 following 12 day admission with Flu A and strep pneumonia L arm 146/89

Investigations in ED:

1. Coagulation screen

2. Urea and Electrolytes

3. Glucose

4. LFT

5. CRP

6. Full Blood Count

7. Troponin I hs

8. Chol / Triglyceride

9. D - Dimer

10. XR Chest

11. Sample in Blood Culture
Bottles

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Asthma, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Admitted with dyspnoea and myalgia on a background of recent discharge from QEUB with Flu A and Strep pneumoniae with radiological CAP. On examination - wheeze noted in chest. PEFr 250. CXR - nil change from previous/. ECG - sinus rhythm. Impression - mild exacerbation of asthma. Discharged home with 3/7 prednisolone.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Abigail Wild
Doctor

Copies to:

1. F Clarey (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7515160	Receive Date:	1-Jan-2025 20:22
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2	Current Address:	3/2
	21 Benview Street		21 Benview Street
	Glasgow		Glasgow
	G20 7SA		G20 7SA
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	within 2 hours	Call Origin:	
Received:	1-Jan-2025 20:22	Calltype:	Home Visit
Advised:	20:44	Arrived PCC:	
Cons start:	1-Jan-2025 22:08	Cons End:	1-Jan-2025 22:50
Consulting Doctor:	Margaret MacLean	Own doctor:	Fiona Clarey

CHI Number:
2705655662

NHSD details:

Receptionist:
BREATHING CONCERNS 2 HOURS
VIS3 Home Visit within 2 Hrs
Clinical summary created by: Ryan McGurran (Call Taker Si) () [01/01/2025
20:45:33] Reason for call: BREATHING CONCERNS 2 HOURS 01:01:2025
20:23:05 MCGURRANR.. DISCHARGED FROM HOSPITAL ON 30TH AFTER
BEING IN WITH FLU, PNEUMONIA AND SEPSIS... LEG PAIN.. 01:01:2025
20:42:19 BESWICKK.. WORSENING BREATHING OVER 3 HOURS. AUDIBLE
WHEEZE. SOB. LEFT LEG PAIN- KNEE DOWN. PAINFUL TO MOBILISE.
PARACETAMOL X 4 TODAY. RECENTLY DISCHARGED FROM HOSPITAL
2 DAYS AGO -POST 12 DAY STAY. HOME VISIT 2 HOURS... Outcome: Home
Visit within 2 Hrs

Consultation details:

History - **Admitted from 18/12 till 30/12 with influenza A and strep pneumonia.**
Feeling ok when discharged. Became unwell today with leg swelling and

breathlessness. Has had stabbing pleuritic pain right side of chest going up to neck over last few hours. Cough but no sputum or haemoptysis. Wheezy. Used ventolin twice today. Not sure if feverish. No nausea or vomiting. No abdo pain. Bowels ok. No urinary symptoms. PMHx - cholecystectomy, fibromyalgia, high BP. Meds/allergies - as per ECS.

Examination - Apyrexial. HR 74. Sats 95% OA. RR 16. BP 142/78. No resp distress. Chest clear. Left leg slightly bigger than right with puffiness below knee. Calve soft and non-tender. Feels discomfort left lateral thigh. No skin changes.

Diagnosis - ?DVT/PTE

Treatment - Referred medics GRI (QEUH unable to take). Letter done. Declined ambulance - daughter will take.

Followups:
Hospital Referral

Clinical Codes:
H51.. Pleurisy

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No
FIONA CLAREYDrs MacNeill, Clarey & Henderson,Sandyford Surgery,1119
Argyle Street, Glasgow, G3 8ND



Main Switchboard:
Date of Completion: 30-Dec-2024

Dear FIONA CLAREY,

Name	CHI	DoB	Address
Janice Convery	2705655662	27-May-1965	FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA
Admitted	Type	Discharged	Destination
18-Dec-2024 13:09	IP	30-Dec-2024	Private Residence - no additional detail added
Specialty	Consultant	Ward	Telephone
Respiratory Medicine	McGlinchey	QEUH Ward 65 - Neuro Surgery	
Primary Diagnosis			
There is no data to display.			
Secondary Diagnosis			
There is no data to display.			
Significant Operations / Procedures:			
There is no data to display.			

Last Discharge Review: Omar Salim (Omar Salim2 - FY2) on 30 Dec 2024 15:20

Discharge Medication:

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Amlodipine 5mg tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes		Dispensing Details: 7	Y	
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	inhalation	2 Puffs Twice daily, use with spacer	No	Patient's own supply		Y	
Duloxetine 60 mg Gastro-resistant Capsules	oral	ONE TO BE TAKEN EACH DAY,	Yes		Dispensing Details: 10	Y	
Salbutamol 100 micrograms/puff Cfc-free inhaler	inhalation	2 PUFFS QID IF REQ,	No	Patient's own supply		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
Dispensed by LM 30/12/2024
Checked by Stephanie Campbell 30/12/2024

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, Ms Convery was admitted 18/12/24 with 10/7 Hx myalgia, SOB and wheeze. 3/7 Hx severe SOB and productive cough. Tested positive for Influenza A. Blood cultures positive for strep. pneumoniae. Subsequent HIV test 19/12/24 non-reactive. Treated for influenza and secondary bacterial infection. Completed treatment with Tamiflu, IV abx. IVOSTed to PO

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

DoB: 27-May-1965

	abx, completed 10/7. Inflammatory markers now normal. Observations normal. Patient clinically stable. Deemed fit for discharge. For OP echo as per infectious diseases advice to exclude infective endocarditis. Kind regards, Ward 65 QEUH
Discharge Comments:	
Follow Up:	No Nil
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Omar SALIM

Prescription Review

Medications reviewed by pharmacist: Nicole Cromar (Advanced Pharmacist)
Checked by: Stephanie CAMPBELL2 (Pharmacy Technician)
Discharged by: Lauren GILL (NQP Nurse)

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7499363	Receive Date:	18-Dec-2024 01:51
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (59 years)	Gender:	F
Address:	3/2	Current Address:	1/2
	21 Benview Street		28 Mansionhouse Road
	Glasgow		Glasgow
	G20 7SA		G41 3DN
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	999/Emergency	Call Origin:	
Received:	18-Dec-2024 01:51	Calltype:	Ambulance
Advised:	02:15	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Fiona Clarey

CHI Number:
2705655662

NHSD details:

Receptionist:
SAS Ref: 11632831 DIFFICULTY BREATHING 2 DAYS
EMGI 999 contacted - For information only
Clinical summary created by: Kirsty Egan (Call Taker Si) () [18/12/2024 02:15:47]
Reason for call: SAS Ref: 11632831 DIFFICULTY BREATHING 2
DAYS**Confirmed Symptom(s):** Chest pain Has Fever **Additional details of problem(s):** Crushing discomfort in chest Constricting band in chest Chest pain for more than 12 hours or pain not constant (supervision sought)
Associated Features/Red Flags: Feeling cold and sweaty Changes in normal breathing pattern Changes in normal skin colour **Symptom(s) not found:**
 No pain radiating to jaw or upper back or neck or an arm No pain moving through to the back No heaviness, pressure or tightness in chest No pain between shoulder blades Not nauseated or vomiting **Risk Factor(s):** No travel outside Europe in last 21 days or to an affected country No travel outside Europe in last 21 days or to an affected country **Call Detail(s):** Clinical supervisor: Quinn Nuala QUINN Cardonald Endpoint Management Selected (CT) 18:12:2024 01:52:58 EGANK.. PAIN UNDER COLLAR BONE AND DOWN RIGHT SIDE... HAS ASTHMA. PAIN AT EAR. LOOKS GREY IN COLOUR. PAIN HAS BEEN

CONSTANT SINCE IT STARTED... D/W AND CALL TAKEN OVER BY SCN N
QUINN - SHORT SHALLOW BREATHS SOUNDS LIKE GASPING FOR
BREATH AT TIMES. PAIN BELOW COLLAR BONE. NO EFFECT FROM
INHALERS. STATES COLOUR GREY. ILT REQUESTED ? ASTHMA
POSSIBLE PE. SAS REFERENCE NUMBER 11632831... Outcome: 999 contacted
- For information only

Followups:

None

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Attended for Breast Screening on 21-09-2023. Result was normal.

Yours sincerely,

Jacqueline Kelly
Clinical Director

Convery Janice

CHI: 2705655662

Clinic Letter



Highly Sensitive: Yes

Centre for Integrative Care
1053 Great Western Road
Glasgow
G12 0YN
0141 211 1600

Dr. F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Centre for Integrative Care
0141 211 1688
CIC.Admin@ggc.scot.nhs.uk
30/05/2023
CF/MP
27/05/2024
27/05/2024

Dear Dr. F Clarey,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - IC Acupuncture; Clinic - ICCFIC34-NURSE C FAIRLEY ACUPUNCTURE
TUES ALL DAY
Date and Time of Appointment - 30/05/2023 14:10

Clinical Comments:

Date treatment started 25.04.2023. Date treatment ended 30.05.2023. Number of sessions attended was 5/6. Unfortunately Janice missed her final Acupuncture session as she was on Jury Duty. Reason for referral chronic pain from Fibromyalgia of several years duration and tingling and swelling of hands and feet. At the clinic Janice said her right leg could give way and she was prone to falls. She also had right hip pain and brain fog. She complained of a poor sleep pattern and also disturbed sleep. Her initial pain score was 9/10 and initial Fatigue score was 8/10. Over the course of treatment a combination of local, distal and auricular Acupuncture points were selected to target areas of pain reduce fatigue and promote relaxation. Acupuncture points ren6 and ren4 were added to help with Fatigue. The swelling in Janice's hands and feet reduced at the end of Acupuncture sessions until the next morning. The pain only reduced for one day post Acupuncture but Janice said she got 48hrs really from generalised pain in her upper body following treatment. We discussed sleep issues and I gave Janice Information leaflet on improving sleep. She said she felt lighter after her Acupuncture treatments. Janice has now been discharged from the Acupuncture clinic .

Yours Sincerely,

Carol Fairley

Clinical Nurse Specialist

Centre for Integrative Care

Convery Janice

CHI: 2705655662

OPCL 30/05/2023 v1

Electronically Signed: Dr Jacqueline Mardon, Consultant

cc. Tahera Chaudry
Speciality Doctor
Centre for Integrative Care
Copy to ***

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC Direct Access Echo Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Direct Access Echo GGC Direct Access ECHO	— Consultant / receiving practitioner and/or specialty clinic
Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Hospital and hospital address
	Hospital location code. G034G
	Email address -
Urgency of referral Routine	Date sent 29-Jan-2025
Date of referral 29-Jan-2025	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	E-mail: missjaniceconvery@yahoo.co.uk
Area of Residence	-	

101035437223S

Unique Care Pathway Number: 101035437223S

REGISTERED GP DETAILS		Practice address
Name	Dr Fiona Clarey	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7036928	
GP code	03255	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698
		E-mail: ggc.gp40455clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Alice Niven	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7083130	
GP code	00809	Contact number(s)
Practice name	Drs MacNeill, Clarey & Henderson (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: ? endocarditis

Comment: This lady was admitted 18th with flu A and sepsis from bacterial pneumonia. her d/c summary said OP ECHO to rule out infective endocarditis. To me I would expect this as IP or urgent OP. No murmur/fever/ obs normal today. Would you consider bringing ECHO forwards?

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fibromyalgia	-	22-Nov-2021	22-Nov-2021
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Other hospital admission NOS	influenza A	18-Dec-2024	18-Dec-2024
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 60 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	04-Nov-2022	23-Dec-2024
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	23-Dec-2024
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	23-Dec-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	23-Dec-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	23-Dec-2024

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Paracetamol Tablets 500 mg	200	200 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	29-Jan-2025	29-Jan-2025
Zerobase Cream 11 %	500	500 gram	APPLY THINLY TO THE AFFECTED AREA TDS	-	03-Jan-2025	03-Jan-2025

Nystatin Oral suspension 100,000 units/ml	30	30 ml	1ML QID	-	03-Jan-2025	03-Jan-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
29-Jan-2025	120	80
30-May-2024	122	78
04-May-2023	132	80
11-Jan-2022	140	86
31-Mar-2021	138	82

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
30-May-2024	-	87	31.57
04-May-2023	-	86	31.21
11-May-2022	-	83	30.12
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		30-May-2024
Ex smoker:		04-May-2023
Ex smoker:		11-May-2022
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Alcohol consumption, 4 units/week:		30-May-2024
Alcohol consumption, 4 units/week:		04-May-2023
Alcohol consumption, 0 units/week:		11-May-2022
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991
GPAAQ physical act ind: active:		26-Sep-2013

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
AF proven on ECG:	NO	-
Murmur:	NO	-
Hypertension:	NK	-
Valvular heart disease:	NK	-
Valve surgery:	NK	-
MI:	NK	-
CABG:	NK	-
PTCA:	NK	-
Angina:	NK	-
Previous Echo:	NK	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

Warfarin:NK
 Aspirin:NK
 Clopidogrel:NK

Dipyridamole:NK

B-Blocker:NK

Ca channel blocker:NK

Digoxin:NK

Preferred hospital:NK

OK to send correspondence to home address?:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Dr D. Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.

Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Dr Alice Niven B.Med.Sci., B.M., B.S., M.R.C.G.P.

Sandyford Surgery

1119 Argyle Street
Glasgow
G3 8ND
Tel: 0141 248 3698

www.sandyfordsurgery.com

21/03/2022

Miss Janice Convery
F32 21 Benview Street
GLASGOW
G20 7SA

Dear Miss Convery

BOWEL SCREENING

We have been notified that you have **not participated** in the Bowel Screening Programme.

Bowel Screening aims to detect bowel cancer at an early stage in people with no symptoms. If bowel cancer is detected early there is a 90% chance of treating the disease successfully.

We hope you will reconsider your decision and we would recommend that you participate in this programme. For approximately every 650 people invited for screening, one bowel cancer death will be prevented.

If you wish to participate, please contact the Scottish Bowel Screening Helpline on Telephone number 0800 0121 833 for a screening kit to be sent out to you or if you require further information.

Alternatively we can inform you of the benefits and risks of taking part in this programme. If for any reason you think you may have difficulty providing a sample please speak to the Dr or Practice Nurse.

Yours sincerely

Drs MacNeill, Clarey & Henderson
Sandyford Surgery

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6570880	Receive Date:	10-Jan-2022 18:12
Patient's Name:	Janice Convery		
Date of birth:	27-May-1965 (56 years)	Gender:	F
Address:	3/2 21 Benview Street Glasgow G20 7SA	Current Address:	New Victoria 55 Grange Road Glasgow G42 9LF
Return Contact No:			
Tel No:	07788 417505		07788 417505
Mobile No:			
Priority:	Pr 4 Within 4 hrs	Call Origin:	
Received:	10-Jan-2022 18:12	Calltype:	PCEC Within 4 Hrs
Advised:	18:39	Arrived PCC:	10-Jan-2022 19:15
Cons start:	10-Jan-2022 19:16	Cons End:	10-Jan-2022 20:21
Consulting Doctor:	Daniel Mathie	Own doctor:	AA Lawson

CHI Number:
2705655662

NHSD details:

Receptionist:
L-SIDE HEAD PAIN 4/7
PCC4 PCEC within 4 Hrs
Clinical summary created by: Linda Martin (Call Taker Si) () [10/01/2022 18:39:10]
Reason for call: L-SIDE HEAD PAIN 4/7Confirmed Symptom(s): Light sensitive Symptom(s) not found: No fever Risk Factor(s): No high risk factors identified Drowsy, confused or feeling terrified No underlying high risk conditions identified Call Detail(s): Clinical supervisor: NP A.BEATTIE 10:01:2022 18:16:18 MARTINL2.. NOT SLEPT HAD PANIC ATTACK TODAY DIZZY CANT STAND UP STRAIGHT SUFFER FIBROMYALGIA ASTHMA + HYPERTENSION NO COVID SYMPTOMS NEGATIVE LFD TEST YESTERDAY.. CALL SUPPORTED BY NP ANGELA BEATTIE PCEC 4 HRS GAVE WORSENING STATEMENT.. SUDDEN ONSET HEADACHE 4/7 AGO . PAIN ABOVE L-EYE TO TEMPLE . ASPIRIN GIVEN AS UNABLE TO TAKE PARACETAMOL WITH CODIENE , BLURRED VISION NORMAL . ABLE TO GO TO SHOPS YESTERDAY... PT STATES HAD POSSIBLE PANIC ATTACK EARLIER. CURRENTLY SITTING OUTSIDE OOH NEW VIC . PCEC 4 HRS HUB TO ARRANGE NEXT STEPS OF CARE.. Outcome: PCEC within 4 Hrs

Consultation details:

History - PCEC Victoria: Face to face assessment; Dr D Mathie, GPST3

History as documented. 4 day history of headache left temple, 8/10 severity, constant, blurred vision (although prone to this), some sensitivity to light bilaterally. Feeling nauseous but no vomiting - "stomach churning". No fevers, no sensitivity to sound, no jaw claudication, no PMR symptoms. Has been taking aspirin every 4 hours as cannot take co-codamol/paracetamol.

PMH: Gets tension headaches on forehead (bilateral) but no history of migraines. Fibromyalgia.

DH: on nortriptyline, no allergies

SH: Carer for partner, stressful situation as partners family do not accept her and recent argument today left her with panic attack, now complaining of some tingling hands. No smoking/alcohol. Awaiting to start job as teaching assistant.

Examination - T37.1 HR 92 SpO2 96 BP 167/100

- Chest clear, no added sounds. HS normal. Pulse regular.

Left eye, some redness noted lower eyelid. Tenderness ++ left temple, no palpable temporal artery.

Cranial nerves - normal visual acuity, normal eye movements, PEARL, sensitivity to light when torched shined

Diagnosis - Headache. ?migraine (no history of this but unilateral, visual symptoms, nausea) ?tension (atypical of this but recent stressors) ?GCA (>50, prolonged history, severe pain, temple tenderness)

Treatment - Diclofenac for pain (Laura Hanshaw nurse gave diclofenac 75mg to right buttock IM (LL8652; 05/2023))

Omeprazole 20mg dose given at PCEC from stock and advised to stop aspirin

Prednisolone 60mg dose given at PCEC from stock

Follow up: Advised to contact GP tomorrow morning to arrange bloods including ESR and CRP. May require discussion with rheumatology team.

Worsening advice given.

Followups:

GP Follow Up - Please consider checking ESR and CRP and continue steroids if felt appropriate/discuss with rheumatology during day time hours.

Clinical Codes:

1B1G. Headache

NHS Confidential: Personal data about a patient

Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:

Tel:

Fax:

Email:

Date Completed: 17/12/2021

Consultant: Dr Peter Davis

F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear F Clarey

Re: **Convery Janice**
FLAT 3/2
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **17/12/2021 at 14:31 hrs.**

Departed on: **at hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint

I foot inj

Nursing Assessment:

Investigations in ED:

1. XR Foot Lt

2. XR Foot Lt

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Contusion of Other and Unspecified Parts of Foot		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Contusion to left foot. Dx with advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Kirsty Allan

Nurse

Copies to:

1. F Clarey (GP)

School Address:

Convery Janice

CHI: 2705655662

Clinic Letter



Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. F Clarey
Drs Macneill clarey & henderson
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department: Neurology
Contact Tel: 0141 232 7542
Enquiries to:
Letter Date: 22/11/2021
Reference: AT/LD
Dictated 22/11/2021
Date:
Transcribed 23/11/2021
Date:

Dear Dr. F Clarey,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - Neurology; Clinic - SGATNE 12-DR TYAGI HEADACHE MONDAY
Date and Time of Appointment - 22/11/2021 11:45

Clinical Comments:

I had a brief telephone consultation with Ms Convery who continues remain symptomatic with the generalised neuropathic pains. I wondered about an element of fibromyalgia to her symptoms as well. I have said to her that her investigations have been fairly satisfactory and do not have any further recommendations but you may wish to refer her to the pain clinic for their input.

Yours sincerely

Dr Alok Tyagi

Consultant Neurologist

Electronically Signed: Dr Alok Tyagi, Consultant

cc. Ms Janice Convery
Flat 3-2
21 BENVIEW STREET
GLASGOW
G20 7SA

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	convery
Forename	janice
CHI	2705655662
Date of birth	1965-05-27
Sex	unknown
Address	FLAT 3/2 21 BENVIEW ST GLASGOW G20 7SA

Specimen Details

Specimen Processed Date	20-10-2021 20:57
Test Start Date	20-10-2021 11:30
Test End Date	20-10-2021 11:31
GP Practice	40455
Specimen Number	AAF86919289
Administration Method	self

End of Report

Report Date: 21/10/2021



jobcentreplus

Website: www.jobcentreplus.gov.uk

02631
Dr Crawford
SANDYFORD SURGERY
1119 ARGYLE ST
FINNIESTON
GLASGOW
G3 8ND

Your reference is NM247506A
Please tell us this number
if you get in touch with us

ESA Clydebank
Mail Handling Site A
Wolverhampton
WV98 2AX

Phone 0800 1690310
TEXTPHONE for the deaf/hard of
hearing ONLY 0800 1690314

Date 19 October 2021

25 OCT 2021

Dear Dr Crawford,

We no longer need Statements of Fitness for Work (known as fit notes) for your patient as they are fit for work

Patient's name: Miss. Janice Convery

Address: 3/2 21 Benview St, Glasgow, G20 7SA

Date of birth: 27 May 1965

Following your patient's Work Capability Assessment, we've decided they are fit to do some types of work, but this might not be the same as they have done before.
This means you no longer need to provide fit notes for their Employment and Support Allowance (ESA) claim.

Providing fit notes in the future for their ESA claim

Subject to your clinical discretion you may issue further fit notes in the future to your patient if:

- their condition gets worse
- they develop a new disability or health condition
- **they ask you for evidence for a reconsideration or appeal against our decision.**

Further guidance for GPs on completing fit notes is available at:

<https://www.gov.uk/government/publications/fit-note-guidance-for-gps>

<https://www.gov.uk/government/publications/a-short-guide-to-the-benefit-system-for-general-practitioners>

Helping people back into work

19 October 2021
Dr Crawford

REF:NM247506A

We know most people are better off in work, so we are encouraging your patient to find out what type of work they may be able to do with their health condition or disability through focused support at their local Jobcentre Plus. Their work coach will take your patient's illness, health condition, or disability into account when setting work requirements.

Your patient has agreed that we can tell you about the decision.

We've sent your patient a summary of their Work Capability Assessment outcome.

We may need to contact you again about your patient's disability, illness or health condition in the future.

If you have any questions about this letter or you need it in Braille, large print, or audio please call us on the number at the top of this letter.

Thanks for your help.

Yours sincerely

Paul Sheridan

Manager

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

14 SEP 2021

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
12 September 2021

Mrs Janice Convery
Flat 3-2
21 Benvie Street
GLASGOW
G20 7SA

Dear Mrs Convery

I can now confirm that I have now reviewed your blood tests which were carried out on 31 March 2021 which showed normal U&E's and eGFR, normal liver functions, blood glucose and lipid profile. Your full blood count was normal as well.

I would request your GP to check your vitamin B12 and folate levels as well as serum protein electrophoresis and should these be normal, I would not recommend any further blood investigations.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

cc

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

14 SEP 2021

Consulting Rooms:
BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 8 September 2021

10 September 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob - 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

I reviewed Mrs Convery at the clinic today. I reassured her regarding her investigations in that her MRI brain and cervical and thoracic spine were quite satisfactory. She does have some white matter changes which are perhaps non-specific.

She continues to have problems with burning and painful sensations in her arm and legs and feels her balance is affected. I re-examined her and did not find any focal deficit. In particular, motor and sensory examinations both to spino-thalamic and dorsal column sensations were normal. Reflexes were normally elicited and plantars bilaterally downgoing.

She remains on amlodipine and 40 mg of duloxetine having trialled pregabalin, gabapentin and Morphine patches. She also remains on ropinirole 2.25 mg a day.

I have said to Mrs Convery that as her ropinirole has made no impact to her symptoms. I would strongly recommend that she reduce this by 0.25 mg every 3 days to stop. I would suggest you give her a trial of nortriptyline 10-50 mg nocte to see if that helps her symptoms in any way. I would also arrange for a routine review in due course on the NHS.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Homeopathy GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral Routine	Date sent 16-Dec-2021
Date of referral 15-Dec-2021	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	E-mail: missjaniceconvery@yahoo.co.uk
Area of Residence	-	

101025108840T

Unique Care Pathway Number: 101025108840T

REGISTERED GP DETAILS		Practice address
Name	Dr Fiona Clarey	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	7036928	
GP code	03255	Contact number(s)
Practice name	Sandyford Surgery (18830)	
Practice code	40455	Voice: 0141 248 3698
		E-mail: ggc.gp40455clinical@nhs.scot

REFERRING GP DETAILS		Practice address
Name	Dr. Gail Henderson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	4615145	
GP code	00655	Contact number(s)
Practice name	Drs MacNeill, Clarey & Henderson (40455)	
Practice code	40455	Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Fibromyalgia

Comment: Dear Colleague,

Many thanks for seeing this 56 year old lady who has recently been diagnosed with fibromyalgia by Dr Tyagi, consultant neurologist. Looking back, she has had many symptoms since 2018, generalised neuropathic pains, fatigue and lethargy, insomnia, IBS and neck and back stiffness.

She was fully investigated by Dr Tyagi and all investigations including MRI brain, c-spine and all her bloods were reported as normal.

She is currently taking nortriptyline 10mg and duloxetine 40mg and thinks there possibly has been a small improvement and is keen to persist on the same doses of these drugs. She has also started a new job in Shawlands Primary as a learning support teacher and is really enjoying the new challenge.

She is keen to be feeling a bit better than currently and when I suggested the Centre for Integrative Care she was really keen to be seen by you for an assessment.

Many thanks for seeing her.

Yours sincerely

Dr Gail Henderson
15th December 2021

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Essential hypertension	-	02-Jul-2020	02-Jul-2020
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 40 mg	56	56 capsule	1 Cap AT NIGHT	-	03-Sep-2020	02-Nov-2021
Amlodipine Tablets 5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	08-Jul-2020	02-Nov-2021
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	15-Jul-2021
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	02-Nov-2021
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	02-Nov-2021

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Nortriptyline Capsules 10 mg	56	56 capsule	1 CAPSULE TO BE TAKEN AT NIGHT	-	22-Sep-2021	02-Nov-2021
Ropinirole Hydrochloride Tablets 2 mg	56	56 TABLET	ONE TAB NOCTE (NOTE THIS IS TWO MG)	-	06-Sep-2021	06-Sep-2021
Ropinirole Hydrochloride Tablets 2 mg	56	56 TABLET	ONE TAB NOCTE (NOTE THIS IS TWO MG)	-	15-Jul-2021	15-Jul-2021
Estradiol Gel 0.06 % pump-pack	160	160 GRAM	ONE PUMP DAILY	-	05-Jul-2021	15-Jul-2021
Ropinirole Hydrochloride Tablets 250 micrograms	112	112 TABLET	2 TABS NOCTE ALONG WITH THE 2MG TABLET	-	10-Jun-2021	15-Jul-2021

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
31-Mar-2021	138	82
03-Sep-2020	122	76
24-Jun-2020	154	100
15-Oct-2018	146	86
26-Sep-2018	138	90

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
23-Sep-2021	-	86	-
31-Mar-2021	-	80	29.03
03-Sep-2020	-	83	30.12
07-Nov-2019	-	81.2	29.47
09-Oct-2018	-	83.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		31-Mar-2021
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

30 AUG 2021

Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
26 August 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob - 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery's MRI brain scan showed some non-specific white matter changes. MRI cervical spine showed some degenerative changes as well. She is being reviewed again at the clinic to discuss this.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Dr Alok Tyagi
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Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 15 July 2021

16 July 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

20 JUL 2021

I had a telephone consultation with Mrs Convery today. Her symptoms are only better for about 3 hours with the tablets and she now tells me her hands are getting affected and her balance is not very good. I have said to her that it may be worth doing further imaging and I have arranged an MRI brain, cervical and thoracic spine to be done and would review her in the clinic with the results of that.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Statement of Fitness for Work
For social security or Statutory Sick PayPatient's name Janice ConveryI assessed your case on: and, because of the following condition(s): I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice: -----

If available, and with your employer's agreement, you may benefit from:

- ☐
- a phased return to work...
- ☐
- amended duties...
-
- ☐
- altered hours...
- ☐
- workplace adaptations...

Comments, including functional effects of your condition(s):

This will be the case for to
or from to I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)Doctor's signature Date of statement Doctor's address

Unique ID: Med 3 01/17

029022BB-34FB-449B-AF66-A8FC240FCF7A

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- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means**'You are not fit for work':** Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.**'You may be fit for work':** You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.For more information please visit www.gov.uk and type 'patients and employees' into the search field.Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.**Your details** - Please use BLOCK CAPITALSSurname CONVERYOther names Address Date of birth Mobile NI number **What you need to do now**

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
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Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
8 June 2021

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

10 JUN 2021

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery has been in touch with Sister Cathy Devine regarding her restless leg syndrome. She has had good relief with ropinirole which she is now on 2 mg a day but has had some recurrence of her symptoms and I wonder if her dosage could be increased to 2.25 mg or indeed 2.5 mg a day.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Mrs Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

NHS Confidential: Personal data about a patient

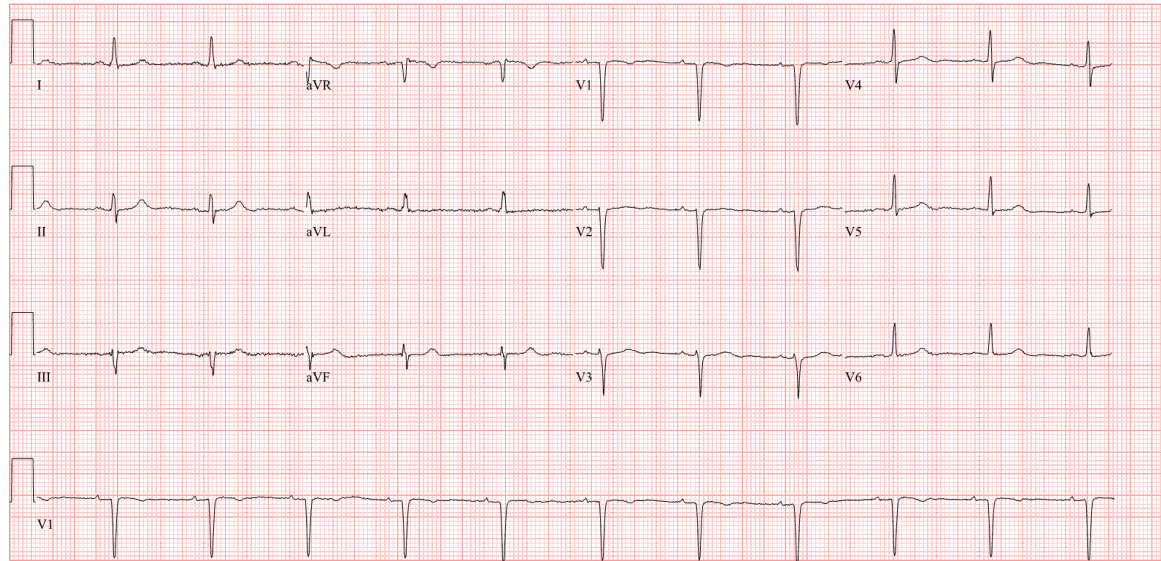
Convery, Janice	ID:2705655662	02-JUN-2021 13:55:41	GREATER GLASGOW SITE-WIGPOP ROUTINE RECORD
27-MAY-1965 (56 yr)	Vent. rate 66 BPM	Normal sinus rhythm	
Female	PR interval 156 ms	Normal ECG	
	QRS duration 80 ms		
Room:	QT/QTc 380/398 ms	Confirmed by Brown, Yvonne (7019) on 04/06/2021 13:52:04	
Loc:742	P-R-T axes 16 -17 61		

Technician: 725
Test ind:

Referred by: GP

Confirmed By: Yvonne Brown

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 CID: 0

SID: 3322547 EID:7019 EDT: 13:52 04-JUN-2021 ORDER:

Convery, Janice

ID: 2705655662

2-Jun-2021 13:55:41

CARDIAC DEPT. WEST GLASGOW ACH

27-May-1965
Female

Vent. rate 66 bpm
PR interval 156 ms
QRS duration 80 ms
QT/QTc 380/398 ms
P-R-T axes 16 -17 61

Normal sinus rhythm
Normal ECG

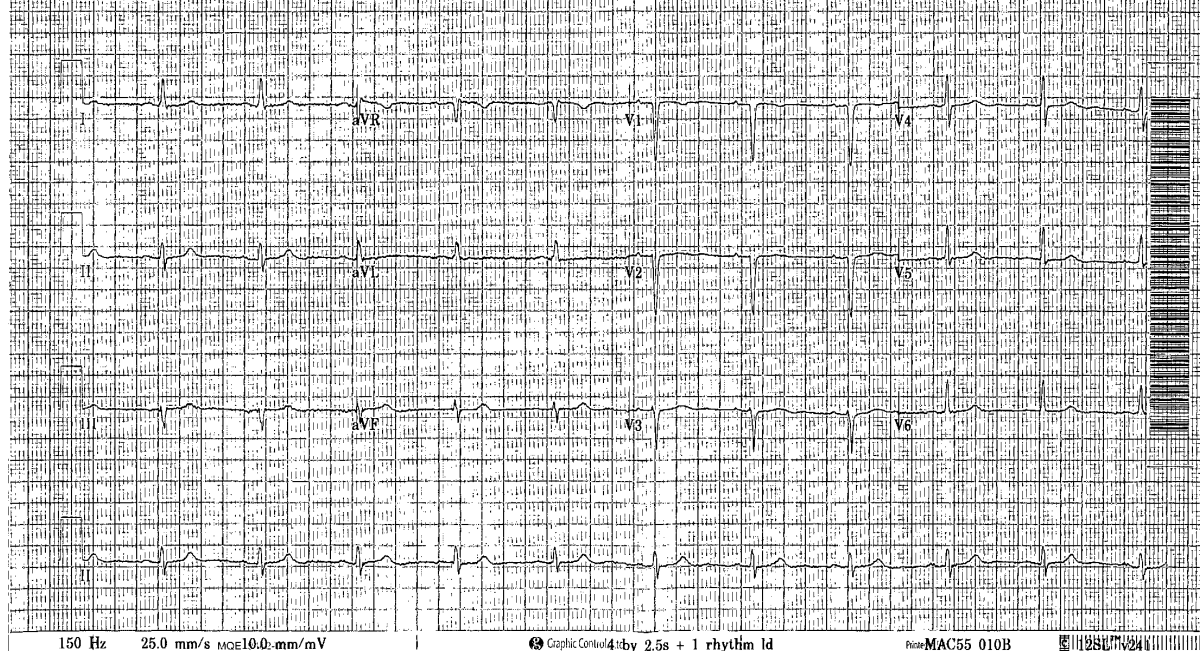
Loc: 742

Technician: 725

Referred by: GP

Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s MGE10.0: mm/mV

Graphic Control 4: by 2.5s + 1 rhythm Id

Pulse MAC55 010B

2567724

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:-----

If available, and with your employer's agreement, you may benefit from:

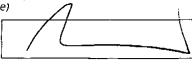
☐ a phased return to work... ☐ amended duties-----
☐ altered hours----- ☐ workplace adaptations-----

Comments, including functional effects of your condition(s):

This will be the case for to

or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature 

Date of statement

Doctor's address

Unique ID: Med 3 01/17

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For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Date of birth Mobile

NI number

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form SSP1 to claim benefits.
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Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

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and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work... ☐ amended duties...
☐ altered hours... ☐ workplace adaptations...

Comments, including functional effects of your condition(s):

This will be the case for or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 01/17

05E753BD-0E30-4267-A96A-905E2B9E4D97

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Surname

Other names

Address

GLASGOW Postcode G20 7SA

Date of birth Mobile

NI number

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Dr Alok Tyagi
MD. DNB. DM. FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
Ross Hall Hospital 10 November 2020

11 November 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

I reviewed Mrs Convery at the clinic today. I reassured her regarding her test results in that her nerve conduction studies were quite normal. MRI lumbo-sacral spine showed some degenerative changes but nil else.

She continues to be symptomatic and I think it would be worth giving her a trial of ropinirole 0.25-0.5 mg nocte to see if that helps her symptoms in any way.

I would request Cathy Devine, Acute Pain Sister at Ross Hall to contact her in due course to see how she has been getting on with her symptoms.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

13 NOV 2020

Convery Janice

CHI: 2705655662

Clinic Letter



Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. CM Crawford
Drs Crawford macneill clarey & he
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department: Podiatry
Contact Tel: 01413479809
Enquiries to: ellie.earl@ggc.scot.nhs.uk
Letter Date: 11/11/2020
Reference:
Dictated: 11/11/2020
Date:
Transcribed: 11/11/2020
Date:

Dear Dr. CM Crawford,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - Podiatry; Clinic - MLWNPTR156-NEW WEST PODIATRY TEAM
TELEPHONE WEDNESDAY34-NEW WEST PODIATRY TEAM TELEPHONE TUESDAY
Date and Time of Appointment - 11/11/2020 15:15

Follow Up: Discharged

Clinical Comments:
Telephone appointment.

The patient apologised on the phone saying that she cancelled the appointment and that she went to see a private podiatrist. She says she no longer requires our services.

Patient was discharged from Podiatry today.

Podiatrist Ellie Earl.

Electronically Signed: ,

cc.

Neurology

Dr. Alok Tyagi MD, DNB, DM, FRCP Edin.
Consultant Neurologist

patient's name:

DANCE C MERY.

date of birth:

date of consultation:

10/01/20

Dear Doctor

The above named patient attended the neurology clinic today at Ross Hall Hospital. Following consultation and discussion of current symptoms I would be grateful if you would consider providing the patient with a prescription of the medication listed below:

ROLINIROLE 0.25gr 10 W
x 7/2

Then increase by 0.25gr every week
to a dose of 2gr W. *Script done*

I will arrange a follow up appointment at Ross Hall for the patient and continue to advise you of their management plan. If you have any queries about the information provided in the first instance please contact Cathy Davine, Pain Management Sister at Ross Hall. 0141 303 7495

Thank you in advance for your cooperation. A formal letter will follow in due course.

Regards

Alok Tyagi
DNB, DM, FRCP Edin

Adjust to discontinue regarding Citalopram and Duloxetine with 6

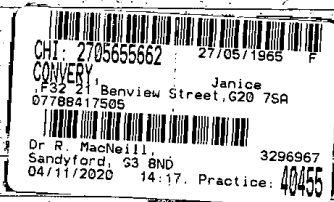
Script updated

NHSGreater Glasgow
and Clyde

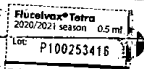
16 NOV 2020

**IMPORTANT – MUST BE COMPLETED FOR PATIENTS WHO ATTEND FOR
IMMUNISATION WITHOUT APPOINTMENT LETTER**

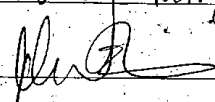
Please complete the following details:-

CHI Number If known	
Date of Birth	
Surname	
Forename	
Full Address	
Postcode	
GP Practice Code	
GP Practice Address	

To be completed by Immuniser**IMMUNISATION DETAILS**

Name of Vaccination Centre	
Date of Vaccine	
Type of Vaccine Given	
Batch Number	

Site of Injection – Please tick appropriate box
☒ Left arm
 ☒ Right Arm

Immuniser Name	Mandy Fairgreen
Signature	

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name **Mr-Mrs-Miss, Ms-Ms-Ms** **Janice Convery**

I assessed your case on: **03 / 11 / 2020**

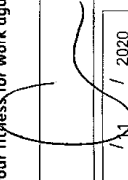
and, because of the following condition(s):
Feet Pain under IX by Neurologist

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:
☐ a phased return to work... ☐ amended duties....
☐ altered hours.... ☐ workplace adaptations.

Comments, including functional effects of your condition(s):

This will be the case for
 or from **02 / 11 / 2020** to **07 / 12 / 2020**
 I will/will not need to assess your fitness for work again at the end of this period.
 (Please delete as applicable)

Doctor's signature 

Date of statement **03 / 11 / 2020**

Doctor's address
Sandyford Surgery
1119 Argyle Street
Glasgow, G3 8ND
Telephone: 0141 248 3698

Unique ID: Med 3 03/17

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- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname **Mr-Mrs-Miss, Ms-Ms-Ms CONVERY**

Other names **JANICE**

Address **F32 21 BENVIEW STREET**
GLASGOW Postcode **G20 7SA**

Date of birth **27 / 05 / 1965** Mobile **Mobile**

NI number **NI number**

What you need to do now

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Institute of Neurological Sciences
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GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

30 OCT 2020

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD
28 October 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Mrs Convery's MRI lumbo-sacral spine was quite satisfactory. She had early degenerative changes but nil else.

This is a good result.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Attended for Breast Screening on 05-10-2020. Result was normal.

Yours sincerely,

Dr Marzi Davies
Clinical Director

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
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☐ a phased return to work... ☐ amended duties.....
☐ altered hours..... ☐ workplace adaptations.

Comments, including functional effects of your condition(s):

This will be the case for

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 01/17

7F9A3C22-3C84-48B4-A293-ED88FB327E9A

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at www.gov.uk/dwp/fit-note-data

Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone 0800 032 6235
- in Scotland please visit www.fitforworkscotland.scot or phone 0800 019 2211.

What your doctor's advice means

'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.

For more information please visit www.gov.uk and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

Postcode

Date of birth Mobile

NI number

What you need to do now

- If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- If you are self-employed:** You could claim benefits.
- If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- If you need to make a claim to benefits:** Visit www.gov.uk/browse/benefits or phone 0800 055 6688 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4888.

Dr Alok Tyagi
MD, DNB, DM, FRCP
Consultant Neurologist
Institute of Neurological Sciences
1345 Govan Road
GLASGOW G51 4TF
Email: alok.tyagi@ggc.scot.nhs.uk

Consulting Rooms:

BMI Ross Hall Hospital
221 Crookston Road
Glasgow G52 3NQ

Glasgow Nuffield Hospital
Beaconsfield Road
Glasgow G12 0PJ

AT/LD

Ross Hall Hospital 1 October 2020

3 October 2020

Dr C Crawford
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

07 OCT 2020

Dear Dr Crawford

Janice Convery dob – 27/5/65
Flat 3-2, 21 Benview Street, Glasgow, G20 7SA

Thank you for your referral on Ms Convery who attended the clinic by herself for a face to face consultation today.

She tells me that she has had symptoms for a number of years and describes having pains in her legs and clumsiness. On specific details she says that she gets burning in her feet and this affects both her feet to the same extent. This is most prominent when she is resting or when she is in bed at night and would get better if she would walk. She would also tend to move her feet a lot in bed.

She denied any definite weakness although did say that she has been clumsy all her life and that her motor skills are affected as is her co-ordination.

She feels she is now getting similar symptoms in her arms.

She denied any bladder complaints.

She tells me that she has attended the pain clinic for a number of years and had steroid injections to her back with no benefit.

She gave no other past medical history of any note. Her family history is not contributory.

She has tried gabapentin, pregabalin, naproxen and opioids and is currently on duloxetine 40 mg a day since 2010 and also takes citalopram 20 mg a day.

She is a non-smoker who doesn't take alcohol and lives with her partner.

Examination revealed no cranial nerve abnormalities. Motor and sensory examinations were normal to both spino-thalamic and dorsal column sensations. Reflexes were normally elicited and plantars bilaterally downgoing.

Her SLR was reduced on the left side to about 40-45 degrees.

Opinion:

Ms Convery's leg symptoms are perhaps in keeping with restless leg syndrome and I have said the same to her. I have however agreed to carry out some investigations and would review her in the clinic with the results of the same. I would arrange an MRI of her lumbo-sacral spine and neurophysiological tests.

Thank you for your referral.

Yours sincerely

Dr Alok Tyagi
Consultant Neurologist

Cc

Ms Janice Convery
Flat 3-2
21 Benview Street
GLASGOW
G20 7SA

Statement of Fitness for Work For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☒ you are not fit for work.
☐ you may be fit for work taking account of the following advice:.....

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work... ☐ amended duties.....
☐ altered hours..... ☐ workplace adaptations.....

Comments, including functional effects of your condition(s):

This will be the case for
or from

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement

Doctor's address

Unique ID: Med 3 01/17

SFDD1B39-DB15-481D-8A9B-97ED05029D311

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Help getting back to work if you are employed

If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:

- in England and Wales visit www.fitforwork.org or phone **0800 032 6235**
- in Scotland please visit www.fitforworkscotland.scot or phone **0800 019 2211**.

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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname

Other names

Address

GLASGOW Postcode G20 7SA

Date of birth Mobile

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

18/08/2020

Dr CM Crawford
Drs Crawford macneill clarey & he
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr CM Crawford

Re: Janice Convery
Address: FLAT 3/221 BENVUE STREET
Glasgow
G20 7SA

CHI Number: 2705655662

Speciality: General Surgery

It would appear from our records that:

() Your patient has not responded to our recent letters inviting them to arrange an appointment.

(x) Your patient has indicated that they no longer require an appointment.

() Your patient has refused two reasonable offers of appointment.

We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde's Did Not Attend Policy.

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

Irene Hunter

21 AUG 2020

Home Blood Pressure Record Sheet

You should take blood pressure readings in the morning and evening.

- For each blood pressure recording, take two measurements at least 1 minute apart and whilst you are seated.
- Do this for a minimum of 4 days, ideally for 7 days.

CHI: 2705655662 27/05/1965 F
 CONVEY Janice
 07798417505 Benview Street, G20 7SA
 Nurse M Devitt, 90801155
 Sandyford, G3 8ND Practice: 40455
 01/07/2020 17:57

Date	Time	Systolic (upper value) First reading	Diastolic (lower value) First reading	Systolic (upper value)	Diastolic (lower value)	Pulse
June						
24th	13:00	164	96			66
24th	22:00	173	107	175	102	74
25th	08:30	161	99	159	103	74
25th	18:30	154	128	175	104	75
26th	10:00	146	92	140	95	64 (S)
26th	14:45	157	99	165	97	74
27th	10:45	151	96	147	90	66 (S)
27th	18:30	145	85	135	85	73
28th	9:20	163	101	159	103	65
28th	18:30	179	108	175	117	70
29th	11:40	172	102	165	103	72
29th	14:30	162	107	169	108	76 (S)
30th	11:20	154	98	139	101	70
30th	20:15	158	102	149	100	71
July	1st					
	1st					

[average 160/101] mm.

H:\Home BP monitoring\Home_BP monitoring_Record_Sheet.doc

→ Pass to CC

(S) = Sleep
night
Before

SANDYFORD SURGERY**SEASONAL FLU VACCINE CONSENT 2019/20****ADULTS >18****PGD for nurses only****PSD FOR HCA authorised by GP****DATE****CATEGORY**Over 65 yr (aTIV) ☐AT RISK GROUP 18 – 64yrs (QIV)
(tick below) ☒**PLEASE TICK RISK CATEGORY**AGE 54

Asthma (steroid inhaler)	COPD	Diabetes	Heart Disease	Liver disease	Renal Disease	Immuno- suppression	Chronic Neurological Condition (incl stroke)	Pregnant women
☒								<u>Will now be done at ANC</u>

BMI >40	No spleen	Residential/ nursing home	Coeliac	unpaid carer	Health/social care staff	Given by Pharm	Other (Specify)
					<u>Not done at GP</u>		

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ALLERGIES- e.g eggs/latex/ antibiotics

YES/NO

N.B FOR SEVERE EGG ALLERGY GIVE QIVc

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?

YES/NO

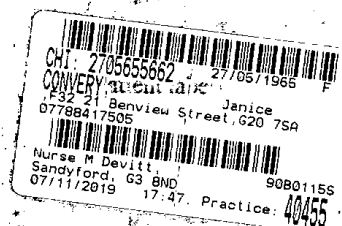
I CONSENT TO BEING IMMUNISED WITH SEASONAL INFLUENZA VACCINE

SIGNED

DATE

I confirm I have verified correct vaccine to be administered ☒ aTIV ☒ QIVc (QIVc for egg allergy)

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Am.
Flu Vaccine	 T36682V (Quadrivalent Influenza Vaccine (split virus, inactivated))		6/20	1m (L) am

Immunised by: m. Smith Date 7/11/19Post immunisation advice given ☒ Yes/No Clinical update recorded ☒ Yes/No Scanned Yes/No

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER**MEDICAL IN CONFIDENCE**

GGC Direct Access ECG Protocol (Glasgow, vR15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
ECG GGC Direct Access ECG	— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral Routine Date of referral 07-Jul-2020	Date sent 07-Jul-2020

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s) Voice: 07788417505
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

101021274438J

Unique Care Pathway Number: 101021274438J

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Sandyford Surgery (18830)	Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144 E-mail: GG-UHB.GP40455clinical@nhs.net
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Drs Crawford, MacNeill, Clarey & He (40455)	Contact number(s)
Practice code	40455	

Voice:0141 248 3698

Facsimile:0141 221 5144

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: As per Indication for Referral

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	24-Jun-2020
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	17-Mar-2020
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	24-Jun-2020
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	24-Jun-2020
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	24-Jun-2020

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Estradiol Gel 0.06 % pump-pack	80	80 gram	APPLY TWO PUMPS ONCE DAILY	-	24-Jun-2020	24-Jun-2020
Ispaghula Husk Sugar and			THE CONTENTS OF		11-	11-

Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	ONE SACHET TO BE TAKEN TWICE A DAY	-	May-2020	May-2020
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT	-	11-May-2020	11-May-2020
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	15-Apr-2020	15-Apr-2020
Zopiclone Tablets 7.5 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP	-	15-Apr-2020	15-Apr-2020

Blood Pressure

Date Recorded	Systolic	Diastolic
24-Jun-2020	154	100
15-Oct-2018	146	86
26-Sep-2018	138	90
26-Sep-2013	131	90
01-Mar-2011	124	80

Body Measurements

Date Recorded	Height	Weight	BMI
07-Nov-2019	-	81.2	29.47
09-Oct-2018	-	83.2	-
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Primary Reason for ECG::Hypertension? LVH (Echocardiography is not indicated)

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Colorectal Protocol (Glasgow, v15.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
General Surgery - Colorectal GGC Colorectal	— Consultant / receiving practitioner and/or specialty clinic
West Glasgow 1053 Great Western Road Glasgow G12 0YN	— Hospital and hospital address
	Hospital location code. G516H
	Email address -
Urgency of referral	Urgent - Suspected Cancer
Date of referral	24-Jun-2020
Date sent	24-Jun-2020

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	
Area of Residence	-	

1010212152354

Unique Care Pathway Number: 1010212152354

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s)
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Practice code	40455	Voice: 0141 248 3698
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GMC code	2343411	
GP code	04154	Contact number(s)
Practice name	Drs Crawford, MacNeill, Clarey & He (40455)	
Practice code	40455	

Voice:0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: rectal bleeding and altered bowel habit

Comment: Dear Doctor

I would be grateful if this 55 year old lady could be seen for assessment. She contacted us about six weeks ago with concern about rectal bleeding. At that point she had noted fresh blood from her back passage. She described this as intermittent, when she passes a solid stool, and with no pain associated. She said she has had this occasionally for years but it had been more of an issue recently. At the time when she contacted us she had noted fresh blood "pouring" so that blood was noted in the toilet rather than just on wiping. At that point she described her bowel habit as variable, going from solid to "running", and she has tried to keep to a bland diet because of that. At that point, she did not report any change in bowel habit. We agreed she would try Fybogel orange as well as topical treatment for possible haemorrhoids, and would let us know how things progressed.

I have since spoken to Janice again on the phone and then seen her for review. There has now been a change in bowel habit with diarrhoea most days and no solid stools in between times. She is also reporting left paraumbilical pain. She has passed fresh blood PR intermittently. She tried cutting dairy from her diet but does not feel that this has resolved matters and in fact now she says she is "scared to eat". On abdominal examination, she was tender in the left paraumbilical region but no masses were felt. On rectal examination there was a skin tag at 7 o'clock but no other abnormality.

I have checked her bloods but do feel she merits further assessment. I am grateful to you for seeing her.

Yours sincerely

Dr Christine M. Crawford
24th June 2020

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Hallux valgus osteotomy NEC	Scarf and proximal phalangeal osteotomy and the second toe by pip joint excision with a Smart Toe intramedullary implant	29-Oct-2018	29-Oct-2018
Exercise tolerance test normal	-	01-Oct-2018	01-Oct-2018
Insertion of intrauterine system	mirena	07-Sep-2018	07-Sep-2018
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	24-Jun-2020
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	17-Mar-2020
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	24-Jun-2020
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	24-Jun-2020
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	24-Jun-2020

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Estradiol Gel 0.06 % pump-pack	80	80 gram	APPLY TWO PUMPS ONCE DAILY	-	24-Jun-2020	24-Jun-2020
Ispaghula Husk Sugar and Gluten Free Effervescent granules 3.5 grams/sachet	60	60 sachet	THE CONTENTS OF ONE SACHET TO BE TAKEN TWICE A DAY	-	11-May-2020	11-May-2020
Scheriproct Suppositories	12	12 SUPPOSITORY	INSERT ONE NIGHT AND MORNING AND AFTER A BOWEL MOVEMENT	-	11-May-2020	11-May-2020
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	15-Apr-2020	15-Apr-2020
Zopiclone Tablets 7.5 mg	14	14 tablet	ONE TO BE TAKEN AT NIGHT IF NEEDED TO HELP SLEEP	-	15-Apr-2020	15-Apr-2020

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
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<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
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09-Oct-2018	-	83.2	-
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19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		07-Nov-2019
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991

GPPAQ physical act ind: active:

26-Sep-2013

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

New onset persistent rectal bleeding >4 weeks without obvious perianal cause:true

QFIT requested?:Yes - result pending

FBC requested?:Yes - result available

Haemoglobin result:145

MCV:89.5

Urea and Electrolytes requested?:Yes - result available

eGFR:>60

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.

Dr D. Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.

Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND
Tel: 0141 248 3698
Fax: 0141 221 5144

www.sandyfordsurgery.com

26/08/2019

Miss Janice Convery
F32 21 Benview Street
GLASGOW
G20 7SA

Dear Miss Convery

BOWEL SCREENING

We have been notified that you have **not participated** in the Bowel Screening Programme.

Bowel Screening aims to detect bowel cancer at an early stage in people with no symptoms. If bowel cancer is detected early there is a 90% chance of treating the disease successfully.

We hope you will reconsider your decision and we would recommend that you participate in this programme. For approximately every 650 people invited for screening, one bowel cancer death will be prevented.

If you wish to participate, please contact the Scottish Bowel Screening Helpline on Telephone number 0800 0121 833 for a screening kit to be sent out to you or if you require further information.

Alternatively we can inform you of the benefits and risks of taking part in this programme. If for any reason you think you may have difficulty providing a sample please speak to the Dr or Practice Nurse.

Yours sincerely

Drs Crawford, MacNeill, Clarey & Henderson
Sandyford Surgery

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

27 NOV 2018

23 11 18 (clinic 22 11 18)

Dear Dr Crawford,

Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Mrs Convery was reviewed today. It's only about four weeks since surgery and her foot is coming along well. She is in less pain than she was prior to surgery. The second toe is drooping slightly but should pick up in due course. She is now going to get on a normal pair of shoes and get walking on this.

She would like to get back to work and as she is doing so well I don't think I need to see her again, unless she wants to.

Kind regards

Yours sincerely,

J STUART MOIR
Consultant Orthopaedic Surgeon

Nuffield Health Glasgow Hospital,
Beaconsfield Road,
Glasgow G12 0PJ
Tel: 0141 334 9441
Fax: 0141 339 1150

Secretary: Mrs S. Bradman
0141 638 4411
Fax: 01360 770698
j.s.moir@btinternet.com

Ross Hall Hospital,
221 Crookston Road,
Glasgow G52 3NQ
Tel: 0141 810 3151
Fax: 0141 303 4857

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

01 NOV 2018

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

30 10 18

Dear Dr Crawford,

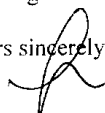
Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Mrs Convery had right forefoot surgery at Ross Hall on the 29th October. The hallux valgus was corrected by scarf and proximal phalangeal osteotomy and the second toe by pip joint excision, with a Smart Toe intramedullary implant.

She will require to be heel-weight bearing in a post-op shoe for the next few weeks and will be seen next week for removal of sutures.

Kind regards

Yours sincerely,



J STUART MOIR
Consultant Orthopaedic Surgeon

cc RHH

Nuffield Health Glasgow Hospital,
Beaconsfield Road,
Glasgow G12 0PJ
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Ross Hall Hospital,
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Glasgow G52 3NQ
Tel: 0141 810 3151
Fax: 0141 303 4857

Convery Janice

CHI: 2705655662

Letter to Patient:



Greater Glasgow
and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

01 NOV 2018

Janice Convery
FLAT 3/2
21 BENVIEW STREET
Glasgow
Lanarkshire
G20 7SA

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 26/10/2018
Reference: PV/JM
Dictated 10/10/2018
Date:
Transcribed 18/10/2018
Date:

Dear MsConvery,

I am pleased to inform you that the biopsy from the lining of the uterus did not show any abnormality. I hope you find this reassuring.

With kind regards

Yours sincerely

Dr Padma Vanga
Consultant in Gynaecology and Obstetrics

Electronically Signed: Dr Padma Vanga, Consultant

cc. Dr Crawford
Drs Crawford & Macneill,
Sandyford Surgery,
1119 Argyle Street,
Glasgow,
G3 8ND

SANDYFORD SURGERY**SEASONAL FLU VACCINE CONSENT 2018/19****ADULTS >18****PGD for nurses only****PSD FOR HCA authorised by GP** _____**DATE** _____**CATEGORY**

Over 75yr (aTIV)

☐

(NURSE)

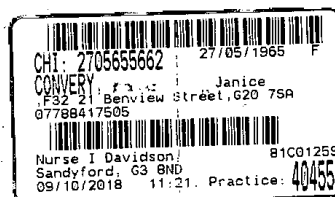
65-74 yrs (TIV)

☐

(NURSE/HCA)

AT RISK GROUP 18 – 64yrs (QIV)
(tick below)☒

(NURSE/HCA)

AGE 53**PLEASE TICK RISK CATEGORY**

Asthma (steroid inhaler)	COPD	Diabetes	Heart Disease	Liver disease	Renal Disease	Immuno- suppression	Chronic Neurological Condition (incl stroke)	Pregnant women
☒								

BMI >40	No spleen	Residential/ nursing home	Coeliac	unpaid carer	Health/social care staff	Given by Pharm	Other (Specify)

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ALLERGIES- e.g eggs/latex/antibiotics
(SEE APENDIX 1)

YES/NO

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?

YES/NO

I CONSENT TO BEING IMMUNISED WITH SEASONAL INFLUENZA VACCINE

SIGNED

DATE

9/10/18**I confirm I have verified correct vaccine to be administered**☒

aTIV/TIV/QIV

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm
Flu Vaccine	<u>Novartis</u>	Contains egg protein and gelatin extract. Manufactured by Novartis Vaccines and Diagnostics PL 550200017 PA 2130121 Lot R3G351V EXP 05-2019	<u>8/10/18</u>	<u>Janice</u>

Immunised by: Janice

Date

8/10/18

Post immunisation advice given Yes/No

Clinical update recorded Yes/No

Scanned Yes/No

Convery Janice

CHI: 2705655662

Clinical letter - GP:

Dr. CM Crawford
Drs Crawford & Macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:

Letter Date: 02/10/2018
Reference: PV/JM
Dictated 07/09/2018
Date:
Transcribed 10/09/2018
Date:

NHS
Greater Glasgow
and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000
Gynaecology
0141 232 7955

Dear Dr Crawford ,

Janice Convery; D.O.B: 27/05/1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

I saw Janice a 53 year old for heavy menstrual bleeding for some time now. She did not get any benefit from Cerelle or Norethisterone. She is a para 1 with normal smears. She has had a laparoscopy twice for gynaecology pelvic pain and cholecystectomy.

Pelvic examination is unremarkable. Transvaginal scan showed right retroverted uterus, normal size with regular endometrium. Both ovaries are normal. I have obtained a pipelle biopsy and inserted a Mirena after her consent.

With kind regards

Yours sincerely

Dr Padma Vanga
Consultant in Gynaecology and Obstetrics

Electronically Signed: Dr Padma Vanga, Consultant

cc.

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service



Dr. Christine Crawford
1119 Argyle Street
Glasgow
G3 8ND

Printed on: 01/10/2018

Dear Dr. Christine Crawford,

Re: Miss Janice Convery (CHI 2705655662). Flat 3/2 21 Benview Street Lanarkshire G20 7SA

Your patient was seen at the Rapid Access Chest Pain Clinic on 01/10/2018 at Stobhill Hospital.

Presenting History

There was no presenting history details given.

Presenting Notes For years has been experiencing severe chest pain. "stitch like". Occurs at random. Lasts a few seconds but is left with a lingering dullness in the chest and neck. Occurring daily. No known relieving or precipitating factors. Recently had surgery on her bunions cancelled due to abnormal ECG. Reviewed by Dr Northcote, consultant cardiologist at ross hall. echo normal - no evidence of infarct.

Relevant Past Medical History

None.

anxiety, lower back pain, cholecystectomy,

Investigations

ECG

Heart Rate: 62 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

ETT

ETT Done.
Protocol: Bruce.
No angina during exercise.
Ex. Time: 08:00.
Negative.

Reason(s) for Stopping
Dyspnoea, Fatigue

Clinical Findings

BP (mmHg) 130/80

Cholesterol	Result	Date Taken
Last Cholesterol test	5.1 mmol/L	26/09/2018

Smoking Status Current Non Smoker (quit for less than 1 year)

Diagnosis and Recommendations

Outcome: Symptoms and test results indicate that ischaemic heart disease is unlikely

Anti-anginals: Not required

Secondary prevention: Not required

Risk Factor Management: Please manage cholesterol and blood pressure in line with GGC Guidelines. Consider smoking cessation, physical activity levels, alcohol consumption and weight management

No OP review: No Op review or further investigations required but if you have further concerns please consider referral to cardiology out-patients.

Additional discharge comments: Symptoms are atypical. The ETT is reassuring at 8 minutes. No evidence of exercise induced ischaemia.

Advised to continue trying to stop smoking.

To see GP if symptoms persist.

Yours Sincerely,

Louise Thom

Rapid Access Chest Pain Service



Ross Hall
Hospital

Seen By CC.

Serious about health. Passionate about care.

NURSING DISCHARGE SUMMARY

Dr	Crawford	Patient	Janice Convery
Address	1119 Argyll Street, Glasgow, G3 8ND	Address	3/2 21 Benview Street Glasgow, G20 7SA

Dear Dr Crawford

The above named patient was admitted to Ross Hall Hospital on 19/09/2018

under the care of Mr JS Moir

Surgery/investigation performed Admission for Right Forefoot Correction but procedure cancelled as ECG abnormal. Seen by Cardiologist Dr Northcote, echo done.

Patient was discharged on 19/09/2018

Out-patient appointment Consultant will arrange follow up

Other information Copy of ECG and Echocardiogram enclosed.

Copy of discontinued Medication (Yes/No delete as appropriate)

Copy of discharge drugs is enclosed (Yes/No delete as appropriate)

Please do not hesitate to contact the Ward if you need further information. The Consultant will be writing to you in due course.

Yours sincerely

A Smith

Staff Nurse - Clyde Suite

221 Crookston Road, Glasgow G52 3NQ

T 0141 810 3151 F 0141 882 7439 www.bmihealthcare.co.uk

BMI Healthcare Limited Registered in England Number 2164270. Registered office BMI Healthcare House, 3 Paris Garden, Southwark, London SE1 8ND.

BMI ROSSHALL HOSPITAL ECHOCARDIOGRAPHY REPORT

Name Convery, Janice	Date 19/09/2018
Birthdate 27/05/1965	Tape
Patient Id 3428205	Ref. Doc.
Sex Female	Physician
Height	BSA
Weight	BP

2D	M-Mode	Doppler
IVSd 1.4 cm		
LVIDd 3.7 cm		
EDV(Teich) 59 ml		
LVPWd 1.5 cm		
IVSs 1.5 cm		
%IVS Thck 3 %		
LVIDs 2.9 cm		
ESV(Teich) 32 ml		
EF(Teich) 46 %		
ESV(Cube) 24 ml		
EF(Cube) 53 %		
%FS 22 %		
SV(Teich) 27 ml		
SV(Cube) 27 ml		
LVPWs 1.9 cm		
%LVPW Thck 28 %		
LVs Mass 215.11 g		
LVs Mass (ASE) 183.57 g		

Referral Diagnosis
ECG shows probable old anterior MI

Clinical Diagnosis

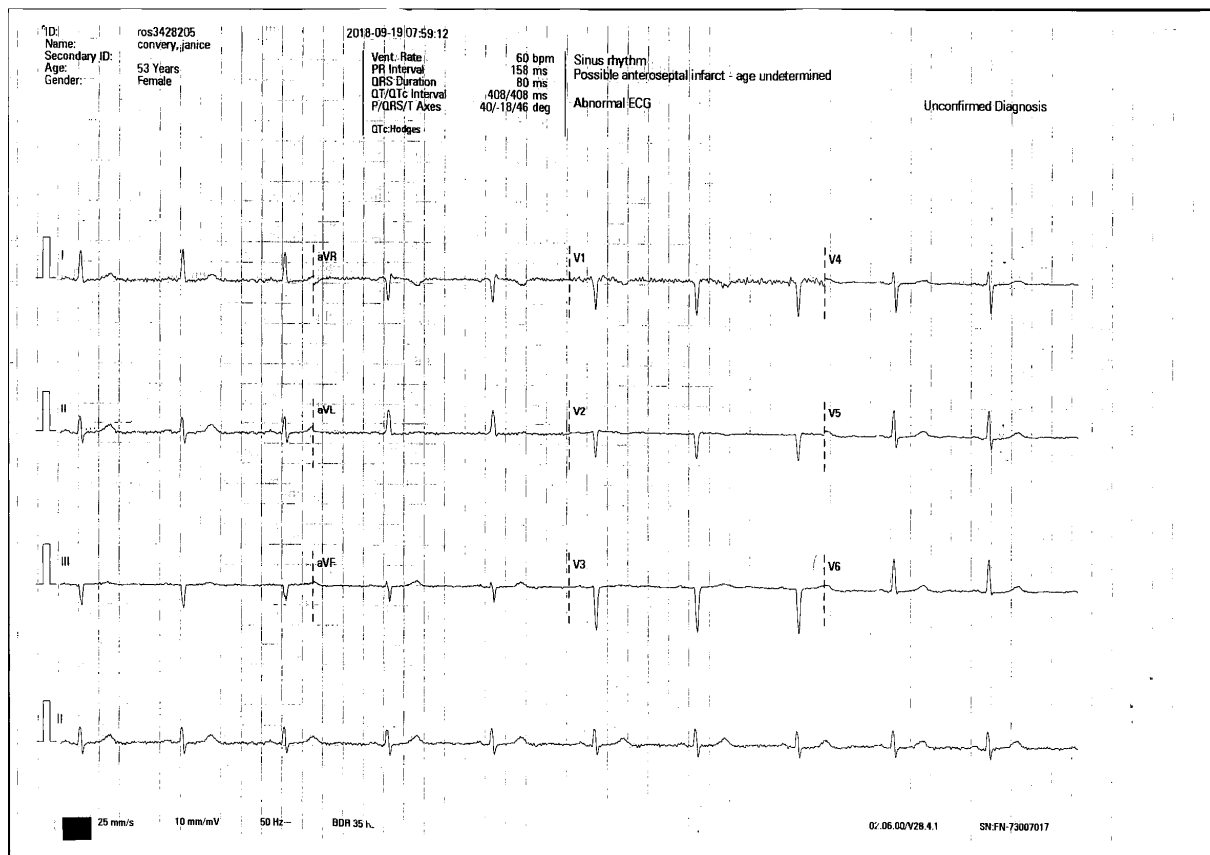
Echo Summary

Mild concentric LVH. Non dilated LV with good LV systolic function. No Regional Wall Motion Abnormality. Overall LVEF 55-60%.
Structurally normal aortic and mitral valves on 2D Imaging. Normal Doppler flow patterns.
No evidence of previous MI.
Dr R Northcote



Print Date: 9/19/2018

NHS Confidential: Personal data about a patient



J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Seen R. FC
31/8/18

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

3 8 18 (clinic 26 7 18)

Dear Dr Crawford,

Ms Janice Convery 27 5 65
F32, 21 Benview Street, Glasgow G20 7SA

Thanks very much for referring Ms Convery who attended me today. She is fifty three years of age and tells me she has longstanding low back pain. She has been to the Pain Clinic for this and currently takes Fluoxetine and Citalopram.

She has had bilateral forefoot pain for some years now, gradually becoming more severe, right worse than left. When she gets up in the morning her foot is sore and stiff until she gets going. She also has a fairly longstanding second hammer toe on the right.

On examination she had symmetrical posture of her feet with mild bilateral hallux valgus, but lumpy big toe joints and a second hammer toe on the right. The base of the second toe was ballottable, but not subluxed. She didn't have Achilles tightness. There was restricted movement of the right hallux of about 30° in dorsiflexion, and plantar flexion was particularly uncomfortable. Movement of the left was better but still somewhat restricted. She was certainly tender over the dorsum and medial aspects of both big toe joints. The right second toe was passively correctable and the mtp joint was not unstable.

Radiology showed moderate hallux valgus and some joint space narrowing and dorsal osteophyte formation in both big toes, right worse than left.

We have decided to go ahead with right hallux valgus correction with some shortening to decompress the joint and accompany this with a cheilectomy, and second toe pip joint correction with intramedullary implant.

I discussed the likely timescale of recovery, including the first four to six weeks in a wool and crepe bandage and post-op shoe, followed by wearing a wide-fitting shoe and gradual resumption of mobility at between three and six months. The possible complications include infection, nerve damage, some stiffness in the hallux mtp joint particularly in view of the pre-existing grade 2 osteoarthritis.

Nuffield Health Glasgow Hospital,
Beaconsfield Road,
Glasgow G12 0PJ
Tel: 0141 334 9441
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221 Crookston Road,
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Tel: 0141 810 3151
Fax: 0141 303 4857

Kind regards

Yours sincerely,


J STUART MOIR
Consultant Orthopaedic Surgeon

cc's
✓ Patient/RHH

J.S. MOIR ChM FRCS(Orth)
Orthopaedic Surgeon

Dr C M Crawford
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

3 8 18 (clinic 26 7 18)

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F32, 21 Benview Street, Glasgow G20 7SA

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221 Crookston Road,
Glasgow G52 3NQ
Tel: 0141 810 3151
Fax: 0141 303 4857

13 AUG 2018

Ms Convery would like surgery after the middle of September, and I will arrange this.

Kind regards

Yours sincerely,


J STUART MOIR
Consultant Orthopaedic Surgeon

cc RHH

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER**MEDICAL IN CONFIDENCE**

Rapid Access Chest Pain Referral Protocol - Glasgow (Glasgow,
v15.0)

REFERRAL TO	
GGC Rapid Access Chest Pain Clinic G Rapid Access Chest Pain Cardiology Direct Access Services (GG&C) NHS Greater Glasgow & Clyde	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G034G Email address -
Urgency of referral Urgent Date of referral 26-Sep-2018 Date sent 26-Sep-2018	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s)
Sex	Female	
Date of birth	27-May-1965	Voice: 07788417505
CHI no.	2705655662	
Area of Residence	-	

1010170629665	Unique Care Pathway Number: 1010170629665

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Sandyford Surgery (18830)	Contact number(s)
Practice code	40455	
		Voice: 0141 248 3698 Facsimile: 0141 221 5144

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411 GP code 04154	
Practice name	Drs Crawford & MacNeill (40455)	Contact number(s)
Practice code	40455	
		Voice: 0141 248 3698

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Rapid access

Comment: Dear Doctor

I would be grateful if this 53 year old lady could be seen urgently. I think she may be suitable for the Rapid Access Chest Pain Clinic, but if you feel she is better seen at a Cardiology Clinic I would be grateful if this referral could be appropriately directed.

Miss Convery is a 53 year old lady who went to Ross Hall for routine foot surgery last week and this was cancelled in view of her abnormal ECG (copy attached). You will see her ECG is reported as showing possible anteroseptal infarct of undetermined age. She went on to have an echocardiogram (also attached) and this showed mild concentric LVH but no evidence of previous MI.

All this happened a week ago and Janice has been terribly upset since. She says she has been having chest pains for years but was always told it related to her anxiety. She says that over the past week the chest pains have been much worse and she describes these as coming on quite suddenly and she is naturally alarmed. There does not seem to be any relation to exertion and indeed she says she is scared to do anything now because she is so worried. She is normally reasonably active in her working day, although she does not specifically exercise. She does not have a lot of details about her family history, but says that two of her maternal uncles have died in their fifties of presumed cardiac death. Janice herself had cut down her smoking to two cigarettes per day but has now stopped completely. Her weight has crept up and she is going to endeavour to lose weight.

Although her chest pain does not sound typically cardiac, in view of her history and the recent findings, I do feel she merits urgent assessment. I am most grateful to you for seeing her.

Yours sincerely

Dr Christine M. Crawford
26th September 2018

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	31-Aug-2018
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	31-Aug-2018

Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	31-Aug-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	31-Aug-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Glyceryl Trinitrate Pump spray 400 micrograms/dose	200	200 DOSE	ONE OR TWO SPRAYS TO BE ADMINISTERD UNDER THE TONGUE AND THEN CLOSE MOUTH	-	26-Sep-2018	26-Sep-2018
Tramadol Hydrochloride Capsules 50 mg	60	60 CAPSULE	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	31-Aug-2018	31-Aug-2018
Ibuprofen Sugar-free suspension 100 mg/5 ml	300	300 ml	10MLS TDS	-	31-Aug-2018	31-Aug-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	31-Aug-2018	31-Aug-2018
Piroxicam Gel 0.5 %	60	60 GRAM	Rub into the affected site three to four times daily	-	09-Jul-2018	09-Jul-2018

Blood Pressure

Date Recorded	Systolic	Diastolic
26-Sep-2018	138	90
26-Sep-2013	131	90
01-Mar-2011	124	80
17-Sep-2007	110	50
23-Jun-2000	100	68

Body Measurements

Date Recorded	Height	Weight	BMI
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9
14-Dec-2012	-	76.4	28.06
25-Jan-2012	-	73.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
BP systolic:	138	-
BP diastolic:	90	-
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Investigations

Description/Question	Result/Comment	Date
Symptoms present for <= 4 weeks?:	Yes	-
Existing treated angina that is more frequent or related to less exertion?:	NK	-
Have the changed symptoms been present for <= 4 weeks?:	NK	-
Is patient physically able to/capable of undertaking a treadmill test?:	yes	-
Pre-existing OP cardiology appt?:	No	-
Discussed with cardiologist?:	No	-

Cholesterol test done within last 6 months?:	Yes	-
Treated hypertensive:	No	-
Smoker?:	Current non-smoker	-
Clinical warnings		
Additional relevant information		
Administrative information		
Preferred hospital:NK		
OK to send correspondence to home address?:Yes		
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes		
Referred By:Referring GP		
Electronic Attachment Present:Yes		
Social circumstances		
Ethnic Origin: White Scottish		

Signature of referring doctor (or other professional) Date

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.
Dr D Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.
Dr Fiona Clarey M.B.Ch.B., M.R.C.G.P.
Dr Gail Henderson M.B.Ch.B., M.R.C.G.P., D.C.H., D.R.C.O.G., D.F.F.P.

Sandyford Surgery

1119 Argyle Street

Glasgow, G3 8ND

Tel: 0141 248 3698

Fax: 0141 221 5144

www.sandyfordsurgery.com

CMC/JM

10th July 2018

PRIVATE REFERRAL

Consultant Orthopaedic Surgeon

Dear Doctor

JANICE CONVERY – D.O.B 27.05.65
F32, 21 BENVIEW ST, GLASGOW, G20 7SA

Thank you for seeing this 53 year old lady who has bilateral hallux valgus and is complaining particularly of pain in her right first MTP joint. Janice feels the pain is now impacting significantly on her life. She worked in hospitality for many years and was mainly on her feet but this is no longer the case. Nevertheless, she finds the pain limiting and is keen to have something definitive done about it, should you feel it appropriate. I am grateful to you for seeing her for assessment.

Yours sincerely

Dr Christine M. Crawford
Sandyford Surgery

Seasonal Flu & Pneumococcal Consent 2017/18

Print Patient Label / Patient ID

CHI: 2706555662 27/05/1965 F
 CONVEY, Janice
 F32-21 Benview, G20 7SA
 0141 574 7539
 Dr R. MacNeill, 3296967
 Sandyford, G3 8ND Practice: 40455
 DATE TIME

Date 13.11.17

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES-

YES/NO

E.G. EGGS/LATEX/ANTIBIOTICS (if yes, see appendix 1)

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION? YES/NO

SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Preg
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

BMI	Chronic Neuro Condition	Dr advise	Coeliac	Occ Health	Given by Pharm	Other	6months to 2 yrs	2- 5 yrs	12 -17 yrs	18 - 65 yrs
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

13th NOV

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Inactivated influenza vaccine (split virus) BP Series 2017/2018 PA 2131/12/21	314 98277		L ARM	13-11-17 CD
Pneumococcal	Lot P2A501M EXP 06-2018				

Immunised by: Seane Daggles

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY LB (DO NOT WORKFLOW)

Clinical update recorded Yes / No

NHS Confidential: Personal data about a patient

Scottish Breast Screening Programme
West of Scotland Breast Screening Centre
Part of NHS Greater Glasgow and Clyde
Stock Exchange Court
77 Nelson Mandela Place
Glasgow
G2 1QT
0141 800 8800
GG-UHB.wosbs@nhs.net

Dear Doctor,

Janice Convery 2705655662

Did Not Attend for Breast Screening on 12-10-2017.

Yours sincerely,

Dr Hilary Dobson
Clinical Director

SANDYFORD SURGERY

Seasonal Flu & Pneumococcal Consent 2016/17

CHI: 2705655662 27/05/1965 F
 CONVEY Janice
 532, 21 Berview St, Firhill, G20 7SA
 0141 574 7539
 Nurse J Davidson,
 Sandyford, G3 9ND
 11/11/2016 10.28. Practice: 40455
 81C01255

(please circle)

ARE YOU WELL AT PRESENT?

YES/NO

DO YOU SUFFER FROM ANY SEVERE ALLERGIES?

YES/NO

E.g EGGS/LATEX/ANTIBIOTICS (if yes, see appendix 1)

DO YOU HAVE A BLEEDING DISORDER/TAKE BLOOD THINNING MEDICATION?
(if yes, give subcutaneously)

YES/NO

SMOKER/NON SMOKER 3c02.

PLEASE TICK RISK CATEGORY (tick all that apply)

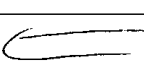
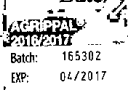
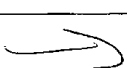
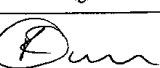
Asthma(steroid inhaler) COPD	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Preg
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

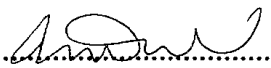
BMI	Chronic Neuro Condition	Dr advise	Coeliac	Occ Health	Given by Pharm	Other	6months to 2 yrs	2- 5 yrs	12 -17 yrs	18 - 65 yrs
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date
Flu Vaccine		 Batch: 165302 EXP: 04/2017			11/11/16
Pneumococcal					

Immunised by : 

Post vaccine advice given yes/no

Logged on computer yes/no

Scanned yes/no

2nd dose vaccine required yes/no date _____

NHS Greater Glasgow and Clyde

Page 1 of 2

Call No:	4705918	Date	07/06/2016	External Case	
Patient's Name:	Janice Convery	DOB:	27/05/1965	Age:	51 years
Address Today	Home Address (If Different)				
3/2 21 Benview Street Firhill					
Glasgow					
Postcode:	G20 7SA	Postcode:			
Current Phone	07788 417505	Home Phone (If Different)			
CHI Number	2705655662				
Callers Name:	Relationship to patient:				
Name of GP:	Lawson,AA(047)	Time Call Received NHS24	07/06/2016 19:33:37		
Surgery:	047 1119 Argyle Street	Time Received OOH			
Call Type:	No Action Required By Co-op	Time Patient Arrived			
Priority	Consultation Start				
	Consultation End				

Receptionist: **Time Arrived:** **Time Complete:** 07/06/2016 19:47

FELL ON CONCRETE. HEAD PAINFUL ((User) (Glasgow))

DISCUSSED WITH CS D MILLIGAN USING HEAD INJURY MEMOIRE. ((User) (Edinburgh))

HEAD INJURY 6 HOURS SEE AV

SCAI Pt given self care advice - For Information Only

Clinical summary created by: (User) (Edinburgh) [07/06/2016 20:47:27]

HEAD INJURY FOR 6 HRS AND TRIPPED OVER BOX AND LANDED ON SIDE OF HEAD, SMALL TENDER, HARD LUMP. PAIN CONSTANT AND DULL. PAIN TO TOP OF EAR. DIZZY INITIALLY ON STANDING. STILL NAUSEOUS. NO ANALGESIA. ADVISED PARACETAMOL, MONITOR FOR WORSENING/FURTHER SYMPTOMS. SELF CARE ADVISED.

NHS24 Summary

Remarks:

BP: **PR:** **Temp:**

Doctor/Nurse: **Follow Up:**

Consultation(s):

By: **Start** **Finish**

Clinical Assessment Details:

Started-

Finished-

Initial Assessment

History

Examination

Report Statistics:

Report produced by Adastra Version 3 - 07/06/2016 21:49:27

Diagnosis

Treatment

Clinical Coding

Prescription Details

Convery Janice

CHI: 2705655662

Clinic Letter



Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

0141 211 2000
Department of Surgery -
Breast

0141 301 9859

June.Kirkland@ggc.scot.nhs.uk Annf

19/10/2015

CW/AM

19/10/2015

20/10/2015

Dr. AA Lawson
Drs Crawford lawson & macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

Main Switchboard:
Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

Dear Dr. AA Lawson,

Janice Convery; D.O.B: 27 May 1965; CHI: 2705655662
FLAT 3/2, 21 BENVIEW STREET, Glasgow, Lanarkshire, G20 7SA

Attendance: Specialty - General Surgery; Clinic - MCWGSJ-MR WILSON GENERAL SURGERY
EXTRA CLINIC

Date and Time of Appointment - 19/10/2015 09:45

Follow Up: Patient discharged from Breast Clinic

Clinical Comments:

Janice came along to the clinic today because she had been aware of what she describes as dimpling in her right breast but actually what she's describing I think is the fact that her right breast has increased in size and that she has a small crease between her axilla and her breast has become more accentuated.

Breast examination generally was normal and I am very pleased to say recent mammography is entirely satisfactory, in view of that I have reassured Janice that all is well and haven't asked her to return to the clinic.

Kind Regards

Mr Christopher Wilson

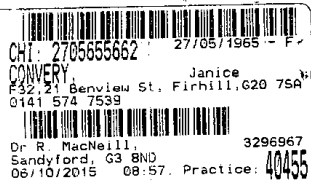
Consultant Surgeon

Electronically Signed: Mr Christopher Wilson, Consultant

cc.

Seasonal Flu & Pneumococcal Consent 2015/16

Print 1



Date 6/10/15

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER /NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
✓										

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE 6.10.15

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	✓	Inactivated Influenza Vaccine IsaVax 05/09/2015/2016 PL 06745/0095 PA 544234/1 Lot M7273-6 EXP 05-2016	→	✓	6/10/15 m
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY (DO NOT WORKFLOW)

Clinical update recorded Yes / No

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC General Referral Gynaecology Protocol (Glasgow, vR15.0)

REFERRAL TO	
Gynaecology - General GGC Gynae Gen Ref	— Consultant / receiving practitioner and/or specialty clinic
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	— Hospital and hospital address Hospital location code. G207H Email address -
Urgency of referral Routine	Date sent 10-Jul-2018
Date of referral 09-Jul-2018	

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview Street GLASGOW G20 7SA
Forename(s)	Janice	
Title	Miss	Contact number(s) Voice: 0141 574 7539
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

101016511629H	Unique Care Pathway Number: 101016511629H

REGISTERED GP DETAILS		Practice address
Name	Dr Christine M Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144
Practice name	Sandyford Surgery (18830)	
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND
GMC code	2343411	
GP code	04154	Contact number(s) Voice: 0141 248 3698
Practice name	Drs Crawford & MacNeill (40455)	
Practice code	40455	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: continuing menorrhagia - for Mirena?

Comment: Dear Doctor

Thank you for seeing this 53 year old lady who is complaining of frequent heavy bleeding. I note she previously attended your clinic in 2012. She continued to have trouble with heavy bleeding and I note she has been prescribed norethisterone on a fairly regular basis over the past three years up until around January. When we saw her for review it was suggested she try the POP so she went on to Cerelle but continued to bleed on this, sometimes heavily. She therefore stopped it and continues to complain of frequent bleeding, heavy at times. However, she is now agreeable to consider a Mirena (she was not keen before). I would therefore be grateful if she could be seen for an up to date assessment with a view to a Mirena, if you feel it appropriate.

Many thanks for your help.

Yours sincerely

Dr Christine M. Crawford
9th July 2018

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	09-Jul-2018
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	22-Sep-2017
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	09-Jul-2018
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	09-Jul-2018
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	09-Jul-2018

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
			Rub into the affected site		09-Jul-	09-Jul-

Piroxicam Gel 0.5 %	60	60 GRAM	three to four times daily	-	2018	2018
Cerelle Tablets 75 micrograms	84	84 tablet	ONE TAB DAILY	-	26-Jan-2018	26-Jan-2018

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
26-Sep-2013	131	90
01-Mar-2011	124	80
17-Sep-2007	110	50
23-Jun-2000	100	68
24-Jun-1999	100	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
11-Nov-2016	-	77.6	28.16
19-Aug-2015	-	75.2	27.29
26-Sep-2013	166	74	26.9
14-Dec-2012	-	76.4	28.06
25-Jan-2012	-	73.2	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Current smoker:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Not interested in stop smoking:		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	negative	-
Last smear date:	2015-08-19	-

Clinical warnings**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes
 Patient will accept any site:Yes
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
 Referred By:Referring GP
 Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

76.4

Seasonal Flu & Pneumococcal Consent 2014/15

Print Patient:


 071: 2 05655662 27/05/1965 F
 JANICE
 32 21 Benview St Firhill G20 7SA
 0141 374 7539

 90801155
 20/05/2014 11:27 Practice 40455

Date 28/10/14

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/ NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒										

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

28/10/14

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Inactivated influenza vaccine split virion, BP, 2014/2015 Lot: 18206-1 EXP: 05/2015	314 961771		IMR/dettord mg	28/10/14
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY (DO NOT WORKFLOW)

Clinical update recorded Yes/No

Dr Gordon McGinn
Consultant Anaesthetist & Pain Specialist
BSc, MBChB, FRCA, FFPMRCA

Consulting Rooms:

Ross Hall Hospital
221 Crookston Road
GLASGOW
G52 3NQ
Tel: 0141 810 3151

GMcG/JQ/3428205

16th June 2014

Dr A Lawson
1119 Argyle Street
GLASGOW
G3 8ND

Dear Dr Lawson

26 JUN 2014

JANICE CONVERY – D.O.B. 27.05.65
TEL. NO. 07788 417505
FLAT 3/2, 21 BENVIEW STREET, GLASGOW G20 7SA

Thank you very much for referring this lady to the Pain Management Service at Ross Hall Hospital.

I understand from your letter and from the patient, she previously attended the Stobhill Pain Management Service and had a number of sacroiliac joint injections and different medications. I understand that her present medication is Duloxetine 30mg bd and Tramadol 50mg 4-5 times per day.

She told me that she had had the pain in the right side of her lower and mid back for many years and thought this might have been down to working in the Catering Industry. She also wondered if her sacroiliac joint might be affected and whether any surgical approaches would be of value. From my own assessment she had normal power and reflexes in both legs with markedly decreased range of movement of the lumbar spine and while she had no allodynia or hyperalgesia over the low to mid back she had extreme tenderness to touch the whole way up from the buttock to approx T8. This to me suggests much more in the way of myofascial or muscle pain than specifically her sacroiliac joint although admittedly she does locate the area over the SI joint as being particularly painful. So while any form of surgical approach to the SI joint might be considered although I have absolutely no experience of this type of approach, I would think that would be ignoring the main problem which is from my perspective, largely myofascial pain. She walks with a markedly altered gait and describes significant fear avoidance but also tended to push herself and had a very poor understanding of pacing. She remains pretty anxious and described very significant sleep disturbance.

Impression:

In general terms Mrs Convery gives the impression of a lady who is in a well-established pattern of chronic pain and while a large aspect of this I think is myofascial in nature, I think there would be great difficulties in trying to move this lady forward.

In/...

2.

JANICE CONVERY – D.O.B. 27.05.65 contd.

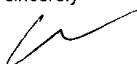
In the first instance I think it would be useful to see if we could attempt to define her fear avoidance and pacing strategies and see if we could improve on those to a certain extent. She was not clear regarding any input from physiotherapy at her previous visit to the Stobhill Pain Management Service. I also gave her a handwritten note for Capsaicin to be applied to the tender area and clearly explained that this would only provide minimal pain relief at best but that anything that progressed things forward would allow her to comply with physiotherapy more effectively.

Treatment Plan:

In the first instance I have referred her to our own Physiotherapists with the suggestion of Capsaicin and we will see how things progress from there. There is the possibility of repeating the sacroiliac joint injections as she felt that she got significant benefit but clearly at best these would only buy a window of opportunity again to allow her to progress with physio.

Kind regards,

Yours sincerely



Dr GORDON McGINN
CONSULTANT ANAESTHETIST & PAIN SPECIALIST

cc *Ross Hall notes*

Dr Christine M Crawford M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.
Dr Alison A Lawson M.B.Ch.B., M.R.C.P., M.R.C.G.P.
Dr D Roderick MacNeill M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Scan
Sandyford Surgery

1119 Argyle Street

Glasgow G3 8ND

Tel: 0141.248.3698

Fax: 0141.221.5144

www.sandyfordsurgery.com

FAXED 9 JUN 2014

AAL/AML

9th June 2014

Dr Gordon McGinn
Anaesthetic & Pain Relief
Ross Hall Hospital
221 Crookston Road
Glasgow
G52 3NQ

Dear Dr McGinn

JANICE CONVERY - D.O.B. 27.05.65 -
F32 21 BENVIEW ST, GLASGOW G20 7SA

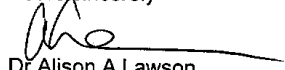
App Mon 16/6 @ 11.40

Thank you for seeing this 49-year old woman who has longstanding left sided low back pain. She was previously referred to the pain clinic at Stobhill in 2009 and followed up for a couple of years. She has been seen by the pain physiotherapist at the clinic, had bilateral sacroiliac joint injections in 2009 and 2010 and has been on a variety of medications including Gabapentin which was unhelpful, Amitriptyline which she could not tolerate, Buprenorphine patches which she felt over sedated her and she is currently on Duloxetine 30mg bd and Tramadol 50mg 8 hourly prn. She presented again more recently with recurring exacerbation of right sided SI joint pain and having done some research has asked for a referral for fusion of the SI joint. She has also been complaining of some pain in the left anterior ribs for about one month.

On examination, straight leg raising is normal and she does have some tenderness in the area of the right SI joint and over the left anterior ribs, chest is clear.

I am not aware that pinning of the SI joints would be helpful here but she is very keen to have a further pain assessment and wishes to be seen privately in view of the waiting time on the NHS. She previously lost one job as a restaurant manager and currently has good support from her employers who have arranged a comfortable supportive chair for her at work and who are flexible about her hours, she goes in later as Duloxetine makes her feel drowsy. She is very anxious that her job is not compromised again by her recurring pain. Thank you for seeing her.

Yours sincerely


Dr Alison A Lawson
Sandyford Surgery

PAIN SPECIALIST – ROSS HALL

Dr Gordon McGinn
Anaesthetic & Pain Relief

NEUROSURGEON – ROSS HALL

Mr W Taylor
Mr L Alakandy

*Dance
Caring*



Western Infirmary
CONVERY, Janice

3/2 21 Benview Street, , Glasgow, Lanarkshire, G20 7SA
Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: **27/05/1965**
Chi No: **2705655662**
CRIS No: **5628182**
Hosp No: **51142244R**

VERIFIED Verified By: Dr Grant Baxter 16/06/14 1253.

Clinical History : Left rib pain, tender.

XR Chest :

Heart size within normal limits.
There is no active focal lung lesion.

1 8 JUN 2014

Ref. Src: Sandyford Surgery, 1119 Argyle Street, Glasgow, G3 8ND

Exams: XR Chest

Exam Date: 06/06/14 Event: E-28546368



Convery Janice

CHI: 2705655662

Emergency Attendance Letter



Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:

Tel: 0141 201 5130

Fax: 0141 636 5608

Email:

Date Completed: 09/06/2014

Consultant: Dr David Ritchie

AA Lawson
Drs Crawford lawson & macneill
Sandyford Surgery
1119 Argyle Street
Glasgow
Glasgow
G3 8ND

Dear AA Lawson

Re: **Convery Janice**
3/2 21 BENVUE STREET
Glasgow G20 7SA

DOB: **27/05/1965**

CHI: **2705655662**

Attended on: **27/05/2014 at 21:51 hrs.**

Departed on: **27/05/2014 at 22:44 hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **0**

Presenting complaint
rib problem

Nursing Assessment:
left sided rib pain for month feels swollen tonight pain worse

Investigations in ED: **None**

Convery Janice

CHI: 2705655662

Diagnosis:

Diagnosis	Side	Site
Chest pain, unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Kevin Thomson
Consultant

Copies to:

1. AA Lawson (GP)

School Address:

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE
GGC General Referral Protocol (Glasgow, vR17.0)

REFERRAL TO	
General Surgery - Breast GGC General Referral	— Consultant / receiving practitioner and/or specialty clinic
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	— Hospital and hospital address Hospital location code. G516H Email address -
Urgency of referral ROUTINE	
Date of referral 28-Aug-2015	Date sent 31-Aug-2015

PATIENT DETAILS		Patient's address
Surname	Convery	F32 21 Benview St Firhill GLASGOW G20 7SA Contact number(s) Voice: 0141 574 7539
Forename(s)	Janice	
Title	Miss	
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

1010098666145	Unique Care Pathway Number: 1010098666145

REGISTERED GP DETAILS		Practice address
Name	Dr Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144
GMC code	2344395	
GP code	05932	
Practice name	Sandyford Surgery (18830)	
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Christine Crawford	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698
GMC code	2343411	
GP code	04154	
Practice name	Drs Crawford, Lawson & MacNeill (40455)	
Practice code	40455	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: unusual appearance skin right breast

Comment: Dear Doctor

Thank you for seeing this 50 year old lady for assessment. She recently saw our practice nurse and mentioned dimpling on her right breast so was advised to see the doctor. On inspection, the skin over the lateral aspect of her right breast is different from elsewhere and she is very unclear as to how long it has been like this. I think it may be longstanding and she attended because she was concerned having read an article. I am not sure that I would describe it as actual dimpling but the texture of the skin is certainly different. On examination, her breasts are slightly asymmetrical but I could not palpate any lumps. She has not yet been invited for screening mammography.

While I think it unlikely there is anything of serious note, we would be grateful for your assessment.

Yours sincerely

Dr Christine M Crawford
28th August 2015

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Tramadol Hydrochloride Capsules 50 mg	60	60 CAPSULE	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	27-Nov-2013	10-Aug-2015
Duloxetine Gastro-resistant Capsules 30 mg	56	56 CAPSULE	ONE CAPSULE NOCTE	-	13-Jan-2012	10-Aug-2015
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	10-Aug-2015
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	10-Aug-2015
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	10-Aug-2015

Recent medication (Any medication issued within last 90 days not shown above)

Date Date last

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>started</u>	<u>issued</u>
Tranexamic Acid Tablets 500 mg	48	48 tablet	TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS	-	27-Aug-2015	27-Aug-2015
Norethisterone Tablets 5 mg	60	60 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	18-Jun-2015	18-Jun-2015
Norethisterone Tablets 5 mg	60	60 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	16-Apr-2015	16-Apr-2015

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Cigarette smoker, 2 cigarettes/day:		20-Oct-2014
Not interested in stop smoking:		26-Sep-2013
Cigarette smoker:		26-Sep-2013
Current smoker:		26-Sep-2013
Cigarette consumption 2 :		26-Sep-2013
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an Interval	In GP care 17-Apr-1991
GPPAQ physical act ind: active:		26-Sep-2013

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) **Date**

Seasonal Flu & Pneumococcal Consent 2013/14

Print Name

Date

27/11/13

CHI: 2705655662 27/05/1965 F
 CONVEY
 0141 574 7539 Janice
 0141 574 7539 Sandyford, G20 7SA
 Dr R. MacNeill
 Sandyford, G3 8ND
 27/11/2013 09:03 Practice: 3296967
 40455

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

27/11/13

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	Influvac® Desu 2013/2014 Batch no: E11				
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY

C9

(DO NOT WORKFLOW)

Clinical update recorded Yes / No

S O U T H G L A S G O W H O S P I T A L S B I O C H E M I S T R Y R E P O R T

Form: SA Run: 390

Surname: **CONVERY**
 Forename: **JANICE**
 DOB/Age: **27.05.65**
 Address: **FLAT 3/2**
 Location: **Sandyford GP Surg Glasgow**
 Diagnosis: **Keep Well Check**

CHI/Unit No: **2705655662**Sex: **Female**Requestor: **Dr Alison Lawson**

[[CURRENT]]

Lab Number	B,13.2089976.F	B,13.2089977.T
Date/Time collected	26.09.13 11:29	26.09.13 11:29
Date/Time received	26.09.13 16:45	26.09.13 16:45

Sodium	mmol/L	(133-146)
Potassium	mmol/L	(3.5-5.3)
Chloride	mmol/L	(95-108)
Bicarbonate	mmol/L	(22-29)
Urea	mmol/L	(2.5-7.8)
Creatinine	umol/L	(40-130)
GFR (est'd)	ml/min	(>60)
Glucose	mmol/L	(3.5-6.0)
CRP	mg/L	(0-10)
Magnesium	mmol/L	(0.70-1.00)
Calcium	mmol/L	(2.20-2.60)
Adj Calcium	mmol/L	(2.20-2.60)
Phosphate	mmol/L	(0.80-1.50)
Albumin	g/L	(35-50)
Alk Phos	U/L	(30-130)
Tot Bilirubin	umol/L	(0-20)
Conj Bilirubin	umol/L	
AST	U/L	(0-40)
gGT	U/L	(0-40)
ALT	U/L	(0-50)
Amylase	U/L	(0-100)
CK	U/L	(25-200)
Troponin I	ug/L	(<0.04)
Total Protein	g/L	(60-80)
Globulins	g/L	(23-38)
Urate	mmol/L	(0.14-0.36)
Osmolality	mOsm/Kg	(275-295)
Cholesterol	mmol/L	5.2
Triglyceride	mmol/L	(0.2-2.3) 0.7
VLDL Chol	mmol/L	NA
LDL Chol	mmol/L	NA
HDL Chol	mmol/L	1.5
Chol/HDL		3.5

4.9

- 2 OCT 2013

Result Comments:

26.09.13 Glucose : Non-fasting sample

Date reported: 27.09.13

Authoriser: Computer validation

Seasonal Flu & Pneumococcal Consent 2012/13

CHI: 2705655662 27/05/1965 F

CONVEY Janice
F3/2 21 Benview St. G20 7SA
0141 574 7539

Name & DOB

Date 14/12/12

Nurse I Davidson, 81C01255
Sandyford, G3 8ND
14/12/2012 12:05. Practice: 40455

ARE YOU WELL AT PRESENT?

(please circle)

YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/NO

BLOOD PRESSURE READING :

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

DATE

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		INACTIVATED INFLUENZA VACCINE (SPLIT VIRION) BP PL 067450095 PA 544/04/1 Lot J7166-1 EXP 06-2013		(R) side.	14/12/12 m
Pneumococcal					

Immunised by :

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY (DO NOT WORKFLOW)

Clinical update recorded Yes/No

Acute Services Division

Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH

Reception/Return Appointments 0141 355 1209

Secretary: Jacqueline Cooper 0141 355 1828



SPECIALIST GYNAECOLOGY CLINICS

Dictated 30/05/2012
Typed 05/06/2012
Your Ref CHI: 2705655662 - CRN: 51142244R
Our Ref JR/JC

- 8 JUN 2012

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I am sorry that you were not able to keep your clinic appointment at Stobhill today. We had planned to repeat your pelvic ultrasound scan and also wondered whether you would wish to have a Mirena inserted. We would not routinely send a further clinic appointment but would be happy to do so if you would like to attend. Perhaps you could contact my secretary Jacqui on the telephone number above if you would like to come back to see us.

Best wishes and Kind regards,

Yours sincerely,

A handwritten signature in dark ink, appearing to be 'JA' or similar, written in a cursive style.

Dr Judith Roberts
Consultant Gynaecologist

Delivering better health

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Acute Services Division



Greater Glasgow
and Clyde

Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH
Reception/Return Appointments 0141 355 1209
Secretary: Jacqueline Cooper 0141 355 1828

SPECIALIST GYNAECOLOGY CLINICS

Dictated 05/04/2012
Typed 17/04/2012
Our Ref JR/JC

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Further to my last letter I have now received the results of this lady's pipelle endometrial biopsy. This showed normal late secretory endometrium with no atypical features. I shall let Janice know that this result was reassuringly normal and we have a plan to see her back at the clinic for follow-up.

Best wishes and Kind regards,

Yours sincerely,

Dr Judith Roberts
Consultant Gynaecologist

24 APR 2012

Delivering better health

www.nhsggc.org.uk

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Acute Services Division



Women and Children's Directorate

Clinic F
Second Floor

Stobhill ACH

Balornock Road
Glasgow G21 3UH
Reception/Return Appointments 0141 355 1209
Secretary: Jacqueline Cooper 0141 355 1828

Greater Glasgow
and Clyde

SPECIALIST GYNAECOLOGY CLINICS

Dictated 29/03/2012
Typed 17/04/2012
Our Ref JR/JC

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Many thanks for referring this 46 year old lady who complains of heavy periods associated with post coital and intermenstrual bleeding. I note that her cervical smears are up-to-date. Interestingly she recently had an ovarian cysts identified on scan which had apparently resolved on repeat scan.

Vaginal examination was unremarkable. I carried out a trans-vaginal scan and this demonstrated a regular endometrium and a normal sized retroverted uterus. There was a small left sided ovarian cyst measuring 2.39cms diameter and I think this is probably the resolving cyst that was seen previously. Clearly it has not completely disappeared but I have strongly reassured Janice that this does not seem to be anything worrying.

I have taken a pipelle endometrial biopsy and recommended that she try taking Tranexamic Acid over the next few cycles.

We have given her some writing information about the Mirena intra-uterine system and I am bringing her back to the clinic in a couple of months time so that we can repeat the scan and she can have a Mirena inserted then if she wishes. I shall write again when I have seen her back.

Kind regards,

Yours sincerely,

Dr Judith Roberts
Consultant Gynaecologist

24 APR 2012

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Gartnavel General Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

VERIFIED Verified By: Dr Sue Lassman 13/03/12 1804.

Clinical History : Follow-up of left ovarian cyst seen previously.

US Pelvis transvaginal :

The retroverted uterus is normal in appearance. Both ovaries are normal in size and appearance. The ovarian cyst seen previously has resolved and is, therefore, likely to have reflected a resolving haemorrhagic physiological cyst.

15 MAR 2012

North Glasgow Hospitals

Ref. Src: Sandyford Surgery, 1119 Argyle Street, Glasgow, G3 8ND

Exams: US Pelvis transvaginal

Exam Date: 12/03/12 Event: E-26353749



Page 1 of 1

08963

NHS
Glasgow

Gartnavel General Hospital
CONVERY, Janice
Flat 3/2, 21 Benview Street, Glasgow, G20 7SA
Referrer: Dr Alison Lawson - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

VERIFIED Verified By: Dr Sue Lassman 31/01/12 1059.

Clinical History : Menorrhagia and post-coital bleeding. Previous ovarian cyst.

US Pelvis transvaginal :

The uterus is retroverted in position and normal in size. The endometrium is smooth and thin.

The right ovary appears normal. The left ovary contains a cyst which is 3.5 cms in its maximum diameter. This contains a number of septations and echogenic foci. Some of the septations are a little bit nodular and thickened but there is no vascularity demonstrated. There is a trace of pelvic free fluid.

Impression:

Left ovarian cyst which is complex in appearance. This could represent a haemorrhagic cyst and reassessment in 6 weeks is advised. This has been arranged.

North Glasgow Hospitals

For: Dr. Benvenuto Surgery, 1110 Argyle Street, Glasgow, G3 8ND

Examined by: Dr. Benvenuto

Examined on: 01/02/12

02 FEB 2012

NHS Confidential: Personal data about a patient

SURNAME CONVERY	UNIT No. 51142244R	CONS/GP P/N MELANIE DEVITT
FORENAME JANICE	CHI No. 2705655662	DESTINATION SANDYFORD SURGERY
D.O.B 27.05.65 SEX Female	ADDRESS 3/2 21 BENVIEW STREET	1119 ARGYLE STREET

	DATE TIME	25.01.12 11:29				
LH U/L	(SeeHandbook)	5.0				
FSH U/L	(SeeHandbook)	6.3				
Prolactin mU/L	(<630)					
Oestradiol pmol/L	(SeeHandbook)	910				
Progesterone nmol/L	(SeeHandbook)					
Testosterone nmol/L	(1.0-3.2)					
SHBG nmol/L	(20-155)					
FAI	(<7.0)					

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number 7070478
Collected DATE 25.01.12 TIME 11:29
Received DATE 25.01.12 TIME 16:07
Report Issued DATE 26.01.12 TIME 17:00
Authorised by <i>Karen Rankin</i>

27 JAN 2012

Gonadal Hormones


Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

SURNAME	CONVERY	UNIT No.	51142244R	CONS/GP	P/N MELANIE DEVITT
FORENAME	JANICE	CHI No.	2705655662	DESTINATION	SANDYFORD SURGERY
D.O.B	27.05.65	SEX	Female	ADDRESS	3/2 21 BENVIEW STREET 1119 ARGYLE STREET

Date / Time	Ca125 Old Method KU/L (<35)	CA125 New Method KU/L (<35)	CEA Old Method ug/L (<5.0)	CEA New Method ug/L (<5.0)	
25.01.12 11:29				2.3	

New method (Abbott) introduced 22/9/05 replacing old (Bayer) method

27 JAN 2012

25.01.12 Re-standardised CEA method from 1.4.10, expect 10% rise in result

Dept of Clinical Biochemistry North Glasgow Sector NHSGGC
Laboratory Number N,12.7070478.X
Collected DATE 25.01.12 TIME 11:29
Received DATE 25.01.12 TIME 16:07
Report Issued DATE 26.01.12 TIME 17:00
Authorised by Susan Knox

Marker Report


Accredited Medical Laboratory
Reference No:2335

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name **GONVERVY JANICE**

SEX **SE**

D.o.B **27.05.65**

Sandyford Surgery

Address **3/2 21 BENVIEW ST**

Consultant **Dr. A.A. Lawson**

Hosp. No **ZGM0965676**

GLASGOW

Taken **13.01.12 08:43**

Investigation **GU CULTURE**

Received **13.01.12 16:31**

Specimen **Cervical SWAB**

GRAM FILM: DOES NOT SUGGEST BACTERIAL VAGINOSIS

CULTURE: NEISSERIA GONORRHOEAE NOT ISOLATED
TRICHOMONAS VAGINALIS NOT ISOLATED
YEASTS NOT ISOLATED
NO SIGNIFICANT GROWTH

18 JAN 2012

Final report

Entered by: Joanne Kelly

Authorised on behalf of:

Copy for : Sandyford Surgery

Microbiologist
Dr. E. Thakker

Reported **16.01.12 12:18 hrs**

Lab No
PI, 12.0400877.S

Acute Services Division

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Dictated: 01/12/2011

Typed: 02/12/2011

Our Ref: CR/JM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery,
1119 Argyle Street, Glasgow
G3 8ND

9 DEC 2011

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Procedure: Bilateral sacro iliac joint injections of local anaesthetic and steroid

Mrs. Convery attended Stobhill ACH today for the above procedures which were performed in theatre under aseptic conditions and which proceeded uneventfully. She will be followed up in the Pain Management Outpatient Clinic.

Best wishes

Yours sincerely

A handwritten signature in black ink, appearing to read 'C. Rae'.

Dr. C. Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Clinical Psychologists: Dr K Scullion, Sr J Peacock, Sr R Keenan.
Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade

www.nhsggc.org.uk

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Seasonal Flu & Pneumococcal Consent 2011-12

Print P:

CHI: 2705655662 27/05/1965 F
 CONVERY
 F3/2 21 Benview St, G20 7SA
 0141 574 7539
 Dr C. Crawford,
 Sandyford, G3 8ND 2343411
 13/10/2011 14:42. Practice: 40455

DOB

Date

13/10/11

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER (

CESSATION ADVICE GIVEN

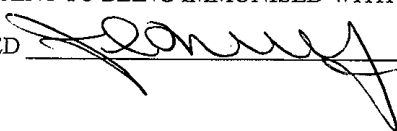
YES/NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

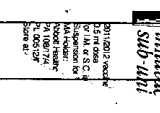
I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED



DATE

13.10.11

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		influvac [®] sub-unit 2011/2012 vaccine 0.5 ml influenza vaccine		R ARM	13/10/11 CD
Pneumococcal		X07			

Immunised by .....

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY  (DO NOT WORKFLOW)

Clinical update recorded Yes/ No

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Dictated: 05/10/2011

0141 355 1491

Typed: 14/10/2011

Our Ref: LM/SB/51142244R

Dr Roderick MacNeill
Drs Crawford, Lawson
Sandyford Surgery, 1119 Argyle Street, Glasgow
G3 8ND

31 OCT 2011

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

We reviewed this lady at the Pain Management Clinic on the 5th October 2011. Since her last sacro iliac joint injection in May 2011 she experienced over nine weeks relief on the right side with the left side lasting longer.

At present she is not taking her Buprenorphine 52.5 micrograms per hour patches except on days where she is struggling. She does find that when she puts them on she is over sedated.

I am pleased that she has obtained a new desk job within Arnold Clark. Her sleep pattern though is still disturbed.

Management Plan:

1. We would recommend that she obtained a prescription for Tramadol 50mg to be used during her exacerbations she could convert to slow release to be taken if this is effective.
2. She could commence Duloxetine 30mg nocte.
3. We will organise for her to have repeat bilateral sacro iliac joint injections at the next available theatre slot.

Many thanks

Yours sincerely


Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhs.uk

Consultant Anaesthetists: Dr L Green, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr R Keenan.
Clinical Psychologists: Dr K Gillan, Dr A McGregor; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade

40369

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Professor Peter R Mills' Liver Clinic

Garnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 05/07/2011
Dictated 05/07/2011
Typed 08/07/2011
Our Ref PRM/PDG
Enquiries to Mrs P Gilmour, Secretary
Direct Line 0141 211 3279
Fax No 0141 211 1676

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND

12 JUL 2011

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Diagnosis:

1. Fatty liver
2. Mild alpha-1-antitrypsin deficiency – Pi MZ phenotype
3. Asthma
4. Previous cholecystectomy 2008
5. Sacroiliitis – attends pain clinic

I was pleased to review Janice at the clinic. She remains entirely well and has been off alcohol completely for 1½ years now. She has also got her weight down to 70 kilograms today. I think the previous abnormal liver function tests were due to a combination of alcohol excess and being a little overweight.

I congratulated her on her good progress and I have not arranged further review.

Yours sincerely

A handwritten signature in black ink, appearing to be 'P. Mills'.

Prof Peter R Mills, MD FRCP
Consultant Physician & Gastroenterologist

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW

13 MAY 2011



Dictated: 06/05/2011

Typed: 09/05/2011

Our Ref: CR/JM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Mrs. Convery attended Stobhill ACH today for bilateral sacro iliac joint injections of local anaesthetic and steroid which were performed in theatre under aseptic conditions and x-ray guidance. The injections proceeded uneventfully and she will be followed up in the Pain Management Outpatient Clinic.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Rae', written in a cursive style.

Dr C Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

SURNAME CONVERY	
FORENAME JANICE	
Hosp No 51142244R	
CHI No 2705655662	
D.O.B 27.05.65	SEX Female
ADDRESS 3/2 21 BENVIEW STREET	
CONSULTANT/GP DR C CRAWFORD	
HOSP/PRACTICE SANDYFORD SURGERY	
WARD/TOWN 1119 ARGYLE STREET	
Collected 01.03.11 @ 09:14	Received 02.03.11 @ 11:42
Report Issued 02.03.11 @ 13:05	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
	Sodium mmol/L
	Potassium mmol/L
	Chloride mmol/L
	Bicarbonate mmol/L
	Urea mmol/L
	Creatinine § µmol/L
	eGFR (estimated GFR) mL/min
	Plasma Glucose mmol/L
	CRP mg/L
	Amylase U/L
	Urate § mmol/L
	Troponin I µg/L
	CK U/L
8	Bilirubin <20 µmol/L
17	AST <40 U/L
22	ALT <50 U/L
7	Gamma-GT <40 § U/L
81	Alk.Phos. 40-150 § U/L
65	Protein 60-80 g/L
36	Albumin 32-45 g/L
29	Globulins 23-38 g/L
	Calcium mmol/L
	Adjusted Calcium mmol/L
	Phosphate § mmol/L
	Magnesium mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA § g/L
	IgG § g/L
	IgM § g/L
NB Unless otherwise stated analyses carried out on serum	
Lab No. N.11.7146022 Run No. 555	
Very old specimen	
- 3 MAR 2011	
§Significant sex/age differences	
Authorised by  Date Reported 02.03.11	 Accredited Medical Laboratory Reference No:2335

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO	
Gynaecology - Irregular Menstruation GGC Gynae Gen Ref	— Consultant / receiving practitioner and/or specialty clinic — Hospital and hospital address Hospital location code. G516H Email address -
Western Infirmary/Gartnavel General Dumbarton Road Glasgow G11 6NT	
Urgency of referral ROUTINE Date of referral 18-Jan-2012 Date sent 25-Jan-2012	

PATIENT DETAILS		Patient's address
Surname	Convery	F3/2 21 Benview St Firhill GLASGOW G20 7SA Contact number(s) Voice: 0141 574 7539
Forename(s)	Janice	
Title	Miss	
Sex	Female	
Date of birth	27-May-1965	
CHI no.	2705655662	
Area of Residence	-	

1010030560325	Unique Care Pathway Number: 1010030560325

REGISTERED GP DETAILS		Practice address
Name	Dr Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698 Facsimile: 0141 221 5144
GMC code	2344395 GP code 05932	
Practice name	Sandyford Surgery (18830)	
Practice code	40455	

REFERRING GP DETAILS		Practice address
Name	Dr. Alison Lawson	Sandyford Surgery 1119 Argyle Street Glasgow G3 8ND Contact number(s) Voice: 0141 248 3698
GMC code	2344395 GP code 05932	
Practice name	Drs Crawford, Lawson & MacNeill (40455)	
Practice code	40455	

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Post coital bleeding

Comment: Dear Colleague

Thank you for seeing this 46-year old who has had menorrhagia for the last few months and more recently some post coital bleeding. On examination she is slightly tender in the left iliac fossa with a sensation of a mass which I thought possibly was her sigmoid rather than an ovarian cyst. However I have referred her for an ultrasound of her pelvis and taken an up to date cervical smear. I have also sent bloods for hormones and CEA. She was extensively investigated for pelvic pain about 3 years ago up to and including laparoscopy which was normal. However in view of her new symptoms I would be grateful for your further assessment. With thanks for your help.

Yours sincerely

Dr Alison A Lawson
Sandyford Surgery

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Asthma NOS	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Asthma NOS	-	22-Aug-2002	22-Aug-2002
Threatened abortion	Start Date: 27/05/1991	23-Jun-2001	23-Jun-2001
Forceps delivery	femaleStart Date: 26/09/1991	23-Jun-2001	23-Jun-2001
H/O: pelvic inflammatory dis.	Start Date: 01/01/1989	23-Jun-2001	23-Jun-2001

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Inhaler technique - good	Disease: SPICE Asthma Measurement,	27-Oct-2010	27-Oct-2010
Asthma annual review	Disease: SPICE Asthma Opening,	27-Oct-2010	27-Oct-2010
Inhaler technique - good	Disease: SPICE Asthma Measurement,	09-Dec-2009	09-Dec-2009
Asthma annual review	Disease: SPICE Asthma Opening,	09-Dec-2009	09-Dec-2009
Inhaler technique - good	Disease: SPICE Asthma Measurement,	19-Nov-2008	19-Nov-2008
Inhaler technique - good	Disease: SPICE Asthma Measurement,	14-Nov-2007	14-Nov-2007
Other laparoscopic female sterilisation	-	15-Apr-2002	15-Apr-2002

Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	ONE CAPSULE NOCTE	-	13-Jan-2012	13-Jan-2012
Aerochamber Plus Spacer device standard (blue)	1	1 INVAL	(STATUS=C)	-	05-Jan-2010	06-Jul-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPS	1 Cap In the morning	-	12-May-2010	05-Jan-2012
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 op	2 PUFFS QID IF REQ	-	07-Jun-2011	05-Jan-2012
Citalopram Hydrobromide Tablets 20 mg	56	56 TABS	1 Tab In the morning	-	07-Jun-2011	05-Jan-2012
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	1	1 INHAL	2 Puffs Twice daily	-	07-Jun-2011	05-Jan-2012

Recent medication (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Duloxetine Gastro-resistant Capsules 30 mg	28	28 capsule	ONE CAPSULE NOCTE	-	02-Nov-2011	02-Dec-2011
Tramadol Hydrochloride Capsules 50 mg	90	90 capsule	ONE TO BE TAKEN 8 HRLY FOR PAIN PRN	-	02-Nov-2011	02-Nov-2011
Buprenorphine Transdermal patches 52.5 micrograms/hour	8	8 PATCH	Apply one patch every 4 days	-	07-Jun-2011	03-Oct-2011

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Current smoker, 1 per day:		13-Oct-2011
Current smoker:	Disease: SPICE Asthma Action, priority=1	27-Oct-2010
Light smoker - 1-9 cigs/day:	Smoker\$.clm - Repeat after an Interval	26-Oct-2009
Current smoker:	: priority=1	26-Oct-2009
Current smoker:	Disease: SPICE Asthma Action,	19-Nov-2008
Light drinker - 1-2u/day:	Alcohol Intake.clm - Repeat after an IntervalIn GP care	17-Apr-1991

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	result not available -	
Last smear date:	2012-01-13	-

Clinical warnings

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Seasonal Flu & Pneumococcal Consent 2010-11

Pri

CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC 2343411
 Sandyford Surgery, 0141 248 3698
 27/10/2010 16:53. Practice.:40455

& DOB

Date 27/10/10

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

SMOKER / NON SMOKER

CESSATION ADVICE GIVEN

YES/ NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED

Janice Convery

DATE 27/10/10

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	<i>influvac sub-unit</i>				
Pneumococcal					

Immunised by : *Ms Smith*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY *CU* (DO NOT WORKFLOW)

Clinical update recorded Yes/ No

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Greater Glasgow
and Clyde

CHRONIC PAIN SERVICE

Dictated: 27/08/2010
Typed: 15/09/2010

Telephone: 0141 355 1491

Our Ref: CR/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

20 SEP 2010

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

Procedure: Bilateral sacroiliac joint injections

Janice attended Stobhill ACH today for the above procedure. These were performed in theatre under aseptic conditions and were uneventful. Follow up will be arranged in the pain management outpatient clinic.

Yours sincerely

Dr C Rae
Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie
Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr M Parry, Sr R Keenan
Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright; Physiotherapists: C Farish, A Williams, L Sparks, J Ford.
Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



Dictated: 14/07/2010
Typed: 27/07/2010

Telephone: 0141 355 1491

Our Ref: LM/LA/51142244R

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED - 1 AUG 2010

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

We reviewed this lady at the Pain Management Clinic on 14th July 2010. Unfortunately she had no improvement following her bilateral sacro iliac joint injections performed on 28th May 2010. She had previously approximately 5 weeks relief following the procedure performed by Dr Rae in January 2010.

At present she describes constant severe lower back pain over the sacro iliac joints radiating down into the anterior aspect of both thighs. At present she is on BuTrans 52.5micrograms per hour. She was very tearful during the consultation and she stated she lost her job a few months ago as a restaurant manager due to her ill health. I note she had previously trialed Amitriptyline and Gabapentin however she felt "out of control" on this medication.

Management Plan:

1. We will organise for her to have repeat bilateral sacro iliac joint injections under Dr Rae.
2. I would recommend the Lidoderm patch be applied to the affected areas on both sides of her back for one month trial.
3. We will discuss her case at the Multi-Disciplinary Team Meeting.

Yours sincerely

Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Delivering better health.

www.nhsggc.org.uk

Consultant Anaesthetists: Dr T McCubbin, Dr M Serpell, Dr R Parris, Dr M Basler, Dr C Rae, Dr L Manchanda, Dr J McGhie

Pain Sisters: Sr S Saba, Sr K Scullion, Sr J Peacock, Sr M Parry, Sr R Keenan.

Clinical Psychologists: Dr K Gillan, Dr E Toland, Dr F Wright;

Physiotherapists: C Farish, A Williams, L Sparks, J Ford.

Secretaries: Mrs C McNeill, Mrs L Johnston, Mrs F Gallagher, Miss C McDade, Miss L Armstrong

40369

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name: CONVERY JANICE
Address: 3/2 21 BENVIEW ST
GLASGOW
Investigation: GU CULTURE
Specimen: High vaginal SWAB

Sex: F D.O.B. 27.05.65
Consultant: Dr. A.A. Lawson

Sandyford Surgery
Hosp. No. ZG10965676

Taken: 02.06.10 09:16
Received: 02.06.10 16:14

RECEIVED - 7 JUN 2010

GRAM FILM: DOES NOT SUGGEST BACTERIAL VAGINOSIS

CULTURE: NEISSERIA GONORRHOEAE NOT ISOLATED
TRICHOMONAS VAGINALIS NOT ISOLATED
YEASTS NOT ISOLATED
NO SIGNIFICANT GROWTH

Final report

Entered by: Joanne Kelly

Authorised on behalf of:

Copy for: Sandyford Surgery

Microbiologist
Dr. B. Thakker

Reported 04.06.10 1224 hrs

Lab No. M,10.0438641.W

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name **CONVERY JANICE**
Address **3/2 21 BENVIEW ST**
GLASGOW
Investigation **Urine analysis**
Specimen **Mid stream specimen**

Sex **F** D.o.B. **27.05.65**
Consultant **Dr. A.A. Lawson**
CHI No. : **2705655662**

Sandyford Surgery
Hosp. No. **ZGM0965676**
Taken **02.06.10 12:53**
Received **02.06.10 15:57**

MICROSCOPY: White blood cells : NIL
Red blood cells : NIL
Squamous cells : SCANTY

CULTURE: No significant growth.

Interpretation: no significant findings.

- 4 JUN 2010

Final Report

Entered by: Joanne Kelly

Authorised on behalf of:

COPY FOR : Sandyford Surgery

Microbiologist
Dr. J. Hood

Reported **03.06.10 1221 hrs**

Lab. No.
M.10.0065639.B

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Saba, Sr K Scullion
Clinical Psychologist : Dr E Toland
Physiotherapists : Mr C Farish, Mrs A Williams
Secretary : Miss L Armstrong

Dictated &
Typed 28/05/2010
Our Ref LM/RN
Enquiries to: Miss Lynn Armstrong (Secretary)
Direct Line: 0141 355 1491

RECEIVED 11 JUN 2010

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

We performed a bilateral sacroiliac joint injection in the Day Surgery Unit today. We will review the patient in four months' time.

Many thanks.

Yours sincerely

A handwritten signature in black ink, appearing to be 'L Manchanda', written over a horizontal line.

Dr L Manchanda
Consultant in Anaesthesia & Pain Management

Acute Services Division

Emergency Care and Medical Services Directorate

Department of Gastroenterology

Professor Peter R Mills' Liver Clinic

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 25/05/2010
Dictated 07/06/2010
Typed 07/06/2010
Our Ref RH/PDG
Enquiries to Mrs P Gilmour, Secretary
Direct Line 0141 211 3279
Fax No 0141 211 1676

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
GLASGOW G3 8ND

Dr Ewan Cameron
Clinical Research Fellow
Respiratory Unit
Gartnavel General Hospital

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Diagnosis:

1. Mild alpha-1-antitrypsin deficiency – Pi MZ phenotype
2. Mildly abnormal LFTs
3. Asthma
4. Previous cholecystectomy 2008
5. Sacroiliitis – attends pain clinic

10 JUN 2010

This 44 year old lady was referred to Professor Mills' liver clinic after attending the asthma research unit with the intention of participating in a clinical trial. Unfortunately, she was noted to have mildly abnormal LFTs (mild transaminitis) on two occasions and, as such, was referred to the liver clinic.

The patient herself offered a few complaints with the main ones being lethargy and mild upper abdominal discomfort. She also has a longstanding history of constipation and abdominal bloating which can be troublesome at times. She has had a previous cholecystectomy in 2008, has asthma and attends the pain clinic to try to deal with pains in her sacroiliac joints. Currently, she is on buprenorphine patches.

She informs me that she used to drink 4-5 bottles of wine per week but has been off alcohol since January as she felt that she was drinking more than she should. Of note, her weight has also increased recently with her weight at the clinic being 74 kilograms. It should be noted that abdominal examination today was essentially unremarkable.

She recently attended our nurse-led liver clinic for pre-assessment blood tests and, essentially her LFTs were normal except for a slightly elevated ALT at 66. A liver screen was also within normal limits with normal auto-antibodies and a normal virology screen for hepatitis B and C. Of note, her alpha-1-antitrypsin was slightly low at 0.83 (normal range 1.1-2.1), with her alpha-1-antitrypsin phenotype being determined as Pi MZ.

She certainly has evidence of mild alpha-1-antitrypsin deficiency and patients with her phenotype tend to have around 60% of the normal serum level of alpha-1-antitrypsin. However, I am not

convinced that this is contributing to her mildly abnormal LFTs. It could however be contributing to her asthma/COPD. I note that she is an occasional smoker. I suspect the cause of her mildly abnormal LFTs is probably a degree of non-alcoholic fatty liver disease and I took time explaining this to her today. On top of this, as mentioned, she was consuming more alcohol than she should and this may have contributed to her transaminitis. LFTs in January showed as AST of 70 and an ALT of 132 but these have improved and her most recent LFTs, undertaken at the clinic today, were normal. Other blood tests were also within normal limits.

I have simply reassured her at the clinic today and advised her to continue to try to abstain from alcohol or only take it in moderation. Otherwise, we would simply monitor her LFTs on a regular basis. At the present time, I have arranged to see her back at the clinic in eight months time. I also advised her with regards trying to lose weight.

Continuing medications: buprenorphine patches, mebeverine 1 tablet bd, omeprazole, inhalers, citalopram.

Yours sincerely



Rizwana Hamid
Specialist Registrar in Gastroenterology

North Glasgow University Hospitals
Division

7A Day Ward (7th Floor)
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Tel 0141 301 7974
Fax 0141 211 1006
E-mail Jane.Sutherland@ggc.scot.nhs.uk



Private and Confidential

Dr MacNeill
Sandyford Sugery
119 Argyle St
G3 8ND

29 APR 2010

Date : 27/04/2010
Our Ref : JS/51142244R
Enquiries to: 0141 301 7974
Page : 5152
Direct Line : 57974

Dear Dr MacNeill

Re: Janice Convery, 3/2, 21 Benview St, G20 7SA (DOB 27/05/65) CHI-2705655662

Ms Convery's blood results are now available:

Haematology: All results were within normal ranges.

Biochemistry: ALT was elevated at 66 and her Alpha-1-antitrypsin was slightly low at 0.83, all other results are within normal ranges and her HFE gene was normal.

Virology:- Ms Convery was negative for hepatitis B and C,

Immunology:- All results were within normal ranges or negative.

Yours sincerely

A handwritten signature in cursive script that reads 'J Sutherland'.

Jane Sutherland

Hepatology Specialist Nurse

Attended CNS 1 June 2006



North Glasgow University Hospitals
Division

7A Day Ward (7th Floor)
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Tel 0141 301 7974
Fax 0141 211 1006
E-mail Jane.Sutherland@ggc.scot.nhs.uk



Private and Confidential

Dr MacNeill

Sandyford Sugery

119 Argyle St

G3 8ND

16 APR 2010

Date : 14/04/2010
Our Ref : JS/51142244R
Enquiries to: 0141 301 7974
Page : 5152
Direct Line : 57974

Dear Dr MacNeill

Re: Janice Convery, 3/2, 21 Benview St, G20 7SA (DOB 27/05/65) CHI-2705655662

Ms Convery attended my Pre Assessment Liver clinic today, on examination no evidence of liver disease was found she did have some tenderness to her-left upper quadrant, bloods-taken at this clinic include:

Haematology: FBC, Coag, Ferritin, ESR
Biochemistry: LFT, Profile, U&Es, TFTs, Alpha-1-antitrypsin, AFP, Caeruloplasmin, HFE,
Virology:- HBsAG, Anti HBC, Anti HCV,
Immunology:- Immunoglobulins, ANA, Mitochondrial Antibody, Smooth Muscle antibody and Anti LKM.
I will inform you when these results are available

Ms Convery will be reviewed at Prof Mills's clinic in four to six weeks time.

Yours sincerely

A handwritten signature in black ink that reads 'J. Sutherland'.

Jane Sutherland

Hepatology Specialist Nurse

Attended CNS 1 June 2006



Acute Services Division

Emergency Care and Medical Services Directorate

Department of Respiratory Medicine

Professor Thomson's Respiratory Clinic

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Clinic 22/02/2010
Dictated 22/02/2010
Typed 08/03/2010
Your Ref
Our Ref EC/MG
Enquiries to 0141 211 3241

Dr Roderick MacNeill
Sandyford Surgery
1119 Argyle Street
G3 8ND

10 MAR 2010

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I now have some of the results from this lady's liver screen. Reassuringly her hepatitis serology was all negative as was her auto antibody screen. Interestingly, the only result of note is her alpha 1 anti-trypsin level which was found to be slightly reduced at 0.91 where the normal range is normally 1.1-2.10. This is only outwith the normal limits and I am not entirely clear whether this could account for her problems with today's liver enzymes. I will leave the assessment of this to Dr. Mills whom I have already referred her to and will keep you updated of any further results as they become available.

Yours sincerely

M. Graham

PP DR E CAMERON
CLINICAL RESEARCH FELLOW

Copy To:
Dr Mills, Consultant Physician, Floor 8. GGH

**Cervical Cytopathology Request Form
(Complete)**

Request Id	1135256732	 1135256732
DOB / CHI	2705655662	
Name	CONVERY, JANICE	
CHI Address	FLAT 3/2, 21 BENVIEW ST, GLASGOW, G20 7SA	
Correspondence		

Smear Taker ID	Dr Alison Lawson
Sender Location	4045 - SANDYFORD SURGERY
Sender Address	1119 ARGYLE ST, GLASGOW, G03 8ND
Practice Address	1119 ARGYLE ST, GLASGOW, G03 8ND

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	Not Given
I.U.C.D.	Not Given
Post Natal	Not Given
Currently Immunosuppressed	Not Given

Refer	No Referral
Observations	No Referral
Date Of Exam	04 Jun 2010
Date Sample Taken	04 Jun 2010
Last Menstrual Period	

Clinical Comments

Signature Of Requester	Dr Alison Lawson

Result	Negative
Recall Advice	Routine Recall

Infection(s)

Cytology Report



CONVERY, JANICE
2705655662

Acute Services Division
Emergency Care and Medical Services Directorate
Department of Respiratory Medicine

Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN
Switchboard: 0141 211 3000



Typed 05/02/2010
Your Ref
Our Ref EC/MG
Enquiries to 0141 211 3241

Dr Peter Mills,
Consultant Hepatologist,
Gartnavel General Hospital,
Glasgow G12.

08 FEB 2010

Dear Dr. Mills,

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I would be most grateful if you could review this lady at your out patient liver clinic some time in the near future. She attended the Asthma Research Unit here at Gartnavel with the intention of participating in one of our research studies. However, during the screening process, she was found to have a transaminitis on 2 occasions. The aetiology of this is not entirely clear at this time.

Unfortunately she will not be able to continue forward in the research project, however, I have taken the opportunity to perform a liver screen and also request an out patient abdominal ultrasound. Pertinent points in her history is that she possibly had some excessive alcohol intake in the past and continues to drink moderate quantities. She does have a history of extensive foreign travel throughout south east Asia including Vietnam, Cambodia and Thailand and last year underwent a cholecystectomy for gallstones.

I would be interested to know the final outcome from your out patient review and I have explained to Mrs. Convery that she will hear from you in due course and will also receive an appointment in the post for her radiology out patient appointment.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Euan Cameron'.

DR E CAMERON
Clinical Research Fellow

Copy To:
Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND



04/02/10

Dear Dr. Lawson

Re: Name: Janice Convery (Screen number 1041) Date of Birth: 27/05/65
Address: 21 Benview Street, G20 7SA

**Effect of macrolides on asthma control, airway inflammation and bacterial
colonisation in smokers with asthma
A randomised controlled double-blind parallel group study**

Your patient consented to participate in the above study but did not meet the inclusion/exclusion criteria for randomisation.

If you require any information on your patient's screening tests (for example spirometry or blood tests) please contact us and we would be happy to forward all reports to you.

Thanking you,
Yours sincerely,

03 MAR 2010

Dr. Euan Cameron

Clinical Research Fellow
Asthma Clinical Research Centre
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN.

Tel: 0141 211 3498/1673

Fax: 0141 211 3484

E-mail: asthmaresearch2005@yahoo.com

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Calwell, Sr K Scullion
Clinical Psychologist : Dr M Dunbar
Physiotherapists : Mr G MacGreogr, Mr C Farish
Secretary : Miss L Armstrong

Dictated &
Typed .29/01/2010
Our Ref CR/RN
Enquiries to: Mrs Lynn Armstrong (Secretary)
Direct Line: 0141 201 3785
E-mail lynn.armstrong@northglasgow.scot.nhs.uk

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



RECEIVED - 2 FEB 2010

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Procedure: Bilateral sacroiliac joint injections of local anaesthetic and Steroid

Mrs Convery attended Stobhill ACH today for the above procedure which was performed in theatre under x-ray guidance. The procedures were uneventful and follow-up has been arranged.

Yours sincerely

A handwritten signature in black ink, appearing to be 'C Rae'.

Dr C Rae
Consultant in Anaesthesia & Pain Management



Date 20/01/10

03 MAR 2010

Dear Dr. Lawson

Re: Name: Janice Convery (Screen number 1041) Date of Birth: 27/05/65
Address: 21 Benview Street, G20 7SA

**Effect of macrolides on asthma control, airway inflammation and bacterial colonisation
in smokers with asthma**

The above patient has consented to take part in a study under the care of the Asthma Research Unit at Gartnavel General Hospital. The project is funded by the MRC and will be supervised by Professor Neil C. Thomson.

This is a randomised parallel group trial to evaluate the effect of azithromycin on asthma control and airway inflammation in patients who smoke and have asthma. It will last for 16-18 weeks and compare the effect of oral azithromycin (250 mg od) for 12 weeks with a matched placebo.

If your patient is taking a long-acting beta agonist, high dose inhaled corticosteroid or asthma tablets, these will be reduced following a managed step-down process. If all entry criteria are met, patients will be maintained on 400 mcg of beclometasone equivalent a day and salbutamol as required, along with either azithromycin or placebo tablet. At the end of the study your patient will return to their usual asthma treatment.

The trial should not influence decisions that need to be made regarding clinical management. If any medication known to interact with azithromycin (for example, anti-psychotics, antivirals, coumarin-type anticoagulants including warfarin, cyclosporine, itraconazole, midazolam, moxifloxacin, and theophylline) is to be initiated, please stop the study tablet.

The study has ethical approval and the informed consent of the patient. If you require any further information about the study, please do not hesitate to contact us.

Yours sincerely,

Dr. Euan Cameron
Clinical Research Fellow; Asthma Clinical Research Centre
Gartnavel General Hospital
1053 Great Western Road, Glasgow G12 0YN.
Tel: 0141 211 3498/1673
Fax: 0141 211 3464

H1N1 Immunisation Record Form

PERSONAL DETAILS

Surname		Forename	
Date of Birth			
Home address			
Postcode			
Email address			
GP		GP address	

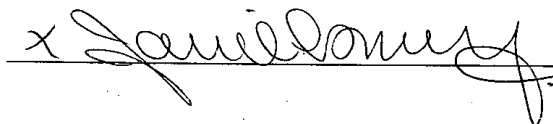
CHI: 2705655662
 CONVERY, Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crauford GMC : 2343411
 Sandyford Surgery, 0141 248 3698
 09/12/2009 16:43 Practice : 40455

Please answer the following questions:

	Yes	No	Details
1. Do you have a history of a <u>severe, life threatening</u> allergic reaction to eggs and/or egg products?		☒	
2. Have you ever had a <u>severe, life threatening</u> allergic reaction to influenza vaccine in the past?		☒	
3. Are you, or do you think you might be, pregnant?		☒	
4. Do you have a condition, or are you having any medical treatment, that has weakened your immune system?		☒	
5. If you have not yet had a seasonal flu jab this year, would you like to be offered this with the H1N1 vaccine?	☒		HAD
6. Do you have a bleeding disorder, or are you currently taking or have you recently stopped taking warfarin?		☒	
7. Do you feel well enough today to receive the vaccine?	☒		

I agree to receive the H1N1 (and Seasonal Flu) vaccine.

Signature



Date

9/12/09

Vaccine	Date Given	Brand	Batch Number	Expiry Date	Site of Injection	Name	Designation	Signature
H1N1 Dose 1	9/12/09		Pandemrix					
H1N1 Dose 2 (if applicable)			Lot : A81CA106A			1m (2) am MORTT PIN		MORTT
Seasonal flu								

2nd November 2009

To Whom It May Concern:

JANICE CONVERY, 3-2 21 Benview St, Firhill, Glasgow G20, United Kingdom

This lady is a patient of mine and currently is taking prescribed medication, namely:

Buprenorphine (Butrans) Patch 20micrograms/hour patch

Etoricoxib 30mg daily

Citalopram 20mg daily

Omeprazole 20mg daily

Mebeverine 135mg three times daily

Beclometasone inhaler 50mcg

Salamol inhaler

Yours sincerely,

Dr D. Roderick MacNeill

Sandyford Surgery

Seasonal Flu & Pneumococcal Consent 2009-10

P  ie & DOB

Date 26/10/09

CHI: 2705655662
CONVEY, Janice 27/05/1965 F
F3/2 21 Benview St Firhill G20 7SP
574 7539
Dr C. Crawford GMC 2343411
Sandyford Surgery, 0141 248 3698
Practice 40455

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

(SMOKER) NON SMOKER 2 CPW

CESSATION ADVICE GIVEN

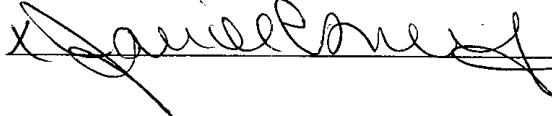
YES/NO

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma (on steroid inhaler)	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immuno- suppression	Residential/ nursing home	Carer	Other

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE AND/OR PNEUMOCOCCAL

SIGNED



DATE

26/10/09

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine	AGRIPPAL 2009/2010 Batch: 095302N Expiry: 05/2010			in L arm	Myguth
Pneumococcal					

Immunised by : Myguth

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY CK (DO NOT WORKFLOW)

Acute Services Division

SURGICAL SPECIALITIES
Surgery and Anaesthetics Directorate

Surgical Clinic 22/07/2009



Our ref: JM\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

08/10/2009

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

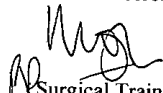
13 OCT 2009

Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 -- Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I reviewed this lady today in Mr Rogers clinic. This lady has been troubled with a number of abdominal, pelvic and back problems for which we have been unable to find an organic cause. I am pleased to say that with visiting the chronic pain team she seems to be making some forward progress. We plan to discharge her from the clinic today but if there are any further problems please do not hesitate to re-refer.

Yours sincerely,


Surgical Trainee
Jonathan Morrison

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CHI: 2705655662
 CONVEY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC: 2343411
 Sandyford Surgery 0141 248 3698
 08/10/2009 11:27 Practice: 40455

Sandyford Surgery
Foreign Travel advice and immunisation

Thailand - 6/night
 Vietnam Hanoi 3/7

DOB _____ Destination(s) _____

Departure date 6/1/09 Length of stay 28/1/09 Insurance cover - yes/no

Type of travel - Organised / Self Organised / Work related Holiday

Accommodation - Hotel / Self Catering / Private House / Other _____

General Health	Yes	No	Details	Health Promotion	Yes	No
Well Today				Sun Exposure		
Previous Reactions				Alcohol		
Pregnancy				Diarrhoea and vomiting		
Current Medication				Personal safety		
Drug allergies				Safe Sex / HIV		
Food allergies				CCP		
				bite avoidance	✓	

Vaccination	Last Received	Need Prescribed	Given Today	Booster Due Date
Ditavax	1st/psl July 1996	31/10/07		
Adult				
Dichtheria				
Hecavrix		31/10/07		
Typhim				
Hep A	12/7/96			
Hep A immune				
Meningitis AC				
Men ACWY				
Hep B	low risk			
Yellow Fever				
PRIVATES				
Rabies	low risk			
Jap B Enceph.				

Malarial Prophylaxis Required	Yes (No) ?
Current Recommendations for country	Proguanil and chloroquine / mefloquine / dox/cycline / malarone
Contraindications	Yes / No
Mefloquine Counselling	Yes / No
Private Script	Yes / No
Leaflet Given	Yes / No

ADVICE Signature myoult (telephone) Date 8/1/09

Scan my

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



**Greater Glasgow
and Clyde**

CHRONIC PAIN SERVICE

Dictated: 18/09/2009
Typed: 19/10/2009

Telephone: 0141 355 1491

Our Ref: MO/LA/51142244R

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

26 OCT 2009

Dear Dr MacNeill

Janice Convery, (DOB: 27/05/1965, CHI: 2705655662), 3/2 21 Benview Street, Glasgow, G20 7SA

I reviewed your patient in the Pain Management Clinic this afternoon. Janice experienced a slight reduction in her pain after her bilateral sacroiliac joint injections which we performed in June, but she also started Arcoxia at the same time and is not completely sure which to credit for her improvement. In spite of that she continues to complain quite bitterly of her low back pain. I note that she is now looking for a lighter job as her work as a waitress involves a lot of standing and carrying which does seem to exacerbate her symptoms. She did attend the physiotherapists here for an assessment but declined to pursue any treatment with them which I feel is a bit of a shame.

She is currently taking Dihydrocodeine slow release 120mgs twice a day and Arcoxia 60mgs a day. Janice is still very focussed on pain relief rather than pain management and I have had a long talk with her about the fact that we are rarely able to completely relieve this sort of chronic pain and that the best we can usually hope for is symptom management. She was very keen on trying some alternative medication so I think it worth stopping her Dihydrocodeine and replacing this with a Buprenorphine patch (BuTrans) starting at a strength of 10micrograms per hour. This may be insufficient given her relatively high dose of Dihydrocodeine so this may need to be increased to 15micrograms per hour (which involves using a 10 and a 5 strength patch together) or 20micrograms per hour. I have warned Janice that nausea in the first couple of weeks is a frequent complaint and that this can be treated with any of the oral antiemetic. Janice was also keen to have sacroiliac joint injections repeated and I think this is not unreasonable. I will list her for this.

Yours sincerely

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

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40369

North Glasgow Hospitals



SCAN ONLY

Patient Label

51142244R
CONVERY F
JANICE 27/05/1965
3/2 21 BENVIEW STREET
GLASGOW
LANARKSHIRE G20 7SA
CHI-2705655662

The patient attended PAIN Clinic at STOBHILL

Hospital on 18/9/09 and I would advise a change to drug therapy from _____ to _____

or additional therapy of BUTRANS PATCH
BUPRENORPHINE

as detailed below. Full letter to follow.

Additional Comments: MM NEED TO INCREASE TO
15mg/w (10mg + 5mg) OR 20mg/w AFTER A WEEK

DRUG (print)	DOSE	FREQUENCY	DURATION / REVIEW DATE
BUTRANS	10mg/w	7 DAYS	

Yours Sincerely

Signature:

Name (print)

Grade:

Ext. No:

MOVEN

CONS

White copy to - G.P. Pink copy - File this copy in Case Records

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

GLASGOW ROYAL INFIRMARY
UNIVERSITY NHS TRUST

Name	CONVERY Janice	Sex	F	D.o.B.	27.05.65	Sandyford Surgery
Address	flat 3/2	Consultant	Dr. A.A. Lawson	Hosp. No.	ZGM0965676	
	21 benview st	CHI No.	: 2705655662		Taken	10.08.09 NK
Investigation	Urine analysis				Received	11.08.09 12:43
Specimen	Mid stream specimen					

MICROSCOPY: White blood cells : NIL
Red blood cells : NIL
Squamous cells : MODERATE NUMBERS

CULTURE: No growth.

Interpretation: no significant findings.

RECEIVED 13 AUG 2009

Final Report

Entered by: K.Greig

Authorised on behalf of:

COPY FOR : Sandyford Surgery

Microbiologists
Dr. J. Hood

Reported 12.08.09 1256 hrs

Lab No. M,09,0086522.W

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



CHRONIC PAIN SERVICE

Secretary Tel: 0141 355 1491

Ref No: MO/LA/51142244R

Clinic: 12/06/2009
Typed: 19/06/2009

Dr R MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 26 JUN 2009

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVIEW STREET, FLAT 3/2, GLASGOW G20 7SA

I saw your patient in the Day Surgery Unit this morning where we performed bilateral sacroiliac joint injections. We will review Janice in due course in the medical clinic to see how these have affected her. Janice told me this morning that she had successfully titrated her Gabapentin to the maximum recommended dose of 1800mgs a day, but unfortunately they have not given her any benefit whatsoever. She was very certain of this. I think therefore she should slowly come off this medication. I note that she is not taking an anti-inflammatory at the moment and indeed tells me that she cannot tolerate Diclofenac because it upsets her stomach. I note that she also takes Omeprazole daily. I wonder if it worth trying a Cox2 inhibitor to see if she could tolerate this better and I suggest starting a Cox2 inhibitor such as Etoricoxib (Arcoxia) at a dose of 30mgs once a day. If she tolerates this, this dose can be increased by increments of 30mgs up to a maximum of 90mgs. We will review things further in the pain management clinic in due course.

Yours sincerely

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland
Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

40369

Acute Services Division
Surgery and Anaesthetic Directorate

Department of Anaesthetics

CHRONIC PAIN SERVICE

Consultant Anaesthetists : Dr C P Rae, Dr L Manchanda
Pain Sisters : Sr S Calwell, Sr K Scullion
Clinical Psychologist : Dr M Dunbar
Physiotherapists : Mr G MacGreogr, Mr C Farish
Secretary : Miss L Armstrong

Stobhill Hospital
133 Balornock Road
GLASGOW
G21 3UW



Dictated &
Typed 12/06/2009
Our Ref MO /RL
Enquiries to: Mrs Lynn Armstrong (Secretary)
Direct Line: 0141 201 3785
E-mail lynn.armstrong@northglasgow.scot.nhs.uk

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 22 JUN 2009

Dear Dr MacNeill

Janice Convery ~ 27/05/1965 ~ CHI: 2705655662 ~ CRN: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

Your patient underwent bilateral sacro-iliac joint injections today in the Day Surgery Unit at Stobhill ACH. The procedure was uneventful. She will be followed up in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Owen'.

Dr M Owen
Locum Consultant in Anaesthesia & Pain Management

Acute Services Division

Rehabilitation and Assessment

Directorate Dr M Owen
Department of Anaesthetics
Stobhill Hospital

Physiotherapy Department
Stobhill Hospital
Balornock Road
Glasgow G21 3UW

Tel: 0141 201 3588



Dr R MacNeill
1119 Argyle St
G3 8ND

Date 02 September 2009

Dear Dr Owen

Discharge Letter

Re: Ms Janice Convery

DOB: 27.05.65

CHI: 2705655662

Address: 21 Benview Street, Flat 3/2 G20 7SA

RECEIVED 09 SEP 2009

This patient was referred to physiotherapy from The Pain Clinic on 24.04.09

Complaining of central low back pain.

Diagnosis: Persistent low back pain

He/ She

- ☒ Received treatment 5 sessions; from 13.05.09 to 16.06.09
- ☒ Was given advice/ exercises
- ☒ Was to contact us if further help was required and has not
- ☒ Unable to attend review appointment on 23.06.09
- ☐ Was put on the waiting list but failed to contact us for an appointment
- ☐ Was given an appliance

Comment:

Lumbar range was limited into right side flexion; forward flexion and extension all increasing her low back pain. Her hips were cleared and her true leg length was equal. ASIS and PSIS levels were equal and a lumbar x-ray was carried out to rule out spondylololysis. The x-ray was normal. Acupuncture was used as an adjunct to treatment to try and help Janice manage her pain. Unfortunately she did not react well to acupuncture. I discussed pain neurophysiology with Janice and educated her about the development of persistent pain. I was hoping that we could introduce graded activity and goal setting but she was

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www.nhsggc.org.uk

Registered with the Health Professions Council

40367

unable to attend her review appointment on 23.06.09. She has failed to contact the department since to re-arrange another session therefore I am discharging her from our care.

Yours sincerely



JAYNE FORD (Senior 1 Physiotherapist)

Acute Services Division

Surgery and Anaesthetics Directorate

New Stobhill Hospital
Balornock Road
3rd Floor, Management Offices
GLASGOW G21 3UW



CHRONIC PAIN SERVICE

Secretary Tel: 0141 355 1491

Ref No: LA/LA/51142244R

Date: 18/05/2009

RECEIVED 21 MAY 2009

Dr R MacNeill
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVIEW STREET, FLAT 3/2, GLASGOW G20 7SA

The above patient was recently discussed at our Multi-Disciplinary Team Meeting on 6th May 2009 and has been referred on to Jayne Ford, Chronic Pain Physiotherapist, Physiotherapy Department, Stobhill Hospital.

If you require further information please do not hesitate to contact Dr Owen on 0141 355 1491.

Many thanks.

Yours sincerely

A handwritten signature in black ink, appearing to read 'L. Armstrong'.

Miss L. Armstrong
Chronic Pain Secretary

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Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland
Physiotherapists: C Farish, A Williams, J Ford Secretary: Miss L Armstrong.

40369

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167

Ref No: MO/LA/51142244R

Clinic: 24/04/2009
Typed: 04/05/2009

Dr R MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 08 MAY 2009

Dear Dr MacNeill

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVUE STREET, FLAT 3/2, GLASGOW G20 7SA

Please find enclosed my letter concerning your patient Janice Convery who I saw in the Pain Management Clinic to consult about her ongoing left sided low back pain. You will see from the enclosed letter that we have agreed a 5 point management plan. I would be grateful if you could help by prescribing a course of Gabapentin. I am including a titration sheet to help with this. I would also be grateful if you could convert her Dihydrocodeine which she is currently taking at about 240mgs total in one day to a slow release form, Dihydrocodeine Continuous at a dose of 120mgs twice a day. I have had a long chat to Janice about the pros and cons of this medication and it does seem that she has tried many other painkillers and not been able to tolerate them. We discussed the benefits of taking analgesia in a time rather than a pain dependent manner and I think that a slow release form will allow her to do this.

Many thanks for your help.

Yours sincerely

Dr M Owen
SpR in Anaesthesia & Pain Management

Encs

Delivering better health

www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.

Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹

Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005
Fax: 0141 201 4167

Ref No: MO/LA/51142244R

Clinic: 24/04/2009

Typed: 04/05/2009

P N Rogers
Consultant Surgeon
Surgical Specialities
Gartnavel General Hospital
1053 Great Western Road
Glasgow G12 0YN

Dear Mr Rogers

JANICE CONVERY, (DOB: 27/05/1965, CHI: 2705655662)
21 BENVUE STREET, FLAT 3/2, GLASGOW G20 7SA

Thank you for referring this 43 year old lady to the Pain Management Clinic. As you know she has been troubled with a variety of abdominal pains for some years now. On closer questioning her main complaint is a 5 year history of left sided lower back pain. She does complain that this radiates anteriorly, but I feel the bulk of her symptoms are confined to the back. This pain is constant, described as dragging, is neither helped by physical activity nor rest, and clearly Janice finds this very difficult to cope with emotionally and physically. She has tried a variety of painkillers including Tramadol, Diclofenac and Amitriptyline, none of which have helped or have been tolerable. Currently she takes Dihydrocodeine at a dose of 60mgs 4 times a day which does give some benefit.

In terms of psychosocial assessment, Janice is a single lady who lives with her 18 year old daughter. She works 4 days a week as a waitress but is finding this increasingly difficult due to her pain. It is clear that she finds her employers non-supportive and there is a good deal of conflict surrounding her inability to do her job. She does seem to be able to keep herself physically reasonably active, walking every day, but it is clear that this pain has affected her mood detrimentally. She also experiences extremely disturbed sleep.

I note that as a child she remembers having a leg length discrepancy diagnosed and wearing a built up shoe on the left foot. This may be of relevance.

On examination she is a reasonably fit looking lady. She was very tearful during the consultation. Remarkable findings were of extreme musculoskeletal tenderness over the left lower back and buttock with exquisitely tender spot over the left sacroiliac joint. The right sacroiliac joint is mildly tender.

I think this lady is suffering from sacroiliac joint pain although the picture is somewhat confused by abdominal pathology including gallbladder pain and possible irritable bowel. In addition, there are various psychosocial features that are probably contributing to the picture.

Contl...

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Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹
Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.

Acute Services Division

Surgery and Anaesthetics Directorate

CHRONIC PAIN SERVICE

Department of Anaesthetics
Stobhill Hospital
Balornock Road
GLASGOW G21 3UW



Greater Glasgow
and Clyde

Secretary Tel: 0141 201 3005

Fax: 0141 201 4167

Cont/...Janice Convery/...51142244R

I had a long talk to Janice about the fact that it was unlikely that we would be able to take the pain away completely and that it may be something that she needs to learn to live with to some extent. I have however agreed the following management plan with her:

1. Sacroiliac joint injections, certainly on the left and we will consider injecting the right on the day if this is also giving trouble.
2. Gabapentin, I will write to the GP to ask him to prescribe this.
3. With Janice's agreement I am going to ask the GP to convert the Dihydrocodeine to a slow release form at a dose of 120mgs twice a day.
4. I have encouraged Janice to take Paracetamol regularly.
5. I will discuss with my Physiotherapist colleagues whether there might be benefit in assessing Janice's leg length discrepancy to see if a shoe build up might relieve some of her symptoms.

Yours sincerely

Dr M Owen
SpR in Anaesthesia & Pain Management

✓ cc Dr R MacNeill
1119 Argyle Street
GLASGOW G3 8ND

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www.nhsggc.org.uk

Consultant Anaesthetists: Dr C P Rae, Dr L Manchanda.
Pain Sisters: Sr S Calwell, Sr K Scullion. Clinical Psychologist: Dr E Toland⁰³⁶⁹
Physiotherapists: C Farish, A Williams, J Ford. Secretary: Miss L Armstrong.



Stobhill Hospital – Chronic Pain Service

GENERAL PRACTITIONERS INFORMATION LEAFLET

Suggested titration for GABAPENTIN (NEURONTIN)

If starting dose is 300mg, please titrate as follows:

	Morning	Afternoon	Evening
Week 1			300mg
Week 2	300mg		300mg
Week 3	300mg	300mg	300mg
Week 4	300mg	300mg	600mg
Week 5	600mg	300mg	600mg
Week 6	600mg	600mg	600mg

If starting dose is 100mg, please titrate as follows:

	Morning	Afternoon	Evening
Week 1			100mg
Week 2	100mg		100mg
Week 3	100mg	100mg	100mg
Week 4	100mg	100mg	200mg
Week 5	200mg	100mg	200mg
Week 6	200mg	200mg	200mg
Week 7	200mg	200mg	300mg
Week 8	300mg	200mg	300mg
Week 9	300mg	300mg	300mg

Maximum dose 1800mg in divided doses.

Acute Services Division

Surgery and Anaesthetics Directorate
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Direct Line: 0141 211 3288
Fax: 0141 211 3466



PAIN MANAGEMENT CLINIC

TDM/CMCN/51142244R

RECEIVED 28 JAN 2009

26th January 2009

Dr Colin Rae
Consultant in Anaesthesia & Pain Management
Pain Management Clinic
STOBHILL HOSPITAL
300 Balgrayhill Road
Glasgow
G21 3UR

Dear Colin

JANICE CONVERY CHI:2705655662
21 Benview Street Flat 3/2 Glasgow G20 7SA

I would be grateful if you could see the above patient, whose address falls within the catchment area of Stobhill Hospital. The referral letter is enclosed.

Kind regards.

Yours sincerely



T D McCubbin
Consultant in Anaesthesia & Pain Management

*Enc

cc: Mr P N Rogers, Consultant Surgeon, GGH
Dr R MacNeill, 1119 Argyle Street, Glasgow G3 8ND ✓

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www.nhsggc.org.uk

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Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

Direct Line: 0141-232-7952



DEPARTMENT OF GYNAECOLOGY

TD/SB/51142244R

10 March 2009

RECEIVED 18 MAR 2009

Dr R MacNeill
1119 Argyle Street
GLASGOW G3 8ND

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65 chi: 5662
3/2 21 BENVIEW ST GLASGOW G20 7SA

Ultrasound carried out on this patient on 22.1.09 showed no abnormality.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tom Dow'. The signature is written in a cursive style with a long, sweeping underline.

TOM DOW
CONSULTANT GYNAECOLOGIST

Acute Services Division

RECEIVED 26 JAN 2009

Surgery and Anaesthetics Directorate

SURGICAL SPECIALITIES
Surgical Clinic 14th January 2009



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

19/01/2009

Dr M Serpell
Consultant In Pain Management
Pain Clinic
GGH

CC: Dr Roderick MacNeill ✓
1119 Argyle Street
Glasgow
G3 8ND

Dear Mick

Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

I would be grateful if you could arrange to see this lady. She has a long history of assorted abdominal pains. The current problem is left iliac fossa pain which appears to radiate from the region of the left sacroiliac joint through to the front. This has been investigated fairly extensively by abdominal ultrasound and laparoscopy. In addition earlier this year she had a laparoscopic cholecystectomy because of what were thought to be symptomatic gallstones and then subsequently had an upper GI endoscopy because of persisting upper abdominal pain. The abdominal pain now seems to have settled largely.

Currently she takes 60mgs of dihydrocodene 4 times a day and this appears to be inadequate in controlling her discomfort. She is also on Citalopram and Mebevarine.

I have done my best to reassure this lady that there doesn't appear to be a significant organic problem underlying her pain and that we now need to focus our efforts on pain control. She seems much more willing to accept this view now than previously. I am grateful for your advice.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'P N Rogers', written over a horizontal line.

P N Rogers
Consultant Surgeon

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www.nhsggc.org.uk

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RECEIVED 17 DEC 2008

NHS Greater Glasgow And Clyde
Endoscopy Unit, Gartnavel General Hospital
GASTROSCOPY REPORT

Name: **Janice CONVERY, 27/05/1965 (F)**
CHI No: **2705655662**
Case note no.: **51142244R**

Address: **3/2 21 Benview Street**
Glasgow
Lanarkshire
G207SA

GP: **Dr Roderick Macneill**
1119 Argyle Street
Glasgow
G38ND

Procedure date
16th December 2008

Status: Day patient/NHS
Hospital: Gartnavel General
Ward: (none)
Referring Cons: Mr Paul Rogers
(General Surgery)

Indications
LUQ pain.

Consultant/Endoscopist
Dr Derek Gillen
Nurses: SN Morven Kent
SN Lynne Christopher

Report
The whole upper gastro-intestinal tract was normal.

Follow up
Review will be in the Surgical Clinic.

Instrument
GGH 59 - EG2770K A120203

Advice/comments
Well-tolerated. Nil of note.

Premedication
Xylocaine Spray (Oral) 6 spray


Dr Derek Gillen
Consultant Gastroenterologist

IMMEDIATE DISCHARGE LETTER

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT
Telephone: 0141 - 211 - 2000

PATIENT COPY

First Issued: 11/12/2008 13:12
Printed:

Admitted: 10/12/2008 Discharged: 11/12/2008
Discharged to: Home
Ward: L10E
Consultant: MR PN ROGERS, General Surgery
Hospital No: 51142244R Date of birth: 27/05/1965
CHI: 2705655662

Seen only

REGISTERED GP

Dr RODERICK MACNEILL
1119 ARGYLE STREET
GLASGOW
G3 8ND
GLASGOW

PATIENT

JANICE CONVERY
3/2 21 BENVIEW STREET
GLASGOW
LANARKSHIRE
G20 7SA

DIAGNOSES

No diagnoses have been made for this patient

ICD10**PROCEDURES****OPCS4****MEDICATION**

Drug Name	Format	Route	Dose	Admin Times					PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18	22			
Omeprazole	Cap	Oral	20 mg	X						Indefinite	7
Paracetamol	Tab	Oral	1g	X	X		X	X	4-6hrly for pain	Indefinite	50x500mg
Mebeverine	Tab	Oral	150 mg	X	X					Indefinite	Patients Own
Beclamethasone diskhaler (100mcg)	Inh	Inh	as directed						as previously prescribed	Indefinite	Patients Own
Salmeterol		Inhaled	100 microgr						prn		Patients Own

Pharmacy Comments**FOLLOW UP ARRANGEMENTS**

Outpatient Clinic Consultant Date
Surgical MR PN ROGERS 4 weeks

Outpatient Investigations Date
No arrangements made

Community Care Date Reason
No arrangements made

GENERAL COMMENTS*Final discharge letter to follow*

This 43 year old lady presented on 10.12.08 with severe abdominal pain. She had a diagnostic laparoscopy the day before at GGH. The pain was umbilical and described as sharp, severe and exacerbated with movement. Examination was reassuring, the wound is well healed, there is bruising in the epigastrium but bowel sounds are present and there is no evidence of herniae. There is no free air under the diaphragm on CXR.

She was kept for observation, in case it was a rectus sheath haematoma, and symptomatic treatment. She has been improving, the abdomen is now soft and much less tender. She is stable and can go home but will be seen again in clinic in 4 weeks.

Kind regards,

Signed:

Designation:

Contact: Andrew Murray

Pager Number:

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Macneill
1119 Argyle Street
Glasgow

RECEIVED 11 DEC 2008

G3 8ND

11 December, 2008

Dear Dr Macneill,

Re. JANICE CONVERY, 3/2 21 BENVIEW STREET, GLASGOW, LANARKSHIRE, G20 7SA
Date of Birth 27.05.65 Hospital Number: 51142244R CHI Number: 2705655662

Your patient attended Western Infirmary on the 10 DEC 2008 at 12:59 pm.

The presenting complaint
was:

ABDOMINAL PAIN

Triage
Information:

**Laparoscopy Yesterday. Painful, Tender Abdomen. Feels
Difficulty Breathing.Temp 35.8**

The following investigations were carried
out:

**Erect Chest X-Ray
Ae09-Fbc/Glucose/Profile/Crp**

The A&E diagnosis
was:

**Gastro-Intestinal - Other Gastro-Intestinal Problem-Specify In
G P Letter**

The following treatment was
given:

Nil

At the conclusion of treatment the patient
was:

Admitted

Follow-
up:

Admitted

Additional
Information:

Nil

Yours sincerely,

Patrick Grant
Consultant In Emergency Medicine

Consultants

Acute Services Division

RECEIVED 29 DEC 2008

Women and Children's Directorate

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW
G51 4TF



Direct Line: 0141 232 7955/7953/7952/7951

CT/FMM/51142244R

DEPARTMENT OF GYNAECOLOGY – DR TAGGART'S DAY SURGERY LIST 09.12.08

17 December 2008

Dr A Lawson
1119 Argyle Street
Glasgow
G3 8ND

Dear Dr Lawson

JANICE CONVERY DOB: 27.05.65 (5662)
FLAT 3-2 21 BENVUE STREET GLASGOW

This patient attended the day surgery unit today as planned for diagnostic laparoscopy. The findings were of normal pelvic organs, no evidence of endometriosis, adhesions or pelvic inflammatory disease and no apparent cause for her pain. We have not arranged any further follow up in gynaecology.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Christina Taggart'.

CHRISTINA TAGGART
CONSULTANT GYNAECOLOGIST

FLU CONSENT 2008-2009

P

CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC: 2343411
 Sandyford Surgery 0141 248 3698
 19/11/2008 17:01 Practice: 40455

ne & DOB

Date 19/11/08

Please answer the following questions:

UP TO DATE TELEPHONE NUMBER.....

ARE YOU WELL AT PRESENT?

(please circle)
YES/NO

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES/NO

ARE YOU PREGNANT OR BREAST FEEDING

YES/NO

I AM A SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immunosuppression Due to disease or treatment	Residential/ nursing home	Carer of disabled or elderly
✓									

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE

SIGNED

X. Jones

DATE

19/11/08

****FOR OFFICE USE ONLY******PLEASE CHECK HEIGHT, WEIGHT (BMI) & BP (WITHIN LAST 15 MONTHS) ******USE CDSS TEMPLATE TO LOG INFO**

	Manufacturer	Batch	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		lot: N88017AT Date: 07-2009		1m (L) arm	19/11/08
Pneumococcal		BEGRIVAC® 2008-2009 0.2 ml Influenza vaccine			

Clinical update recorded Yes/No

F6 (Screening)

.65E Flu immunisation

.68NE. Declined

.6572 Pneumococcal immunisation

.68NX. Declined

Smoking status/ Cessation advice given

Yes/ No

Immunised by : *Wentt*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY *CK* (DO NOT WORKFLOW)

Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

DIRECT LINE: 0141 232 7953/7952/7951/7955



TD/KG/51142244

DEPARTMENT OF GYNAECOLOGY – DR DOW'S CLINIC 13.11.08

17 November 2008

Dr MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 28 NOV 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65(5662)
F3/2 21 BENVIE STREET GLASGOW G20 7SA

Thank you for referring this patient. She complains of frequent left iliac fossa discomfort going through to her back. She also has constant loose stools with no constipation. My feeling is that her pain is much more likely to be related to her gastro-intestinal tract but I have arranged for her to have a vaginal probe ultrasound of the pelvis and have put her name on the waiting list for day surgery laparoscopy.

Kind regards.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tom Dow', written over a horizontal line.

TOM DOW
LOCUM CONSULTANT GYNAECOLOGIST

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40366

Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD**

Women and Children's Directorate GLASGOW G51 4TF

DIRECT LINE: 0141 232 7953



AP/KG/51142244

DEPARTMENT OF GYNAECOLOGY – DR DOW'S CLINIC 9.10.08

13 October 2008

Dr MacNeill
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 31 OCT 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.5.65(5662)
F3/2 21 BENVUE STREET GLASGOW G20 7SA

This lady did not attend the gynaecology clinic today. I am assuming that her symptoms have settled but if you wish us to see her, please re-refer.

Yours sincerely

A PANDRAVADA
ST3

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Acute Services Division

Surgery and Anaesthetics Directorate **SURGICAL SPECIALITIES**

Surgical Clinic 1st October 2008



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Email: suzanne.stenson.wg@northglasgow.scot.nhs.uk

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

06/10/2008

Dr Roderick MacNeill
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 09 OCT 2008

CC: Dr Dow
Consultant Gynaecologist
Southern General Hospital
1345 Govan Road
Glasgow, G51 4TF

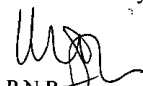
Dear Dr MacNeill

Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
3/2 21 Benview Street, Glasgow, Lanarkshire, G20 7SA

This lady came to the clinic today. She still has significant problems with abdominal pain. Much of this is upper abdominal but some of it can be more generalised. The Mebevacrine which we prescribed at her last visit has produced little benefit. She is awaiting review by the gynaecologists but first has to have a pelvic ultrasound in the Golden Jubilee Hospital and this will happen very soon.

During the consultation today she was very tearful indeed and so there does appear to be at least some psychological overlay on her symptoms. Given that much of her symptomatology remains in the upper abdomen I think it would be prudent to carry out an upper GI endoscopy and this has been arranged.

Yours sincerely,


P N Rogers
Consultant Surgeon

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Western Infirmary
CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA
Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

SYNTAX CHECKED by: CAROL MCQUADE 05/11/08 1552 Report By: DR N CORRIGAN
03/10/08.

Clinical History :

Previous cholecystectomy. Ongoing discomfort in upper abdomen with palpable liver/mass.
Previous enlarged left ovary.

US Abdomen :

US Pelvis :

RECEIVED 24 NOV 2008

Report:

The pancreas was obscured. The uterus and left ovary are normal. The right ovary was not well visualised. There is no free fluid. The liver, kidneys, spleen and aorta are normal. Portal and hepatic venous flow are normally-directed. There is no obvious right upper quadrant mass.

Dictated By Corrigan, Neil (Dr)

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891





Western Infirmary
CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA
Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965
Chi No: 2705655662
CRIS No: 5628182
Hosp No: 51142244R

Verified by Corrigan, Neil (Dr)

RECEIVED 24 NOV 2008

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND
Exams: US Abdomen,US Pelvis
Exam Date: 03/10/08 Event: E-11227891





Stobhill Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: **27/05/1965**

Chi No: **2705655662**

CRIS No: **5628182**

Hosp No: **51142244R**

SYNTAX CHECKED by: CAROL MCQUADE 05/11/08 1552 Report By: DR N CORRIGAN 03/10/08.

Clinical History :

Previous cholecystectomy. Ongoing discomfort in upper abdomen with palpable liver/mass.
Previous enlarged left ovary.

US Abdomen :

US Pelvis :

Report:

The pancreas was obscured. The uterus and left ovary are normal. The right ovary was not well visualised. There is no free fluid. The liver, kidneys, spleen and aorta are normal. Portal and hepatic venous flow are normally-directed. There is no obvious right upper quadrant mass.

Dictated By Corrigan, Neil (Dr)

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891



RECEIVED 13 Nov 2008



North Glasgow
Hospitals

Stobhill Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR RD MACNEILL - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

Verified by Corrigan, Neil (Dr)

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Abdomen,US Pelvis

Exam Date: 03/10/08 Event: E-11227891



Page 2 of 2

08965

Fax sent by : 912116287

WESTERN

19-07-08 14:28 Pg: 2/3

Call No: 2234300	Date: 19/07/2008 10:24	NHS 24 No: 6044253
Patients Name: Janice Convery	D.O.B: 27/05/1965 Age: 43 years	Callers Name: Relationship:
Address Today: 3/2 21 Benview Street Firhill Glasgow	Home Address if different: 3/2 21 Benview Street Firhill Glasgow	
Post Code: G20 7SA	Post Code: G20 7SA	
Phone Number: 07788 417505	Call Type: Attend PCEC	
Name of GP: Lawson,AA(047)	Time Call Received at NHS 24: 19/07/2008 09:49:12	
Surgery: 047 1119 Argyle Street	Time Details Received at GEMS: 19/07/2008 10:24:38	
Practice Number:	Time Patient Arrived: 19/07/2008 13:59:52	
Speed Dial: CONTACT DETAILS (.) FAX NUMBER() (.) SPEED DIAL(171) (.) MORNING FAX(0141 221 5144) (.) BYPASS NUMBER(0141 221 7181) (.) BYPASS NUMBER(0141 226 5749) (.) PRACTICE(0141 248 3698)	Consultation Start time: 19/07/2008 14:12:53 Consultation End time: 19/07/2008 14:27:12	

Dispatched To: Western

Clinical Information

CB SPREADING SORE ON RIGHT LEG 3 DAYS SEE A/Vclinical summary created by:
(Other clinical user) (Glasgow) [19/07/2008 10:26:29]
X FOR X AND UNTRIAGED CALL PASSED TO PARTNER TO ACTION

Examination Results:

HEAD AND NECK
Temperature 36.30 C

Clinicians Notes

had a "spot" top right thigh 3/7 age which she burst, since then the area has enlarged now slightly swollen and hot to touch, painful when walking, has been taken DF118 and naproxen for abdominal discomfort, has had upper abdominal pain this morning, feels nauseated has had a cholecystectomy 6/52 ago, also has pain on inspiration SATS 98, poor appetite taking fluids

nkda

gall bladder, ?enlarged ovary awaiting gyn appt, IBS
on several medications- PPI, IBS rx- unsure names, ? else

Area R upper thigh- Initially small boil now red and tender. Feeling tired. No fevers. No hx similar.

Had lap cholecystectomy 6/52 ago- since then ongoing pains RUQ and nausea. No worse than normal today. When asked mentions pain worse on moving and breathing- had for 6 weeks and pt assoc with RUQ pain. No SOB, cough or CP.

PMH as above

DH naproxen, DHC, PPI, IBS meds but unable to remember names. NKDA

Well, T 36.3. P 76 reg, well perfused.

R inner thigh 15cm circular area of redness with small underlying collection with head.

Chest clear, HS dual

Abdo SNT, no reb/guarding

Cellulitis and small collection

PO Flucloxacillin.

Worsening stat given. Understands- re getting bigger/fevers/feeling unwell.

Mark on leg, 3/7 - spreading redness (tracking). Started as a boil.

cellulitis

PCEC P4 - western

Fax sent by : 912116207

WESTERN

19-07-08 14:28

Pg: 3/3

Prescription Items: flucloxacillin capsules 500mg take one capsule four times per day for 7 days. by mouth
28.00

Clinical Code/s: M0... Skin/subcutaneous infections
M0... Skin/subcutaneous infections

Informational Outcome: No Follow Up

Referral: Consulting Clinician: Williams, Rhiannon(CC)

Acute Services Division

Surgery and Anaesthetics Directorate **SURGICAL SPECIALITIES**



Our ref: PNR\SS
Please reply to: Mr P N Rogers

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

30/06/2008

RECEIVED 14 JUL 2008

Dr Dow
Consultant Gynaecologist
Southern General Hospital
1345 Govan Road
Glasgow, G51 4TF

CC: Dr MacNeil ✓
1119 Argyle Street
Glasgow
G3 8ND

Dear Dow

Janice Convery - 27/05/1965 - CHI: 2705655662 - Hospital Number: 51142244R
21 Benview Street, Flat 3/2, Glasgow, G20 7SA

This young lady has recently had a cholecystectomy carried out under my care. As part of the investigation for her gallbladder surgery an abdominal ultrasound demonstrated enlargement of the left ovary. She is a somewhat anxious woman and understandably wishes to be reassured about the appearances of her left ovary particularly in view of the fact that she occasionally has left iliac fossa pain. I understand that she was given an appointment for the gynaecology clinic and failed to attend but she assures me that she never received an appointment. I would be grateful therefore if you would consider sending for her again.

With regard to her gallbladder surgery she has made an excellent recovery.

She has quite a lot of abdominal symptoms but I think these are largely due to irritable bowel syndrome and I am sending a copy of this letter to her general practitioner to confirm that I have already made a request in a hand-written note for a regular prescription of Mebeverine. I am grateful for your help.

Yours sincerely,


P N Rogers
Consultant Surgeon

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www.nhs.gov.uk

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REFERRAL TO	
Gynaecology	____ Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	____ Hospital and hospital address
	Hospital location code.
	G516H
	Email address
Urgency of referral	Routine
Date of referral	30-Jun-2008
Date sent	30-Jun-2008

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
	Contact number(s)
	Voice: 574 7539

This lady was referred by myself in February with ongoing problems with pelvic pain. Apparently she has missed two appointments but she says she never got word. She had an ultrasound done in February 08 which showed a left prominent ovary measuring 3 x 3cms. As you can see from my previous referral letter there was a bit of confusion with regards this ultrasound report, reporting that she has got two right ovaries. Since then she has been under the surgeons for a laparoscopic cholecystectomy and although we have not had any discharge letter as yet, she was verbally told by the Anaesthetists post operatively that the surgeon had a wee look at her ovaries and apparently signs of endometriosis was seen in this area. It does sound all a bit vague and obviously the surgeon may document this in the discharge letter but again they may not. Janice is keen to see yourself as her pain in her left iliac fossa particularly is ongoing.

I am grateful to you for seeing her.



for Dr Roderick MacNeill
30th June 2008

Dr. Christine M. Crawford
M.B.Ch.B., M.R.C.P., M.R.C.G.P., D.C.H.

Dr. Alison A. Lawson
M.B.Ch.B., M.R.C.P., M.R.C.G.P.

Dr. D. Roderick MacNeill
M.B.Ch.B., M.R.C.G.P., D.R.C.O.G.

Sandyford Surgery
1119 Argyle Street
Glasgow G3 8ND

Tel: 0141 248 3698
Fax: 0141 221 5144

27/06/2008

Miss Janice Convery
F3/2 21 Benview St Firhill
G207SA

Dear Miss Convery

MISSED APPOINTMENT - 09/06/2008
GYNAECOLOGY CLINIC AT SOUTHERN GENERAL HOSPITAL

We have been advised that you failed to attend the above appointment.

If you still want this appointment it is important that you contact the hospital directly in the next few days to rearrange another appointment. This will save the doctor time having to re refer you at a later stage.

When phoning the hospital please ensure that they have your correct address and contact telephone number.

Yours sincerely,

Ms Janice Muirhead
Practice Manager to Sandyford Surgery

Acute Services Division

**SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
Women and Children's Directorate GLASGOW G51 4TF**

Direct Line: 0141-232-7952



DEPARTMENT OF GYNAECOLOGY

TD/SB/51142244R

9 June 2008

Dr Roderick MacNeill
1119 Argyle Street
GLASGOW G3

RECEIVED 26 JUN 2008

Dear Dr MacNeill

JANICE CONVERY DOB 27.6.1965 chi; 5662
F3/2 21 BENVUE STREET FIRHILL GLASGOW G20 7SA

Your patient failed to attend the gynaecology clinic. Due to pressure on appointments and clinic waiting times no further appointment has been arranged.

Yours sincerely


TOM DOW
CONSULTANT GYNAECOLOGIST

You must use a ballpoint pen and fully complete this form or the prescription will not be dispensed

Name of G.P.:

Your Patient:

Name: Jamie Conway
Address: 21 Benview Street
Flat 3/2
Glasgow
D.O.B. 27/5/65 Unit No. 511922442

Consultant: Rogers
Admitted to Ward 4A On 19/5/8
Discharged on 20/5/8 From Ward 4A
Or seen at _____ Clinic on 1/1

418081
CONFIDENTIAL
GREATER GLASGOW & CLYDE
GARTNAVEL GENERAL HOSPITAL, Glasgow G12 0YN
Telephone 0141-211-3000



Diagnosis

1 _____
2 _____
3 _____
4 _____

Operation/Procedures

1 Laparoscopic cholecystectomy 19/5/8.
2 _____
3 _____

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Follow Up Arrangements

Clinic: _____ Date 1/1
Home Help: Yes _____ No _____
District Nurse: Yes _____ No _____
Meals/Wheels: Yes _____ No _____
Paramedical (please state): _____
Other: _____

Please TICK box if childproof containers are UNSUITABLE ☐

PHARMACY USE ONLY

Medicine	Form	Dose	TIMES FOR ADMINISTRATION										Recommended duration of treatment from date of discharge
			am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	
Atalopram	Oral	10mg	✓										
Naproxen	Oral	500mg	✓								✓		
Omeprazole	Oral	20mg	✓										
Betamethasone dipropionate lili	Oral	2pgs	✓										
Rhydromedone	Oral	30mg							QDS	PRN			
Salbutamol	lil	2pgs							PRN				
Panobanul	Oral	1g							QDS	PRN			

OTHER TREATMENT and COMMENTS (including details of drug sensitivities, appliances, etc.)

Follow-up OPP 3wks after discharge.

PRESCRIBERS NAME IN BLOCK CAPITALS S.LIM

DESIGNATION FR

SIGNATURE [Signature]

DATE 20/5/8

White - GP Copy, Pink - Medical Records Copy, Blue - Pharmacy Copy

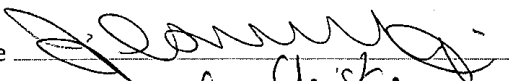
Pager No. 5264

Dispensed by _____ Checked by _____
Date _____ CP Check _____

Medication Collected by (Messenger) _____

WARD USE ONLY

Medication Rec. on Ward by _____
Issued by _____
Date Issued _____
Signature of Recipient _____

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION HOME PLAN		
Hospital GGH	Phone Number 211 3000	
Patient Label Jonie Conway	Ward 4A Consultant Mr Rodgers Discharge Date 20/5/08	Phone Number 211 3214 Named Nurse _____
ADMISSION DETAILS Date of Admission 29/5/08 Admission Ward 4A Reason for Admission / Treatment Laparoscopic cholecystomy		
MEDICATION You have been given a ☒ day supply of medication. Please ensure that you read the labels of the medication you have been given and take your drugs as prescribed. You will / will not require a further supply of this medication. Please contact your GP within a week if you require a further supply of medication.		
FOLLOW UP You will / will not require follow up at the hospital You have an appointment for 1. 3 weeks after discharge on _____ (day) _____ (date) 2. _____ on _____ (day) _____ (date) You will receive a return appointment through the post for 1. _____ in _____ weeks time 2. _____ in _____ weeks time 3. _____ in _____ weeks time Transport will / will not be arranged		
SPECIAL INSTRUCTIONS / ADVICE Any concerns after 24hrs please contact own GP.		
If you should have a problem with this discharge plan please do not hesitate to contact the ward within 24 hours. Patient / Carer Signature  Named / Associate Nurse Signature C Christie		

Acute Services Division

GARTNAVEL GENERAL HOSPITAL, 1053 Great Western Rd, Glasgow, G12 0YN
Surgery and Anaesthetics Directorate

DIRECTORATE OF SURGERY

NHS
Greater Glasgow
and Clyde

Reply to: P N ROGERS
Ref No: Hospital No: 51142244R

Direct: 0141 211 3194
FAX: 0141 357 4725

5 April 2008

DR LAWSON
1119 ARGYLE STREET
GLASGOW
G3 8ND

Dear Dr Lawson,

Re: JANICE CONVERY, D.O.B. 27/05/1965
FLAT 3/2, 21 BENVUE STREET,
GLASGOW, G20 7SA

Thank you for referring this patient for a surgical opinion. She was put on the non-urgent waiting list on 05/03/2008 under the care of P N Rogers for admission to Gartnavel General Hospital as an in-patient.

PROVISIONAL DIAGNOSIS:

BILIARY COLIC

PROPOSED TREATMENT:

LAPAROSCOPIC CHOLECYSTECTOMY

RECEIVED 15 APR 2008

Yours sincerely,



IAIN SMITH
SURGICAL TRAINEE

Delivering better health

www.nhsggc.org.uk

40369

NHS Confidential: Personal data about a patient

MICROBIOLOGY DEPARTMENT

NHS GREATER GLASGOW & CLYDE

Name:	JANICE CONVERY	Sex:	F	Age:	27.05.65	Hosp:	General practitioner	Hosp No.:	51142244E
Address:		Cons:					Practice Number: 40455	CHI No:	2705655662
						Ward:	Dr Crawford & Partners		
							1119 Argyle Street	Taken:	02.04.08
Specimen:	Mid-stream specimen of urine	Investigation:	Urine C & S					Reported:	04.04.08

No pus cells were seen.
No red blood cells were seen.
No significant growth.

RECEIVED 07 APR 2008

Microbiologists

/ Typed by SHAR

Mid-stream specimen of urine

End of Report B.08.0813901.G

SURNAME	CONVERY		
FORENAME	JANICE		
Hosp No	51142244R		
CHI No	2705655662		
D.O.B	27.05.65	SEX	Female
ADDRESS	21 Benview Street		
CONSULTANT/GP	LAWSON		
HOSP/PRACTICE	SANDYFORD SURGERY		
WARD/TOWN	1119 ARGYLE ST		
Collected 01.04.08 @ 10:10	Received 01.04.08 @ 16:15	Report Issued 02.04.08 @ 11:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC			
142	Sodium	135-145	mmol/L
4.2	Potassium	3.5-5.0	mmol/L
104	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
3.9	Urea	2.5-7.5	mmol/L
62	Creatinine	55-98	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)		
	Glucose	3.5-5.5	mmol/L
0.8	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I	<0.04	µg/L
	CK	<210	U/L
6	Bilirubin	3-22	µmol/L
17	AST	<40	U/L
17	ALT	<50	U/L
14	Gamma-GT	<55	U/L
74	Alk.Phos.	40-150	U/L
69	Protein	60-80	g/L
40	Albumin	32-45	g/L
29	Globulins	23-38	g/L
2.36	Calcium		mmol/L
2.41	Adjusted Calcium	2.10-2.60	mmol/L
1.00	Phosphate	0.70-1.40	mmol/L
	Magnesium	0.70-1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
	TSH		mU/L
	Free T4		pmol/L
	T3		nmol/L
	IgA	0.8-4.0	g/L
	IgG	6-16	g/L
	IgM	0.5-2.0	g/L
	Lab No. N,08.7172706 Run No. 366		
RECEIVED - 3 APR 2008 §Significant sex/age differences - See handbook			
Authorised by <i>Auto Check</i> Date Reported 02.04.08		 Accredited Medical Laboratory Reference No:2335	

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOG.

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	DR C CRAWFORD.1119 A 1119 ARGYLE STREET GLASGOW	SURNAME CONVERY		FORENAME JANICE	
		SEX F	D.O.B. AGE 27.05.65	HOSPITAL 51142244R	LABORATORY No. H.08.1069258.M

REPORT					
	<i>Cumulative FBC's</i>				<i>CHI Ancillary No 2705655662</i>
	31.08.05	15.09.07	26.09.07	01.04.08	
WBC	10.47	13.20	10.57	11.14	(4.00-11.00)
RBC	4.44	4.34	4.51	4.81	(3.80-5.80)
Hb	13.0	13.2	13.4	13.9	(11.5-16.5)
Hct	0.411	0.392	0.417	0.425	(0.370-0.470)
MCV	93.0	90.3	92.5	88.4	(80.0-100.0)
MCH	29.3	30.4	29.7	28.9	(27.0-32.0)
Plts	336	299	404	324	(150-400)
Neuts	6.38	10.07	6.01	5.73	(2.00-7.50)
Lymphs	3.36	2.27	3.55	4.25	(1.50-4.00)
Monos	0.41	0.76	0.75	0.72	(0.20-0.80)
Eos	0.17	0.08	0.24	0.41	(0.04-0.40)
ESR			4		(0-10)
GFST					
Retics					(25.0-85.0)

RECEIVED - 3 APR 2008

FULL BLOOD COUNT

DATE OF REPORT 01.04.08	TIME 15:35
RUN 940	
DATE OF SAMPLE 01.04.08	TIME 15:26

REFERRAL TO	
Gynaecology	_____ Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	_____ Hospital and hospital address
	Hospital location code.
	G516H
	Email address
	-
Urgency of referral	Routine
Date of referral	28-Feb-2008
Date sent	28-Feb-2008

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
Contact number(s)	
	Voice: 574 7539

Thank you for seeing Janice who has had a recent ultrasound of her pelvis organised by the General Surgeons because of ongoing pain. Their feeling is that this is an irritable bowel syndrome but her ultrasound which was done 7th February 2008 (E-10883319) has shown a left prominent ovary measuring 3cm x 3cms. The report that was faxed through to us commented on two right ovaries but a verbal phone call has corrected this error and confirmed that it is the left ovary which is prominent. Janice is an anxious lady and has had a previous laparoscopic procedure in April 2002 to be sterilised.

I would be grateful for your help and assessment.



Dr Roderick MacNeill
29th February 2008

VERIFIED Verified By: DR K NWAFOR 12/02/08 Typed By: DAVLI 07/02/08-1609
Clinical History : PID
Previous laparoscopy
Left iliac fossa pain
? ovarian origin
(clarified by AL)
LEFT ovary is prominent
RECEIVED 22 FEB 2008

US Pelvis : Suboptimal views of the pelvis organ was obtained. Allowing for this, the uterus is inverted, measuring 7 x 5cm in length. The ~~right~~ *left* ovary is prominent, measuring 3cm x 3cm. No evidence of free fluid. The right ovary is unremarkable. No evidence of free fluid.

There are echogenic gallstones within a non-inflamed gallbladder. No evidence of either intra- or extra-hepatic bile duct dilatation. Liver, spleen, and kidneys are unremarkable with no evidence of either hydronephrosis or upper urinary tract dilatation.

Ref. Src: Gartnavel General Hospital, 1053 Great Western Road, Glasgow, , G12 0YN
Exams: US Pelvis
Exam Date: 07/02/08 Event: E-10883319  Page 1 of 1 00993

☒ For information
☐ please comment

Any difficulties in reading this
please telephone

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Acute Services Division

SURGICAL SPECIALITIES

Surgery and Anaesthetics Directorate Surgical Clinic 23rd January 2008



Greater Glasgow
and Clyde

Gartnavel General Hospital
1053 Great Western Road
GLASGOW G12 0YN

Our ref: AF/SS
Please reply to: Mr P N Rogers

Email: suzanne.steenson.wg@northglasgow.scot.nhs.uk

Direct Line: 0141 211 3194
Fax No: 0141 357 4725

19th February 2008

Dr Crawford
1119 Argyle Street
Glasgow
G3 8ND

RECEIVED 23 FEB 2008

Dear Dr Crawford

RE: JANICE CONVERY FLAT 3/2, 21 BENVUE STREET, FIRHILL, G20 7SA
DOB 27.05.65 CHI-5662 51142244R

Many thanks for referring this pleasant lady to the clinic today. She presents with a significant history consistent with cholecystitis and recent ultrasound scan confirmed the presence of multiple calculi in the gallbladder however there was no biliary duct dilatation noted. Today she describes a 3 year history of intermittent pain in the right upper quadrant and more recent pain in the left iliac fossa. I note she previously had a laparoscopy for pelvic inflammatory disease and has a history of irritable bowel syndrome. She is an extremely anxious lady.

On examination her abdomen is soft and non-tender with no masses or organomegaly. Bowel sounds are present throughout.

I have discussed the options of laparoscopic cholecystectomy with her today and she is keen for this to be done. In the first instance I have requested an ultrasound of the pelvis to exclude any serious abnormality with regards to her left iliac fossa pain. I have reassured her that the pain is likely linked to her irritable bowel syndrome. We will review her once this has been carried out with a view to laparoscopic cholecystectomy depending on the result.

Yours sincerely,


ALISTAIR FRANKS
SURGICAL TRAINEE

Delivering better health

www.nhsggc.org.uk

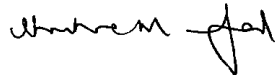
40369

REFERRAL TO	
General Surgery	Consultant / receiving practitioner and/or specialty clinic
G General Referral	
Western Infirmary/Gartnavel General	Hospital and hospital address
	Hospital location code.
	G516H
	Email address
	-
Urgency of referral	Routine
Date of referral	23-Nov-2007
Date sent	23-Nov-2007

PATIENT DETAILS	
Surname	Convery
Forename(s)	Janice
Title	Miss
Sex	Female
Date of birth	27-May-1965
CHI no.	2705655662
Patient's address	F3/2 21 Benview St Firhill
	GLASGOW
	G20 7SA
	Contact number(s)
	Voice: 574 7539

Thank you for seeing this 42-year old lady. A recent ultrasound shows multiple gallbladder calculi. She originally presented in September with what appeared to be right chest wall pain subsequently radiating to her shoulder. She was admitted and treated as pleurisy (although chest X-ray was normal). My partner subsequently thought she may have gallstones, hence the ultrasound. She has again been having significant pain over the past week or so and I would be grateful for your assessment.

Janice is understandably a bit twitchy about this as her father had a cholecystectomy over a year ago and ended up in ITU for three weeks (I think he had septicaemia). I have told her I think it is likely she will require surgery and I think she would be agreeable, if apprehensive.



Dr Christine M Crawford
26th November 2007



Gartnavel General Hospital

CONVERY, Janice

Flat 3/2, 21 Benview Street, Glasgow, , G20 7SA

Referrer: DR AA LAWSON - GP PRACTICE

Diagnostic Imaging Report

DoB: 27/05/1965

Chi No: 2705655662

CRIS No: 5628182

Hosp No: 51142244R

VERIFIED Verified By: CATHY MUIR 19/11/07 Typed By: DUNPA 16/11/07-1517

Clinical History : Atypical chest pain. Extending to right shoulder. ? Related to gallstones.

US Gallbladder :

Multiple gallbladder calculi present. Normal appearance present in biliary tree, liver parenchyma, pancreas, spleen and both kidneys.

RECEIVED 21 NOV 2007

North Glasgow Hospitals

Ref. Src: 1119 Argyle Street, Glasgow, , G3 8ND

Exams: US Gallbladder

Exam Date: 16/11/07 Event: E-10761337



Page 1 of 1

FLU CONSENT 2007-2008

Pr CHI: 2705655662
 CONVERY Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7SF
 574 7539
 Dr C. Crawford GMC :2943411
 Sandyford Surgery
 14/11/2007 16:48 Practice: 40455

e & DOB

Date 14/11/07

Please answer the following questions:

UP TO DATE TELEPHONE NUMBER.....

(please circle)

YES NO

ARE YOU WELL AT PRESENT?

DO YOU SUFFER FROM ALLERGIES- EGG/ CHICKEN/ PROTEIN /FEATHERS

YES NO

ARE YOU PREGNANT OR BREAST FEEDING

YES NO

I AM A SMOKER / NON SMOKER

PLEASE TICK RISK CATEGORY (tick all that apply)

Asthma	Diabetes	> 65yrs	Heart Disease	Stroke	Liver disease	Renal Disease	Immunosuppression Due to disease or treatment	Residential/ nursing home	Carer of disabled or elderly
✓									

I CONSENT TO BEING IMMUNISED WITH THE FLU VACCINE

SIGNED

Janice Convery

DATE 14/11/07

****FOR OFFICE USE ONLY**

****PLEASE CHECK HEIGHT, WEIGHT (BMI) & BP (WITHIN LAST 15 MONTHS) ****
IF NOT RECORDED TMA NURSE / CLINICAL ASSISTANT

	Manufacturer	Batch Number	Expiry	Site Administered e.g. L. Arm	Date & Initials
Flu Vaccine		06.2008	1m	(R) 10ney / deTold	14/11/07 MA
Pneumococcal		BECRIVAC® 2007-2008 0.5 ml Influenza vaccine			

Clinical update recorded Yes No

F6 (Screening)

.65E Flu immunisation .68NE. Declined
 .6572 Pneumococcal immunisation .68NX. Declined

Smoking status/ Cessation advise given

Yes/ No

Immunised by : *msent*

PLEASE PASS FORM FOR SCANNING FOR BATCH NUMBER

THIS FORMED SCANNED BY(DO NOT WORKFLOW)

CHI: 2705655662
 CONVEY: Janice 27/05/1965 F
 F3/2 21 Benview St Firhill G20 7S
 574 7539
 Dr C Crawford GMC 234341

Sandyford Surgery
Foreign Travel advice and immunisation

DOB

Destination(s) CubaDeparture date 2/12/07 Length of stay 2/52 Insurance cover – yes/noType of travel Organised / Self Organised / Work related HolidayAccommodation Hotel / Self Catering / Private House / Other

General Health	Yes	No	Details	Health Promotion	Yes	No
Well Today	☒	☐		Sun Exposure	☐	☐
Previous Reactions	☐	☒		Alcohol	☐	☐
Pregnancy	☐	☒		Diarrhoea and vomiting	☐	☐
Current Medication	☒	☐	<u>atolopam</u>	Personal safety	☐	☐
Drug allergies	☐	☒	<u>inhalers</u>	Safe Sex, AIDS, OCP	☐	☐
Food allergies	☐	☒			☐	☐

Vaccination	Last Received	Need Prescribed	Given Today	Booster Due Date
Diftavax	<u>2 1/2 yrs ago</u>	☒	REVAXIS®	<u>1m(R) arm</u>
Adult Diphtheria	<u>12/7/96</u>		Batch: <u>80551-1</u> Expiry: <u>05-2009</u>	
Hepatyrix			HEPATYRIX®	<u>1m(L) arm</u>
Typhim	<u>17/7/96</u>		LOT: <u>ATYAB015AC</u> EXP: <u>10-2008</u>	
Hep A	<u>12/7/96</u>	<u>apple</u>		
Hep A immune				
Meningitis AC				
Men ACWY				
Hep B			1. 2. 3.	
Yellow Fever				
PRIVATES				
Rabies				
Jap B Enceph.				

Malarial Prophylaxis Required	Yes / No
Current Recommendations for country	Proguanil and chloroquine / mefloquine / doxycycline / malarone
Contraindications	Yes / No
Mefloquine Counselling	Yes / No
Private Script	Yes / No
Leaflet Given	Yes / No

Signature

Mjgentt

Date

2 31/10/07

VACS GIVEN

Mjgentt14/11/07Scan

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE

DEPARTMENT OF HAEMATOLOGY

CONSULTANT PATIENT LOC	DR LAWSON 1119 ARGYL	SURNAME	CONVERY		FORENAME	JANICE	
OR GP NAME ADDRESS	General Practice	SEX	F	D.O.B. AGE	27.05.65	HOSPITAL	51142244R
						LABORATORY No.	4.07.1138123.L

REPORT

CHI\Ancillary No2705655662

Coagulation Screen

D DIMER LEVEL NA ng/ml D Dimer Normal level less than 500 ng/ml

SAMPLE DATED 26.09.07.. NOT RECEIVED AT LAB UNTIL 27.09.07
UNABLE TO PROCESS. PLEASE REPEAT.

RECEIVED 01 SEP 2007

DATE OF REPORT	TIME
27.09.07	12:15
RUN	
429	
DATE OF SAMPLE	TIME
	11:27

NHS Confidential: Personal data about a patient

NHS GREATER GLASGOW & CLYDE DEPARTMENT OF HAEMATOLOGY

CONSULTANT PATIENT LOC. <i>DR LAWSON 1119 ARGYL</i>	SURNAME <i>CONVERY</i>	FORENAME <i>JANICE</i>	
OR IP NAME ADDRESS <i>1119 ARGYLE ST</i> <i>G 3</i>	SEX <i>F</i>	D.O.B. AGE <i>27.05.65</i>	HOSPITAL <i>51142244R</i>
	LABORATORY No. <i>H, 07.1138123.L</i>		

REPORT

CHI Ancillary No 2705555662

<i>Cumulative FBC's</i>				
	<i>31.08.05</i>	<i>15.09.07</i>	<i>26.09.07</i>	
<i>WBC</i>	<i>10.47</i>	<i>13.20</i>	<i>10.57</i>	<i>(4.00-11.00)</i>
<i>RBC</i>	<i>4.44</i>	<i>4.34</i>	<i>4.51</i>	<i>(3.80-5.80)</i>
<i>Hb</i>	<i>13.0</i>	<i>13.2</i>	<i>13.4</i>	<i>(11.5-16.5)</i>
<i>Hct</i>	<i>0.411</i>	<i>0.392</i>	<i>0.417</i>	<i>(0.370-0.470)</i>
<i>MCV</i>	<i>93.0</i>	<i>90.3</i>	<i>92.5</i>	<i>(80.0-100.0)</i>
<i>MCH</i>	<i>29.3</i>	<i>30.4</i>	<i>29.7</i>	<i>(27.0-32.0)</i>
<i>Plts</i>	<i>336</i>	<i>299</i>	<i>404</i>	<i>(150-400)</i>
<i>Neuts</i>	<i>6.38</i>	<i>10.07</i>	<i>6.01</i>	<i>(2.00-7.50)</i>
<i>Lymphs</i>	<i>3.36</i>	<i>2.27</i>	<i>3.55</i>	<i>(1.50-4.00)</i>
<i>Monos</i>	<i>0.41</i>	<i>0.76</i>	<i>0.75</i>	<i>(0.20-0.80)</i>
<i>Eos</i>	<i>0.17</i>	<i>0.08</i>	<i>0.24</i>	<i>(0.04-0.40)</i>
<i>ESR</i>			<i>4</i>	<i>(0-10)</i>
<i>GFST</i>				
<i>Retics</i>				<i>(25.0-85.0)</i>

RECEIVED 01 OCT 2007

FULL BLOOD COUNT

DATE OF REPORT <i>27.09.07</i>	TIME <i>11:38</i>
RUN <i>590</i>	
DATE OF SAMPLE <i>27.09.07</i>	TIME <i>11:27</i>

SURNAME CONVERY	
FORENAME JANICE	
Hosp No 51142244R	
CHI No 2705655662	
D.O.B 27.05.65	SEX Female
ADDRESS 21 Benview Street	
CONSULTANT/GP LAWSON	
HOSP/PRACTICE SANDYFORD SURGERY	
WARD/TOWN 1119 ARGYLE ST	
Collected 27.09.07 @ 00:00	Received 27.09.07 @ 11:35
Report Issued 27.09.07 @ 14:25	
Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC	
141	Sodium 135-145 mmol/L
4.8	Potassium 3.5-5.0 mmol/L
104	Chloride 98-108 mmol/L
	Bicarbonate 21-28 mmol/L
3.9	Urea 2.5-7.5 mmol/L
90	Creatinine 55-98 μ mol/L
>60	eGFR (est. Glomerular Filtration Rate)
	Glucose 3.5-5.5 mmol/L
1	CRP <10 mg/L
	Amylase <100 U/L
	Urate μ mol/L
	Troponin I <0.04 μ g/L
	CK <210 U/L
5	Bilirubin 3-22 μ mol/L
17	AST <40 U/L
18	ALT <50 U/L
18	Gamma-GT <55 μ U/L
84	Alk.Phos. 40-150 μ U/L
67	Protein 60-80 g/L
38	Albumin 32-45 g/L
29	Globulins 23-38 g/L
	Calcium mmol/L
	Adjusted Calcium 2.10-2.60 mmol/L
	Phosphate 0.70-1.40 μ mol/L
	Magnesium 0.70-1.00 mmol/L
	Cholesterol target <5.0 mmol/L
	HDL Cholesterol target >1.0 mmol/L
	Chol/HDL ratio
	Triglycerides target <2.3 mmol/L
	LDL Cholesterol target <3.0 mmol/L
	TSH mU/L
	Free T4 pmol/L
	T3 nmol/L
	IgA 0.8-4.0 g/L
	IgG 6-16 g/L
	IgM 0.5-2.0 g/L
Lab No. N.07.7325726 Run No. 94	
Wrong date or time on request	
RECEIVED 28 SEP 2007	
§Significant sex/age differences - See handbook	
Authorised by <i>Auto Check</i> Date Reported 27.09.07	 Accredited Medical Laboratory Reference No:2335

Acute Services Division

Emergency Care and
Medical Services Directorate

Western Infirmary, Glasgow, G11 6NT

Acute Medicine - Level 8

Direct ☎ Secretary : 0141 211 2850

DR M WALTERS



**Greater Glasgow
and Clyde**

CONSULTANT IN CHARGE

PATIENT	JANICE CONVERY	HOSPITAL NO.	51142244R
ADDRESS	FLAT 3/2, 21 BENVIEW ST GLASGOW, G20 7SA	DATE OF BIRTH	27.5.65 (CHI 5662)
ADMITTED	15.9.07	DISCHARGED	16.9.07
DIAGNOSIS 1st	MUSCULOSKELETAL CHEST PAIN		
DIAGNOSIS 2nd	LRTI		

LE/GM

Dictated: 19.9.07

Typed: 28.10.07

Dr A Lawson
Sandyford Surgery
1119 Argyle Street
GLASGOW
G3 8ND

RECEIVED 31 OCT 2007

Dear Dr Lawson

This lady presented with a six day history of right-sided pleuritic chest pain. She denies any cough or history of haemoptysis. She had recently returned from a trip to Rome. She denies any calf swelling or tenderness.

Initial examination was otherwise unremarkable. ECG showed sinus rhythm. Arterial blood gases on air were normal. Routine blood tests including D-dimer were normal.

She was started on a course of Amoxycillin and given regular analgesia for her pain. Her symptoms appeared to settle with the above treatment and she was therefore discharged home. No follow up has been arranged.

Yours sincerely

**DR L EVANS
MEDICAL SHO**

Delivering better health

www.nhsggc.org.uk

40372

**Cervical Cytopathology Request Form
(Complete)**

Request Id	1020819472	 1020819472
DOB / CHI	2705655662	
Name	CONVERY, JANICE	
CHI Address	FLAT 3/2, 21 BENVIEW ST, GLASGOW, G20 7SA	
Correspondence		

Smear Taker ID	17171
Sender Location No.	474
Sender Address	1119 ARGYLE ST, GLASGOW, G03 8ND
Practice Address	1119 ARGYLE ST, GLASGOW, G03 8ND

Type of Smear	Cervical
Appearance of Cervix	Normal
Current HRT	No
I.U.C.D.	No
Post Natal	No
Currently Immunosuppressed	No

Refer	No Referral
Observations	No Referral
Date Of Exam	14 Nov 2007
Date Sample Taken	14 Nov 2007
Last Menstrual Period	31 Oct 2007

Clinical Comments

Signature Of Requester	Morag Devitt

Result	Negative
Recall Advice	Routine Recall

Infection(s)

Cytology Report



CONVERY, JANICE
2705655662

IMMEDIATE DISCHARGE LETTER
**Greater
Glasgow**
Western Infirmary

Dumbarton Road

Glasgow

G11 6NT

Telephone : 0141 - 211 - 2000

GP COPY
First Issued: 17/09/2007 11:26

Printed: 17/09/2007 11:26

Admitted: 15/09/2007

Discharged: 16/09/2007

Discharged to: Home

Ward: L8Rec

Consultant: DR WALTERS, General Medicine

Hospital No: 51142244R

Date of birth: 27/05/1965

CHI: 2705655662
REGISTERED GP
 Dr ALISON LAWSON
 1119 ARGYLE STREET
 GLASGOW
 G3 8ND
PATIENT
 JANICE CONVERY
 21 BENVIEW STREET
 FLAT 3/2
 GLASGOW
 G20 7SA

RECEIVED 28 SEP 2007
DIAGNOSES

1. Atypical chest pain, Right, 15/09/2007

ICD10
 R074
PROCEDURES**OPCS4****MEDICATION**

Drug Name	Format	Route	Dose	Admin Times					PRN/Comment	Course Length	Quantity Dispensed
				8	12	14	18	22			
Amoxicillin		Oral	500mg	X			X	X		6 days	18
Tramadol		Oral	50mg						PRN max TDS	7 days	21
Paracetamol	Tab	Oral	1g						4-6hrly for pain	7 days	50
Dihydrocodeine	Tab	Oral	30mg						4-6 hrly prn pain.	7 days	30
									Max 240mg/24hrs		

Pharmacy Comments**FOLLOW UP ARRANGEMENTS**
Outpatient Clinic **Consultant** **Date**
 No arrangements made

Outpatient Investigations **Date**
 No arrangements made

Community Care **Date** **Reason**
 No arrangements made
GENERAL COMMENTS

Final discharge letter to follow

This lady was admitted with right-sided pleuritic chest pain. CXR, ECG normal. Likely diagnosis is pain secondary to infection. Discharged with 6 days' worth of antibiotics and analgesia.

Signed:
Contact: Ruairaidh McRitchie

Designation:
Pager Number:

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow

Dr Lawson
1119 Argyle Street
Glasgow

RECEIVED 17 SEP 2007

G3 8ND

16 September, 2007

Dear Dr Lawson,

Re. JANICE CONVERY, 21 Benview Street, FLAT 3/2, GLASGOW, G20 7SA
Date of Birth 27.05.65 Hospital Number: 51142244R CHI Number: 2705655662

Your patient attended Western Infirmary on the 15 SEP 2007 at 09:42 am.

The presenting complaint
was:

CHEST PAIN

Triage
Information:

**Pleuritic Pain (Sharp Pain ^ With Cough, Breathing) Pain
Since Tuesday Worse On Movement And Inspiration
Analgesia Not Working**

The following investigations were carried
out:

Nil

The A&E diagnosis
was:

Respiratory - Pleurisy

The following treatment was
given:

Nil

At the conclusion of treatment the patient
was:

Admitted

Follow-
up:

Admitted/Future Admission

Additional
Information:

Nil

Yours sincerely,

Nirosha Gunatillake
Doctor

Consultants

NHS Confidential: Personal data about a patient

 GYNAECOLOGICAL CYTOLOGY USE BALLPOINT PEN FIRMLY										HOSPITAL <u>W. L. 27. 1. 1998</u> LAB. NUMBER															
Surname <u>PENNINGTON</u>					Birth Date <u>25</u> <u>05</u> <u>65</u> D M Y					CHI. Number															
Forenames <u>SARAH</u>					Date of Examination <u>21</u> <u>10</u> <u>97</u>					Hospital Record Number															
Previous Surname					Address Results to be sent if different					Previous Examination or Cytology Number <u>4610548</u>															
Permanent Address (with postal code) <u>21 BONDING ST</u>					Postal Code <u>G2 7PT</u>					Date of Previous Examination <u>20</u> <u>08</u> <u>96</u>															
Name and Full Postal Address of G.P. Dr D RODERICK MACNEILL 1119 Argyle St Glasgow G3 8ND Tel: 0141 248 3698					Name and Address of Sender <u>G.P.</u>					Postal Code															
SENDER	G.P.	09	Reason for Smear	Date of L.M.P.	Contraception					Smear Type	Appearance of Cervix														
	F.P. Clinic	01		No. of Pregnancies	I.U.C.D. Oral																				
	W.W. Clinic	02		1st Ever Examination	1	Nil	1	1	Cervical			1													
	Maternity	00		Routine Repeat	2	Past	2	2	Vaginal			2													
	Gynaecology	03		Repeat of previous non-neg.	3	Radiation (Pelvic)	YES	1	Current			3	3	Other	3	Malignant	5								
G.U.M.	04	Other (Specify)	4	Hormone Treatment	YES	1																			
Other	05																								
Colposcopy	20																								
Clinical Diagnosis and Comments <u>Recomm. stopped July '98.</u>										Result					Result										
Clinician's Signature <u>[Signature]</u>										Unsatisfactory					Trich					1					
										Negative					Yeast					Virus					2
										Borderline															
										Mild Dyskaryosis															
										Moderate Dyskaryosis															
Pathologist's Comments										Severe Dyskaryosis															
										? Invasion															
										Glandular Abnormality															
										Adenocarcinoma															
										Other															
Pathologist's Signature										Date					ADVICE										
															Routine Repeat 3yrs					1					
															Repeat in Mths					2					
															Refer to Colposcopy					3					
															Refer to Gynaecology					4					

NHS Confidential: Personal data about a patient

GYNAECOLOGICAL CYTOLOGY				HOSPITAL	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER	
Surname CONVOY		Birth Date 25/05/25		H. I. G. (C) 93/ 06779	
Forenames SAWICE		Date of Examination 2008/9/3		CHI. Number ->	
Previous Surname		Previous Examination or Cytology Number 8714418		Hospital Record Number	
Permanent Address (with postal code) 42 CLEVELAND ST Postal Code 50		Address Results to be sent if different CC AL MS		Date of Previous Examination 6/08/97	
Name and Full Postal Address of G.P.		Name and Address of Dr. CHRISTINE M. CRAWFORD 1119 ARGYLE STREET GLASGOW G3 8ND 041-248 3698 Postal Code			
Sender G.P. 1 F.P. Clinic 2 W.W. Clinic 3 Maternity 4 Gynaecology 5 G.U.M. 6 Other 7	Reason for Smear 1st Ever Examination 1 Routine Repeat 2 Repeat of previous non-neg. 3 Other (specify) 4	Date of L.M.P. on depo No. of Pregnancies 1+0 Age at Menopause Radiation (Pelvic) YES 1 Hormone Treatment YES 1	Contraception Depo Nil I.U.C.D. Oral Past 2 2 Current 3 3	Smear Type Cervical 1 Vaginal 2 Other 3	Appearance of Cervix Intact 1 Ectopy 2 Infected 3 Suspicious 4 Malignant 5
Clinical Diagnosis and Comments Routine smear			FOR LAB. USE ONLY Negative 1 Trich 1 Borderline 2 Yeast 2 Mild Dyskaryosis 3 Viru Moderate 4 Severe 5 Other 6 Unsatisfactory 7		
Clinician's Signature MS			R E S U L T		
Pathologist's Comments Negative smear. No endocervicals seen.			A D V I C E		
Pathologist's Signature J. Fraser			Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3		
Date 10.6.93					

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GYNAECOLOGICAL CYTOLOGY				HOSPITAL	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER	
Surname CONWAY		Birth Date 25/05/75		CHI. Number 93/ 06779	
Forenames SAWICE		Date of Examination 20/08/93		Hospital Record Number	
Previous Surname		Previous Examination or Cytology Number 8718418		Date of Previous Examination 6/10/87	
Permanent Address (with postal code) 42 CLEVELAND ST GLASGOW G3 7ND		Address Results to be sent if different 24/6/93		Name and Address of Sender Dr. CHRISTINE M. CRAWFORD 1119 ARGYLE STREET GLASGOW G3 8ND 041-248 3698	
Sender G.P. 1 F.P. Clinic 2 W.W. Clinic 3 Maternity 4 Gynaecology 5 G.U.M. 6 Other 7		Reason for Smear 1st Ever Examination 1 Routine Repeat 2 Repeat of previous non-neg. 3 Other (specify) 4		Contraception I.U.C.D. Oral Nil 1 1 Past 2 2 Current 3 3	
Date of L.M.P. No. of Pregnancies Age at Menopause		Radiation (Pelvic) YES 1 Hormone Treatment YES 1		Smear Type Cervical 1 Vaginal 2 Other 3	
Clinical Diagnosis and Comments 10/18/697. Depo Power 101.		FOR LAB. USE ONLY Negative 1 Borderline 2 Mild Dyskaryosis 3 Moderate 4 Severe 5 Other 6 Unsatisfactory 7		Appearance of Cervix Intact 1 Ectopy 2 Infected 3 Suspicious 4 Malignant 5	
Clinician's Signature J. Fraser		Pathologist's Comments Negative smear. No endocervicals seen.		FOR LAB. USE ONLY Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3	
Pathologist's Signature		Date 10.6.93			

NHS Confidential: Personal data about a patient

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY		Lab No:
Gynaecological Cytology Report		CC001057/2003
Name :	Janice CONVERY	D.O.B. : 27-MAY-1965
Address:	21 Benview St 3/2 Glasgow	CHI No. : Hosp. No. :
	G20 7SA	Date of Examination : 13-JAN-2003
Sender :	DR CRAWFORD 1119 Argyle St Glasgow	GP:
	G3 8ND	
Date Received :	15-JAN-2003	Date Issued : 17-JAN-2003
History		
Report		
Result	1 NEGATIVE	
Advice	ROUTINE RECALL	
Reported by	GRI Pathology Dept	

NHS Confidential: Personal data about a patient

DEPT OF CYTOLOGY - GLASGOW ROYAL INFIRMARY	
Gynaecological Cytology Report	
Name :	Janice CONVERY
Address:	21 Benview St Glasgow G20 7SA
Sender :	DR MACNEILL 1119 Argyle St Glasgow G3 8ND
Date Received :	03-NOV-1999
History	.
Report	Endocervical cells are not seen. M 6cc.
Result	1 NEGATIVE
Advice	ROUTINE RECALL
Reported by	GRI Pathology Dept

NHS Confidential: Personal data about a patient

GYNAECOLOGICAL CYTOLOGY				HOSPITAL		W.I.G. (C)	
USE BALLPOINT PEN FIRMLY				LAB. NUMBER		96/10356	
Surname CONVEY		Birth Date		D	M	Y	CHI. Number
Forenames JANE		Date of Examination		2	5	5	6
Previous Surname		Date of Examination		2	0	0	8
Permanent Address (with postal code)		Address Results to be sent if different		Previous Examination or Cytology Number		93/06779	
FLAT 311 44 CLEVELAND ST. Postal Code G3 7AD		CC AL MS REPEAT 3 YEARS REPEAT 1 YEAR LETTER SENT		Date of Previous Examination		2 0 0 5 9 3	
Name and Full Postal Address of G.P.		Name and Address of Sender		Dr A. A. LAWSON 1119 ARGYLE STREET GLASGOW G3 7AD		Glasgow	
G.P. F.P. Clinic W.W. Clinic Maternity Gynaecology G.U.M. Other Colposcopy		Reason for Smear 1 1st Ever Examination 2 Routine Repeat 3 Repeat of previous non-neg. 4 Other (specify)		Date of L.M.P. ON DEPO No. of Pregnancies 10 Age at Menopause Radiation (Pelvic) YES 1 Hormone Treatment YES 1		Contraception Nil 1 Past 2 Current 3 I.U.C.D. 1 Oral 2 Other 3	
Smear Type		Appearance of Cervix		Smear Type		Appearance of Cervix	
1 Negative		1 Intact		1 Negative		1 Intact	
2 Borderline		2 Ectopy		2 Borderline		2 Ectopy	
3 Mild Dyskaryosis		3 Infected		3 Mild Dyskaryosis		3 Infected	
4 Moderate		4 Suspicious		4 Moderate		4 Suspicious	
5 Severe		5 Malignant		5 Severe		5 Malignant	
6 Other				6 Other			
7 Unsatisfactory				7 Unsatisfactory			
Clinical Diagnosis and Comments		FOR LAB. USE ONLY		R E S U L T		Trich 1 Yeast 2 Virus 3	
Clinician's Signature M. D. D. D.		Negative smear.		A D V I C E		Routine Repeat in 3 years 1 Repeat in Months 2 Refer to Gynaecology/Colposcopy 3	
Pathologist's Comments		Pathologist's Signature J. Harwood M.H. 11.9.96		Date 7.9.96			

Deducting FHS# is - TRAFFORD (Cipher = GMH)

The following is the Cytology record for Receiving FHS# (G)

MISS JANICE CONVERY

15 PRIMROSE BANK BOWDON ALTRINCHAM CHESHIRE WA14 3EW

NHS no. S496/65/338 Date of birth 25.05.1965 6568

msm

Next test is due on 13.06.90

Recall type is 'Routine'

with status 'Non-respondent'

Positive/Doubtful marker is UNSET

Hysterectomy : Not Entered

There is 1 test record printed

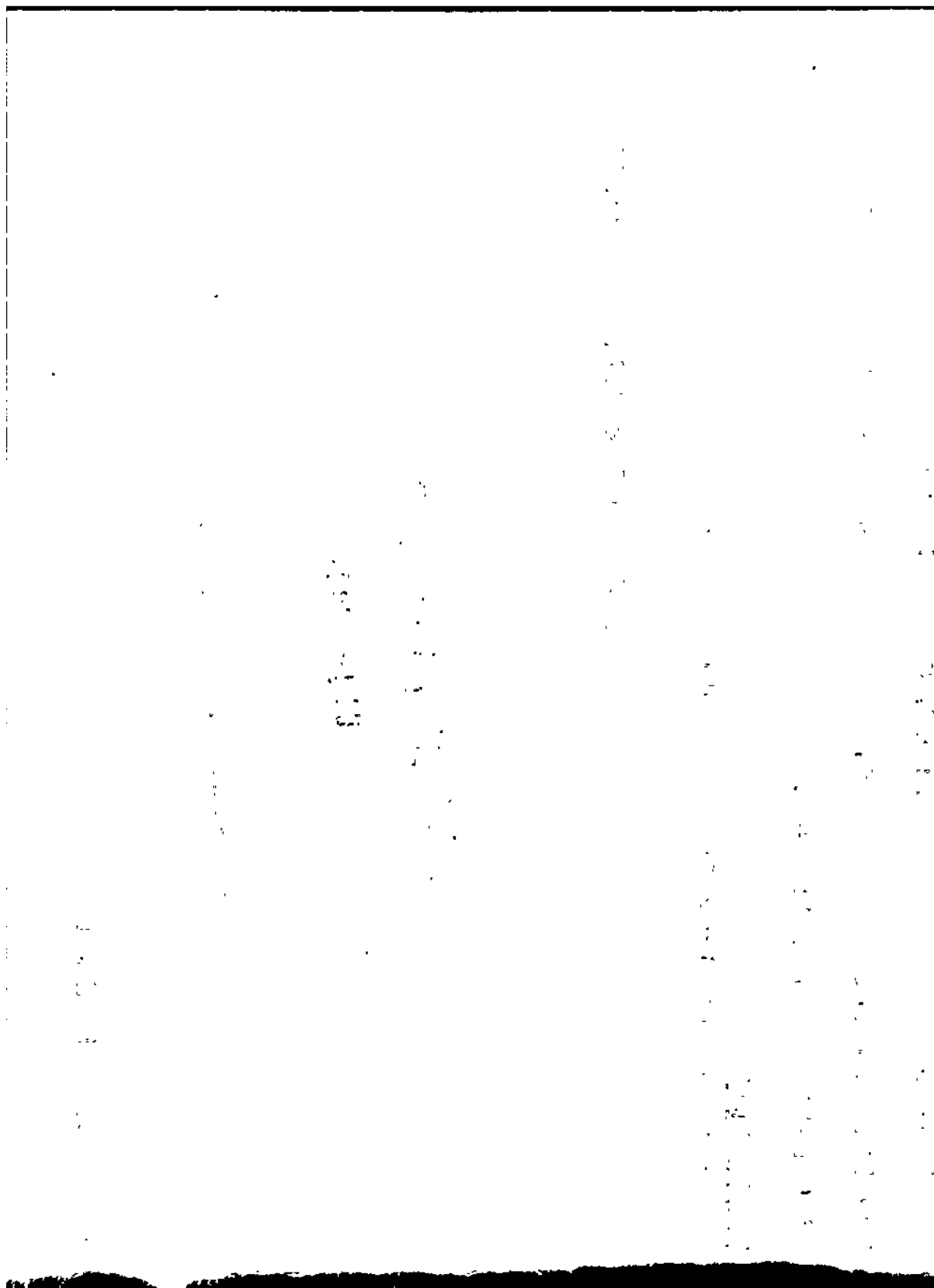
NB

NHS Confidential: Personal data about a patient

CONVERY	Result Negative
JANICE (MISS)	on date 13.06.85 RCT A
surname(previous)((extra name)) forenames(title)	Laboratory name & address
NHS no. S476/65/338 Date of birth 25.05.1965	TRAFFORD FPC
address 15 PRIMROSE BANK	OAKLAND HOUSE
BOWDON	TALBOT RD
ALTRINCHAM	MANCHESTER
CHESHIRE	
WA14 3EW	
Sender	Slide number
	Pregnancies
	Births (live & still)
	Abortions & miscarriages
	Source N-SEE SENDER
	Condition
	Comment
General Practitioner	
P. Bee	
ST. JOHNS MEDICAL CENTRE	
ST. JOHNS RD	
ALTRINCHAM	
CHESHIRE WA14 2NW	Positive/Doubtful UNSET

NHS Confidential: Personal data about a patient

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION				DEPARTMENT OF HAEMATOLOGY	
CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS		SURNAME FORENAME		SEX D.O.B. AGE HOSPITAL LABORATORY No.	
DR C CRAWFORD.11.19 A 11.19 ARGYLE STREET GLASGOW		CRAWFORD Janice		F 27.03.65 2H05178419 H, 50429.1507.	
REPORT					
<i>Cumulative FBC's</i> 29.04.05 WBC 8.72 (4.00-11.00) PCV 4.64 (3.80-5.80) Hb 13.4 (11.5-16.5) Hct 0.406 (0.370-0.470) MCV 89.0 (80.0-100.0) MCH 29.5 (27.0-32.0) Plts 270 (150-400) Neuts 5.87 (2.00-7.50) Lymphs 2.37 (1.50-4.00) Monos 0.29 (0.20-0.80) Eos 0.08 (0.01-0.40) ESR (2-10) GPST (25.0-65.0) Ref: 103 29.04.05 8.72 4.64 13.4 0.406 89.0 29.5 270 5.87 2.37 0.29 0.08 ESR GPST Ref: 103					
- 5 JUL 2005 G.C. R.M. A.D. RESULT LOGGED CONTACT PATIENT CLINICAL UPDATE DONE BY					
FULL BLOOD COUNT DATE OF REPORT 29.04.05 TIME 16:16 RUN 705 RM DATE OF SAMPLE 29.04.05 TIME 15:56					



97053237 B	04/07/97	XR 0315736	X-RAY W.I.G.
CONVER, Janice	32Y	F	AA, LAWSON
44 CLEVELAND STR, GLASGOW			GP

LEFT ANKLE
No significant bone or joint abnormality.

*DR JL MORRISON/LK 04/07/97

REPORT LEFT W.I. RADIOLOGY
ON

04 JUL 1997

04/07/97 - L ANKLE

BIOLOGY DEPARTMENT

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST

ANICE CONNERY

Sex: F Age: 25.05.65
Cons.: DR CRAWFORD

Hosp: General practitioner
Practice Number: 40455
Ward: Dr Crawford & Partners
1119 Argyle Street

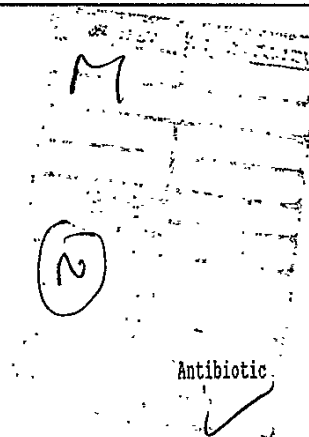
Hosp No.: ZH97128400

Conjunctival (eye) swab
GHT

Investigation: C & S

Taken: 02.06.97
Reported: 04.06.97

1. No growth
- 2.
- 3.
- 4.

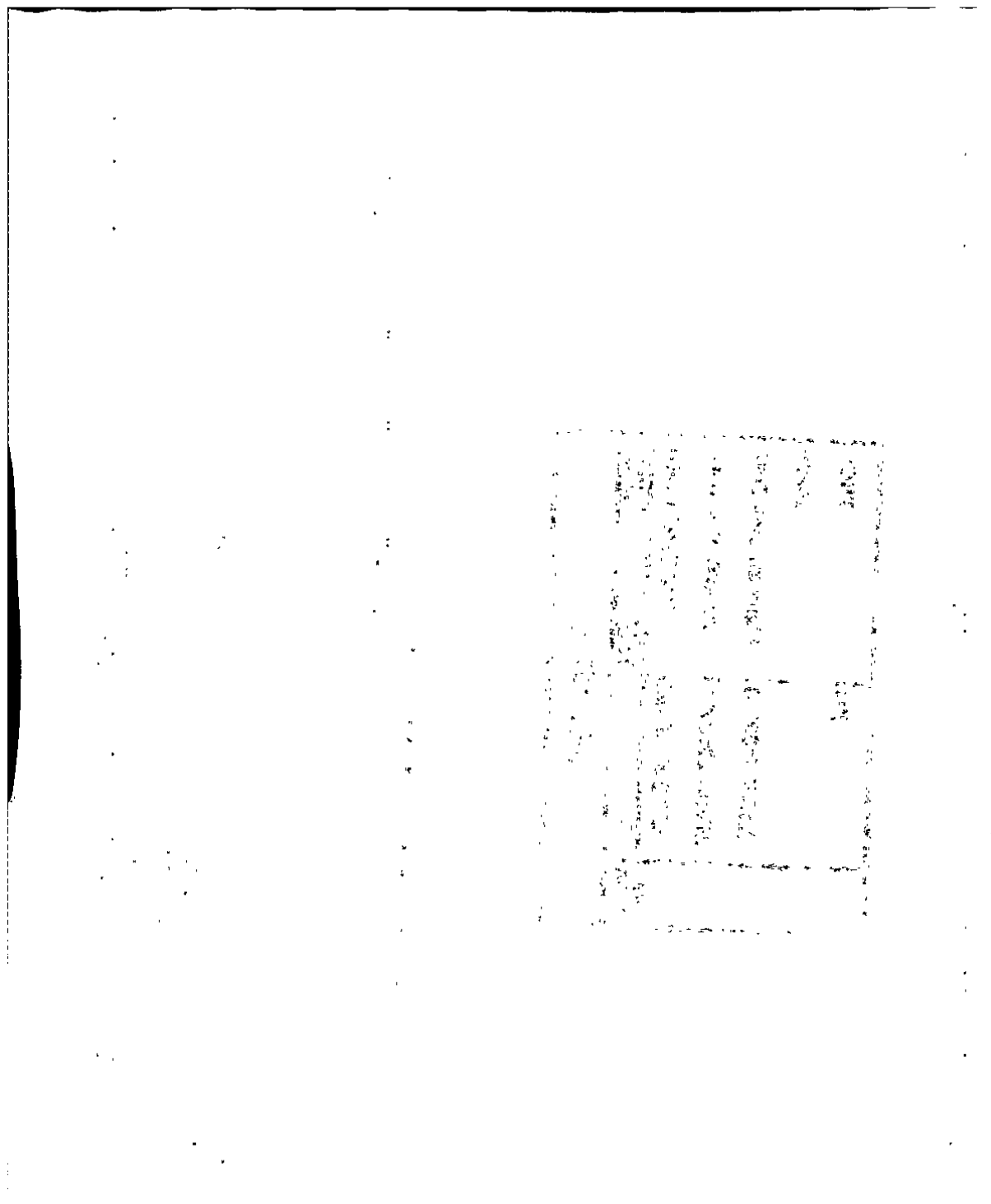


Organism
1. 2. 3. 4.

logists: Dr S. Samavedam

Conjunctival (eye) swab

Lab No.: B,97.0059003.N



MICROBIOLOGY DEPARTMENT

NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Name: JANICE CONVERY

Sex: F Age: 27.05.65

Hosp: General practitioner
Practice Number: 40455

CHI No: 2705655662

Take: 29.04.05

Specimen: Faeces

Investigation: Faeces

Reported: 03.05.05

E coli 0157, Salmonella, Shigella & Campylobacter NOT found.

16 MAY 2005	
CC	REC'D
NO. 1111	NEGATIVE
SYSTEM WORKING	MAKE APT. DR/NURSE
SCRIPT	CLINICAL UPDATE
NOTES	FILE

Microbiologist: Robin Gilmore

Faeces

End of Report: B.05.0060817.K

BIOCHEMISTRY REPORT

GARTNAVEL GENERAL HOSPITAL F2

CONSULTANT	MACNEILL	SURNAME	CONVERY	HOSPITAL NUMBER
HOSPITAL GP	WARD 1119 ARG	FORENAME	JANICE	DATE OF BIRTH 25/05/65
DATE	21/10/96	TIME WITHDRAWN	09:50	LABORATORY NUMBER 552501B
				SEX Female

U R I N E

Pregnancy Test

- VE

TEST ONLY RELIABLE 6 WEEKS AFTER LMP

Comment:

authorised By: AGR

reported at 17:22 on 21/10/96

profiles requested on this patient: UPRE



RESULT CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General	(Reference interval)	5 Thyroid Hormones	(Reference interval)
Angiotensin Converting Enzyme (ACE)	(<88 U/L)	Triiodothyronine (T ₃)	(0.9 - 2.7 nmol/L)
C-Reactive Protein (CRP)	(<10 mg/l)	Free Thyroxine (fT ₄)	(9 - 24 pmol/L)
Fructosamine	(<285 umol/L)	Thyroid Stimulating Hormone (TSH)	(0.4 - 5 mU/L)
Glycosylated Haemoglobin (HbA _{1c})	(3.5 - 4.6 %)		
Immunoglobulin G (IgG)	(7 - 19 g/L)	6 Tumour markers	(Reference interval)
Immunoglobulin A (IgA)	(0.9 - 4.5 g/L)	Alpha-fetoprotein (AFP)	(<5 kU/L)
Immunoglobulin M (IgM)	(0.4 - 2.2 g/L)	CA-125	*
Iron	(10 - 40 umol/L)*	Carcinoembryonic Antigen (CEA)	(<5 ug/L)
Total Iron Binding Capacity	(45 - 77 umol/L)*	Human Chorionic Gonadotrophin (HCG)	(<5 U/L)
Magnesium	(0.7 - 1.0 mmol/L)	LDH	(80 - 180 U/L)
Zinc	(14 - 18 umol/L)	Neurone Specific Enolase (NSE)	(<12 ug/L)*
		Prostate Specific Antigen (PSA)	*
2 Drugs	(Notional target)	7 Vitamins	(Reference interval)
Carbamazepine (CBZ)	(15 - 40 umol/L)	Vitamin A	(0.6 - 4.4 umol/L)
Digoxin	(1.0 - 2.6 nmol/L)	Carotene	(0.93 - 3.75 umol/L)
Lithium	(0.5 - 1.0 mmol/L)	Vitamin B1	(<25%)
Phenobarbitone	(65 - 170 umol/L)	Vitamin B2	(<60%)
Phenytoin	(40 - 80 umol/L)	Vitamin B6	(<150%)
Theophylline	(55 - 110 umol/L)	Leucocyte Ascorbic Acid	(1.1 - 2.8 fmol/wbc)
Valproate	(350 - 700 umol/L)	Vitamin D	(10 - 50 nmol/L)*
3 Lipids	(Reference interval)		
Cholesterol	(3.1 - 6.5 mmol/L) *		
Triglyceride	(<2.1 mmol/L) *		
HDL Cholesterol	(0.8 - 1.9 mmol/L) *		
4 Endocrinology	(Reference interval)		
Follicle Stimulating Hormone (FSH)	*		
Human Chorionic Gonadotrophin (HCG)	(<5 U/L)		
Luteinising Hormone (LH)	*		
Oestradiol	*		
Parathyroid Hormone (PTH)	(1.4 - 5.7 pmol/L)		
Progesterone	*		
Prolactin	(<360 mU/L)		
Urinary Free Cortisol (UFC)	(<25 umol/mol Creat)		

RESULT CODES

INSUFF	Insufficient
ND	Not detected
NS	Not stated
NSR	No specimen received
USA	Unsuitable for analysis

* Analyte shows an age or sex dependence, cycle variation or depends on clinical history

Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-11/95

CODE, ABBREVIATIONS AND REFERENCE VALUES ARE GIVEN ON THE REVERSE OF THIS REPORT

REFERENCE VALUES, CODES AND ABBREVIATIONS

1 General		(Reference interval)	5 Thyroid Hormones		(Reference interval)
Angiotensin Converting Enzyme (ACE)		(<38 U/L)	Triiodothyronine (T ₃)		(0.9 - 2.7 nmol/L)
C-Reactive Protein (CRP)		(<10 mg/l)	Free Thyroxine (fT ₄)		(9 - 24 pmol/L)
Fructosamine		(<285 umol/L)	Thyroid Stimulating Hormone (TSH)		(0.4 - 5 mU/L)
Glycosylated Haemoglobin (HbA ₁)		(4.8 - 7.8 %)	6 Tumour markers		(Reference interval)
Immunoglobulin G (IgG)		(7 - 19 g/L)	Alpha-fetoprotein (AFP)		(<5 kU/L)
Immunoglobulin A (IgA)		(0.9 - 4.5 g/L)	CA-125		*
Immunoglobulin M (IgM)		(0.4 - 2.2 g/L)	Carcinoembryonic Antigen (CEA)		(<5 ug/L)
Iron		(10 - 40 umol/L)*	Human Chorionic Gonadotrophin (HCG)		(<5 U/L)
Total Iron Binding Capacity		(45 - 77 umol/L)*	LDH		(80 - 180 U/L)
Magnesium		(0.7 - 1.0 mmol/L)	Neurone Specific Enolase (NSE)		(<12 ug/L)
Zinc		(14 - 18 umol/L)	Prostate Specific Antigen (PSA)		*
2 Drugs		(Notional target)	7 Vitamins		(Reference interval)
Carbamazepine (CBZ)		(15 - 40 umol/L)	Vitamin A		(0.6 - 4.4 umol/L)
Digoxin		(1.0 - 2.6 nmol/L)	Carotene		(0.93 - 3.75 umol/L)
Lithium		(0.5 - 1.0 mmol/L)	Vitamin B1		(<25%)
Phenobarbitone		(65 - 170 umol/L)	Vitamin B2		(<60%)
Phenytoin		(40 - 80 umol/L)	Vitamin B6		(<150%)
Theophylline		(55 - 110 umol/L)	Leucocyte Ascorbic Acid		(1.1 - 2.8 fmol/wbc)
Valproate		(350 - 700 umol/L)	Vitamin D		(10 - 50 nmol/L)*
3 Lipids		(Reference interval)	RESULT CODES		
Cholesterol		(3.1 - 6.5 mmol/L) *	INSUFF	Insufficient	
Triglyceride		(<2.1 mmol/L) *	ND	Not detected	
HDL Cholesterol		(0.8 - 1.9 mmol/L) *	NS	Not stated	
4 Endocrinology		(Reference interval)	NSR	No specimen received	
Follicle Stimulating Hormone (FSH)		*	USA	Unsuitable for analysis	
Human Chorionic Gonadotrophin (HCG)		(<5 U/L)			
Luteinising Hormone (LH)		*			
Oestradiol		*			
Parathyroid Hormone (PTH)		(1.4 - 5.7 pmol/L)			
Progesterone		*			
Prolactin		(<360 mU/L)			
Urinary Free Cortisol (UFC)		(<25 umol/mol Creat)			

* Analyte shows an age or sex dependence, cycle variation or depends on clinical history
Further details may be obtained from the Duty Biochemist (0141-211-3355 or 3341)

MP-03/95

NHS Confidential: Personal data about a patient

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST		DEPARTMENT OF HAEMATOLOGY	
CONSULTANT & PATIENT LOC OR DR C. CRAWFORD 1119 ARGYLE STREET GLASGOW		SURNAME CONVERY	FORENAME JANICE
GP NAME & ADDRESS	SEX F	D.O.B. AGE 25.05.65	HOSPITAL 295309031
LABORATORY No. H,50908.0042.0			

REPORT

Authorised by Jim Newton (Routine)

						E.S.R.		RETIC	GFST	
DIFFERENTIAL	NEUT	LYMPH	MONOS	EOSIN.	BASO.	MYELO	PRO.MYE.	BLAST	NUCL R.B.C.	OTHERS
X 10 %L	4.40	3.39	0.87	0.12	0.03					
WBC	RBC	Hgb	HCT	MCV	MCH	RDW	PLAT	DATE OF REPORT		TIME
X 10 %L	X 10 ¹² /L	g/dL	L/L	fL	pg			8-Sep-95		11:11
								RUN		
								7714		
								DATE OF SAMPLE		TIME
								8-Sep-95		10:29

BIOCHEMISTRY REPORT

CONVERY JANICE

GP 1119 ARG
25/05/65

LAWSON

139135Q Reported: 08/09/95
07/09/95 13:09

: Authorised By: uP

RESULTS	CONSTITUENT
	Sodium 135-144 mmol/l
	Potassium 3.5-5.1 mmol/l
OLD	Chloride 97-108 mmol/l
	Total CO ₂ 22-32 mmol/l
4.3	Urea 2.5-7.5 mmol/l *
70	Creatinine 60-110 µmol/l *
	Serum Osmolality 275-295 mmol/kg
	Urine Osmolality mmol/kg
	Calcium 2.20-2.65 mmol/l
	'Corrected' Calcium 2.16-2.53 mmol/l
	Phosphate 0.8-1.45 mmol/l
	Total Protein 60-77 g/l
	Albumin 36-50 g/l
	Bilirubin 3-18 µmol/l
	Alkaline Phosphatase 70-260 U/l *
	Gamma G.T. 5-50 U/l
	AST 10-35 U/l
	ALT 10-50 U/l
	Total CK 10-171 U/l
	CK-MB
	Ratio
	Glucose 2.80-6.0 mmol/l
	Urate 0.10-0.42 mmol/l *
	Amylase 70-300 U/l

*Reference ranges for these assays have significant age and sex dependence.

Further information may be obtained from the
Duty Biochemist (211 - 3355/3341)

MP 2/95

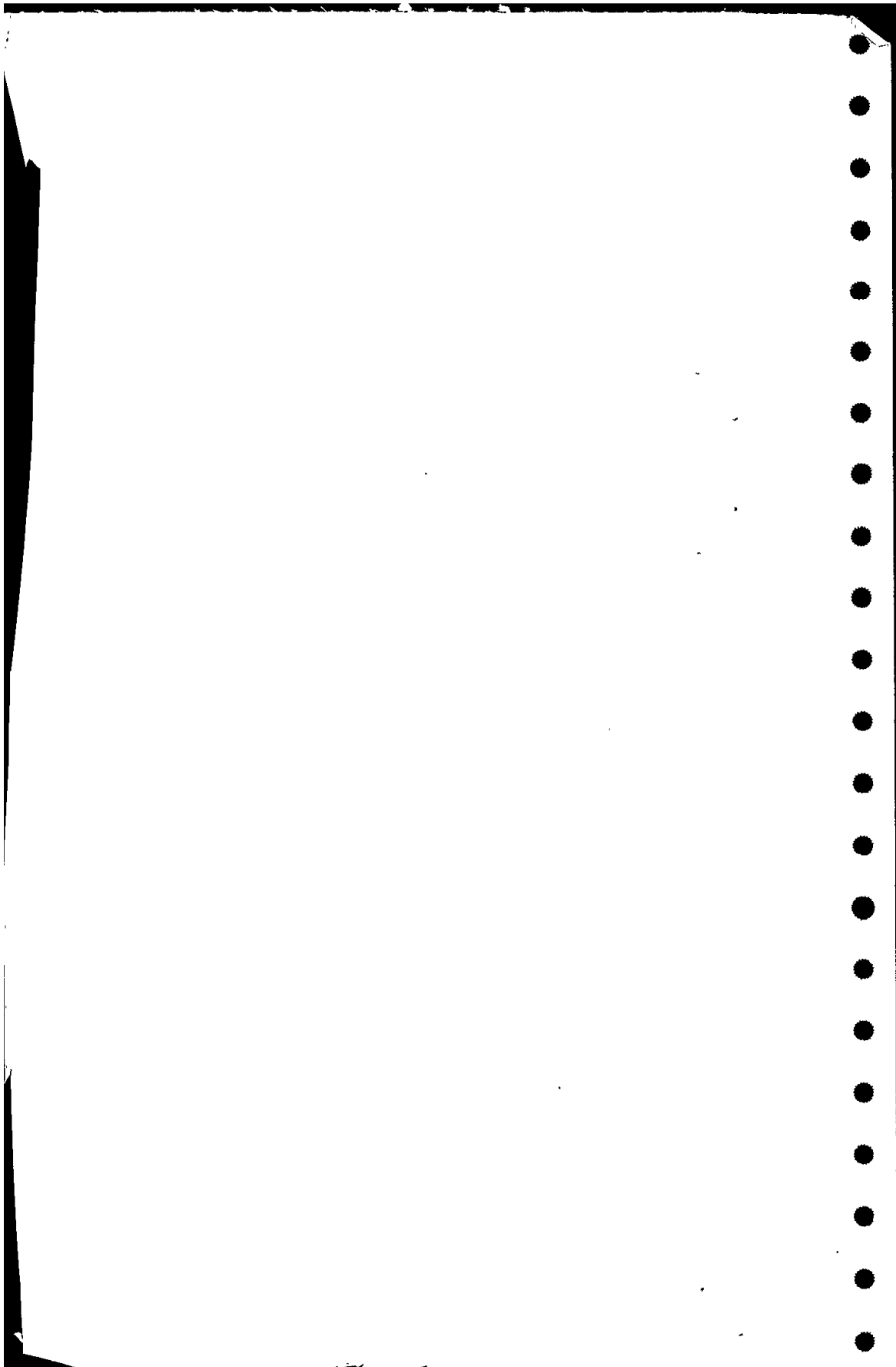
SURNAME	CONVERY		
FORENAME	Janice		
Hosp No	ZC05434494		
CHI No	2705655662		
D.O.B	27.05.65	SEX	F
ADDRESS	21 benview stree		
CONSULTANT/GP	D R MACNEILL		
HOSP/PRACTICE	SANDYFORD SURGERY		
WARD/TOWN	1119 ARGYLE ST		
Requested 29.04.05 @ 11:59	Received 29.04.05 @ 16:21	Laboratory No. 7198064	
 CLINICAL BIOCHEMISTRY CPA ACCREDITED LABORATORY			
142	Sodium	135-145	mmol/L
3.9	Potassium	3.5-5.0	mmol/L
104	Chloride	98-108	mmol/L
	Bicarbonate	21-28	mmol/L
2.5	Urea	2.5-7.5	mmol/L
74	Creatinine	55-98	µmol/L
	Glucose	3.5-5.5	mmol/L
	CRP	<10	mg/L
	Amylase	<100	U/L
	Urate		µmol/L
	Troponin I	<0.2	µg/L
	CK	<210	U/L
13	Bilirubin	3-22	µmol/L
16	AST	<40	U/L
17	ALT	<50	U/L
8	Gamma-GT	<55	U/L
164	Alk.Phos.	80-280	U/L
	Protein	60-80	g/L
43	Albumin	36-52	g/L
	Globulins	19-33	g/L
	Calcium		mmol/L
	Adjusted Calcium	2.10-2.60	mmol/L
	Phosphate	0.70-1.40	mmol/L
	Magnesium	0.70-1.00	mmol/L
	Cholesterol	target <5.0	mmol/L
	HDL Cholesterol	target >1.0	mmol/L
	Chol/HDL ratio		
	Triglycerides	target <2.3	mmol/L
	LDL Cholesterol	target <3.0	mmol/L
0.58	TSH	0.2-5.0	mU/L
16	Free T4	9-25	pmol/L
	T3	0.8-3.0	nmol/L
	IgA	0.8-4.0	g/L
	IgG	6-16	g/L
	IgM	0.5-2.0	g/L
Run No. 764			
§Significant sex/age differences - See handbook			
Authorised by <i>Auto Check</i> Date Reported 30.04.05		North Glasgow University Hospitals Division Gartnavel General ☎(0141)-211-3355	

ST GLASGOW HOSPITALS UNIVERSITY NHS TRUST RADIOLOGY DEPARTMENT	CONVERY, Janice 32Y F AA, LAWSON GP			X-RAY W.I.G.
	44 CLEVELAND STR, GLASGOW			
	<u>LEFT ANKLE</u> No significant bone or joint abnormality.			
	*DR JL MORRISON/LK 04/07/97			
REPORT LEFT W.I. RADIOLOGY ON 04 JUL 1997				
4/07/97 - L ANKLE				

5/7/97		- (C) ankle - went over a pot-hole. Swollen St. on 18-6-97 - still swollen. Medically treated. pain as described. X-ray. Keep on rest for another 2-3 wks - has obviously improved. no more swelling.

*This column has been provided for doctors to enter A, V or C at their discretion

Printed by HMSO Scotland Dd 8391993 3/96 (120234)



- SMEAR DETAILS

Trafford.
RUN DATE 12/ 1/93 PAGE: 1

CHI STATUS
MARITAL STATUS
LAST UPDATE

1147
[] HOWSON TRA
N
11/12/87

RESULTS OF SMEAR

TYPE OF SMEAR CERVICAL

CLASS OF SMEAR NORMAL

CELLULARITY

ENDOCERVICAL OR
BASAL CELLS

SMEAR EXAMINED BY NO LONGER EMPLOYED

NOTIFICATION OF NOT TO BE NOTIFIED
RESULT

FOLLOW UP STIRLING ROYAL INFIRMARY
HOSPITAL/CLINIC

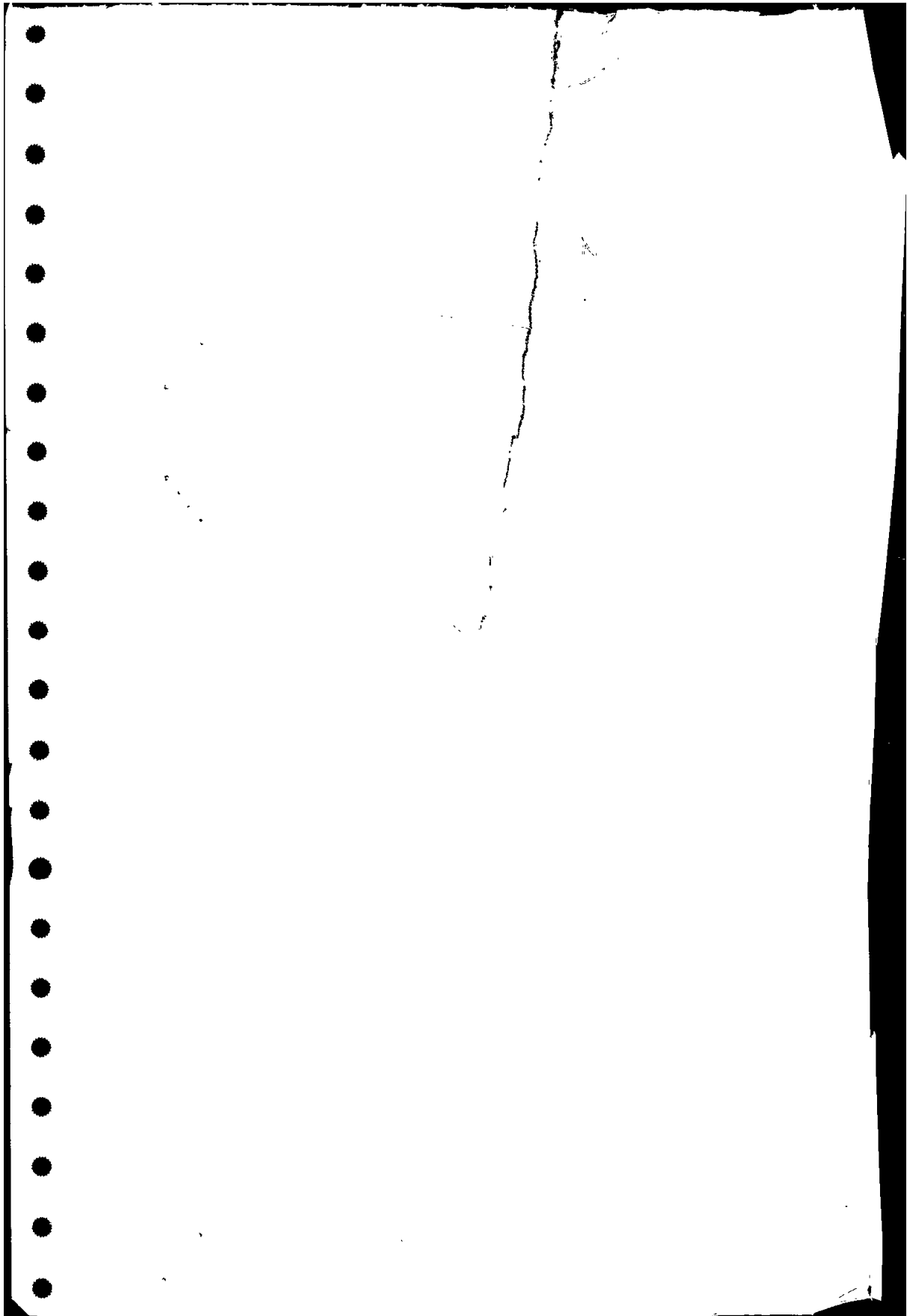
F/U CASE REF.NO

MONTH & YEAR OF 01/93
LAST ENQUIRY

RESPONSE TO LEFT AREA - NO CONTACT
ENQUIRY

HISTOLOGY REF
NUMBER

NHS NO: - J 496/65/332
J
8 25- 68



[illegible]

* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

FEMALE

CONVEY

DATE OF BIRTH

SERIAL No

25/05/45

0063

JANICE
S496.1065.638ROOM ¹⁹ 23 FSH
GLENEAGLES HOTEL
BUCHTERAPDER

DR. G A CREASE

DATE 26/04/82 T

THIS PERSON HAS BEEN PLACED ON YOUR LIST IN ACCORDANCE WITH YOUR ACCEPTANCE
AND THIS CARD SHOULD BE USED UNTIL HER MEDICAL RECORD ENVELOPE IS SENT TO YOU.
IT SHOULD THEN BE PLACED IN THE ENVELOPE.

DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
6/8/83		2-3 dys Punct legs on calves +H, and BDK of legs	
17/2/84		Wongyan 30 x 6	
28-12-84		Perh ? cause The Tay Petronale	
		Refect Rx Wongyan 20 O.P. x 6.	
		B.L. 1/5	
13-6-85		Smear - < Breast exam back - O.P. x 6.	
16/1/86		Chen. Dymen / Gualig no Shuntum M.P. Pm R. Chen Pabon / Pulcing	

* IN C.F. COLUMN, WHICH IS FOR CASES OF CERTIFIED INCAPACITY ONLY, PRACTITIONERS SHOULD
ENTER 'C' FOR FIRST CERTIFICATE, AND 'F' FOR FINAL CERTIFICATE

MEDICAL RECORD CARD

FORM G.P.8A (A & C)

14.1.86. Pam Shaw printer

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FEMALE		Surname	Forenames
		CONVERY	JANICE
Address			
15 PRIMROSE BANK BOWDON			
National Health Service Number		Date of Birth	
WAITRESS		25/5/65	
Date	★	CLINICAL NOTES	
8/11/89	A	generalised abdominal pain since 5/11 - constant + fluctuating. Abdo distended. Bowels normal. No dysuria. Just finished period. Was on Depo-provera for 18/12 up to Aug 88 - then until Aug 89 for menopause. GP started T. 80 73662 Abdo tender ST+CL Re: wound ? Probable Influenza Dis See (2) but Temp 40.0 6.14 but Dyspnoea Felix 20	

★ This column has been provided for doctors to enter A, V or C at their discretion.

Printed in the UK for HMSO. 10/88 Dd.8150842. C153000.44326.

[illegible]

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[illegible]

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NHS Confidential: Personal data about a patient

[illegible]

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[illegible]

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CLINICAL NOTES	National Health Service Number		
	Surname (Block Letters)	Forenames (Block Letters)	
	Address		Date of Birth
	Conson	JANICE	
		27-5-65	

Date	*	Clinical Notes	Diagnosis
10/4/03		- (C) eye - sticky in morn localised lateral inferior conjunctival injection - no FB. no ulcers & fluoresce. PERCA. bp - conjunctivitis Rx fenethalol	
23/9/03		WELL - conj, dirty spots. retrolental screen, can't find the intub. chest - clear. amoxycillin 250mg x 1 14-profen 600mg x 5b. w/v 1 more } back pain persists → refer physio summary	
14/11/03 (E)		- (C) eye +++. Retrolental hair. Trachoma o/e well chest - minor infection chest - good AC, no edema PEF 420. bp Trachoma Rx - cephalax 500 TDS x 21 - paracetamol 1g qds - aspirin 7.5 (14) Has corneal at hand.	
12/1/05 (E)		- WEL & minor pain OK degree of facial tenderness ear - mild mild pharyngitis	

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FORM GP111F

355 2095

D. Smith

Rx amoxicillin 250 (20)
paracetamol
aspirin 7.5 (7) - not taken - Has exam

PRINTED FOR ASTRON, B24563 3/02 (053791)

5/2000 204722

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	CONWAY		JANICE
	Address		Date of Birth
			23-5-65

Date	
23/6/2000	LMP 19/6/2000. BP 100/68 Requesting Depo-provera. D/W Dr Lawson - depo-provera. 150mg quin IM BN 9/05/01. N/A 15/9/2000. Discussed risks - osteoporosis as had been on Depo-provera previously for 7 yrs with no menses and stopped in 1998. If wishes to continue with depo-provera to make appointment with Dr to discuss first. Machine + tulle dressing to blistered heel. - m
18/12/00	Chest pain - Stress related. Mother has defrauded lots of people, including Janice's friends. Police involved. Long chat.
12/2/01	Diaz 2g x 28 use carefully. Long consult. Strained xx, ex partner causing difficulties because of Janice's parents + their alleged fraud. Apparently ex partner was told that Janice's Dad was a pervert + hence he is concerned for Emma's safety. Janice feels they (ex partner family) are just greedy lot of lies to undermine Janice. Not depressed, tearful. Doesn't feel she is depressed and wouldn't take an antidepressant. Discussed - given Jordan Hill counselling no. 1. Re diagnosed 2g (28). Note - DOB - on her birth cert it is 27.5.65 - however she was always told her DOB was 25.5.65 - so large to birth cert. One of her great problems is the unresolved issue of her childhood - where was she brought up - who is her father etc?

*This column has been provided for doctors to enter A, V or C at their discretion

Work under study -

No new sigs.
Must make tenderers @ 100% parallel
w. hp MPD. Advice
costed 8/5000 (100)

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	CONCEEN	JANICE	
Address		Date of Birth	
		25-5-65	

Date	
4/1/99	on 11 letters sent Ricky moved to a voluntary (look up) 2 yrs ago. Janice spent last spring. No prospect of resolution. He says he will move out at NY - ? Barbara Young x2 - helpful, still passing at times
4/1/99	(T) Janice came home from London with Emma last night. Ricky? drinking? drugs. Janice left the house with Emma - Elaine has gone along to see how Emma is. Advised if any concern about Emma's safety then she should call the police. Janice says she's concerned about Ricky's mental state. I think that going to be assessed when he is sober.
5/1/99	(P) Back home. Emma fine. Ricky refusing to leave. Janice does not feel that Emma is at risk. She does not know what she will do if Ricky refuses to leave. Housing is looking at her case & alternative accommodation. She is going to consult a lawyer today.

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Date	
11/2/99	Applied Glasgow West Hsg Hss.
	V+D. x 2/7. R loperamide
	letter for housing.
24/2/99	6 Codanul x 40
5/3/99	King to Parents 16-26h - needs letter for Women's Aid ✓
	↑ Sent 100
24.6.99	Occ chest pain + back pain. Sharp lasts < 1 sec, any time? ^{obs} didn't occur on holiday. OK Well 100% P 68/100 H110. Chest clear.
	No tenderness.
	Inc Souds muscle stress exercising posture.
	Not needing contraceptive WJ ✓
21/9/99	at home in home, RIB CC. washed & being asked to change to loose fit - explained that in long term if related in Bannock but no understand circumstances (well see in surgery measure)
29/10/99	Ex Smeur taken, ex as clearly unresolved. ———
29/10/99	Pain intermittent RIF, 1-2 mts also nausea + occ vomits after heavy meals - esp greasy food. Bowel habit - once every 4-5 days. OK Well
	○ NAD Inc ? IBS ? gallbladder ○ BS ? dyspepsia.
	Rx - Mavac 500 1/RS - metoprolol 50 (86) TDS - omeprazole.

* This column has been provided for doctors to enter A, V or C at their discretion

See in tx.

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Conway	JAMES	
	Address		Date of Birth
			25/5/65

Date	
4/7/97	X-ray report
30/7/97	① Left side shoulder - missing X-ray - ve. W/beam, mild dislocation laterally. Exercises. No proflax cream (000). Stuffed wound, feeling great just had a hot shower.
10/9/97	MR 11/0/70
10/10/97	Depo. Provera 150mg / 1m 12. ECU10 10 score. W/D 3rd Dec. MT
18/10/97	frontal headache TM's disturbed ? sinusitis Vibranon 100g x8
	Ting (L) occipital node reassured
3.12.97	Depo Provera 180mg DK14S. MT. W/D 2nd Feb.
4.3.98	Take Depo - Nov been sexually active. Advised to take extra contraception. 7-10 days MT
	Depo. Provera 150mg/ml. ECU10 11/11/97 MT
28.5.98	MR 100/60, 66kg Depo Provera 150mg/ml. ECU10 11/11/97 MT
21/7/98	TV Assaulted by partner Sat night - in a fight with him on stairs from a night and. Own skinned on her face 2" cut forehead & 3/4 cut lip & lip

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095



← x6 sutures

← x3 sutures.

Bruising medial aspect
of both eyes.
Bruising (C) side of neck
(C) ear (pinna) + behind (C) ear.
Bite/bruising 2" diam (C) forearm

Date	
	She has asked him to leave V upset at violence of the argument. Thinks he needs help Relationship x 8 years - 1 year last 2 yrs same pushing & shoving but not as severe as this fight
	Col Donald x 40 CF 27/7/98 Head injury
	✓ D.N to go in to nurse patients (too embarrassed to come out)
19/7/98	MTC
2/8/98	Pauls E split up. Ricky's family / Ricky not accepting. "putting pressure on" Sensat 10 x 28
14/11/98	came at Ricky's request - had agreed to attend therapy - but clearly stressed herself he not accepting situation, harassing her, threatening friends she is launching trying to cope, but weeping and upset long chat
	Sensat Song X 28
	(only back Sensat a few days)
	asked specifically to return to see us (Ricky's family - Mum / sister etc now supervise)

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8/11/98 Sensat Song X 28
took to make app

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	CONVERKY		JANICE
	Address		Date of Birth
			25-5-65

Date	
20/8/96	Cervical smear taken MD
7/10/96	Small Pessary (Cervix)
21/10/96	Ventolin inhaler (DOP MD)
21/10/96	1st late for dept. No period. Clear preg test M
23/10/96	Pregnancy Test Neg. Depo-Provera 150mg / Lot # 23202 MD JANIS
21/10/96	Block 25021
31/10/96	1st 2nd
	de heavy pain ant chest - few days, worse at night no clear pattern / food / posture / resp / no resp symps w/ h/o dyspepsia
	prob 86/min neg no local tenderness IKSF ✓ V R A chest clear
	2 lymph node pain
	Kalantha 10ml am/freq, some
14/1/97	Depo-provera 150mg/ml, Lot DE182 Next due 5/4/97. No problems MD
4/4/97	(Tue 8.4.97.) → Needs depot - none in fridge! Script written, see on Monday.

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FORM GP111F
355 2095

no tiredness, fatigue, pain in back - seems postural
worse lying down not food related, Kalatac unhelpful
Teased, upset, feed down, partner been paid off etc,
sniffing at child etc, no other biological features.
Discussed use of antidepressant - see on Mon.

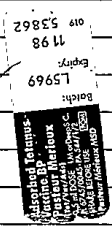
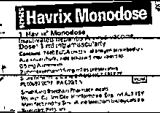
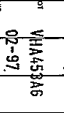
Date	
7/4/97	D1382 02/96 Depo Provera Discussed about need as 3 days ago Rx reversed 20-30
8/5/97	→ Quite a bit better. Mark positive. Continue on reversed 20-30 Also 1/2 nasal cavity stuffy + Try Nasorex 400 ^{mg}
2/6/97	Cough due to spit Shaky days Chest - 1 sl. wheeze Swabs ✓ fine Pt 330 Amox 250 x 21 CT Inhalers → ↑ brown inhaler double dose
	? Dermatitis hands Advise good barrier Washes as barrier May need skin testing.
2/6/97	⑥ Salbutamol x10p Becotide 100 in 1 x10p
04-6-97	Micro report
18-6-97	well.
9/10/97	Depo Provera 107. DT145. MS 10 years Be on Depo 6 years:- Talked about ? side effects: Preferes using Depo to pill ect.
3/7/97	→ ① able - went over in a hot-hole in Hyndley St on 18-6-97 - still swollen, malodorous, painful pain on invasion. X-ray. Keep on reversed for another 2-3 mths - has obviously improved, see how things go

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		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	CONNERY	JANICE
	Address	
		Date of Birth
		25.5.65

Date	
8.3.95	Depo Provera 150mg / 1ml Lot E19353 9.10.2 ✓ N/D. 1st June 95
2/6/95	Depo Provera 150mg / 1ml Lot J E19859. Next due 25/8/95 Exp 1.98
24.8.95	WHL Going on holiday to - return Depo Provera 150mg / 1ml Lot E208201 Wt 64kg N/D 13th Nov
6/9/95	No follow up 1-2 pm. No sample Symptoms not assessed. Advised. Stops with notes for follow up → date for use of 1.98
7.9.95	WHL Bloods. when
8.9.95	Bio Report
11	HAS. 11
11/9/95	Biochem report
16.11.95	Depo Provera 150mg / 1ml Lot E21046 8/11/95 N/D Feb 1996
6/2/96	WHL & 2 months dark clear Adm Amoxycillin 250mg x 11 Depo Provera 150mg / 1ml Lot E22257. N/D.

*This column has been provided for doctors to enter A, V or C at their discretion

Date	
1.5.96	Depo Provera Lot. E22798 w/19 July 2001 K/P 110/65 WT 105.
10/6/96	Wasp sting 8/7-ago (L) ny as pya Became more swollen again yesterday itchy 0/6 Right: papules surface and non under hyp: delayed hypersensitivity reaction T-tube 60g bol x 30 (Shing as a child) Gp/w Immunology - unlikely to progress to anaphylaxis
12.6.96	Going to Turkey Aug Sept 96 for 2 weeks Never been vaccinated since childhood ✓ General Health good - not pregnant • Polio oral Lot. WD 5124W4. 13
19.7.96	   ✓ BRL ✓ Hypoallergenic ✓ Fybogel
22.7.96	Depo Provera Lot. E23203 150mg/ml K/P 100/70: W/D 13th AT Seen on Depo. at least 5 years: WT: 63
28.8.96	SMAR 2000 APP. SEOT. 20-8-96)
7/8/96	FyBOGEL (1) op AD

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number	
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)	
	Convey		Daniel
	Address	Date of Birth	
		25.	

Date	
25.3.93	WELL: G/P. 100/70 Depo. Power, incl LOT E13698 AS NEXT DUE. 10th June Smear DUE next visit
10/5/93	Smear APP SENT
20.5.93	Cx smear ✓
10.6.93	Depo Power in LOT E14212
10/6/93	Smear Result Next due 15th Sept AS
31/8/93	PF 456 exam with me → walking stick green spot. non motor distilled just now described Enthused A. X2 (R) Ventrals with Basilide 100 field neuritis resist ¹ / ₂ , lower of not relating DEPOPOWER. 150mg E14730 (R) due 22/11. 24/11/93 Depo Power 150mg LOT E15543 (R) due 2nd Feb 94 AS 7/12/94 Depo Power E15543. 150mg (R) (due 21/5/94) fell at work → pain low back, (A) side. due sup home the profen 600mg X 60.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

al. to pain dorsum (A) hand over 2nd/3rd mts
→ difficulty making fist at time
h/o 1 ganglion - comes & goes.
(A) handed. →

Date	
	1 bandonates (adv. the prof. as reg) (1. making splint) longstanding constipation b.p. 150/90 5/6/7, shrunken at home an 11/20 aneurysm abd. soft, loaded colon discussed Add HybriGel orange + BN X60.
4-5-93	Depo. Provera: LOT E15543 250mg. w/D 20th July GP107 ✓
20-7-94	Depo. Provera LOT E17366 150mg/1ml w/D 1st week
5/8/94	Mouth ulceration: inside lips & on tongue. Feeling run down - asking shifts as a waitress. sore throat & muscle aches. Exam. pharyngitis. ulcerated upper lip & throat. + petechial haemorrhages & cervical nodes. no rash elsewhere = viral URTI = <u>oral ulceration</u> or Steven Johnson Syndrome - 1 Corodyl mouth wash - x300mls drink = 10mls bid. Rest as much as possible. E Camomile
4-10-94 18-11-94	Depo. Provera 150mg. LOT E17793 1st week Ref. from splint. Abdominal pain PEF 350 L/min Haemoglobin 250, tid. Use miltab regularly
20-10-94	GP 100/10. Depo Provera 150mg/1ml LOT E17507 GP102 ✓ w/D 1st March

*This column has been provided for doctors to enter A, V or C at their discretion

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	
		Date of Birth
		25/5/65.

Date	
22/2/92	NEP+ PROVANT (Sung) 1ml 23721.
10/3/92	Cont to have tight chest. due 14/5/92 PEFR 330. auscultation - one scattered wheeze D asthma Short Ventolin inhaler 2 puffs 4 hrs Review 1/2
15/3/92	(DWA)
23/3/92	Feeling better with inhalers. PEFR 440 - still scattered wheezes. esp at times cont c ventolin
30.3.92	Much improved o/E chest clear PEFR 470
29/4/92	ventolin inhaler x 2 2 puffs 4 hourly
18/5/92	Dobut 150g E11146 exp 5/94 Next due 5/8/92

* This column has been provided for doctors to enter A, V or C at their discretion

Date		
5/8/92		DEPO- PROVERA LOT E12125.
2.10.92	(R)	NEAR DUE OCT 21.2
21.10.92		Ventolin inhaler 1000mcg
11/12/92		Depo. Provera LOT. E12308
		NEAR DUE 6 th JAN.
31/1/93		signed CP102.
		DEPO-PROVERA E12782 15mg (due 25/3/93)
		(going to Cyprus tomorrow)
2/3/93		Headaches PF 250
		Shoeys. PF 385
		Cough dry by Spiv
		Chest - in 1 local
		A well
		Amoxyl x21
		Stoplylin 250 5d x30
		Verflin x10P
3/3/93		Nauseated Vomiting PF 480
		Fing 38
		Chest deep
		Neck stiffness
		Stop Amoxyl / Stoplylin
		CTSA PCT x40
		Buccaston x50.

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth
	Conway	Janie
		25/5/65

Date	
16/4/91	Chronic nasal catarrh x 1 yr → Rhinorrhoea x 11.0
6/6/91	CP Found out she was pregnant on 24/4/91 - diagnosed at FRC - referred to QMNH - at that time 22/52 pregnant Now 23/52 weeks. Unplanned pregnancy but pleased now. Well so far - threatened abortion at 24/52 - USS scan satisfactory. Oneq - received Ant D. EDD End Sept 1991. POTx Nil. PMTx Nil of note. Dtx Nil. She lives in flat c boy friend + his mother - 2 apt + kitchen. very cramped quarters. Smokes w/c cigarette/day. GIE Well. BP 110/60 (same reg. Abx) = 23/52 Adx re diet, ↓ smoking See 24/6/91 Booked Dr Miller QMNH already. Letter to housing dept Copy Referral To whom it may concern Copy letter Queen Mother's Hosp. Discharge DN A. Patient phoned to say that her shift had been changed and had to work till 6 p. To come to clinic on 8/7/91 @ 2.15pm. Attending QNH on 1/7/91 QNH letter DN A
16/6/91	
10/6/91	
21.5.91	
24.6.91	
14.6.91	
8.7.91	
20/7/91	Lives with boyfriend + mother. ([REDACTED]) 2 apt. Wants house in area Apparthy mental ltr not sufficient for for further ltr

*This column has been provided for doctors to enter A, V or C at their discretion

Date	
25/9/91	Copy letter
29/9/91	Penicillin 600 X60.
1.10.91	Queen Mother Dismissal Summary
7/10/91	11 postnatal URT & cough.
	OE / scattered rhinorrhoea
	no h/o asthma (true ph) aft cigs since pregnant.
	Amoxycillin 250mg X21 (+ bronchodilator).
9.10.91	my letter re hanging Copy letter
15.10.91	Family Planning Notes
18.11.91	Pat note On depot knash / road Dose
	Baby line - Bottle feeding - Ashmole
	Review early Dec for next depot
5.12.91	Dep- Provera: 100mg. 1st course dg 90/50: no problem with depo. Lor. 23720: WGT JUNE 20th FEB 92
27/1/92	PF 380 cough + ant chest pain. OE / prolonged cough

* This column has been provided for doctors to enter A, V or C at their discretion

will foral
Amoxycillin 250mg X21
Volmax 4mg + BD X30.

occ cigs only.

[illegible]

*This column has been provided for doctors to enter A, V or C at their discretion

NAME AND CODE No:-		Janice Convery, ~~23 Larchbank, Ladywell.~~ ~~No 19 Brown Walk~~ Wallhouse Children's Home D.O.B.: 25.5.65.	
DATE	C/F	S.H.T.	CLINICAL NOTES
2.3.79	ICB	S ✓	T.P. S. Banged elbow two or three days ago. O. Slight tenderness over lateral epicondyle. A. No evidence of fracture. P. No further action.
23/4/79	ICB	S ✓	Fell down stairs at school. Soft tissue injury to Rt ankle. Gelling support.
22.10.79	ICB	S ✓	TP S Spots on face. O Multiple small pustules. A Mild impetigo spread by poor hygiene and touching face all the time. P Aureomycin ointment one tube. 70 ✓
22.8.80	ICB	S ✓	TP A Pharyngitis P Advice Problem 1 Parents in London. Mother being sought by police for further frauds. Janice presently staying with her older sister Mrs. Edgar. 70
4.12.80	FIS	S ✓	Problem: 1. S. Janice and Sharon are in Wallhouse Childrens Home. Caroline is separated from Barry and is living with friends 19 Gorsebank. Caroline's son Steven is with foster parents in Dedridge. Mr. and Mrs. Convery have a house somewhere. They 'phone Wallhouse occasionally but have left no address. Janice wants to do hotel work when she leaves school at the age of 16 years. P. General discussion. Need for contraception among young hotel workers discussed. T.P. S. Cough for green sputum. Smokes about 5 cigs. per day. O. Chest clear. P. Stop smoking. Tabs: erythromycin 250mgms q.i.d. (28) 70 ✓
12.1.81	N.N.		Janice has been placed in Uphall Family Group Home (132 Forest Walk, Uphall) but is still attending school in Livingston. She will remain in care until she is 16. at least. N. Ross Social Worker.

Not reg.

NAME AND CODE No:-

Janice Convery,
23 Larchbank.

Age, 13 years.

DATE	C/F	S. H. T.	CLINICAL NOTES
18.9.78	MPR	H	S. Sore throat and ears. Aches in bones. Fevered. O. Throat infection. P. Pen. V.

		National Health Service Number	
NEW PATIENT		Surname (Block Letters)	Forenames (Block Letters)
DATA COLLECTION		CONVERY	ANICE
		Address	Date of Birth
		27 DENBY ST. 3/5.	25.5.65.
Date			
17.4.91.	DATE OF REGISTRATION		
	DATE OF HEALTH CHECK INVITATION		
	OCCUPATION Unemployed.		
	HOUSEHOLD: Sharing:		
	PAST MEDICAL HISTORY: Ruptured lung: few years ago		
	PELVIC INFLAMMATORY DISEASE: 1989:		
	Sinning Problems: Serious leg: NOSE blocked		
	Both Parents alive: 1986 Episode low BP: FAINTING: known since		
	FAMILY HISTORY heart trouble NO:		
	high blood pressure NO.		
	strokes NO.		
	diabetes NO		
	anything else that runs in the family		
	ASTHMA: MOTHER, FATHER, SISTER, BROTHER.		COMMENTS
	SMOKING HISTORY YES: 5-10 per day:		
	ALCOHOL CONSUMPTION present: 10 units per week:		
	REGULAR EXERCISE: Works with hand saws		
	WALKING:		
	TEST NORMAL:		
	IMMUNISATIONS: (1989)		
	DRUG HISTORY Medication NO,		
	Known allergies nil known		

[illegible]

[illegible][illegible][illegible][illegible]

Convery, Janice

DoB: 27/05/1965

Report Valid On 24/01/03 09:53

Sandyford Surgery

Page number 1

Registration

Miss Janice Convery
F3/2 21 Benview St Firhill
GLASGOW

Service Code: Permanent

DoB: 27/05/1965

G20 7SA**Telephone:**

Contact: ?

Contact/Relship: ?

CHI Number: 2705655662

Registered GP: Dr A A Lawson

Registered: ?

BMI: 0.0

Height: 0 m

Weight: 0 kg

BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval	
				Pres.	Review
NASONEX AQ NASAL SPRAY	1 puffs 2 PUFFS EACH NOSTRIL ONCE	D 07/01/02	14/11/02	28	8
Beclomethasone Dipropionate 200 Dose II	1 2 PUFFS Twice daily	07/01/02	14/11/02	28	8
Salbutamol 200 Dose INHAL 100MCG/DOSE	1op - AS DIRECTED	17/10/96	14/11/02	28	8

Clinical / User Marker

15/04/2002	High	Other laparoscopic female sterilisation	
23/06/2001	High	Forceps delivery female	
23/06/2001	High	H/O: pelvic inflammatory dis.	
23/06/2001	High	Threatened abortion	
17/04/1991	High	GP/HPC-health promotion clinic	
23/06/2001	Medium	Notes summary on computer	
28/07/1999	Medium	GP102 sent to Health Board	
09/05/1991	Medium	Pat. GP7B/GP8B card from HB	
18/12/2002	Low	Microbiology Faeces	1 NORMAL
22/08/2002	Low	H/O: asthma	
04/07/2000	Low	GP102 sent to Health Board	

Screening

13/01/03	Cervical Screening\$\$	Cervical smear: negative	
	Repeat after an Interval - 36 Months	Send recall when due	Send result letter
25/07/01	Contraceptive Review\$\$	Contraception - not needed	
	No Action Required	Do not send recall letter	Do not send result letter
23/06/00	B P Screening\$\$	O/E - BP reading normal	
	Repeat after an Interval - 60 Months	Send recall when due	Do not send result letter
10/05/00	Contraceptive Review\$\$	Oral contraception -no problem	
	Repeat after an Interval - 12 Months	Do not send recall letter	Do not send result letter

Summary Sheet: Sandyford Surgery

Printed at 24/01/03 09:53:25

Convery, Janice**DoB: 27/05/1965****Report Valid On 24/01/03 09:53**

Sandyford Surgery

Page number 2

29/10/99	Cervical Screening\$\$	Cervical smear: negative	
	Repeat after an Interval - 36 Months	Third recall letter sent	Result letter sent
24/06/99	B P Screening\$\$	O/E - BP reading normal	
	Repeat after an Interval - 60 Months	Send recall when due	
20/08/96	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	
24/07/96	Tetanus Immunisation\$\$	Booster tetanus vaccination	
	Repeat after an Interval - 120 Months	Send recall when due	
12/07/96	Polio Immunisation\$\$	Booster polio vaccination	
	Repeat after an Interval - 120 Months	Send recall when due	
20/10/94	B P Screening\$\$	O/E - BP reading normal	
		Send recall when due	
20/05/93	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	
17/04/91	Alcohol Intake\$\$	Light drinker - 1-2u/day	
	Repeat after an Interval - 12 Months	Send recall when due	Do not send result letter
17/04/91	Height\$\$	O/E - height	
	Repeat after an Interval - 36 Months	Send recall when due	Do not send result letter
17/04/91	Smoker\$\$ Status	Never smoked tobacco	
	No Action Required	Send recall when due	Do not send result letter
17/04/91	Weight\$\$	O/E - weight	
	Repeat after an Interval - 36 Months	Send recall when due	Do not send result letter
13/06/85	Cervical Screening\$\$	Cervical smear: negative	
		Send recall when due	

Priority Clinical / User Marker

15/04/2002	High	Other laparoscopic female sterilisation
23/06/2001	High	Forceps delivery female
23/06/2001	High	H/O: pelvic inflammatory dis.
23/06/2001	High	Threatened abortion
17/04/1991	High	GP/HPC-health promotion clinic

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance	Type
19/07/98 1:	High	Western Inf	A+E	Not Specified	Self Referral
20/11/01	High	Western Inf	Gynaecology Locum 1	Investigate 1st Visit	Out Patient

		National Health Service Number	
CLINICAL NOTES		Surname (Block Letters) <i>Conway</i>	Forenames (Block Letters) <i>James</i>
		Address	
		Date of Birth <i>25/5/65</i>	
Date			
<i>4/7/97</i>		<i>X-Ray Report</i>	
<i>30/7/97</i>		<i>⑤ all still swollen - rearing X-ray - ve.</i>	
		<i>w/ seen, mild disapt (lateral)</i>	
		<i>Exercises, Rx prolex cream (oo)</i>	

SANDYFORD SURGERY

ASTHMA MANAGEMENT PLAN

NAME

DATE

PERSONAL GOALS:

What do you want from your asthma treatment? _____

FEELING WELL ZONE (for example: breathing is good, you can exercise without breathlessness, no days off work/school)

use your preventive medicine daily(brown)

medicine	device	amount	time (am/md/pm)

BEST PEAK FLOW RATE=

RELIEVER medicine (blue)-to be taken as required/ or 10 minutes before exercise

ACTION ZONE (for example: coughing, waking at night, tight chest)

In this zone you could double your up your preventive medicine for at least 8 weeks. Start to measure your peak flow rate.

medicine	device	amount	time (am/md/pm)

DANGER ZONE (for example: breathless, can't talk/walk, reliever not lasting)

Continue using your reliever (BLUE) medicine and get help from the Doctor
Surgery phone number= 0141-248-3698 or go straight to **HOSPITAL**.

If you have a **spacer** with a reliever device you can take up to **10 to 15 puffs**, as required.

After an emergency, could you please contact the nurse or the doctor at the surgery for a review of your asthma.

Signature of nurse or doctor discussing plan: _____

4

T

6. Change of Doctor. (a) If you choose a new National Health Service doctor because you have changed to a new address, you and the new doctor should fill in Part A on page 3. (b) If you wish to change your doctor for any other reason—

either (1) you may transfer at once with the consent of your present doctor and the new doctor; Part B on page 3 should be completed by you and both doctors; or (2) you may write to the Health Board saying that you intend to change. This card must be sent with the letter; it will be returned to you with the necessary instructions. You will not be able to transfer in this case until at least 14 days after the Board receive your letter.

1 _____

2 _____

3 _____

4 _____

(5.2.75) (E18605) Dd. 960897 629,000 4/75 J.&G.L., Ltd. G259

NATIONAL HEALTH SERVICE

MEDICAL CARD

ISSUED BY THE

TAYSIDE HEALTH BOARD,
23 Roseangle, Dundee DD1 4LU.



Date of Birth
25/5/1965

Postage must be paid on all letters to the Health Board.
Use this number for any official correspondence.

N.H.S. No. 8446-65-338

To: MR SANIAR CONVERY

(Full Name) Miss 81, PARK AVENUE,

(Address) DUNDEE

Please notify your doctor and your Health Board of change of name or address.

Former or any other Surname

Dr. K. H. FRESHWATER

Board Stamp

IMPORTANT: Please keep this card safe. Take it when you visit your doctor or go for Dental Treatment or an Eye Test.
If you are going abroad for more than three months this card should be returned to the Health Board at the above address or, alternatively, handed to the Immigration Officer on departure.

24 JUL 1975
TAYSIDE HEALTH BOARD

2

GENERAL INFORMATION

1. This card shows the name of the doctor who will give you general medical treatment under the National Health Service. It should be shown to him if he asks to see it; if it is not produced the doctor may charge a fee. He will give a receipt for the fee on a special form, which contains instructions for the recovery of the fee.

2. Consultations. Attendance at the doctor's consulting room should be during consulting hours.

3. Visits. Please do not ask the doctor to call unless the patient is too ill to attend at the consulting room. It is essential to give the doctor notice before 10 a.m. if the visit is required the same day except in case of emergency. Only in exceptional circumstances should a visit between the hours of 8 p.m. and 9 a.m. be requested.

4. Accident or Emergency. If neither your doctor nor his deputy is available, immediate attention in an emergency can be obtained from any doctor giving general medical services under the National Health Service Act.

5. Medical treatment when temporarily away from home. If you are away from your usual address for a short time, you may apply for treatment to any doctor giving general medical services (see 7 below).

6. Change of Doctor (see page 4).

7. Lists of Doctors, Dentists and Opticians taking part in the National Health Service can be seen at main Post Offices.

8. Any enquiry or complaint about general medical, dental, ophthalmic or pharmaceutical services should be made to the Secretary of the Health Board. Complaints cannot normally be dealt with unless made within 6 weeks of the event which gave rise to the complaint.

3

CHANGE OF DOCTOR

Part A. To be filled in if person has changed to a new address and chooses another doctor (see 6 (a) on page 4).

I wish to be placed on the list of

Dr. _____ Date _____

Signature of applicant
or authorised person _____

Address _____

Signature of Doctor Date _____

* Drugs _____ † Mileage _____

Part B.—To be filled in if person has not changed to a new address and transfers with the consent of both doctors (see 6(b) (1) on page 4).

I wish to be placed on the list of

Dr. _____ Date _____

Signature of applicant
or authorised person _____

Address _____

I agree to this transfer. _____ Date _____

Signature of consenting doctor _____

Signature of accepting doctor _____

* Drugs _____ † Mileage _____

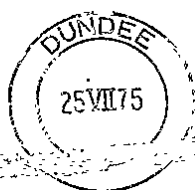
* If doctor is to supply drugs he should enter D in space marked *
† If doctor claims payment for mileage he should enter the number of miles in space marked †. If there is any special difficulty of access, details should be given on a separate note.

NHS Confidential: Personal data about a patient

Undelivered, return to

25 ROSEANGLE,

DUNDEE



If undelivered return to
Tayside Health Board,

*Gene away
bel*

GREATER GLASGOW HEALTH BOARD—WESTERN DISTRICT

Telephone: 041-339 8888

ROYAL HOSPITAL FOR SICK CHILDREN
YORKHILL, GLASGOW G3 8SJ

RM/JS.

1st. November, 1976.

Out-patient dept.

Dr. T.H. Ratani,
6 Achamore Road,
Glasgow, G15.

Hosp. No. 209439.

Dear Dr. Ratani,

Re: Janice Convery - 25.5.65.
38 Fettercairn Av., Glasgow.

Thank you for referring this child who has a long history of no hair growth with recent alopecia areata.

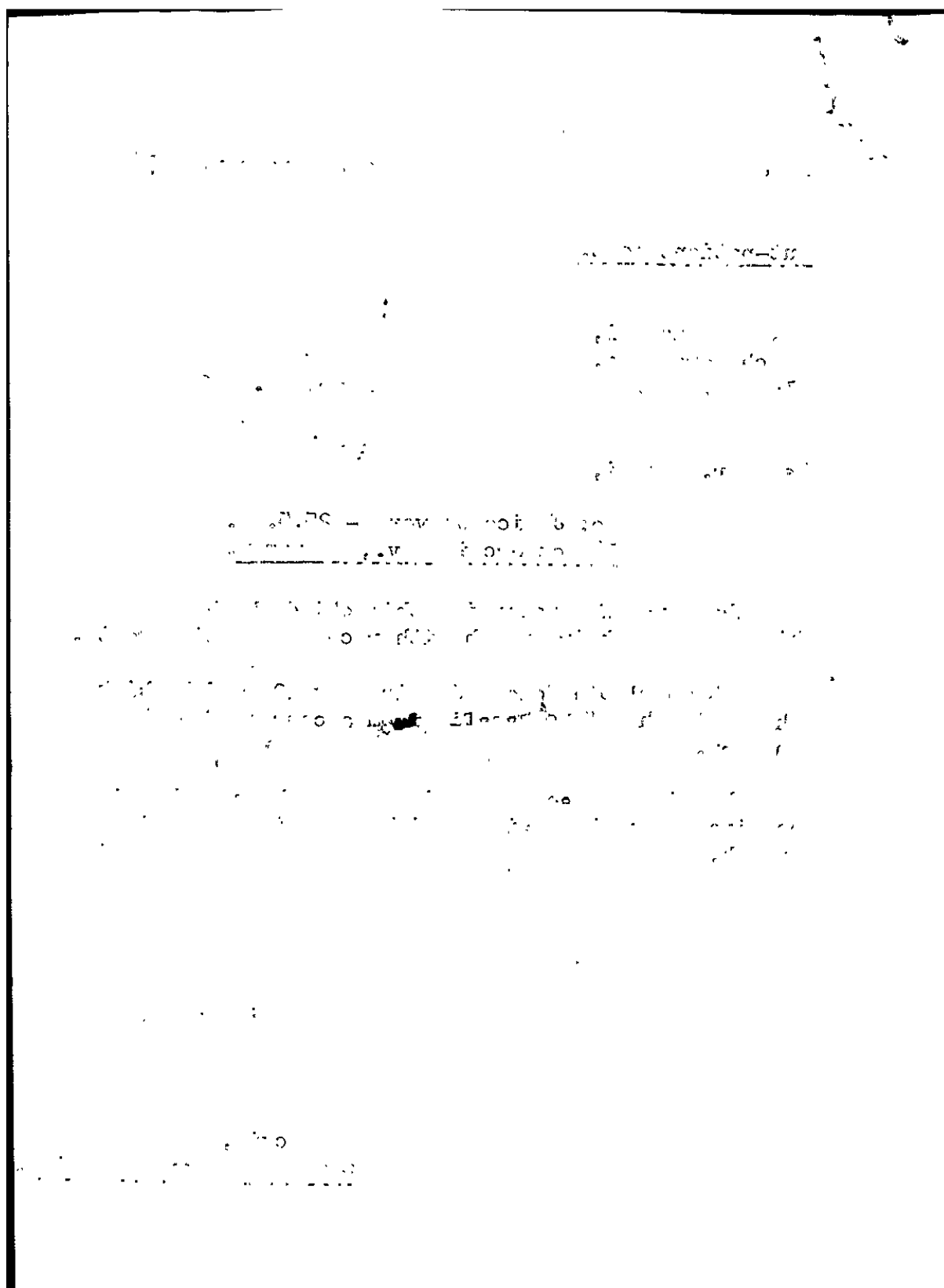
A haemoglobin done today is only 12G and I think she would therefore benefit from a course of oral therapy.

She will be seen again in one month when she will be given some ultra violet light to stimulate hair growth.

Yours sincerely,



R. Mackie,
Consultant Dermatologist.





PATIENT QUESTIONNAIRE

DATE

PLEASE FILL IN QUESTIONNAIRE IN CAPITALS.

Full Name Janice Convery Date of Birth 25 May 1965
Address 15 Primrose Bank
Bowdon Vale nr Altonham
Sex Female Tel No 9285714 Height 5-4 1/2 Weight 10st
Job General assistant
Hobbies

Have you had any previous serious illness? NO

FAMILY HISTORY

Are there any illnesses in the family i.e. heart disease, strokes, diabetes? NO

Have you had or are you about to have any operations? NO

Are you currently undergoing a course of treatment? NO

Have you any disabilities? NO

Are your parents still alive, if so please state age Yes 49, 59

If not what was the cause of death and at what age

Have you ever lived abroad? NO

When was your last tetanus injection? 3 years ago

Have you had any recent inoculations?

2/10

Doctors' Deputising Service

Own Doctor: Bar 893 THROAT SWOLLEN

Name: J. Convey Age: 11

Address: 34 Letterman Ave

Diagnosis: DRUMCHAPEL 1UP

Temp 91 + Sore Throat
Ac. Tonsillitis

Treatment: Erythroxid
- Paracet

Re-visit:

☒ NO Patient will ring you if necessary
☐ YES ON

Mon	Tues	Wed	Thurs	Fri.
	✓			

Date: 17/4/77

Call sign: 24

When diarrhoea disturbs...

new **Imodium*** restores

 Janssen Pharmaceutical Limited

* TRADEMARK

PLEASE FILL IN QUESTIONNAIRE IN CAPITALS.

Have you any allergies? NO If so please state type

Do you smoke, if so how many cigarettes a day? 10 - 15

Do you drink alcohol, if so how much in a week? 5 or 6 Glasses

Are there any points that you particularly want to raise with the doctor? .. NO ..

WOMENS SECTION ONLY.

When was your last cervical smear? 2 years -

How many children do you have? None

How old are they?

Do you use any form of contraception? NO

If so, what sort and for how long?

Have you been immunised against German measles? YES

CHILDRENS SECTION.

What immunisations have they had:

	Date of injections			
DPTet				
Polio				
Measles				
MMR				
Rubella				

North Glasgow University Hospitals
Division

DEPARTMENT OF GASTROENTEROLOGY
Dr Peter R Mills' Gastroenterology Clinic



*Floor 8
Gartnavel General Hospital
1053 Gt Western Road
Glasgow
G12 0YN*

*Clinic Date: 31.08.05
Typed: 7.09.05*

Secretary's Direct Tel No: 0141 211 3278

Our ref: KD/MW/51142244R

Dr B Greenhalgh
GP Locum
Sandyford Surgery
1119 Argyle Street
Glasgow
G3 8ND

G		DATE	DONE BY
POST	CONTACT PATIENT	DEPUTY LOGGED	
MAKE APP. NURSE	CLINICAL UPDATE		
SCRIPT			
NOTES	FILE		

Dear Dr Greenhalgh

JANICE CONVERY DOB 27/05/65
Flat 3/2, 21 Benview Street, Firhill, Glasgow, G20 7SA

I reviewed this 40 year old lady with diarrhoea and weight loss at Dr Mills' Gastroenterology Clinic today. She reports a six month history of diarrhoea, occurring 2-3 times daily, which is grossly different from her usual bowel habit of 2-3 times weekly. She describes loose stools with no p.r. blood that don't flush easily. She notes a reduced frequency of diarrhoea when she takes Imodium tablets. She also describes initial weight loss, occurring with the diarrhoea, of about one stone within a month. However, she tells me that she has since put the weight back on as she has increased her food intake. There is associated nausea, but no vomiting, and the nausea is always relieved by food, which accounts for her increased appetite. Her only other symptom is of a sweatiness. She denies any abdominal pain or indigestion and claims not to have problems with heat, tremor or palpitations.

In the past she has had irritable bowel syndrome causing constipation, which was treated with laxatives. However, she is currently on no medication and denies any alcohol excess.

On examination she looks well with no evidence of jaundice or anaemia. The abdomen was soft and non-tender with no palpable organs or masses. Bowel sounds were normal.

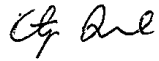
I have repeated her bloods in clinic today, including thyroid function and Coeliac screen. Should these be abnormal, we will let you know. However, we will otherwise review in clinic in six months' time. In the interim I have suggested that she continue with Imodium to provide symptomatic relief. Should she develop any further worrying features, please contact us.

Many thanks.



Kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Dunne', written in a cursive style.

Kathryn Dunne
Medical SHO

E-mail Subject Line: Gastroenterology, - -, 2705655662, Convery, Janice

Clinic	Day Date	Time	Hospital No.
Consultant to complete:	Appointment category	Clinic Details	

Date: 06 July 2005

GP Urgency: Routine

CHI 2705655662

Please arrange for this patient to attend **Gastroenterology
Gartnavel General**

Surname **Convery**

Forename **Janice**

Address **F3/2 21 Benview St Firhill GLASGOW**

Title **Miss**

Date of birth **27/05/1965**

Tel **574 7539**

Post code **G20 7SA**

Previous name

" address

Previous hospital attendance Y/N

If Yes, please indicate year Year

Unit number

Referral checked by

Referring clinician: Locum 1
Sandyford Surgery
1119 Argyle St Glasgow
GLASGOW
G3 8ND

0141 248 3698, fax: 0141 221 5144
Practice Number 40455

I would be grateful if you could see this lady who presented with a three months history of nausea and a churning feeling in her stomach. She tells me that occasionally she wretches in the mornings but does not bring up food stuff. She does not complain of any heartburn or indigestion but has been having loose bowel motions approximately 3/4 a day. There has not been any blood or mucus in this. She tells me that she has lost approximately one stone.

On examination there is nothing to find in her abdomen, she is not jaundiced and she had routine blood checks about two months ago which were all normal and she also had a normal stool check. Thank you for seeing her.

Yours sincerely

Dr B Greenhalgh
GP Locum

Convery, Janice, 2705655662, 27/05/1965 - - Gastroenterology Gartnavel General
Routine
AML \\Gpass40455w2k1\Documents\Locum 1\Convery, Janice 2005 07 06 #1.doc

1609546

GREATER GLASGOW BACK PAIN SERVICE REFERRAL FORM

Cord signs? - TREAT AS EMERGENCY

Systemically unwell? · Previous diagnosis of cancer? · Possible infectious cause?
· New/alterd back pain <20 or >55 years + raised ESR or abnormal FBC or LFTs?

Do not use this form – refer urgently to relevant OP clinic

Patient details

Janice Convery

Sex: F ☒ M ☐

F3/2 21 Benview St Firhill

GLASGOW

G20 7SA

D o B 21/5/65 Tel No 574 7539

CHI number 5662

Practice stamp

Kawson
 DR C M CRAWFORD
 SANDYFORD SURGERY
 1119 ARGYLE STREET
 GLASGOW G3 8ND
 TEL 0141 248 3698
 FAX 0141 221 5144

Practice code 4 0455

Tel No. Fax No.

How long has the patient had THIS episode of low back pain? ~ 8 weeks many days

Is the patient OFF work because of this episode of low back pain?

Yes ☐ No ☒

Does this patient have low back pain only?

Yes ☒ No ☐

OR

Does this patient have pain radiating below the knee in addition to low back pain?

Relevant Past Medical History

X-Ray Reports / Scans
 (please attach copies)

RhA

☐

Diabetes

☐

Osteoporosis

☐

Respiratory

☐

Cardiac

☐

Neurological

☐

Epilepsy

☐

Pacemaker

☐

Date Received 25/09/03

First Appointment Offered 12/10/03

Date of Assessment 17/10/03

Pims ☐ ☐ ☐ ☐ ☐ ☐

Number Of Treatments 4

Cancellations 2

Failed to Attend 1

Physiotherapy Diagnosis

Postural dysfunction lumbar spine

Discharge Summary

Discharged. much better.

more aware of posture
↑ lumbar mobility

Advice to continue with postural + spinal exercises.

Physiotherapists Signature:

M. Conway

Date of Discharge:

12/12/03

15 DEC 2003		
C.C.	R.M.	A.L.
NORMAL/NEGATIVE	RESULT LOGGED	DONE BY
POSITIVE/SHOWS INF	CONTACT PATIENT	
MAKE APPT. DR/NURSE	CLINICAL UPDATE	
SCRIPT		
NOTES	FILE	

GREATER GLASGOW BACK PAIN SERVICE REFERRAL FORM

Cord signs? - TREAT AS EMERGENCY

Systemically unwell? • Previous diagnosis of cancer? • Possible infectious cause?
• New/alterd back pain <20 or >55 years + raised ESR or abnormal FBC or LFTs?
Do not use this form – refer urgently to relevant OP clinic

Patient details

Janice Convery

F3/2 21 Benview St Firhill

GLASGOW

G20 7SA

Sex: F ☒ M ☐

Practice stamp

Practice code... 6410555

Tel No. Fax No.

D o B... 27/05/65... Tel No.

CHI number... 50662

How long has the patient had THIS episode of low back pain? ... ~ 8 weeks ... 11 days

Is the patient OFF work because of this episode of low back pain? Yes ☒ No ☐

Does this patient have low back pain only? Yes ☒ No ☐

OR

Does this patient have pain radiating below the knee in addition to low back pain? Yes ☐ No ☐

Imaging not recommended at this stage (see back pain guideline)

Other relevant information ... PROLONGED PAIN ... LOW BACK PAIN -
... LUMBAR ... ROMAINS ACTIVE (INCL. WALKING)
... 2-3 WK ... HAS ... + ...
... PAIN ... AT ... AFTER
... CAN DISTURB SLEEP

Referrer's signature ... Please print name ...

Date ... 27/9/03

PLEASE POST OR FAX THIS FORM TO YOUR LOCAL PHYSIOTHERAPY SERVICE

Physiotherapy use only below this line.

Outcome Symptoms resolved ☐ Spontaneous resolution ☐ Referred to orthopaedic surgeon ☐
Referred to DEXA ☐ Referred to psychology ☐ Referred to community exercise class ☐
Referred for imaging ☐ Referred to enhanced back pain class ☐

Discharge comments ...



West Glasgow Hospitals

AJ/SB/1142244

Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Tel No: 0141 2112198/2656
Fax No: 0141 211 1847

DEPARTMENT OF GYNAECOLOGY - DR GILMORE'S CLINIC 15.3.02

19 March 2002

Dr Liam Harkins
Locum
Sandyford Surgery
1119 Argyle Street
GLASGOW G3 8ND

Dear Dr Harkins

JANICE CONVERY DOB 27.5.65
F3/2 21 BENVUE ST FIRHILL GLASGOW

Thank you for referring Janice to our clinic. She requests sterilisation. She has one daughter aged 10. She has been appropriately counselled regarding the procedure, failure rate and the risks involved.

We have arranged for Janice to be admitted on 15.4.02 as a day case for sterilisation.

Yours sincerely

ANAND JETTI
REGISTRAR

22 MAR 2002

ing the Western Infirmary, Gartnavel General Hospital,
Homoeopathic Hospital, Drumchapel Hospital and Blawarthill Hospital

Hospital use only	Clinic	Day Date	Time	Hospital No.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Appointment Category Routine ☐ Soon ☐ Urgent ☐	
Hospital	Western Infirmary	Date	20.11.01	CHI No.	6	5
Please arrange for the patient to attend the				Gynaecology Clinic		
Patients Name	CONVERY			clinic of Dr / Mr		
First Names	JANICE			Maiden Surname		
Address	F3/2, 21 Benview Street, Firhill			Single / Married / Widowed /		
	Glasgow			Date of Birth 27.05.1965		
Postal	G20 7SA	Contact telephone	248 8158	Patients Occupation		
Has the patient attended hospital before		If "yes" please		Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER		
Name of Hospital						
Year of		Hospital No.				
If the patients name and/or address has/have changed since then please give details:						
Can the patient attend at short notice?				Please use rubber stamp		
If YES, minimum notice required						

I would be grateful for your opinion and advice on the above named patient. A brief outline history, symptoms and signs is given

Dear Doctor,

This 36 year old para 1+0 requests referral for sterilisation. I have had a long chat with her regarding the relative efficacy of this but she insists that following conversation with her current partner that she wishes to proceed to sterilisation. She is separated from the father of her first child who is now 10 years old, but neither she or her current partner wish to have any further children. I would be grateful if you could see her with a view to considering laparoscopic sterilisation.

With thanks for your help.

Yours sincerely,

Dr Liam Harkins
Locum to Sandyford Surgery

Diagnosis / provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from:

No. (if known)

Signature

11 February 1999

TO WHOM IT MAY CONCERN

Re: Janice Convery

This is to confirm that the above is a patient in my practice and I would be grateful if her application for rehousing in your area could be considered sympathetically. She is under a considerable amount of stress due to the threats of violence which she has received from her partner. I think it would be in her and her 7 year old daughter's best interests if they could be rehoused as quickly as possible. I would be happy to provide any further information required.

Yours sincerely

Alison A Lawson

WEST GLASGOW HOSPITALS UNIVERSITY NHS TRUST
ACCIDENT/EMERGENCY FORM

G.P. COPY

ACCIDENT & EMERGENCY DEPT.
WESTERN INFIRMARY
GLASGOW
G11 6NT
TEL: 0141-211-2304/2409

CRN: 1142244

PATIENT	Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
	CONVERY	JANICE	33	25/05/65	19/07/98	02:15	031421/98
	Address		Sex	Religion	Date of Inc	Time	
	44 Cleveland Street GLASGOW		Female	Roman Cathol	19/07/98		
T	PC G3 7AD	Tel 248 8158	Marital Status	Occupation/School	Type of Inc	Mode of Arrival	
			Single /	BARPERSON	Other	By Ambul	
G P	Name	Address			Referred by		
	Dr LAWSON	1119 ARGYLE STREET GLASGOW			Selfref		
NEXT OF KIN	Name	Address			Complaint		
	JAMES	G3 8ND					
	FATHER	3 Ashburn Gardens					
	Relat.	LONDON SW7 4DG					
	Tel. No.						

ROAD TRAFFIC ACCIDENT PLACE

DETAILS

HOME ACCIDENT PROBABLE CAUSE

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

TRIAGE

Dear Doctor,

TRIAGE TIME

02:15

TRIAGE CATEGORY

Category 3

The above-named patient attended Accident & Emergency Department today.

Diagnosis Assaulted Forehead INITIAL COMPLAINT
laceration, laceration above upper lip FACIAL INJURY Bruising

X-Ray film/ECG shows - INITIAL TREATMENTTreatment given 6 x 5-0 ethilon suture forehead3 x 6-0 ethilon suture above lipHT card

FILED BY MRLIRV

Drugs _____ days supply of _____ has been given.

Tetanus Prophylaxis has/has not been administered. TT Course _____ TT Booster _____ HATI _____ (Please Tick)

Would you please arrange removal of suture 5/7, thanks

DISCHARGE CODES: Please Circle										
1. Admission	3. Refer to G.P.	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to other hospital (see below)	6. Refer to O.P. Clinic (see below)	8. D.O.A.							
Ward No. (if admitted)		Transfer to Hospital		Consultant (if admitted)						
Follow up	Not arranged	Arranged	To be arranged							
Clinic Referred to	AE	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others Specify

Medical Officers Name (In Block Letters)

Signature of Medical Officer

Cons SR Reg SHO JHO Clin Assist (please circle)A. PERKIE

31 December 1997

Mr Ian G Cumming, LLB
Director, Legal Services
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU

Dear Mr Cumming

Re: Claim by Janice Convery 44 Cleveland Street Glasgow G3 7AD

I enclose photocopies of my notes of this lady's attendance at my surgery and a photocopy of her ankle x-ray. Your letter only asked for the photocopies rather than a report and, if you wish me to decipher any of my writings, then I will happily provide a report.

My fee for preparation and photocopying of medical records in relation to the claimant's attendance is £20.

Yours sincerely

Roderick MacNeill



Glasgow City Council

Legal Services

Director
Ian G Cumming LLB

Legal Services
Glasgow City Council
City Chambers
George Square
Glasgow G2 1DU

DX GW145

Telephone: 0141 287 4102/4
Fax No: 0141 287 3844
If phoning please ask for Ms Reid

Date: 29 December 1997
Our Ref: Cr/LR/3/77908/JAR/12
Your Ref:

Dr Crawford
1119 Argyle Street
GLASGOW

Dear Dr Crawford

**CLAIM BY JANICE CONVERY
44 CLEVELAND STREET, GLASGOW**

I have enclosed a Mandate signed by the abovenamed who attended your surgery for treatment following an accident on or about 18 June 1997. I shall be grateful if you will comply with the terms of the Mandate by providing me with photocopies of all medical records held by you in relation to the Claimant's attendance.

The records are required in relation to a claim against this authority whereby Ms Convery alleges she was injured after tripping in a pothole.

I look forward to hearing from you and confirm I will be responsible for your fee.

Yours sincerely

Janine Reid
Director

Encl

CLAIM AGAINST GLASGOW CITY COUNCIL

**THE SOCIAL SECURITY (RECOVERY OF BENEFITS)
ACT 1997**

CLAIM NUMBER 77908
NAME Jamie McKenney
DATE OF BIRTH 25.5.65
NATIONAL INSURANCE NO NM 247506A
HOME ADDRESS 311
44 Cleveland Street
POST CODE GLASGOW G3 7AD

DATE OF INCIDENT 18.6.97

EMPLOYER'S NAME Royal Scottish Automobile Club
ADDRESS 11 Blythwood Sq
Glasgow

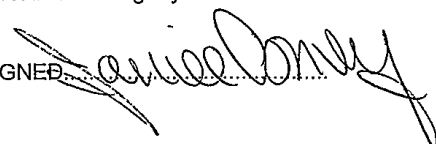
NAME OF DOCTOR Dr Crawford nurse strapped leg
up on 18th June 97.
ADDRESS OF PRACTICE 1119 ARVILE ST
GLASGOW

DATE/S OF ATTENDANCE 3.7.97 - 30.7.97

NAME OF HOSPITAL (if attended) 4.7.97
DATE OF ATTENDANCE Western Infirmary Glasgow

I hereby authorise you to provide to Glasgow City Council, Legal Services Department, City Chambers, Glasgow, when requested to do so, copies of medical records following my visit on or around the date as stated above.

SIGNED



DATE

2nd Dec 97



Our Ref.:
Your Ref.:
If phoning
ask for:-

GREATER GLASGOW HEALTH BOARD

SEEN BY	SENT BY
<i>RL</i>	
<i>U</i>	
NOTES PLEASE	
PRESCRIPTION	
TELL PATIENT NORMAL/CLEAR	
STREAK TO DR.	
SEE DR.	
FILE	<i>RL</i>

FAMILY PLANNING CENTRE
2 CLAREMONT TERRACE
GLASGOW G3 7XR
041-332 9144

4/10/85

Case No: *912350*

Dear Dr Campbell,

Janice Convery (25/5/65)
27 Derby St
G3 7TS

had Depo - Mover 150m today.
(1/52 post partum but did not wish
to wait)

Yours sincerely,
Janice Convery



**Guardian
Royal
Exchange**

The Consulting Medical Officer,
Head Office Life Department:
13 St. Andrew Square, Edinburgh, EH2 0BY.
CONFIDENTIAL MEDICAL ATTENDANT'S REPORT

G.R.E. Ref.

Branch. H3

Class. F0001

Proposal No. U5006651

Date to 'L'/E'. 22 / 7 / 86

Counter Life/Scheme Name.

C.J. GRANT

FULL NAME JANICE KATHLEEN CONVERYADDRESS CROMLY HOUSE, B4 KINROSSDUNIBLANEOCCUPATION HOUSEKEEPERDate of birth 25/5/65

Answers to the questions do NOT entail medical examination

1.

(a) How long have you been the regular Medical Attendant of the above-named?

(a)

1982.

(b) When did you last see him/her?

(b)

Jan 1986.

(c) What was his/her state of health at that time?

(c)

Unwilling to interview.

(d) From what date do the records in your possession run?

(d)

1966

2.

Please give below from your records his/her medical history:

(KINDLY NOTE - with regard to non-cancellable sickness/disability insurance, histories of nervous debility/overwork, attending a psychiatrist or musculo-skeletal disorders are of particular importance.)

Exact nature of illness	Date	Duration	Weeks off work	Sequelae (CURED/ NOT CURED)
<u>was only childhood</u>				
<u>accidents &</u>	<u>1966-1977</u>			
<u>1979 minor skeletal injuries.</u>				
<u>1979 knee surgery.</u>				
<u>1978-83 Pharyngitis - saw Throat</u>				
<u>1982 saw Gannan appeal of R. Stank.</u>				
<u>1986 saw Gannan appeal of R. Stank.</u>				
<u>Reheat of R. Stank presentation.</u>				

If he/she has attended hospital, had an X-ray or other specialised investigation, please give details; none noted.

Nature of investigation	Disorder	Date	Results
<u>None.</u>			

Guardian Royal Exchange Assurance, Head Office Life Department, 13 St. Andrew Square, Edinburgh EH2 0BY.

(Applicable only to the settlement of the fee)

We thank you for your report, and have pleasure in enclosing a cheque in settlement of your fee.

We shall be obliged if you will present the cheque as soon as possible.

Bridge of Earn
Orthopaedic

6.8.82.

Logan Clark.

CONVERY
JANICE

Room 23 FSH, Glensagles Hotel.
Auchterarder

SINGLE.
25.05.65
Hotel worker.

Dr. Robert Dick
Practice Centre
Auchterarder PH3 1AJ

Dear Mr. Clark,

This patient has a ganglion of the dorsum of the left hand which is gradually increasing in size over the last few months.

I should be most grateful of your opinion and advice.

Yours sincerely,

Robert Dick. M.B. Ch.B.,

*She had an
appt for*

22.10.82 (appt).

but did not keep it!



**Guardian
Royal
Exchange**

The Consulting Medical Officer,
Head Office Life Department:
13 St. Andrew Square, Edinburgh, EH2 0BY.
CONFIDENTIAL MEDICAL ATTENDANT'S REPORT

Date 22ND JULY 1986
Issuing Office EDINBURGH

DR DICK,
THE SURGERY,
AUCHTERADER,
FIFE.

NAME OF APPLICANT MISS J.K. CONVERY

The applicant has given permission to refer to you as Medical Attendant.

Will you kindly reply to the questions annexed. Your report will be treated as strictly confidential.

PERSONAL EXAMINATION IS NOT REQUIRED.

A reply, in the enclosed stamped envelope, by RETURN OF POST, will be appreciated even if you are unable to complete the form.

On receipt of your report, the upper part of this page will be returned, together with a fee of £ 11 by cheque made payable in accordance with your instructions below.

cheque for the report should be
made payable to

and should be sent to

PLEASE WRITE IN BLOCK LETTERS

Robert Dick

(initials and name)

(address)

Drs. Dick, Crease & Laird
Practice Centre
Rossie Place,
Auchterarder PH3 1AJ.
Tel: 2275

3. Are drugs or medicines at present prescribed? If so what types and dosages? Are they taken regularly?	No.	
4. Having regard to age and height, is he/she of average weight?	Yes.	
5. Has he/she always been of temperate habits?	To the best of my knowledge ^{and belief} Yes.	
6. Have you the result(s) of (a) examination of the urine? (b) tests of the blood pressure?	Date (a) 5 May 86 (b) 5 May 86.	Result nil sugar nil album 140/80.
7. Is there any tendency to hereditary disease in the family?	No.	
8. Female proposers (a) What is the state of the uterine functions? (b) Have confinements been favourable? (c) Is the Proposer pregnant? (d) Are oral contraceptives taken?	(a) Satisfactory (b) — (c) No. (d) Yes.	
9. Special question (when applicable)	was in care in Childhood and was examined frequently.	

NOTES AND COMMENTS
(An opinion is not requested)

Life Assurance:

Non-Cancellable Sickness/Disability Insurance
(terminating not later than age 65)

Date.....

Signature

Address

PLEASE COMPLETE THE PAYMENT
INSTRUCTIONS ON THE FRONT PAGE

Qualifications

9 October 1991

Philemon Housing Association
85 Claremont Street
Glasgow G3

Dear Sir/Madam

Re: Janice Convery, Flat 3/5, 27 Derby Street, Glasgow G3 7TG

I understand the above has applied to yourselves for rehousing for herself, her boyfriend and her baby daughter, who was born on 26 September 1991. As you are aware, they are currently living with Mrs Elizabeth Daly (Janice's boyfriend's mother) in a two apartment flat belonging to the Housing Association.

Current conditions are very cramped, even more so with the arrival of the baby. This is naturally putting everyone concerned under considerable stress. Moreover, Janice has recently been suffering from a chest infection and has developed symptoms of asthma, and is currently under treatment. This is despite the fact that she stopped smoking on becoming pregnant. Their current situation on the top floor is therefore far from ideal.

I would be grateful if the full circumstances including Janice's own health could be taken into account with regard to their application for rehousing.

Thank you for your assistance.

Yours sincerely

Christine M Crawford

25 July 1991

TO WHOM IT MAY CONCERN

Re: Janice Convery

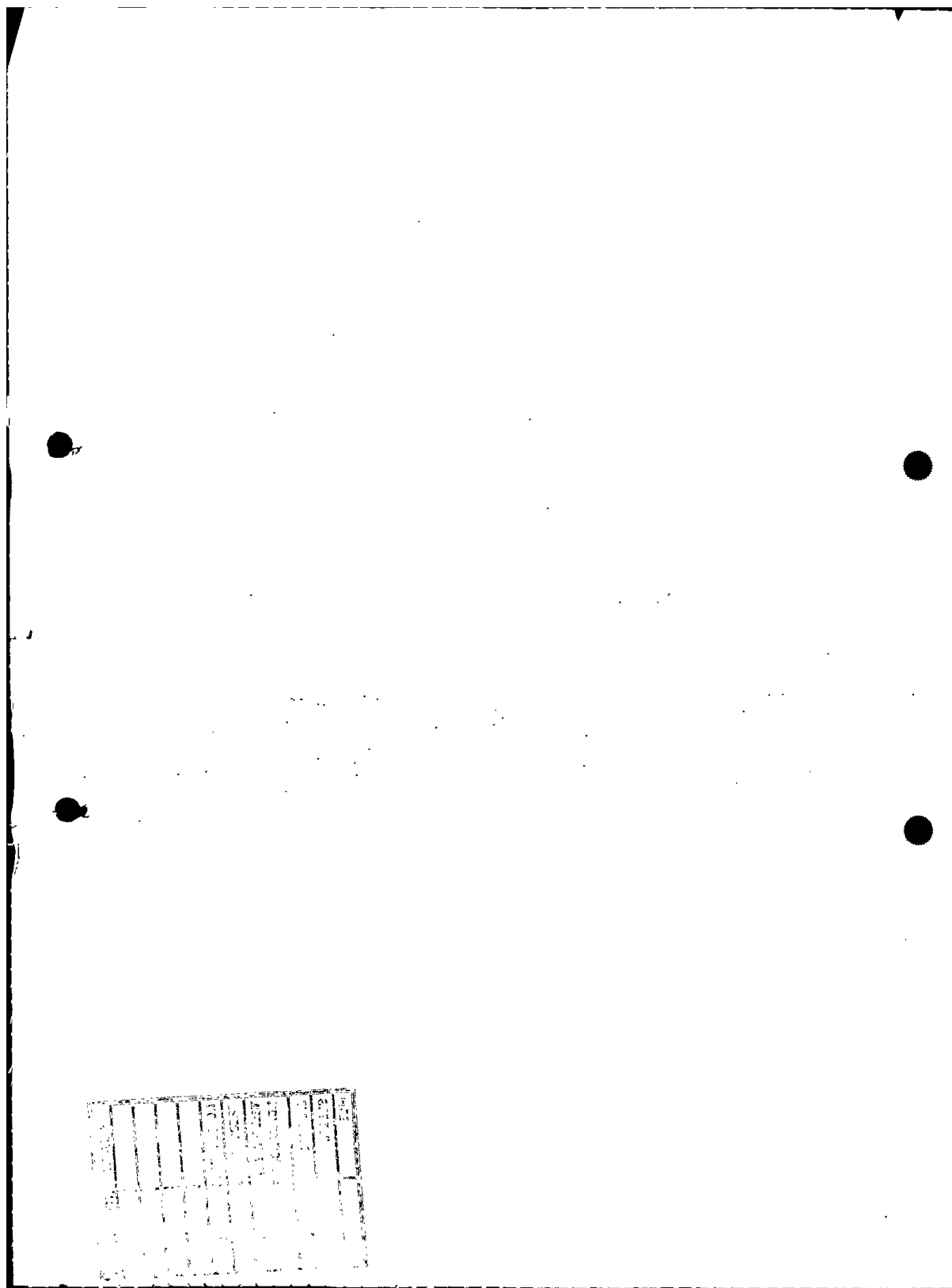
I understand that Janice has applied for another house in this area pending the arrival of her baby in September 1991. My locum provided a letter last month confirming details of her present accommodation but I understand that she has not been allocated any further priority points.

I write to elaborate on her present circumstances in the hopes that her request could be looked upon more sympathetically. She currently lives with her boyfriend in his mother's home. Mrs Daly, the mother, has given up her bedroom for the couple and sleeps herself in the sitting-room. This is, obviously, difficult under the present circumstances and once the baby arrives I think this would be an almost impossible situation. There are other reasons why Janice has applied for a house in this area. Firstly, her boyfriend has been born and brought up here. Secondly, his mother, Mrs Daly, has problems with her mother who lives locally and who is becoming progressively more demented. Mrs Daly is called upon to provide a great deal of support for her own mother and, as her own health is not good, she depends on her son and Janice to provide help and assistance with her mother who has a tendency to wander the streets and call at all hours of the day and night. This is, obviously, a stressful situation for the whole family and Janice would like to remain close so that she and her boyfriend could continue to be a support to his family. I would be most grateful if Janice's request could be reconsidered in the light of this further information.

With thanks,

Yours sincerely

Alison A Lawson



The Queen Mother's Hospital

Our Ref: RJSH/JG

Your Ref:

Enquiries to: Ext. 4539



YORKHILL

GLASGOW G3 8SJ

Telephone: 041-339 8888

14th June, 1991

Dr. C.M. Crawford,
1119 Argyle Street,
GLASGOW,
G3 8ND

Dear Dr. Crawford,

Re: Janice Convery d.o.b. 25.5.65 Hosp. no. 63398
3/5 27 Derby Street, Glasgow, G3 7TG

Thank you for referring this lady to Dr. Miller's antenatal clinic. I saw her for her booking visit on 10th June, 1991, when she was at 23 weeks by scan, her own dates being uncertain. All appeared well, apart from some intermittent right-sided abdominal pain which, she said, felt like a stitch. Her blood pressure was 110/70 mm Hg.

We will be happy to share her antenatal care. She has been asked to return here at 26 weeks and to see you in the interval.

Yours sincerely,

Robert J.S. Hawthorn,
Senior Registrar

SEEN BY	TO BE SEEN BY
NOTES PLEASE	
PRESCRIPTION	
TELL PATIENT	
NORMAL/CLEAR	
S. M. C.	
FILE	

GREATER GLASGOW HEALTH BOARD – WESTERN DISTRICT
QUEEN MOTHERS' HOSPITAL

Antenatal Summary Sheet

SURNAME	CHRISTIAN NAME	UNIT NUMBER
Convery	Janice	63398

Occupation	Marital State Single	Date of Birth 25.5.65
Maiden Name	Consultant : Dr. Miller	Transferred From Home
Admitted 27.5.91	Discharged 27.5.91	Disposal Home
Age 26	Height	Parity 0+0
		Blood Group O Negative
G.P. Dr. Christine Crawford, 1119 Argyle Street, GLASGOW, G3.	Copies to:	

Principal Diagnosis Precipitating Admission	Threatened abortion.	Code
Principal Diagnosis after Admission	Threatened abortion.	
Surgical Operations		

Progress

Bleeding settled on admission.

SEEN BY	TO BE SEEN BY	NOTES PLEASE	PRESCRIPTION	TELL PATIENT	FORMA/CLEAR	PAK TO DR.	FILE
2							

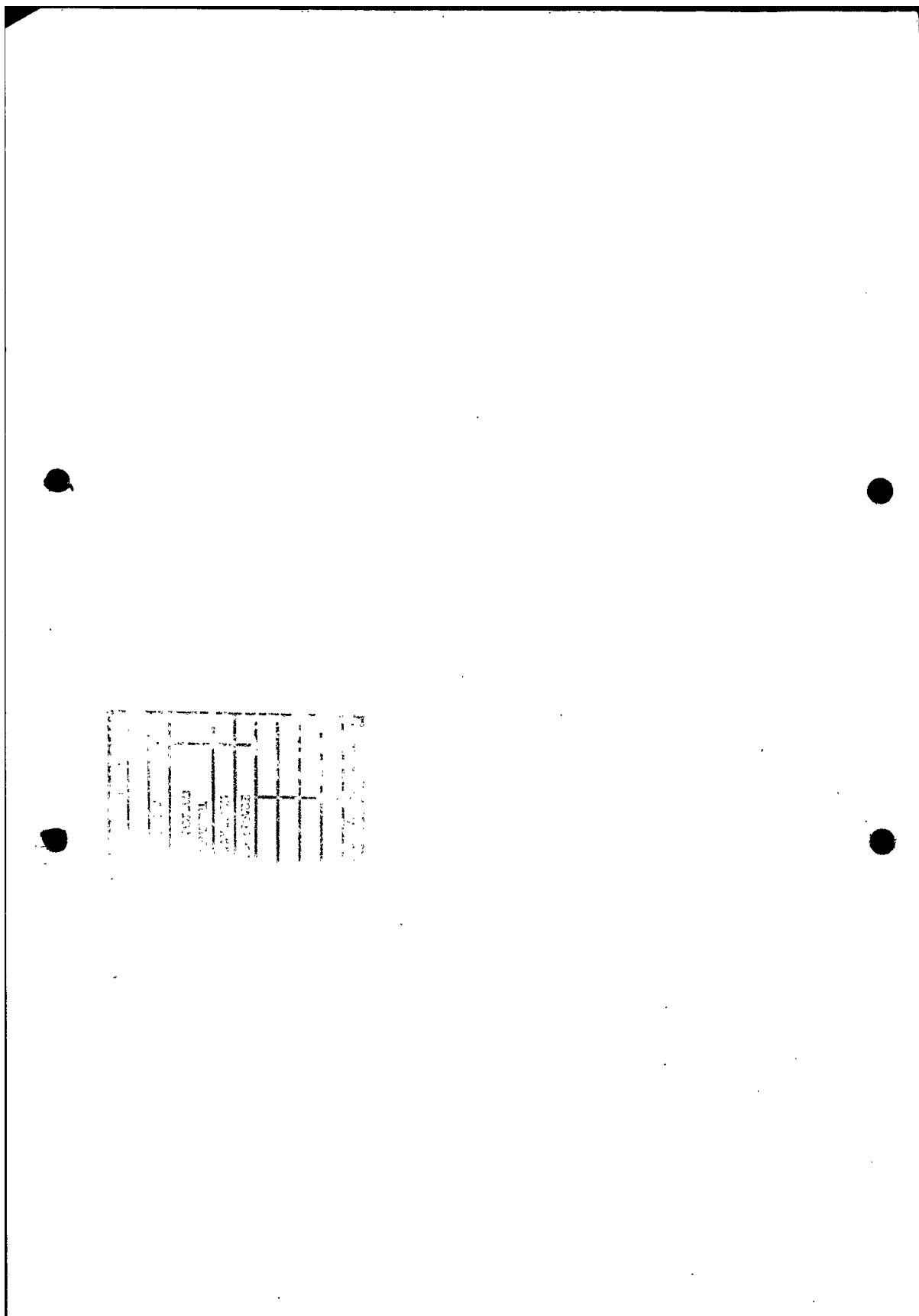
Investigations

Kleihauer - no fetal cells seen.
Blood group - O Negative.
USS - not low lying placenta.

Next A. N. Appt.: Place: ANC Date: 2/52 Time:

Comment and Recommendations:

Signature ... Dr. Salman ... Date ... 29.5.91 ...
Status ... SHO ...



10 June 1991

TO WHOM IT MAY CONCERN

I write to confirm that Janice Convery of Flat 3/5, 27 Derby Street, Glasgow G3 7TG is 23 weeks pregnant and expecting the delivery of her child at the end of September 1991. She presently lives in a 2 apartment flat with her boyfriend and his mother and they find the conditions very cramped. With the imminent arrival of her child, I would be grateful if you would consider her request for rehousing to be a matter of some priority.

Yours sincerely

Fiona Groom

Queen Mother's

10 June 1991

Antenatal

xx Miller

Convery
Janice

Flat 3/5, 27 Derby Street
Glasgow
G3 7TG

25 5 65

Dear Doctor Miller

I would be grateful if you could book this 25 year old girl for the delivery of her first baby in the Queen Mother's Hospital. She discovered 2 weeks ago that she was 22 weeks pregnant, having been amenorrhoeic since receiving Depo-Provera about a year ago. She was initially very shocked by her pregnancy but both she and her boyfriend are now very pleased. I understand that she was admitted to the Queen Mother's Hospital with threatened abortion at 22 weeks gestation and an ultrasound scan at that time was satisfactory and she was given Anti D Immunoglobulin.

She apparently suffered from pelvic inflammatory disease in 1989 but has no other past medical history of any note. She lives in a flat with her boyfriend and his mother in very cramped conditions and I have written to the housing authority to see if we can have her rehoused.

She has been very well in her pregnancy so far and today her blood pressure was 90/60 and her urinalysis was negative. Abdominal examination revealed an enlarged uterus consistent with 23+ weeks gestation.

We would be happy to share her antenatal care if this is acceptable to you

Many thanks,
Yours sincerely

Fiona Groom

FORTH VALLEY HEALTH BOARD

FAMILY PLANNING SERVICE

FAMILY PLANNING CLINIC,

Stirling Royal Infirmary

STIRLING.

DATE : 27.1.87

Dear Dr. Dick

Your Patient Janice Convery.....
1 Station Rd.....
Dunblane.....

CLINIC NO

DATE OF BIRTH 25.5.65.....

visited the Clinic this week and expressed a desire to use Depoprovera as a contraceptive. I could find no contra-indication on history and routine examination, and have injected her with : Depo. Provera 150ml.

We have arranged to see her in three months. She has been advised to expect menstrual irregularity and a possible delay to normal fertility.

Yours sincerely

Chkell.

Medical Officer

Dr. Dick, Gross & Laid
Practice Centre
Auchterarder

28.5.65

27-5-65

SURNAME (BLOCK LETTERS)		FEMALE	
TITLE (Mrs, Miss)		OCCUPATION	
FORENAMES (BLOCK LETTERS)		PHONE NUMBER	
CONVERY		248 8158	
DATE OF BIRTH	SINGLE	N.H.S. NUMBER	
27/5/65	MARRIED (DATE)	S496 1965 338	
~~27/5/65~~	DIVORCED (DATE)	CHI: 5662	
~~27/5/65~~	WIDOWED (DATE)		
ALLERGIES		SPECIAL HAZARDS	
ADDRESS	D	M	DOCTOR'S NAME
31, CLEVELAND ST, G3 7AD			KA LAWREN
2, 21 BONVIEW ST, KIRKILL, G20 7SA			
3.			
4.			
5.			
Cause of Death			
(1)			
(2)			

G.P.111.

NHS Confidential: Personal data about a patient

Convery. SURNAME		Janice K. CHRISTIAN NAMES		00	
National Health Service Number 5496.65.338		Single Married Widowed	Date of Birth 25 5 65	(Note changes) 0063	
Address (1) 23 Larchbank Leeds Hill Livingston.		Name of Practitioner Dr. F. I. STEWART		Health Board Cipher—Date 3 1 79	
132 (2) Forest Walk Uphall.		(2)		Die	
Rm 112 (3) 19 SH. Glencairn Hotel Gal. Brease Cherry Road		(3)		(3) TAYSIDE -6 AUG 1982 HEALTH BOARD	
5 Underway. Brae		(4)		✓ 11.12.87	
1 Station Rd. Dunblane		Dr. R. E. Wilson		V 11.12.87	
Form (Scotland) — FEMALE					
Signature					

This column is provided for doctors to enter A, V or C at their discretion

	Date	*	CLINICAL NOTES
FORENAMES			
SURNAME			

FEMALE

Surname

CONVEKY

Forenames

Janice

Date of Birth

25.5.65

Single

Married

Widow

National Health Service Number

S 496 65 338

Address

15 Primrose Bank
Bowdon.

Doctor's Name

P. Bee

Committee's Cipher and Stamp

6 APR 1970
22 JUL 1971

Tel No.

Subsequent Addresses

3/5 27 DERBY ST

Tel No.

G37

Tel No.

Tel No.

Tel No.

(Note changes and insert year of change)

Occupations

Year

Occupations

Year

SURNAME
FORENAMES

Date of Death 19

Cause of Death

Doctor's Signature

NHS Confidential: Personal data about a patient

MAJOR ALLERGIES									
Date Noted									
BLOOD GROUP		RH	ANTIBODIES						
		Date	Date						
	DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC		
1									
2									
3									
Boost									
Boost									
Boost									
TUBERCULIN TEST	Result				B.C.G.	Result			
	Date					Date			
OTHER INOCULATIONS	Type								
	Date								
M.M.R. (Date)									
CERVICAL SMEAR (Date)									

NHS Confidential: Personal data about a patient

CONVERY SURNAME		JANIE CHRISTIAN NAMES			OCCUPATION		SURNAME
National Health Service Number S496.65 238		Single Married Widowed	Date of Birth	25	5	65	
Address (1) 31 PARK AVENUE DUNDEE.		Name of Practitioner K.H. FRESHWATER		Executive Council Cipher	Date 24 JUL 1975	HEALTH BOARD	19.....
(2) 38 FETTERCAIRN AVE D15		(2) WM P BARR		(2)	(2)	Died	19.....
(3) 212 44 CLEVELAND ST GLASGOW G3 7AO		(3) DR A.A. LAWSON		(3) 23 OCT 1992	(3)	CAUSE OF DEATH	1. _____ 2. _____
(4)		(4)		(4)	(4)		
Form E.C.6B (Scotland) — FEMALE						Signature of Practitioner	