

Subject Access Request



Patient	Ms Eleanor Mcguffog
Date of birth	12-Apr-1971 (age 54)
Gender	F
NHS number	1204711321
Patient's address	38-3 Oxgangs Crescent Edinburgh EH13 9HL
Date range selected	Full record
Organisation	Aiker Legal Ltd
Reference	

Problems

Active

16-Aug-2018
Vitamin D deficiency monitoring administration

12-July-2018
Medication commenced

14-July-2005
History of sexual abuse

14-July-2005
[X]Intentional self-harm

14-July-2005
Neurotic (reactive) depression

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

02-Dec-2025 Miss Eva Genszka Administration

01-Dec-2025 Mrs Elaine Robertson Administration

Intervention (P3)	Repeated prescription Dihydrocodeine requested - recently reviewed with GP. Long term medication; recently referred to physio. No change. Rx reauthorised and issuedFluoxetine will be required in coming month - dose reduced back to 40mg daily as no benefit on higher dose. Rx reauthorised for supply over festive period
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28-Nov-2025 Miss Eva Genszka Repeat Issue

03-Nov-2025 Ms Elaine Higgins Repeat Issue

06-Oct-2025 Miss Eva Genszka Repeat Issue

01-Oct-2025 Dr Barbara Stewart Medicine Management

01-Oct-2025 Dr Barbara Stewart Referral Letter

Administration Scanned Document
SCI Referral Letter :

01-Oct-2025 Dr Barbara Stewart Telephone call to a patient

Administration Telephone encounter For medication review. She says
(P3) increase in fluox made no difference - describes feeling very low and anxious esp as ***** has moved back to ***** for a break after they were arguing - now living alone. Feels need to self harm but hasn't. Sleep has been a bit disrupted - eg lying awake to 4am some days. Agree reduce back to 40mg. Leave amitrip currently tho would ideally reduce it. Didn't get to Thrive due to anxiety but will try to go. Also asking for DHC review although not due. Taken for years for back pain/sciatica. Says walking distance around 50yds and uses a stick (not supplied to her). Pain low back and sometimes down R leg. Agree I'll refer physio.

Examination	O/E - weight	76 Kg
Examination	Body Mass Index	28.6

23-Sept-2025 Miss Martina Pasztorova Repeat Issue**22-Sept-2025 Ms Elaine Higgins Administration****22-Sept-2025 Dr Barbara Stewart Telephone call to a patient**

Administration Failed encounter - no answer when rang back Booked
(P3) for med review but phoned twice and "call rejected" tone

11-Sept-2025 Dr Barbara Stewart Medicine Management**11-Sept-2025 Mrs Claire Bisset Administration****02-Sept-2025 Mrs Claire Bisset Administration****27-Aug-2025 Mrs Elaine Robertson Administration**

Intervention Medication requested Fluoxetine 60mg requested - dose
(P3) increased 3 weeks ago and on weekly dispense - MH Review due in coming week bt no apt in diary. P: Rx issued for 1m to permit continuation of tx and reception kindly asked to arrange GP review

25-Aug-2025 Ms Elaine Higgins Repeat Issue**14-Aug-2025 Mrs Elaine Robertson Administration**

Intervention Repeated prescription Amitriptyline 50mg requested -
(P3) note recent MH review 6/8/25 and increase in fluoxetine - no change in amitriptyline and planned MH review in 1m time. Rx approved for 1m amitriptyline meantime

12-Aug-2025 Mrs Claire Bisset Administration**12-Aug-2025 Mrs Claire Bisset Administration****06-Aug-2025 Dr Barbara Stewart Telephone call to a patient**

Intervention Administration NOS . *Referral Type: Out Patient; Sender: Dr *****; Reason: Administration NOS*
Administration Telephone encounter Feels she's in a really bad place
(P3) with MH despite increased fluox. Anxiety really bad - avoiding going out or anywhere with crowds - sets off panic - Shaky, sweaty. Feels no purpose in life and fleeting suicidal thoughts. Initial headache and nausea with increased dose but fully settled. She's recently had contact with her birth ***** who apparantly abandoned her at an early age. Has told her that her "*****" who brought her up from age 3 is not her real *****. I have suggested attends Thrive for signposting to counselling as this is likely to have triggered worsening of MH. She accepts but also wants to push fluoxetine up to full dose - adv re increased risk SEs. Up to 60mg and rv with GP 1m.

17-July-2025 Mrs Elaine Robertson Administration

14-July-2025 Mrs Elaine Robertson Administration

Intervention (P3) Repeated prescription All 4 items requested for next instalments at pharmacy- Colecalciferol continues on b/g of Vit D insufficiency. Possible risk of recurrence if not prescribed - agree to continue- Amitriptyline - continues on 150mg daily dose. Note MH review end April25 when fluoxetine dose was increased to 40mg daily. If stabilising, would recommend dose of amitriptyline be assessed and reduced in accordance with Stockley's interaction advice to lessen risk of amitriptyline build up. Referred to Dr ***** - to assess if for repeat MH/progress check in first instance

20-May-2025 Mrs Claire Bisset Administration**30-Apr-2025 Dr Barbara Stewart Telephone call to a patient**

Intervention Administration NOS . *Referral Type: Out Patient; Sender: Dr ***** *****; Reason: Administration NOS*
 Administration Telephone encounter DHC and fluox review. Says takes (P3) DHC for chronic sciatica and RC had to put back up to 8/d last June - now feels can function and really doesn't want to reduce. Accepts that she's addicted and main benefit may not be for pain but for MH. She says having suicidal thoughts again and hiding away - hoping to increase fluox which has been the most effective antidepressant by far for her (prev sertraline and miraz). Initial headaches and nausea - adv may recur and adv re delayed onset benefit and possible increase anxiety and SI short term. ***** does all her meds - he ***** her. On disability PIP. No drugs or alcohol - prev street valium and still takes a very occasional 5mg. Has 2w supply of meds and happy to wait for the box after to increase fluox.

25-Apr-2025 Dr R A Cockburn Results recording

24-Apr-2025	Examination	BCSP faecal occult blood test normal	No action required	
24-Apr-2025	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

23-Apr-2025 Mrs Elaine Robertson Administration

Intervention (P3) Repeated prescription Dihydrocodeine and fluoxetine requested. Pt noted to have GP medication review on 30/4/25. continues on max daily dose of DHC and MH review now due. Rx approved for one supply only to ensure tx continuity until review

22-Apr-2025 Miss Brooke Mcdougal Administration**22-Apr-2025 Miss Brooke Mcdougal Administration****22-Apr-2025 Miss Brooke Mcdougal Administration****25-Mar-2025 Ms Karen Ritchie Administration**

Administration SMS text message sent to patient Firrhill Medical Centre (P3) - Our Phones lines are now working. The emergency mobile number is no longer manned and we will not respond to any calls or messages left. {Patient Group Practic Population}

24-Mar-2025 Mrs Fiona Towns Administration

Administration SMS text message sent to patient Firrhill Medical Centre (P3) - Our phone lines are currently not working.. Our Phone provider are investigating. If you are able please complete an eConsult on our website or if you have an urgent medical problem please call our Practice Mobile on 07871065935. Please only phone if your issue is urgent. {Patient Group Practic Population}

24-Mar-2025 Miss Eva Genszka Repeat Issue**24-Feb-2025 Miss Eva Genszka Repeat Issue**

27-Jan-2025 Mrs Elaine Robertson Administration

Intervention Repeated prescription Dihydrocodeine requested.
(P3) Longstanding medication at dose of 8 daily. Note Dr Cockburn's discussion with pt 15/7/24 and advice. P: Rx approved until annual review

27-Jan-2025 Ms Elaine Higgins Repeat Issue**30-Dec-2024 Miss Eva Genszka Repeat Issue****02-Dec-2024 Miss Eva Genszka Repeat Issue****13-Nov-2024 Ms Karen Ritchie Administration**

Administration SMS text message sent to patient Firrhill Medical Centre
(P3) - Our phone lines are currently not working.. Our Phone provider are investigating. If you are able please complete an eConsult on our website or if you have an urgent medical problem please call our Practice Mobile on 07871065935. Please only phone if your issue is urgent. {Patient Group Practic Population}

13-Nov-2024 Ms Karen Ritchie Administration

Administration SMS text message sent to patient Firrhill Medical Centre
(P3) - Our Phones lines are now working. The emergency mobile number is no longer manned and we will not respond to any calls or messages left. {Patient Group Practic Population}

04-Nov-2024 Mrs Elaine Robertson Administration

Intervention Repeated prescription Fluoxetine and dihydrocodeine
(P3) requested - note GP reviews of medication in June and July this year with recall set for review next year. Continues on high dose DHCPlan: Fluoxetine reauthorised until birthday month and DHC reauthorised approved short term - plan for review in the new year - Rx issued

01-Nov-2024 Miss Eva Genszka Repeat Issue**07-Oct-2024 Miss Eva Genszka Repeat Issue****06-Sept-2024 Miss Eva Genszka Repeat Issue****20-Aug-2024 Ms Karen Palmer Administration****09-Aug-2024 Mrs Joanne Steel Repeat Issue****19-July-2024 Mrs Joanne Steel Repeat Issue****17-July-2024 Dr R A Cockburn Medicine Management****15-July-2024 Dr R A Cockburn Surgery consultation**

Administration Seen in GP's surgery Feels her mood is a bit brighter -
(P3) managed to overcome initial nausea with Fluoxetine. Also feels pain control is superior now she is back to x8 DHC - reminds me that she was on this dose for 15 yrs prior to coming to Firrhill and has 'fine' throughout this time. I have reiterated the message re stepping down when she has less pain to preserve efficacy of this treatment.

Administration Medication review

01-July-2024 Ms Karen Ritchie Administration

Administration SMS text message sent to patient Firrhill Medical Centre
(P3) - Our Phones lines are now working. The emergency mobile number is no longer manned and we will not respond to any calls or messages left. {Patient Group Practic Population}

01-July-2024 Ms Karen Ritchie Administration

Administration SMS text message sent to patient Unfortunately the issue (P3) which affected our phone lines on Friday is not yet resolved. Our Phone provider has reported this to *****/Giacom. If you are able please complete an eConsult on our website or if you have an urgent medical problem please call our Practice Mobile on 07871065935. Please only phone in your issue is urgent. {Patient Group Practic Population}

24-Jun-2024 Miss Marie Mcgrath Repeat Issue**19-Jun-2024 Dr R A Cockburn Medicine Management****18-Jun-2024 Dr R A Cockburn Medicine Management****17-Jun-2024 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber (P3)
 Intervention Medication requested Dihydrocodeine requested. (P3) Weekly instalment Rx - note GP plan last week to increase - dose was updated but Rx not issued. Rx now printed and signed

17-Jun-2024 Dr R A Cockburn Surgery consultation

Administration Seen in GP's surgery In for med review. Wishes to (P3) increase DHC : says struggling thru the day when DHC 60mg mane wears off. This is limiting how active she can be - and impacting on QoL & MH / depression. Says feels mood v low on waking. Sleeping fine. Still has sciatica pain L leg but also reporting LBP and now (past 6m) heavy feeling in both legs, can't walk or stand for long. Requires taxis for all journeys including coming here today. I have not re-examined her today. Clear wish to increase DHC - discussed increasing to x8/day short term but to also consider cutting back down if pain settles. Depression discussed : keen to add in SSRI. I will phone chemist to make dosette changes. Advised review in 4w.

14-Jun-2024 Miss Eva Genszka Repeat Issue**20-May-2024 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber (P3)
 Intervention Repeated prescription Amitriptyline requested. continues (P3) on high dose of 150mg daily. No routine recall/review in birthday month noted. Rx continued in short term and reception asked for pt to have GP review arranged. High dose - requires MH assessment

17-May-2024 Miss Eva Genszka Repeat Issue**19-Apr-2024 Miss Eva Genszka Repeat Issue****04-Mar-2024 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber (P3)
 Intervention Repeated prescription All 3 items requested early by (P3) pharmacy due to pending Easter public holiday period. Pt remains on weekly dispense so no concerns. Note has allow early release for closure. Rx issued

21-Feb-2024 Mrs Joanne Steel Repeat Issue**29-Jan-2024 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber (P3)
 Intervention Repeated prescription 1) Colecalciferol requested - on (P3) repeat - history of Vit D insufficiency - reauth and issued as 28 days supply to align with other meds2) Amitriptyline - continues on high dose of 150mg (usually only up to 75mg licenced for neuropathic pain) - higher doses for MH matters. Annual review due in birthday month. Rx issued until then

26-Jan-2024 Miss Brooke Mcdougal Administration

18-Dec-2023 Miss Eva Genszka Administration

23-Nov-2023 Miss Marie Mcgrath Administration

03-Nov-2023 Dr Susan Peddie Medicine Management

03-Nov-2023 Miss Eva Genszka Administration

09-Oct-2023 Miss Martina Pasztorova Administration

11-Sept-2023 Miss Eva Genszka Administration

11-Aug-2023 Miss Marie Mcgrath Administration

18-July-2023 Dr R A Cockburn Medicine Management

Administration Indirect encounter NOS DHC reauthorised - see my entry
(P3) from Nov'22 following long discussion re DH and prev
efforts to reduce dose.

17-July-2023 Miss Martina Pasztorova Administration

20-Jun-2023 Miss Brooke Mcdougal Administration

19-Jun-2023 Miss Eva Genszka Administration

22-May-2023 Miss Brooke Mcdougal Administration

18-May-2023 Ms Karen Ritchie Administration

Administration Consent given for communication by SMS text messaging
(P3) PATIENT SMS REPLY

25-Apr-2023 Dr R A Cockburn Results recording

24-Apr-2023	Examination	BCSP faecal occult blood test normal	No action required	
24-Apr-2023	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

18-Apr-2023 Dr Alasdair Ford Administration

17-Apr-2023 Dr Alasdair Ford Medicine Management

Administration Administration NOS DHC request, note RC review in
(P3) November, continue current regime for now. Accidentally
printed off twice so redone Rx.

17-Apr-2023 Miss Eva Genszka Administration

21-Mar-2023 Miss Brooke Mcdougal Administration

21-Mar-2023 Mrs Jane Geddes Administration

17-Mar-2023 Intervention No follow-up NOS : Pain Clinic; pt does not want the
(P2) intervention of OT; pt is contnt with existing meds for
sciatic pain

20-Mar-2023 Ms Kirsty Stewart Administration

23-Feb-2023 Miss Brooke Mcdougal Administration

27-Jan-2023 Dr Susan Peddie Medicine Management

26-Jan-2023 Miss Eva Genszka Administration

09-Jan-2023 Ms Karen Palmer Administration

05-Dec-2022 Miss Eva Genszka Administration

03-Dec-2022 Dr R A Cockburn Referral Letter

Administration Scanned Document
SCI Referral Letter :

03-Dec-2022 Dr R A Cockburn Administration

03-Dec-2022 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Seqirus UK (Mass - Sighthill Health Centre)

03-Dec-2022 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Moderna (Mass - Sighthill Health Centre)

30-Nov-2022 Dr R A Cockburn Surgery consultation

Administration (P3) Seen in GP's surgery Chronic back pain which she describes as sciatica. As stated during tel consult, pain radiates down R leg and she can also experience numbness in her R foot. Walks slowly, says ***** in her carer, can't walk any distance, relies on taxis to get about, can't carry shopping. ***** needs to assist her in getting into shower (over bath). Can't sit for too long owing to back pain. In pain on waking, takes DHC 30mg x2. Takes 30mg on two further occasions during day then 60mg at bedtime (with Amitript 100mg) which allows her to sleep. She says she found reducing from 8x30mg very hard (psychologically and in terms of increasing pain) and says she considered suicide at times. Clearly she is not open to the idea of reducing any further - she has been on DHC for yrs. Says she never takes more than prescribed and I think we have reached extent of reduction. She is will to consider pain management group - refer. Says can't take PCM - 'makes me sick' and rash with Ibuprofen - says she has prev been told to avoid NSAID. Chat re possible CTS L arm. Surgery R CTS in the past. Her Sx don't fit exactly with CTS - says numbness can also involve L pinkie. Tinel -ve and no muscle wasting. Phalen test just provoked wrist pain. Denies any neck Sx. It is possible she could have mixed picture of cubital and CTS. Plan : try wrist splint for 4w then let me know how things are going at which time I will make decision re referral.

Administration Medication review

24-Nov-2022 Dr R A Cockburn Results recording

23-Nov-2022 Administration (P3) Did not attend breast screening clinic Appointment Reminder issued

01-Nov-2022 Dr R A Cockburn Telephone call to a patient

Administration (P3) Telephone encounter Further discussion re potential benefits of reducing DHC. Currently x6/24 hr. Says she is v limited by pain - pharmacy deliver her meds. However, she does walk her dog (though admittedly has to stop freq). She says she has been stressed re prospect of this consultation past couple of weeks and this has impacted on her MH. Note prev discussions. JM had offered to refer to back pain and she is now considering this. We will need to see her for F2F consultation to assess prior to referral (I have also mentioned possibility of pain clinic referral given time scale here). She says pain is low lumbar with radiation into R leg, sometimes with numbness of R foot. She also mentions pain in L hand that she thinks is CTS. We can assess both problems if she arranges appt. Freeze further reductions in DHC for time being.....we can try again in January-February 2023.

12-Oct-2022 Mrs Elaine Robertson Administration

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Dihydrocodeine requested -
(P3) continues on 60mg/30mg/30mg/60mg daily in dosette.
Chronic pain. Lat review in July so would now benefit from
follow up appt with GP to assess if pain controlled. Also
query if using PCM regularly as this may help with DHC
reduction if pt open to this. Rx issued for further 1m
supply and request passed to reception to request GP
review

07-Oct-2022 Dr Alasdair Ford Medicine Management**07-Oct-2022 Miss Eva Genszka Administration****16-Sept-2022 Dr Holly Cakebread Medicine Management****16-Sept-2022 Dr Alasdair Ford Third Party Consultation**

Administration Third party encounter Susie from Craiglockhart
(P3) pharmacy. Had requested DHC Rx but not received this or
paper copy of amitriptyline Rx. I can see discussed DHC at
appointment in July but unable to reduce.

08-Sept-2022 Miss Eva Genszka Administration**17-Aug-2022 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Dihydrocodeine and amitriptyline
(P3) requested. Note pain review last month following step
down of dose - no plan to further reduce this month - Rx
issued Amitriptyline reviewed Dec21 - note pt wishing to
continue on amitriptyline having reacted adversely to
alternative therapy before. Reauthorised short term. Rx
issued

17-Aug-2022 Mr Douglas Richards Administration**19-July-2022 Dr Jill Mackay Administration**

Administration Telephone encounter long discussion re DHC reduction.
(P3) she is disappointed that we are trying to take her off
tablets that is the only thing that has worked for her for
years and years. explained rationale behind reduced
effectiveness with time and dependence but she is
adamant that these were effective and that reducing by 2
tablets had big impact. denies red flag features. offered
referral to back pain clinic - declines. have not managed
to reduce further on this occasion but advised not
increasing which she seems agreeable to. address further
reduction again

12-July-2022 Dr R A Cockburn Medicine Management

Administration Indirect encounter NOS Needing more DHC 30mg. She
(P3) has appt for medication review with JM next week. Note Hx
of drug dependence, DHC on weekly dispensing. Rx
issued for 4w for the time being ? for rpt Rx.

12-July-2022 Ms Karen Palmer Administration**27-Jun-2022 Ms Karen Palmer Administration****27-Jun-2022 Ms Karen Palmer Administration****23-Jun-2022 Dr Holly Cakebread Medicine Management**

Administration Administration NOS DD requesting more DHC. Issued
(P3) and asked reception to book in for routine medication rv
with any GP please. Also requesting colecalciferol, not
ordered since dec and started in prev practice for low vit d
(last measured in 2018). added to short term repeats. will
benefit from it being measured again when next has
bloods to decide whether still needs or whether can take
otc in winter as per gov adv

17-Jun-2022 Dr Holly Cakebread Administration

Administration Administration NOS PIP form filled out
(P3)

16-Jun-2022 Dr Holly Cakebread Medicine Management**16-Jun-2022 Miss Eva Genszka Administration****27-May-2022 Dr Holly Cakebread Administration**

Administration Administration NOS ***** from Craiglockhart calling. Says there was an error in april and dosette box had DHC 2 tabs qds, rather than the reduced quantity of 2 am, 1 lunch, 1 tea time, 2 night. ***** has looked into why this happened and has set about to make changes to prevent it happening again. She will call the patient to inform her. New dosette is in the corrent dosage. I can see she is due a routine med rv which will be useful when she has experienced how she feels on this lower dosage

24-May-2022 Mrs Fiona Towns Administration

Administration Notes summary on computer : paper notes and available
(P3) docman summarised - some records had already been imported via GP2GP & were amended where appropriate

Diagnosis Asthma NOS

04-Nov-2021 Administration Has a carer : ***** - unclear which of 3 ***** is her carer
(P1) (see potential concern 29/10/15)

11-Mar-2021 Examination H/O: penicillin allergy (*info from ambulatory care discharge*)

11-Mar-2021 Examination H/O: penicillin allergy (*info from ambulatory care discharge*)

12-Jan-2018 Diagnosis Vitamin D insufficiency
(P2)

09-Jan-2018 Administration Is no longer a carer : ***** now in long term care
(P2)

19-July-2017 Examination O/E - blood pressure reading 110 / 60 mm Hg

29-Oct-2015 Symptom Vulnerable adult : one ***** (has 3) allegedly abusive emotionally and ? physically; police involvement; allegedly possibly financially exploiting patient
(P1)

19-Jun-2000 Diagnosis Delivery by emergency caesarean section : 36+3 wks;
(P2) placental abruption; 2940g; apgars 9 & 9; *****; A/F

31-Aug-1999 Diagnosis FH: TIA : ***** at 66 yrs

28-May-1998 Diagnosis [X]Recurrent depressive disorder, unspecified : ongoing
(P1) further escalations 10/03/99 & 15/01/01; chronic low mood was ongoing at 25/10/12

05-July-1997 Diagnosis Varicella with no complication NOS
(P3)

19-Aug-1996 Diagnosis Asthma NOS
(P1)

21-Jun-1994 Diagnosis [X]Depressive episode, unspecified
(P1)

07-Jan-1994 Diagnosis Forceps delivery : KRFD; 39+6 wks; 3520g; A/F
(P2)

05-Oct-1992 Examination Cervical smear: negative

24-Aug-1992 Diagnosis Forceps delivery : HFFD; 39+ wks; 3480g; boy; A/F
(P2)

23-May-2022 Mrs Fiona Towns Administration

11-Mar-2021	Intervention (P2)	Computed tomography pulmonary angiography : '...no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered calcified granulomata throughout both lungs'
11-Mar-2021	Diagnosis (P2)	Lobar pneumonia due to unspecified organism (DNA f/u CXR)
10-Mar-2021	Diagnosis (P1)	[X]Intentional self-harm : self injury to face with razor & OD (psychosocial stressors/traumatic experiences/problematic use of street benzos)
10-Mar-2021	Diagnosis (P1)	Misuse of drugs NOS - allegedly (currently Valium & Pregabalin; also h/o illicit Temazepam 10/09/19 & street diazepam 25/10/12)
10-Mar-2021	Symptom (P1)	Suicidal : '...at chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma'
10-Mar-2021	Diagnosis (P1)	[X]Deliberate drug overdose / other poisoning : Diazepam 10 x 5mg & Gabapentin 900 mg - also self injury to face with razor
10-Mar-2021	Diagnosis (P1)	Combined opioid with other drug dependence NOS : h/o DF118 dependence (iatrogenic largely), tho' allegedly also longterm problematic use street benzos & some street pregabalin (DF118 originally prescribed 2005 for earache & dental caries; Amitriptyline originally prescribed 2007 for carpal tunnel synd)
10-Feb-2020	Intervention (P2)	Statin prophylaxis (prescribing doesn't appear to be ongoing?)
18-Dec-2019	Diagnosis (P2)	Hyperlipidaemia NOS
23-Sept-2019	Symptom (P2)	Urge incontinence of urine
23-Sept-2019	Diagnosis (P2)	Sciatica : involving R leg
16-Apr-2018	Symptom (P1)	Suicidal ideation
19-July-2017	Diagnosis (P3)	Vitiligo
25-Oct-2012	Examination	H/O: drug allergy : <i>sweaty hands/headaches/nausea/diarrhoea</i>
25-Oct-2012	Symptom (P2)	Depressed mood : longstanding low mood (chronic low mood was also ongoing)
25-Oct-2012	Examination	H/O: drug allergy : <i>sweaty hands/headaches/nausea/diarrhoea</i>
15-Jun-2012	Diagnosis	FH: * - breast : *****
15-Jun-2012	Symptom (P2)	Breast lump symptom : left -> Breast Clinic 02/07/12 -> normal breast & normal mammogram
08-Aug-2010	Symptom (P1)	Family is cause for concern : OOH made child protection referral - concerns around patient feeling suicidal with 10 yo child in her care
02-Jun-2009	Administration (P3)	DNA hospital appointment : DNA left carpal tunnel decompression again
11-May-2009	Diagnosis (P1)	[X]Deliberate drug overdose / other poisoning : impulsive OD in context of relationship breakdown/situational crisis (30 x DF118)
26-Aug-2008	Administration (P3)	DNA hospital appointment : DNA for left carpal tunnel decompression surgery
01-Dec-2007	Intervention (P2)	Carpal tunnel release : right
25-May-2007	Diagnosis (P2)	Carpal tunnel syndrome : bilateral -> R release 01/12/07. Release of L was planned but DNA for surgery x2; subsequently ref to Plastics 19/03/12 & DNA
05-Jan-2000	Symptom (P2)	Victim of domestic violence : also previous episodes of DV reported 23/03/99 & 28/07/99
06-May-1991	Symptom (P1)	Victim of sexual abuse : h/o 'appalling childhood experiences' - support via YPU
25-Oct-1990	Diagnosis (P1)	[X]Deliberate drug overdose / other poisoning : Pizotifen & paracetamol
07-Sept-1989	Diagnosis (P1)	[X]Deliberate drug overdose / other poisoning : Ponstan -> self discharged
05-May-1989	Diagnosis (P2)	Termination of pregnancy
25-July-1988	Diagnosis (P2)	[X]Assault by bodily force : alleged assault by 2 youths - facial contusion; no LOC
05-May-1988	Diagnosis (P1)	[X]Deliberate drug overdose / other poisoning : diazepam & alcohol -> self discharged
10-Apr-1985	Diagnosis (P1)	Misuse of drugs NOS : glue sniffing - A&E attendance
07-Jan-1984	Diagnosis (P1)	[X]Mixed disorder of conduct and emotions, unspecified : behavioural/emotional disorder -> special education HS

19-May-2022 Mrs Elaine Robertson Administration

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Colecalciferol and DHC requested
(P3) for instalment prescriptions. Note Dr *****'s review with pt at start of April and planned review around now. Rx issued and pt asked to arrange GP review appt

19-May-2022 Miss Eva Genszka Administration**05-Apr-2022 Dr Alasdair Ford Telephone call to a patient**

Administration Telephone encounter Discussed DHC at length.
(P3) Explained dependency and reduced effectiveness for chronic pain. Longstanding low back pain radiating to posterior legs and stiffness. No weakness, occasional paraesthesia. No bowel/bladder problems. Had occasional flares. Pain not constant. Takes paracetamol every morning. Ibuprofen causes blotchy rash. No constipation. Patient agreeable to gradually weaning DHC. Suggest in first instance try to reduce by 2 tablets a day - agreed to reduce lunch time and tea time dose to 1 tablet. Review 6 weeks.

24-Mar-2022 Ms Elaine Higgins Administration**10-Mar-2022 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Dosette medication requested by
(P3) pharmacy. Continues on 4 week supply as recommended. Review booked at start April so now changes. Rx issued on acute until GP review - to add to repeat as appropriate from next time

28-Feb-2022 Ms Karen Palmer Administration**28-Feb-2022 Mrs Elaine Robertson Administration**

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Dosette box medication requested
(P3) by pharmacy. Medication previously on repeat at former practice. Note GP review 7/12/21 prior to former notes being available. Plan: continue on 1m prescribing cycle as per guidance for dosette boxes - Rx issued to ensure supply not interrupted. Pt referred to admin to arrange follow up review with GP for management plan/intervals of review.
Diagnosis Discussed with pharmacist Confirmed pt now at CLP -
(P3) ***** advised they are delivering. Asked for verification the dosette is being handed to the patient and not put through the door. ***** confirmed standard process is to hand to the patient but she will double check

16-Feb-2022 Miss Marie Mcgrath Administration

Administration Patient MRE received from HB
(P3)
Administration Date records held from
(P3)

07-Feb-2022 Mrs Elaine Robertson Administration

Intervention Prescription by supplementary prescriber
(P3)
Intervention Medication requested Dosette medication requested. PT
(P3) seekig to change to CMP - but not possible as waiting list. Dears also tight for turnaround needed. Option Craiglockhart - they can send to the robot and offer collection or delivery for 15/2/22. Rx issued
Administration Unsuccessful attempt to contact patient by telephone VM
(P3) left requesting call back from patient to discuss pharmacy and medication

30-Dec-2021 Ms Elaine Higgins Administration

Administration Administration NOS PAPER RECORDS IN EXISTENCE
(P3) BUT NOT YET RECEIVED. DOCMAN HELD
Administration Administration NOS CYTOLOGY HX UP TO DATE AS
(P3) PER TODAY'S DATE

30-Dec-2021 Dr R A Cockburn Administration

Administration Patient registration by transfer of GP to GP electronic
(P3) record

18-Dec-2021 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Moderna (GP - Allermuir Health
(P3) Centre)

18-Dec-2021 Data Transferred from other system

Intervention Administration of first inactivated seasonal influenza vacc FLU - Flucelvax Tetra (QIVc) (GP -
(P3) Allermuir Health Centre)

18-Dec-2021 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-
(P3) CoV-2 MAINT C-19 Booster Moderna (L Ker)

08-Dec-2021 Dr Sineaid Bradshaw GP to GP communication transaction

18-Nov-2021 Administration Scanned Document
Diagnostic Test Report :
12-July-2021 Administration Scanned Document
Diagnostic Test Report :
18-May-2018 Administration Scanned Document
Diagnostic Test Report :
18-Apr-2015 Administration Scanned Document
Diagnostic Test Report :
17-Mar-2012 Administration Scanned Document
Diagnostic Test Report :

07-Dec-2021 Mr Colin McBain Repeat Issue**07-Dec-2021 Dr R A Cockburn Telephone call to a patient**

Intervention Uses dispensed monitored dosage system
(P1)
Administration Telephone encounter New patient. Long consultation -
(P3) old notes not available. Moved into area (from WH) so that she could have larger ***** (to accommodate her ***** who she regards as her carer). Alludes to adverse childhood experiences including sexual abuse as well as 'failed relationships' (started Amitriptyline years ago after '***** kicked me out'). Says a locum GP tried switching her over to Duloxetine earlier this yr and this destabilised her MH to extent she ended up in REH. Never wants to come off Amitript. Started DHC 15 yr ago for dental pain followed by sciatica. Has been on 30mg x8/day since then. Long circular discussion re dependency / analgesic effect v limited after all this time. She refuses to recognise that I am trying to help her by reducing DHC. I have highlighted practice policy re this (as detailed in patient registration form) and I have said we will revisit this in the future. Also prescribed Vit D.

26-Nov-2021 Miss Samantha Dorans Administration

Administration SMS text message sent to patient If you don't yet have
(P3) an appointment for your Covid booster ? there is spare capacity in Edinburgh up to 13th December ? particularly at the Lowland ***** at Ingleston. You will NOT be sent a letter ? either book via the national website (NHSInform.scot) or helpline (0800 030 8013). At time of appointment, you need to ensure there is a gap of 24 weeks/168days since your second COVID vaccination. You will also be offered a flu vaccination when you attend. {Patient Group Sd Booster Text}

25-Nov-2021 Ms Karen Ritchie Administration

Administration SMS text message sent to patient If you don't yet have
(P3) an appointment for your Covid booster - there is spare capacity in Edinburgh up to 13th December - particularly at the Lowland ***** at Ingleston. You will NOT be sent a letter - either book via the national website (NHSInform.scot) or helpline (0800 030 8013). At time of appointment, you need to ensure there is a gap of 24 weeks/168days since your second COVID vaccination. You will also be offered a flu vaccination when you attend. {Patient Group 50 To 59 Yrs For Covid Vac Text}

24-Nov-2021 Ms Elaine Higgins Administration

Symptom	Diet good	
Administration (P3)	Patient registration data verified agreement	birth cert. tenancy
Administration (P3)	Has a carer ***** - ***** Zdrojewski	
Administration (P3)	Administration NOS registration	on repeat medication at time of registration
Examination	Light smoker - 1-9 cigs/day	// cigarettes / cigars / tobacco units per week
Examination	Teetotaler	
Administration	White Scottish	
Examination	O/E - weight	63 Kg
Examination	Body Mass Index	23.7
Examination	O/E - height	1.63 m

18-Nov-2021 Dr Sineaid Bradshaw Results recording

Administration Cervical smear defaulter (P2)

17-Nov-2021 Miss Samantha Dorans Administration

Administration (P3) SMS text message sent to patient Good Morning Today we are very short of GP's. As a result we are offering a reduced service. We appreciate your ***** and understanding at this time. Our practice website will give you information of what services are available from your local pharmacy. Kind regards WHMP {Patient Group All Patients}

26-Oct-2021 Miss Samantha Dorans Administration

08-Oct-2021 Administration (P3) SMS text message sent to patient Dear Patients, Unfortunately during the month of October 2021 we are short staffed due to a combination of factors including clinical and administrative staff illness, leave and covid restrictions. As always, we will endeavour to help as many patients as safely and quickly as possible. We ask for your understanding when contacting us or awaiting a reply. We are trying our absolute best to provide a safe service under extreme pressure. We also need to advise you that prescriptions are taking between 7-10 working days to process so please be mindful of this and request your medication via the pharmacy with this in mind. Our whole team including our reception team are doing all we can in a really difficult situation. Our Patient Care Advisors on the phones and at reception desk are experiencing a high level of patient frustration, which is understandable (we are frustrated too!), however this has a serious impact on their working day and own health, so we are asking you to please be kind. We know people are worried and feeling unwell. We want to help. Your understanding and co-operation is greatly appreciated. Wester Hailes Medical Practice {Patient Group All Patients}

06-Oct-2021 Mr Colin McBain Repeat Issue**28-Sept-2021 Miss Samantha Dorans Administration**

Administration (P3) SMS text message sent to patient Unfortunately due to last minute staff sickness we have no Emergency doctor this afternoon. Please only call the practice if you have a medical emergency. Kind Regards Wester Hailes Medical Practice {Patient Group All Patients}

21-Sept-2021 Ms Liana Kontou Letter from Outpatients

Administration (P3) Outpatient clinic letter received Respiratory Medicine - pt failed to attend follow up chest xray - advised to contact department to rearrange or contact GP

19-Aug-2021 Mr Colin McBain Repeat Issue

06-Aug-2021 Miss Samantha Dorans Administration

Administration SMS text message sent to patient Dear Patients,
(P3) Unfortunately during the month of August 2021 we are short staffed due to a combination of factors including clinical and administrative staff illness, leave and covid restrictions. As always, we will endeavour to help as many patients as safely and quickly as possible. We ask for your understanding when contacting us or awaiting a reply. We are trying our absolute best to provide a safe service under extreme pressure. We also need to advise you that prescriptions are taking between 7-10 working days to process so please be mindful of this and request your medication via the pharmacy with this in mind. Our whole team including our reception team are doing all we can in a really difficult situation. Our Patient Care Advisors on the phones and at reception desk are experiencing a high level of patient frustration, which is understandable (we are frustrated too!), however this has a serious impact on their working day and own health, so we are asking you to please be kind. We know people are worried and feeling unwell. We want to help. Your understanding and co-operation is greatly appreciated. Wester Hailes Medical Practice {Patient Group All Patients}

12-July-2021 Dr Sharon Stewart Results recording

11-July-2021 Administration No response to bowel cancer screening programme
(P3) invitation

29-Jun-2021 Ms Tracey Herriot Administration

Administration SMS text message sent to patient Due to a number of
(P3) staff having to self isolate, Wester Hailes Medical Practice will be running a reduced service this week. Patient and staff safety is our highest priority. If your call is not urgent, we may ask you to contact us again in a week or so. You will be seen at the practice if needed, we are not closed. We will continue to safely assess and manage your health problems over the phone as appropriate. Please remember Pharmacies and other community services can provide support for a number of health issues. We apologise for any inconvenience this may cause and we appreciate your continuing support at this time. We will keep you informed of any changes. Many thanks, ***** Herriot, Practice Manager. {Patient Group All Patients}

22-Jun-2021 Ms Liana Kontou Repeat Issue**17-Jun-2021 Miss Samantha Dorans Administration**

Administration SMS text message sent to patient Help stop the spread
(P3) of Covid-19 in your community. Get tested even if you don't have symptoms and help protect your community. Wester Hailes Library, 1 Westside Plaza Monday 21st June to Saturday 26th June 9am-6pm. Call 0131 200 2306 for self ?isolation support. [Edinburgh.gov.uk/communitytesting](https://www.edinburgh.gov.uk/communitytesting) {Patient Group All Patients}

03-Jun-2021 Miss Samantha Dorans Administration

Administration SMS text message sent to patient We would like to
(P3) advise you that we are changing our on the day routine call back system as from Monday 7th June 2021. Instead of calling at 8am and 2pm, patients are advised to call in the morning or use econsult. There will be a maximum call capacity. Due to high demand we strongly advise patients to call as close to 8 o'clock as possible. Our Patient Care Advisors may ask you to call back another day depending on availability. If you require urgent medical attention please contact the practice at any time, as before and our Patient Care Advisors will be happy to assist you. Regards, WHMP {Patient Group All Patients}

01-Jun-2021 Dr Sharon Stewart Data Transferred from other system

Intervention Admin sec dose SARS-CoV-2 vacc C-19 AstraZeneca (By J *****)

10-May-2021 Mr Colin McBain Repeat Issue

05-May-2021 Dr Nigel Williams Other

Administration Administration NOS HOUSING LETTER Patient request.
(P3) ***** now staying with her for support. One bedroom *****.
Letter to confirm mental health problems and need for family support (post to patient)

27-Apr-2021 Ms Elaine Sutherland Repeat Issue**07-Apr-2021 Mr Paul Novak Clinic**

Administration Telephone encounter Sounds much calmer on phone.
(P3) Has realised plan. ***** now moved in to provide additional support. Received prescription and ***** was taking more than prescribed hence running short. Intends now to take as prescribed and can see consequences. Has made plan to attend MHAS appt on Sat and I will look for correspondence to assess whether I will be involved in support going forward. Denies current TDSH but recognises could occur again and she can make life changes to reduce distress triggers like opiate withdrawal

01-Apr-2021 Mr Paul Novak Clinic

Administration Telephone encounter F/u call following email as below.
(P3) Eleanor is at home in bed. She states she has not had her dydrocodiene for 4 days but is pleased that it will get delivered today. She thinks her withdrawals has increased her distress which is plausible. Unfortunately she is unable to explain how she came to be short. Eleanor states her HO has authorised her ***** moving in on Monday to offer support which she feels reassured by. Still expressing TDSH but no intent at present. Has used and has emergency contacts and I explained that NHS24 could refer to distress brief intervention service if crisis persists. Has been referred to CMHT and has follow up MHAS appt on Sat 10th ***** is going to take her. At risk of DSH, no current intent risk will be reduced when opiate withdrawal ceases and follow up in place. I have agreed to f/u next Wednesday to review plan

01-Apr-2021 Dr Sinead Bradshaw Surgery consultation

Administration Administration NOS ***** Gollan from Access &
(P3) Emergency Social Care Services sent email asking if patient could be contacted asap on 07515 858 114 as per the below email. Hi there, Miss McGuffog has called the Police at least twice during the last month to say she had attempted suicide (by slashing her face with a ***** blade, resulting in scarring). During a telephone conversation this afternoon she told me that she is 'hanging by a thread' as her mental health worsens. She says she is hearing voices telling her to self-harm since she had her first covid vaccination and blames the vaccine for her deteriorating mental health. She wasn't threatening suicide during our conversation this afternoon and so I couldn't contact the police to express concern or say she was at immediate risk of self-harm. But I am concerned that she may struggle to cope during the Easter holiday period when support services are closed. She says she is waiting for a call from her surgery (Wester Hailes Healthy Living Centre) tomorrow and has an initial mental health appointment at the Royal Edinburgh Hospital on Saturday 10th April. But that date seems a long time away for someone who is experiencing a mental health crisis right now. She has called The Samaritans on a number of occasions. Social Care Direct: Can someone possibly liaise with her surgery and ensure that a healthcare professional contacts her tomorrow? South ***** Family & Household Support: Is it possible for the police to carry out welfare checks on Miss McGuffog in these circumstances? She says she needs support so I will complete a formal referral to your team tomorrow morning. Her contact phone number is 07515 858 114. Thank you, ***** Hookey I Housing Officer I Place, South *****
Locality ***** 10 Westside Plaza, Edinburgh EH14 2ST I
Tel 527 3854 sean.hookey@edinburgh.gov.uk

20-Mar-2021 Dr Sharon Stewart Data Transferred from other system

Intervention Admin first dose SARS-CoV-2 vac C-19 AstraZeneca (By S *****)

12-Mar-2021 Mr Paul Novak Clinic

Administration Telephone encounter F/u call re DSH on Wednesday. No (P3) current SI or intent. Happy in knowledge has been referred to SW CMHT. DSH was in context of illicit benzo intoxication and distress after having kitten food and electronic device stolen. Discussed harm reduction strategies in using illicit benzo advised no benefit taking more than 30mg. Has emergency contacts should she need emergency support and has used Sanaritans and MHAS in past. Advised GP will be in contact in terms of chest

12-Mar-2021 Dr Sharon Stewart Administration

Administration Administration 07515 858 114 FAO SS discuss chest (P3) infection and suicide attempt - pt has slashed face with razor blade. hkphone ninging out.i know eleanor well, i suspect low iq and limited literacysister is LD.chronic low mood and hx of aces..hi risk of misadventure in context of prescription (opiate) addiction.i have not know her cut or slash previously - thins is new if true.no copd, but is smoker and at 49yo worth bearing in mind poss pathology.but if new cough --> needs covid test.further attempt rining to answer.ill copy tpo PN to see if able to speak re suicidal ideation today...we can keep trying re chest.ss

Administration Medication review

02-Mar-2021 Mr Colin Mcbain Repeat Issue**17-Dec-2020 Mr Gordon Senior Out of hours, Non Practice**

Administration Administration OOH - NHS24 Nurse Advice, Difficult to (P3) Move fingers (L) 3-4 days, Outcome: Patient given self care advice - for information only

16-Dec-2020 Dr Sharon Stewart Surgery consultation**15-Dec-2020 Mrs Irene Scott Repeat Issue****04-Nov-2020 Miss Lori Anderson Repeat Issue****09-Sept-2020 Ms Gillian Coan Repeat Issue****03-Sept-2020 Ms Jules Riddell Administration**

Administration SMS text message sent to patient Dear patients,Good news! (P3) On Monday 14th September we will be launching a new way to contact the practice called eConsult.This will give you another way to contact us instead of calling the busy phone lines - which we know can be a problem.If you need to contact us on or after 14th Sept - please visit our website: <https://www.westerhailesmedicalpractice.co.uk/>.You will see a new banner for eConsult which gives you the following four options:- I want help for my condition- I want general advice - I want administrative help (including prescriptions, sick notes & GP letters etc)- I want help for my childThis is to be used for NON EMERGENCY problems & requests - we will always respond to your request by the end of the next working day. Thank you for helping us to improve the service we provide. {Patient Group Updated Sms Consent List Sept 20}

04-Aug-2020 Ms Jules Riddell Administration

Administration SMS text message sent to patient Dear Patients, This (P3) week and next week we are unfortunately really short staffed. As always, we will try to help as many patients as possible, as quickly as possible, however, we ask if you can please bare this in mind when contacting us or awaiting a reply. We are trying our absolute best to provide the best service we can given the current situation. Thank you for your understanding. Wester Hailes Medical Practice Team {Patient Group Full Text Consent Jr}

17-July-2020 Ms Jules Riddell Administration

Administration SMS text message sent to patient Dear
(P3) Resident, Telephone scams are a common way for criminals to con people out of money. Last week in Edinburgh we received a report from a local resident who stated that she had received a telephone call from a male calling himself "*****" claiming to be "from the surgery. The call was made from a mobile phone number unknown to the resident. Early into the conversation, "*****" informed the resident that she was entitled to an Emergency Call Button. Having not expected any calls from her surgery - and believing this to be a scam - the resident did exactly the right thing and ended the call immediately. She then reported the incident to her local surgery who confirmed that they had not tried to contact her and that this indeed a potential scam. To protect yourself and prevent becoming a victim of similar frauds and scams, please consider the following crime prevention advice if you receive an unsolicited telephone call: - Don't reveal personal details. Never give out personal or financial information (such as your bank account details or your PIN) over the phone, even if the caller claims to be from your bank. - Hang up. If you feel harassed or intimidated, or if the caller talks over you without giving you a chance to speak, end the call. It may feel rude to hang up on someone, but you have the right not to be pressurised into anything. - Ring the organisation. If you're unsure whether the caller is genuine, you can always ring the organisation, company or bank they claim to be from. Make sure you find the number yourself and don't use the one provided by the caller. - Don't be rushed. Scammers will try to rush you into providing your personal details. They may say they have a "time-limited offer" or claim your bank account is at risk if you don't give them the information they need right away. There are also ways in which you can avoid scam or 'cold calls'. You can block or prevent some cold calls by considering the following:- Register with the Telephone Preference Service, it's free and it allows you to opt out of any unsolicited live telesales calls. This should reduce the number of cold calls you receive but may not block scammers.- Talk to your phone provider to see what other privacy services and call-blocking services are available, although you may need to pay for some of these services.- If you have a smartphone, you can use the settings on the phone to block unwanted numbers. If you're not sure how to do this, you could visit your local mobile phone shop for assistance.- There are products to block some calls. Some local councils provide call blockers through their trading standards teams. For more advice and information on how to protect yourself from being a victim of frauds or scams, please visit our dedicated page on the Police Scotland website or you can visit the Trading Standards Scotland website here. All reports of fraud and any other financial crime should be reported to Police via 101 without delay. In an emergency always dial 999. Thank you. Police Scotland {Patient Group All Patients}

15-July-2020 Dr Nigel Williams Other**14-July-2020 Mr Colin Mcbain Repeat Issue****10-Jun-2020 Dr Sharon Stewart Surgery consultation****22-May-2020 Ms Jules Riddell Administration**

Administration SMS text message sent to patient WESTER HAILES
(P3) MEDICAL PRACTICE Hello UPDATE - 22/05/2020 We offer an online prescription service. Lloyds Pharmacy at Wester Hailes now have a stock of our online prescription service registration forms. This is due to the current coronavirus situation as patients cannot come to Reception to pick up a form. The pharmacy will also NEED to see some form of ID. These forms will be delivered to the practice, and contain all the information we need. One of our Patient Care Advisors will then call patients to process their form, and give all the information needed to complete your registration. Thank you {Patient Group Full Text Consent Jr}

30-Mar-2020 Ms Dawn King Administration

25-Mar-2020 Miss Lori Anderson Repeat Issue**20-Mar-2020 Ms Jules Riddell Administration**

Administration SMS text message sent to patient Wester Hailes Healthy Living Centre building will be closed to the public from Monday 23rd March 2020. We are still open and staff will still be working in the building but patients/visitors will only be able to enter the building if they have a pre-arranged appointment. Please call our telephone number (0131 453 9250) if you need to speak to someone about your healthcare. The community reception desk telephone number is 0131 453 9100. Again, thank you for your help and understanding while we try to keep everyone safe and healthy. ***A message from Lloyds Pharmacy Wester Hailes: Now opening at 10am, closing for an hour between 1pm & 2pm and then closing at 5pm each day. Wester Hailes Medical Practice {Patient Group Alltext}

18-Mar-2020 Ms Jules Riddell Administration

17-Mar-2020 Administration SMS text message sent to patient Please note: (P3) Harvesters / the east end entrance is now closed to staff and the public. This entrance will only be used for patients which the practice have asked to attend. Please could all patients use the ***** entrance (car park entrance) of the building. This means you can no longer walk through the building from one entrance to the other. We will continue to keep you updated - thank you. Wester Hailes Medical Practice {Patient Group Alltext}

17-Mar-2020 Ms Jules Riddell Administration

Administration SMS text message sent to patient Hello, If you are self isolating because of cough and / or fever, you DO NOT require a GP to give confirmation of your illness to your employer. PLEASE DO NOT PHONE US TO REQUEST THIS. We are trying to keep our phone lines clear for those requiring medical advice. Thank you, we appreciate your help with this. Wester Hailes Medical Practice {Patient Group Alltext}

12-Mar-2020 Dr Fionn Toolis Third Party Consultation

Administration Third party encounter Folic acid px requested, issued (P3)
Administration Failed encounter Sighthill Pharmacy engaged 11:39, (P3) they had called about dosette

27-Feb-2020 Dr Sharon Stewart Administration

Administration Administration NOS 0131 453 4782 sighthill hc (P3) pharmacist - amitriptyline - taken off & now has rx to say she is going back onto 150mg per night - is this right? i prob would NOT have done this... would have avoided and looked at alternatives, and if no choice i would have slowly titrated up.. caht to pharmacy.. took the 75mg daily elsewhere. so i have allowed two weeks at 50, two weeks at 100 then up to 150mg. script re set up. they will cancel balance on the current scrip for 5mg tabs then destroy. ss

21-Feb-2020 Dr Rivan Buell Other

Administration Consultation needing back on amitriptyline. looking well (P3) today. no signs of agitation or distress. seems bright and articulate. advice on amitriptyline. feels 3 daily helps. does occ use 2 at night and 1 in the am. back if worse

20-Feb-2020 Dr Sharon Stewart Surgery consultation

Administration SMS text message sent to patient hello :: can you come (P3) in for a gp review tomorrow morning - 21 feb, at 1230 - we will go over your concerns. thanks, wester hailes
Administration Administration NOS 07834 277881 to discuss meds after (P3) receipt of REH med report. she needs new meds asap see below several attempts to get her, and patient could of course book a gp appt!! slot for the morning.. id be keen to avoid amitriptyline as was never effective for mood and patient used as l sleeping tab. ss

11-Feb-2020 Dr Rita Rigg Surgery consultation

Administration Telephone encounter see below tried to call her (P3) ansafone only msg left to return call

10-Feb-2020 Dr Sharon Stewart Administration

Administration Administration NOS 07834 277 881 taken to REH on Saturday by police Assessed & advised to d/w GP her meds & will send report cw - - awaiting info from MHAS, not admitted.. ssletter from MHAS, no meds withheld.suicidal.long standing. ideally id link with *****, but need ot wait for his return.trauma hx, addictions (iatrogenic algely)risky behaviour prev, but min risk of acutal harm i think knowing her relatively well.main issue is prescribing safety - not directly od risk, rather just meds themselves..has not really benefitted moodwise form ami - for most part my understanding was that it was a sleep driven decision...ss

29-Jan-2020 Ms Gillian Coan Administration

Administration Administration NOS ESA113 sent from 16.07.19 - no info (P3) summary only - gc for ss

28-Jan-2020 Dr Sharon Stewart Surgery consultation

24-Jan-2020 Dr Laura Smith Telephone call to a patient

24-Jan-2020 Dr Sharon Stewart Surgery consultation

Administration Administration NOS 07843277881 patient requesting duloxetine gastro capsules not on repeat patient out of these capsules can you please send to sighthill pharmacy please thanks cc

27-Dec-2019 Dr Laura Smith Telephone call to a patient

24-Dec-2019 Dr Sineaid Bradshaw Administration

Diagnosis Assessing cardiovascular risk using SIGN score
Diagnosis Assessing cardiovascular risk using SIGN score
Administration Scanned Document
Other Attachment : ASSIGN

19-Dec-2019 Dr Laura Smith Results recording

18-Dec-2019	Examination	Eosinophil count 10 ⁹ /L	0.05 10 ⁹ /L	
18-Dec-2019	Examination	Haemoglobin estimation	154 g/L	
18-Dec-2019	Examination	Mean corpusc. haemoglobin(MCH)	32.4 pg	
18-Dec-2019	Examination	Mean corpusc. Hb. conc. (MCHC)	352 g/L	
18-Dec-2019	Examination	Mean corpuscular volume (MCV)	92 fL	
18-Dec-2019	Examination	Monocyte count 10 ⁹ /L	0.34 10 ⁹ /L	
18-Dec-2019	Examination	Neutrophil count 10 ⁹ /L	4.51 10 ⁹ /L	
18-Dec-2019	Examination	Platelet count 10 ⁹ /L	257 10 ⁹ /L	
18-Dec-2019	Examination	Red blood cell (RBC) count 10 ¹² /L	4.76 10 ⁻²	
18-Dec-2019	Examination	Total white cell count 10 ⁹ /L	7.6 10 ⁹ /L	
18-Dec-2019	Examination	Lymphocyte count 10 ⁹ /L	2.67 10 ⁹ /L	
18-Dec-2019	Examination	Full blood count - FBC <none>		
18-Dec-2019	Examination	Haematocrit	0.437 ratio	
18-Dec-2019	Examination	Basophil count 10 ⁹ /L	0.01 10 ⁹ /L	
18-Dec-2019	Examination	Eosinophil count 10 ⁹ /L: Eosinophil count 10 ⁹ /L	0.05 10 ⁹ /L	(Range: 0.04 - 0.4)
18-Dec-2019	Examination	Haemoglobin estimation: Haemoglobin estimation	154 g/L	(Range: 115 - 165)
18-Dec-2019	Examination	Mean corpusc. haemoglobin(MCH): Abnormal Mean corpusc. haemoglobin(MCH)	32.4 pg	(Range: 27 - 32)
18-Dec-2019	Examination	Mean corpusc. Hb. conc. (MCHC): Mean corpusc. Hb. conc. (MCHC)	352 g/L	(Range: 310 - 360)
18-Dec-2019	Examination	Mean corpuscular volume (MCV): Mean corpuscular volume (MCV)	92 fL	(Range: 78 - 98)
18-Dec-2019	Examination	Monocyte count 10 ⁹ /L: Monocyte count 10 ⁹ /L	0.34 10 ⁹ /L	(Range: 0.2 - 0.8)
18-Dec-2019	Examination	Neutrophil count 10 ⁹ /L: Neutrophil count 10 ⁹ /L	4.51 10 ⁹ /L	(Range: 2 - 7.5)
18-Dec-2019	Examination	Platelet count 10 ⁹ /L: Platelet count 10 ⁹ /L	257 10 ⁹ /L	(Range: 150 - 400)
18-Dec-2019	Examination	Red blood cell (RBC) count 10 ¹² /L: Red blood cell (RBC) count 10 ¹² /L	4.76 10 ⁻²	(Range: 3.8 - 5.8)
18-Dec-2019	Examination	Total white cell count 10 ⁹ /L: Total white cell count 10 ⁹ /L	7.6 10 ⁹ /L	(Range: 4 - 11)
18-Dec-2019	Examination	Lymphocyte count 10 ⁹ /L: Lymphocyte count 10 ⁹ /L	2.67 10 ⁹ /L	(Range: 1.5 - 4.5)
18-Dec-2019	Examination	Full blood count - FBC <none>: Full blood count - FBC <none>		(No range available)
18-Dec-2019	Examination	Haematocrit: Haematocrit	0.437 ratio	(Range: 0.36 - 0.47)
18-Dec-2019	Examination	Basophil count 10 ⁹ /L: Basophil count 10 ⁹ /L	0.01 10 ⁹ /L	(Range: 0.01 - 0.1)

19-Dec-2019 Dr Laura Smith Results recording

18-Dec-2019	Examination	Serum alkaline phosphatase U/L	100 U/L	
18-Dec-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 22 U/L	
18-Dec-2019	Examination	Serum vitamin B12	298 ng/L	
18-Dec-2019	Examination	Serum total bilirubin level	12 umol/L	
18-Dec-2019	Examination	Serum total cholesterol level	7.2 mmol/L	
18-Dec-2019	Examination	Serum creatinine	71 umol/L	
18-Dec-2019	Examination	Serum iron level	17 umol/L	
18-Dec-2019	Examination	Serum ferritin	132 ug/L	
18-Dec-2019	Examination	Serum folate	Low serum folate result. For advice, consult GPreferral guidelines on Ref Help or NHS Lothian intranetHaematology pages.	1.7 ug/L
18-Dec-2019	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 17 U/L	
18-Dec-2019	Examination	Serum HDL cholesterol level	1.8 mmol/L	
18-Dec-2019	Examination	Serum LDL cholesterol level	5 mmol/L	
18-Dec-2019	Examination	Serum potassium	4.2 mmol/L	
18-Dec-2019	Examination	Serum sodium	142 mmol/L	
18-Dec-2019	Examination	Serum triglycerides	0.9 mmol/L	
18-Dec-2019	Examination	Serum TSH level mU/L	0.55 mU/L	
18-Dec-2019	Examination	Serum lipids <none>		
18-Dec-2019	Examination	Liver function test <none>		
18-Dec-2019	Examination	Thyroid function test <none>		
18-Dec-2019	Examination	Urea and electrolytes <none>		
18-Dec-2019	Examination	Blood haematinic levels <none>		
18-Dec-2019	Examination	Transferrin saturation index	29 %	
18-Dec-2019	Examination	Serum cholesterol/HDL ratio	3.9 ratio	
18-Dec-2019	Examination	Serum free T4 level pmol/L	14 pmol/L	
18-Dec-2019	Examination	Serum transferrin	For interpretation of iron studies used in theinvestigation of anaemia please consult GP referralguidelines for anaemias available on: NHSL Intranet -Healthcare - A-Z - Haematology - GP referral guidelines	2.16 g/L
18-Dec-2019	Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	
18-Dec-2019	Examination	abbreviatd MDRD - ml/min		
18-Dec-2019	Examination	Serum alkaline phosphatase U/L:		
18-Dec-2019	Examination	Serum alkaline phosphatase U/L	100 U/L	(Range: 40 - 125)
18-Dec-2019	Examination	Serum alanine aminotransferase level		
18-Dec-2019	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:	Serum ALT level - 22 U/L	(Range: 10 - 50)
18-Dec-2019	Examination	Serum vitamin B12:		
18-Dec-2019	Examination	Serum vitamin B12	298 ng/L	(Range: 180 - 2000)
18-Dec-2019	Examination	Serum total bilirubin level:		
18-Dec-2019	Examination	Serum total bilirubin level	12 umol/L	(Range: 3 - 21)
18-Dec-2019	Examination	Serum total cholesterol level: Abnormal		
18-Dec-2019	Examination	Serum total cholesterol level	7.2 mmol/L	(No range available)
18-Dec-2019	Examination	Serum creatinine:		
18-Dec-2019	Examination	Serum creatinine	71 umol/L	(Range: 50 - 98)
18-Dec-2019	Examination	Serum iron level:		
18-Dec-2019	Examination	Serum iron level	17 umol/L	(Range: 10 - 28)
18-Dec-2019	Examination	Serum ferritin:		
18-Dec-2019	Examination	Serum ferritin	132 ug/L	(Range: 15 - 200)
18-Dec-2019	Examination	Serum folate	Low serum folate result. For advice, consult GPreferral guidelines on Ref Help or NHS Lothian intranetHaematology pages.: Abnormal	
18-Dec-2019	Examination	Serum folate	Low serum folate result. For advice, consult GPreferral guidelines on Ref Help or NHS Lothian intranetHaematology pages.	1.7 ug/L
18-Dec-2019	Examination	Serum gamma-glutamyl transferase level		
18-Dec-2019	Examination	Serum gamma-glutamyl transferase level Serum gamma GT level - U/L:	Serum gamma 17 U/L	(Range: 5 - 35)
18-Dec-2019	Examination	GT level - U/L		
18-Dec-2019	Examination	Serum HDL cholesterol level: Abnormal		
18-Dec-2019	Examination	Serum HDL cholesterol level	1.8 mmol/L	(Range: 1.1 - 1.7)
18-Dec-2019	Examination	Serum LDL cholesterol level: Abnormal		
18-Dec-2019	Examination	Serum LDL cholesterol level	5 mmol/L	(No range available)
18-Dec-2019	Examination	Serum potassium:		
18-Dec-2019	Examination	Serum potassium	4.2 mmol/L	(Range: 3.6 - 5)
18-Dec-2019	Examination	Serum sodium:		
18-Dec-2019	Examination	Serum sodium	142 mmol/L	(Range: 135 - 145)
18-Dec-2019	Examination	Serum triglycerides:		
18-Dec-2019	Examination	Serum triglycerides	0.9 mmol/L	(Range: 0.8 - 2.1)
18-Dec-2019	Examination	Serum TSH level		
18-Dec-2019	Examination	Serum TSH level mU/L	0.55 mU/L	(Range: 0.2 - 4.5)
18-Dec-2019	Examination	Serum lipids <none>:		
18-Dec-2019	Examination	Serum lipids <none>		(No range available)
18-Dec-2019	Examination	Liver function test <none>:		
18-Dec-2019	Examination	Liver function test <none>		(No range available)
18-Dec-2019	Examination	Thyroid function test <none>:		
18-Dec-2019	Examination	Thyroid function test <none>		(No range available)
18-Dec-2019	Examination	Urea and electrolytes <none>:		
18-Dec-2019	Examination	Urea and electrolytes <none>		(No range available)
18-Dec-2019	Examination	Blood haematinic levels <none>:		
18-Dec-2019	Examination	Blood haematinic levels <none>		(No range available)
18-Dec-2019	Examination	Transferrin saturation index:		
18-Dec-2019	Examination	Transferrin saturation index	29 %	(No range available)
18-Dec-2019	Examination	Serum cholesterol/HDL ratio:		
18-Dec-2019	Examination	Serum cholesterol/HDL ratio	3.9 ratio	(No range available)

18-Dec-2019	Examination	Serum free T4 level pmol/L: Serum free T4 level pmol/L	14 pmol/L	(Range: 9 - 21)
18-Dec-2019	Examination	Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHS Intranet -Healthcare - A-Z - Haematology - GP referral guidelines: Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHS Intranet -Healthcare - A-Z - Haematology - GP referral guidelines	2.16 g/L	(Range: 2 - 4)
18-Dec-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min	60 mL/min	(No range available)

19-Dec-2019 Dr Laura Smith Results recording

18-Dec-2019	Examination	Haemoglobin A1c level - IFCC standardised HbA1c level - 37 mmol/mol IFCC standardised - - HbA1c is NOT increased.		
18-Dec-2019	Examination	Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - - HbA1c is NOT increased.: Haemoglobin A1c level - IFCC standardised HbA1c level - 37 mmol/mol IFCC standardised - - HbA1c is NOT increased.		(Range: 20 - 41)

18-Dec-2019 Dr Sharon Stewart Surgery consultation

Administration Administration NOS asking for amitriptyline declined, (P3) swap[ped to dulox by ls - should speak to ls re planss
Administration Medication review

18-Dec-2019 Mrs Irene Scott Repeat Issue

18-Dec-2019 Mrs Wilma Borthwick Clinic

18-Dec-2019 Mrs Wilma Borthwick Clinic

17-Dec-2019 Dr Laura Smith Telephone call to a patient

Administration Consultation Admits to having been taking 5mg of (P3) temazepam (buying this) tds and suddenly stopped 3 days ago. fell over into TV this mornign although was worse yesterday. o/e: not shaking, pupils a normal size, HR 88 BP 135/80 ADvised to stay off temazepam as will cause her to fall. also agreed to reduce and stop amitriptyline. try duloxetine for pain (in hands) and mood - start once off amitriptyline. For bloods. cholesterol deposits around eyes and check not anaemicMood low. Quite alone. Has 3 kdis aged 18-27 but no contact with any of them. apparently they cut her off after a bad voerdose she took. No contact for 2 years - suggested she try to reconnect with them

17-Dec-2019 Dr Laura Smith Telephone call to a patient

Administration Telephone encounter Feeling dizzy for a few days. (P3) Drinking plenty water. on high dose amitriptyline but soudns reluctant to come off it as is helping her sleep and mood, given appt

19-Nov-2019 Ms Jules Riddell Administration

Administration SMS text message sent to patient FROM WESTER (P3) HAILES MEDICAL PRACTICE: For the last few months, the Practice has been extremely short of Doctors and Patient Care Advisors, mainly through long term sickness. Unfortunately, it has been very difficult to find cover. This means we have less appointments to offer than we would like, and your calls are taking longer to answer. We are trying to fix this but it will take time. Please be reassured we will always be able to see you if you are seriously ill. In the meantime please remember that you can book an appointment up to two weeks ahead for non-urgent problems, and that other services can also help e.g. pharmacies for all minor illnesses. Thank you for your understanding at this time, and we apologise for the inconvenience caused. {Patient Group Sms No Consent Yet}

15-Nov-2019 Ms Jules Riddell Administration

Administration Consent given for communication by SMS text messaging (P3)

29-Oct-2019 Ms Elaine Sutherland Repeat Issue

23-Sept-2019 Dr Sineaid Bradshaw Other

Administration Scanned Document
 SCI Referral Letter :
 Administration Scanned Document
 SCI Referral Letter :
 Administration Consultation sev mths urgency and urinary incontinence,
 (P3) no bowel issues. vasomotor sx not symptomatic of atrophic vaginitis. Hx sciatica with LBP radiating down R leg no foot drop no saddle anaesthesia but new onset urinary issues in context lumbar radiculopathy ? rqs MRI urgent referral NHS Lothian Integrated Back Pain Services. Declined bimanual today as bleeding heavily f/u in well woman clinic PUSS. Taking TZP 5-10 mg twice daily since ***** died 1 yr ago signpsted Recovery Hub-SB

23-Sept-2019 Dr Sineaid Bradshaw Other

Examination Cigarette smoker 8 // cigarettes / cigars / tobacco

12-Sept-2019 Dr Nigel Williams Results recording

11-Sept-2019 Examination Urinary microscopy, culture and sensitivities Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S
 11-Sept-2019 Examination **Urinary microscopy, culture and sensitivities**Urine culture No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S:
 Urinary microscopy, culture and sensitivities Urine culture (No range available)
 No significant growthUrine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of boricacid improves the quality of test results and reducesthe number of false positives. If the sample is lessthan 15ml continue to use a white topped universal.Samples should be refrigerated if there is ananticipated delay in transport.; Urinary MC&S

11-Sept-2019 Mrs Wilma Borthwick Clinic

11-Sept-2019 Dr Nigel Williams Results recording

Examination Plasma glucose level <none>
 Examination Plasma random glucose level 5.1 mmol/L
 Examination **Plasma glucose level**<none>:
 Plasma glucose level <none> (No range available)
 Examination **Plasma random glucose level:**
 Plasma random glucose level 5.1 mmol/L (Range: 3.8 - 7.7)

11-Sept-2019 Dr Nigel Williams Results recording

Examination Serum creatinine 72 umol/L
 Examination Serum FSH level U/L - Slightly raised FSH. Not clearly indicative of perimenopause. MC **13.1 U/L**
 Examination Serum potassium 4.4 mmol/L
 Examination Serum sodium 140 mmol/L
 Examination Urea and electrolytes <none>
 Examination Endocrine studies <none>
 Examination GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60
 Examination **Serum creatinine:**
 Serum creatinine 72 umol/L (Range: 50 - 98)
 Examination **Serum FSH level**U/L - Slightly raised FSH. Not clearly indicative of perimenopause. MC: **Abnormal (Range: 3 - 10)**
 Serum FSH level U/L - Slightly raised FSH. Not clearly indicative of perimenopause. MC
 Examination **Serum potassium:**
 Serum potassium 4.4 mmol/L (Range: 3.6 - 5)
 Examination **Serum sodium:**
 Serum sodium 140 mmol/L (Range: 135 - 145)
 Examination **Urea and electrolytes**<none>:
 Urea and electrolytes <none> (No range available)
 Examination **Endocrine studies**<none>:
 Endocrine studies <none> (No range available)
 Examination **GFR calculated abbreviated MDRD**GFR calculated abbreviatd MDRD - >60:
 GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60 (No range available)

10-Sept-2019 Dr Nigel Williams Other

Administration Consultation URINARY SYMPTOMS Long story about recent Benefits Agency medical Urinary symptoms 6 months - frequency during day x 8-10, nocturia x 1-2 with urgency, sometimes wets bed, small volumes during day No abdo pain, no visible haematuria LMP about 3 months ago - also reports some flushes, sweats. Age 48 Talked a lot about ***** death last year Also disclosed using illicit TMZ (supply from a friend) Says feels very low when unable to source her supply O/E abdo SNT, no LKKS, bladder not enlarged, BS normal Meds include AMT 150mg nocte LMP - urinary symptoms C&S, urinalysis, bloods - in first instance Then review and reassess ongoing plan(?) my impression was that obtaining TMZ was on patient's agenda

10-Sept-2019 Ms Elaine Sutherland Repeat Issue**22-July-2019 Mr Colin McBain Administration**

Administration Administration NOS DWP form rec'd FAO SS cmcb (P3)

18-July-2019 Dr Sharon Stewart Surgery consultation

Administration Administration NOS 14.20 - 453 4782 SHC Pharmacy - query dosette box. hk (P3)

11-Jun-2019 Dr Suzanne Macnee Other**11-Jun-2019 Ms Paula Murray Repeat Issue****11-Jun-2019 Miss Samantha Dorans Administration****27-Mar-2019 Mr Colin McBain Repeat Issue****25-Jan-2019 Mrs Cathy Wilson Repeat Issue****27-Nov-2018 Dr Suzanne Macnee Other****26-Nov-2018 Ms Paula Murray Repeat Issue****08-Oct-2018 Ms Paula Murray Repeat Issue****11-Sept-2018 Dr Lynne Schyma Other**

Administration Administration NOS Pharmacy request for 2/12 (P3) dihydrocodeine but issued on 15/8 so not done again. Dr L Schyma

28-Aug-2018 Mrs Carol Clelland Other**21-Aug-2018 Ms Paula Murray Repeat Issue****16-Aug-2018 Dr Nora Murray-Cavanagh Medicine Management**

Intervention Repeat prescription "sh pharmacy kerry-asking for Rx to sync up dosette- needs colecalciferol x56- can this be changed on Rx so that they only receive 56 from now on- bh" (P3)

Administration Vitamin D deficiency monitoring administration (P3)

15-Aug-2018 Ms Dawn King Administration**14-Aug-2018 Dr Alison Beveridge Administration****09-Aug-2018 Dr Sharon Stewart Other**

Administration Medication review

12-July-2018 Dr Sineaid Bradshaw Surgery consultation

Intervention Medication commenced
(P3)
Administration Administration NOS dosette box set up at Eleanor's
(P3) request as getting mixed up with tablets, although not n
many. DHC script reworded to make dosing clearer-SB

10-July-2018 Mr Colin McBain Repeat Issue**10-July-2018 Ms Lynn Maxwell Other****02-July-2018 Mrs Carol Clelland Other**

Administration Administration NOS department for work and pensions
(P3) report for dr ***** paperwork has envelope cc
Administration Administration report passed to ***** for scanning cc
(P3)

18-May-2018 Dr Sharon Stewart Results recording

Administration Cervical smear defaulter
(P3)

16-May-2018 Dr Eva Mahler Other

Administration Administration NOS note with Rx to arrange meds rv-
(P3) ssing ***** but not been reviewed by GP for a while EM<

15-May-2018 Ms Dawn King Administration**16-Apr-2018 Ms Julie Roxburgh Other**

Administration Telephone encounter CLW: Phone call- eleanor now in
(P3) touch with CHAI worker for support with benefits, not been
coping very well recently, feeling very low and doesn't
want to be here anymore, wishing she would go to sleep
and not wake up- CHAI worker Sha also contacted me this
morning concerned about Eleanor. Safety chat- suicidal
thoughts but no active plans, has crisis numbers,
encouraged to use these when feeling really low, told me
she would. Also chatting about things planned for future-
appt with Sha on Friday, visiting ***** later this week too.
Supportive chat and will keep im contact

16-Mar-2018 Ms Dawn King Administration**15-Feb-2018 Ms Julie Roxburgh Other**

Administration Consultation CLW: Catch up today, funeral went well,
(P3) everything got organised and paid for in the end however
got news today has been declined funeral expenses
payment due to money in ***** estate. Rearranged
appointment with CAB to review benefit as very low
income. Eleanor mentioned plans to hopefully get back to
***** future, would like to think about volunteering first as
knows needs to do something to keep busy and get out
the *****. Agreed to meet in couple weeks to think about
this as needs time to grieve after funeral now

06-Feb-2018 Ms Julie Roxburgh Other

Administration Consultation Support to make some phone calls today to
(P3) ***** up applications- still outwith processing time- funeral
payment and flowers will not issues an advance, worried
***** may have to pay flowers and will pay her back. Tried
few other avenues but no success, await outcome of
applications. Eleanor quite tearful and upset today,
stressed on run up to funeral which is to be expected. Will
keep in contact his week and arrange to meet for support
after funeral also

23-Jan-2018 Dr Suzanne Macnee Other

Administration Third party encounter lloyds w/h have lost script for
(P3) dihydrocodeine and amitriptyline so further script issued
as requested and sent directly to lloyds.SMac

23-Jan-2018 Ms Julie Roxburgh Other

Administration Consultation (P3) Supported to apply for funeral expenses payment today- to cover shortfall in funeral cost and flowers. Eleanor doing really well, has been coping well, eating ok and focused on getting things organised. Will continue support after funeral on 12th as knows this is when things will start to sink in

19-Jan-2018 Ms Julie Roxburgh Other

Administration Consultation (P3) F/u today- ***** passed away on Sunday, care home phoned the family in the morning advising they came in so Eleanor was present when he passed. Taking some comfort from this, wasn't in any pain. Has been really on top of things this week- getting funeral plans organised. Has used all her benefit on taxi and bills, supported to apply for crisis ***** today to cover cost of food and gas and electric. Also applied for community care ***** as distressed has no appropriate clothing for funeral and will have more travel to arrange further funeral details. Coming back in this afternoon to scan some documents to send to complete crisis ***** application. Will continue to support from here

17-Jan-2018 Dr Sharon Stewart Other**13-Jan-2018 Dr Sharon Stewart Results recording**

12-Jan-2018	Examination	Urinary microscopy, culture and sensitivities	Urine culture	
		No significant growth; Urinary MC&S		
12-Jan-2018	Examination	Urinary microscopy, culture and sensitivities	Urine culture	No significant growth; Urinary MC&S: (No range available)
		Urinary microscopy, culture and sensitivities	Urine culture	
		No significant growth; Urinary MC&S		

12-Jan-2018 Ms Julie Roxburgh Other

Administration Consultation (P3) Met Eleanor for initial appointment, discussed recent mh struggles, feeling abit better compared to start of week- tablets have helped settle mood. Struggling with everything going on with ***** and *****- very isolated and lonley. Also disclosed childhood sexual abuse and domestic abuse by *****; ? suitable for rivers centre. Appt booked with CAB on Wed for benefits check as on very low income and issues with previous carers allowance. F/u aranged with me for next week also

12-Jan-2018 Mrs Barbara Hunter Administration

Examination	O/E - weight	74.2 Kg
Examination	Body Mass Index	28.9

12-Jan-2018 Mrs Barbara Hunter Administration

Administration Consultation (P3) weight 74.2kg-bloods taken- urinalysis protein+ blood+- msu sent for c&s

12-Jan-2018 Dr Sharon Stewart Other

12-Jan-2018 Dr Sharon Stewart Results recording

Examination	Eosinophil count	10 ⁹ /L	0.08 10 ⁹ /L	
Examination	Haemoglobin estimation		161 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	pg	31.4 pg/mL	
Examination	Mean corpusc. Hb. conc. (MCHC)		364 g/L	
Examination	Mean corpuscular volume (MCV)		86 fL	
Examination	Monocyte count	10 ⁹ /L	0.66 10 ⁹ /L	
Examination	Neutrophil count	10 ⁹ /L	3.41 10 ⁹ /L	
Examination	Platelet count	10 ⁹ /L	205 10 ⁹ /L	
Examination	Red blood cell (RBC) count	10 ¹² /L	5.12 10 ⁻²	
Examination	Total white cell count	10 ⁹ /L	6 10 ⁹ /L	
Examination	Lymphocyte count	10 ⁹ /L	1.79 10 ⁹ /L	
Examination	Full blood count - FBC	<none>		
Examination	Haematocrit		0.442 ratio	
Examination	Basophil count	10 ⁹ /L	0.02 10 ⁹ /L	
Examination	Eosinophil count	10 ⁹ /L:		
Examination	Eosinophil count	10 ⁹ /L	0.08 10 ⁹ /L	(Range: 0.04 - 0.4)
Examination	Haemoglobin estimation: Abnormal			
Examination	Haemoglobin estimation		161 g/L	(Range: 115 - 160)
Examination	Mean corpusc. haemoglobin(MCH)	pg:		
Examination	Mean corpusc. haemoglobin(MCH)	pg	31.4 pg/mL	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC): Abnormal			
Examination	Mean corpusc. Hb. conc. (MCHC)		364 g/L	(Range: 310 - 360)
Examination	Mean corpuscular volume (MCV):			
Examination	Mean corpuscular volume (MCV)		86 fL	(Range: 78 - 98)
Examination	Monocyte count	10 ⁹ /L:		
Examination	Monocyte count	10 ⁹ /L	0.66 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count	10 ⁹ /L:		
Examination	Neutrophil count	10 ⁹ /L	3.41 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count	10 ⁹ /L:		
Examination	Platelet count	10 ⁹ /L	205 10 ⁹ /L	(Range: 150 - 400)
Examination	Red blood cell (RBC) count	10 ¹² /L:		
Examination	Red blood cell (RBC) count	10 ¹² /L	5.12 10 ⁻²	(Range: 3.8 - 5.8)
Examination	Total white cell count	10 ⁹ /L:		
Examination	Total white cell count	10 ⁹ /L	6 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count	10 ⁹ /L:		
Examination	Lymphocyte count	10 ⁹ /L	1.79 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC	<none>:		
Examination	Full blood count - FBC	<none>		(No range available)
Examination	Haematocrit:			
Examination	Haematocrit		0.442 ratio	(Range: 0.37 - 0.47)
Examination	Basophil count	10 ⁹ /L:		
Examination	Basophil count	10 ⁹ /L	0.02 10 ⁹ /L	(Range: 0.01 - 0.1)

12-Jan-2018 Dr Sharon Stewart Results recording

Examination	Plasma glucose level	<none>		
Examination	Plasma random glucose level		6.3 mmol/L	
Examination	Plasma glucose level	<none>:		
Examination	Plasma glucose level	<none>		(No range available)
Examination	Plasma random glucose level:			
Examination	Plasma random glucose level		6.3 mmol/L	(Range: 3.8 - 7.7)

12-Jan-2018 Dr Sharon Stewart Results recording

Examination	Hepatitis B surface antigen level	Hep B surface antigen level - S/CO - Hepatitis B surface Antigen : NEGATIVE-----	0.16 ratio	
Examination	HIV antibody/antigen (Duo) COMBO assay:NEGATIVE (Index <0.85)-----	HIV Antigen/Antibody	0.13	
Examination	Hepatitis C antibody test	Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)HCV antibody may take up to 3 months to developfollowing an at risk exposure.-----	0.05	
Examination	Hepatitis B surface antigen level	Hep B surface antigen level - S/CO - Hepatitis B surface Antigen : NEGATIVE-----		
Examination	Hepatitis B surface antigen level	Hep B surface antigen level - S/CO - Hepatitis B surface Antigen : NEGATIVE-----	0.16 ratio	(No range available)
Examination	HIV antibody/antigen (Duo)	HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.85)-----		
Examination	HIV antibody/antigen (Duo) COMBO assay:NEGATIVE (Index <0.85)-----	HIV Antigen/Antibody	0.13	(No range available)
Examination	Hepatitis C antibody test	Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)HCV antibody may take up to 3 months to developfollowing an at risk exposure.-----		
Examination	Hepatitis C antibody test	Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9)HCV antibody may take up to 3 months to developfollowing an at risk exposure.-----	0.05	(No range available)

12-Jan-2018 Dr Sharon Stewart Results recording

Examination	Serum alkaline phosphatase	U/L	102 U/L	
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Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 22 U/L	
Examination	Serum vitamin B12	595 ng/L	
Examination	Serum total bilirubin level	9 umol/L	
Examination	Serum total cholesterol level	5.1 mmol/L	
Examination	Serum creatinine	65 umol/L	
Examination	Serum iron level	11 umol/L	
Examination	Serum ferritin	70 ug/L	
Examination	Serum folate	4.5 ug/L	
Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 26 U/L	
Examination	Serum HDL cholesterol level	1.1 mmol/L	
Examination	Serum LDL cholesterol level	3.6 mmol/L	
Examination	Serum potassium	3.6 mmol/L	
Examination	Serum sodium	136 mmol/L	
Examination	Serum triglycerides	0.9 mmol/L	
Examination	Serum TSH level mU/L	0.89 mU/L	
Examination	Serum lipids <none>		
Examination	Liver function test <none>		
Examination	Thyroid function test <none>		
Examination	Urea and electrolytes <none>		
Examination	Serum C reactive protein level	Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.	13 mg/L
Examination	Blood haematinic levels <none>		
Examination	Transferrin saturation index %		18 %
Examination	Endocrine studies <none>		
Examination	Serum vitamin D Vit D:<25 deficient, 25-50 insufficient, >50 adequate. Immunoassay underestimates Vitamin D2. This test is currently unaccredited to ISO 15189		21 nmol/L
Examination	Serum cholesterol/HDL ratio		4.7 ratio
Examination	Serum free T4 level pmol/L		15 pmol/L
Examination	Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHSL Intranet - Healthcare - A-Z - Haematology - GP referral guidelines		2.34 g/L
Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60		
Examination	Serum alkaline phosphatase U/L:		
Examination	Serum alkaline phosphatase U/L	102 U/L	(Range: 40 - 125)
Examination	Serum alanine aminotransferase level U/L:		
Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 22 U/L	(Range: 10 - 50)
Examination	Serum vitamin B12:		
Examination	Serum vitamin B12	595 ng/L	(Range: 180 - 2000)
Examination	Serum total bilirubin level:		
Examination	Serum total bilirubin level	9 umol/L	(Range: 3 - 21)
Examination	Serum total cholesterol level: Abnormal		
Examination	Serum total cholesterol level	5.1 mmol/L	(No range available)
Examination	Serum creatinine:		
Examination	Serum creatinine	65 umol/L	(Range: 50 - 98)
Examination	Serum iron level:		
Examination	Serum iron level	11 umol/L	(Range: 10 - 32)
Examination	Serum ferritin:		
Examination	Serum ferritin	70 ug/L	(Range: 15 - 200)
Examination	Serum folate:		
Examination	Serum folate	4.5 ug/L	(Range: 2.8 - 20)
Examination	Serum gamma-glutamyl transferase level U/L:		
Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 26 U/L	(Range: 5 - 35)
Examination	Serum HDL cholesterol level:		
Examination	Serum HDL cholesterol level	1.1 mmol/L	(Range: 1.1 - 1.7)
Examination	Serum LDL cholesterol level:		
Examination	Serum LDL cholesterol level	3.6 mmol/L	(No range available)
Examination	Serum potassium:		
Examination	Serum potassium	3.6 mmol/L	(Range: 3.6 - 5)
Examination	Serum sodium:		
Examination	Serum sodium	136 mmol/L	(Range: 135 - 145)
Examination	Serum triglycerides:		
Examination	Serum triglycerides	0.9 mmol/L	(Range: 0.8 - 2.1)
Examination	Serum TSH level mU/L:		
Examination	Serum TSH level mU/L	0.89 mU/L	(Range: 0.2 - 4.5)
Examination	Serum lipids <none>:		
Examination	Serum lipids <none>		(No range available)
Examination	Liver function test <none>:		
Examination	Liver function test <none>		(No range available)
Examination	Thyroid function test <none>:		
Examination	Thyroid function test <none>		(No range available)
Examination	Urea and electrolytes <none>:		
Examination	Urea and electrolytes <none>		(No range available)

Examination	Serum C reactive protein level Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.: Abnormal		
	Serum C reactive protein level Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.	13 mg/L	(No range available)
Examination	Blood haematinic levels <none>:		(No range available)
Examination	Transferrin saturation index %:		(No range available)
Examination	Transferrin saturation index %	18 %	(No range available)
Examination	Endocrine studies <none>:		(No range available)
Examination	Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. Immunoassay underestimates Vitamin D2. This test is currently unaccredited to ISO 15189: Abnormal		
	Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. Immunoassay underestimates Vitamin D2. This test is currently unaccredited to ISO 15189	21 nmol/L	(Range: 25 - 162)
Examination	Serum cholesterol/HDL ratio :		(No range available)
Examination	Serum cholesterol/HDL ratio	4.7 ratio	(No range available)
Examination	Serum free T4 level pmol/L:		(Range: 9 - 21)
Examination	Serum free T4 level pmol/L	15 pmol/L	(Range: 9 - 21)
Examination	Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHS Intranet - Healthcare - A-Z - Haematology - GP referral guidelines:		(Range: 2 - 4)
	Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHS Intranet - Healthcare - A-Z - Haematology - GP referral guidelines	2.34 g/L	(Range: 2 - 4)
Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60:		(No range available)
	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60		(No range available)

09-Jan-2018 Dr Sharon Stewart Other

09-Jan-2018 Ms Julie Roxburgh Other

09-Jan-2018 Dr Sharon Stewart Other

Administration Telephone encounter 0749 5058 747- Asked for you Dr (P3) SS- crying on the phone, feels might be close to a nervous breakdown, also to discuss medication-LD - failed 810 813 ish, scripts done as on rpt ill try again to speak to her in a wee while 10.54 pt phoned back 261 7501 discuss amitriptyline. hkGOT HOLD OF ELEANOR. she is struggling with death of pet, imminent death of father and the fact that her ***** is in long term care in the royal ed. she is LD and autistic. caht re no room for manoeuvre with amitriptyline. and that i would refer to ***** for some guidance / support to access counselling - ? other - perhaps at h/a or wester haven. for now ill look at meds and try to keep things minimal...ss

09-Jan-2018 Dr Sharon Stewart Other

24-Nov-2017 Mrs Cathy Wilson Repeat Issue

12-Oct-2017 Dr Sharon Stewart Other

11-Oct-2017 Mrs Barbara Hunter Administration

Administration Administration form from DSS to be completed- passed (P3) to CMcB for scanning then pass to SS

28-Sept-2017 Ms Dawn King Administration

04-Aug-2017 Mrs Cathy Wilson Repeat Issue

04-Aug-2017 Mrs Carol Clelland Other

19-July-2017 Dr Brendan Magee Surgery consultation

Administration Consultation Was walking her dog a few weeks ago. He
(P3) pulled away from her and she fell backwards and banged
her head. Said she was unconscious for a minute. Didn't
seek med r/has been having headaches since then, settle
with DHCo/e BP 110/60. pulse 80 reg, cranial nerves and
fundi normal. Head injury advice given and told to go to
a+e if any concerns/Vitiligo over L side of face. Advised
sunblock/bm

04-July-2017 Dr Sharon Stewart Other

Administration Administration NOS 07516 384 284- asked for you Dr
(P3) SS- discolouration down side of face started around
three wks ago, spreading to ear- LDmsg to call when free
- i can see before 5 if free tonight, otherwise can be seen
tomorrow when sutis. ss

12-Jun-2017 Ms Lucy Dourley Other**12-Apr-2017 Dr Sharon Stewart Other**

Administration Medication review
Administration Medication review

29-Mar-2017 Dr Sharon Stewart Other

Administration Administration NOS 8.30 261 7501 pt pick up meds at
(P3) chemist yesterday - all meds fell out of shopping trolley -
now requesting another rx for replacements meds.
hkdonenot one for messing about till replace this once
onlyss

17-Feb-2017 Ms Lucy Dourley Other**21-Dec-2016 Mrs Hazel Kelly Repeat Issue****27-Oct-2016 Ms Gillian Coan Repeat Issue****01-Sept-2016 Ms Karen Strickland Triage**

Administration Telephone encounter Request for further supply
(P3) amitriptyline and dihydrocodeine. Requesting change in
Brand of amitriptyline - advised to discuss with pharmacist.
KS

08-July-2016 Dr Marte Cowell Surgery consultation

Administration Administration NOS note with script to contact us for
(P3) review of meds before next due. MC

07-July-2016 Ms Dawn King Administration**12-May-2016 Ms Roseann Paterson Repeat Issue****17-Mar-2016 Mrs Hazel Kelly Other****21-Jan-2016 Ms Dawn King Administration****19-Nov-2015 Ms Dawn King Administration****19-Nov-2015 Dr Sharon Stewart Other**

Administration Administration NOS meds dueno cahngethese are stable
(P3) - and can be considered as repeatsss

29-Oct-2015 Dr Sharon Stewart Other

Symptom (P3) Loneliness

Diagnosis (P3) Agreeing on care plan == =long chat with eleanor.***** with poss learning disability, ?undx, about to re reg here after period of homelessness, she ***** eleanor now..***** - violent, 21yo abusive emotionally and poss physically, police involvement, and poss financially blackmailing / manipulating eleanor.***** unwell - dementia, in nh in leith after recent stroke.upsetitng +++, elanor finding it diff to cope.no illicit drugs now, no alcohol - looks after ***** , and trying to settle life down.reactive today, talking well and open to diff appraoch

Intervention (P3) Referral to Princess Royal Trust carers centre === VOCAL

Intervention (P3) Referred for health coaching

Intervention (P3) Referral for exercise therapy

Administration (P3) Social prescribing offered

Administration (P3) Patient held care plan == = mood and coping, family stressors

Administration (P3) Patient held care plan == = health coach for perosnal support,vocal for carers support.d/w sw re ssiter -? entitled to other support to help eleanor,fget ***** reg here, so we can look in underlying dxson - ?report to council to help have him removed -> accomodated, he is risk to both eleanor and ***** , physically and emotionally.she sees this as a priority correctly.review 2-3 weeks re meds - ami 150mg going well.ss

29-Oct-2015 Dr Sharon Stewart Other**29-Oct-2015 Dr Sharon Stewart Other****05-Oct-2015 Dr Sineaid Bradshaw Surgery consultation**

Administration (P3) Telephone encounter going through difficult time ***** with Alzheimers in Porthaven NH in East Links since Sept feels "days are numbered" aggressive behaviour may need to relocate him to REH Eleanor has POA feeling overburdened ***** and ***** her and other ***** at court tomorrow on assault charge against her taking illicit benzos scedule for NUKA review with SS in few weeks-SB

11-Aug-2015 Dr Sineaid Bradshaw Surgery consultation**11-Jun-2015 Mrs Irene Scott Repeat Issue****18-Apr-2015 Dr Sharon Stewart Results recording**

Administration (P3) Cervical smear defaulter

16-Apr-2015 Mrs Irene Scott Repeat Issue**19-Mar-2015 Dr Laura Smith Other**

Administration (P3) Telephone encounter Has noticed 3 raised lymph nodes - one under arm, one back of neck and one behind ear. feels very well within herslef. all are pea-sized lumps and mobile, smooth. no tiredness / weight loss / night sweats. Just noticed them a few days ago. Advised to see if they disappear within 3 weeks - if not will need to be seen and referred. To also contact us sooner if they start increasing in size or if any signs of infection develop

19-Feb-2015 Dr Sharon Stewart Surgery consultation

Symptom (P2) Chronic low back pain
 Diagnosis (P1) Opioid drug dependence NOS = = prescribed df118 no illicit use, longstanding
 Diagnosis (P2) Is a carer : no longer a carer by 09/01/18 as ***** now in long term care
 Administration (P3) Telephone encounter 08.04 tel 07763 516 041 med rv pmstress with ***** -> now buying 10mg temaz every day this is all taht is illicit.feels once he moves out life will be ebtterbut ***** dx with lazheimers - she is supplementary carer to help *****.this si emotionally draining too.advice re vocal.meds stable - i have no real cocerns,eleanor is struggling through a pretty rough life, stable on emds for most part,occ using benzo to alleviate stress,but usally self managing and reducing off in due course.ss

23-Dec-2014 Dr Marte Cowell Surgery consultation

Administration (P3) Administration NOS no reviews of meds for 20 months, requests these every two months. Note on slip requesting she contact us for review. MC

23-Dec-2014 Mrs Irene Scott Repeat Issue**30-Oct-2014 Mrs Irene Scott Repeat Issue****04-Sept-2014 Ms Gillian Coan Repeat Issue****15-July-2014 Ms Paula Murray Administration**

Administration (P3) Telephone call to a patient Keep Well 2012 (NHS Lothian) Entire Practice Index

10-July-2014 Ms Gillian Coan Repeat Issue**15-May-2014 Mrs Irene Scott Repeat Issue****20-Mar-2014 Mrs Irene Scott Repeat Issue****20-Mar-2014 Ms Roseann Paterson Administration**

Intervention Examination Smoking cessation advice Cigarette smoker // cigarettes / cigars / tobacco

05-Feb-2014 Ms Paula Murray Administration**23-Jan-2014 Ms Gillian Coan Repeat Issue****28-Nov-2013 Ms Gillian Coan Repeat Issue****04-Oct-2013 Mrs Irene Scott Repeat Issue****09-Aug-2013 Mrs Irene Scott Repeat Issue****23-July-2013 Ms Susan Wallace Administration**

Intervention (P3) Keep well programme declined

13-Jun-2013 Mrs Irene Scott Repeat Issue**21-May-2013 Ms Paula Murray Administration**

Administration (P3) Administration ESA form in sent to SS

23-Apr-2013 Dr Sharon Stewart Surgery consultation

Administration Telephone encounter 629 4663 re 8 week rx for dhc and
(P3) amitriptyline ,amit has ran out and 2 weeks left for dhc -
wants to change to sh pharmacy for meds also - pmcalled
backcancel balance at mackinnonnew script to sight *****
pharmss

26-Feb-2013 Dr Sharon Stewart Surgery consultation

Administration Telephone encounter tel 629 4663 pt going away to new
(P3) castle to see familiy asking for dihydrocodine ,
antidepressants asking for it early dkcalled backarrange
new script while we were at itss

30-Jan-2013 Ms Gillian Coan Repeat Issue**08-Jan-2013 Ms Gillian Coan Repeat Issue****11-Dec-2012 Ms Karen Strickland Surgery consultation**

Examination O/E - blood pressure reading 170 / 92 mm Hg
Administration Consultation See hx below. Few weeks hx of generised
(P3) itch over most of body. ? drug related allergy and now
titrating down dihydrocodeine. Describing generlised itch
over body, worse at night. Evidence on arms, legs, abdo
and neck of scratching, none in finger webs. Sounds likes
scabies from story but rash not entirely typical. Treat as
scabies and advised re tx and general hygiene. BP
checked today 170/92, ***** hypertensive. Re-check 1/52,
appt given. KS

11-Dec-2012 Dr Sharon Stewart Surgery consultation

Administration Telephone encounter 08.03hrs 0785 891 9884 new Rx
(P3) request - antidepressant - also chat re doseage cwcalled
backrash not settlinggetting wroseeems to be worse at
nightface spareddots between fingers?scabetic??red
herring re df118 and link with itchingplanwill come off
df118 slowly over the next whileand if rash settled then ?
linkbut note poss scabies so see wh to clarifythanksss

06-Dec-2012 Ms Gillian Coan Administration

Administration Mental health monitoring first letter
(P3)

23-Nov-2012 Dr Sharon Stewart Surgery consultation

Administration Administration NOS called to cancel old script at shhcss
(P3)
Administration Telephone encounter 08.02 0785 891 884 pt would like
(P3) to discuss medication .rpbrand swap -> df118 is making
her itchpharmacy wont order diff brandsohand in old meds
to usand new script providededami to 50mg as has self
titrated.see 2 weeksss

12-Nov-2012 Mrs Barbara Hunter Administration

Administration Administration NOS -DSS form -passed to SS-bh
(P3)

08-Nov-2012 Dr Sharon Stewart Surgery consultation

Examination H/O: drug allergy
Administration Telephone encounter 8.09 0785 891 9884 re
(P3) antidepressant given is making pt feel sick. hkcalled
backwas in seeing dr sweeneyswapped to trazodoneuse 1
or 2 at nightbut in morning felt very hung over and
nauseousthis week taking 1 - but still feels itchy
nauseousnot toleratingcodedasking to try ami
againagreereview 2 weeksmed 3 for 3 months depression
and pains
Examination H/O: drug allergy

26-Oct-2012 Ms Susan Wallace Third Party Consultation

Intervention Keep well programme declined
(P3)

25-Oct-2012 Dr Jane Sweeney Other

Administration Consultation Longstanding depression. Care home as
(P3) child. Sexual abuse. Pratner 19 years left 4 years ago.
***** aged 12. Does not see regularly. Prev PDs. Low
mood. Lives for cat, dog and *****; No DSH/suicidal
ideation. Poor sleep. Admits to buying diazepam on
street. Plan - General advice Stopped duloxetine due to
SETry trazodone Advised to avoid street drugs Med 3 4/52
from 1/11 - Depression Review 2/52 or sooner if required

25-Oct-2012 Dr Jane Sweeney Other

Administration Telephone encounter Note SS entry. Did not tolerate
(P3) duloxetine - sweaty hands, headaches, nausea,
diarrhoea. Now off Mirtazapine. Mood low. Poor sleep.
Also tingling R arm. Plan - review in surgery

04-Oct-2012 Dr Sharon Stewart Surgery consultation

Administration Telephone encounter 08.20 07858 919 884 doesnt feel
(P3) anti-depressants helping and needs other meds pm called
back prescription run out df118 due from
tomorrow antidepressant not great feeling down not getting
out and feels life getting stuck again. prev attempts with
sertraline, citalopram, mirtazapine, ? in view of reappearing
hand pain consider duloxetine 60mg but needs to titrate off
mirtaz first see 2 weeks f/f - will call me to arrange and med
3 4 weeks - can use if needsss

Administration Medication review done

10-Aug-2012 Mrs Lorraine McBain Administration

Administration Administration rx issued 3.08.12 for dhc and mirtazapine
(P3) issued with wrong start date. now replaced so original
destroyed. lmbc

10-Aug-2012 Mrs Anita Delongie Telephone call from a patient

Administration Telephone encounter Px Mirtazapine and
(P3) Dihydrocodeine redone for pharmacy as wrong dispense
date. ADL

03-Aug-2012 Dr Peter Cairns Surgery consultation

Administration Consultation rpt rx. has come off amitrip. hand probs
(P3) resolved. will look at df118 reduction eg 1 tab every 1-2
months - acknowledges will be hard a sbeen on some
time. pc

15-Jun-2012 Ms Gillian Coan Administration

Intervention Referral to breast clinic . Referral Type: Out Patient; Sender: Dr ***** Sweeney; Reason: Referral to
breast clinic; Referral Status: Referred

Administration Scanned Document
SCI Referral Letter :

14-Jun-2012 Dr Jane Sweeney Other

Administration Consultation 1. Scripts due. Stable. Plan - Continue 2. L
(P3) breast discomfort 1/12. No pain. No discharge. No lumps.
***** breast ca. Still reg periods. O/e R breast NAD, L
breast < 1cm lump 12 o'clock, mobile, No axilla
lymphadenopathy Imp - ? Benign Plan - Refer breast for
clarification

18-May-2012 Dr Dan Drewitt Surgery consultation

Administration Consultation Seems to be doing OK. Needs Mirtazepam
(P3) today. Note on both amitriptyline and Mirtazepam. ? allow 8
week scripts next time. DD

20-Apr-2012 Dr Marte Cowell Surgery consultation

Administration Consultation needing meds, antidepressants are also
(P3) not helping - early days yet. Worried people are looking at
her, difficulty getting out. not able to ***** the moment, plus
can't find anything even if she does look. Eleven year old
***** stays with his ***** but comes to her at the weekends,
encouraged to do some getting out see prn. MC

05-Apr-2012 Dr Brendan Magee Surgery consultation

19-Mar-2012 Ms Gillian Coan Administration

Intervention Referred to plastic surgeon . Referral Type: Out Patient; Sender: Dr ***** Callaghan; Reason:
 Referred to plastic surgeon
 Administration Scanned Document
 SCI Referral Letter :

17-Mar-2012 Dr Sharon Stewart Results recording

Administration Cervical smear defaulter
 (P3)

09-Mar-2012 Dr Grant Callaghan Other

Administration Consultation 1. Feeling better on mirtazepine -
 (P3) continue.2. L carpal tunnel syndrome. Refer plastics

24-Feb-2012 Dr Grant Callaghan Other

Administration Consultation Rpt meds issued. Wants to change
 (P3) antidepressants -keen to try mirtazepine again. Not keen
 on counselling but will discuss again. Will *****-taper
 mirtazepine with sertraline and review in 2 weeks

24-Feb-2012 Dr Peter Cairns Surgery consultation

Administration Telephone encounter shhc pharm - can she switch disp
 (P3) day - yes ok by me. pc

23-Jan-2012 Ms Susan Wallace Administration

20-Dec-2011 Diagnosis Mental health review
 (P3)

20-Dec-2011 Dr Juliet Graham Surgery consultation

Diagnosis Patient reviewed Mood stable. No thoughts of self harm-
 (P3) reports days when prescribed dose is not required.
 Advised to return any excess meds to pharmacy

12-Dec-2011 Ms Susan Wallace Third Party Consultation

Diagnosis Keep well programme
 (P3)

07-Nov-2011 Dr Peter Cairns Surgery consultation

Administration Consultation rpt df118, amitrip sertarlaine, mental health
 (P3) settled; mild dermatitis fingers rx fucibet. pc

04-Oct-2011 Ms Susan Wallace Administration

Administration Mental health monitoring first letter
 (P3)

23-Sept-2011 Dr Sharon Stewart Surgery consultation

Administration Administration NOS 11.39 0785 8919 884 pt normally
 (P3) picks her medication up from pharmacy on monday but
 has to work from 8am til 6pm can she have authorisation
 to pick up today or tomorrow morning pharmacy is SHHC
 rp - - -done ss

12-Sept-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation great100mg sert happy!loving workingbit of
 (P3) bilateral otitis externasee hwo we goall emds form today2
 monthsse 6-7 weekseither tele or ffss

05-Sept-2011 Ms Liz Davis Clinic

Administration Telephone encounter spoke with pt -doing well now *****
 (P3) burtons doesnt think she needs another appt so thanks
 for the referral from Dr ***** on 17/8/10. discharge for now
 pls refer back if required.LD cmhn

24-Aug-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation greatfeels some impovementincrease to
 (P3) 100 dailyand see by 13 septmeds due then.ss

01-Aug-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation al;l good.working aginand loving it.sert
 (P3) 50mgsee 4 wseeksgget everyhting back onto one day
 dispense per weekss

26-July-2011 Ms Liz Davis Clinic

Administration Failed encounter dna appt today will try another at her
(P3) new add Ld mhn

20-July-2011 Ms Susan Wallace Administration

Administration Well adult monitor.1st letter
(P3)

06-July-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation mood not great unemployed and fed
(P3) upmirtaz given a good run so swap to sertraline and see 3
weeks no risk mirtaz script cancelled new df script and am
script reinstated from end of existing prescriptions
Administration Medication review done

28-Jun-2011 Mrs Paulene Cox Triage

Administration Telephone encounter 0785 89 19884 / 458 4890 Pat
(P3) went to collect Mitrazapine Rx today @ SHC
pharmacy Pharmacy had a note that this had been
stopped by doctor but nothing in our notes to support this
instruction. Still has 3/52 to run of current Rx. Adv
pharmacy to reinstate script & pnt given appt for gp r/v
6/7/11.pfc

21-Jun-2011 Ms Liz Davis Clinic

Administration Failed encounter dna appt today. note new address so
(P3) will try her there LD mhn

15-Jun-2011 Ms Susan Wallace Administration**20-May-2011 Dr Peter Cairns Surgery consultation**

Administration Consultation rpt px. seems settled and well. pc
(P3)

18-May-2011 Ms Liz Davis Clinic

Administration Failed encounter dna appt today try one more LD mhn
(P3)

11-May-2011 Mrs Lorraine Mcbain Administration

Administration Administration med 3 issued 31.01.11 not picked up .
(P3) see docman LMcB

20-Apr-2011 Ms Susan Wallace Administration

Administration Well adult monitor.1st letter
(P3)

19-Apr-2011 Ms Liz Davis Clinic

Administration Failed encounter pt dna appt 18/4/11 will send ehr
(P3) another LD mhn

28-Mar-2011 Dr Brendan Magee Surgery consultation

Administration Consultation Normally sees SS, needs rpt rx, asking if
(P3) she could get this fortnightly and on rpt rx - ? whether this
is a good idea, she will attend SS next time to discuss BM

22-Mar-2011 Dr Sharon Stewart Surgery consultation

Administration Administration NOS 07521 234 266 Requesting new Rx
(P3) for meds Dihydrocodeine Mitrazapine & Amatriptyline (disp
weekly) was unaware Rx had finished Will collect WH this
pm cw1 week supply make appt - needs review. ss

11-Mar-2011 Ms Liz Davis Clinic

Administration Failed encounter pt dna appt today will end another
(P3) one LD mhn

16-Feb-2011 Ms Liz Davis Clinic

Administration Failed encounter pt dna appt today. will send another.LD
(P3) mhn

09-Feb-2011 Ms Liz Davis Clinic

Administration Telephone encounter pt called to cancel her appointment for
(P3) 8/2/11 have rearranged appointment for 16/2/11. LD mhn

27-Jan-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation difficult chat about family matters, ***** visits
(P3) at weekends she gets visits, but doesn't have full legal rights and responsibilities at the moment these lie with *****. He has gone missing with new girlfriend Eleanor with the 10yo since weekends she has not reported it. I have strongly warned her that she must send the boy to school? Missed 2 days? She will go to social work this evening and report matters, told that I will report if not done. ss

21-Jan-2011 Dr Peter Cairns Surgery consultation

Administration Telephone encounter 14.11 pt had appointment with SS 07521
(P3) 234 266 pt requesting sick leave also results. Will pick up w/h hk; advised bloods ok - apparently done for lipomatous deposits around eye; chol ok. med 3 1/52 from 24/1 - 31/1 closing line - pt feels able to return soon and point beyond which continues med 3 for bereavement difficult. pc

12-Jan-2011 Mrs Irene Scott Administration

Examination	Serum alkaline phosphatase	73 IU/L	
Examination	ALT/SGPT serum level	19 IU/L	
Examination	Serum bilirubin level	6 umol/L	
Examination	Serum cholesterol	5 mmol/L	
Examination	Serum creatinine	56 umol/L	
Examination	Gamma - G.T. level	25 IU/L	
Examination	Serum HDL cholesterol level	1.2 mmol/L	
Examination	Serum LDL cholesterol level	3 mmol/L	
Examination	Serum potassium	3.7 mmol/L	
Examination	Serum sodium	139 mmol/L	
Examination	Serum triglycerides	1.8 mmol/L	
Examination	Blood urea	4.6 mmol/L	
Examination	Blood glucose result	4.4 mmol/L	
Examination	HDL : LDL ratio	4.2 ratio	
Examination	Glomerular filtration rate	60 mL/min	
Examination	Serum alkaline phosphatase:		
	Serum alkaline phosphatase	73 IU/L	(No range available)
Examination	ALT/SGPT serum level:		
	ALT/SGPT serum level	19 IU/L	(No range available)
Examination	Serum bilirubin level:		
	Serum bilirubin level	6 umol/L	(No range available)
Examination	Serum cholesterol:		
	Serum cholesterol	5 mmol/L	(No range available)
Examination	Serum creatinine:		
	Serum creatinine	56 umol/L	(No range available)
Examination	Gamma - G.T. level:		
	Gamma - G.T. level	25 IU/L	(No range available)
Examination	Serum HDL cholesterol level:		
	Serum HDL cholesterol level	1.2 mmol/L	(No range available)
Examination	Serum LDL cholesterol level:		
	Serum LDL cholesterol level	3 mmol/L	(No range available)
Examination	Serum potassium:		
	Serum potassium	3.7 mmol/L	(No range available)
Examination	Serum sodium:		
	Serum sodium	139 mmol/L	(No range available)
Examination	Serum triglycerides:		
	Serum triglycerides	1.8 mmol/L	(No range available)
Examination	Blood urea:		
	Blood urea	4.6 mmol/L	(No range available)
Examination	Blood glucose result:		
	Blood glucose result	4.4 mmol/L	(No range available)
Examination	HDL : LDL ratio:		
	HDL : LDL ratio	4.2 ratio	(No range available)
Examination	Glomerular filtration rate:		
	Glomerular filtration rate	60 mL/min	(No range available)

10-Jan-2011 Dr Sharon Stewart Surgery consultation

Administration Consultation reviewed meds helping, med 3 2 weeks -
(P3) bereavement. chat re mood and things settling - ***** getting heating fixed etc...no concerns, seems to be rallying round a little...ss

Administration MED3 - doctor's statement Fit Note (Diagnosis: ;
Duration 10-Jan-2011 - 24-Jan-2011)

13-Dec-2010 Ms Liz Davis Clinic

13-Dec-2010 Ms Liz Davis Clinic

Administration Consultation seen at hc int assmt. mood now stable, struggling financially, hsg unsuitable cant afford to heat it. csa while in care, split from ptrn of 19yrs last yr-abusive relationship often violent to pt & adultery. over this now keen to find better hsg. & work. will do letter for hsg, takes temazepam 5mg 4 times weekly denies any alc use feels she is dependent on her rx df118. no futher suicidal thoughts socially isolated advised re whha, chai & cab & s/w financial help re gets 10yr old ***** at w/ends. has hsg worker this week. also disc speaking with womens aid will think about this. rev 3/52 ld mhn

07-Dec-2010 Dr Dan Drewitt Surgery consultation

Administration Consultation Giving me a message that she was taking 30 mg x 2 mirtazepine atnight. Could not have been doing this as scipt dispensed weekly. This would be 60 mg anyway too high a dose. I told her that medication is not the answer to her problems an other solutions need to be found. Med 3 4 weks depression/bereavement

25-Nov-2010 Dr Sharon Stewart Surgery consultation

Administration Consultation reviewed. stopped mirtaz - not helping and giving me headaches. tearful. sdad died and going to funeral tomrrow. life stressors - including new temp job coming to end..cant cope at this moment, but knows that all is situational. med 3 2 weeks. no new meds. engage with *****. see me 2 weeks. ss

Administration MED3 - doctor's statement 2 weeks grief, low mood (P3)

15-Nov-2010 Ms Liz Davis Clinic

Administration Consultation dna appt at hc today. will send out another one LD mhsw (P3)

19-Oct-2010 Ms Liz Davis Clinic

Administration Consultation dna appt at hc today 2nd dna int assmt. will send out another appt. LD mhsw (P3)

15-Oct-2010 Dr Brendan Magee Surgery consultation

Diagnosis Mental health review Mood much better, Has got a temporary job at ***** Biscuits which she starts on monday. (P3) would like rx for ibuprofen instead of paracetamol as this is what she has been buying. No CI BM

22-Sept-2010 Dr Suzanne Macnee Surgery consultation

Administration Seen in GP's surgery in for repeat of regular (P3) prescription, says mood improved with mirtazepine. prefers to stick with wkly dispense of meds at present. says didnt receive appt from ***** - will check with reception date of next appt

13-Sept-2010 Ms Liz Davis Surgery consultation

Administration Seen in GP's surgery dna int assmt appt today. will send (P3) out another LD mhsw

27-Aug-2010 Dr Dan Drewitt Surgery consultation

Administration Seen in GP's surgery Feels better and can I think go (P3) onto weekly dispensing from Mon. Note to SHHC pharmacy to cancel existing scipt

13-Aug-2010 Dr Miriam Fuehr Surgery consultation

Administration Seen in GP's surgery took Px to Mackinnon Calder road, (P3) but would now like to take it to her usual pharmacy at Sighthill. I have phone mackinnon and cancelled her current Px and issued a new scipt. MF

10-Aug-2010 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery not great. mood all over the place, using more df118 and not sleeping. plan. swap to mirtazapine, increase to 8 df118, all on daily disp - see 2-3 weeks for review... no risk but low mood and had impulsively overdosed in past... things had been much brighter, but she feels that life getting better of her right now. opiate withdrawals as no df118 for several days now.... i will refer *****, and make sure social ***** to work with affairs. ***** 10yo. ss

08-Aug-2010 Dr Home Visits Surgery consultation

Administration (P3) Patient encounter data NOS suicidal 1 day - reports being prescribed 30 mg DHC (2 taken TID) for past 5 yrs for general aches & pains. States usually has to go without DHC for a day or two as she takes over the prescribed amount - now has been without DHC for 4/7 & feels sweaty, disrupted sleep pattern and anxious. States feels suicidal with DHC - previous overdose last year - has 10 year old child with her - D/W, T/L, JMcG - child protection form will be completed - speak to GP - advised we are unable to replace medication -SW

16-July-2010 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery good review, on the up and up - i will put meds on repeat as i don't see them changing any time soon... good compliance, and good dattender - will see me every 2nd or 3rd prescription for review unless a problem ss

Diagnosis Medication review done
Diagnosis Medication review
Diagnosis Medication review done

01-July-2010 Surgery consultation

Administration (P3) White Scottish

31-May-2010 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery med 3 8 weeks, doing ok nervous for medical knows almost fit but not sure if ready for full time work yet happy to try if they make her knowing that ill support her if things fall apart.. overall good progress and a huge difference since we first met... ss

18-May-2010 Dr Brendan Magee Surgery consultation

Administration (P3) Patient encounter data NOS did not opt into physio

08-Apr-2010 Surgery consultation

Administration (P3) Seen in GP's surgery rpt meds, on much finer form, mood stabilising brighter and seeing point to life again.. looking forward to work, but knows a few weeks yet.. med 3 8 weeks. ss

Examination Current smoker 0 / / cigarettes / cigars / tobacco

18-Feb-2010 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery rpt meds, top up df118 as had used more up with injury today flu like illness not on great form at all chest - right basal rhonchi otherwise clear nil else imp urti/lrti advice see as req given pain and mood med 3 8 weeks depression. work sound unhappy at her being there. ssMED3 - doctor's statement

Administration (P3) MED3 - doctor's statement 8 weeks

10-Feb-2010 Dr Brendan Magee Surgery consultation

Intervention Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Edinburgh - Westerhailes Health Centre : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=AHP - Physiotherapy : ATTENDANCE_TYPE=1st Visit. Sender: Dr ***** Magee; Reason: Referral for further care

Intervention (P3) Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Edinburgh - Westerhailes Health Centre : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=AHP - Physiotherapy : ATTENDANCE_TYPE=1st Visit

Administration (P3) Patient encounter data NOS SCI Electronic Referral

08-Feb-2010 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery Slipped on ice at Christmas and
(P3) landed on lumbar area, Still sore , tender over lumbar musculature. Rx ibuprofen gel and refer physio. URTI, Few creps R base, rx clarithromycin BM

31-Dec-2009 Dr Treatment Room Appoi Surgery consultation

Administration Seen in GP's surgery DNA treatment room for depo
(P3)

30-Dec-2009 Dr Sharon Stewart Surgery consultation

Administration Seen in GP's surgery great chat coppletely off diaz now
(P3) very very happy things more stable and understanding between ***** and her and children continue meds has run out 5-6 days ago, big jangly but ok. last depo given age - will go on top cerazette after this... ss

19-Nov-2009 Dr Sarah Mckeag Surgery consultation

Administration Seen in GP's surgery attends for diazepam. has been
(P3) taking 2mg bd. sleeping as on amitriptyline. states is struggling without *****. home alone. mood stable. plan:2mg diazepam daily on weekly dispense for 3/52. then see Dr Drewitt. plan is to stop diazepam then and review other meds. SmCK

26-Oct-2009 Dr Dan Drewitt Surgery consultation

Administration Seen in GP's surgery have given 8 week script of
(P3) amit/cit/DHC disp weekly.As far as diazepam goes 2 mg 2 daily for 2 weeks disp weekly then a 2 week script of 2 mg 1 tab daily

30-Sept-2009 Dr Treatment Room Appoi Surgery consultation

Administration Seen in GP's surgery for depo , bp 130/78 , wgt 60kgs
(P3) depo provera administered into lt gluteal muscle as pres by pfc ,bns01932,exp01/2012, to see gp prior to next inj sc Ok for Depo -but been on for abt 10-12years there for may wish to consider break or another method re: bone health. Lit given pfc

27-Aug-2009 Dr Sharon Stewart Surgery consultation

Administration Seen in GP's surgery doing really well in new ***** all
(P3) settling in]mood good diaz reduction going well - nil extra see back as req, 2 months meds, weekly disp. ss

30-July-2009 Dr Alison Beveridge Surgery consultation

Administration Seen in GP's surgery In for weekly dispense meds. On
(P3) reducing regimen of diazepam - scripts already sorted by SS. Well and hoping to have new ***** by next week - 4 bedroom. Will see SS at next appmnt AB

28-July-2009 Surgery consultation

Administration Patient encounter data NOS capable of work from 12 jul
(P3) 09. pc

22-July-2009 Dr Dan Drewitt Surgery consultation

Administration Patient encounter data NOS has been assessed and
(P3) found fit for work. dd

16-July-2009 Dr Sharon Stewart Surgery consultation

Administration Seen in GP's surgery not great with diaz. so plan as
(P3) follows. really using 30 daily still. agree to non negotiable reduction to zero - 30 mg reducing 2mg weekly to zero., i will prepare all scripts and send to aighthill pharmacy. ss
Administration Patient encounter data NOS diaz script generated, from
(P3) 23 july reducing 2mg per week to zero. entire supply to sighthill pharmacy. ss

09-July-2009 Ms Liz Alexander Surgery consultation

Examination	O/E - blood pressure reading	110 / 70 mm Hg
Administration (P3)	Seen in GP's surgery attended for depo 12 weeks + 7 days. not had intercourse. pregnancy test neg. discussed with Dr ****. Happy to go ahead. BP check 110/70 Weight 60kg. IM depo provera 150mg/ml left buttock. Batch SO3129 Ex 1/12. requested drink supplements as not eating since break up but felt not clinically appropriate	
Examination	O/E - weight	60 Kg
Examination	Body Mass Index	23.4

02-July-2009 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery rpt meds, all seems well. agree to go back to 15 mg diaz as not coping, my suggestion - she is falling apart. see 2 weeks, and re address reduction. ss

18-Jun-2009 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery diazepam to 2mg tabs, and reduce to 12mg, then 2mg per fortnight. for ease of calculation, spreading out dose etc - happy with this. rpt meds -mood not fantastic, increase cital to 40 and review 2weeks, med 3 will be due then too. script to be dispensed today - travelling monday. ss

12-Jun-2009 Dr Dan Drewitt Surgery consultation

Administration (P3) Patient encounter data NOS Urine tests confirm Diazepam and opiates as expected. DD

08-Jun-2009 Dr Dan Drewitt Surgery consultation

Administration (P3) Seen in GP's surgery Claims takind diazepam 5 mg tabs usually TID for last 6 weeks.Sold her mobile phone to by this.Med 3 4 weeks depression.I agreed with her that we would prescribe Diazepam 5 mg TID for 2 weeks then reduce by 5 mg every 2 weeks.See therefore 2 weeks.Urine drug screen today.In Womens refuge at present.Given address for WHHA and she can go there herself to ask for appt. DD

01-Jun-2009 Surgery consultation

Intervention Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Community Psychiatry : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=Wester Hailes Health Agency : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care

Intervention (P3) Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Community Psychiatry : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=Wester Hailes Health Agency : ATTENDANCE_TYPE=1st Visit

21-May-2009 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery reviewed.. good. in hostel still - given fortnight supply as no money to travel form tomorrow.. see 2 weeks - no current risk. once off night sed - prometh no use. start citaloram - req help with counselling - agreed already. happy with plan, ss

15-May-2009 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery see prev entry. **** - emotional abuse. he is in relationship with 16yo female. has thrown eleanor out. now in homeless hostel in niddrie while awaiting accom here again. tearful cannot sleep and mood all over oplace. mood falling for while but now def situational crisi not helping. night sedation, usual meds on weekly disp, see back 1 week. no risk - was impulsive od to get **** attention. children **** him, and new **** cannot understand how 18 years marriage gone... ss

11-May-2009 Surgery consultation

Administration (P3) Patient encounter data NOS NHS24 - Deliberate overdose 30 DF118 + further 10 DF118 999 Ambulance

24-Apr-2009 Dr Dan Drewitt Surgery consultation

Administration (P3) Seen in GP's surgery In for more medications

09-Apr-2009 Mrs Paula Fey Surgery consultation

Examination	O/E - blood pressure reading	120 / 75 mm Hg
Administration (P3)	Seen in GP's surgery For depo 12weeks3 days. Bleeding -patern slight spotting for 2 /7 last weekdepo - provera 150mgs im right buttock BnR09613 exp 10/2011. Return date 2/07/09. P fey	
Examination	O/E - weight ACTION=Repeat after an Interval	57 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.2
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

17-Mar-2009 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery in for script, offered appt for hand with 3 days notice, couldnt get time off, so trying to re arrange it. otherwsie all ok. ss

02-Feb-2009 Dr Natalie Jackson Surgery consultation

Administration (P3) Seen in GP's surgery in for regular px. taking 1-2 tabs tds DF118. to dispense fortnightly. nj locum

12-Jan-2009 Dr Advice Calls Surgery consultation

Administration (P3) Telephone encounter Appointm given for Depo injection. See entry 09.01.09, late for Depo injection. Patient stated not had intercourse. ADL

Administration (P3) Seen in GP's surgery Late for Depo-Provera, week 13, see entry below, started to bleed, not had ssexual intercourse after week 12. Depo Provera 150mg given IM in L glut max, Bn RO6276 Exp 06.2011. Next date: week 12: 06.04.09. ADL

09-Jan-2009 Dr Advice Calls Surgery consultation

Administration (P3) Seen in GP's surgery Advice call re depo provera. 12 weeks and 4 days today. Tried to contact patient, no reply. Message left. KS

24-Dec-2008 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery using 5 df118 - 6df118 daily. script adjusted - warning re over use and dependence. dispense fortnightly. no word re surgery yet. rpt meds, asking about **** - **** sweeney, told i cannot discuss other patients. ss

21-Nov-2008 Dr Peter Cairns Surgery consultation

Administration (P3) Seen in GP's surgery rpt amitrip paracet and df118, over recent ankle sprain so reduce df118 to 'normal' dose for cts sx - where are we up to with this? - looks like dna op date - still sx and functional probs so ask for further date. pc

13-Nov-2008 Dr S Senthill Surgery consultation

Administration (P3) Seen in GP's surgery was in hospital xr - no fracture , has been taking double the no of DHC - came infor DHC 2/52 prior to the pick up given 2/52 to tie in with amitryptiline to se PC prior to next rev-ss

22-Oct-2008 Mrs Paula Fey Surgery consultation

Administration (P3) Patient encounter data NOS Dna for smoking cessation, but note previous entry re -ankle. P Fey

15-Oct-2008 Dr Marte Cowell Surgery consultation

Administration (P3) Seen in GP's surgery fell downstairs about ten steps. Right ankle is very sore and badly bruised. O/E marked bruising especially over lateral malleolus ->A/E as needs Xray. Rx issued. MC

14-Oct-2008 Dr Z Gpworkroom9 Surgery consultation

Administration (P3) Seen in GP's surgery 15.52 623 4422 fell down stairs. ankle very swollen. LMcB tried x 2 - no answer, will try later. ss fell down stairs 1 hr ago moving carpet. ankle swollen. can weight bear and touch swollen area with no pain, no bruising. has leg elevated and applied ice. advised to continue current treatment-ice for short periods. if inability to weight bear/increased pain-a&e for xray. could phone for appt in am if wishes. dbranagan

13-Oct-2008 Mrs Paula Fey Surgery consultation

Examination	O/E - blood pressure reading	120 / 70 mm Hg
Administration (P3)	Seen in GP's surgery Attended for depoprovera and smoking cessation. No problems with bleeding. Depoprovera 150mgs im right buttock Bn R05633 exp 11/2012. return date 5/1/09. Discussed cessation , Smokes 30 per day over 25 ys Feels its affecting her health. Explained how to use, side effects etc. See 10/7. P Fey	
Examination	O/E - weight ACTION=Repeat after an Interval	64 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	25
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

17-Sept-2008 Dr Catherine Morgan Surgery consultation

Administration (P3) Seen in GP's surgery S Attends for repeat Px of dihydrocodeine and amitriptyline. Admits has been taking occasionally 2xdihydrocodeine instead of 1 tds so has run out in 4/52 instead of 6. Takes 3 PCM day plus amitriptyline Awaiting 2nd carpal tunnel decompression P Discussed- try PCM 8xday and try to educe dihydrocodeine intake again CM

18-Aug-2008 Dr Ronald Affleck Surgery consultation

Administration (P3) Seen in GP's surgery Repeat medication. Attending St Johns next week for carpal tunnel release

30-July-2008 Dr Dan Drewitt Surgery consultation

Intervention	Smoking cessation advice	
Administration (P3)	Seen in GP's surgery RP plus Med 3 FL 060808.Back pain R side similar to sciatica from last year.No bladder dysfunction	
Examination	Current smoker	0 / / cigarettes / cigars / tobacco

23-July-2008 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	130 / 70 mm Hg
Administration (P3)	Seen in GP's surgery 12 weeks and 1 day since last depoprovera. happy with method, no bleeding. wt and bp recorded. depoprovera 150mg IM L buttock bnR01486 exp 1/2011 due again 15/10/08 gp review 2009 RA	
Examination	O/E - weight ACTION=Repeat after an Interval	64 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	25
Examination	O/E - height	1.6 m
Examination	O/E - height ACTION=Repeat after an Interval	1.56 m
Intervention	Depo-provera injection given	
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

19-Jun-2008 Dr N Clancy Surgery consultation

Administration (P3) Seen in GP's surgery repeat meds- still waiting for appt re carpal tunnel surgery

23-May-2008 Dr Vimal Menon Surgery consultation

Administration (P3) Seen in GP's surgery in for repeat DHC and amitriptyline. Is one week early, going away on holiday next week hence came early. Doing well. Dr Menon

06-May-2008 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery still no word from neuro - rerefer agin, struggling with left hand pain most of the time but esp at night now cannot hold a prolonged grip, and finds herself dropping things rpt meds. ss

29-Apr-2008 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	115 / 70 mm Hg
Administration (P3)	Seen in GP's surgery for depoprovera happy with method, 12 weeks plus one day since last. spotting always 2/7 prior to depo date. wt and bp recorded, satisfactory. depoprovera 150mg IM R buttock due again 22/7/08 gp review 2009 RA	
Examination	O/E - weight ACTION=Repeat after an Interval	65 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	25.3
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depo-provera injection given BN p08715 exp 5/2010	
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

04-Apr-2008 Dr Natalie Jackson Surgery consultation

Administration (P3) Seen in GP's surgery just in for her regular 6 weekly px. waiting for carpal tunnel referral to come through, ref dec, nothing yet. waited 1/1/2 yrs for last one. ok otherwise. NJ

04-Mar-2008 Dr Sineaid Bradshaw Surgery consultation

Administration (P3) Seen in GP's surgery Recurrence of R sciatica, SLR restricted to 30degrees, pins and needles R toes. Required DHC TT tid past week therefore run out 5/7 early, double amitryptilline at night, unable to tolerate anti-inflammatories, declined PT referral at present but will return if persists, keep active

04-Feb-2008 Mrs Paulene Cox Surgery consultation

Examination O/E - blood pressure reading 126 / 68 mm Hg
 Examination (P3) Body mass index 20-24 - normal
 Administration (P3) Seen in GP's surgery Rpt meds, awaits appt to have surgery on L carpal tunnel BM
 Administration (P3) Seen in GP's surgery DepoProvera due. Bleeds for approx 4/7 when approaching time for inj. Happy with method no other side effects reported. WT & BP fine. Depo Provera im l buttock, BNP02397, EXP 09/2011. Next due 21-28/4/08.PFC
 Examination O/E - weight 62.5 Kg
 Examination Body Mass Index 24.4

04-Jan-2008 Dr Sharon Stewart Surgery consultation

Administration (P3) Seen in GP's surgery handed back df118 - different brand and upset stomach... needs more as still pain, and also wee bit withdrawal i think... rpt script to lloyds who know the brand she normally gets.. meantime flu like illness cough and fever, on exam right lrti. rx and advice. ss

17-Dec-2007 Dr Dan Drewitt Surgery consultation

Administration (P3) Seen in GP's surgery R wrist well healed. Feels able to return to work. Med 3 FL to today. Regular Rx today. Says surgeon said to refer her back wrt L hand. Nothing in notes about this but I will mwrite

10-Dec-2007 Dr Treatment Room Appoi Surgery consultation

Administration (P3) Seen in GP's surgery Carpal tunnel decompression right hand 3.12.07 - R/O 6 nylon sutures - wound healed well - Leslie *****

03-Dec-2007 Dr Advice Calls Surgery consultation

Administration (P3) Patient encounter data NOS med 3 2 weeks - post op - dr ss

23-Nov-2007 Dr Peter Cairns Surgery consultation

Administration (P3) Seen in GP's surgery rpt analgesia and amitrip. requesting med 3 pre-emptively for op - we know she is going in on 1 dec for it so in theory could do, but in practice would be much easier to just have contact after the operation and issue med 3 or med 5 then - explained can backdate. pc

14-Nov-2007 Dr Treatment Room Appoi Surgery consultation

Examination O/E - blood pressure reading 125 / 80 mm Hg
 Administration (P3) Seen in GP's surgery 12 weeks 5 days since last inj. happy with method. bleeds 2-3 times per year. bp and wt done depoprovera 150mg IM R buttock BNP00015 exp 3/2011. due again 6/2/08, advised. gp review due 2009
 Examination O/E - weight ACTION=Repeat after an Interval 61 Kg
 Examination Body Mass Index ACTION=Repeat after an Interval 23.8
 Examination O/E - height ACTION=Repeat after an Interval 1.6 m
 Intervention Depot contraceptive given
 Intervention Depot contraceptive ACTION=Repeat after an Interval

12-Nov-2007 Dr Treatment Room Appoi Surgery consultation

Administration (P3) Seen in GP's surgery dna for depo

15-Oct-2007 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery ? may be due carpal tunnel
(P3) surgery soon - notes have been transferred from St Johns to Murrayfield - recognises need to decrease DHC use - start gradual reduction after surgery BM

11-Sept-2007 Dr Sineaid Bradshaw Surgery consultation

Administration Seen in GP's surgery attends for DHC and amitryptiline
(P3) for carpal tunnel syndrome, hand surgeon suggested increasing dose to 25mg nocte. Started taking DHC for dental pain 2 yrs ago, now feels dependant. Usually takes 6/52 supply, sticks to tid, not comfortable picking up weekly, may have to be addressed if ongoing, discussed when/how will strat to reduce, 18/52 waiting list for procedure. next due 23/10/07

17-Aug-2007 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	110 / 74 mm Hg
Administration (P3)	Seen in GP's surgery 12 weeks 2 days since last injection Keeping well - BNPO1180 Exp. 11/09 Next due between 7th & 12 Nov. '07. Given L. buttock	
Examination	O/E - weight ACTION=Repeat after an Interval	57 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.2
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

06-Aug-2007 Dr Dan Drewitt Surgery consultation

Administration Seen in GP's surgery Going to Tenoriffe and had to
(P3) postpone St Johns appt.Rx DHC 6 weeks anf amit repeat also

01-Aug-2007 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery Carpal tunnel still a problem - cant
(P3) tolerate diclofenac, try amitriptyline. Rv 2 weeks

18-July-2007 Dr Sharon Stewart Surgery consultation

Administration Seen in GP's surgery carpal tunnel getting really bad -
(P3) struggling at work, cant hold onto things and hands getting numb at night... pain up right (dominant) hand esp, into arm and shoulder.... ***** referral and try reg diclo for 2 weeeek - contact us to review, does help prn has some df118 left! ... poss worth amitrypt if not resolving completely?

18-Jun-2007 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery Carpal tunnel still a problem , not
(P3) heard from hospital yet. Try diclofenac

23-May-2007 Surgery consultation

Examination	O/E - blood pressure reading	120 / 65 mm Hg
Administration (P3)	Seen in GP's surgery fpr depoprovera 12 weeks since last happy with method well no bleeding bp 120/65 depoprovera 150mg IM R buttock bn nj0947 exp 7/2011 due again 15/8/07 RA	
Examination	O/E - weight ACTION=Repeat after an Interval	60 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	23.4
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraception	
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

21-May-2007 Dr Ronald Affleck Surgery consultation

Administration Seen in GP's surgery Worsening pain from bilateral
(P3) carpal tunnel syndrome. Especially at night. Disturbed 4-5 times each night. Letter to orthopaedic surgeon St *****

14-May-2007 Dr Treatment Room Appoi Surgery consultation

Administration Seen in GP's surgery return oral GTT
(P3)
Administration Seen in GP's surgery Oral GTT
(P3)

10-May-2007 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery Took extra DHC for carpal tunnel,
(P3) also took diaz to help sleep. counselled against this. DHC rx was not due for another 2 weeks, therefore 2 week rx dHC given. To have OGTT done next week

02-May-2007 Surgery consultation

Diagnosis Removed from Mental Health Care Plan ACTION=No
Action Required

01-May-2007 Surgery consultation

Administration Patient encounter data NOS remove from mental health
(P3) care plan- discussed and agreed at practice meeting. not
adding anything to current care-reviewed annually for last
6 years. dab

30-Apr-2007 Dr Dan Drewitt Surgery consultation

Intervention Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Trauma and Orthopaedic
Surgery : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=SCI Hospital :
ATTENDANCE_TYPE=1st Visit. Sender: Dr ***** Drewitt; Reason: Referral for further care
Intervention Referral for further care REFERRAL_TYPE=Out Patient :
(P3) SPECIALITY=Trauma and Orthopaedic Surgery :
REFERRAL_TO=NHS : REFERRAL_NATURE=Not
Specified : PROVIDER=SCI Hospital :
ATTENDANCE_TYPE=1st Visit
Administration Seen in GP's surgery SCI Electronic Referral
(P3)
Administration Seen in GP's surgery U&Es, LFTs, R Glucose, TFTs &
(P3) FBC

23-Apr-2007 Dr Dan Drewitt Surgery consultation

Administration Seen in GP's surgery C/O further pins and needles
(P3) symptoms Both hands.Wakes her at night.Fingertips worst
affected.Also fingers can go white.There is radiation up R
arm.? Carpal tunnel syndrome .Refer Hand Clinic.Plus RP
DHC and Paracetamol

04-Apr-2007 Dr Brendan Magee Surgery consultation

Administration Seen in GP's surgery Rpt DHC - getting alot of dental
(P3) treatment at present

15-Mar-2007 Dr Colin Cooper Surgery consultation**28-Feb-2007 Dr Treatment Room Appoi Surgery consultation**

Examination	O/E - blood pressure reading	120 / 70 mm Hg
Examination	O/E - weight ACTION=Repeat after an Interval	59 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	23
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

05-Feb-2007 Dr Colin Cooper Surgery consultation**04-Jan-2007 Dr Sharon Stewart Surgery consultation****14-Dec-2006 Dr Dan Drewitt Surgery consultation****01-Dec-2006 Surgery consultation**

Examination	O/E - blood pressure reading	113 / 69 mm Hg
Administration (P3)	Seen in GP's surgery Depo Provera inj. 150 mgs. I.M. R Buttock - B.N. MH0760 Exp. 01/10 - Next due 23/2/07 - states that she has leg pains in the few days prior to inj. - can be a side effect of inj. as per info leaflet - (not calf pain) - advised to see G.P. if worsens	
Examination	O/E - weight ACTION=Repeat after an Interval	58 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.6
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraception	
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

28-Nov-2006 Dr Marte Cowell Surgery consultation**09-Nov-2006 Dr Sharon Stewart Surgery consultation****11-Oct-2006 Dr Sineaid Bradshaw Surgery consultation****15-Sept-2006 Dr Deirdre Branagan Surgery consultation**

08-Sept-2006 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	129 / 76 mm Hg
Administration (P3)	Seen in GP's surgery Keeping well - Depo Provera 150 mgs. I.M. L. Buttock - Next due 1/12/06 - B.N.LJ0892 Exp. 09/09 - Seen by G.P. for review June '06 Next review due March 2008	
Examination	O/E - weight ACTION=Repeat after an Interval	57 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.2
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

18-Aug-2006 Dr Dan Drewitt Surgery consultation**18-July-2006 Dr Dan Drewitt Surgery consultation****26-Jun-2006 Dr Peter Cairns Surgery consultation**

Intervention	Smoking cessation advice	
Examination	O/E - blood pressure reading	110 / 80 mm Hg
Examination	Current smoker	0 // cigarettes / cigars / tobacco

16-Jun-2006 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	131 / 85 mm Hg
Administration (P3)	Seen in GP's surgery Keeping well - Depo Provera 150 mgs. R. Buttock - 12wks 1 day since last inj. - Next due 8/9/06 - B.N. NA0847 - Exp. 11/08 - See G.P. for review before next inj	
Examination	O/E - weight ACTION=Repeat after an Interval	58 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.6
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

26-May-2006 Dr Deirdre Branagan Surgery consultation**05-May-2006 Dr Sharon Stewart Surgery consultation****21-Apr-2006 Dr Sharon Stewart Surgery consultation****19-Apr-2006 Surgery consultation**

Administration (P3)	Mental health administration ACTION=Repeat after an Interval	
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12-Apr-2006 Dr Brendan Magee Surgery consultation**24-Mar-2006 Dr Treatment Room Appoi Surgery consultation**

Examination	O/E - blood pressure reading	116 / 72 mm Hg
Administration (P3)	Seen in GP's surgery Depo Provera 150 mgs. I.M. L. Buttock - Deeping Fine - B.N. LF1289 Exp. 02/09 - Next due 16/6/06 - G.P. Review due after next apptmnt	
Examination	O/E - weight ACTION=Repeat after an Interval	57 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.2
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

22-Mar-2006 Dr Sineaid Bradshaw Surgery consultation**20-Feb-2006 Dr Dan Drewitt Surgery consultation****23-Jan-2006 Dr Deirdre Branagan Surgery consultation****06-Jan-2006 Dr Treatment Room Appoi Surgery consultation**

Examination	O/E - blood pressure reading	133 / 75 mm Hg
Administration (P3)	Seen in GP's surgery depo-provera 150 mgs bn LL0485 exp 10/09	
Examination	O/E - weight ACTION=Repeat after an Interval	59 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	23
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

29-Dec-2005 Dr Brendan Magee Surgery consultation

02-Dec-2005 Dr Peter Cairns Surgery consultation**07-Nov-2005 Dr Peter Cairns Surgery consultation****17-Oct-2005 Mrs Paulene Cox Surgery consultation**

Examination	O/E - blood pressure reading	128 / 89 mm Hg
Intervention (P3)	Injections Depoprovera	
Examination	O/E - weight ACTION=Repeat after an Interval	56.7 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	22.1
Examination	O/E - height ACTION=Repeat after an Interval	1.6 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

06-Oct-2005 Dr Brendan Magee Surgery consultation**12-Sept-2005 Dr Peter Cairns Surgery consultation****11-Aug-2005 Dr Sharon Stewart Surgery consultation****21-July-2005 Dr Treatment Room Appoi Surgery consultation**

Examination	O/E - blood pressure reading	125 / 78 mm Hg
Intervention (P3)	Advice on ear drops	
Intervention (P3)	Injections Depo-Provera	
Examination	O/E - weight ACTION=Repeat after an Interval	56 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	20.5
Examination	O/E - height ACTION=Repeat after an Interval	1.65 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

20-July-2005 Dr Sharon Stewart Surgery consultation**14-July-2005 Surgery consultation**

Symptom (P1)	History of sexual abuse
Diagnosis (P1)	[X]Intentional self-harm
Diagnosis (P1)	Neurotic (reactive) depression

05-July-2005 Dr Treatment Room Drop- Surgery consultation

Intervention (P3)	Advice on
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21-Jun-2005 Dr Peter Cairns Surgery consultation**03-Jun-2005 Dr Dan Drewitt Surgery consultation****30-May-2005 Dr Sharon Stewart Surgery consultation****27-May-2005 Surgery consultation**

Intervention	Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Dental therapists : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=***** Street Dental Clinic : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care
Intervention (P3)	Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Dental therapists : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=***** Street Dental Clinic : ATTENDANCE_TYPE=1st Visit
Administration (P3)	Referral letter

24-May-2005 Dr Penny Watson Surgery consultation

06-May-2005 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	144 / 84 mm Hg
Administration (P3)	Seen in GP's surgery No bleeding. Depo Provera 150 mgs. L. buttock B.N. L10508 Exp. 07/07 - Next due 22/07/05 -	
Examination	Cervical smear: negative	
Examination	Cervical Smear Taken	
Examination	O/E - weight ACTION=Repeat after an Interval	55 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	20.2
Examination	O/E - height ACTION=Repeat after an Interval	1.65 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

15-Apr-2005 Surgery consultation

Administration (P3)	Mental health administration ACTION=Repeat after an Interval
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17-Feb-2005 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	140 / 83 mm Hg
Administration (P3)	Seen in GP's surgery Keeping fine - Depo Provera given 150 mgs. R. Buttock - B.N.L10508 - Exp. 07/07 - Next due 05/05/05 - Declined invitation to have smear done to-day - Will make apptmnt. for smear before next inj. due	
Examination	O/E - weight ACTION=Repeat after an Interval	55 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	20.2
Examination	O/E - height ACTION=Repeat after an Interval	1.65 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

03-Dec-2004 Surgery consultation

Examination	O/E - blood pressure reading	0 / 0 mm Hg
Intervention	Oral contraceptive started ACTION=Repeat after an Interval	

02-Dec-2004 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	130 / 71 mm Hg
Administration (P3)	Seen in GP's surgery 12 weeks since last inj. - Depo Provera 150mgs. l. buttock - Next inj. due 17/2/05 - B.N. LG0492 Exp. 05/07. No bleeding	
Examination	O/E - weight ACTION=Repeat after an Interval	55 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	20.7
Examination	O/E - height ACTION=Repeat after an Interval	1.63 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

29-Oct-2004 Dr Sharon Stewart Surgery consultation**23-Oct-2004 Dr Home Visits Surgery consultation**

Administration (P3)	Seen in GP's surgery 10.20/10.24 442 1390 Severe pains in legs to bottom advice
Administration (P3)	Seen in GP's surgery 16.33/16.39 442 1390 lower back pain pcc

09-Sept-2004 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	128 / 79 mm Hg
Intervention (P3)	Ear Syringing/Treat see G.P. for referral - ear irrigation	
Administration (P3)	Seen in GP's surgery Depo Provera inj. 150mgs. - L. buttock. next inj. due 25/11/04 - BN. Lc0670 Exp. o2/07. keeping well	
Examination	O/E - weight ACTION=Repeat after an Interval	54 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	20.3
Examination	O/E - height ACTION=Repeat after an Interval	1.63 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

03-Sept-2004 Dr Treatment Room Appoi Surgery consultation

Intervention (P3)	Advice on
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30-Jun-2004 Surgery consultation

Administration (P3)	Mental health administration ACTION=Repeat after an Interval
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24-Jun-2004 Dr Treatment Room Appoi Surgery consultation

Examination	O/E - blood pressure reading	132 / 68 mm Hg
Administration (P3)	Seen in GP's surgery Depo Provera 150mgs. I.M. R buttock - late 13 wks. 1 day . No U.S>I. for 6wks. Bleeding over the past 2 day. Spoke to M.C. O.K. to go ahead with inj. Use conoms over next 14 days if S.I. Next due ((/04 - BN KF0339 Exp 05/07	
Examination	O/E - weight ACTION=Repeat after an Interval	52.05 Kg
Examination	Body Mass Index ACTION=Repeat after an Interval	19.5
Examination	O/E - height ACTION=Repeat after an Interval	1.63 m
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

24-Mar-2004 Dr Treatment Room Drop- Surgery consultation

Examination	O/E - blood pressure reading	147 / 86 mm Hg
Intervention (P3)	Injections depo	
Intervention	Depot contraceptive ACTION=Repeat after an Interval	

11-Mar-2004 Surgery consultation

Intervention	Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Hand Clinic : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=St *****s Hospital : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care	
Intervention (P3)	Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Hand Clinic : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=St *****s Hospital : ATTENDANCE_TYPE=1st Visit	
Administration (P3)	Referral letter	

08-Mar-2004 Dr Sharon Stewart Surgery consultation**02-Dec-2003 Surgery consultation**

Examination	O/E - blood pressure reading	0 / 0 mm Hg
Intervention	Oral contraceptive started ACTION=Repeat after an Interval	

27-May-2003 Dr Treatment Room Drop- Surgery consultation

Intervention (P3)	Advice on	
Examination	Other Specimens	0
Examination	Other Specimens:	
	Other Specimens	0 (No range available)

15-May-2003 Surgery consultation

Administration (P3)	Mental health administration	ACTION=Repeat after an Interval
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01-May-2003 Surgery consultation

Administration (P3)	Mental health administration	ACTION=Repeat after an Interval
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03-Apr-2003 Mrs Paula Fey Surgery consultation

Examination	BP Reading	0 / 0 mm Hg
Intervention (P3)	Advice on	
Intervention (P3)	Injections depo	

03-Mar-2003 Dr Colin Cooper Surgery consultation**17-Feb-2003 Dr Sharon Stewart Surgery consultation****30-Dec-2002 Dr Do Not Use Assistant Surgery consultation****07-Oct-2002 Dr Treatment Room Appoi Surgery consultation**

Intervention (P3)	Injections	
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15-July-2002 Dr Colin Cooper Surgery consultation

28-May-2002 Surgery consultation

Intervention Depot contraception
 Intervention Oral contraceptive started ACTION=Repeat after an Interval

29-Mar-2002 Surgery consultation

Administration Mental health administration ACTION=Repeat after an Interval
 (P3)

27-Feb-2002 Dr Sharon Stewart Surgery consultation**04-Feb-2002 Dr Colin Cooper Surgery consultation****18-Sept-2001 Surgery consultation**

Intervention Oral contraception -no problem ACTION=Repeat after an Interval

12-Sept-2001 Surgery consultation

Examination O/E - blood pressure reading 0 / 0 mm Hg
 Diagnosis Screening invite - not replied ACTION=Repeat after an Interval
 (P3)

22-Aug-2001 Dr Colin Cooper Surgery consultation**05-Jun-2001 Dr Treatment Room Appoi Surgery consultation**

Examination BP Reading 0 / 0 mm Hg
 Intervention Miscellaneous wt
 (P3)
 Intervention Injections depo
 (P3)

21-Mar-2001 Dr Sharon Stewart Surgery consultation**16-Feb-2001 Surgery consultation**

Administration Mental health administration ACTION=Repeat after an Interval
 (P3)
 Administration Mental health administration ACTION=Repeat after an Interval
 (P3)

15-Jan-2001 Dr Colin Cooper Surgery consultation**16-Oct-2000 Surgery consultation**

Intervention Oral contraceptive started ACTION=Repeat after an Interval

01-Aug-2000 Surgery consultation

Administration Mental health administration ACTION=Repeat after an Interval
 (P3)

26-July-2000 Dr Colin Cooper Surgery consultation**31-May-2000 Dr Dan Drewitt Surgery consultation****21-Apr-2000 Surgery consultation**

Administration Mental health administration ACTION=Repeat after an Interval
 (P3)

11-Jan-2000 Surgery consultation

Administration Mental health administration ACTION=Repeat after an Interval
 (P3)

14-Dec-1999 Dr Dan Drewitt Surgery consultation**23-Nov-1999 Dr Marte Cowell Surgery consultation**

19-Oct-1999 Surgery consultation

Management Patient pregnant ACTION=Repeat after an Interval

23-Sept-1999 Dr Colin Cooper Surgery consultation**14-Sept-1999 Surgery consultation**Administration Mental health administration ACTION=Repeat after an Interval
(P3)**01-Sept-1999 Surgery consultation**

Examination	Urine exam. - general	protein neg sugar neg	0
Symptom	Exercise grading	light	
Diagnosis	Parity status		
Diagnosis	FH: Myocardial infarction	**** 66yrs	
Diagnosis	FH: Hypertension	**** 25yrs	
Diagnosis	FH: Diabetes mellitus	**** NIDDM 68yrs	
Examination	O/E - blood pressure reading		120 / 60 mm Hg
Symptom	Gravida status	1.00	
(P3)			
Examination	Moderate smoker - 10-19 cigs/d	ACTION=Repeat after an Interval	0 // cigarettes / cigars / tobacco
Examination	O/E - weight		59.5 Kg
Examination	Body Mass Index		22.6
Examination	O/E - height		1.62 m
Examination	Urine exam. - general protein neg sugar neg:		
	Urine exam. - general	protein neg sugar neg	0 (No range available)

31-Aug-1999 Surgery consultationAdministration Patient reg. form sent to HB
(P3)
Administration Patient de-reg.- GP22 from HB
(P3)**25-Oct-1995 Surgery consultation**

Examination Cervical smear: negative

01-Jan-1994 Surgery consultation

Examination Cervical smear: negative

Medications (inc. issues)**Acute****01-Dec-2025 Dihydrocodeine 30mg tablets**

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

28-Nov-2025 Amitriptyline 50mg tablets

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

28-Nov-2025 Colecalciferol 800unit capsules

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

Repeat**01-Dec-2025 Dihydrocodeine 30mg tablets**

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

28-Nov-2025 Fluoxetine 20mg capsules

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE Instalments: Dispense weekly

28-Nov-2025 Amitriptyline 50mg tablets

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

28-Nov-2025 Colecalciferol 800unit capsules

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

Past**28-Nov-2025 Fluoxetine 20mg capsules Acute Medication (Past)**

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

03-Nov-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

03-Nov-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

03-Nov-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

03-Nov-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

06-Oct-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

06-Oct-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

06-Oct-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

01-Oct-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

11-Sept-2025 Fluoxetine 60mg capsules Repeat Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Instalments: Dispense weekly Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one Notes for patient: Please arrange a GP appointment to review your progress on this dose - a review is now due. Many thanks

11-Sept-2025 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

11-Sept-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

11-Sept-2025 Fluoxetine 60mg capsules Acute Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Instalments: Dispense weekly Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one Notes for patient: Please arrange a GP appointment to review your progress on this dose - a review is now due. Many thanks

11-Sept-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

11-Sept-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

27-Aug-2025 Fluoxetine 60mg capsules Repeat Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Instalments: Dispense weekly Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one Notes for patient: Please arrange a GP appointment to review your progress on this dose - a review is now due. Many thanks

27-Aug-2025 Fluoxetine 60mg capsules Acute Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Instalments: Dispense weekly Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one Notes for patient: Please arrange a GP appointment to review your progress on this dose - a review is now due. Many thanks

14-Aug-2025 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

14-Aug-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

12-Aug-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

12-Aug-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

06-Aug-2025 Fluoxetine 60mg capsules Repeat Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one

06-Aug-2025 Fluoxetine 60mg capsules Acute Medication (Past)

28 capsule - ONE DAILY WEEKLY DISPENSE Notes for dispenser: Please explain to her that this is like 3 capsules of 20mg in one

14-July-2025 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

14-July-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

14-July-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

14-July-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

14-July-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

20-May-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

20-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

20-May-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

20-May-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

28-Nov-2025 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

03-Nov-2025 Dihydrocodeine 30mg tablets Repeat Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

30-Apr-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TWO IN THE MORNING WEEKLY DISPENSE

23-Apr-2025 Dihydrocodeine 30mg tablets Repeat Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

23-Apr-2025 Fluoxetine 20mg capsules Repeat Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

23-Apr-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

23-Apr-2025 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

22-Apr-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

22-Apr-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

24-Mar-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

24-Mar-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

24-Mar-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

24-Mar-2025 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

24-Feb-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

24-Feb-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

24-Feb-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

24-Feb-2025 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

24-Mar-2025 Dihydrocodeine 30mg tablets Repeat Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

27-Jan-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: **Please arrange a routine GP review of this medication in the next 1-2 months. Many thanks

27-Jan-2025 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

27-Jan-2025 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

27-Jan-2025 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

30-Dec-2024 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

30-Dec-2024 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

30-Dec-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

30-Dec-2024 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly

02-Dec-2024 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

02-Dec-2024 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

02-Dec-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
02-Dec-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly
24-Mar-2025 Fluoxetine 20mg capsules Repeat Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly
30-Dec-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past) 224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
04-Nov-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES DAILY (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
04-Nov-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly
01-Nov-2024 Amitriptyline 50mg tablets Acute Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
01-Nov-2024 Colecalciferol 800unit capsules Acute Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
07-Oct-2024 Amitriptyline 50mg tablets Acute Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
07-Oct-2024 Colecalciferol 800unit capsules Acute Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
07-Oct-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 224 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
07-Oct-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY
06-Sept-2024 Colecalciferol 800unit capsules Acute Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
06-Sept-2024 Amitriptyline 50mg tablets Acute Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
20-Aug-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 224 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
09-Aug-2024 Colecalciferol 800unit capsules Acute Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
09-Aug-2024 Amitriptyline 50mg tablets Acute Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
09-Aug-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY
19-July-2024 Colecalciferol 800unit capsules Acute Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
19-July-2024 Amitriptyline 50mg tablets Acute Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
19-July-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY
07-Oct-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past) 224 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
17-July-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 112 tablet - TWO FOUR TIMES A DAY FOR PAIN DISPENSE WEEKLY
17-July-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 224 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
07-Oct-2024 Fluoxetine 20mg capsules Repeat Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY
19-Jun-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past) 112 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
20-May-2025 Amitriptyline 50mg tablets Repeat Medication (Past) 84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting
20-May-2025 Colecalciferol 800unit capsules Repeat Medication (Past) 28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly
24-Jun-2024 Fluoxetine 20mg capsules Acute Medication (Past) 28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY
19-Jun-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past) 112 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette
19-Jun-2024 Dihydrocodeine 30mg tablets Acute Medication (Past) 112 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Jun-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
112 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

24-Jun-2024 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - ONE CAPSULE IN THE MORNING DISPENSE WEEKLY

17-Jun-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past)
112 tablet - TWO QDS (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

14-Jun-2024 Amitriptyline 50mg tablets Repeat Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

14-Jun-2024 Colecalciferol 800unit capsules Repeat Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

14-Jun-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

14-Jun-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

14-Jun-2024 Amitriptyline 50mg tablets Repeat Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

20-May-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

17-May-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

17-May-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

19-Apr-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

19-Apr-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

19-Apr-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

19-Apr-2024 Amitriptyline 50mg tablets Repeat Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

04-Mar-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

04-Mar-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

04-Mar-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

21-Feb-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

21-Feb-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

21-Feb-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

14-Jun-2024 Colecalciferol 800unit capsules Repeat Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

21-Feb-2024 Amitriptyline 50mg tablets Repeat Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

29-Jan-2024 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

29-Jan-2024 Colecalciferol 800unit capsules Acute Medication (Past)
28 capsule - ONE CAPSULE TO BE TAKEN DAILY (DISPENSE WEEKLY) Instalments: Dispense weekly

26-Jan-2024 Dihydrocodeine 30mg tablets Acute Medication (Past)
168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

18-Dec-2023 Amitriptyline 50mg tablets Acute Medication (Past)
84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

18-Dec-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

23-Nov-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

23-Nov-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

23-Nov-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

03-Nov-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

18-Dec-2023 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

03-Nov-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

09-Oct-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

09-Oct-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

09-Oct-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

11-Sept-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

11-Sept-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

11-Aug-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

11-Aug-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

11-Aug-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

18-July-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-May-2024 Dihydrocodeine 30mg tablets Repeat Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-July-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

17-July-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

19-Jun-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

19-Jun-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

19-Jun-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

22-May-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

22-May-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

22-May-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Apr-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Apr-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Apr-2023 Dihydrocodeine 30mg tablets Repeat Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

09-Oct-2023 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

23-Nov-2023 Colecalciferol 800unit capsules Repeat Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

19-Jun-2023 Dihydrocodeine 30mg tablets Repeat Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Apr-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

21-Mar-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

21-Mar-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

21-Mar-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

23-Feb-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

23-Feb-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

27-Jan-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

21-Mar-2023 Dihydrocodeine 30mg tablets Repeat Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

26-Jan-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

26-Jan-2023 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

09-Jan-2023 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

09-Jan-2023 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

05-Dec-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

05-Dec-2022 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

05-Dec-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

01-Nov-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

01-Nov-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

09-Jan-2023 Dihydrocodeine 30mg tablets Repeat Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Apr-2023 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

12-Oct-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

07-Oct-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

01-Nov-2022 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

07-Oct-2022 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

16-Sept-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

08-Sept-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

17-Aug-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

17-Aug-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

08-Sept-2022 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

17-Aug-2022 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

19-July-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

12-July-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

84 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

23-Jun-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: A GP review is now due. Please contact the practice to arrange a telephone appointment with Dr Ford. Many thanks

23-Jun-2022 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

21-Mar-2023 Colecalciferol 800unit capsules Repeat Medication (Past)

56 capsule - 1 CAPSULE DAILY WEEKLY DISP

16-Jun-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting Notes for patient: please book routine gp telephone appointment to review how you are getting on with this medication

16-Jun-2022 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting Notes for patient: please book routine gp telephone appointment to review how you are getting on with this medication

16-Jun-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

19-May-2022 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE TO BE TAKEN IN THE MORNING (DISPENSE WEEKLY) Instalments: dispense weekly

19-May-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette Notes for patient: A GP review is now due. Please contact the practice to arrange a telephone appointment with Dr Ford. Many thanks

19-May-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

05-Apr-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

168 tablet - 1 TABLET AT LUNCH TIME AND TEA TIME. TWO TABLETS MORNING AND NIGHT (WEEKLY DOSETTE) Instalments: dispense weekly in dosette

05-Apr-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

05-Apr-2022 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE TO BE TAKEN IN THE MORNING (DISPENSE WEEKLY) Instalments: dispense weekly

16-Jun-2022 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

10-Mar-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES A DAY (DISPENSE WEEKLY) Instalments: dispense weekly in dosette

10-Mar-2022 Colecalciferol 800unit capsules Acute Medication (Past)

28 capsule - ONE TO BE TAKEN IN THE MORNING (DISPENSE WEEKLY) Instalments: dispense weekly

10-Mar-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

28-Feb-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES A DAY (DISPENSE WEEKLY) Instalments: dispense weekly in dosette

28-Feb-2022 Colecalciferol 800unit tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN IN THE MORNING (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette

28-Feb-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

07-Feb-2022 Dihydrocodeine 30mg tablets Acute Medication (Past)

224 tablet - TWO TABLETS TO BE TAKEN FOUR TIMES A DAY (DISPENSE WEEKLY) Instalments: dispense weekly in dosette

07-Feb-2022 Colecalciferol 800unit tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN IN THE MORNING (DISPENSE WEEKLY)

07-Feb-2022 Amitriptyline 50mg tablets Acute Medication (Past)

84 tablet - THREE AT NIGHT (DISPENSE WEEKLY) Instalments: Dispense weekly in dosette Notes for dispenser: Allow for closure; monitor use and inform GP if not collecting

07-Dec-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

07-Dec-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

07-Dec-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

07-Dec-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO FOUR TIMES A DAY DISPENSE WEEKLY

07-Dec-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - THREE AT NIGHT DISPENSE WEEKLY

07-Dec-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - ONE DAILY DISPENSE WEEKLY

06-Oct-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

06-Oct-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

06-Oct-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

19-Aug-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

19-Aug-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

19-Aug-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

22-Jun-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

22-Jun-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

22-Jun-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

27-Apr-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

27-Apr-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

27-Apr-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

02-Mar-2021 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

02-Mar-2021 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

02-Mar-2021 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

31-Dec-9999 Atorvastatin 20mg tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE A DAY DISP WEEKLY DOSSETTE

15-Dec-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

15-Dec-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

15-Dec-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

04-Nov-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

04-Nov-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

04-Nov-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

09-Sept-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

09-Sept-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

09-Sept-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

15-July-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

15-July-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

15-July-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

10-Jun-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

10-Jun-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

10-Jun-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

10-Jun-2020 Atorvastatin 20mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

07-Dec-2021 Colecalciferol 800unit capsules Repeat Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

30-Mar-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

25-Mar-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

25-Mar-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

25-Mar-2020 Atorvastatin 20mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

12-Mar-2020 Folic acid 5mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

27-Feb-2020 Amitriptyline 50mg tablets Acute Medication (Past)

42 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE THEN STEP ONTO USUAL RPT ORDER SCRIPT 8 WEEKLY CYCLE Notes for dispenser: step 3 of 3

27-Feb-2020 Amitriptyline 50mg tablets Acute Medication (Past)

28 tablet - 2 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: step 2 of 3

27-Feb-2020 Amitriptyline 50mg tablets Acute Medication (Past)

14 tablet - 1 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: step 1 of 3

07-Dec-2021 Amitriptyline 50mg tablets Repeat Medication (Past)

168 tablet - 3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting

21-Feb-2020 Amitriptyline 25mg tablets Acute Medication (Past)

18 tablet - 3 TABLET(S) DAILY- TILL DOSSETE BOX ARRIVES

21-Feb-2020 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 AT NIGHT Notes for patient: dispense weekly via dosette

21-Feb-2020 Amitriptyline 50mg tablets Repeat Medication (Past)

168 tablet - 3 AT NIGHT Notes for patient: dispense weekly via dosette

31-Dec-9999 Amitriptyline 50mg tablets Repeat Medication (Past)

84 tablet - 3 AT NIGHT

10-Feb-2020 Colecalciferol 800unit capsules Acute Medication (Past)

56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

10-Feb-2020 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

10-Feb-2020 Atorvastatin 20mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

07-Dec-2021 Dihydrocodeine 30mg tablets Repeat Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

24-Jan-2020 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 1 CAPSULE TWICE DAILY

27-Dec-2019 Folic acid 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

27-Dec-2019 Atorvastatin 20mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

10-Jun-2020 Atorvastatin 20mg tablets Repeat Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

18-Dec-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

18-Dec-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

17-Dec-2019 Duloxetine 40mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE TWICE DAILY

17-Dec-2019 Amitriptyline 25mg tablets Acute Medication (Past)
20 tablet - TAKE 4 AT NIGHT FOR 2 NIGHTS THEN 3 AT NIGHT FOR 2 NIGHTS THEN 2 AT NIGHT FOR 2 NIGHTS THEN 1 AT NIGHT FOR 2 NIGHTS THEN STOP

29-Oct-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

29-Oct-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

29-Oct-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

10-Sept-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

10-Sept-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

10-Sept-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

18-July-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

18-July-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

18-July-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

11-Jun-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

10-Feb-2020 Dihydrocodeine 30mg tablets Repeat Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

11-Jun-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

11-Jun-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

27-Mar-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

27-Mar-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

27-Mar-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

25-Jan-2019 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

25-Jan-2019 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

25-Jan-2019 Dihydrocodeine 30mg tablets Acute Medication (Past)
448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette

27-Nov-2018 Amitriptyline 50mg tablets Acute Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

29-Oct-2019 Amitriptyline 50mg tablets Repeat Medication (Past)
168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

26-Nov-2018 Colecalciferol 800unit capsules Acute Medication (Past)
56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette

26-Nov-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette
08-Oct-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette
08-Oct-2018 Colecalciferol 800unit capsules Acute Medication (Past) 56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette
08-Oct-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette
21-Aug-2018 Colecalciferol 800unit capsules Acute Medication (Past) 56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette
25-Mar-2020 Colecalciferol 800unit capsules Repeat Medication (Past) 56 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette
15-Aug-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette
15-Aug-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette
12-July-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette
12-July-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription via dosette
27-Mar-2019 Dihydrocodeine 30mg tablets Repeat Medication (Past) 448 tablet - TWO TABS QID Notes for dispenser: dispense weekly via dosette
10-July-2018 Colecalciferol 800unit capsules Acute Medication (Past) 120 capsule - 1 DAILY Notes for dispenser: dispense weekly via dosette
10-July-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette
10-July-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
15-May-2018 Colecalciferol 800unit capsules Acute Medication (Past) 120 capsule - 1 DAILY Notes for patient: special request- last issued 17/01/2018- okay again today?
15-May-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
15-May-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
16-Mar-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
16-Mar-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
23-Jan-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
23-Jan-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
17-Jan-2018 Colecalciferol 800unit capsules Acute Medication (Past) 120 capsule - 1 DAILY
09-Jan-2018 Olanzapine 2.5mg tablets Acute Medication (Past) 28 tablet - 1 TABLET(S) AT NIGHT EVERY NIGHT SHORT TERM DURING SITUATIONAL CRISIS WHILE AWAITING FURTHER SUPPORT
09-Jan-2018 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
09-Jan-2018 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
24-Nov-2017 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
24-Nov-2017 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
28-Sept-2017 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script
28-Sept-2017 Dihydrocodeine 30mg tablets Acute Medication (Past) 448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?
04-Aug-2017 Amitriptyline 50mg tablets Acute Medication (Past) 168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

04-Aug-2017 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?

12-Jun-2017 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

12-Jun-2017 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?

12-Apr-2017 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

12-Apr-2017 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?

08-Oct-2018 Amitriptyline 50mg tablets Repeat Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette

12-July-2018 Dihydrocodeine 30mg tablets Repeat Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription via dosette

29-Mar-2017 Dihydrocodeine 30mg tablets Acute Medication (Past)

56 tablet - 8 DAILY Notes for patient: eleanor we do NOT routinely replace meds please be more careful with your supply. i wont replace again in future. ss

29-Mar-2017 Amitriptyline 50mg tablets Acute Medication (Past)

21 tablet - 3 AT NIGHT

17-Feb-2017 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?

17-Feb-2017 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST ISSUED 21/12/2016 OK TODAY?

21-Dec-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 27/10/2016 OK TODAY?

21-Dec-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST ISSUED 27/10/2016 OK TODAY?

27-Oct-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 01.09.2016 OK TODAY?

27-Oct-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST ISSUED 01.09.2016 OK TODAY?

01-Sept-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

01-Sept-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

07-July-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on 12/05/2016 ok to go today ?

07-July-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on 12/05/2016 ok to go today ?

12-May-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on 17/03/2016 ok to go today ?

12-May-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on 17/03/2016 ok to go today ?

17-Mar-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on 21/01/2016 ok to go today ?

17-Mar-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on 21/01/2016 ok to go today ?

21-Jan-2016 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on 19.11.2015 ok to go today ?

21-Jan-2016 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on 19.11.15 ok to go today ?

19-Nov-2015 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

19-Nov-2015 Amitriptyline 50mg tablets Acute Medication (Past)

168 tablet - 3 TABS DAILY Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

28-Nov-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 04.10.13. OK again today

28-Nov-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 04.10.13 OK again today??

04-Oct-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 09.08.13. OK again today

04-Oct-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 09.08.13 OK again today??

09-Aug-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 13.06.13. OK again today

09-Aug-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 13.06.13 OK again today??

13-Jun-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 23.04.13. OK again today

13-Jun-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 23.04.13 OK again today??

23-Apr-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

23-Apr-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

26-Feb-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

26-Feb-2013 Amitriptyline 50mg tablets Acute Medication (Past)

112 tablet - 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

30-Jan-2013 Amitriptyline 50mg tablets Acute Medication (Past)

56 tablet - 2 AT NIGHT Notes for patient: SPECIAL REQUEST LAST ISSUED 08.01.13 OK TODAY

08-Jan-2013 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 23.11.2012 OK TODAY ?

08-Jan-2013 Amitriptyline 50mg tablets Acute Medication (Past)

56 tablet - 2 AT NIGHT Notes for patient: SPECIAL REQUEST LAST ISSUED 11.12.12 OK TODAY

11-Dec-2012 Permethrin 5%cream Acute Medication (Past)

60 gram - APPLY AS INSTRUCTED AND REPEAT AFTER 7 DAYS

11-Dec-2012 Amitriptyline 50mg tablets Acute Medication (Past)

56 tablet - 2 AT NIGHT

23-Nov-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

23-Nov-2012 Amitriptyline 50mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE DAILY

08-Nov-2012 Amitriptyline 10mg tablets Acute Medication (Past)

56 tablet - TAKE 1 OR 2 AT NIGHT

25-Oct-2012 Trazodone 50mg capsules Acute Medication (Past)

28 capsule - 1-2 TABLETS AT NIGHT Instalments: Diso 14 weekly

04-Oct-2012 Dihydrocodeine 30mg tablets Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

04-Oct-2012 Mirtazapine 15mg tablets Acute Medication (Past)

30 tablet - 1 OR 2 AT NIGHT AS DIRECTED Notes for patient: mirtazapine take 2 at night for the next 3 nights, then take 1 at night for 3 nights then stop and convert to duloxetine speak to me in 2 weeks

04-Oct-2012 Duloxetine 60mg gastro-resistant capsules Acute Medication (Past)

28 capsule - TAKE ONE DAILY Instalments: dispense weekly cover if closed Notes for patient: start this once mirtazapine is reduced to zero

10-Aug-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting 10.08.12

10-Aug-2012 MIRTAZAPINE tabs 45mg Acute Medication (Past)

56 tablet - TAKE ONE AT NIGHT Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 10.08.12

03-Aug-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting 15/6/12

03-Aug-2012 MIRTAZAPINE tabs 45mg Acute Medication (Past)

56 tablet - TAKE ONE AT NIGHT Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 15/6/12

14-Jun-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting 15/6/12

14-Jun-2012 MIRTAZAPINE tabs 45mg Acute Medication (Past)

56 tablet - TAKE ONE AT NIGHT Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 15/6/12

14-Jun-2012 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed Notes for dispenser: dispense on 15/6/12- weekly dispense please.

18-May-2012 MIRTAZAPINE tabs 45mg Acute Medication (Past)

28 tablet - TAKE ONE AT NIGHT Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please

18-May-2012 PARACETAMOL tabs 500mg Acute Medication (Past)

100 tablet - 2 TABS EVERY 4 TO 6 HOURS

20-Apr-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly continuing from last

20-Apr-2012 MIRTAZAPINE tabs 45mg Acute Medication (Past)

28 tablet - TAKE ONE AT NIGHT Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please

20-Apr-2012 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.

05-Apr-2012 MIRTAZAPINE tabs 30mg Acute Medication (Past)

28 tablet - TAKE ONE AT NIGHT

09-Mar-2012 NICOTINELL 30 TTS patch 21mg/24 hours Acute Medication (Past)

14 patch - USE DAILY

09-Mar-2012 MIRTAZAPINE tabs 30mg Acute Medication (Past)

28 tablet - TAKE ONE AT NIGHT

24-Feb-2012 SERTRALINE tabs 50mg Acute Medication (Past)

14 tablet - 1 TABLET(S) EVERY DAY

24-Feb-2012 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly - beginning 2/1/12. please.

24-Feb-2012 MIRTAZAPINE tabs 15mg Acute Medication (Past)

21 tablet - 1 TABLET(S) AT NIGHT FOR 1 WEEK THEN 2 TABS AT NIGHT

24-Feb-2012 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.

20-Dec-2011 SERTRALINE tabs 100mg Acute Medication (Past)

56 tablet - 1 DAILY Instalments: disp weekly cover if closed Notes for dispenser: to start on 2/1/12. Dispense weekly please.

20-Dec-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly - beginning 2/1/12. please.

20-Dec-2011 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.

07-Nov-2011 SERTRALINE tabs 100mg Acute Medication (Past)

56 tablet - 1 DAILY Instalments: disp weekly cover if closed

07-Nov-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed

07-Nov-2011 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed

07-Nov-2011 FUCIBET crm Acute Medication (Past)

30 gram - APPLY TWICE DAILY

12-Sept-2011 SERTRALINE tabs 100mg Acute Medication (Past)

56 tablet - 1 DAILY Instalments: disp weekly cover if closed

12-Sept-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly cover if closed

12-Sept-2011 OTOMIZE ear spray Acute Medication (Past)

5 ml - 2 PUFF TWICE A DAY

12-Sept-2011 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly covered if closed

24-Aug-2011 SERTRALINE tabs 50mg Acute Medication (Past)

31 tablet - 1 DAILY AS DIRECTED Instalments: disp weekly cover if closed

01-Aug-2011 SERTRALINE tabs 50mg Acute Medication (Past)

28 tablet - 1 DAILY Instalments: disp weekly cover if closed

06-July-2011 SERTRALINE tabs 50mg Acute Medication (Past)

28 tablet - 1 DAILY Instalments: disp weekly cover if closed

06-July-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet - 8 DAILY Instalments: disp weekly from end last script

06-July-2011 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet - 2 TABS NOCTE Instalments: disp weekly from end last script

20-May-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet(s) - 8 daily Instalments: disp weekly from end last script

20-May-2011 MIRTAZAPINE tabs 30mg Acute Medication (Past)

56 tablet(s) - 1 Tab nocte Instalments: disp weekly from end last script

20-May-2011 AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)

112 tablet(s) - 2 Tabs nocte Instalments: disp weekly from end last script

20-May-2011 PARACETAMOL tabs 500mg Acute Medication (Past)

200 tablet(s) - 2 Tabs Every 4 to 6 hours

28-Mar-2011 DIHYDROCODEINE tabs 30mg Acute Medication (Past)

448 tablet(s) - 8 daily Instalments: disp weekly from end last script

28-Mar-2011 **MIRTAZAPINE tabs 30mg Acute Medication (Past)**
56 tablet(s) - 1 Tab nocte Instalments: disp weekly from end last script

28-Mar-2011 **AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)**
112 tablet(s) - 2 Tabs nocte Instalments: disp weekly from end last script

22-Mar-2011 **DIHYDROCODEINE tabs 30mg Acute Medication (Past)**
56 tablet(s) - 8 daily Instalments: disp weekly from end last script

22-Mar-2011 **MIRTAZAPINE tabs 30mg Acute Medication (Past)**
7 tablet(s) - 1 Tab nocte Instalments: disp weekly from end last script

22-Mar-2011 **AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)**
14 tablet(s) - 2 Tabs nocte Instalments: disp weekly from end last script

27-Jan-2011 **DIHYDROCODEINE tabs 30mg Acute Medication (Past)**
448 tablet(s) - 8 daily Instalments: disp weekly from end last script

27-Jan-2011 **MIRTAZAPINE tabs 30mg Acute Medication (Past)**
56 tablet(s) - 1 Tab nocte Instalments: disp weekly from end last script

27-Jan-2011 **AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)**
112 tablet(s) - 2 Tabs nocte Instalments: disp weekly from end last script

07-Dec-2010 **DIHYDROCODEINE tabs 30mg Acute Medication (Past)**
448 tablet(s) - 8 daily Instalments: disp weekly

07-Dec-2010 **MIRTAZAPINE tabs 30mg Acute Medication (Past)**
56 tablet(s) - 1 Tab nocte Instalments: disp weekly

07-Dec-2010 **AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)**
112 tablet(s) - 2 Tabs nocte Instalments: disp weekly

15-Oct-2010 **DIHYDROCODEINE tabs 30mg Acute Medication (Past)**
448 tablet(s) - 8 daily Instalments: disp weekly from 151010

15-Oct-2010 **MIRTAZAPINE tabs 30mg Acute Medication (Past)**
56 tablet(s) - 1 Tab nocte Instalments: disp weekly from 151010

15-Oct-2010 **IBUPROFEN tabs 400mg Acute Medication (Past)**
84 tablet(s) - TAKE ONE 3 TIMES/DAY

15-Oct-2010 **AMITRIPTYLINE HCl tabs 50mg Acute Medication (Past)**
112 tablet(s) - 2 Tabs nocte Instalments: disp weekly from 151010

22-Sept-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
224 - 8 daily fr 220910 disp weekly

22-Sept-2010 **Mirtazapine TABS 30MG Acute Medication (Past)**
28 - 1 Tab nocte disp weekly frm220910

22-Sept-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
56 - 2 Tabs nocte disp weekly fr 220910

22-Sept-2010 **E45 CREAM Acute Medication (Past)**
125 - Apply prn

27-Aug-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
224 - 8 daily fr 30/08/10 disp weekly

27-Aug-2010 **Mirtazapine TABS 30MG Acute Medication (Past)**
28 - 1 Tab nocte disp weekly from 3008

27-Aug-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
56 - 2 Tabs nocte disp weekly fr 300810

13-Aug-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
448 - 8 daily fr 13/08/10 disp daily

13-Aug-2010 **Mirtazapine TABS 30MG Acute Medication (Past)**
28 - 1 Tab nocte disp daily

13-Aug-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
56 - 2 Tabs nocte disp daily

10-Aug-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
448 - 8 daily fr 10/8/10 disp daily

10-Aug-2010 **Mirtazapine TABS 30MG Acute Medication (Past)**
28 - 1 Tab nocte disp daily

10-Aug-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
56 - 2 Tabs nocte disp daily

16-July-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
336 - 2 Tabs tid disp fortnightly

16-July-2010 **Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)**
336 - 2 Tabs tid disp fortnightly

16-July-2010 **Citalopram TABS 20MG Acute Medication (Past)**
112 - 2 tab daily disp fortnightly

16-July-2010 **Citalopram TABS 20MG Acute Medication (Past)**
112 - 2 tab daily disp fortnightly

16-July-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
112 - 1 or 2 Tabs disp fortnightly

16-July-2010 **Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)**
112 - 1 or 2 Tabs disp fortnightly

31-May-2010 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid disp fortnightly

31-May-2010 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily disp fortnightly

31-May-2010 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte disp fortnightly

31-May-2010 Paracetamol TABS 500MG Acute Medication (Past)
200 - 2 Tabs Every 4 to 6 hours

08-Apr-2010 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid disp fortnightly

08-Apr-2010 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily disp fortnightly

08-Apr-2010 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte disp fortnightly

08-Apr-2010 Paracetamol TABS 500MG Acute Medication (Past)
200 - 2 Tabs Every 4 to 6 hours

18-Feb-2010 Ciprofloxacin TABS 500MG Acute Medication (Past)
14 - 1 Tab Twice Daily

18-Feb-2010 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
56 - 1 or 2 Tabs 4 Times daily

18-Feb-2010 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid disp fortnightly

18-Feb-2010 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily disp fortnightly

18-Feb-2010 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte disp fortnightly

18-Feb-2010 Paracetamol TABS 500MG Acute Medication (Past)
100 - 2 Tabs Every 4 to 6 hours

08-Feb-2010 Clarithromycin TABS 250MG Acute Medication (Past)
14 - 1 Tab Twice daily

08-Feb-2010 Ibuprofen GEL 10% Acute Medication (Past)
50 - Apply Twice daily

30-Dec-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid disp fortnightly

30-Dec-2009 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily disp fortnightly

30-Dec-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte disp fortnightly

19-Nov-2009 Diazepam TABS 2MG Acute Medication (Past)
21 - 1 Tab Daily Notes for patient: weekly dispense on Thursdays dispense on Thursdays

26-Oct-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid disp weekly

26-Oct-2009 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily disp weekly

26-Oct-2009 Diazepam TABS 2MG Acute Medication (Past)
28 - 2 Tabs daily

26-Oct-2009 Diazepam TABS 2MG Acute Medication (Past)
14 - 1 Tab daily from

26-Oct-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte disp weekly

27-Aug-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
336 - 2 Tabs tid fr 27/8/9 disp weekly

27-Aug-2009 Citalopram TABS 20MG Acute Medication (Past)
112 - 2 tab daily fr 27/8/9 disp weekly

27-Aug-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
56 - 1 Tab nocte fr 27/8/9 disp weekly

27-Aug-2009 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

30-July-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
168 - 2 Tabs tid fr 30/7/9 disp weekly

30-July-2009 Citalopram TABS 20MG Acute Medication (Past)
56 - 2 tab daily fr 30/7/9 disp weekly

30-July-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
28 - 1 Tab nocte fr 30/7/9 disp weekly

30-July-2009 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

16-July-2009 Diazepam TABS 5MG Acute Medication (Past)
210 - 4 tabs daily fr 23/7/9 reducing 2mg per week

16-July-2009 Diazepam TABS 5MG Acute Medication (Past)
42 - 6 daily fr 16/7/9 disp weekly

16-July-2009 Diazepam TABS 2MG Acute Medication (Past)
210 - 4 Tabs daily fr 23/7/9 reducing 2mg per week Notes for patient: from 23 july 2009 dose 28mg daily disp weekly

02-July-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
168 - 2 Tabs tid fr 2/7/9 disp weekly

02-July-2009 Citalopram TABS 20MG Acute Medication (Past)
56 - 2 tab daily fr 2/7/9 disp weekly

02-July-2009 Diazepam TABS 5MG Acute Medication (Past)
14 - 1 tid fr 2/7/9 disp weekly

02-July-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
28 - 1 Tab nocte fr 2/7/9 disp weekly

18-Jun-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 2 Tabs tid fr 22/6/9 disp weekly

18-Jun-2009 Citalopram TABS 20MG Acute Medication (Past)
28 - 2 tab daily fr 22/6/9 disp weekly

18-Jun-2009 Diazepam TABS 2MG Acute Medication (Past)
84 - 6 tabs daily fr 22/6/9 disp weekly

18-Jun-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
14 - 1 Tab nocte fr 22/6/9 disp weekly

08-Jun-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 2 Tabs disp weekly TID

08-Jun-2009 Citalopram TABS 20MG Acute Medication (Past)
14 - 1 Tab disp weekly Daily

08-Jun-2009 Diazepam TABS 5MG Acute Medication (Past)
42 - 1 Tab disp daily TID

08-Jun-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
14 - 1 Tab disp weekly At night

21-May-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 or 2 Tabs tds disp in full

21-May-2009 Citalopram TABS 20MG Acute Medication (Past)
14 - 1 Tab

21-May-2009 Zopiclone TABS 3.75MG Acute Medication (Past)
14 - 1 or 2 Tabs At night

21-May-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
14 - 1 Tab At night

15-May-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
42 - 1 or 2 Tabs tds disp in full

15-May-2009 Promethazine Hydrochloride TABS 25MG Acute Medication (Past)
14 - 1 or 2 Tabs At night

15-May-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
7 - 1 Tab At night

24-Apr-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
252 - 1 or 2 Tabs tds disp fortnightly

24-Apr-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

24-Apr-2009 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

17-Mar-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
252 - 1 or 2 Tabs tds disp fortnightly

17-Mar-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

17-Mar-2009 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

02-Feb-2009 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
252 - 1 or 2 Tabs tds disp fortnightly

02-Feb-2009 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

02-Feb-2009 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

24-Dec-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
252 - 1 or 2 Tabs tds disp fortnightly

24-Dec-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

24-Dec-2008 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

21-Nov-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

21-Nov-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

21-Nov-2008 Paracetamol TABS 500MG Acute Medication (Past)
84 - 1 or 2 Tabs QID as needed

13-Nov-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
42 - 1 Tab 3 Times daily

15-Oct-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

15-Oct-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

15-Oct-2008 Paracetamol TABS 500MG Acute Medication (Past)
84 - 1 or 2 Tabs QID as needed

13-Oct-2008 Nicotinell Tts 30 21mg/24 Hours PATCH Acute Medication (Past)
14 - Apply Daily

17-Sept-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

17-Sept-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

18-Aug-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

18-Aug-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

18-Aug-2008 Paracetamol TABS 500MG Acute Medication (Past)
84 - 1 or 2 Tabs QID as needed

30-July-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

30-July-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

19-Jun-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

19-Jun-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

23-May-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

23-May-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

23-May-2008 E45 CREAM Acute Medication (Past)
350 - Apply Twice daily

06-May-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

06-May-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

06-May-2008 Paracetamol TABS 500MG Acute Medication (Past)
200 - 1 or 2 Tabs QID as needed

04-Apr-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

04-Apr-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

04-Apr-2008 Paracetamol TABS 500MG Acute Medication (Past)
84 - 1 or 2 Tabs QID as needed

04-Mar-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 Times daily

04-Mar-2008 Amitriptyline Hydrochloride TABS 50MG Acute Medication (Past)
42 - 1 Tab At night

04-Mar-2008 Paracetamol TABS 500MG Acute Medication (Past)
84 - 1 or 2 Tabs QID as needed

04-Feb-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

04-Feb-2008 Amitriptyline Hydrochloride TABS 25MG Acute Medication (Past)
42 - 1 Tab At night

04-Feb-2008 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

04-Jan-2008 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

04-Jan-2008 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

17-Dec-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

17-Dec-2007 Amitriptyline Hydrochloride TABS 25MG Acute Medication (Past)
42 - 1 Tab At night

23-Nov-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

23-Nov-2007 Amitriptyline Hydrochloride TABS 25MG Acute Medication (Past)
42 - 1 Tab At night

23-Nov-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

15-Oct-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

15-Oct-2007 Amitriptyline Hydrochloride TABS 25MG Acute Medication (Past)
42 - 1 Tab At night

15-Oct-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

11-Sept-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab dispense 3 times daily

11-Sept-2007 Amitriptyline Hydrochloride TABS 25MG Acute Medication (Past)
42 - 1 Tab At night

06-Aug-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
126 - 1 Tab 3 times daily

06-Aug-2007 Amitriptyline Hydrochloride TABS 10MG Acute Medication (Past)
28 - 1 Tab At night

01-Aug-2007 Amitriptyline Hydrochloride TABS 10MG Acute Medication (Past)
28 - 1 Tab At night

18-July-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

18-July-2007 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
42 - 1 Tab 3 times daily

18-July-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

18-Jun-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

18-Jun-2007 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
28 - 1 Tab 3 times daily

18-Jun-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

21-May-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

21-May-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

10-May-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
42 - 1 Tab 3 times daily

23-Apr-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

23-Apr-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

04-Apr-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
63 - 1 Tab from 040407 3 times daily

15-Mar-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
42 - 1 Tab from 150307 3 times daily

05-Feb-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab from 80507 3 times daily

05-Feb-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

05-Feb-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

04-Jan-2007 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

04-Jan-2007 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

04-Jan-2007 Ibuprofen SACH 600MG Acute Medication (Past)
20 - 1 sachet 2x daily after food

14-Dec-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

28-Nov-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
42 - 1 Tab 3 times daily

28-Nov-2006 Ibuprofen SACH 600MG Acute Medication (Past)
20 - 1 sachet 2x daily after food

09-Nov-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
84 - 1 Tab 3 times daily

09-Nov-2006 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

11-Oct-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
112 - 2 Tabs disp weekly Twice daily from 1110

11-Oct-2006 DICLOFENAC SODIUM 50MG TAB Acute Medication (Past)
84 - 1 Cap 3 times daily

11-Oct-2006 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

15-Sept-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
112 - 2 Tabs Twice daily

15-Sept-2006 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

18-Aug-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
112 - 2 Tabs Twice daily

18-July-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
112 - 2 Tabs Twice daily

18-July-2006 Paracetamol TABS 500MG Acute Medication (Past)
100 - 1 or 2 Tabs QID as needed

26-Jun-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 2 Tabs 3 times daily

26-Jun-2006 Ibuprofen TABS 400MG Acute Medication (Past)
42 - 1 Tab 3 times daily

26-May-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 2 Tabs 3 times daily

26-May-2006 Ibuprofen TABS 400MG Acute Medication (Past)
42 - 1 Tab 3 times daily

05-May-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

21-Apr-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
60 - 1 or 2 Tabs 4 times daily

12-Apr-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

22-Mar-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

22-Mar-2006 Xylometazoline Adult Nasal DROPS 0.1% Acute Medication (Past)
10 - 1 Drop morning and night

22-Mar-2006 Ibuprofen TABS 400MG Acute Medication (Past)
42 - 1 Tab 3 times daily

20-Feb-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

23-Jan-2006 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

23-Jan-2006 Cerumol Ear DROPS Acute Medication (Past)
11 - 1 Drop 3 times daily

29-Dec-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

02-Dec-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
96 - 1 or 2 Tabs 4 times daily

07-Nov-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

06-Oct-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

12-Sept-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

11-Aug-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

20-July-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

20-July-2005 Sodium Bicarbonate Ear Drops 5% 10ml Acute Medication (Past)
1 - 4 Drops Twice daily

21-Jun-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
100 - 1 or 2 Tabs 4 times daily

03-Jun-2005 Ciprofloxacin TABS 500MG Acute Medication (Past)
14 - 1 Tab Twice daily

03-Jun-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
60 - 1 or 2 Tabs 4 times daily

30-May-2005 Co-Amoxiclav 500mg/125mg TABS Acute Medication (Past)
21 - 1 Tab 3 times daily

30-May-2005 Dihydrocodeine Tartrate TABS 30MG Acute Medication (Past)
24 - 1 or 2 Tabs 4 times daily

24-May-2005 Co-Codamol 8mg/500mg Effervescent TABS Acute Medication (Past)
100 - 2 Tabs 4 times daily

24-May-2005 Erythromycin Ec CAPS 250MG Acute Medication (Past)
28 - 1 Cap 4 times daily

29-Oct-2004 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 - 1 Tab 3 times daily

08-Mar-2004 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

02-Dec-2003 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

03-Mar-2003 Nifedipine CAPS 5MG Acute Medication (Past)
90 - 1 Cap 3 times daily

03-Mar-2003 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

17-Feb-2003 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
28 - 1 Tab 3 times daily

30-Dec-2002 Microgynon 30 Ed TABS Acute Medication (Past)
84 - 1 Tab Daily

30-Dec-2002 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

15-July-2002 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

27-Feb-2002 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
100 - 1 or 2 Tabs up to 4 times daily

27-Feb-2002 Ibuprofen TABS 400MG Acute Medication (Past)
84 - 1 Tab 3 daily after food

04-Feb-2002 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

22-Aug-2001 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

21-Mar-2001 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
2 - As directed

15-Jan-2001 Sertraline TABS 50MG Acute Medication (Past)
28 - 1 Tab Daily

26-July-2000 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Acute Medication (Past)
1 - As directed

31-May-2000 Amoxicillin CAPS 250MG Acute Medication (Past)
21 - 1 Cap 3 times daily

14-Dec-1999 Folic Acid TABS 400MICROGRAMS Acute Medication (Past)
50 - 1 Tab Daily

23-Nov-1999 Paroxetine TABS 20MG Acute Medication (Past)
56 - 2 Tabs Daily

23-Sept-1999 Paroxetine TABS 20MG Acute Medication (Past)
84 - 2 Tabs Daily

Allergies

11-Mar-2021 Mrs Fiona Towns
H/O: penicillin allergy
(info from ambulatory care discharge)
RCT001
Episodicity -

08-Nov-2012 Dr Sharon Stewart
H/O: drug allergy
RCT003
Episodicity -

25-Oct-2012 Mrs Fiona Towns
H/O: drug allergy
: *sweaty hands/headaches/nausea/diarrhoea*
RCT002
Episodicity -

Vaccinations

03-Dec-2022

Administration of first inactivated seasonal influenza vacc
 FLU - Seqirus UK (Mass - Sighthill Health Centre)
 Intervention
 FLUQIVC

03-Dec-2022

Administration of first dose of SARS-CoV-2 vaccine
 C-19 Moderna (Mass - Sighthill Health Centre)
 Intervention
 COVMODERNA

18-Dec-2021

Administration of first dose of SARS-CoV-2 vaccine
 C-19 Booster Moderna (GP - Allermuir Health Centre)
 Intervention
 COVMODERNA

18-Dec-2021

Administration of first inactivated seasonal influenza vacc
 FLU - FluceIvax Tetra (QIVc) (GP - Allermuir Health Centre)
 Intervention
 FLUQIVC

01-Jun-2021 Dr Sharon Stewart

Admin sec dose SARS-CoV-2 vacc
 C-19 AstraZeneca (By J *****)
 Intervention
 COVOXFORD

20-Mar-2021 Dr Sharon Stewart

Admin first dose SARS-CoV-2 vac
 C-19 AstraZeneca (By S *****)
 Intervention
 COVOXFORD

Referrals

06-Aug-2025 Dr Barbara Stewart

Administration NOS
 . Referral Type: Out Patient; Sender: Dr *****, Reason: Administration NOS

30-Apr-2025 Dr Barbara Stewart

Administration NOS
 . Referral Type: Out Patient; Sender: Dr *****, Reason: Administration NOS

15-Jun-2012 Dr Jane Sweeney

Referral to breast clinic
 . Referral Type: Out Patient; Sender: Dr *****, Sweeney; Reason: Referral to breast clinic; Referral Status: Referred

19-Mar-2012 Dr Grant Callaghan

Referred to plastic surgeon
 . Referral Type: Out Patient; Sender: Dr *****, Callaghan; Reason: Referred to plastic surgeon

10-Feb-2010 Dr Brendan Magee

Referral for further care
 REFERRAL_TYPE=Out Patient : SPECIALITY=Edinburgh - Westerhailes Health Centre : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=AHP - Physiotherapy : ATTENDANCE_TYPE=1st Visit. Sender: Dr *****, Magee; Reason: Referral for further care

01-Jun-2009

Referral for further care
 REFERRAL_TYPE=Out Patient : SPECIALITY=Community Psychiatry : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=Wester Hailes Health Agency : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care

30-Apr-2007 Dr Dan Drewitt

Referral for further care
 REFERRAL_TYPE=Out Patient : SPECIALITY=Trauma and Orthopaedic Surgery : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=SCI Hospital : ATTENDANCE_TYPE=1st Visit. Sender: Dr *****, Drewitt; Reason: Referral for further care

27-May-2005

Referral for further care
 REFERRAL_TYPE=Out Patient : SPECIALITY=Dental therapists : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=*****, Street Dental Clinic : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care

11-Mar-2004

Referral for further care
 REFERRAL_TYPE=Out Patient : SPECIALITY=Hand Clinic : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=St *****,s Hospital : ATTENDANCE_TYPE=1st Visit. Reason: Referral for further care

Test Requests

This section is empty.

Test Results

24-Apr-2025 Dr R A Cockburn Result: BCSP faecal occult blood test normal Negative BCSP faecal occult blood test normal	No action required (No range available)	
24-Apr-2023 Dr R A Cockburn Result: BCSP faecal occult blood test normal Negative BCSP faecal occult blood test normal	No action required (No range available)	
18-Dec-2019 Dr Laura Smith Result: Eosinophil count Eosinophil count	$10^9/L$ $10^9/L$	0.05 $10^9/L$ (Range: 0.04 - 0.4)
18-Dec-2019 Dr Laura Smith Result: Haemoglobin estimation Haemoglobin estimation		154 g/L (Range: 115 - 165)
18-Dec-2019 Dr Laura Smith Result: Mean corpusc. haemoglobin(MCH) Abnormal Mean corpusc. haemoglobin(MCH)		32.4 pg (Range: 27 - 32)
18-Dec-2019 Dr Laura Smith Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)		352 g/L (Range: 310 - 360)
18-Dec-2019 Dr Laura Smith Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)		92 fL (Range: 78 - 98)
18-Dec-2019 Dr Laura Smith Result: Monocyte count Monocyte count	$10^9/L$ $10^9/L$	0.34 $10^9/L$ (Range: 0.2 - 0.8)
18-Dec-2019 Dr Laura Smith Result: Neutrophil count Neutrophil count	$10^9/L$ $10^9/L$	4.51 $10^9/L$ (Range: 2 - 7.5)
18-Dec-2019 Dr Laura Smith Result: Platelet count Platelet count	$10^9/L$ $10^9/L$	257 $10^9/L$ (Range: 150 - 400)
18-Dec-2019 Dr Laura Smith Result: Red blood cell (RBC) count Red blood cell (RBC) count	$10^{12}/L$ $10^{12}/L$	4.76 $10^{12}/L$ (Range: 3.8 - 5.8)
18-Dec-2019 Dr Laura Smith Result: Total white cell count Total white cell count	$10^9/L$ $10^9/L$	7.6 $10^9/L$ (Range: 4 - 11)
18-Dec-2019 Dr Laura Smith Result: Lymphocyte count Lymphocyte count	$10^9/L$ $10^9/L$	2.67 $10^9/L$ (Range: 1.5 - 4.5)
18-Dec-2019 Dr Laura Smith Result: Full blood count - FBC Full blood count - FBC	<none> <none>	(No range available)
18-Dec-2019 Dr Laura Smith Result: Haematocrit Haematocrit		0.437 ratio (Range: 0.36 - 0.47)
18-Dec-2019 Dr Laura Smith Result: Basophil count Basophil count	$10^9/L$ $10^9/L$	0.01 $10^9/L$ (Range: 0.01 - 0.1)
18-Dec-2019 Dr Laura Smith Result: Serum alkaline phosphatase Serum alkaline phosphatase	U/L U/L	100 U/L (Range: 40 - 125)
18-Dec-2019 Dr Laura Smith Result: Serum alanine aminotransferase level Serum alanine aminotransferase level	Serum ALT level - U/L Serum ALT level - U/L	22 U/L (Range: 10 - 50)
18-Dec-2019 Dr Laura Smith Result: Serum vitamin B12 Serum vitamin B12		298 ng/L (Range: 180 - 2000)
18-Dec-2019 Dr Laura Smith Result: Serum total bilirubin level Serum total bilirubin level		12 umol/L (Range: 3 - 21)

18-Dec-2019 Dr Laura Smith Result: Serum total cholesterol level Abnormal Serum total cholesterol level	7.2 mmol/L	(No range available)
18-Dec-2019 Dr Laura Smith Result: Serum creatinine Serum creatinine	71 umol/L	(Range: 50 - 98)
18-Dec-2019 Dr Laura Smith Result: Serum iron level Serum iron level	17 umol/L	(Range: 10 - 28)
18-Dec-2019 Dr Laura Smith Result: Serum ferritin Serum ferritin	132 ug/L	(Range: 15 - 200)
18-Dec-2019 Dr Laura Smith Result: Serum folate Abnormal Serum folate Low serum folate result. For advice, consult GPreferral guidelines on Ref Help or NHS Lothian intranetHaematology pages. on Ref Help or NHS Lothian intranetHaematology pages.	1.7 ug/L	(Range: 2.8 - 20)
18-Dec-2019 Dr Laura Smith Result: Serum gamma-glutamyl transferase level Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	17 U/L	(Range: 5 - 35)
18-Dec-2019 Dr Laura Smith Result: Serum HDL cholesterol level Abnormal Serum HDL cholesterol level	1.8 mmol/L	(Range: 1.1 - 1.7)
18-Dec-2019 Dr Laura Smith Result: Serum LDL cholesterol level Abnormal Serum LDL cholesterol level	5 mmol/L	(No range available)
18-Dec-2019 Dr Laura Smith Result: Serum potassium Serum potassium	4.2 mmol/L	(Range: 3.6 - 5)
18-Dec-2019 Dr Laura Smith Result: Serum sodium Serum sodium	142 mmol/L	(Range: 135 - 145)
18-Dec-2019 Dr Laura Smith Result: Serum triglycerides Serum triglycerides	0.9 mmol/L	(Range: 0.8 - 2.1)
18-Dec-2019 Dr Laura Smith Result: Serum TSH level Serum TSH level mU/L	0.55 mU/L	(Range: 0.2 - 4.5)
18-Dec-2019 Dr Laura Smith Result: Serum lipids Serum lipids <none>		(No range available)
18-Dec-2019 Dr Laura Smith Result: Liver function test Liver function test <none>		(No range available)
18-Dec-2019 Dr Laura Smith Result: Thyroid function test Thyroid function test <none>		(No range available)
18-Dec-2019 Dr Laura Smith Result: Urea and electrolytes Urea and electrolytes <none>		(No range available)
18-Dec-2019 Dr Laura Smith Result: Blood haematinic levels Blood haematinic levels <none>		(No range available)
18-Dec-2019 Dr Laura Smith Result: Transferrin saturation index Transferrin saturation index	29 %	(No range available)
18-Dec-2019 Dr Laura Smith Result: Serum cholesterol/HDL ratio Serum cholesterol/HDL ratio	3.9 ratio	(No range available)
18-Dec-2019 Dr Laura Smith Result: Serum free T4 level Serum free T4 level pmol/L	14 pmol/L	(Range: 9 - 21)

18-Dec-2019 Dr Laura Smith**Result:** Serum transferrin *For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHSL Intranet -Healthcare - A-Z - Haematology - GP referral guidelines*

Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHSL Intranet -Healthcare - A-Z - Haematology - GP referral guidelines 2.16 g/L (Range: 2 - 4)

18-Dec-2019 Dr Laura Smith**Result:** GFR calculated abbreviated MDRD *GFR calculated abbreviated MDRD - ml/min*

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min 60 mL/min (No range available)

18-Dec-2019 Dr Laura Smith**Result:** Haemoglobin A1c level - IFCC standardised *HbA1c level - IFCC standardised - - HbA1c is NOT increased.*Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - - 37 mmol/mol (Range: 20 - 41)
HbA1c is NOT increased.**11-Sept-2019 Dr Nigel Williams****Result:** Urinary microscopy, culture and sensitivities *Urine culture No significant growth Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.; Urinary MC&S*

Urinary microscopy, culture and sensitivities Urine culture No significant growth Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.; Urinary MC&S (No range available)

11-Sept-2019 Dr Nigel Williams**Result:** Plasma glucose level *<none>*

Plasma glucose level <none> (No range available)

11-Sept-2019 Dr Nigel Williams**Result:** Plasma random glucose level

Plasma random glucose level 5.1 mmol/L (Range: 3.8 - 7.7)

11-Sept-2019 Dr Nigel Williams**Result:** Serum creatinine

Serum creatinine 72 umol/L (Range: 50 - 98)

11-Sept-2019 Dr Nigel Williams**Result:** Serum FSH level *U/L - Slightly raised FSH. Not clearly indicative of perimenopause. MC*

Abnormal Serum FSH level U/L - Slightly raised FSH. Not clearly indicative of perimenopause. MC 13.1 U/L (Range: 3 - 10)

11-Sept-2019 Dr Nigel Williams**Result:** Serum potassium

Serum potassium 4.4 mmol/L (Range: 3.6 - 5)

11-Sept-2019 Dr Nigel Williams**Result:** Serum sodium

Serum sodium 140 mmol/L (Range: 135 - 145)

11-Sept-2019 Dr Nigel Williams**Result:** Urea and electrolytes *<none>*

Urea and electrolytes <none> (No range available)

11-Sept-2019 Dr Nigel Williams**Result:** Endocrine studies *<none>*

Endocrine studies <none> (No range available)

11-Sept-2019 Dr Nigel Williams**Result:** GFR calculated abbreviated MDRD *GFR calculated abbreviated MDRD - >60*

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60 (No range available)

12-Jan-2018 Dr Sharon Stewart**Result:** Urinary microscopy, culture and sensitivities *Urine culture No significant growth; Urinary MC&S*

Urinary microscopy, culture and sensitivities Urine culture No significant growth; Urinary MC&S (No range available)

12-Jan-2018 Dr Sharon Stewart**Result:** Eosinophil count *10⁹/L*Eosinophil count 10⁹/L 0.08 10⁹/L (Range: 0.04 - 0.4)**12-Jan-2018 Dr Sharon Stewart****Result:** Haemoglobin estimation

Abnormal Haemoglobin estimation 161 g/L (Range: 115 - 160)

12-Jan-2018 Dr Sharon Stewart**Result:** Mean corpusc. haemoglobin (MCH) *pg*

Mean corpusc. haemoglobin (MCH) pg 31.4 pg/mL (Range: 27 - 32)

12-Jan-2018 Dr Sharon Stewart			
Result: Mean corpusc. Hb. conc. (MCHC)			
Abnormal			
Mean corpusc. Hb. conc. (MCHC)	364 g/L		(Range: 310 - 360)
12-Jan-2018 Dr Sharon Stewart			
Result: Mean corpuscular volume (MCV)			
Mean corpuscular volume (MCV)	86 fL		(Range: 78 - 98)
12-Jan-2018 Dr Sharon Stewart			
Result: Monocyte count $10^9/L$			
Monocyte count $10^9/L$	0.66 $10^9/L$		(Range: 0.2 - 0.8)
12-Jan-2018 Dr Sharon Stewart			
Result: Neutrophil count $10^9/L$			
Neutrophil count $10^9/L$	3.41 $10^9/L$		(Range: 2 - 7.5)
12-Jan-2018 Dr Sharon Stewart			
Result: Platelet count $10^9/L$			
Platelet count $10^9/L$	205 $10^9/L$		(Range: 150 - 400)
12-Jan-2018 Dr Sharon Stewart			
Result: Red blood cell (RBC) count $10^{12}/L$			
Red blood cell (RBC) count $10^{12}/L$	5.12 10^*2		(Range: 3.8 - 5.8)
12-Jan-2018 Dr Sharon Stewart			
Result: Total white cell count $10^9/L$			
Total white cell count $10^9/L$	6 $10^9/L$		(Range: 4 - 11)
12-Jan-2018 Dr Sharon Stewart			
Result: Lymphocyte count $10^9/L$			
Lymphocyte count $10^9/L$	1.79 $10^9/L$		(Range: 1.5 - 4)
12-Jan-2018 Dr Sharon Stewart			
Result: Full blood count - FBC <none>			
Full blood count - FBC <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Haematocrit			
Haematocrit	0.442 ratio		(Range: 0.37 - 0.47)
12-Jan-2018 Dr Sharon Stewart			
Result: Basophil count $10^9/L$			
Basophil count $10^9/L$	0.02 $10^9/L$		(Range: 0.01 - 0.1)
12-Jan-2018 Dr Sharon Stewart			
Result: Plasma glucose level <none>			
Plasma glucose level <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Plasma random glucose level			
Plasma random glucose level	6.3 mmol/L		(Range: 3.8 - 7.7)
12-Jan-2018 Dr Sharon Stewart			
Result: Hepatitis B surface antigen level Hep B surface antigen level - S/CO - Hepatitis B surface Antigen : NEGATIVE-----			
Hepatitis B surface antigen level Hep B surface antigen level - S/CO - Hepatitis B surface Antigen : NEGATIVE-----	0.16 ratio		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: HIV antibody/antigen (Duo) HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.85)-----			
HIV antibody/antigen (Duo) HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.85)-----	0.13		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Hepatitis C antibody test Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9) HCV antibody may take up to 3 months to develop following an at risk exposure.-----			
Hepatitis C antibody test Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9) HCV antibody may take up to 3 months to develop following an at risk exposure.-----	0.05		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum alkaline phosphatase U/L			
Serum alkaline phosphatase U/L	102 U/L		(Range: 40 - 125)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum alanine aminotransferase level Serum ALT level - U/L			
Serum alanine aminotransferase level Serum ALT level - U/L	22 U/L		(Range: 10 - 50)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum vitamin B12			
Serum vitamin B12	595 ng/L		(Range: 180 - 2000)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum total bilirubin level			
Serum total bilirubin level	9 umol/L		(Range: 3 - 21)

12-Jan-2018 Dr Sharon Stewart			
Result: Serum total cholesterol level			
Abnormal			
Serum total cholesterol level	5.1 mmol/L		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum creatinine			
Serum creatinine	65 umol/L		(Range: 50 - 98)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum iron level			
Serum iron level	11 umol/L		(Range: 10 - 32)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum ferritin			
Serum ferritin	70 ug/L		(Range: 15 - 200)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum folate			
Serum folate	4.5 ug/L		(Range: 2.8 - 20)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum gamma-glutamyl transferase level			
Serum gamma GT level - U/L			
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	26 U/L		(Range: 5 - 35)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum HDL cholesterol level			
Serum HDL cholesterol level	1.1 mmol/L		(Range: 1.1 - 1.7)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum LDL cholesterol level			
Serum LDL cholesterol level	3.6 mmol/L		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum potassium			
Serum potassium	3.6 mmol/L		(Range: 3.6 - 5)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum sodium			
Serum sodium	136 mmol/L		(Range: 135 - 145)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum triglycerides			
Serum triglycerides	0.9 mmol/L		(Range: 0.8 - 2.1)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum TSH level			
Serum TSH level mU/L	0.89 mU/L		(Range: 0.2 - 4.5)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum lipids			
Serum lipids <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Liver function test			
Liver function test <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Thyroid function test			
Thyroid function test <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Urea and electrolytes			
Urea and electrolytes <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Serum C reactive protein level			
Abnormal			
Serum C reactive protein level Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.	13 mg/L		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Blood haematitic levels			
Blood haematitic levels <none>			(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Transferrin saturation index			
Transferrin saturation index %	18 %		(No range available)
12-Jan-2018 Dr Sharon Stewart			
Result: Endocrine studies			
Endocrine studies <none>			(No range available)

12-Jan-2018 Dr Sharon Stewart

Result: Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. Immunoassay underestimates Vitamin D2. This test is currently unaccredited to ISO 15189
Abnormal

Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. Immunoassay underestimates Vitamin D2. This test is currently unaccredited to ISO 15189 **21 nmol/L** (Range: 25 - 162)

12-Jan-2018 Dr Sharon Stewart

Result: Serum cholesterol/HDL ratio
Serum cholesterol/HDL ratio

4.7 ratio (No range available)

12-Jan-2018 Dr Sharon Stewart

Result: Serum free T4 level pmol/L
Serum free T4 level pmol/L

15 pmol/L (Range: 9 - 21)

12-Jan-2018 Dr Sharon Stewart

Result: Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHSL Intranet - Healthcare - A-Z - Haematology - GP referral guidelines
Serum transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHSL Intranet - Healthcare - A-Z - Haematology - GP referral guidelines 2.34 g/L (Range: 2 - 4)

12-Jan-2018 Dr Sharon Stewart

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60
GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

(No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum alkaline phosphatase
Serum alkaline phosphatase

73 IU/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: ALT/SGPT serum level
ALT/SGPT serum level

19 IU/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum bilirubin level
Serum bilirubin level

6 umol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum cholesterol
Serum cholesterol

5 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum creatinine
Serum creatinine

56 umol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Gamma - G.T. level
Gamma - G.T. level

25 IU/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum HDL cholesterol level
Serum HDL cholesterol level

1.2 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum LDL cholesterol level
Serum LDL cholesterol level

3 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum potassium
Serum potassium

3.7 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum sodium
Serum sodium

139 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Serum triglycerides
Serum triglycerides

1.8 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Blood urea
Blood urea

4.6 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Blood glucose result
Blood glucose result

4.4 mmol/L (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: HDL : LDL ratio
HDL : LDL ratio

4.2 ratio (No range available)

12-Jan-2011 Dr Sharon Stewart

Result: Glomerular filtration rate
Glomerular filtration rate

60 mL/min (No range available)

27-May-2003 Dr Treatment Room Drop-

Result: Other Specimens

Other Specimens

0

(No range available)

01-Sept-1999

Result: Urine exam. - generalprotein neg sugar neg

Urine exam. - general protein neg sugar neg

0

(No range available)

Other Items

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Attachments

Scanned Document

02-Dec-2025 EVA

Additional: Scanned Document

Filename: igprda202512021134340.tif

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Pages:

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Lothian [REDACTED] Hospital Division

St. [REDACTED] Hospital at Howden
 Howden Road [REDACTED]
 Livingston
 [REDACTED] Lothian EH54 6PP
 Telephone 01506 419666
 www.show.scot.nhs.uk/wlt



Secretary: [REDACTED] Ramsay
 Direct Dial: 01506 523108
 Date: 20th August 2007
 Our Ref: PS/SAH/PR/P651105
 email: [REDACTED]

Mr [REDACTED] A [REDACTED]
 Plastic Surgery Hand Clinic – Friday 17th August 2007

Dr R Affleck
 Wester Hailes Health Centre
 7 Murrayburn Gate
 EDINBURGH
 EH14 2SS

Dear Dr Affleck

Eleanor McGuffog (12.04.1971) – CHI 1204711321
1 / 1 Murrayburn Gardens, Edinburgh, EH14 2QB

Diagnosis
 Right carpal tunnel syndrome

Management
 Put on routine waiting list for carpal tunnel decompression under Local Anaesthetic

Thank you for referring this 36 year old right hand dominant Cleaning Supervisor who presents with three years of initially intermittent and now constant pins and needles in her right index, middle and ring fingers. These symptoms are worse at night and wake her up four to five times. She also has some symptoms in the left hand but these are much less troublesome. She denies any neck problems but does occasionally get symptoms of pain radiating up her right arm.

There is very little in the way of past medical history. She has three [REDACTED] and had no problem with similar symptoms during her pregnancies.

On examination she was a slim lady. Examination of the ~~spit~~ cervical spine was entirely remarkable with a normal range of movement. The movements at her shoulder were also normal. There is no evidence of intrinsic muscle wasting. She did have some decreased sensation in the index, middle and ring fingers of the right hand with normal sensation in the thumb and little finger. She had 5/5 [REDACTED] in the abductor pollicis brevis. Tinels signs was negative but she had a positive Phalens test.

I think she gives a good history and has clinical signs consistent with a right carpal tunnel syndrome.

Cont/...

05 SEP 2007

WLT 144

NHS Confidential: Personal data about a patient

.../cont Eleanor McGuffog 1 / 1 Murrayburn Gardens, Edinburgh (12.04.1971)

I outlined the potential treatments including night wrist splinting, a Cortisone injection to the carpal tunnel or formal decompression. She is very keen to have some surgery done, I have therefore put her on the routine waiting list. I have also given her a [REDACTED] wrist support to wear at night to see if this improves her symptoms in the interim.

With kind regards

Yours sincerely



Mr P [REDACTED]
Specialist Registrar to Mr S A [REDACTED]

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05 SEP 2007

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██████ Hospitals Division Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU



Department of Neurosurgery

Ms E McGuffog
1/1 Murrayburn Gardens
Edinburgh
Midlothian
EH14 2QB

Date 30/10/2007
Our Ref 7900095423W
CHI 1204711321

Dear Ms McGuffog

Notification of Forthcoming Neurosurgery Admission

Please find below details of your Daycase Admission to the Western General Hospital:

DAYCASE ADMISSION

Date: Saturday 1 December, 2007 Time: 8:00 am Ward: Ward 31A WGH

Please enter the hospital by the Telford Road entrance and report direct to your ward.

When you receive this letter - please telephone the DCN Pre Admission ██████ on 0131 537 2093 within 7 days to confirm this date is suitable. It is important that you do this so that we can either arrange another date for you or offer the admission to someone else.

You should now inform your family doctor that you are being admitted to hospital. Please bring with you all the tablets and medicines which you take.

We would also wish to advise you that in some circumstances, due to emergency admissions, it may be necessary to cancel your admission. If this happens, your case would be rescheduled as soon as possible.

Yours sincerely

DCN Pre-Admission Team
Tel : 0131 537 2093

14 NOV 2007

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Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU



Department of Clinical Neurosciences

Dr [redacted]
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

Date: 04/12/2007
Our Ref: 7900095423W
CHI: 1204711321

Patient: Ms Eleanor McGuffog 33/7 Bampark Edinburgh EH14 3HX	UHPI: 7900095423W Date of Birth: 12/04/1971
Ward: Ward 31A WGH	Admission Date: 01/12/2007
Specialty: Neurosurgery	Discharge Date: 01/12/2007
Consultant: Miss LM [redacted]	

Surgical Neurology

Mr T [redacted]
Tel 0131 537 2110
Mr PFX Statham
Tel 0131 537 2106
Miss L [redacted]
Tel 0131 537 2178
Mr M Fitzpatrick
Tel 0131 537 2100
Prof IR Whittle
Tel 0131 537 2102
Mr AJW Steers
Tel 0131 537 2422

Dear Dr [redacted]

DIAGNOSIS: Right carpal tunnel syndrome
PROCEDURE: Right carpal tunnel decompression under local anaesthetic

HISTORY:
Mrs McGuffog was admitted as a day case as part of a waiting list initiative to have her right carpal tunnel decompressed under local anaesthetic. The operation was uneventful. The wound has been closed with interrupted 3.0 Ethilon sutures. She has been asked to contact your Practice Nurse to have the sutures removed in 10 days time.

I have not made any arrangements for follow up but would be very happy to see her at any time at your request should she have any postoperative problems.

Yours sincerely,

Miss [redacted]
Consultant Neurosurgeon

Inpatient Discharge Summary

07 DEC 2007

Inpatient Discharge Summary

Page 1 of 1

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IN CONFIDENCE **IMMEDIATE DISCHARGE LETTER** LHB 675

NAME AND ADDRESS OF GENERAL PRACTITIONER: Dr Cooper Wester Hailes n/c Edinburgh	7900095423W F 12/04/1971 SURNAME: Mr Mrs Miss McGuffog, Eleanor D ABER: 33/7 Barnpark, FIRST NAME(S): Edinburgh, BIRTH: Midlothian, ADDRESS: EH14 3HX CHI 1204711321 70978 CJ
--	---

HOSPITAL: WGH	WARD/DEPT: 31A	CONSULTANT: Miss Myers
----------------------	-----------------------	-------------------------------

DISCHARGE:
 Your Patient { Attended on **1/12/07** and was discharged { Home To **1/12/07** On **1/12/07**
 Was admitted

PRINCIPAL DIAGNOSIS: CTS	DIAGNOSIS DISCUSSED
TREATMENT/COMMENTS: CT Decompression	G.P. Patients

FOLLOW-UP HOSPITAL Further Review { Place _____ Date _____ Time _____ Further Investigations Pending: _____	G.P. Further Treatment Advised: sutures to _____ on 10/12/07 To attend G.P. Surgery <input checked="" type="checkbox"/> Unable to attend Surgery <input checked="" type="checkbox"/> Follow-up not required <input checked="" type="checkbox"/>	DOMICILIARY SUPPORT Arranged by Hospital: 04 DEC 2007 Recommended: _____
---	---	---

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION	Anticipated Length of Course	Quantity of Drugs Requested from
/						

DRUG SENSITIVITY: _____ A-DISCHARGE LETTER: _____ Medical Officer: _____
 CHILD-PROOF CONTAINER Will Will not follow

PHARMACY: A _____ day course had been dispensed. Special Formulation of Medicine { Yes -see att. details No
 (number) Date Dispensed _____ Authorised Signature _____

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.
 WHITE COPY - Given to Patient for Delivery to G.P. PINK COPY - TO BE RETAINED IN CASE NOTES. BLUE COPY - TO BE RETAINED BY PHARMA

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WESTER HAILES MEDICAL PRACTICE

Dr [REDACTED] A [REDACTED] MB ChB MRCGP DRCOG MFFP MPH
 Dr [REDACTED] J N DREWITT BSc PhD MB ChB
 Dr [REDACTED] J [REDACTED] MB ChB FFARCS
 Dr MARTE M COWELL MB ChB MRCGP
 Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
 Dr [REDACTED] MAGEE MB BCh MRCGP
 Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
 Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP

Practice Manager & PMS Project Manager:
 [REDACTED] [REDACTED]

WESTER HAILES HEALTH CENTRE
 7 Murrayburn Gate Edinburgh EH14 2SS
 Tel: 0131 537 7300 (Administration)
 Tel: 0131 537 7070 (Appointments)
 Fax: 0131 537 7337

Also consulting at:
SIGHTHILL HEALTH CENTRE
 380 Calder Road EH11 4AU

Our Ref: DJND/GC

19 December 2007

Miss L M [REDACTED]
 Consultant Neurosurgeon
 Western General Hospital
 Crewe Road
 EDINBURGH

REFERRAL LETTER

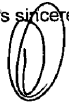
Dear Miss [REDACTED]

Eleanor McGuffog - DOB 12/04/1971
33-7 Barn Park Crescent EDINBURGH EH14 3HX

This lady has made a good recovery from her recent operation for right sided carpal tunnel syndrome. She is having very similar symptoms in her left hand, although not as severe as those previously affecting her right hand. She has asked me to re-refer her to you for consideration of left sided carpal tunnel decompression surgery. Ms McGuffog had thought that you had said to her that I was to write to you to request this. I hope this is the case and if so I would be grateful if she could be listed for surgery to her left wrist if you feel this is appropriate.

Thank you very much for your help.

Yours sincerely



Dr [REDACTED] Drewitt

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WESTER HAILES MEDICAL PRACTICE

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Dr [REDACTED] J N DREWITT BSc PhD MB ChB
Dr [REDACTED] J [REDACTED] MB ChB FFARCS
Dr MARTE M COWELL MB ChB MRCGP
Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
Dr [REDACTED] MAGEE MB BCh MRCGP
Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP

Practice Manager & PMS Project Manager:
[REDACTED] [REDACTED]

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Tel: 0131 537 7070 (Appointments)
Fax: 0131 537 7337

Also consulting at:
SIGHTHILL HEALTH CENTRE
380 Calder Road EH11 4AU

Our Ref: DJND/GC

19 December 2007

Miss L M [REDACTED]
Consultant Neurosurgeon
Western General Hospital
Crewe Road
EDINBURGH

REFERRAL LETTER

Dear Miss [REDACTED]

Eleanor McGuffog - DOB 12/04/1971
33-7 Barn Park Crescent EDINBURGH EH14 3HX

This lady has made a good recovery from her recent operation for right sided carpal tunnel syndrome. She is having very similar symptoms in her left hand, although not as severe as those previously affecting her right hand. She has asked me to re-refer her to you for consideration of left sided carpal tunnel decompression surgery. Ms McGuffog had thought that you had said to her that I was to write to you to request this. I hope this is the case and if so I would be grateful if she could be listed for surgery to her left wrist if you feel this is appropriate.

Thank you very much for your help.

Yours sincerely

Dr [REDACTED] Drewitt

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WESTER HAILES MEDICAL PRACTICE

Dr [REDACTED] A [REDACTED] MB ChB MRCGP DRCOG MFFP MPH
Dr [REDACTED] J N DREWITT BSc PhD MB ChB
Dr [REDACTED] J [REDACTED] MB ChB FFARCS
Dr MARTE M COWELL MB ChB MRCGP
Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
Dr [REDACTED] MAGEE MB BCh MRCGP
Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP

Practice Manager & PMS Project Manager:
[REDACTED] [REDACTED]

WESTER HAILES HEALTH CENTRE

7 Murrayburn Gate Edinburgh EH14 2SS
Tel: 0131 537 7300 (Administration)
Tel: 0131 537 7070 (Appointments)
Fax: 0131 537 7337

Also consulting at:
SIGHTHILL HEALTH CENTRE
380 Calder Road EH11 4AU

Our Ref: SS/GC

12 May 2008

Miss L M [REDACTED]
Consultant Neurosurgeon
Western General Hospital
Crewe Road
EDINBURGH

Dear Miss [REDACTED]

Eleanor McGuffog - DOB 12/04/1971
33-7 Barn Park Crescent EDINBURGH EH14 3HX

You may remember receiving the attached referral at the end of last year. Unfortunately Eleanor's symptoms are deteriorating further. She now cannot hold a prolonged at all in her left hand, and is often dropping things because of pain or loss of function. She finds the pain is worse at night and is increasingly finding it difficult to carry out her daily tasks at work.

Given the severity of her symptoms I wonder if it would be possible to see her at your earliest convenience to consider further surgical intervention, as happened with her right hand.

Thank you for your time and help.

Yours sincerely

Dr [REDACTED] [REDACTED]

NHS Confidential: Personal data about a patient

██████████ Hospitals Division



WESTERN GENERAL HOSPITAL, CREWE ROAD, EDINBURGH, EH4 2XU.
Department of Clinical Neurosciences
*Direct Line: 0131 537 2178 Fax: 0131 537 1134

Consultant Neurosurgeons	Clinical Director for Head & Neck	Head of Service for Head & Neck
Mr A J W Steers	Mr A J W Steers	Marty ██████████
Professor I R Whittle	Mr P F X Statham	Chief Nurse for Head & Neck
Mr T ██████████	Mr M Fitzpatrick	Pam Niven
	Ms C McGowan	Clinical Nurse Manager for DCN & Dermatology
		Dawn ██████████

Dr ██████████
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

LM/JM/7900095423W
Dictated: 20th May 2008
Typed: 21st May 2008

26 MAY 2008

Dear Dr ██████████

Eleanor MCGUFFOG, 33/7 Barn Park Crescent, Edinburgh - DOB: 12.04.71

I would be very happy to decompress Mrs McGuffog's left carpal tunnel and I have added her to my waiting list.

Yours sincerely,

Miss L ██████████
Consultant Neurosurgeon

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██████████ Hospitals Division



WESTERN GENERAL HOSPITAL, CREWE ROAD, EDINBURGH, EH4 2XU.
Women and Children's Services & Department of Clinical Neurosciences
*Direct Line: 0131 537 2178 Fax: 0131 537 1134

Consultant Neurosurgeons
Mr A J W Steers
Professor I R Whittle
Mr T ██████████

Clinical Director
A J W Steers
Directorate Assistant
Miss L ██████████
Mr P F X Statham
Mr M Fitzpatrick
Mr I P Fouyas
██████████ McGowan

Service Manager
██████████
Chief Nurse Cancer Services & DCN
██████████
Clinical Nurse Manager for DCN
Dawn ██████████

Dr ██████████
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

LM/JM/7900095423W

Dictated: 27th August 2008
Typed: 28th August 2008

Dear Dr ██████████

Eleanor MCGUFFOG, 33/7 Barn Park, Edinburgh – DOB: 12.04.71

Mrs McGuffog was due to attend the Department of Clinical Neurosciences for carpal tunnel decompression under local anaesthetic on 26th August 2008 but she failed to turn up as arranged. Please could you let me know if she would like to be rebooked.

Yours sincerely,

██████████ *Myles*

Miss ██████████
Consultant Neurosurgeon

01 SEP 2008

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WESTER HAILES MEDICAL PRACTICE

Dr [REDACTED] J N DREWITT BSc PhD MB ChB
Dr [REDACTED] J [REDACTED] MB ChB FFARCS
Dr MARTE M COWELL MB ChB MRCGP
Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
Dr [REDACTED] MAGEE MB BCh MRCGP
Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP

Practice Manager & PMS Project Manager:
[REDACTED] [REDACTED]

receiving Doctor
A/E

15 October 2008

Dear Doctor

Eleanor McGuffog - DOB 12/04/1971
33-7 Barn Park Crescent
EDINBURGH EH14 3HX

Our patient has fallen down about 10 steps yesterday, whilst carrying a carpet, and has injured her right ankle – she has had a previous fracture at this joint. She has been in considerable pain all night: the joint is swollen and there is a lot of bruising around especially around the fibular tip – I would be grateful for Xray to exclude a fracture, please.
Routine medication includes amitriptyline 50mg nocte, dihydrocodeine 30mg tied and paracetamol prn. Has also just started on nicotine replacement therapy.
Many thanks for your help,

Yours sincerely

Dr Marte Cowell

WESTER HAILES HEALTH CENTRE

7 Murrayburn Gate Edinburgh EH14 2SS
Tel: 0131 537 7300 (Administration)
Tel: 0131 537 7070 (Appointments)
Fax: 0131 537 7337

Also consulting at:
SIGHTHILL HEALTH CENTRE
380 Calder Road EH11 4AU

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Directorate of
 Accident and Emergency Medicine
LOTHIAN HOSPITALS NHS TRUST
 THE ROYAL INFIRMARY OF EDINBURGH
 Old Dalkeith Road,
 Edinburgh EH16 4SU
 Telephone: 0131 242 1300
 Fax: 0131 242 1344



Consultants:
 Dr. A. [redacted]
 Dr. R. [redacted]
 Dr. C. E. [redacted]
 Mr. D. J. Steedman

A/E no. E1348119
 04147829
 Previous no.
UHPI no. 830651105V

General Practitioner	
Name	Dr CJ [redacted]
Address	Wester Hailes Health Centre 7 Murrayburn Gate Edinburgh EH14 2SS

PATIENT INFORMATION	
Surname	McGuffog
Forenames	Eleanor, Durie
Address	33/7 Barn Park Edinburgh Midlothian
Post Code	EH14 3HX
Telephone	0131 478 4165
D.O.B.	12/04/1971
Age	37
Sex	Female
Contact Address	Zdrojewski, [redacted] 1/1 Murrayburn Gardens Edinburgh Midlothian EH14 2QB
Telephone Number	442-1390 H W

Date and Time of Attendance	17/10/2008 16:28
Mode of Arrival	Private Transport
Source of Referral	General Practitioner

CLINICAL NOTES

CHI: 1204711321

37yo female tripped and fell down stairs wedging her R foot and ankle. Seen by GP on 15 October who advised her to attend A&E for x-rays. Did not find time to do so over last 2 days but now attends c/o painful R foot and ankle. Denies HI or LOC. Denies neck pain, back pain or C-spine tenderness.

PMH: Nil.
 DH: DF 118, Amitriptyline, Temazepam.
 NKDA

OE: A&O x3, W&WP, walking in with a slight hobble, fully able to WB.
 Systemically well. [redacted] (who is a child) present throughout consultation.
 L hip - NAD, FROM.
 L quads - tender lateral aspect, no bruising or swelling.
 No BT hip.
 L knee - NAD, FROM, SLR normal, no fibula head tenderness.
 L calf - SNT, AT intact.
 L ankle/foot/toes - NAD, FROM, NVI distally.
 R hip - NAD.
 R knee - NAD, FROM, SLR normal, no fibula head tenderness.
 R calf - SNT, AT intact.
 R ankle - tender and swollen over LM and MM. Old bruising noted.
 R foot - tender over talus and MT 4&5.
 Toes - NAD, FROM, NVID.

XR: R foot and ankle - NBI.

IMP: STI, sprain, reduced weight bearing.

PLAN: DTG, [redacted] 48 hours, gentle MICE, own analgesia, verbal and written advice.
 If problems or worsening see GP or return to A&E.

MM

[redacted] H Kunkel Nurse Practitioner

27 OCT 2008

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WESTER HAILES MEDICAL PRACTICE

Dr [REDACTED] J N DREWITT BSc PhD MB ChB
Dr [REDACTED] J [REDACTED] MB ChB FFARCS
Dr MARTE M COWELL MB ChB MRCGP
Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
Dr [REDACTED] MAGEE MB BCh MRCGP
Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP

Practice Manager & PMS Project Manager:
[REDACTED] [REDACTED]

Our Ref: PC/GC

04 December 2008

Miss L [REDACTED]
Consultant Neurosurgeon
Department of Clinical Neurosciences
Western General Hospital
Crewe Road
EDINBURGH

Dear Miss [REDACTED]

Eleanor McGuffog - DOB 12/04/1971
33-7 Barn Park Crescent EDINBURGH EH14 3HX

The above patient was due to attend DCN for carpal tunnel decompression in August 2008. She did not attend, stating that she never received any appointment. I would have to say given the state of our postal service in this area, this is entirely plausible.

Her problems are essentially the same as documented in my colleague's letter to you in May 2008 – which I attach for your convenience.

Mrs McGuffog knows to liaise with the surgery here to check if any appointment has been issued, if she does not receive one through the postal service.

I append past medical history and current medication for your information.

Many thanks for your help.

Yours sincerely

Dr [REDACTED] Cairns
Enc

WESTER HAILES HEALTH CENTRE

7 Murrayburn Gate Edinburgh EH14 2SS
Tel: 0131 537 7300 (Administration)
Tel: 0131 537 7070 (Appointments)
Fax: 0131 537 7337

Also consulting at:
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380 Calder Road EH11 4AU

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From: lothianoutofhours@lothian.scot.nhs.uk
 Sent: 12 May 2009 05:03
 To: Clinical s70978
 Subject: Call #20531 11-May-2009

 Call #: 20531

Received NHS24: 11-May-2009 20:19

Full cover

Patient's Name: Eleanor Mcguffog
 Community Health Index Number: 1204711321
 Date of birth: 12-Apr-1971 (Age: 38 years)
 Sex: Female
 Home Address: 33/7 Barn Park

| Received PCES: 20:36
 | Passed : __: __
 | Advised: __: __

Edinburgh EH14 3HX (NT:201 694)

Current Address:

()
 Tel No: 0131 466 0312 Origin: NHS24 | Arrived : __: __
 Urgency: Within 4 Hours Type: NHS24 Nurse Ad | Departed: __: __
 Consulted by: Own Doctor: ████████ S

 Message received:

TAKEN 40 DF TABLETS 30 MINS AGO

 NHS24 Consultation Begin: 11-May-2009 20:35
 NHS24 Consultation End: 11-May-2009 20:35
 NHS24 Consultation by: Triage Nurse (Nurse Advisor) (Glasgow)

 NHS24 Clinical Summary:

Clinical summary created: 11-May-2009
 dvisor) (Glasgow) [11/05/2009 20:34:12]
 OVERDOSE DF118 FOR UNKNOWN AND DELIBERATE OVERDOSE NO PREV HISTORY OF SAME 30
 DF118 + FURTHER 10 DF118 ? CONCIOUS LEVEL DROPPING 999 AMBULANCE

PT WOULD NOT COME TO THE PHONE. CONSENT NOT ASKED. ((Non-Clinical User)
 (Edinburgh))

NHS24 Outcome : 999 contacted. For information only

 Advised: 20:35 Advised by: Triage Nurse (Nurse Advisor)-----
 Time of Visit/Base: 20:35 Consulting Doctor:-----
 Past Medical History:-----
 Current Problem History:-----
 Examination:-----
 Outcome:

Final Treatment:

Prescriptions:

UCS Outcome:

Followups:

Patient's Name: Eleanor McGuffog

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Directorate of
Accident and Emergency Medicine
LOTHIAN HOSPITALS NHS TRUST
THE ROYAL INFIRMARY OF EDINBURGH
Old Dalkeith Road,
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344

Consultants:

Clinical Lead: Dr. A. [REDACTED]

A/E no. E1480393

Clinical Nurse Manager:
Mrs. A. Donaldson

Previous no. E1348119

UHPI no. 830651105V

General Practitioner		PATIENT INFORMATION	
Name	Dr CJ [REDACTED]	Surname	McGuffog
Address	Wester Hailes Health Centre 7 Murrayburn Gate Edinburgh EH14 2SS	Forenames	Eleanor, Durie
Date and Time of Attendance	11/05/2009 21:39	Address	33/7 Barn Park Edinburgh Midlothian
Mode of Arrival	Emergency Ambulance	Post Code	EH14 3HX
Source of Referral	NHS 24	Telephone	0131 478 4165
Contact	Zdrojewski, [REDACTED]	D.O.B.	12/04/1971
Address	1/1 Murrayburn Gardens Edinburgh Midlothian EH14 2QB	Age	38
Telephone Number	H 442-1390 W	Sex	Female

CLINICAL NOTES

CHI: 1204711321

38 y/o female

PC: Impulsive OD tonight of 30x dihydrocodeine at 19:00. No EtOH. Took tablets after having an argument by her [REDACTED] and was told that she had to leave the [REDACTED]. Has been otherwise well since. No vomiting.

OE: Appears well. Comfortable and undistressed. GCS 15. Obs normal.

IMP: Impulsive OD of dihydrocodeine. Now 4 hrs post OD.
Discussed with psych, who agreed to review patient (see below)
For discharge home tonight and follow up with GP.

kh

Psych Review

BIBA which was called by her [REDACTED] took an OD of her prescribed Dihydrocodeine. She states that her [REDACTED] has given her until Friday this week to move out. She claims that the relationship has been difficult for several weeks since she challenged her [REDACTED] on her suspicions that he was having an affair. She claims to have heard a telephone conversation that left her in no doubt that he was seeing a 16 year old girl. She reports that he has since been violent and threatening to her, on one occasion threatening her with a Samuri sword and another time assaulting her in front of their 8 year old [REDACTED]. She tells me that he assaulted her again tonight.

Social Circumstances:

Eleanor [REDACTED] her [REDACTED] of 18 years and her 3 boys aged 16, 15 and 8 years old. They [REDACTED] a private let tenancy that is in her [REDACTED] name and that his friend is the landlord. Her [REDACTED] is unemployed but she works PT as a cleaner at Heriot Watt Uni, this is a temporary job and the contract is up soon. She admits that they are stretched financially. Eleanor [REDACTED] has passed away, her [REDACTED] Leith and she has contact with him. She has 2 [REDACTED] on that she doesn't get on with and another who on occasion stays with Eleanor but has recently moved in with their [REDACTED] due to the relationship difficulties Eleanor has been having recently.

Psych Hx

She admits to taking an OD 15 years ago but has never had any psych contact. She denies illicit drug use but admits to buying valium on occasion to help her cope, she denies this recently. She states she rarely drinks alcohol.

MSE

Small lady with very short hair, several front teeth missing due to dental treatment. Evidence of self care. Initially distressed but relaxed as time passes. Good eye contact, speech normal in all modalities. No evidence of FTD. Mood subj, states her mood was fine until her [REDACTED] decided to throw her out. Obj she had a reactive affect but was tearful. She did not have any biological

Page 1 of 2

NHS Confidential: Personal data about a patient

Directorate of
 Accident and Emergency Medicine
 LOTHIAN HOSPITALS NHS TRUST
 THE ROYAL INFIRMARY OF EDINBURGH
 Old Dalkeith Road,
 Edinburgh EH16 4SU
 Telephone: 0131 242 1300
 Fax: 0131 242 1344

Consultants:
 Clinical Lead: Dr. A. [REDACTED] **A/E no.** E1480393
 Clinical Nurse Manager: Mrs. A. Donaldson **Previous no.** E1348119
UHPI no. 830651105V

General Practitioner	
Name	Dr CJ [REDACTED]
Address	Wester Hailes Health Centre 7 Murrayburn Gate Edinburgh EH14 2SS

PATIENT INFORMATION	
Surname	McGuffog
Forenames	Eleanor, Durie
Address	33/7 Barn Park Edinburgh Midlothian
Post Code	EH14 3HX
Telephone	0131 478 4165
D.O.B.	12/04/1971
Age	38
Sex	Female
Contact	Zdrojewski, [REDACTED]
Address	1/1 Murrayburn Gardens Edinburgh Midlothian EH14 2QB
Telephone Number	H 442-1390 W

Date and Time of Attendance	11/05/2009 21:39
Mode of Arrival	Emergency Ambulance
Source of Referral	NHS 24

CLINICAL NOTES

symptoms of depression. There was no evidence of perceptual abnormalities. She was orientated to TPP.

Risk

One previous OD as stated 15 years ago. Eleanor stated that without "her man" there was no point in going on and that she would be as well being dead. She stated she didn't want to be here without him. She however did not have ongoing suicide intent tonight and began speaking about practical things she had to do if he wasn't going to take her back.

Imp/Plan

Impulsive OD in the context of relationship breakdown. No evidence of Mental Illness. I do think that there is some risk of further OD/DSH if the relationship does not go the way she would like it to however she decided after speaking to her [REDACTED] on the phone that she would go back there tonight.

I gave her contact details of Womens Aid and advised her to seek legal guidance as well as contacting the housing dept if indeed she had nowhere to go from Friday.

I discussed her with Emergency SW who will also be receiving a report from the Police who turned up at her [REDACTED] with the ambulance.

DC when medically fit. I did not see a role for further Psych contact.

[REDACTED] Darge RMN
 MHAS

Dr [REDACTED] McGarry Doctor

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WESTER HAILES MEDICAL PRACTICE

Dr [REDACTED] J N DREWITT BSc PhD MB ChB
Dr MARTE M COWELL MB ChB MRCGP
Dr [REDACTED] N E CAIRNS BSc MB ChB MRCGP DRCOG DCH
Dr [REDACTED] MAGEE MB BCh MRCGP
Dr SINEAID [REDACTED] BSc MB ChB DRCOG MRCGP
Dr DEIRDRE BRANAGAN MB BCh DCH DFFP MRCGP
Dr [REDACTED] G [REDACTED] MBChB MRCGP DRCOG DFFP

Practice Manager & PMS Project Manager:
[REDACTED] [REDACTED]

Our Ref: SS/JF

Typed : 01 June 2009
Dictated : 25 May 2009

Wester Hailes Health Agency
40 Dumbryden Drive
Edinburgh
EH14 2QR

Dear Colleagues

Eleanor McGuffog - DOB 12/04/1971
14, 4-1, Bingham Way, EDINBURGH EH
Tel : 0759 881 3516

I would be grateful for your support in the form of counselling for this lady who has found herself homeless.

Her [REDACTED] of 18 years has been having a relationship with a 16 year old girl and has thrown her out, leaving her alone in temporary accommodation in Bingham.

She is trying to become homed back in the Wester Hailes area so she will be near to her children who do want to be in contact but obviously who cannot [REDACTED] [REDACTED] her at the moment.

Eleanor has had ongoing problems with bilateral Carpal Tunnel and wrist pain, and uses Dihydrocodeine for this.

She has also had problems with her mood in the past and finds herself at this time of crisis struggling to cope.

She is not suicidal but will clearly require some form of psychological support during this difficult time.

Thanks for your time and help.

Yours sincerely

Dr [REDACTED] [REDACTED]

WESTER HAILES HEALTH CENTRE

7 Murrayburn Gate Edinburgh EH14 2SS
Tel: 0131 537 7070
Tel: 0131-537 7300
Fax: 0131 537 7337

Also consulting at:

SIGHTHILL HEALTH CENTRE
380 Calder Road EH11 4AU

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REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO	
Edinburgh - Westerhailes Health Centre R5SK L Physiotherapy	
AHP - Physiotherapy (S014G) NHS Lothian	
Urgency of referral	Routine
Date of referral	09-Feb-2010
Date submitted	10-Feb-2010

PATIENT DETAILS		Address
Surname	McGuffog	36 Park Head Loan EDINBURGH EH11 4SL
Forename(s)	Eleanor	
Title	Miss <input type="checkbox"/> Sex <input type="checkbox"/> Female <input type="checkbox"/>	
Date of birth	12-Apr-1971	
CHI no.	1204711321	
Previous Surname		
		Contact number(s)
		Voice : 07598813516

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. █████ Magee	7 MURRAYBURN GATE EDINBURGH EH14 2SS
GMC code	4514536 GP code 45152	
Practice name	WESTER HAILES HEALTH CENTRE (70978)	
Practice code	70978	
		Contact number(s)
		Voice : 0131 537 7300

CLINICAL INFORMATION*History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: PAIN IN THE LUMBAR AREA AFTER FALL

Comment: Dear [REDACTED]

I would be grateful if you could see this 38 year old lady who fell on the ice at christmas. She landed on her lumbar area and reports that she has been having ongoing pain since then. She is tender generally over her lumbar musculature. She reports that the pain is not responding to Dihydrocodeine but she has been using this for a while and perhaps it is slightly less effective. I would be grateful if you could arrange to see her. She saw physiotherapy in the past for help with sciatica.

Dr [REDACTED] Magee

BM/GC

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Has the patient Severe unremitting pain? :	true	
Time since onset? (Weeks) :	6-12	

[REDACTED] for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

*Past medical history***Pre-existing conditions** (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[X]Intentional self-harm			14-Jul-2005	14-Jul-2005
Neurotic depression reactive type				14-Jul-2005
History of sexual abuse				14-Jul-2005

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Clarithromycin	05.01.05.0	TABS 250MG	1 Tab	Twice daily	08-Feb-2010		08-Feb-2010
Ibuprofen	10.03.02.0	GEL 10%	Apply	Twice daily	08-Feb-2010		08-Feb-2010
Dihydrocodeine Tartrate	04.07.02.0	TABS 30MG	2 Tabs tid	disp fortnightly	30-Dec-2009		30-Dec-2009
Amitriptyline Hydrochloride	04.03.01.0	TABS 50MG	1 Tab nocte	disp fortnightly	30-Dec-2009		30-Dec-2009
Citalopram	04.03.03.0	TABS 20MG	2 tab daily	disp fortnightly	30-Dec-2009		30-Dec-2009
Diazepam	04.01.02.0	TABS 2MG	1 Tab	Daily	19-Nov-2009		19-Nov-2009

Additional relevant information

Smoking history (Screening): Moderate smoker - 10-19 cigs/d , Date recorded: 1-Sep-1999

Smoking history (Encounters): Current smoker , Date recorded: 30-Jul-2008

Exercise history (Encounters): Exercise grading , Date recorded: 1-Sep-1999

Patient Weight in Kilograms:60

Patient Height in Metres:1.6

Patient BMI:23.44

Patient Blood Pressure (Systolic):110

Patient Blood Pressure (Diastolic):70

Signature of referring doctor (or other professional)

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LOTHIAN [REDACTED] N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCGUFFOG, ELEANOR UPI: 1204711321 CHI: 1204711321
 DOB: 12/04/1971 SEX: F CONSULTANT/GP: Dr DJN Drewitt
 SOURCE: Westerhailes Health Centre SENDER:

CLINICAL DETAILS:

Collection Date/Time HB419893J
 08/06/2009 14:50

Urine Drugs of Abuse Screen

Urine Amphetamine Negative
 Urine Benzos Positive (a)
 Urine Cocaine Met. Negative
 Urine Methadone Met Negative
 Urine Opiates Positive

(a) Cannabis has been dropped from the drug screen. Cannabis is available by specific request.

Unless otherwise indicated, the above reports are unconfirmed analyses. Confirmatory tests are essential as a follow-up to positive results, if there is a possibility of serious implications for the patient.

12 JUN 2009

DATE PRINTED: 11/06/2009
 TIME PRINTED: 12:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
 T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
 Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

Hospitals Division



WESTERN GENERAL HOSPITAL, CREWE ROAD, EDINBURGH, EH4 2XU.
Women and Children's Services & Department of Clinical Neurosciences
*Direct Line: 0131 537 2178 Fax: 0131 537 1134

Consultant Neurosurgeons
Professor I R Whittle
Mr T [redacted]
Mr J [redacted]

Miss L [redacted]
Mr P F X Statham
Mr M Fitzpatrick
Mr I P Fouyas

Clinical Director for Clinical Neurosciences
Dr CJ Mumford
Directorate Assistant
[redacted] McGowan

Head of Service for Clinical Neurosciences
[redacted]
Chief Nurse for Clinical Neurosciences
[redacted]
Clinical Nurse Manager for Clinical Neurosciences
Dawn [redacted]

Dr [redacted]
Wester Hailes Health Centre
7 Murrayburn Gate
Edinburgh
EH14 2SS

LM/JM/830651105V

Dictated: 25th June 2009
Typed: 1st July 2009

Dear Dr [redacted]

Eleanor MCGUFFOG, 33/7 Barn Park, Edinburgh, EH14 3HX - DOB: 12.04.71

Mrs McGuffog failed to turn up for her carpal tunnel operation on 2nd June 2009. As you know she cancelled a surgical date on 5th May and on 24th February. Given that she has not been in touch with the Department on this occasion I have not arranged to send her another appointment.

Yours sincerely,

Miss [redacted]
Consultant Neurosurgeon

03 JUL 2009

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NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

02546
 Dr [REDACTED]
 7 MURRAYBURN GATE
 EDINBURGH
 EH14 2SS

Your reference is NW716436B
 Please tell us this number
 if you get in touch with us

Bathgate BDC
 Cultins Road
 Edinburgh
 EH91 5BA

Phone 0845 6088630
 TEXTPHONE for the deaf/hard of
 hearing ONLY 0845 6088636

Date 18 July 2009

Dear Doctor [REDACTED]

Work Capability Assessment Outcome Notification

Patients Name Miss E D Mcguffog
 Patients Address 14 /4/1 Bingham Way
 Edinburgh
 EH15 3NW

Patients D.O.B : 12 April 1971

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 12 July 2009

We have decided that your patient is capable of work from and including 12 July 2009.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

[REDACTED] Rennie

Manager

22 JUL 2009

4165/0640

Page 01 of 01

NHS Confidential: Personal data about a patient



Employment and Support Allowance

Part of the Department for Work and Pensions

JOBCENTRE PLUS
BATHGATE BDC
CULTINS ROAD
EDINBURGH
EH91 5BA
0845 6088630

22 JUL 2009

DR A [REDACTED]
7 MURRAYBURN GATE
EDINBURGH
EH14 2SS

Our direct dial number is

Code 0845	Number 608 8630
-----------	-----------------

Textphone users with speech or hearing difficulties call

Code	Number
------	--------

If you get in touch with us, tell us this reference number

NW716436B

Date

18 / 07 / 2009

Limited capability for work assessment

Dear Doctor

Patient's name

MISS ELEANOR MCGUFFOG

Address

[REDACTED] 4/1
14 BINGHAM WAY
EDINBURGH
EH15 3NW

Date of birth

12 / 04 / 1971

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Limited Capability for Work Assessment.

We decided that your patient is capable of work from 12 / 07 / 2009. This is based on

a medical assessment was arranged and your patient attended on [REDACTED] 12/07/2009

medical information you provided

information your patient gave us.

This means you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes. But you may have to give your patient new medical certificates if

- they decide to appeal against our decision
- their condition gets significantly worse
- they have a new medical condition.

We have sent your patient a summary of the Limited Capability for Work Assessment.

Yours sincerely



for the manager

ESA65B 10/08

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NHS Confidential: Personal data about a patient

Wester Hailes Health Agency
promoting health in Wester Hailes

Dr [REDACTED]
Wester Hailes Health Centre
7, Murrayburn Gate
Edinburgh
EH14 2SS

8th June 2009

Dear Dr [REDACTED]

Eleanor Mc Guffog DOB 12/04/1971
14, 4-1 Bingham Way Edinburgh EH15 3NW

I refer to your letter dated the 1st June regarding your above named patient. We have written to Eleanor to offer her an initial contact appointment with myself to discuss the use of our counselling service. The appointment is for Monday 22nd June at 2pm.

Yours sincerely

[Handwritten Signature]

[REDACTED]
Manager

09 JUN 2009

40 Dumbryden Drive, Edinburgh EH14 2QR
Telephone: 0131-458 3080 Fax: 0131-453 4890

The Health Agency, trading as the Wester Hailes Health Agency, is a company limited by guarantee, registered in Scotland No. 181430 and a Registered [REDACTED] in Scotland No. 27773

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From: lothianoutofhours@lothian.scot.nhs.uk
 Sent: 09 August 2010 03:19
 To: Clinical s70978
 Subject: Call #97439 08-Aug-2010

 Call #: 97439 Received NHS24: 08-Aug-2010 14:53
 Full cover

Patient's Name: Eleanor Mcguffog
 Community Health Index Number: 1204711321
 Date of birth: 12-Apr-1971 (Age: 39 years)
 Sex: Female
 Home Address: 36 Parkhead Loan

| Received PCES: 15:21
 | Passed : 15:23
 | Advised: 16:34

Edinburgh EH11 4SL (NT:206 708)
 Current Address:

()
 Tel No: 0131 443 7360 Origin: NHS24 | Arrived : _ : _
 Urgency: Within 60 Mins Type: Doctor Advice | Departed: _ : _
 Consulted by: Dickson, T Own Doctor: [REDACTED] S

 Message received:

CAN HARDLY WALK - TINGLY FEELINGS DOWN LEGS DUE TO NOT HAVING MEDICATION FOR 4 DAYS. CANT COPE. ((Non-Clinical User) (Aberdeen))

OUT OF DIHYDROCODIENE TABLETS. HAS NOT HAD FOR 4 DAYS. HAS OTHER MEDS. REPEAT PRESCRIPTION FORTNIGHTLY. HAS USED ALL MEDS THAT WAS SUPPOSED TO LAST TILL FRIDAY WHEN SHE IS DUE TO COLLECT HER NEXT SUPPLY OF DRUGS. ((Non-Clinical User) (Aberdeen))

CALL CAME IN THROUGH HELPLINE. CALLER STATED ELEANOR SUICIDAL AS OUT OF MEDS. CALLED ELEANOR TO CREATE CALL RECORD AND PUT THR

 NHS24 Consultation Begin: 08-Aug-2010 14:56
 NHS24 Consultation End: 08-Aug-2010 15:21
 NHS24 Consultation by: Dickson, T

 NHS24 Clinical Summary:

Clinical summary created: 08-Aug-2010
 dvisor) (Glasgow) [08/08/2010 15:21:13]
 REQUESTING DHC FOR N/A AND PT REPORTS BEING PRESCRIBED 30MGS DHC (TWO TAKEN TID) FOR PAST 5 YEARS FOR GENERAL ACHES & PAIN. STATES SHE USUALLY HAS TO GO WITHOUT DHC FOR A DAY OR TWO AS SHE TAKES OVER PRESCRIBED AMOUNT. NOW BEEN WITHOUT DHC FOR 4/7 & FEELS SWEATY, DISRUPTED SLEEP PATTERN & ANXIOUS. STATES SHE FEELS SUICIDAL WITHOUT DHC. PREVIOUS OVERDOSE LAST YEAR. HAS 10 YEAR OLD CHILD WITH HER- D/W T/L J McG- CHILD PROTECTION FORM WILL BE COMPLETED. SPEAK TO GP 1

Clinical summary created: 08-Aug-2010
 HR.

CAN HARDLY WALK - TINGLY FEELINGS DOWN LEGS DUE TO NOT HAVING MEDICATION FOR

4 DAYS. CANT COPE. ((Non-Clinical User) (Aberdeen))

OUT OF DIHYDROCODIENE TABLETS. HAS NOT HAD FOR 4 DAYS. HAS OTHER MEDS.
REPEAT PRESCRIPTION FORTNIGHTLY. HAS USED ALL MEDS THAT WAS SUPPOSED TO LAST
TILL FRIDAY WHEN SHE IS DUE TO COLLECT HER NEXT SUPPLY OF DRUGS. (
(Non-Clinical User) (Aberdeen))

CALL CAME IN THROUGH HELPLINE. CALLER STATED ELEANOR SUICIDAL AS OUT OF
MEDS. CALLED ELEANOR TO CREATE CALL RECORD AND PUT THRO TO NHS24. (
(Non-Clinical User) (Aberdeen))

NHS24 Outcome : Dr to phone patient within 1 Hr

Advised: 16:34 Advised by: Dickson, T

Time of Visit/Base: 16:34 Consulting Doctor:

Past Medical History:
DEPRESSION
BACK ACHE

Current Problem History:
First number unobtainable
second number answering machine
Message left on third attempt asking to call back if still requiring advice
as unable to contact

Examination:

Outcome:

Clinical code: zV6.. ([V]other reasons for encounter)

Final Treatment:

Prescriptions:

UCS Outcome:

Followups:

Patient's Name: Eleanor Mcguffog

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From: lothianoutofhours@lothian.scot.nhs.uk
 Sent: 09 August 2010 03:19
 To: Clinical s70978
 Subject: Call #97533 08-Aug-2010

 Call #: 97533

Received NHS24: 08-Aug-2010 17:34

Full cover

Patient's Name: Eleanor Mcguffog
 Community Health Index Number: 1204711321
 Date of birth: 12-Apr-1971 (Age: 39 years)
 Sex: Female
 Home Address: 36 Parkhead Loan

| Received PCES: 17:36
 | Passed : 17:37
 | Advised: 17:57

Edinburgh EH11 4SL (NT:206 708)

Current Address:

()
 Tel No: 07521 234266 Origin: NHS24 | Arrived : _:_
 Urgency: Within 60 Mins Type: Doctor Advice | Departed: _:_
 Consulted by: Dickson, T Own Doctor: [REDACTED] S

 Message received:

ORIGINAL CALL CLOSED AT GP AS HE WAS UNABLE TO GET IN CONTACT WITH PATIENT. (Other Clinical User) (Glasgow)

 SUICIDAL 1 DAY

Clinical summary created by: (Other Clinical User) (Glasgow) [08/08/2010 17:37:00]

SUICIDAL FOR 1 DAY AND PT REPORTS BEING PRESCRIBED 30MGS DHC (TWO TAKEN TID) FOR PAST 5 YEARS FOR GENERAL ACHES & PAIN. STATES SHE USUALLY HAS TO GO WITHOUT DHC FOR A DAY OR TWO AS SHE TAKES OVER PRESCRIBED AMOUNT. NOW BEEN WITHOUT DHC FOR 4/7 & FEELS SWEATY, DISRUPTED SLEEP PATTERN & ANXIOUS

 NHS24 Consultation Begin: 08-Aug-2010 17:37
 NHS24 Consultation End: 08-Aug-2010 17:37
 NHS24 Consultation by: Dickson, T

 NHS24 Clinical Summary:

Clinical summary created: 08-Aug-2010
 Clinical User) (Glasgow) [08/08/2010 17:37:00]
 SUICIDAL FOR 1 DAY AND PT REPORTS BEING PRESCRIBED 30MGS DHC (TWO TAKEN TID) FOR PAST 5 YEARS FOR GENERAL ACHES & PAIN. STATES SHE USUALLY HAS TO GO WITHOUT DHC FOR A DAY OR TWO AS SHE TAKES OVER PRESCRIBED AMOUNT. NOW BEEN WITHOUT DHC FOR 4/7 & FEELS SWEATY, DISRUPTED SLEEP PATTERN & ANXIOUS. STATES SHE FEELS SUICIDAL WITHOUT DHC. PREVIOUS OVERDOSE LAST YEAR. HAS 10 YEAR OLD CHILD WITH HER- D/W T/L J McG- CHILD PROTECTION FORM WILL BE COMPLETED. SPEAK TO GP

Clinical summary created: 08-Aug-2010
 1HR.

ORIGINAL CALL CLOSED AT GP AS HE WAS UNABLE TO GET IN CONTACT WITH PATIENT. (Other Clinical User) (Glasgow)

NHS24 Outcome : Dr to phone patient within 1 Hr

Advised: 17:57 Advised by: Dickson, T

Time of Visit/Base: 17:57 Consulting Doctor:

Past Medical History:
DEPRESSION
BACK ACHE

Current Problem History:
Has run out of medication - got two days early and has used extra - beenn
without for 4 days
says feelin sweaty and unwell
Advised we are unable to replace medication. Not happy with this
Advised to see own GP ? for daily dispense
Hung up on me

Examination:

Outcome:

Clinical code: 8B3H. (Medication requested)

Final Treatment:

Prescriptions:

UCS Outcome:

Followups:

Patient's Name: Eleanor Mcguffog

NHS Confidential: Personal data about a patient

Wester Hailes Health Centre
7 Murrayburn Gate
EDINBURGH EH14 2SS
Tel: 0131 537 7317 Fax: 0131 537 7337



Community Physiotherapy Service

Date: 17/1/10


To: Dr Magee
W H C

PATIENT'S NAME: Aileen McGuffog CHI/DOB 1204711321
ADDRESS: 36 Porthead Loan

A letter has been sent to the above patient asking him/her to contact the department for an initial appointment.

There has been no contact made so he/she has been discharged.

Yours sincerely


Swann
Senior Physiotherapist

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Breast L Breast - Urgent
Urgency of referral	Urgent
Date of referral	15/06/2012
Date submitted	15/06/2012
UCPN	1010037731640

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	21 SIGHTHILL PLACE	Voice(Home) : 07521234266
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH11 4PF	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR [REDACTED] SWEENEY (GMC: 6097519)	7 MURRAYBURN GATE
Practice:	WESTER HAILES HEALTH CENTRE (70978)	EDINBURGH
Phone:	Voice : 0131 537 7300	EH14 2SS

CLINICAL INFORMATION

Reason for Referral: BREAST LESION

Main Referral: Dear Doctor

Text: I would be grateful for your review of this 40 year old peri-menopausal female. She presents with a one month history of left breast discomfort. This is not associated with any pain, lumps or discharge. She is not on any hormonal contraception. Of note her [REDACTED] had breast cancer a year ago.

Examination of her right breast was unremarkable. Examination of her left breast revealed a less than 1cm lump at 12 o'clock. This is mobile and feels benign. There is no axilla lymphadenopathy.

In view of her family history I would be grateful if you would exclude a malignant cause for this lesion.

Many thanks for your help in the management of this patient.

Kind regards,

Dr [REDACTED] Sweeney
(GP Locum)

JS/GC

Examinations and Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Other evidence of cancer :	true	
Main Lesion :	Left Breast	
Main Lesion :	12 o'clock position	
Main Lesion :	0-1cm size	
Main Lesion :	(AXILLARY NODES NOT SPECIFIED)	
Other Lesion :	(BREAST NOT SPECIFIED)	
Other Lesion :	(POSITION NOT SPECIFIED)	
Other Lesion :	(SIZE NOT SPECIFIED)	

Other Lesion : (AXILLARY NODES NOT SPECIFIED)
 Duration : 1-2 months
 Previous Breast History : Not Known
 Menopausal Status : Peri

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
White Scottish			01/07/2010	01/07/2010
[X]Intentional self-harm			14/07/2005	14/07/2005
Neurotic (reactive) depression			14/07/2005	14/07/2005
History of sexual abuse			14/07/2005	14/07/2005
Patient reg. form sent to HB			31/08/1999	31/08/1999
Patient de-reg.- GP22 from HB			31/08/1999	31/08/1999

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
DIHYDROCODEINE tabs 30mg	tablet	8 DAILY		14/06/2012		14/06/2012
MIRTAZAPINE tabs 45mg	tablet	TAKE ONE AT NIGHT		14/06/2012		14/06/2012
AMITRIPTYLINE HCl tabs 50mg	tablet	2 TABS NOCTE		14/06/2012		14/06/2012
PARACETAMOL tabs 500mg	tablet	2 TABS EVERY 4 TO 6 HOURS		18/05/2012		18/05/2012
MIRTAZAPINE tabs 45mg	tablet	TAKE ONE AT NIGHT		18/05/2012		18/05/2012
MIRTAZAPINE tabs 45mg	tablet	TAKE ONE AT NIGHT		20/04/2012		20/04/2012
DIHYDROCODEINE tabs 30mg	tablet	8 DAILY		20/04/2012		20/04/2012
AMITRIPTYLINE HCl tabs 50mg	tablet	2 TABS NOCTE		20/04/2012		20/04/2012
MIRTAZAPINE tabs 30mg	tablet	TAKE ONE AT NIGHT		05/04/2012		05/04/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:8-Apr-2010
 Exercise history (Encounters):Exercise grading Date recorded:1-Sep-1999
 Patient Weight in Kilograms:60
 Patient Height in Metres:1.6

NHS Confidential: Personal data about a patient

LOTHIAN N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: MCGUFFOG, ELEANOR		UPI: 1204711321		CHI: 1204711321	
DOB: 12/04/1971		SEX: F		CONSULTANT/GP: Dr MM Cowell	
SOURCE: Westerhailes Health Centre		SENDER:			
CLINICAL DETAILS: No clinical details on request					
		14/05/07	14/05/07	14/05/07	12/01/11
		10:20	10:20	12:20	09:30
		HB678793	HB678795	HB678794	HB872983
		Blood	Blood	Blood	Blood
Urea	mmol/L	2.5-6.6			4.6
Creatinine	mmol/L	60-120			58
eGFR (/1.73m2)	ml/min				>60
Sodium	mmol/L	135-145			139
Potassium	mmol/L	3.6-5.0			3.7
Glucose	mmol/L		4.7	4.4	4.4
Glucose spec.	type		GTT0	FASTED	RANDOM
Bilirubin	umol/L	3-16			6
ALT	U/L	10-50			19
Alk.Phos	U/L	40-125			73
GGT	U/L	5-35			25
Cholesterol	mmol/L				5.0
Triglyceride	mmol/L	0.8-2.1			1.8
HDL Chol.	mmol/L	1.1-1.7			1.2
LDL Chol.	mmol/L				3.0
Chol:HDL Ratio					4.2
HbA1c (DCCT)	%Total Hb5	0-6.5	5.2		

COMMENTS:

13 JAN 2011

DATE PRINTED: 12/01/2011
TIME PRINTED: 19:18

INDEX OF COMMENT CODES

HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Result to Follow	TL Too late for satisfactory analysis	TC Test cancelled	SB See comment below	

Results outwith the reference range are highlighted in BOLD

NHS Lothian- Referral Letter

Referral To	St [REDACTED] Hospital Plastic Surgery L Carpal Tunnel
Urgency of referral	Routine
Date of referral	19/03/2012
Date submitted	19/03/2012
UCPN	101003353017X

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	21 SIGHTHILL PLACE	Voice(Home) : 07521234266
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH11 4PF	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR [REDACTED] CALLAGHAN (GMC: 6057341)	7 MURRAYBURN GATE
Practice:	WESTER HAILES HEALTH CENTRE	EDINBURGH
Phone:	Voice : 0131 537 7300	EH14 2SS

CLINICAL INFORMATION

Reason for Referral:	CARPAL TUNNEL SYNDROME LEFT SIDE					
Main Referral Text:	Dear Doctor I am writing regarding this patient who is complaining of paraesthesia and weakness in the median nerve distribution of her left hand. This is worse at night and is relieved by shaking her hand. On examination Tinel's test is positive. She had previous surgery to the right wrist for carpal tunnel syndrome with good results and she is keen to have the same surgery on the left side if possible. Thank you for seeing her. Dr [REDACTED] Callaghan (GP Locum) GC/GC					
Pre-existing conditions (High & Medium Priority)						
Description	Modifier	Extension	Start Date	Date Recorded		
White Scottish			01/07/2010	01/07/2010		
[X]Intentional self-harm			14/07/2005	14/07/2005		
Neurotic (reactive) depression			14/07/2005	14/07/2005		
History of sexual abuse			14/07/2005	14/07/2005		
Patient reg. form sent to HB			31/08/1999	31/08/1999		
Patient de-reg.- GP22 from HB			31/08/1999	31/08/1999		
Recent medication (Any medication issued within last 90 days not shown above)						
Drug name	Formulation	Dosage	Frequency	Course	Duration	Last Prescribed

			started	Date
NICOTINELL 30 TTS patch 21mg/24 hours	patch	USE DAILY	09/03/2012	09/03/2012
MIRTAZAPINE tabs 30mg	tablet	TAKE ONE AT NIGHT	09/03/2012	09/03/2012
MIRTAZAPINE tabs 15mg	tablet	1 TABLET(S) AT NIGHT FOR 1 WE[more]	24/02/2012	24/02/2012
SERTRALINE tabs 50mg	tablet	1 TABLET(S) EVERY DAY	24/02/2012	24/02/2012
AMITRIPTYLINE HCl tabs 50mg	tablet	2 TABS NOCTE	24/02/2012	24/02/2012
DIHYDROCODEINE tabs 30mg	tablet	8 DAILY	24/02/2012	24/02/2012
DIHYDROCODEINE tabs 30mg	tablet	8 DAILY	20/12/2011	20/12/2011
AMITRIPTYLINE HCl tabs 50mg	tablet	2 TABS NOCTE	20/12/2011	20/12/2011
SERTRALINE tabs 100mg	tablet	1 DAILY	20/12/2011	20/12/2011

Additional information
Smoking history (Encounters):Current smoker Date recorded:8-Apr-2010
Exercise history (Encounters):Exercise grading Date recorded:1-Sep-1999
Patient Weight in Kilograms:60
Patient Height in Metres:1.6

NHS Confidential: Personal data about a patient

Department of Laboratory Medicine Haematology, RIE

PATIENT: MCGUFFOG, ELEANOR PIN: 1204711321 CHI: 1204711321
 DOB: 12/04/1971 SEX: F CONSULTANT/GP: Dr MM Cowell
 SOURCE: Westerhailes Health Centre SENDER:

CLINICAL DETAILS:
No clinical details on request

DATE	30/05/00	19/06/00	22/06/00	30/04/07	12/01/11
TIME	u/k	u/k	u/k	12:10	09:30
SPECIMEN No.	141851	160140	162901	659618	630142
Hb (g/l) [M 130-180; F 115-165]	119	110	92	144	147
RBC (x10 ¹² /l) [M 4.5-6.5; F 3.8-5.8]	3.80	3.63	3.04	4.35	4.49
Hct [M 0.40-0.54; F 0.37-0.47]	0.354	0.329	0.277	0.406	0.413
MCV (fl) [M/F 78-98]	93	91	91	93	92
MCH (pg) [M/F 27-32]	31.3	30.3	30.3	33.1	32.7
Retic (x10 ⁹ /l) [M/F 25-85]					
WBC (x10 ⁹ /l) [M/F 4.0-11.0]	9.5	12.8	8.1	7.1	8.8
Neutrophils (x10 ⁹ /l) [M/F 2.0-7.5]	6.10	8.34	5.28	3.27	3.03
Lymphocytes (x10 ⁹ /l) [M/F 1.5-4.0]	2.70	3.48	2.25	3.35	4.91
Monocytes (x10 ⁹ /l) [M/F 0.2-0.8]	0.58	0.85	0.46	0.40	0.68
Eosinophils (x10 ⁹ /l) [M/F 0.04-0.4]	0.07	0.09	0.12	0.10	0.12
Basophils (x10 ⁹ /l) [M/F 0.01-0.1]	0.04	0.03	0.01	0.01	0.01
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l) [M/F 150-350]	227	239	290	182	276
ESR (mm/hr) [M 1-10; F 3-15]					
Monospot					
PT Patient (secs)		8			
Control (secs) [N 10.5-13.5]		9			
Ratio (INR) [TR 2.0-4.5]					
APIT Patient (secs)		29			
Control (secs) [N 26-36]		32			
Ratio [TR 2.0-3.0]					
Mix (secs)					
Fibrinogen (g/l) [N 1.5-4.0]		4.4			
D-Dimer (ng/ml) [N <200]					

HR630142J RBC's anisocytic normochromic Lymphocytosis
Wbc atypical lymphocytes+

13 JAN 2011

Note: Specimen type is BLOOD unless otherwise stated.

Please Note: Specimen type is blood unless otherwise stated DATE PRINTED: 12/01/2011
TIME PRINTED: 15:45

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

Patient's name Mr, Mrs, Miss, Ms ELEANOR M'CURRAN

I assessed your case on: 21 / 1 / 11

and, because of the following condition(s):
Recent knee surgery

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
- [REDACTED] adaptations

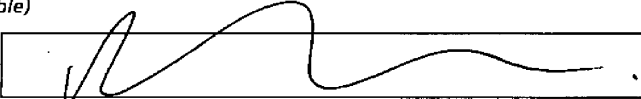
Comments, including functional effects of your condition(s):

CLOSING LINE

This will be the case for

or from 24 / 1 / 11 to 31 / 1 / 11

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 21 / 1 / 11

Doctor's address
WESTER HAILES MEDICAL PRACTICE
7 MURRAYBURN GATE
EDINBURGH
EH14 2SS
TEL 0131 537 7070
FAX 0131 537 7337
PRACTICE NO S70978

Med 3 04/10
3MSPSL 027482 04/10

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LOTHIAN ██████████ N.H.S. TRUST

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: MCGUFFOG, ELEANOR		UPI: 1204711321		CHI: 1204711321	
DOB: 12/04/1971		SEX: F		CONSULTANT/GP: Dr MM Cowell	
SOURCE: Westerhailes Health Centre		SENDER:			
CLINICAL DETAILS: No clinical details on request					
		30/04/07	14/05/07	14/05/07	14/05/07 12/01/11
		12:10	10:20	10:20	12:20 09:30
		HB667004	HB678793	HB678795	HB678794 HB872983
		Blood	Blood	Blood	Blood Blood
Urea	mmol/L	2.5-6.6			4.6
Creatinine	umol/L	60-120			58
eGFR (/1.73m2)	ml/min				>60
Sodium	mmol/L	135-145			139
Potassium	mmol/L	3.6-5.0			3.7
Glucose	mmol/L		6.7	4.7	4.4
Glucose spec.	type		RANDOM	GTTO	PASTED
Bilirubin	umol/L	3-16			6
ALT	U/L	10-50			19
Alk.Phos	U/L	40-125			73
GGT	U/L	5-35			25
Cholesterol	mmol/L				5.0
Triglyceride	mmol/L	0.8-2.1			1.8
HDL Chol.	mmol/L	1.1-1.7			1.2
LDL Chol.	mmol/L				3.0
Chol:HDLC Ratio					4.2
HbA1c (DCCT)	%Total Hb	5.0-6.5		5.2	

COMMENTS:

DATE PRINTED: 12/01/2011
TIME PRINTED: 19:18

13 JAN 2011

INDEX OF COMMENT CODES

HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Result to Follow	TL Too late for satisfactory analysis	TC Test cancelled	SB See comment below	

Results outwith the reference range are highlighted in BOLD

NHS Confidential: Personal data about a patient

CHI: 1204711321, Patient Name: Eleanor McGuffog

Page 1 of 1

NHS Lothian

Western General Hospital
Edinburgh Breast Unit
Crewe Road South
Edinburgh EH4 2XU

Dr [REDACTED]
Wester Hailes Health Centre
7 Murrayburn Gate
Sighthill
Edinburgh
EH14 2SS

Date: 03/07/2012

Outpatient Clinic Letter

Patient	Eleanor McGuffog 21 Sighthill Place Edinburgh EH11 4PF	CHI	1204711321
		Date of Birth / Age	12/04/1971 (41 years)
		UHPI	830651105V
Specialty Consultant	Edinburgh Breast Unit Clinic A	Attendance Date	02/07/2012

Dear Dr [REDACTED]

Diagnosis: Normal breast. Normal mammogram. No follow-up.

I saw Eleanor in clinic today as she was worried about some tender lumpiness in her breast. Clinically both her breasts felt entirely normal and mammograms were also confirmed as such. She was happy to be reassured and discharged from clinic.

Yours sincerely,

Mr [REDACTED] Young
Consultant Surgeon

03 JUL 2012

file://N:\PCT\DOCMAN7\DATA_S1\Batch\46264.HTM

03/07/2012

NHS Confidential: Personal data about a patient

██████████ Hospitals Division St ██████████ Hospital at Howden
Outpatient Department 2
Howden Road ██████████
Livingston
██████████ Lothian EH54 6PP



Department of Plastic Surgery

29 JUN 2012

Dr RA ██████████
Wester Hailes Health Centre
7 Murrayburn Gate
Sighthill
Edinburgh
EH14 2SS

Date 20/06/2012
Our Ref 830651105V
CHI 1204711321

Dear Dr ██████████

Patient: McGuffog, Eleanor **DOB:** 12/04/1971
Address: 21 Sighthill Place, Edinburgh, EH11 4PF

Outpatient Appointment Non Attendance Letter

According to our records, your patient did not attend the following appointment, which had been arranged for them.

Specialty and Consultant: Plastic Surgery, Mr AS Jawad
Date and Time: Wednesday 20 June, 2012 at 6:20 pm

As a result, we have removed this patient from our waiting list. If they contact us within 14 days, we will be able to reinstate them on the waiting list. After this time, we have advised them to contact you if they would still like to be seen. Please arrange a new referral if required.

Yours sincerely,

██████████ Ruzgar
Patient Appointments Manager
Outpatient Services
Tel: 01506 522180

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██████████ Hospitals Division St ██████████ Hospital at Howden
 Howden ██████████
 Livingston
 ██████████ Lothian
 EH54 6PP



Department of Plastic Surgery

Dr RA ██████████
 Wester Hailes Health Centre
 7 Murrayburn Gate
 Sighthill
 Edinburgh
 EH14 2SS

Date 20/06/2012
 Our Ref 830651105V
 CHI 1204711321

Dear Dr ██████████

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: McGuffog, Eleanor **DOB:** 12/04/1971
Address: 21 Sighthill Place, Edinburgh, EH11 4PF

Dear Miss McGuffog

Notification of Removal From the Plastic Surgery Outpatient Waiting List

According to our records you have failed to attend for your appointment as detailed below:

Specialty: Plastic Surgery

In view of our waiting list, we are not routinely arranging second appointments. We have therefore removed your name from our waiting list.

We have copied this letter to your GP. If you still need treatment please get in touch with your GP who will contact us again if necessary.


Yours sincerely,

██████████ Ruzgar
 Patient Appointments Manager
 Outpatient Services
 Tel: 01506 522180

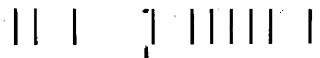
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ESA113	Jobcentreplus Employment and Support Allowance		
		Our phone number is: 0121 335 0702 If you have a textphone, you can call on: 18001 0121 335 0702 If you get in touch with us, tell us this reference number: NW716436B Date: 8th November 2012	
Dr A [REDACTED] WESTER HAILES HEALTH CENTRE 7 MURRAYBURN GATE EDINBURGH EH14 2SS		2534 E 1462 113	
About your patient Full Name: Ms Eleanor McGuffog NI No: NW716436B Date of birth: 12th April 1971		Address 21 Sighthill Pl, Edinburgh, EH11 4PF	
<p>Dear Doctor</p> <p>Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.</p> <p>Please note</p> <ul style="list-style-type: none"> NHS doctors have a contractual obligation to provide the information requested without charge. The form should be completed from your medical records. A separate examination is not necessary. It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end. Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines. An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance. A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement. <p>COMPUTER PRINTOUTS</p> <p>You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:</p> <ul style="list-style-type: none"> Active problems Current medication with last prescribed date Details of the last three consultations. Please remove any third party data. <p>If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.</p> <p>Please reply within 5 working days. A business reply envelope is enclosed for your use.</p> <p>Thank you for your help. Yours sincerely, Ms Annette Brown</p>			
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ESA113	Client Name: Ms Eleanor McGuffog	Your reply Please answer the following questions from the information which is currently available to you.
	Client NiNo: NW716436B	Client Date of Birth: 12.04.1971

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?
25/10/12

2 Current conditions affecting ability to work.
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form, and return the completed form in the supplied envelope with the above address showing in the window

EDINBURGH
Atos Healthcare
Silvan [REDACTED]
231 Corstorphine Road
Edinburgh
EH12 7AR

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Depression	[Redacted] on Amitriptyline 150	
after various attempts with other medication.	Mood varies & social premises No specialist input [declined] Regular GP review	

NHS Confidential: Personal data about a patient

About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

.....
.....
.....

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

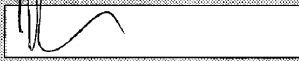
5 Does the patient have a history of threatening or violent behaviour? No Yes
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7

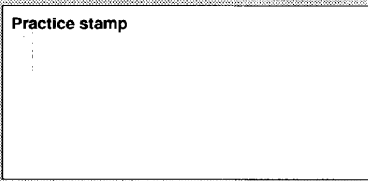
6 Could your patient travel to an examination centre by public transport or taxi? No Yes
Please tell us why at Part 7

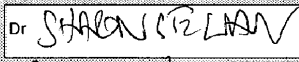
7 Additional information
Please continue on a separate sheet if necessary.

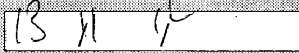
.....
.....
.....
.....

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature
Signature 

Practice stamp 

Name IN CAPITALS Dr 

Date 

NHS Confidential: Personal data about a patient

ESA113	jobcentreplus	Atos Healthcare	
	<i>Employment and Support Allowance</i>		
Dr A [REDACTED] WESTER HAILES HEALTH CENTRE 7 MURRAYBURN GATE EDINBURGH EH14 2SS		Our phone number is: 0121 335 0702 If you have a textphone, you can call on: 18001 0121 335 0702 If you get in touch with us, tell us this reference number: NW716436B Date: 8th November 2012	
About your patient Full Name: Ms Eleanor McGuffog NINo: NW716436B Date of birth: 12th April 1971		Address: 21 Sighthill Pl, Edinburgh, EH11 4PF	
<p>Dear Doctor,</p> <p>Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.</p> <p>Please note</p> <ul style="list-style-type: none"> • NHS doctors have a contractual obligation to provide the information requested without charge. • The form should be completed from your medical records. A separate examination is not necessary. • It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end. • Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines. • An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance • A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement. <p>COMPUTER PRINTOUTS</p> <p>You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:</p> <ul style="list-style-type: none"> • Active problems; • Current medication with last prescribed date; • Details of the last three consultations. Please remove any third party data. <p>If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.</p> <p>Please reply within 5 working days. A business reply envelope is enclosed for your use.</p> <p>Thank you for your help.</p> <p>Yours sincerely,</p> <p>Ms Annette Brown</p>			

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About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

.....
.....
.....

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

5 Does the patient have a history of threatening or violent behaviour? No Yes Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

6 Could your patient travel to an examination centre by public transport or taxi? No Yes Please tell us why at Part 7.

7 Additional Information
Please continue on a separate sheet if necessary.

.....
.....
.....
.....
.....

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr

Date / /

Practice stamp

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ESA113



Employment and Support Allowance



Dr A [REDACTED]
 WESTER HAILES HEALTH CENTRE
 7 MURRAYBURN GATE
 EDINBURGH
 EH14 2SS

21 MAY 2013
 113

Our phone number is: 0121 335 0702

If you have a textphone,
 you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this
 reference number: NW716436B

Date: 20th May 2013

About your patient		Address
Full Name	Ms Eleanor Mcguffog	21 Sighthill Pl, Edinburgh, EH11 4PF
NINo	NW716436B	
Date of birth	12th April 1971	

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note:

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance
- A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.
 Yours sincerely,
 Miss Dorothy Wilson



MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions
RESTRICTED - MEDICAL

Version 01/11

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ESAT13

Client Name:
Ms Eleanor McGuffog

Client NINO: NW716436B **Client Date of Birth:** 12.04.1971

Freeport Plus RSZR-ZSTX-BBGC
Atos Healthcare
Silvan [REDACTED]
231 Corstorphine Road
Edinburgh
EH12 7AR

Your reply
Please answer the following questions from the information which is currently available to you.
If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?
23/14 13

2 Current conditions affecting ability to work:
Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:
• Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
• Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
	Depression ~ 2008 fluctuates - can be disabling at times but equally, when ↓ depression → Coping well.	
	DP18 30mg 8 daily Amitriptyline 100mg nocte	



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About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

[Empty text box for conditions]

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>
Reaching	<input type="checkbox"/>
Picking up objects	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Communicating with others	<input type="checkbox"/>
Continence	<input type="checkbox"/>
Learning simple tasks	<input type="checkbox"/>
Awareness of hazards	<input type="checkbox"/>
Initiating and completing personal actions	<input type="checkbox"/>
Coping with changes or social engagement	<input type="checkbox"/>
Appropriateness of behaviour	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>

[Large empty text box for explanation]

5 Does the patient have a history of threatening or violent behaviour? No Yes
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

6 Could your patient travel to an examination centre by public transport or taxi? No Yes
Please tell us why at Part 7.

7 Additional information
Please continue on a separate sheet if necessary.

[Large empty text box for additional information]

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature
Signature [Handwritten Signature]

Practice stamp
[Empty box for practice stamp]

Name IN CAPITALS Dr [Handwritten Name]

Date [Handwritten Date: 02/15/13]

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Version 01/11

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jobcentreplus

Website: www.jobcentreplus.gov.uk

02546

Dr [REDACTED]

WESTERHAILES MEDICAL PRACTI
7 MURRAYBURN GATE
EDINBURGH
EH14 2SS

Your reference is NW716436B
Please tell us this number
if you get in touch with us

Bathgate Benefit Centre
Cultins Road
Edinburgh
EH91 5BA

Phone 0845 6088630
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 27 December 2012

Dear Doctor [REDACTED]

Work Capability Assessment Outcome Notification

Patients Name	Ms E D Mcguffog
Patients Address	21 Sighthill Pl Edinburgh EH11 4PF

Patients D.O.B : 12 April 1971

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 3 January 2013

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

Proof of illness or disability may still be required for other interest groups or organisations such as employers or insurance companies. The provision of this information is not usually a NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of illness or disability.

31 DEC 2012

2317/0493

443140049300200213

Page 01 of 02

NHS Confidential: Personal data about a patient

27 December 2012

Dr [REDACTED]

REF: NW716436B

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

[REDACTED] Hippman

Manager



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2317/0493

443140049300100119

Page 02 of 02

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NHS Lothian

Dr S [REDACTED]
 Wester Hailes Health Centre
 7 Murrayburn Gate
 Edinburgh
 EH14 2SS

Royal Infirmary of Edinburgh
 51 Little France Crescent
 Old Dalkeith Road
 Edinburgh EH16 4SA

Date: 21/07/2015

Emergency Discharge Summary

Patient	Eleanor McGuffog 10-2 CLOVENSTONE PARK Edinburgh EH14 3BQ	CHI Date of Birth / Age UHPI A&E Attendance Number	1204711321 12/04/1971 (44 years) 830651105V E3036832
Attendance Date	16/07/2015	Contact	Zdrojewski [REDACTED]
Attendance Time	23:41		1/1 Murrayburn Gardens Edinburgh
Mode of Arrival	Emergency Ambulance		Midlothian EH14 2QB
Source of Referral	999 Emergency		442-1390
Discharge Date	17/07/2015		
Discharge To			

Dear Dr S [REDACTED]

Presentation: chest/abdo pain

Clinical note: 44 year-old lady with lower chest/upper abdo pain.

Pain started at 11am yesterday morning. Describes it as severe, constant, moving up to neck, not down arms or into back/jaw
 says she is SOB, coughing up brown phlegm for 3/7 -smoker
 no (pre)syncope/palpitations
 no vomiting, didn't want to eat today, bowels normal
 rest of systems nil to report and no weight loss

PMH
 Previous overdoses
 Depression
 Previous RTA 7 years ago (had teeth removed as a result)
 Smoker

Drugs
 Dihydrocodeine for dental pain
 Amitriptyline

Allergies - Nil

O/E

Looks well but in pain, GCS 15 HR 94 T 37.2 BP 121/78 SPO2 92% R/A BM 6.8

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note xanthlasma around eyes, yellow stained nails
bilateral chest creps in lower zones, HS I+II+0
Abdo soft, non-distended, voluntary guarding in epigastrium
calves SNT

ECG -SR, NAD
CXR -
bloods a/w

Imp - non-cardiac chest pain

Yours Sincerely,

Dr [REDACTED] Teasdale, Doctor

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ESA113



Jobcentreplus
Employment and Support Allowance



Atos Healthcare

Dr A [REDACTED]
 WESTER HAILES HEALTH CENTRE
 7 MURRAYBURN GATE
 EDINBURGH
 EH14 2SS

46300

21 MAY 2013

113

Our phone number is: 0121 335 0702

If you have a textphone,
 you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this
 reference number: NW716436B

Date: 20th May 2013

About your patient

Full Name: Ms Eleanor Mcguffog

NINo: NW716436B

Date of birth: 12th April 1971

Address: 21 Sighthill Pl, Edinburgh, EH11 4PF

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
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Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.
 Yours sincerely,

Miss Dorothy Wilson



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RESTRICTED - MEDICAL

Version 01/11

NHS Confidential: Personal data about a patient

About your patient - continued

3 Current conditions not affecting ability to work

Please list any other relevant conditions that do not affect the ability to work.

.....
.....
.....

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

5 Does the patient have a history of threatening or violent behaviour?

No
Yes

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7.

6 Could your patient travel to an examination centre by public transport or taxi?

No
Yes

Please tell us why at Part 7.

7 Additional information

Please continue on a separate sheet if necessary.

.....
.....
.....
.....
.....

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr

Date / /

Practice stamp

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DR [REDACTED] G [REDACTED]
GP

Wester Hailes Medical Practice
t 0131 453 9250
f 0131 453 6779

From: [REDACTED]
Sent: 29 October 2015 11:26
To: [REDACTED]
Subject: RE: 2pm appt fri 30 october

Hi [REDACTED]

Thank you for the referral for tomorrow at 2pm.

My chat with Eleanor went well. Her main priority at the moment is for her [REDACTED] to move out and stop being emotionally, financially and occasionally physically abusive towards her. I discussed the possibility of her seeking support from Women's Aid and she is interested in finding out more information on this. I also advised that she speaks with the Bank to change her bank details.

She will come in to register her [REDACTED] soon and will call Vocal herself to arrange an appointment. I discussed Vocal a bit further with her and she is happy to seek support from them independently. With regards to seeking support from Social Work she was a bit confused whether you were going to refer her to Social Work or if this is something that she had to do herself?

I tried to discuss activities with her but her main priority at the moment is her [REDACTED] and then her [REDACTED]. I suggested the walking group to her and she thought her [REDACTED] would be interested. I also however stressed the importance of her finding things that she can enjoy independently. We will discuss this further at our next meeting.

I will keep you updated on any further progress.

Kind regards,
[REDACTED]

[REDACTED]
Community Activity Mentor
Headroom
A partnership between NHS Lothian and EVOC

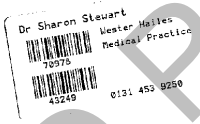
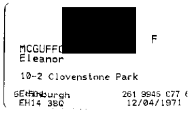
[REDACTED]
07983107648

EVOC

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Eleanor - 2016 (Dn) NPIB notes involved in care - The car driver case
 Eleanor account of sister. Police involved. not cleared
 - Directly charged as. Dead lead stroke → RVT, Acute
 is not visible. v. Distort
 Other ongoing issue - center lying with Eleanor case -
 Car being investigated - no accident
 - Son [redacted] involved Eleanor → charged with various things.
 - (2) ?
 - No illicit medications - well done. No labels
 - AM: 1000000 250000

Carol McGuffin



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ESA113



Employment and Support Allowance



PS52024/000782/1/2

Dr [REDACTED]
 WESTER HAILES MEDICAL
 PRACTICE
 30 HARVESTERS WAY
 EDINBURGH
 EH14 3JF

31400/11 4800

Our phone number is: 0121 335 0702

If you have a textphone,
 you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this
 reference number: NW716436B.

Date: 8th October 2017

About your patient

Address:

Full Name: Miss Eleanor McGuffog

10/2 Clovenstone Pk, Edinburgh, EH14
 3BQ

NINo: NW716436B

Date of birth: 12th April 1971

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

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- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

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Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs Moira [REDACTED]



Centre for Health and Disability Assessments on behalf of the DWP
RESTRICTED - MEDICAL

Version 08/17

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ESA113

About your patient - continued

Nino: NW716436B

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

[Empty box for listing conditions]

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	<input type="checkbox"/>	[Empty box for explanation]
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

5 Does the patient have a history of threatening or violent behaviour? No Yes Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7

6 Could your patient travel to an examination centre by public transport or taxi? No Yes Please tell us why at Part 7

7 Additional information
Please continue on a separate sheet if necessary.

[Empty box for additional information]

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature
Signature [Handwritten Signature]

Name IN CAPITALS Dr STEWART

Date 12/10/17

Practice stamp
Wester Hames Medical Practice
80 Harveysers Way
EDINBURGH EH14 3JF
Tel 0131 453 9250 Fax 0131 453 6779
Practice No S78978

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LOTHIAN [REDACTED] HOSPITALS DIVISION	
MEDICAL MICROBIOLOGY SERVICES	
www.edinburghlabmed.co.uk	
Specialist Virology Centre Royal Infirmary of Edinburgh, 51 Little France Crescent EDINBURGH EH16 4SA	
PIN/CHI: 1204711321 / 1204711321	D.O.B: 12/04/1971
Patient: MCGUFFOG, ELEANOR	Sex: Female
Report to: Dr [REDACTED] G [REDACTED]	Tel: 0131 242 6048 Internal 26048
Address: Wester Hailes Healthy Living	Date Taken: 12/01/2018
	Time Taken: 09:03
	Date Received: 12/01/2018
	Time Received: 14:04
	Date Reported: 13/01/2018
Sending Laboratory Reference Number:	
Laboratory Number: MS6232928	Specimen: Clotted blood for serology
Hep B surface Ag qualitative 0.16 S/CO Hepatitis E surface Antigen : NEGATIVE	
Hepatitis C Antibody Index: 0.95 Antibody to Hepatitis C Virus : NEGATIVE (Index <0.9) HCV antibody may take up to 3 months to develop following an at risk exposure.	
HIV Ag/Ab COMBO: 0.15 HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.85)	
Authorised by: Background Authorisation for Dr J A G Bremner	
For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you!	

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LOTHIAN HOSPITALS DIVISION
 www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCGUFFOG, ELEANOR		UPI: 1204711321		CHI: 1204711321	
DOB: 12/04/1971		SEX: F		CONSULTANT/GP: Dr [REDACTED] G [REDACTED]	
SOURCE: Wester Hailes Healthy Living			SENDER:		
CLINICAL DETAILS:					
Date Collected	19/06/00	22/06/00	30/04/07	12/01/11	12/01/18
Time Collected	u/k	u/k	12:10	09:30	09:03
Date Received	19/06/00	22/06/00	30/04/07	12/01/11	12/01/18
Time Received	22:58	12:09	19:19	14:39	13:49
Specimen Number	HR160140	HR162901	HR659618	HR630142	HR209886
Haemoglobin	115-160 g/L	110	92	144	161
Red cell count	3.8-5.8 10 ¹² /L	3.63	3.04	4.35	5.12
Haematocrit	0.37-0.47 ratio	0.329	0.277	0.406	0.442
Mean cell volume	78-98 fL	91	91	93	86
Mean Cell Hb	27.0-32.0 pg	30.3	30.3	33.1	32.7
White cell count	4.0-11.0 10 ⁹ /L	12.8	8.1	7.1	6.0
Neutrophil Count	2.0-7.5 10 ⁹ /L	8.34	5.28	3.27	3.41
Lymphocyte Count	1.5-4.0 10 ⁹ /L	3.48	2.25	3.35	4.91
Monocyte Count	0.2-0.8 10 ⁹ /L	0.85	0.46	0.40	0.68
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.09	0.12	0.10	0.08
Basophil Count	0.01-0.1 10 ⁹ /L	0.03	0.01	0.01	0.01
Platelet count	150-400 10 ⁹ /L	239	290	182	205
Prothrombin Time	8.0-10.5 secs	8			
PT Normal Control	8.0-11.0 secs	9			
APTT	27.0-38.0 secs	29			
APTT Normal	27.0-38.0 secs	32			
Fibrinogen (Clauss)	1.5-4.0	4.4			

COMMENTS:
 12/01/11 HR630142J REC's anisocytic normochromic
 Lymphocytosis
 Wbc atypical lymphocytes+

DATE PRINTED: 13/01/2018
TIME PRINTED: 06:00

Results outwith the reference range are highlighted in BOLD NOTE: Specimen type is BLOOD unless otherwise stated.

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LOTHIAN [REDACTED] HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES <small>www.edinburghlabmed.co.uk</small>			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1204711321 / 1204711321	D.O.B: 12/04/1971	Tel: 0131 242 6048 / 6025	
Patient: MCGUFFOG, ELEANOR	Sex: Female		
Report to: Dr [REDACTED] G [REDACTED]	Taken: 12/01/2018 09:07		
Address: Wester Hailes Healthy Living	Received: 12/01/2018 14:02		
	Clinical Details:	Date Reported: 13/01/2018	
Lab. Ref. No.: MU871000X Spec.: Mid stream urine Urine culture No significant growth			
Authorised by : Background Authorisation for Dr I F Laurensen			

NHS Confidential: Personal data about a patient

LOTHIAN HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine Biochemistry, RIE

PATIENT: MCGUFFOG, ELEANOR		UPI: 1204711321		CHI: 1204711321	
DOB: 12/04/1971		SEX: F		CONSULTANT/GP: Dr Sharon G Stewart	
SOURCE: Wester Hailes Healthy Living		SENDER:			
CLINICAL DETAILS:					
Date Collected	30/04/2007	14/05/2007	14/05/2007	12/01/2018	12/01/2018
Time Collected	12:10	16:20	12:20	09:30	09:03
Date Received	30/04/2007	14/05/2007	14/05/2007	12/01/2018	12/01/2018
Time Received	19:18	18:24	18:24	14:39	13:43
Specimen Number	HB667004F	HB678795S	HB678794L	HB672884F	HB664979J
Urea	2.5-6.8 mmol/L	5.3		4.6	
Creatinine	50-98 umol/L	76		58 L	65
eGFR (1.73m2)	ml/min				>60
Sodium	135-145 mmol/L	140		139	138
Potassium	3.6-5.0 mmol/L	4.2		5.7	5.6
TCO2	22-30 mmol/L	25			
Glucose	mmol/L	6.7	4.7	4.4	4.4
Glucose spec.	type	RANDOM	FTT 0 min	FASTED	RANDOM
Glucose (Random)	3.9-7.7 mmol/L				6.3
Bilirubin	5-21 umol/L	14		6	9
ALT	10-50 U/L	13		19	20
Alk Phos	40-125 U/L	51		73	102
GGT	5-35 U/L	10		25	26
Albumin	35-50 g/L	45			
Cholesterol	mmol/L			5.0	5.1 H
Triglyceride	0.8-2.1 mmol/L			1.8	0.8
HDL Chol	1.1-1.7 mmol/L			1.2	1.1
LDL Chol	mmol/L			3.0	3.6
Chol:HDL:C Ratio				4.2	4.7
HbA1c (DCC)	5.0-6.5 %Total H	5.2			
Iron	10-32 umol/L				11
Transferrin	2.0-4.0 g/L				2.34
Transferrin Sat	%				18
Vitamin B12	180-2600 ng/L				555
Serum Folate	2.8-20 ug/L				4.5
Ferritin	15-200 ug/L				70
C-Reactive Prot	0-5 mg/L				13 H
VSA	0.2-4.5 ng/L	1.03			0.88
Free T4	9-21 pmol/L	12			15
25OH VitD imm assay	25-142 nmol/L				21 L

COMMENTS: Only comments on the most recent result are printed

12/01/2018 HB908979J	
Transferrin	For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemia available on: NHS.uk Intranet - Healthcare - A-Z - Haematology - GP referral guidelines
C-Reactive Prot	Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.
25OH VitD imm assay	Vit D: <25 deficient, 25-50 insufficient, >50 adequate.

DATE PRINTED: 13/01/2018
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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Community Link Worker Consent Form

(Releasing and storing health records under the Data Protection Act 1998)

In order to help you we will have access to your medical record and may need to maintain a record of your case, which may contain sensitive personal data. The law states we must get your consent to do this. Everything you tell us will be treated confidentially. Information may be shared between Community Link Workers, Primary Care Staff and [redacted] staff within the [redacted] project on a need-to-know basis.

Sensitive personal data: is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.

Part a - Your details and the Community Link Workers details

Your full name	Eleanor McGuffog.
Hospital number or CHI	120 [redacted] 11321.
Your address	10-2 Clovenstone Park. Edinburgh EH14 3BA.
Date of Birth	12/4/77.
Community Link Workers name and address	[redacted] Roxburgh The Health Agency Wester Hailes Healthy Living Centre 30 Harvesters Way
GPs name and address	Sharon Stewart. Wester Hailes Medical Practice Wester Hailes Healthy Living Centre 30 Harvesters Way

Part b - your declaration and signature

To Community Link Worker:

I understand that filling in and signing this form gives you permission to have access to my medical record and maintain a record of my case.

Your signature:

Date:

Part c - your Community Link Workers declaration and signature

I have told my client I will have access to their medical records and will maintain a record of their case while engaging with the service, and up to 5 years after, including any sensitive data which may be shared with [redacted] organisations on a need to know basis.

Community Link Worker signature:

Date:

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Independent
Assessment
Services

Delivered by Atos

Dr [REDACTED]
Health & Social Care
30 Harvesters Way
EDINBURGH
EH14 3JF

31400

Our address: Independent Assessment
Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: NW716436B

Date: 25th June 2018

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Ms ELEANOR D MCGUFFOG**

Date of birth: **12/04/1971**

Address: **10/2 Clovenstone Park, EDINBURGH, EH14 3BQ**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form.

Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.

When completing your report, please provide information on the following key areas:

- Please provide information regarding conditions, medications, professionals involved in care and any restrictions to functional activities from conditions; Cooking, Eating, Medications, Washing, Toileting, Dressing, Communication, Reading, Engaging, Budgeting, Journeys and Walking. Thank you, Kind regards.

You should base your report on your knowledge of the patient and on her records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.



OP101

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered [REDACTED] Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

Providing
assessment
services on
behalf of



Department
for Work &
Pensions

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Independent
Assessment
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To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to [REDACTED] it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at www.dwp.gov.uk/healthcare-professional/guidance.

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together* in the enclosed business reply envelope. **Please reply within 5 working days.**

*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.


If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

Ms [REDACTED] Cessford (Nurse, 14E0566E)

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Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care - "unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions** - **recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

2572846/000327/2/5



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Your GP Factual Report

927514018

Patient's name & Ref No Ms ELEANOR D MCGUFFOG

NW716436B

Date when patient last seen by a health professional 9/1/18

Where and by whom Dr Stewart @ GP Practice

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
- Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
- It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family
- Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
- Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

depression - chronic
- difficult family circumstances

2. History of condition(s). Include details of any relevant special investigations

opioid dependent - intrinsic

P872846/000324/3/5



NW716436B: Ms ELEANOR D MCGUFFOG

Page 1 of 4

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3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

Handwritten mark: a curved line starting from the top left and moving towards the center.

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

Handwritten mark: a curved line starting from the top left and moving towards the center.

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5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

dehydrated 50mg 8 tabs daily
 Antiepileptic 150mg nocte
 vit D

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- Manage their health conditions and treatment
- Communicate
- Walk or move around
- Get somewhere on their own
- Make simple decisions
- Prepare, and eat food
- Wash, bathe and use the toilet/ manage incontinence
- Dress and undress

Only include information that has been confirmed by a health professional. Please state if this is not known.

needs to isolate + avoid.

PS7284F/000302/4/5



NW716436B: Ms ELEANOR D MCGUFFOG

Page 3 of 4

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7. Does the patient have a history of threatening or violent behaviour?

No Yes Don't know

If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9

8. Could your patient travel to an assessment centre by public transport or taxi?

Yes No Don't know

If no, please tell us why. Use the space below at Part 9

9. Additional information

Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. Do not use the section to provide an opinion.

Large empty box with horizontal lines for additional information.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature

Signature box with handwritten signature

Name in capitals

Name box with handwritten name

Date

Date box with handwritten date 9/8/12

Stamp

Empty stamp box

NW716436B: Ms ELEANOR D MCGUFFOG

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MCGUFFOG, ELEANOR, CHI: 1204711321, 23/09/2019, Clinical Radiology

Page 1 of 1

NHS Lothian - Imaging Request

Referral To	Lauriston Buildings Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	23/09/2019
Date submitted	23/09/2019

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	10-2 CLOVENSTONE PARK	Voice(Home) : 0131 442 2193
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	Voice(Mobile) : 07834 277 881
Date of birth:	12/04/1971	EH14 3BQ	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sineaid [REDACTED] (GMC: 4546429)	30 HARVESTERS WAY
Practice:	Wester Hailes Medical Practice	EDINBURGH
Phone:	Voice : 01314539250	EH14 3JF

INVESTIGATION REQUESTED

Test Requested:	Ultrasound Gynaecology (Pelvic Organs)
Reason for Request: infrequent heavy periods new onset urinary incontinence	

CLINICAL INFORMATION

Investigations		
Description	Result	Date
LMP (for females aged 12-50 for X-Ray of abdo, lumbar spine or pelvic area) :		2019-09-23
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does this patient weigh more than 125 Kg? :	No	
Any previous imaging? :	No	
Additional information		
Smoking history (Encounters):Cigarette smoker Date recorded:23-Sep-2019		
Exercise history (Encounters):Exercise grading Date recorded:01-Sep-1999		
Patient Weight in Kilograms:74.2		
Patient Height in Metres:1.6		
Patient BMI:28.9		
Patient Blood Pressure (Systolic):170		
Patient Blood Pressure (Diastolic):92		

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ESA113

job plus

19 JUL 2019

Employment and Support Allowance

47531 001517 0009 E 31400 H4

Dr [REDACTED]
 WESTER HAILES MEDICAL
 PRACTICE
 30 HARVESTERS WAY
 EDINBURGH
 EH14 3JF

31400/9

4630

Our phone number is: 0121 335 0702

If you have a textphone,
 you can call on: 18001 0121 335 0702

If you get in touch with us, tell us this
 reference number: NW716436B

Date: 16th July 2019

About your patient

Address

Full Name Ms Eleanor Mcguffog

10/2 Clovenstone Pk, Edinburgh, EH14
 3BQ

NINo NW716436B

Date of birth 12th April 1971

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- A fully completed form may help inform the face to face work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs [REDACTED] Attia

Centre for Health and Disability Assessments on behalf of the DWP
 RESTRICTED - MEDICAL

Version 10/17

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ESA13

About your patient - continued

NINo: NW716436B

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

Form area for question 3 with horizontal lines for text entry.

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

- Walking or moving
Transferring between seats
Reaching
Picking up objects
Manual dexterity
Communicating with others
Continence
Learning simple tasks
Awareness of hazards
Initiating and completing personal actions
Coping with changes or social engagement
Appropriateness of behaviour
Eating or drinking

Form area for question 4 with a vertical column of checkboxes and a large text area for explanations.

5 Does the patient have a history of threatening or violent behaviour? No Yes

Form area for question 5 with checkboxes for 'No' and 'Yes'.

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at Part 7

6 Could your patient travel to an examination centre by public transport or taxi? No Yes

Form area for question 6 with checkboxes for 'No' and 'Yes'.

Please tell us why at Part 7

7 Additional information
Please continue on a separate sheet if necessary.

Form area for question 7 with horizontal lines for text entry.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature
Signature

Form area for signature.

Name IN CAPITALS

Form area for name with 'Dr' label.

Date

Form area for date with slashes for day/month/year.

Practice stamp

Form area for practice stamp.

Centre for Health and Disability Assessments on behalf of the DWP
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Version 10'

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NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Urgent
Date of referral	23/09/2019
Date submitted	23/09/2019
UCPN	101019655721C

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	10-2 CLOVENSTONE PARK	Voice(Home) : 0131 442 2193
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	Voice(Mobile) : 07834 277 881
Date of birth:	12/04/1971	EH14 3BQ	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sineaid [REDACTED] (GMC: 4546429)	30 HARVESTERS WAY
Practice:	Wester Hailes Medical Practice	EDINBURGH
Phone:	Voice : 01314539250	EH14 3JF

CLINICAL INFORMATION

Reason for Referral:	MHS Lothian Integrated Back Pain service		
Main Referral Text:	This 48 yr old woman has episodic lumbar radiculopathy with LBP radiating down R leg for which she takes DHC TT qid + amitriptyline 150mg nocte. In recent months she has presented with new onset urinary frequency and urge requiring incontinence pads for which she has been referred to the district nursing team. There is no saddle anaesthesia and no bowel issues, no foot drop or other red flags. We are following her up in our well woman clinic for pelvic examination to decide if urogynaecology investigations are appropriate but in light of her history of sciatica wondered if MRI scanning would be indicated here?		
Investigations	Description	Result	Date
	Has the patient had physiotherapy previously for this problem? :	No	
	Time since onset? (Weeks) :	12 or more weeks	
	Does the patient live alone? :	Yes	
	Are other services involved? :	Yes	
	District Nurse :	true	
Pre-existing conditions (High & Medium Priority)	Description	Modifier	Extension
	Is a carer		
	Opioid drug dependence NOS	= = prescribed df118 no illicit use, longstanding	
	Chronic low back pain		
	White Scottish		
	[X]Intentional self-harm		
	Neurotic (reactive) depression		
			Start Date
			Date Recorded
			19/02/2015
			19/02/2015
			19/02/2015
			01/07/2010
			14/07/2005
			14/07/2005

History of sexual abuse	14/07/2005	14/07/2005
Patient reg. form sent to HB	31/08/1999	31/08/1999
Patient de-reg.- GP22 from HB	31/08/1999	31/08/1999

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	TWO TABS	QID	12/07/2018		10/09/2019
Amitriptyline 50mg tablets	tablet	3 TABS	DAILY	12/04/2017		10/09/2019
Colecalciferol 800unit capsules	capsule	1 DAILY		16/08/2018		10/09/2019

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:23-Sep-2019

Exercise history (Encounters):Exercise grading Date recorded:01-Sep-1999

Patient Weight in Kilograms:74.2

Patient Height in Metres:1.6

Patient BMI:28.9

Patient Blood Pressure (Systolic):170

Patient Blood Pressure (Diastolic):92

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LOTHIAN HOSPITALS DIVISION
 www.edinburghlabmed.co.uk

Department of Laboratory Medicine Biochemistry, WGH

PATIENT: MCGUFFOG, ELEANOR UPI: 1204711321 CHI: 1204711321
 DOB: 12/04/1971 SEX: F CONSULTANT/GP: Dr Nigel A Williams
 SOURCE: Wester Hailes Healthy Living SENDER:

CLINICAL DETAILS:
 Urinary symptoms.

Date Collected	14/05/2007	14/05/2007	12/01/2011	12/01/2018	11/09/2019
Time Collected	19:20	12:29	09:30	09:03	09:51
Date Received	14/05/2007	14/05/2007	12/01/2011	12/01/2018	11/09/2019
Time Received	18:04	18:26	14:39	13:43	13:24
Specimen Number	HB6787958	HE678794L	HB872984F	HB908979Z	QB440579Z
Urea	2.5-6.6 mmol/L		4.8		
Creatinine	50-98 umol/L		58 L	55	72
eGFR (1.73m2)	ml/min			>60	>60
Sodium	135-145 mmol/L		139	136	140
Potassium	3.6-5 mmol/L		3.7	3.5	4.4
Glucose	mmol/L	4.7	4.4	4.6	
Glucose spec. type		OFF 0 min	FASTED	RANDOM	
Glucose (Random)	3.9-7.7 mmol/L			6.3	5.1
Bilirubin	3-21 umol/L		6	9	
ALT	10-50 U/L		19	22	
Alk.Phos	90-125 U/L		75	102	
GGT	5-35 U/L		25	26	
Cholesterol	mmol/L		5.0	5.1 H	
Triglyceride	0.8-2.1 mmol/L		1.8	0.9	
HDL Chol.	1.1-1.7 mmol/L		1.2	1.1	
HDL Chol.	mmol/L		3.6	3.6 H	
Chol:HDLC Ratio			4.2	4.7	
HBSC (DCCF)	5.0-11.5 ktotg/L	3.2			
Iron	10-32 umol/L			11	
Transferrin	2.0-6.0 g/L			2.39	
Transferrin Sat	%			18	
Vitamin B12	180-2000 ng/L			595	
Serum Folate	2.8-20 ug/L			4.5	
Ferritin	15-200 ug/L			79	
C-Reactive Prot	0-5 mg/L			13 H	
TSH	0.2-4.5 mU/L			0.88	
Free T4	8-21 pmol/L			15	
FSH	3.0-10.4 U/L				13.1 H
25OH Vit D assay	25-167 nmol/L			21 L	

COMMENTS: Only comments on the most recent result are printed

11/09/2019 QB440579Z
 FSH Slightly raised FSH. Not clearly indicative of perimenopause. MC

DATE PRINTED: 12/09/2019
 TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN [REDACTED] HOSPITALS DIVISION			
MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 1204711321 / 1204711321	D.O.B: 12/04/1971	Tel: 0131 536 3373 Internal 633373	
Patient: MCGUFFOG, ELEANOR	Sex: Female	Taken: 11/09/2019 09:51	
Report to: Dr Nigel A [REDACTED]		Received: 11/09/2019 15:11	
Address: Wester Hailes Healthy Living		Date Reported: 12/09/2019	
		Clinical Details:	
		Urinary symptoms.	
Lab. Ref. No.:MU254622H Spec.:Mid stream urine			
Urine culture No significant growth Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.			
Authorised by : Background Authorisation for Dr I F Laurensen For non-urgent microbiology advice please email: gp.microadvice@nhslothian.scot.nhs.uk or to discuss between 9am to 5pm call 0131 536 3373			

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Hospitals Division
Edinburgh Community
Physiotherapy Services
27 Gorgie Park Close
Edinburgh
EH14 1NQ



11 OCT 2019

Department of Physiotherapy - MSK

Dr S [redacted]
Wester Hailes Medical Practice
Wester Hailes Healthy Living Centre
30 Harvesters Way
Edinburgh
EH14 3JF

Date 08/10/2019
Our Ref 830651105V
CHI 1204711321

Dear Dr [redacted]

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: McGuffog, Eleanor **DOB:** 12/04/1971
Address: 10/2 Clovenstone Park, Edinburgh, EH14 3BQ

Dear Miss McGuffog

Notification of Removal From the Physiotherapy - MSK Outpatient Waiting List

Specialty: Physiotherapy - MSK

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that you no longer required to be seen. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely,

Appointments [redacted]
0131 536 1060 (Option 1)

1/02/2023 09:04:39

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LOTHIAN HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCGUFFOG, ELEANOR		UPI: 1204711321		CHI: 1204711321	
DOB: 12/04/1971		SEX: F		CONSULTANT/GP: Dr █████ MI █████	
SOURCE: Wester Hailes Healthy Living			SENDER:		
CLINICAL DETAILS: cholesterol deposits around eyes and recent colla					
Date Collected	22/06/00	30/04/07	12/01/11	12/01/18	18/12/19
Time Collected	u/k	12:10	09:30	09:03	12:22
Date Received	22/06/00	30/04/07	12/01/11	12/01/18	18/12/19
Time Received	12:09	19:19	14:39	13:49	16:56
Specimen Number	HR162901	HR653618	HR630142	HR209886	HR335814
Haemoglobin	115-165 g/L	92	144	147	161
Red cell count	3.8-5.8 10 ¹² /L	3.04	4.35	4.49	5.12
Haematocrit	0.36-0.47 ratio	0.277	0.406	0.413	0.442
Mean cell volume	78-98 fL	91	93	92	86
Mean Cell Hb	27.0-32.0 pg	30.3	33.1	32.7	31.4
White cell count	4.0-11.0 10 ⁹ /L	8.1	7.1	8.8	6.0
Neutrophil Count	2.0-7.5 10 ⁹ /L	5.28	3.27	3.03	3.41
Lymphocyte Count	1.5-4.5 10 ⁹ /L	2.25	3.35	4.91	1.79
Monocyte Count	0.2-0.8 10 ⁹ /L	0.46	0.40	0.68	0.66
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.12	0.10	0.12	0.08
Basophil Count	0.01-0.1 10 ⁹ /L	0.01	0.01	0.01	0.02
Platelet count	150-400 10 ⁹ /L	290	182	276	205

COMMENTS:

12/01/11 HR630142J RBC's anisocytic normochromic
Lymphocytosis
Wbc atypical lymphocytes+

DATE PRINTED: 19/12/2019
TIME PRINTED: 06:00

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

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LOTHIAN HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCGUFFOG, ELEANOR	UPI: 1204711321		CHI: 1204711321		
DOB: 12/04/1971	SEX: F	CONSULTANT/GP: Dr [REDACTED] MI [REDACTED]			
SOURCE: Wester Hailes Healthy Living		SENDER:			
CLINICAL DETAILS: HbA1c for diagnosis cholesterol deposits around eyes and recent collapse.					
Date Collected	14/05/2007	12/01/2011	12/01/2018	11/09/2019	18/12/2019
Time Collected	12:20	09:30	09:03	09:51	12:22
Date Received	14/05/2007	12/01/2011	12/01/2018	11/09/2019	18/12/2019
Time Received	18:24	14:39	13:43	13:24	17:00
Specimen Number	HE678794L	HE872984F	HE908979J	QE440679X	HE987132W
Urea	2.5-6.6 mmol/L	4.6			
Creatinine	50-98 umol/L	58 L	65	72	71
eGFR (/1.73m2)	ml/min		>60	>60	>60.0
Sodium	135-145 mmol/L	139	136	140	142
Potassium	3.6-5 mmol/L	3.7	3.6	4.4	4.2
Glucose	mmol/L	4.4	4.4		
Glucose spec.	type	FASTED	RANDOM		
Glucose (Random)	3.8-7.7 mmol/L		6.3	5.1	
Bilirubin	3-21 umol/L	6	9		12
ALT	10-50 U/L	19	22		22
Alk.Phos	40-125 U/L	73	102		100
GGT	5-35 U/L	25	26		17
Cholesterol	mmol/L	5.0	5.1 H		7.2 H
Triglyceride	0.8-2.1 mmol/L	1.8	0.9		0.9
HDL Chol.	1.1-1.7 mmol/L	1.2	1.1		1.8 H
LDL Chol.	mmol/L	3.0	3.6 H		5.0 H
Chol:HDL Ratio		4.2	4.7		3.9
HbA1c (IFCC)	20-41 mmol/mol				37
Iron	10-28 umol/L		11		17
Transferrin	2.0-4.0 g/L		2.34		2.16
Transferrin Sat	%		18		29
Vitamin B12	180-2000 ng/L		595		298
Serum Folate	2.8-20 ug/L		4.5		1.7 L
Ferritin	15-200 ug/L		70		132
C-Reactive Prot	0-5 mg/L		13 H		
TSH	0.2-4.5 mU/L		0.89		0.55
Free T4	9-21 pmol/L		15		14
FSH	3.0-10.0 U/L			13.1 H	
25OH VitD Imm'assay	25-162 nmol/L		21 L		

COMMENTS: Only comments on the most recent result are printed

18/12/2019 HE987132W
Transferrin For interpretation of iron studies used in the investigation of anaemia please consult GP referral guidelines for anaemias available on: NHS Intranet - Healthcare - A-Z - Haematology - GP referral guidelines
Transferrin
Transferrin
Transferrin
Serum Folate Low serum folate result. For advice, consult GP referral guidelines on Ref Help or NHS Lothian intranet
Serum Folate
Serum Folate
HbA1c (IFCC) HbA1c is NOT increased.

DATE PRINTED: 19/12/2019
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Lothian

Mental Health Services

Dr [REDACTED]
 Wester Hailes Medical Practice
 Wester Hailes Healthy Living Centre
 30 Harvesters Way
 Edinburgh
 EH14 3JF

Date: 12/02/2020

Outpatient Clinic Letter

Patient	Eleanor McGuffog 10/2 Clovenstone Park Edinburgh EH14 3BQ	CHI	1204711321
		Date of Birth / Age	12/04/1971 (48 years)
		UHPI	830651105V
Specialty	AMH - MHAS	Attendance Date	08/02/2020
Consultant	[REDACTED] Doctor		

Dear Dr [REDACTED]

Date seen: 08 February 2020 at 2115hrs
 Mike Gall (RMN6) and [REDACTED] Doctor (RMN6)

Eleanor was brought to the Mental Health Assessment Service, REB, this evening by Police Scotland.

History of Presenting Complaint:

A concerned [REDACTED] who had not seen Eleanor for a couple of days, had phoned the police. They then conducted a welfare check and Eleanor was found to be distressed and voicing thoughts of harming herself.

Eleanor reported that her GP stopped her Amitriptyline due to a fall earlier in January. She is now prescribed Duloxetine. Since taking the Duloxetine Eleanor has experienced intolerable side effects, namely sweating and being unable to sleep, so she has stopped taking them. She finds mornings particularly difficult and feels that she has poor motivation and does not enjoy anything she used to. She described intermittent suicidal thoughts but no plans to act on these. She was abused as a child whilst in care and feels that she has suppressed these thoughts, and was able to do so when prescribed Amitriptyline, but since this has stopped she finds herself ruminating about her past abuse.

Past Psychiatric History:

She has not had any previous contact with psychiatric services.

Following the assessment she stated she felt better and was no longer suicidal.

Social Circumstances:

Born and raised in Edinburgh. She was neglected by her [REDACTED] so was raised by her [REDACTED] and [REDACTED] from the age of 1yr. She had a good relationship with her [REDACTED] but he died 2 years ago. As a

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child, whilst in care. Eleanor was abused by her [REDACTED] babysitters and a member of the staff at the children's home. She was also abused by her [REDACTED] but did not report this to the police. She has 3 [REDACTED] aged 27, 26 and 19 and has a good relationship with her youngest [REDACTED]. She lives alone with her dog, is unemployed and on benefits.

Past Medical History:
High cholesterol.

Current Medication:
Dihydrocodeine,
Duloxetine,
Folic Acid,
Atorvastatin.

Drug & Alcohol Use:
She does not use drugs or alcohol.

Mental State Examination:
Casually dressed with no evidence of neglect. She was tearful but polite and engaging. Her speech was clear and coherent and there was no formal thought disorder. Her sleep is poor due to medication change, poor appetite (longstanding). She has a lack of motivation and this has reduced since the change of her medication. She felt suicidal from this morning until she was brought to MHAS, but reported feeling better after talking to staff. She is not psychotic and was orientated to time, place and person. She had good insight.

Risk:
She has a history of taking overdoses, mostly when young, although her last one was last year in response to the death of her [REDACTED]. She is no longer suicidal.

Summary:
Eleanor presented as low in mood following a recent change in antidepressant. She has a history of CSA and was suicidal this morning but settled after talking to staff.

Impression:
Low mood.

Plan:
1. Ask GP to consider re-prescribing Amitriptyline.
2. Given crisis numbers.
3. Provided her with a contract taxi home.
Mike Gall
RMN6 - MHAS

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Re: Eleanor McGuffog CHI: 120471 1321
10/2 Clovenstone Park, Edinburgh EH14 3BQ

Date seen: 08 February 2020 at 2115hrs
Mike Gall (RMN6) and [REDACTED] Doctor (RMN6)

Eleanor was brought to the Mental Health Assessment Service, REB, this evening by Police Scotland.

History of Presenting Complaint:

A concerned [REDACTED] who had not seen Eleanor for a couple of days, had phoned the police. They then conducted a welfare check and Eleanor was found to be distressed and voicing thoughts of harming herself.

Eleanor reported that her GP stopped her Amitriptyline due to a fall earlier in January. She is now prescribed Duloxetine. Since taking the Duloxetine Eleanor has experienced intolerable side effects, namely sweating and being unable to sleep, so she has stopped taking them. She finds mornings particularly difficult and feels that she has poor motivation and does not enjoy anything she used to. She described intermittent suicidal thoughts but no plans to act on these. She was abused as a child whilst in care and feels that she has suppressed these thoughts, and was able to do so when prescribed Amitriptyline, but since this has stopped she finds herself ruminating about her past abuse.

Past Psychiatric History:

She has not had any previous contact with psychiatric services.

Following the assessment she stated she felt better and was no longer suicidal.

Social Circumstances:

Born and raised in Edinburgh. She was neglected by her [REDACTED] so was raised by her [REDACTED] and [REDACTED] from the age of 1yr. She had a good relationship with her [REDACTED] but he died 2 years ago. As a child, whilst in care, Eleanor was abused by her [REDACTED] babysitters and a member of the staff at the children's home. She was also abused by her [REDACTED] but did not report this to the police. She has 3 [REDACTED] aged 27, 26 and 19 and has a good relationship with her youngest [REDACTED]. She lives alone with her dog, is unemployed and on benefits.

Past Medical History:

High cholesterol.

Current Medication:

Dihydrocodeine,
Duloxetine,
Folic Acid,
Atorvastatin.

Drug & Alcohol Use:

She does not use drugs or alcohol.

Mental State Examination:

Casually dressed with no evidence of neglect. She was tearful but polite and engaging. Her speech was clear and coherent and there was no formal thought disorder. Her sleep is poor due to medication change, poor appetite (longstanding). She has a lack of motivation and this has reduced since the change of her medication. She felt suicidal from this morning until she was brought to MHAS, but reported feeling better after talking to staff. She is not psychotic and was orientated to time, place and person. She had good insight.

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Summary:

Eleanor presented as low in mood following a recent change in antidepressant. She has a history of CSA and was suicidal this morning but settled after talking to staff.

Impression:

Low mood.

Plan:

1. Ask GP to consider re-prescribing Amitriptyline.
2. Given crisis numbers.
3. Provided her with a contract taxi home.

Mike Gall

RMN6 – MHAS

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NHS Lothian Unscheduled Care Service



Page 1 of 2

NHS Confidential: Personal data about a patient

Patient : Eleanor McGuffog Case No 54553

(Gender: Female) (DOB: 12/04/1971) (Age: 49 years) (CHI: 1204711321)

Case No 54553 Case Date 17/12/2020 09:38

Current Address Home Address (If Different)
10/2 Clovenstone Park Edinburgh

EH14 3BQ

Current Phone 07515 858114 Home Phone (If Different)

Case Type NHS24 Nurse Advice

Call Origin NHS24 Tel Name Eleanor

Reported Condition

NHS 24 Advice by [REDACTED] Boyd (Call Taker S) () Triage Start 09:44
DIFFICULTY TO MOVE FINGERS (L), 3-4 DAYS Triage End 09:55

SCAI Patient given self care advice - For Information Only

Clinical summary created by: Louise Boyd (Call Taker S) () (17/12/2020 09:55:19)

Reason for call: DIFFICULT TO MOVE FINGERS (L), 3-4 DAYS

CARPAL TUNNEL, FINCHING IT DIFFICULT TO MOVE FINGERS, HAD OPERATION ON HAND (L) ABOUT 17 YEARS AGO, FINGERS SWOLEN, RED MARKS ON HANDS, Blisters, HAVING PROBLEMS WITH RIGHT HAND, SHOOTING PAINS IN ARM, DIFFICULTY HOLDING THINGS, NO COVID SYMPTOMS

Confirmed Symptom(s):

Hand swelling and redness: no fever

17:12:2020 09:41:24 BOYDL2.. SUFFERS FROM MENTAL HEALTH, DEPRESSION, FEELS LIKE DOESN'T WANT TO BE HERE, LOST DAD 3 YEARS AGO, ANXIOUS... EVERY TIME LIGHTS UP CIGARETTE COUGHING, 3-4 DAYS... D/W SON J PATRICK RE KEYWORDS: HAND.. RING ON ONE OF FINGERS, CAN'T MOVE IT AT ALL... BLUE MARK AT WRIST (L), RIGHT HAND ALL COMING OUT IN BLOTCHES, FINGERS BROWN, SMOOKIES A LOT... D/W SON J PATRICK, LAST TAKEN PARACETAMOL 2 DAYS AGO, ADVISED TO TAKE SOME NOW AND AWAIT DELIVERY OF STRONGER PAIN RELIEF, CLOSED AS SELF CARE, WORSENING GIVEN.

Outcome: Patient given self care advice - For Information Only

Pocket Aremote Consult by

Start Type End Type Consult Start Consult End

Adastra Consult by

Start Type End Type Consult Start Consult End

History

Examination

Diagnosis

Treatment

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.[REDACTED]@nhslothian.scot.nhs.uk

Report Statistics:

Report produced by Adastra Version 3 - 17/12/2020 10:15:55

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Page 2 of 2

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Patient : Eleanor McGuffog	Case No 54553
(Gender: Female) (DOB: 12/04/1971) (Age: 49 years) (CHI: 1204711321)	

Prescriptions

Informational Outcome(s)

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For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics:

Report produced by Adastra Version 3 - 17/12/2020 10:15:55

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AIG Life Limited
PO Box 12010
Harlow
CM20 9LG
www.aiglife.co.uk

T 0345 600 6620
F 01737 441100

6 JAN 2021

Doctor
Weston Hayes Medical Practice
50 Harvesters Way
Edinburgh
EH14 3JF

Date: 21/12/2020
Re: Eleanor McGuffog T204/1971
Application Reference - P38033675

Dear Doctor

Your patient Eleanor McGuffog has applied to us for insurance. As a result we need a Targeted Medical Report.

You may already have received our request for this report separately, or you may receive it in the next few days.

Once you have completed the report, please return it to us at:

Freepost RTBL-CRKE-JJZE, AIG Life Limited, PO Box 12010, Harlow CM20 9LG

If you have already sent the report to us or if you have not yet received it, please ignore this letter and accept my apologies for troubling you.

If you need any further information, please call us on: 0345 600 6620.

Yours sincerely,

Customer Services Team

Confidential

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NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr S [REDACTED]
Wester Hailes Medical Practice
Wester Hailes Healthy Living Centre
30 Harvesters Way
Edinburgh
EH14 3JF

Date: 01/04/2021

Emergency Discharge Summary

Patient	Eleanor McGuffog 10/2 Clovenstone Park Edinburgh EH14 3BQ	CHI	1204711321
		Date of Birth / Age	12/04/1971 (49 years)
		UHPI	830651105V
		A&E Attendance Number	E4654259
Attendance Date	10/03/2021	Contact	[REDACTED]
Attendance Time	10:58		07982103194
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	10/03/2021		
Discharge To			

Dear Dr S [REDACTED]

Presentation: Overdose, Self Harm/OD**CLINICAL NOTES:**

Clinical note: Ganesh Puri GPST2

ED clerking

PC : Dizepam overdose and Self harm.

HPC : Took 10 x 5mg of street diazepam today. And 900mg of Gabapentin today at 9am. with intention to end her life. Denies any other substances. Also cut herself on her cheeks with her razor blades. Feels like she does not want to live anymore. She feels her mental health has deteriorated ever since she her [REDACTED] passed away three years ago.

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She describes an abusive childhood in which her step [REDACTED] physically and psychologically abused her.

She mentions that she is hearing voices at present. It is her step [REDACTED] voice and she keeps telling her to harm herself and she is not worth living.

She has anhedonia and poor appetite.

Also complaining of productive cough but not new.

O/E

RR 17. BP 136/61. Sats 97% on Air. HR 83. Temp 36.4C.

ECG - Sinus. QTc 450. QRs duration normal.

Chest - ? R basal creps.

HS I+II+0

Abdo SNT

MSE

Dressed appropriately for weather unkempt. Cut marks on her face from her razor blade from this am. Poor eye contact. Low mood. Reduced speech speed. Normal tone. delusion - has auditory hallucination from within her head. Step [REDACTED] voice telling her to harm herself and that she is useless. Describes visual hallucinations of a teapot and feels this is a symbol of her [REDACTED] looking to harm her. Good insight. Denies alcohol or cannabis use.

Impression :

- 1) High risk of self harm but good insight for MHAS review.
- 2) CXR
- 3) If CXR clear okay for home. If consolidation noted treat for CAP with amoxicillin.

Dr N Di Rollo

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Nodular appearance to CXR, formal report requested
D dimer added to bloods as Eleanor tells me she has had > 1/12 of SOB and pleuritic CP
Admitted to obs ward to await above

Note CXR report below, needs DW Resp reg ? needs CT

5473285 10/03/2021 XR Chest

Normal heart size and mediastinal contours. A rounded right lower zone opacity is most likely nipple shadow. Impression of nodularity throughout both lungs that has progressed since a radiograph of 2015. More confluent opacification along the periphery of the horizontal fissure. Aetiology uncertain- possible sarcoidosis. The lungs are otherwise clear with no focal collapse or consolidation. No pleural effusion. Unremarkable bony thorax.
In view of respiratory symptoms and the lung parenchymal appearances, respiratory referral for further workup is suggested.

—

Dr [REDACTED] Muir. GMC: 6115357

Consultant Radiologist. [REDACTED]

Ganesh Puri GPST2 Update 1830

D-dimer 305.

Discussed with Respiratory Reg Dr Santiago. Best plan given pleuritic chest pain and raised d-dimer is for CTPA to rule out PE. This will also investigate nodularity on CXR further as well.
Patient not keen to stay.

Patient weight 74kg. Dalteparin 15000 Iu given SC at 1900 10/3/21

Patient aware to return to ambulatory care tomorrow at 10 am for CTPA

Yours Sincerely,

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Ganesh [REDACTED] Puri, Doctor

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NHS Lothian

Royal Infirmary of Edinburgh
 51 Little France Crescent
 Old Dalkeith Road
 Edinburgh EH16 4SA

Dr S [REDACTED]
 Wester Hailes Medical Practice
 Wester Hailes Healthy Living Centre
 30 Harvesters Way
 Edinburgh
 EH14 3JF

Date: 11/03/2021

Emergency Discharge Summary

Patient	Eleanor McGuffog 10/2 Clovenstone Park Edinburgh EH14 3BQ	CHI	1204711321
		Date of Birth / Age	12/04/1971 (49 years)
		UHPI	830651105V
		A&E Attendance Number	E4654259
Attendance Date	10/03/2021	Contact	[REDACTED]
Attendance Time	10:58		07982103194
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	10/03/2021		
Discharge To			

Dear Dr S [REDACTED]

Presentation: Overdose, Self Harm/OD

Psychiatric Liaison

Eleanor was seen by Gearid [REDACTED] (Psychiatric Liaison Nurse) this afternoon, 10th March 2021, in the Emergency Department of the Royal Infirmary of Edinburgh. Eleanor was referred to me at approx 2 hours 30 minutes into her stay in the department.

Presenting complaint:

Self-injury to face

Street valium and pregabalin overdose?

History of Presenting Complaint:

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Eleanor reports that she has felt rubbish and that life is not worth living for a while now. She was unable to articulate any particular trigger or reason for her actions this morning but that she has long-standing thoughts of suicide. She reports that she cut her face as she thought she would manage to cut her throat. However, she informed my ED colleagues that she did so as she heard the voice of her former abuser. She reports this is the first time she has cut her face and denies cutting frequently or anywhere else on her body.

She reports that over the past week her valium intake has increased. She is unable to articulate why but that she takes it to make her feel better and cope with traumatic experiences from her past. She reports that she has been taking this for a number of years and her GP will not prescribe her any. She also reports taking street pregablin. It was difficult to ascertain from Eleanor how many tablets she took or indeed how much she is regularly taking.

Sleep- poor

Appetite- good

Mood- low and [REDACTED] all the time

Reports anadonia. Spends day sleeping but managing to walk the dog.

Social Circumstances:

Eleanor lives alone. She reports few social supports. She is in receipt of benefits.

She has three [REDACTED] difficult relationship with her middle child. She reports her eldest [REDACTED] is supportive and she hopes to relocate to [REDACTED] Lothian in the future. She has a number of [REDACTED] but is restricted from seeing them in the context of pandemic-related restrictions.

She reports she separated from her [REDACTED] 13 years ago and that he was abusive towards her.

She reports she was close to her [REDACTED] but he died three years ago and she has struggled since. She reports she was abused by her [REDACTED] sitter when she was younger and details were reported to the police. She reports she was also subject to abuse by her [REDACTED] and sometimes hears her voice telling her she is worthless.

Previous Mental Health History:

Very little documented on TRAK- one previous contact with MHAS last year.

Treated by GP for depression and anxiety

Reports previous attempts to end her life when she was younger.

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Substances

Eleanor is using street valium and pregablin. She reports she takes these to deal with her distress regarding traumatic memories. She does not feel she is in a position to change her substance use at this moment. Denies any other substance use.

She smokes approx 10 cigarettes per day. Denies any alcohol use at all.

Mental State Examination:

A+B: Caucasian female with short brown hair. Wearing clothes appropriate for time of year/season. Evidence of self-care. Wore face mask in keeping with current coronavirus restrictions. Was easy to establish rapport. Made good eye contact and spoke at length to me

S: Normal rate and rhythm- no FTD observed

M: Described ongoing low mood. Objectively, was euthymic with an appropriately reactive affect.

T: Voiced chronic, long-standing thoughts of ending life in context of difficult previous experiences. Felt thoughts were same as normal. Was unable to elicit specific plan of intent to end life. Was engaged in forward planning- amenable to help and support.

P: Voiced sometimes hearing the voice of her [REDACTED] to speaks in a derogatory manner. Knows this is not real

C: Not formally assessed but appeared globally intact

I: Wants help and support. Feels needs to deal with previous trauma

Opinion:

Self-injury in context of difficult psychosocial stressors, traumatic experiences and problematic use of street benzos. Im not sure how much substances are playing a role in her presentation, and in particular what role some from a bad batch of street valium is playing. I suspect that her actual use may be higher judging

Risk:

Eleanor remains at a chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma

Plan:

Discharge once medically fit

Eleanor was agreeable to input from the Navigators to link her into relevant community supports in order to reduce social isolation.

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Eleanor was keen to access support for her previous trauma. In this regards, I would kindly ask my colleagues within the SW CMHT to accept this letter as a referral for psychological assessment for trauma-informed therapy.

Gearid [REDACTED]
Psychiatric Liaison Nurse
Department of Psychological Medicine, RIE
Bleep 4019

CC SW CMHT

Yours Sincerely,

Gearid [REDACTED] Community Psychiatric Nurse

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NHS Lothian

Royal Infirmary of Edinburgh
 Primary Assessment Area
 Royal Infirmary
 51 Little France Crescent
 Edinburgh
 EH16 4SA

Ambulatory Care

Dr [REDACTED]
 Wester Hailes Medical Practice
 Wester Hailes Healthy Living Centre
 30 Harvesters Way
 Edinburgh
 EH14 3JF

Date: 18/03/2021

Outpatient Clinic Letter

Patient	Eleanor McGuffog 10/2 Clovenstone Park Edinburgh EH14 3BQ	CHI	1204711321
		Date of Birth / Age	12/04/1971 (49 years)
		UHPI	830651105V
Attendance Date	11/03/2021		
Consultant	Ambulatory Care Registrar		

Dear Dr [REDACTED]

Eleanor McGuffog was referred to ambulatory care for CTPA having been assessed in the ED, and noted to have right basal creps with abnormal CXR requiring further investigation. Note MHAS review in ED.

She reported no interval change in symptoms overnight and was well on arrival to clinic. She has a cough productive of "brown" sputum and denies fever.

CTPA was reported as no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered, calcified granulomata throughout both lungs.

Given the presence of productive cough and consolidation we have given her a course of doxycycline (reported penicillin allergy) and discharged her with worsening advice.

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I note that the Respiratory Registrar was involved in her care in the ED and I will copy my note to the respiratory team with regards to any formal follow up required.

Yours sincerely

E-checked by:

██████ McIvor

Ambulatory Care Fellow

Clinical Secretary: 0131 242 1481

Reception: 0131 242 1422

Cc: Respiratory Consultant on-call, RIE (Referral) - Posted 18.3.21

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NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management ■ Chronic Pain Service
Urgency of referral	Routine
Date of referral	03/12/2022
Date submitted	03/12/2022
UCPN	101028146188B

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	38-3 OXGANGS CRESCENT	Voice(Mobile) : 07515858114
Name:	MS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH13 9HL	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. [REDACTED] Cockburn (GMC: 4442556)	Allermuir Health Centre 165 Colinton Mains Drive Edinburgh EH13 9AF
Practice:	Firrhill Medical Centre (71097)	
Phone:	Voice : 0131 441 3119	

CLINICAL INFORMATION

Reason for Referral:	Chronic back pain; on DHC but keen to engage with pain management group		
Main Referral Text:	Many thanks for considering this 51 year old lady with chronic back pain which she describes as sciatica. She has pain which radiates down her R leg and she can also experience numbness in her R foot. She walks slowly saying her [REDACTED] is her carer and that she can't walk any distance, relies on taxis to get about, can't carry shopping. She states that her [REDACTED] needs to assist her in getting into shower (over bath). She says she can't sit for too long owing to back pain. She reports that she is in pain on waking, takes DHC 30mg x2. Takes 30mg on two further occasions during day then 60mg at bedtime (with Amitript 100mg) which allows her to sleep. She clearly cannot envisage reducing her DHC any further - she has been on DHC for years. Says she never takes more than prescribed and I think we have reached extent of reduction.		
	She is keen to consider attending a pain management group.		
	Yours sincerely,		
	Dr R Cockburn		
Examinations and Investigations			
	Description	Result	Date
	Middle name : DURIE		
Investigations			
	Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
	Description of pain (e.g. severity, pattern, patient experience) :	'Sciatica', severe disabling pain in her back that prevents her walking any distance	
	What is your working diagnosis/explanation of the cause of pain? :	Chronic back pain	
	In your opinion, is the patient open to the idea of self management on pain? :	Yes	

Has this been discussed with the patient? : Yes
 Is your patient coping with the DISTRESS caused by pain? : Poor
 Is your patient coping with DISABILITY caused by pain? : Very Poor
 What is your primary expectation of referral? : Pain Management Programme
 What is your patient's primary expectation of referral? : Pain Management Programme

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Cervical smear defaulter			18/11/2021	18/11/2021
Has a carer	New event	: ■■■ - unclear which of 3 ■■■ is her carer (see potential concern 29/10/15)	04/11/2021	04/11/2021
Lobar pneumonia due to unspecified organism	New event	(DNA f/u CXR)	11/03/2021	11/03/2021
Misuse of drugs NOS	New event	- allegedly (currently Valium & Pregabalin; also h/o illicit Temazepam 10/09/19 & street diazepam 25/10/12)	10/03/2021	10/03/2021
Suicidal	New event	: '...at chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma'	10/03/2021	10/03/2021
[X]Deliberate drug overdose / other poisoning	New event	: Diazepam 10 x 5mg & Gabapentin 900 mg - also self injury to face with razor	10/03/2021	10/03/2021
[X]Intentional self-harm	New event	: self injury to face with razor & OD (psychosocial stressors/traumatic experiences/problematic use of street benzos)	10/03/2021	10/03/2021
Combined opioid with other drug dependence NOS	New event	[TRUNCATED]: h/o DF118 dependence (iatrogenic largely), tho' allegedly also longterm problematic use street benzos & some street pregabalin (DF118 originally prescribed 2005 for earache & dental car	10/03/2021	10/03/2021
Hyperlipidaemia NOS	New event		18/12/2019	18/12/2019
Sciatica	New event	: involving R leg	23/09/2019	23/09/2019
Urge incontinence of urine	New event		23/09/2019	23/09/2019
Suicidal ideation	New event		16/04/2018	16/04/2018
Vitamin D insufficiency	New event		12/01/2018	12/01/2018
Is no longer a carer	New event	: ■■■ now in long term care	09/01/2018	09/01/2018
Vulnerable adult	New event	: one ■■■ (has 3) allegedly abusive emotionally and ? physically; police involvement; allegedly possibly financially exploiting patient	29/10/2015	29/10/2015
Is a carer		: no longer a carer by 09/01/18 as ■■■ now in long term care	19/02/2015	19/02/2015
Opioid drug dependence NOS		= = prescribed df118 no illicit use, longstanding	19/02/2015	19/02/2015
Chronic low back pain			19/02/2015	19/02/2015
Depressed mood	New event	: longstanding low mood (chronic low mood was also ongoing)	25/10/2012	25/10/2012
Breast lump symptom	New event	: left -> Breast Clinic 02/07/12 -> normal breast & normal mammogram	15/06/2012	15/06/2012
Family is cause for concern	New event	: OOH made child protection referral - concerns around patient feeling suicidal with 10 yo child in her care	08/08/2010	08/08/2010
[X]Deliberate drug overdose / other poisoning	New event	: impulsive OD in context of relationship breakdown/situational crisis (30 x DF118)	11/05/2009	11/05/2009

Carpal tunnel syndrome	New event	: bilateral -> R release 01/12/07. Release of L was planned but DNA for surgery x 2; subsequently ref to Plastics 19/03/12 & DNA	25/05/2007	25/05/2007
History of sexual abuse			14/07/2005	14/07/2005
[X]Intentional self-harm			14/07/2005	14/07/2005
Neurotic (reactive) depression			14/07/2005	14/07/2005
Delivery by emergency caesarean section	New event	: 36+3 wks; placental abruption; 2940g; apgars 9 & 9; ████ A/F	19/06/2000	19/06/2000
Victim of domestic violence	New event	: also previous episodes of DV reported 23/03/99 & 28/07/99	05/01/2000	05/01/2000
[X]Recurrent depressive disorder, unspecified	New event	: ongoing further escalations 10/03/99 & 15/01/01; chronic low mood was ongoing at 25/10/12	28/05/1998	28/05/1998
Asthma NOS	New event		19/08/1996	19/08/1996
[X]Depressive episode, unspecified	New event		21/06/1994	21/06/1994
Forceps delivery	New event	: KRFD; 39+6 wks; 3520g; A/F	07/01/1994	07/01/1994
Forceps delivery	New event	: HFFD; 39+ wks; 3480g; boy; A/F	24/08/1992	24/08/1992
Victim of sexual abuse	New event	: h/o 'appalling childhood experiences' - support via YPU	06/05/1991	06/05/1991
[X]Deliberate drug overdose / other poisoning	New event	: Pizotifen & paracetamol	25/10/1990	25/10/1990
[X]Deliberate drug overdose / other poisoning	New event	: Ponstan -> self discharged	07/09/1989	07/09/1989
[X]Assault by bodily force	New event	: alleged assault by 2 youths - facial contusion; no LOC	25/07/1988	25/07/1988
[X]Deliberate drug overdose / other poisoning	New event	: diazepam & alcohol -> self discharged	05/05/1988	05/05/1988
Misuse of drugs NOS	New event	: glue sniffing - A&E attendance	10/04/1985	10/04/1985
[X]Mixed disorder of conduct and emotions, unspecified	New event	: behavioural/emotional disorder -> special education HS	07/01/1984	07/01/1984

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Uses dispensed monitored dosage system			07/12/2021	07/12/2021
Computed tomography pulmonary angiography	[TRUNCATED]: '...no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered calcified	New event	11/03/2021	11/03/2021
Statin prophylaxis	(prescribing doesn't appear to be ongoing?)	New event	10/02/2020	10/02/2020
Carpal tunnel release	: right	New event	01/12/2007	01/12/2007

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
------------------	--------------------	---------------	------------------	-----------------------	-----------------	-----------------------------

Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)	05/04/2022	01/11/2022
Dihydrocodeine 30mg tablets	tablet	1 TABLET AT LUNCH TIME AND TE[more]	01/11/2022	01/11/2022
Colecalciferol 800unit capsules	capsule	1 CAPSULE DAILY WEEKLY DISP	23/06/2022	07/10/2022

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Dihydrocodeine 30mg tablets	tablet	1 TABLET AT LUNCH TIME AND TE[more]		12/10/2022		12/10/2022
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		01/11/2022
Dihydrocodeine 30mg tablets	tablet	1 TABLET AT LUNCH TIME AND TE[more]		16/09/2022		16/09/2022
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		08/09/2022

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>
H/O: penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: (info from ambulatory care discharge).		11/03/2021	11/03/2021

6011023.71.6363

Additional information

Patient Weight in Kilograms:63
 Patient Height in Metres:1.63
 Patient BMI:23.7
 Patient Blood Pressure (Systolic):110
 Patient Blood Pressure (Diastolic):60
 Smoking history (Screening):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Smoking history (Encounters):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Alcohol history (Screening):Teetotaller Date Recorded:24-Nov-2021
 Alcohol history (Encounters):Teetotaller Date Recorded:24-Nov-2021
 Exercise history (Screening):Exercise grading Date Recorded:01-Sep-1999
 Exercise history (Encounters):Exercise grading Date Recorded:01-Sep-1999

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University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA



17 APR 2021

Department of Respiratory Medicine

Miss McGuffog
10/2 Clovenstone Park
Edinburgh
EH14 3BQ

Date First Created 31/03/2021
Date Authorised
Date/Time Printed 31/03/2021 11:36
Our Ref 830651105V
CHI 1204711321

Patient:	Miss Eleanor McGuffog	UHP1:	830651105V
	10/2 Clovenstone Park Edinburgh EH14 3BQ	Date of Birth:	12/04/1971
Clinic Code:	NAHADVICE	Attendance Date:	02/04/2021
Speciality:	Respiratory Medicine		
Consultant:	Dr NA Hiram (Advice)		

- Respiratory Medicine
- Prof W McKeown
Secretary: 0131 242 1869
- Prof A EBB
Secretary: 0131 242 1951
- Dr TW Mackay
Secretary: 0131 242 1867
- Dr SL Rhee
Secretary: 0131 242 6492
- Dr NA Hiram
Secretary: 0131 242 1866
- Dr SM Dewar
Secretary: 0131 242 1867
- Dr GA Stewart
Secretary: 0131 242 1866
- Dr TA Bradshaw
Secretary: 0131 242 1872
- Dr J McCaffery
Secretary: 0131 242 2546
- Dr K Ghoshal
Secretary: 0131 242 1868
- Dr L Haas
Secretary: 0131 242 6492
- Dr J Yllescu
Secretary: 0131 242 1866
- Dr S Wainstay
Secretary: 0131 242 1866
- Dr G Choudhury
Secretary: 0131 242 1869
- Dr S Cleveland
Secretary: 0131 242 1868
- Dr R Pringle
Speciality: Oncology

Dear Miss McGuffog,

nah/eb - 31/3/21

I received a note from my colleagues at the RIE ambulatory care unit where you were seen on 11th March. I see that the CT scan showed a chest infection (pneumonia). I have arranged for you to have another chest X-ray in May to check if this has cleared up. I'll write to you with the results.

Yours sincerely

Dr Nik Hiram
Reader/Lead Consultant Respiratory Medicine

Contact: Caroline Bettosi, Secretary to Dr Nik Hiram
Tel: 0131-242 1872

Copy to: GP

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██████████ Hospitals Division

██████████ al Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA



Cont'd...

Ref: 830651105V

Patient Name: Miss Eleanor McGuffog

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University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA



Department of Respiratory Medicine

Miss McGuffog
1072 Chryvenstone Park
Edinburgh
EH14 3BQ

Date First Created 21/09/2021
Date Authorised
Date/Time Printed 21/09/2021 13:54
Our Ref 830651105V
CHI 1204711321

Patient:	Miss Eleanor McGuffog 1072 Chryvenstone Park Edinburgh EH14 3BQ	UHPP:	830651105V
		Date of Birth:	12/04/1971
Clinic Code:	NAW/ADVICE	Attendance Date:	24/09/2021
Specialty:	Respiratory Medicine		
Consultant:	Dr NA Hirani		

Respiratory Medicine

Prof W MacKenzie
Secretary: 0131 242 1869

Prof A Hill
Secretary: 0131 242 1921

Dr TW Mackay
Secretary: 0131 242 1827

Dr RL Ekins
Secretary: 0131 242 6491

Dr RA Hiron
Secretary: 0131 242 1886

Dr KM Skene
Secretary: 0131 242 1827

Dr GA Seneor
Secretary: 0131 242 1866

Dr TB Stubbins
Secretary: 0131 242 1872

Dr J MacCallum
Secretary: 0131 242 2886

Dr K Mulla
Secretary: 0131 242 1868

Dr L Beer
Secretary: 0131 242 8492

Dr J Thomson
Secretary: 0131 242 1866

Dr S Wainwright
Secretary: 0131 242 1868

Dr G Choudhury
Secretary: 0131 242 1869

Dr S Giordano
Secretary: 0131 242 1868

Dr R Prasad
Speciality Doctor

Dear Miss McGuffog,

mah/ab - 21/9/21

I wrote to you in March 2021 explaining you needed a chest X-ray in around May 2021 to follow up a chest infection. I believe appointments have been sent but you haven't attended for the x-ray. I hope you have recovered, but if not please contact my secretary on 0131-242 1872 and I'll book another chest x-ray appointment or see your GP.

Yours sincerely

Dr Nik Hirani
Reader/Hon Consultant Respiratory Medicine

Contact: Caroline Betrosi, Secretary to Dr Nik Hirani
Tel: 0131-242 1872

cc GP

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Dr Marte Cowell Dr Peter Cairns Dr Sinead [REDACTED]
Dr Brendan Magee Dr [REDACTED] Dr Suzanne MacNee Dr [REDACTED] Beveridge
Dr Eva Mahler Dr [REDACTED] Cavaghan Dr Laura [REDACTED] Dr Nigel [REDACTED]
Practice Manager Lynn Maxwell

Wester Hailes Healthy Living Centre, 38 Harvesters Way, Edinburgh EH14 3JF
Reception 0131 453 9250 Fax No 0131 453 6779 Practice No 78979

www.westerhailesmedicalpractice.co.uk

5 May 2021

CONFIDENTIAL

Eleanor MCGUFFOG
18-2 Clovenstone Park
Edinburgh
EH14 3BQ

DOB 12.04.1971

Dear Sir

I am writing on behalf of this patient.

I can confirm that Eleanor has medical history of adverse childhood experience, chronic low mood and iatrogenic opiate dependency.


Her current medication is dihydrocodeine, amitriptyline and colecalciferol.

Over recent months Eleanor has had increasing difficulty with suicidal ideation and episodes of deliberate self harm, and has needed support from general practice, social care and mental health services.

I understand that her [REDACTED] has now moved in with her to provide monitoring and support. Eleanor currently lives in a one bedroom flat which is not appropriate for this arrangement.

Please can this information can be taken into account.

Yours faithfully


Dr Nigel Williams
GMC 3301223
General Practitioner

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Full Report**Miss Eleanor McGuffog****12/04/1971 Female S685671168 Permanent**

07/04/2021 Telephone encounter Sounds much calmer on phone. Has realised plan. [REDACTED] now moved in to provide additional support. Received prescription and conceded was taking more than prescribed hence running short. Intends now to take as prescribed and can see consequences. Has made plan to attend MHAS appt on Sat and I will look for correspondence to assess whether I will be involved in support going forward. Denies current TDSH but recognises could occur again and she can make life changes to reduce distress triggers like opiate withdrawal. Mr [REDACTED]

Novak

01/04/2021 Telephone encounter F/u call following email as below. Eleanor is at home in bed. She states she has not had her dydrocortidene for 4 days but is pleased that it will get delivered today. She thinks her withdrawals has increased her distress which is plausible. Unfortunately she is unable to explain how she came to be short. Eleanor states her HO has authorised her [REDACTED] moving in on Monday to offer support which she feels reassured by. Still expressing TDSH but no intent at present. Has used and has emergency contacts and I explained that NHS24 could refer to distress brief intervention service if crisis persists. Has been referred to CMHT and has follow up MHAS appt on Sat 10th [REDACTED] is going to take her. At risk of DSH, no current intent risk will be reduced when opiate withdrawal ceases and follow up in place. I have agreed to f/u next Wednesday to review plan. Mr [REDACTED]

[REDACTED] Novak

01/04/2021 Administration NOS [REDACTED] Gollan from Access & Emergency Social Care Services sent email asking if patient could be contacted asap on 07515 858 114 as per the below email. Hi there, Miss McGuffog has called the Police at least twice during the last month to say she had attempted suicide (by slashing her face with a [REDACTED] blade, resulting in scarring). During a telephone conversation this afternoon she told me that she is "hanging by a thread" as her mental health worsens. She says she is hearing voices telling her to self-harm since she had her first covid vaccination and blames the vaccine for her deteriorating mental health. She wasn't threatening suicide during our conversation this afternoon and so I couldn't contact the police to express concern or say she was at immediate risk of self-harm. But I am concerned that she may struggle to cope during the Easter holiday period when support services are closed. She says she is waiting for a call from her surgery (Wester Hailes Healthy Living Centre) tomorrow and has an initial mental health appointment at the Royal Edinburgh Hospital on Saturday 10th April. But that date seems a long time away for someone who is experiencing a mental health crisis right now. She has called The Samaritans on a number of occasions. Social Care Direct: Can someone possibly liaise with her surgery and ensure that a healthcare professional contacts her tomorrow? South [REDACTED] Family & Household Support: Is it possible for the police to carry out welfare checks on Miss McGuffog in these circumstances? She says she needs support so I will complete a formal referral to your team tomorrow morning. Her contact phone number is 07515 858 114. Thank you. [REDACTED] Hookey 1 Housing Officer 1 Place, South [REDACTED] Locality Office, 10 Westside Plaza, Edinburgh EH14 2ST 1 Tel 527 3854-sean.hookey@edinburgh.gov.uk Dr Sinead [REDACTED]

12/03/2021 Telephone encounter F/u call re DSH on Wednesday. No current SI or intent. Happy in knowledge has been referred to SW CMHT. DSH was in context of illicit benzo intoxication and distress after having kitten food and electronic device stolen. Discussed harm reduction strategies in using illicit benzo advised no benefit taking more than 30mg. Has emergency contacts should she need emergency support and has used Samaritans and MHAS in past. Advised GP will be in contact in terms of chest. Mr [REDACTED] Novak

12/03/2021 Administration 07515 858 114 FAO SS discuss chest infection and suicide attempt - pf has slashed face with razor blade. hkphone nining out.i know eleanor well, i suspect low iq and limited literacy.sister is LD.chronic low mood and hx of aces..hi risk of misadventure in context of prescription (opiate) addiction.i have not know her cut or slash previously - thins is new if true.no copd, but is smoker and at 49yo worth bearing in mind poss pathology.but if new cough -> needs covid test.further attempt ringing to answer.ill copy tpo PN to see if able to speak re suicidal ideation today...we can keep trying re chest.ss Dr [REDACTED]

17/12/2020 Administration OOH - NHS24 Nurse Advice, Difficult to Move fingers (L) 3-4 days, Outcome: Patient given

self care advice - for information only. Mr [REDACTED] Senior

03/09/2020 SMS text message sent to patient Dear patients,Good news! On Monday 14th September we will be launching a new way to contact the practice called eConsult.This will give you another way to contact us instead of calling the busy phone lines - which we know can be a problem.If you need to contact us on or after 14th Sept - please visit our website: <https://www.westerhailesmedicalpractice.co.uk/>.You will see a new banner for eConsult which gives you the following four options: I want help for my condition- I want general advice - I want administrative help (including prescriptions, sick notes & GP letters etc)- I want help for my child.This is to be used for NON EMERGENCY problems & requests - we will always respond to your request by the end of the next working day. Thank you for helping us to improve the service we provide. [Patient Group Updated Sms Consent List Sept 20'] Ms Jules Riddell

04/08/2020 SMS text message sent to patient Dear Patients, This week and next week we are unfortunately really short staffed. As always, we will try to help as many patients as possible, as quickly as possible, however, we ask if you can please bare this in mind when contacting us or awaiting a reply. We are trying our absolute best to provide the best service we can given the current situation. Thank you for your understanding. Wester Hailes Medical Practice Team {Patient Group Full Text Consent Jr} Ms Jules Riddell

Wester Hailes Medical Practice, 30 Harvesters Way, Edinburgh, EH14 3JF

Tel: 0131 453 9250

Page 2/36

Printed by [REDACTED] on 08/12/21 08:12:50

NHS Confidential: Personal data about a patient

Full Report**Miss Eleanor Meguffog****12/04/1971 Female S685671168 Permanent**

17/07/2020 SMS text message sent to patient Dear Resident, Telephone scams are a common way for criminals to con people out of money. Last week in Edinburgh we received a report from a local resident who stated that she had received a telephone call from a male calling himself [REDACTED] claiming to be "from the surgery. The call was made from a mobile phone number unknown to the resident. Early into the conversation, "Jack" informed the resident that she was entitled to an Emergency Call Button. Having not expected any calls from her surgery - and believing this to be a scam - the resident did exactly the right thing and ended the call immediately. She then reported the incident to her local surgery who confirmed that they had not tried to contact her and that this indeed a potential scam. To protect yourself and prevent becoming a victim of similar frauds and scams, please consider the following crime prevention advice if you receive an unsolicited telephone call: - Don't reveal personal details. Never give out personal or financial information (such as your bank account details or your PIN) over the phone, even if the caller claims to be from your bank. - Hang up. If you feel harassed or intimidated, or if the caller talks over you without giving you a chance to speak, end the call. It may feel rude to hang up on someone, but you have the right not to be pressurised into anything. - Ring the organisation. If you're unsure whether the caller is genuine, you can always ring the organisation, company or bank they claim to be from. Make sure you find the number yourself and don't use the one provided by the caller. - Don't be rushed. Scammers will try to rush you into providing your personal details. They may say they have a "time-limited offer" or claim your bank account is at risk if you don't give them the information they need right away. There are also ways in which you can avoid scam or 'cold calls'. You can block or prevent some cold calls by considering the following: - Register with the Telephone Preference Service, it's free and it allows you to opt out of any unsolicited live telesales calls. This should reduce the number of cold calls you receive but may not block scammers. - Talk to your phone provider to see what other privacy services and call-blocking services are available, although you may need to pay for some of these services. - If you have a smartphone, you can use the settings on the phone to block unwanted numbers. If you're not sure how to do this, you could visit your local mobile phone shop for assistance. - There are products to block some calls. Some local councils provide call blockers through their trading standards teams. For more advice and information on how to protect yourself from being a victim of frauds or scams, please visit our dedicated page on the Police Scotland website or you can visit the Trading Standards Scotland website here. All reports of fraud and any other financial crime should be reported to Police via 101 without delay. In an emergency always dial 999. Thank you. Police Scotland {Patient Group All Patients} Ms Jules Riddell

22/05/2020 SMS text message sent to patient WESTER HAILES MEDICAL PRACTICE Hello UPDATE - 22/05/2020 We offer an online prescription service. Lloyds Pharmacy at Wester Hailes now have a stock of our online prescription service registration forms. This is due to the current coronavirus situation as patients cannot come to Reception to pick up a form. The pharmacy will also NFEED to see some form of ID. These forms will be delivered to the practice, and contain all the information we need. One of our Patient Care Advisors will then call patients to process their form, and give all the information needed to complete your registration. Thank you {Patient Group Full Text Consent J} Ms Jules Riddell

20/03/2020 SMS text message sent to patient Wester Hailes Healthy Living Centre building will be closed to the public from Monday 23rd March 2020. We are still open and staff will still be working in the building but patients/visitors will only be able to enter the building if they have a pre-arranged appointment. Please call our telephone number (0131 453 9250) if you need to speak to someone about your healthcare. The community reception desk telephone number is 0131 453 9100. Again, thank you for your help and understanding while we try to keep everyone safe and healthy. ***A message from Lloyds Pharmacy Wester Hailes: Now opening at 10am, closing for an hour between 1pm & 2pm and then closing at 5pm each day. Wester Hailes Medical Practice {Patient Group Alltext} Ms Jules Riddell

17/03/2020 SMS text message sent to patient Please note: Harvesters / the east end entrance is now closed to staff and the public. This entrance will only be used for patients which the practice have asked to attend. Please could all patients use the [REDACTED] entrance (car park entrance) of the building. This means you can no longer walk through the building from one entrance to the other. We will continue to keep you updated - thank you. Wester Hailes Medical Practice {Patient Group Alltext} Ms Jules Riddell

17/03/2020 SMS text message sent to patient Hello, if you are self isolating because of cough and / or fever, you DO NOT require a GP to give confirmation of your illness to your employer. PLEASE DO NOT PHONE US TO REQUEST THIS. We are trying to keep our phone lines clear for those requiring medical advice. Thank you, we appreciate your help with this. Wester Hailes Medical Practice {Patient Group Alltext} Ms Jules Riddell

12/03/2020 Third party encounter Folic acid px requested, issued. Dr Fionn Toolis

12/03/2020 Failed encounter Sighthill Pharmacy engaged 11:39, they had called about dosette. Dr Fionn Toolis

27/02/2020 Administration NOS 0131 453 4782 sighthill he pharmacist - amitriptyline - taken off & now has rx to say she is going back onto 150mg per night - is this right? prob would NOT have done this... would have avoided and looked at alternatives, and if no choice iw could have slowly titrated up.. cabt to pharmacy. took the 75mg daily elsewhere. so i have allowed two weeks at 50, two weeks at 100 then up to 150mg. script re set up, they will cancel balance on the current script for 5mg tabs then destroy ss Dr [REDACTED]

21/02/2020 Consultation needing back ion amitriptalin, looking well today, no signs of agitation or distress. seems bright and articulate. advice on amitriptalin. feels 3 daily helps. does occ use 2 at night and 1 in the am. back if worse Dr Rivan Buell

20/02/2020 SMS text message sent to patient hello :: can you come in for a gp review tomorrow morning - 21 feb, at 12:30 - we will go over your concerns, thanks, wester hailes. Dr [REDACTED]

20/02/2020 Administration NOS 07834 277881 to discuss meds after receipt of REH med report. she needs new meds asap see below several attempts to get her, and patient could of course book a gp appt! slot for the morning. id be keen to avoid amitriptyline as was never effective for mood and patient used as sleeping tab. ss Dr [REDACTED]

11/02/2020 Telephone encounter see below tried to call her ansafone only msg left to return call Dr Rita Rigg

10/02/2020 Administration NOS 07834 277 881 taken to REH on Saturday by police Assessed & advised to d/w GP her meds & will send report cw - awaiting info from MHAS, not admitted. sletter from MHAS, no meds withheld. suicidal. long standing. ideally id link with [REDACTED] but need of wait for his return. trauma hx, addictions (iatrogenic) argely risky behaviour prev, but min risk of acutal harm i think knowing her relatively well. main issue is prescribing safety - not directly od risk, rather just meds themselves. has not really benefited moodwise form ami - for most part my understanding was that it was a sleep driven decision... ss Dr [REDACTED]

29/01/2020 Administration NOS ESA113 sent from 16.07.19 - no info summary only - ge for ss Dr [REDACTED]

24/01/2020 Administration NOS 07843277881 patient requesting duloxetine gastro capsules not on repeat patient out of these capsules can you please send to sighthill pharmacy please thanks cc Dr [REDACTED]

18/12/2019 Administration NOS asking for amitriptyline declined, swapped to dulox by ls - should speak to ls re plans Dr [REDACTED]

17/12/2019 Consultation Admits to having been taking 5mg of temazpema (buying this) tds and suddenly stopped 3 days ago. fell over into TV this mornign although was worse yesterday. o/e: not shaking, pupils a normal size, HR 88 BP 135/80 ADvised to stay off temazepam as will cause her to fall. also agreed to reduce and stop amitriptyline. try duloxetine for pain (in hands) and mood - start once off amitriptyline. For bloods. cholesterol deposits around eyes and check not anaemic. Mood low. Quite alone. Has 3 kdis aged 18-27 but no contact with any of them. apparently they cut her off after a bad voercoose she took. No contact for 2 years - suggested she try to reconnect with them Dr [REDACTED]

Wester Hailes Medical Practice, 30 Harvesters Way, Edinburgh, EH14 3JF

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Full Report

Miss Eleanor Meguffog

12/04/1971 Female S685671168 Permanent

17/12/2019 Telephone encounter Feeling dizzy for a few days. Drinking plenty water. on high dose amitriptyline but sounds reluctant to come off it as is helping her sleep and mood. given appt Dr [REDACTED]

19/11/2019 SMS text message sent to patient FROM WESTER HAILES MEDICAL PRACTICE: For the last few months, the Practice has been extremely short of Doctors and Patient Care Advisors, mainly through long term sickness. Unfortunately, it has been very difficult to find cover. This means we have less appointments to offer than we would like, and your calls are taking longer to answer. We are trying to fix this but it will take time. Please be reassured we will always be able to see you if you are seriously ill. In the meantime please remember that you can book an appointment up to two weeks ahead for non-urgent problems, and that other services can also help e.g. pharmacies for all minor illnesses. Thank you for your understanding at this time, and we apologise for the inconvenience caused. (Patient Group SMS No Consent Yet) Ms Jules Riddell

15/11/2019 Consent given for communication by SMS text messaging Ms Jules Riddell

23/09/2019 Consultation sev mths urgency and urinary incontinence, no bowel issues. vasomotor sx not symptomatic of atrophic vaginitis. Iix sciatica with LBP radiating down R leg no foot drop no saddle anaesthesia but new onset urinary issues in context lumbar radiculopathy ? reqs MRI urgent referral NHS Lothian Integrated Back Pain Services. Declined bimanual today as bleeding heavily f/u in well woman clinic PUSS. Taking TZP 5-10 mg twice daily since [REDACTED] died 1 yr ago signpostd Recovery Hub-SB Dr Sineaid [REDACTED]

10/09/2019 Consultation URINARY SYMPTOMS Long story about recent Benefits Agency medical Urinary symptoms 6 months - frequency during day x 8-10, nocturia x 1-2 with urgency, sometimes wets bed, small volumes during day No abdo pain, no visible haematuria LMP about 3 months ago - also reports some flushes, sweats. Age 48 Talked a lot about [REDACTED] death last year Also disclosed using illicit TMZ (supply from a friend) Says feels very low when unable to source her supply O/E abdo SNT, no LKKS, bladder not enlarged, BS normal Meds include AMT 150mg nocte IAMP - urinary symptoms C&S, urinalysis, bloods - in first instance Then review and reassess ongoing plan(?) my impression was that obtaining TMZ was on patient's agenda Dr Nigel [REDACTED]

22/07/2019 Administration NOS DWP form rec'd FAO SS cmcb Mr [REDACTED] McBain

18/07/2019 Administration NOS 14.20 - 453 4782 SHHC Pharmacy - query dosette box. hk Dr [REDACTED]

11/09/2018 Administration NOS Pharmacy request for 2/12 dihydrocodeine but issued on 15/8 so not done again. Dr L Schyma Dr [REDACTED] Schyma

16/08/2018 Vitamin D deficiency monitoring administration Dr [REDACTED]

16/08/2018 Repeat prescription "sh pharmacy kerry-asking for Rx to sync up dosette- needs colecalciferol x.56- can this be changed on Rx so that they only receive 56 from now on -bh" Dr [REDACTED]

12/07/2018 Administration NOS dosette box set up at Eleanor's request as getting mixed up with tablets, although not n many. DHC script reworded to make dosing clearer-SB Dr Sineaid [REDACTED]

12/07/2018 Medication commenced Dr Sineaid [REDACTED]

02/07/2018 Administration report passed to [REDACTED] for scanning cc Mrs [REDACTED] Clelland

02/07/2018 Administration NOS department for work and pensions report for dr [REDACTED] paperwork has envelope cc Mrs [REDACTED] Clelland

18/05/2018 Cervical smear defaulter Dr [REDACTED]

16/05/2018 Administration NOS note with Rx to arrange meds rv-ssing [REDACTED] but not been reviewed by GP for a while EM- Dr [REDACTED] Mahler

16/04/2018 Telephone encounter CLW: Phone call- cleaner now in touch with CHAI worker for support with benefits, not been coping very well recently, feeling very low and doesn't want to be here anymore, wishing she would go to sleep and not wake up- CHAI worker Sha also contacted me this morning concerned about Eleanor. Safety chat- suicidal thoughts but no active plans, has crisis numbers, encouraged to use these when feeling really low, told me she would. Also chatting about things planned for future- appt with Sha on Friday, visiting [REDACTED] later this week too. Supportive chat and will keep in contact Ms [REDACTED] Roxburgh

15/02/2018 Consultation CLW: Catch up today, funeral went well, everything got organised and paid for in the end however got news today has been declined funeral expenses payment due to money in [REDACTED] estate. Rearranged appointment with CAB to review benefit as very low income. Eleanor mentioned plans to hopefully get back to [REDACTED] future, would like to think about volunteering first as knows needs to do something to keep busy and get out the [REDACTED] Agreed to meet in couple weeks to think about this as needs time to grieve after funeral now. Ms Julie Roxburgh

06/02/2018 Consultation Support to make some phone calls today to [REDACTED] up applications- still outwith processing time- funeral payment and flowers will not issues an advance, worried [REDACTED] may have to pay flowers and will pay her back. Tried few other avenues but no success, await outcome of applications. Eleanor quite fearful and upset today, stressed on run up to funeral which is to be expected. Will keep in contact his week and arrange to meet for support after funeral also Ms [REDACTED] Roxburgh

23/01/2018 Third party encounter lloyds w/h have lost script for dihydrocodeine and amitriptyline so further script issued as requested and sent directly to lloyds.SMac. Dr Suzanne Macnee

23/01/2018 Consultation Supported to apply for funeral expenses payment today- to cover shortfall in funeral cost and flowers. Eleanor doing really well, has been coping well, eating ok and focused on getting things organised. Will continue support after funeral on 12th as knows this is when things will start to sink in. Ms [REDACTED] Roxburgh

19/01/2018 Consultation F/u today- [REDACTED] passed away on Sunday, care home phoned the family in the morning advising they came in so Eleanor was present when he passed. Taking some comfort from this, wasn't in any pain. Has been really on top of things this week- getting funeral plans organised. Has used all her benefit on taxi and bills, supported to apply for crisis [REDACTED] today to cover cost of food and gas and electric. Also applied for community care [REDACTED] as distressed has no appropriate clothing for funeral and will have more travel to arrange further funeral details. Coming back in this afternoon to scan some documents to send to complete crisis [REDACTED] application. Will continue to support from here Ms [REDACTED] Roxburgh

12/01/2018 Consultation Met Eleanor for initial appointment, discussed recent mh struggles, feeling abit better compared to start of week- tablets have helped settle mood. Struggling with everything going on with [REDACTED] and [REDACTED] very isolated and lonely. Also disclosed childhood sexual abuse and domestic abuse by [REDACTED] ? suitable for rivers centre. Appt booked with CAB on Wed for benefits check as on very low income and issues with previous carers allowance. F/u aranged with me for next week also Ms [REDACTED] Roxburgh

12/01/2018 Consultation weight 74.2kg-bloods taken- urinalysis protein+ blood-- msu sent for c&s Mrs [REDACTED]

09/01/2018 Telephone encounter 0749 5058 747- Asked for you Dr SS- crying on the phone, feels might be close to a nervous breakdown, also to discuss medication-LD - failed 810 813 ish, scripts done as on rpt ill try again to speak to her in a wee while 10.54 pt phoned back 261 7501 discuss amitriptyline. hkGOT HOLD OF ELEANOR she is struggling with death of pet, imminent death of father and the fact that her [REDACTED] is in long term care in the royal ed she is LD and autistic.cah re no room for manoeuvre with amitriptyline.and that i would refer to [REDACTED] for some guidance / support to access counselling - ? other - perhaps at h/a or wester haven.for now ill looka t meds and try to keep things minimal...ss Dr [REDACTED]

11/10/2017 Administration form from DSS to be completed- passed to CMCB for scanning then pass to SS Mrs [REDACTED]

19/07/2017 Consultation Was walking her dog a few weeks ago. He pulled away from her and she fell backwards and banged her head. Said she was unconscious for a minute. Didnt seek med rvhas been having headaches since then, settle with DHC/e BP 110/60. pulse 80 reg, cranial nerves and fundi normal. Head injury advice given and told to go to a+e if [REDACTED] concerns Vitiligo over L side of face. Advised sunblockbm Wester Hailes Medical Practice, 30 Harvesters Way, Edinburgh, EH14 3JF

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Full Report

Miss Eleanor Meguffog 12/04/1971 Female S685671168 Permanent

19/07/2017 Consultation Was walking her dog a few weeks ago. He pulled away from her and she fell backwards and banged her head. Said she was unconscious for a minute. Didn't seek med rx has been having headaches since then, settle with DHC/c BP 110/60, pulse 80 reg, cranial nerves and fundi normal. Head injury advice given and told to go to a+e if any concerns Vitiligo over L side of face. Advised sunblock/bm

04/07/2017 Administration NOS 07516 384 284- asked for you Dr SS- discolouration down side of face started around three wks ago, spreading to ear- LDmsg to call when free - i can see before 5 if free tonight, otherwise can be seen tomorrow when sutis. ss Dr [redacted]

29/03/2017 Administration NOS 8.30 261 7501 pt pick up meds at chemist yesterday - all meds fell out of shopping trolley - now requesting another rx for replacements meds. hkdnonot one for messing about till replace this once onlyss Dr [redacted]

01/09/2016 Telephone encounter Request for further supply amitriptyline and dihydrocodeine. Requesting change in Brand of amitriptyline - advised to discuss with pharmacist. KS Ms [redacted] Strickland

08/07/2016 Administration NOS note with script to contact us for review of meds before next due. MC Dr Marte Cowell

19/11/2015 Administration NOS meds dueno cahgethese are stable - and can be considered as repeatss Dr [redacted]

29/10/2015 Referral to Princess Royal Trust carers centre === VOCAL. Dr [redacted]

29/10/2015 Patient held care plan == = health coach for personal support,vocal for carers support,d/w sw re ssiter -? entitled to other support to help eleanor.fget [redacted] reg here, so we can look in underlying dxson - ?report to council to help have him removed -> accomodated, he is risk to both eleanor and [redacted] physically and emotionally.she sees this as a priority correctly.review 2-3 weeks re meds - ami 150mg going well.ss Dr [redacted]

29/10/2015 Agreeing on care plan == =long chat with [redacted] with poss learning disability, ?undx, about to re reg here after period of homelessness, she [redacted] eleanor [redacted] - violent, 21yo abusive emotionally and poss physically, police involvement, and poss financially blackmailing / manipulating eleanor [redacted] unwell - dementia, in nh in leith after recent stroke.upseting +++, eleanor finding it diff to cope.no illicit drugs now, no alcohol - looks after [redacted] and trying to settle life down.reactive today, talking well and open to diff approach. Dr [redacted]

29/10/2015 Patient held care plan == = mood and coping, family stressors Dr [redacted]

29/10/2015 Loneliness Dr [redacted]

29/10/2015 Social prescribing offered Dr [redacted]

29/10/2015 Referred for health coaching Dr [redacted]

29/10/2015 Referral for exercise therapy Dr [redacted]

05/10/2015 Telephone encounter going through difficult time [redacted] with Alzheimers in Porthaven NH in East Links since Sept feels "days are numbered" aggressive behaviour may need to relocate him to REH Eleanor has POA feeling overburdened [redacted] and [redacted] her and other [redacted] at court tomorrow on assault charge against her taking illicit benzos scedule for NUKA review with SS in few weeks-SB Dr Sineaid [redacted]

18/04/2015 Cervical smear defaulter Dr [redacted]

19/03/2015 Telephone encounter Has noticed 3 raised lymph nodes - one under arm, one back of neck and one behind ear. feels very well within herself. all are pea-sized lumps and mobile, smooth. no tiredness / weight loss / night sweats. Just noticed them a few days ago. Advised to see if they disappear within 3 weeks - if not will need to be seen and referred. To also contact us sooner if they start increasing in size or if any signs of infection develop Dr [redacted]

19/02/2015 Is a carer Dr [redacted]

19/02/2015 Telephone encounter 08.04 tel 07763 516 041 med rv pmstress with [redacted] -> now buying 10mg temaz every daythis is all taht is illicit.feels once he moves out life will be ebttbut [redacted] dx with lazheimers - she is supplementary carer to help [redacted] si emotionally draining too.advice re vocal.meds stable - i have no real cocerns.eleanor is struggling through a pretty rough life, stable on emds for most part,occ using benzo to alleviate stress,but usally self managing and reducing off in due course.ss Dr [redacted]

19/02/2015 Opioid drug dependence NOS == = prescribed df118 no illicit use, longstanding Dr [redacted]

19/02/2015 Chronic low back pain Dr [redacted]

23/12/2014 Administration NOS no reviews of meds for 20 months, requests these every two months. Note on slip requesting she contact us for review. MC Dr Marte Cowell

15/07/2014 Telephone call to a patient Keep Well 2012 (NHS Lothian) Entire Practice Index Ms Paula [redacted]

23/07/2013 Keep well programme declined Ms [redacted]

21/05/2013 Administration ESA form in sent to SS. Ms Paula [redacted]

23/04/2013 Telephone encounter 629 4663 re 8 week rx for dhc and amitriptyline .amit has ran out and 2 weeks left for dhc - wants to change to sh pharmacy for meds also - pmcalled backcancel balance at mackinnonnew script to sight [redacted] pharniss Dr [redacted]

26/02/2013 Telephone encounter tel 629 4663 pt going away to new castle to see family asking for dihydrocodeine . antidepressants asking for it early dicalled backarrange new script while we were at its Dr [redacted]

11/12/2012 Consultation See hx below. Few weeks hx of generalised itch over most of body. ? drug related allergy and now titrating down dihydrocodeine. Describing generalised itch over body, worse at night. Evidence on arms, legs, abdo and neck of scratching, none in finger webs. Sounds likes scabies from story but rash not entirely typical. Treat as scabies and advised re tx and general hygiene. BP checked today 170/92. [redacted] hypertensive. Re-check 1/52, appt given. KS Ms [redacted] Strickland

11/12/2012 Telephone encounter 08.03hrs 0785 891 9884 new Rx request - antidepressant - also chat re dosage cwalled backrash not settling.getting wrosetseems to be worse at nightface spareddots between fingers?scabetic??red herring re df118 and link with itchingplanwill come off df118 slowly over the next whileand if rash settled then ? linkbut note poss scabies so see wh to clarifythanksss Dr [redacted]

06/12/2012 Mental health monitoring first letter Ms Gillian Coan

23/11/2012 Administration NOS called to cancel old script at shhss Dr [redacted]

23/11/2012 Telephone encounter 08.02 0785 8919 884 pt would like to discuss medication .rphrand swap -> df118 is making her itchpharmacy wont order diff brandsohand in old meds to usand new script providededami to 50mg as has self titrated.see 2 weeksss Dr [redacted]

12/11/2012 Administration NOS -DSS form -passed to SS-bh Mrs [redacted]

08/11/2012 Telephone encounter 8.09 0785 891 9884 re antidepressant given is making pt feel sick. hkalled backwas in seeing dr sweeneyswapped to trazodoneuse 1 or 2 at nightbut in morning felt very hung over and nauseousthis week taking 1 - but still feels itchy nauosousetolcratingcodcdasking to try ami againagrecview 2 weeksmed 3 for 3 months depression and pains Dr [redacted]

26/10/2012 Keep well programme declined Ms [redacted]

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Full Report

Miss Eleanor Meguffog

12/04/1971

Female

S685671168

Permanent

25/10/2012 Consultation Longstanding depression. Care home as child. Sexual abuse. Prater 19 years left 4 years ago. [redacted] aged 12. Does not see regularly. Prev PDs. Low mood. Lives for cat, dog and [redacted] No DSH/suicidal ideation. Poor sleep. Admits to buying diazepam on street. Plan - General advice. Stopped duloxetine due to SETry trazodone. Advised to avoid street drugs. Med 3 4/52 from 1/11 - Depression Review 2/52 or sooner if required. Dr Jane Sweeney

25/10/2012 Telephone encounter Note SS entry. Did not tolerate duloxetine - sweaty hands, headaches, nausea, diarrhoea. Now off Mirtazapine. Mood low. Poor sleep. Also tingling R arm. Plan - review in surgery. Dr [redacted] Sweeney

04/10/2012 Telephone encounter 08.20 07858 919 884 doesn't feel antidepressants helping and needs other meds pm called back. Prescription run out of f118 due from tomorrow antidepressant not great feeling down not getting out and feels life getting stuck again. Prev attempts with sertraline, citalopram, mirtazapine. In view of reappearing hand pain consider duloxetine 60mg but needs to titrate off mirtazapine first see 2 weeks/f - will call me to arrange and med 3 4 weeks - can use if needs. Dr [redacted]

10/08/2012 Administration rx issued 3.08.12 for dnc and mirtazapine issued with wrong start date. now replaced so original destroyed. lmbc. Dr [redacted]

10/08/2012 Telephone encounter Pk Mirtazapine and Dihydrocodeine redone for pharmacy as wrong dispense date. ADL. Mrs [redacted] Delongie

03/08/2012 Consultation rpt rx. has come off amitrip. hand probs resolved. will look at d118 reduction eg 1 tab every 1-2 months - acknowledges will be hard a been on some time. pe. Dr [redacted] Cairns

14/06/2012 Consultation 1. Scripts due. Stable. Plan - Continue. 2. L breast discomfort 1/12. No pain. No discharge. No lumps. [redacted] breast ca. Still reg periods. O/e R breast NAD, L breast < 1cm lump 12 o'clock, mobile, No axilla lymphadenopathy Imp - ? Benign Plan - Refer breast if or clarification. Dr [redacted] Sweeney

18/05/2012 Consultation Seems to be doing OK. Needs Mirtazepam today. Note on both amitriptyline and Mirtazepam. allow 8 week scripts next time. DD. Dr [redacted] Drewitt

20/04/2012 Consultation needing meds, antidepressants are also not helping - [redacted] days yet. Worried people are looking at her, difficulty getting out. not able to [redacted] the moment, plus can't find anything even if she does look. Eleven year old [redacted] stays with his [redacted] but comes to her at the weekends, encouraged to do some getting out see pm. MC. Dr Marte Cowell

17/03/2012 Cervical smear default. Dr [redacted]

09/03/2012 Consultation 1. Feeling better on mirtazapine - continue. 2. L carpal tunnel syndrome. Refer plastics. Dr [redacted] Callaghan

24/02/2012 Telephone encounter shc pharm - can she switch disp day - yes ok by me. pe. Dr [redacted] Cairns

24/02/2012 Consultation Rpt meds issued. Wants to change antidepressants - keen to try mirtazapine again. Not keen on counselling but will discuss again. Will [redacted] mirtazapine with sertraline and review in 2 weeks. Dr [redacted] Callaghan

20/12/2011 Mental health review. Dr [redacted] Callaghan. Recall due: 20/12/2012 Dr [redacted]

20/12/2011 Patient reviewed. Mood stable. No thoughts of self harm - reports days when prescribed dose is not required. Advised to return any excess meds to pharmacy. Dr [redacted]

12/12/2011 Keep well programme. Ms [redacted]

07/11/2011 Consultation rpt d118, amitrip sertraline, mental health settled; mild dermatitis fingers rx fucibet. pe. Dr [redacted] Cairns

04/10/2011 Mental health monitoring first letter. Ms [redacted]

23/09/2011 Administration NOS 11.39 0785 8919 884 pt normally picks her medication up from pharmacy on monday but has to work from 8am til 6pm can she have authorisation to pick up today or tomorrow morning pharmacy is SHHC rp - - done ss. Dr [redacted]

12/09/2011 Consultation great 100mg sert happy! loving working bit of bilateral otitis externae see hwo we go all ends form today 2 months see 6-7 weeks either tele or f/fss. Dr [redacted]

05/09/2011 Telephone encounter spoke with pt - doing well now [redacted] burtons doesn't think she needs another appt so thanks for the referral from Dr [redacted] on 17/8/10. discharge for now pls refer back if required. LD cmhn. Ms [redacted]

24/08/2011 Consultation great feels some improvement increase to 100 daily and see by 13 sept meds due then ss. Dr [redacted]

01/08/2011 Consultation all good working again and loving it. sert 50mg see 4 wscs get everything back onto one day dispense per weeks. Dr [redacted]

26/07/2011 Failed encounter dna appt today will try another at her new add Ld mhn. Ms [redacted]

20/07/2011 Well adult monitor. 1st letter. Ms [redacted]

06/07/2011 Consultation mood not great unemployed and fed up mirtazapine given a good run so swap to sertraline and see 3 weeks no risk mirtazapine script cancelled new df script and ami script reinstated from end of existing prescriptions. Dr [redacted]

28/06/2011 Telephone encounter 0785 89 19884 / 458 4890 Pat went to collect Mirtazapine Rx today @ SHC pharmacy. Pharmacy had a note that this had been stopped by doctor but nothing in our notes to support this instruction. Still has 3/52 to run of current Rx. Adv pharmacy to reinstate script & put given appt for gp r/v 6/7/11 pfc. Mrs [redacted]

21/06/2011 Failed encounter dna appt today, note new address so will try her there LD mhn. Ms [redacted]

20/05/2011 Consultation rpt px. seems settled and well. pe. Dr [redacted] Cairns

18/05/2011 Failed encounter dna appt today try one more LD mhn. Ms [redacted]

11/05/2011 Administration med 3 issued 31.01.11 not picked up - see docman LMcb. Dr [redacted]

20/04/2011 Well adult monitor. 1st letter. Ms [redacted]

19/04/2011 Failed encounter pt dna appt 18/4/11 will send ehr another LD mhn. Ms [redacted]

28/03/2011 Consultation Normally sees SS, needs rpt rx, asking if she could get this fortnightly and on rpt rx - ? whether this is a good idea, she will attend SS next time to discuss. BM. Dr [redacted] Magee

22/03/2011 Administration NOS 07521 234 266 Requesting new Rx for meds Dihydrocodeine Mirtazapine & Amitriptyline (disp weekly) was unaware Rx had finished Will collect WH this pm ew1 week supply make appt - needs review. ss. Dr [redacted]

11/03/2011 Failed encounter pt dna appt today will end another one LD mhn. Ms [redacted]

16/02/2011 Failed encounter pt dna appt today. will send another LD mhn. Ms [redacted]

09/02/2011 Telephone encounter pt called to cancel her appt for 8/2/11 have rearranged appt for 16/2/11. LD mhn. Ms [redacted]

27/01/2011 Consultation difficult chat about family matters. [redacted] visits at weekends gets visits, but doesn't have full elgal rights and responsibilities at moment these lie with [redacted] he has gone missing with new gf and Eleanor with the 10yo since weekends she has not reported it will report if not done. ss. Dr [redacted]

21/01/2011 Telephone encounter 14.11 pt had appt with SS 07521 234 266 pt requesting sick line also results. will pick up w/h hks advised blds ok - apparently done for lipomatous deposits around eye; chol ok. med 3 1/52 from 24/1 - 31/1 closing line - pt feels able to rtw soon and point beyond which continues med 3 for breavevmtn difficult. pe. Dr [redacted] Cairns

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Full Report

Miss Eleanor Meguffog 12/04/1971 Female S685671168 Permanent

10/01/2011 Consultation reviewed.meds helping.med 3 2 weeks - bereavement.chat re mood and things settling - [redacted] getting heating dfixed etc...no concerns.seems to be rallying round a little...ss Dr [redacted]

13/12/2010 Consultation seen at he int asmt. mood now stable, struggling financially, hsg unsuitable cant afford to heat it. csa while in care, split from ptrn of 19yrs last yr-abusive relationship often violent to pt & adultery. over this now keen to find better hsg, & work. will do letter for hsg, takes temazepam 5mg 4 times weekly denies any alc use feels she is dependent on her rx df118. no futher suicidal thoughts.socially isolated advised re whia, chat & cab & s/w financial help re gets 10yr old [redacted] at w/ends, has hsg worker this week. also disc speaking with womens aid will think about this. rev 3/52 ld mhn Ms [redacted]

07/12/2010 Consultation Giving me a message that she was taking 30 mg x 2 mirtazepine atnight.Could not have been doing this as script dispensed weekly.This would be 60 mg anyway too high a dose.I told her that medication is not the answer to her problems an other solutions need to be found.Med 3 4 weks depression/bereavement. Dr [redacted] Drewitt Dr [redacted]

25/11/2010 MED3 - doctor's statement 2 weeks grief, low mood Dr [redacted]

25/11/2010 Consultation reviewed.stopped mirtaz - not helping and giving me headaches.tearful.sdad died and going to funeral tomorrow.life stressors - including new temp job coming to end..cant cope at this moment,but knows that all is situational.med 3 2 weeks.no new meds.engage with [redacted] me 2 weeks.ss Dr [redacted]

15/11/2010 Consultation dna appt at he today. will send out another one LD mhsw Ms [redacted]

19/10/2010 Consultation dna appt at he today 2nd dna int asmt. wills end out another appt. LD mhsw Ms [redacted]

15/10/2010 Mental health review Mood much better. Has got a temporary job at [redacted] Biscuits which she starts on monday. would like rx for ibuprofen instead of paracetamol as this is what she has been buying. No CI BM Recall due: 15/10/2011 Dr [redacted]

22/09/2010 Magee Seen in GP's surgery in for repeat of regular prescription, says mood improved with mirtazepine-prefers to stick with wkly dispense of meds at present.says didnt receive appt from [redacted] - will check with reception date of next appt. Dr Suzanne Macnee

13/09/2010 Seen in GP's surgery dna int asmt appt today. will send out another LD mhsw Ms [redacted]

27/08/2010 Seen in GP's surgery Feels better and can I think go onto weekly dispensing from Mon.Note to SIHC pharmacy to cancel existing script Dr [redacted] Drewitt

13/08/2010 Seen in GP's surgery took Px to Mackinnon Calder road, but would now like to take it to her usual pharmacy at Sighthill. I have phone mackinnon and cancelled her current Px and issued a new script. MF Dr [redacted] Fuehr

10/08/2010 Seen in GP's surgery not great. mood all opver th palce, using more df118 and not sleeping. plan. swap to mirtazipine, increase o 8 df118, all on daily disp - see 2-3 weeks for review... no risk but low mood and had impulsively od in past... things had been much brighter, but she feels that life getting better of her right now. opiate withdrawals as no df118 for several days now..... i will refer [redacted] and make sure social [redacted] tow with affairs. [redacted] 10yo. ss Dr [redacted]

08/08/2010 Patient encounter data NOS suicidal 1 day - reports being prescribed 30 mg DHC (2 taken TID) for past 5 yrs for general aches & pains. States usually has to go without DHC for a day or two as she takes over the prescribed amount - now has been without DHC for 4/7 & feels sweaty, sirrupted sleep pattern and anxious. States feels suicidal with DHC - previous overdose last year - has 10 year old child with her - D/W, T/L, JMcG - child protection form will be completed - speak to GP - advised we are unable to replace medication -SW Dr Home Visits

16/07/2010 Seen in GP's surgery good review, on the up and up - i will put meds on repeat as i dont see them changing any time soon... good compliance, and good dattender - will see me every 2nd or 3rd prescription for review unless a prolem ss Dr [redacted]

01/07/2010 White Scottish Dr Staff Unknown Member

Of Staff

31/05/2010 Seen in GP's surgery med 3 8 weeks, doing ok nervous for medical.knows almost fit but not sure if ready for full time work yet happy to try if they make her knowing that ill support her if things fall apart.. overall good progress and a huge difference since we first met... ss Dr [redacted]

18/05/2010 Patient encounter data NOS did not opt into physio Dr [redacted] Magee

08/04/2010 Seen in GP's surgery rpt meds, on much finer form, mood stabilising brighter and seeing point to life again.. looking forward to work, but knows a few weeks yet.. med 3 8 weeks. ss Dr [redacted]

18/02/2010 Seen in GP's surgery rpt meds, top up df118 as had used more up with injury today flu nlike illness not on great form at all chest - right basal rhonchi otherwise clear nil esle imp urti/iri advice see as req given pain and mood med 3 8 weeks depression. work sound unhappy at her being there. ssMED3 - doctor's statement Dr [redacted]

18/02/2010 MED3 - doctor's statement 8 weeks Dr [redacted]

10/02/2010 Patient encounter data NOS SCI Electronic Referral Dr [redacted] Magee

10/02/2010 Referral for further care. REFERRAL_TYPE=Out Patient : SPECIALITY=Edinburgh - Westerhailes Health Centre : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=AHP - Physiotherapy : ATTENDANCE_TYPE=1st Visit Dr [redacted]

Magee

08/02/2010 Seen in GP's surgery Slipped on ice at Christmas and landed on lumbar area. Still sore , tender over lumbar musculature. Rx ibuprofen gel and refer physio. URTI, Few creps R base, rx clarithromycin BM Dr [redacted] Magee

31/12/2009 Seen in GP's surgery DNA treatment room for depo Dr Treatment Room Appoi

30/12/2009 Scen in GP's surgery great chat copmpletely off diaz now very very happy things more stable and understanding between [redacted] and her and children continue meds has run out 5-6 days ago, big jangly but ok. last depo given age - will go ontop cerazette after this... ss Dr [redacted]

19/11/2009 Seen in GP's surgery attends for diazepam. has been taking 2mg bd. sleeping as on anitriptyline. states is struggling without [redacted] home alone. mood stable. plan:2mg diazepam daily on weekly dispense for 3/52, then see Dr Drewitt. plan is to stop diazepam then and review other meds. SmCK Dr [redacted] Mckeag

26/10/2009 Seen in GP's surgery have given 8 week script of amit/ciu/DHC disp weekly.As far as diazepam goes 2 mg 2 daily for 2 weeks disp weekly then a 2 week script of 2 mg 1 tab daily. Dr [redacted] Drewitt

30/09/2009 Seen in GP's surgery for depo , bp 130/78 , wgt 60kgs depo provera administered into It gluteal muscle as pres by pfc .bns01932,exp01/2012. to see gp prior to next inj sc

Ok for Depo -but been on for abt 10-12years there for may wish to consider break or another method re: bone health. Lit given pfc Dr Treatment Room Appoi

27/08/2009 Seen in GP's surgery doing really well in new [redacted] all settling in]mood good diaz reduction going well - nil extra see back as req. 2 months meds. weekly disp. ss Dr [redacted]

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Full Report

Miss Eleanor Meguffog

12/04/1971

Female

S685671168

Permanent

30/07/2009 Seen in GP's surgery In for weekly dispense meds. On reducing regimen of diazepam - scripts already sorted by SS. Well and hoping to have new [redacted] by next week - 4 bedroom. Will see SS at next apptm AB Dr [redacted] Beveridge

28/07/2009 Patient encounter data NOS capable of work from 12 jul 09. pc Dr Staff Unknown Member

Of Staff

22/07/2009 Patient encounter data NOS has been assessed and found fit for work. dd Dr [redacted] Drewitt

16/07/2009 Patient encounter data NOS diaz script generated, from 23 july reducing 2mg per week to zero. entire supply to sighthill pharmacy. ss Dr [redacted]

16/07/2009 Seen in GP's surgery not great with diaz. so plan as follows. really using 30 daily still. agree to non negotiable reduction to zero - 30 mg reducing 2mg weekly to zero., i will prepare all scripts and send to aighthill pharmacy. ss Dr [redacted]

09/07/2009 Seen in GP's surgery attended for depo 12 weeks + 7 days. not had intercourse. pregnancy test neg. discussed with Dr [redacted] Happy to go ahead. BP check 110/70 Weight 60kg. IM depo provera 150mg/ml left buttock. Batch SO3129 Ex 1/12. requested drink supplements as not eating since break up but felt not clinically appropriate. Ms [redacted]

02/07/2009 Seen in GP's surgery rpt meds, all seems well. agree to go back to 15 mg diaz as not coping, my suggestion - she is falling apart. see 2 weeks, and re address reduction. ss Dr [redacted]

18/06/2009 Seen in GP's surgery diazepam to 2mg tabs, and reduce to 12mg, then 2mg per fortnight. for ease of calculation, spreading out dose etc - happy with this. rpt meds - mood not fantastic, increase cital to 40 and review 2weeks. med 3 will be due then too. script to be dispensed today - travelling monday. ss Dr [redacted]

12/06/2009 Patient encounter data NOS Urine tests confirm Diazepam and opiates as expected. DD Dr [redacted] Drewitt

08/06/2009 Seen in GP's surgery Claims takind Diazepam 5 mg tabs usually TID for last 6 weeks. Sold her mobile phone to by this. Med 3 4 weeks depression. I agreed with her that we would prescribe Diazepam 5 mg TID for 2 weeks then reduce by 5 mg every 2 weeks. See therefore 2 weeks. Urine drug screen today. In Womens refuge at present. Given address for WHHA and she can go there herself to ask for appt. DD Dr [redacted] Drewitt

01/06/2009 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Community Psychiatry : REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=Wester Hailes Health Agency : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown Member Of Staff

21/05/2009 Seen in GP's surgery reviewed.. good. in hostel still - given fortnight supply as no money to travel form tomorrow.. see 2 weeks - no current risk. once off night sed - prometh no usc. start citaloram - req help with counselling - agreed already. happy with plan, ss Dr [redacted]

15/05/2009 Seen in GP's surgery see prev entry. [redacted] - emotional abuse. he is in relationship with 16yo female. has thrown eleanor out. now in homeless hostel in niddrie while awaiting accom here again. tearful cannot sleep and mood all over place. mood falling for while but now def situational crisis not helping. night sedation. usual meds on weekly disp. see back 1 week. no risk - was impulsive od to get [redacted] attention. children [redacted] him, and new [redacted] cannot understand how 18 years marriage gone... ss Dr [redacted]

11/05/2009 Patient encounter data NOS NHS24 - Deliberate overdose 30 DF118 + further 10 DF118 999 Ambulance Dr Staff Unknown Member Of Staff

24/04/2009 Seen in GP's surgery In for more medications Dr [redacted] Drewitt

09/04/2009 Seen in GP's surgery For depo 12weeks 3 days. Bleeding -patern slight spotting for 2/7 last weekdepo -provera 150mgs im right buttock BnR09613 exp 10/2011. Return date 2/07/09. P fey Mrs Paula Fey

17/03/2009 Seen in GP's surgery in for script, offered appt for hand with 3 days notice, couldnt get time off. so trying to arrange it. otherwise all ok. ss Dr [redacted]

02/02/2009 Seen in GP's surgery in for regular px. taking 1-2 tabs tds DF118. to dispense fortnightly. nj locum Dr [redacted]

12/01/2009 Seen in GP's surgery Late for Depo-Provera, week 13, see entry below, started to bleed, not had sexual intercourse after week 12. Depo Provera 150mg given IM in l. glut max. Bn RO6276 Exp 06.2011. Next date: week 12: 06.04.09. ADL. Mrs [redacted]

Delongie

12/01/2009 Telephone encounter Apptm given for Depo injection. See entry 09.01.09, late for Depo injection. Patient stated not had intercourse. ADL Dr Advice Calls

09/01/2009 Seen in GP's surgery Advice call re depo provera. 12 weeks and 4 days today. Tried to contact patient, no reply. Message left. KS Dr Advice Calls

24/12/2008 Seen in GP's surgery using 5 df118 - 6df118 daily. script adjusted - warning re over use and dependence. dispense fortnightly. no word re surgery yet. rpt meds, asking about [redacted] [redacted] - [redacted] sweeney, told i cannot discuss other patients. ss Dr [redacted]

21/11/2008 Seen in GP's surgery rpt amitrip paracet and df118. over recent ankle sprain so reduce df118 to 'normal' dose for cts sx - where are we up to with this? - looks like dna op date - still sx and functional probs so ask for further date. pc. Dr [redacted] Cairns

13/11/2008 Seen in GP's surgery was in hospital xr - no fracture, has been taking double the no of DHIC - came infor DHIC 2/52 prior to the pick up given 2/52 to tie in with amitriptyline to se PC prior to next rev-ss Dr S Senthill

22/10/2008 Patient encounter data NOS Dna for smoking cessation, but note previous entry re-ankle. P Fey Mrs Paula Fey

15/10/2008 Seen in GP's surgery fell downstairs about ten steps. Right ankle is very sore and badly bruised. OfE marked bruising especially over lateral malleolus ->A/E as needs Xray. Rx issued. MC Dr Marte Cowell

14/10/2008 Seen in GP's surgery 15:52 623 4422 fell down stairs. ankle very swollen. LMcB tried x 2 - no answer, will try later. ss fell down stairs 1 hr ago moving carpet. ankle swollen. can weight bear and touch swollen area with no pain, no bruising. has leg elevated and applied ice. advised to continue current treatment-ice for short periods. if inability to weight bear/increased pain-a&e for xray. could phone for appt in am if wishes. dbrnagan Dr Z Gpworkroom9

13/10/2008 Seen in GP's surgery Attended for deop provera and smoking cessation. No problems with bleeding. Depovera 150mgs im right buttock Bn R05633 exp 11/2012. return date 5/1/09. Dicussed cessation, Smokes 30 per day over 25 ys Feels its affecting her health. Explained how to use, side effects etc. See 10/7. P Fey Mrs Paula Fey

17/09/2008 Seen in GP's surgery S. Attends for repeat Px of dihydrocodeine and amitriptyline. Admits has been taking occasionally 2xdihydrocodeine instead of 1 tds so has run out in 4/52 instead of 6. Takes 3 PCM day plus amitriptyline Awaiting 2nd carpal tunnel decompression P Discussed-try PCM 8xday and try to educe dihydrocodeine intake again CM Dr [redacted]

18/08/2008 Seen in GP's surgery Repeat medication. Attending St Johns next week for carpal tunnel release. Dr [redacted] Affleck

30/07/2008 Seen in GP's surgery RP plus Med 3 FL 060808. Back pain R side similar to sciatica from last year. No bladder dysfunction Dr [redacted] Drewitt

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Full Report

Miss Eleanor Meguffog

12/04/1971 Female S685671168 Permanent

23/07/2008 Seen in GP's surgery 12 weeks and 1 day since last depoprovera. happy with method, no bleeding. wt and bp recorded. depoprovera 150mg IM L buttock bnR01486 exp 1/2011 due again 15/10/08 gp review 2009 RA Dr Treatment Room Appoi

19/06/2008 Seen in GP's surgery repeat meds- still waiting for appt re carpal tunnel surgery Dr N [REDACTED]

23/05/2008 Seen in GP's surgery in for repeat DHC and amitryptiline. Is one week early, going away on holiday next week hence came early. Doing well. Dr Menon Dr Vimal Menon

06/05/2008 Seen in GP's surgery still no word from neuro - referer agin, struggling with left hand pain most of the time but esp at night now cannot hold a prolonged grip, and finds herself dropping things rpt meds. ss Dr [REDACTED]

29/04/2008 Seen in GP's surgery for depoprovera happy with method, 12 weeks plus one day since last. spotting always 2/7 prior to depo date. wt and bp recorded, satisfactory. depoprovera 150mg IM R buttock due again 22/7/08 gp review 2009 RA Dr Treatment Room Appoi

04/04/2008 Seen in GP's surgery just in for her regular 6 weekly px. waiting for carpal tunnel referral to come through, ref dec, nothing yet. waited 1/1/2 yrs for last one, ok otherwise. NJ Dr [REDACTED]

04/03/2008 Seen in GP's surgery Recurrence of R sciatica, SLR restricted to 30degrees, pins and needles R toes. Required DHC TT tid past week therefore run out 5/7 early, double amitryptiline at night, unable to tolerate anti-inflammatories, declined PT referral at present but will return if persists, keep active Dr Sinead [REDACTED]

04/02/2008 Seen in GP's surgery Rpt meds, awaits appt to have surgery on L carpal tunnel BM Dr [REDACTED] Magee

04/02/2008 Seen in GP's surgery DepoProvera due. Bleeds for approx 4/7 when approaching time for inj. Happy with method no other side effects reported. WT & BP fine. Depo Provera im 1 buttock. BNP02397.EXP 09/2011.Next due 21-28/4/08.PFC Mrs [REDACTED]

04/02/2008 Body mass index 20.24 - normal Mrs Paulene [REDACTED]

04/01/2008 Seen in GP's surgery handed back df118 - different brand and upset stomach... needs more as still pain, and also wee bit withdrawal i think... rpt script to lloyds who know the brand she normally gets... meantime flu like illness cough and fever, on exam right lrti. rx and advice. ss Dr [REDACTED]

17/12/2007 Seen in GP's surgery R wrist well healed.Feels able to return to work.Med 3 FL to today.Regular Rx today.Says surgeon said to refer her back wrt L hand.Nothing in notes about this but I will mwric Dr [REDACTED] Drewitt

10/12/2007 Seen in GP's surgery Carpal tunnel decompression right hand 3.12.07 - R/O 6 nylon sutures - wound healed well - Leslie [REDACTED] Dr Treatment Room Appoi

03/12/2007 Patient encounter data NOS med 3 2 weeks - post op - dr ss Dr Advice Calls

23/11/2007 Seen in GP's surgery rpt analgesia and amitrip. requesting med 3 pre-emptively for op - we know she is going in on 1 dec for it so in theory could do, but in practice would be much easier to just have contact after the operation and issue med 3 or med 5 then - explained can backdate. pc. Dr [REDACTED] Cairns

14/11/2007 Seen in GP's surgery 12 weeks 5 days since last inj. happy with method. bleeds 2-3 times per year. bp and wt done depoprovera 150mg IM R buttock BNP00015 exp 3/2011. due again 6/2/08, advised. gp review due 2009 Dr Treatment Room Appoi

12/11/2007 Seen in GP's surgery dna for depo Dr Treatment Room Appoi

15/10/2007 Seen in GP's surgery ? may be due carpal tunnel surgery soon - notes have been transferred from St Johns to Murrayfield - recognises need to decrease DHC use - start gradual reduction after surgery BM Dr [REDACTED] Magee

11/09/2007 Seen in GP's surgery attends for DHC and amitryptiline for carpal tunnel syndrome. hand surgeon suggested increasing dose to 25mg nocte. Started taking DHC for dental pain 2 yrs ago, now feels dependant. Usually takes 6/52 supply, sticks to tid, not comfortable picking up weekly, may have to be addressed if ongoing, discussed when/how will strat to reduce, 18/52 waiting list for procedure. next due 23/10/07 Dr Sinead [REDACTED]

17/08/2007 Seen in GP's surgery 12 weeks 2 days since last injection Keeping well - BNP01180 Fx[p. 11/09 Next due between 7th & 12 Nov '07. Given L. buttock Dr Treatment Room Appoi

06/08/2007 Seen in GP's surgery Going to Tenoriffe and had to postpone St Johns appt.Rx DHC 6 weeks anf amit repeat also Dr Dan Drewitt

01/08/2007 Seen in GP's surgery Carpal tunnel still a problem - cant tolerate diclofenac, try amitriptyline. Rv 2 weeks Dr [REDACTED] Magee

18/07/2007 Scen in GP's surgery carpal tunnel getting really bad - struggling at work, cant hold onto things and hands getting numb at night... pain up right (dominant) hand esp. into arm and shoulder... [REDACTED] referral and try reg diclo for 2 week - contact us to review, does help pm has some df118 left! ... poss worth amitrypt if not resolving completely? Dr [REDACTED]

18/06/2007 Seen in GP's surgery Carpal tunnel still a problem , not heard from hospital yet. Try diclofenac Dr [REDACTED] Magee

23/05/2007 Seen in GP's surgery fpr depoprovera 12 weeks since last happy with method well no bleeding bp 120/65 depoprovera 150mg IM R buttock bn nj0947 exp 7/2011 due again 15/8/07 RA Dr Treatment Room Appoi

21/05/2007 Seen in GP's surgery Worsening pain from bilateral carpal tunnel syndrome. Especially at night. Distrurbed 4-5 times each night. Letter to orthopaedic surgeon St [REDACTED] Dr [REDACTED] Afillek

14/05/2007 Seen in GP's surgery return oral GTT Dr Treatment Room Appoi

14/05/2007 Seen in GP's surgery Oral GTT Dr Treatment Room Appoi

10/05/2007 Seen in GP's surgery Took extra DHC for carpal tunnel. also took diaz to help sleep. counselled against this. DHC rx was not due for another 2 weeks, therefore 2 week rx dHC given. To have OGGT done next week Dr [REDACTED] Magee

02/05/2007 Removed from Mental Health Care Plan ACTION=No Action Required Dr Staff Unknown Member Of Staff

01/05/2007 Patient encounter data NOS remove from mental health care plan- discussed and agreed at practice meeting, not adding anything to current care-reviewed annually for last 6 years. dab Dr Staff Unknown Member Of Staff

30/04/2007 Seen in GP's surgery U&Es, LFTs, R Glucose, TFTs & FBC Mrs Wilma Borthwick

30/04/2007 Seen in GP's surgery SCI Electronic Referral Dr [REDACTED] Drewitt

30/04/2007 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Trauma and Orthopaedic Surgery : REFERRAL_TO=NHS : REFERRAL_NATURE=Not Specified : PROVIDER=SCI Hospital : ATTENDANCE_TYPE=1st Visit Dr [REDACTED] Drewitt

23/04/2007 Seen in GP's surgery C/O further pins and needles symptoms Both hands.Wakes her at night.Fingertips worst affected Also fingers can go white.There is radiation up R arm.? Carpal tunnel syndrome .Refer Hand Clinic.Plus RP DHC and Paracetamol Dr [REDACTED] Drewitt

04/04/2007 Seen in GP's surgery Rpt DHC - getting alot of dental treatment at present Dr [REDACTED] Magee

01/12/2006 Seen in GP's surgery Depo Provera inj. 150 mgs. I.M. R Buttock - B.N. MH0760 Exp. 01/10 - Next due 23/2/07 - states that she has leg pains in the few days prior to inj. -can be a side effect of inj. as per info leaflet - (not calf pain) - advised to see G.P. if worsens Dr Treatment Room Appoi

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Full Report

Miss Eleanor Meguffog 12/04/1971 Female S685671168 Permanent

08/09/2006 Seen in GP's surgery Keeping well - Depo Provera 150 mgs. I.M. L. Buttock - Next due 1/12/06 - B.N.LJ0892
 Exp. 09/09 - Seen by G.P. for review June '06 Next review due March 2008 Dr Treatment Room Appoi

16/06/2006 Seen in GP's surgery Keeping well - Depo Provera 150 mgs. R. Buttock - 12wks 1 day since last inj. - Next due
 8/9/06 - B.N. NA0847 - Exp. 11/08 - See G.P. for review before next inj. Dr Treatment Room Appoi

19/04/2006 Mental health administration ACTION=Repeat after an Interval Recall due: 19/04/2007 Dr
 Staff Unknown Member Of Staff

24/03/2006 Seen in GP's surgery Depo Provera 150 mgs. I.M. L. Buttock - Deeping Fine - B.N. LF1289 Exp. 02/09 - Next
 due 16/6/06 - G.P. Review due after next apptmt. Dr Treatment Room Appoi

06/01/2006 Seen in GP's surgery depo-provera 150 mgs bn LL0485 exp 10/09 Dr Treatment Room Appoi
 17/10/2005 Injections Depoprovera Mrs. [REDACTED]
 21/07/2005 Advice on car drops Dr Treatment Room Appoi
 21/07/2005 Injections Depo-Provera Dr Treatment Room Appoi
 14/07/2005 [X]Intentional self-harm Dr Staff Unknown Member
 Of Staff

14/07/2005 Neurotic (reactive) depression Dr Staff Unknown Member
 Of Staff

14/07/2005 History of sexual abuse Dr Staff Unknown Member
 Of Staff

05/07/2005 Advice on Dr Treatment Room Drop-
 27/05/2005 Referral letter Dr Staff Unknown Member
 Of Staff

27/05/2005 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Dental therapists :
 REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : [REDACTED] Street Dental Clinic : ATTENDANCE_TYPE=1st Visit Dr Staff
 Unknown Member Of Staff

06/05/2005 Seen in GP's surgery No bleeding. Depo Provera 150 mgs. L. buttock B.N. L10508 Exp. 07/07 - Next due
 22/07/05 - Dr Treatment Room Appoi

15/04/2005 Mental health administration ACTION=Repeat after an Interval Recall due: 15/04/2006 Dr
 Staff Unknown Member Of Staff

17/02/2005 Seen in GP's surgery Keeping fine - Depo Provera given 150 mgs. R. Buttock - B.N.L10508 - Exp. 07/07 -
 Next due 05/05/05 - Declined invitation to have smear done to-day - Will make apptmt. for smear before next Inj. due Dr Treatment Room Appoi

02/12/2004 Seen in GP's surgery 12 weeks since last inj. - Depo Provera 150mgs. I. buttock - Next inj. due 17/2/05 - B.N.
 LG0492 Exp. 05/07. No bleeding Dr Treatment Room Appoi

23/10/2004 Seen in GP's surgery 16.33/16.39 442 1390 lower back pain pec Dr Home Visits
 23/10/2004 Seen in GP's surgery 10.20/10.24 442 1390 Severe pains in legs to bottom advice Dr Home Visits
 09/09/2004 Seen in GP's surgery Depo Provera inj. 150mgs. - L. buttock. next inj. due 25/11/04 - BN. Lc0670 Exp. 02/07.
 keeping well Dr Treatment Room Appoi

09/09/2004 Ear Syringing/Treat see G.P. for referral - ear irrigation Dr Treatment Room Appoi
 03/09/2004 Advice on Dr Treatment Room Appoi
 30/06/2004 Mental health administration ACTION=Repeat after an Interval Recall due: 30/06/2005 Dr
 Staff Unknown Member Of Staff

24/06/2004 Seen in GP's surgery Depo Provera 150mgs. I.M. R buttock - late 13 wks. 1 day - No U.S>I. for 6wks. Bleeding
 over the past 2 day. Spoke to M.C. O.K. to go ahead with inj. Use condoms over next 14 days if S.I. Next due 07/04 - BN KF0339 Exp 05/07 Dr
 Treatment Room Appoi

24/03/2004 Injections depo Dr Treatment Room Drop-
 11/03/2004 Referral letter Dr Staff Unknown Member
 Of Staff

11/03/2004 Referral for further care REFERRAL_TYPE=Out Patient : SPECIALITY=Hand Clinic :
 REFERRAL_TO=NHS : REFERRAL_NATURE=Treat : PROVIDER=St [REDACTED] Hospital : ATTENDANCE_TYPE=1st Visit Dr Staff Unknown
 Member Of Staff

27/05/2003 Advice on Dr Treatment Room Drop-
 15/05/2003 Mental health administration ACTION=Repeat after an Interval Recall due: 15/05/2004 Dr
 Staff Unknown Member Of Staff

01/05/2003 Mental health administration ACTION=Repeat after an Interval Recall due: 01/05/2004 Dr
 Staff Unknown Member Of Staff

03/04/2003 Advice on Mrs Paula Fey
 03/04/2003 Injections depo Mrs Paula Fey
 07/10/2002 Injections Dr Treatment Room Appoi
 29/03/2002 Mental health administration ACTION=Repeat after an Interval Recall due: 29/03/2003 Dr
 Staff Unknown Member Of Staff

12/09/2001 Screening invite - not replied ACTION=Repeat after an Interval Recall due: 12/09/2004 Dr
 Staff Unknown Member Of Staff

05/06/2001 Miscellaneous wt Dr Treatment Room Appoi
 05/06/2001 Injections depo Dr Treatment Room Appoi
 16/02/2001 Mental health administration ACTION=Repeat after an Interval Recall due: 16/02/2002 Dr
 Staff Unknown Member Of Staff

16/02/2001 Mental health administration ACTION=Repeat after an Interval Dr Staff Unknown Member
 Of Staff

01/08/2000 Mental health administration ACTION=Repeat after an Interval Recall due: 01/02/2001 Dr
 Staff Unknown Member Of Staff

21/04/2000 Mental health administration ACTION=Repeat after an Interval Recall due: 21/07/2000 Dr
 Staff Unknown Member Of Staff

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
11/01/2000 Mental health administration ACTION=Repeat after an Interval				Recall due: 11/04/2000 Dr
Staff Unknown Member Of Staff				
14/09/1999 Mental health administration ACTION=Repeat after an Interval				Recall due: 14/12/1999 Dr
Staff Unknown Member Of Staff				
01/09/1999 Gravida status 1.00				Dr Staff Unknown Member
Of Staff				
31/08/1999 Patient reg. form sent to HB				Dr Staff Unknown Member
Of Staff				
31/08/1999 Patient de-reg. - GP22 from HB				Dr Staff Unknown Member
Of Staff				

Repeat Masters

Colecalciferol 800unit capsules	Until:	Last issued: 07/12/2021	Number of issues: 11 maximum 12 allowed
1 DAILY Notes for dispenser: dispense weekly via dosette			
Amitriptyline 50mg tablets	Until:	Last issued: 07/12/2021	Number of issues: 12 maximum 12 allowed
3 TABLET(S) AT NIGHT DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting			
Dihydrocodeine 30mg tablets	Until:	Last issued: 07/12/2021	Number of issues: 12 maximum 12 allowed
TWO TABS QID Notes for dispenser: dispense weekly via dosette			

Acute and Repeat Issue Therapy

07/12/2021 12 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
07/12/2021 11 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
07/12/2021 12 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
06/10/2021 11 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
06/10/2021 10 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
06/10/2021 11 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
19/08/2021 10 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
19/08/2021 9 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
19/08/2021 10 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
22/06/2021 9 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
22/06/2021 9 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
22/06/2021 8 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
27/04/2021 8 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
27/04/2021 8 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
27/04/2021 7 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
02/03/2021 7 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
02/03/2021 6 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
02/03/2021 7 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
15/12/2020 6 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
15/12/2020 6 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
15/12/2020 5 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
04/11/2020 5 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
04/11/2020 5 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		
04/11/2020 4 issued Colecalciferol 800unit capsules	Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette		
09/09/2020 4 issued Dihydrocodeine 30mg tablets	Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette		
09/09/2020 4 issued Amitriptyline 50mg tablets	Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting		

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
09/09/2020 3 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
15/07/2020 3 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
15/07/2020 3 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting				
15/07/2020 2 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
10/06/2020 4 issued Atorvastatin 20mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
10/06/2020 2 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
10/06/2020 2 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting				
10/06/2020 1 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
30/03/2020 1 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: ** allow for closure, monitor use and inform GP if not collecting				
25/03/2020 12 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
25/03/2020 3 issued Atorvastatin 20mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
25/03/2020 1 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
12/03/2020 issued Folic acid 5mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
27/02/2020 issued Amitriptyline 50mg tablets			Supply: (42) tablet	3 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE THEN STEP ONTO USUAL RPT ORDER SCRIPT 8 WEEKLY CYCLE Notes for dispenser: step 3 of 3				
27/02/2020 issued Amitriptyline 50mg tablets			Supply: (28) tablet	2 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: step 2 of 3				
27/02/2020 issued Amitriptyline 50mg tablets			Supply: (14) tablet	1 TABLET(S) AT NIGHT
DISP WEEKLY DOSSETE Notes for dispenser: step 1 of 3				
21/02/2020 issued Amitriptyline 25mg tablets			Supply: (18) tablet	3 TABLET(S) DAILY-
TILL DOSSETE BOX ARRIVES				
21/02/2020 1 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 AT NIGHT Notes for
patient: dispense weekly via dosette				
10/02/2020 11 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
10/02/2020 6 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
10/02/2020 2 issued Atorvastatin 20mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
24/01/2020 issued Duloxetine 40mg gastro-resistant capsules			Supply: (112) capsule	1 CAPSULE TWICE DAILY
27/12/2019 1 issued Atorvastatin 20mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
27/12/2019 issued Folic acid 5mg tablets			Supply: (56) tablet	1 TABLET ONCE A DAY
18/12/2019 10 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
18/12/2019 5 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
17/12/2019 issued Duloxetine 40mg gastro-resistant capsules			Supply: (28) capsule	1 CAPSULE TWICE DAILY
17/12/2019 issued Amitriptyline 25mg tablets			Supply: (20) tablet	TAKE 4 AT NIGHT FOR 2
NIGHTS THEN 3 AT NIGHT FOR 2 NIGHTS THEN 2 AT NIGHT FOR 2 NIGHTS THEN 1 AT NIGHT FOR 2 NIGHTS THEN STOP				
29/10/2019 9 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
29/10/2019 7 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
29/10/2019 4 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
10/09/2019 8 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
10/09/2019 6 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
10/09/2019 3 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
18/07/2019 7 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
18/07/2019 5 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
18/07/2019 2 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
11/06/2019 1 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
11/06/2019 6 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
11/06/2019 4 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
27/03/2019 6 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
27/03/2019 5 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
27/03/2019 3 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
25/01/2019 5 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
25/01/2019 4 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
25/01/2019 2 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
27/11/2018 1 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
26/11/2018 4 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
26/11/2018 3 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
08/10/2018 12 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
08/10/2018 3 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
08/10/2018 2 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
21/08/2018 1 issued Colecalciferol 800unit capsules			Supply: (56) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
15/08/2018 11 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
15/08/2018 2 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
12/07/2018 1 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	TWO TABS QID Notes for
dispenser: dispense weekly via dosette				
12/07/2018 10 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription via dosette				
10/07/2018 10 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
10/07/2018 10 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script via dosette				
10/07/2018 issued Colecalciferol 800unit capsules			Supply: (120) capsule	1 DAILY Notes for
dispenser: dispense weekly via dosette				
15/05/2018 issued Colecalciferol 800unit capsules			Supply: (120) capsule	1 DAILY Notes for patient:
special request- last issued 17/01/2018- okay again today?				
15/05/2018 9 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
15/05/2018 9 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
16/03/2018 8 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
16/03/2018 8 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
23/01/2018 7 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
23/01/2018 7 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
17/01/2018 issued Colecalciferol 800unit capsules			Supply: (120) capsule	1 DAILY
09/01/2018 issued Olanzapine 2.5mg tablets			Supply: (28) tablet	1 TABLET(S) AT NIGHT
EVERY NIGHT SHORT TERM DURING SITUATIONAL CRISIS WHILE AWAITING FURTHER SUPPORT				
09/01/2018 6 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
09/01/2018 6 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
24/11/2017 5 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
24/11/2017 5 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
28/09/2017 4 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
28/09/2017 4 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
04/08/2017 3 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
04/08/2017 3 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
12/06/2017 2 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
12/06/2017 2 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
12/04/2017 1 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
12/04/2017 1 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
29/03/2017 issued Amitriptyline 50mg tablets			Supply: (21) tablet	3 AT NIGHT
29/03/2017 issued Dihydrocodeine 30mg tablets			Supply: (56) tablet	8 DAILY Notes for patient:
clearorwe do NOT routinely replace mdsplcasc be more careful with your supply.i wont replace again in future.ass				
17/02/2017 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
17/02/2017 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST				
ISSUED 21/12/2016 OK TODAY????				
21/12/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST				
ISSUED 27/10/2016 OK TODAY????				
21/12/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 27/10/2016 OK TODAY????				
27/10/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST				
ISSUED 01.09.2016 OK TODAY????				
27/10/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: SPECIAL REQUEST LAST				
ISSUED 01.09.2016 OK TODAY????				
01/09/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script				
01/09/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription				
07/07/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on				
12/05/2016 ok to go today ????				
07/07/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on				
12/05/2016 ok to go today ????				
12/05/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on				
17/03/2016 ok to go today ????				
12/05/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on				
17/03/2016 ok to go today ????				
17/03/2016 issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on				
21/01/2016 ok to go today ????				
17/03/2016 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on				
21/01/2016 ok to go today ????				

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Full Report

Miss Eleanor Meguffog		12/04/1971	Female	S685671168	Permanent
21/01/2016	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: special request last issued on 19.11.2015 ok to go today ????					
21/01/2016	issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: special request last issued on 19.11.15 ok to go today ????					
19/11/2015	issued Amitriptyline 50mg tablets			Supply: (168) tablet	3 TABS DAILY
Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script					
19/11/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription					
29/10/2015	issued Amitriptyline 50mg tablets			Supply: (28) tablet	1 TABLET ONCE DAILY
05/10/2015	issued Amitriptyline 25mg tablets			Supply: (28) tablet	FOR EXTRA ONE AT NIGHT
05/10/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription					
05/10/2015	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 16.04.15. OK again today???					
11/08/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription					
11/08/2015	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 16.04.15. OK again today???					
11/06/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription					
11/06/2015	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 16.04.15. OK again today???					
16/04/2015	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 19.02.15. OK again today???					
16/04/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 19.02.15. OK again today???					
19/02/2015	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription					
19/02/2015	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script					
23/12/2014	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special URGENT request, last issued 30.10.14 OK again today??					
23/12/2014	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special URGENT request, last issued 30.10.14. OK again today???					
30/10/2014	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 04.09.14 OK again today??					
30/10/2014	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 04.09.14. OK again today???					
04/09/2014	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 10.07.14. OK again today???					
04/09/2014	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 10.07.14 OK again today??					
10/07/2014	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 15.05.14 OK again today??					
10/07/2014	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 15.05.14. OK again today???					
15/05/2014	issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 20.03.14. OK again today???					
15/05/2014	issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 AT NIGHT Instalments:
disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 20.03.14 OK again today??					

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Full Report**Miss Eleanor Meguffog****12/04/1971****Female****S685671168****Permanent**

20/03/2014 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 23.01.14 OK again today??

20/03/2014 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 23.01.14. OK again today???

23/01/2014 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 28.11.13. OK again today???

23/01/2014 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 28.11.13 OK again today??

28/11/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 04.10.13 OK again today??

28/11/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 04.10.13. OK again today???

04/10/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 09.08.13. OK again today???

04/10/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 09.08.13 OK again today??

09/08/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 13.06.13. OK again today???

09/08/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 13.06.13 OK again today??

13/06/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script Notes for patient: AMITRIPTYLINE - This is a special request, last issued 23.04.13 OK again today??

13/06/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 23.04.13. OK again today???

23/04/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: DIHYDROCODEINE - This is a special request, last issued 23.04.13 OK again today??

23/04/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

26/02/2013 issued Amitriptyline 50mg tablets Supply: (112) tablet 2 AT NIGHT Instalments: disp weekly allow for closure Notes for dispenser: dispense weekly form end of last script

26/02/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

30/01/2013 issued Amitriptyline 50mg tablets Supply: (56) tablet 2 AT NIGHT Notes for patient: SPECIAL REQUEST LAST ISSUED 08.01.13 OK TODAY ???

08/01/2013 issued Amitriptyline 50mg tablets Supply: (56) tablet 2 AT NIGHT Notes for patient: SPECIAL REQUEST LAST ISSUED 11.12.12 OK TODAY ???

08/01/2013 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription Notes for patient: SPECIAL REQUEST LAST ISSUED 23.11.2012 OK TODAY ???

11/12/2012 issued Permethrin 5% cream Supply: (60) gram APPLY AS INSTRUCTED AND REPEAT AFTER 7 DAYS

11/12/2012 issued Amitriptyline 50mg tablets Supply: (56) tablet 2 AT NIGHT

23/11/2012 issued Amitriptyline 50mg tablets Supply: (28) tablet 1 TABLET ONCE DAILY

23/11/2012 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

08/11/2012 issued Amitriptyline 10mg tablets Supply: (56) tablet TAKE 1 OR 2 AT NIGHT

25/10/2012 issued Trazodone 50mg capsules Supply: (28) capsule 1-2 TABLETS AT NIGHT

Instalments: Diso 14 weekly

04/10/2012 issued Duloxetine 60mg gastro-resistant capsules Supply: (28) capsule TAKE ONE DAILY

Instalments: dispense weekly cover if closed Notes for patient: start this once mirtazapine is reduced to zero

04/10/2012 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting from end of previous prescription

04/10/2012 issued Mirtazapine 15mg tablets Supply: (30) tablet 1 OR 2 AT NIGHT AS DIRECTED Notes for patient: mirtazapine 2 at night for the next 3 nights, then take 1 at night for 3 nights then stop and convert to duloxetine speak to me in 2 weeks.

10/08/2012 issued Dihydrocodeine 30mg tablets Supply: (448) tablet 8 DAILY Instalments: disp weekly cover if closed Notes for dispenser: dispense weekly starting 10.08.12

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Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
10/08/2012 issued Mirtazapine 45mg tablets			Supply: (56) tablet	TAKE ONE AT NIGHT
Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 10/08/12				
03/08/2012 issued Mirtazapine 45mg tablets			Supply: (56) tablet	TAKE ONE AT NIGHT
Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 15/6/12				
03/08/2012 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting 15/6/12				
14/06/2012 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly starting 15/6/12				
14/06/2012 issued Mirtazapine 45mg tablets			Supply: (56) tablet	TAKE ONE AT NIGHT
Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please - start 15/6/12				
14/06/2012 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed Notes for dispenser: dispense on 15/6/12- weekly dispense please.				
18/05/2012 issued Paracetamol 500mg tablets			Supply: (100) tablet	2 TABS EVERY 4 TO 6
HOURS				
18/05/2012 issued Mirtazapine 45mg tablets			Supply: (28) tablet	TAKE ONE AT NIGHT
Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please				
20/04/2012 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly continuing from last				
20/04/2012 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.				
20/04/2012 issued Mirtazapine 45mg tablets			Supply: (28) tablet	TAKE ONE AT NIGHT
Instalments: weekly cover if closed please Notes for dispenser: dispense weekly please				
05/04/2012 issued Mirtazapine 30mg tablets			Supply: (28) tablet	TAKE ONE AT NIGHT
09/03/2012 issued Nicotinnell TTS 30 patches (GlaxoSmithKline Consumer Healthcare UK Ltd)			Supply: (14) patch USE DAILY	
09/03/2012 issued Mirtazapine 30mg tablets			Supply: (28) tablet	TAKE ONE AT NIGHT
24/02/2012 issued Mirtazapine 15mg tablets			Supply: (21) tablet	1 TABLET(S) AT NIGHT
FOR 1 WEEK THEN 2 TABS AT NIGHT				
24/02/2012 issued Sertraline 50mg tablets			Supply: (14) tablet	1 TABLET(S) EVERY DAY
24/02/2012 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.				
24/02/2012 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly - beginning 2/1/12. please.				
20/12/2011 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: dispense weekly - beginning 2/1/12. please.				
20/12/2011 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed Notes for dispenser: dispense on 2/1/12- weekly dispense please.				
20/12/2011 issued Sertraline 100mg tablets			Supply: (56) tablet	1 DAILY Instalments: disp
weekly cover if closed Notes for dispenser: to start on 2/1/12. Dispense weekly please.				
07/11/2011 issued Fucibet cream (Pharma)			Supply: (30) gram	APPLY TWICE DAILY
07/11/2011 issued Sertraline 100mg tablets			Supply: (56) tablet	1 DAILY Instalments: disp
weekly cover if closed				
07/11/2011 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed				
07/11/2011 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed				
12/09/2011 issued Otomize ear spray (Teva UK Ltd)			Supply: (5) ml	2 PUFF TWICE A DAY
12/09/2011 issued Sertraline 100mg tablets			Supply: (56) tablet	1 DAILY Instalments: disp
weekly cover if closed				
12/09/2011 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly covered if closed				
12/09/2011 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly cover if closed				
24/08/2011 issued Sertraline 50mg tablets			Supply: (31) tablet	1 DAILY AS DIRECTED
Instalments: disp weekly cover if closed				
01/08/2011 issued Sertraline 50mg tablets			Supply: (28) tablet	1 DAILY Instalments: disp
weekly cover if closed				
06/07/2011 issued Amitriptyline 50mg tablets			Supply: (112) tablet	2 TABS NOCTE
Instalments: disp weekly from end last script				
06/07/2011 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet	8 DAILY Instalments: disp
weekly from end last script				
06/07/2011 issued Sertraline 50mg tablets			Supply: (28) tablet	1 DAILY Instalments: disp
weekly cover if closed				
20/05/2011 issued Paracetamol 500mg tablets			Supply: (200) tablet(s)	2 Tabs Every 4 to 6 hours
20/05/2011 issued Mirtazapine 30mg tablets			Supply: (56) tablet(s)	1 Tab nocte Instalments:
disp weekly from end last script				
20/05/2011 issued Amitriptyline 50mg tablets			Supply: (112) tablet(s)	2 Tabs nocte Instalments:
disp weekly from end last script				
20/05/2011 issued Dihydrocodeine 30mg tablets			Supply: (448) tablet(s)	8 daily Instalments: disp
weekly from end last script				

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
28/03/2011 issued Dihydrocodeine 30mg tablets weekly from end last script			Supply: (448) tablet(s)	8 daily Instalments: disp
28/03/2011 issued Amitriptyline 50mg tablets disp weekly from end last script			Supply: (112) tablet(s)	2 Tabs nocte Instalments:
28/03/2011 issued Mirtazapine 30mg tablets disp weekly from end last script			Supply: (56) tablet(s)	1 Tab nocte Instalments:
22/03/2011 issued Dihydrocodeine 30mg tablets weekly from end last script			Supply: (56) tablet(s)	8 daily Instalments: disp
22/03/2011 issued Amitriptyline 50mg tablets disp weekly from end last script			Supply: (14) tablet(s)	2 Tabs nocte Instalments:
22/03/2011 issued Mirtazapine 30mg tablets disp weekly from end last script			Supply: (7) tablet(s)	1 Tab nocte Instalments:
27/01/2011 issued Mirtazapine 30mg tablets disp weekly from end last script			Supply: (56) tablet(s)	1 Tab nocte Instalments:
27/01/2011 issued Amitriptyline 50mg tablets disp weekly from end last script			Supply: (112) tablet(s)	2 Tabs nocte Instalments:
27/01/2011 issued Dihydrocodeine 30mg tablets weekly from end last script			Supply: (448) tablet(s)	8 daily Instalments: disp
07/12/2010 issued Amitriptyline 50mg tablets disp weekly			Supply: (112) tablet(s)	2 Tabs nocte Instalments:
07/12/2010 issued Dihydrocodeine 30mg tablets weekly			Supply: (448) tablet(s)	8 daily Instalments: disp
07/12/2010 issued Mirtazapine 30mg tablets disp weekly			Supply: (56) tablet(s)	1 Tab nocte Instalments:
15/10/2010 issued Amitriptyline 50mg tablets disp weekly from 151010			Supply: (112) tablet(s)	2 Tabs nocte Instalments:
15/10/2010 issued Ibuprofen 400mg tablets weekly from 151010			Supply: (84) tablet(s)	TAKE ONE 3 TIMES/DAY
15/10/2010 issued Dihydrocodeine 30mg tablets weekly from 151010			Supply: (448) tablet(s)	8 daily Instalments: disp
15/10/2010 issued Mirtazapine 30mg tablets disp weekly from 151010			Supply: (56) tablet(s)	1 Tab nocte Instalments:
22/09/2010 0 issued E45 cream (Forum Health Products Ltd)			Supply: (125)	Apply prn
22/09/2010 0 issued Mirtazapine 30mg tablets frm220910			Supply: (28)	1 Tab nocte disp weekly
22/09/2010 0 issued Amitriptyline 50mg tablets 220910			Supply: (56)	2 Tabs nocte disp weekly fr
22/09/2010 0 issued Dihydrocodeine 30mg tablets 27/08/2010			Supply: (224)	8 daily fr 220910 disp weekly
27/08/2010 0 issued Dihydrocodeine 30mg tablets weekly			Supply: (224)	8 daily fr 30/08/10 disp
27/08/2010 0 issued Amitriptyline 50mg tablets 300810			Supply: (56)	2 Tabs nocte disp weekly fr
27/08/2010 0 issued Mirtazapine 30mg tablets from 3008			Supply: (28)	1 Tab nocte disp weekly
13/08/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (448)	8 daily fr 13/08/10 disp daily
13/08/2010 0 issued Amitriptyline 50mg tablets			Supply: (56)	2 Tabs nocte disp daily
13/08/2010 0 issued Mirtazapine 30mg tablets			Supply: (28)	1 Tab nocte disp daily
10/08/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (448)	8 daily fr 10/8/10 disp daily
10/08/2010 0 issued Amitriptyline 50mg tablets			Supply: (56)	2 Tabs nocte disp daily
10/08/2010 0 issued Mirtazapine 30mg tablets			Supply: (28)	1 Tab nocte disp daily
16/07/2010 2 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
16/07/2010 1 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
16/07/2010 2 issued Amitriptyline 50mg tablets			Supply: (112)	1 or 2 Tabs disp fortnightly
16/07/2010 1 issued Amitriptyline 50mg tablets			Supply: (112)	1 or 2 Tabs disp fortnightly
16/07/2010 2 issued Citalopram 20mg tablets			Supply: (112)	2 tab daily disp fortnightly
16/07/2010 1 issued Citalopram 20mg tablets			Supply: (112)	2 tab daily disp fortnightly
31/05/2010 0 issued Paracetamol 500mg tablets			Supply: (200)	2 Tabs Every 4 to 6 hours
31/05/2010 0 issued Amitriptyline 50mg tablets			Supply: (56)	1 Tab nocte disp fortnightly
31/05/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
31/05/2010 0 issued Citalopram 20mg tablets			Supply: (112)	2 tab daily disp fortnightly
08/04/2010 0 issued Paracetamol 500mg tablets			Supply: (200)	2 Tabs Every 4 to 6 hours
08/04/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
08/04/2010 0 issued Amitriptyline 50mg tablets			Supply: (56)	1 Tab nocte disp fortnightly
08/04/2010 0 issued Citalopram 20mg tablets			Supply: (112)	2 tab daily disp fortnightly
18/02/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
18/02/2010 0 issued Amitriptyline 50mg tablets			Supply: (56)	1 Tab nocte disp fortnightly
18/02/2010 0 issued Citalopram 20mg tablets			Supply: (112)	2 tab daily disp fortnightly
18/02/2010 0 issued Paracetamol 500mg tablets			Supply: (100)	2 Tabs Every 4 to 6 hours
18/02/2010 0 issued Ciprofloxacin 500mg tablets			Supply: (14)	1 Tab Twice Daily
18/02/2010 0 issued Dihydrocodeine 30mg tablets			Supply: (56)	1 or 2 Tabs 4 Times daily
08/02/2010 0 issued Clarithromycin 250mg tablets			Supply: (14)	1 Tab Twice daily
08/02/2010 0 issued Ibuprofen 10% gel			Supply: (50)	Apply Twice daily
30/12/2009 0 issued Dihydrocodeine 30mg tablets			Supply: (336)	2 Tabs tid disp fortnightly
30/12/2009 0 issued Amitriptyline 50mg tablets			Supply: (56)	1 Tab nocte disp fortnightly

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Miss Eleanor Meguffog		12/04/1971	Female	S685671168	Permanent
30/12/2009	0 issued	Citalopram 20mg tablets		Supply: (112)	2 tab daily disp fortnightly
19/11/2009	0 issued	Diazepam 2mg tablets		Supply: (21)	1 Tab DailyNotes for patient:
weekly dispense on Thursdays		dispense on Thursdays			
26/10/2009	0 issued	Diazepam 2mg tablets		Supply: (14)	1 Tab daily from
26/10/2009	0 issued	Diazepam 2mg tablets		Supply: (28)	2 Tabs daily
26/10/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (336)	2 Tabs tid disp weekly
26/10/2009	0 issued	Amitriptyline 50mg tablets		Supply: (56)	1 Tab nocte disp weekly
26/10/2009	0 issued	Citalopram 20mg tablets		Supply: (112)	2 tab daily disp weekly
27/08/2009	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
27/08/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (336)	2 Tabs tid fr 27/8/9 disp
weekly					
27/08/2009	0 issued	Amitriptyline 50mg tablets		Supply: (56)	1 Tab nocte fr 27/8/9 disp
weekly					
27/08/2009	0 issued	Citalopram 20mg tablets		Supply: (112)	2 tab daily fr 27/8/9 disp
weekly					
30/07/2009	0 issued	Citalopram 20mg tablets		Supply: (56)	2 tab daily fr 30/7/9 disp
weekly					
30/07/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (168)	2 Tabs tid fr 30/7/9 disp
weekly					
30/07/2009	0 issued	Amitriptyline 50mg tablets		Supply: (28)	1 Tab nocte fr 30/7/9 disp
weekly					
30/07/2009	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
16/07/2009	0 issued	Diazepam 2mg tablets		Supply: (210)	4 Tabs daily fr 23/7/9
reducing 2mg per week		Notes for patient: from 23 july 2009 dose 28mg daily disp weekly			
16/07/2009	0 issued	Diazepam 5mg tablets		Supply: (210)	4 tabs daily fr 23/7/9
reducing 2mg per week					
16/07/2009	0 issued	Diazepam 5mg tablets		Supply: (42)	6 daily fr 16/7/9 disp weekly
02/07/2009	0 issued	Diazepam 5mg tablets		Supply: (14)	1 tid fr 2/7/9 disp weekly
02/07/2009	0 issued	Amitriptyline 50mg tablets		Supply: (28)	1 Tab nocte fr 2/7/9 disp
weekly					
02/07/2009	0 issued	Citalopram 20mg tablets		Supply: (56)	2 tab daily fr 2/7/9 disp
weekly					
02/07/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (168)	2 Tabs tid fr 2/7/9 disp weekly
18/06/2009	0 issued	Diazepam 2mg tablets		Supply: (84)	6 tabs daily fr 22/6/9 disp
weekly					
18/06/2009	0 issued	Amitriptyline 50mg tablets		Supply: (14)	1 Tab nocte fr 22/6/9 disp
weekly					
18/06/2009	0 issued	Citalopram 20mg tablets		Supply: (28)	2 tab daily fr 22/6/9 disp
weekly					
18/06/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	2 Tabs tid fr 22/6/9 disp
weekly					
08/06/2009	0 issued	Citalopram 20mg tablets		Supply: (14)	1 Tab disp weekly Daily
08/06/2009	0 issued	Amitriptyline 50mg tablets		Supply: (14)	1 Tab disp weekly At night
08/06/2009	0 issued	Diazepam 5mg tablets		Supply: (42)	1 Tab disp daily TID
08/06/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	2 Tabs disp weekly TID
21/05/2009	0 issued	Citalopram 20mg tablets		Supply: (14)	1 Tab
21/05/2009	0 issued	Amitriptyline 50mg tablets		Supply: (14)	1 Tab At night
21/05/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 or 2 Tabs tds disp in full
21/05/2009	0 issued	Zopiclone 3.75mg tablets		Supply: (14)	1 or 2 Tabs At night
15/05/2009	0 issued	Promethazine hydrochloride 25mg tablets		Supply: (14)	1 or 2 Tabs At night
15/05/2009	0 issued	Amitriptyline 50mg tablets		Supply: (7)	1 Tab At night
15/05/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (42)	1 or 2 Tabs tds disp in full
24/04/2009	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
24/04/2009	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
24/04/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (252)	1 or 2 Tabs tds disp
fortnightly					
17/03/2009	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
17/03/2009	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
17/03/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (252)	1 or 2 Tabs tds disp
fortnightly					
02/02/2009	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
02/02/2009	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
02/02/2009	0 issued	Dihydrocodeine 30mg tablets		Supply: (252)	1 or 2 Tabs tds disp
fortnightly					
24/12/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (252)	1 or 2 Tabs tds disp
fortnightly					
24/12/2008	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
24/12/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
21/11/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
21/11/2008	0 issued	Paracetamol 500mg tablets		Supply: (84)	1 or 2 Tabs QID as needed
21/11/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
13/11/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (42)	1 Tab 3 Times daily
15/10/2008	0 issued	Paracetamol 500mg tablets		Supply: (84)	1 or 2 Tabs QID as needed

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Miss Eleanor Meguffog		12/04/1971	Female	S685671168	Permanent
15/10/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
15/10/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
13/10/2008	0 issued	Nicotinell tps 30 sq cm Transdermal patch (Novartis)			
Consumer Health UK Ltd Supply: (14) Apply Daily					
17/09/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
17/09/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
18/08/2008	0 issued	Paracetamol 500mg tablets		Supply: (84)	1 or 2 Tabs QID as needed
18/08/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
18/08/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
30/07/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
30/07/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
19/06/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
19/06/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
23/05/2008	0 issued	E45 cream (Forum Health Products Ltd)		Supply: (350)	Apply Twice daily
23/05/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
23/05/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
06/05/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
06/05/2008	0 issued	Paracetamol 500mg tablets		Supply: (200)	1 or 2 Tabs QID as needed
06/05/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
04/04/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
04/04/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
04/04/2008	0 issued	Paracetamol 500mg tablets		Supply: (84)	1 or 2 Tabs QID as needed
04/03/2008	0 issued	Amitriptyline 50mg tablets		Supply: (42)	1 Tab At night
04/03/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 Times daily
04/03/2008	0 issued	Paracetamol 500mg tablets		Supply: (84)	1 or 2 Tabs QID as needed
04/02/2008	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
04/02/2008	0 issued	Amitriptyline 25mg tablets		Supply: (42)	1 Tab At night
04/02/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
04/01/2008	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
04/01/2008	0 issued	Amoxicillin 500mg capsules		Supply: (21)	1 Cap 3 times daily
17/12/2007	0 issued	Amitriptyline 25mg tablets		Supply: (42)	1 Tab At night
17/12/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
23/11/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
23/11/2007	0 issued	Amitriptyline 25mg tablets		Supply: (42)	1 Tab At night
23/11/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
15/10/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
15/10/2007	0 issued	Amitriptyline 25mg tablets		Supply: (42)	1 Tab At night
15/10/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
11/09/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab dispense 3 times daily
11/09/2007	0 issued	Amitriptyline 25mg tablets		Supply: (42)	1 Tab At night
06/08/2007	0 issued	Amitriptyline 10mg tablets		Supply: (28)	1 Tab At night
06/08/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (126)	1 Tab 3 times daily
01/08/2007	0 issued	Amitriptyline 10mg tablets		Supply: (28)	1 Tab At night
18/07/2007	0 issued	Diclofenac sodium 50mg gastro-resistant tablets		Supply: (42)	1 Tab 3 times daily
18/07/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
18/07/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
18/06/2007	0 issued	Diclofenac sodium 50mg gastro-resistant tablets		Supply: (28)	1 Tab 3 times daily
18/06/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
18/06/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
21/05/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
21/05/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
10/05/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (42)	1 Tab 3 times daily
23/04/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
23/04/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
04/04/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (63)	1 Tab from 040407 3 times daily
15/03/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (42)	1 Tab from 150307 3 times daily
05/02/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
05/02/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
05/02/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab from 80507 3 times daily
04/01/2007	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
04/01/2007	0 issued	Ibuprofen 600mg effervescent granules sachets		Supply: (20)	1 sachet 2x daily after food
04/01/2007	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
14/12/2006	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
28/11/2006	0 issued	Dihydrocodeine 30mg tablets		Supply: (42)	1 Tab 3 times daily
28/11/2006	0 issued	Ibuprofen 600mg effervescent granules sachets		Supply: (20)	1 sachet 2x daily after food
09/11/2006	0 issued	Dihydrocodeine 30mg tablets		Supply: (84)	1 Tab 3 times daily
09/11/2006	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
11/10/2006	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed
11/10/2006	0 issued	Diclofenac sodium 50mg tablets		Supply: (84)	1 Cap 3 times daily
11/10/2006	0 issued	Dihydrocodeine 30mg tablets		Supply: (112)	2 Tabs disp weekly Twice daily from 1110
15/09/2006	0 issued	Paracetamol 500mg tablets		Supply: (100)	1 or 2 Tabs QID as needed

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Miss Eleanor Meguffog		12/04/1971	Female	S685671168	Permanent
15/09/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (112)		2 Tabs Twice daily
18/08/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (112)		2 Tabs Twice daily
18/07/2006	0 issued	Paracetamol 500mg tablets	Supply: (100)		1 or 2 Tabs QID as needed
18/07/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (112)		2 Tabs Twice daily
26/06/2006	0 issued	Ibuprofen 400mg tablets	Supply: (42)		1 Tab 3 times daily
26/06/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		2 Tabs 3 times daily
26/05/2006	0 issued	Ibuprofen 400mg tablets	Supply: (42)		1 Tab 3 times daily
26/05/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		2 Tabs 3 times daily
05/05/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
21/04/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (60)		1 or 2 Tabs 4 times daily
12/04/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
22/03/2006	0 issued	Ibuprofen 400mg tablets	Supply: (42)		1 Tab 3 times daily
22/03/2006	0 issued	Xylometazoline 0.1% nasal drops	Supply: (10)		1 Drop morning and night
22/03/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
20/02/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
23/01/2006	0 issued	Cerumol ear drops [REDACTED] & [REDACTED] Ltd)	Supply: (11)		1 Drop 3 times daily
23/01/2006	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
29/12/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
02/12/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (96)		1 or 2 Tabs 4 times daily
07/11/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
06/10/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
12/09/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
11/08/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
20/07/2005	0 issued	Sodium bicarbonate 5% ear drops	Supply: (1)		4 Drops Twice daily
20/07/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
21/06/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (100)		1 or 2 Tabs 4 times daily
03/06/2005	0 issued	Ciprofloxacin 500mg tablets	Supply: (14)		1 Tab Twice daily
03/06/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (60)		1 or 2 Tabs 4 times daily
30/05/2005	0 issued	Co-amoxiclav 500mg/125mg tablets	Supply: (21)		1 Tab 3 times daily
30/05/2005	0 issued	Dihydrocodeine 30mg tablets	Supply: (24)		1 or 2 Tabs 4 times daily
24/05/2005	0 issued	Co-codamol 8mg/500mg effervescent tablets	Supply: (100)		2 Tabs 4 times daily
24/05/2005	0 issued	Erythromycin 250mg gastro-resistant capsules	Supply: (28)		1 Cap 4 times daily
29/10/2004	0 issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (84)		1 Tab 3 times daily
08/03/2004	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
02/12/2003	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
03/03/2003	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
03/03/2003	0 issued	Nifedipine 5mg capsules	Supply: (90)		1 Cap 3 times daily
17/02/2003	0 issued	Diclofenac sodium 50mg gastro-resistant tablets	Supply: (28)		1 Tab 3 times daily
30/12/2002	0 issued	Microgynon 30 ED tablets (Bayer Plc)	Supply: (84)		1 Tab Daily
30/12/2002	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
15/07/2002	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
27/02/2002	0 issued	Co-dydramol 10mg/500mg tablets	Supply: (100)		1 or 2 Tabs up to 4 times daily
27/02/2002	0 issued	Ibuprofen 400mg tablets	Supply: (84)		1 Tab 3 daily after food
04/02/2002	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
22/08/2001	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
21/03/2001	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (2)	As directed	
15/01/2001	0 issued	Sertraline 50mg tablets	Supply: (28)		1 Tab Daily
26/07/2000	0 issued	Medroxyprogesterone 150mg/1ml suspension for injection pre-filled syringes	Supply: (1)	As directed	
31/05/2000	0 issued	Amoxicillin 250mg capsules	Supply: (21)		1 Cap 3 times daily
14/12/1999	0 issued	Folic acid 400microgram tablets	Supply: (50)		1 Tab Daily
23/11/1999	0 issued	Paroxetine 20mg tablets	Supply: (56)		2 Tabs Daily
23/09/1999	0 issued	Paroxetine 20mg tablets	Supply: (84)		2 Tabs Daily

Recall

12/04/2021	Recall on 12/04/2021 for No response to bowel cancer screening programme invitation with Dr [REDACTED]	Status:Outstanding
20/12/2011	Recall on 20/12/2012 for Mental health review with Dr [REDACTED]	Status:Outstanding
15/10/2010	Recall on 15/10/2011 for Mental health review with Dr [REDACTED] Magee	Status:Complete
09/04/2009	Recall on 02/07/2009 for Depot contraceptive with Mrs Paula Fey	Status:
09/04/2009	ACTION=Repeat after an Interval	
09/04/2009	Recall on 02/07/2009 for O/E - weight with Mrs Paula Fey	Status:
09/04/2009	ACTION=Repeat after an Interval	

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17/02/2005	Recall on 05/05/2005 for O/E - weight with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
17/02/2005	Recall on 05/05/2005 for O/E - height with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
17/02/2005	Recall on 05/05/2005 for O/E - blood pressure reading with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
03/12/2004	Recall on 03/12/2005 for Oral contraceptive started with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
03/12/2004	Recall on 03/12/2005 for O/E - blood pressure reading with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
02/12/2004	Recall on 17/02/2005 for Depot contraceptive with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
02/12/2004	Recall on 17/02/2005 for O/E - weight with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
02/12/2004	Recall on 17/02/2005 for O/E - height with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
02/12/2004	Recall on 17/02/2005 for O/E - blood pressure reading with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
09/09/2004	Recall on 25/11/2004 for Depot contraceptive with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
09/09/2004	Recall on 25/11/2004 for O/E - weight with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
09/09/2004	Recall on 25/11/2004 for O/E - height with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
09/09/2004	Recall on 25/11/2004 for O/E - blood pressure reading with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
30/06/2004	Recall on 30/06/2005 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
24/06/2004	Recall on 09/09/2004 for Depot contraceptive with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
24/06/2004	Recall on 09/09/2004 for O/E - weight with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
24/06/2004	Recall on 09/09/2004 for O/E - height with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
24/06/2004	Recall on 09/09/2004 for O/E - blood pressure reading with Dr Treatment Room Appoi	Status:
ACTION=Repeat after an Interval		
24/03/2004	Recall on 09/06/2004 for Depot contraceptive with Dr Treatment Room Drop-	Status:
ACTION=Repeat after an Interval		
24/03/2004	Recall on 09/06/2004 for O/E - blood pressure reading with Dr Treatment Room Drop-	Status:
ACTION=Repeat after an Interval		
02/12/2003	Recall on 02/12/2004 for Oral contraceptive started with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
02/12/2003	Recall on 02/12/2004 for O/E - blood pressure reading with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
15/05/2003	Recall on 15/05/2004 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
01/05/2003	Recall on 01/05/2004 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
28/05/2002	Recall on 28/05/2003 for Oral contraceptive started with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
29/03/2002	Recall on 29/03/2003 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
18/09/2001	Recall on 18/10/2002 for Oral contraception -no problem with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
12/09/2001	Recall on 12/09/2004 for Screening invite - not replied with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
12/09/2001	Recall on 12/09/2004 for O/E - blood pressure reading with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
16/02/2001	Recall on 16/02/2002 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
16/10/2000	Recall on 16/10/2001 for Oral contraceptive started with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
01/08/2000	Recall on 01/02/2001 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
21/04/2000	Recall on 21/07/2000 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
11/01/2000	Recall on 11/04/2000 for Mental health administration with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		
19/10/1999	Recall on 19/10/2000 for Patient pregnant with Dr Staff Unknown Member Of Staff	Status:
ACTION=Repeat after an Interval		

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14/09/1999 Recall on 14/12/1999 for Mental health administration with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval
01/09/1999 Recall on 01/09/2000 for Moderate smoker - 10-19 cigs/d with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval
25/10/1995 Recall on 25/10/1998 for Cervical smear: negative with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval
01/01/1994 Recall on 01/01/1997 for Cervical smear: negative with Dr Staff Unknown Member Of Staff Status:
ACTION=Repeat after an Interval

Consultation

07/12/2021 Repeat Issue Mr [redacted] Mcbain
26/11/2021 Administration Miss [redacted] Dorans
18/11/2021 Results recording Dr [redacted] Sineaid
17/11/2021 Administration Miss [redacted] Dorans
26/10/2021 Administration Miss [redacted] Dorans
06/10/2021 Repeat Issue Mr [redacted] Mcbain
28/09/2021 Administration Miss [redacted] Dorans
21/09/2021 Letter from Outpatients Ms Liana Kontou
19/08/2021 Repeat Issue Mr [redacted] Mcbain
06/08/2021 Administration Miss [redacted] Dorans
12/07/2021 Results recording Dr [redacted]
29/06/2021 Administration Ms [redacted] Herriot
22/06/2021 Repeat Issue Ms Liana Kontou
17/06/2021 Administration Miss [redacted] Dorans
03/06/2021 Administration Miss [redacted] Dorans
01/06/2021 Data Transferred from other system Dr [redacted]
10/05/2021 Repeat Issue Mr [redacted] Mcbain
05/05/2021 Other Dr Nigel [redacted]
27/04/2021 Repeat Issue Ms Elaine Sutherland
07/04/2021 Clinic Mr [redacted] Novak
01/04/2021 Clinic Mr [redacted] Novak
01/04/2021 Surgery consultation Dr [redacted]
20/03/2021 Data Transferred from other system Dr [redacted]
12/03/2021 Clinic Mr [redacted] Novak
12/03/2021 Administration Dr [redacted]
02/03/2021 Repeat Issue Mr [redacted] Mcbain
17/12/2020 Out of hours, Non Practice Mr [redacted] Senior
16/12/2020 Surgery consultation Dr [redacted]
15/12/2020 Repeat Issue Mrs Irene [redacted]
04/11/2020 Repeat Issue Ms Lori [redacted]
09/09/2020 Repeat Issue Ms Gillian Coan
03/09/2020 Administration Ms Jules Riddell
04/08/2020 Administration Ms Jules Riddell
17/07/2020 Administration Ms Jules Riddell
15/07/2020 Other Dr Nigel [redacted]
14/07/2020 Repeat Issue Mr [redacted] Mcbain
10/06/2020 Surgery consultation Dr [redacted]
22/05/2020 Administration Ms Jules Riddell
30/03/2020 Administration Ms Dawn [redacted]
25/03/2020 Repeat Issue Ms Lori [redacted]
20/03/2020 Administration Ms Jules Riddell
18/03/2020 Administration Ms Jules Riddell
17/03/2020 Administration Ms Jules Riddell
12/03/2020 Third Party Consultation Dr Fionn Toolis
27/02/2020 Administration Dr [redacted]
21/02/2020 Other Dr Rivan Buell
20/02/2020 Surgery consultation Dr [redacted]
11/02/2020 Surgery consultation Dr Rita Rigg
10/02/2020 Administration Dr [redacted]
29/01/2020 Administration Ms Gillian Coan
28/01/2020 Surgery consultation Dr [redacted]
24/01/2020 Telephone call to a patient Dr [redacted]
24/01/2020 Surgery consultation Dr [redacted]
27/12/2019 Telephone call to a patient Dr Laura [redacted]
24/12/2019 Administration Dr Sineaid [redacted]
19/12/2019 Results recording Dr [redacted]
19/12/2019 Results recording Dr [redacted]
19/12/2019 Results recording Dr Laura [redacted]
18/12/2019 Surgery consultation Dr [redacted]
18/12/2019 Repeat Issue Mrs Irene [redacted]
18/12/2019 Clinic Mrs Wilma Borthwick
18/12/2019 Clinic Mrs Wilma Borthwick
17/12/2019 Telephone call to a patient Dr [redacted]
17/12/2019 Telephone call to a patient Dr [redacted]
19/11/2019 Administration Ms Jules Riddell
15/11/2019 Administration Ms Jules Riddell

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12/04/1971 Female S685671168 Permanent

22/03/2011	Surgery consultation	Dr [REDACTED]
11/03/2011	Clinic	Ms [REDACTED]
16/02/2011	Clinic	Ms [REDACTED]
09/02/2011	Clinic	Ms [REDACTED]
27/01/2011	Surgery consultation	Dr [REDACTED]
21/01/2011	Surgery consultation	Dr [REDACTED] Cairns
12/01/2011	Administration	Mrs Irene [REDACTED]
10/01/2011	Surgery consultation	Dr [REDACTED]
13/12/2010	Clinic	Ms [REDACTED]
13/12/2010	Clinic	Ms [REDACTED]
07/12/2010	Surgery consultation	Dr [REDACTED] Drewitt
25/11/2010	Surgery consultation	Dr [REDACTED]
15/11/2010	Clinic	Ms [REDACTED]
19/10/2010	Clinic	Ms [REDACTED]
15/10/2010	Surgery consultation	Dr [REDACTED] Magee
22/09/2010	Surgery consultation	Dr Suzanne Maence
13/09/2010	Surgery consultation	Ms [REDACTED]
27/08/2010	Surgery consultation	Dr [REDACTED] Drewitt
13/08/2010	Surgery consultation	Dr [REDACTED] Fuehr
10/08/2010	Surgery consultation	Dr [REDACTED]
08/08/2010	Surgery consultation	Dr Home Visits
16/07/2010	Surgery consultation	Dr [REDACTED]
01/07/2010	Surgery consultation	Dr Staff Unknown Member Of Staff
31/05/2010	Surgery consultation	Dr [REDACTED]
18/05/2010	Surgery consultation	Dr [REDACTED] Magee
08/04/2010	Surgery consultation	Dr Staff Unknown Member Of Staff
18/02/2010	Surgery consultation	Dr [REDACTED]
10/02/2010	Surgery consultation	Dr [REDACTED] Magee
08/02/2010	Surgery consultation	Dr [REDACTED] Magee
31/12/2009	Surgery consultation	Dr Treatment Room Appoi
30/12/2009	Surgery consultation	Dr [REDACTED]
19/11/2009	Surgery consultation	Dr [REDACTED] Mckeag
26/10/2009	Surgery consultation	Dr [REDACTED] Drewitt
30/09/2009	Surgery consultation	Dr Treatment Room Appoi
27/08/2009	Surgery consultation	Dr [REDACTED]
30/07/2009	Surgery consultation	Dr [REDACTED] Beveridge
28/07/2009	Surgery consultation	Dr Staff Unknown Member Of Staff
22/07/2009	Surgery consultation	Dr Dan Drewitt
16/07/2009	Surgery consultation	Dr [REDACTED]
09/07/2009	Surgery consultation	Ms [REDACTED]
02/07/2009	Surgery consultation	Dr [REDACTED]
18/06/2009	Surgery consultation	Dr [REDACTED]
12/06/2009	Surgery consultation	Dr [REDACTED] Drewitt
08/06/2009	Surgery consultation	Dr [REDACTED] Drewitt
01/06/2009	Surgery consultation	Dr Staff Unknown Member Of Staff
21/05/2009	Surgery consultation	Dr [REDACTED]
15/05/2009	Surgery consultation	Dr [REDACTED]
11/05/2009	Surgery consultation	Dr Staff Unknown Member Of Staff
24/04/2009	Surgery consultation	Dr [REDACTED] Drewitt
09/04/2009	Surgery consultation	Mrs Paula Fey
17/03/2009	Surgery consultation	Dr [REDACTED]
02/02/2009	Surgery consultation	Dr [REDACTED]
12/01/2009	Surgery consultation	Dr Advice Calls
09/01/2009	Surgery consultation	Dr Advice Calls
24/12/2008	Surgery consultation	Dr [REDACTED]
21/11/2008	Surgery consultation	Dr [REDACTED] Cairns
13/11/2008	Surgery consultation	Dr S Senthill
22/10/2008	Surgery consultation	Mrs Paula Fey
15/10/2008	Surgery consultation	Dr Marte Cowell
14/10/2008	Surgery consultation	Dr Z Gpworkroom9
13/10/2008	Surgery consultation	Mrs Paula Fey
17/09/2008	Surgery consultation	Dr [REDACTED]
18/08/2008	Surgery consultation	Dr [REDACTED] Allcock
30/07/2008	Surgery consultation	Dr [REDACTED] Drewitt
23/07/2008	Surgery consultation	Dr Treatment Room Appoi
19/06/2008	Surgery consultation	Dr N [REDACTED]
23/05/2008	Surgery consultation	Dr Vimal Menon
06/05/2008	Surgery consultation	Dr [REDACTED]
29/04/2008	Surgery consultation	Dr Treatment Room Appoi
04/04/2008	Surgery consultation	Dr [REDACTED]
04/03/2008	Surgery consultation	Dr Sinead [REDACTED]
04/02/2008	Surgery consultation	Mrs Paulene [REDACTED]
04/01/2008	Surgery consultation	Dr [REDACTED]
17/12/2007	Surgery consultation	Dr [REDACTED] Drewitt
10/12/2007	Surgery consultation	Dr Treatment Room Appoi
03/12/2007	Surgery consultation	Dr Advice Calls

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23/11/2007	Surgery consultation	Dr [REDACTED] Cairns
14/11/2007	Surgery consultation	Dr Treatment Room Appoi
12/11/2007	Surgery consultation	Dr Treatment Room Appoi
15/10/2007	Surgery consultation	Dr [REDACTED] Magee
11/09/2007	Surgery consultation	Dr Sineaid [REDACTED]
17/08/2007	Surgery consultation	Dr Treatment Room Appoi
06/08/2007	Surgery consultation	Dr [REDACTED] Drewitt
01/08/2007	Surgery consultation	Dr [REDACTED] Magee
18/07/2007	Surgery consultation	Dr [REDACTED]
18/06/2007	Surgery consultation	Dr [REDACTED] Magee
23/05/2007	Surgery consultation	Dr Staff Unknown Member Of Staff
21/05/2007	Surgery consultation	Dr [REDACTED] Affleck
14/05/2007	Surgery consultation	Dr Treatment Room Appoi
10/05/2007	Surgery consultation	Dr [REDACTED] Magee
02/05/2007	Surgery consultation	Dr Staff Unknown Member Of Staff
01/05/2007	Surgery consultation	Dr Staff Unknown Member Of Staff
30/04/2007	Surgery consultation	Dr [REDACTED] Drewitt
23/04/2007	Surgery consultation	Dr [REDACTED] Drewitt
04/04/2007	Surgery consultation	Dr [REDACTED] Magee
15/03/2007	Surgery consultation	Dr [REDACTED]
28/02/2007	Surgery consultation	Dr Treatment Room Appoi
05/02/2007	Surgery consultation	Dr [REDACTED]
04/01/2007	Surgery consultation	Dr [REDACTED]
14/12/2006	Surgery consultation	Dr [REDACTED] Drewitt
01/12/2006	Surgery consultation	Dr Staff Unknown Member Of Staff
28/11/2006	Surgery consultation	Dr Marte Cowell
09/11/2006	Surgery consultation	Dr [REDACTED]
11/10/2006	Surgery consultation	Dr Sineaid [REDACTED]
15/09/2006	Surgery consultation	Dr Deirdre Branagan
08/09/2006	Surgery consultation	Dr Treatment Room Appoi
18/08/2006	Surgery consultation	Dr [REDACTED] Drewitt
18/07/2006	Surgery consultation	Dr [REDACTED] Drewitt
26/06/2006	Surgery consultation	Dr [REDACTED] Cairns
16/06/2006	Surgery consultation	Dr Treatment Room Appoi
26/05/2006	Surgery consultation	Dr Deirdre Branagan
05/05/2006	Surgery consultation	Dr [REDACTED]
21/04/2006	Surgery consultation	Dr [REDACTED]
19/04/2006	Surgery consultation	Dr Staff Unknown Member Of Staff
12/04/2006	Surgery consultation	Dr [REDACTED] Magee
24/03/2006	Surgery consultation	Dr Treatment Room Appoi
22/03/2006	Surgery consultation	Dr Sineaid [REDACTED]
20/02/2006	Surgery consultation	Dr Dan Drewitt
23/01/2006	Surgery consultation	Dr Deirdre Branagan
06/01/2006	Surgery consultation	Dr Treatment Room Appoi
29/12/2005	Surgery consultation	Dr [REDACTED] Magee
02/12/2005	Surgery consultation	Dr [REDACTED] Cairns
07/11/2005	Surgery consultation	Dr [REDACTED] Cairns
17/10/2005	Surgery consultation	Mrs Paulene [REDACTED]
06/10/2005	Surgery consultation	Dr [REDACTED] Magee
12/09/2005	Surgery consultation	Dr [REDACTED] Cairns
11/08/2005	Surgery consultation	Dr [REDACTED]
21/07/2005	Surgery consultation	Dr Treatment Room Appoi
20/07/2005	Surgery consultation	Dr [REDACTED]
14/07/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
05/07/2005	Surgery consultation	Dr Treatment Room Drop-
21/06/2005	Surgery consultation	Dr [REDACTED] Cairns
03/06/2005	Surgery consultation	Dr [REDACTED] Drewitt
30/05/2005	Surgery consultation	Dr Sharon [REDACTED]
27/05/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
24/05/2005	Surgery consultation	Dr [REDACTED]
06/05/2005	Surgery consultation	Dr Treatment Room Appoi
15/04/2005	Surgery consultation	Dr Staff Unknown Member Of Staff
17/02/2005	Surgery consultation	Dr Treatment Room Appoi
03/12/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
02/12/2004	Surgery consultation	Dr Treatment Room Appoi
29/10/2004	Surgery consultation	Dr [REDACTED]
23/10/2004	Surgery consultation	Dr Home Visits
09/09/2004	Surgery consultation	Dr Treatment Room Appoi
03/09/2004	Surgery consultation	Dr Treatment Room Appoi
30/06/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
24/06/2004	Surgery consultation	Dr Treatment Room Appoi
24/03/2004	Surgery consultation	Dr Treatment Room Drop-
11/03/2004	Surgery consultation	Dr Staff Unknown Member Of Staff
08/03/2004	Surgery consultation	Dr [REDACTED]
02/12/2003	Surgery consultation	Dr Staff Unknown Member Of Staff
27/05/2003	Surgery consultation	Dr Treatment Room Drop-

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15/05/2003 Surgery consultation
 01/05/2003 Surgery consultation
 03/04/2003 Surgery consultation
 03/03/2003 Surgery consultation
 17/02/2003 Surgery consultation
 30/12/2002 Surgery consultation
 07/10/2002 Surgery consultation
 15/07/2002 Surgery consultation
 28/05/2002 Surgery consultation
 29/03/2002 Surgery consultation
 27/02/2002 Surgery consultation
 04/02/2002 Surgery consultation
 18/09/2001 Surgery consultation
 12/09/2001 Surgery consultation
 22/08/2001 Surgery consultation
 05/06/2001 Surgery consultation
 21/03/2001 Surgery consultation
 16/02/2001 Surgery consultation
 15/01/2001 Surgery consultation
 16/10/2000 Surgery consultation
 01/08/2000 Surgery consultation
 26/07/2000 Surgery consultation
 31/05/2000 Surgery consultation
 21/04/2000 Surgery consultation
 11/01/2000 Surgery consultation
 14/12/1999 Surgery consultation
 23/11/1999 Surgery consultation
 19/10/1999 Surgery consultation
 23/09/1999 Surgery consultation
 14/09/1999 Surgery consultation
 01/09/1999 Surgery consultation
 31/08/1999 Surgery consultation
 25/10/1995 Surgery consultation
 01/01/1994 Surgery consultation

Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Mrs Paula Fey
 Dr [REDACTED]
 Dr [REDACTED]
 Dr Do Not Use Assistant
 Dr Treatment Room Appoi
 Dr [REDACTED]
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr [REDACTED]
 Dr [REDACTED]
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr [REDACTED]
 Dr Treatment Room Appoi
 Dr [REDACTED]
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr [REDACTED]
 Dr [REDACTED]
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr [REDACTED]
 Dr [REDACTED]
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff
 Dr Staff Unknown Member Of Staff

Blood pressure

11/12/2012 11:45:00 BP 170/92 taken Sitting
 reading
 09/07/2009 BP 110/70
 reading
 09/04/2009 BP 120/75
 reading ACTION=Repeat after an Interval
 13/10/2008 BP 120/70
 reading ACTION=Repeat after an Interval
 23/07/2008 BP 130/70
 reading ACTION=Repeat after an Interval
 29/04/2008 BP 115/70
 reading ACTION=Repeat after an Interval
 04/02/2008 BP 126/68
 reading
 14/11/2007 BP 125/80
 reading ACTION=Repeat after an Interval
 17/08/2007 BP 110/74
 reading ACTION=Repeat after an Interval
 23/05/2007 BP 120/65
 reading ACTION=Repeat after an Interval
 28/02/2007 BP 120/70
 reading ACTION=Repeat after an Interval
 01/12/2006 BP 113/69
 reading ACTION=Repeat after an Interval
 08/09/2006 BP 129/76
 reading ACTION=Repeat after an Interval
 26/06/2006 BP 110/80
 reading
 16/06/2006 BP 131/85
 reading ACTION=Repeat after an Interval
 24/03/2006 BP 116/72
 reading ACTION=Repeat after an Interval
 06/01/2006 BP 133/75
 reading ACTION=Repeat after an Interval
 17/10/2005 BP 128/89
 reading ACTION=Repeat after an Interval

Cuff: Standard recall due: O/E - blood pressure
 recall due: O/E - blood pressure
 recall due: 02/07/2009 O/E - blood pressure
 recall due: 05/01/2009 O/E - blood pressure
 recall due: 08/10/2008 O/E - blood pressure
 recall due: 15/07/2008 O/E - blood pressure
 recall due: O/E - blood pressure
 recall due: 30/01/2008 O/E - blood pressure
 recall due: 02/11/2007 O/E - blood pressure
 recall due: 08/08/2007 O/E - blood pressure
 recall due: 16/05/2007 O/E - blood pressure
 recall due: 16/02/2007 O/E - blood pressure
 recall due: 24/11/2006 O/E - blood pressure
 recall due: O/E - blood pressure
 recall due: 01/09/2006 O/E - blood pressure
 recall due: 09/06/2006 O/E - blood pressure
 recall due: 24/03/2006 O/E - blood pressure
 recall due: 02/01/2006 O/E - blood pressure

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12/04/1971

Female

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21/07/2005	BP 125/78		recall due: 06/10/2005	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
06/05/2005	BP 144/84		recall due: 22/07/2005	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
17/02/2005	BP 140/83		recall due: 05/05/2005	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
03/12/2004	BP 0/0		recall due: 03/12/2005	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
02/12/2004	BP 130/71		recall due: 17/02/2005	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
09/09/2004	BP 128/79		recall due: 25/11/2004	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
24/06/2004	BP 132/68		recall due: 09/09/2004	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
24/03/2004	BP 147/86		recall due: 09/06/2004	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
02/12/2003	BP 0/0		recall due: 02/12/2004	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
03/04/2003	BP 0/0		recall due:	BP Reading
12/09/2001	BP 0/0		recall due: 12/09/2004	O/E - blood pressure
reading	ACTION=Repeat after an Interval			
05/06/2001	BP 0/0		recall due:	BP Reading
01/09/1999	BP 120/60		recall due:	O/E - blood pressure
reading				

Referrals

15/06/2012 Refer for Referral to breast clinic at department of with
 by: Dr [redacted] Sweeney
 19/03/2012 Refer for Referred to plastic surgeon at department of with
 by: Dr [redacted] Callaghan
 10/02/2010 Refer for Referral for further care at department of with
 by: Dr [redacted] Magee
 01/06/2009 Refer for Referral for further care at department of with
 by: Dr Staff Unknown Member Of Staff
 30/04/2007 Refer for Referral for further care at department of with
 by: Dr [redacted] Drewitt
 27/05/2005 Refer for Referral for further care at department of with
 by: Dr Staff Unknown Member Of Staff
 11/03/2004 Refer for Referral for further care at department of with
 by: Dr Staff Unknown Member Of Staff

Cervical Cytology

06/05/2005	Cervical smear: negative		recall due: 06/05/2008
ACTION=Repeat after an Interval	Dr Staff Unknown Member Of Staff		
06/05/2005	Cervical Smear Taken		
Dr Treatment Room Appoi			
25/10/1995	Cervical smear: negative		recall due: 25/10/1998
ACTION=Repeat after an Interval	Dr Staff Unknown Member Of Staff		
01/01/1994	Cervical smear: negative		recall due: 01/01/1997
ACTION=Repeat after an Interval	Dr Staff Unknown Member Of Staff		

Smoking

23/09/2019	Smoker	8 cigarettes per day	Cigarette smoker		Dr
Sinead [redacted]					
20/03/2014	Smoker	cigarettes per day	Cigarette smoker		Ms
Roseann [redacted]					
08/04/2010	Smoker	0 cigarettes per day	Current smoker		Dr
Staff Unknown Member Of Staff					
30/07/2008	Smoker	0 cigarettes per day	Current smoker		Dr
[redacted] Drewitt					
26/06/2006	Smoker	0 cigarettes per day	Current smoker		Dr
[redacted] Cairns					
01/09/1999	Smoker	0 cigarettes per day	Moderate smoker - 10-19 cigs/d	ACTION=Repeat after an Interval	Dr
Staff Unknown Member Of Staff					

Weight

12/01/2018	Weight: 74.2 kgs	BMI: 28.9	O/E - weight	
09/07/2009	Weight: 60 kgs	BMI: 23.4	O/E - weight	
09/04/2009	Weight: 57 kgs	BMI: 22.2	O/E - weight	ACTION=Repeat after an Interval
13/10/2008	Weight: 64 kgs	BMI: 25	O/E - weight	ACTION=Repeat after an Interval
23/07/2008	Weight: 64 kgs	BMI: 25	O/E - weight	ACTION=Repeat after an Interval
29/04/2008	Weight: 65 kgs	BMI: 25.3	O/E - weight	ACTION=Repeat after an Interval
04/02/2008	Weight: 62.5 kgs	BMI: 24.4	O/E - weight	

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14/11/2007	Weight: 61 kgs	BMI: 23.8	O/E - weight	ACTION=Repeat after an Interval
17/08/2007	Weight: 57 kgs	BMI: 22.2	O/E - weight	ACTION=Repeat after an Interval
23/05/2007	Weight: 60 kgs	BMI: 23.4	O/E - weight	ACTION=Repeat after an Interval
28/02/2007	Weight: 59 kgs	BMI: 23	O/E - weight	ACTION=Repeat after an Interval
01/12/2006	Weight: 58 kgs	BMI: 22.6	O/E - weight	ACTION=Repeat after an Interval
08/09/2006	Weight: 57 kgs	BMI: 22.2	O/E - weight	ACTION=Repeat after an Interval
16/06/2006	Weight: 58 kgs	BMI: 22.6	O/E - weight	ACTION=Repeat after an Interval
24/03/2006	Weight: 57 kgs	BMI: 22.2	O/E - weight	ACTION=Repeat after an Interval
06/01/2006	Weight: 59 kgs	BMI: 23	O/E - weight	ACTION=Repeat after an Interval
17/10/2005	Weight: 56.7 kgs	BMI: 22.1	O/E - weight	ACTION=Repeat after an Interval
21/07/2005	Weight: 56 kgs	BMI: 20.5	O/E - weight	ACTION=Repeat after an Interval
06/05/2005	Weight: 55 kgs	BMI: 20.2	O/E - weight	ACTION=Repeat after an Interval
17/02/2005	Weight: 55 kgs	BMI: 20.2	O/E - weight	ACTION=Repeat after an Interval
02/12/2004	Weight: 55 kgs	BMI: 20.7	O/E - weight	ACTION=Repeat after an Interval
09/09/2004	Weight: 54 kgs	BMI: 20.3	O/E - weight	ACTION=Repeat after an Interval
24/06/2004	Weight: 52.05 kgs	BMI: 19.5	O/E - weight	ACTION=Repeat after an Interval
01/09/1999	Weight: 59.5 kgs	BMI: 22.6	O/E - weight	ACTION=Repeat after an Interval

Height

09/04/2009	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Mrs Paula Fey
13/10/2008	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Mrs Paula Fey
23/07/2008	Height: 1.6 metres	O/E - height		Dr Treatment
Room Appoi				
23/07/2008	Height: 1.56 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
29/04/2008	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
14/11/2007	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
17/08/2007	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
23/05/2007	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
28/02/2007	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
01/12/2006	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
08/09/2006	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
16/06/2006	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
24/03/2006	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
06/01/2006	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
17/10/2005	Height: 1.6 metres	O/E - height	ACTION=Repeat after an Interval	Mrs Paulene
21/07/2005	Height: 1.65 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
06/05/2005	Height: 1.65 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
17/02/2005	Height: 1.65 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
02/12/2004	Height: 1.63 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
09/09/2004	Height: 1.63 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
24/06/2004	Height: 1.63 metres	O/E - height	ACTION=Repeat after an Interval	Dr Treatment
Room Appoi				
01/09/1999	Height: 1.62 metres	O/E - height		Dr Staff Unknown

Contraception

09/04/2009	Depot contraceptive	recall due: 02/07/2009	ACTION=Repeat after an Interval
Mrs Paula Fey			
13/10/2008	Depot contraceptive	recall due: 05/01/2009	ACTION=Repeat after an Interval
Mrs Paula Fey			
23/07/2008	Depot contraceptive	recall due: 08/10/2008	ACTION=Repeat after an Interval
Dr Treatment Room Appoi			
23/07/2008	Depo-provera injection given	recall due:	
Dr Treatment Room Appoi			
29/04/2008	Depot contraceptive	recall due: 15/07/2008	ACTION=Repeat after an Interval
Dr Treatment Room Appoi			

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Full Report

Miss Eleanor Meguffog	12/04/1971	Female	S685671168	Permanent
29/04/2008 Depo-provera injection given			recall due:	BN p08715 exp 5/2010
Dr Treatment Room Appoi				
14/11/2007 Depot contraceptive			recall due: 30/01/2008	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
14/11/2007 Depot contraceptive given			recall due:	
Dr Treatment Room Appoi				
17/08/2007 Depot contraceptive			recall due: 02/11/2007	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
23/05/2007 Depot contraceptive			recall due: 08/08/2007	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
23/05/2007 Depot contraception			recall due:	
Dr Staff Unknown Member Of Staff				
28/02/2007 Depot contraceptive			recall due: 16/05/2007	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
01/12/2006 Depot contraceptive			recall due: 16/02/2007	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
01/12/2006 Depot contraception			recall due:	
Dr Staff Unknown Member Of Staff				
08/09/2006 Depot contraceptive			recall due: 24/11/2006	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
16/06/2006 Depot contraceptive			recall due: 01/09/2006	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
24/03/2006 Depot contraceptive			recall due: 09/06/2006	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
06/01/2006 Depot contraceptive			recall due: 24/03/2006	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
17/10/2005 Depot contraceptive			recall due: 02/01/2006	ACTION=Repeat after an Interval
Mrs Paulene				
21/07/2005 Depot contraceptive			recall due: 06/10/2005	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
06/05/2005 Depot contraceptive			recall due: 22/07/2005	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
17/02/2005 Depot contraceptive			recall due: 05/05/2005	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
03/12/2004 Oral contraceptive started			recall due: 03/12/2005	ACTION=Repeat after an Interval
Dr Staff Unknown Member Of Staff				
02/12/2004 Depot contraceptive			recall due: 17/02/2005	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
09/09/2004 Depot contraceptive			recall due: 25/11/2004	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
24/06/2004 Depot contraceptive			recall due: 09/09/2004	ACTION=Repeat after an Interval
Dr Treatment Room Appoi				
24/03/2004 Depot contraceptive			recall due: 09/06/2004	ACTION=Repeat after an Interval
Dr Treatment Room Drop-				
02/12/2003 Oral contraceptive started			recall due: 02/12/2004	ACTION=Repeat after an Interval
Dr Staff Unknown Member Of Staff				
28/05/2002 Oral contraceptive started			recall due: 28/05/2003	ACTION=Repeat after an Interval
Dr Staff Unknown Member Of Staff				
28/05/2002 Depot contraception			recall due:	
Dr Staff Unknown Member Of Staff				
18/09/2001 Oral contraception - no problem			recall due: 18/10/2002	ACTION=Repeat after an Interval
Dr Staff Unknown Member Of Staff				
16/10/2000 Oral contraceptive started			recall due: 16/10/2001	ACTION=Repeat after an Interval
Dr Staff Unknown Member Of Staff				
Immunisations				
01/06/2021 COVOXFORD Stage: 2	Given	Routine Measur	Due: 01/07/2021	Batch: PV46694 C-19 AstraZencca (By J
) Dr				
20/03/2021 COVOXFORD Stage: 1	Given	Routine Measur	Due: 20/04/2021	Batch: 4120202 C-19 AstraZencca (By S
) Dr				
Alkaline Phosphatase				
18/12/2019 Serum alkaline phosphatase	= 100 U/L			U/L
12/01/2018 Serum alkaline phosphatase	= 102 U/L			U/L
12/01/2011 Serum alkaline phosphatase	= 73 IU/L			
Alanine Aminotransferase				
18/12/2019 Serum alanine aminotransferase level	= 22 U/L			Serum ALT level - U/L
12/01/2018 Serum alanine aminotransferase level	= 22 U/L			Serum ALT level - U/L
12/01/2011 ALT/SGPT serum level	= 19 IU/L			
B12 Levels				
18/12/2019 Serum vitamin B12	= 298 ng/L			
Wester Hailes Medical Practice, 30 Harvesters Way, Edinburgh, EH14 3JF				
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12/01/2018	Serum vitamin B12	= 595 ng/L			
Bilirubin					
18/12/2019	Serum total bilirubin level	= 12 umol/L			
12/01/2018	Serum total bilirubin level	= 9 umol/L			
12/01/2011	Serum bilirubin level	= 6 umol/L			
Serum cholesterol					
18/12/2019	Serum total cholesterol level	= 7.2 mmol/L	Abnormal		
12/01/2018	Serum total cholesterol level	= 5.1 mmol/L	Abnormal		
12/01/2011	Serum cholesterol	= 5 mmol/L			
Serum creatinine					
18/12/2019	Serum creatinine	= 71 umol/L			
11/09/2019	Serum creatinine	= 72 umol/L			
12/01/2018	Serum creatinine	= 65 umol/L			
12/01/2011	Serum creatinine	= 56 umol/L			
Eosinophil count					
18/12/2019	Eosinophil count	= 0.05 10 ⁹ /L			10 ⁹ /L
12/01/2018	Eosinophil count	= 0.08 10 ⁹ /L			10 ⁹ /L
Serum iron tests					
18/12/2019	Serum iron level	= 17 umol/L			
12/01/2018	Serum iron level	= 11 umol/L			
Serum ferritin					
18/12/2019	Serum ferritin	= 132 ug/L			
12/01/2018	Serum ferritin	= 70 ug/L			
Folate level					
18/12/2019	Serum folate	= 1.7 ug/L	Abnormal		Low serum folate result. For advice,
consult GP/referral guidelines on Ref Help or NHS Lothian intranet Haematology pages.					
12/01/2018	Serum folate	= 4.5 ug/L			
Follicle Stimulating Hormone					
11/09/2019	Serum FSH level	= 13.1 U/L	Abnormal		U/L - Slightly raised FSH. Not clearly
indicative of perimenopause. MC					
Gamma Glutamyl Transpeptidase					
18/12/2019	Serum gamma-glutamyl transferase level	= 17 U/L			Serum gamma GT level - U/L
12/01/2018	Serum gamma-glutamyl transferase level	= 26 U/L			Serum gamma GT level - U/L
12/01/2011	Gamma - G.T. level	= 25 IU/L			
Haemoglobin					
18/12/2019	Haemoglobin estimation	= 154 g/L			
12/01/2018	Haemoglobin estimation	= 161 g/L	Abnormal		
High Density Lipoprotein					
18/12/2019	Serum HDL cholesterol level	= 1.8 mmol/L	Abnormal		
12/01/2018	Serum HDL cholesterol level	= 1.1 mmol/L			
12/01/2011	Serum HDL cholesterol level	= 1.2 mmol/L			
Low Density Lipoprotein					
18/12/2019	Serum LDL cholesterol level	= 5 mmol/L	Abnormal		
12/01/2018	Serum LDL cholesterol level	= 3.6 mmol/L			
12/01/2011	Serum LDL cholesterol level	= 3 mmol/L			
Mean corpuscular haemoglobin					
18/12/2019	Mean corpusc. haemoglobin(MCH)	= 32.4 pg	Abnormal		pg
12/01/2018	Mean corpusc. haemoglobin(MCH)	= 31.4 pg/mL			
MCH Hb Concentration					
18/12/2019	Mean corpusc. Hb. conc. (MCHC)	= 352 g/L			
12/01/2018	Mean corpusc. Hb. conc. (MCHC)	= 364 g/L	Abnormal		
Mean corpuscular volume					
18/12/2019	Mean corpuscular volume (MCV)	= 92 fL			
12/01/2018	Mean corpuscular volume (MCV)	= 86 fL			
Monocyte count					
18/12/2019	Monocyte count	= 0.34 10 ⁹ /L			10 ⁹ /L
12/01/2018	Monocyte count	= 0.66 10 ⁹ /L			10 ⁹ /L
Neutrophil count					
18/12/2019	Neutrophil count	= 4.51 10 ⁹ /L			10 ⁹ /L
12/01/2018	Neutrophil count	= 3.41 10 ⁹ /L			10 ⁹ /L
Platelets					
18/12/2019	Platelet count	= 257 10 ⁹ /L			10 ⁹ /L
12/01/2018	Platelet count	= 205 10 ⁹ /L			10 ⁹ /L

Potassium

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18/12/2019	Serum potassium	= 4.2 mmol/L			
11/09/2019	Serum potassium	= 4.4 mmol/L			
12/01/2018	Serum potassium	= 3.6 mmol/L			
12/01/2011	Serum potassium	= 3.7 mmol/L			
Red blood cell count					
18/12/2019	Red blood cell (RBC) count	= 4.76 10 ⁹ /L			10 ⁹ /L
12/01/2018	Red blood cell (RBC) count	= 5.12 10 ⁹ /L			10 ⁹ /L
Sodium					
18/12/2019	Serum sodium	= 142 mmol/L			
11/09/2019	Serum sodium	= 140 mmol/L			
12/01/2018	Serum sodium	= 136 mmol/L			
12/01/2011	Serum sodium	= 139 mmol/L			
Triglycerides					
18/12/2019	Serum triglycerides	= 0.9 mmol/L			
12/01/2018	Serum triglycerides	= 0.9 mmol/L			
12/01/2011	Serum triglycerides	= 1.8 mmol/L			
Thyroid Stimulating Hormone					
18/12/2019	Serum TSH level	= 0.55 mU/L			mU/L
12/01/2018	Serum TSH level	= 0.89 mU/L			mU/L
Urea - blood					
12/01/2011	Blood urea	= 4.6 mmol/L			
White blood count					
18/12/2019	Total white cell count	= 7.6 10 ⁹ /L			10 ⁹ /L
12/01/2018	Total white cell count	= 6 10 ⁹ /L			10 ⁹ /L
Lymphocyte count					
18/12/2019	Lymphocyte count	= 2.67 10 ⁹ /L			10 ⁹ /L
12/01/2018	Lymphocyte count	= 1.79 10 ⁹ /L			10 ⁹ /L
Blood glucose					
11/09/2019	Plasma random glucose level	= 5.1 mmol/L			
11/09/2019	Plasma glucose level	= mmol/L			<none>
12/01/2018	Plasma random glucose level	= 6.3 mmol/L			
12/01/2018	Plasma glucose level	= mmol/L			<none>
12/01/2011	Blood glucose result	= 4.4 mmol/L			
Blood lipids					
18/12/2019	Serum lipids	=			<none>
12/01/2018	Serum lipids	=			<none>
Full blood count					
18/12/2019	Full blood count - FBC	=			<none>
12/01/2018	Full blood count - FBC	=			<none>
Liver Function tests					
18/12/2019	Liver function test	=			<none>
12/01/2018	Liver function test	=			<none>
Thyroid function					
18/12/2019	Thyroid function test	=			<none>
12/01/2018	Thyroid function test	=			<none>
Urea and Electrolytes					
18/12/2019	Urea and electrolytes	=			<none>
11/09/2019	Urea and electrolytes	=			<none>
12/01/2018	Urea and electrolytes	=			<none>
Urine test					
01/09/1999	Urine exam - general	= 0			protein neg sugar neg
Hb A1c - Diabetic control					
18/12/2019	Haemoglobin A1c level - IFCC standardised	= 37 mmol/mol			HbA1c ■ - IFCC standardised - -
HbA1c is NOT increased.					
Advice Given					
20/03/2014	Smoking cessation advice	Advice		Smoking	
30/07/2008	Smoking cessation advice				
26/06/2006	Smoking cessation advice				
C Reactive protein					
12/01/2018	Serum C reactive protein level	= 13 mg/L	Abnormal		Please note that CRP takes three days to achieve peak levels and also has a long half life. Testing once every 3 days is recommended to detect significant changes in CRP.
Exercise					
01/09/1999	Exercise grading	light			Dr Staff Unknown Member
Of Staff					

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Miss Eleanor Meguffog 12/04/1971 Female S685671168 Permanent

Parity status

01/09/1999 Parity status Births:
Miscarriage: Dr Staff Unknown Member Of Staff

Family History

01/09/1999 FH: Myocardial infarction of █████ 66yrs
Dr Staff Unknown Member Of Staff
01/09/1999 FH: Hypertension of █████ 25yrs
Dr Staff Unknown Member Of Staff
01/09/1999 FH: Diabetes mellitus of █████ NIDDM 68yrs
Dr Staff Unknown Member Of Staff

Other Laboratory tests

18/12/2019 Transferrin saturation index = 29 %
18/12/2019 Blood haematinic levels = <none>
12/01/2018 Transferrin saturation index = 18 %
12/01/2018 Blood haematinic levels = <none>

Maternity plan

19/10/1999 Maternity Plan: GP: Dr Staff Unknown Member Of Staff Consultant: Hospital:
Midwife: ACTION=Repeat after an Interval

Packed Cell Volume

18/12/2019 Haematocrit = 0.437 ratio
12/01/2018 Haematocrit = 0.442 ratio

Basophil count

18/12/2019 Basophil count = 0.01 10⁹/L 10⁹/L
12/01/2018 Basophil count = 0.02 10⁹/L 10⁹/L

Chemical function tests

11/09/2019 Endocrine studies <none>
12/01/2018 Endocrine studies <none>

SH-antigen (hepatitis B) test

12/01/2018 Hepatitis B surface antigen level = 0.16 ratio Hep B surface antigen level - S/CO -
Hepatitis B surface Antigen : NEGATIVE

Infectious titres and antibodies

12/01/2018 HIV antibody/antigen (Duo) = 0.13 HIV Antigen/Antibody COMBO
assay:NEGATIVE (Index <0.85)
12/01/2018 Hepatitis C antibody test = 0.05 Antibody to Hepatitis C Virus :
NEGATIVE (Index <0.9)HCV antibody may take up to 3 months to develop following an at risk exposure

Blood trace elements/vitamins

12/01/2018 Serum vitamin D = 21 nmol/L Abnormal Vit D:<25 deficient, 25-50
insufficient, >50 adequate.Immunoassay underestimates Vitamin D2.This test is currently unaccredited to ISO 15189

HDL/LDL Ratio

18/12/2019 Serum cholesterol/HDL ratio = 3.9 ratio
12/01/2018 Serum cholesterol/HDL ratio = 4.7 ratio
12/01/2011 HDL : LDL ratio = 4.2 ratio

Free Thyroxine

18/12/2019 Serum free T4 level = 14 pmol/L pmol/L
12/01/2018 Serum free T4 level = 15 pmol/L pmol/L

Scoring Test Result

24/12/2019 Score: 9.28 Method: ASSIGN for: Dr Sineaid █████
24/12/2019 Score: 9.28 Method: ASSIGN for: Dr Sineaid █████

Microscopy, culture & sensitivities

11/09/2019 Urinary microscopy, culture and sensitivities Urine culture No significant
growth.Urine samples for culture and sensitivity testingshould be sent using red topped boric acid universalcontainers filled to the fill line. The use of
boricacid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped
universal.Samples should be refrigerated if there is an anticipated delay in transport.; Urinary MC&S
12/01/2018 Urinary microscopy, culture and sensitivities Urine culture No significant growth;
Urinary MC&S

Enzymes/Specific proteins

18/12/2019 Serum transferrin = 2.16 g/L For interpretation of iron studies used
in theinvestigation of anaemia please consult GP referralguidelines for anaemias available on: NHSL Intranet -Healthcare - A-Z - Haematology - GP referral
guidelines
12/01/2018 Serum transferrin = 2.34 g/L For interpretation of iron studies used
in theinvestigation of anaemia please consult GP referralguidelines for anaemias available on: NHSL Intranet -Healthcare - A-Z - Haematology - GP referral
guidelines

Procedures, Specimens and Samples

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27/05/2003 Other Specimens = 0

Repeat Medication Review

12/03/2021 Medication review Due: 12/03/2022 by: Dr [REDACTED]

Dr [REDACTED]

18/12/2019 Medication review Due: 18/12/2020 Complete: 12/03/2021 by: Dr [REDACTED] Next review: 12/03/2022

Dr [REDACTED]

09/08/2018 Medication review Due: 09/08/2019 Complete: 18/12/2019 by: Dr [REDACTED] Next review: 18/12/2020

Dr [REDACTED]

12/04/2017 Medication review Due: 12/04/2018 Complete: 09/08/2018 by: Dr [REDACTED] Next review: 09/08/2019

Dr [REDACTED]

12/04/2017 Medication review Due: 12/04/2018 Complete: 12/04/2017 by: Dr [REDACTED] Next review: 12/04/2018

Dr [REDACTED]

04/10/2012 Medication review done Due: 04/04/2013 Complete: 23/04/2013 by: Dr [REDACTED] Next review: 23/10/2013

Dr [REDACTED]

06/07/2011 Medication review done Due: 06/01/2012 Complete: 04/10/2012 by: Dr [REDACTED] Next review: 04/04/2013

Dr [REDACTED]

16/07/2010 Medication review Due: 16/07/2011 Complete: 16/07/2010 by: Dr [REDACTED] Next review: 16/07/2011

Dr [REDACTED]

16/07/2010 Medication review done Due: 16/07/2011 Complete: 06/07/2011 by: Dr [REDACTED] Next review: 06/01/2012

Dr [REDACTED]

16/07/2010 Medication review done Due: 16/07/2011 Complete: 16/07/2010 by: Dr [REDACTED] Next review: 16/07/2011

Dr [REDACTED]

Glomerular Filtration Rate

18/12/2019 GFR calculated abbreviated MDRD > 60 mL/min GFR calculated abbreviated MDRD -

mL/min

11/09/2019 GFR calculated abbreviated MDRD = mL/min GFR calculated abbreviated MDRD -

>60

12/01/2018 GFR calculated abbreviated MDRD = mL/min GFR calculated abbreviated MDRD -

>60

12/01/2011 Glomerular filtration rate > 60 mL/min

Total patients for report 1

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NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) ■ Physiotherapy
Urgency of referral	Routine
Date of referral	01/10/2025
Date submitted	01/10/2025
UCPN	101037805151V

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	38-3 OXGANGS CRESCENT	Voice (Home) : 0131 563 8131
Name:	MS ELEANOR MCGUFFOG	EDINBURGH	Voice (Mobile) : 07515858114
Date of birth:	12/04/1971	EH13 9HL	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. [REDACTED] (GMC: 3667127)	Allermuir Health Centre 165 Colinton Mains Drive Edinburgh EH13 9AF
Practice:	Firrhill Medical Centre (71097)	
Phone:	Voice : 0131 441 3119	

CLINICAL INFORMATION

Reason for Referral:	Chronic low back pain		
Main Referral Text:	54 yo lady currently living alone although normally has her [REDACTED] her as her carer. She has chronic low back pain and has been on long term dihydrocodeine. She also has a hx of addiction and mental health problems. She uses a stick which was not supplied to her. Her walking distance is around 50 yds and she struggles eg to get into the bath. Her BMI is 29. We have discussed her chronic mobility issue and pain and agreed that it would be helpful to start to address this. I am not very confident that she will attend an appointment but would be very grateful if you would try With many thanks Dr [REDACTED]		
Examinations and Investigations			
Description	Result	Date	
Middle name : DURIE			
Investigations			
Description	Result	Date	
Has the patient had physiotherapy previously for this problem? :	Yes		
If so, was the outcome successful? :	No		
Has the patient Severe unremitting pain? :	true		
Is the patient off work as a result of the present condition? :	true		
Is the patients sleep disturbed by the condition? :	true		
Time since onset? (Weeks) :	12 or more weeks		
Does the patient live alone? :	Yes		
Pre-existing conditions (High & Medium Priority)			
Description	Modifier	Extension	Start Date Date Recorded
Cervical smear defaulter			18/11/2021 18/11/2021

Has a carer	New event	: ■■■ - unclear which of 3 ■■■ is her carer (see potential concern 29/10/15)	04/11/2021	04/11/2021
Lobar pneumonia due to unspecified organism	New event	(DNA f/u CXR)	11/03/2021	11/03/2021
Misuse of drugs NOS	New event	- allegedly (currently Valium & Pregabalin; also h/o illicit Temazepam 10/09/19 & street diazepam 25/10/12)	10/03/2021	10/03/2021
Suicidal	New event	: '...at chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma'	10/03/2021	10/03/2021
[X]Deliberate drug overdose / other poisoning	New event	: Diazepam 10 x 5mg & Gabapentin 900 mg - also self injury to face with razor	10/03/2021	10/03/2021
[X]Intentional self-harm	New event	: self injury to face with razor & OD (psychosocial stressors/traumatic experiences/problematic use of street benzos)	10/03/2021	10/03/2021
Combined opioid with other drug dependence NOS	New event	[TRUNCATED]: h/o DF118 dependence (iatrogenic largely), tho' allegedly also longterm problematic use street benzos & some street pregabalin (DF118 originally prescribed 2005 for earache & dental car	10/03/2021	10/03/2021
Hyperlipidaemia NOS	New event		18/12/2019	18/12/2019
Sciatica	New event	: involving R leg	23/09/2019	23/09/2019
Urge incontinence of urine	New event		23/09/2019	23/09/2019
Suicidal ideation	New event		16/04/2018	16/04/2018
Vitamin D insufficiency	New event		12/01/2018	12/01/2018
Is no longer a carer	New event	: ■■■ now in long term care	09/01/2018	09/01/2018
Vulnerable adult	New event	: one ■■■ (has 3) allegedly abusive emotionally and ? physically; police involvement; allegedly possibly financially exploiting patient	29/10/2015	29/10/2015
Is a carer		: no longer a carer by 09/01/18 as ■■■ now in long term care	19/02/2015	19/02/2015
Opioid drug dependence NOS		= = prescribed df118 no illicit use, longstanding	19/02/2015	19/02/2015
Chronic low back pain			19/02/2015	19/02/2015
Depressed mood	New event	: longstanding low mood (chronic low mood was also ongoing)	25/10/2012	25/10/2012
Breast lump symptom	New event	: left -> Breast Clinic 02/07/12 -> normal breast & normal mammogram	15/06/2012	15/06/2012
Family is cause for concern	New event	: OOH made child protection referral - concerns around patient feeling suicidal with 10 yo child in her care	08/08/2010	08/08/2010
[X]Deliberate drug overdose / other poisoning	New event	: impulsive OD in context of relationship breakdown/situational crisis (30 x DF118)	11/05/2009	11/05/2009
Carpal tunnel syndrome	New event	: bilateral -> R release 01/12/07. Release of L was planned but DNA for surgery x 2; subsequently ref to Plastics 19/03/12 & DNA	25/05/2007	25/05/2007
History of sexual abuse			14/07/2005	14/07/2005
[X]Intentional self-harm			14/07/2005	14/07/2005
Neurotic (reactive) depression			14/07/2005	14/07/2005
Delivery by emergency caesarean section	New event	: 36+3 wks; placental abruption; 2940g; appgars 9 & 9; ■■■ A/F	19/06/2000	19/06/2000
Victim of domestic violence	New event	: also previous episodes of DV reported 23/03/99 & 28/07/99	05/01/2000	05/01/2000

[X]Recurrent depressive disorder, unspecified	New event	: ongoing further escalations 10/03/99 & 15/01/01; chronic low mood was ongoing at 25/10/12	28/05/1998	28/05/1998
Asthma NOS	New event		19/08/1996	19/08/1996
[X]Depressive episode, unspecified	New event		21/06/1994	21/06/1994
Forceps delivery	New event	: KRFD; 39+6 wks; 3520g; A/F	07/01/1994	07/01/1994
Forceps delivery	New event	: HFFD; 39+ wks; 3480g; boy; A/F	24/08/1992	24/08/1992
Victim of sexual abuse	New event	: h/o 'appalling childhood experiences' - support via YPU	06/05/1991	06/05/1991
[X]Deliberate drug overdose / other poisoning	New event	: Pizotifen & paracetamol	25/10/1990	25/10/1990
[X]Deliberate drug overdose / other poisoning	New event	: Ponstan -> self discharged	07/09/1989	07/09/1989
Termination of pregnancy	New event		05/05/1989	05/05/1989
[X]Assault by bodily force	New event	: alleged assault by 2 youths - facial contusion; no LOC	25/07/1988	25/07/1988
[X]Deliberate drug overdose / other poisoning	New event	: diazepam & alcohol -> self discharged	05/05/1988	05/05/1988
Misuse of drugs NOS	New event	: glue sniffing - A&E attendance	10/04/1985	10/04/1985
[X]Mixed disorder of conduct and emotions, unspecified	New event	: behavioural/emotional disorder -> special education HS	07/01/1984	07/01/1984

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
No follow-up NOS	: Pain Clinic; pt does not want the intervention of OT; pt is contrnt with existing meds for sciatic pain		17/03/2023	17/03/2023
Uses dispensed monitored dosage system			07/12/2021	07/12/2021
Computed tomography pulmonary angiography	[TRUNCATED]: '...no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered calcified	New event	11/03/2021	11/03/2021
Statin prophylaxis	(prescribing doesn't appear to be ongoing?)	New event	10/02/2020	10/02/2020
Carpal tunnel release	: right	New event	01/12/2007	01/12/2007

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		11/09/2025
Colecalciferol 800unit capsules	capsule	ONE CAPSULE TO BE TAKEN DAILY[more]		23/06/2022		11/09/2025
Dihydrocodeine 30mg tablets	tablet	TWO TABLETS TO BE TAKEN FOUR [more]		01/11/2022		11/09/2025
Fluoxetine 20mg	capsule	TWO IN THE MORNING WEEKLY		30/04/2025		14/07/2025

capsules		DISPENSE				
Recent medication (Any medication issued within last 90 days not shown above)						
<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		11/09/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		11/09/2025
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		27/08/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		14/08/2025
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		06/08/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		14/07/2025
Clinical warnings						
Allergies						
<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Start Date</u>	<u>Recorded Date</u>		
H/O: penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: (info from ambulatory care discharge).		11/03/2021	11/03/2021		
6011023.71.6363						
Additional information						
Patient Weight in Kilograms:63						
Patient Height in Metres:1.63						
Patient BMI:23.7						
Patient Blood Pressure (Systolic):110						
Patient Blood Pressure (Diastolic):60						
Smoking history (Screening):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021						
Smoking history (Encounters):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021						
Alcohol history (Screening):Teetotaler Date Recorded:24-Nov-2021						
Alcohol history (Encounters):Teetotaler Date Recorded:24-Nov-2021						
Exercise history (Screening):Exercise grading Date Recorded:01-Sep-1999						
Exercise history (Encounters):Exercise grading Date Recorded:01-Sep-1999						

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APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE
 ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes No Will you be in the area for more than 3 months? Yes No
 (If 'No', please complete a temporary resident form)

Male Female

Date of birth * 12-04-1971 Address * 38/3
 Title * M.S. OXYANGS
 Surname * MCGUFFOG CRESENT
 Forenames * ELEANOR DORIE
 Previous surname *
 Postcode * EH13-9HL
 Telephone #
 Email address # ELMCGUFFOG1971@GMAIL.COM Mobile # 07515 858114
 # the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

The following information can be found on your current medical card:

Community Health Index (CHI) number * NHS number *

The following information can be found on your birth certificate:

Town of birth * NEWINGTON Country of birth * SCOTLAND
 Registered district of birth (Scotland only) LEITH maiden name YOUNG

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP * 10/2 CLOVENSTONE PARK EDINBURGH
 Postcode * EH14-3BQ
 Name and address of previous GP Practice in UK * DR SHARON STEWART WESTERHAILES MEDICAL PRACTICE
 Postcode * EH14-3JF

If you are from abroad:

Date you first came to live in the UK *
 If previously resident in the UK, date of leaving *
 Your most recent country of residence *

If you have served in the British Armed Forces:

Enlistment date * Service Number
 Are you a Reservist? Yes No If yes provide your address before enlisting *
 Leaving date *
 Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes No

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3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature [Signature] Date: 04-11-21

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [] GP name []

Practice code []

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert Student ID card Driving licence Passport or HC2 cert Home app reg card Other / None [RELEVANT RECORDS]

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [Signature] Date: 4/11/21

7. FOR OFFICIAL USE ONLY

Input by []

Checked by []

Date []

[]

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DR. [REDACTED] COCKBURN
DR. CLARE BOGGAY
DR. ALASDAIR FORD

165 COLINTON MAINS DRIVE
EDINBURGH EH13 5A
TEL: 0131 441 3119

ADULT New Registration Form

We are pleased that you have applied to register with this practice. By providing the following information you will help us to understand your medical requirements as well as assisting us with the registration process. The information you give will be treated in the STRICTEST CONFIDENCE. Please complete this form as fully as possible and return it at reception. You should have been offered a Practice Brochure describing the services we offer. Should you wish a brief medical examination please bring a fresh urine sample to the first appointment you make to see us. Please note that you are NOT registered with this practice until a doctor has agreed to take you onto the practice list.

DATE 04-11-21

NAME ELEANOR MCGUFFOG
TITLE (Mr, Mrs, Miss etc) FIRST NAME(S) SURNAME/FAMILY NAME SEX MALE/FEMALE

DATE OF BIRTH 12 DAY / 04TH / YEAR 71
DAY MONTH YEAR NHS Number (if known)

ADDRESS 38/3 OXGANGS CRESCENT
Post code EH13-9HL Tel Number Mobile No 07515858114
 OCCUPATION PRESENT UNEMPLOYED
PREVIOUS

Who else this address with you? (SON) HE IS MY FULLTIME CARE

Your Previous Address :- 10/2 CLOVENSTON PARK EDINBURGH
 Name & Address of last GP DR STEWART WESTER [REDACTED] MEDICAL PRACTICE

Name LEON ZDROJEWSKI Relationship: [REDACTED]
 Address 38/3 OXGANGS CRESCENT 07394912271
Tel No.Home Mobile
 Please tick here if you consent to the Practice sending text message appointment reminders and general information texts. I consent I do not consent

Carers (A carer is defined as someone who provides regular help with essential daily activities eg washing, dressing, toileting, help with feeding, to another individual without being employed to do so.)

Are you a carer? No Yes Who do you care for?
 Are you cared for? No Yes By whom?

PERSONAL HEALTH

Please list any serious illnesses, hospital admissions or operations you have had:

Year	Hospital	Nature of Illness/Operation

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Please tick here if you have no significant history or problems

Do you have or have you had any of the following conditions? (Please circle)

- | | |
|--------------------------------|--------------------------------|
| Asthma | Diabetes |
| Chronic Bronchitis/Emphysema | Thyroid Disease |
| High Blood Pressure | Dementia |
| Angina/Coronary Artery Disease | Learning Difficulty |
| Stroke/TIA's | Schizophrenia/Bipolar disorder |
| Chronic Kidney Disease | Cancer |

MEDICATION

I take the following medication regularly (please bring labelled containers) :-

DIHYDROCLORIDE (56 weekly)
 AMITRIPTYLINE (21 weekly)
 COLECALCIFEROL CAPSULES (7 weekly)

SIGHTHILL PHARMACY

PLEASE TICK HERE IF YOU ARE NOT TAKING ANY MEDICATION REGULARLY

I am allergic to :-

I use/have used the following recreational drugs :-

FAMILY MEDICAL HISTORY Please enter details about YOUR family

	IF ALIVE		IF DEAD	
	AGE(S)	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
██████████				
██████████	86		86	DEMEMENTIA
██████████				
██████████ (s)				
Child(ren)				

Your Smoking History :-

I have never smoked I started smoking in (Year) 1990

I stopped smoking in (Year)

I still smoke or I used to smoke :- <1 cig/day 1-9 cigs/day
 10-19 cigs/day 20-39 cigs/day 40+ cigs/day I smoke cigars/pipe

On an average DAY I drink the following number of units of alcohol:-

A unit is roughly equivalent to a small glass of wine, a half pint of beer or a single measure of spirits.

Zero units 1 to 2 units 3 units 4 units >4 units

I have had problems in the past drinking excessive amounts of alcohol

In an average WEEK I eat fruit and vegetables :-

Never 3 times Every day

██████████ average WEEK I exercise to the point of getting out of breath :-

Once per week 2 times per week 3 times per week Every Day

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I am not able to take any regular exercise I am unable to leave my without help

My Weight is 91.35 55.4 Kgs orstones andpounds

My Height is 5.11 cm orfeet andinches

For women only

ARE YOU CURRENTLY PREGNANT? YES / NO If yes how many weeks

HOW MANY PREGNANCIES , MISCARRIAGES , TERMINATIONS HAVE YOU HAD:

ARE YOU IMMUNE TO RUBELLA (GERMAN MEASLES)? YES / NO / DON'T KNOW

METHOD OF CONTRACEPTION? please circle PILL COIL CAP SHEATH STERILISATION

HAVE YOU HAD A HYSTERECTOMY? YES / NO WHEN?

DATE OF LAST CERVICAL SMEAR? month / year NORMAL / ABNORMAL

ANY TESTS FOR BREAST CANCER? YES / NO WHEN?

DO YOU EXAMINE YOUR BREASTS REGULARLY? YES / NO

Ethnic Origin

Please indicate your ethnic origin by ticking the box which most closely reflects your background

White
 Scottish 9813. British 9810. Irish 9811. Other White background 9812.

Asian, Asian Scottish or Asian British
 Indian 986. Pakistani 987. Bangladeshi 988. Other Asian background 9811.

Black, Black Scottish or Black British
 Caribbean 982. African 983. Other Black background 980.

Chinese 989.

Mixed
 White & Black Caribbean 9835. White & Black African 9836. White & Asian 9832.
 Other Mixed background 9834.

Any other background 981.

If you do not wish to state your ethnic background please tick this box 9810.

Main language spoken

Will you require an interpreter when you consult the doctor or nurse? Yes No

Practice use only:

BP? Urinalysis (multistix)

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NHS Lothian

Astley Ainslie Hospital
 Department of Clinical Psychology
 133 Grange Loan
 Edinburgh
 EH9 2HL

Clinical Psychology

Dr Cockburn
 Firrhill Medical Centre
 Allermuir Health Centre
 165 Colinton Mains Drive
 Edinburgh
 EH13 9AF

Date: 20/03/2023

Outpatient Clinic Letter

Patient	Eleanor McGuffog 38/3 Oxfangs Crescent Edinburgh EH13 9HL	CHI	12047 11321
		Date of Birth / Age	12/04/1971 (51 years)
		UHPI	830651105V
Attendance Date	17/03/2023		
Consultant	Pernille Frisvoll		

Dear Dr Cockburn

Thank you for your referral of Ms McGuffog to the Pain Management service. Ms McGuffog attended an initial assessment via video call on 17th March 2023. Please see below for a summary of the assessment and outcome.

Presenting difficulties

Ms McGuffog reported pain in her lower back and radiating into her left leg. She described this as sciatic pain which is longstanding and intermittent in nature. She told me she experiences bad pain two-three days a week, which affects her ability to sit, stand or move for any length of time. She is no longer able to walk the dog, and struggles to do daily tasks such as cooking, getting in and out of the bath, housework tasks, and bending to put socks and shoes on. While she is limited by pain, she also explained that depression and associated low motivation gets in the way. Similarly, anxiety stops her from going out as she finds it very difficult to meet people or be around others.

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As a result, she currently spends most of her time at home, occasionally going out into the garden, which is hidden from view. She told me she spends her day watching TV or scrolling on her phone. She now [REDACTED] her 22-year-old [REDACTED] who for the past two years has been her full-time carer. She said he helps her with cooking, housework, getting in the shower and so on. She described him as overprotective of her and will not let her do tasks for herself for fear that she will hurt herself. She described him as a great help, but acknowledged that she feels frustrated and useless due to doing very little. She would like to build up her independence and would like for her [REDACTED] to have his own life too. She told me her son is in the process of getting his drivers license, and is hopeful that they can start going on drives to the beach or to football matches, which she would enjoy.

She told me she is currently taking amitriptyline and dihydrocodeine, and I understand she has done well to reduce dihydrocodeine somewhat in recent years. She told me she feels unable to reduce this further, and has been keen to ask you to adjust her dose back up. This is because she feels she cannot cope on bad pain days.

She denied any current use of alcohol or non-prescribed, she currently smokes two cigarettes a day (having reduced this from 20), she uses a vape, and drinks two coffees and one energy drink daily. She said she used to rely on diazepam which she had sourced illegally, but has done well to stop taking this in the past two years.

Social, occupational and psychological factors

Ms McGuffog told me she has two other adult [REDACTED] who will not have anything to do with me due to her mental health. She said she has no other family remaining after her [REDACTED] died five years ago.

She explained that she has had cleaning and factory jobs, but has not worked since the onset of her sciatica 14 years ago.

She reported longstanding depression and anxiety and alluded to a history of very difficult events. At the moment, she recognised the link between pain, mood and anxiety, for example feeling worse on bad pain days. She reported longstanding suicidal thoughts now occurring approximately every other day, often linked to pain. She described thoughts such as I cannot cope with this anymore. She told me about several past attempts on her life through overdose and cutting, most recently in January 2021. She attributed this to being taken off amitriptyline and struggling to cope with withdrawal and side effects of a different medication. She is understandably anxious about possible effects on her pain and mood if her medications were changed or their dosage reduced. She described her 22-year-old [REDACTED] as a protective factor,

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and said she would not want to leave him behind.

Conclusion

Ms McGuffog appears to be a lady who prefers independence and autonomy, and appeared worried about wasting my time. While her difficulties with mood and anxiety are longstanding, they appear to be exacerbated by pain and being dependent on her [REDACTED]. Her goals are to be able to get in and out of the bath herself, put socks and shoes on, and cooking more.

I offered Ms McGuffog three alternatives:

To have a joint appointment with me and her [REDACTED] and discuss the importance of Ms McGuffog building her independence and tolerance for activities of daily living, to join one of our pain management group programmes, to self-refer to Social Care Direct for an occupational therapy assessment in her home, Ms McGuffog politely declined all three alternatives, but said she would have a discussion with her [REDACTED] regarding building her independence. She said she and her [REDACTED] have also looked at handrails online and she would prefer to source these herself rather than take up an occupational therapy appointment.

Respecting her wishes, I will now discharge Ms McGuffog from the Pain Management service.

I have explained that she is more than welcome to be re-referred to our service should she wish to discuss her difficulties with pain again in the future, or should she feel able to engage with one of our group programmes. Please don't hesitate to contact me should you wish to discuss any of the above.

Yours sincerely

e-signed

Dr Pernille Frisvoll
Clinical Psychologist
Pain Management Service

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01-Oct-2025 Dr Barbara Stewart
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NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford)
Urgency of referral	■ Physiotherapy
Date of referral	Routine
Date submitted	01/10/2025
UCPN	101037805151V

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	38-3 OXGANGS CRESCENT	Voice (Home) : 0131 563 8131
Name:	MS ELEANOR MCGUFFOG	EDINBURGH	Voice (Mobile) : 07515858114
Date of birth:	12/04/1971	EH13 9HL	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. [REDACTED] (GMC: 3667127)	Allermuir Health Centre
Practice:	Firth Medical Centre (71097)	165 Colinton Mains Drive
Phone:	Voice : 0131 441 3119	Edinburgh
		EH13 9AF

CLINICAL INFORMATION

Reason for Referral:		Chronic low back pain	
Main Referral: 54 yo lady currently living alone although normally has her [REDACTED] her as her carer. She has chronic low back pain and has been on long term dihydrocodeine. She also has a hx of addiction and mental health problems. She uses a stick which was not supplied to her. Her walking distance is around 50 yds and she struggles eg to get into the bath. Her BMI is 29.			
Text: We have discussed her chronic mobility issue and pain and agreed that it would be helpful to start to address this. I am not very confident that she will attend an appointment but would be very grateful if you would try			
With many thanks Dr [REDACTED]			
Examinations and Investigations			
Description Result Date			
Middle name : DURIE			
Investigations			
Description	Result	Date	
Has the patient had physiotherapy previously for this problem? :	Yes		
If so, was the outcome successful? :	No		
Has the patient Severe unremitting pain? :	true		
Is the patient off work as a result of the present condition? :	true		
Is the patients sleep disturbed by the condition? :	true		
Time since onset? (Weeks) :	12 or more weeks		
Does the patient live alone? :	Yes		
Pre-existing conditions (High & Medium Priority)			
Description	?? Modifier	?? Extension	?? Start Date
			?? Date Recorded
Cervical smear defaulter	??	??	?? 18/11/2021 ?? 18/11/2021
Has a carer	?? New event	?? : [REDACTED] - unclear which of 3 [REDACTED] is her carer (see potential concern 29/10/15)	?? 04/11/2021 ?? 04/11/2021
Lobar pneumonia due to unspecified organism	?? New event	?? (DNA f/u CXR)	?? 11/03/2021 ?? 11/03/2021
Misuse of drugs NOS	?? New event	?? - allegedly (currently Valium & Pregabalin; also h/o illicit Temazepam 10/09/19 & street diazepam 25/10/12)	?? 10/03/2021 ?? 10/03/2021
Suicidal	?? New event	?? : '...at chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma'	?? 10/03/2021 ?? 10/03/2021
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Diazepam 10 x 5mg & Gabapentin 900 mg - also self injury to face with razor	?? 10/03/2021 ?? 10/03/2021
[X]Intentional self-harm	?? New event	?? : self injury to face with razor & OD (psychosocial stressors/traumatic experiences/problematic use of street benzos)	?? 10/03/2021 ?? 10/03/2021
Combined opioid with other drug dependence NOS	?? New event	[TRUNCATED]: h/o DF118 dependence (iatrogenic largely), tho' allegedly also longterm problematic use street benzos & some street pregabalin (DF118 originally prescribed 2005 for earache & dental car	?? 10/03/2021 ?? 10/03/2021
Hyperlipidaemia NOS	?? New event	??	?? 18/12/2019 ?? 18/12/2019
Sciatica	?? New event	?? : involving R leg	?? 23/09/2019 ?? 23/09/2019
Urge incontinence of urine	?? New event	??	?? 23/09/2019 ?? 23/09/2019
Suicidal ideation	?? New event	??	?? 16/04/2018 ?? 16/04/2018

Vitamin D insufficiency	?? New event	??	??	?? 12/01/2018	?? 12/01/2018
Is no longer a carer	?? New event	?? : █████ now in long term care	??	?? 09/01/2018	?? 09/01/2018
Vulnerable adult	?? New event	?? : one █████ (has 3) allegedly abusive emotionally and ? physically; police involvement; allegedly possibly financially exploiting patient	??	?? 29/10/2015	?? 29/10/2015
█████ carer	??	?? : no longer a carer by 09/01/18 as █████ now in long term care	??	?? 19/02/2015	?? 19/02/2015
Opioid drug dependence NOS	??	?? = = prescribed df118 no illicit use, longstanding	??	?? 19/02/2015	?? 19/02/2015
Chronic low back pain	??	??	??	?? 19/02/2015	?? 19/02/2015
Depressed mood	?? New event	?? : longstanding low mood (chronic low mood was also ongoing)	??	?? 25/10/2012	?? 25/10/2012
Breast lump symptom	?? New event	?? : left -> Breast Clinic 02/07/12 -> normal breast & normal mammogram	??	?? 15/06/2012	?? 15/06/2012
Family is cause for concern	?? New event	?? : OOH made child protection referral - concerns around patient feeling suicidal with 10 yo child in her care	??	?? 08/08/2010	?? 08/08/2010
[X]Deliberate drug overdose / other poisoning	?? New event	?? : impulsive OD in context of relationship breakdown/situational crisis (30 x DF118)	??	?? 11/05/2009	?? 11/05/2009
Carpal tunnel syndrome	?? New event	?? : bilateral -> R release 01/12/07. Release of L was planned but DNA for surgery x 2; subsequently ref to Plastics 19/03/12 & DNA	??	?? 25/05/2007	?? 25/05/2007
History of sexual abuse	??	??	??	?? 14/07/2005	?? 14/07/2005
[X]Intentional self-harm	??	??	??	?? 14/07/2005	?? 14/07/2005
Neurotic (reactive) depression	??	??	??	?? 14/07/2005	?? 14/07/2005
Delivery by emergency caesarean section	?? New event	?? : 36+3 wks; placental abruption; 2940g; appars 9 & 9; █████ A/F	??	?? 19/06/2000	?? 19/06/2000
Victim of domestic violence	?? New event	?? : also previous episodes of DV reported 23/03/99 & 28/07/99	??	?? 05/01/2000	?? 05/01/2000
[X]Recurrent depressive disorder, unspecified	?? New event	?? : ongoing further escalations 10/03/99 & 15/01/01; chronic low mood was ongoing at 25/10/12	??	?? 28/05/1998	?? 28/05/1998
Asthma NOS	?? New event	??	??	?? 19/08/1996	?? 19/08/1996
[X]Depressive episode, unspecified	?? New event	??	??	?? 21/06/1994	?? 21/06/1994
Forceps delivery	?? New event	?? : KRFD; 39+6 wks; 3520g; A/F	??	?? 07/01/1994	?? 07/01/1994
Forceps delivery	?? New event	?? : HFFD; 39+ wks; 3480g; boy; A/F	??	?? 24/08/1992	?? 24/08/1992
Victim of sexual abuse	?? New event	?? : h/o 'appalling childhood experiences' - support via YPU	??	?? 06/05/1991	?? 06/05/1991
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Pizotifen & paracetamol	??	?? 25/10/1990	?? 25/10/1990
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Ponstan -> self discharged	??	?? 07/09/1989	?? 07/09/1989
Termination of pregnancy	?? New event	??	??	?? 05/05/1989	?? 05/05/1989
[X]Assault by bodily force	?? New event	?? : alleged assault by 2 youths - facial contusion; no LOC	??	?? 25/07/1988	?? 25/07/1988
[X]Deliberate drug overdose / other poisoning	?? New event	?? : diazepam & alcohol -> self discharged	??	?? 05/05/1988	?? 05/05/1988
Misuse of drugs NOS	?? New event	?? : glue sniffing - A&E attendance	??	?? 10/04/1985	?? 10/04/1985
[X]Mixed disorder of conduct and emotions, unspecified	?? New event	?? : behavioural/emotional disorder -> special education HS	??	?? 07/01/1984	?? 07/01/1984

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
No follow-up NOS	?? : Pain Clinic; pt does not want the intervention of OT; pt is contrst with existing meds for sciatic pain	??	?? 17/03/2023	?? 17/03/2023
Uses dispensed monitored dosage system	??	??	?? 07/12/2021	?? 07/12/2021
Computed tomography pulmonary angiography	?? [TRUNCATED]: ...no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered calcified	?? New event	?? 11/03/2021	?? 11/03/2021
Statin prophylaxis	?? (prescribing doesn't appear to be ongoing?)	?? New event	?? 10/02/2020	?? 10/02/2020
Carpal tunnel release	?? : right	?? New event	?? 01/12/2007	?? 01/12/2007

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Amitriptyline 50mg tablets	?? tablet	?? THREE AT NIGHT (DISPENSE WEEKLY)	??	?? 05/04/2022	??	?? 11/09/2025
Colecalciferol 800unit capsules	?? capsule	?? ONE CAPSULE TO BE TAKEN DAILY[more]	??	?? 23/06/2022	??	?? 11/09/2025
Dihydrocodeine 30mg tablets	?? tablet	?? TWO TABLETS TO BE TAKEN FOUR [more]	??	?? 01/11/2022	??	?? 11/09/2025
Fluoxetine 20mg capsules	?? capsule	?? TWO IN THE MORNING WEEKLY DISPENSE	??	?? 30/04/2025	??	?? 14/07/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		11/09/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		11/09/2025
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		27/08/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		14/08/2025
Fluoxetine 60mg capsules	capsule	ONE DAILY WEEKLY DISPENSE		06/08/2025		06/08/2025
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		14/07/2025

Clinical warnings**Allergies**

Description	Comment	Modifier	Start Date	Recorded Date
H/O: penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: (info from ambulatory care discharge).		11/03/2021	11/03/2021

6011023.71.6363

Additional information

Patient Weight in Kilograms:63
 Patient Height in Metres:1.63
 Patient BMI:23.7
 Patient Blood Pressure (Systolic):110
 Patient Blood Pressure (Diastolic):60
 Smoking history (Screening):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Smoking history (Encounters):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Alcohol history (Screening):Teetotaler Date Recorded:24-Nov-2021
 Alcohol history (Encounters):Teetotaler Date Recorded:24-Nov-2021
 Exercise history (Screening):Exercise grading Date Recorded:01-Sep-1999
 Exercise history (Encounters):Exercise grading Date Recorded:01-Sep-1999

]]>

Scanned Document
03-Dec-2022 Dr R A Cockburn
Additional:Scanned Document
SCI Referral Letter :
File name: 00FNLOOG.html
Extension:.tif
Pages:

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management ■ Chronic Pain Service
Urgency of referral	Routine
Date of referral	03/12/2022
Date submitted	03/12/2022
UCPN	101028146188B

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	38-3 OXGANGS CRESCENT	Voice(Mobile) : 07515858114
Name:	MS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH13 9HL	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. [REDACTED] Cockburn (GMC: 4442556)	Allermuir Health Centre
Practice:	Firrhill Medical Centre (71097)	165 Colinton Mains Drive
Phone:	Voice : 0131 441 3119	Edinburgh
		EH13 9AF

CLINICAL INFORMATION

Reason for Referral:	Chronic back pain; on DHC but keen to engage with pain management group		
Main Text:	Many thanks for considering this 51 year old lady with chronic back pain which she describes as sciatica. She has pain which radiates down her R leg and she can also experience numbness in her R foot. She walks slowly saying her [REDACTED] is her carer and that she can't walk any distance, relies on taxis to get about, can't carry shopping. She states that her [REDACTED] needs to assist her in getting into shower (over bath). She says she can't sit for too long owing to back pain. She reports that she is in pain on waking, takes DHC 30mg x2. Takes 30mg on two further occasions during day then 60mg at bedtime (with Amitript 100mg) which allows her to sleep. She clearly cannot envisage reducing her DHC any further - she has been on DHC for years. Says she never takes more than prescribed and I think we have reached extent of reduction.		
	She is keen to consider attending a pain management group.		
	Yours sincerely,		
	Dr R Cockburn		
Examinations and Investigations			
Description	Result	Date	
Middle name : DURIE			
Investigations			
Description	Result	Date	
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No		
Description of pain (e.g. severity, pattern, patient experience) :	'Sciatica', severe disabling pain in her back that prevents her walking any distance		
What is your working diagnosis/explanation of the cause of pain? :	Chronic back pain		
In your opinion, is the patient open to the idea of self management on pain? :	Yes		
Has this been discussed with the patient? :	Yes		
Is your patient coping with the DISTRESS caused by pain? :	Poor		
Is your patient coping with DISABILITY caused by pain? :	Very Poor		
What is your primary expectation of referral? :	Pain Management Programme		
What is your patient's primary expectation of referral? :	Pain Management Programme		
Pre-existing conditions (High & Medium Priority)			
Description	?? Modifier ?? Extension	?? Start Date	?? Date Recorded
Cervical smear defaulter	??	??	?? 18/11/2021 ?? 18/11/2021
Has a carer	?? New event	?? : [REDACTED] - unclear which of 3 [REDACTED] is her carer (see potential concern 29/10/15)	?? 04/11/2021 ?? 04/11/2021
Lobar pneumonia due to unspecified organism	?? New event	?? (DNA f/u CXR)	?? 11/03/2021 ?? 11/03/2021
Misuse of drugs NOS	?? New event	?? - allegedly (currently Valium & Pregabalin; also h/o illicit Temazepam 10/09/19 & street diazepam 25/10/12)	?? 10/03/2021 ?? 10/03/2021
Suicidal	?? New event	?? : '...at chronic high-risk of death, including via misadventure in the context of her suicidal thoughts on the background of trauma'	?? 10/03/2021 ?? 10/03/2021
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Diazepam 10 x 5mg & Gabapentin 900 mg - also self injury to face with razor	?? 10/03/2021 ?? 10/03/2021
[X]Intentional self-harm	?? New event	?? : self injury to face with razor & OD (psychosocial stressors/traumatic experiences/problematic use of street benzos)	?? 10/03/2021 ?? 10/03/2021
Combined opioid with other drug dependence NOS	?? New event	[TRUNCATED]: h/o DF118 dependence (iatrogenic largely), tho' allegedly also longterm problematic use street benzos & some street pregabalin (DF118 originally prescribed 2005 for earache & dental car	?? 10/03/2021 ?? 10/03/2021
Hyperlipidaemia NOS	?? New event	??	?? 18/12/2019 ?? 18/12/2019

Sciatica	?? New event	?? : involving R leg	??	?? 23/09/2019	?? 23/09/2019
Urge incontinence of urine	?? New event	??	??	?? 23/09/2019	?? 23/09/2019
Suicidal ideation	?? New event	??	??	?? 16/04/2018	?? 16/04/2018
Vitamin D insufficiency	?? New event	??	??	?? 12/01/2018	?? 12/01/2018
Is no longer a carer	?? New event	?? : █████ now in long term care	??	?? 09/01/2018	?? 09/01/2018
Vulnerable adult	?? New event	?? : one █████ (has 3) allegedly abusive emotionally and ? physically; police involvement; allegedly possibly financially exploiting patient	??	?? 29/10/2015	?? 29/10/2015
████ carer	??	?? : no longer a carer by 09/01/18 as █████ now in long term care	??	?? 19/02/2015	?? 19/02/2015
Opioid drug dependence NOS	??	?? = = prescribed df118 no illicit use, longstanding	??	?? 19/02/2015	?? 19/02/2015
Chronic low back pain	??	??	??	?? 19/02/2015	?? 19/02/2015
Depressed mood	?? New event	?? : longstanding low mood (chronic low mood was also ongoing)	??	?? 25/10/2012	?? 25/10/2012
Breast lump symptom	?? New event	?? : left -> Breast Clinic 02/07/12 -> normal breast & normal mammogram	??	?? 15/06/2012	?? 15/06/2012
Family is cause for concern	?? New event	?? : OOH made child protection referral - concerns around patient feeling suicidal with 10 yo child in her care	??	?? 08/08/2010	?? 08/08/2010
[X]Deliberate drug overdose / other poisoning	?? New event	?? : impulsive OD in context of relationship breakdown/situational crisis (30 x DF118)	??	?? 11/05/2009	?? 11/05/2009
Carpal tunnel syndrome	?? New event	?? : bilateral -> R release 01/12/07. Release of L was planned but DNA for surgery x 2; subsequently ref to Plastics 19/03/12 & DNA	??	?? 25/05/2007	?? 25/05/2007
History of sexual abuse	??	??	??	?? 14/07/2005	?? 14/07/2005
[X]Intentional self-harm	??	??	??	?? 14/07/2005	?? 14/07/2005
Neurotic (reactive) depression	??	??	??	?? 14/07/2005	?? 14/07/2005
Delivery by emergency caesarean section	?? New event	?? : 36+3 wks; placental abruption; 2940g; appears 9 & 9; █████ A/F	??	?? 19/06/2000	?? 19/06/2000
Victim of domestic violence	?? New event	?? : also previous episodes of DV reported 23/03/99 & 28/07/99	??	?? 05/01/2000	?? 05/01/2000
[X]Recurrent depressive disorder, unspecified	?? New event	?? : ongoing further escalations 10/03/99 & 15/01/01; chronic low mood was ongoing at 25/10/12	??	?? 28/05/1998	?? 28/05/1998
Asthma NOS	?? New event	??	??	?? 19/08/1996	?? 19/08/1996
[X]Depressive episode, unspecified	?? New event	??	??	?? 21/06/1994	?? 21/06/1994
Forceps delivery	?? New event	?? : KRFD; 39+6 wks; 3520g; A/F	??	?? 07/01/1994	?? 07/01/1994
Forceps delivery	?? New event	?? : HFFD; 39+ wks; 3480g; boy; A/F	??	?? 24/08/1992	?? 24/08/1992
Victim of sexual abuse	?? New event	?? : h/o 'appalling childhood experiences' - support via YPU	??	?? 06/05/1991	?? 06/05/1991
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Pizotifen & paracetamol	??	?? 25/10/1990	?? 25/10/1990
[X]Deliberate drug overdose / other poisoning	?? New event	?? : Ponstan -> self discharged	??	?? 07/09/1989	?? 07/09/1989
[X]Assault by bodily force	?? New event	?? : alleged assault by 2 youths - facial contusion; no LOC	??	?? 25/07/1988	?? 25/07/1988
[X]Deliberate drug overdose / other poisoning	?? New event	?? : diazepam & alcohol -> self discharged	??	?? 05/05/1988	?? 05/05/1988
Misuse of drugs NOS	?? New event	?? : glue sniffing - A&E attendance	??	?? 10/04/1985	?? 10/04/1985
[X]Mixed disorder of conduct and emotions, unspecified	?? New event	?? : behavioural/emotional disorder -> special education HS	??	?? 07/01/1984	?? 07/01/1984

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Uses dispensed monitored dosage system	??	??	?? 07/12/2021	?? 07/12/2021
Computed tomography pulmonary angiography	?? (TRUNCATED): '...no PE, with right middle lobe collapse/consolidation and a focal area of interlobular septal thickening the base of the right upper lobe involving fibrosis with scattered calcified	?? New event	?? 11/03/2021	?? 11/03/2021
Statin prophylaxis	?? (prescribing doesn't appear to be ongoing?)	?? New event	?? 10/02/2020	?? 10/02/2020
Carpal tunnel release	?? : right	?? New event	?? 01/12/2007	?? 01/12/2007

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Amisriptyline 50mg tablets	?? tablet	?? THREE AT NIGHT (DISPENSE WEEKLY)	??	?? 05/04/2022	??	?? 01/11/2022
Dihydrocodeine 30mg tablets	?? tablet	?? 1 TABLET AT LUNCH TIME AND TE[more]	??	?? 01/11/2022	??	?? 01/11/2022
Colecalciferol 800unit capsules	?? capsule	?? 1 CAPSULE DAILY WEEKLY DISP	??	?? 23/06/2022	??	?? 07/10/2022

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	1 TABLET AT LUNCH TIME AND TE	[more]	12/10/2022		12/10/2022
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		01/11/2022
Dihydrocodeine 30mg tablets	tablet	1 TABLET AT LUNCH TIME AND TE	[more]	16/09/2022		16/09/2022
Amitriptyline 50mg tablets	tablet	THREE AT NIGHT (DISPENSE WEEKLY)		05/04/2022		08/09/2022

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: penicillin allergy	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: (info from ambulatory care discharge).		11/03/2021	11/03/2021

6011023.71.6363

Additional information

Patient Weight in Kilograms:63
 Patient Height in Metres:1.63
 Patient BMI:23.7
 Patient Blood Pressure (Systolic):110
 Patient Blood Pressure (Diastolic):60
 Smoking history (Screening):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Smoking history (Encounters):Light smoker - 1-9 cigs/day Date Recorded:24-Nov-2021
 Alcohol history (Screening):Teetotaler Date Recorded:24-Nov-2021
 Alcohol history (Encounters):Teetotaler Date Recorded:24-Nov-2021
 Exercise history (Screening):Exercise grading Date Recorded:01-Sep-1999
 Exercise history (Encounters):Exercise grading Date Recorded:01-Sep-1999

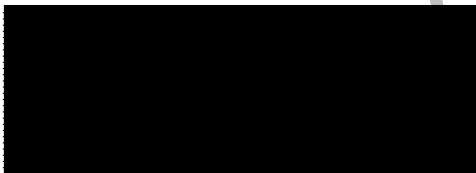
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18-Nov-2021 Dr Sineaid Bradshaw
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Diagnostic Test Report :
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Pages:

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1204711321
Name	MCGUFFOG, ELEANOR
Date Of Birth	12/04/1971
GMC Code of Registered GP	4344294
Practice Code	S70978

Exclusion Reason	
Exclusion Date	
Exclusion End Date	
Extended	
Closed	
Next Recall Date	

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12-July-2021 Dr Sineaid Bradshaw
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electronic Notification of Bowel Screening Results Service
New BOSS Report

CHI Number	1204711321
Name	MCGURFFOG, ELEANOR
Date Of Birth	12/ 04/ 1971
Registered GP	S4324
Practice Code	S70978

Report Date	
Letter ID	
Evolution Reason	
Report Comments	
Evolution Date	

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Scanned Document
 24-Dec-2019 Dr Sineaid Bradshaw
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 Other Attachment : ASSIGN
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 Extension: .tif
 Pages:

ASSIGN - MISS MCGUFFOG, ELEANOR [12/04/1971]

Age [25-90]	48	Sex	Female	Diabetes	<input type="checkbox"/>	Total Cholesterol	7.2
Postcode	EH14 3BQ	Stroke/CHD family history	<input type="checkbox"/>	HDL Cholesterol		1.8	
Cigarettes /day	8	Rheumatoid arthritis	<input type="checkbox"/>	Systolic BP		170	
38D6. ASSIGN Score		Event Date		24/12/2019			
Percentage risk in 10 years: 9.28							

Smoking status	23/09/2019: Cigarette smoker [8]	Rheumatoid arthritis	
Diabetes		Total cholesterol	18/12/2019: Serum total cholesterol level [7.2]
Stroke family history		HDL cholesterol	18/12/2019: Serum HDL cholesterol level [1.8]
CHD family history		Blood Pressure	11/12/2012: O/E - Systolic BP reading [170]

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 23-Sept-2019 Dr Sineaid Bradshaw
 Additional: Scanned Document
 SCI Referral Letter :
 Filename: 00FNL005.htm
 Extension: .tif
 Pages:

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NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Urgent
Date of referral	23/09/2019
Date submitted	23/09/2019
UCPN	101019655721C

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	10-2 CLOVENSTONE PARK	Voice(Home) : 0131 442 2193
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	Voice(Mobile) : 07834 277 881
Date of birth:	12/04/1971	EH14 3BQ	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sineaid [REDACTED] (GMC: 4546429)	30 HARVESTERS WAY
Practice:	Wester Hailes Medical Practice	EDINBURGH
Phone:	Voice : 01314539250	EH14 3JF

CLINICAL INFORMATION

Reason for Referral: MHS Lothian Integrated Back Pain service

Main Referral: This 48 yr old woman has episodic lumbar radiculopathy with LBP radiating down R leg for which she takes DHC TT qid + amitriptyline 150mg nocte. In recent months she has presented with new onset urinary frequency and urge requiring incontinence pads for which she has been referred to the district nursing team. There is no saddle anaesthesia and no bowel issues, no foot drop or other red flags. We are following her up in our well woman clinic for pelvic examination to decide if urogynaecology investigations are appropriate but in light of her history of sciatica wondered if MRI scanning would be indicated here?

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
Time since onset? (Weeks) :	12 or more weeks	
Does the patient live alone? :	Yes	
Are other services involved? :	Yes	
District Nurse :	true	

Pre-existing conditions (High & Medium Priority)

Description	?? Modifier	?? Extension	?? Start Date	?? Date Recorded
[REDACTED] carer	??	??	?? 19/02/2015	?? 19/02/2015
Opioid drug dependence NOS	??	?? = = prescribed df L18 no illicit use, longstanding	?? 19/02/2015	?? 19/02/2015
Chronic low back pain	??	??	?? 19/02/2015	?? 19/02/2015
White Scottish	??	??	?? 01/07/2010	?? 01/07/2010
[X]Intentional self-harm	??	??	?? 14/07/2005	?? 14/07/2005
Neurotic (reactive) depression	??	??	?? 14/07/2005	?? 14/07/2005
History of sexual abuse	??	??	?? 14/07/2005	?? 14/07/2005
Patient reg. form sent to HB	??	??	?? 31/08/1999	?? 31/08/1999
Patient de-reg. - GP22 from HB	??	??	?? 31/08/1999	?? 31/08/1999

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

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
Dihydrocodeine 30mg tablets	?? tablet	?? TWO TABS QID	??	?? 12/07/2018	??	?? 10/09/2019
Amitriptyline 50mg tablets	?? tablet	?? 3 TABS DAILY	??	?? 12/04/2017	??	?? 10/09/2019
Colecalciferol 800unit capsules	?? capsule	?? 1 DAILY	??	?? 16/08/2018	??	?? 10/09/2019

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:23-Sep-2019

Exercise history (Encounters):Exercise grading Date recorded:01-Sep-1999

Patient Weight in Kilograms:74.2

Patient Height in Metres:1.6

Patient BMI:28.9

Patient Blood Pressure (Systolic):170

Patient Blood Pressure (Diastolic):92

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 23-Sept-2019 Dr Sineaid Bradshaw
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 SCI Referral Letter :
 Filename: 00FNL006.htm
 Extension: .tif
 Pages:

NHS Lothian - Imaging Request

Referral To	Lauriston Buildings Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	23/09/2019
Date submitted	23/09/2019

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	10-2 CLOVENSTONE PARK	Voice(Home) : 0131 442 2193
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	Voice(Mobile) : 07834 277 881
Date of birth:	12/04/1971	EH14 3BQ	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Sineaid [REDACTED] (GMC: 4546429)	30 HARVESTERS WAY EDINBURGH EH14 3JF
Practice:	Wester Hailes Medical Practice	
Phone:	Voice : 01314539250	

INVESTIGATION REQUESTED

Test Requested: Ultrasound Gynaecology (Pelvic Organs)
Reason for Request: infrequent heavy periods new onset urinary incontinence

CLINICAL INFORMATION

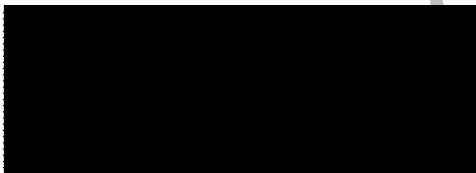
Investigations		
<u>Description</u>	<u>Result</u>	<u>Date</u>
LMP (for females aged 12-50 for X-Ray of abdo, lumbar spine or pelvic area) :		2019-09-23
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does this patient weigh more than 125 Kg? :	No	
Any previous imaging? :	No	
Additional information		
Smoking history (Encounters):Cigarette smoker Date recorded:23-Sep-2019		
Exercise history (Encounters):Exercise grading Date recorded:01-Sep-1999		
Patient Weight in Kilograms:74.2		
Patient Height in Metres:1.6		
Patient BMI:28.9		
Patient Blood Pressure (Systolic):170		
Patient Blood Pressure (Diastolic):92		

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18-May-2018 Dr Sineaid Bradshaw
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electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1204711321
Name	MCUFFOG, ELEANOR
Date Of Birth	12/04/1971
GMC Code of Registered GP	4344294
Practice Code	S70978

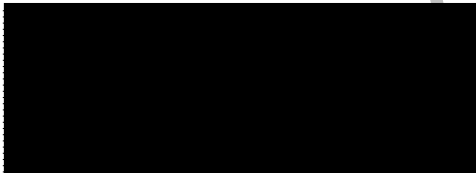
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Next Recall Date	

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18-Apr-2015 Dr Sineaid Bradshaw
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electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1204711321
Name	MCGUFFOG, ELEANOR
Date Of Birth	12/04/1971
GMC Code of Registered GP	4344294
Practice Code	S70978

Exclusion Reason	
Exclusion Date	
Exclusion End Date	
Extended	
Closed	
Next Recall Date	

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Scanned Document
15-Jun-2012 Ms Gillian Coan
Additional: Scanned Document
SCI Referral Letter :

Filename: 00FNL003.htm

Extension: .tif

Pages:

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Breast L Breast - Urgent
Urgency of referral	Urgent
Date of referral	15/06/2012
Date submitted	15/06/2012
UCPN	1010037731640

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	21 SIGHTHILL PLACE	Voice(Home) : 07521234266
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH11 4PF	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	DR [REDACTED] SWEENEY (GMC: 6097519)	7 MURRAYBURN GATE
Practice:	WESTER HAILES HEALTH CENTRE (70978)	EDINBURGH
Phone:	Voice : 0131 537 7300	EH14 2SS

CLINICAL INFORMATION

Reason for Referral: BREAST LESION

Main Referral: Dear Doctor

Text: I would be grateful for your review of this 40 year old peri-menopausal female. She presents with a one month history of left breast discomfort. This is not associated with any pain, lumps or discharge. She is not on any hormonal contraception. Of note her [REDACTED] had breast cancer a year ago.

Examination of her right breast was unremarkable. Examination of her left breast revealed a less than 1cm lump at 12 o'clock. This is mobile and feels benign. There is no axilla lymphadenopathy.

In view of her family history I would be grateful if you would exclude a malignant cause for this lesion.

Many thanks for your help in the management of this patient.

Kind regards,

Dr [REDACTED] Sweeney
(GP Locum)

JS/GC

Examinations and Investigations

Description	Result	Date
Other evidence of cancer :	true	
Main Lesion :	Left Breast	
Main Lesion :	12 o'clock position	
Main Lesion :	0-1cm size	
Main Lesion :	(AXILLARY NODES NOT SPECIFIED)	
Other Lesion :	(BREAST NOT SPECIFIED)	
Other Lesion :	(POSITION NOT SPECIFIED)	
Other Lesion :	(SIZE NOT SPECIFIED)	
Other Lesion :	(AXILLARY NODES NOT SPECIFIED)	
Duration :	1-2 months	
Previous Breast History :	Not Known	
Menopausal Status :	Peri	

Pre-existing conditions (High & Medium Priority)

Description	?? Modifier	?? Extension	?? Start Date	?? Date Recorded
White Scottish	??	??	?? 01/07/2010	?? 01/07/2010
[X]Intentional self-harm	??	??	?? 14/07/2005	?? 14/07/2005
Neurotic (reactive) depression	??	??	?? 14/07/2005	?? 14/07/2005
History of sexual abuse	??	??	?? 14/07/2005	?? 14/07/2005
Patient reg. form sent to HB	??	??	?? 31/08/1999	?? 31/08/1999
Patient de-reg.- GP22 from HB	??	??	?? 31/08/1999	?? 31/08/1999

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
DIHYDROCODEINE tabs 30mg	?? tablet	?? 8 DAILY	??	?? 14/06/2012	??	?? 14/06/2012
MIRTAZAPINE tabs 45mg	?? tablet	?? TAKE ONE AT NIGHT	??	?? 14/06/2012	??	?? 14/06/2012
AMITRIPTYLINE HCl tabs 50mg	?? tablet	?? 2 TABS NOCTE	??	?? 14/06/2012	??	?? 14/06/2012
PARACETAMOL tabs 500mg	?? tablet	?? 2 TABS EVERY 4 TO 6 HOURS	??	?? 18/05/2012	??	?? 18/05/2012
MIRTAZAPINE tabs 45mg	?? tablet	?? TAKE ONE AT NIGHT	??	?? 18/05/2012	??	?? 18/05/2012
MIRTAZAPINE tabs 45mg	?? tablet	?? TAKE ONE AT NIGHT	??	?? 20/04/2012	??	?? 20/04/2012
DIHYDROCODEINE tabs 30mg	?? tablet	?? 8 DAILY	??	?? 20/04/2012	??	?? 20/04/2012
AMITRIPTYLINE HCl tabs 50mg	?? tablet	?? 2 TABS NOCTE	??	?? 20/04/2012	??	?? 20/04/2012
MIRTAZAPINE tabs 30mg	?? tablet	?? TAKE ONE AT NIGHT	??	?? 05/04/2012	??	?? 05/04/2012

Additional information

Smoking history (Encounters):Current smoker Date recorded:8-Apr-2010

Exercise history (Encounters):Exercise grading Date recorded:1-Sep-1999

Patient Weight in Kilograms:60

Patient Height in Metres:1.6

]]>

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Scanned Document
 19-Mar-2012 Ms Gillian Coan
 Additional: Scanned Document
 SCI Referral Letter :
 Filename: 00FNL002.htm
 Extension: .tif
 Pages:

NHS Lothian- Referral Letter

Referral To	St [REDACTED] Hospital Plastic Surgery L Carpal Tunnel
Urgency of referral	Routine
Date of referral	19/03/2012
Date submitted	19/03/2012
UCPN	101003353017X

PATIENT DETAILS		Contact Details	
CHI number:	1204711321	21 SIGHTHILL PLACE	Voice(Home) : 07521234266
Name:	MISS ELEANOR MCGUFFOG	EDINBURGH	
Date of birth:	12/04/1971	EH11 4PF	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address	
Name:	DR [REDACTED] CALLAGHAN (GMC: 6057341)	7 MURRAYBURN GATE	
Practice:	WESTER HAILES HEALTH CENTRE	EDINBURGH	
Phone:	Voice : 0131 537 7300	EH14 2SS	

CLINICAL INFORMATION

Reason for Referral:	CARPAL TUNNEL SYNDROME LEFT SIDE
Main Referral Text:	Dear Doctor I am writing regarding this patient who is complaining of paraesthesia and weakness in the median nerve distribution of her left hand. This is worse at night and is relieved by shaking her hand. On examination Tinel's test is positive. She had previous surgery to the right wrist for carpal tunnel syndrome with good results and she is keen to have the same surgery on the left side if possible. Thank you for seeing her. Dr [REDACTED] Callaghan (GP Locum) GC/GC

Pre-existing conditions (High & Medium Priority)

Description	?? Modifier	?? Extension	?? Start Date	?? Date Recorded
White Scottish	??	??	?? 01/07/2010	?? 01/07/2010
[X]Intentional self-harm	??	??	?? 14/07/2005	?? 14/07/2005
Neurotic (reactive) depression	??	??	?? 14/07/2005	?? 14/07/2005
History of sexual abuse	??	??	?? 14/07/2005	?? 14/07/2005
Patient reg. form sent to HB	??	??	?? 31/08/1999	?? 31/08/1999
Patient de-reg. - GP22 from HB	??	??	?? 31/08/1999	?? 31/08/1999

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

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
NICOJINELL 30 TTS patch 21mg/24 hours	?? patch	?? USE DAILY	??	?? 09/03/2012	??	?? 09/03/2012
MIRTAZAPINE tabs 30mg	?? tablet	?? TAKE ONE AT NIGHT	??	?? 09/03/2012	??	?? 09/03/2012
MIRTAZAPINE tabs 15mg	?? tablet	?? 1 TABLET(S) AT NIGHT FOR 1 WE[more]	??	?? 24/02/2012	??	?? 24/02/2012
SERTRALINE tabs 50mg	?? tablet	?? 1 TABLET(S) EVERY DAY	??	?? 24/02/2012	??	?? 24/02/2012
AMITRIPTYLINE HCl tabs 50mg	?? tablet	?? 2 TABS NOCTE	??	?? 24/02/2012	??	?? 24/02/2012
DIHYDROCODEINE tabs 30mg	?? tablet	?? 8 [REDACTED]	??	?? 24/02/2012	??	?? 24/02/2012
DIHYDROCODEINE tabs 30mg	?? tablet	?? 8 [REDACTED]	??	?? 20/12/2011	??	?? 20/12/2011
AMITRIPTYLINE HCl tabs 50mg	?? tablet	?? 2 TABS NOCTE	??	?? 20/12/2011	??	?? 20/12/2011
SERTRALINE tabs 100mg	?? tablet	?? 1 [REDACTED]	??	?? 20/12/2011	??	?? 20/12/2011

Additional information

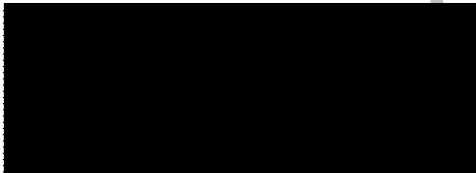
Smoking history (Encounters): Current smoker Date recorded: 8-Apr-2010
 Exercise history (Encounters): Exercise grading Date recorded: 1-Sep-1999
 Patient Weight in Kilograms: 60
 Patient Height in Metres: 1.6

}}>

Scanned Document
17-Mar-2012 Dr Sineaid Bradshaw
Additional: Scanned Document
Diagnostic Test Report :
Filename: 00FNL009.htm
Extension: .tif
Pages:

electronic Notification of Cervical Cytology Results Service
Exclusion Information

CHI Number	1204711321
Name	MCUFFOG, ELEANOR
Date Of Birth	12/04/1971
GMC Code of Registered GP	4344294
Practice Code	S70978

Exclusion Reason	
Exclusion Date	
Exclusion End Date	
Extended	
Closed	
Next Recall Date	

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