Patient Medical Record

Period:

MR NEIL SUTHERLAND

31 Stratford Street
Blenheim

m: 0210650528

64 Years (GMS:A3)
4th Feb 1962

Contents

Patient Medical Record

MR NEIL SUTHERLAND 4th Feb 1962

To:

Recalls

25 Jun 2026	Smoking Status	Smoking status	JTWE
26 Jun 2026	Blood Test	Hba1c Indication: prediabetes -	JTWE
08 Dec 2027	CVD Risk 1		JCRA

Immunisations

20 Sep 2016	Dip-Tet Adult 1st	JTWE	Given Elsewhere NZ
28 Aug 2021	COVID19 Comirnaty	JTWE	Given Elsewhere NZ
25 Sep 2021	COVID19 Comirnaty	JTWE	Given Elsewhere NZ

Accident Details

26 Apr 2011	MB22671	ACC18: Left index finger 3 and 0.5 cm lacerations, MB2267
26 Apr 2011	KR82304	ACC18: Finger tip lacerated with full thickness skin loss, arte
20 Aug 2018	LY31373	Neck sprain (S570.00)
14 May 2019	ZL36013	ACC18: sprain calf muscle, ZL36013
02 Aug 2021	LE50261	Sprain elbow/forearm (S51.00)
02 Aug 2021	LE50261	Sprain elbow/forearm (S51.00)
03 Feb 2022	XO87646	Open wound of knee (SA100.00)
22 Mar 2023	WK80094	Lumbar sprain (S572.00)

Most Recent Medications

10-Jul-2025	AUGMENTIN (Tab (500/125 mg)) QTY:21 1 tabs, Three Times Daily, 1 week	AHMAD
02-May-2024	ROSUVASTATIN (10mg Tab (bottle) [30]) QTY:90 1 tabs, Once Daily, 3 months	JTWE
10-Jul-2023	SYMBICORT 100/6 (Turbuhaler 120actuation (100 mcg/6 mcg per metered dose (equiv. 80 mcg/4.5 mcg per delivered dose))) QTY:1 2 , Three Times Daily, 2 weeks	GGARD
10-Jul-2023	AZITHROMYCIN (250mg Tab [30]) QTY:6 Take 2 stat then 1 od po for 4 days	GGARD
30-May-2023	AMOXICILLIN 500mg;CLAVULANIC ACID 125mg (Tab (500/125 mg)) QTY:21 1 tabs, Three Times Daily, 1 week	CTRA
08-Feb-2023	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	JTWE
22-Mar-2022	EFUDIX (5% Crm 20g) QTY:1 apply BD for 4-6 weeks on the neck and face	MSUL
09-Jul-2021	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte (Started on 12/10/2020)	JTWE
16-Dec-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	JTWE
12-Oct-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	PKRI
11-Jun-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	PKRI
09-Jun-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	PKRI
22-Jan-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	TTIM
14-Jan-2020	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	PKRI

24-Jul-2019	ROXITHROMYCIN (300mg Tab) QTY:7 Once Daily	MSUL
24-Jul-2019	GUAIFENESIN (600mg Modified Release Tab) QTY:1 1 tab twice a day	MSUL
02-Jul-2019	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	TTIM
02-Jul-2019	DICLOFENAC SODIUM (75mg Long-acting Tab) QTY:20 one in the morning	TTIM
12-Apr-2019	IBUPROFEN (800mg Sustained Release Tab) QTY:100 1-2 tablets daily as a single dose, preferably in the evening	NBAL
11-Mar-2019	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
14-Nov-2018	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
09-Nov-2018	IBUPROFEN (800mg Sustained Release Tab) QTY:100 1-2 tablets daily as a single dose, preferably in the evening	NBAL
09-Nov-2018	ORPHENADRINE CITRATE (100mg Tab) QTY:14 twice daily for 2 weeks	NBAL
09-Nov-2018	PARACETAMOL (500mg Tab) QTY:100 1-2 tablets every 4-6 hours as required	NBAL
27-Jul-2018	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	CTRA
30-Apr-2018	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
11-Jan-2018	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
20-Jul-2017	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
23-May-2017	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	MMAL
12-May-2017	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	CTRA
28-Apr-2017	SIMVASTATIN (40mg Tab) QTY:14 1 tabs, Nocte (to last until appointment)	NBAL
30-Dec-2016	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	NBAL
16-Sep-2016	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	JIVA
12-May-2016	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	JJAM
03-Feb-2016	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	JJAM
12-Oct-2015	MELATONIN (2mg Prolonged Release Tab) QTY:10 1 Nocte as needed to sleep	HHEN
12-Oct-2015	ZOPICLONE (7.5mg Tab) QTY:15 1/2 - 1 tablet at bedtime, every 2nd or 3rd night as required	HHEN
22-Sep-2015	ZOPICLONE (7.5mg Tab) QTY:20 1/2 - 1 tablet at bedtime, every 2nd or 3rd night as required	HHEN
22-Sep-2015	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	HHEN
29-May-2015	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	KITU
11-Feb-2015	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	PDAS
09-Oct-2014	SIMVASTATIN (40mg Tab) QTY:90	KITU

	1 tabs, Nocte	
18-Aug-2014	N/A (Aerosol Inhaler, 125) QTY:0 Flixotide Aerosol inhaler, 125 mcg *2 dose BD	JTWE
18-Aug-2014	OMEPRAZOLE (40mg Cap) QTY:30 1 caps, Once Daily	GGP2
18-Aug-2014	DEXAMETHASONE 0.05%;FRAMYCETIN SULFATE 0.5%;GRAMICIDIN 0.005% (Ear/Eye Drops 8ml) QTY:1 Instil 4-6 drops in to the affected ear/s 2 or 3 times a day. There is a cahrge for this medicine.	GGP2
18-Aug-2014	BETAMETHASONE VALERATE (0.1% Crm 50g) QTY:1 1 g, Twice Daily	GGP2
18-Aug-2014	MICONAZOLE NITRATE 2%;HYDROCORTISONE 1% (Crm 15g) QTY:1 Apply a small amount to the affected area twice daily	GGP2
18-Aug-2014	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	GGP2
18-Aug-2014	SIMVASTATIN (40mg Tab) QTY:90 1 tabs, Nocte	GGP2

Full History Classifications

09 Oct 2014	High Cholesterol
16 Oct 2014	Leukoplakia R vocal fold (25/9/14) regular ENT f/up *Onset: 25/9/14
08 Dec 2014	Impaired glucose tolerance
02 Jul 2019	Hip pain re (tendinitis) *Onset: 19
03 Feb 2022	Right
10 Jun 2022	
10 Jun 2022	1 bottle wine per night
25 Jun 2025	CVD Risk Assessment
30 Apr 2026	Leukoplakia right true vocal fold Past History: Moderatedysplasia vocal fold

Medical Warnings

22- Sep- 2015 JTWE

Nil

Daily Record

12-Jul-2026	Request from MMA Legal for all clinical records (see scanned docs). Call to Neil to confirm that this is a legitimate request. Neil confirms that this is to do with something that happened back in 1974. He confirms that he did not bring any medical records from the UK. I will proceed with request for information.	MASKSA
29-May-2026	Ed Clinical Notes - Diverticulitis -	RC
05-May-2026	STMTDETAILS	JTWE
30-Apr-2026	Other vocal cord disease (H1y5.00) - Leukoplakia right true vocal fold Past History: Moderatedysplasia vocal fold	AHMAD
30-Apr-2026	Nmdhb-outpatient Letter-ear, N -	AHMAD
14-Jan-2026	Nmdhb-outpatient Letter-ear, N - DNA appt -	AHMAD
24-Nov-2025	Patient Palette SMS	NVWAR
05-Nov-2025	PAYBYLINK	JTWE
22-Aug-2025	Patient Palette SMS	LFLIN
24-Jul-2025	Nmdhb-outpatient Letter-ear, N - leukoplakia 6/12 surveillance -	RC
10-Jul-2025	PAYBYLINK	AHMAD
10-Jul-2025	Appointment reminder 1 SMS	LSTEEN
10-Jul-2025	ePrescription-AHMAD-27HGC87NGRKGV96YFA	AHMAD

10-Jul-2025	Rx Pickup Method: Send to Unichem Redwoodtown Pharmacy	AHMAD
10-Jul-2025	21 - Augmentin Tab (500/125 mg) - 1 tabs, Three Times Daily, 1 week	AHMAD
10-Jul-2025	GP locum Patient gave consent for use of artificial intelligence tool for transcription of notes. - Reports an ingrown toenail developed approximately 2 weeks prior. - given antibiotics for the condition. - Unable to sleep due to pain if blankets touch the affected toe. - Has been searching for local podiatrists without success as wants LA option - Apologised that there is noone at the practice that is doing these currently	AHMAD
10-Jul-2025	L great toenail medial aspect - Inflamed granulation tissue noted around the nail. Assessment & Plan: 1. Ingrown toenail - Treatment planned: Repeat course of antibiotics. Encouraged to keep the foot elevated and out of shoes when possible. - Relevant referrals: Advised to seek podiatric consultation for definitive management. He was frustrated by lack of options for LA. Did find something in Christchurch. Asked if hospital would do it. Advised that hospital intervention is unlikely as it's not considered an acute life-threatening situation. Advised to call around other GP practices or look online for suitable podiatric care.	AHMAD
05-Jul-2025	Patient Referral - n -	RMED
30-Jun-2025	Blank Letter A5	JNEL
30-Jun-2025	Spoke with Neil re lipids - stopped statin as was causing side effects, muscle aches, nausea. Not interested in trying alternative. Trig and Hdl excelent. HbA1c back in normal range. All other bloods excellent Toe infection improving. Keen for nail to be removed.	JNEL
30-Jun-2025	Discussed podiatrist - emailed contact details for On the Run Podiatry.	JNEL
27-Jun-2025	phone call - msg left see lipids, was on medication last year ??why did he stop it Need to discuss same	STAVA
26-Jun-2025	Thyroid Function Tests -	D
26-Jun-2025	Thyroid Function Tests - dr ahern review -	D
26-Jun-2025	Lipid Tests -	D
26-Jun-2025	Lipid Tests - was on medication lat year msg left 27/6 -	D
26-Jun-2025	Iron Studies -	D
26-Jun-2025	Iron Studies -	D
26-Jun-2025	Liver Function Tests - normal -	GRIGA
26-Jun-2025	Liver Function Tests -	D
26-Jun-2025	Renal Function Tests -	D
26-Jun-2025	Renal Function Tests -	D
26-Jun-2025	PSA -	D
26-Jun-2025	PSA -	D
26-Jun-2025	NT-proBNP -	D
26-Jun-2025	NT-proBNP -	D
26-Jun-2025	Glycated Haemoglobin -	GRIGA
26-Jun-2025	Glycated Haemoglobin - 39 -	D
26-Jun-2025	Complete Blood Count - normal -	GRIGA
26-Jun-2025	Complete Blood Count -	D
25-Jun-2025	Never smoked tobacco (1371.00) - CVD Risk Assessment	RBAR
25-Jun-2025	Lab Order - HSP	D
25-Jun-2025	Off Work Certificate	D

25-Jun-2025	ePrescription-D-27HGC829CRYVX4GG78	D
25-Jun-2025	Rx Pickup Method: Send to Unichem Redwoodtown Pharmacy	D
25-Jun-2025	21 - Augmentin Tab (500/125 mg) - 1 tabs, Three Times Daily, 1 week	D
25-Jun-2025	Ingrowing left big toenail Now infected to Skin Hub re wedge resection	D
25-Jun-2025	Lab Order - HSP	GRIGA
25-Jun-2025	Patient Palette SMS	GRIGA
25-Jun-2025	Nurse Led LTC Clinic Consult	RBAR
25-Jun-2025	Nurse review toe nail issue S. recurrent issue 1/52 hx pain++ weeping and red has been dressing and applying magneisum sulfate to site	RBAR
25-Jun-2025	O. L) great toe medial nail cut down to base of nail bed misshapen nail red weeping and swollen tender++ A. infected L) great ingrown toe nail P. to see GP advised to cut toe nails straight across ? wedge re section to be arranged as recurrent issue Skin Hub emailed to see if they provide that service	RBAR
19-Mar-2025	phone call returned as requested, NR, msg left to call if still requires nurse	STAVA
18-Mar-2025	Patient Palette SMS	GRIGA
17-Oct-2024	Nmdhb-outpatient Letter-ear, N -	JTWE
02-May-2024	Care Plus Consult	GHUNT
02-May-2024	Lab Order - HSP	JTWE
02-May-2024	Lab Order - HSP	JTWE
02-May-2024	ePrescription-JTWE-27HGC8GGY9NR2VNG31	JTWE
02-May-2024	Rx Pickup Method: Send to Unichem Redwoodtown Pharmacy	JTWE
02-May-2024	SA2093 Approved -	JTWE
02-May-2024	SA2093 Rosuvastatin 10Mg	JTWE
02-May-2024	90 - Rosuvastatin 10mg Tab (bottle) [30] - 1 tabs, Once Daily, 3 months	JTWE
02-May-2024	Hyperlidaemia - Familial - in view of reaction to other statins and at suggestion of Dr Pegg - for rosuvastatain	JTWE
02-May-2024	Appointment reminder 1 SMS	JTWE

01-May-2024	Triage line Pls ring, he rang to cancel his appt tomorrow, said will cost $50.00 just for the Dr to start him on statin, just put a rx thru. I said think you should come as it says about a review, confirm plan? Phone call to Neil - currently very short of money, didnt want to come to apt due to cost. Advised will care plus tomorrow consult as a one off.	VHAW
15-Apr-2024	Blank Letter	JNEL
15-Apr-2024	Phone line - Missed call re note from Cardiology, recommend start statin for high family risk, needs to see GP to sort, non urgent. Also sent leteter as Email.	JNEL
15-Apr-2024	Task created to ensure booked.	JNEL
12-Apr-2024	See ERMS update For GP review	JTWE
12-Apr-2024	Erms Request Update -	JTWE
10-Apr-2024	Patient Palette SMS	RJELLY
04-Apr-2024	Patient Palette SMS	FKUIP
28-Mar-2024	ERMS	MGRAIN
28-Mar-2024	Patient Palette SMS	NVWAR
28-Mar-2024	Glycated Haemoglobin - Hba1c 42 (stable) -	RRAM
28-Mar-2024	Troponin T - Normal - no further action -	MGRAIN
28-Mar-2024	Lipid Tests - Chol = 7.4, LDL = 4.9, Ratio = 3.8 - appt please -	MGRAIN
28-Mar-2024	Liver Function Tests - Normal - no further action -	MGRAIN
28-Mar-2024	Renal Function Tests - Satisfactory -	MGRAIN
28-Mar-2024	Iron Studies - Normal - no further action -	MGRAIN
28-Mar-2024	Thyroid Function Tests - Normal - no further action -	MGRAIN
28-Mar-2024	Psa - PSA = 1.30 (<4.00) -	MGRAIN
28-Mar-2024	Complete Blood Count - Normal - no further action -	MGRAIN
26-Mar-2024	Lab Order - HSP	MGRAIN
26-Mar-2024	Blood Pressure (BP) - 120 - 75	MGRAIN
26-Mar-2024	Attended for a general check up Painter & Decorator Hx of hyperlipidaemia - HAS DECIDED NOT TO TAKE HIS STATIN NSTEMI - 2021 Does not experience exertional chest pain Pulse = 70 regular HS - normal Chest - clear See Cardiology letter - check a Troponin-T in the community + screening blood tests	MGRAIN
26-Mar-2024	Appointment reminder 1 SMS	MGRAIN
20-Dec-2023	Nmdhb-outpatient Letter-ear, N -	JTWE
19-Sep-2023	Off Work Reported	JNEL
19-Sep-2023	Triage line - missed call, msg left on mobile tcb. 12.28 Off work all last week, stressed, given notice by employer, was living with employer, had to leave. Now has caravan and somewhere to live. Requesting off work cert for first 3 days of last week.	JNEL
19-Sep-2023	Offered support via HIP, advises he has a partner who is supportive, ok currently. Aware to ring back if any ongoing concern.	JNEL
22-Aug-2023	90 Day Account Overdue Letter	JTWE

21-Jul-2023	90 Day Account Overdue Letter	JTWE
10-Jul-2023	Off Work Certificate	GGARD
10-Jul-2023	ePrescription 27HGC81F9NRVFX6RJA emailed to Redwoodtown Pharmacy	GGARD
10-Jul-2023	ePrescription-GGARD-27HGC81F9NRVFX6RJA	GGARD
10-Jul-2023	1 - Symbicort 100/6 Turbuhaler 120Actuation (100 Mcg/6 Mcg Per Metered Dose (Equ	GGARD
10-Jul-2023	6 - Azithromycin 250Mg Tab [30] - Take 2 stat then 1 od po for 4 days	GGARD
10-Jul-2023	Cough sore throat Wheezy on back Paroxysmal hx Contact with family and bos with pneumonia .	GGARD
10-Jul-2023	afeb inflammed throat. chest insp rhonchi but fine rales and dullness L midzones A rx as per atypical pneumonia.	GGARD
10-Jul-2023	Patient Palette SMS	RBAR
10-Jul-2023	Triage call unwell for 10 days sore throat with cough, feels like swallowing razor blades cough++ overnight worse when lying on back, wheeze present lying in foetal position is better for breathing nil fevers recently will do RAT before apt today to park in carpark and will see GP in cabin	RBAR
02-Jun-2023	Nmdhb-outpatient Letter-ear, N -	JTWE
30-May-2023	ePrescription 27HGC8C9WBGW35BFY3 emailed to Redwoodtown Pharmacy	CTRA
30-May-2023	ePrescription-CTRA-27HGC8C9WBGW35BFY3	CTRA
30-May-2023	21 - Amoxicillin 500Mg;Clavulanic Acid 125Mg Tab (500/125 Mg) - 1 tabs, Three Ti	CTRA
30-May-2023	Liver Function Tests -	CTRA
30-May-2023	Renal Function Tests -	CTRA
30-May-2023	Crp - crp 34 -	CTRA
30-May-2023	Complete Blood Count -	CTRA
30-May-2023	Lab Order - HSP	CTRA
30-May-2023	Lab Order - HSP	CTRA
30-May-2023	Temp (TEMP) - 37.1	CTRA
30-May-2023	Pulse (P) - 81	CTRA
30-May-2023	SpO2 (SP02) - 100	CTRA
30-May-2023	s. abdominal pain started yesterday very tender to touch L lower abdomen no diarrhoea, no vomiting. bowels moving normally. no swelling. No PR bleeding or slime no urinary symptoms eating & drinking OK	CTRA

30-May-2023	o. well hydrated. BS active normal. not obstructive. no masses. no organomegaly very tender LIF to superficial palpation no peritonism. able to move without pain no loin tenderness a. ?early diverticulitis ?early superficial problem like shingles ?renal calculus - but no typical p. advise analgesia, rest, get bloods done and make plan from there. bloods - raised CRP, sl drop in Hb p. treat as diverticulitis advised low fat, low fibre diet, fluids, no alcohol. analgesia (says he has plenty) review if not improving in 24-48 hours, earlier if worsening (can go to ED) Rx for antibiotics provided	CTRA
30-May-2023	Triage line - lower left sided abdo pain, started last evening, kept him awake over night. Works as a painter. Pain worst when touches area 8-9 on pain scale. Denies constipation or loose motions, nil fever, eaten sauage roll and cup of coffee today. Nil nausea or vomiting.	JNEL
30-May-2023	Booked check with CT this am.	JNEL
04-Apr-2023	ERMS	JTWE
04-Apr-2023	WK80094 - Injured back lifting heavy weight	JTWE

04-Apr-2023	Telephone call	JTWE
	Current concern:	
	Ongoing back pain following an injury lifting a heavy ladder - 3 weeks ago - some improvement & has returned to work Refer Physio No red flag signs - no bowel or bladder weakness, no perineal or numbness between buttock, no leg weakness.	
	Has been using ocasional analgesia Advice - review if worse/persists	
	Chronic care: Leukoplakia right true vocal fold Past History: Moderatedysplasia vocal fold Flexible endoscopy reveals persistence of his Leukoplakia. There is no inflammation, erythema or ulceration. - Seeing Mr Chan yearly	
	Prediabetes - HBA1C 41 9/20 Hypercholesterolaemia LDL 2.7 9/20	
	Social historyFrom Dunfermline - NZ 8 years	
23-Mar-2023	Ucc Discharge Summar -	JTWE
28-Feb-2023	Troponin T -	JTWE
28-Feb-2023	Glycated Haemoglobin - Stable -	JTWE
28-Feb-2023	Results reviewed	JTWE
	LDL 4.1 - discuss increasing statin - ?40mg atorvastatin	
	Troponin 7 - has reduced significantly - see Cardiology letter	
	Please make a routine appointment to see the GP.	
28-Feb-2023	Renal Function Tests -	JTWE
28-Feb-2023	Lipid Tests - LDL 4.1 - discuss increasing statin -	JTWE
28-Feb-2023	Complete Blood Count -	JTWE
27-Feb-2023	Task-pt phoned to advise of repeat Troponin and then to see GP. Pt will come to walk in tomorrow with Gerard and seeing GP 8/3/23.	RBAR
24-Feb-2023	Cardiology Letter -	RMED
23-Feb-2023	Labs then see GP	JTWE
22-Feb-2023	Cardiology Letter -	RMED
14-Feb-2023	Cdhb Adult Ed Medical Assessme -	JTWE
08-Feb-2023	ePrescription 27HGC8Y8RM7FMCJRN7 emailed to Redwoodtown Pharmacy	JTWE
08-Feb-2023	ePrescription-JTWE-27HGC8Y8RM7FMCJRN7	JTWE
08-Feb-2023	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE

08-Feb-2023	Requested repeat medication Script done Past consultation reviewed. Last seen 6/22	JTWE
08-Feb-2023	rx request -	RMED
12-Jan-2023	Nmdhb-outpatient Letter-ear, N -	JTWE
08-Dec-2022	<PORTAL.MRLB1/01/0001 12:00:00 AM>CVD Risk Assessment Completed: Risk was **6%**</PORTAL.MRLB1/01/0001 12:00:00 AM>	JCRA
08-Dec-2022	CVDRisk(CVD)-6	JCRA
08-Dec-2022	Height(HT)-167	JCRA
08-Dec-2022	Never smoked tobacco (1371.00) - CVD Risk Assessment	JCRA
08-Dec-2022	CVD Risk Full Assessment	JCRA
08-Dec-2022	Halcyon Provider Portal	JCRA
07-Dec-2022	Ucc Discharge Summar -	JTWE
06-Dec-2022	Radiology X-ray -	JTWE
14-Oct-2022	Nmdhb - Ed Clinical Notes-v1 -	RMED
30-Sep-2022	ePrescription 27HGC82F7R4DY744M8 emailed to Redwoodtown Pharmacy	JTWE
30-Sep-2022	ePrescription-JTWE-27HGC82F7R4DY744M8	JTWE
30-Sep-2022	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
30-Sep-2022	Requested repeat medication Script done Past consultation reviewed. Last seen 6/22	JTWE
30-Sep-2022	Scanned Document - script request -	RMED
28-Sep-2022	Nmdhb Mh \t\ Addiction Communi -	JTWE
27-Sep-2022	Nmdhb-outpatient Letter-ear, N -	JTWE
14-Sep-2022	Glycated Haemoglobin - Stable -	JTWE
14-Sep-2022	Lipids Tests - CVD risk 6 % - discuss at next routine GP review -	JTWE
14-Sep-2022	Renal Function Tests -	JTWE
14-Sep-2022	Liver Function Tests - Raised GGT ?alcohol use -	JTWE
14-Sep-2022	Total Prostatic Spec Ag -	JTWE
14-Sep-2022	Complete Blood Count -	JTWE
14-Sep-2022	Comment -	JTWE
10-Jun-2022	Lab Order - HSP	JTWE
10-Jun-2022	BMI - 283,265.80	JTWE
10-Jun-2022	Not in-use (HT) - 167	JTWE
10-Jun-2022	Weight (WT) - 79	JTWE
10-Jun-2022	Pulse (P) - 82	JTWE
10-Jun-2022	Blood Pressure (BP) - 145 - 86	JTWE
10-Jun-2022	Alcohol consumption (136.00) - 1 bottle wine per night	JTWE
10-Jun-2022	Non-smoker (1371.11)	JTWE
10-Jun-2022	From Dunfermline - NZ 8 years	JTWE

Leukoplakia right true vocal fold
Past History: Moderatedysplasia vocal fold
Flexible endoscopy reveals persistence of his Leukoplakia. There is no inflammation, erythema or
ulceration.
- Seeing Mr Chan yearly

Prediabetes
- HBA1C 41 9/20
Hypercholesterolaemia
LDL 2.7 9/20

10-Jun-2022	\bp 145/86 \p 82 \wt 79 Respiratory examination: - Not breathless or tachypnoeic - Air entry bilaterally equal - No fine inspiratory crepitations - No wheezes Cardiovascular examination: - Pulse regular, normal character - Heart sounds normal - No murmurs	JTWE
10-Jun-2022	Appointment reminder 1 SMS	JTWE
01-Jun-2022	STMTDETAILS	JTWE
25-May-2022	ePrescription 27HGC80W121QNMVRV7 emailed to Redwoodtown Pharmacy	JTWE
25-May-2022	ePrescription-JTWE-27HGC80W121QNMVRV7	JTWE
25-May-2022	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
25-May-2022	Requested repeat medication Script done Past consultation reviewed. Last seen 2/22 Note leukoplakia - under ENT review	JTWE
25-May-2022	Script Request - appt booked for 10/6 -	RMED
28-Apr-2022	CBIT	ASCH
19-Apr-2022	Flu Vaccine Carpark Clinic Invite Letter	ASCH
01-Apr-2022	We're Moving!	ASCH
31-Mar-2022	Flu Vaccine Carpark Clinic Invite Letter	ASCH
31-Mar-2022	Flu Vaccine Carpark Clinic Invite Letter	ASCH
30-Mar-2022	Flu Vaccine Carpark Clinic Invite Letter	ASCH
22-Mar-2022	ePrescription 27HGC8T2BKCQ349RR1 emailed to Redwoodtown Pharmacy	MSUL
22-Mar-2022	ePrescription-MSUL-27HGC8T2BKCQ349RR1	MSUL
22-Mar-2022	1 - Efudix 5% Crm 20G - apply BD for 4-6 weeks on the neck and face	MSUL
22-Mar-2022	neck and face very sun damaged skin ++++ p soalrcare and sunsreen daily if not better in 3/12 needs efudix course- field Tx explained and prescribed	MSUL
10-Feb-2022	ACC45 Pt declaration -	RMED
09-Feb-2022	Appointment reminder 1 SMS	PRAC
03-Feb-2022	Open wound of knee (SA100.00) - Right	JNEL
03-Feb-2022	ACC45 - XO87646 - Working as painter, kneeling on bench painting, shard of glas	JNEL
03-Feb-2022	Presents to front desk - works as painter, working in house (not very clean) knelt on bench, which was a glass cooker top, shattered, laceration to R knee, peirced by single shard of glass which he removed. Not sure if needs suture.	JNEL

03-Feb-2022	R knee curved wound approx 2cm long, nil missing skin, shalow flap wound, cleaned well with M/D. Checked by JDT - OK to steristrip. 2 steristrips, simple non waterproof dressing pplied. Keep dry, protect in shower. ADT not required. See for check next week.A Aware to seek advice over long weekend if wound becomes painful, red, hot, pus, oozing, attend UCC or ED.	JNEL
21-Jan-2022	STMTDETAILS	JTWE
12-Jan-2022	Patient Palette SMS	AGRE
10-Jan-2022	Patient Palette SMS	AGRE
05-Jan-2022	ePrescription 27HGC81P21BY7D5TY6 emailed to Redwoodtown Pharmacy	JTWE
05-Jan-2022	ePrescription-JTWE-27HGC81P21BY7D5TY6	JTWE
05-Jan-2022	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
05-Jan-2022	Requested repeat medication Script done Past consultation reviewed. Last seen 10/20 Please make a routine appointment to see the GP.	JTWE
23-Nov-2021	Scanned Document - rx request -	RMED
16-Nov-2021	ePrescription 27HGC8Q9H3W9Y7CYT0 emailed to Redwoodtown Pharmacy	JTWE
16-Nov-2021	ePrescription-JTWE-27HGC8Q9H3W9Y7CYT0	JTWE
16-Nov-2021	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
16-Nov-2021	Requested repeat medication Script done Past consultation reviewed. Last seen 10/20 Please make a routine appointment to see the GP.	JTWE
16-Oct-2021	* REGULAR MEDICATIONS * simvastatin 40 mg tablet - 1 tabs, Nocte (90 Tablets) Started: 2020-10-12 Last Prescribed: 2021-07-09	JTWE
25-Sep-2021	COVID19 Comirnaty -1	JTWE
20-Sep-2021	Sprain of elbow and forearm (S51..) LE50261 * HISTORY NOTE * - DECLINED - request for further information sent to the patient was not completed. See letter filed into patient notes 20/09/21. gradual onset pain R elbow. US confirms partial common extensor origin tear***Paid work***Repetitive work task * DIAGNOSIS * - Sprain of elbow and forearm (S51..) LE50261	AGRE
28-Aug-2021	COVID19 Comirnaty -1	JTWE
18-Aug-2021	Completed * HISTORY NOTE * - See request filed in patient's notes. Return to Amy G. * DIAGNOSIS * - Task Update ACC Request for Info * ACTION NOTE * - ACC Request for Info: Completed	JTWE
17-Aug-2021	LET: ACC	JTWE
16-Aug-2021	* PRESENTING COMPLAINT * - ACC request completed	JTWE
16-Aug-2021	DOC: Consultation Slip	ADM

11-Aug-2021	0	ADM
11-Aug-2021	Due 11/08/2021 Assigned to Amy Greig * HISTORY NOTE * - Request received 11/08/2021. See * DIAGNOSIS * - New Task: ACC Request for Info * ACTION NOTE * - ACC Request for Info: Due 11/08/2021 Assigned to Amy Greig	AGRE
05-Aug-2021	DOC: COVID Vaccine Clinic	ADM
04-Aug-2021	New Injury Claim Form (ACC45)	ADM
04-Aug-2021	* PRESENTING COMPLAINT * - ACC form request for info completed * HISTORY NOTE * - * ACTION NOTE * - ACC claim done. advised OWC - he will work with L arm only	JTWE
03-Aug-2021	<Filed Result> * ACTION NOTE * - Partial common extensor origin tear	CTRA
03-Aug-2021	X-ray	CTRA
02-Aug-2021	0	ADM
02-Aug-2021	* HISTORY NOTE * - gradual onset of swelling and pain R elbow * EXAMINATION NOTE * - 1cm firm, tender swelling close to R lateral epicondyle, not typical of epicondylitis * ACTION NOTE * - private referral for US, then manage according to finding	CTRA
02-Aug-2021	LE50261 - Claim Only: Sprain of elbow and forearm (S51..), LE50261	JTWE
02-Aug-2021	LE50261 - ACC45: Partial common extensor origin tear, LE50261	JTWE
30-Jul-2021	DOC: Consultation Slip	ADM
30-Jul-2021	DOC: Consultation Slip	ADM
30-Jul-2021	DOC: Consultation Slip	ADM
09-Jul-2021	* PRESENTING COMPLAINT * - Requested repeat medication * HISTORY NOTE * - Script done Past consultation reviewed. Last seen 10/20 Please make a routine appointment to see the GP. * ACTION NOTE * - Script Emailed to Redwoodtown Pharmacy(prescriptions.redwoodtownphy@gmail.com)	JTWE
09-Jul-2021	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
09-Jul-2021	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte (Started on 12/1	JTWE

05-Jul-2021	Nmdhb-outpatient Letter-ear, N	ADM
05-Jul-2021	<Filed RSD> * ACTION NOTE * - Ok.	JTWE
05-Jul-2021	0	ADM
24-Mar-2021	<Filed RSD> * ACTION NOTE * - Ok.	JTWE
24-Mar-2021	<Filed Result> * ACTION NOTE * - Normal. - Normal.	GPEN
24-Mar-2021	Magnesium	ADM
24-Mar-2021	Calcium/phosphate/ca.adj	ADM
24-Mar-2021	Complete Blood Count	ADM
24-Mar-2021	Thyroid Function Tests	ADM
24-Mar-2021	Renal Function Tests	ADM
24-Mar-2021	Nmdhb - Ed Clinical Notes-v1	ADM
24-Mar-2021	0	ADM
16-Dec-2020	Completed * HISTORY NOTE * - 16/12/2020 04:43 (RWYN) Script invoiced and account emailed out 16/12/2020 03:50 (JDT) Script done * DIAGNOSIS * - Task Update Script done * ACTION NOTE * - Script done: Completed	RWYN
16-Dec-2020	* PRESENTING COMPLAINT * - Requested repeat medication * HISTORY NOTE * - Script done - seen 10/20 * ACTION NOTE * - Script Emailed to Redwoodtown Pharmacy(prescriptions.redwoodtownphy@gmail.com)	JTWE
16-Dec-2020	Due 16/12/2020 Assigned to Reception * HISTORY NOTE * - 16/12/2020 03:50 (JDT) Script done * DIAGNOSIS * - New Task: Script done * ACTION NOTE * - Script done: Due 16/12/2020 Assigned to Reception	JTWE
16-Dec-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE

29-Oct-2020	* PRESENTING COMPLAINT * - Hyperlipidaemia * HISTORY NOTE * - From Dunfermline - 17 years - Painter - Partner - children in Scotland Hyperlipidaemia - LDL 2.7 - change to atorvastatin 40mg Labtests all normal * EXAMINATION NOTE * - Knee & hip normal Some tenderness low back SI joint ?referred pain - Physically active & mobile * ACTION NOTE * - Removed simvastatin 40 mg tablet. Changed to atorvastatin - Review if persistence back pain ?xray	JTWE
28-Oct-2020	DOC: Consultation Slip	ADM
21-Oct-2020	DOC: TXT 07-14 days overd	RWYN
12-Oct-2020	* ACTION NOTE * - Script Emailed to Redwoodtown Pharmacy(prescriptions.redwoodtownphy@gmail.com)	PKRI
12-Oct-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
26-Sep-2020	0	RMED
11-Sep-2020	<Filed Result> * ACTION NOTE * - Discuss at review - Stable.	PKRI
11-Sep-2020	Complete Blood Count	ADM
11-Sep-2020	Liver Function Tests	ADM
11-Sep-2020	Renal Function Tests	ADM
11-Sep-2020	Glycated Haemoglobin	ADM
11-Sep-2020	Rheumatoid Factors	ADM
11-Sep-2020	Lipids Tests	ADM
11-Sep-2020	Total Prostatic Spec Ag	ADM
11-Sep-2020	Thyroid Function Tests	ADM

27-Aug-2020

* HISTORY NOTE *
- Works as painter

Climbing ladders all day

Weight steady

Mood ok

Sleeps ok, misses not, snorring.

Bilateral knee pains with shooting sensatioin, no swelling or erythema

How often do you have a drink?: 4+ times per week

How many UNITS do you drink each occasion?: 3 to 4

How often do you have 6 or more units?: Never

AUDIT Score: 5

* EXAMINATION NOTE *
- BP= 147/84, Pulse= 70

Normal HR, no mumrur Chest clear

Bilateral stable knees

Some laxity of ligaments

P: bloods and reduce alcohol

Review BP 6 month

* ACTION NOTE *
- eLAB: Complete Blood Count
- eLAB: Creatinine (incl eGFR)
- eLAB: Electrolytes (NA/K)
- eLAB: Haemoglobin A1c
- eLAB: Liver Function Tests
- eLAB: Lipid Test
- eLAB: PSA
- eLAB: Rheumatoid Factors
- eLAB: TSH
- eLAB: Uric Acid

PKRI

27-Aug-2020	BP - 147 - 84 - Blood Pressure	JTWE
27-Aug-2020	P - 70 - Pulse - Pulse	JTWE
26-Aug-2020	DOC: Consultation Slip	ADM
11-Jun-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
09-Jun-2020	* ACTION NOTE * - Script Emailed to prescriptions.redwoodtownphy@gmail.com	PKRI
09-Jun-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
03-Jun-2020	Nmdhb-op Letter-ear, Nose & Th	ADM
03-Jun-2020	NMDHB-OP Letter-EAR, NOSE & TH	PKRI
08-May-2020	Due 8/05/2020 Assigned to zAccounts * HISTORY NOTE * - 8/05/2020 04:34 (RWYN) Rang pt. He will pay online on 11/05/2020 * DIAGNOSIS * - New Task: 30-60 days over * ACTION NOTE * - 30-60 days over: Due 8/05/2020 Assigned to zAccounts	RWYN
08-May-2020	DOC: TXT Bank account det	RWYN
03-Mar-2020	* HISTORY NOTE * - This fellow is a busy painter.... he has had 2 months of work related pain to his RIGHT posterior scalp..... No other neuro symptoms... O/E:... pain on LEFT rotation at nuccal ridge... reflexes NORMAL I think this man has occipital neuralgia, either at foramen magnum or pinched in trapezii... I have explained this to him and he understands.... Syymptomatic relief.... Reassure....	MIMI
03-Mar-2020	DOC: Consultation Slip	RWYN
22-Jan-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
20-Jan-2020	* HISTORY NOTE * - Rx request received 20/01/20 - Given to TBT - AG	AGRE
14-Jan-2020	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
13-Jan-2020	DOC: Consultation Slip	MTOM
06-Dec-2019	Not Required * DIAGNOSIS * - Task Update Results for Prostatic specific antigen (PSA) * ACTION NOTE * - Results for Prostatic specific antigen (PSA): Not Required	RWAR

05-Dec-2019	* ACTION NOTE * - Results for Prostatic specific antigen (PSA): Reassigned to PK	PKRI
05-Dec-2019	Reassigned to PK * DIAGNOSIS * - Task Update Results for Prostatic specific antigen (PSA)	FROB
	* ACTION NOTE * - Results for Prostatic specific antigen (PSA): Reassigned to PK	
24-Oct-2019	Nmdhb-op Letter-ear, Nose & Th	ADM
24-Oct-2019	NMDHB-OP Letter-EAR, NOSE & TH	RMAL
23-Oct-2019	Due 23/10/2019 UnAssigned * HISTORY NOTE * - 23/10/2019 11:17 (RWYN) Txt sent	RWYN
	* DIAGNOSIS * - New Task: Current account	
	* ACTION NOTE * - Current account: Due 23/10/2019 UnAssigned	
23-Oct-2019	DOC: TXT 30 - 60 Day Over	RWYN
25-Sep-2019	seem to be hip ligament * PRESENTING COMPLAINT * - statin - prostate screenign - right hip	JIVA
	* HISTORY NOTE * - see previous consults painful nat times not consistent also gets pain around knees variable both side - discussion given info chose to be tested - see re knee pain	
	* EXAMINATION NOTE * - right hip pain on full stressing ligaments and full abduction and internal rotation otherwise rotation is normla power is OK slr OK	
	* DIAGNOSIS * - seem to be hip ligament	
25-Sep-2019	DOC: Consultation Slip	KMCC
25-Sep-2019	DOC: Physio osteopath chi	JIVA
24-Sep-2019	DOC: Consultation Slip	MTOM

24-Jul-2019	* PRESENTING COMPLAINT * - cough * HISTORY NOTE * - last few days very chesty no athma ex smoker over 10 years works as a painter * EXAMINATION NOTE * - able to speak sentences RR 14 NO sob DRY COUGH chest clear on auscultation viral URTI going away so would like abs p mucinex and back pocket abs rv id not better in 48 hours off work for a few days	MSUL
24-Jul-2019	7 - Roxithromycin 300 mg tablet - Once Daily	JTWE
24-Jul-2019	1 - Mucinex - guaifenesin 600 mg tablet: modified release - 1 tab twice a day	JTWE
24-Jul-2019	DOC: Consultation Slip	RWYN

02-Jul-2019	Hip pain re (tendinitis) * PRESENTING COMPLAINT * - groin strain (R) - cholesterol * HISTORY NOTE * - Talked about checking , will be done later this year, also no acute reason for it now. - Now two weeks, no specific reason/incident, kan sleep and work with it, history;- more on exorotation, painter * EXAMINATION NOTE * - Some pain on exorotation which is not remarkably restricted, also hyperflex is painfull. On straining extensor muscels also some tenderpoints, Inguinal region no other abnormalities like lumps or hernia's * DIAGNOSIS * - Hip pain re (tendinitis)	TTIM
02-Jul-2019	Hip pain (N094K.12) - Hip pain re (tendinitis) *Onset: 19	JTWE
02-Jul-2019	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
02-Jul-2019	20 - Diclofenac sodium 75 mg tablet: modified release - one in the morning	JTWE
01-Jul-2019	DOC: Consultation Slip	MTOM
15-May-2019	Marlborough Urgent Care Ltd: P	RMED
14-May-2019	ZL36013 - ACC18: sprain calf muscle, ZL36013	JTWE
14-May-2019	* PRESENTING COMPLAINT * - calf muscle * HISTORY NOTE * - Sprained left calf muscle and was seen at urgent care. Says is improving but would like more tubigrip as planning on returning to work. Able to walk but finds catches as calf muscle tenses * EXAMINATION NOTE * - Nil swelling seen. Nil redness or heat to the area. Fading bruising evident Impression---> healing muscle tear Given double layer of size F tubigrip toe to knee.	RMAL
14-May-2019	sprain calf muscle * DIAGNOSIS * - sprain calf muscle	RMAL
05-May-2019	Marlborough Urgent Care Ltd: P	RMED
05-May-2019	Marlborough Urgent Care Ltd: P	RMED

12-Apr-2019	likely muscular pain * HISTORY NOTE * - Presented with several months of intermittent pains in both lower limbs. most commonly in the right inner thigh and left lateral thigh but can also happen in the calf. Pain is of a throbbing nature and is more common at rest then when he is moving. Sometimes prevents him going to sleep at night Works painting and is up and down ladders all day. No tingling or numbness. No bladder or bowel symptoms, no Hx trauma * EXAMINATION NOTE * - no spinal tederness, full range spinal movements. lower limb neurology. no lower limb tenderness. full range hip and knee movements. gait normal, no pedal oedema * DIAGNOSIS * - likely muscular pain * ACTION NOTE * - discussed gentle stretching - NSAID - to return if develops leg swelling or tingling or numbness	NBAL
12-Apr-2019	100 - Ibuprofen 800 mg tablet: modified release - 1-2 tablets daily as a single	JTWE
11-Apr-2019	DOC: Consultation Slip	DWIS
12-Mar-2019	Radiology X-ray	ADM
12-Mar-2019	Nmdhb - Ed Clinical Notes-v1	ADM
12-Mar-2019	NMDHB - ED Clinical Notes-v1 P	NBAL
11-Mar-2019	phone rx * DIAGNOSIS * - phone rx	NBAL
11-Mar-2019	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
27-Nov-2018	* PRESENTING COMPLAINT * - Called in * HISTORY NOTE * - Advised has age related spondylytic changes	CHAL
16-Nov-2018	<Filed Result> * ACTION NOTE * - Spondylotic changes, consistent with age.	HGUT
16-Nov-2018	X-ray	ADM
15-Nov-2018	Renal Function Tests	ADM
15-Nov-2018	DOC: TXT Results Satisfac	NBAL
14-Nov-2018	phone rx * DIAGNOSIS * - phone rx	NBAL
14-Nov-2018	90 - Simvastatin 40 mg tablet - 1 tabs, Nocte	JTWE
09-Nov-2018	TEMP - 36.5 - Temp	JTWE
09-Nov-2018	New Injury Claim Form (ACC45)	ADM

09-Nov-2018	chronic neck pain ?related to MVA * HISTORY NOTE * - Presented with pain in neck. This started 1 week after he was involved in an MVA. Hit bank at 100km and rolled vehicle. Ok at scene but neck pain developed 1 week later. and has been ongoing. pain worse on movement-rotation to the right. Sometimes will get shooting pain over head and sometimes this affects sleep. No headaches taking large amounts ibuprofen daily-discussed concerns with renal and stomach at this dose. working as painter-lots overhead work * EXAMINATION NOTE * - findi norma, afebrile, Temp= 36.5, BP= 140/80 no c-spine tenderness. good range neck movements apart from rotation to right and left laterl flexion brings on pain. CN intact * DIAGNOSIS * - chronic neck pain ?related to MVA * ACTION NOTE * - check x-ray - long acting Ibuprofen - muscle relaxant - gentle neck stretches and regular pauses in work to stretch neck	NBAL
09-Nov-2018	100 - Ibuprofen 800 mg tablet: modified release - 1-2 tablets daily as a single	JTWE
09-Nov-2018	14 - Norflex - orphenadrine citrate 100 mg tablet - twice daily for 2 weeks	JTWE
09-Nov-2018	100 - Paracetamol 500 mg tablet - 1-2 tablets every 4-6 hours as	JTWE
09-Nov-2018	BP - 140 - 80 - Blood Pressure	JTWE
09-Nov-2018	DOC: Consultation Slip	RWYN
20-Aug-2018	LY31373 - ACC45: Neck sprain (S570.), LY31373	JTWE
27-Jul-2018	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
05-Jul-2018	Completed * HISTORY NOTE * - 5/07/2018 09:25 (Jane) paid Neil called in to advise he is working this week so will be able to pay his account next week ($43.00) * DIAGNOSIS * - Task Update A/C payment * ACTION NOTE * - A/C payment: Completed	JSMI

03-Jul-2018	* HISTORY NOTE * - 2/07/2018 09:55 (JN) Further txt sent reminding. 28/06/2018 10:46 (JN) not done, txt reminder sent today. 22/06/2018 11:47 (JN) Rung back, will do on Tuesday. 22/06/2018 11:40 (JN) txt sent to ring. Na a little on the high side. At this level would repeat as may resolve spontaneously. ? drinking enoungh fluids * ACTION NOTE * - results: Completed	NBAL
03-Jul-2018	Renal Function Tests	ADM
03-Jul-2018	DOC: TXT Results Normal	NBAL
02-Jul-2018	DOC: TXT Laboratory tests	JNEL
02-Jul-2018	DOC: TXT 30 - 60 Day Over	RWAR
28-Jun-2018	DOC: TXT Laboratory tests	JNEL
22-Jun-2018	DOC: TXT Results, please	JNEL
21-Jun-2018	Due 21/06/2018 Assigned to Natalie Balme * HISTORY NOTE * - NA a little on the high side * DIAGNOSIS * - New Task: results * ACTION NOTE * - results: Due 21/06/2018 Assigned to Natalie Balme	NBAL
21-Jun-2018	DOC: TXT Results, please	NBAL
18-Jun-2018	Complete Blood Count	ADM
18-Jun-2018	Liver Function Tests	ADM
18-Jun-2018	Renal Function Tests	ADM
18-Jun-2018	Glycated Haemoglobin	ADM
18-Jun-2018	Lipids Tests	ADM
14-Jun-2018	Due 14/06/2018 Assigned to Jane Smith * HISTORY NOTE * - Neil called in to advise he is working this week so will be able to pay his account next week ($43.00) * DIAGNOSIS * - New Task: A/C payment * ACTION NOTE * - A/C payment: Due 14/06/2018 Assigned to Jane Smith	JPAT
01-Jun-2018	DOC: TXT Bank account det	FROB
19-May-2018	Radiology Ct	ADM
19-May-2018	Nmdhb - Ed Clinical Notes-v1	ADM
19-May-2018	NMDHB - ED Clinical Notes-v1 h	NBAL
16-May-2018	BP - 110 - 60 - Blood Pressure	JTWE
16-May-2018	BMI - 28.6 - BMI - BMI	JTWE
16-May-2018	P - 81 - Pulse - Pulse	JTWE
16-May-2018	SP02 - 97 - SpO2	JTWE

16-May-2018	buttock lump * HISTORY NOTE * - Presented as had lump left buttock 3 days ago. This has now resolved. Had similar 1 month ago. Did not notice any redness. Otherwise well. Has got new chair-wonders if could be related to this * EXAMINATION NOTE * - BP= 110/60, Pulse= 81, SpO2= 97, Wt= 79.9kg, BMI= 28.6, no erythema or palpable lump on buttock * DIAGNOSIS * - buttock lump * ACTION NOTE * - annual bloods	JNEL
16-May-2018	DOC: Consultation Slip	RWAR
16-May-2018	DOC: Consultation Slip	RWAR
30-Apr-2018	Completed * HISTORY NOTE * - Simvastatin 40mg OD * DIAGNOSIS * - Task Update Rx * ACTION NOTE * - Rx: Completed	NBAL
30-Apr-2018	Due 30/04/2018 Assigned to Natalie Balme * HISTORY NOTE * - Simvastatin 40mg OD * DIAGNOSIS * - New Task: Rx * ACTION NOTE * - Rx: Due 30/04/2018 Assigned to Natalie Balme	KMCC
30-Apr-2018	phone rx-to come in for next rx * DIAGNOSIS * - phone rx-to come in for next rx	NBAL
30-Apr-2018	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
22-Mar-2018	DOC: TXT 60 Day Overdue	JSMI
11-Jan-2018	Completed * HISTORY NOTE * - Simvastatin 40mg 1 once daily 90	NBAL

Will pick up later tomorrow afternoon - he is going away.

* DIAGNOSIS *
- Task Update repeat rx

* ACTION NOTE *
- repeat rx: Completed

11-Jan-2018	phone rx * DIAGNOSIS * - phone rx	NBAL
11-Jan-2018	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
10-Jan-2018	Due 10/01/2018 Assigned to Natalie Balme * HISTORY NOTE * - Simvastatin 40mg 1 once daily 90	GWPR
	Will pick up later tomorrow afternoon * DIAGNOSIS * - New Task: repeat rx * ACTION NOTE * - repeat rx: Due 10/01/2018 Assigned to Natalie Balme	
26-Oct-2017	* PRESENTING COMPLAINT * - Liquid Nitrogen * HISTORY NOTE * - As per letter of 17/10/17 from Sue McKeage needs liquid nitrogen to treat Keratosis on back of hands and below left ear lobe. Two freeze-thaw cycles applied and post care advice given. Advised may return in 2/52 for further treatment if required	RMAL
17-Oct-2017	Marlborough Primary Health: Re	RMED
03-Oct-2017	* HISTORY NOTE * - Message left on cell - letter from PHO July 2017 confirms receipt of referral, on wait list.	JNEL
03-Oct-2017	Completed * HISTORY NOTE * - 3/10/2017 06:20 (JN) Left message on cell - letter to NR on 11/07/17 confirms receipt of referral, on wait list for appointment.	JNEL
	can we chase what has happened to this referral-would have been sent to skin clinic Patient is waiting to hear about referral to Skin Specialist could you plse call him thank you 0210650528 * DIAGNOSIS * - Task Update Referral information plse * ACTION NOTE * - Referral information plse: Completed	

28-Sep-2017	Nmdhb-op Letter-ear, Nose & Th	ADM
28-Sep-2017	NMDHB-OP Letter-EAR, NOSE & TH	NBAL
26-Sep-2017	Due 26/09/2017 Assigned to Natalie Reid * HISTORY NOTE * - Patient is waiting to hear about referral to Skin Specialist could you plse call him thank you	GWPR
	0210650528 * DIAGNOSIS * - New Task: Referral information plse * ACTION NOTE * - Referral information plse: Due 26/09/2017 Assigned to Natalie Reid	
20-Jul-2017	Completed * HISTORY NOTE * - Simvastatin 40 mg 90	NBAL
	is overseas for a month can he collect by the 28th July * DIAGNOSIS * - Task Update repeat rx * ACTION NOTE * - repeat rx: Completed	
20-Jul-2017	phone rx * DIAGNOSIS * - phone rx	NBAL
20-Jul-2017	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
18-Jul-2017	Due 18/07/2017 Assigned to Natalie Reid * HISTORY NOTE * - Simvastatin 40 mg 90	RWAR
	is overseas for a month can he collect by the 28th July * DIAGNOSIS * - New Task: repeat rx * ACTION NOTE * - repeat rx: Due 18/07/2017 Assigned to Natalie Reid	
12-Jul-2017	Marlborough Primary Health: Re	ADM
30-Jun-2017	Skin Lesion Excision ERMS-1625	NBAL

30-Jun-2017	Completed * DIAGNOSIS * - Task Update refer skin lesion excision * ACTION NOTE * - refer skin lesion excision: Completed	NBAL
29-Jun-2017	neck-distance	NBAL
29-Jun-2017	L hand close	NBAL
29-Jun-2017	hands-distance	NBAL
29-Jun-2017	R hand-close	NBAL
29-Jun-2017	neck close	NBAL
29-Jun-2017	Due 29/06/2017 Assigned to Natalie Reid * DIAGNOSIS * - New Task: refer skin lesion excision * ACTION NOTE * - refer skin lesion excision: Due 29/06/2017 Assigned to Natalie Reid	NBAL
29-Jun-2017	skin lesions * HISTORY NOTE * - Presented as thinks he has a few area of skin cancer has a neck lesion which has returned following several episodes of cryotherapy. and 2 lesions on hands which ahve been present for several months and never seem to heal. He thinks neck lesion is growing. No Hx or FHx skin cancer * EXAMINATION NOTE * - type 1 skin neck 3x2mm left hand 10x10mm-ulcerated ? BCC right hand 10x10mm top repeatedly flaking off * DIAGNOSIS * - skin lesions * ACTION NOTE * - refer excision	NBAL
26-May-2017	* HISTORY NOTE * - 26/05/2017 10:12 (JN) txt sent to ring for results. cholestrol high, other bloods ok - Returned call - discussed results and low cvd risk, Hdl and trig great. Also, HbA1c remains in normal range. * ACTION NOTE * - results: Completed	JNEL
26-May-2017	DOC: TXT Results, please	JNEL
25-May-2017	Histo Examination	ADM

25-May-2017	Histo Examination	ADM
23-May-2017	* PRESENTING COMPLAINT * - rx * HISTORY NOTE * - pt called in hsa lost script for simvastatin simvastatin 40mg 1 tab nocte 90 collect wed am * ACTION NOTE * - script: Completed	MMAL
23-May-2017	Due 23/05/2017 Assigned to Mehdi Maleki * HISTORY NOTE * - pt called in hsa lost script for simvastatin simvastatin 40mg 1 tab nocte 90 collect wed am * DIAGNOSIS * - New Task: script * ACTION NOTE * - script: Due 23/05/2017 Assigned to Mehdi Maleki	ABAT
23-May-2017	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
15-May-2017	Cardiovascular Risk Assessment * EXAMINATION NOTE * - Total CHOL = 5.5, HDL = 2.29, Systolic BP = 120, CVD Risk = 2 % * DIAGNOSIS * - Cardiovascular Risk Assessment	NBAL

15-May-2017	Due 15/05/2017 Assigned to Natalie Reid * HISTORY NOTE * - cholestrol high, other bloods ok * DIAGNOSIS * - New Task: results * ACTION NOTE * - results: Due 15/05/2017 Assigned to Natalie Reid	NBAL
15-May-2017	CVDRisk (CVD) - 2 - = - 2 - CVDRisk	JTWE
12-May-2017	BP - 120 - 70 - Blood Pressure	JTWE
12-May-2017	BMI - 28.3 - BMI - BMI	JTWE
12-May-2017	* HISTORY NOTE * - for routine review awaiting surgery for further vocal cord lesion diet has changed in the last year - more animal protein and fat, less vegetables seen with nursing student, Andrew * EXAMINATION NOTE * - BP= 120/70, Wt= 78.8kg, BMI= 28.3	CTRA
12-May-2017	WT - 78.8 - Wt - Weight	JTWE
12-May-2017	Complete Blood Count	CTRA
12-May-2017	Renal Function Tests	CTRA
12-May-2017	Glycated Haemoglobin	CTRA
12-May-2017	Lipids Tests	CTRA
12-May-2017	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
28-Apr-2017	* HISTORY NOTE * - short rx as not seen in some time and appointment made but unable to come in until after op	NBAL
28-Apr-2017	14 - Simvastatin 40mg Tab - 1 tabs, Nocte (to last until a	JTWE
28-Apr-2017	Completed * HISTORY NOTE * - simvastatin 40mg 1 tab nocte collect Monday - simvastatin 40mg 1 tab nocte collect Monday pt made apt for 8.5.17 with NR, gonig for op on vocal cord today. * DIAGNOSIS * - New Task: script * ACTION NOTE * - script: Due 28/04/2017 Assigned to Natalie Reid - script: Completed	ABAT
08-Mar-2017	Nmdhb-op Letter-ear, Nose & Th	ADM

08-Mar-2017	NMDHB-OP Letter-EAR, NOSE & TH	NBAL
30-Dec-2016	Due 30/12/2016 Assigned to Natalie Reid * HISTORY NOTE * - Simvastatin 40mg tab As per patients request Will pick up on Wed * DIAGNOSIS * - New Task: repeat rx * ACTION NOTE * - repeat rx: Due 30/12/2016 Assigned to Natalie Reid	GWPR
30-Dec-2016	Completed * HISTORY NOTE * - Simvastatin 40mg tab As per patients request Will pick up on Wed * DIAGNOSIS * - Task Update repeat rx * ACTION NOTE * - repeat rx: Completed	NBAL
30-Dec-2016	call for repeat rx * DIAGNOSIS * - call for repeat rx	NBAL
30-Dec-2016	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
26-Sep-2016	Immunisation * PRESENTING COMPLAINT * - ROS * HISTORY NOTE * - 2 sutures in scalp, healed, small dark scab over wound Both sutures removed Advised to take care for next few days when washing his hair. * DIAGNOSIS * - Immunisation	CHAL
20-Sep-2016	Dip-Tet Adult 1st	JTWE
20-Sep-2016	Nmdhb-v1-discharge-emergency M	ADM
20-Sep-2016	NMDHB-v1-Discharge-Emergency M	JIVA

16-Sep-2016	Completed * HISTORY NOTE * - 16/09/2016 10:09 (JN) Simvastatin 40mg 1 nocte * DIAGNOSIS * - Task Update script * ACTION NOTE * - script: Completed	JIVA
16-Sep-2016	Due 16/09/2016 Assigned to Jim Vause * HISTORY NOTE * - 16/09/2016 10:09 (JN) Simvastatin 40mg 1 nocte * DIAGNOSIS * - New Task: script * ACTION NOTE * - script: Due 16/09/2016 Assigned to Jim Vause	JNEL
16-Sep-2016	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
01-Jul-2016	Nmdhb-op Letter-general Medici	ADM
01-Jul-2016	NMDHB-OP Letter-GENERAL MEDICI	JJAM
29-Jun-2016	* HISTORY NOTE * - Advised re results of bloods - good. Had 24 hour monitor on 3/52 ago, no results back yet. Specialist got him to drink while wearing monitor - didn't get palpitation. Wonders if could be from sleeping pill he takes occasionally after done night shift. Will discuss with JJ next consult.	JNEL
16-May-2016	Complete Blood Count	ADM
16-May-2016	Liver Function Tests	ADM
16-May-2016	Renal Function Tests	ADM
16-May-2016	Glycated Haemoglobin	ADM
16-May-2016	Lipids Tests	ADM
12-May-2016	* HISTORY NOTE * - Script only - seen in Mid April and investigations underway, so completed.	JJAM
12-May-2016	Completed * HISTORY NOTE * - simvastatin 40mg 1 tab nocte thats all collect thursday pm. * DIAGNOSIS * - Task Update script * ACTION NOTE * - script: Completed	JJAM

12-May-2016	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
11-May-2016	Due 11/05/2016 Assigned to Jennifer James * HISTORY NOTE * - simvastatin 40mg 1 tab nocte	ABAT
	thats all collect thursday pm. * DIAGNOSIS * - New Task: script * ACTION NOTE * - script: Due 11/05/2016 Assigned to Jennifer James	
02-May-2016	Nmdhb-op Letter-general Medici	ADM
02-May-2016	Nmdhb-op Letter-general Medici	ADM
02-May-2016	NMDHB-OP Letter-GENERAL MEDICI	JJAM
02-May-2016	NMDHB-OP Letter-GENERAL MEDICI	JJAM
18-Apr-2016	P - 74 - Pulse - Pulse	JTWE
18-Apr-2016	BP - 136 - 78 - Blood Pressure	JTWE
18-Apr-2016	Resting ECG ERMS-1092471.pdf	JJAM

18-Apr-2016	Palpitations after drinking ?PAF * PRESENTING COMPLAINT * - Palpitations * HISTORY NOTE * - Has been occuring since August last year - everytime he has a drink he wakes at 3am feeling awful with palpitations and tingling in his fingers. If it's been a heavier session he says he feels so awful he thinks he might die. - NOT his normal hangover type feelings, but describes clear palpitations. No associated CP, unsure if reg or irreg palps. Feels awful with it, but can't describe specific systemic symptoms associated with it. Doesn't happen if he doesn't drink... but really enjoys drinking and really doesn't want to stop. Has cut back loads in the last 18 months since was told he was pre-diabetic and has also been working on his cardiac fitness - going mountain biking and walking. Doesn't get these symptoms coming on when he's exercising. Just after alcohol. * EXAMINATION NOTE * - OE Looks well CVS - HS dual, nil added. No signs failure. BP= 136/78, Pulse= 74 Resp - chest clear Abdo - SNT, BS normal. No evidence of chronic liver disease. * DIAGNOSIS * - Palpitations after drinking ?PAF	JJAM
14-Apr-2016	<Filed RSD> * ACTION NOTE * - r/v 12/12	JJAM
14-Apr-2016	Nmdhb-op Letter-ear, Nose & Th	ADM
14-Apr-2016	NMDHB-OP Letter-EAR, NOSE & TH	JJAM
04-Apr-2016	DNA* DIAGNOSIS * - DNA	GRAM
04-Apr-2016	* PRESENTING COMPLAINT * - cell not not correct? msg from lady in Ak with same cell, so I left msg on girlfriend Maryann cell asking Neil Sutherland to ring us.	ABAT

03-Feb-2016	Completed * HISTORY NOTE * - simvastatin 40mg * DIAGNOSIS * - Task Update script * ACTION NOTE * - script: Completed	JJAM
03-Feb-2016	Phone script done. Needs r/v next time * PRESENTING COMPLAINT * - Phone req for script * HISTORY NOTE * - Last reviewed in December - lipids a little high, but reasonable. * DIAGNOSIS * - Phone script done. Needs r/v next time	JJAM
03-Feb-2016	Due 3/02/2016 Assigned to Jenny James * HISTORY NOTE * - simvastatin 40mg * DIAGNOSIS * - New Task: script * ACTION NOTE * - script: Due 3/02/2016 Assigned to Jenny James	GRAM
03-Feb-2016	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
20-Jan-2016	Completed * DIAGNOSIS * - Task Update ecg * ACTION NOTE * - ecg: Completed	PWYT
11-Jan-2016	* HISTORY NOTE * - Spoke with Neil - advised bloods all nad. Has not had any further episodes of palpitations since saw JM - aware needs ECG if any further episodes occur.	JNEL
11-Jan-2016	Completed * HISTORY NOTE * - 11/01/2016 08:59 (JM) was to come in for an ecg, a must if has had any further palpitations, bloods normal, thanks jo - 11/01/2016 08:59 (JM) was to come in for an ecg, a must if has had any further palpitations, bloods normal, thanks jo * DIAGNOSIS * - New Task: pls ring * ACTION NOTE * - pls ring: Due 11/01/2016 Assigned to Julie Nelson - pls ring: Completed	JMUI

10-Dec-2015	Due 31/12/2015 Assigned to Jo Muir * DIAGNOSIS * - New Task: ecg	JMUI
10-Dec-2015	* ACTION NOTE * - ecg: Due 31/12/2015 Assigned to Jo Muir Due 31/12/2015 Assigned to Jo Muir * DIAGNOSIS * - New Task: ecg	JMUI
10-Dec-2015	* ACTION NOTE * - ecg: Due 31/12/2015 Assigned to Jo Muir Completed * DIAGNOSIS * - Task Update bloods for palpitations	JMUI
10-Dec-2015	* ACTION NOTE * - bloods for palpitations: Completed * ACTION NOTE * - bloods for palpitations: Completed	JMUI

03-Dec-2015 DMAN

Palpitations ? cause
* HISTORY NOTE *
- saw KT earlier in year for some deep discomfort in perianal region, at time had PR and PSA both normal

no change in this but hasn't gone

feels like flow not as good, no nocturia

no hesitation, no terminal dribbling

bowels open every 3 days no strianig,no blood

no haemeturia

no fhx prostate or bowel troubels

good diet

stopped alcohol on weeknd

no weigth loss

no nigth swaets
- over last week had several episodes of fluttering in chest, feels fast and reg

last week a couple of times , alsted 15-20 minutes, nil associated

felt lik it last ed all nigth monday night, at time no asociated cp, sob or lightheadedness

no had before

had further episode yest last 15min again nil associated

only pain in chest was sharp pain x2 last nigth, lasted seconds only, nil since and not associated wiht fluttering

no other pain

no sob, no ankles welling

sleep a bit all over the place because works as overnigth carer/home support

had been drinking a bottle wine day stopped on weekend

has had some recent stress

minimal caffiene no energy drnks

* EXAMINATION NOTE *

	- well	
	, BP= 124/74, Pulse= 64, reg	
	HS dual	
	chest clear	
	no ankle swelling - abdo soft,nontedner	
	had pr and genital exam a couple of months ago- not repeated today	
	for MSU and ? needs USS if ongoing	
	* DIAGNOSIS * - Palpitations ? cause	
	* ACTION NOTE * - for ECG, dsic re presenting here or to ed if having palpitaions to get tracing - for bloods - tcb if more freq lasting longer - to call ambulance if sob, cp or lightheaed with it - Check been seen ENT re vocal cord: Completed	
03-Dec-2015	Due 7/12/2015 Assigned to Jo Muir * DIAGNOSIS * - New Task: bloods for palpitations	JMUI
	* ACTION NOTE * - bloods for palpitations: Due 7/12/2015 Assigned to Jo Muir	
03-Dec-2015	Glycated Haemoglobin	JMUI
03-Dec-2015	Urine	JMUI
03-Dec-2015	B12/folate	JMUI
03-Dec-2015	Troponin T	JMUI
03-Dec-2015	Liver Function Tests	JMUI
03-Dec-2015	Thyroid Function Tests	JMUI
03-Dec-2015	Iron Studies	JMUI
03-Dec-2015	Complete Blood Count	JMUI
03-Dec-2015	Renal Function Tests	JMUI
03-Dec-2015	P - 64 - Pulse - Pulse	JTWE
03-Dec-2015	BP - 124 - 74 - Blood Pressure	JTWE
26-Nov-2015	Nmdhb-op Letter-ear, Nose & Th	ADM
26-Nov-2015	NMDHB-OP Letter-EAR, NOSE & TH	PWYT
04-Nov-2015	Reminded Later (8/01/2016) * DIAGNOSIS * - Task Update Check been seen ENT re vocal cord	PWYT
	* ACTION NOTE * - Check been seen ENT re vocal cord: Reminded Later (8/01/2016)	

12-Oct-2015	Insomnia * HISTORY NOTE * - Still trouble sleeping. He works shifts, and often nights too. Is trying to do a lot of exercise, but then still does not fall asleep. Has split up from his girlfriend, and things are going round and round in his head. Not depressed. He says he only got about 8 Zopiclone tablets. Should go back to chemist as the script says 20. * EXAMINATION NOTE * - Thyroid exam normal * DIAGNOSIS * - Insomnia * ACTION NOTE * - Will do another zopi script and make sure it is CC monthly	HHEN
12-Oct-2015	10 - Melatonin 2 mg capsule - 1 Nocte as needed to sleep	JTWE
12-Oct-2015	15 - Zopiclone 7.5 mg tablet - 1/2 - 1 tablet at bedtime, eve	JTWE
22-Sep-2015	* PRESENTING COMPLAINT * - Trouble sleeping * HISTORY NOTE * - Mental health support worker. A bit stressed at work, and now struggling to sleep. Hoping it will be better when things at work get sorted out. We discussed conservative measures like exercise, no TV in bedroom, getting up if cannot sleep etc. Can have short-term zopi to help * EXAMINATION NOTE * - BP= 130/76	HHEN
22-Sep-2015	BP - 130 - 76 - Blood Pressure	JTWE
22-Sep-2015	Nil	JTWE
22-Sep-2015	20 - Zopiclone 7.5 mg tablet - 1/2 - 1 tablet at bedtime, eve	JTWE
22-Sep-2015	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
03-Sep-2015	Due 3/11/2015 Assigned to Kirsten Tucker * DIAGNOSIS * - New Task: Check been seen ENT re vocal cord * ACTION NOTE * - Check been seen ENT re vocal cord: Due 3/11/2015 Assigned to Kirsten Tucker	KITU

03-Sep-2015	Liq Nitrogen * HISTORY NOTE * - Mild solar keratosis L side of neck and R forehead, had for years, intermittnet Liq Ni resolves but then gradually comes back, careful with sun protection Had good trip to Scotland, but drank too much, abstinent 3/52 since return and feeling much better for it, discussion re ETOH * EXAMINATION NOTE * - V mild redness R forehead near hairline and few flakes, not raised Similar but more reddened area on L side of neck * DIAGNOSIS * - Liq Nitrogen * ACTION NOTE * - Liq Ni given with consent, rv prn	KITU
18-Jun-2015	Cardiovascular Risk Assessment * EXAMINATION NOTE * - Total CHOL = 5.4, HDL = 2.14, Systolic BP = 130, CVD Risk = 2 %	KITU
18-Jun-2015	* DIAGNOSIS * - Cardiovascular Risk Assessment Completed * DIAGNOSIS * - Task Update Results for Prostatic specific antigen (PSA)	KITU
	* ACTION NOTE * - Results for Prostatic specific antigen (PSA): Completed	
16-Jun-2015	Glycated Haemoglobin	ADM
16-Jun-2015	Lipids Tests	ADM
16-Jun-2015	Liver Function Tests	ADM
16-Jun-2015	Total Prostatic Spec Ag	ADM
29-May-2015	Prostate screening * HISTORY NOTE * - Generally well, split with g/friend 4/52 ago and went on bender but back on track now and eating normally etc, wanting prostate check after talking with a mate, asymptomatic, no fhx. Discussed pros and cons * EXAMINATION NOTE * - Wt= 75kg, BMI= 26.9 Exam with consent, chaperone declined, normal external appearance, prostate smooth, bilobed, not enlarged, no masses, soft brown stool on glove * DIAGNOSIS * - Prostate screening * ACTION NOTE * - Check bloods in 2/52, cont reg meds, see 6/12, earlier prn	KITU

29-May-2015	WT - 75 - Wt - Weight	JTWE
29-May-2015	BMI - 26.9 - BMI - BMI	JTWE
29-May-2015	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
17-May-2015	<Filed RSD> * ACTION NOTE * - Wrist burn	KITU
17-May-2015	Nmdhb-v1-discharge-emergency M	ADM
17-May-2015	NMDHB-v1-Discharge-Emergency M	KITU
20-Apr-2015	<Filed RSD> * ACTION NOTE * - ongoing leukoplakia	KITU
20-Apr-2015	Nmdhb-op Letter-ear, Nose & Th	ADM
20-Apr-2015	NMDHB-OP Letter-EAR, NOSE & TH	KITU
20-Mar-2015	* PRESENTING COMPLAINT * - Came in advised of blood results and given a copy * HISTORY NOTE * - Discussed cutting back alcohol intake as admitted highish intake. - 19/03/2015 10:12 (KT) See with next Rx and 6-12/12 bloods depending on lifestyle/health needs * ACTION NOTE * - Bloods improved - well done with lifestyle change: Completed	CHAL
16-Mar-2015	Glycated Haemoglobin	ADM
16-Mar-2015	Lipids Tests	ADM
16-Mar-2015	Liver Function Tests	ADM
11-Feb-2015	Completed * HISTORY NOTE * - simvastatin 40mg * DIAGNOSIS * - Task Update rx * ACTION NOTE * - rx: Completed	JSMI
11-Feb-2015	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
10-Feb-2015	Due 10/02/2015 Assigned to Julie Nelson * HISTORY NOTE * - simvastatin 40mg * DIAGNOSIS * - New Task: rx * ACTION NOTE * - rx: Due 10/02/2015 Assigned to Julie Nelson	JSMI
09-Dec-2014	Completed * HISTORY NOTE * - 8/12/2014 06:12 (KT) GGT up slightly ?ETOH ?due to chol/sugar. Suggest rpt in 3/12 - form at desk * DIAGNOSIS * - Task Update Please give lifestyle adv re chol and HbA1c * ACTION NOTE * - Please give lifestyle adv re chol and HbA1c: Completed	JNEL

09-Dec-2014	* HISTORY NOTE * - Phoned with results of bloods. Discussed HbA1c and prediabetes. Advised re keeping physically active and maintaining normal weight/weight loss/avoiding weight gain. Discussed lipids up, taking statin regularly, healthy diet. Re GGT - minimise alcohol. Moderation in diet, healthy lifestyle.	JNEL
	* EXAMINATION NOTE * - Repeat bloods 3/12.	
08-Dec-2014	Due 8/04/2015 Assigned to Kirsten Tucker * DIAGNOSIS * - New Task: ?done bloods	KITU
	* ACTION NOTE * - ?done bloods: Due 8/04/2015 Assigned to Kirsten Tucker	
08-Dec-2014	[D]Impaired glucose tolerance - Impaired glucose tolerance	JTWE
08-Dec-2014	Due 8/12/2014 Assigned to Julie Nelson * HISTORY NOTE * - 8/12/2014 06:12 (KT) GGT up slightly ?ETOH ?due to chol/sugar. Suggest rpt in 3/12 - form at desk	KITU
	* DIAGNOSIS * - New Task: Please give lifestyle adv re chol and HbA1c	
	* ACTION NOTE * - Please give lifestyle adv re chol and HbA1c: Due 8/12/2014 Assigned to Julie Nelson	
08-Dec-2014	Cardiovascular Risk Assessment * HISTORY NOTE * - ?early fatty liver ?related to prev ETOH use - rpt in 3/12	KITU
	* EXAMINATION NOTE * - Total CHOL = 7.1, HDL = 2.07, Systolic BP = 130, CVD Risk = 3 %	
	* DIAGNOSIS * - Cardiovascular Risk Assessment	
04-Dec-2014	Glycated Haemoglobin	ADM
04-Dec-2014	Lipids Tests	ADM
04-Dec-2014	Liver Function Tests	ADM
04-Dec-2014	Complete Blood Count	ADM
04-Dec-2014	Renal Function Tests	ADM
16-Oct-2014	Leukoplakia of vocal cords (H1y53.00) - Leukoplakia R vocal fold (25/9/14) regul	JTWE
09-Oct-2014	BP - 130 - 80 - Blood Pressure	JTWE
09-Oct-2014	P - 58 - Pulse - Pulse	JTWE
09-Oct-2014	Pure hypercholesterolaemia NOS - High Cholesterol	JTWE

09-Oct-2014	New patient - rpt Rx * HISTORY NOTE * - Generally well, works as support worker for people with intellectual disabilities and mental health problems. Enjoying work here, new girlfriend here, lives in Seddon.	KITU
	Been on statin 6/12, tolerating well, uncertain what last blood results were. Working on lifestyle factors, 2-3 jugs beer/week.	
	Fair skinned, had liq Ni to few lesions * EXAMINATION NOTE * - BP= 130/80, Pulse= 58, Wt= 81.7kg, Ht= 167cm, BMI= 29.3 HS dual, reg, chest clear, good ae, no inc WOB	
	2x v small solar keratosis - R forehead and L side of neck - Liq Ni applied with consent * DIAGNOSIS * - New patient - rpt Rx * ACTION NOTE * - Do bloods, rv in 6/12, or earlier prn	
09-Oct-2014	WT - 81.7 - Wt - Weight	JTWE
09-Oct-2014	HT - 1.67 - Ht - Height	JTWE
09-Oct-2014	HT - 167 - Ht - Height	JTWE
09-Oct-2014	BMI - 29.3 - BMI - BMI	JTWE
09-Oct-2014	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
20-Aug-2014	* PRESENTING COMPLAINT * - Paper notes arrived from Central Medical Motueka	DMAN
18-Aug-2014	0 - Flixotide Aerosol Inhaler, 125 - Flixotide Aerosol inhaler, 125	JTWE
18-Aug-2014	30 - Omeprazole 40mg Cap - 1 caps, Once Daily	JTWE
18-Aug-2014	1 - Sofradex Ear/Eye Drops 8ml - Instil 4-6 drops in to the aff	JTWE
18-Aug-2014	1 - Betamethasone VALERATE 0.1% Crm 50g - 1 g, Twice Daily	JTWE
18-Aug-2014	1 - Miconazole NITRATE 2%;HYDROCORTISONE 1% Crm 15g - Apply a small amount to th	JTWE
18-Aug-2014	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
18-Aug-2014	90 - Simvastatin 40mg Tab - 1 tabs, Nocte	JTWE
15-Aug-2014	Transfer Receipt	ADM
15-Aug-2014	Transfer Notificatio	ADM
15-Aug-2014	Patient Transfer-in	#MSGTFR
15-Aug-2014	Patient Transfer-in	#MSGTFR
15-Aug-2014	Patient Transfer-in	#MSGTFR
30-Jul-2014	Laboratory Order	ADM
30-Jul-2014	Blood Test Recall	ADM

17-Jul-2014	GP2GP * HISTORY NOTE * - URTI coryzal symptons for a few days, no breathlessness o/e apyrexial, crackles right base Plan CRP as per acute cough protocol, sudafed * DIAGNOSIS * - URTI coryzal symptons for a few days, no breathle... - (Dr Susan Swinton)	GGP2
17-Jul-2014	Laboratory Order	ADM
18-Jun-2014	GP2GP * HISTORY NOTE * - message left on cell phone to call the nurse. Needs an apt to come and see Rob. Has lost his script so has not been taking his statin. Will start now and have a retest in a month. * DIAGNOSIS * - message left on cell phone to call the nurse. Nee... - (Virginia Bell)	GGP2
16-Jun-2014	Lipids Tests	ADM
16-Jun-2014	Liver Function Tests	ADM
26-Mar-2014	GP2GP * DIAGNOSIS * - NBPH Vascular Risk Assessment CVD Risk: > 15% (Hig... - (Dr Rob Bruinsma)	GGP2
26-Mar-2014	Laboratory Order	ADM
26-Mar-2014	GP2GP * HISTORY NOTE * - NBPH Vascular Risk Assessment CVD Risk: > 15% (High) - \BP 118/74 => discussed his diet: eats a lot of beef and fried eggs, likes fries and patatoes. => advise is to try to change the diet and start a statin * DIAGNOSIS * - NBPH Vascular Risk Assessment CVD Risk: > 15% (Hig... - (Dr Rob Bruinsma)	GGP2
26-Mar-2014	GP2GP * DIAGNOSIS * - NBPH Vascular Risk Assessment CVD Risk: > 15% (Hig... - (Dr Rob Bruinsma)	GGP2
26-Mar-2014	BP - 118 - 74 - Blood Pressure	JTWE
17-Mar-2014	GP2GP * HISTORY NOTE * - Pt requesting ear syringing. Pt has been advised on risks of procedure including drum perforation, damage to canal and potential for infection. No contraindictions to procedure identified. Pt verbally gives informed consent. * DIAGNOSIS * - Pt requesting ear syringing. Pt has been advised o... - (Jennifer Cederman)	GGP2

13-Mar-2014	GP2GP * HISTORY NOTE * - Walk in pt requesting syringing to R) ear. Hasn't used softener. o/e large amount of semi-soft wax fills canal. Advised pt I am prepared to try syringing today but if hard plug present in front of drum will need to use softener and come back for further syringing- pt agrees to same, Pt requesting ear syringing. Pt has been advised on risks of procedure including drum perforation, damage to canal and potential for infection. No contraindictions to procedure identified. Pt verbally gives informed consent. Small amount of wax removed, firm plug not moving. Plan: waxsol tonight and in morning, then r.v (pt is going away for weekend and wishes ears clean before then). Pt states he never received message re: cholesterol results. Brief discussion, he will make GP appt. * DIAGNOSIS * - Walk in pt requesting syringing to R) ear. Hasn't... - (Marion Beuke)	GGP2
10-Feb-2014	BP - 130 - 72 - Blood Pressure	JTWE
10-Feb-2014	GP2GP * DIAGNOSIS * - NBPH Vascular Risk Assessment CVD Risk: > 15% (Hig... - (Virginia Bell)	GGP2
10-Feb-2014	GP2GP * HISTORY NOTE * - NBPH Vascular Risk Assessment CVD Risk: > 15% (High) Phoned and left a message on the cell phone asking Neil to make an apt with Dr Bruinsma to discuss cholesterol results * DIAGNOSIS * - NBPH Vascular Risk Assessment CVD Risk: > 15% (Hig... - (Virginia Bell)	GGP2
31-Jan-2014	BP - 130 - 72 - Blood Pressure	JTWE
31-Jan-2014	GP2GP * HISTORY NOTE * - little rash in left armpit. deo is burning. - O/ little red spots, right armpit is normal D: eczema, dd mycosis micon/hydrocort * DIAGNOSIS * - little rash in left armpit. deo is burning. - (Dr Rob Bruinsma)	GGP2
31-Jan-2014	Laboratory Order	ADM

31-Jan-2014	GP2GP * HISTORY NOTE * - fam.history CVD neg (mother MI 77) not smoking - \BP 130/72 Explained that if he wants to check for prostate cancer it is the combination of lab and rectal. exam. Since he has no fam.history of prostatecancer there is no real need * DIAGNOSIS * - fam.history CVD neg (mother MI 77) not smoking - (Dr Rob Bruinsma)	GGP2
02-May-2013	GP2GP * HISTORY NOTE * - since 2-3wks redness and scarfs under feet - O/ symmetrical eczema, some vesiculae D: dishydrotic eczema Th: steroid * DIAGNOSIS * - since 2-3wks redness and scarfs under feet - (Dr Rob Bruinsma)	GGP2
28-Dec-2012	GP2GP * HISTORY NOTE * - Came in for bilateral ear syringe. Discussed risks and verbal consent given. Large plugs removed. TM visualised on both canals. Inflammation present. Reveiwed by GP Rx for Sofradex drops. * DIAGNOSIS * - Came in for bilateral ear syringe. Discussed risks... - (Deborah Currie)	GGP2
28-Dec-2012	GP2GP * HISTORY NOTE * - Swims often , ears got blocked > flushed by nurse and looking inflamed I advised sofradex ..... Solar keratoses Fair complexion We discussed efudix treatment He will read up about it and consider winter treatment * DIAGNOSIS * - Swims often , ears got blocked > flushed by nurse ... - (Dr Robert Boizard)	GGP2

21-Nov-2012	GP2GP * HISTORY NOTE * - ACC Nurse and GP consult Bled ++ Thumb tip lacerated with distal amputation /full thickness skin loss and arterial bleed Bleed stopped after elevation , pressure Wound cleaned , dressed Tetanus imms utd * DIAGNOSIS * - ACC Nurse and GP consult Bled ++ Thumb tip lacera... - (Dr Robert Boizard)	GGP2
21-Nov-2012	GP2GP * HISTORY NOTE * - Presents with laceration to L)thumb occured while cutting vegetables wound cleaned with normal saline topical adrenaline applied covered with cuterin and guaze bandaged * DIAGNOSIS * - Presents with laceration to L)thumb occured while ... - (Lisa Smale)	GGP2
21-Aug-2012	GP2GP * HISTORY NOTE * - Neil is fit and active, does loads of exercise without difficulty but over last 2 days he experienced palpitations. these were not associatd with sob, pain, heavy shoulders..... OE : Pale, sun damaged but not anaemic BP 120/80, pulse regular 60 head , neck, chest, shoulders, cardiac sounds, lungs all fine Dx : NAD ECG >normal Plan : magnesium supplement. * DIAGNOSIS * - Neil is fit and active, does loads of exercise wit... - (Dr Robert Boizard)	GGP2

21-Aug-2012	GP2GP * HISTORY NOTE * - liquid nitrogen applied to areas on forehead and neck advised of possible risks of blistering and scaring verbally consents to procedure tolerated treatment TCI in 2 weeks if required * DIAGNOSIS * - liquid nitrogen applied to areas on forehead and n... - (Lisa Smale)	GGP2
16-Nov-2011	Vra Recall	ADM
16-Nov-2011	Laboratory Order	ADM
01-Nov-2011	Referral Letter A4	ADM
28-Oct-2011	GP2GP * HISTORY NOTE * - Phoned pt to discuss USS referral, radiology at hospital advising that pt should be referred to Surgical OP. Discussed option of referral for private USS through Nelson Radiology (this would cost $179.29), pt states wants to stay in public system, accepts prospect of wait list. Advised pt tci if any deterioration * DIAGNOSIS * - Phoned pt to discuss USS referral, radiology at ho... - (Marion Beuke)	GGP2
20-Oct-2011	GP2GP * HISTORY NOTE * - Rt ? femoral hernia, referred for u sound as requested by patient * DIAGNOSIS * - Rt ? femoral hernia, referred for u sound as reque... - (Dr Robert Boizard)	GGP2
20-Oct-2011	Radiology Hospital	ADM
27-Sep-2011	GP2GP * HISTORY NOTE * - build up of wax in r)ear over past month decreased hearing used almond oil for softener o/e large amount of soft wax requests ear syringe risks of perferation etc explained verbally consented to procedure ear syringed successfully with warm water nil adverse effects from procedure * DIAGNOSIS * - build up of wax in r)ear over past month decreased... - (Lisa Smale)	GGP2

15-Sep-2011	GP2GP * HISTORY NOTE * - Pain R groin area, usually when he overstrecthes. pain started 3 weeks ago, no history of trauma. has been doing martial arts for 38 years so fairly flexible and fit. Pain only when waklking and when he overstretches the leg in flexed position. Fine when running or at rest. No previous issues with leg. O/E Hip rom nad. No tenderness, scrotum and testicles nad. No cough impulse. A - ?? occult hernia, ? femoral. P-USS. he will let me know whether thye have it done privately or publically. * DIAGNOSIS * - Pain R groin area, usually when he overstrecthes. ... - (Dr Deon Strydom)	GGP2
27-Apr-2011	GP2GP * HISTORY NOTE * - ACC Finger looks good, neuro intact, not swollen or infected Mild pain, needed no analgesics Dressed with bactroban , mild pressure crepe. He will do dressings at home and sutures for removal next Fri * DIAGNOSIS * - ACC Finger looks good, neuro intact, not swollen o... - (Dr Robert Boizard)	GGP2
26-Apr-2011	GP2GP * HISTORY NOTE * - ACC Left index finger lacerated with open saw which jammed on hard object in wood 3 cm L shaped deep and 0. 5 shallow skin lacerations Neuro intact Active bleed No FO Good mobility Rx : sutured under local cover Will review in morning * DIAGNOSIS * - ACC Left index finger lacerated with open saw whi... - (Dr Robert Boizard)	GGP2
26-Apr-2011	KR82304 - ACC18: Finger tip lacerated with full thickness skin loss, arterial bl	JTWE
26-Apr-2011	GP2GP * HISTORY NOTE * - dna * DIAGNOSIS * - dna - (Dr Caroline Wheeler)	GGP2

22-Jul-2010	GP2GP * HISTORY NOTE * - Pain of the side of the neck. Has had this for some months. Apain like a needle when ever touched. Nothing at the moment. Comes and goes. No other sx. - Nothing to feel or see. RoM of neck OK. No tenderness in muscles. No pian from spinal neck. Likely to be a benign condition. He is advised about signs of deterioration and when and how to seek further advice or review. To return sooner if necessary. * DIAGNOSIS * - Pain of the side of the neck. Has had this for som... - (Dr Peder Ahnfeldt-Mollerup)	GGP2
11-Jun-2010	GP2GP * HISTORY NOTE * - ear syringe has it done frequently. - Hd right ear done last rime. both ears blocked with wax gut only L ear oiled and he declined to have R ear done. not contraindications to syringing. drm and canal healthy altoulg some soggy skin still debridng. will use oil about monlthly to keep sooft. uses ear plugs. is an orchardist. * DIAGNOSIS * - ear syringe has it done frequently. - (Elsa Lally)	GGP2
07-Apr-2010	GP2GP * HISTORY NOTE * - Coughing phlegm for months. Tried inhalers with out effect. Is a singer and sometimes he has lost his voice as well. try out omeprozol and refer for specialist evaluation Nelson. * DIAGNOSIS * - Coughing phlegm for months. Tried inhalers with ou... - (Dr Peder Ahnfeldt-Mollerup)	GGP2
07-Apr-2010	Referral Letter A4	ADM
30-Mar-2010	Txt Text Message	ADM
22-Mar-2010	GP2GP * HISTORY NOTE * - Requests R ear syringe. Has R done quite regularly. Oiled wax syringed with some difficulty. Inflamed are above TM. Post syringe oiling recommended. Canal and TM clear. Still troubled by having to clear throat. Alanase etc not successful. Will return to GP soon. * DIAGNOSIS * - Requests R ear syringe. Has R done quite regularly... - (Ann Russell)	GGP2
26-Nov-2009	GP2GP * HISTORY NOTE * - asthma soc * DIAGNOSIS * - asthma soc - (Elsa Lally)	GGP2

23-Nov-2009	GP2GP * HISTORY NOTE * - NOTES: As below no help with abx IMP ?Mild COPD TREATMENT: Flixotide Aerosol inhaler, 125 (120dose/x3)+ spacer provided resident: for spirometry please * DIAGNOSIS * - NOTES: As below no help with abx IMP ?Mild COP... - (Dr Angela Gruber)	GGP2
21-Sep-2009	GP2GP * HISTORY NOTE * - NOTES: Cough Yellow sputum on-going for past 3 yrs since stopped smoking no partic diurnal variation CXR clear O/E Chest clear PEFR 510 IMP Mild bronchospasm/low grade inf TREATMENT: doxy for 7/12 spirometry * DIAGNOSIS * - NOTES: Cough Yellow sputum on-going for past 3... - (Dr Angela Gruber)	GGP2

10-Jun-2009	GP2GP * HISTORY NOTE * - NOTES: Immigration Medical Scotland tiler by trade working as orchardist in NZ well ex smoker 20/day - quit 2005 ETHO 2 U / week nil medications father ca palate mother heart failure Clinical examination nil abnormality V/A L 6/6 R 6/7.5 bilateral 6/6 urine dipsticks NAD TREATMENT: Blood Pressure Recorded (120/72) BMI/Waist Recorded (BMI: 26, Height: 171.0, Weight: 76.0, Waist: 0.0) Smoking Status Recorded (Past) * DIAGNOSIS * - NOTES: Immigration Medical Scotland tiler by t... - (Dr C Vercammen)	GGP2
10-Jun-2009	BP - 120 - 72 - Blood Pressure	JTWE

Inbox

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Txt Text Message Date : 30 Mar 2010

Reference: UNKNOWN SENDER RSD:R:20100330102154

Referral/Discharge Status: Request Referral
Referral Description: TXT Text Message
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Hi Neil Central Medical Motueka Ltd is now text capable please text back NO if you do not consent to Central Medical Motueka Ltd txting this cell phone.

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Referral Letter A4 Date : 07 Apr 2010

Reference: UNKNOWN SENDER RSD:R:20100407102153

Referral/Discharge Status: Request Referral
Referral Description: Referral Letter A4
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

07 Apr 2010

Nelson Hopstal
ENT

Dear Doctor

Re: Mr Neil William Sutherland
Home Address: 522 Main Road Riwaka
DOB: 04 Feb 1962 Ph Work:
Home: 035289070
Mobile: 0211235608
Postal Address: 522 Main Road Riwaka R D Motueka 3

Thank you for seeing Neil

he is a 48 years old man with a lond standing problem with his vocal cords. Constantly iritated and coughing, sometimes looses his voice. The problem has been there for at least 6 months by now.
He has tried out inhalers/flixotide without effect and spirometry without significant changes. Does not use flixotide otherwise.
He is an ex-smoker and stopped smoking 5 years ago (2005).
For now I do not suspect any malignancy, but naturally I cannot rule this out.

I have given him omeprazole to see whether this could have any effect on his sx , but this does not seem to be the case.

Please can you help him?

Yours sincerely

Dr Peder Ahnfeldt-Mollerup
NZMC: 50630

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Radiology Hospital Date : 20 Oct 2011

Reference: UNKNOWN SENDER RSD:R:20111020102152

Referral/Discharge Status: Request Referral
Referral Description: Radiology Hospital
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Radiology Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8366

Surname : Sutherland Doctor : Dr Robert Boizard
First Name : Neil NZMC No : 26243

Sex / Age : Male / 49y
DOB : 04 Feb 1962 Central Medical Motueka Ltd
NHI : TNC9670 27 Wallace Street
Address : 522 Main Road Riwaka
: Riwaka
: Motueka Date : 20 Oct 2011
Phone : 035289070 Ref No : 201020111340
ACC# : ACC Date :

Services:

ultrasound right groin

Clinical Details: suspected right femoral hernia. Tender and painful over and below inguinal canal, vague swelling but no definite hernia clinically. Rest and time not settling pain

---

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Robert Boizard

Send Films to:
Send Report to:

Observation date:

Referral/Discharge Status: Request Referral
Referral Description: Referral Letter A4
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

01 Nov 2011

Surgical OPD
Nelson Hospital

Re: Mr Neil William Sutherland
Address: 522 Main Road Riwaka R D3 MOTUEKA
DOB: 04 Feb 1962 NHI: TNC9670
Phone Home: 035289070 Phone Work:
Cell Phone: 0211235608

Thank you for seeing Neil. Dr Deon Strydom saw this gentleman on 15 September with right groin pain but no history of trauma. He felt Neil had a possible femoral hernia with local tenderness and referred him for an ultrasound. Nelson radiology needs a referral from you for this investigation.

Neil today reported ongoing pain but no clear present swelling. He has no nausea, abdominal pain or other concerns

General health : good
Previous surgery : none known
Allergies : 0
Medication : 0

Yours sincerely

Dr Robert Boizard
NZMC: 26243

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Laboratory Order Date : 16 Nov 2011

Reference: UNKNOWN SENDER RSD:R:20111116102149

Referral/Discharge Status: Request Referral
Referral Description: Laboratory Order
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Laboratory Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8356

Surname : Sutherland Doctor : Dr Robert Boizard
First Name : Neil Lab Code :
NZMC No : 26243
Sex / Age : Male / 49y
DOB : 04 Feb 1962 Central Medical Motueka Ltd
NHI : TNC9670 27 Wallace Street
Address : 522 Main Road Riwaka
: Riwaka
: Motueka Date : 16 Nov 2011
Phone : 035289070 Ref No : 161120111355

Services:

Glucose - Fasting
Lipids - Fasting

Clinical Details:

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Robert Boizard

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Vra Recall Date : 16 Nov 2011

Reference: UNKNOWN SENDER RSD:R:20111116102150

Referral/Discharge Status: Request Referral
Referral Description: VRA RECALL
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
16 Nov 2011

Mr Neil Sutherland
522 Main Road
Riwaka
R D3 MOTUEKA

Dear Neil,

We invite you for a
Free Cardiovascular Risk Assessment

The purpose of a risk assessment is to see whether you are likely to have a heart attack or stroke in the next five years. Based on your risk level we can discuss lifestyle advice and treatment options with you to reduce your risk.

This assessment requires a fasting blood test, and two days later an appointment with the Practice Nurse. Enclosed is a form for a fasting blood test (water only for 12 hours prior), please take this to Medlab. Motueka Medlab in High Street is open from 7.30am.

Please contact the surgery to arrange for an appointment with the nurse for two days after your blood test.

Regards

Lisa and Marion
Practice Nurses

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Laboratory Order Date : 31 Jan 2014

Reference: UNKNOWN SENDER RSD:R:20140131102148

Referral/Discharge Status: Request Referral
Referral Description: Laboratory Order
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Laboratory Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8366

Surname	: Sutherland	Doctor	: Dr Rob Bruinsma
First Name	: Neil	Lab Code	: Bruir
NZMC No	: 65775		
Sex / Age	: Male / 51y		
DOB	: 04 Feb 1962		Central Medical Motueka Ltd
NHI	: TNC9670	27 Wallace Street	
Address	: 522 Main Road Riwaka		
: RD 3			
: Motueka	Date : 31 Jan 2014		
Phone	: 035289070	Ref No	: 310120141157

Services:

Liver/Enzymes - Liver Function
Renal - Creatinine
Glucose - HbA1c
Lipids - Non-Fasting

Clinical Details:

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Rob Bruinsma

NOTE - We will only contact you about your results if the GP thinks it is necessary. You are welcome to phone in yourself

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Laboratory Order Date : 26 Mar 2014

Reference: UNKNOWN SENDER RSD:R:20140326102147

Referral/Discharge Status: Request Referral
Referral Description: Laboratory Order
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Laboratory Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8366

Surname : Sutherland Doctor : Dr Rob Bruinsma
First Name : Neil Lab Code : Bruir
NZMC No : 65775
Sex / Age : Male / 52y
DOB : 04 Feb 1962 Central Medical Motueka Ltd
NHI : TNC9670 27 Wallace Street
Address : 522 Main Road Riwaka
: RD 3
: Motueka Date :16 June 2014
Phone : 0210650528 Ref No : 260320140939

Services:

Liver/Enzymes - Liver Function
Lipids - Non-Fasting

Clinical Details:

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Rob Bruinsma

NOTE - We will only contact you about your results if the GP thinks it is necessary . You are welcome to phone in yourself

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962
Subject: Liver Function Tests Date : 16 Jun 2014
Reference: medsouth RSD:R:20140616072500

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	8 umol/L (2 - 20)
Alk. Phosphatase:	43 U/L (30 - 150)
GGT:	44 U/L (10 - 50)
ALT:	20 U/L (0 - 40)
Total Protein:	73 g/L (64 - 83)
Albumin:	45 g/L (35 - 50)
Globulin:	28 g/L (18 - 36)
Ordered by:	ROB BRUINSMA
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Jun-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 16 Jun 2014

Reference: medsouth RSD:R:20140616073736

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	7.9 mmol/L (lt; 4.0) **H**
Triglyceride:	2.3 mmol/L (lt; 1.7) **H**
HDL Cholesterol:	1.86 mmol/L (gt; 0.98)
LDL cholesterol:	5.0 mmol/L **H**
Chol/HDL Ratio:	4.2

In established CHD and diabetes, use optimal levels published by NZGG as targets. Calculation of cardiovascular risk is recommended, taking into account all known risk factors. For further information see http://tiny.cc/nzggGuidelines
Highlighted results should be reviewed in the light of the patient[singlequote]s condition and the reasons for testing - including whether testing is being carried out for primary or secondary CHD prevention.

Ordered by:	ROB BRUINSMA
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Jun-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Laboratory Order Date : 17 Jul 2014

Reference: UNKNOWN SENDER RSD:R:20140717101310

Referral/Discharge Status: Request Referral
Referral Description: Laboratory Order
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Laboratory Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8366

Surname : Sutherland Doctor : Dr Susan Swinton
First Name : Neil Lab Code : Swism
NZMC No : 31147
Sex / Age : Male / 52y
DOB : 04 Feb 1962 Central Medical Motueka Ltd
NHI : TNC9670 27 Wallace Street
Address : 119 Lodder Lane
: RD 3
: Motueka Date : 17 Jul 2014
Phone : 0210650528 Ref No : 170720141643

Services:CRP

Clinical Details: acute cough

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Susan Swinton

NOTE - We will only contact you about your results if the GP thinks it is necessary . You are welcome to phone in yourself

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Blood Test Recall Date : 30 Jul 2014

Reference: UNKNOWN SENDER RSD:R:20140730101308

Referral/Discharge Status: Request Referral
Referral Description: Blood Test Recall
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

30 Jul 2014

Mr Neil Sutherland
522 Main Road
Riwaka
R D3 MOTUEKA

Dear Neil,

Our records show that you are now due for repeat blood tests. Enclosed is a laboratory request form; please take this to Medlab for your test.

Kind regards

Practice Nurse for Dr R Boizard
Central Medical Motueka Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Laboratory Order Date : 30 Jul 2014

Reference: UNKNOWN SENDER RSD:R:20140730101309

Referral/Discharge Status: Request Referral
Referral Description: Laboratory Order
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Laboratory Request
Central Medical Motueka Ltd
27 Wallace Street, Motueka 7120
Phone: 03 528 8358, Fax: 03 528 8366

Surname : Sutherland Doctor : Dr Ros Quick
First Name : Neil Lab Code : Quirc
NZMC No : 10843
Sex / Age : Male / 52y
DOB : 04 Feb 1962 Central Medical Motueka Ltd
NHI : TNC9670 27 Wallace Street
Address : 119 Lodder Lane
: RD 3
: Motueka Date : 30 Jul 2014
Phone : 0210650528 Ref No : 300720140913

Services:

Lipids - Non-Fasting

Clinical Details:

Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Dr Ros Quick

NOTE - We will only contact you about your results if the GP thinks it is necessary . You are welcome to phone in yourself

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Transfer Notificatio Date : 15 Aug 2014

Reference: UNKNOWN SENDER RSD:R:20140815101306

Referral/Discharge Status: Request Referral
Referral Description: Transfer Notificatio
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Date

To: Gillian Woods
Nelson Hospital

Fax No 03 5461 356 Page 1

Subject Patient Transferring Practices

Please note that the following patient has transferred from Central Medical Motueka.

Sutherland Neil William
52y - 04 Feb 1962
(Male)
NHI: TNC9670

They have transferred to:

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Transfer Receipt Date : 15 Aug 2014

Reference: UNKNOWN SENDER RSD:R:20140815101307

Referral/Discharge Status: Request Referral
Referral Description: TRANSFER RECEIPT
Referring Physician: Gp2Gp Gp2Gp
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

15 Aug 2014

Dear: Redwood Town Medical_____

Thank you for taking over the care of:

Mr Neil Sutherland
04 February 1962
TNC9670

Please confirm receipt of these medical records by faxing this form back to us:

Staff Member:_____

Signed: _____ Date: _____

Practice Stamp

Hard File Sent	Yes	No	Received	Yes	No	
Electronic Sent	Yes	No	Received	Yes	No	

Regards

Reception

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 04 Dec 2014

Reference: medsouth RSD:R:20141204073737

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	139 mmol/L (135 - 145)
Potassium:	4.0 mmol/L (3.5 - 5.2)
Creatinine:	104 umol/L (50 - 110)
eGFR:	71 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.
Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	04-Dec-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 04 Dec 2014

Reference: medsouth RSD:R:20141204073738

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	136 g/L (130 - 175)
Haematocrit:	0.41 Ratio (0.40 - 0.52)
MCV:	95 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	199 x10e9/L (150 - 400)
WBC:	4.9 x10e9/L (4.0 - 11.0)
Neutrophils:	2.7 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.7 x10e9/L (1.0 - 4.0)
Monocytes:	0.4 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.0 x10e9/L (lt; 0.3)
Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	04-Dec-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 04 Dec 2014

Reference: medsouth RSD:R:20141204073739

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	8 umol/L (2 - 20)
Alk. Phosphatase:	46 U/L (30 - 150)
GGT:	67 U/L (10 - 50) **H**
ALT:	31 U/L (0 - 40)
Total Protein:	74 g/L (64 - 83)
Albumin:	47 g/L (35 - 50)
Globulin:	27 g/L (18 - 36)
Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	04-Dec-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 04 Dec 2014

Reference: medsouth RSD:R:20141204073740

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	7.1 mmol/L (lt; 4.0) **H**
Triglyceride:	1.6 mmol/L (lt; 1.7)
HDL Cholesterol:	2.07 mmol/L (gt; 0.98)
LDL cholesterol:	4.3 mmol/L **H**
Chol/HDL Ratio:	3.4

In established CHD and diabetes, use optimal levels published by NZGG as targets. Calculation of cardiovascular risk is recommended, taking into account all known risk factors. For further information see http://tiny.cc/nzggGuidelines
Highlighted results should be reviewed in the light of the patient[singlequote]s condition and the reasons for testing - including whether testing is being carried out for primary or secondary CHD prevention.

Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	04-Dec-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 04 Dec 2014

Reference: medsouth RSD:R:20141204073741

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 42 mmol/mol (20 - 40) **H**

If used as a screening test, this result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow-up.
If diabetic and treated with insulin/sulphonylureas, control is excellent but the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	04-Dec-2014

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 16 Mar 2015

Reference: medsouth RSD:R:20150316073742

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	5 umol/L (2 - 20)
Alk. Phosphatase:	49 U/L (30 - 150)
GGT:	58 U/L (10 - 50) **H**
ALT:	38 U/L (0 - 40)
Total Protein:	72 g/L (64 - 83)
Albumin:	47 g/L (35 - 50)
Globulin:	25 g/L (18 - 36)
Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Mar-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 16 Mar 2015

Reference: medsouth RSD:R:20150316073743

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	6.7 mmol/L (lt; 4.0) **H**
Triglyceride:	2.3 mmol/L (lt; 1.7) **H**
HDL Cholesterol:	2.05 mmol/L (gt; 0.98)
LDL cholesterol:	3.6 mmol/L **H**
Chol/HDL Ratio:	3.3

In established CHD and diabetes, use optimal levels published by NZGG as targets. Calculation of cardiovascular risk is recommended, taking into account all known risk factors. For further information see http://tiny.cc/nzggGuidelines
Highlighted results should be reviewed in the light of the patient[singlequote]s condition and the reasons for testing - including whether testing is being carried out for primary or secondary CHD prevention.

Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Mar-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 16 Mar 2015

Reference: medsouth RSD:R:20150316073744

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 39 mmol/mol (20 - 40)
If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by: KIRSTEN TUCKER
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-Mar-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Total Prostatic Spec Ag Date : 16 Jun 2015

Reference: medsouth RSD:R:20150616073745

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total PSA (Roche): 1.2 ug/L (0.0-3.4)
PSA is analysed using the Roche Cobas e601 method. It is advisable when monitoring results in an individual to always use the same method.

Validated by NLB, MLSci

Ordered by: KIRSTEN TUCKER
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-Jun-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 16 Jun 2015

Reference: medsouth RSD:R:20150616073746

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	10 umol/L (2 - 20)
Alk. Phosphatase:	43 U/L (30 - 150)
GGT:	38 U/L (10 - 50)
ALT:	26 U/L (0 - 40)
Total Protein:	71 g/L (64 - 83)
Albumin:	46 g/L (35 - 50)
Globulin:	25 g/L (18 - 36)
Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Jun-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 16 Jun 2015

Reference: medsouth RSD:R:20150616073747

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Not stated
Cholesterol:	5.4 mmol/L (lt; 4.0) **H**
Triglyceride:	1.0 mmol/L (lt; 1.7)
HDL Cholesterol:	2.14 mmol/L (gt; 0.98)
LDL cholesterol:	2.8 mmol/L **H**
Chol/HDL Ratio:	2.5

In established CHD and diabetes, use optimal levels published by NZGG as targets. Calculation of cardiovascular risk is recommended, taking into account all known risk factors. For further information see http://tiny.cc/nzggGuidelines
Highlighted results should be reviewed in the light of the patient[singlequote]s condition and the reasons for testing - including whether testing is being carried out for primary or secondary CHD prevention.

Ordered by:	KIRSTEN TUCKER
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-Jun-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 16 Jun 2015

Reference: medsouth RSD:R:20150616073748

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 39 mmol/mol (20 - 40)
If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by: KIRSTEN TUCKER
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-Jun-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203073749

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium: 142 mmol/L (135 - 145)
Potassium: 3.9 mmol/L (3.5 - 5.2)
Urea: 4.8 mmol/L (3.2 - 7.7)
Creatinine: 102 umol/L (50 - 110)
eGFR: 72 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.
Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by: JOANNA MUIR
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203073750

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	139 g/L (130 - 175)
Haematocrit:	0.41 Ratio (0.40 - 0.52)
MCV:	96 fL (80 - 99)
MCH:	33 pg (27 - 33)
Platelets:	222 x10e9/L (150 - 400)
WBC:	4.6 x10e9/L (4.0 - 11.0)
Neutrophils:	2.5 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.5 x10e9/L (1.0 - 4.0)
Monocytes:	0.4 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.1 x10e9/L (lt; 0.3)
Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Iron Studies Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203073751

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Ferritin:	111 ug/L (20 - 500)
Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203073752

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH:	1.2 mIU/L (0.40 - 4.00)

Consistent with euthyroidism.

Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203073753

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	10 umol/L (2 - 20)
Alk. Phosphatase:	43 U/L (30 - 150)
GGT:	37 U/L (10 - 50)
ALT:	23 U/L (0 - 40)
Total Protein:	71 g/L (64 - 83)
Albumin:	40 g/L (32 - 48)
Globulin:	31 g/L (25 - 41)

Note: From 23/11/15 Albumin assayed by BCP method. New reference intervals apply to albumin and globulin.

Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Troponin T Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203074614

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

hsTroponin T: 5 ng/L (lt; 15)

hsTnT = or gt; 15 ng/L is indicative of myocardial necrosis of which there are multiple causes.
The diagnosis of MI requires hsTnT = or gt; 15 ng/L in the setting of ischaemia (e.g. symptoms or ECG changes) and a rise or fall = or gt; 50% at levels lt;50 ng/L. At higher levels a change of 20% applies.
If the first level is lt;15 ng/L a 2nd test may be appropriate 3h after the first and at least 6h after symptom onset.

Note change to the 99th centile TnT value 7.9.15.

Validated by PM, MLSci

Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: B12/folate Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203074615

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

B12:	417 pmol/L (170 - 600)
Folate:	38.7 nmol/L (gt; 8.0)
Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Urine Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203074616

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

URINE: MID-STREAM URINE

MICROSCOPY
Leucocytes: Nil Red Cells: Nil

CULTURE
No Growth

Ordered by:	JOANNA MUIR
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 03 Dec 2015

Reference: medsouth RSD:R:20151203074617

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 39 mmol/mol (20 - 40)
If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by: JOANNA MUIR
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 03-Dec-2015

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 16 May 2016

Reference: medsouth RSD:R:20160516074618

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status: Not stated
Cholesterol: 5.5 mmol/L (lt; 4.0) **H**
Triglyceride: 1.2 mmol/L (lt; 1.7)
HDL Cholesterol: 2.29 mmol/L (gt; 0.98)
LDL cholesterol: 2.7 mmol/L **H**
Chol/HDL Ratio: 2.4
In established CHD and diabetes, use optimal levels published by NZGG as targets. Calculation of cardiovascular risk is recommended, taking into account all known risk factors. For further information see http://tiny.cc/nzggGuidelines
Highlighted results should be reviewed in the light of the patient[singlequote]s condition and the reasons for testing - including whether testing is being carried out for primary or secondary CHD prevention.

Ordered by: JENNIFER JAMES
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-May-2016

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 16 May 2016

Reference: medsouth RSD:R:20160516074619

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 40 mmol/mol (20 - 40)
If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by: JENNIFER JAMES
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-May-2016

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 16 May 2016

Reference: medsouth RSD:R:20160516075310

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium: 141 mmol/L (135 - 145)
Potassium: 4.5 mmol/L (3.5 - 5.2)
Creatinine: 96 umol/L (50 - 110)
eGFR: 77 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by: JENNIFER JAMES
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 16-May-2016

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 16 May 2016

Reference: medsouth RSD:R:20160516075316

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	7 umol/L (2 - 20)
Alk. Phosphatase:	40 U/L (30 - 150)
GGT:	25 U/L (10 - 50)
ALT:	23 U/L (0 - 40)
Total Protein:	71 g/L (64 - 83)
Albumin:	40 g/L (32 - 48)
Globulin:	31 g/L (25 - 41)

Note: From 23/11/15 Albumin assayed by BCP method. New reference intervals apply to albumin and globulin.

Ordered by:	JENNIFER JAMES
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-May-2016

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 16 May 2016

Reference: medsouth RSD:R:20160516075317

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	137 g/L (130 - 175)
Haematocrit:	0.41 Ratio (0.40 - 0.52)
MCV:	94 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	163 x10e9/L (150 - 400)
WBC:	5.4 x10e9/L (4.0 - 11.0)
Neutrophils:	3.5 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.5 x10e9/L (1.0 - 4.0)
Monocytes:	0.3 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.0 x10e9/L (lt; 0.3)

Ordered by:	JENNIFER JAMES
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	16-May-2016

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 12 May 2017

Reference: medsouth RSD:R:20170512074620

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Not stated
Cholesterol:	5.9 mmol/L (lt; 4.0) **H**
Triglyceride:	1.3 mmol/L (lt; 1.7)
HDL Cholesterol:	2.12 mmol/L (gt; 0.98)
LDL cholesterol:	3.2 mmol/L **H**
Chol/HDL Ratio:	2.8
Comment:	Optimal levels are suggested by the Guidelines Group (see http://tiny.cc/nzggGuidelines) although an individualised multi-factorial approach is preferred. Cardiovascular risk should be addressed by lifestyle modification. Consider pharmacological interventions where 5 year CV risk gt;10%.
Ordered by:	CATRINA TRAINI
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	12-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 12 May 2017

Reference: medsouth RSD:R:20170512074621

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c:	39 mmol/mol (20 - 40)

If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Test performed at SCL Canterbury.

Ordered by:	CATRINA TRAINI
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	12-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 12 May 2017

Reference: medsouth RSD:R:20170512075311

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	140 mmol/L (135 - 145)
Potassium:	4.4 mmol/L (3.5 - 5.2)
Creatinine:	93 umol/L (50 - 110)
eGFR:	79 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	CATRINA TRAINI
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	12-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 12 May 2017

Reference: medsouth RSD:R:20170512075322

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	135 g/L (130 - 175)
Haematocrit:	0.42 Ratio (0.40 - 0.52)
MCV:	97 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	210 x10e9/L (150 - 400)
WBC:	6.3 x10e9/L (4.0 - 11.0)
Neutrophils:	4.1 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.7 x10e9/L (1.0 - 4.0)
Monocytes:	0.4 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.1 x10e9/L (lt; 0.3)

Ordered by:	CATRINA TRAINI
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	12-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Histo Examination Date : 25 May 2017

Reference: M.P.S RSD:R:20170525074622

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Histo Examination:
DAYBOOK NUMBER - 27206382

CLINICAL DETAILS
Leukoplakia. ? Dysplasia.

MACRO
Right vocal cord bx.
Two pieces of cream tissue, each 5mm.
A. 2/AI/levels ;

MICRO
Two fragments of squamous and respiratory epithelium overlying lamina propria. There is hyperkeratosis, parakeratosis and evidence of squamous epithelial dysplasia, mild to moderate, with nuclear enlargement and disarray extending to the basal two thirds of the epithelium. Dyskeratotic epithelial cells are noted.
There is no invasion evident.

A fungal stain has been requested and a supplementary report will be issued in due course.

SUMMARY
BIOPSY RIGHT VOCAL CORD: SQUAMOUS DYSPLASIA, NO INVASION

Dr Elizabeth Roberts (Anatomical Pathologist) AUTHORISED BY: Dr Elizabeth Roberts (Anatomical Pathologist)

Ordered by: CHAN SEAN
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 25-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Histo Examination Date : 25 May 2017

Reference: M.P.S RSD:R:20170525074623

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Histo Examination:
SUPPLEMENTARY REPORT ADDED - 27206382 - 29/05/2017 SEE END OF REPORT BELOW

DAYBOOK NUMBER - 27206382

CLINICAL DETAILS
Leukoplakia. ? Dysplasia.

MACRO
Right vocal cord bx.
Two pieces of cream tissue, each 5mm.
A. 2/AI/levels ;

MICRO
Two fragments of squamous and respiratory epithelium overlying lamina propria. There is hyperkeratosis, parakeratosis and evidence of squamous epithelial dysplasia, mild to moderate, with nuclear enlargement and disarray extending to the basal two thirds of the epithelium. Dyskeratotic epithelial cells are noted.
There is no invasion evident.

A fungal stain has been requested and a supplementary report will be issued in due course.

SUPPLEMENTARY REPORT (29/05/2017): The PAS stained section is negative for fungal organisms.

SUMMARY
BIOPSY RIGHT VOCAL CORD: SQUAMOUS DYSPLASIA, NO INVASION

Dr Elizabeth Roberts (Anatomical Pathologist) AUTHORISED BY: Dr Elizabeth Roberts (Anatomical Pathologist)

Ordered by: CHAN SEAN
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 25-May-2017

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Marlborough Primary Health: Re Date : 12 Jul 2017

Reference: UNKNOWN SENDER RSD:R:20170712011439

Referral/Discharge Status: Request Referral
Referral Description: Marlborough Primary Health: Referral
Primary Care Provider: Dr NATALIE REID
Referring Physician: Megan Sowman
Referring Physician: Natalie Balme
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Marlborough Primary Health
Marlborough Community Health Hub
22 Queen Street, PO Box 1091
Blenheim 7240
Phone: 03 520 6200

Skin Assesment Clinic - Update letter to GP

11 Jul 2017

Dear Dr Reid

Re: Neil Sutherland 04 Feb 1962 TNC9670
33 Muller Road

Thank you for referring Neil to the Minor Skin Lesion Surgery Service programme.

Your referral has been triaged as requiring an appointment in the Skin Assessment Clinic .
These are held monthly at Marlborough Community Health Hub.

Neil will be contacted closer to an appropriate clinic date to arrange an appointment time.

Kind regards

Megan Sowman
Programme Coordinator

Attending Doctor: Megan Sowman

Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 11 Jul 2017
Clinic Name: Marlborough Primary Health

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Marlborough Primary Health: Re Date : 17 Oct 2017

Reference: UNKNOWN SENDER RSD:R:20171017011440

Referral/Discharge Status: Request Referral
Referral Description: Marlborough Primary Health: Referral keretosis
Referred to Provider: REDWOODTOWN DOCTORS
Primary Care Provider: Dr NATALIE REID
Referring Physician: Megan Sowman
Referring Physician: Natalie Balme
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Marlborough Primary Health
Marlborough Community Health Hub
22 Queen Street, PO Box 1091
Blenheim 7240
Phone: 03 520 6200

Minor Skin Lesion Clinic - Letter to GP

09 Oct 2017

Dear Dr Reid

Re: Neil Sutherland 04 Feb 1962 TNC9670
33 Muller Road

Thank you for your referral of this gentleman who has simple keratosis over the dorsum of the hand. None of these require excision at the present time and I have advised him to consider seeing you on an annual basis for either liquid nitrogen treatment to the dorsum of the hands or Efudix for any keratosis. He is aware that with his outside labour he needs to consider regular sunblock.

Yours sincerely

Sue McKeage
General and Breast Surgeon
Attending Doctor: Megan Sowman
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 9 Oct 2017
Clinic Name: Marlborough Primary Health

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Radiology Ct Date : 19 May 2018

Reference: wrauhrad RSD:R:20180519074624

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Radiology CT: Reported at Wairau Hospital, Nelson Marlborough District Health Board.
This report is for: Dr N. Balme
Referred By:
Dr L. Toney

Copies:
Dr N. Balme

CT HEAD 19/05/2018 Reference: 13706391 NHI: TNC9670

CT BRAIN

CLINICAL NOTES:
Confused following head trauma from fall.? Bleed.

FINDINGS:
Routine non contrast CT scan of the head has been performed. No previous films are available for comparison.

There is no intracerebral or subarachnoid haemorrhage. There is no extra-axial collection.

The basal cisterns and ventricles are unremarkable in their appearance and anatomy.

No mass lesions are identified and the midline remains central.

There is an unremarkable appearance of the craniocervical junction and pituitary fossa. No orbital or retro-orbital abnormality is demonstrated. The visualised portions of the paranasal sinuses appear unremarkable. The mastoid air cells remain aerated.

No expansile or lytic osseous lesion is seen. No significant subgaleal haematoma is evident. No definite skull base or calvarial fracture is identified.

CONCLUSION:
No acute intracerebral abnormality is identified.

These findings have been discussed with Dr Gee at 02:21 hours.

Dr Seamus J Newell FRANZCR, Radiologist

Ordered by: LEANNE TONEY
Lab Test Results Interpreted by:
Laboratory: wrauhrad
Observation date: 19-May-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 18 Jun 2018

Reference: medsouth RSD:R:20180618074625

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status: Not stated
Cholesterol: 5.4 mmol/L (lt; 4.0) **H**
Triglyceride: 1.2 mmol/L (lt; 1.7)
HDL Cholesterol: 2.11 mmol/L (gt; 0.98)
LDL cholesterol: 2.7 mmol/L **H**
Chol/HDL Ratio: 2.6
Comment: Optimal levels are suggested by the Guidelines Group (see http://tiny.cc/nzggGuidelines) although an individualised multi-factorial approach is preferred. Cardiovascular risk should be addressed by lifestyle modification. Consider pharmacological interventions where 5 year CV risk gt;10%.

Ordered by: NATALIE BALME
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 18-Jun-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 18 Jun 2018

Reference: medsouth RSD:R:20180618074626

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 38 mmol/mol (20 - 40)
If used as a screening test, diabetes is virtually excluded.
If diabetic and treated with insulin/sulphonylureas, the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Ordered by: NATALIE BALME
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 18-Jun-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 18 Jun 2018

Reference: medsouth RSD:R:20180618075312

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	147 mmol/L (135 - 145) **H**
Potassium:	4.3 mmol/L (3.5 - 5.2)
Creatinine:	91 umol/L (50 - 110)
eGFR:	81 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	NATALIE BALME
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	18-Jun-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 18 Jun 2018

Reference: medsouth RSD:R:20180618075318

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	3 umol/L (2 - 20)
Alk. Phosphatase:	47 U/L (30 - 150)
GGT:	41 U/L (10 - 50)
ALT:	23 U/L (0 - 40)
Total Protein:	71 g/L (64 - 83)
Albumin:	40 g/L (32 - 48)
Globulin:	31 g/L (25 - 41)

Ordered by:	NATALIE BALME
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	18-Jun-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 18 Jun 2018

Reference: medsouth RSD:R:20180618075323

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	135 g/L (130 - 175)
Haematocrit:	0.42 Ratio (0.40 - 0.52)
MCV:	98 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	205 x10e9/L (150 - 400)
WBC:	3.9 x10e9/L (4.0 - 11.0) **L**
Neutrophils:	2.1 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.4 x10e9/L (1.0 - 4.0)
Monocytes:	0.3 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.0 x10e9/L (lt; 0.3)
Ordered by:	NATALIE BALME
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	18-Jun-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 03 Jul 2018

Reference: medsouth RSD:R:20180703075313

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	143 mmol/L (135 - 145)
Potassium:	4.7 mmol/L (3.5 - 5.2)
Creatinine:	99 umol/L (50 - 110)
eGFR:	73 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	NATALIE BALME
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	03-Jul-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 15 Nov 2018

Reference: medsouth RSD:R:20181115075314

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	141 mmol/L (135 - 145)
Potassium:	4.5 mmol/L (3.5 - 5.2)
Creatinine:	99 umol/L (50 - 110)
eGFR:	73 mL/min/1.73m2

The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	NATALIE BALME
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	15-Nov-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: X-ray Date : 16 Nov 2018

Reference: stgeorge RSD:R:20181116074627

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

X-RAY: This report is for: Dr N. Balme
Referred By:
Dr N. Balme

ACC Claim No.: LY31373

XRAY CERVICAL SPINE 16/11/2018 Reference: 7878472 NHI: TNC9670

CLINICAL:
Ongoing neck pain following motor-vehicle accident 3 months ago.

FINDINGS:
Disc spaces: Moderate narrowing of the lower 3 cervical discs.
Marginal osteophytes: Small posterior disc osteophyte complex noted at C5-6 and C6-7.
Sagittal alignment: Normal
Lateral alignment: No curvature
Facet joints: Mild arthropathy.
Posterior Vertebral arches: No pars defect or other lesion.
Focal bone abnormalities: Nil.
Other: No cervical rib.

COMMENT:
Spondylotic changes, consistent with age.

Dr Pete Henderson FRANZCR, Radiologist

Ordered by: NATALIE BALME
Lab Test Results Interpreted by:
Laboratory: stgeorge
Observation date: 16-Nov-2018

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Radiology X-ray Date : 12 Mar 2019

Reference: wrauhrad RSD:R:20190312074628

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Radiology X-Ray: Reported at Wairau Hospital, Nelson Marlborough District
Health
Board.
This report is for: Dr N. Balme
Referred By:
L. Ed - Wairau

Copies:
Dr N. Balme

CHEST XRAY 12/03/2019 Reference: 14247152 NHI: TNC9670

CLINICAL DETAILS:
Sudden onset back pain, worse with breathing. Pneumothorax?

FINDINGS:
The heart is not enlarged.
Hilar and mediastinal contours are normal.
The lungs and pleural spaces are clear.
No rib abnormality or pneumothorax identified.

Dr Courtenay Tiffen FRANZCR, Radiologist

Ordered by: LOCUM ED - WAIRAU
Lab Test Results Interpreted by:
Laboratory: wrauhrad
Observation date: 12-Mar-2019

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Marlborough Urgent Care Ltd: P Date : 05 May 2019

Reference: UNKNOWN SENDER RSD:R:20190505011441

Patient Medical Record

MR NEIL SUTHERLAND 4th Feb 1962

Referral/Discharge Status: Completed and treated/discharged
Referral Description: Marlborough Urgent Care Ltd: Patient treated/discharged
Referred to Provider: REDWOODTOWN DOCTORS
Primary Care Provider: REDWOODTOWN DOCTORS
Referring Physician: Marlborough Urgent Care
Referring Physician: Natalie Balme
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

PC:
Lefting a set of ladders out of the back of the car and something snapped in the back calf
at 1100
Now cant wait bear and in severe pain

Hx of PC: 1 hour ago
Pmhx nil
Reg meds
Statin

Allergies: NKDA
Apperence:
Pain score 10/10
Vitals:
Triage: 3
Given paracetamol as per standing orders in Clinic

hr 81 bpm
os 97%

Measurement:Heart Rate (HR) - 81
ACC45:ACC45 - ZL36013 - Lifting ladder out of vehilce felt sudden pain in calf

Attending Doctor: Marlborough Urgent Care
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 5 May 2019
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient Medical Record

MR NEIL SUTHERLAND 4th Feb 1962

Referral/Discharge Status: Completed and treated/discharged
Referral Description: Marlborough Urgent Care Ltd: Patient treated/discharged
Referred to Provider: REDWOODTOWN DOCTORS
Primary Care Provider: REDWOODTOWN DOCTORS
Referring Physician: Roderick Bird
Referring Physician: Natalie Balme
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

Sudden pain in L calf while getting ladder out of back of vehicle this am . Flet like he had been hit in calf. Very painful to walk
Works as painter.

Achilles intact. Very tender mid-calf

PD Gastroc tear at level of muscle ~ musculotendinous junction
Having ice at present. After that apply tubigrip. Crutches. ACC 45 1/52 off work then review

ACC45:ACC45 - ZL36013 - Lifting ladder out of vehilce felt sudden pain in calf
Dx:Sprain gastrocnemius (S54x1.00) - Left

Attending Doctor: Roderick Bird
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 5 May 2019
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Marlborough Urgent Care Ltd: P Date : 15 May 2019

Reference: UNKNOWN SENDER RSD:R:20190515011443

Referral/Discharge Status: Completed and treated/discharged
Referral Description: Marlborough Urgent Care Ltd: Patient treated/discharged
Referred to Provider: REDWOODTOWN DOCTORS
Primary Care Provider: REDWOODTOWN DOCTORS
Referring Physician: Maria Eriksson
Referring Physician: Natalie Balme
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

S
as ntoed. gastrocnemial tear, getting better, not able to work past 3 days, but will start tomorrow. needs ARC 18 filled out for 13-15/5.
Hx hypercholesterolemia
Rx statins
NKDA
non-smoker
O
temp 36.9, sat 98% HR 75
yellowing and sinking of hematoma where tear was of medial gastrocnemial muscle. no signs of DVT
A
in healing.
P
fill out ARC 18, FU w GP if necessary.

Arc 18:ARC18 - Lifting ladder out of veh

Attending Doctor: Maria Eriksson
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 15 May 2019
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911074629

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH: 1.4 mIU/L (0.40 - 4.00)

Ordered by: PAUL KRINYAK
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Total Prostatic Spec Ag Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911074630

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total PSA (Roche): 1.2 ug/L (0.0-3.4)
PSA is analysed using the Roche Cobas e601 method. It is advisable when monitoring results in an individual to always use the same method.

Ordered by: PAUL KRINYAK
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911074631

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status: Non-fasting
Cholesterol: 5.4 mmol/L (lt; 4.0) **H**
Triglyceride: 1.3 mmol/L (lt; 1.7)
HDL Cholesterol: 2.07 mmol/L (gt; 0.98)
LDL cholesterol: 2.7 mmol/L **H**
Chol/HDL Ratio: 2.6
Comment: Optimal levels are suggested by the Guidelines Group (see https://tinyurl.com/CVRA-NZ-18) although an individualised multi-factorial approach is preferred. Cardiovascular risk should be addressed by lifestyle modification. Consider pharmacological interventions where 5 year CV risk gt;10%.

Ordered by: PAUL KRINYAK
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Rheumatoid Factors Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911074632

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

RF Immunoturbidometric: 9 IU/mL (lt; 14)

Ordered by: PAUL KRINYAK
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911075309

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 41 mmol/mol (20 - 40) **H**
If used as a screening test, this result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow-up.
If diabetic and treated with insulin/sulphonylureas, control is excellent but the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Ordered by: PAUL KRINYAK
Lab Test Results Interpreted by:
Laboratory: medsouth
Observation date: 11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911075315

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	142 mmol/L (135 - 145)
Potassium:	4.7 mmol/L (3.5 - 5.2)
Creatinine:	92 umol/L (50 - 110)
Uric Acid:	0.42 mmol/L (0.20 - 0.42)
eGFR:	79 mL/min/1.73m2

Reporting of eGFR assumes stable renal function. The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

In the management of gout, the aim should be to reduce serum urate to below 0.36 mmol/L.
Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Ordered by:	PAUL KRINYAK
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911075319

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin:	5 umol/L (2 - 20)
Alk. Phosphatase:	44 U/L (30 - 150)
GGT:	49 U/L (10 - 50)
ALT:	30 U/L (0 - 40)
Total Protein:	72 g/L (64 - 83)
Albumin:	42 g/L (32 - 48)
Globulin:	30 g/L (25 - 41)

Ordered by:	PAUL KRINYAK
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 11 Sep 2020

Reference: medsouth RSD:R:20200911075324

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	134 g/L (130 - 175)
Haematocrit:	0.40 Ratio (0.40 - 0.52)
MCV:	95 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	200 x10e9/L (150 - 400)
WBC:	4.5 x10e9/L (4.0 - 11.0)
Neutrophils:	2.5 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.5 x10e9/L (1.0 - 4.0)
Monocytes:	0.3 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.0 x10e9/L (lt; 0.3)
Ordered by:	PAUL KRINYAK
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	11-Sep-2020

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: 0 Date : 26 Sep 2020

Reference: UNKNOWN SENDER RSD:R:20200926011444

Patient Medical Record

MR NEIL SUTHERLAND 4th Feb 1962

Referral/Discharge Status: Completed and treated/discharged
Referral Description: 0
Referred to Provider: REDWOODTOWN DOCTORS
Primary Care Provider: REDWOODTOWN DOCTORS
Referring Physician: Pam Richards
Referring Physician:
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670

pc cut to L) ring finger

small slice like cut to tip of L) ring finger by stanley knife blade at 0930
cut when put hand into tool box
cleaned with microdacyn, steristripped and dressed with mepore

pmhx high cholesterol
meds statin
nkda
adt utd

ACC45:ACC45 - ZL43286 - L) ring finger cut on stanley knife blade
Dx:Open wound finger(s) or thumb (S93.00) (Confirmed) - Left

Attending Doctor: Pam Richards
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 26 Sep 2020
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 24 Mar 2021

Reference: medsouth RSD:R:20210324075320

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	142 mmol/L (135 - 145)
Potassium:	4.0 mmol/L (3.5 - 5.2)
Creatinine:	77 umol/L (50 - 110)
eGFR:	gt;90 mL/min/1.73m2

Reporting of eGFR assumes stable renal function. The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Copy To:	CC Doctors: PENNO.
Ordered by:	EMERGENCY DEPARTMENT
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	24-Mar-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 24 Mar 2021

Reference: medsouth RSD:R:20210324075321

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH:	1.2 mIU/L (0.40 - 4.00)
Copy To:	CC Doctors: PENNO.
Ordered by:	EMERGENCY DEPARTMENT
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	24-Mar-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 24 Mar 2021

Reference: medsouth RSD:R:20210324075325

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	130 g/L (130 - 175)
Haematocrit:	0.38 Ratio (0.40 - 0.52) **L**
MCV:	96 fL (80 - 99)
MCH:	33 pg (27 - 33)
Platelets:	179 x10e9/L (150 - 400)
WBC:	5.9 x10e9/L (4.0 - 11.0)
Neutrophils:	3.8 x10e9/L (1.9 - 7.5)
Lymphocytes:	1.5 x10e9/L (1.0 - 4.0)
Monocytes:	0.4 x10e9/L (0.2 - 1.0)
Eosinophils:	0.1 x10e9/L (lt; 0.6)
Basophils:	0.1 x10e9/L (lt; 0.3)

CC Doctors: PENNO.

Ordered by:	EMERGENCY DEPARTMENT
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	24-Mar-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Calcium/phosphate/ca.adj Date : 24 Mar 2021

Reference: medsouth RSD:R:20210324075326

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Calcium:	2.3 mmol/L (2.2 - 2.6)
Phosphate:	1.0 mmol/L (0.8 - 1.5)
Albumin:	38 g/L (32 - 48)
Adjusted Calcium:	2.3 mmol/L (2.2 - 2.6)
Copy To:	CC Doctors: PENNO.

Ordered by:	EMERGENCY DEPARTMENT
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	24-Mar-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Magnesium Date : 24 Mar 2021

Reference: medsouth RSD:R:20210324075327

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Magnesium:	0.7 mmol/L (0.6 - 1.2)
Copy To:	CC Doctors: PENNO.

Ordered by:	EMERGENCY DEPARTMENT
Lab Test Results Interpreted by:	
Laboratory:	medsouth
Observation date:	24-Mar-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: X-ray Date : 03 Aug 2021

Reference: stgeorge RSD:R:20210803075832

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

X-RAY: This report is for: Dr C. Traini
Referred By:
Dr C. Traini

ULTRASOUND RIGHT ELBOW 03/08/2021 Reference: 10661178 NHI: TNC9670

Indication. Post-traumatic lateral elbow pain and palpable focus.

Findings. The palpable focus corresponds with the lateral epicondyle with minimal bone spur formation suspected.

Diffuse thickening of the common extensor origin with a partial thickness central tear is accompanied by neovascularity.

No elbow joint effusion is identified.

The common flexor origin is normal in appearance.

The remaining tendons around the elbow are normal in appearance.

Impression.
1. Lateral epicondylar prominence ? marginal bone spur.
2. Partial common extensor origin tear.

Dr Stephen Busby FRANZCR, Radiologist
Pacific Radiology

Ordered by: CATRINA TRAINI
Lab Test Results Interpreted by:
Laboratory: stgeorge
Observation date: 03-Aug-2021

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Immunisation Update Date : 30 Aug 2021

Reference: NIR 20210830030401

Vaccine Details
Vaccine : Pfizer BioNTech COVID-19
Outcome : Given
Dose : 1
Date : 28/08/2021
Group : 12
Batch No : FF4206-D0046
Expiry : 23/09/2021
Action : Add

Patient Details
Patient Name: **SUTHERLAND NEIL**
NHI No: **TNC9670**
Date of Birth: **04-Feb-1962**

Next of Kin Details
NOK Surname:
NOK First Name:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Immunisation Update Date : 27 Sep 2021

Reference: NIR 20210927030402

Vaccine Details
Vaccine : Pfizer BioNTech COVID-19
Outcome : Given
Dose : 2
Date : 25/09/2021
Group : 12
Batch No : FE8163-D0031
Expiry : 10/09/2021
Action : Add

Patient Details
Patient Name: **SUTHERLAND NEIL**
NHI No: **TNC9670**
Date of Birth: **04-Feb-1962**
Address(P):

Blenheim
7201

Next of Kin Details
NOK Surname:
NOK First Name:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Comment Date : 14 Sep 2022

Reference: medsouth 22-5905698-SC-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Comment: Multiple referrals were received for this patient on the same day. To ensure that only one set of samples was collected from the patient, these referrals were combined. Because of this, you may be in receipt of results for some tests you did not personally request.

Validated by DFL, MLSci
Copy To: CC Doctors: ALCOHOL AND DRUG SVC.

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 14 Sep 2022

Reference: medsouth 22-5905698-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin: 133 g/L (130 - 175)
Haematocrit: 0.41 (0.40 - 0.52)
MCV: 98 fL (80 - 99)
MCH: 32 pg (27 - 33)
Platelets: 252 x10e9/L (150 - 400)
WBC: 5.4 x10e9/L (4.0 - 11.0)
Neutrophils: 3.2 x10e9/L (1.9 - 7.5)
Lymphocytes: 1.7 x10e9/L (1.0 - 4.0)
Monocytes: 0.3 x10e9/L (0.2 - 1.0)
Eosinophils: 0.2 x10e9/L (< 0.6)
Basophils: 0.0 x10e9/L (< 0.3)
CC Doctors: ALCOHOL AND DRUG SVC.

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Total Prostatic Spec Ag Date : 14 Sep 2022

Reference: medsouth 22-5905698-PSA-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total PSA (Roche): 1.5 ug/L (0.0-3.9)
PSA is analysed using the Roche Cobas e601 method. It is advisable when monitoring results in an individual to always use the same method.
Copy To: CC Doctors: ALCOHOL AND DRUG SVC.

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 14 Sep 2022

Reference: medsouth 22-5905698-LF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Total Bilirubin: 8 umol/L (2 - 20)
Alk. Phosphatase: 49 U/L (30 - 150)
GGT: 69 U/L (10 - 50) **H**
ALT: 26 U/L (0 - 40)
AST: 27 U/L (10 - 50)
Total Protein: 70 g/L (64 - 83)
Albumin: 38 g/L (32 - 48)
Globulin: 32 g/L (25 - 41)
Copy To: CC Doctors: ALCOHOL AND DRUG SVC.

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 14 Sep 2022

Reference: medsouth 22-5905698-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	136 mmol/L (135 - 145)
Potassium:	4.2 mmol/L (3.5 - 5.2)
Creatinine:	92 umol/L (50 - 110)
eGFR:	78 mL/min/1.73m2

Reporting of eGFR assumes stable renal function. The GFR range for a young adult male is 87-167. From age 30, values fall by approximately 1 mL/min/year.

Potassium reference interval is for serum samples. Potassium in plasma samples may be up to 0.3 mmol/L lower.

Copy To:	CC Doctors: ALCOHOL AND DRUG SVC.
Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipids Tests Date : 14 Sep 2022

Reference: medsouth 22-5905698-LPD-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	5.1 mmol/L (< 4.0) **H**
Triglyceride:	1.5 mmol/L (< 1.7)
HDL Cholesterol:	1.68 mmol/L (> 0.98)
LDL cholesterol:	2.8 mmol/L **H**
Chol/HDL Ratio:	3.0
Comment:	Optimal levels are suggested by the Guidelines Group (see https://tinyurl.com/CVRA-NZ-18) although an individualised multi-factorial approach is preferred. Cardiovascular risk should be addressed by lifestyle modification. Consider pharmacological interventions where 5 year CV risk >10%.
Copy To:	CC Doctors: ALCOHOL AND DRUG SVC.
Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 14 Sep 2022

Reference: medsouth 22-5905698-GLY-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 41 mmol/mol (20 - 40) **H**
If used as a screening test, this result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow-up.
If diabetic and treated with insulin/sulphonylureas, control is excellent but the risk for hypoglycaemia is increased.

HbA1c may be misleading in some situations (e.g. haemoglobinopathies, increased red cell turnover or after recent blood transfusion). Glucose-based diagnostic criteria should always be used in situations where HbA1c is unreliable.

Copy To: CC Doctors: ALCOHOL AND DRUG SVC.

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 14-Sep-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Radiology X-ray Date : 06 Dec 2022

Reference: wrauhrad 17021533

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No:
Date of Birth: 04-Feb-1962

Radiology X-Ray: Reported at Wairau Hospital, Nelson Marlborough District
Health
Board.
This report is for: Dr N. Balme
Referred By:
Dr F. Clayton

Copies:
Dr N. Balme

LEFT FOOT XRAY 06/12/2022 Reference: 17021533 NHI: TNC9670
ACC Reference: JW38490

INDICATION: From ERMS order: hit back of heel on rocks when slipped and fell, tenderness post calcaneus, just behind ankle, reduced wb

COMPARISON: None.

FINDINGS: Alignment is normal and no fracture is demonstrated.

Calcific density projected anterior to the distal tibia and tibiotalar joint could be vascular.

Dr Chris Davison FRANZCR, Radiologist
Pacific Radiology

Ordered by: FAYE CLAYTON
Lab Test Results Interpreted by: CHRIS DAVISON
Laboratory: wrauhrad
Observation date: 06-Dec-2022

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Ucc Discharge Summar Date : 07 Dec 2022

Reference: wairauam RSD:D:07122022132629

Referral/Discharge Status: Completed and treated/discharged
Referral Description: UCC Discharge Summar
Referred to Provider: REDWOODTOWN MEDICAL
Primary Care Provider: REDWOODTOWN MEDICAL
Referring Physician: Faye Clayton
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Marlborough Urgent Care Ltd
Gate 2, Hospital Road, Blenheim 7201
Phone: 03 520 6377 Fax: 03 520 9683
Regular GP: Redwoodtown Medical

DISCHARGE NOTICE

07 Dec 2022

Neil Sutherland
138 Battys Road
Blenheim

04 Feb 1962 TNC9670

Dear Redwoodtown Medical,

06 Dec 2022 Faye Clayton (FEC)
60y M

DOI 5/11/22
slipped on rocks 1 month ago and hit back of L heel.
has become increasingly sore to walk on
has been working throughout
no open injury at the time, had been walking normally immediately after.

nil med hx
nkda
works as a painter
looks well
antalgic gait, not fully WB L foot
tenderness posterior heel just below achilles insertion point lateral aspect
no tenderness plantar aspect
ankle no bony tenderness FROM

XR no obvious bony injury

a/w XR report
simple analgesia
rest, ice, supportive footwear.
if not resolving in another 2-3 weeks seek review

06 Dec 2022 Raewyn Hodgson (RH)
4 weeks ago. fishing and fell onto rocks. L heel hit a rock painful at the time. Is having difficulty walking due to pain in L heel.
O2 98%
T 36.2
P/R 89

Regards,
Marlborough Urgent Care

Next of Kin: HAYDEN BIRD
NOK Buisness Phone: 021450968
Attending Doctor: Faye Clayton
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 7 Dec 2022
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 28 Feb 2023

Reference: medsouth 23-20782692-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	140 g/L (130 - 175)
Haematocrit:	0.43 (0.40 - 0.52)
MCV:	98 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	214 x 10e9/L (150 - 400)
WBC:	5.1 x 10e9/L (4.0 - 11.0)
Neutrophils:	2.7 x 10e9/L (1.9 - 7.5)
Lymphocytes:	1.8 x 10e9/L (1.0 - 4.0)
Monocytes:	0.4 x 10e9/L (0.2 - 1.0)
Eosinophils:	0.2 x 10e9/L (< 0.6)
Basophils:	0.0 x 10e9/L (< 0.3)

Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	28-Feb-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipid Tests Date : 28 Feb 2023

Reference: medsouth 23-20782692-LPD-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Not stated
Cholesterol:	6.5 mmol/L (< 4.0) **H**
Triglyceride:	1.2 mmol/L (< 1.7)
Cholesterol (HDL):	1.93 mmol/L (> 0.98)
Cholesterol (LDL) (calculated):	4.1 mmol/L **H**
Cholesterol (total/HDL):	3.4
Comment:	For those at high CVD risk (including diabetes) recommended target LDL is 1.8 mmol/L. At lower risk levels (5-15%) a 40% reduction in LDL should be targeted (see https://tinyurl.com/CVRA-NZ-18) - Cardiovascular Disease Risk Assessment and Management for Primary Care 2018. Raised cholesterol, consider acquired causes: hypothyroidism, diabetes, nephrotic syndrome, liver disease.

Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	28-Feb-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 28 Feb 2023

Reference: medsouth 23-20782692-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	137 mmol/L (135 - 145)
Potassium:	4.4 mmol/L (3.5 - 5.2)
Creatinine:	93 umol/L (50 - 110)
eGFR:	76 mL/min/1.73m2 (> 90)
Comment:	Potassium reference interval is for serum specimens.

Potassium in plasma specimens may be up to 0.3 mmol/L lower.
An eGFR >= 60 mL/min/1.73m2 suggests normal kidney function, in the absence of other evidence (e.g. hypertension, albuminuria, haematuria) of kidney damage. It is less reliable in patients with extremes of body weight, muscle disease or severe liver disease.

Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	28-Feb-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 28 Feb 2023

Reference: medsouth 23-20782692-GLY-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c:	41 mmol/mol (20 - 40) **H**
Comment:	If used as a screening test, HbA1c result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow-up. If known diabetic, this result suggests excellent control but if treated with insulin/sulphonylureas the risk of hypoglycaemia is increased.

Ordered by:	JUSTIN TWEEDDALE
Laboratory:	medsouth
Observation date:	28-Feb-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Troponin T Date : 28 Feb 2023

Reference: medsouth 23-20782692-HTN-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Troponin T: 7 ng/L (< 15)

HsTnT = or > 15 ng/L is indicative of myocardial necrosis of which there are multiple causes.

The diagnosis of MI requires hsTnT = or > 15 ng/L in the setting of ischaemia (e.g. symptoms or ECG changes) and a rise or fall = or > 50% at levels <50 ng/L. At higher levels a change of 20% applies.
If the first level is <15 ng/L a 2nd test may be appropriate 6-12 hours after the onset of symtoms in the relevant clinical setting.
HS-TROPONIN T:

Validated by tfeary, MLS

Ordered by: JUSTIN TWEEDDALE
Laboratory: medsouth
Observation date: 28-Feb-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Ucc Discharge Summar Date : 23 Mar 2023

Reference: wairauam RSD:D:23032023141946

Referral/Discharge Status: Completed and treated/discharged
Referral Description: UCC Discharge Summar
Referred to Provider: REDWOODTOWN MEDICAL
Primary Care Provider: REDWOODTOWN MEDICAL
Referring Physician: Graham Paul
Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NHI: TNC9670
Marlborough Urgent Care Ltd
Gate 2, Hospital Road, Blenheim 7201
Phone: 03 520 6377 Fax: 03 520 9683
Regular GP: Redwoodtown Medical

DISCHARGE NOTICE

23 Mar 2023

Neil Sutherland
138 Battys Road
Blenheim

04 Feb 1962 TNC9670

Dear Redwoodtown Medical,

22 Mar 2023 Graham Paul (GP)
PC Left lower back pain for 2 days

HPC
Works as a painter, with a lot of bending and moving around. Felt the pain at 10am on Monday while moving around, but no particular injury; was at home, not at work. Nil down legs. B~B okay.

PMH
Similar back problems, "spasm", resolved with relaxants and analgesics after a few days

MEDs statin

EXAM
Walks okay. Good ROM of back except that left lat bending is very restricted and causes immediate pain+++.
Spine non-tender. Identifies well localised point of pain just to left of L5, but not tender

there.
Normal power on gross testing. Normal LT. KJs+, AJs- symmetrically.

IMPR
Recurrence of previous back strain or derangement, probably related to decades of painting and bending

PLAN
Diazepam, codeine, paracetamol and ibuprofen
Light duties until improved
ACC 4 days

ACC45: ACC45 - WK80094 - Felt back pain after moving around on Monday morning
Rx: Paracetamol 500mg Tab - 2 tabs qid PO for back pain - 100

Rx: Ibuprofen 200mg Tab - 2 tabs tds PO with food, for back pain - 60

Rx: Diazepam 5mg Tab - Take 1 or 2 tabs at bedtime, for back spasm - 6

Rx: Codeine Phosphate (Aspen) 30mg Tab - 1 or 2 tabs nocte prn for severe back pain - 10

e ePrescription-GP-27HGC8B9WPV4Y43N30
e ePrescription-GP-27HGC80TM9DPFMKPW1

22 Mar 2023 Dean Andrew Monk (DMO)
PC: Lower back pain

HPC: Left lower back pain for 2 days
Incresingly painful feels like pinched nerve
No trauma or MOI
Works as painter

NKDA
OE: Full flexion and extention
Right lateral extenion ok
Left lateral extension elicts immediate pain

Regards,
Marlborough Urgent Care

Next of Kin: HAYDEN BIRD
NOK Buisness Phone: 021450968
Attending Doctor: Graham Paul
Referring Doctor:
Consulting Doctor:
Admitting Doctor:
Admission Time: 23 Mar 2023
Clinic Name: Marlborough Urgent Care Ltd

Observation date:

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 30 May 2023

Reference: medsouth 23-21280560-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin: 129 g/L (130 - 175) **L**
Haematocrit: 0.39 (0.40 - 0.52) **L**
MCV: 95 fL (80 - 99)
MCH: 32 pg (27 - 33)
Platelets: 214 x 10e9/L (150 - 400)
WBC: 8.2 x 10e9/L (4.0 - 11.0)
Neutrophils: 5.8 x 10e9/L (1.9 - 7.5)
Lymphocytes: 1.9 x 10e9/L (1.0 - 4.0)
Monocytes: 0.5 x 10e9/L (0.2 - 1.0)
Eosinophils: 0.1 x 10e9/L (< 0.6)
Basophils: 0.0 x 10e9/L (< 0.3)
COMPLETE BLOOD COUNT:

Validated by sdey, MLS

Ordered by: CATRINA TRAINI
Laboratory: medsouth
Observation date: 30-May-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Crp Date : 30 May 2023

Reference: medsouth 23-21280560-CRP-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

CRP: 34 mg/L (< 5) **H**

Ordered by: CATRINA TRAINI
Laboratory: medsouth
Observation date: 30-May-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 30 May 2023

Reference: medsouth 23-21280560-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	138 mmol/L (135 - 145)
Potassium:	5.0 mmol/L (3.5 - 5.2)
Creatinine:	95 umol/L (50 - 110)
eGFR:	74 mL/min/1.73m2 (> 90)
Comment:	Potassium reference interval is for serum specimens.

Potassium in plasma specimens may be up to 0.3 mmol/L lower.
An eGFR >= 60 mL/min/1.73m2 suggests normal kidney function, in the absence of other evidence (e.g. hypertension, albuminuria, haematuria) of kidney damage. It is less reliable in patients with extremes of body weight, muscle disease or severe liver disease.

Ordered by:	CATRINA TRAINI
Laboratory:	medsouth
Observation date:	30-May-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 30 May 2023

Reference: medsouth 23-21280560-LF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Bilirubin:	6 umol/L (2 - 20)
Alkaline phosphatase:	58 U/L (30 - 150)
GGT:	37 U/L (10 - 50)
ALT:	23 U/L (0 - 40)
AST:	23 U/L (10 - 50)
Protein:	72 g/L (64 - 83)
Albumin:	39 g/L (32 - 48)
Globulin:	33 g/L (25 - 41)

Ordered by:	CATRINA TRAINI
Laboratory:	medsouth
Observation date:	30-May-2023

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 28 Mar 2024

Reference: medsouth 24-25112521-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	132 g/L (130 - 175)
Haematocrit:	0.41 (0.40 - 0.52)
MCV:	94 fL (80 - 99)
MCH:	30 pg (27 - 33)
Platelets:	236 x 10e9/L (150 - 400)
WBC:	5.5 x 10e9/L (4.0 - 11.0)
Neutrophils:	2.7 x 10e9/L (1.9 - 7.5)
Lymphocytes:	2.2 x 10e9/L (1.0 - 4.0)
Monocytes:	0.3 x 10e9/L (0.2 - 1.0)
Eosinophils:	0.2 x 10e9/L (0.0 - 0.5)
Basophils:	0.1 x 10e9/L (0.0 - 0.2)
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Psa Date : 28 Mar 2024

Reference: medsouth 24-25112521-PSA-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

PSA:	1.30 ug/L (< 4.00)
Comment:	PSA is analysed using the Roche Cobas method. It is advisable when monitoring results in an individual to always use the same method.
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 28 Mar 2024

Reference: medsouth 24-25112521-TFM-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH:	2.4 mIU/L (0.40 - 4.00)
Comment:	Consistent with euthyroidism.
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Iron Studies Date : 28 Mar 2024

Reference: medsouth 24-25112521-ISM-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Iron:	17 umol/L (10 - 30)
Ferritin:	188 ug/L (20 - 500)
Transferrin:	2.5 g/L (2.0 - 3.5)
Transferrin saturation:	27 % (16 - 50)
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 28 Mar 2024

Reference: medsouth 24-25112521-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium:	140 mmol/L (135 - 145)
Potassium:	4.7 mmol/L (3.5 - 5.2)
Creatinine:	99 umol/L (50 - 110)
Urate:	0.37 mmol/L (0.20 - 0.42)
eGFR:	70 mL/min/1.73m2 (> 90)
Comment:	For patients with a clinical history of gout, a target serum urate concentration of 0.36 mmol/L or less is required for long-term prevention of acute gout attacks and regression of tophi. An eGFR >= 60 mL/min/1.73m2 suggests normal kidney function, in the absence of other evidence (e.g. hypertension, albuminuria, haematuria) of kidney damage. It is less reliable in patients with extremes of body weight, muscle disease or severe liver disease. Estimated GFR is calculated from the CKD-EPI equation.
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 28 Mar 2024

Reference: medsouth 24-25112521-LF-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Bilirubin:	6 umol/L (2 - 20)
Alkaline phosphatase:	45 U/L (30 - 150)
GGT:	32 U/L (10 - 50)
ALT:	19 U/L (0 - 40)
AST:	22 U/L (10 - 50)
Protein:	68 g/L (64 - 83)
Albumin:	36 g/L (32 - 48)
Globulin:	32 g/L (25 - 41)
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipid Tests Date : 28 Mar 2024

Reference: medsouth 24-25112521-LPD-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	7.4 mmol/L (< 4.0) **H**
Triglyceride:	1.3 mmol/L (< 1.7)
Cholesterol (HDL):	1.97 mmol/L (> 0.98)
Cholesterol (LDL) (calculated):	4.9 mmol/L **H**
Cholesterol (total/HDL):	3.8
Comment:	For those at high CVD risk (including diabetes) recommended target LDL is 1.8 mmol/L. At lower risk levels (5-15%) a 40% reduction in LDL should be targeted (see https://tinyurl.com/CVRA-NZ-18) - Cardiovascular Disease Risk Assessment and Management for Primary Care 2018.
Ordered by:	MARK GRAINGER
Laboratory:	medsouth
Observation date:	28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Troponin T Date : 28 Mar 2024

Reference: medsouth 24-25112521-HTN-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Troponin T: 8 ng/L (< 15)

HsTnT = or > 15 ng/L is indicative of myocardial necrosis of which there are multiple causes.

The diagnosis of MI requires hsTnT = or > 15 ng/L in the setting of ischaemia (e.g. symptoms or ECG changes) and a rise or fall = or > 50% at levels <50 ng/L. At higher levels a change of 20% applies.
If the first level is <15 ng/L a 2nd test may be appropriate 6-12 hours after the onset of symtoms in the relevant clinical setting.
HS-TROPONIN T:

Validated by pemoor, MLS

Ordered by: MARK GRAINGER
Laboratory: medsouth
Observation date: 28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 28 Mar 2024

Reference: medsouth 24-25112521-GLY-0

Patient Details
Patient Name: SUTHERLAND, NEIL W
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 42 mmol/mol (20 - 40) **H**
Comment: If used as a screening test, HbA1c result suggests impaired glucose tolerance; CVD assessment and lifestyle changes recommended with annual follow-up.
If known diabetic, this result suggests excellent control but if treated with insulin/sulphonylureas the risk of hypoglycaemia is increased.

Ordered by: MARK GRAINGER
Laboratory: medsouth
Observation date: 28-Mar-2024

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: SA2093 Approved Date : 02 May 2024

Reference: HealthPAC SC5702881

Patient Details
Patient Name: SUTHERLAND Neil
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Your Application for special authority on ROSUVASTATIN (SA2093) has been approved.

Approval Number: 470851619
Application Type: CHEM
Expiry Date: LIFETIME

Application Number: 821641918
Effective Date: 20240502
Sub Status: Initial
Timestamp: 20240502150426

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 26 Jun 2025

Reference: medsouth 25-35439111-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	140 g/L (130 - 175)
Haematocrit:	0.41 (0.40 - 0.52)
MCV:	94 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	199 x 10e9/L (150 - 400)
WBC:	6.0 x 10e9/L (4.0 - 11.0)
Neutrophils:	3.8 x 10e9/L (1.9 - 7.5)
Lymphocytes:	1.7 x 10e9/L (1.0 - 4.0)
Monocytes:	0.3 x 10e9/L (0.2 - 1.0)
Eosinophils:	0.2 x 10e9/L (0.0 - 0.5)
Basophils:	0.0 x 10e9/L (0.0 - 0.2)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Complete Blood Count Date : 26 Jun 2025

Reference: medsouth 25-35439111-FBE-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Haemoglobin:	140 g/L (130 - 175)
Haematocrit:	0.41 (0.40 - 0.52)
MCV:	94 fL (80 - 99)
MCH:	32 pg (27 - 33)
Platelets:	199 x 10e9/L (150 - 400)
WBC:	6.0 x 10e9/L (4.0 - 11.0)
Neutrophils:	3.8 x 10e9/L (1.9 - 7.5)
Lymphocytes:	1.7 x 10e9/L (1.0 - 4.0)
Monocytes:	0.3 x 10e9/L (0.2 - 1.0)
Eosinophils:	0.2 x 10e9/L (0.0 - 0.5)
Basophils:	0.0 x 10e9/L (0.0 - 0.2)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 26 Jun 2025

Reference: medsouth 25-35439111-GLY-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c:	39 mmol/mol (20 - 40)
Comment:	If used as a screening test, HbA1c result likely excludes diabetes. No need to repeat until next scheduled CVD risk assessment. If diabetic and treated with insulin/sulphonylureas, HbA1c suggests excellent control, but risk of hypoglycaemia is increased.

GLYCATED HAEMOGLOBIN:

Tests reported by Awanui Labs - Canterbury

Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Glycated Haemoglobin Date : 26 Jun 2025

Reference: medsouth 25-35439111-GLY-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

HbA1c: 39 mmol/mol (20 - 40)
Comment: If used as a screening test, HbA1c result likely excludes diabetes. No need to repeat until next scheduled CVD risk assessment.
If diabetic and treated with insulin/sulphonylureas, HbA1c suggests excellent control, but risk of hypoglycaemia is increased.
GLYCATED HAEMOGLOBIN:

Tests reported by Awanui Labs - Canterbury
Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: NT-proBNP Date : 26 Jun 2025

Reference: medsouth 25-35439111-BNP-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

NT-proBNP: 2 pmol/L (< 35)
Comment: Interpretation of NT-proBNP results:
The rule-out cut point for heart failure in subjects with acute dyspnoea is < 35 pmol/L at all ages.
The rule-in cut point is age dependent:
> 53 pmol/L for age < 50 years.
> 106 pmol/L for age 50-75 years.
> 212 pmol/L for age > 75 years.
Other levels are indeterminate.
NT-proBNP may be elevated in other settings, including atrial fibrillation, LVH, valvular disease, post MI and renal failure.
NT-proBNP may be decreased by hypothyroidism, treatment with diuretics, vasodilators and ACE-inhibitors.
In stable chronic heart failure, intra-individual variability in NT-proBNP is high.
The major clinical use of NT-proBNP is to rule out heart failure in patients with undifferentiated dyspnoea. It does not have an established role in the management of known heart failure.
Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: NT-proBNP Date : 26 Jun 2025

Reference: medsouth 25-35439111-BNP-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

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The major clinical use of NT-proBNP is to rule out heart failure in patients with undifferentiated dyspnoea. It does not have an established role in the management of known heart failure.
Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: PSA Date : 26 Jun 2025

Reference: medsouth 25-35439111-PSA-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

PSA: 1.56 ug/L (< 4.00)
Comment: Note: In post-radical prostatectomy patients, a PSA >= 0.2 ug/L confirmed on two occasions may indicate biochemical recurrence. Clinical correlation is recommended.
PSA is analysed using the Roche Cobas method. For serial monitoring, results should be compared using the same method.
Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: PSA Date : 26 Jun 2025

Reference: medsouth 25-35439111-PSA-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

PSA: 1.56 ug/L (< 4.00)
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Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Sodium: 139 mmol/L (135 - 145)
Potassium: 4.8 mmol/L (3.5 - 5.2)
Creatinine: 99 umol/L (50 - 110)
Urate: 0.36 mmol/L (0.20 - 0.42)
eGFR: 70 mL/min/1.73m2 (> 90)
Comment:
An eGFR >= 60 mL/min/1.73m2 suggests normal kidney function, in the absence of other evidence (e.g. hypertension, albuminuria, haematuria) of kidney damage. It is less reliable in patients with extremes of body weight, muscle disease or severe liver disease.
Comment: Estimated GFR is calculated from the CKD-EPI equation.
Copy To: CC Doctors: GRIGGS.

Ordered by: DEIRDRE AHERN
Laboratory: medsouth
Observation date: 26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Renal Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-RF-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

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Comment:	

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Comment:	Estimated GFR is calculated from the CKD-EPI equation.
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-LF-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Bilirubin:	7 umol/L (2 - 20)
Alkaline phosphatase:	45 U/L (30 - 150)
GGT:	40 U/L (10 - 50)
ALT:	18 U/L (0 - 40)
Protein:	72 g/L (64 - 83)
Albumin:	40 g/L (32 - 48)
Globulin:	32 g/L (25 - 41)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Liver Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-LF-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Bilirubin:	7 umol/L (2 - 20)
Alkaline phosphatase:	45 U/L (30 - 150)
GGT:	40 U/L (10 - 50)
ALT:	18 U/L (0 - 40)
Protein:	72 g/L (64 - 83)
Albumin:	40 g/L (32 - 48)
Globulin:	32 g/L (25 - 41)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Iron Studies Date : 26 Jun 2025

Reference: medsouth 25-35439111-ISM-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Iron:	20 umol/L (10 - 30)
Ferritin:	189 ug/L (20 - 500)
Transferrin:	2.7 g/L (2.0 - 3.5)
Transferrin saturation:	30 % (16 - 50)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Iron Studies Date : 26 Jun 2025

Reference: medsouth 25-35439111-ISM-0

Patient Details
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Transferrin saturation:	30 % (16 - 50)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipid Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-LPD-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
Cholesterol:	8.0 mmol/L (< 4.0) **H**
Triglyceride:	0.9 mmol/L (< 1.7)
Cholesterol (HDL):	2.61 mmol/L (> 0.98)
Cholesterol (LDL) (calculated):	5.1 mmol/L **H**
Cholesterol (total/HDL):	3.1
Comment:	For those at high CVD risk (including diabetes) recommended target LDL is 1.8 mmol/L. At lower risk levels (5-15%) a 40% reduction in LDL should be targeted (https://www.tewhatuora.govt.nz/publications/cardiovascular-disease-risk-assessment-and-management-for-primary-care)
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Lipid Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-LPD-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

Fasting status:	Non-fasting
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Cholesterol (HDL):	2.61 mmol/L (> 0.98)
Cholesterol (LDL) (calculated):	5.1 mmol/L **H**
Cholesterol (total/HDL):	3.1
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Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-TFM-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH:	1.8 mIU/L (0.40 - 4.00)
Comment:	Consistent with euthyroidism.
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Patient: Mr Neil Sutherland DOB: 04 Feb 1962

Subject: Thyroid Function Tests Date : 26 Jun 2025

Reference: medsouth 25-35439111-TFM-0

Patient Details
Patient Name: SUTHERLAND, NEIL
NHI No: TNC9670
Date of Birth: 04-Feb-1962

TSH:	1.8 mIU/L (0.40 - 4.00)
Comment:	Consistent with euthyroidism.
Copy To:	CC Doctors: GRIGGS.
Ordered by:	DEIRDRE AHERN
Laboratory:	medsouth
Observation date:	26-Jun-2025

Screening

Blood Pressure	10-Jun-2009		JTWE
	Sys	120	
	Dia	72	
Blood Pressure	31-Jan-2014		JTWE
	Sys	130	
	Dia	72	
Blood Pressure	10-Feb-2014		JTWE
	Sys	130	
	Dia	72	
Blood Pressure	26-Mar-2014		JTWE
	Sys	118	
	Dia	74	
Blood Pressure	09-Oct-2014		JTWE
	Sys	130	
	Dia	80	
Blood Pressure	22-Sep-2015		JTWE
	Sys	130	
	Dia	76	
Blood Pressure	03-Dec-2015		JTWE
	Sys	124	
	Dia	74	
Blood Pressure	18-Apr-2016		JTWE

	Sys	136	
	Dia	78	
Blood Pressure	12-May-2017		JTWE
	Sys	120	
	Dia	70	
Blood Pressure	16-May-2018		JTWE
	Sys	110	
	Dia	60	
Blood Pressure	09-Nov-2018		JTWE
	Sys	140	
	Dia	80	
Blood Pressure	27-Aug-2020		JTWE
	Sys	147	
	Dia	84	
Blood Pressure	10-Jun-2022		JTWE
	Sys	145	
	Dia	86	
Blood Pressure	26-Mar-2024		MGRAIN
	Sys	120	
	Dia	75	
Height	09-Oct-2014		JTWE
	Cms	167	
Height	09-Oct-2014		JTWE
	Cms	1.67	
Height	10-Jun-2022		JTWE
	Cms	167	
Height	08-Dec-2022		JCRA
	Cms	167	
Weight	09-Oct-2014		JTWE
	Kg	81.7	
Weight	29-May-2015		JTWE
	Kg	75	
Weight	12-May-2017		JTWE
	Kg	78.8	
Weight	16-May-2018		JTWE
	Kg	79.9	
Weight	10-Jun-2022		JTWE
	Kg	79	
Body Mass Index	09-Oct-2014		JTWE
	BMI	29.3	
Body Mass Index	29-May-2015		JTWE
	BMI	26.9	
Body Mass Index	12-May-2017		JTWE
	BMI	28.3	
Body Mass Index	16-May-2018		JTWE
	BMI	28.6	
Body Mass Index	10-Jun-2022		JTWE
	BMI	283265.8	
Temp	09-Nov-2018		JTWE

	C	36.5	
Temp	30-May-2023		CTRA
	C	37.1	
CVD Risk 1	15-May-2017		JTWE
	Risk	2	
	Framingham	=	
	NZPP	2	
	FH CVD		
	FH Diabetes		
	Severe Mental		
	PCI		
CVD Risk 1	08-Dec-2022		JCRA
	Risk	6	
	Framingham		
	NZPP		
	FH CVD		
	FH Diabetes		
	Severe Mental		
	PCI		
SpO2	16-May-2018		JTWE
	%	97	
SpO2	30-May-2023		CTRA
	%	100	
Pulse	09-Oct-2014		JTWE
	Pulse	58	
	Rhythm	Pulse	
Pulse	03-Dec-2015		JTWE
	Pulse	64	
	Rhythm	Pulse	
Pulse	18-Apr-2016		JTWE
	Pulse	74	
	Rhythm	Pulse	
Pulse	16-May-2018		JTWE
	Pulse	81	
	Rhythm	Pulse	
Pulse	27-Aug-2020		JTWE
	Pulse	70	
	Rhythm	Pulse	
Pulse	10-Jun-2022		JTWE
	Pulse	82	
	Rhythm		
Pulse	30-May-2023		CTRA
	Pulse	81	
	Rhythm		
Cholesterol	14-Sep-2022		JTWE
	Total	5.1	
	HDL	1.68	
	LDL	2.8	
	TRIG	1.5	
	Ratio	3.0	
Iron Studies	28-Mar-2024		MGRAIN
	Ferritin	188	

Iron Studies	26-Jun-2025		D
	Ferritin	189	