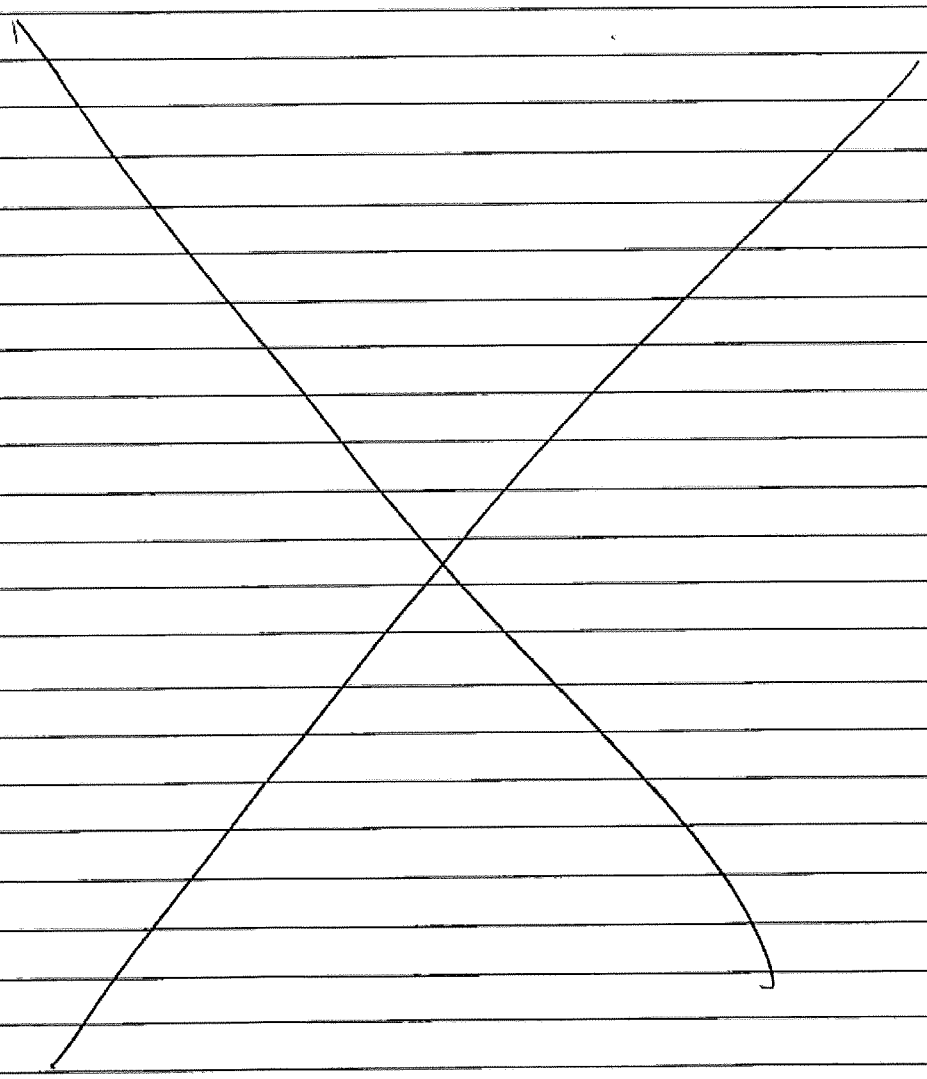
NHS Confidential: Personal data about a patient

National Health Service Number

NURSES AND HEALTH VISITORS RECORDS	Surname (Block Letters)	Forenames (Block Letters)
	MCPhee	Chorne
	Address: 82 Aulton Clr Abd	Date of Birth: 7-10-90

Date	
18/3/93	Single H1B H0707. gwen.



FORM GP111M

NHS Confidential: Personal data about a patient

Date

Dd 8849351 300M 6/85 (25364)

LEAVING SUMMARY

Patient Details

Cherie Cameron 07/10/1990 NHS: 302/90/862 CHI: 0710902042
29 Bernham Avenue Stonehaven AB39 2WD
Telephone - home 01569 767567

Past Medical History

Problems/Procedures

20/06/2006 Sexual abuse Previous Dr F Macleod
07/08/2000 Metatarsal bone fracture Dr A Morgan
07/08/2000 Metatarsalgia NOS Dr A Morgan
07/10/1990 [V]Birth - type preterm Dr A Morgan

Consultations

23/02/2007 Letter from specialist Discharge/Summary Letter Scarborough North East Yorkshire Healthcare Accident Emergency letter received for DR D from A&E dated 20.2.07 read by DR D no action Mrs Jennifer Jenkins
20/02/2007 Failed encounter Msg left to call back - on my smoking status list jn Miss Janice Nicol
29/06/2006 Letter encounter from patient Clinical Letter Royal Cornhill Adult Mental Health - Young Peoples Dept Dr Janette Eagles dated 27/6/06 to A read by F/actioned computer amended Mrs Linda Mcnab
26/05/2006 Letter from specialist Clinical Letter Royal Cornhill Psychiatry Department Dr Rainer Goldbeck dated 15/05/06 addressed to and read by A/no action Mrs Jane Ingram
23/01/2006 Did not attend - no reason appt made 20/01/06 Dr A Morgan
28/10/2004 Notes summary on computer Mrs Jackie Paul
07/10/1990 Intrauterine hypoxia and birth asphyxia Dr A Morgan

Repeat Masters

No data recorded.

Acute Prescriptions Issued

No data recorded.

Drug Allergies/Intolerances

No data recorded.
No data recorded.

Examination Findings

No data recorded.
No data recorded.

Test Results

No data recorded.

Immunisations

10/05/2005 POLIO B2 Given Routine Measure Due
10/05/2005 TETANUS B2 Given Routine Measure Due
10/05/2005 DIPHTHERIA B2 Given Routine Measure Due
06/11/2003 BCG 0 Given Routine Measure Due
01/11/1996 MUMPS B Given Routine Measure Due
01/11/1996 RUBELLA B Given Routine Measure Due
01/11/1996 MEASLES B Given Routine Measure Due
23/03/1995 POLIO B Given Routine Measure Due 07/10/2005
23/03/1995 TETANUS B Given Routine Measure Due
23/03/1995 DIPHTHERIA B Given Routine Measure Due
[illegible]3/03/1993 HIB 0 Given Routine Measure Due
[illegible]4/11/1991 POLIO 3 Given Routine Measure Due 14/11/1994
14/11/1991 PERTUSSIS 3 Given Routine Measure Due 14/11/1994
14/11/1991 TETANUS 3 Given Routine Measure Due 14/11/1994
14/11/1991 DIPHTHERIA 3 Given Routine Measure Due 14/11/1994
05/02/1991 POLIO 2 Given Routine Measure Due 05/03/1991
05/02/1991 PERTUSSIS 2 Given Routine Measure Due 05/03/1991
05/02/1991 TETANUS 2 Given Routine Measure Due 05/03/1991
05/02/1991 DIPHTHERIA 2 Given Routine Measure Due 05/03/1991
11/12/1990 POLIO 1 Given Routine Measure Due 08/01/1991
11/12/1990 PERTUSSIS 1 Given Routine Measure Due 08/01/1991
11/12/1990 TETANUS 1 Given Routine Measure Due 08/01/1991
11/12/1990 DIPHTHERIA 1 Given Routine Measure Due 08/01/1991

Referrals

No data recorded.

	National Health Service Number	
IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block letters): Cameron	Forename (Block letters): cherie.m
	Address: 13 Slessor road	Date of Birth: 07/10/90

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera				
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

IMMUNOLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date				
Result				
Date				
Result				
Date				
Result				

SCREENING INVESTIGATIONS

Date	Blood Pressure	Weight	Height	Tobacco Per Day	Alcohol Units/Week	Cholesterol	Trigylerides	URINE	
								Glucose	Albumin

CERVICAL CYTOLOGY	
Date	Result

MAMMO-GRAPHY	
Date	Result

CHEST X-RAY	
Date	Result

OTHERS	
Date	Result

Printed for the Stationery Office. J22163 11/98 (71412)

NHS Confidential: Personal data about a patient

	National Health Service Number	
IMMUNISATIONS AND SCREENING INVESTIGATIONS	Surname (Block Letters) ~~MacPhee~~ CAMERON	Forenames (Block Letters) Chorie
	Address 36 Newton Hill Road ~~82 Alltone Av~~ Newtonhill ~~Aberdeen~~	Date of Birth 7-10-90

IMMUNISATIONS (Insert date where appropriate)

	Diphtheria	Pertussis	Tetanus	Polio	~~Measles~~ MMR.	Rubella	TAB	Smallpox
1	←	1/8/90	11/12/90	26/07 ✓				
2	←	7/9/90	5/2/90	14/5/92 ✓				
3	←	14/11/91	14/11/91	14/11/91 ✓				
Boost	23-03-95		23-03-95	23-03-96 ✓	BOOSTER 01-11-96			
Boost					MERCK HB52600			
Boost	19/11/17		19/11/17	19/11/17				

Tuberculin Test				BCG.			
Result				Date			
Date							

Other Inoculations

Type	~~H707~~ ActHIB						
Date	18/3/93 ✓						
Type							
Date							
Type							
Date							

SCREENING INVESTIGATIONS

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

SCREENING INVESTIGATIONS Continued from overleaf

Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine			Miscellaneous		
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)

Other Procedures

Date		Date		Date	

NEW PATIENT ETHNICITY QUESTIONNAIRE

We have been asked by the NHS to record the ethnicity of all our new patients from 1st April 2006 onwards – this information is purely for statistical purposes and will in no way effect your treatment by the Practice. The Practice is committed to equal opportunities and goes beyond the requirements of the law to seek to ensure that no patient or employee is discriminated against either directly or indirectly on such grounds as race, colour, ethnic or national origin.

Thank you for your co-operation!

Tick the box which you feel is most applicable:

ETHNICITY	
White Scottish	✓
Other white British ethnic	
White Irish	
Other white ethnic group	
Other ethnic, mixed origin	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian ethnic group	
Black Caribbean	
Black African	
Other black ethnic group	
Other ethnic group	
*Ethnic group – Patient Refused	

NHS IN SCOTLAND

Application to Register with a General Medical Practitioner

Please complete in block capitals and tick relevant boxes

PHONE NUMBER: 01224 890289

Patient details

Surname [redacted]

Forename [redacted]

Previous Surname [redacted]

Date of birth [redacted] Male ☐ Female ☑

I wish the child named above to be registered at the practice for Child Health Surveillance ☐

Relationship to patient

Address [redacted]

Post code [redacted]

I will be in the area for more than three months ☑

Patient's / Patient's representative signature [redacted] Date 25/06/07

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ ☐ Kidneys ☐ Liver ☐ Lungs ☐ Heart ☐ Corneas ☐ Pancreas ☐

Patient's signature Date 25/06/07

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.) 304 904 8621

Community Health Index (CHI) No.

Previous address in U.K.

29 BERNHAM AVENUE

Town STONEHAVEN

County ABERDEENSHIRE Post code AB39 2GE

Name and address of previous doctor in U.K.

A H MORGAN

STONEHAVEN GENERAL PRACTISE

ROBERT STREET

STONEHAVEN

If returning from abroad

Date of departure from U.K.

Date of return to U.K.

If returning from HM Forces

Date enlisted

Service / Personnel No.

If none of the above information is known then please complete the following:

Town of birth ABERDEEN

County of birth ABERDEEN CITY

Reg. district of birth (see birth certificate) ABERDEEN

Mother's maiden name CAMERON

Doctor's agreement

Enter 'D' if supplying drugs ☐

CHS acceptance yes ☐ no ☐

Mileage claim road ☐ water ☐ footpath ☐

Enter date if registration examination completed

I accept this patient on my list and I claim payment in accordance with the Regulations.

2/7/07

CHS Ref No. of GP providing service if different from below 67431

℞ Home Visit Summary

Address and Contact Details

13 Slessor Road Kincorth Aberdeen AB12 5LR
Telephone - home 01224 890289

Significant PMH

07/08/2000 Fracture of metatarsal bone Mrs Frances Hall
01/01/1994 Atopic dermatitis/eczema Mrs Frances Hall
01/01/1992 Child removed from protection register Mrs Frances Hall

Last 15 GP/DN Entries

30/07/2007 Patient MRE received from HB Dr C. Hewitt

Current Repeat Masters

No data recorded.

Acutes in Last 3 Months

01/08/2007 PARACETAMOL tabs 500mg Supply: (50) tablet(s) TAKE 1 OR 2 FOUR TIMES DAILY Dr C. Hewitt
01/08/2007 IBUPROFEN tabs 400mg Supply: (30) tablet(s) TAKE ONE 3 TIMES/DAY Dr C. Hewitt

Allergies and Intolerances

No data recorded.
No data recorded.

Prevention

27/06/2007 13:38.00 BP 115 / 70 taken Sitting Cuff: Standard recall due: O/E - BP reading normal Miss Sarah Cooper
27/06/2007 Ex-smoker Ex smoker stopped 2005 Miss Sarah Cooper
27/06/2007 Current drinker Drinks rarely Miss Sarah Cooper
27/06/2007 Weight: 55.6 kgs BMI: 23.9 O/E - weight Miss Sarah Cooper
27/06/2007 Height: 1.524 metres O/E - height Miss Sarah Cooper

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Consent to share

REFERRAL TO

Ophthalmology
Gramp GP General (V)

— **Consultant / receiving practitioner** and/or **specialty clinic**

Aberdeen Royal Infirmary
Cornhill Road
Aberdeen
AB25 2ZN

— **Hospital** and **hospital address**

Hospital unit no.: N101H

Email address:

Urgency of referral: Routine

Sensitivity of referral: Sensitive

PATIENT DETAILS

Surname	CAMERON
Forename(s)	CHERIE
Title	MRS
Sex	Female
Date of birth	07-Oct-1990
CHI no.	0710902042

Patient's address

13 SLESSOR ROAD
KINCORTH
ABERDEEN
AB12 5LR

Contact number(s)

Voice: 01224890289

REGISTERED GP DETAILS

Practice address

REFERRING PRACTITIONER DETAILS

Name	Dr. Lynne MacKenzie		
GMC code	3566587	GP code	67709
Practice name	KINCORTH MEDICAL CENTRE (30401)		
Practice code	30401		

Practice address

26 ABBOTSWELL CRESCENT
KINCORTH
ABERDEEN

Contact number(s)

Voice: 01224 876000

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Diplopia on upgaze

Comment: Please can we refer this patient as per the attached Optician's report.

Thank you.

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 1.	26-Feb-2008 00:00
Ex smoker:	Smoking status on date of event: Ex-smoker. NOTES: stopped 2005.	27-Jun-2007 00:00
Drinks rarely:	Drinking status on eventdate: Current drinker.	27-Jun-2007 00:00
NB::	THE PAST MEDICAL HISTORY SECTION MAY CONTAIN ONLY DATA JUDGED OF THE HIGHEST SIGNIFICANCE TO THE PATIENT'S GP RECORD	-
NB::	IT MAY NOT CONTAIN DATA FROM LABS OR RADIOLOGY FOR WHICH SCI STORE SHOULD BE CONSULTED	-
Patient Weight in Kilograms:	53	-
Patient Height in Metres:	1.524	-
Patient BMI:	22.8	-

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Atopic dermatitis/eczema	-	-	-	01-Jan-1994

Current and recent medication

No medications recorded

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Referred By:Part-time Resident GP

L Mackenzie 13/6/08

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

NHS GENERAL OPHTHALMIC SERVICES

GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP

To: Dr. MACKENZIE

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) CAMERON

OTHER NAME(S) CHERIE

ADDRESS 13 SLESSOR ROAD

POSTCODE AB12 8LR TEL. No. 07521 880910

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/15	-075	+1.00	79			6/6		N5
L	6/15	-0.75	+0.50	80			6/5		N5

Previous corrected V.A. Date

Date of Birth 7/10/1990

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Miss Cameron presented with a cyst under the right superior lid in the temporal region, I advised hot compresses but advised there may need to be surgical intervention. She also noted diplopia on upgaze with the eyes clearly diverging. As this is the first eye test I would ask that this be further investigated as a precaution.

Regards

David Steele

Optic discs

IOP R mmHg L mmHg Tonometer used: Applanation/Tonometer

Visual Fields R L

Plot attached . . . Y/N

I agree / do not agree that any Ophthalmologist to whom I am referred for medical consultation and / or treatment may make information relevant to my eye condition and its treatment available to my Optometrist / Ophthalmic Medical Practitioner.

Signed ..... Date .....

Name and Address of Optometrist/OMP

DAVID STEELE
Specsavers Opticians
56-58 Union Street
Aberdeen
AB10 1BB

Signed (Optometrist/OMP) David Steele Date 6/6/08

SECTION TWO: To Be Completed By General Medical Practitioner (if not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Part One - This part must accompany any referral and be retained by the Ophthalmologist

Signed (GMP) Date

Printed for ARD BS1819 5/07 (71412)

NHS GENERAL OPHTHALMIC SERVICES GOS(S)(M)

PLEASE USE BLOCK CAPITALS EXCEPT FOR SIGNATURE

Referral/Notification of Patient to GMP

SECTION ONE: To Be Sent To GMP To: Dr. MACKENZIE

PATIENT'S DETAILS

SURNAME (Mr, Mrs, Miss, Ms) CAMERON OTHER NAME(S) CHERIE

ADDRESS 13 SLESSOR ROAD

POSTCODE AB12 5LR TEL. No. 07521 580910

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST-DATE:

	Uncorrected V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/15	-0.75	+1.00	79			6/6		N5
L	6/15	-0.75	+0.50	80			6/5		N5

Previous corrected V.A. Date

Date of Birth 7/10/1990

Specify Cycloplegic/Mydriatic if used.

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

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Regards

David Steele

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Signed ..... Date .....

Optic discs

IOP R mmHg Tonometer used: Applanation/Tonometer

L mmHg

Visual Fields

R L

Plot attached . . . Y/N

Name and Address of Optometrist/OMP

DAVID STEELE
Specsavers Opticians
56-58 Union Street
Aberdeen
AB10 1BB

Signed (Optometrist/OMP) David Steele Date 6/6/08

SECTION TWO: To Be Completed By General Medical Practitioner (if not accompanied by formal referral letter)

To: Dr. / Mr. / Mrs. / Miss / Ms _____

RELEVANT CLINICAL HISTORY - INCLUDE MEDICAL/FAMILY/OPHTHALMIC AND DETAILS OF MEDICATION:

Urgency Rating: Urgent/Soon/In turn

Blood Pressure: mmHg

Urinalysis:

Provisional Diagnosis:

Name and Address of GMP

Signed (GMP) Date

Part One - This part must accompany any referral and be retained by the Ophthalmologist

Printed for RRD B51819 5/07 (71412)

GRAMPIAN UNIVERSITY HOSPITALS NHS TRUST
ABERDEEN MATERNITY HOSPITAL

D

RUBISLAW
FOLLOW-UP
SUPPORT VISIT

CONSULTANT
Dr Shetty

DATE 1 1
3:4:08

SURNAME CAMERON
FIRST NAMES MISS CHERIE
ADDRESS 13 Slessor Road
Aberdeen
Aberdeenshire
AB12 5LR
POST CODE

UNIT NO 0929924J
F
0710902042
SEX
MARITAL STATUS
DATE OF BIRTH

* 0 9 2 9 9 2 4 J *

REASON FOR LAST ADMISSION: Miscarriage

GESTATION: 12 weeks

POINTS DISCUSSED

ALL CASES

- Physical symptoms settled ☑
- Discuss emotional aspects ☑
- ?Problems at home ☑
- Need for contraception ☑

MISCARRIAGE

- Incidence of miscarriage ☑
- Possible causes ☑
- Chances of future miscarriage ☑
- When to try again ☑
- Plan to contact Misc Assoc? YES/NO
- Were POC sent to Pathology YES/NO
- If yes, is result normal? YES/NO

awaiting histology.

LATE IUDs/TOPFA

Ensure appt made with Consultant to discuss "medical" aspects

Plan to contact "SANDS" ☐

Plan to contact ARC YES/NO

YES/NO

chere feels she is coping well following her miscarriage although she has a lot of social problems. feels she has a lot of support from her [redacted] & close [redacted] but no support from her [redacted] also has lots of issues about her [redacted] dying six years ago.

Not sleeping well at night but otherwise feels she is coping quite well.

Feels she would like to try again for a future pregnancy although this pregnancy was unplanned. her & her [redacted] are hoping to get a place together soon.

will contact her should she needs any further follow-up or advice.

SIGNATURE:
Lesley Murch

DESIGNATION:
S/m

IF FURTHER APPOINTMENT REQUESTED -
will phone if 2nd follow-up appointment required.

DATE AND TIME:

✓	ACTION REQUIRED	✓	Initial
DF	PRESCRIPTION		
ADJ	PIGEON HOLE OF		
HFF			
AJH	REPORT BOX		
LJM	0 7 APR 2008		
RT			
SLW	CONTACT PATIENT		
SG	COMPUTER INPUT		
	NORMAL		
	FILE	✓	
	MAKE APPOINTMENT		

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PREGNANCY REFERRAL / BOOKING

G.P. _____

Address: _____

Drs Fowler, Jamieson, Forbes, Henderson, Mackenzie, Taylor, Whiteside & Govindarajan
28 Abbotswell Crescent
Aberdeen AB12 5JW ☎ 876000

Client Name: Cherie Cameron

Address: 13 Slessor Rd
Aberdeen
AB12 5LR

CHI: 0710902042 DOB: 7/10/90 · UNIT NO: _____

Prev. Obstetric Problems	Medical Conditions	Current Pregnancy
Perinatal death or morbidity including anomaly	Diabetes Mellitus/Endocrine disorders.	Age <16 or > 40 years
[redacted] first trimester miscarriages/one or more midtrimester miscarriages	Essential Hypertension	Women requesting CVS or amniocentesis
Preterm delivery < 34 weeks gestation	Cardiac Disease	Multiple pregnancy
Low birth weight < 2.5 kgs at term	Renal Disease	Hepatitis carrier
Hypertension requiring medication and/or delivery	Epilepsy	HIV positive
Caesarean section or difficult delivery	Non-pregnant BMI <18 or ≥ 35	Alcohol/substance misuse
Postpartum haemorrhage > 1000 mls and any other 3rd stage complication	Genetic disorder or significant family history	Requires obstetric specialist
Perineal problems	Haematological problems	
Previous uterine or cervical surgery	Previous psychiatric illness or current illness requiring treatment	
Previous treatment for CIN, record in notes under special features - no need for referral	Any other serious problems including major surgery	

Any other appropriate information, including past obstetric history, current medication etc.

L.M.P. Dec 07. PARITY: 0+0 ·

Ethnic Group (White)/Black/Asian/Mixed/other(ie Mediterranean)

Please book this young girl for antenatal care
PMH: Previous impulsive alcohol overdose. Related to stress with school / [redacted] life. No treatment required.
Lives in supported accomodation. Has social work support.
Otherwise healthy.
Had considered termination of pregnancy.

BMI	19
WEIGHT	52
HEIGHT	165
FEEDING	
Date of last smear	NEVER HAD ·
SMOKING - YES / (NO)	
PER DAY	

Type of care requested

Shared care by Obstetrician / Community ☐ G.P./M.W. care only ✓

Signature V. Geddes Date 4/3/08·

NHS Grampian

Pregnancy Counselling Service
Ward 42
Aberdeen Royal Infirmary
Foresterhill
Aberdeen
AB25 2ZN

Tel: 01224 554844
Fax: 01224 559280
Email: louisejenkins@nhs.net

NHS Grampian

MM/LJ/0929924

Dr R Taylor
Kincorth Medical Centre
26 Abbotswell Crescent
Aberdeen
AB12 5JW

CRN: 0929924J

CHI: 0710902042

Date Dictated: 21/02/2008 Date Typed: 21/02/2008

Dear Dr Taylor

Miss Cherie Cameron (07/10/1990) 13 Slessor Road, Aberdeen, Aberdeenshire, AB12 5LR

Further to Dr Craig's letter of 08.02.08, Cherie failed to attend for her surgical termination of pregnancy on 20.02.08. I have contacted Cherie today and she has now decided to continue with her pregnancy. I would be very grateful if you could arrange her ante-natal care.

Cherie's swabs and bloods for HIV and Syphilis taken at clinic on 08.02.08 were all negative.

Yours sincerely,

MMcBain

Morag McBain
Pregnancy Advisory Nurse

Cc Nurse Amanda Mackie
Square 13
Centre for Reproductive Health
(Family Planning)
13 Golden Square
Aberdeen
AB10 1RH