ABERDEEN HOSPITALS
NEONATAL UNIT
ABERDEEN MATERNITY HOSPITAL

TN MacLeod

CONSULTANT STAFF
David J Lloyd
Paul Duffty

Summary Sheet

Name:	Cherie ~~Cameron~~ McPhee	Date of Birth:	7.10.90
Child of:	Sheila Cameron	Date of Admission:	7.10.90
Address:	82 Aulton Court ABERDEEN	Date of Discharge to Postnatal Floors:	-
G.P.		Home:	19.10.90
Name:	Dr M Jack	Baby Unit Number:	929924
Address:	80 Western Road Woodside ABERDEEN	Mother's Unit Number:	496089

DATA BASE

Mother: Age 32 years. Parity 1+1 Blood Group O Rh pos Divorced

Father: Age 25 years. Blood Group - Occupation Labourer

Infant: Blood Group -

Relevant Family and Previous Obstetric History:

1978 Home 8 Miscarriage
1979 AMH 37 LUSCS Female 2280 g LB

Pregnancy: L.M.P. 12.1.90 E.D.D. 15.11.90 by scan 11.5.90 = 13 weeks.

Antenatal Problems and Complications of Labour:

Spontaneous onset of preterm labour following SRM. Maternal hypertension. Maternal abdominal pain. CTG - baseline bradycardia - poor variability with decelerations.

Mode of Delivery: Emergency LUSCS

Gestational Age 34 wk. by ~~dates~~ scan - wk. by assessment

Sex Female

Apgar score 4 @ 1 minute, 10 @ 5 minutes

Resuscitation: Bag & mask

Birth: Weight 1810 g., Head Circumference 31.0 cm., Length 42 cm.

Discharge Home: Weight 2100 g., Head Circumference 32.0 cm., Length - cm.

	PROBLEM	MANAGEMENT	OUTCOME
1.	PRETERM	Incubator. IV 10% Dextrose followed by 3 hrly feeds of high calorie formula. BM blood glucose monitoring. Partial septic screen negative - Penicillin 2 days.	
2.	LIGHT FOR DATES (< 10th centile)		FU Term + 10 months
3.	FEEDING	Intermittent tube feeds 8-17/10.	Resolved.
4.			
5.			
6.			
7.			
8.			
9.			
10.			

RACH10A

DISCHARGE DATA

Immunisation Contraindicated: None

Follow-up: Term + 10 months

Feeds on discharge bottle 4 hrly **Haemoglobin** 18.8 **g./dl.** **Date** 19.10.90

Bilirubin - **micromol/l.** **Date** -

Medications: Abidec 0.6 mls oral daily

HOUSE PHYSICIAN

SENIOR STAFF COMMENTS

Typed 31.10.90

Nil to add.

Yours sincerely

PAUL DUFFTY
Consultant Paediatrician

Indication(s) for Attendance at Term plus 10 months Review Clinic	Mark X in box where applicable
1. Perinatal asphyxia— a) to be assessed by Paediatrician	☐
b) APGAR SCORE of 5 or less at 5 minutes	☐
2. Low birth weight— a) any infant 1750 gms. or less	☐
b) light for dates infant 2250 gms. or less	☐
3. Neonatal— a) Severe cerebral irritation or convulsions (excluding hypocalcaemia)	☐
b) Symptomatic hypoglycaemia	☐
c) Respiratory difficulty requiring assisted ventilation	☐
d) Hyperbilirubinaemia (serum indirect bilirubin 340 micromols/l. or over) or any baby having an exchange transfusion	☐
e) Severe infection (including intrauterine infection)	☐
4. Miscellaneous— as defined by Paediatrician	☐

NHS Confidential: Personal data about a patien

AC

Date ...1/4/03.....

This patient has not attended for New Patient Screening. This can be done and Registration Fee claimed if screening done before ...3 months.

When completed return records, Well Person form and Registration Fee Claim form to Julie.

New Patient Registration

Stonehaven Medical Group
The Medical centre
Robert Street
Stonehaven
AB39 2 EL
Tel: 01569 762945

Dear Patient,

Medical records often take a few months to reach your new doctor and it is important for us to have information regarding your health. Please help us to care for you by spending a few minutes answering our questionnaire.

Before your registration can be processed, you must also make a registration appointment with the Practice Nurse to have your weight, blood pressure, urine etc. checked.

We thank you for your co-operation.

I acknowledge that I should make a registration appointment with the Practice Nurse.

Signed Cherie Cameron

New Patient Questionnaire

Surname Cameron Forename . Cherie

Date of Birth 07-10-89 Birthplace .....

Present Address 6. Bennham Avenue

Stonehaven Aberdeenshire

Home Telephone Number 767637

Last Address 36. Newtonhill Rd

Newtonhill Aberdeenshire

Last Family Doctor and His/Her Address . Dr Guttridge

Portlethen Medical Center

Marital Status: S/M/W/SEP/DIV Single

Number and ages of Children .....

What Do You Do

Job Title (e.g.) Bus Driver, Teacher etc.) . AT school

Name of Employer .....

What do you actually do .....

Work Telephone Number .....

1. Details of any operations, with dates

.....

.....

.....

2. Details of any serious illnesses, with dates

.....

.....

.....

3. Details of any condition requiring hospital attendance

.....

.....

.....

4. Any disability

.....

.....

.....

5. Details of any absences from work in the last 5 years (i.e. more than 2 weeks per year)

.....

.....

.....

6. Any known allergies

.....

.....

.....

7. Any other points you consider to be relevant to your health

.....

.....

.....

NHS Confidential: Personal data about a patient

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 5WR   TEL No 07731 580110

PRESCRIPTION DETAILS FROM CURRENT SIGHT TEST DATE:

	V	Sph	Cyl	Axis	Prism	Base	VA	Add	Near VA
R	6/25	-2.75	+1.00	74			6/5⁻¹		N5
L	6/15	-2.75	+0.50	80			6/5		N5

Previous corrected V.A

Date

Date of Birth 2/12/1990

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 she may need to be surgical intervention. She also noted diplopia on upgaze with the [illegible] likely [illegible]. As this is the first eye test I would ask that this be

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 ....

Optic discs

IOP R mmHg L mmHg   Tonometer used: Applanation/Tonometer

Visual Fields R L

Plot attached Y/N

Name and Address of Optometrist/OMP

DAVID STEELE
Specsavers Opticians
[illegible] Union Street
Aberdeen
AB10 1BB

Signed (Optometrist/OMP) David Steele   Date 6/1/08

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:

further investigated as a precaution.

Regards
David Steele

Urgency Rating: Urgent/Soon/In turn

Blood Pressure mmHg

Urinalysis

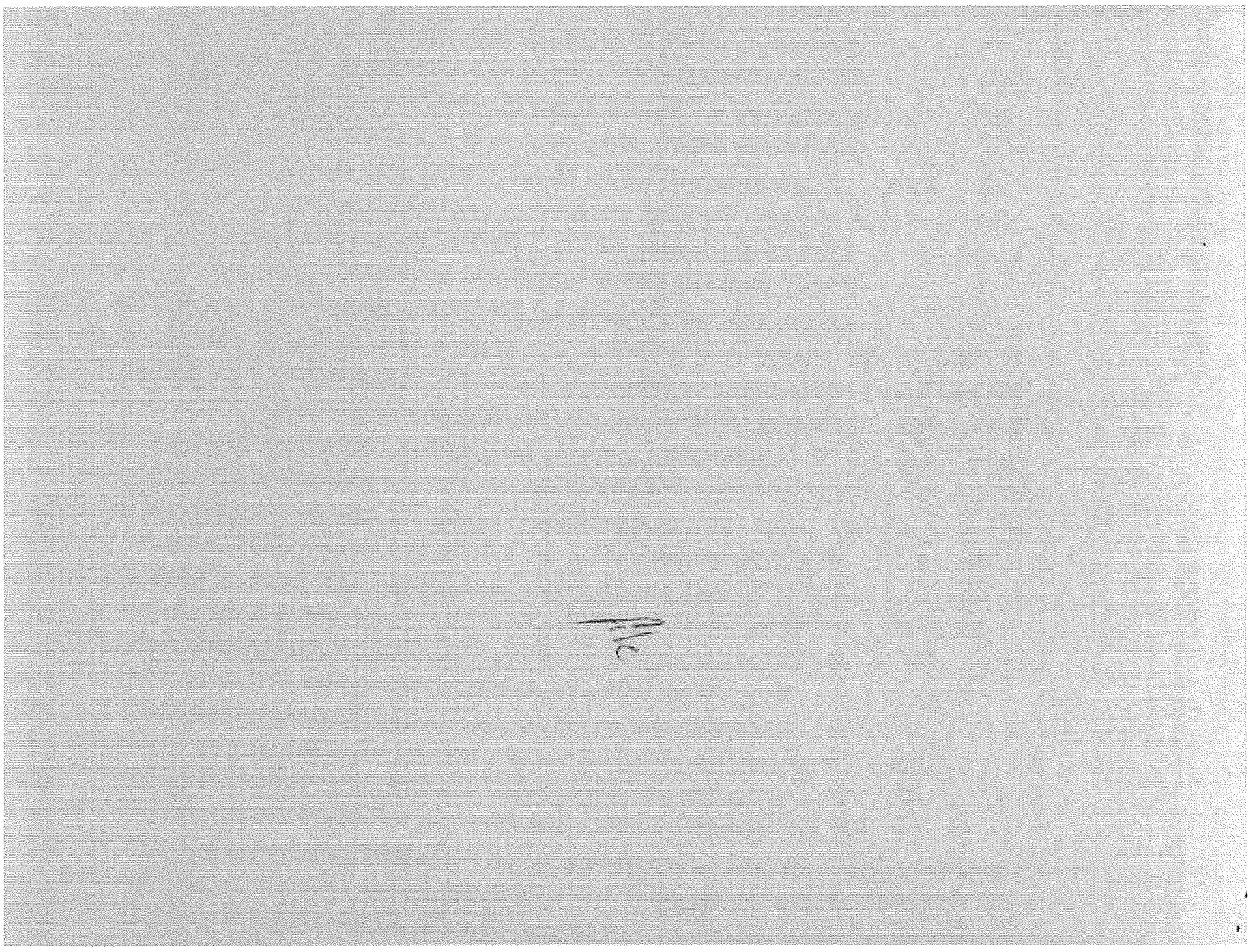
Provisional Diagnosis

Name and Address of GMP

Signed (GMP)   Date

Part Two - This part must accompany any referral and be retained by the General Medical Practitioner.

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

NHS Grampian

PATIENT DISCHARGE INFORMATION PART 1

Name: CAMERON MISS CHERIE 0929924J
Address: 13 Slessor Road Aberdeen Aberdeenshire AB12 5LR F 0710902042
D.O.B.:
Unit No: * 0 9 2 9 9 2 4 J *
(or affix patie
CHI No:

HOSPITAL: AMH

THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE:

Ward: RUB Tel. Number: 552062
Consultant / GP: SHETTY / TAYLOR
Nurse in charge: SM EMAINE DICK

INFORMATION FOR GP ✓ Emergency OR Elective

Date 17·3·08 Operation / Procedure Other details

INITALLY ADMITTED WITH PV SPOTTING + PAIN
18·3·08 – USS SHOWS EARLY FETAL DEMISE DATED FOR MEDICAL RX.
RUBISIAN FOLLOW UP 3·4·08.

COMMENTS

A POS
3/40
RH POSITIVE.

ecify any results awaited: HVS, CHLAMYDIA, HISTOLOGY

If no further letter to follow, read and approved by: (signature of Post-Registration Doctor)

WHY YOU WERE IN HOSPITAL:

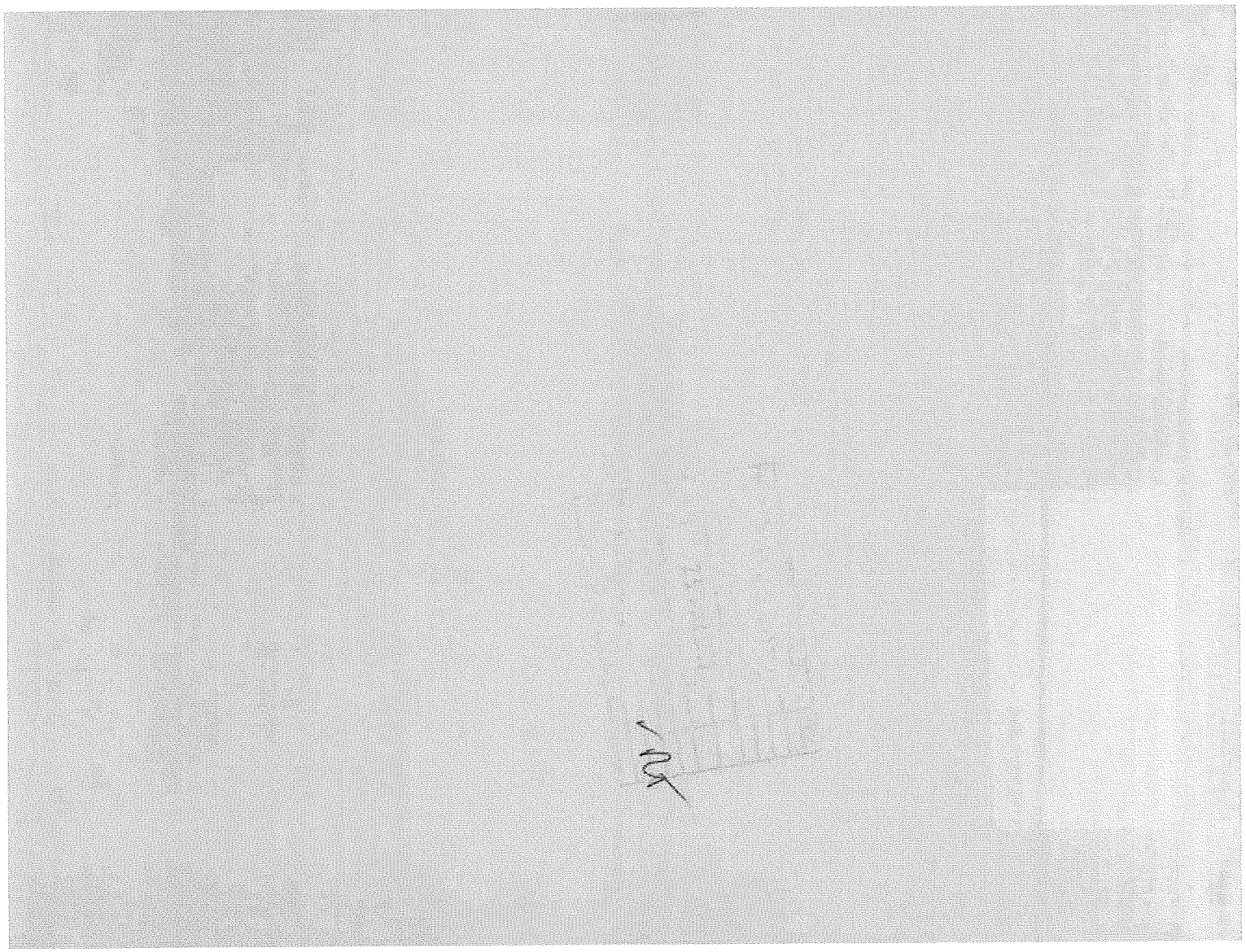
Your diagnosis was:
Other problems:
Procedure / Treatment:
Admitted on:
Discharged on:
Discharged time:

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

Name of Medicine	Date	How to take it	(Pharmacy) How much to take	Breakfast	Lunch	Tea-time	Bed-time	Other times	What is it for?	How long to take	Might Pharmacist Advise	Pharmacy use only
											Y / N	
											Y / N	
											Y / N	
											Y / N	
											Y / N	
											Y / N	
											Y / N	
											Y / N	

Signature of Doctor:
Date:
Drug / Medicine Sensitivity
Name of Doctor:
Ward Pharmacist Signature:
Bleep / Contact No:
Dispensed by:
Date:
Checked by:

NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Hospital

Accident and Emergency No.

USE BALL POINT PEN AND BLOCK LETTERS

Surname

First Name

Address

Maiden Name | Age

Next of Kin and Relationship | (Contacted YES / NO)

Occupation

Tel. No.

Date and Time of Injury | Accident | Emergency

Date	Times (24hr. clock) Arrival	Seen	Discharged	Referred by G.P. YES / NO	Transport Ambulance Other

Place of Injury: Work School Home (Indoor) Road Traff
Other (Specify)

Drugs: Penicillin Allergy Insulin Steroids A.T.S.

DIAGNOSIS

MEDICINES PRESCRIBED	DOSE	GIVEN BY

T P B.P

HISTORY / COMPLAINT

SITES X-RAYED

X-RAY FINDINGS

TREATMENT

Doctors' Signature

Print Name For Legal Reasons

THB(MR)5A (Rev.3/94)

Tetanus Vaccination	1st	Covered 2nd	Booster

To: G.P. Discharged

OP Clinic

Ward No.

Other Hospital

Name and Address of Family Doctor

CODE		
A	P	
B	Q	
C	R	
D	S	
E	T	