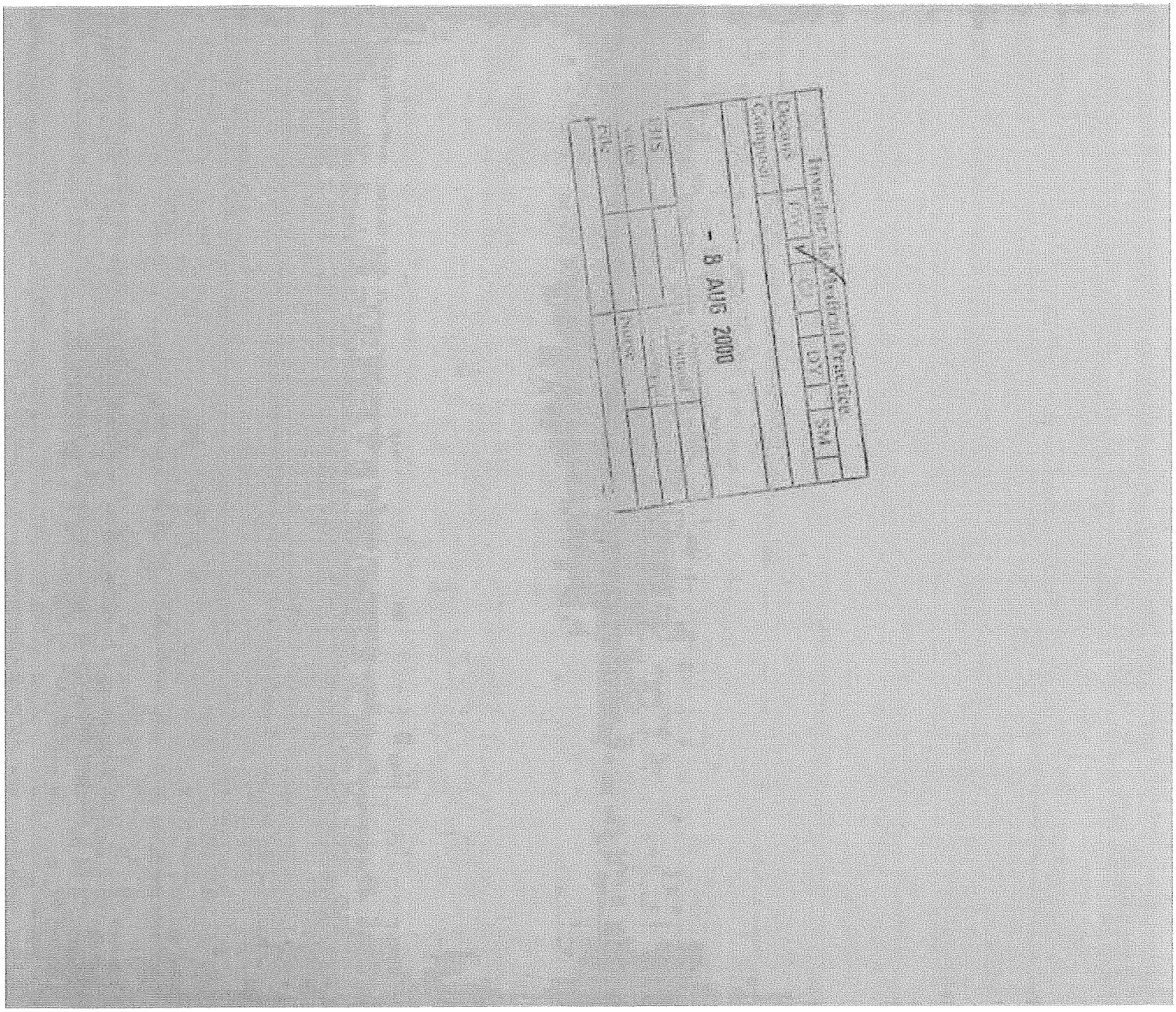
NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient

Existing Patient / Client

PLEASE USE BLOCK CAPITALS

REQUEST FOR COMMUNITY SERVICE

GP REFERRAL NUMBER

TO BE COMPLETED BY REFERRER

PATIENT/CLIENT DETAILS

DATE of BIRTH: 07/10/9?
CHI (NHS) NO

SURNAME: CAMERON
Mr/Mrs/Miss/Ms

FORENAME: CHERIE
SEX: F

MAIDEN NAME

FOR NEW BIRTHS
DATE of BIRTH
DUMMY CHI

ADDRESS

HOUSE NAME
STREET NO: 15
STREET NAME: DEANSLEA? PLACE
POST CODE: AB2 5SB
PHONE: 0224 683030

PERMANENT ADDRESS IF DIFFERENT

HOUSE NAME
STREET NO
STREET NAME
POST CODE
PHONE

REFERRED TO: CH ☐ DN ☐ DI ☐ HV ☑ OT ☐ PT ☐ SL ☐ CM ☐

PLEASE ENTER GENERAL PRACTITIONER DETAILS

REGISTERED GP: 5107106
NAME: DR WEARDEN
PRACTICE NUMBER: 30754
ADDRESS: NORTHFIELD CLINIC

REFERRING GP
FUNDHOLDER
NAME
PRACTICE NAME
TELEPHONE: 0224 662911

SIGNED
DESIGNATION
DATE

TRANSPORT REQUIRED
AUTHORISED BY

TO BE COMPLETED BY HCP

H.C.P. RESPONSIBLE: GILLIAN FLEMING 0354972
LOCATION: NS016
DISCIPLINE: HV

PRINCIPLE H.C.P.: AS ABOVE
ID
DNA
DISCHARGE
AM PM: P
SESSIONS: 4
CASE GROUP: C

SHARPEN CATEGORY

MENTAL HANDICAP	1	MENTAL ILLNESS	2	PHYSICAL HANDICAP	3	PRE-SCHOOL CHILD	(4)	SCHOOL CHILD	5
MATERNITY / NEO-NATAL	6	PSYCHOGERIATRIC	7	GERIATRIC	8	OTHER	9		

REFERRAL RECEIVED DATE: 15/1/94
1ST CONTACT DATE: 02/12/94

REASON FOR ACTIVE CARE PERIOD 1	LSV	CARE PACKAGE 1	CHK	CARE AIM 1	AS
REASON FOR ACTIVE CARE PERIOD 2	BAL	CARE PACKAGE 2	LNG	CARE AIM 2	AS
REASON FOR ACTIVE CARE PERIOD 3	LIM	CARE PACKAGE 3	KHV	CARE AIM 3	HE

EMERGENCY TREATMENT GIVEN ☐

PLEASE USE REVERSE OF FORM

REFERRED BY: GPN

LOCALITY

ZRY 009H

DOMICILIARY ☐ AUTHORISED BY _____ STATUS _____

PROVISIONAL DIAGNOSIS

HIV DN _____ CONTACT BASE _____

OTHER AGENCIES HV ☐ DN ☐ CPN ☐ PT ☐ OT ☐ DT ☐ ST ☐ DI ☐ CM ☐ VOL ☐ PAV ☐ CMO ☐ HVP ☐

NONE ☐ OTHER COMMENTS

HOSPITAL ADMISSIONS / DISCHARGES D.O.A _____ D.O.D. _____ WARD _____

COMMENTS

FOLLOW UP

MEDICATION / TEST RESULTS

INTERVENTION SUMMARY

NHS Confidential: Personal data about a patient

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]TCITEMPSEEPC                                    ]FURTHER INFORMATION ON COMMENTS SCRN]

                                                      DATE OF LAST UPDATE 03/07/07

CHI DISPLAY OF PATIENT DETAILS (CHI No 071090 2042)   ORIGIN N013A  CONSORTIUM
  surname:    CAMERON                          1st fnme:   CHERIE
  2nd fnme:   M                                O. inits:   M C P H
  bth snme:   EE                               prv snme:   MCPHEE
  Alt fnme:                                    Title:
       sex:   FEMALE   m/s: SINGLE             DOB:   07 10 1990  CONFIRMED(P/CARE)
  address 1:  13 SLESSOR ROAD                  SURNAME CHANGED ON 03 07 07   By N002
          2:  ABERDEEN                         Practice:  N3040 1
          3:                                   postcode:   AB125LR
  NHS No:     302/90/862                       GP:  N6743 1      (C D HEWITT
  date acc:   290607   date into practice 290607        Disp. Dr:
  Mileage:
  area res:   N    Conc code:                  Immig.        Inst.      reas. reg.
  new area:       reason for transfer A        old area      MRE DATA EXISTS
  Hosp. recs: 00   Comm. recs: 02          prev. GP ref.: N6536 6 date acc  010403
  prev.    1: 29 BERNHAM AVENUE
  address  2: STONEHAVEN                       ADDRESS CHANGED ON 03 07 07   By N002
           3:                                  prev. postcode: AB392WD
  NEXT SCREEN:  [S]  X=M.CARD A=AMND D=DTH J=LINK K=NAMESAKE V=PEPP W=CONT U=MRE
P=CH.SURV Q=R.CLAIM F=CHI G=PREP.No B=DOB N=NAME
```

File

NEW PATIENT REGISTRATION FORM

NAME Cherie Margaret Cameron	DATE OF EXAMINATION 27.06.07.
ADDRESS 13 Stessor Rd Kincorth AB12 5LR.	OCCUPATION unemployed / college.
DoB 07.10.90	PHONE No (01224) 890289

	PMH	FH
HEART	NO	NO
DIABETES	NO	UNCLE.
ASTHMA	NO	MUM - HAD ASTHMA - DECEASED.
CANCER	NO	AUNT - MUM - DECEASED
HYPERTENSION	NO	UNCLE.
STROKE	NO.	NO.

OPERATIONS, TESTS, SERIOUS ILLNESSES: NO.

ALLERGIES: Milk Intolerance - makes her sick if drinks too much.

ALCOHOL: Rarely.

TOBACCO: NO - used to 2½yrs ago.

REGULAR MEDICATION: NO.

TETANUS —	POLIO —	BP 115/70.
HEIGHT 5ft 1.524	WEIGHT 55.6 kg.	SOU not checked.

MISCARRIAGE/TERMINATION: NO.

CERVICAL SMEAR: NO.

CONTRACEPTION: NO

CHILDREN: NO.

ADDITIONAL INFORMATION

****
Aberdeen Royal Infirmary Microbiology
****

0929924

Name & Address	Patient No.	Report Address	Ward
CAMERON, CHERIE	0710902042	Dr Asha Shetty	MLW
13 SLESSOR ROAD	0710902042	AMH - LABOUR WARD	
ABERDEEN		H Home	
	07/10/1990	Maternity Hospital Aberdeen	

Genital Specimen Investigation

Microscopy

- Pus cells +
- Gram positive bacilli +
- Epithelial cells ++
- T. vaginalis trophozoites Nil

Culture

- Scanty growth of **Candida species**
- Listeria species not isolated

?symptomatic G - report to

① To Midwife SG

② ✓

01 APR 2008

REPORT BOX

ACTION REQUIRED

Copy to GP

Page:1 u/k = Unknown Sample Time:21:00 Sample Date:19/03/2008 MLW
Laboratory Number:456670 Report Time:12:19 Report Date:24/03/2008
Specimen:High vaginal swab

Copy sent 31/03/08

****

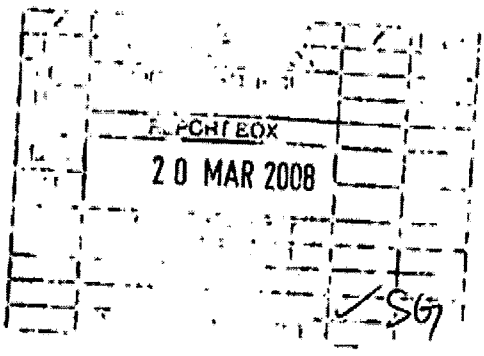
Aberdeen Royal Infirmary Microbiology

****

Name & Address	**Patient No.**	**Report Address**	**Ward**
CAMERON, CHERIE	0710902042	COPY REPORT	ZABB
13 SLESSOR ROAD	0710902042	26 Abbotswell Crescent	
ABERDEEN		Aberdeen	
	07/10/1990	AB15AAR	

CC DR TAYLOR

Chlamydia DNA test Negative



Page:1 u/k = Unknown Sample Time:17:30 Sample Date:17/03/2008 MRW
Laboratory Number:106856 Report Time:12:19 Report Date:19/03/2008
Specimen:**Endocervical swab**