INFAI UK
The Breath Test Company

Data Report for Helicobacter ^{13}C-Urea Breath Test

Hospital / Surgery	Dr A Iqbal Denburn Health Centre Rosemount Viaduct Aberdeen AB25 1QB.	**Test Date**	01/08/2012
		Received Date	02/08/2012
		Analysis Date	02/08/2012

Patient Details

Name/PID	Cherie M CAMERON	**Date of Birth**	07/10/1990
Tube Number	2390716		
Unique ID		**Machine ID**	M084 - B015

Test Result

Data

T_0 min	-24.15	
T_{30} min	-17.58	
Difference	6.57	(> **4.00** per mill = Positive)

Test Result : **POSITIVE**

Approved Signature:

Comments

INFAI UK Ltd. Innovation Centre, Science Park, University Road, Heslington, York, YO10 5DG.
Tel. 01904 435228 Fax. 01904 435229 e-mail. info@infai.co.uk

56-58 Union Street
Aberdeen
Aberdeenshire
AB10 1BB
Tel 01224 641234
Fax 01224 636375
Specsavers Online:
www.specsavers.co.uk/aberdeen

Tom Simpson
FBDO CL
Dispensing Optician
David McGinty
BSc (Hons) MCOptom
Registered Optometrist
David Quigley
BSc (Hons) MCOptom
Registered Optometrist

29 November 2011

Dr
denburn mp
north wing
Aberdeen
uk

Dear Dr,

RE: **GP Action Required to: GP to Manage**

Miss Cherie Cameron
DOB : 07/10/1990 **NHS No.:**
Address: 12 Beattie Avenue, ABERDEEN, AB25 3AP
Telephone No.: 07514 857755

Prescription details from current sight test: 29 November 2011

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 13 June 2010
RE							6/5			6/5
LE							6/6			6/5 -2

RE Intra-Ocular Pressure mmHg	
LE Intra-Ocular Pressure mmHg	

RE Disc Appearance	**Visual Fields** Not Done
LE Disc Appearance	

Reason for Referral: Other

Could Px be seen by Duty Dr.
PX attended due to sore LE which started last night. examination showed this to be an infected cyst deep in the lower L lid, the eye is otherwise quiet & healthy. Could you plesase prescribe an antibiotic tablet for treament and we will review in 1 weeks time.

Yours Sincerely,

Derek Watts

GOC/GMC No.: 01-17159

Statement: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

NHS Grampian

Mr M A Loudon
Ward 32
Aberdeen Royal Infirmary
Aberdeen AB25 2ZQ
Direct Line 01224-559857
Fax 01224-550523

E-mail: elaine.young1@nhs.net

NHS Grampian

GR / EY

Dr A Siddique
Denburn Medical Practice (North & East Wing)
Rosemount Viaduct
Aberdeen
AB25 1QB

CRN: 0929924J

CHI: 0710902042

☒ Paper Copy Required For GP

Date Dictated: 30/03/2011
Date Typed: 06/04/2011

Dear Dr Siddique

Miss Cherie Cameron (7 October 1990) 12 Beattie Avenue, Aberdeen, Kincardineshire, AB25 3AP

Admitted:	14/3/11
Presenting Complaint:	Epigastric pain
Diagnosis:	CLO positive gastritis and duodenitis
Operation:	Gastroscopy
Discharged:	17/3/11
Follow-up:	None arranged

This young woman was admitted with right hypochondrial pain radiating into her epigastrium. This was of sudden onset 3 days before her admission but was gradually worsening in severity.

On admission she was tender, predominantly on her right side but on subsequent review by Mr Loudon 8 hours after her admission she was tender in her epigastrium. An ultrasound was unremarkable apart from a 3cm cyst on her right ovary and therefore an upper GI endoscopy was performed which showed gastritis and duodenitis.

Cherie Cameron, (0929924J), GR

GR/EY/0929924J (2)

Miss Cherie Cameron (7 October 1990) 12 Beattie Avenue, Aberdeen, Kincardineshire, AB25 3AP

CLO test from this was positive and we would be most grateful to you for prescribing HeliClear. Cherie was very keen to be discharged on 17th March, 2011 and we were unable to commence this treatment ourselves. Many thanks.

We have not made any formal follow-up arrangements.

Yours Sincerely,

Mr George Ramsay
ST2

NHS Confidential: Personal data about a patient

NHS Grampian

PATIENT DISCHARGE INFORMATION PART 2

0710902042

Cameron
Miss Cherie
12 Beattie Avenue
Aberdeen
Kincardineshire
AB25 3AP

0710902042
F
0929924J
7 Oct 1990

(or affix patient label to each copy)

WHAT HAPPENS NEXT?

- ☐ You will be seen in the _____ clinic at _____ Hospital.
- ☐ An appointment will be sent to the address on the left.
- ☐ An appointment has been made for _____ DATE at _____ TIME
- ☐ No further hospital/clinic appointment is necessary.

Do you need to see your GP? YES or NO
If yes why?

DIAGNOSIS	Abdpain	TREATMENT	gastroscopy
Admission Date	14.3.11	Discharge Date	17.3.11
General Practitioner	Dr Kara Med Soc. Rd	Next of Kin/Main Carer's Name/Address	[illegible]
		Tel No	01224 664149

WHO ELSE WILL YOU SEE WHEN YOU GO HOME?

Job Title	Comments (including first appointment if known)

INFORMATION LEAFLETS YOU RECEIVED

EQUIPMENT YOU HAVE TAKEN HOME

	Item	Who to contact in case of problems or to return item

SPECIAL INSTRUCTIONS/INFORMATION (eg Transport, Wound Dressings, Continence Advice, Mobility, Specialist Nurse)

- Take painkillers as needed. Take for [illegible] days
- Drink plenty of fluids
- Go to GP to get prescription for omeprazole for 1 month.

18/3/11 AD

Signature of Nurse: [signature] SRN
Date: 17.3.11

Patient/Relative Signature:

Distribution: PINK - 2a LIAISON COMMUNITY COPY GREEN - 2b PATIENT INFORMATION YELLOW - 2c GP COPY WHITE - 2d COPY FOR NOTES (File in S

NHS Confidential: Personal data about a patient

F:4 (AJ) (8/12/11)

ampian — PATIENT DISCHARGE INFORMATION

Cameron	0710902042
Miss Cherie	
12 Beattie Avenue	F
Aberdeen	0929924J
Kincardineshire	
D.O.B.: AB25 3AP	7 Oct 1990
Unit No: (or affix patient)	*0710902042*
CHI No:	

HOSPITAL: ARI

THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE:

Ward: (A) Tel. Number:

Consultant / GP: Mr M.A.Loudon

Nurse in charge: 18/3/11

INFORMATION FOR GP – Emergency OR Elective

Date 17/3/11 Operation / Procedure Other details

admitted with abdo pain, went for gastroscopy shows gastritis + duodenitis. CLO done. Patient keen to get home, uplift at Pharmacy but direct. Would you please prescribe 7/7 omeprazole for gastritis. Many thanks.

COMMENTS

Specify any results awaited:

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

WHY YOU WERE IN HOSPITAL:

Your diagnosis was: gastritis + duodenitis.

Other problems:

Procedure / Treatment: gastroscopy

Admitted on: 14/3/11 Discharged on: 17/3/11 Discharged time:

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

Name of Medicine	Dose	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	Hospital Pharmacy to dispense?	Pharmacy use only
PARACETAMOL	1g	ORAL		✓	✓	✓	✓				Y / N	
TRAMADOL	50mg	ORAL		as required					pain 4-6 hourly.		Y / N	
OMEPRAZOLE	40MG	PO		✓						7	Y / N	
											Y / N	
									Rx done 18/3/11 AR		Y / N	
											Y / N	
											Y / N	
											Y / N	

Signature of Doctor:	Date: 17/3/11	Drug / Medicine Sensitivity: NKDA
Name of Doctor: LITTLEWOOD	Ward Pharmacist Signature:	
Bleep / Contact No: 2554	Dispensed by: Date: 18/3/11	Checked by:

PRIVATE & CONFIDENTIAL

Immunisation Consent Form

Office use only

Surname	0710902042 Cameron Cherie	Forename(s)	
Date of Birth	12 Beattie Avenue	Telephone number:	
CHI number:	Aberdeen AB25 3AP 07825 990253	School:	
Address:	F 07/10/1990		
GP/Med. Practice: Address:			

Please answer the following question and mark either the 'Yes' or 'No' with an X, giving details where required

	Details	Yes	No	Dose & Details
	Have you previously had any dose of HPV immunisation? If yes give details of dates and brand		✓	
	Where was this given? Delete as appropriate			School/GP Surgery/Private clinic/other
	Are you taking any medication, now or recently? If yes give details		✓	
	Have you ever had a life threatening anaphylactic, latex (not contact) or other reaction to a HPV immunisation? If yes give details		✓	
	In the event you suffer an anaphylactic reaction following immunization you agree to the administration of adrenaline as per NHS guidelines	✓		

The above information is correct and I have read the relevant patient information leaflets.
I agree to participate and co-operate on this programme which has been explained to me.

Consent:
I consent to being immunised against Human Papilloma Virus (HPV)

SIGNATURE: X _____ DATE: 14/12/10

NURSE
SIGNATURE: _____ DATE: _____

For Office Use Only:

Dose	*Date Given*	*Brand*	*Expiry Date*	*Batch No.*
Dose 1				
Dose 2				
Dose 3				

****

Aberdeen Royal Infirmary Virology / Microbiology
CPA Accredited

****

Name & Address	Patient No.	Report Address	Ward
CAMERON, CHERIE	0710902042	Dr Abdul-Rashid Siddique	ZROS2
12 BEATTIE AVENUE	0710902042	Northburn Medical Practice	
ABERDEEN		Denburn Health Centre	
	07/10/1990	ABERDEEN	

Helicobacter pylori IgG EIA	<18	
Negative		

Where applicable, name & address of Reference Laboratory available if required.

Authorised by: Vicki Green

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Spec. No:327739 Specimen Date:20/05/2010 Date received:20/05/2010

Page:1 Specimen:Venous Blood Date reported:25/05/201016:15

NHS Confidential: Personal data about a patient

(Dorothy 51619

NHS IN SCOTLAND

G P R

Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

Reg - 14 161

Patient details

Surname CAMERON

Forename CHERIE

Previous Surname

Date of birth 07 10 90. **Male** **Female** ✓

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

Relationship to patient

Address 12 BEATTIE AVENUE, ABERDEEN

Post code AB25 3AP.

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

Patient's / Patient's representative signature [signature] **Date** 03.06.09

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 [signature] **Date** 03.06.09

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

NHS No. (not National Insurance No.) JS 17 68 02C

Community Health Index (CHI) No.

Previous address in U.K.

13 SLESSOR ROAD
KINCORTH
Town ABERDEEN
County **Post code** AB12 5ZR

Name and address of previous doctor in U.K.

KINCORTH MEDICAL PRACTISE
KINCORTH
ABERDEEN.

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

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**

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

Doctor's signature **Date**

Mileage claim road water footpath

Enter date if registration examination completed

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

Doctor's name **GP Ref. No.**

Printed for RR Donnelley J261874 9/08 (013129)

Drug Allergies

NONE

Family History

Is there anyone in your family who has had:

Heart Disease ( ) Please give details .....

Stroke ( ) Please give details .....

Cancer ( ) Please give details .....

Diabetes ( ) Please give details .....

Smoking habits:

Smoker (Y) Number of cigarettes/cigars per day ...10...

Never Smoked ( )

Ex-Smoker ( ) Date stopped .....
Number of cigarettes/cigars per day .....

Alcohol Intake:

Please estimate your alcohol intake per week (1 unit = half pint beer or a glass wine or 1 measure spirit)

Number of units per week ....1.....

Exercise

How many times per week do you exercise for 20 minutes or more? ....4....

Current Height ..154cm..... Current Weight ..8st..2lbs..

DATE FORM COMPLETED ..03/06/09.....

NHS Confidential: Personal data about a patient

NEW PATIENT QUESTIONNAIRE

Name: CHERIE MARGARET CAMERON Date of Birth: 07/10/90

Telephone No: 07825 990 253 Marital Status: Married ( )
Single (✓)
Divorced ( )
Widowed ( )
Separated ( )

Occupation: JUNIOR ADMINISTRATOR

E-mail Address: CAMERON_CM

Are you a Carer? ( ) Main carer for someone else? ( ) Who for? .....

Ethnic Origin: BRITISH ( ) I do not wish to give this information

Is English your first language? (YES)/NO

If no what is your language? .....

If no do you require an interpreter? YES/NO

Medical History:

Epilepsy	YES/(NO)	Asthma	YES/(NO)
Stroke	YES/(NO)	Thyroid Problems	YES/(NO)
Heart problems	YES/(NO)	Diabetes	YES/(NO)

Previous Serious Illnesses (Please state below)	Operations and dates (Please state below)
N/A	N/A

Present regular medication (please list name, strength and how often taken)

Name	Strength	How often taken
N/A		

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 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	-075	+1.00	79			6/6+1		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

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 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

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

Signed (GMP) Date

Printed for RRD B51619 5/07 (71412)

355-2023

NHS Confidential: Personal data about a patient

GRAMPIAN UNIVERSITY HOSPITALS NHS TRUST
ABERDEEN MATERNITY HOSPITAL

RUBISLAW
FOLLOW-UP
SUPPORT VISIT

CONSULTANT: Dr Shetty

DATE: 1/1/3:4:08

SURNAME: CAMERON — UNIT NO: 0929924J
FIRST NAMES: MISS CHERIE — SEX: F
ADDRESS: 13 Slessor Road, Aberdeen, Aberdeenshire, AB12 5LR — 0710902042
MARITAL STATUS:
POST CODE: DATE OF BIRTH:

0929924J

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

Cheree 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 mum 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 SW if she needs any further follow-up or advice.

SIGNATURE: Lesley Marsh

DESIGNATION: S/m

IF FURTHER APPOINTMENT REQUESTED -

Will phone if 2nd follow-up appointment required.

DATE AND TIME:

SUPFOLUP