Subject Access Request

Patient	Miss Cherie Cameron
Date of birth	07-Oct-1990 (age 35)
Gender	F
NHS number	0710902042
Patient's address	12 Beattie Avenue Aberdeen AB25 3AP
Date range selected	Full record
Organisation	MMA Investigations Team
Reference	

Problems

Active

21-Mar-2024 Mrs Susan Wemyss
Administration

09-Nov-2023 Mrs Susan Wemyss
Sbjct to compulsory treatment order (comm) under ***** 2003 (Scot)

31-Aug-2023 Ms Fiona Anderson
Patient non compliance - general

31-Aug-2023 Ms Fiona Anderson
Allergy :

30-Sept-2022 Mr Alan Shearer
Deteriorated mental state

27-Aug-2020 Mr Alan Shearer
*****

27-Aug-2020 Mr Alan Shearer
*****

11-Aug-2020 Mr Alan Shearer
Severely abnormal behaviour

Significant Past

This section is empty.

Minor Past

17-Feb-2022 Dr Leona Houston
Third party encounter

01-Apr-2021 Dr Katherine Moult
Third party encounter

18-Nov-2020 Mrs Joan Matthew
Letter from consultant

10-July-2020 Dr Amir Iqbal
Anxiety with depression

01-July-2020 Mr Alan Shearer
Unemployed

01-July-2020 Mr Alan Shearer
Lonely

01-July-2020 Mr Alan Shearer
Reduced appetite

01-July-2020 Mr Alan Shearer
Poor sleep pattern

01-July-2020 Dr Aidan Bundy
Did not attend - no reason

18-Jun-2020 Dr Katherine Moult
Third party encounter

28-May-2020 Mr Alan Shearer
DNA hospital appointment

01-May-2020 Ms Jan Ede
Low mood

06-Apr-2020 Mrs Jacqueline Forrest
Dressing of wound

30-Mar-2020 Dr Julia Wallace
Telephone encounter

30-Mar-2020 Mrs Jacqueline Forrest
Did not attend - no reason

25-Mar-2020 Mr Alan Shearer
Skin and subcutaneous tissue infections

25-Mar-2020 Mr Alan Shearer
OOH activity

25-Mar-2020 Mr Alan Shearer
Panic attack

08-Mar-2019 Dr Gabriel Wong
[D]Axillary lump

08-Mar-2019 Dr Gabriel Wong
Urticaria

08-Mar-2019 Dr Gabriel Wong
Smoking cessation advice

22-Mar-2017 Dr Katherine Moult
Failed encounter

19-Jan-2017 Mrs Jacqueline Chalmers
Travel vaccinations

19-Sept-2016 Mrs Kelly Reid
Impacted cerumen (wax in ear) (Right)

17-Jun-2016 Mrs Marilyn Goldie
Migraine

17-Jun-2016 Mrs Marilyn Goldie
Dry eyes

05-Mar-2015 Mr Tim Wood
Foot pain

23-Jan-2015 Dr Jennifer Edwards
Stress related problem

20-Jan-2015 Dr Jennifer Edwards
Cough (Mild)

20-Aug-2014 Mrs Kirsty Williamson
Breast soreness

09-Apr-2014 Dr Greig Nicol
Failed encounter - message left on answer machine

20-May-2013 Mr Tim Wood
Cluster headache

18-Feb-2013 Dr Abdul-Rashid Siddique
Chesty cough

21-Aug-2012 Dr Amir Iqbal
Helicobacter breath test positive

06-Aug-2012 Mrs Ann-Marie Osuebi
Patient reviewed

25-July-2012 Mr Tim Wood
Upper abdominal pain

26-Mar-2012 Dr Amir Iqbal
Acne vulgaris

07-Oct-2011 Mrs Susan Wemyss
Gastritis unspecified

30-Sept-2011 Dr Abdul-Rashid Siddique
Acute follicular tonsillitis (Bilateral)

06-Sept-2011 Mrs Ann-Marie Osuebi
Blood sample taken

13-Mar-2011 Dr D Abeyawardena
Acute cholecystitis

07-May-2010 Dr Shirley Gibson
Vomiting

03-Dec-2009 Dr Shirley Gibson
Failed encounter - no answer when rang back

03-Dec-2009 Dr Syeed Ahmed
H/O: migraine

10-July-2009 Dr Syeed Ahmed
Earache symptoms

07-July-2009 Mr Martin Amburose
Notes summary on computer

30-Jun-2009 Dr Abdul-Rashid Siddique
Notes summary on computer

30-Jun-2009 Dr Abdul-Rashid Siddique
Ear symptoms

03-May-2008 Mr Martin Amburose
Miscarriage

06-Sept-2000 Mr Martin Amburose
Fracture of metatarsal bone

Consultations

30-Apr-2026 Ms Skye Redford Surgery consultation

Diagnosis (P3)	Clinical Note - General Psychaitry - 30/04/26Not consistently taking Prazosin - to stop Continue Flupentixol 60mg fortnightly depot @ RCH
Administration (P3)	Outpatient clinic letter received

25-Mar-2026 Miss Alysha Mcgregor Surgery consultation

Diagnosis (P3)	as per admin docman (RCH) - text PT to advise script issued - tracked available at Denburn pharmacy

25-Mar-2026 Miss Alysha Mcgregor Other

Diagnosis (P3)	SMS (short message service) text message sent to patient Good Morning We have a note from the pharmacy team - they have asked us to let you know there has been a prescription issued for you as per Royal Cornhill letter - this is at Denburn pharmacy for collection. Many Thanks Newburn Medical Practice. (Message sent to +44 7565 570555)

23-Mar-2026 Ms Ellen Bruce Surgery consultation

Diagnosis (P3)	Letter received from psych dated 10/03/26To start prazosin 500mcg at night for nightmares.Flupenthixol depot to be reduced to 60mg fortnightly.Actioned remotely at pharmacotherapy hub - E.Bruce, pharmacist.
Administration (P3)	Outpatient clinic letter received

23-Mar-2026 Ms Lucy Mannall Surgery consultation

Diagnosis (P3)	remote printed

14-Jan-2026 Mrs Nicole Fischer Surgery consultation

Diagnosis (P3)	Letter dated 05/01/26 checked for tech/clerk
Diagnosis (P3)	Medication discussed with pharmacist

14-Jan-2026 Mrs Gillian Allan Surgery consultation

Administration (P3)	Letter encounter from Adult Mental Helath - dated 05/01/26
Intervention (P3)	Medication requested - F2F review in 2 months

14-Jan-2026 Mrs Gillian Allan Other

Diagnosis (P3)	SMS (short message service) text message sent to patient A new prescription has been issued for you today as requested by Psychiatry. We will send this to your usual pharmacy where the medication should be available for you to collect in the next 2-3 working days. (Message sent to +44 7565 570555)

05-Jan-2026 Mr Doc Man Other

21-Oct-2025 Ms Chloe Mcgregor Surgery consultation

Diagnosis (P3)	Clinic letter dictated 24/09/25 Adult Mental Health: Currently on Flupentixol 80mg depot given fortnightly. Has EPSEs but not keen on additional medication to treat this. Actioned remotely via Pharmacotherapy Hub - C McGregor, Pharmacist
Administration (P3)	Outpatient clinic letter received

06-Jun-2025 Ms Jennifer Livingstone Other

Administration (P3)	Consent given for communication by SMS text messaging

27-May-2025 Mrs Gillian Allan Surgery consultation

Administration (P3)	Letter encounter from Adult Mental Health, RCH
Intervention (P3)	Medication increased -> Flupentixol injection - from 40mg to 80mg every 2 weeks

21-Mar-2025 Miss Alysha McGregor Surgery consultation

Diagnosis (P3)	I am a Parish Nurse based at Catalyst Vineyard Church, Gilcomston Park, Aberdeen.I recently saw a client, Cherie Cameron (07/10/1990), who has given her consent for me to contact you on her behalf. Cherie presented with what appears to be eczema-related blisters and dry, broken skin on her hands, which she reports as a recurring issue. She describes a cyclical pattern in which blisters form, then burst, releasing a clear or occasionally white fluid. The affected areas are itchy and become painful once the skin breaks.This condition is interfering with her daily activities, including personal care and washing, and is causing her significant discomfort.With Cheries consent, I have attached photos for your review.Cherie is reluctant to engage with GP services in person, and I am hoping she might be able to receive the simple treatment she requires without needing to attend the practice, if at all possible. She is open to a telephone consultation and can be contacted on 07565 570555.Thank you for your support.----------Good AfternoonThank you for your email. I have attached the photos to her file. Our procedure is she would need to contact the Care Navigation team if she is looking for something to treat this. Its not something we can do on this email or line im afraid. Many Thanks.Kind Regards Newburn LtdCarden House, Carden Place, Aberdeen, AB10 1UTTel:0345 013 0740www.newburnhc.co.ukPlease note that this email account is not monitored 24/7 and should not be used for appointment or medication requests from patients. Please contact the practice via our telephone number or on our website.

23-Dec-2024 Mrs Sarah Jack Surgery consultation

Diagnosis (P3)	Unlinked Report: CMS Treatment Summary Report
Diagnosis (P3)	Promethazine - continues as per RCH - recently reviewed and to continue. New serial Rx issued

16-Dec-2024 Mrs Gillian Allan Other

26-Nov-2024 Dr Sunjay Kumar Surgery consultation

26-Nov-2024 Ms Fiona Anderson Surgery consultation

Diagnosis (P3)	phoned patient - passed on CTAC number to call and arrange appointment for bloods and BP check

25-Nov-2024 Ms Ellen Bruce Surgery consultation

Administration (P3)	Outpatient clinic letter received from psych.
Diagnosis (P3)	Stopped promethazine as of 07/11/24. Cherie to consider if she wishes to continue with this and discuss with Dr Chew. Will leave on CMS for now.

28-Oct-2024 Mrs Gillian Allan Other

22-Oct-2024 Ms Laura Paterson Surgery consultation

Diagnosis (P3)	Cough/cold/chest infection *****. About 10 days. What are your symptoms? Very wheezy - ***** can hear wheeze, chesty. Cough, dry and productive. runny nose. Sputum? Sputum colour? Any blood? Clear. Any chest pain when breathing deeply? No. Any fever, loss of appetite? fevered, looks flushed. Eating/drinking - ok. Are you short of breath? Yes. Smoker, Not asthmatic. Do you get this a lot - if so what usually helps? What is it that you think would help?Any allergies? SulphatesAdditional questions from CN supervisor.Advice given to patient from CN supervisor.Worsening statement given.GW auth callback with CB.

22-Oct-2024 Dr Carol Buchanan Surgery consultation

Diagnosis (P3)	chest infection
Diagnosis (P3)	cough and dirty spit for 10 days agree abx

02-Oct-2024 Mr Doc Man Other

05-Sept-2024 Mrs Gillian Allan Other

15-Aug-2024 Mrs Gillian Allan Other

07-Aug-2024 Mrs Gillian Allan Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	Pauline Rosie (NHS Grampian)>GRAM NewburnpharmacyHello GillianThanks for getting back to me. A similar thing happened previously, and I had asked for the preferred pharmacy to be updated from Boots Garthdee to Dickes Rosemount on your system, I'm guessing that has not happened. How is this issue now best rectified for CC to get her prescription?Many thanks for you assistancePaulineCMHN----------Reply email -GRAM Newburnpharmacy>Pauline Rosie (NHS Grampian)Good morning,If the patient wishes to change her pharmacy for collecting her CMS prescriptions, she will need to register with that pharmacy. Can you advise her to do that ? Once done, the update will happen and future scripts will go to the correct place.Kind Regards,Gillian - Pharmacy ClerkThe Pharmacy TeamNewburn Healthcare LTD- Pharmacy changed on Emis screen but will need changed at next script issue. Pt needs to register for CMS at Dickies Rosemount also

07-Aug-2024 Mrs Gillian Allan Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	Pauline Rosie (NHS Grampian)>GRAM NewburnpharmacyMorning GillianThanks for your email. Can you advise, does CC just go in to Dickies Pharmacy and ask to register with them for a CMS (does that stand for Continuous Medication Script or something else?) . Does the pharmacy then contact you about script or do I need to request this again? Just needing some clarity on process. Due to see CC this afternoon so will update her. Many thanks for your assistance with this matter. PaulineCMHN----------Reply email -GRAM Newburnpharmacy>Pauline Rosie (NHS Grampian)Hello!Yes, if she just goes to the pharmacy & asks to register for CMS (Chronic Medication Service).We can advise Boots that she wishes to change & to destroy the prescription they have received.I will arrange for a new prescription to be sent to Dickies at Rosemount then once she has registered with them, they will be able to dispense her medication each month when she needs it.Hope this helps.Kind Regards,Gillian - Pharmacy ClerkThe Pharmacy TeamNewburn Healthcare LTD
Administration (P3)	Telephone encounter
Diagnosis (P3)	With Boots Garthdee - asking for them to destroy CMS for Promethazine due to patient moving pharmacy.

06-Aug-2024 Mrs Gillian Allan Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	Pauline Rosie (NHS Grampian)>GRAM NewburnpharmacyHiPlease see email chain below for background information.Can you advise if a CMS was issued for CC for Promethazine 50mgs?She advised her pharmacy -Dickies Rosemount- had no prescription request.PaulineCMHN----------Reply email - GRAM Newburnpharmacy>Pauline Rosie (NHS Grampian)Hello!A CMS script was issued on the 15th July & would have been sent to Boots Garthdee as this is her registered pharmacy.Kind Regards,Gillian - Pharmacy ClerkThe Pharmacy TeamNewburn Healthcare LTD

15-July-2024 Ms Ellen Bruce Surgery consultation

Diagnosis	Adverse reaction to sulphates itching / throat restriction / breathing
Administration (P3)	Email received from third party
Diagnosis (P3)	Serial prescription issued CC CHI 0710902042Pauline Rosie (NHS Grampian)?+1 other?Hi Just heard back from CC and she is accepting of and agreeable to a move to a CMS for Promethazine 50mgs at night for at least next 6 months. Please go ahead and action this at your earliest convenience.Many thanks for your assistance with this matter.PaulineCMHN

12-July-2024 Ms Ellen Bruce Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	CC CHI 0710902042Pauline Rosie (NHS Grampian)?+1 other?Hi I am looking for some advice please. CC has recently been prescribed PROMETHAZINE 25-50MGS DAILY to aid reports of allergies and sleep issues. She has been taking it at a single night dose of 50mgs and it has been helpful for both areas. I saw her recently and she had run out of the medication an seemed to struggle to order more in a timeous way. She wants to continue with this prescription and Dr Chew is also happy for it to continue to be prescribed also. Is there a way for yourselves and her preferred pharmacy - Dickies Rosemount - to sort this and take over the ordering for her? ? CMS. Your advice on this matter would be appreciated. PaulineCMHN
Administration (P3)	Email sent to outside agency
Diagnosis (P3)	CC CHI 0710902042GRAM Newburnpharmacy?Pauline Rosie (NHS Grampian)?Hi Pauline,We can only use CMS for prescriptions that are long term and stable. If she was to continue at this dose for at least 6 months then we can set up CMS, otherwise someone would need to order on a monthly basis (this can be done on the practice website). Please let me know if she will be on this for at least 6 months at a dose of 50mg at night and we can arrange a CMS prescription.Kind Regards,EllenPharmacistThe Pharmacy TeamNewburn Healthcare LTD

09-July-2024 Mrs Gillian Allan Surgery consultation

Administration (P3)	Letter encounter from Adult Mental Health
Intervention (P3)	Medication given -> Promethazine 25mg - up to twice daily - PATIENT TAKING ONE SINGLE 50mg DOSE AT NIGHT

06-Jun-2024 Ms Jenna Murray Surgery consultation

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Gabriel Wong; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	Patient requesting referral to psycological therapies , feels would benefit from discussing ***** , was ***** in *****, struggles to amintain and hold down relationships , lives alone feels isolated , doesn't speak to *****. doesn't go out much either. Advised will do referral for patient.

06-Jun-2024 Ms Hazel Farquhar Surgery consultation

Diagnosis (P3)	Referral to Psychological Therapy Service

03-Jun-2024 Ms Lucy Mannall Surgery consultation

Diagnosis (P3)	Reason for call? calling to see if she can get counsellingOutcome of call: advised spoke to JM, JM confirmed that she can refer onto counselling, put on list this afternoon to discuss this.

03-Jun-2024 Ms Jenna Murray Surgery consultation

Administration (P3)	Failed encounter mobile off message left at 1410 will call again in 1 hour.

03-Jun-2024 Ms Jenna Murray Surgery consultation

Administration (P3)	Failed encounter mobile remains off new number will need provided , house phone also rang out. Patient will need to rebook

28-May-2024 Mrs Shari Grant Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	Pauline Rosie (NHS Grampian)?+1 other?Yes please. Thanks very much. Pauline CMHN
Administration (P3)	Email sent to outside agency - email to Boots Garthdee
Diagnosis (P3)	GRAM Newburnpharmacy?+1 other?Hi Guys,Could you cancel the prescription we have sent to you for promethazine for Cherie Cameron CHI 0710902042? It should be dated 23/05/2024.Many thanksKind Regards,Shari GrantAdvanced GP Clinical PharmacistThe Pharmacy TeamNewburn Healthcare LTD

28-May-2024 Mrs Shari Grant Surgery consultation

Administration (P3)	Email received from third party
Diagnosis (P3)	Pauline Rosie (NHS Grampian)Hi Re: Cherie CameronI recently sent a request for CC to be prescribed PROMETHAZINE . However I forgot to ask that the prescription be sent to Dickies Pharmacy on Rosemount Viaduct for dispense and collection by patient, my omission entirely - please can this be actioned.Many thanksPauline CMHN
Diagnosis (P3)	GRAM Newburnpharmacy?+1 other?Hi Pauline,Unfortunately, the prescription was done on the 23/05/2024 and sent to Boots Garthdee already. Do you want me to cancel the one at Boots and redo for Dickies Rosemount?Kind Regards,Shari GrantAdvanced GP Clinical PharmacistThe Pharmacy TeamNewburn Healthcare LTD

24-May-2024 Mrs Bernice Leitch Surgery consultation

Diagnosis (P3)	Left message on pt mobile to advise script been sent to usual Pharmacy for medication as recommended by Royal Cornhill Hospital

23-May-2024 Mrs Sarah Jack Surgery consultation

Administration (P3)	Outpatient clinic letter received
Diagnosis (P3)	Reviewed by Pauline Rosie (CMHN) at RCH and discussed with Dr Chew. Ongoing issues with sleep and allergy symptoms - to have supply of Promethazine 25mg up to BD prn. No mention of length of treatment or review date so will give enough for a month

21-Mar-2024 Mr Doc Man Other

Administration (P1)	Administration - Pt has Guardianship Order & DWP Appointee ship

09-Nov-2023 Mr Doc Man Other

Symptom (P1)	Sbjct to compulsory treatment order (comm) under ***** 2003 (Scot) -Valid until 27/11/2024 - REVOKED 2/10/2024

07-Sept-2023 Mrs Gillian Allan Surgery consultation

Intervention (P3)	Post hospital dischrge med reconciliation with medical notes
Diagnosis (P3)	As per IDL from General Psychiatry dated 31/08/23- Admitted to Eden Ward, RCH 11/07/23 with Non-compliance of drugs- Diagnosis: Non-compliance of Depot medication- Meds on discharge > Cetirizine 10mg - one in the morning for allergies - was buying OTC > Dermol 500 Lotion - apply TDS to dry skin, while symptoms persist > Flupentixol 40mg/2ml soln for injection - 40mg IM every 2 weeks (next due at Depot clinic 14/09/23)

31-Aug-2023 Ms Fiona Anderson Other

Intervention (P1)	Patient non compliance - general of depot medication
Diagnosis (P1)	Allergy : Sulphides

22-Jun-2023 Miss Rachel Cowie Surgery consultation

Diagnosis (P3)	Reason for call: Looking for Anti-histaminesDuration/location/symtoms:N/ASupplementary questions from CN clinician:N/AAdvice given to patient from CN clinician:N/AOutcome of call: Redirected to pharmacyWorsening statement given: N/A

22-Jun-2023 Miss Rachel Cowie Surgery consultation

Diagnosis (P3)	ReDirected to appropriate service - Pharmacy

24-May-2023 Mrs Shari Grant Surgery consultation

Intervention (P3)	Post hospital dischrge med reconciliation with medical notes
Diagnosis (P3)	As per IDL 24/05/2023:> Admtted for ***** - recall of CTO> Continues on Aripiprazole Injection monthly.

11-Apr-2023 Mr Doc Man Other

06-Apr-2023 Miss Kirstie Hale Surgery consultation

Intervention (P3)	Post hospital dischrge med reconciliation with medical notes
Diagnosis (P3)	PASS paperwork received from RCH - not actioned as patient back to ward on 03/04/23. Await full discharge letter> Received aripiprazole 400mg IM on 28/03/23

27-Feb-2023 Ms Fiona Anderson Other

Symptom (P3)	Sbjct to compulsory treatment order (comm) under ***** 2003 (Scot) from 03/02/2023 to 27/05/2023

07-Feb-2023 Mrs Gillian Allan Surgery consultation

Intervention (P3)	Post hospital dischrge med reconciliation with medical notes
Diagnosis (P3)	As per IDL from General Psychiatry (Mental Illness) 03/02/23- Presented 30/09/22 with Deterioration in mental health- Diagnosis: *****- Meds on discharge > Aripiprazole (Prolonged Release) 400mg pre-filled syringe - given intramuscular every month (last given 03/02/23) - long term

03-Feb-2023 Mr Doc Man Other

30-Sept-2022 Mr Doc Man Other

Symptom (P1)	Deteriorated mental state

24-Jun-2022 Dr Fiona Mosgrove Home Visit

Diagnosis (P3)	attended with Social worker (Cat) and 2x *****. Dr Gilliland linking in by video call as has covid. door to flat unlocked - no response to knocking on door and shouting through letter box (*****). gained entry and had discussion with cherie. oppositional, verging on impossible to engage in discussion - meets questions with questions. theme of questions around things that have been done to her by the ***** and doctors and how this is "bigger than us". Doesn't seem able to engage in any sensible discussion around her needs or care.

24-Jun-2022 Ms Hazel Farquhar Surgery consultation

Diagnosis (P3)	Emailed Report of Incapcity to Accompany application for guardianship completed and signed by Dr F Mosgrove to Naomi Veldsman, Social Worker at ACC (copy in Docman)

20-Jun-2022 Dr Fiona Mosgrove Home Visit

Diagnosis (P3)	attended with Paul Gilliland, Naomi Veldsman (social worker) and medical student. ***** not keen to attend, no obvious sign of cherie at property, didn't answer door. naomi checked through letter box and no sign. ***** hasn't seen her for ? a few days. legislation checked - ***** need to attend, no one available at present so meeting to be re-scheduled, probably for friday morning.

15-Jun-2022 Ms Hazel Farquhar Surgery consultation

Diagnosis (P3)	Email received FAO Dr F Mosgrove from Naomi Veldsman of ACC re warrant for access and medical assessment on Mon 20 June at 3pm, also attached was Guardianship application - emailed to Dr F Mosgrove as urgent to complete and sign ASAP

14-Jun-2022 Ms Jan Ede Surgery consultation

Diagnosis (P3)	niamoni mental healthofficer called about the above - patient not responding to any staff from ciornhill and dispite a multiple atempts access deined including attending with *****, plan would be to gain a warrant for access to interview for capcity for assessment of guardinship oreder in presence of mental officer, pyshcarist and gp - along with ***** execpted to be 1500hrs monday 20th of june mental health officer number - 07917464238

29-Mar-2022 Ms Hazel Farquhar Surgery consultation

Diagnosis (P3)	Questionnaire for GP to complete and sign received today after 1pm (dated 29 Mar 22, ref Hannah Mackay) for Adult Protection Professionals Case conference Review by Adult Protection Unit, Aberdeen City Health & ***** Partnership - emailed them to ask if they still wanted the letter from GP as meeting missed, awaiting reply

07-Mar-2022 Ms Hazel Farquhar Surgery consultation

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Leona Houston; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	Urgent referral to Adult Psychiatry

04-Mar-2022 Dr Jennifer Vorenkamp Surgery consultation

Diagnosis (P3)	Spoke to Amy watson - council officer investigations adult support and protection concern. 2 visits - concern regarding ***** and health. *****, mental state poor, delusional and *****. Ideas stolen, ***** own aberdeen, thoughts about festival. Evicted from flat - stalled for 3/12 with engagement with socia work. Not engaging due to mental illness ? capacity. No heating or gas. Flat in an awful state, eating out of bins, refusing financial support from *****. Amy had access to flat with ***** present as *****. Wearing same clothes last 3 weeks. Discused wth chair ASP and MHO (Diane MHO - looking to visit today and needing joint visit today - *****.
Diagnosis (P3)	Plan is for MHO to contact the practice today for emergency visit alongside with Amy Watson. ? needs section and admission to RCH. Called MHO on 57306 and clarified plan for urgent visit today.

04-Mar-2022 Dr Jennifer Vorenkamp Surgery consultation

Diagnosis (P3)	D?w Dr Houston and no capacity for urgent visit today due to staff absence and no clear plan regarding mental health at present, can be seen if they can bring her here, has schizoaffective ***** so will be hard to assess MH without psych input. prev seen by psych in the PAST. AWAIT CONTACT FROM MHO

04-Mar-2022 Dr Jennifer Vorenkamp Surgery consultation

Diagnosis (P3)	Discussion with Diane Main - refusing to attend the practice, MHO re -iterated concerns regarding mental and physical state, *****, delusional. MHO states this has escalated to a point that action needs taken today and would be negilgent not to act.
Diagnosis (P3)	explained capacity issue at practice due to staff sickness but MHO adament patient needs assessed. Will have to pass to duty team after d/w Dr Houston that visit can't be facilitated.

04-Mar-2022 Dr Leona Houston Surgery consultation

Diagnosis (P3)	Living in house with no electricity gas or finances, scabs all over body. Think driven by mental health. Not been seen with MHO. Has been seen with another MHO and is thought to be detainable. About to be evicted. We have no capacity at practice today due to visit, esp unplanned - lots unplanned absences at practice. They say she will not attend here. Offered video assessment or by phone- they are not happy with this. Spoke to both Amy, SW and Diane main, MHO- explained again that we simply can't release staff for HV today. Likely to be same next week, and again offered remote assessment (in use of our iPad). They then asked if she could be referred to psych by us, however agree she is unlikely to go there for assessment (they are hoping psych will do visit)- She doesn't have a prev ***** diagnosis and I suspect diagnosis will not be straightforward. DW Dr McDonald - he will call MHO to discuss

04-Mar-2022 Dr Leona Houston Surgery consultation

Administration (P3)	Third party encounter
Diagnosis (P3)	with Dr McDonald. Given complexity best to have CMHT involved. Asking for a brief referral with view to assessment in next week.

17-Feb-2022 Dr Leona Houston Surgery consultation

Administration (P3)	Third party encounter
Diagnosis (P3)	with Amy, council worker from *****. Had visited yesterday with her allocated SW, was refused access to her flat. Seems poorly kempt, unclean, seems to have no electricity or money for food- was expressing *****, didnlt seem anxious or depressed. Was offered referral to Shelter despite *****. Wondering if needs assessment /re-referral to RCH. Wants to keep us up to date but also wondering re capacity and background info.
Diagnosis (P3)	Advised to submit email request- but she has access to RCH notes, which is all we have. We are unable to refer without assessing, however given her reluctance to engage and adult protection concerns would seem mre sensible for SW to refer to psych directly.

31-Jan-2022 Dr Robert Ede Other

Diagnosis (P3)	SW Jackie Gamba 07809 467 345 referred adult support- FAIL 1151
Administration (P3)	Telephone triage encounter
Administration (P3)	Failed encounter - no answer when rang back

31-Jan-2022 Dr Robert Ede Other

Diagnosis (P3)	Jackie Gamba, SW - received adult support protection - from Amy, mental health service, concerned. may be evicted. not engaging. *****, no benefits thus rent arrears accrued. Plan discussed psych letters

30-Nov-2021 Dr Jennifer Vorenkamp Surgery consultation

Administration (P3)	Failed encounter - message left

30-Nov-2021 Dr Jennifer Vorenkamp Surgery consultation

Administration (P3)	Failed encounter - message left for SW Aimee Will to contact the practice as several failed attempts to contact

17-Oct-2021 Mrs Maureen Thomson Surgery consultation

Administration (P3)	Cervical smear defaulter Exclusion From SCCRS Until 17/07/2025. Reason: Defaulter

01-Apr-2021 Dr Katherine Moult Surgery consultation

Administration (P3)	Third party encounter
Diagnosis (P3)	Spoke to George Jamieson (Social Worker) --- went to see Cherie yesterday with Amy Will. Had seen Cherie 6 months ago. Concerned about Cherie yesterday intially, though admitted much more settled toward the end of visit. Discussed input from practice the prior day and though cocnernes, no ***** situation. patient declined referral and previously closed due to disengagement with services. He is going to visit again in a month or so, and have advised can get back in touch if any ongoing issues or concerns. Worsening Statement Given
Administration (P3)	Telephone triage encounter

31-Mar-2021 Miss Chloe Christie Surgery consultation

Diagnosis (P3)	call from adult mental health socila work- Amy Will is now Cherie's new social worker. she is working from home but can be contacted on 07748872307. a brief call today before she visits to make sure someone went out after ***** report. confirmed this was the case and there is medication been done for her- for skin and scalp.

30-Mar-2021 Miss Moyra Masson Surgery consultation

Diagnosis (P3)	Cheries ***** (***** *****) called very distressed to say she hadnt seen Cherie in a while so went to her flat to give her some news about a ***** member and when she answered the door she found cherie in "a terrible state" covered in sores and had shaved all her hair off and was behaving very erratically. ***** said Cherie told her she had said she had called the doctor to say ***** could speak on her behalf. Cant see any evidence of this. ***** told Cherie she was calling for help. Have advised ***** to call the ***** to report concerns. Asking for GP to call ***** but aware that Cherie hasn't named her as able to talk 07849 529 544

30-Mar-2021 Dr Alistair McEwan Surgery consultation

Diagnosis (P3)	***** hadnt seen her for a few months and called to report that she is in a dreadful state. Physically - wt loss, *****, bald patches on head, skin poor codition with scratches and scabs. Mentally - ***** ideation thinks telephones will allow people to monitor her, would not consider going to hospital as she states 'they' will try to kill her ***** were called by ***** and they have been with her for 10 mins. SHx Hx of ***** from *****, who has now got a terminal diagnosis of cancer. ***** was alcoholic. Brought up in a care home as was the *****, but in different care homes. No close contacts and ***** feels she cannot be an intermediary or support as she has her own mental health problems.
Diagnosis (P3)	Know hx of ***** and was being followed by CMHT but off books as did not comply with contacts.
Diagnosis (P3)	Tried to contact directly - no reply to landline number and mobile switched off. The second number for Amy (SW) no reply.
Diagnosis (P3)	Contacted ***** to ask them to contact me with additional information.

30-Mar-2021 Dr Alistair McEwan Surgery consultation

Diagnosis (P3)	PC Miller Kittybrewster returned call 07971 709 548
Diagnosis (P3)	On visit, ***** confirmed untidy flat, Physically - hair loss and skin problems confirmed. Thought wt loss probable by comparing present appearance with old photograph.Mentally - ***** ideation, was betrayed by ***** and *****. No suicidal thoughts or intention of harm to others. No willingness to accept any help at present though ***** officer felt that she would like help but just didn't know what would help her, and was distrustful of who could help.
Diagnosis (P3)	Imp: doesn't sound like acute ***** that may need detention, but sounds as if needs to reconnect with CMHT and would need physical assessment

30-Mar-2021 Mrs Kirsteen Esslemont Home Visit

Diagnosis (P3)	As per triage below. Asked to visit to establish rapport and assess...Difficulty trusting anyone - initially didn't want to let me into her top floor flat as "it was a bit of a mess". General discussion re how she was and if there was anything we could help her with...Reluctant initally for examination but allowed me to see her arms / hands and scalp as in a mess and itchy at times.
Diagnosis (P3)	Alert - not suicidal or in *****...Temp 37c P 100 O2 sats 98%...Skin extremely dry with plaques/ crusting +++ to scalp - significant hair loss - also dryness / skin plaques to hands and elbow flextures. Wearing padded jacket etc which fits well - unable to establish if weight loss etc...Declined blood tests
Diagnosis (P3)	Lives alone in top 3rd floor flat - very messy - graffii on walls - turned on electricity when invited me in - no telephone or services - visits housing offiicer if needs assistance - drinks water from the tap and visits local shop for pasta to eat - didn't want to discuss finances. Distrust of social workers and RCH.. Likes to read books - usually one novel per day.
Diagnosis (P3)	IMP: ***** / mental health - not in ***** - long term issues with trusting health care workers/ social worker etc...Not willing to re engage with RCH / ***** - will contact her housing officer or her ***** if assistance required. 2. Flare up of eczema - agreed to script for emoillients and steroid cream - will collect from Hilton Rd Pharmacy... Declined referral to link worker / dermatology referral - again doesn't trust anyone...Will have a think about contacting Denburn if any concerns and for review of skin in next couple of weeks.

18-Nov-2020 Mrs Joan Matthew Other

Administration (P3)	Letter from consultant

04-Nov-2020 Mrs Gillian Allan Surgery consultation

Intervention (P3)	Medication requested
Diagnosis (P3)	Re-started & note attached to review with clinician

08-Oct-2020 Mrs Julie Ann Morrison Surgery consultation

Diagnosis (P3)	On list sent for assessmen6t by ***** - informed gp

08-Oct-2020 Dr Alistair McEwan Surgery consultation

Diagnosis (P3)	Brought in by ***** because of expressions of *****. She is guarded in what she says and has expresses some ideas with ***** flavour. Expressing ideas that could suggest thought disorder - thoughts about her ***** leaving Scotland and being locked out etc No clear ***** ideation however. Demeanor is trying to convey fear and anxiety but doesn't have a genuine flavour - it feels as if it is being put on. Reports mood as low and expressing ideas that ***** but no objective evidence of this. Would benefit from further assessment. I will try and arrange tonight.

27-Aug-2020 Mr Doc Man Other

Diagnosis (P1)	***** ***** theme with bizarre behaviour
Diagnosis (P1)	*****

11-Aug-2020 Mr Doc Man Other

Examination (P1)	Severely abnormal behaviour Non-*****

10-July-2020 Mr Doc Man Other

Administration (P3)	OOH activity Anxiety states

10-July-2020 Dr Amir Iqbal Other

Diagnosis (P3)	Anxiety with depression
Diagnosis (P3)	note contact from Gmeds. Exacebation of anxiety and low mood sx. Note multiple contacts with Gmeds. Spoke to patient and little change to presentation since spoke to Gmeds 3hrs ago. No ideation. Anxiety and isolation which seems to be mainly due to covid related anxiety. Will refer to psychologicla hub and also ask SW to make contact with her
Diagnosis (P3)	email sent to Social worker- and message on phone Dear Amy, I tried to phone to you to speak about this patient. She has had multiple contacts with the OOH and ***** relating to her anxiety and isolation due to covid. I have referred her to the psychological resilience hub? and would appreciate if you could also make contact with her to offer support regarding her overall condition and social aspects etc. Her phone no is- 07939 205 177Please get in touch with me if you require any further information Dr Amir IqbalMBCHB, FRCGP07590 569 613
Diagnosis (P3)	email response to above advises that social worker on leave - have sent email and left message for other person covering

10-July-2020 Dr Amir Iqbal Other

Diagnosis (P3)	Spoke to social worker - they will make contact with her today and were in touch yesterday. She was initially very reluctant for support but now seems more amenable.

10-July-2020 Dr Amir Iqbal Administration

Diagnosis (P3)	Email from *****- Hil called Cherie this morning as agreed with her yesterday. She told me that the Denburn Practice GP had called her and that she had been advised about the Psychological Resilience Hub. She asked me about this service and I advised her to the best of my knowledge what this service offers. Cherie seemed more talkative today and acknowledged that she is feeling more comfortable in talking to me about her current difficulties, which she says she is finding it more difficult to deal with due to the pandemic. She advised that she feels very anxious about going out and her fears in relation to the covid 19 have been heightened with the restrictions being eased in Scotland which has increased her anxiety. Cherie states that at this point in her life she feels a bit lost in relation to where she wishes to be as she enjoyed being in work and having a good social network. She feels to some extent the lockdown has made it more difficult for her in addition to her current poor mental health. However, she is keen to get the appropriate supports. I will ask that Amy makes contact with her early next week. Regards George JamiesonMHO/Social Worker

09-July-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3)	Message from ***** (i assume Amy Will) -- concern regarding Low Mood. Cherie seen multiple times by ***** and OOH Psych service over the last few weeks. Has DNA'd x 3 appointments in the surgery already. Contacted her. States 'struggling' doenst like being alone and feelin anxious. Very vague on the phone. Limited conversation. Booked this afternoon for F2F. Message left with SW that appt made.

09-July-2020 Dr Anastasia Dopierala Surgery consultation

Administration (P3)	Did not attend - no reason
Diagnosis (P3)	Attempted to phone Amy SW to update but no answer. No message left.

07-July-2020 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	Called Cherie as requested by ***** re her med query, but she does not have one specifically. Comes across as very vague and slow thinking. I went over the meds as prescribed by RCH.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 07-Jul-2020 - 07-Jul-2020)

07-July-2020 Ms Admin Person Surgery consultation

Diagnosis (P3) Amy Will has been allocated as Cheries new social worker. Her mobile (07748872307) and email address (aiwill@aberdeencity.gov.uk) are now on the system for us to contact her on. Cherie has been provided with a new mobile number also now on system (07939 205 177). MM

07-July-2020 Ms Admin Person Surgery consultation

Diagnosis (P3) sICKLINE POSTED TODAY 7/7/2020 - SW

01-July-2020 Dr Katherine Moult Surgery consultation

Symptom Reduced appetite
Diagnosis (P3) Karen Greenfell called from SW -- 07917 464 239 -- at Aberdeen Mental Health -- Cherie willing to attend for discussion/assessment. Please see entried below -- John (Link worker is in the building today) so might be worht discussing with hima s weel if something the can offer.
Administration (P3) OOH activity Mental disorders- *****
Symptom (P1) Unemployed
Symptom (P1) Lonely
Symptom (P1) Poor sleep pattern

01-July-2020 Dr Aidan Bundy Surgery consultation

Administration (P3) Did not attend - no reason
Diagnosis (P3) DNA at appt time. Initially called practice to say she was on her way and advised if arrives will see her even though late. But has now been an hour so marking as DNA.

01-July-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3) Called SW to advise that Cheris DNA'd her appt.

30-Jun-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3) Spoke with Katie Townhill (*****) -- ***** the concern hub and worried re. 6th report in 30 days. Aware of this - practice has made a number of attemepts to contact patinet (tried to phone again today - no answer. ?No phone) -- leters also sent inviting her to attend. Adivsed re. failed face to face attendance. Numberous Psych assessments. No diagnosis - and most recent reports to eidence of depression or ***** sx. More in keeping with social issues/lifestyle choices. Agreed to invite again for assessment. not able to comment furhter until assessment in the pracitce.

24-Jun-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3) Message from Helen Innes - patient booked for F2F today with Dr Simm. I had invited her to make contact with the surgery in view of the ***** ***** reporst and frequent psych assessments to allow the Practice to review the patient and offer assessment/assisstance if needed. ?for ***** or Link Worker involvement.
Diagnosis (P3) SPOKE TO JEN MACRAE -- SOCIALLY DISTANCE FACE TO FACE APPT IN GARDEN CAN BE OFFERED WITH LINK WORKER - AT NEXT CONTACT PLEASE CONSENT PATIENT TO REFERRAL. LETTER WILL BE SENT TO HER ADDRESS IF NO NUMBER TO CALL.
Administration (P3) Third party encounter

23-Jun-2020 Dr Alistair McEwan Administration

Diagnosis (P3) Unscheduled care assessment recommends stopping mirtazepine and starting Sertraline.

23-Jun-2020 Mrs Helen Innes Surgery consultation

Diagnosis (P3) Pt has called as states at ARI and has access to a phone which she does not normally. Dr Moult has been trying to get in touch. See below. Pt no access to internet/phone to get in touch. Booked for face to face tomm

23-Jun-2020 Ms Admin Person Surgery consultation

Diagnosis (P3)	Cherie called reception this afternoon around 13.30pm to say that she was responding to a letter she received asking her for a medication review. Arranged for a call back and then Cherie said she had no phone and she was using ARI phone and "they were away to kick her out in a minute". Cherie said she had got herself in a bad situation and had no phone and no ***** to assist her so no one would be able to call her back. Spoke to HI who said to book her in for 9.40am tomorrow for a face to face review. Offered this to Cherie who said she had nowhere to go tonight. Advised Cherie this was a medication review tomorrow and if she had nowhere to go she needed to get in touch with ***** to gain help. Cherie said she might. Then she said she would attend tomorrow for 9.40am. MM

19-Jun-2020 Mrs Carol Davidson Surgery consultation

Diagnosis (P3)	Letter done as per Joan request as her printer at Aurora not working - she was tasked from Dr Moult

18-Jun-2020 Dr Katherine Moult Surgery consultation

Administration (P3)	Third party encounter
Diagnosis (P3)	Karen (*****) -- concerns regarding Cherie over the last few days. Had been seen at helipad as per ***** Concern report. Will ask reception to write and invite her to call us for review.

28-May-2020 Mr Doc Man Other

Administration (P3)	DNA hospital appointment Unscheduled Care Team

14-May-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3)	Seen RCH today -- to start Mirtazepine. And review with them booked for 22nd May. Needs Med3 backdated. Will send to Cherie at home.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 14-May-2020 - 14-May-2020)

13-May-2020 Dr Katherine Moult Surgery consultation

Diagnosis (P3)	Difficult histoiran - sounds to have been quite unwell recently with anxiety and *****. Voluntary assessment at RCH over the weekend and has follow up tomorrow. Intially calling for duplicate of med3 - but has March Med3 for 5weeks. doenst need copy of this. No others on system. Stating doesn't think she needs one for April. I think she does. Agree she will see how tomorrow goes and I can then call her back in the afternoon. Happy with this.
Administration	eMED3 (2010) duplicate issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 13-May-2020 - 13-May-2020)

13-May-2020 Ms Admin Person Surgery consultation

Diagnosis (P3)	The practice is now accepting requests for emergency care only at present. Is your problem an emergency?If yes- then can I ask for full details, so I can pass on to the duty doctor. The more information you are available to provide, the easier it will be for the doctor to prioritise your call. 1. Can I ask the reason for the emergency ((*****) Wants to show her concerns before her RCH app tomorrow morning - She is seeing the way her behav is changing up and down very erratic) 2. Have you had any thoughts as to why this may be happening? (Thinks something has happened over the last 6 months that has made this happen) 3. What is worrying you most about your problem (Erattic behaviour) 4.Is there anything you were hoping the doctor/nurse could do (Pass on concerns to DR) 5. I will pass this information to the duty doctor. Either I or they will then call you back to advise further. If in the meantime you becomes more unwell, please phone back and/or call 999 in case of an emergency.

13-May-2020 Ms Evelyn Shelly Triage

Diagnosis (P3)	***** ***** called to express her concerns about Cherie, I advised that I could not give any information regarding the patient due to confidentiality, ***** understood this but just wanted to voice her concerns over her ***** behaviour which is very eratic and all over the place. Due to have an appointment at RCH tomorrow but concerned that she wont go. Has not being paying her rent and in massive rent arrears, getting in trouble with the *****, needs to get current and back dated Med 3 to give to ***** for issues with council house rent

06-May-2020 Mr Alan Shearer Other

Administration	Ethnic group not recorded

05-May-2020 Mr Doc Man Other

Administration (P3)	OOH activity Mental Disorders. Symptoms Signs and ill defined conditions

01-May-2020 Ms Admin Person Surgery consultation

Diagnosis (P3)	***** ***** who is Cheries ***** ***** called to say that there was a incident 2 days ago (***** letter on system) and they have been told by the ***** this afternoon they must have an emergency visit (talk) with a GP before anything can be progressed and this cannot wait until monday. Reluctant to give me many details but insisted the ***** have said they must have a phone call back today. ***** has provided his number. 07715 53 11 24. on emergency list.
Symptom (P1)	Low mood

01-May-2020 Ms Jan Ede Surgery consultation

Diagnosis (P3)	***** issues and has suffered anxiety for years no formal treametments in the past - has been reffered to dbi and pnuembra last year recent ***** concern reports and been taken back to foater care ***** in Laurcekirk where she is just now - difficult to get full history sppech slower n o drugs involved no alcohol . satys feel sucidal buit no plan made or atempts , mauinly feel frightened and scared thinks she has seen vultures but did not ellaborate - not convinced of visual halucanations - is sl;eep deprieved and can not sdsleep for 3 days manaing diet. main issue with walking /running away feet are in poor condition rtears and broken skin no sign of infection.
Diagnosis (P3)	PQH-9 21/27 incadating depression in safe place meantime travelling back to abberdeen Monday to see council about housing
Diagnosis (P3)	plan comence as below - 1. cairns counselling number given to have couselling 3. breathing space review Friday with KM Worsening Statement Given

09-Apr-2020 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	9.28 Answering service - message left to call us again when available
Diagnosis (P3)	10.04 Answering service - message left to call us again when available
Diagnosis (P3)	Initiated call re meds but has not yet looked them up. Will call again couple of weeks to check in

06-Apr-2020 Mrs Jacqueline Forrest Surgery consultation

Intervention (P3)	Dressing of wound
Diagnosis (P3)	O/E open wound under right knee about 2cm in lenth. New granulation tissue noted around wound edge. No sign of infection at this time. Small amount of slough in center or wound. Cleaned with saline and redressed with activon tube and covered with allevynn adhesive. Has not picked up dressing perscription from chemist. Surround skin is dy. Samples of QV cream and wash given out

06-Apr-2020 Mrs Helen Innes Surgery consultation

Diagnosis (P3)	Pt has attended surgery stating leg is infected again. Systemically well currently. Needs assessed and re-dressed. Appointment arranged

06-Apr-2020 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	2.46 Answering service - message left to call us again when available
Diagnosis (P3)	Panic attacks and poor sleep. Gave up assistance dog as too difficult to care for. Chat around her circumstances with no real focus of consultation. Has had some counselling in past but for short periods only. Not keen no medication as had ***** who was heroin addict and ***** who was alcoholic.
Diagnosis (P3)	Will read up about sertraline and citalopram and discuss again in couple of days.

30-Mar-2020 Dr Julia Wallace Surgery consultation

Administration (P3)	Telephone encounter needs dressings

30-Mar-2020 Mrs Jacqueline Forrest Surgery consultation

Administration (P3)	Did not attend - no reason for TWO dressing appointments

25-Mar-2020 Mr Doc Man Other

Diagnosis (P1)	Skin and subcutaneous tissue infections
Administration (P3)	OOH activity Skin/subcutaneous infections
Diagnosis (P1)	Panic attack

24-Mar-2020 Mrs Helen Innes Surgery consultation

Diagnosis (P3)	Boil right lower leg. Approx 2 inches. Tender. Draining pus. No fever and no tracking lines. Surrounding area red and hot. Pt currently self isolating due to cough. Agreed script for below and Worsening Statement Given

19-Mar-2020 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	Couple of weeks ago walked out of job because 'my ***** was literally driving me insane'. Working at Rileys - bar work.Main symptoms recently - insomnia, Anxiety on leaving the house, and mood generally a bit variable. Hx of ***** which she posits as origin of ***** - no psych assessment that I can see in her hx. Council has allocated a ***** to help her with bills etc, and would like tci to support her. Sounds like she may need some back dated med cert and perhaps referral to counsellor +/- Link worker. tci to assess.
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote_c56fffe3-fecb-442c-954a-1378d38548ce.pdf; Duration 19-Mar-2020 - 19-Mar-2020)

19-Mar-2020 Dr Krystalina Sim Surgery consultation

Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 19-Mar-2020 - 19-Mar-2020)

19-Mar-2020 Ms Admin Person Surgery consultation

Diagnosis (P3)	Sickline being posted 20/2/20 - SW

01-Nov-2019 Dr Katherine Moult Surgery consultation

Diagnosis (P3)	Seen in ***** -- all ***** related and now feeling like ***** are tryign to mess with her head. Long standing issues and poetnatil *****/assual from childhoothat ***** has reminded her of this week and is now in constant state of panic acoording to her. Has 'anxiety' dog with her. Failuy uunkempt and looks tired ?intoxicated though denies. Nil SI or *****. USes self help and coping strategies. Has support network in England and is tryign to sort herself financially to be able to move there. She is very keen to see DBI. Not keen on medications. Strogn Worsening Statement Given - consented to link worker referral also re. finance and move.
Diagnosis (P3)	Plan: DBI and Jen referrl (Link Worker) -- rent arrears.

01-Nov-2019 Dr Katherine Moult Telephone Consultation

Diagnosis (P3)	Calling form the ***** station - was out with her dog when anxiety took over. Triggered the last few days after contact from her *****. Seems to have triggered memories of *****. TCI now. Will come to surgery.

16-Oct-2019 Dr Greig Nicol Telephone Consultation

Diagnosis (P3)	Looking for letter to validate travel with assistance dog for anxiety. Sounds like an effective therapeutic ***** but hard to provide a letter in the absence of formal training or certification - suggested CAB.

18-Jun-2019 Dr Amir Iqbal Other

08-Mar-2019 Dr Amir Iqbal Telephone Consultation

Diagnosis (P3)	feels 'really run down'. Also feels lump in right axilla. TCI for review this PM

08-Mar-2019 Dr Gabriel Wong Surgery consultation

Intervention	Smoking cessation advice
Diagnosis (P3)	[D]Axillary lump
Diagnosis (P3)	A few months history of an axillary lump on the right side, right sided breast tenderness and discharge from right nipple. Tenderness not specific, comes and goes. Does not affect life. Discharge from right nipple described as yellow- green. No blood. Patient has not noticed any lumps or bumps in right breast. Has FHx of breast CA. Patient concerned.
Diagnosis (P3)	Appears well. Breast exam done. Breast felt quite lumpy, but there are no discrete masses in either breast. I was unable to feel the discrete lump patient was describing in the right axilla. No discharge elicited from nipple. erythema on lateral, inferior aspect of right breast. Patient appears to have erythematous skin throughout her body.
Diagnosis (P3)	Breast CA
Diagnosis (P3)	Reassured patient that there are no significant findings on examination. Advised patient to return if symptoms worsens for consideration for imaging.
Diagnosis (P3)	Urticaria
Diagnosis (P3)	History of dry, red, itchy skin in limbs, thorax, abdomen and back. Has been stable. No weeping, no bleeding. Has been on antihistamine to poor effect. No recent changes to cosmetics or cleaning products.Has been seen in practice recently, referral made to dermatology for further testing done and patient has received letter from dermatology for appointment.
Diagnosis (P3)	Appears well. Rash distribution as described above. No excoriation marks noted. Red, raised, well demarcated.
Diagnosis (P3)	Dermol wash and ointment given. Stronger antihistamine given for symtomatic relief.
Diagnosis (P3)	Patient has been trying to stop smoking. Curently down to 5 cigarettes a day. Has tried nicotine patches and gums but is still 'struggling to stop completely'.
Diagnosis (P3)	I have adviced patient to book another appointment to review this. We may be able to give Champix to aid her smoking cessation. Reassured her that she is making good progress and to keep it at 5 cigarettes a day or less.

25-Jan-2019 Mrs Carol Davidson Surgery consultation

Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Amir Iqbal; Reason: 8H...: Referral for further care (SCI Gateway Referral)*
Diagnosis (P3)	referral to dermatology

24-Jan-2019 Mrs Julie Ann Morrison Surgery consultation

Diagnosis (P3)	Issues with skin - dermol shower cream helps ++ and steroids have cleared skin well however an allegic typoe trigger reaciton at work ++ not able to source zerobase so not using this however have precibed an alternative and will also refer for allergic patch testing. Worsening Statement Given and also review in 2 weeks hopeing for onward pregirssion and improvement

04-Jan-2019 Mrs Julie Ann Morrison Surgery consultation

Diagnosis (P3)	Ongoping long term allergy type exacerbation to eczema - skin all over rasied rough and dry ++ not uticarial but systemic. Back arms legs all affected. treating with moisture cream only - no steroids - thinks triggeres with red wine exposure.
Diagnosis (P3)	T 36 RR 12 Spo2 98% HR 60 skin as above no pustulaea briken inflammed areas.
Diagnosis (P3)	exacerbation of eczema and allergy trigger for topical treatment and review in 7 days for uptitration of steroids etc a srequired and fexofenadine for itch if ongoiong - bloods then referal to allergy clinic if appropraite

03-Jan-2019 Mrs Julie Ann Morrison Surgery consultation

Diagnosis (P3)	Speaking to ***** has increased skin problems - skin very dry and thinks it is an allergic reaction to red wine and severely cracking. Using e45 only. She put cream on and was red and hot to touch. very vagtue on phone not using any emolients really - for appt tomorrow to assess skin likley needs moisture regime

04-Sept-2018 Mrs Helen Innes Surgery consultation

Diagnosis (P3)	Widespread erythema over torso. Coming and going for months with no known trigger. Systemically well with no breathing or swallowing concerns. Will keep diary and anti-histamine and cream prescribed. Worsening Statement Given

22-Jan-2018 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	Straight to "unavailable" message at 1159

22-Jan-2018 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	Headaches - thinks due to tension but keeping her awake. Booked this PM for assessment

22-Jan-2018 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	No answer @ 1304. No answer @ 1312 - no answering service. Await further contact

22-Jan-2018 Mrs Kirsteen Esslemont Surgery consultation

Diagnosis (P3)	Ongoing headaches for 2 weeks - no injury. Pain behind eyes and temporal area. Wears glasses - last optician check 9 months. Feeling stressed - looking for work - no money / benefits - poor appetite - tolerating fluids - passing urine normally. Taking paracetamol with some effect. Poor sleeping pattern.
Diagnosis (P3)	Alert - P98, O2 sats 98%, BP 100/60, Temp 35.8c, Neuro exam - unremarkable.
Diagnosis (P3)	Smoker 10 cigs daily. No alcohol intake
Diagnosis (P3)	IMP: Stressed induced headaches - advised to continue paracetamol / promethazine prescribed (short term)to help with sleeping pattern. Tel numbers, addressses and information re food banks and citizen advice bureau given - has food for tonight only - to contact these numbers in the morning. Worsening Statement Given

12-May-2017 Dr Alistair McEwan Surgery consultation

Administration (P3)	Cervical smear defaulter Exclusion From SCCRS Until 12/02/2019. Reason: Defaulter

23-Mar-2017 Mrs Deborah Momodu Surgery consultation

Diagnosis (P3)	See history below. Hx of Eczema
Diagnosis (P3)	Erythematous dry patch on left side of neck some small scabs in the middle
Diagnosis (P3)	Showed photo of this (with consent from patient) to AI and agreed to treat with mild to moderate steriods Worsening Statement Given

22-Mar-2017 Dr Katherine Moult Surgery consultation

Administration (P3)	Failed encounter - unable to contact or leave message

22-Mar-2017 Dr Katherine Moult Telephone Consultation

Diagnosis (P3)	Back from France - rash on neck was there for a week and a half. Using coconut oil. Raised, and cracking, breaking down and bumpy. Was using antihistamine. More of allergy. Not used any steroid creams. Wants appt to be seen, happy to wait until tomorrow. Agreed to trial steroid creams.

19-Jan-2017 Mrs Jacqueline Chalmers Surgery consultation

Diagnosis	Full consent for immunisation , Measure: 0
Diagnosis (P3)	Travel vaccinations
Diagnosis (P3)	Travelling to France, Italy and Belgium. Booster of DTP recommended as working in rural areas. No other vaccines required.
Intervention	Booster polio vaccination *Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)*
Intervention	Booster tetanus vaccination *Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)*
Intervention	Booster diphtheria vaccination *Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)*

29-Sept-2016 Mrs Jacqueline Chalmers Surgery consultation

Diagnosis (P3)	Impacted cerumen (wax in ear) (Right)
Diagnosis (P3)	Wax in right ear canal affecting hearing. O/E soft wax in right ear canal blocking TM. No contraindications for syringing. Right ear syringed with good return of wax. TM now visible and intact. Ear canal normal. Hearing restored.

19-Sept-2016 Mrs Kelly Reid Surgery consultation

Diagnosis (P3)	Impacted cerumen (wax in ear) (Right)
Diagnosis (P3)	Reduced hearing in right era for some time now and been using olive oil with no effect. No pain in ear - has some tooth pain at that side however. Well in herslef.
Diagnosis (P3)	Righ era impacted with wax - advised to continue olive oil and book for syringing. no sign of infection to come or call back if any concerns

19-Sept-2016 Mrs Kelly Reid Surgery consultation

Diagnosis (P3)	Working at festivals in elgland and since last 3 weeks has been unable to hear out of right ear. Was initially getting assiciated headaches and paramedics arrived oilive oil. Painful too would like seen , booked today.

17-Jun-2016 Mr Doc Man Other

Diagnosis (P1)	Migraine with visual aura
Symptom (P1)	Dry eyes bilateral dry eye (mild to moderate) Phoria detected on cover testing to day

17-Mar-2016 Mrs Diane Ewen Surgery consultation

Intervention	Ophthalmological referral . *Sender: Mrs Diane Ewen; Reason: Ophthalmological referral*
Intervention	8H...: Referral for further care (SCI Gateway Referral) *Out Patient. Sender: Dr Hani Zakri; Reason: 8H...: Referral for further care (SCI Gateway Referral)*

11-Mar-2016 Mrs Elsa McLeod Surgery consultation

Examination	Blood sample -> Lab NOS <c>	
Examination	**Blood sample -> Lab NOS**<c>: Blood sample -> Lab NOS <c>	(No range available)

11-Mar-2016 Dr Michael Broome Surgery consultation

Examination	Serum albumin SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	39 g/L
Examination	Serum alkaline phosphatase SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	59 U/L
Examination	Serum alanine aminotransferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	15 U/L
Examination	Serum total bilirubin level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	10 umol/L
Examination	Serum chloride SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	105 mmol/L
Examination	Serum total cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	5 mmol/L
Examination	Serum creatinine SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	76 umol/L
Examination	Eosinophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.35
Examination	Serum gamma-glutamyl transferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	12 U/L

Examination	Haemoglobin estimation SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	137 g/L	
Examination	Serum HDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	1.4 mmol/L	
Examination	Serum LDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	3.1 mmol/L	
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	27 pg	
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	82 fL	
Examination	Monocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.7	
Examination	Neutrophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	3.8	
Examination	Platelet count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	271	
Examination	Serum potassium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	4.3 mmol/L	
Examination	Red blood cell (RBC) count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	**5.1**	
Examination	Serum sodium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	137 mmol/L	
Examination	Serum triglycerides SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	0.99 mmol/L	
Examination	Serum urea level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	5.3 mmol/L	
Examination	Total white cell count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	8.4	
Examination	Lymphocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	3.3	
Examination	Plasma glucose level SPECIMEN ID: CB171805ASPECIMEN TYPE: Blood	5 mmol/L	
Examination	Biochemical test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		
Examination	Large unstained cells SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.14	
Examination	Haematocrit - PCV SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.41 L/L	
Examination	Basophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.07	
Examination	Total cholesterol:HDL ratio SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	3.5	
Examination	Lipid level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		
Diagnosis (P3)	Attends with recurrent headache and blurred vision, ongoing for 9 months since new job. has been givne glasses by optician who also noted totuous Blood vessals. O?E today normal visual fields and noraml pupil reaction. healthy retina but tortous vessals noted. for referral to pthamology, headaches though sound related to vision do sound migranous in nature (one sidd) lastin6hours to 24 hours with N+V) so triptan prescribed		
Examination	Haemolysis screening test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		
Diagnosis	(Non Coded Event - Full blood count - FBC) Specimen Id: HH173865TSpecimen Type: BloodNumber of Test(s): 13Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: Abnormal		
Diagnosis	(Non Coded Event - Plasma glucose level) Specimen Id: CB171805ASpecimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Biochemical test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Urea and electrolytes) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Serum lipids) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: See national guidance (SIGN, NICE) for lipid treatment targets.|Reviewer comment: Abnormal/Normal Flag:		
Diagnosis	(Non Coded Event - Liver function test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood> 60		
Examination	**Serum albumin**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	39 g/L	(Range: 35 - 50)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	59 U/L	(Range: 30 - 130)

Examination	**Serum alanine aminotransferase level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum alanine aminotransferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	15 U/L	(Range: 9 - 55)
Examination	**Serum total bilirubin level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum total bilirubin level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	10 umol/L	(No range available)
Examination	**Serum chloride**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	105 mmol/L	(Range: 95 - 108)
Examination	**Serum total cholesterol level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum total cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	5 mmol/L	(No range available)
Examination	**Serum creatinine**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum creatinine SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	76 umol/L	(Range: 50 - 100)
Examination	**Eosinophil count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.35	(Range: 0.1 - 0.5)
Examination	**Serum gamma-glutamyl transferase level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum gamma-glutamyl transferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	12 U/L	(Range: 6 - 35)
Examination	**Haemoglobin estimation**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Haemoglobin estimation SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	137 g/L	(Range: 120 - 160)
Examination	**Serum HDL cholesterol level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum HDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	1.4 mmol/L	(No range available)
Examination	**Serum LDL cholesterol level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum LDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	3.1 mmol/L	(No range available)
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Mean corpusc. haemoglobin(MCH) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	27 pg	(Range: 27 - 32)
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Mean corpuscular volume (MCV) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	82 fL	(Range: 82 - 99)
Examination	**Monocyte count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.7	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	3.8	(Range: 1.5 - 7)
Examination	**Platelet count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Platelet count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	271	(Range: 140 - 400)
Examination	**Serum potassium**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum potassium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	4.3 mmol/L	(Range: 3.5 - 5.3)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: **Abnormal** Red blood cell (RBC) count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	**5.1**	**(Range: 4 - 5)**
Examination	**Serum sodium**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum sodium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	137 mmol/L	(Range: 133 - 146)
Examination	**Serum triglycerides**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum triglycerides SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	0.99 mmol/L	(No range available)
Examination	**Serum urea level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Serum urea level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	5.3 mmol/L	(Range: 2.5 - 7.8)
Examination	**Total white cell count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Total white cell count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	8.4	(Range: 4 - 10)
Examination	**Lymphocyte count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Lymphocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	3.3	(Range: 1.5 - 4)
Examination	**Plasma glucose level**SPECIMEN ID: CB171805ASPECIMEN TYPE: Blood: Plasma glucose level SPECIMEN ID: CB171805ASPECIMEN TYPE: Blood	5 mmol/L	(Range: 3.7 - 6)
Examination	**Biochemical test**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-: Biochemical test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		(No range available)
Examination	**Large unstained cells**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Large unstained cells SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.14	(Range: 0.05 - 0.5)
Examination	**Haematocrit - PCV**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Haematocrit - PCV SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.41 L/L	(Range: 0.37 - 0.47)
Examination	**Basophil count**SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood: Basophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.07	(Range: 0.01 - 0.1)
Examination	**Total cholesterol:HDL ratio**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood: Total cholesterol:HDL ratio SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	3.5	(No range available)
Examination	**Lipid level**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-: Lipid level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		(No range available)

Examination	**Haemolysis screening test**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-: Haemolysis screening test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-	(No range available)
Diagnosis	**(Non Coded Event - Full blood count - FBC)**Specimen Id: HH173865TSpecimen Type: BloodNumber of Test(s): 13Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: Abnormal: (Non Coded Event - Full blood count - FBC) Specimen Id: HH173865TSpecimen Type: BloodNumber of Test(s): 13Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: Abnormal	(No range available)
Diagnosis	**(Non Coded Event - Plasma glucose level)**Specimen Id: CB171805ASpecimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:: (Non Coded Event - Plasma glucose level) Specimen Id: CB171805ASpecimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Biochemical test)**Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Biochemical test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Urea and electrolytes)**Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Urea and electrolytes) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Serum lipids)**Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: See national guidance (SIGN, NICE) for lipid treatment targets.|Reviewer comment: Abnormal/Normal Flag:: (Non Coded Event - Serum lipids) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: See national guidance (SIGN, NICE) for lipid treatment targets.|Reviewer comment: Abnormal/Normal Flag:	(No range available)
Diagnosis	**(Non Coded Event - Liver function test)**Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:: (Non Coded Event - Liver function test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:	(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood> 60: GFR calculated abbreviated MDRD SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood> 60	(No range available)

09-Mar-2016 Dr Katherine Moult Surgery consultation

Diagnosis (P3)	headache behind left eye -- seen by optician, not helped with glasses -- retinal BVs tortuous -- optician advised BP and bloods -- needs review with GP and booked for bloods as below (please add if anything in addition to be checked)

03-Mar-2016 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	Right breast inflamed for the past 1-2 months. Across nipple. Very itchy and feels may have fever over the past 24hrs. Some discharge. No diabetes. Booked today for assessment

03-Mar-2016 Mr Doc Man Other

03-Mar-2016 Dr Emer Pringle Surgery consultation

Diagnosis (P3)	!-2 nmonth history of swelling and redness around right nipple which has worsened in past 2-3 weeks, feels skin is now a little broken and very itchy. Some creamy oily discharge from nipple and some bleeding now the skin is broken. Is also itchy on arma, legs and back. Previous history of eczema. Itching interferring with sleep. Has felt very run down and unwell the last 24 hours. Previous episode of something similar when 16 but it resolved itself.
Diagnosis (P3)	Temp 36.6 HR 102 reg Sats 99 on air Chest clear. Right breast swollen and erytheamatous around nipple. Skin a little broken. Redness and dryness in patches on arms, leg and across back
Diagnosis (P3)	Examined by JB also. Feels there is an infection in breast probably due to eczema. Also noted pattern on arms and felt this could possibly be due to scabbies but would need to review this again in light of current infection in breast. Given course of Abx and skin treatments as below. Advised to call back if things not improving in a week.
Diagnosis (P3)	Skin infection in right breast

19-Aug-2015 Ms Susan Cowe Surgery consultation

Administration	Cervical smear - suspend recall Exclusion From SCCRS	
(P3)	Until 19/02/2016. Reason: At Colposcopy	

22-July-2015 Mrs Diane Ewen Surgery consultation

Diagnosis	ARI co-ordinator trying to get hold of patient she is not	
(P3)	answering letters, gave mobile number	

29-Jun-2015 Dr Alistair McEwan Telephone Consultation

Diagnosis	Cough for 3 months. Worse recently with fever and darker	
(P3)	phlegm.	

29-Jun-2015 Mrs Kirsty Williamson Surgery consultation

Intervention	Smoking cessation advice advised viral and - for oil for ear, and spray for throat then add in analgesia.	
Examination	O/E - blood pressure reading	110 / 68 mm Hg
Examination	O/E - BP reading t- 37.2, p- 76, sp02-99%, lungs are	
(P3)	clear, throat is red with mild tonsilliar swelling, but no exudate, right ear is painful and full of wax. no lymphadnopathy.	
Diagnosis	Upper respiratory infection NOS cough for past few	
(P3)	months, but comes and goes, usually fit, exhausted as overworking and money issues. cold symptoms worse over past 4 days, sleeping and not able to take analgesia as no money for this.	
Symptom	Current smoker	0 / 0 / 0 cigarettes / cigars / tobacco

25-Jun-2015 Dr Khyber Alam Telephone call to a patient

Diagnosis	abnormal cells on cervical screening-- invited to gynae for	
(P3)	likely colposcopy-- talked pt through this--to come or call back if any concerns -- await formal letter--to come or call back if any concerns	

27-May-2015 Ms Morag Taylor Surgery consultation

Diagnosis	Counselling - attended follow up session which had been	
(P3)	agreed at last session.	
Diagnosis	Cherie doing OK despite recent *****. She is managing	
(P3)	herself well and is thinking more about her needs for the future.	

27-May-2015 Mrs Deborah Momodu Surgery consultation

Intervention	Smoking cessation advice	
Intervention	Cervical smear taken	
(P3)		
Examination	O/E-vaginal speculum exam. NAD	
(P3)		
Examination	O/E - no vaginal discharge	
(P3)		
Intervention	Nicotine replacement therapy	
(P3)		
Examination	O/E Cervix: transitional zone seen	
(P3)		
Examination	Body Mass Index, 22.77 , Measure: 22.77	
(P3)		
Diagnosis	Cervical smear screen	
Symptom	Trying to give up smoking	0 / / cigarettes / cigars / tobacco
Symptom	Cigarette smoker	0 / / cigarettes / cigars / tobacco
Examination	O/E - weight, 54 Kg , Measure: 54, Measure Units: Kg	54 Kg
Examination	Body Mass Index , Measure: 54, Measure Units: Kg	22.77
13-May-2015 Symptom	Last menstrual period -1st day	
(P3)		

27-May-2015 Dr Gillian Fraser Surgery consultation

Diagnosis (P3)	ezcematous change right nipple. Nil masses/lumps felt. Has ezcema elsewhere. treat with below but advised if not settling after 10days then review.
Diagnosis (P3)	Mentioned headaches which are longstanding, not sleeping well, smoking cannabis joint every night, not eating propoerly. Nil red flags. Suggest make lifestyle changes..stop cannabis, increase fluids, eat regulalry. Hipefully sleep will improve as supsect combination of things causing headaches.
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: - Infection present : Koilocytosis. Reviewer comment: Abnormal/Normal Flag:
Examination	Cerv.smear: mild dyskaryosis - Infection present : Koilocytosis.

25-May-2015 Dr Gillian Fraser Telephone Consultation

Diagnosis (P3)	Best ***** ***** died and ***** recently tried to *****. Unable to switch off. Has been trying sleep hygiene. Will try below but aware sleeping tablets not long term soltion. Also mentioned ezcematous change on nipple. Has elsewhere but review on wed when here anyway for smear.

08-Apr-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - attended 6th session - offered a follow up in May - will send patient an appointment.

18-Mar-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - attended 5th session - see on 8 April - 3 weeks time

11-Mar-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - attended 4th session - see again next week

05-Mar-2015 Mr Tim Wood Surgery consultation

Diagnosis (P3)	Foot pain
Diagnosis (P3)	Pain in R foot
Diagnosis (P3)	Has slight hallux valgus, also pain along 5th MT. Fungal infection also noted
Diagnosis (P3)	PLAN: (I) Toe strightener splint for Hallux as surgery not appropriate as yet.Comfortable footwear. (II) NSAID gel for little toe pain. (iii) Miconazole for athletes foot. Review if not settling

05-Mar-2015 Miss Touch Screen Other

Diagnosis (P3)	Note: Patient entered data	
Symptom	Refusal to give smoking status	0 / / cigarettes / cigars / tobacco

04-Mar-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - attended 3rd session - little better asking for help at work - see next week

04-Mar-2015 Dr Khyber Alam Telephone call to a patient

Diagnosis (P3)	you injured foot on saturday-- pain-- fwd book--see np

25-Feb-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - slept in but phoned to ask if she could come to the appointment - agreed to see her but only had 25 minutes. Has made some changes in home circumstances. Memories coming back but talking about them. See again next week

11-Feb-2015 Ms Morag Taylor Surgery consultation

Diagnosis (P3)	Counselling - attended session. Under lot of stress at work and home - feeling trapped. Situation at home reflecting previous ***** situations. Fearful of confrontation.
Diagnosis (P3)	Offered 4 more sessions. See in 2 weeks

23-Jan-2015 Dr Jennifer Edwards Surgery consultation

Symptom (P3)	Stress related problem	
Diagnosis (P3)	Patient came to see me again after been stressed at work. ***** childhood. Works as supervisor in poundland- has been doing a lot of hours and very stressful. Also home circumstances ***** and a ***** is staying with her in a one bed flat. Has not been able to relax in home environment. Having been off work for past few days has really improved things. Been baking and doing things she enjoys. Sleeping getting better, used to waken up many times during night. Does not feel depressed, more stressed. Does not drink alcohol. Has ***** in past many years ago. No new ***** ideation or *****.	
Diagnosis (P3)	Looking a lot better today. Good eye contact.	
Diagnosis (P3)	Has been referred to *****. Patient happy to return to work on Monday. to come or call back if any concerns or worsening symptoms.	

20-Jan-2015 Dr Jennifer Edwards Surgery consultation

Examination	O/E - blood pressure reading	118 / 60 mm Hg
Examination (P3)	O/E - BP reading o2 sats 99% on air, pulse 96. HS 1+2+0, pulse regular, Chest clear good AE bilaterally, tonsils- red not swollen. SOU -ve, bHCG -ve.	
Symptom (P3)	Cough (Mild)	
Diagnosis (P3)	Cough for 4 weeks, coughing up clear sputum. not corzal symptoms, also headaches. Headaches frontal, everyday. Fevers. Also said that she could not keep anything down today- vomiting with coughing. Not on contraception except condoms. Contraception advice given but has had numberous problems with other contraception.	
Diagnosis (P3)	Patient appears stressed and having problems at work. No active self harm or suicidal ideation. To come back and see me on Friday. Fit note issued until then.	
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: FitNote.pdf; Duration 20-Jan-2015 - 20-Jan-2015)	

20-Jan-2015 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	10.40 Answering service - try later

20-Jan-2015 Dr Alistair McEwan Telephone Consultation

Diagnosis (P3)	Caught cold middle of December and never left. Now headache and light headedness for days and cold sores. Pain in stomach. TCI to assess.

12-Dec-2014 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	***** and *****
Diagnosis (P3)	Had a very difficult childhood and teenage years. Would like to be referred to psychologist/psychotherapist as feels in a position that would be able to talk about it now and feels that needs to talk it through. Says that feels that mood is low but still able to enjoy things. Listens to music for an hour or so every day to lift her mood. Finding that sleep is poor recently as she finds it hard to switch off at night. Work stressful. Wakes in the night often. Unrefreshing sleep. No thoughts *****/*****. Witnessed ***** attempt to slit wrists when pt was 6. Has taken an ***** and slit wrists in the past, when a teenager. Says would never do anything like that again. Trigger for getting in touch was that she sees her ***** once a month (she works offshore) and saw her last week. Found this very upsetting as ***** domineering and manipulative. Physical health ok, no reg meds
Diagnosis (P3)	Reactive and gave a good account of herself. Not tearful, laughed appropriately
Diagnosis (P3)	***** alcoholic and *****. Died when patient was 12. ***** *****
Diagnosis (P3)	Born in Aberdeen. One ***** 11 years older. ***** has his "real ******" 2 ***** and 2 ***** with new ***** and lives down south. Taken into care at 5years old. Put to live with ***** and ***** in Ellon. After 18months they said that they no longer wanted her and was put to ***** ***** in Portlethen. Changed ***** every year as ****** ***** would upgrade house every year because they got paid so much money to have the ******". Finished ***** in Stonehaven Academy. Left at 16years. Got all standard grades and 4 highers. Moved to supported lodgings by SW. Went to college to do highers but did not stick at it. Had no ***** or support in Abdn. At 16 got pregnant by her best *****. First sexual experience. Got pregnant and lost the pregnancy at 14 weeks. No *****. ***** died when pt was 12. ***** and ***** were legal ***** but continued to live with ***** *****. ***** ***** from the age of 7 until 14 years old. ***** ***** and ***** knows. Now lives alone. Has been in own flat for 5 years, council. ***** for last 7/12. Supportive and happy. Has worked in a couple of shops since school but has been at Poundworld now for 3.5 yaers. Is a supervisor. Smoker. Also smokes cannabis - 2-3 joints every couple of days. Helps her sleep. Minimal EtOH, nil else illegal. No ***** involvement
Diagnosis (P3)	I don't believe there is a sig mood disorder here but patient very keen to discuss her issues. I agree that this may be beneficial. Discussed with Morag - she would be happy to see this girl initially. I will refer to Morag. TC with me 4 weeks or PRN. Breathing Space number given and ACIS

11-Dec-2014 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	See DR GN's TC. Called patient. Woke her from sleep. Organised appointment tomorrow. Patient says coping at present and can wait till tomorrow. Booked with me

05-Dec-2014 Dr Greig Nicol Telephone Consultation

Diagnosis (P3)	Feels she needs a psychologist. Alleges she was ***** as achild and has been ***** as an adult. Was in care and has clearly had some horrendous experiences. Needs some input from us and likely mental health services. Wishes to see female doctor due to lifelong issues with talking to men since *****. ? need for ***** involvement. Put in for call to arrange.

20-Aug-2014 Mrs Kirsty Williamson Surgery consultation

Diagnosis (P3)	Breast soreness	
Diagnosis (P3)	in left breast, painful when moving, thinks she might have felt a lump. ***** had either breast or ovarian cancer, but she died when Cherie was 12 and she is estranged from rest of ***** so not sure. LMP - 4/8/14, denies pregnancy. also has spots over face and chest .	
Diagnosis (P3)	acne - papular spots over chest wall bilaterally and smaller spots noted over forehead. both breasts feel lumpy, no specific lumps felt, tender over lateral side of right breast with no axilla involvement.	
Diagnosis (P3)	for nsiad gel and review if not settling - may need referred. trial of topical gel for skin.	

19-Aug-2014 Dr Jane Bruce Surgery consultation

Diagnosis (P3)	Found tender lump left breast one week ago. No *****, does not know of any sig FH. Able to come tomorrow. Booked tomorrow PM	

04-Jun-2014 Mrs Kelly Reid Surgery consultation

Diagnosis (P3)	3 day history of sore throat and bad taste in mouth. Feeling fevered and generally run down	
Diagnosis (P3)	Temp 37.8 Pulse 92 reg Ears; NAD throat; eruthamtous with tonsillar adenopathy, exudate on right tonsil	
Diagnosis (P3)	treat with abx and selfcare advice for fever and review if required	

04-Jun-2014 Dr Asha Johnson Surgery consultation

Diagnosis (P3)	sore throat, 2 days. Cannot swallow food. managing fluids.	

09-Apr-2014 Dr Greig Nicol Telephone Consultation

Administration (P3)	Failed encounter - message left on answer machine	

09-Apr-2014 Miss Heather Gilligan Surgery consultation

Diagnosis	Health ed. - alcohol	
Diagnosis	Health ed. - diet	
Diagnosis	Health ed. - exercise	
Intervention	Smoking cessation advice	
Symptom	Aerobic exercise 3+ times/week	
Examination	O/E - blood pressure reading	110 / 70 mm Hg
Intervention (P3)	Cervical smear taken	
Examination (P3)	O/E-vaginal speculum exam. NAD	
Examination (P3)	O/E - no vaginal discharge	
Diagnosis (P3)	Method of contraception - condoms. discussed and given literature re breast awareness.	
Examination (P3)	O/E Cervix: transitional zone seen	
Examination (P3)	Body Mass Index, 23.19 , Measure: 23.19	
Diagnosis (P3)	Ideal Weight, 54.55 Kg , Measure: 54.55, Measure Units: Kg	
Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: 6 months - Infection present : Koilocytosis. Reviewer comment: Abnormal/Normal Flag:	
Diagnosis	Cervical smear screen	
Diagnosis	Cervical smear screen	
Examination	Cerv.smear: mild dyskaryosis 6 months - Infection present : Koilocytosis.	
Symptom	Cigarette smoker, 30 Cigarettes/day , Measure: 30, Measure Units: Cigarettes/day	30 / / cigarettes / cigars / tobacco
Symptom	Alcohol consumption, 1 units/week , Measure: 1, Measure Units: units/week	1 units per week
Examination	O/E - weight, 55 Kg , Measure: 55, Measure Units: Kg	55 Kg
Examination	Body Mass Index , Measure: 55, Measure Units: Kg	23.19
Examination	O/E - height, 154 cm , Measure: 154, Measure Units: cm	1.54 m
02-Apr-2014 Symptom (P3)	Last menstrual period -1st day	

28-Mar-2014 Mrs Elsa McLeod Surgery consultation

Examination	Serum chloride, 104 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood	104
Examination	Serum creatinine, 76 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood	76
Examination	Eosinophil count, 0.23 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood	0.23

Examination	Haemoglobin estimation, 150 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	150
Examination	Mean corpusc. haemoglobin(MCH), 27 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	27
Examination	Mean corpuscular volume (MCV), 84 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	84
Examination	Monocyte count, 0.6 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.6
Examination	Neutrophil count, 4.8 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	4.8
Examination	Platelet count, 302 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	302
Examination	Serum potassium, 4.7 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	4.7
Examination	Red blood cell (RBC) count, 5.4 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	**5.4**
Examination	Serum sodium, 136 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	136
Examination	TSH - thyroid stim. hormone, 2.98 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	2.98
Examination	Total white cell count, 9.2 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	9.2
Examination	Lymphocyte count, 3.4 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	3.4
Examination	Blood urea/renal function, 5.3 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	5.3
Examination	Plasma fasting glucose level, 4.9 SPECIMEN ID: 20140328606138 28^188662SPECIMEN TYPE: Blood	4.9
Examination	Large unstained cells, 0.13 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.13
Examination	Haematocrit, 0.46 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.46
Examination	Basophil count, 0.05 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.05
Examination	Free T4 level, 19 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	19
Diagnosis (P3)	[D]Icterus NOS, 0 -	
Diagnosis (P3)	Hyperchylomicronaemia, 0 -	
Intervention (P3)	Haemolysis monitoring, 0 -	
Examination	Blood sample -> Lab NOS <c>	
Diagnosis	(Non Coded Event - LC=188662) Specimen Id: 20140328606138 28^188662Specimen Type: BloodNumber of Test(s): 1Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:	
Diagnosis	(Non Coded Event - LC=188661) Specimen Id: 20140328606138 13^188661Specimen Type: BloodNumber of Test(s): 11Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:	
Diagnosis	(Non Coded Event - LC=039801) Specimen Id: 20140328606151 88^039801Specimen Type: BloodNumber of Test(s): 13Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal	
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood>60	
Examination	**Serum chloride, 104**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood: Serum chloride, 104 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	104 (Range: 95 - 108)
Examination	**Serum creatinine, 76**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood: Serum creatinine, 76 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	76 (Range: 50 - 100)
Examination	**Eosinophil count, 0.23**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Eosinophil count, 0.23 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.23 (Range: 0.1 - 0.5)
Examination	**Haemoglobin estimation, 150**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Haemoglobin estimation, 150 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	150 (Range: 120 - 160)
Examination	**Mean corpusc. haemoglobin(MCH), 27**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Mean corpusc. haemoglobin(MCH), 27 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	27 (Range: 27 - 32)
Examination	**Mean corpuscular volume (MCV), 84**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Mean corpuscular volume (MCV), 84 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	84 (Range: 82 - 99)
Examination	**Monocyte count, 0.6**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Monocyte count, 0.6 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.6 (Range: 0.2 - 0.8)
Examination	**Neutrophil count, 4.8**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Neutrophil count, 4.8 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	4.8 (Range: 1.5 - 7)
Examination	**Platelet count, 302**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: Platelet count, 302 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	302 (Range: 140 - 400)
Examination	**Serum potassium, 4.7**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood: Serum potassium, 4.7 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	4.7 (Range: 3.5 - 5.3)

Examination	**Red blood cell (RBC) count, 5.4**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood: **Abnormal**		
	Red blood cell (RBC) count, 5.4 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	**5.4**	**(Range: 4 - 5)**
Examination	**Serum sodium, 136**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood:		
	Serum sodium, 136 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	136	(Range: 133 - 146)
Examination	**TSH - thyroid stim. hormone, 2.98**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood:		
	TSH - thyroid stim. hormone, 2.98 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	2.98	(Range: 0.35 - 4.5)
Examination	**Total white cell count, 9.2**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood:		
	Total white cell count, 9.2 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	9.2	(Range: 4 - 10)
Examination	**Lymphocyte count, 3.4**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood:		
	Lymphocyte count, 3.4 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	3.4	(Range: 1.5 - 4)
Examination	**Blood urea/renal function, 5.3**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood:		
	Blood urea/renal function, 5.3 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	5.3	(Range: 2.5 - 7.8)
Examination	**Plasma fasting glucose level, 4.9**SPECIMEN ID: 20140328606138 28^188662SPECIMEN TYPE: Blood:		
	Plasma fasting glucose level, 4.9 SPECIMEN ID: 20140328606138 28^188662SPECIMEN TYPE: Blood	4.9	(Range: 3.7 - 5.6)
Examination	**Large unstained cells, 0.13**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood:		
	Large unstained cells, 0.13 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.13	(Range: 0.05 - 0.5)
Examination	**Haematocrit, 0.46**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood:		
	Haematocrit, 0.46 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.46	(Range: 0.37 - 0.47)
Examination	**Basophil count, 0.05**SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood:		
	Basophil count, 0.05 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood	0.05	(Range: 0.01 - 0.1)
Examination	**Free T4 level, 19**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood:		
	Free T4 level, 19 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood	19	(Range: 10 - 25)
Examination	**Blood sample -> Lab NOS**<c>:		
	Blood sample -> Lab NOS <c>		(No range available)
Diagnosis	**(Non Coded Event - LC=188662)**Specimen Id: 20140328606138 28^188662Specimen Type: BloodNumber of Test(s): 1Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag::		
	(Non Coded Event - LC=188662) Specimen Id: 20140328606138 28^188662Specimen Type: BloodNumber of Test(s): 1Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - LC=188661)**Specimen Id: 20140328606138 13^188661Specimen Type: BloodNumber of Test(s): 11Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag::		
	(Non Coded Event - LC=188661) Specimen Id: 20140328606138 13^188661Specimen Type: BloodNumber of Test(s): 11Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:		(No range available)
Diagnosis	**(Non Coded Event - LC=039801)**Specimen Id: 20140328606151 88^039801Specimen Type: BloodNumber of Test(s): 13Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal:		
	(Non Coded Event - LC=039801) Specimen Id: 20140328606151 88^039801Specimen Type: BloodNumber of Test(s): 13Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal		(No range available)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood>60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood>60		(No range available)

27-Mar-2014 Dr Khyber Alam Telephone call to a patient

Diagnosis (P3)	tatt--- no photophobia-- no sin rashes--lost sig wt--- heat toleranc--- no change in bowel habit---polyurea---- increased thirst--to come or call back if any concerns -- r/v with bloods

29-Jan-2014 Mrs Kemi Olayiwola Other

Intervention	Smoking cessation advice

29-May-2013 Dr Abdul-Rashid Siddique Other

20-May-2013 Mr Tim Wood Surgery consultation

Examination	O/E - blood pressure reading Some slight photophobia. No vomitng - slight nausea. Fundoscopy: Nil of note. PC work can make headache worse. No neurological deficits	120 / 78 mm Hg
Examination (P3)	O/E - BP reading Looks shattered. Not eating or sleeping well. Ongoing stresses with work/home/money.	
Diagnosis (P3)	Cluster headache	
Diagnosis (P3)	Worsening R frontal type headache. Ongoing insomnia	
Diagnosis (P3)	Advised to get eye check - attempt to cut down on pc work. Given short term Zopiclone. Review in 1/52	

20-May-2013 Dr Shirley Gibson Telephone Consultation

Diagnosis (P3)	headache and blurred vision on and off few few weeks ? migraine to come in

18-Feb-2013 Mr Tim Wood Surgery consultation

Examination	O/E - temperature normal <c>CHEST: No creps/rhonchi. No wheeze, or acute breathlessness. Slight sore throat, but nil to see. Ongoing coryzal symptoms.	
Symptom (P3)	Chesty cough	
Diagnosis (P3)	Worsening over last 2/52	
Diagnosis (P3)	Probable post nasal drip. Advised steam inhalation. Also given cough suppresant for short period.	
Symptom	Light smoker - 1-9 cigs/day - cessation advice given	0 / / cigarettes / cigars / tobacco
Examination	**O/E - temperature normal**<c>CHEST: No creps/rhonchi. No wheeze, or acute breathlessness. Slight sore throat, but nil to see. Ongoing coryzal symptoms.: O/E - temperature normal <c>CHEST: No creps/rhonchi. No wheeze, or acute breathlessness. Slight sore throat, but nil to see. Ongoing coryzal symptoms.	(No range available)

18-Feb-2013 Dr Abdul-Rashid Siddique Telephone Consultation

Symptom (P3)	Chesty cough
Diagnosis (P3)	10 days chesty cough and gettign worse.

10-Sept-2012 Dr Abdul-Rashid Siddique Telephone Consultation

Diagnosis (P3)	last sick line no close date on it and employers not accepting it.
Diagnosis (P3)	med3 from 9/8/12 to 14/09/12 "abdo pain"
Administration	MED3 - doctor's statement Fit Note (Diagnosis: <c>; Duration 10-Sep-2012 - 10-Sep-2012)

21-Aug-2012 Dr Amir Iqbal Telephone Consultation

Examination	Helicobacter breath test positive <c>	
Diagnosis (P3)	informed of H pylori breasth test result. Had triple therapy previously with metronidiazole. Try clarithromycin and amoxicllin regime. Also advised re iron and to start after finshing above course to avoid excessive GI upset	
Examination	**Helicobacter breath test positive**<c>: Helicobacter breath test positive <c>	(No range available)

15-Aug-2012 Mrs Marilyn Goldie Surgery consultation

Diagnosis (P3)	Letter sent re test make tel appt via Dr Iqbal

14-Aug-2012 Dr Amir Iqbal Administration

Diagnosis (P3)	H Pylori breath test postive to come or telephone consult to discuss repeat (and alternative?) triple therapy

09-Aug-2012 Dr Khyber Alam Surgery consultation

Intervention	Medication review done
Intervention	Medication review done
Administration	MED3 - doctor's statement Fit Note (Diagnosis: still sick <c> abdominal pain---3 weeks---called for line; Duration 09-Aug-2012 - 09-Aug-2012)

09-Aug-2012 Dr Abdul-Rashid Siddique Surgery consultation

Diagnosis (P3)	Gastritis unspecified
Diagnosis (P3)	she still gettting qbdominal pain and sickness if does not take PPI.
Diagnosis (P3)	P 78/min comfortable at rest. abdo soft slight tender epigastric area, no uarding or rebound tednerness.
Diagnosis (P3)	has been referred to GI. Med3 two weeks "abdo pain"

06-Aug-2012 Mrs Ann-Marie Osuebi Surgery consultation

Examination	Serum ferritin, 4.1 SPECIMEN ID: 20120806822482O6^354754SPECIMEN TYPE: Blood	**4.1**
Diagnosis (P3)	Patient reviewed	
Examination	Blood sample -> Lab NOS <c>	
Diagnosis	(Non Coded Event - LC=354754) Specimen Id: 20120806822482O6^354754Specimen Type: BloodNumber of Test(s): 1Lab comment: previous tests showed anaemic - blood as per GP request.|Reviewer comment: keep f/u--low ironAbnormal/Normal Flag: Abnormal	
Examination	**Serum ferritin, 4.1**SPECIMEN ID: 20120806822482O6^354754SPECIMEN TYPE: Blood: **Abnormal**	
	Serum ferritin, 4.1 SPECIMEN ID: 20120806822482O6^354754SPECIMEN TYPE: Blood	**4.1** **(Range: 7 - 150)**
Examination	**Blood sample -> Lab NOS**<c>:	
	Blood sample -> Lab NOS <c>	(No range available)
Diagnosis	**(Non Coded Event - LC=354754)**Specimen Id: 20120806822482O6^354754Specimen Type: BloodNumber of Test(s): 1Lab comment: previous tests showed anaemic - blood as per GP request.|Reviewer comment: keep f/u--low ironAbnormal/Normal Flag: Abnormal:	
	(Non Coded Event - LC=354754) Specimen Id: 20120806822482O6^354754Specimen Type: BloodNumber of Test(s): 1Lab comment: previous tests showed anaemic - blood as per GP request.|Reviewer comment: keep f/u--low ironAbnormal/Normal Flag: Abnormal	(No range available)

01-Aug-2012 Mrs Carol Davidson Surgery consultation

Intervention	8H48.: Gastroenterological referral (SCI Gateway Referral) *Out Patient. Sender: Dr Amir Iqbal; Reason: 8H48.: Gastroenterological referral (SCI Gateway Referral)*
Diagnosis (P3)	referral to Gastrointerology

31-July-2012 Dr Amir Iqbal Telephone Consultation

Diagnosis (P3)	informed of bloods. Pain still present. Note Microcytic hypochromic anaemia. Periods quite light- refer to GI for further review

30-July-2012 Mrs Marilyn Goldie Surgery consultation

Diagnosis (P3)	Letter sent rept bloods via Dr Iqbal

27-July-2012 Dr Amir Iqbal Surgery consultation

Examination	Serum albumin, 47 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	47
Examination	Serum alkaline phosphatase, 71 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	71
Examination	Plasma alanine aminotransferase level, 12 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	12
Examination	Serum bilirubin level, 9 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	9
Examination	Serum chloride, 102 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	102
Examination	Serum creatinine, 75 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	75
Examination	Eosinophil count, 0.19 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	0.19
Examination	Gamma - G.T. level, 12 SPECIMEN ID: 20120727822489547367737SPECIMEN TYPE: Blood	12
Examination	Haemoglobin estimation, 102 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	**102**
Examination	Mean corpusc. haemoglobin(MCH), 20 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	**20**
Examination	Mean corpuscular volume (MCV), 68 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	**68**
Examination	Monocyte count, 0.8 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	0.8
Examination	Neutrophil count, 8.5 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	**8.5**
Examination	Platelet count, 473 SPECIMEN ID: 20120727822561427340262SPECIMEN TYPE: Blood	**473**

Examination	Serum potassium, 4.4 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	4.4
Examination	Red blood cell (RBC) count, 5 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	5
Examination	Serum sodium, 136 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	136
Examination	TSH - thyroid stim. hormone, 3.42 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	**3.42**
Examination	Total white cell count, 11.8 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	**11.8**
Examination	Lymphocyte count, 2.2 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	2.2
Examination	Blood urea/renal function, 5.3 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	5.3
Examination	Serum amylase level, 42 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	42
Examination	Serum C reactive protein level SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood<4	
Examination	Large unstained cells, 0.1 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	0.1
Examination	Haematocrit, 0.34 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	**0.34**
Examination	Basophil count, 0.05 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	0.05
Examination	O/E - blood pressure reading abdo soft - tender and some gaurding epigastric and RUQ- maximalyl epigastric. No rebound. BS +VE, chest clear good AE- vesic BS	122 / 84 mm Hg
Examination	Free T4 level, 22 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	22
Examination (P3)	O/E - BP reading P89reg RR19, CRT<2sec,	
Symptom (P3)	Upper abdominal pain	
Diagnosis (P3)	seen severel times so far. Note similar episode a few years ago and had OGD and found to have gastritis and duodenitis. Been on PPI since then. Flare of sx over last week intermittently and much worse last 3/7- epigastric pain and vomiting. No blood or bile. Clear fluid. Pain radiated throught to back at times. feverish at times. Bowels ok. Currently settled and dull ache. Analgesia very helpful	
Diagnosis (P3)	?biliary cause, ?flare gastrits again	
Diagnosis (P3)	for bloods and add prokinetic. refer for urgeny abdo USS. Given heliclear breath kit- will phone me early next week for FU and if deteriorated then to seek medical advice	
Diagnosis (P3)	[D]Icterus NOS, 0 -	
Diagnosis (P3)	Hyperchylomicronaemia, 0 -	
Intervention (P3)	Haemolysis monitoring, 0 +	
Diagnosis	(Non Coded Event - LC=367737) Specimen Id: 2012072782248954^367737Specimen Type: BloodNumber of Test(s): 18Lab comment: abdominal pain- ?cause.|Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal	
Diagnosis	(Non Coded Event - LC=340262) Specimen Id: 2012072782256142^340262Specimen Type: BloodNumber of Test(s): 13Lab comment: abdominal pain- ?cause.| See the numerous previous reports. Ferritin should be checked.| MG|Reviewer comment: anaemic- needs ferritin checkAbnormal/Normal Flag: Abnormal	
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood>60	
Examination	**Serum albumin, 47**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Serum albumin, 47 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	47 (Range: 35 - 50)
Examination	**Serum alkaline phosphatase, 71**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Serum alkaline phosphatase, 71 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	71 (Range: 30 - 130)
Examination	**Plasma alanine aminotransferase level, 12**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Plasma alanine aminotransferase level, 12 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	12 (Range: 8 - 55)
Examination	**Serum bilirubin level, 9**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Serum bilirubin level, 9 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	9 (No range available)
Examination	**Serum chloride, 102**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Serum chloride, 102 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	102 (Range: 95 - 108)
Examination	**Serum creatinine, 75**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: Serum creatinine, 75 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	75 (Range: 50 - 100)
Examination	**Eosinophil count, 0.19**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: Eosinophil count, 0.19 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	0.19 (Range: 0.1 - 0.5)

Examination **Gamma - G.T. level, 12**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Gamma - G.T. level, 12 SPECIMEN ID: 12 (Range: 4 - 35)
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **Haemoglobin estimation, 102**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Haemoglobin estimation, 102 SPECIMEN ID: **102** **(Range: 120 - 160)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Mean corpusc. haemoglobin(MCH), 20**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Mean corpusc. haemoglobin(MCH), 20 SPECIMEN ID: **20** **(Range: 27 - 32)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Mean corpuscular volume (MCV), 68**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Mean corpuscular volume (MCV), 68 SPECIMEN ID: **68** **(Range: 82 - 99)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Monocyte count, 0.8**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood:
Monocyte count, 0.8 SPECIMEN ID: 0.8 (Range: 0.2 - 0.8)
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Neutrophil count, 8.5**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Neutrophil count, 8.5 SPECIMEN ID: **8.5** **(Range: 1.5 - 7)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Platelet count, 473**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Platelet count, 473 SPECIMEN ID: **473** **(Range: 140 - 400)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Serum potassium, 4.4**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Serum potassium, 4.4 SPECIMEN ID: 4.4 (Range: 3.5 - 5.3)
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **Red blood cell (RBC) count, 5**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood:
Red blood cell (RBC) count, 5 SPECIMEN ID: 5 (Range: 4 - 5)
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Serum sodium, 136**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Serum sodium, 136 SPECIMEN ID: 136 (Range: 133 - 146)
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **TSH - thyroid stim. hormone, 3.42**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood: **Abnormal**
TSH - thyroid stim. hormone, 3.42 SPECIMEN ID: **3.42** **(Range: 0.35 - 3.3)**
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **Total white cell count, 11.8**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Total white cell count, 11.8 SPECIMEN ID: **11.8** **(Range: 4 - 10)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Lymphocyte count, 2.2**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood:
Lymphocyte count, 2.2 SPECIMEN ID: 2.2 (Range: 1.5 - 4)
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Blood urea/renal function, 5.3**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Blood urea/renal function, 5.3 SPECIMEN ID: 5.3 (Range: 2.5 - 7.8)
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **Serum amylase level, 42**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Serum amylase level, 42 SPECIMEN ID: 42 (No range available)
2012072782248954^367737SPECIMEN TYPE: Blood

Examination **Serum C reactive protein level**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood<4:
Serum C reactive protein level SPECIMEN ID: (No range available)
2012072782248954^367737SPECIMEN TYPE: Blood<4

Examination **Large unstained cells, 0.1**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood:
Large unstained cells, 0.1 SPECIMEN ID: 0.1 (Range: 0.05 - 0.5)
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Haematocrit, 0.34**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood: **Abnormal**
Haematocrit, 0.34 SPECIMEN ID: **0.34** **(Range: 0.37 - 0.47)**
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Basophil count, 0.05**SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood:
Basophil count, 0.05 SPECIMEN ID: 0.05 (Range: 0.01 - 0.1)
2012072782256142^340262SPECIMEN TYPE: Blood

Examination **Free T4 level, 22**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood:
Free T4 level, 22 SPECIMEN ID: 22 (Range: 10 - 25)
2012072782248954^367737SPECIMEN TYPE: Blood

Diagnosis **(Non Coded Event - LC=367737)**Specimen Id: 2012072782248954^367737Specimen Type: BloodNumber of Test(s): 18Lab comment: abdominal pain- ?cause.|Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal:
(Non Coded Event - LC=367737) Specimen Id: (No range available)
2012072782248954^367737Specimen Type: BloodNumber of Test(s): 18Lab comment: abdominal pain- ?cause.|Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal

Diagnosis **(Non Coded Event - LC=340262)**Specimen Id: 2012072782256142^340262Specimen Type: BloodNumber of Test(s): 13Lab comment: abdominal pain- ?cause.| See the numerous previous reports. Ferritin should be checked.| MG|Reviewer comment: anaemic- needs ferritin checkAbnormal/Normal Flag: Abnormal:
(Non Coded Event - LC=340262) Specimen Id: (No range available)
2012072782256142^340262Specimen Type: BloodNumber of Test(s): 13Lab comment: abdominal pain- ?cause.| See the numerous previous reports. Ferritin should be checked.| MG|Reviewer comment: anaemic- needs ferritin checkAbnormal/Normal Flag: Abnormal

Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood>60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood>60		(No range available)

27-July-2012 Miss Heather Gilligan Surgery consultation

Examination	Erythrocyte sedimentation rate 2 mm/1 hr <c>	2	
Examination	O/E - temperature normal <c>36.9oC		
Symptom (P3)	Upper abdominal pain		
Examination	Blood sample -> Lab NOS <c>		
Examination	**Erythrocyte sedimentation rate 2 mm/1 hr**<c>:		
	Erythrocyte sedimentation rate 2 mm/1 hr <c>	2	(No range available)
Examination	**O/E - temperature normal**<c>36.9oC:		
	O/E - temperature normal <c>36.9oC		(No range available)
Examination	**Blood sample -> Lab NOS**<c>:		
	Blood sample -> Lab NOS <c>		(No range available)

26-July-2012 Mr Tim Wood Surgery consultation

Symptom (P3)	Upper abdominal pain	
Diagnosis (P3)	Vomiting today.	
Diagnosis (P3)	Pain still similar to previously. Obs all stable. Pain - no change to yesterday although has been unable to take analgesia due to nausea & vomiting.	
Diagnosis (P3)	Given IM Metoclopramide 10mg & IM Tramadol 100Mg stat @ 1720hrs. To keep review tomorrow	

26-July-2012 Dr Amir Iqbal Telephone Consultation

Diagnosis (P3)	vomiting since seen yesterday. no blood. Abdo pain persists- will come back for review	

25-July-2012 Mr Tim Wood Surgery consultation

Examination	O/E - pulse rate 78 beats/minute Pyrexial @ 37.6C, Measure: 78, Measure Units: beats/minute	78 bpm
Examination	O/E - blood pressure reading ABDO: Soft - tender in R UQ, with some radiation to R LQ. +ve Murphy sign. No rebound/guarding pain. Bowel movements normal - bowel sounds present. Pain becoming more acute. No vomiting.	124 / 78 mm Hg
Examination (P3)	O/E - BP reading	
Symptom (P3)	Upper abdominal pain	
Diagnosis (P3)	Pain in R UQ 3/7	
Diagnosis (P3)	?? Mild cholycystitis/Stone CBD - Analgesia initially - review if not settling. (Has multiple other probs - advised needs double appt to discuss)	

26-Mar-2012 Dr Amir Iqbal Surgery consultation

Diagnosis (P3)	Gastritis unspecified
Diagnosis (P3)	finds that taking omeprazole 20mg not helping with sx and needs to take 40mg. changed repeats to reflect this. Self care advice to minmise reflux sx.
Diagnosis (P3)	Acne vulgaris
Diagnosis (P3)	on anterior chest mainly. try topical treatment with DALACIN

11-Jan-2012 Dr D Abeyawardena Other

29-Nov-2011 Dr Syeed Ahmed Third Party Consultation

Diagnosis (P3)	Call from optician. has infected lid cyst needs oral antibiotics.
Diagnosis (P3)	issued below r/v with optician.

07-Oct-2011 Dr D Abeyawardena Surgery consultation

Intervention	Patient advised re diet , wants stronger proton pump inhibitor ,	
Intervention	Smoking cessation advice	
Diagnosis (P1)	Gastritis unspecified	
Symptom	Current smoker ,	0 / 0 / 0 cigarettes / cigars / tobacco
Symptom	Alcohol consumption 4 units/week no abdo pain today. , to come back if no improvement, Measure: 4, Measure Units: units/week	4 units per week

30-Sept-2011 Dr Abdul-Rashid Siddique Surgery consultation

Examination	O/E - blood pressure reading chest clear throat bilat tonsillar hypertrophy mild exudates, no signs of quinsy.	120 / 70 mm Hg
Examination (P3)	O/E - blood pressure reading temp 37.2, P 90/min	
Diagnosis (P3)	Acute follicular tonsillitis (Bilateral)	
Diagnosis (P3)	coughing and feeling sick. for painful to swallow	
Diagnosis (P3)	try this if not bette by next week come back.	

06-Sept-2011 Mrs Ann-Marie Osuebi Surgery consultation

Examination	Eosinophil count, 0.39 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.39
Examination	Haemoglobin estimation, 125 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	125
Examination	Mean corpusc. haemoglobin(MCH), 23 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**23**
Examination	Mean corpuscular volume (MCV), 74 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**74**
Examination	Monocyte count, 0.6 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.6
Examination	Neutrophil count, 7.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**7.1**
Examination	Mean platelet volume, 9.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	9.2
Examination	Platelet count, 455 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**455**
Examination	Red blood cell (RBC) count, 5.3 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**5.3**
Examination	Total white cell count, 12.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**12.2**
Examination	Lymphocyte count, 3.8 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	3.8
Examination	Infectious mononucleosis test, 0 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: BloodNEG	
Examination	Large unstained cells, 0.14 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.14
Examination	Haematocrit, 0.4 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.4
Examination	Basophil count, 0.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.1
Examination	Blood sample taken <c>	
Examination	Blood sample -> Lab NOS <c>	
Diagnosis	(Non Coded Event - LC=342866) Specimen Id: 2011090682352572^342866Specimen Type: BloodNumber of Test(s): 15Lab comment: ? Glandular fever as per GP request..| Indices suggestive of Fe deficiency|Reviewer comment: satisfactoryAbnormal/Normal Flag: Abnormal	
Examination	**Eosinophil count, 0.39**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: Eosinophil count, 0.39 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.39 (Range: 0.1 - 0.5)
Examination	**Haemoglobin estimation, 125**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: Haemoglobin estimation, 125 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	125 (Range: 120 - 160)
Examination	**Mean corpusc. haemoglobin(MCH), 23**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Mean corpusc. haemoglobin(MCH), 23 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**23** **(Range: 27 - 32)**
Examination	**Mean corpuscular volume (MCV), 74**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Mean corpuscular volume (MCV), 74 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**74** **(Range: 82 - 99)**
Examination	**Monocyte count, 0.6**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: Monocyte count, 0.6 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.6 (Range: 0.2 - 0.8)
Examination	**Neutrophil count, 7.1**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Neutrophil count, 7.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**7.1** **(Range: 1.5 - 7)**
Examination	**Mean platelet volume, 9.2**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: Mean platelet volume, 9.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	9.2 (Range: 7 - 10.4)
Examination	**Platelet count, 455**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Platelet count, 455 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**455** **(Range: 140 - 400)**
Examination	**Red blood cell (RBC) count, 5.3**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Red blood cell (RBC) count, 5.3 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**5.3** **(Range: 4 - 5)**
Examination	**Total white cell count, 12.2**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood: **Abnormal** Total white cell count, 12.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**12.2** **(Range: 4 - 10)**

Examination	**Lymphocyte count, 3.8**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood:		
	Lymphocyte count, 3.8 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	3.8	(Range: 1.5 - 4)
Examination	**Infectious mononucleosis test, 0**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: BloodNEG:		
	Infectious mononucleosis test, 0 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: BloodNEG		(No range available)
Examination	**Large unstained cells, 0.14**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood:		
	Large unstained cells, 0.14 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.14	(Range: 0.05 - 0.5)
Examination	**Haematocrit, 0.4**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood:		
	Haematocrit, 0.4 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.4	(Range: 0.37 - 0.47)
Examination	**Basophil count, 0.1**SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood:		
	Basophil count, 0.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.1	(Range: 0.01 - 0.1)
Examination	**Blood sample taken**<c>:		
	Blood sample taken <c>		(No range available)
Examination	**Blood sample -> Lab NOS**<c>:		
	Blood sample -> Lab NOS <c>		(No range available)
Diagnosis	**(Non Coded Event - LC=342866)**Specimen Id: 2011090682352572^342866Specimen Type: BloodNumber of Test(s): 15Lab comment: ? Glandular fever as per GP request..| Indices suggestive of Fe deficiency|Reviewer comment: satisfactoryAbnormal/Normal Flag: Abnormal:		
	(Non Coded Event - LC=342866) Specimen Id: 2011090682352572^342866Specimen Type: BloodNumber of Test(s): 15Lab comment: ? Glandular fever as per GP request..| Indices suggestive of Fe deficiency|Reviewer comment: satisfactoryAbnormal/Normal Flag: Abnormal		(No range available)

05-Sept-2011 Dr Khyber Alam Surgery consultation

Diagnosis (P3)	patient review
Diagnosis (P3)	bf has glandular fever---sore throat--nauseaus--same as bf
Diagnosis (P3)	rr16---throat red--no neck stiffness--no photophobia
Diagnosis (P3)	for monospot--rerassured--to come or call back if any concerns if concerns

25-July-2011 Mrs Maureen Thomson Surgery consultation

Diagnosis (P3)	has to see dr for next omeprazole prescription

29-Mar-2011 Dr D Abeyawardena Telephone Consultation

Administration (P3)	Failed encounter - message left on answer machine
Intervention (P3)	Helicobacter eradication therapy Aberdeen Royal Infirmary adviced patient to be given erradication Treatment for

29-Mar-2011 Dr D Abeyawardena Telephone Consultation

Diagnosis (P3)	patient informed of Hp Treatment

18-Mar-2011 Mrs Corrine Knight Other

13-Mar-2011 Dr D Abeyawardena Surgery consultation

Intervention	Emergency hospital admission *. Sender: Dr D Abeyawardena; Reason: Emergency hospital admission*
Diagnosis (P3)	Acute cholecystitis
Symptom (P3)	Productive cough-yellow sputum RUQ pain for 1wk, fevers,
Symptom (P3)	Feels unwell , Respiratory rate 22,
Examination (P3)	O/E - chest examination normal , Heart sounds dual, no mur. temp=38, abd - RUQ tenderness, not rigid.Normal bowel sounds

13-Mar-2011 Dr D Abeyawardena Surgery consultation

Intervention	Emergency hospital admission *(- ward 34). Sender: Dr D Abeyawardena; Reason: Emergency hospital admission*
Intervention	Referral to surgeon *. Sender: Dr D Abeyawardena; Reason: Referral to surgeon*

11-Jan-2011 Dr Khyber Alam Surgery consultation

	Diagnosis (P3)	patient review	
	Diagnosis (P3)	congestion throat--swallow ok--airway ok--no cough	
	Diagnosis (P3)	nad on exam	
	Diagnosis (P3)	advised sudafed--tcb if concerns	

11-Jan-2011 Mrs Solna Pender Surgery consultation

	Intervention	Second human papillomavirus vaccination *bn - ahpva091dc exp 04.2013.*	

14-Dec-2010 Mrs Solna Pender Surgery consultation

	Intervention (P3)	Cervical smear taken	
	Examination (P3)	O/E - no vaginal discharge	
	Diagnosis (P3)	BN CERVARIX AHPVA091DC EXP 04.2013.	
	Examination (P3)	O/E Cervix: transitional zone seen	
	Symptom	Current smoker has just been given NRT.	0 / 0 / 0 cigarettes / cigars / tobacco
	Symptom	Alcohol intake within recommended sensible limits	units per week
	Intervention	First human papillomavirus vaccination	
23-Nov-2010	Symptom (P3)	Last menstrual period -1st day	

14-Dec-2010 Dr Khyber Alam Surgery consultation

	Diagnosis (P3)	PATIENT review	
	Diagnosis (P3)	smoker 20/day---no epilepsy---not pregant--wishes to stop	
	Diagnosis (P3)	patches nrt--review in 28 days---alternate sites--tcb if concerns	
	Diagnosis	Cervical Cytology Specimen Id: Specimen Type: Number of Test(s): 1Lab comment: Routine Recall - Reviewer comment: Abnormal/Normal Flag:	
	Examination	Cervical smear: negative Routine Recall -	

08-Nov-2010 Mrs Fiona Hare Other

	Diagnosis (P3)	Human papillomavirus vaccination first letter sent Invitation sent 08/11/10, Measure: 0	

03-Jun-2010 Dr Shirley Gibson Surgery consultation

	Diagnosis (P3)	still vomitting	
	Diagnosis (P3)	chat re fe def anaemia prob assoc with poor iron diet and periods but Fobs neg no real pattern but vomitting each night claims no chance of preg did tests neg and period just finished ? dyspepsia or GB try omeprazole review prn	

29-May-2010 Dr Abdul-Rashid Siddique Surgery consultation

	Examination	Stool sample sent to lab. Specimen Id: 963531Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	
	Examination	Stool sample sent to lab. SPECIMEN ID: 963531SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|	
	Examination	**Stool sample sent to lab.**Specimen Id: 963531Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag::	
		Stool sample sent to lab. Specimen Id: 963531Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	(No range available)
	Examination	**Stool sample sent to lab.**SPECIMEN ID: 963531SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|:	
		Stool sample sent to lab. SPECIMEN ID: 963531SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|	(No range available)

25-May-2010 Dr Shirley Gibson Surgery consultation

Examination	Stool sample sent to lab. Specimen Id: 962986Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	
Examination	Stool sample sent to lab. SPECIMEN ID: 962986SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|	
Examination	**Stool sample sent to lab.**Specimen Id: 962986Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag::	
	Stool sample sent to lab. Specimen Id: 962986Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	(No range available)
Examination	**Stool sample sent to lab.**SPECIMEN ID: 962986SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|:	
	Stool sample sent to lab. SPECIMEN ID: 962986SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|	(No range available)

22-May-2010 Dr Shirley Gibson Surgery consultation

Examination	Stool sample sent to lab. Specimen Id: 962816Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	
Examination	Stool sample sent to lab. SPECIMEN ID: 962816SPECIMEN TYPE: FaecesNo Cryptosporidium oocysts observed| Faecal Occult Blood Negative| Enzyme ...	
Examination	**Stool sample sent to lab.**Specimen Id: 962816Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag::	
	Stool sample sent to lab. Specimen Id: 962816Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:	(No range available)
Examination	**Stool sample sent to lab.**SPECIMEN ID: 962816SPECIMEN TYPE: FaecesNo Cryptosporidium oocysts observed| Faecal Occult Blood Negative| Enzyme ...:	
	Stool sample sent to lab. SPECIMEN ID: 962816SPECIMEN TYPE: FaecesNo Cryptosporidium oocysts observed| Faecal Occult Blood Negative| Enzyme ...	(No range available)

18-May-2010 Dr Shirley Gibson Telephone Consultation

Diagnosis (P3)	tried to contact re fe def if phones needs to make telephone appt please

12-May-2010 Mrs Solna Pender Surgery consultation

Examination	Serum albumin SPECIMEN ID: 254471SPECIMEN TYPE: Blood	41
Examination	Serum alkaline phosphatase SPECIMEN ID: 254471SPECIMEN TYPE: Blood	79
Examination	Plasma alanine aminotransferase level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	15
Examination	Serum bilirubin level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	9
Examination	Serum chloride SPECIMEN ID: 254471SPECIMEN TYPE: Blood	103
Examination	Serum creatinine SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**65**
Examination	Eosinophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.29
Examination	Gamma - G.T. level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	14
Examination	Haemoglobin estimation Specimen Id: 201097Specimen Type: BloodNumber of Test(s): 15Lab comment: Reviewer comment: re-routed to DR SGAbnormal/Normal Flag: Abnormal	
Examination	Haemoglobin estimation SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**115**
Examination	Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**23**
Examination	Mean corpuscular volume (MCV) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**71**
Examination	Monocyte count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.5
Examination	Neutrophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	3.5
Examination	Mean platelet volume SPECIMEN ID: 201097SPECIMEN TYPE: Blood	7.7
Examination	Platelet count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**416**
Examination	Serum potassium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	4.2

Examination	Red blood cell (RBC) count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	5	
Examination	Serum sodium Specimen Id: 254471Specimen Type: BloodNumber of Test(s): 16Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag: Abnormal		
Examination	Serum sodium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**136**	
Examination	TSH - thyroid stim. hormone SPECIMEN ID: 254471SPECIMEN TYPE: Blood	1.74	
Examination	Total white cell count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	6.9	
Examination	Lymphocyte count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	2.3	
Examination	Infectious mononucleosis test SPECIMEN ID: 201097SPECIMEN TYPE: BloodNEG		
Examination	Blood urea/renal function SPECIMEN ID: 254471SPECIMEN TYPE: Blood	4	
Examination	Large unstained cells SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.18	
Examination	Haematocrit SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**0.36**	
Examination	Basophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.02	
Examination	Free T4 level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	14	
Diagnosis (P3)	bloods to lab		
Diagnosis (P3)	[D]Icterus NOS -		
Diagnosis (P3)	Hyperchylomicronaemia -		
Intervention (P3)	Haemolysis monitoring -		
Examination	GFR calculated abbreviated MDRD SPECIMEN ID: 254471SPECIMEN TYPE: Blood>60		
Examination	**Serum albumin**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Serum albumin SPECIMEN ID: 254471SPECIMEN TYPE: Blood	41	(Range: 37 - 49)
Examination	**Serum alkaline phosphatase**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Serum alkaline phosphatase SPECIMEN ID: 254471SPECIMEN TYPE: Blood	79	(Range: 45 - 105)
Examination	**Plasma alanine aminotransferase level**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Plasma alanine aminotransferase level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	15	(Range: 1 - 40)
Examination	**Serum bilirubin level**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Serum bilirubin level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	9	(Range: 1 - 22)
Examination	**Serum chloride**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Serum chloride SPECIMEN ID: 254471SPECIMEN TYPE: Blood	103	(Range: 98 - 106)
Examination	**Serum creatinine**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: **Abnormal** Serum creatinine SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**65**	**(Range: 84 - 116)**
Examination	**Eosinophil count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: Eosinophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.29	(Range: 0.1 - 0.5)
Examination	**Gamma - G.T. level**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: Gamma - G.T. level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	14	(Range: 4 - 35)
Examination	**Haemoglobin estimation**Specimen Id: 201097Specimen Type: BloodNumber of Test(s): 15Lab comment: Reviewer comment: re-routed to DR SGAbnormal/Normal Flag: Abnormal: **Abnormal**		
	Haemoglobin estimation Specimen Id: 201097Specimen Type: BloodNumber of Test(s): 15Lab comment: Reviewer comment: re-routed to DR SGAbnormal/Normal Flag: Abnormal		(No range available)
Examination	**Haemoglobin estimation**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: **Abnormal** Haemoglobin estimation SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**115**	**(Range: 120 - 160)**
Examination	**Mean corpusc. haemoglobin(MCH)**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: **Abnormal** Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**23**	**(Range: 27 - 32)**
Examination	**Mean corpuscular volume (MCV)**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: **Abnormal** Mean corpuscular volume (MCV) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**71**	**(Range: 82 - 99)**
Examination	**Monocyte count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: Monocyte count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.5	(Range: 0.2 - 0.8)
Examination	**Neutrophil count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: Neutrophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	3.5	(Range: 1.5 - 7)
Examination	**Mean platelet volume**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: Mean platelet volume SPECIMEN ID: 201097SPECIMEN TYPE: Blood	7.7	(Range: 7 - 10.4)
Examination	**Platelet count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: **Abnormal** Platelet count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**416**	**(Range: 140 - 400)**

Examination	**Serum potassium**SPECIMEN ID: 254471SPECIMEN TYPE: Blood:		
	Serum potassium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	4.2	(Range: 3.5 - 4.9)
Examination	**Red blood cell (RBC) count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood:		
	Red blood cell (RBC) count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	5	(Range: 4 - 5)
Examination	**Serum sodium**Specimen Id: 254471Specimen Type: BloodNumber of Test(s): 16Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag: Abnormal: **Abnormal**		
	Serum sodium Specimen Id: 254471Specimen Type: BloodNumber of Test(s): 16Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag: Abnormal		(No range available)
Examination	**Serum sodium**SPECIMEN ID: 254471SPECIMEN TYPE: Blood: **Abnormal**		
	Serum sodium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**136**	**(Range: 137 - 144)**
Examination	**TSH - thyroid stim. hormone**SPECIMEN ID: 254471SPECIMEN TYPE: Blood:		
	TSH - thyroid stim. hormone SPECIMEN ID: 254471SPECIMEN TYPE: Blood	1.74	(Range: 0.35 - 3.3)
Examination	**Total white cell count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood:		
	Total white cell count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	6.9	(Range: 4 - 10)
Examination	**Lymphocyte count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood:		
	Lymphocyte count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	2.3	(Range: 1.5 - 4)
Examination	**Infectious mononucleosis test**SPECIMEN ID: 201097SPECIMEN TYPE: BloodNEG:		
	Infectious mononucleosis test SPECIMEN ID: 201097SPECIMEN TYPE: BloodNEG		(No range available)
Examination	**Blood urea/renal function**SPECIMEN ID: 254471SPECIMEN TYPE: Blood:		
	Blood urea/renal function SPECIMEN ID: 254471SPECIMEN TYPE: Blood	4	(Range: 3.4 - 7)
Examination	**Large unstained cells**SPECIMEN ID: 201097SPECIMEN TYPE: Blood:		
	Large unstained cells SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.18	(Range: 0.05 - 0.5)
Examination	**Haematocrit**SPECIMEN ID: 201097SPECIMEN TYPE: Blood: **Abnormal**		
	Haematocrit SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**0.36**	**(Range: 0.37 - 0.47)**
Examination	**Basophil count**SPECIMEN ID: 201097SPECIMEN TYPE: Blood:		
	Basophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.02	(Range: 0.01 - 0.1)
Examination	**Free T4 level**SPECIMEN ID: 254471SPECIMEN TYPE: Blood:		
	Free T4 level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	14	(Range: 10 - 25)
Examination	**GFR calculated abbreviated MDRD**SPECIMEN ID: 254471SPECIMEN TYPE: Blood>60:		
	GFR calculated abbreviated MDRD SPECIMEN ID: 254471SPECIMEN TYPE: Blood>60		(No range available)

07-May-2010 Dr Shirley Gibson Surgery consultation

Symptom (P3)	Vomiting
Diagnosis (P3)	was in exam today and had to leave due to vomitting denies pos of pregnancy looks pale abdo exam tender R hypo ? GB check bloods ? for u/s

03-Dec-2009 Dr Syeed Ahmed Surgery consultation

Symptom (P3)	H/O: migraine
Diagnosis (P3)	aura, photophobia, frontal headache on and off recently more often.
Diagnosis (P3)	nil on exam of ENT and local exam. perl.
Diagnosis (P3)	adv to get eyes tested. try sumatriptan if no better r/v. penicillin v for tonsillitis.

03-Dec-2009 Dr Shirley Gibson Telephone Consultation

Administration (P3)	Failed encounter - no answer when rang back
Diagnosis (P3)	message left at3 15

19-Oct-2009 Miss Stephanie Pirie Other

Administration (P3)	Notes summary on computer

10-July-2009 Dr Syeed Ahmed Surgery consultation

Symptom (P3)	Earache symptoms
Diagnosis (P3)	continuing symptoms of ear pain. increased senistivity to sounds.
Diagnosis (P3)	Ear wax, soft has been using drops. also tender over the TM joint.
Diagnosis (P3)	Rx with below for suspected otitis media(friday unable to wt). wax softners.

07-July-2009 Mr Martin Amburose Other

Administration Notes summary on computer
(P1)

30-Jun-2009 Dr Abdul-Rashid Siddique Surgery consultation

Administration Notes summary on computer
(P3)
Symptom Ear symptoms
(P3)
Diagnosis she has been cleaning ear and right ear ache.
(P3)
Diagnosis waxy and red external ear canal.
(P3)

05-Jun-2009 Mrs Dorothy Steel Other

Diagnosis (P3)	Ideal Weight, 54.55 Kg , Measure: 54.55, Measure Units: Kg	
Examination (P3)	Body Mass Index, 21.5 , Measure: 21.5	
Symptom	Cigarette smoker	0 / / cigarettes / cigars / tobacco
Symptom	Ex-Cigarette Smoker, 10 cigs/day (past) , Measure: 10, Measure Units: cigs/day (past)	10 / / cigarettes / cigars / tobacco
Symptom	Alcohol consumption, 1 units/week , Measure: 1, Measure Units: units/week	1 units per week
Administration	Scottish - ethnic category 2001 census	
Examination	O/E - weight, 51 Kg , Measure: 51, Measure Units: Kg	51 Kg
Examination	Body Mass Index , Measure: 51, Measure Units: Kg	21.5
Examination	O/E - height, 154 cm , Measure: 154, Measure Units: cm	1.54 m

06-Jun-2008 Miss Stephanie Pirie Other

Diagnosis Cyst of eyelid NOS
(P3)

03-May-2008 Mr Martin Amburose Other

Diagnosis Miscarriage
(P3)

20-Jun-2006 Miss Stephanie Pirie Other

06-Sept-2000 Mr Martin Amburose Other

Diagnosis Fracture of metatarsal bone conservative treatment
(P1)

07-Aug-2000 Miss Stephanie Pirie Other

Diagnosis Metatarsalgia NOS
(P3)

Medications (inc. issues)

Acute

14-Jan-2026 Citalopram Hydrobromide Tablets 10 mg
28 tablet - ONE DAILY AS DIRECTED BY PSYCHIATRY

Repeat

Past

23-Mar-2026 Prazosin 500microgram tablets Repeat Medication (Past)
60 tablet - TAKE ONE AT NIGHT

23-Mar-2026 Prazosin Hydrochloride Tablets 500 micrograms Acute Medication (Past)
60 tablet - TAKE ONE AT NIGHT

27-May-2025 Flupentixol 20mg/1ml solution for injection ampoules Repeat Medication (Past)
1 ampoule - SUPLIED & ADMINISTERED VIA RCH DEPOT CLINIC - FOR INFORMATION/INTERACTION PURPOSES Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

27-May-2025 Flupentixol Injection 20 mg/ml, 1 ml ampoule Acute Medication (Past)
1 ampoule - SUPLIED & ADMINISTERED VIA RCH DEPOT CLINIC - FOR INFORMATION/INTERACTION PURPOSES Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

23-Dec-2024 Promethazine hydrochloride 25mg tablets Repeat Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

16-Dec-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

26-Nov-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

28-Oct-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

22-Oct-2024 Amoxicillin Capsules 500 mg Acute Medication (Past)
15 Capsule(s) - 1 CAPULE 3 TIMES A DAY

02-Oct-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

05-Sept-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

15-Aug-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

07-Aug-2024 Promethazine hydrochloride 25mg tablets Repeat Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH

07-Aug-2024 Promethazine hydrochloride 25mg tablets Repeat Medication (Past)
336 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH Instalments: 4 Weeks

15-July-2024 Promethazine hydrochloride 25mg tablets Repeat Medication (Past)
56 tablet - TAKE TWO TABLETS (50MG) AT NIGHT AS PER RCH

09-July-2024 Promethazine hydrochloride 25mg tablets Repeat Medication (Past)
1 tablet - SUPPLIED VIA RCH - FOR INFORMATION/INTERACTION PURPOSES Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

09-July-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
1 tablet - SUPPLIED VIA RCH - FOR INFORMATION/INTERACTION PURPOSES Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

28-May-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
56 tablet - TAKE ONE TABLET UP TO TWICE A DAY WHEN REQUIRED AS PER RCH

23-May-2024 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
56 tablet - TAKE ONE TABLET UP TO TWICE A DAY WHEN REQUIRED AS PER RCH

07-Sept-2023 Flupentixol 40mg/2ml solution for injection ampoules Repeat Medication (Past)
1 ampoule - FOR INFORMATION PURPOSES ONLY - GIVEN VIA DEPOT CLINIC RCH Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

07-Sept-2023 Flupentixol Injection 20 mg/ml, 2 ml ampoule Acute Medication (Past)
1 ampoule - FOR INFORMATION PURPOSES ONLY - GIVEN VIA DEPOT CLINIC RCH Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

07-Feb-2023 Aripiprazole 400mg powder and solvent for prolonged-relea... Repeat Medication (Past)
1 pre-filled disposable injection - PRESCRIBED BY RCH & GIVEN IN DEPOT CLINIC - DO NOT PRESCRIBE - FOR INFORMATION ONLY Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

07-Feb-2023 Aripiprazole Powder and solvent for injection 400 mg pre-f Acute Medication (Past)
1 pre-filled disposable injection - PRESCRIBED BY RCH & GIVEN IN DEPOT CLINIC - DO NOT PRESCRIBE - FOR INFORMATION ONLY Notes for dispenser: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

30-Mar-2021 Betamethasone Valerate Ointment 0.1 % Acute Medication (Past)
100 gram - APPLY 1-2 DAILY FOR 1 WEEK THEN ALTERNATE DAYS FOR SECOND WEEK TO HANDS / ELBOWS - MAX 14 DAYS

30-Mar-2021 Betamethasone Valerate Scalp application 0.1 % Acute Medication (Past)
100 ml - APPLY THINLY 1-2 TIMES DAILY TO SCALP - MAX 14 DAYS - THEN CONTACT GP FOR REVIEW

30-Mar-2021 Qv Cream Acute Medication (Past)
500 gram - APPLY 2-3 TIMES A DAY AS A MOISTURISER TO DRY SKIN

30-Mar-2021 Qv Gentle Wash Acute Medication (Past)
500 ml - USE AS A SOAP SUBSTITUTE & SHAMPOO

04-Nov-2020 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - 1 DAILY

01-May-2020 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 tablet - ONE NOCTE

30-Mar-2020 Atrauman Silicone Dressing 5 cm x 7 cm Acute Medication (Past)
4 dressing - APPLY TO WOUND

30-Mar-2020 Cotton Crepe Bp Bandage 7.5 cm x 4.5 m Acute Medication (Past)
2 bandage - AS DIRECTED

24-Mar-2020 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE QDS

01-Nov-2019 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
7 tablet - 1 TAB AT NIGHT

18-Jun-2019 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
60 tablet - 1 DAILY

08-Mar-2019 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - 1 DAILY

08-Mar-2019 Dermol Cream Acute Medication (Past)
500 gram - APPLY TWICE DAILY

08-Mar-2019 Dermol 200 Shower Emollient Acute Medication (Past)
200 ml - USE AS A SHOWER GEL

08-Mar-2019 Ibuprofen Gel 5 % Acute Medication (Past)
50 gram - APPLY 3 TIMES DAILY AS REQUIRED

24-Jan-2019 Dermol Cream Acute Medication (Past)
500 gram - APPLY TWICE DAILY

24-Jan-2019 Betamethasone Valerate Cream 0.025 % Acute Medication (Past)
100 gram - APPLY THINLY 1-2 TIMES DAILY

04-Jan-2019 Cetirizine Hydrochloride Tablets 10 mg Acute Medication (Past)
21 tablet - ONE DAILY

04-Jan-2019 Hydrocortisone Cream 0.5 % Acute Medication (Past)
30 gram - APPLY THINLY 1-2 TIMES DAILY

04-Jan-2019 Dermol 200 Shower Emollient Acute Medication (Past)
200 ml - TO BE USED AS SOAP SUBSTITUTE

04-Jan-2019 Zerobase Cream 11 % Acute Medication (Past)
500 gram - APPLY TWICE A DAY AS A MOISTURISER

04-Sept-2018 E45 Itch Relief Cream Acute Medication (Past)
500 gram - 2-3 TIMES DAILY AS REQUIRED FOR ITCH

04-Sept-2018 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN AT NIGHT

22-Jan-2018 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
10 tablet - TAKE 1 OR 2 AT NIGHT

23-Mar-2017 Eumovate Cream 0.05 % Acute Medication (Past)
100 gram - APPLY THINLY ONCE DAILY

11-Mar-2016 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
6 tablet - ONE TO BE TAKEN AS REQUIRED. DOSE MAY BE REPEATED AFTER 2 HOURS IF MIGRAINE RECURS

03-Mar-2016 Chlorphenamine Tablets 4 mg Acute Medication (Past)
28 tablet - ONE TABLET EVERY 4-6 HOURS AS REQUIRED (MAX 6 DAILY)

03-Mar-2016 Dermol Cream 500 gram bottle Acute Medication (Past)
1 bottle - APPLY WHEN REQUIRED AND AS SOAP SUBSTITUTE

03-Mar-2016 Eumovate Cream 0.05 % Acute Medication (Past)
30 gram - APPLY THINLY 1-2 TIMES DAILY - ON DRY SKIN EXCEPT ON BREAST

03-Mar-2016 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 capsule - ONE QDS

29-Jun-2015 Benzydamine Hydrochloride Spray Sugar Free 0.15 % Acute Medication (Past)
1 spray - APPLY 4 TIMES A DAY

29-Jun-2015 Ibuprofen Tablets 400 mg Acute Medication (Past)
24 tablet - ONE TO BE TAKEN THREE TIMES A DAY AS REQUIRED

29-Jun-2015 Olive oil ear drops Acute Medication (Past)
10 ml - THREE DROPS TO BE USED IN THE AFFECTED EAR(S) THREE TIMES A DAY

29-Jun-2015 Paracetamol Caplets 500 mg Acute Medication (Past)
32 tablet - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED FOR PAIN

27-May-2015 Epaderm Cream Acute Medication (Past)
500 gram - 2-3 TIMES DAILY

27-May-2015 Hydrocortisone Cream 1 % Acute Medication (Past)
30 gram - APPLY THINLY 1-2 TIMES DAILY

27-May-2015 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 gram - APPLY 2 OR 3 X DAILY

25-May-2015 Promethazine Hydrochloride Tablets 25 mg Acute Medication (Past)
7 tablet - 1 TAB AT NIGHT

05-Mar-2015 Diclofenac Diethylammonium Gel 1.16 % Acute Medication (Past)
100 gram - APPLY THREE TIMES DAILY

05-Mar-2015 Miconazole Nitrate Spray powder 0.16 % Acute Medication (Past)
1 spray - APPLY TWICE A DAY

20-Aug-2014 Piroxicam Gel 0.5 % Acute Medication (Past)
112 gram - APPLY 2 OR 3 X DAILY

20-Aug-2014 Zineryt Topical solution Acute Medication (Past)
90 ml - APPLY TWICE DAILY

04-Jun-2014 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
56 tablet - 2 TABS 4 TIMES DAILY

29-May-2013 Hypromellose Eye drops 0.5 % Acute Medication (Past)
10 ml - 2 DROPS 4 TIMES DAILY

29-May-2013 Hypromellose 0.5%eye drops Repeat Medication (Past)
10 ml - 2 DROPS 4 TIMES DAILY

20-May-2013 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
12 tablet - ONE TO BE TAKEN AS REQUIRED. DOSE MAY BE REPEATED AFTER 2 HOURS IF MIGRAINE RECURS

20-May-2013 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 tablet - ONE AT NIGHT FOR INSOMNIA

18-Feb-2013 Pholcodine Linctus 5 mg/5 ml Acute Medication (Past)
200 ml - ONE 5ML SPOONFUL TO BE TAKEN THREE TIMES A DAY

21-Aug-2012 Amoxicillin Capsules 500 mg Acute Medication (Past)
42 capsule - TAKE 2 TABLETS THREE TIMES DAILY

21-Aug-2012 Clarithromycin Tablets 500 mg Acute Medication (Past)
14 tablet - ONE TABLET TWICE DAILY

21-Aug-2012 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
112 tablet - ONE TABLET TWICE DAILY

09-Aug-2012 Metoclopramide Hydrochloride Tablets 10 mg Acute Medication (Past)
42 tablet - ONE THREE TIMES A DAY

09-Aug-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED FOR PAIN

09-Aug-2012 Metoclopramide Hydrochloride Tablets 10 mg Acute Medication (Past)
42 tablet - ONE THREE TIMES A DAY

27-July-2012 Metoclopramide Hydrochloride Tablets 10 mg Acute Medication (Past)
42 tablet - ONE THREE TIMES A DAY

27-July-2012 Helicobacter Test Infai Diagnostic Test Acute Medication (Past)
1 kit - AS DIRECTED

26-July-2012 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
20 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY

25-July-2012 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
112 capsules - TAKE TWO ONCE DAILY

25-July-2012 Tramadol Hydrochloride Capsules 50 mg Acute Medication (Past)
100 capsule - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED FOR PAIN

26-Mar-2012 Clindamycin Topical lotion 1 % Acute Medication (Past)
60 ml - APPLY TWICE A DAY

26-Mar-2012 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
112 capsules - TAKE TWO ONCE DAILY

11-Jan-2012 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE DAILY

11-Jan-2012 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
56 capsule - ONE DAILY

29-Nov-2011 Chloramphenicol Eye ointment 1 % Acute Medication (Past)
10 gram - APPLY 4 TIMES DAILY

29-Nov-2011 Flucloxacillin Capsules 250 mg Acute Medication (Past)
28 capsule - ONE FOUR TIMES A DAY

07-Oct-2011 Omeprazole Tablets (Gastro-Resistant) 40 mg Acute Medication (Past)
56 tablet - 1 tab daily

30-Sept-2011 Penicillin V Tablets 250 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

30-Sept-2011 Prochlorperazine Maleate Tablets 5 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN THREE TIMES A DAY

05-Sept-2011 Lansoprazole Capsules (Gastro-Resistant) 30 mg Acute Medication (Past)
28 capsule - ONE DAILY

25-July-2011 Omeprazole Dispersible (Gastro-Resistant) Tablets 20 mg Acute Medication (Past)
28 tablet - TAKE ONE DAILY

29-Mar-2011 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - ONE THREE TIMES A DAY

29-Mar-2011 Metronidazole Tablets 400 mg Acute Medication (Past)
21 tablet - 1 TABLET 3 TIMES DAILY--DO NOT CONSUME ALCOHOL

29-Mar-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - 2 DAILY

18-Mar-2011 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
14 capsule - 2 DAILY

13-Mar-2011 Ciprofloxacin Tablets 250 mg Acute Medication (Past)
10 tablet - ONE TO BE TAKEN TWICE A DAY

13-Mar-2011 Buccastem Buccal tablets 3 mg Acute Medication (Past)
60 tablet - ONE TO BE TAKEN THREE TIMES A DAY

14-Dec-2010 Nicotinell Tts 30 Transdermal patches 52.5 mg (21 mg/24 ho Acute Medication (Past)
28 patch - APPLY ONE PATCH DAILY

03-Jun-2010 Ferrograd Tablets 325 mg Acute Medication (Past)
28 tablet - ONE TO BE TAKEN DAILY

03-Jun-2010 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
56 capsule - ONE DAILY

03-Jun-2010 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
30 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY

07-May-2010 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
30 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY

07-May-2010 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
12 tablet - TO BE TAKEN AS DIRECTED

03-Dec-2009 Penicillin V Tablets 250 mg Acute Medication (Past)
28 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

03-Dec-2009 Sumatriptan Succinate Tablets 50 mg Acute Medication (Past)
12 tablet - TO BE TAKEN AS DIRECTED

10-July-2009 Amoxicillin Capsules 500 mg Acute Medication (Past)
21 capsule - THREE TIMES A DAY

10-July-2009 Ibuprofen Tablets 400 mg Acute Medication (Past)
24 tablet - THREE TIMES DAILY

30-Jun-2009 Gentisone Hc Ear-drops Acute Medication (Past)
10 ml - TWO DROPS TO BE USED IN THE AFFECTED EAR(S) FOUR TIMES A DAY

Allergies

This section is empty.

Vaccinations

19-Jan-2017 Mrs Jacqueline Chalmers
Booster polio vaccination
Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)
Intervention
POLIO

19-Jan-2017 Mrs Jacqueline Chalmers
Booster tetanus vaccination
Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)
Intervention
TETANUS

19-Jan-2017 Mrs Jacqueline Chalmers
Booster diphtheria vaccination
Revaxis given IM into left deltoid BN L7540-1 Exp 11/17 (GMS)
Intervention
DIPHTHERIA

11-Jan-2011 Mrs Solna Pender
Second human papillomavirus vaccination
bn - ahpva091dc exp 04.2013.
Intervention
HPVGENERIC

14-Dec-2010 Mrs Solna Pender
First human papillomavirus vaccination
Intervention
HPVGENERIC

Referrals

06-Jun-2024 Dr Gabriel Wong
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Gabriel Wong; Reason: 8H...: Referral for further care (SCI Gateway Referral)

07-Mar-2022 Dr Leona Houston
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Leona Houston; Reason: 8H...: Referral for further care (SCI Gateway Referral)

25-Jan-2019 Dr Amir Iqbal
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Amir Iqbal; Reason: 8H...: Referral for further care (SCI Gateway Referral)

17-Mar-2016 Mrs Diane Ewen
Ophthalmological referral
. Sender: Mrs Diane Ewen; Reason: Ophthalmological referral

17-Mar-2016 Dr Hani Zakri
8H...: Referral for further care (SCI Gateway Referral)
Out Patient. Sender: Dr Hani Zakri; Reason: 8H...: Referral for further care (SCI Gateway Referral)

01-Aug-2012 Dr Amir Iqbal
8H48.: Gastroenterological referral (SCI Gateway Referral)
Out Patient. Sender: Dr Amir Iqbal; Reason: 8H48.: Gastroenterological referral (SCI Gateway Referral)

13-Mar-2011 Dr D Abeyawardena
Emergency hospital admission
. Sender: Dr D Abeyawardena; Reason: Emergency hospital admission

13-Mar-2011 Dr D Abeyawardena
Emergency hospital admission
(- ward 34). Sender: Dr D Abeyawardena; Reason: Emergency hospital admission

13-Mar-2011 Dr D Abeyawardena
Referral to surgeon
. Sender: Dr D Abeyawardena; Reason: Referral to surgeon

Test Requests

31-Dec-9999 Dr Sunjay Kumar
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Vitamin B12
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Ferritin
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Serum Folate
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Blood Pressure
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Bone profile
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
CRP : C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
LFT : Liver Function Test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
TFT : Thyroid function test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
U&E : Renal Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Sunjay Kumar
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Julie Ann Morrison
Allergic Disease (Total IGE)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Julie Ann Morrison
Specific IgE (RAST)
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Katherine Moult
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Katherine Moult
LFT : Liver Function Test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Katherine Moult
Lipid Profile
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Katherine Moult
U&E : Renal Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Katherine Moult
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Khyber Alam
Glucose
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Khyber Alam
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Khyber Alam
TFT : Thyroid function test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Khyber Alam
U&E : Renal Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Ann-Marie Osuebi
Ferritin
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
Amylase
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
CRP : C-Reactive Protein
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
LFT : Liver Function Test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
TFT : Thyroid function test
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
U&E : Renal Function
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
ESR for testing WITHIN GP Practice
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Amir Iqbal
Full Blood Count
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Mrs Ann-Marie Osuebi
IMST
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

31-Dec-9999 Dr Khyber Alam
Infectious mononucleosis Test
Hospital No: NHS/PRIVATE/OTHER: NURGENT: NINNOCULATION RISK: NFASTED: NPREGNANT: NRequest: IM ScreenRequest Details:
Status
Innoculation Risk False
Priority
Has Fasted? False
Is Pregnant? False

Test Results

11-Mar-2016 Mrs Elsa McLeod			
Result: Blood sample -> Lab NOS<c>			
Blood sample -> Lab NOS <c>			(No range available)
11-Mar-2016			
Result: Serum albumin *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum albumin SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		39 g/L	(Range: 35 - 50)
11-Mar-2016			
Result: Serum alkaline phosphatase *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum alkaline phosphatase SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		59 U/L	(Range: 30 - 130)
11-Mar-2016			
Result: Serum alanine aminotransferase level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum alanine aminotransferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		15 U/L	(Range: 9 - 55)
11-Mar-2016			
Result: Serum total bilirubin level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum total bilirubin level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		10 umol/L	(No range available)
11-Mar-2016			
Result: Serum chloride *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum chloride SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		105 mmol/L	(Range: 95 - 108)
11-Mar-2016			
Result: Serum total cholesterol level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum total cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		5 mmol/L	(No range available)
11-Mar-2016			
Result: Serum creatinine *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum creatinine SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		76 umol/L	(Range: 50 - 100)
11-Mar-2016			
Result: Eosinophil count *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Eosinophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		0.35	(Range: 0.1 - 0.5)
11-Mar-2016			
Result: Serum gamma-glutamyl transferase level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum gamma-glutamyl transferase level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		12 U/L	(Range: 6 - 35)
11-Mar-2016			
Result: Haemoglobin estimation *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Haemoglobin estimation SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		137 g/L	(Range: 120 - 160)
11-Mar-2016			
Result: Serum HDL cholesterol level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum HDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		1.4 mmol/L	(No range available)
11-Mar-2016			
Result: Serum LDL cholesterol level *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum LDL cholesterol level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		3.1 mmol/L	(No range available)
11-Mar-2016			
Result: Mean corpusc. haemoglobin(MCH) *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Mean corpusc. haemoglobin(MCH) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		27 pg	(Range: 27 - 32)
11-Mar-2016			
Result: Mean corpuscular volume (MCV) *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Mean corpuscular volume (MCV) SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		82 fL	(Range: 82 - 99)
11-Mar-2016			
Result: Monocyte count *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Monocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		0.7	(Range: 0.2 - 0.8)
11-Mar-2016			
Result: Neutrophil count *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Neutrophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		3.8	(Range: 1.5 - 7)
11-Mar-2016			
Result: Platelet count *SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*			
Platelet count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood		271	(Range: 140 - 400)
11-Mar-2016			
Result: Serum potassium *SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*			
Serum potassium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood		4.3 mmol/L	(Range: 3.5 - 5.3)

11-Mar-2016
Result: Red blood cell (RBC) count*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*
Abnormal

Red blood cell (RBC) count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	**5.1**	**(Range: 4 - 5)**

11-Mar-2016
Result: Serum sodium*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*

Serum sodium SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	137 mmol/L	(Range: 133 - 146)

11-Mar-2016
Result: Serum triglycerides*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*

Serum triglycerides SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	0.99 mmol/L	(No range available)

11-Mar-2016
Result: Serum urea level*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*

Serum urea level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	5.3 mmol/L	(Range: 2.5 - 7.8)

11-Mar-2016
Result: Total white cell count*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*

Total white cell count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	8.4	(Range: 4 - 10)

11-Mar-2016
Result: Lymphocyte count*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*

Lymphocyte count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	3.3	(Range: 1.5 - 4)

11-Mar-2016
Result: Plasma glucose level*SPECIMEN ID: CB171805ASPECIMEN TYPE: Blood*

Plasma glucose level SPECIMEN ID: CB171805ASPECIMEN TYPE: Blood	5 mmol/L	(Range: 3.7 - 6)

11-Mar-2016
Result: Biochemical test*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-*

Biochemical test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		(No range available)

11-Mar-2016
Result: Large unstained cells*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*

Large unstained cells SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.14	(Range: 0.05 - 0.5)

11-Mar-2016
Result: Haematocrit - PCV*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*

Haematocrit - PCV SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.41 L/L	(Range: 0.37 - 0.47)

11-Mar-2016
Result: Basophil count*SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood*

Basophil count SPECIMEN ID: HH173865TSPECIMEN TYPE: Blood	0.07	(Range: 0.01 - 0.1)

11-Mar-2016
Result: Total cholesterol:HDL ratio*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood*

Total cholesterol:HDL ratio SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood	3.5	(No range available)

11-Mar-2016
Result: Lipid level*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-*

Lipid level SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		(No range available)

11-Mar-2016
Result: Haemolysis screening test*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-*

Haemolysis screening test SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood-		(No range available)

11-Mar-2016
Result: (Non Coded Event - Full blood count - FBC)*Specimen Id: HH173865TSpecimen Type: BloodNumber of Test(s): 13Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: Abnormal*

(Non Coded Event - Full blood count - FBC) Specimen Id: HH173865TSpecimen Type: BloodNumber of Test(s): 13Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: Abnormal	(No range available)

11-Mar-2016
Result: (Non Coded Event - Plasma glucose level)*Specimen Id: CB171805ASpecimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:*

(Non Coded Event - Plasma glucose level) Specimen Id: CB171805ASpecimen Type: BloodNumber of Test(s): 1Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:	(No range available)

11-Mar-2016
Result: (Non Coded Event - Biochemical test)*Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Biochemical test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 3Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

11-Mar-2016
Result: (Non Coded Event - Urea and electrolytes)*Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:*

(Non Coded Event - Urea and electrolytes) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 6Lab comment: Reviewer comment: Abnormal/Normal Flag:	(No range available)

11-Mar-2016
Result: (Non Coded Event - Serum lipids)*Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: See national guidance (SIGN, NICE) for lipid treatment targets.|Reviewer comment: Abnormal/Normal Flag:*
(Non Coded Event - Serum lipids) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: See national guidance (SIGN, NICE) for lipid treatment targets.|Reviewer comment: Abnormal/Normal Flag: (No range available)

11-Mar-2016
Result: (Non Coded Event - Liver function test)*Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag:*
(Non Coded Event - Liver function test) Specimen Id: CB168991GSpecimen Type: BloodNumber of Test(s): 5Lab comment: Reviewer comment: All Results Satisfactory (KMO)Abnormal/Normal Flag: (No range available)

11-Mar-2016
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood> 60*
GFR calculated abbreviated MDRD SPECIMEN ID: CB168991GSPECIMEN TYPE: Blood> 60 (No range available)

28-Mar-2014 Dr Khyber Alam
Result: Serum chloride, 104*SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood*
Serum chloride, 104 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood 104 (Range: 95 - 108)

28-Mar-2014 Dr Khyber Alam
Result: Serum creatinine, 76*SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood*
Serum creatinine, 76 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood 76 (Range: 50 - 100)

28-Mar-2014 Dr Khyber Alam
Result: Eosinophil count, 0.23*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Eosinophil count, 0.23 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 0.23 (Range: 0.1 - 0.5)

28-Mar-2014 Dr Khyber Alam
Result: Haemoglobin estimation, 150*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Haemoglobin estimation, 150 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 150 (Range: 120 - 160)

28-Mar-2014 Dr Khyber Alam
Result: Mean corpusc. haemoglobin(MCH), 27*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Mean corpusc. haemoglobin(MCH), 27 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 27 (Range: 27 - 32)

28-Mar-2014 Dr Khyber Alam
Result: Mean corpuscular volume (MCV), 84*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Mean corpuscular volume (MCV), 84 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 84 (Range: 82 - 99)

28-Mar-2014 Dr Khyber Alam
Result: Monocyte count, 0.6*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Monocyte count, 0.6 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 0.6 (Range: 0.2 - 0.8)

28-Mar-2014 Dr Khyber Alam
Result: Neutrophil count, 4.8*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Neutrophil count, 4.8 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 4.8 (Range: 1.5 - 7)

28-Mar-2014 Dr Khyber Alam
Result: Platelet count, 302*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Platelet count, 302 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood 302 (Range: 140 - 400)

28-Mar-2014 Dr Khyber Alam
Result: Serum potassium, 4.7*SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood*
Serum potassium, 4.7 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood 4.7 (Range: 3.5 - 5.3)

28-Mar-2014 Dr Khyber Alam
Result: Red blood cell (RBC) count, 5.4*SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood*
Abnormal
Red blood cell (RBC) count, 5.4 SPECIMEN ID: 2014032860615188^039801SPECIMEN TYPE: Blood **5.4** **(Range: 4 - 5)**

28-Mar-2014 Dr Khyber Alam
Result: Serum sodium, 136*SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood*
Serum sodium, 136 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood 136 (Range: 133 - 146)

28-Mar-2014 Dr Khyber Alam
Result: TSH - thyroid stim. hormone, 2.98*SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood*
TSH - thyroid stim. hormone, 2.98 SPECIMEN ID: 2014032860613813^188661SPECIMEN TYPE: Blood 2.98 (Range: 0.35 - 4.5)

28-Mar-2014 Dr Khyber Alam
Result: Total white cell count, 9.2*SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood*
Total white cell count, 9.2 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood — 9.2 — (Range: 4 - 10)

28-Mar-2014 Dr Khyber Alam
Result: Lymphocyte count, 3.4*SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood*
Lymphocyte count, 3.4 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood — 3.4 — (Range: 1.5 - 4)

28-Mar-2014 Dr Khyber Alam
Result: Blood urea/renal function, 5.3*SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood*
Blood urea/renal function, 5.3 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood — 5.3 — (Range: 2.5 - 7.8)

28-Mar-2014 Dr Khyber Alam
Result: Plasma fasting glucose level, 4.9*SPECIMEN ID: 20140328606138 28^188662SPECIMEN TYPE: Blood*
Plasma fasting glucose level, 4.9 SPECIMEN ID: 20140328606138 28^188662SPECIMEN TYPE: Blood — 4.9 — (Range: 3.7 - 5.6)

28-Mar-2014 Dr Khyber Alam
Result: Large unstained cells, 0.13*SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood*
Large unstained cells, 0.13 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood — 0.13 — (Range: 0.05 - 0.5)

28-Mar-2014 Dr Khyber Alam
Result: Haematocrit, 0.46*SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood*
Haematocrit, 0.46 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood — 0.46 — (Range: 0.37 - 0.47)

28-Mar-2014 Dr Khyber Alam
Result: Basophil count, 0.05*SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood*
Basophil count, 0.05 SPECIMEN ID: 20140328606151 88^039801SPECIMEN TYPE: Blood — 0.05 — (Range: 0.01 - 0.1)

28-Mar-2014 Dr Khyber Alam
Result: Free T4 level, 19*SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood*
Free T4 level, 19 SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood — 19 — (Range: 10 - 25)

28-Mar-2014 Mrs Elsa McLeod
Result: Blood sample -> Lab NOS<c>
Blood sample -> Lab NOS <c> — (No range available)

28-Mar-2014
Result: (Non Coded Event - LC=188662)*Specimen Id: 20140328606138 28^188662Specimen Type: BloodNumber of Test(s): 1Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:*
(Non Coded Event - LC=188662) Specimen Id: 20140328606138 28^188662Specimen Type: BloodNumber of Test(s): 1Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: — (No range available)

28-Mar-2014
Result: (Non Coded Event - LC=188661)*Specimen Id: 20140328606138 13^188661Specimen Type: BloodNumber of Test(s): 11Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag:*
(Non Coded Event - LC=188661) Specimen Id: 20140328606138 13^188661Specimen Type: BloodNumber of Test(s): 11Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: — (No range available)

28-Mar-2014
Result: (Non Coded Event - LC=039801)*Specimen Id: 20140328606151 88^039801Specimen Type: BloodNumber of Test(s): 13Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal*
(Non Coded Event - LC=039801) Specimen Id: 20140328606151 88^039801Specimen Type: BloodNumber of Test(s): 13Lab comment: tatt. |Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal — (No range available)

28-Mar-2014 Dr Khyber Alam
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood>60*
GFR calculated abbreviated MDRD SPECIMEN ID: 20140328606138 13^188661SPECIMEN TYPE: Blood>60 — (No range available)

18-Feb-2013 Mr Tim Wood
Result: O/E - temperature normal<c>*CHEST: No creps/rhonchi. No wheeze, or acute breathlessness. Slight sore throat, but nil to see. Ongoing coryzal symptoms.*
O/E - temperature normal <c>CHEST: No creps/rhonchi. No wheeze, or acute breathlessness. Slight sore throat, but nil to see. Ongoing coryzal symptoms. — (No range available)

21-Aug-2012 Dr Amir Iqbal
Result: Helicobacter breath test positive<c>
Helicobacter breath test positive <c> — (No range available)

06-Aug-2012 Dr Amir Iqbal
Result: Serum ferritin, 4.1*SPECIMEN ID: 20120806822482 06^354754SPECIMEN TYPE: Blood*
Abnormal
Serum ferritin, 4.1 SPECIMEN ID: 20120806822482 06^354754SPECIMEN TYPE: Blood — **4.1** — **(Range: 7 - 150)**

06-Aug-2012 Mrs Ann-Marie Osuebi
Result: Blood sample -> Lab NOS<c>
Blood sample -> Lab NOS <c> (No range available)

06-Aug-2012
Result: (Non Coded Event - LC=354754)*Specimen Id: 2012080682248206^354754Specimen Type: BloodNumber of Test(s): 1Lab comment: previous tests showed anaemic - blood as per GP request.|Reviewer comment: keep f/u--low ironAbnormal/Normal Flag: Abnormal*
(Non Coded Event - LC=354754) Specimen Id: 2012080682248206^354754Specimen Type: BloodNumber of Test(s): 1Lab comment: previous tests showed anaemic - blood as per GP request.|Reviewer comment: keep f/u--low ironAbnormal/Normal Flag: Abnormal (No range available)

27-July-2012 Dr Amir Iqbal
Result: Serum albumin, 47*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Serum albumin, 47 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 47 (Range: 35 - 50)

27-July-2012 Dr Amir Iqbal
Result: Serum alkaline phosphatase, 71*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Serum alkaline phosphatase, 71 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 71 (Range: 30 - 130)

27-July-2012 Dr Amir Iqbal
Result: Plasma alanine aminotransferase level, 12*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Plasma alanine aminotransferase level, 12 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 12 (Range: 8 - 55)

27-July-2012 Dr Amir Iqbal
Result: Serum bilirubin level, 9*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Serum bilirubin level, 9 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 9 (No range available)

27-July-2012 Dr Amir Iqbal
Result: Serum chloride, 102*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Serum chloride, 102 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 102 (Range: 95 - 108)

27-July-2012 Dr Amir Iqbal
Result: Serum creatinine, 75*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Serum creatinine, 75 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 75 (Range: 50 - 100)

27-July-2012 Dr Amir Iqbal
Result: Eosinophil count, 0.19*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Eosinophil count, 0.19 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood 0.19 (Range: 0.1 - 0.5)

27-July-2012 Dr Amir Iqbal
Result: Gamma - G.T. level, 12*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Gamma - G.T. level, 12 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood 12 (Range: 4 - 35)

27-July-2012 Dr Amir Iqbal
Result: Haemoglobin estimation, 102*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal
Haemoglobin estimation, 102 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood **102** **(Range: 120 - 160)**

27-July-2012 Dr Amir Iqbal
Result: Mean corpusc. haemoglobin(MCH), 20*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal
Mean corpusc. haemoglobin(MCH), 20 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood **20** **(Range: 27 - 32)**

27-July-2012 Dr Amir Iqbal
Result: Mean corpuscular volume (MCV), 68*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal
Mean corpuscular volume (MCV), 68 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood **68** **(Range: 82 - 99)**

27-July-2012 Dr Amir Iqbal
Result: Monocyte count, 0.8*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Monocyte count, 0.8 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood 0.8 (Range: 0.2 - 0.8)

27-July-2012 Dr Amir Iqbal
Result: Neutrophil count, 8.5*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal
Neutrophil count, 8.5 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood **8.5** **(Range: 1.5 - 7)**

27-July-2012 Dr Amir Iqbal
Result: Platelet count, 473*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal
Platelet count, 473 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood **473** **(Range: 140 - 400)**

27-July-2012 Dr Amir Iqbal
Result: Serum potassium, 4.4*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*

Serum potassium, 4.4 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	4.4	(Range: 3.5 - 5.3)

27-July-2012 Dr Amir Iqbal
Result: Red blood cell (RBC) count, 5*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*

Red blood cell (RBC) count, 5 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	5	(Range: 4 - 5)

27-July-2012 Dr Amir Iqbal
Result: Serum sodium, 136*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*

Serum sodium, 136 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	136	(Range: 133 - 146)

27-July-2012 Dr Amir Iqbal
Result: TSH - thyroid stim. hormone, 3.42*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*
Abnormal

TSH - thyroid stim. hormone, 3.42 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	**3.42**	**(Range: 0.35 - 3.3)**

27-July-2012 Dr Amir Iqbal
Result: Total white cell count, 11.8*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal

Total white cell count, 11.8 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	**11.8**	**(Range: 4 - 10)**

27-July-2012 Dr Amir Iqbal
Result: Lymphocyte count, 2.2*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*

Lymphocyte count, 2.2 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	2.2	(Range: 1.5 - 4)

27-July-2012 Dr Amir Iqbal
Result: Blood urea/renal function, 5.3*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*

Blood urea/renal function, 5.3 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	5.3	(Range: 2.5 - 7.8)

27-July-2012 Dr Amir Iqbal
Result: Serum amylase level, 42*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*

Serum amylase level, 42 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	42	(No range available)

27-July-2012 Dr Amir Iqbal
Result: Serum C reactive protein level*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood<4*

Serum C reactive protein level SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood<4		(No range available)

27-July-2012 Dr Amir Iqbal
Result: Large unstained cells, 0.1*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*

Large unstained cells, 0.1 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	0.1	(Range: 0.05 - 0.5)

27-July-2012 Dr Amir Iqbal
Result: Haematocrit, 0.34*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*
Abnormal

Haematocrit, 0.34 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	**0.34**	**(Range: 0.37 - 0.47)**

27-July-2012 Dr Amir Iqbal
Result: Basophil count, 0.05*SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood*

Basophil count, 0.05 SPECIMEN ID: 2012072782256142^340262SPECIMEN TYPE: Blood	0.05	(Range: 0.01 - 0.1)

27-July-2012 Dr Amir Iqbal
Result: Free T4 level, 22*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood*

Free T4 level, 22 SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood	22	(Range: 10 - 25)

27-July-2012
Result: (Non Coded Event - LC=367737)*Specimen Id: 2012072782248954^367737Specimen Type: BloodNumber of Test(s): 18Lab comment: abdominal pain- ?cause.|Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal*

(Non Coded Event - LC=367737) Specimen Id: 2012072782248954^367737Specimen Type: BloodNumber of Test(s): 18Lab comment: abdominal pain- ?cause.|Reviewer comment: SatisfactoryAbnormal/Normal Flag: Abnormal		(No range available)

27-July-2012
Result: (Non Coded Event - LC=340262)*Specimen Id: 2012072782256142^340262Specimen Type: BloodNumber of Test(s): 13Lab comment: abdominal pain- ?cause.| See the numerous previous reports. Ferritin should be checked.| MG|Reviewer comment: anaemic- needs ferritin checkAbnormal/Normal Flag: Abnormal*

(Non Coded Event - LC=340262) Specimen Id: 2012072782256142^340262Specimen Type: BloodNumber of Test(s): 13Lab comment: abdominal pain- ?cause.| See the numerous previous reports. Ferritin should be checked.| MG|Reviewer comment: anaemic- needs ferritin checkAbnormal/Normal Flag: Abnormal		(No range available)

27-July-2012 Dr Amir Iqbal
Result: GFR calculated abbreviated MDRD*SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood>60*

GFR calculated abbreviated MDRD SPECIMEN ID: 2012072782248954^367737SPECIMEN TYPE: Blood>60		(No range available)

27-July-2012 Miss Heather Gilligan
Result: Erythrocyte sedimentation rate 2 mm/1 hr*<c>*

Erythrocyte sedimentation rate 2 mm/1 hr <c>	2	(No range available)

27-July-2012 Miss Heather Gilligan
Result: O/E - temperature normal*<c>36.9oC*

O/E - temperature normal <c>36.9oC		(No range available)

27-July-2012 Miss Heather Gilligan
Result: Blood sample -> Lab NOS*<c>*

Blood sample -> Lab NOS <c>		(No range available)

06-Sept-2011 Dr Khyber Alam
Result: Eosinophil count, 0.39*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Eosinophil count, 0.39 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.39	(Range: 0.1 - 0.5)

06-Sept-2011 Dr Khyber Alam
Result: Haemoglobin estimation, 125*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Haemoglobin estimation, 125 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	125	(Range: 120 - 160)

06-Sept-2011 Dr Khyber Alam
Result: Mean corpusc. haemoglobin(MCH), 23*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Mean corpusc. haemoglobin(MCH), 23 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**23**	**(Range: 27 - 32)**

06-Sept-2011 Dr Khyber Alam
Result: Mean corpuscular volume (MCV), 74*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Mean corpuscular volume (MCV), 74 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**74**	**(Range: 82 - 99)**

06-Sept-2011 Dr Khyber Alam
Result: Monocyte count, 0.6*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Monocyte count, 0.6 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.6	(Range: 0.2 - 0.8)

06-Sept-2011 Dr Khyber Alam
Result: Neutrophil count, 7.1*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Neutrophil count, 7.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**7.1**	**(Range: 1.5 - 7)**

06-Sept-2011 Dr Khyber Alam
Result: Mean platelet volume, 9.2*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Mean platelet volume, 9.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	9.2	(Range: 7 - 10.4)

06-Sept-2011 Dr Khyber Alam
Result: Platelet count, 455*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Platelet count, 455 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**455**	**(Range: 140 - 400)**

06-Sept-2011 Dr Khyber Alam
Result: Red blood cell (RBC) count, 5.3*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Red blood cell (RBC) count, 5.3 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**5.3**	**(Range: 4 - 5)**

06-Sept-2011 Dr Khyber Alam
Result: Total white cell count, 12.2*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*
Abnormal

Total white cell count, 12.2 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	**12.2**	**(Range: 4 - 10)**

06-Sept-2011 Dr Khyber Alam
Result: Lymphocyte count, 3.8*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Lymphocyte count, 3.8 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	3.8	(Range: 1.5 - 4)

06-Sept-2011 Dr Khyber Alam
Result: Infectious mononucleosis test, 0*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: BloodNEG*

Infectious mononucleosis test, 0 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: BloodNEG		(No range available)

06-Sept-2011 Dr Khyber Alam
Result: Large unstained cells, 0.14*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Large unstained cells, 0.14 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.14	(Range: 0.05 - 0.5)

06-Sept-2011 Dr Khyber Alam
Result: Haematocrit, 0.4*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Haematocrit, 0.4 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.4	(Range: 0.37 - 0.47)

06-Sept-2011 Dr Khyber Alam
Result: Basophil count, 0.1*SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood*

Basophil count, 0.1 SPECIMEN ID: 2011090682352572^342866SPECIMEN TYPE: Blood	0.1	(Range: 0.01 - 0.1)

06-Sept-2011 Mrs Ann-Marie Osuebi
Result: Blood sample taken<*c*>

Blood sample taken <c>		(No range available)

06-Sept-2011 Mrs Ann-Marie Osuebi
Result: Blood sample -> Lab NOS<*c*>

Blood sample -> Lab NOS <c>		(No range available)

06-Sept-2011
Result: (Non Coded Event - LC=342866)*Specimen Id: 2011090682352572^342866Specimen Type: BloodNumber of Test(s): 15Lab comment: ? Glandular fever as per GP request..| Indices suggestive of Fe deficiency|Reviewer comment: satisfactoryAbnormal/Normal Flag: Abnormal*

(Non Coded Event - LC=342866) Specimen Id: 2011090682352572^342866Specimen Type: BloodNumber of Test(s): 15Lab comment: ? Glandular fever as per GP request..| Indices suggestive of Fe deficiency|Reviewer comment: satisfactoryAbnormal/Normal Flag: Abnormal		(No range available)

29-May-2010
Result: Stool sample sent to lab.*Specimen Id: 963531Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:*

Stool sample sent to lab. Specimen Id: 963531Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:		(No range available)

29-May-2010 Dr Abdul-Rashid Siddique
Result: Stool sample sent to lab.*SPECIMEN ID: 963531SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|*

Stool sample sent to lab. SPECIMEN ID: 963531SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|		(No range available)

25-May-2010
Result: Stool sample sent to lab.*Specimen Id: 962986Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:*

Stool sample sent to lab. Specimen Id: 962986Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:		(No range available)

25-May-2010 Dr Abdul-Rashid Siddique
Result: Stool sample sent to lab.*SPECIMEN ID: 962986SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|*

Stool sample sent to lab. SPECIMEN ID: 962986SPECIMEN TYPE: FaecesFaecal Occult Blood Negative|		(No range available)

22-May-2010
Result: Stool sample sent to lab.*Specimen Id: 962816Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:*

Stool sample sent to lab. Specimen Id: 962816Specimen Type: FaecesNumber of Test(s): 1Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag:		(No range available)

22-May-2010 Dr Abdul-Rashid Siddique
Result: Stool sample sent to lab.*SPECIMEN ID: 962816SPECIMEN TYPE: FaecesNo Cryptosporidium oocysts observed| Faecal Occult Blood Negative| Enzyme ...*

Stool sample sent to lab. SPECIMEN ID: 962816SPECIMEN TYPE: FaecesNo Cryptosporidium oocysts observed| Faecal Occult Blood Negative| Enzyme ...		(No range available)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum albumin*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Serum albumin SPECIMEN ID: 254471SPECIMEN TYPE: Blood	41	(Range: 37 - 49)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum alkaline phosphatase*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Serum alkaline phosphatase SPECIMEN ID: 254471SPECIMEN TYPE: Blood	79	(Range: 45 - 105)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Plasma alanine aminotransferase level*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Plasma alanine aminotransferase level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	15	(Range: 1 - 40)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum bilirubin level*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Serum bilirubin level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	9	(Range: 1 - 22)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum chloride*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Serum chloride SPECIMEN ID: 254471SPECIMEN TYPE: Blood	103	(Range: 98 - 106)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum creatinine*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*
Abnormal

Serum creatinine SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**65**	**(Range: 84 - 116)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Eosinophil count*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*

Eosinophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.29	(Range: 0.1 - 0.5)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Gamma - G.T. level*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Gamma - G.T. level SPECIMEN ID: 254471SPECIMEN TYPE: Blood	14	(Range: 4 - 35)

12-May-2010
Result: Haemoglobin estimation*Specimen Id: 201097Specimen Type: BloodNumber of Test(s): 15Lab comment: Reviewer comment: re-routed to DR SGAbnormal/Normal Flag: Abnormal*
Abnormal

Haemoglobin estimation Specimen Id: 201097Specimen Type: BloodNumber of Test(s): 15Lab comment: Reviewer comment: re-routed to DR SGAbnormal/Normal Flag: Abnormal		(No range available)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Haemoglobin estimation*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*
Abnormal

Haemoglobin estimation SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**115**	**(Range: 120 - 160)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Mean corpusc. haemoglobin(MCH)*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*
Abnormal

Mean corpusc. haemoglobin(MCH) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**23**	**(Range: 27 - 32)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Mean corpuscular volume (MCV)*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*
Abnormal

Mean corpuscular volume (MCV) SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**71**	**(Range: 82 - 99)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Monocyte count*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*

Monocyte count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	0.5	(Range: 0.2 - 0.8)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Neutrophil count*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*

Neutrophil count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	3.5	(Range: 1.5 - 7)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Mean platelet volume*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*

Mean platelet volume SPECIMEN ID: 201097SPECIMEN TYPE: Blood	7.7	(Range: 7 - 10.4)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Platelet count*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*
Abnormal

Platelet count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	**416**	**(Range: 140 - 400)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum potassium*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

Serum potassium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	4.2	(Range: 3.5 - 4.9)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Red blood cell (RBC) count*SPECIMEN ID: 201097SPECIMEN TYPE: Blood*

Red blood cell (RBC) count SPECIMEN ID: 201097SPECIMEN TYPE: Blood	5	(Range: 4 - 5)

12-May-2010
Result: Serum sodium*Specimen Id: 254471Specimen Type: BloodNumber of Test(s): 16Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag: Abnormal*
Abnormal

Serum sodium Specimen Id: 254471Specimen Type: BloodNumber of Test(s): 16Lab comment: Reviewer comment: Normal - No ActionAbnormal/Normal Flag: Abnormal		(No range available)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Serum sodium*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*
Abnormal

Serum sodium SPECIMEN ID: 254471SPECIMEN TYPE: Blood	**136**	**(Range: 137 - 144)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: TSH - thyroid stim. hormone*SPECIMEN ID: 254471SPECIMEN TYPE: Blood*

TSH - thyroid stim. hormone SPECIMEN ID: 254471SPECIMEN TYPE: Blood	1.74	(Range: 0.35 - 3.3)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Total white cell count *SPECIMEN ID: 201097 SPECIMEN TYPE: Blood*

Total white cell count SPECIMEN ID: 201097 SPECIMEN TYPE: Blood	6.9	(Range: 4 - 10)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Lymphocyte count *SPECIMEN ID: 201097 SPECIMEN TYPE: Blood*

Lymphocyte count SPECIMEN ID: 201097 SPECIMEN TYPE: Blood	2.3	(Range: 1.5 - 4)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Infectious mononucleosis test *SPECIMEN ID: 201097 SPECIMEN TYPE: BloodNEG*

Infectious mononucleosis test SPECIMEN ID: 201097 SPECIMEN TYPE: BloodNEG		(No range available)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Blood urea/renal function *SPECIMEN ID: 254471 SPECIMEN TYPE: Blood*

Blood urea/renal function SPECIMEN ID: 254471 SPECIMEN TYPE: Blood	4	(Range: 3.4 - 7)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Large unstained cells *SPECIMEN ID: 201097 SPECIMEN TYPE: Blood*

Large unstained cells SPECIMEN ID: 201097 SPECIMEN TYPE: Blood	0.18	(Range: 0.05 - 0.5)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Haematocrit *SPECIMEN ID: 201097 SPECIMEN TYPE: Blood*
Abnormal

Haematocrit SPECIMEN ID: 201097 SPECIMEN TYPE: Blood	**0.36**	**(Range: 0.37 - 0.47)**

12-May-2010 Dr Abdul-Rashid Siddique
Result: Basophil count *SPECIMEN ID: 201097 SPECIMEN TYPE: Blood*

Basophil count SPECIMEN ID: 201097 SPECIMEN TYPE: Blood	0.02	(Range: 0.01 - 0.1)

12-May-2010 Dr Abdul-Rashid Siddique
Result: Free T4 level *SPECIMEN ID: 254471 SPECIMEN TYPE: Blood*

Free T4 level SPECIMEN ID: 254471 SPECIMEN TYPE: Blood	14	(Range: 10 - 25)

12-May-2010 Dr Abdul-Rashid Siddique
Result: GFR calculated abbreviated MDRD *SPECIMEN ID: 254471 SPECIMEN TYPE: Blood>60*

GFR calculated abbreviated MDRD SPECIMEN ID: 254471 SPECIMEN TYPE: Blood>60		(No range available)

Other Items

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Attachments

No attachments included in this report.