CT SCAN INFORMATION

Emphysema extent:	mild	Emphysema type:	
Number of nodules:	1	Highest brock score:	14.8
Nodule recommendation	ldct_in_3_months [Indeterminate RUL pGGO.]		
Urgent finding			
Refer to other cancer MDT:	False		
Refer to non-cancer MDT:	False		
Refer to Chest Clinic:	False		
Refer to Tuberculosis service:	False		
GP action required:	False		

Incidental Pulmonary Findings: No / unchanged

Bronchiectasis:		Respiratory Bronchiolitis:	
Interstitial Lung Abnormalities:			
Infective Consolidation:		Active Tuberculosis:	

Incidental Intrathoracic Findings: No / unchanged

Mediastinal mass:			
Coronary arterial calcification:	none	Aortic valve calcium:	
Thoracic aortic aneurysm:			
Pleural effusion/thickening or mass:			

Incidental Extrathoracic Findings: No / unchanged

Suspicious breast lesion	
Suspicious thyroid lesion:	
Suspicious esophageal lesion:	
Liver or splenic lesion:	
Renal lesion:	
Adrenal lesion	
Abdominal aortic aneurysm:	
Bones	

North West Anglia
NHS Foundation Trust

Dept of Diabetes & Endocrinology 006
Consultant: Dr J. Rajkanna

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 673699
Fax: 01733 676992
Switchboard: 01733 678000
Email: nwangliaft.renal-diabetes-endocrinesecs@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 01 Jul 2019
Priority **routine**

Transcribed: 29 Jul 2019
Reference: JR/PB

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Colleague

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, South Bretton, Peterborough, PE3 9XL

The above named gentleman failed to attend clinic. He will receive another appointment in due course.

Yours sincerely

R. J. Raj

Electronically signed by
Dr Jeyanthy Rajkanna
Consultant in Diabetes and Endocrinology

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
South Bretton
Peterborough
PE3 9XL

Medical Assessment

01 February 2022 Richard Dean

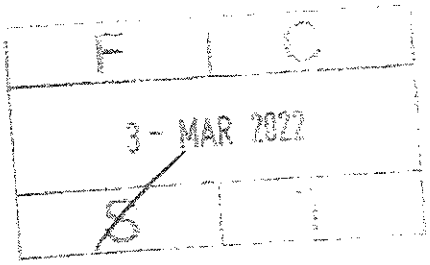
Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Dear Doctor

Ref:	Richard Dean
DOB	30-09-1962
Address	14 Drayton, Peterborough PE3 9XN

Summary for GP

Overview



Medical assessment done at drug addiction clinic on- 1st February, 2022
With recovery worker-
At start session on- 6mg espranor daily- weekly pickup

Positive results from most recent drug test:
Benzo, buprenorphine

Discussion
Heroin use- not using
On 6mg espranor daily- continue
Discussion on suboptimal dosing, drug use and overdose risk

Investigations and Medical interventions
ECG if needed for Torsades de pointes risk- not needed

Diagnosis
F11.2 Opiate dependence

Current prescription from CGL – as above

Current prescription from GP as stated by client
Diazepam 5mg daily
Mirtazapine 15mg daily
Omeprazole 20mg daily
Apixaban- for DVT
Accrete D3 tablets

Drug allergies - penicillin

Current Substance Use
Heroin- not used 10 years
Crack- no
Benzos- prescribed
Cannabis- 3 joints per day
Alcohol- no
Speed- no

Medical Assessment

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

01 February 2022 Richard Dean

Previous alcohol problems- no

Smoking cigarettes and cessation discussion – less than 10 per day

Substance use and Treatment History
Heroin use for over- about 2005
Injecting use for over- about age 18- with speed
Hepatitis C test- antibodies, last RNA 2017 negative
Hepatitis B vaccination- had in past
Naloxone training and discussion overdose- not got, discussed does not want
Locked Box- discussed, does not want
Safe disposal sharps- not using
Gone over illicit substances- about 2010
Serious infection- hepatitis c positive in past
DVT- in past – about 2018

Method of funding drug use
Not using

Family History
Any history of sudden death- no

Physical Health

Current health issues-
DVT 2018- Legs ache especially where had DVT
Hepatitis C in past
COPD

Mental Health
Past or active mental health issues- anxiety/depression- followed up by GP- life in general
Suicide/self-harm history- no
Mood- states ok, but varies

Social History
Accommodation -ok
Partner- no
Children and Safeguarding- 6 children- all over 18
Recent Work- no
Recent education- no
Recent crime- no

Forensic History
Any pending legal issues - no
Convictions for violent offences or arson- no

Medical Assessment

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

01 February 2022 Richard Dean

Mental State Examination
Mood – as above in mental health
Speech - normal
Thought disorder, Suicidal thoughts, Voices, Paranoia-no

Physical examination

COWS score- if needed

Drowsy or drunk
Presentation -
Injection sites-
BP Pulse

Risk Management

Children and safeguarding- as above in social history

Contact with children or carer responsibilities
Methadone and substance safekeeping: discussed need to keep methadone /buprenorphine away from children and not to get intoxicated when supervising them.

Driving
DVLA – legal issues discussed

Overdose Risk
Risk of loss of tolerance and accidental overdose if using alcohol, illicit drugs and sedating medication discussed

Support for drug and other issues
Regular review with key worker for support and psychosocial intervention to look at drug and other issues.
Support from other agencies as indicated by assessment

Management Plan

(1) Current prescription from CGL –as above
(2) Regular review with key worker for support and psychosocial intervention to look at drug and other issues
(3) Try and get client to have Naloxone training, BBV testing & Hepatitis B immunisations if not recently done
(4) Next medical review due in 3 months time.

Request to GP

Please take care when prescribing other medications that may have misuse potential e.g. benzodiazepines, opioid analgesia, pregabalin etc.

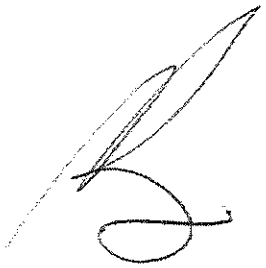
Medical Assessment

01 February 2022 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

Yours sincerely,
Dr R S Basi (GP with a specialist interest in drug addiction)



GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-009963-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 01 Feb 2020 18:33
Type: New Attendance
Previous Attendances: 79
Presented With:(complaint)
UNWELL - SHAKING
Incident Type: Illness
ED Clinician: Mohammad Siddiqui

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION: Please review his Abdominal pain. Frequently comes to A&E

DIAGNOSIS & COMMENTS:
1. Gastritis **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Guidance / advice - written

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP **Ward:** 0
Follow up:
Left Department: 01 Feb 2020 22:09

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Abdominal pain- Dark urine and dysuria.

Had similar problem in the past.
Deneis that Pain is radiating to his back.

O/E:
Walked to the cubicle.
Abdomen is soft, Mild epigastric pain.
Bowel sound present.
Urinalysis- NAD.

Impression: Gastritis

Plan:
Bedside USS to check Aorta.
Analgesia
F/U with GP if everything is fine.
History of Presenting Problem: Abdominal AAA scan is normal. 2.2 and 1.75 cm
Advised- Home, F/U with GP.

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 43576-8805118052017167841. Lab Specimen ID: 1-E-01346440. Examination requested by: DR S BRIJ|Department: 1Y|Clinical History :|IVI=NO|Oxygen=NO|Location=1Y|Known IVDU, admitted with abscess in groin and has grown|coagulase negative staph in blood. Previous CXR shows|consolidation in both and patient now clinically sounds|worse. Repeat CXR to reassess please.|CHEST : Comparison was made with the examination of 25/05/07. The|heart is enlarged and there is an element of upper lobe blood|diversion in keeping with early failure. Linear atelectasis noted in|the left base. On the right there is increased shadowing abutting|the hemidiaphragm suggestive of pneumonic consolidation.|This examination has been reported by Steve Littlefair, Reporting|Practitioner.|Consultant Radiologist, LITTLEFAIR STEPHEN / MC1&COURT MARILYN|Examination performed at PDH|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 69775-200804111028411270. Lab Specimen ID: 1-10001161. Clinical History :|urgent please do today - post chest drain insertion|BLEEP: 1091|ENTERED BY: Victoria Stokes Bl 1413|XR Chest :|Left sided chest drain, though the tip is very low. Exact|position not clear.|Reported by Dr Q Arafat, Consultant Radiologist.|Reported by: ARAFAT Q DR / RGNHM|urgent please do today - post chest drain insertion|BLEEP: 1091|ENTERED BY: Victoria Stokes Bl 1413|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 76744-200806191550203310. Lab Specimen ID: 1-10174902. These images were sent to Impax unreported as per agreed|Trust/Department policy. If you require a radiological|report please contact the department directly quoting the|District Number|Reported by: Auto Reported|screening of cvp line in theatre|ENTERED BY: Adrian Finch|BLEEP: NOT KNOWN|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 78289-200807042127020950. Lab Specimen ID: 1-10174935. Clinical History :|Difficult central line insertion in theatre needs urgent|portable CXR please|ENTERED BY: Sonia Phillai BL 1614|BLEEP: 1614|XR Chest : tip of the central line is in SVC. No focal|consolidation or significant pneumothorax demonstrated. The|right hemi diaphragm is significantly elevated.|This examination has been reported by Dr M A Khan, Visiting|Consultant Radiologist.|Reported by: KHAN M DR / RGNSAK|Difficult central line insertion in theatre needs urgent portable CXR|please|ENTERED BY: Sonia Phillai BL 1614|BLEEP: 1614|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 76770-200806200846595000. Lab Specimen ID: 1-10173893. Clinical History :|acute renal failure in septic ivdu, inflam markers improving|but creatinine worse, protein on urinalysis|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|US Kidney Both :|Both kidneys appeared enlarged the right measured 12.6 cm|the left 13.3 cm otherwise both kidneys appeared normal.|Splenomegaly was noted with a length of 16.3 cm.|The liver was of normal appearances with no focal lesion|seen. The gallbladder was thin walled with no gallstones|seen. CBD was mildly dilated measuring 8 mm. No intrahepatic|duct dilatation was seen.|The pancreas and aorta appeared normal.|A trace of fluid was noted inferior to the liver.|This examination has been reported by Victoria Connelly,|Advanced Practitioner - Ultrasound.|Reported by: CONNELLY VICTORIA / RGNSR1|acute renal failure in septic ivdu, inflam markers improving but creat|inine|worse, protein on urinalysis|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 78281-200807042102220630. Lab Specimen ID: 1-10173799. Clinical History :|septic, right basal crackles, dull to percussion, poor urine|output after fluid challenge, sats dropped a bit however not|coughing or sob|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|XR Chest :|Right hemidiaphragm is significantly elevated. There are|plate atelectasis adjacent to the right hemidiaphragm. Left|lung is clear. Ultrasound examination would be helpful for|further assessment of the elevated right hemidiaphragm.|This examination has been reported by Dr M A Khan, Visiting|Consultant Radiologist.|Reported by: KHAN M DR / RGNHM|septic, right basal crackles, dull to percussion, poor urine output af|ter fluid|challenge, sats dropped a bit however not coughing or sob|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 76815-200806201158509520. Lab Specimen ID: 1-10173133. Clinical History :|pain + swelling right calf, previous dvt, ivdu, unable to|weight bear due to pain. currently in a&e but going to 3x|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|US Compression venography lower limb Rt : The right common|femoral vein was distended and incompressible and echogenic|thrombus was noted within its lumen. This was noted to|propagate proximally to the pelvic veins. In view of these|findings the left groin was examined. The left common|femoral vein demonstrates normal compressibility and normal|velocity flow profiles thus inferring patency of the left|pelvic vein.|CONCLUSION : Extensive right femoral vein DVT. Patent left|side.|This examination has been reported by Jon Scrivens, Advanced|Practitioner - Ultrasound.|Reported by: SCRIVENS JONATHAN / RGNGB1|pain + swelling right calf, previous dvt, ivdu, unable to weight bear|due to|pain. currently in a&e but going to 3x|ENTERED BY: Peter Robinson Bl 1591|BLEEP: 1591|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 77066-200806241456091710. Lab Specimen ID: 1-10171714. Clinical History :|bashed his left hand in wall tender 4,5 metacarpal|ENTERED BY: Satya Khare|BLEEP: 4404|XR Hand Lt : No acute bony injury seen.|This examination has been reported by Lindsey Bunn,|Reporting Practitioner.|Reported by: BUNN LINDSEY / RGNSAK|bashed his left hand in wall tender 4,5 metacarpal|ENTERED BY: Satya Khare|BLEEP: 4404|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 134033-201003051547068680. Lab Specimen ID: 1-10485221. Clinical History :|Unwell with chest pain/sob ? Chest infection r/o PE|Previous dvt|ENTERED BY: Ibrahim Mamadi|BLEEP: 4404|XR Chest :|Normal sized heart. Lungs appear clear. Old, healed rib|fractures in the left 7th, 8th and 9th ribs.|This examination has been reported by Dr M Ojalehto|Consultant Radiologist.|Reported by: OJALEHTO M DR / RGNHM|Unwell with chest pain/sob ? Chest infection r/o PE|Previous dvt|ENTERED BY: Ibrahim Mamadi|BLEEP: 4404|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 42624-163211793153522631. Lab Specimen ID: 1-E-01339107. Examination requested by: DR CD MISTRY|Department: 3XVT|Clinical History :|painful swollen rt leg for 1/52. ddimer 1050. known iv drug|user. 8cms difference in leg size. high probability score.|U/S VENOGRAM :|The right common femoral vein was distended and incompressible and|echogenic thrombus was noted within its lumen. This thrombus was|noted to extend proximally into the pelvic veins. In view of these|findings the left groin was examined. The left common femoral vein|demonstrated normal compressibility and normal respiratory modulated|velocity flow profiles, thus inferring patency of the left pelvic|veins.|CONCLUSION : Extensive right femoral vein DVT. Patent left side.|This examination has been reported by Jon Scrivens, Advanced|Practitioner - Ultrasound.|Consultant Radiologist, SCRIVENS JONATHAN / HM&MC CHESNEY HAZEL|Examination performed at PDH|

(Source: LAB). Filed Non Coded. The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne. Lab Report ID: 69812-200804111117144650. Lab Specimen ID: 1-10002184. Clinical History :|chest darin removed - check for pneumothorax|BLEEP: 1015|ENTERED BY: Guddi Singh Bl 1619|XR Chest :|Drain removed. Persisting shadowing left base. Left central|line satisfactory.|Reported by Dr Q Arafat, Consultant Radiologist.|Reported by: ARAFAT Q DR / RGNHM|chest darin removed - check for pneumothorax|BLEEP: 1015|ENTERED BY: Guddi Singh Bl 1619|

63
The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Dr Bernadine V Sharma
Dr Amar Hussain
Dr Mike Borowicz
Dr Antonio Penart-Lanau
Dr Ruth Beesley

Dr Penny Miller

Private & Confidential
Mr Richard Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Date as postmark

Dear Mr Dean

As part of the 'NHS Health Check' initiative, which assesses patient's risk of developing preventable diseases such as heart disease and stroke, we are inviting patients to book an appointment for their individual assessment.

The assessment involves an initial appointment where your blood pressure will be recorded and a sample of your blood will be taken. At your follow-up appointment, one week later, we will discuss your results and calculate your risk of heart disease and stroke.

If you would like to book your initial appointment, please phone 01733 565511 quoting "Free NHS Health Check".

At your initial appointment you will be able to book your follow-up appointment to review your results.

We look forward to hearing from you.

Yours sincerely

www.boroughburymedicalcentre.co.uk
@Boroughburygp
@BoroughburyGP

Boroughbury Medical Centre

Private and Confidential

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

30 Aug 2023

Dear Mr Richard Dean

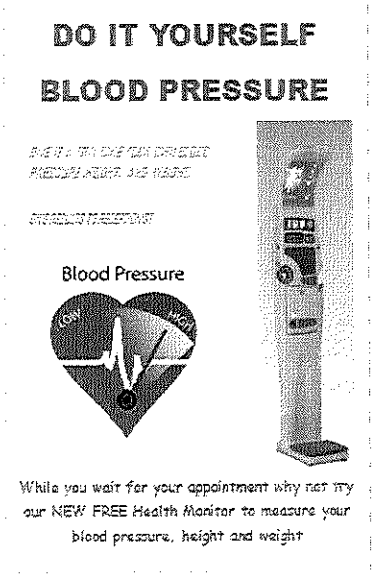
The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Administration Team



Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ
Telephone: 01733 307840
Emergencies: 01733 307850

BMC @ Werrington
97 Church Street
Werrington
Peterborough
PE4 6QF
Telephone: 01733 307840
Emergencies: 01733 307850

NUMBER OF PAGES:

Peterborough Community Endoscopy Service
6-10 Thistlemoor Road, New England,
Peterborough. PE1 3HP

PRIME DIAGNOSTICS
Innovation with InHealth

Patient Referral Centre contact Number: 0845 437 0342
FAX: **0845 437 0343**

Colonoscopy - Referral Form

Patient Name Mr Richard Dean	GP Name: Dr P Hadfield
Date of birth: 30 Sep 1962	Address: Boroughbury Medical Centre
Address: 14 Drayton Peterborough	Craig Street, Peterborough.
PE3 9XL	
Tel No:	Postcode: PE1 2RA
Mobile:07787 654419	Tel No: 01733 307840
NHS Number: 498 167 2195	Fax No. 01733 896306

Indications for Colonoscopy					
Diabetes		No	Anticoagulant therapy		No

Criteria for Colonoscopy at this unit:
This procedure is not a replacement for the cancer 2 week referral system.

Unexplained chronic iron deficiency anaemia (please record se fe, tibc, and ferritin):

Family history:
One or more first degree relative who had colorectal cancer before 60yrs of age.
Family history of HNPCC or polyposis coli:

History of colo rectal cancer: (follow up 5 yearly after 2 years)

History of adenomas: follow up 5yearly-if 1-2 polyps<1cm; 3yearly- if 3-4polyps <1cm or 1 polyp>1cm; 1yearly- if >5polyps < 1cm or 2 polyps >1cm)

Previous history of Inflammatory Bowel Disease : (follow up 5 yearly if no dysplasia).

Please note: Your patient will be prescribed Moviprep prior to their procedure, by completing the referral you will be informing us that you deem the patient fit to take the medication.

Colonoscopy is not without risk and patients should be informed that there is a 1:1000 risk of perforation, increasing to 1:500 during removal of caecal polyps.

Patients usually receive pethidine, midazolam, and often buscopan, during the procedure, and allergy or contra-indication to these medications should be checked.

Consider flexible sigmoidoscopy for L sided symptoms (bright or fresh rectal bleeding, diarrhoea)

Medication:-	Other diseases:-	Previous Investigations:-
Print-out attached	Print-out attached	Print-out attached

What to do now:-	This form should be faxed immediately to: **0845 437 0343.** Your patient will not be offered an appointment until the fax is received.

Date: 28 Feb 2020

EGFR:

Dear colleague

Mr Richard Dean DOB: 30 Sep 1962
14 Drayton, Peterborough, PE3 9XL
Home Tel:
Mobile: 07787 654419
NHS: 498 167 2195

Problem: Change in bowel habit with lower abdominal pain

I am grateful to you for performing a colonoscopy on this 57 year old gentleman. He has been struggling with his bowels for the past couple of months. He has had several attendances at Peterborough City Hospital where the underlying diagnosis seems to be one of constipation, possibly secondary to Methadone. However, the Methadone is unchanged and he is not taking any drugs on top of this. Blood tests and abdominal x-ray have been normal.

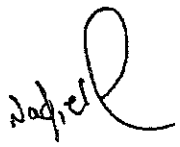
He is eating and drinking normally. He states that he has lost some weight. There has not been any blood mixed in with the stools. There is no family history of bowel cancer.

On examination his abdomen is soft with no masses. Rectal examination showed no mass or blood stained faeces.

Presently he is prescribed Bisacodyl and Lactulose for his bowels. My concern really is his change in bowels and whether there is anything underlying it. I would be grateful for a colonoscopy to evaluate further.

Please note that the gentleman is Hepatitis C positive.

Yours sincerely



Dr. P. B. Hadfield

63

The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Dr Stephen J Watson
Dr Richard F Trounce
Dr Sohrab Panday
Dr Susan J Grant
Dr Bernadine Sharma

Dr Penny Miller
Dr Catherine Jones

REF: SP /CCR/59513

Wednesday, 25 March 2009

TO WHOM IT MAY CONCERN

Mr Richard Dean D.O.B.: 30/09/1962
1 Oundle Road, Flat 2, Peterborough PE2 9PB

I am the usual regular general practitioner for this gentleman and I can confirm that he has long-lasting ill health making him unable to work, including mental health problems such as anxiety and social phobia.

I would like to support any application for Disability Living Allowance.

Yours faithfully

Dr S Panday

Telephone: General 01733 565511 Fax 01733 569230
Branch Surgery: 2 Church Street, Werrington, Peterborough, PE4 6QB Tel: 01733 571110

Diagnostic Healthcare Ltd - Request Form

Fax: 0161 941 6486

Tel: 0161 929 5679

It is essential that **ALL** the information is completed

Please complete and return by:

1. **E- Referral Service** (directly bookable – search both primary and secondary care menu)
2. Fax: **0161 941 6486**
3. Email: **diagnostic.healthcare@nhs.net**

Patient Name	**Mr Richard Dean**	Telephone number	07787 654419, 07787 654419
D.O.B	**30 Sep 1962**	Male ✔ Female ☐	Diabetic Yes ☐ No ✔
Address (inc postcode)	**19 Adderley Bretton Peterborough PE3 8RA**	NHS Number: **498 167 2195**	

Clinical Details (is there a specific clinical question to be answered? For example has this patient got gallstones?)

White stools ? gallstones.

Examination required U/S of:

abdomen.

Routine ✔ **Urgent** ☐

Date of referral 27 Jul 2018

GP Name (pls print)	Dr Cockerill J
GP National Practice Code	D81026
GP Signature	

Surgery Name and Address (pls print)
Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Any other details (patient holidays, disabilities, mobility problems etc)

Boroughbury
Medical Centre

Mr Richard Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

26 Feb 2019

Dear Mr Richard Dean

The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Admin

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Emergencies:
Prescription queries:
Appointments/Enquiries / Test Results:

Tel: 01733 307850
Tel: 01733 907820
Tel: 01733 307840 or
Fax:01733 896306

Werrington Branch Surgery
2 Church Street
Werrington
Peterborough
PE4 6QB

Tel: 01733 571110
or
Fax: 01733 569230

Boroughbury
Medical Centre

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

31 Jul 2018

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme. We have booked the first available appointment and your Appointment Details are enclosed.

If you are unable to attend this appointment please follow the instructions in Section 4 to change your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street *Emergencies:* *Tel: 01733 307850*
Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

30 Oct 2017

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme. We have booked the first available appointment and your Appointment Details are enclosed.

If you are unable to attend this appointment please follow the instructions in Section 4 to change your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

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Peterborough ***Fax: 01733 579734***
PE4 6QB

Boroughbury
Medical Centre

Priority: Routine E-referral

REF: JC/sg

Consultant Endocrinologist
Choose and Book Hospital of patients choice

27 Jul 2018

Dear Colleague

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA
Telephone: Mob: 07787 654419

Many thanks for your review of this 55 year old man.

He has a history of previous substance misuse (heroin), hepatitis c, anxiety & depression and recurrent VTE (on Apixaban).

He complains of feeling constantly unwell. He has been investigated recently by the Gastroenterologists (with dysphagia, weight loss and constipation) and Respiratory Physicians (with pneumonia and weight loss). He is awaiting follow-up with Gastroenterology in a couple of weeks following a recent admission with further bloody diarrhoea.

He complains of feeling very unwell approximately one hour after eating a meal. He describes feeling very sweaty, shaky, weak and unwell. He has had diabetes screening on a number of occasions in the past and this has always been negative.

I wonder if he has some form of postprandial syndrome and would be grateful for your further review in clinic.

With best wishes.

Yours sincerely

Dr Jason Cockerill
MB BS BSc (Hons) MRCGP AICSM

Enc: Intermediate summary.

PLEASE REPLY TO REFERRING GP

Boroughbury Medical Centre
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Boroughbury
Medical Centre

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

27 Jul 2018

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme.

We enclose the Appointment Request form, with your details on it. Please make your choice of appointment venue from Section 3 and then follow the instructions in Section 2 to book your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

Boroughbury Medical Centre
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Peterborough
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Werrington Branch Surgery
2 Church Street
Werrington
Peterborough
PE4 6QB

Tel: 01733 571110
Fax: 01733 569230

UPPER GI SUSPECTED CANCER REFERRAL FORM

Date of GP decision to refer: 27 Oct 2017 08:47 No. of pages sent:

NHS
East of England
Strategic Clinical Networks

IF NHS E-REFERRAL IS UNAVAILABLE, COMPLETE FORM AND EMAIL TO THE REFERRAL TEAM WITHIN 24 HOURS.
If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

PATIENT DETAILS –Must provide current telephone number

Last name: DEAN First name: RICHARD
Gender: Male DOB: 30 Sep 1962
BMI *(assists diagnostics): 29.42 Kg/m²*
NHS No: 498 167 2195
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH, PE3 8RA

Telephone (Day): 07787 654419
Telephone (Evening):
Mobile No.: 07787 654419
Patient agrees to telephone message being left? Y☐ N☐
Transport required? Y☐
Email:
Interpreter required? Y☐ Language/Hearing:

Learning difficulties? Y☐
Mental capacity assessment required? Y☐
Known safeguarding concerns? Y☐
Mobility requirements (unable climb on/off bed)? Y☐

SYMPTOMS & CLINICAL EXAMINATIONS

☐	PANCREATIC: IF ≥40 yrs WITH jaundice [2015]
☐	STOMACH: Upper abdominal mass [2015]

The following tests may be requested by primary care clinicians who do NOT have direct access – only in EXCEPTIONAL CIRCUMSTANCES. Cancer teams will direct patients onto the 2WW pathway, IF TEST RESULTS ARE POSITIVE. Otherwise primary care must act on results.

☐	Mass suggests enlarged gall bladder [2015] **2WW ultrasound**
☐	Mass consistent with enlarged liver [2015] **2WW ultrasound**
☐	Pancreatic: ≥60yrs with weight loss+ANY:**2WW CT/ultrasound** ☐diarrhoea ☐back pain ☐abdominal pain ☐nausea ☐vomiting ☐constipation ☐new-onset diabetes [2015]

OESOPHAGEAL/STOMACH

☒	IF ≥55 yrs with dysphagia **2WW ENDOSCOPY**
☐	IF ≥55 yrs **with weight loss** with ANY of: **2WW ENDOSCOPY** ☒upper abdominal pain ☐ reflux ☒ dyspepsia [2015]

Tests may be requested where primary care DON'T have direct access.

☐	IF ≥55 yrs **with nausea OR vomiting** and ANY of: **ENDOSCOPY** ☐weight loss ☐reflux ☐dyspepsia ☐upper ab'nal pain[2015]
☐	IF ≥55 yrs Upper abdominal pain & low Hb levels **ENDOSCOPY** **(MUST INCLUDE BLOOD TESTS TO SUPPORT REFERRAL)**
☐	IF ≥55 yrs **with raised platelet count** with ANY: **ENDOSCOPY** ☐nausea ☐vomiting ☐weight loss ☐reflux ☐dyspepsia **(MUST INCLUDE BLOOD TESTS TO SUPPORT REFERRAL)**
☐	Haematemesis [2015] **(All ages)** **ENDOSCOPY**
☐	IF ≥55 yrs with treatment-resistant dyspepsia **ENDOSCOPY**

GP DETAILS

GP name: Dr J Cockerill
Practice Code: D81026
Address: Boroughbury Medical Centre, Boroughbury Med Centre, Craig Street, Peterborough, PE1 2EJ

Tel:01733 307840
Fax: 01733 566945
Practice email:

INVESTIGATIONS IN SUPPORT OF REFERRAL *

Most patients will go straight to diagnostics. Please incluc
☐Hb ☐Platelets ☐Ferritin ☐Renal function
Jaundice LFT: ☐Bilirubin ☐Alt ☐Alk Phos
Please see in OPA first, not straight to test

PATIENT MEDICAL HISTORY

Risk factors
☐ Barrett's oesophagus ☐ Others (specify Additional In
Existing conditions & smoking status:

Current medication (attach list and indications):
Allergies Y [
Anticoagulants/Antiplatelets Y [
Immunosuppressants Y [
Diabetic Y [

WHO Patient Performance status (***MANDATORY***)
☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

ADDITIONAL INFORMATION

Please see attached letter.

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

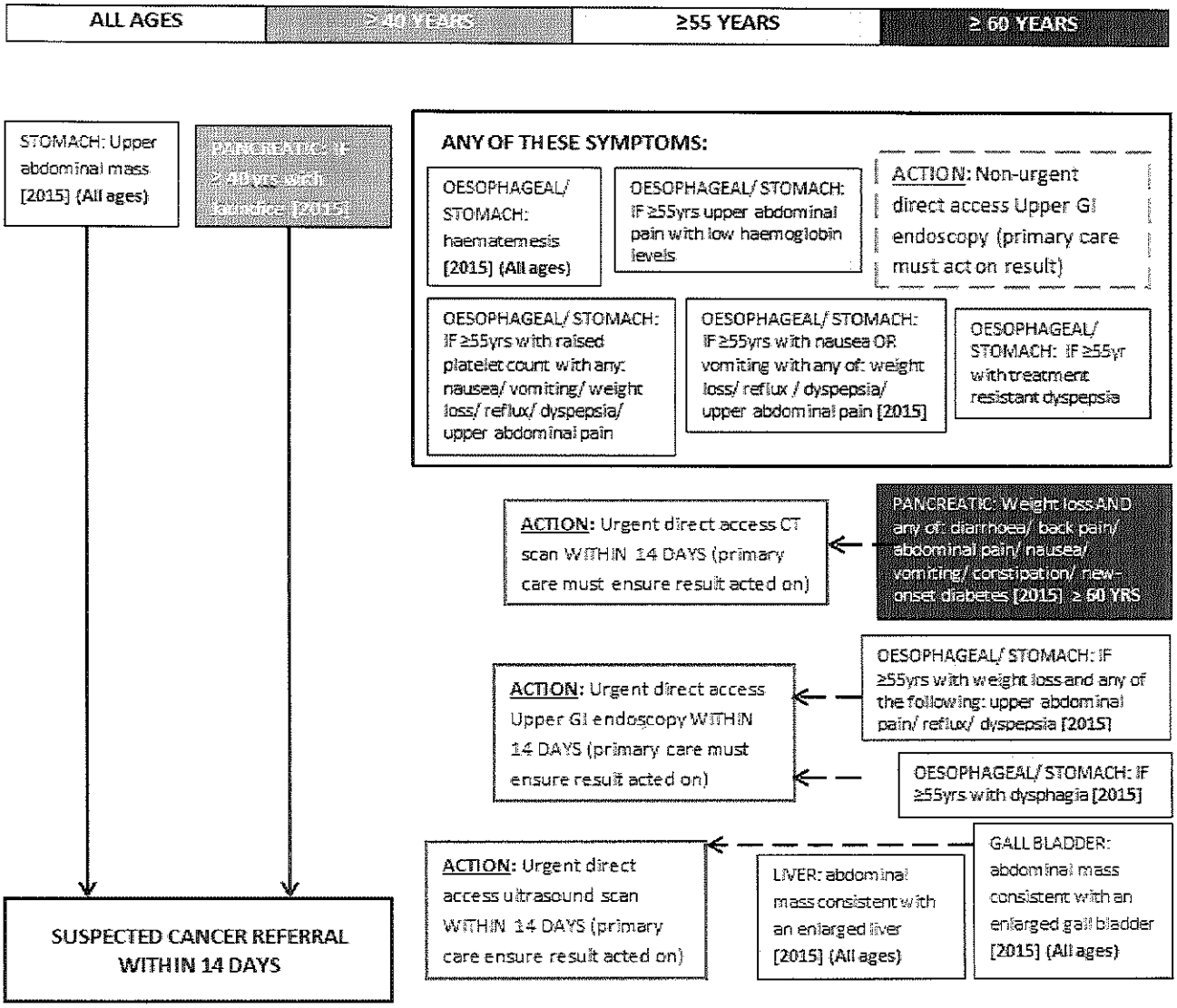
Cancer needs to be excluded	Y [
Patient given referral information leaflet	Y [

Date(s) unavailable next 14 days:

Please attach a Patient Summary including:
- ☐ Referral letter (if applicable)
- ☐ Investigation results
- ☐ PMH
- ☐ Up-to date medications list and indications

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair.



Anglia	Beds & Herts	Essex
Addenbrookes Add-tr.nhsoutpatientreferrals@nhs.net	**East & North Herts** FAX: (no longer advised) If you have not received acknowledgement within 48hrs (Mon-Fri) contact the 2WW supervisor on 01438 285206	**Basildon & Thurrock** btu-tr.cancer2wwreferrals@nhs.net
Bedford Hospital FAX: (no longer advised)		
Hinchingbrooke TEL: 01480 847557 hch-trCancerMDT@nhs.net		**Colchester Hospital University FT** twoweek.waitreferral@nhs.net
Ipswich Hospital ihn-tr.2WWreferrals@nhs.net	**Luton & Dunstable** FAX: (no longer advised)	
James Paget FAX: (no longer advised)	FAX: (no longer advised)	**Mid Essex Hospitals FT** FAX: (no longer advised)
QEH, King's Lynn FAX: (no longer advised)		

Norfolk & Norwich nnu-tr.2ww@nhs.net	**West Herts Hospitals** TEL: 01727 897199 Wherts-tr.twwreferrals@nhs.net	**Southend University Hospital FT** FAX: (no longer advised)
Peterborough & Stamford peh-tr.2WWreferralspbh@nhs.net		
West Suffolk Hospital wsh-tr.RapidAccess@nhs.net		

4.

Richard Dean DOB: 30.9.1962

Dear Colleagues,

Many thanks for your review in the outpatient clinic of this 55 year old man.

I would be grateful if you would see him in the outpatient department rather than referring him straight to test.

He is an ex IV heroin user who has been clean for over 4 years. He remains on Methadone and continues to engage well with Aspire.

He has had two previous episodes of venous thromboembolism related to his drug use and is on lifelong NOAC consequent to this.

He has been seen on multiple occasions recently complaining of persistent chest pain, breathlessness, palpitations, headaches, nausea, vomiting, abdominal pain and fatigue. He has also lost 13 kg in weight since July 2017.

He has multiple ED attendance and admissions recently and has been extensively investigated. I list his salient investigations and results below.

- FBC satisfactory
- ESR normal
- Clotting normal
- U&Es normal
- LFTs normal
- TSH normal
- Random Glucose normal
- Lipids satisfactory
- CRP <10
- Troponin negative
- D-dimer negative
- Hep B serology negative
- HIV serology negative
- ANA/ANCA negative
- Rheumatoid Factor/Anti CCP negative
- Coeliac Screening - negative
- Chest x-ray normal
- Sputum for AFB x 3 negative (cultures to follow)
- ECGs not available to me but reportedly normal
- CT chest abdomen and pelvis not yet reported
- Urinalysis normal
- Ultrasound abdomen normal
- CT head normal

We are currently awaiting the result of the CT chest, abdomen and pelvis requested by Dr. Brij during his most recent admission and I have checked on ICE again today and this report still is not available.

We have opted to stop this man's Edoxaban and in doing so have completely alleviated his chest pain, breathlessness, palpitations and headaches but unfortunately not his gastrointestinal symptoms.

In view of this and his significant weight loss I would be grateful for your help as regards as his GIT but feel that he would probably benefit from review in the outpatient department prior to proceeding to any tests (especially in view of the fact that he has already had a CT chest, abdomen and pelvis which is waiting to be reported).

Many thanks for your help and with best wishes.

Yours sincerely

Dr. Jason Cockerill

Addendum: All of his investigations have been in Peterborough and are therefore available to view on the ICE system.

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Priority: Medical Report

REF: AP/apm

Rachel Patterson
Hope into Action
Hope Centre
26 North Street
Peterborough
PE1 2RA

17 Jan 2017

Dear Ms Patterson

Re: Patient Number: 20239240
Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195

Mr Dean is registered as one of our patients at Boroughbury Medical Centre. He has got a past medical history of drug abuse, previous DVT, recurrent episodes of chest infections, Hepatitis C and mental health issues related to his opiate dependency. He is currently on Diazepam, Mirtazapine, Tamsulosin and Warfarin.

He has lower urinary tract symptoms and they are currently under investigation by the Urology Department. For this he has been taking Tamsulosin on repeat prescription.

Due to his recurrent DVTs he has got also a need to take Warfarin, for which he is more likely to have bleeding problems.

He is allergic to penicillin.

I hope this information is helpful for you.

With best wishes,

Yours sincerely

Dr Antonio Penart
General Practitioner

Boroughbury Medical Centre
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Peterborough *Enquiries:* *Tel: 01733 907820*
PE1 2EJ *Appointments:* *Tel: 01733 307840*
Fax:01733 566945

Werrington Branch Surgery
2 Church Street *Tel: 01733 571110*
Werrington
Peterborough *Fax: 01733 579734*
PE4 6QB

Lincolnshire Community Health Services NHS
NHS Trust

Peterborough MIU
City Care Centre
Thorpe Road
Peterborough
PE3 6DB
Tel: 01733 776330

Dr Mike Borowicz

Lincoln Road Surgery,
63 Lincoln Road,
Peterborough PE1 2SF
21 Nov 2014

Dear Dr Mike Borowicz

Re: Mr Richard Dean Date of Birth: 30 Sep 1962 NHS No: 498 167 2195
19 Adderley
Bretton
Peterborough
PE3 8RA

The above patient presented to the MIIU department on 21 Nov 2014 with chesty hard to breathe.
Please see below for further details of diagnosis.

Type	Coding
Investigation	None
Diagnosis	Nothing abnormal detected
Treatment	None (consider guidance/advice option)

Medication Issued: none

Discharge method: Left before treatment

The above initial diagnosis may require the results of investigations before a definitive diagnosis can be assumed.

If you have any queries, do not hesitate to contact the department.

Yours sincerely

Peterborough MIU

www.boroughburymedicalcentre.co.uk
@Boroughburygp
@BoroughburyGP

Boroughbury Medical Centre

Private and Confidential

Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

23 Nov 2022

Dear Mr Richard Dean

The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

This is necessary because in a small number of people these tablets can affect the kidney function. This could go unnoticed if the blood is not tested. Please be aware that if you do not have regular blood tests your medication may be stopped.

Our records show that it has been more than 6 months since you last had a blood test of this kind. I would therefore be grateful if you would contact the surgery you normally attend to make an appointment with the Healthcare Assistant to get your blood checked and blood pressure taken.

Yours sincerely

Administration Team

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ
Telephone: 01733 307840
Emergencies: 01733 307850

BMC @ Werrington
97 Church Street
Werrington
Peterborough
PE4 6QF
Telephone: 01733 307840
Emergencies: 01733 307850

NHS

63
The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Dr Stephen J Watson
Dr Richard F Trounce
Dr Sohrab Panday
Dr Susan J Grant
Dr Bernadine V Sharma

Dr Penny Miller
Dr Amar Hussain
Dr Emily Gwinnell

Mr Robert Bristow
Advanced Nurse Practitioner

REF: SP/ FLD

Dr Rupinder Basi
Peterborough Drug Services
Lincoln
Peterborough
PE1 2SN

Road

23 Nov 2011

Dear Rupinder

Re: Mr Richard Dean 16b Russell Street, Peterborough PE1 2BG
Mob: D.O.B.: 30 Sep 1962 NHS: 498 167 2195

I hope you are keeping well, thank you for your letter of 19th October on this gentleman it was good to hear what is going on at your end with regard to his Methadone, but sadly this gentleman continues to inject into his groin. I can confirm that he is taking Diazepam on a maintenance regime but was concerned to hear that he was not taking his Mirtazapine. He did not attend his last appointment with me on 30th September and so I can not influence this one way or the other at this stage.

Should you see him again I would be very grateful if you would flag up the need to see me with regard to his Mirtazapine if he is at all depressed and also encourage him to become a non injector which I am sure you already are doing. I am concerned that this gentleman is on a daily injection of Tinzaparin as he has had 2 episodes of venous thromboemberlysm and he if can be become a non injector we can safely transfer him over to Warfarin in due course.

I will be very happy to liaise with you on his treatment at any stage in the future.

Yours sincerely

Dr S Panday
MRCGP MRCP

www.boroughburymedicalcentre.co.uk
@Boroughburygp
@BoroughburyGP

Boroughbury
Medical Centre

Private and Confidential
Mr Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

20 Jun 2022

Dear Mr Richard Dean

The practice is currently carrying out an audit to ensure that patients on tablets for the group of medicines that come under the name NOAC **(dabigatran, rivaroxaban and apixaban, Edoxaban)** are having a 6 monthly blood test done.

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Yours sincerely

Administration Team

Boroughbury
Medical Centre

Ref: JLC/sg

Private and Confidential
Mr Richard Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

20 Nov 2018

Dear Mr Dean

The results of the CT scan organised by the hospital doctor whilst you were an inpatient is now available. I'm not sure whether the hospital doctor who organised the test has already contacted you directly to discuss the result?

I would be grateful if you would make a routine appointment with me to discuss this.

With best wishes.

Yours sincerely

Dr J L Cockerill

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Boroughbury
Medical Centre

CQC have rated us as "Good" across all our services

Private & Confidential
Mr R C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

19 Sep 2016

Dear Mr Dean

Your GP has referred you to a hospital under the Choose & Book Scheme.

We enclose the Appointment Request form, with your details on it. Please make your choice of appointment venue from Section 3 and then follow the instructions in Section 2 to book your appointment.

Thank you.

Yours sincerely

Practice Administrator
Boroughbury Medical Centre

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Peterborough *Fax: 01733 569230*
PE4 6QB

Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

REF: BEH/apm

Dr V Di Fabio
Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

17 May 2017

Dear Dr Di Fabio

Re: Mr Richard Dean D.O.B.: 30 Sep 1962 NHS: 498 167 2195
19 Adderley, Bretton, Peterborough PE3 8RA Mob: 07787 654419

Thank you for your letter dated 9 May. Unfortunately we do not have a copy of Mr Dean's ECG carried out at the hospital, you would need to contact them direct.

With kind regards

Yours sincerely

Dr B E Hayes
MB BS MRCGP DTM&H DGM MSc

Boroughbury Medical Centre
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Boroughbury
Medical Centre

CQC have rated us as 'Good' across all our services

Mr Richard Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Date as postmarked

A HEALTHY OUTSIDE STARTS FROM THE INSIDE
*IF YOU ARE AGED BETWEEN 40 AND 74 BOOK YOUR **FREE** HEALTH CHECK TODAY*

Dear Mr Richard Dean

We are inviting you to attend your free NHS Health Check.

NHS Health Checks are being offered to people aged between 40 and 74.

The check is to assess your risk of developing heart disease, stroke, kidney disease or diabetes. If there are any warning signs, then together we can do something about it. By taking early action, you can improve your health and prevent the onset of these conditions. There is good evidence for this.

The check should take about 20–30 minutes and is based on straightforward questions and measurements such as age, sex, family history, height, weight and blood pressure. You will also need a simple blood test to measure your cholesterol level, you do not need to fast for this test.

Following the check, you will receive free personalised advice about what you can do to stay healthy. Take a look at the enclosed leaflet for more information about the NHS Health Check and how it could benefit you.

Please call the surgery to book your appointment on **01733 307840**.

Further information on the NHS Health Check programme and what your results mean can be found on NHS Choices Health Checks page:

www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx

The Heart Age calculator can be found here:

www.nhs.uk/Conditions/nhs-health-check/Pages/check-your-heart-age-tool.aspx

Yours sincerely

Boroughbury Medical Centre

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

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North West Anglia
NHS Foundation Trust

SOPEN ACCESS LUNG FUNCTION TEST REFERRAL FORM

– to be used in conjunction with CHOOSE AND BOOK ONLY

PATIENT DETAILS

Name: Mr Richard Dean Address: 14 Drayton, Bretton, Peterborough, PE3 9XL	Date of Birth: 30 Sep 1962 Home Phone No. Mobile Phone No. 07787 654419

GP DETAILS

Name: Dr Peter Marsden Address: Boroughbury Medical Centre, Craig Street, Peterborough, PE1 2EJ Boroughbury Medical Centre Phone No. 01733 307840	Referral date: 19 Jan 2024 14:13 GP Signature: DR PETER MARSDEN,

Does the patient require an interpreter? ☐ Yes ☒ No -

Language: Main spoken language English

Reason for Referral

Severe smoker, CXR prev noted COPD changes spirometry to confirm

Investigations	Smoking Status
Full pulmonary function tests will be performed. If airways obstruction is noted reversibility testing will be performed. 2.5 mcg Salbutamol will be given Via nebuliser. Please note by requesting you are confirming salbutamol is NOT contra indicated and can be administered by the Physiologist ☒ Agree ☐ Not Agree	Smoker, 01 Dec 2023 ☐ Never ☒ Current How many cigarettes a day? 2 Cigs/day, Cigarette consumption, How many years? , ☐ Ex-Smoker How many pack years? ,

Mobility Status

☒ Mobile
☐ Wheelchair bound

Blood Test Results

Current Hb (if known):

Details of past medical history (e.g. unstable cardiac status, recent thoracic or eye surgery):

Drug overdose (Xa4eX), 1990
C/O - feeling depressed (XM0CR), Oct 2002
Homeless (Xa8O5), Jan 2003
C/O - feeling depressed (XM0CR), Aug 2003
Heroin dependence (X00Rz), Aug 2003
Anxiety state NOS (E200z), Jun 2004
Drug dependence (E24..), Jul 2004
Family bereavement NOS (XE0pk), Sep 2004
Panic disorder (XE1Y7), Dec 2005
Deep vein thrombosis of lower limb (Xa9Bs), Apr 2007
Seen in accident and emergency department (9N19.), May 2007
Deliberate overdose of drug or pharmaceutical preparation (X71Am), May 2007
Lung empyema NOS (H5013), May 2007
Pneumonia due to unspecified organism (H26..), May 2007
Deep vein thrombosis of lower limb (Xa9Bs), May 2007
Deep vein thrombosis of lower limb (Xa9Bs), Jul 2008
Seen in accident and emergency department (9N19.), Sep 2009
Hepatitis C (A70z0), 2010
Anticoagulant drug monitoring (XaB9u), Feb 2011
Anticoagulant drug monitoring (XaB9u), Mar 2011
[X]Mental and behav dis due to use opioids: dependence syndr (XE1ZH), Oct 2015
Suspected pulmonary embolism (XaKOY), Dec 2019
Deep vein thrombosis of lower limb (Xa9Bs), Jan 2020
Opioid type drug dependence (XE1YR), Feb 2022
Drug dependence (E24..), Feb 2022
Drug dependence (E24..), Jul 2022
Drug dependence (E24..), Dec 2022
Drug dependence (E24..), May 2023
Deep vein thrombosis of lower limb (Xa9Bs), Aug 2023
Drug dependence (E24..), Sep 2023
Suicidal thoughts (1BD1.), Oct 2023
Hepatitis C, 2010
[X]Mental and behav dis due to use opioids: dependence syndr, Oct 2015
Gastroscopy NEC, Jul 2019
Suspected pulmonary embolism, Dec 2019
Deep vein thrombosis of lower limb, Jan 2020
Drug dependence, Feb 2022
Opioid type drug dependence, Feb 2022
Drug dependence, Jul 2022
Drug dependence, Dec 2022
Drug dependence, May 2023
Deep vein thrombosis of lower limb, Aug 2023
Drug dependence, Sep 2023
Suicidal thoughts, Oct 2023

What is your provisional diagnosis?	
☒ COPD	☐ Pulmonary Fibrosis
☐ Asthma	☐ Other (please indicate):

Current Medication -	
Medication: Acutes	Diazepam 5mg tablets, One at night

Repeats	Omeprazole 20mg gastro-resistant capsules, 1 To be taken Twice Daily Sertraline 50mg tablets, 1 daily Tamsulosin 400microgram modified-release capsules, ONE IN THE MORNING Accrete D3 tablets (Internis Pharmaceuticals Ltd), take one twice daily Apixaban 5mg tablets, take one twice daily Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free, ONE EACH DAY

Allergies: Adverse reaction to penicillins

PLEASE RETURN THIS FORM TO:

Respiratory Investigations Department Peterborough City Hospital Bretton Gate, Peterborough. PE3 9GZ	Telephone No. 01733 673729 All forms will be returned to referrer if not filled in completely and/or patients have not been booked into an appointment via Choose and Book.

LOWER GI SUSPECTED CANCER REFERRAL FORM

Date of GP decision to refer: 19 Apr 2019 No. of pages sent:

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Strategic Clinical Netwo

IF CHOOSE & BOOK IS UNAVAILABLE, COMPLETE FORM AND FAX/EMAIL TO THE REFERRAL TEAM WITHIN 24 HRS.
NOTE: This form is NOT for use for patients aged < 16 years.

PATIENT DETAILS –Must provide current telephone number.

Last name: Dean First name: Richard
Gender: Male DOB: 30 Sep 1962
BMI (*assists diagnostics*): 28.47 Kg/m²
NHS No: 498 167 2195
Address: 19 Adderley, Bretton, Peterborough, PE3 8RA

Email:
Telephone (Day): 07787 654419
Telephone (Evening):
Mobile No.: 07787 654419
Patient agrees to telephone message being left? Y ☒ N ☐
Transport required? Y ☐
Interpreter required? Y ☐ Language/Hearing:
Learning difficulties? Y ☐
Mental capacity assessment required? Y ☐
Known safeguarding concerns? Y ☐
Mobility requirements (unable climb on/off bed)? Y ☐

SYMPTOMS & CLINICAL EXAMINATIONS

☐	IF ≥ 60 yrs and **IRON-DEFICIENCY** anaemia (≤11g men, ≤10g non-menstruating women) **Suggest coeliac testing in addition to FBC and eGFR.**
☐	Rectal mass upon examination [2015]
☐	Abdominal mass [2015]
☐	Occult blood in faeces
☒	IF ≥ 40 yrs WITH rectal bleeding AND change in bowel habit
☐	IF ≥ 40 yrs AND abdominal pain AND unexplained weight loss
☐	IF <50 AND rectal bleeding AND any: ☐ Abdominal pain ☐ Change in bowel habit ☐ Unexplained weight loss ☐ Iron-deficiency anaemia [2015]
☐	IF ≥ 50 yrs AND unexplained rectal bleeding
☐	IF ≥ 60 yrs AND changes in bowel habit
☐	IF ≥ 60 yrs AND unexplained anal mass/ulceration [2015]

ADDITIONAL INFORMATION (including free text)

☐ Other primary cancer (specify):

GP DETAILS

GP name: Jason Cockerill
Practice Code: D81026
Address: Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

TEL: 01733 307840
FAX: 01733 566945
Practice email:

INVESTIGATIONS IN SUPPORT OF REFERRAL

Most patients will be sent straight to diagnostics. You do need to wait for tests to refer. But order them and please indicate that the following tests will support this referral.

☒ FBC ☒ Ferritin ☒ eGFR ☒ Creatinine

Other

☐ Faecal occult blood test ☒ Coeliac testing

PATIENT MEDICAL HISTORY

Existing conditions and risk factors:
(INCLUDE OUTCOME OF PR EXAM)
(Please see patient summary attached)

Suitable to be sent straight to colonoscopy? Y ☒ N ☐
(see next page for guidance)
Had colonoscopy in last 3 years? Y ☐ N

Current medication (attach list and indications):
Allergies Y
Anticoagulants/Antiplatelets Y
Immunosuppressants Y
Diabetic Y

WHO Patient Performance status (see below for key)
☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

Cancer needs to be excluded
Patient given referral information leaflet
Date(s) unavailable next 14 days: None

Please attach a Patient Summary including:
☐ Referral letter (if applicable) ☒ Investigation results ☒ PMH ☒ Up-to date medications list and indications

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.

WHO PATIENT PERFORMANCE STATUS KEY

0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out light/sedentary work, e.g. house or office work.
2	Ambulatory and capable of self-care, but unable to carry out work activities. Up and active > 50% of waking hours.
3	Capable of only limited self-care. Confined to bed or chair >50% of waking hours.
4	Completely disabled. Cannot care out any self-care. Totally confined to bed or chair.

FOR GUIDANCE ON SYMPTOMS & HOSPITAL CONTACT DETAILS, SEE REVERSE OF THIS FORM.