Full Report

Miss Amanda Golabek

12/11/1979 **Female** **Transferred Out**

08/05/2014	Surgery consultation	Mrs Katrina Macdougall
08/05/2014	Surgery consultation	Dr M Idris
08/05/2014	Administration	Ms Rona Hooper
07/05/2014	Surgery consultation	Dr S Lydon
07/05/2014	Surgery consultation	Dr S Lydon
06/05/2014	Surgery consultation	Dr S Kelly
06/05/2014	Surgery consultation	Dr S Kelly
06/05/2014	Surgery consultation	Dr S M Smith
06/05/2014	Surgery consultation	Dr S M Smith
30/04/2014	Administration	Dr S M Smith
30/04/2014	Surgery consultation	Mrs Kay Fraser
24/04/2014	Third Party Consultation	Dr S Kelly
23/04/2014	Surgery consultation	Ms Helen Laing
23/04/2014	Administration	Dr S M Smith
14/02/2002	Surgery consultation	Ms Pamela Seeland
22/03/2001	Surgery consultation	Dr Staff Unknown Member Of Staff
28/04/2000	Surgery consultation	Dr N L Harvey
14/03/2000	Surgery consultation	Dr N L Harvey
17/01/2000	Surgery consultation	Dr N L Harvey
14/09/1999	Surgery consultation	Dr N L Harvey
19/08/1999	Surgery consultation	Dr N L Harvey
23/07/1999	Surgery consultation	Dr Staff Unknown Member Of Staff
01/06/1999	Surgery consultation	Dr N L Harvey
22/03/1999	Surgery consultation	Dr N L Harvey
18/01/1999	Surgery consultation	Dr N L Harvey
		Dr Staff Unknown Member Of Staff

Blood pressure

21/07/2014 17:21.00 BP 120/77 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading

Referrals

Cervical Cytology

03/06/2013		
Neg	Ca cervix - screen done	recall due: 03/06/2016
24/05/2010		
Neg	Ca cervix - screen done	recall due: 24/05/2013
19/08/1999		
ACTION=Repeat after an Interval : RECALL_LETTER_STATUS=Send recall when due	Cervical smear: negative	recall due: 19/08/2002 Dr Staff Unknown Member Of Staff

Smoking

23/04/2014 Smoker 10 cigarettes per day Current smoker Dr S M Smith

Immunisations

01/01/1992	BCG	Stage: 0	Given	Routine Measure	Due	no actual date given - just 1992 in records.
01/01/1991	RUBELLA	Stage: B	Given	Routine Measure	Due	No actual date given - just 1991 in records.
27/10/1980	POLIO	Stage: 3	Given	Routine Measure	Due 12/11/1983	
27/10/1980	PERTUSSIS	Stage: 3	Given	Routine Measure	Due 27/10/1983	
27/10/1980	TETANUS	Stage: 3	Given	Routine Measure	Due 27/10/1983	
27/10/1980	DIPHTHERIA	Stage: 3	Given	Routine Measure	Due 27/10/1983	
12/05/1980	POLIO	Stage: 2	Given	Routine Measure	Due 09/06/1980	
12/05/1980	PERTUSSIS	Stage: 2	Given	Routine Measure	Due 09/06/1980	
12/05/1980	TETANUS	Stage: 2	Given	Routine Measure	Due 09/06/1980	
12/05/1980	DIPHTHERIA	Stage: 2	Given	Routine Measure	Due 09/06/1980	
10/03/1980	POLIO	Stage: 1	Given	Routine Measure	Due 07/04/1980	
10/03/1980	PERTUSSIS	Stage: 1	Given	Routine Measure	Due 07/04/1980	
10/03/1980	TETANUS	Stage: 1	Given	Routine Measure	Due 07/04/1980	
10/03/1980	DIPHTHERIA	Stage: 1	Given	Routine Measure	Due 07/04/1980	

Full Report

Miss Amanda Golabek **12/11/1979** **Female** **Transferred Out**

Urine test
08/05/2014 Urinalysis - general = Normal

Advice Given
06/05/2014 Patient given advice NOS Leaflet and advice
06/05/2014 Patient given advice NOS Leaflet and advice

Seborrhoeic Dermatitis 15/11/2013
Psoriasis 07/03/2013

Perinatal problems
21/04/2000 [X] Stillbirth - male.

CAT scan
11/01/2014 Computerised tomograph scan - head. No evidence of intracranial haemorrhage, mass, lesion or infarct.

Ethnicity
23/04/2014 Ethnicity: White Scottish

Dr S M Smith

Total patients for report 1

ANNEX D

XXXXXXXX Medical Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the practice.

Name: Amanda Graham DOB 12.11.79

Do you need an interpreter or sign language support? ☐ Yes ☑ No

If you do need an interpreter what language do you speak?

Please state .....

What is your ethnic group?

Choose **ONE** section from A to E then tick **ONE** box which best describes your ethnic group or background

A White

- ☐ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in .....

B Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in.....

D African, Caribbean or Black

- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group

- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

NHS Confidential: Personal data about a patient

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 12-11-79

Title* Miss

Surname* ~~Arrowsmith~~ Goldbek

Forenames* Amanda

Previous Surname*

email address #

Address* 32 balvaird terrace muir of ord

Postcode* IV6 7TR

Telephone # 07419320291

Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Edinburgh

Country of Birth* Scotland

Registered district of birth (Scotland only)

Mother's maiden name Cornell

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

4 Munro Terrace Alness

Postcode* IV17 0QJ

Name and address of previous GP Practice in UK*

Robertsons Health Centre Alness

Postcode*

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-MM-YYYY

Service Number

Are you a Reservist?* ☐ Yes ☐ No

If yes, please provide your address before enlisting*

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date DD-MM-YYYY

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken.

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature

Date

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify

Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date

7. OFFICIAL USE ONLY

Input by

Checked by

Date

Practice Stamp

NHS Circular:
PGA(M)(2013)4

C RC B

Annex A

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* ☐ Female* ☑ Is this your first registration with a GP Practice in the UK?* Yes ☐ No ☑ Will you be in the area for more than 3 months?* Yes ☑ No ☐
(If 'No', please ask for form GMSTRF001)

Date of Birth* 02-MM-YYY

Title* Miss

Surname* GOLABEK

Forenames* Amanda

Previous Surname*

email address #

Address* L 28 Fernhill Alness

Postcode* IV17 0RS

Telephone # 07523130588

Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number*

NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Edinburgh

Country of Birth* Scotland

Registered district of birth (Scotland only) Broadburn

Mother's maiden name Connell

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*
47 Knockshead Kirkintilloch Angus

Postcode*

Name and address of previous GP Practice in UK*
Kirkintilloch Health Centre

Postcode*

If you are from abroad:

Date you first came to live in the UK* DD-MM-YYYY

If previously resident in the UK, date of leaving* DD-MM-YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD-MM-YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD-MM-YYYY

Is this your first registration with a GP since leaving the Armed Forces?* ☐ Yes ☐ No

Service Number

If yes, please provide your address before enlisting*

Postcode*

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk

Any of my organs and tissue ☐ Or my

Kidneys ☑ Eyes ☐ Heart ☐ Lungs ☑ Liver ☑ Pancreas ☑ Small bowel ☑ Tissue ☑

Patient signature A. Golabek Date 02-MM-YYYY

GMSGPR001 v1 (05-2013)

NHS Circular:
PCA(M)(2013)4

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.
For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the Health Rights Information Scotland website at www.hris.org.uk or ask your GP surgery.
NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature [signature] Date [redacted]

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number [redacted] GP name DR SSMITH.

Practice code [redacted] Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify Receptionist initials PS

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature [signature] Date [redacted]

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD MM YYYY

Practice Stamp

ALNESS/INVERGORDON MEDICAL GROUP
THE ROBERTSON HEALTH
ALNESS, IV17 0UN
TEL. No. 01349 [redacted]

GMSGPR001 v1 (05-2013)

1/2

jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is PW854236A
Please tell us this number
if you get in touch with us

05732
Dr Wilmhirst
KIRRIEMUIR HEALTH CENTRE
TANNAGE BRAE
KIRRIEMUIR
ANGUS
DD8 4ES

Clydebank Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1BL

Phone 0845 6088598
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 20 January 2014

Dear Doctor Wilmhirst

Work Capability Assessment Outcome Notification

Patients Name	Miss A Golabek
Patients Address	47 Knowehead Airlie Kirriemuir Angus DD8 5AL

Patients D.O.B : 12 November 1979

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 19 December 2012

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

Proof of illness or disability may still be required for other interest groups or organisations such as employers or insurance companies. The provision of this information is not usually a NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of illness or disability.

2/2

20 January 2014

Dr Wilmhirst

REF: PW854236A

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Ian Findlay

Manager

KIRRIEMUIR HEALTH CENTRE

Change of Name/Address

Date...7/8/13..... **Actual date of house move**...5/5/12....

Members of the Family Registered with the Health Centre, with the same undernoted changes.

Surname	Christian Name	Mr/Mrs/Miss	Date of Birth
Galabek	Amanda	Miss	12.11.79 *
Galabek	Patrick	Mr	25.9.97
Galabek	Katie	Miss	1.6.01
Galabek	Gary	Mr	23.7.05

Old Address....66 Kinnordy Crescent....
....Kirriemuir....
....DD8 5AH....

New Address ....47 Kinnordy....
....Kirriemuir....
....DD8 5AL....

Post Code ....

Telephone No....07523180588.

New Surname ....

Signature of patient confirming change of details:

....A. Galabek....

FOR OFFICIAL USE ONLY

Tick and sign when completed

Computer ☐ Check Mileage ☐ Has pt been referred ☐

NHS Confidential: Personal data about a patient

jobcentreplus

Website: www.jobcentreplus.gov.uk

1/2

05732
Dr Farquhar
KIRRIEMUIR HEALTH CENTRE
TANNAGE BRAE
KIRRIEMUIR
ANGUS
DD8 4ES

Your reference is PW854236A
Please tell us this number
if you get in touch with us

Clydebank Benefit Centre
Baird Street
Glasgow
G90 8BS

Phone 0845 6001506
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 25 March 2013

Dear Doctor Farquhar

Work Capability Assessment Outcome Notification

Patients Name	Miss A Golabek
Patients Address	47 Knowehead Airlie Kirriemuir Angus DD8 5AL

Patients D.O.B : 12 November 1979

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 19 December 2012

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

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If your patient makes another claim for benefit in the future, we will require medical certificates from the date of illness or disability.

25 March 2013

Dr Farquhar

REF: PW854236A

2/2

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Ian Findlay

Manager

NHS Confidential: Personal data about a patient

(Copy)

DR ALAN WEIR
DR ALAN FARQUHAR
DR MICHELLE WATTS
DR JANE DELANEY
DR ANDREW WILMHURST
DR REBECCA FORRESTER

09 June 2010

Mrs Amanda Golabek
66 Knowehead Crescent
Kirriemuir
DD8 5AH

Dear Mrs Golabek

You will probably by now have received your cervical smear test result which was entirely normal however the laboratory noticed a small amount of a fungal infection on the smear test which would be suggestive of the infection commonly called thrush. It is normal in this situation to treat this infection and I would therefore be grateful if you could make an appointment at the surgery to have this treated.

May I reassure you that this is a common finding and is usually resolved by medication.

Many thanks.

Yours sincerely

Jean Sargeant
Nurse Practitioner

Kirriemuir Health Centre, Tannage Brae, Kirriemuir, DD8 4ES. Tel: 01575 573333/Fax 01575 577000

DR ALAN WEIR
DR ALAN FARQUHAR
DR MICHELLE WATTS
DR JANE DELANEY
DR ANDREW WILMSHURST
DR REBECCA FORRESTER
DR JILL GROOME, GP ASSOCIATE

RF/LL

23 April 2008

TO WHOM IT MAY CONCERN

Re: Amanda Golabek, 66 Knowehead Crescent, Kirriemuir DD8 5AH DOB: 12/11/79

I would be very grateful if you would consider this lady's application for re-housing. She currently has three children aged 11, 7 and 3 and is living in a two bed-roomed house. Her middle daughter aged 7 has a significant amount of problems with allergies and asthma and the current condition of the house appears to be making her symptoms worse. I would be very grateful if you would look upon their application sympathetically.

Yours faithfully

Dr R Forrester

Kirriemuir Health Centre, Tannage Brae, Kirriemuir, DD8 4ES. Tel: 01575 573333/Fax 01575 577000

DR ANDREW LENDRUM
DR ALAN WEIR
DR ALAN FARQUHAR
DR MICHELLE WATTS
DR JANE DELANEY
DR ANDREW WILMSHURST

KIRRIEMUIR HEALTH CENTRE
TANNAGE BRAE
KIRRIEMUIR
DD8 4ES

Tel: 01575-573333 Fax: 01575-577000

JS/LL

17 May 2006

Mrs A Golabek
66 Knowehead Crescent
Kirriemuir
DD8 5AH

Dear Mrs Golabek

You may already be aware that the smear you had done needs to be repeated. The reason for this is that sometimes, when smears are taken, not enough cells are obtained for analysis. It doesn't mean there is anything wrong with your cervix, but I would be grateful if you could please make another appointment with the Nurse for a repeat smear in 3 months.

If you would like to discuss this further, please come and see me.

Yours sincerely

Jean Sergeant
Nurse Practitioner

SENSITIVE

Mr J Simpson's Unit

Department of Orthopaedics
Raigmore Hospital
Old Perth Road
Inverness
Inverness-shire
IV2 3UJ
01463 705393

www.nhshighland.scot.nhs.uk

NHS Highland

Dr R Jaffrey
Croyard Road - Beauly
The Surgery
Croyard Road
Beauly
IV4 7DT

Our Ref: ERowan/
Clinic Date: 07/12/2020
Date Dictated: 07/12/2020
Date Typed: 07/12/2020

1211799123

Dear Dr Jaffrey,

Amanda Golabek **DOB: 12/11/1979** **CHI: 1211799123**
61 Highfield Circle, Muir Of Ord, Ross-Shire, IV6 7TF

Diagnosis: 05.12.20 ED attendance following inversion injury left ankle (04.12.20)
Plain radiographs showing Weber A left ankle fracture

Management: Activity modification
Follow advice in Virtual Fracture Clinic leaflet for this injury

Follow Up: On request

Amanda Golabek attended Raigmore ED 05.12.20. She was managed by the ED team. The history she gave was of an inversion injury of the left ankle 04.12.20. On examination she was noted to be tender over the lateral malleolus and a subsequent radiograph has confirmed a Weber A fracture.

We essentially treat these as a significant ankle sprain. She has been given a Virtual Fracture Clinic leaflet for advice on the management of this injury together with a velcro boot.

The recommendation is that she modifies her activities appropriately and follows the advice in the leaflet. Should she be having persistent issues that are not settling I am happy to be contacted by you as her GP to arrange further review.

Yours sincerely

Mr James Simpson, FRCSEd (Tr&Orth)
Consultant Orthopaedic Surgeon
Authorised on 09/12/2020 13:17:25 by James Simpson.

Copied to: (D: Digital copy; P: Printed copy; O: Outsourced printed copy)

(O) Miss Amanda Golabek
61 Highfield Circle
Muir Of Ord
Ross-Shire
IV6 7TF

NHS Highland OOH Call Incident Report

Call number:	**70908**	Receive Date:	**13-Feb-2022 13:17**
Patient's Name:	**Amanda Golabek**		
Date of birth:	**12-Nov-1979 (42 years)**	Gender:	**F**
Address:	**61 Highfield Circle Muir Of Ord**	Current Address:	**61 Highfield Circle Muir Of Ord**
	IV6 7TF		**IV6 7TF**
Return Contact No:			
Tel No:	**07419 320291**		**07419 320291**
Mobile No:			
Priority:	**24 Hours**	Call Origin:	**02D - NHS 24**
Received:	**13-Feb-2022 13:17**	Calltype:	**Appointment**
Advised:	**14:53**	Arrived PCC:	
Final Cons start:	**13-Feb-2022 15:21**	Final Cons End:	**13-Feb-2022 15:22**
Consulting Doctor:	**Amanda Clark**	Own doctor:	**Eilidh Barr**

NHS Number:
1211799123

Reported Condition:
FACE SWOLLEN, TEETH AND GUM PAIN 24 HOURS - NO COVID 19

NHSD details:

Received By -	**Danielle Mcneil (Dental Nurse) ()**
Triage Start Time -	**13-Feb-2022 13:17**
Triage End Time -	**13-Feb-2022 14:56**

Clinical Summary -

Clinical summary created by: Danielle Mcneil (Dental Nurse) () [13/02/2022 14:56:41]
Reason for call: FACE SWOLLEN, TEETH AND GUM PAIN 24 HOURS - NO COVID 19
13:02:2022 14:55:23 MCNEILD.. REG WITH GDP , UPPER LEFT BACK REGION, PAIN SINCE YESTERDAY WORSENING, TENDER TO PERCUSSION, KEPT AWAKE WITH PAIN OVERNIGHT, SWELLING MIDDLE OF CHEEK SIDE OF NOSTRIL UP OVER CHEEKBONE.. PUFFY WARM AND SOFT TO TOUCH , NO ISSUE WITH EYE AT PRESENT, IBUPROFEN X 2 200MG , ADVICE AND SELF HELP GIVEN WORSENING STATEMENT URGENT OUTCOME DETAILS SENT TO BOOKING HUB HIGHLAND HEALTHBOARD..

Outcome: Hub to arrange appointment within 24 hours

Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Dental

Ethnicity code
[X] 01

Keyword selected
[X] DENTAL

Do you have fever?
--NO

Is this call from a Nursing or Care Home?
--NO

Are you/person about whom you are calling so unwell that you/person cannot stand at all e.g. walk to the toilet or sit up unaided without falling back down?
--NO

Algorithm:

Select the additional marker of the keyword that defines the callers complaint: (Select one)
[X] Bleeding from mouth

Select the additional marker that defines the callers complaint: (Select one)
[X] Dental

Select the descriptor of the keyword that defines the callers complaint: (Select one)
[X] From tooth or extraction within last 24 hrs

Algorithm: DECISION SUPPORT

Recommended Interim Endpoint
[X] KW Transfer to dental nurse Priority 1

Clinical supervision
--NO

Algorithm: Dental protocols

Do you need to establish analgesia already taken?
--YES

Algorithm:

Q1. Have you taken any medication for your dental pain?
--YES

Q2. Do any of those medications contain either paracetamol or ibuprofen?
--YES

Q3. Have you taken any Over The Counter medication which may contain either paracetamol or ibuprofen?
--NO

Q4. Have you taken any other Prescribed medication which may contain either paracetamol or ibuprofen?
--NO

Q5. Has the patient taken more than: 4000 mg of paracetamol or ibuprofen in any 24 hour period?
--NO

Is there maxillary swelling?
--YES

Are the eyes closed or swelling is increasing rapidly?
--NO

Is the patient systemically unwell? (select all that apply and if unsure seek clinical support)
[X] 6 None of the above

Is the swelling: (select all that apply)
[X] Slowly increasing in size

Algorithm: Giving Analgesia Advice

Ibuprofen Assessment (Select ALL that apply):
[X] None of the above

Is the patient taking prescribed painkillers or OTC medications?
--YES

Algorithm: DECISION SUPPORT

SMS code
[X] 01

SMS code
[X] 90

Disposition Dental Nurse - Contact Dentist within 24 hours

Final Consultation details:

Consultation Start - **13-Feb-2022 15:21**

Consultation Finish - **13-Feb-2022 15:22**

Consulting Provider - **Clark, Amanda (Dental)**

Treatment - **Papernotes held at IDC**

Followups:
No Follow Up

Clinical Codes:
1912. Toothache

NHS Highland OOH Call Incident Report

Call number:	65095	Receive Date:	22-Jan-2022 14:24
Patient's Name:	Amanda Golabek		
Date of birth:	12-Nov-1979 (42 years)	Gender:	F
Address:	61 Highfield Circle Muir Of Ord IV6 7TF	Current Address:	61 Highfield Circle Muir Of Ord IV6 7TF
Return Contact No:			
Tel No:	07419 320291		07419 320291
Mobile No:			
Priority:	Within 4 Hours	Call Origin:	02D - NHS 24
Received:	22-Jan-2022 14:24	Calltype:	Advice
Advised:	14:56	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:	Antonia Reed	Own doctor:	Eilidh Barr

NHS Number:
1211799123

Reported Condition:
MEDICATION ISSUE NOT HAD MEDICATION FOR 4 DAYS

NHSD details:

Received By -	Kenneth Hanlon (Pwp Call Taker) ()
Triage Start Time -	22-Jan-2022 14:24
Triage End Time -	22-Jan-2022 14:59

Clinical Summary - **Clinical summary created by: Kenneth Hanlon (Pwp Call Taker) () [22/01/2022 14:56:03]**
Reason for call: MEDICATION ISSUE NOT HAD MEDICATION FOR 4 DAYSConfirmed Symptom(s):

Clinical supervisor: K WHITE S.C.N
Call reason: Medication issue
22:01:2022 14:56:43 HANLONK.. PT STATED SHE HAD RAN OUT OF MEDICATION 4 DAYS AGO PT STATED BEING ON 40MG OF CITALORPRAM PT STATED FEELING MORE AGGITATED AND DISTRESSED PT ALSO REPORTED HER APPITIGHT HAS REDUSED OVER THE PAST FEW DAYS.. PT STATED HAVING LONG STANDING ISSUES WITH SLEEP PT STATED NO RISK

PRESENT NO THOUGHTS OF HARM TO SELF OR OTHERS PT STATED HAVING HX OF THOUGHTS OF SUICIDE PT STATED SHE HAS NEVER ACTED ON THE THOUGHTS IN THE PAST.. PT ALSO STATED HAVING HX OF THOUGHTS OF WANTING TO HARM OTHERS PT STATED SHE HAS NEVER ACTED ON THE THOUGHTS AND HAD NO TRAGETS IN MIND PT STATED SHE IS DRINKING AROUND 4 TIMES PER WEEK.. PT STATED AWITING INPUT FORM HER MENTAL HEALTH SERVICE IN MARCH TIME ADVICE GIVEN BY K WHITE S.C.N FOR CILINICIAN CALL BACK WITHIN 4 HOURS PT WAS AGREEABLE TO THIS PLAN.. AND PT AGREED IF ANYTHING WAS TO CHANGE OR WORSEN SHE WOULD CALL BACK THE MENTAL HEALTH HUB.. CILINICIAN CALL BACK WITHIN 4 HOURS..
Outcome: Speak to clinician within 4 Hrs

Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] PWP

Ethnicity code
[X] 01

Keyword selected
[X] PWP

Ethnicity code
[X] 01

Keyword 1
[X] PWP

Keyword selected
[X] PWP

Algorithm:

Is there a Police Storm ID or SAS Call Sign?
--NO

Risk of suicide
[X] Amber

NHS Highland OOH Call Incident Report

Call number:	35297	Receive Date:	7-Oct-2020 22:37
Patient's Name:	Amanda Golabek		
Date of birth:	12-Nov-1979 (40 years)	Gender:	F
Address:	32 Balvaird Terrace Muir Of Ord IV6 7TR	Current Address:	Raigmore Hospital A&E Inverness IV2 3UJ
Return Contact No:			
Tel No:	07419 320291		07419 320291
Mobile No:			
Priority:	Within 4 Hours	Call Origin:	02D - NHS 24
Received:	7-Oct-2020 22:37	Calltype:	NHS24 Advice Only
Advised:	22:59	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:		Own doctor:	Eilidh Barr

NHS Number:
1211799123

Reported Condition:
MENTAL HEALTH CONCERNS TONIGHT

NHSD details:

Received By - Triage: **Sarah Hutchison (Mental Health Nurse) ()**

Start Time - Triage: **7-Oct-2020 22:37**

End Time - Triage: **7-Oct-2020 22:59**

Clinical Summary -

Clinical summary created by: Sarah Hutchison (Mental Health Nurse) () [07/10/2020 22:59:54]

Reason for call: MENTAL HEALTH CONCERNS TONIGHT
NO NEW COUGH, NO FEVER, NO CHANGE/LOSS TO SMELL OR TASTE.
07:10:2020 22:40:21 BOOTHL2.. HOSPITAL NUMBER PT IS CALLING FROM IS 01463704000 - SAVED PT'S MOBILE NUMBER IN RECORD AS IT ACCEPTS ALL CALLS...
07:10:2020 22:59:27 HUTCHISONS.. PT FEELING SUICIDAL,

NHS Highland OOH Call Incident Report

Call number:	95032	Receive Date:	26-May-2020 00:32
Patient's Name:	Amanda Golabek		
Date of birth:	12-Nov-1979 (40 years)	Gender:	F
Address:	32 Balvaird Terrace Muir Of Ord	Current Address:	61 Highfield Circle Muir Of Ord
	IV6 7TR		IV6 7TF
Return Contact No:			
Tel No:	07419 320291		07419 320291
Mobile No:			
Priority:	Within 4 Hours	Call Origin:	02D - NHS 24
Received:	26-May-2020 00:32	Calltype:	Appointment
Advised:	00:44	Arrived PCC:	
Final Cons start:	26-May-2020 06:21	Final Cons End:	26-May-2020 06:32
Consulting Doctor:	Jessica Most (UCN)	Own doctor:	Eilidh Barr

NHS Number:
1211799123

Reported Condition:
ABDO PAIN 14.5 HRS

NHSD details:

Received By -	Jacqueline Kennan (Clinical Nurse) ()
Triage Start Time -	26-May-2020 00:32
Triage End Time -	26-May-2020 00:47

Clinical Summary - **Clinical summary created by: Jacqueline Kennan (Clinical Nurse) () [26/05/2020 00:47:10]**
Reason for call: ABDO PAIN 14.5 HRS
HAS TAKEN A TAMPON OUT TODAY THAT HAD BEEN IN FOR 2 WKS. HAS HAD MIGRAINES THE PREVIOUS 4 DAYS - CALLED NHS 24 AND SPOKE TO OWN GP ABOUT THIS YESTERDAY. NO COUGH. NO FEVER
26:05:2020 00:46:16 KEENANJ1.. PATIENT IS EXPERIENCING SEVERE ABDOMINAL PAIN. ALL LOWER QUADRANT. ABDOMIN IS DISTNDED, TENDER TO TOUCH AND NON RIGID. PATIENT STATES A TAMPON D/C FROM VAGINAL AREA WHICH HAD BEEN INSIDE OF PATIENT FOR OVER 1 WEEK... FEELS LIGHTHEADED AND DIZZY. OUTCOME PCEC 4 HOURS

NHS Highland OOH Call Incident Report

Call number:	**20570**	Receive Date:	**12-Jul-2019 18:04**
Patient's Name:	**Amanda Golabek**		
Date of birth:	**12-Nov-1979 (39 years)**	Gender:	**F**
Address:	**32 Balvaird Terrace Muir Of Ord**	Current Address:	**32 Balvaird Terrace Muir Of Ord**
	IV6 7TR		**IV6 7TR**
Return Contact No:			
Tel No:	**07419 320291**		**07419 320291**
Mobile No:			
Priority:	**Within 4 Hours**	Call Origin:	**02D - NHS 24**
Received:	**12-Jul-2019 18:04**	Calltype:	**Appointment**
Advised:	**18:22**	Arrived PCC:	
Final Cons start:	**12-Jul-2019 19:50**	Final Cons End:	**12-Jul-2019 20:22**
Consulting Doctor:	**Jessica Most (UCN)**	Own doctor:	**Nigel PAUL**

NHS Number:
1211799123

Reported Condition:
STOMACH PAIN 4WEEKS

NHSD details:

Received By -	**Julie Pender (Clinical Nurse) ()**
Triage Start Time -	**12-Jul-2019 18:04**
Triage End Time -	**12-Jul-2019 18:29**

Clinical Summary - **Clinical summary created by: Julie Pender (Clinical Nurse) () [12/07/2019 18:29:02]**
Reason for call: STOMACH PAIN 4WEEKS
RETURN MISSED CALLBACKS FROM GP TODAY AS PHONE GOING STRAIGHT TO VOICEMAIL. FEELING DIZZY AND NAUSEOUS AFTER EATING. FEELING BLOATED AND TIRED. 12:07:2019 18:27:53 PENDERJ.. ONGOING ABDOMINAL PAIN FOR 4 WEEKS WORSE SINCE YESTERDAY. PALE TODAY FEELS HOT AND CLAMMY.PAIN IN LOWER ABDOMEN ACROSS FRONT OF ABDOMEN FEELS WORSE WHEN DRIVING. ABDOMEN BLOATED TONIGHT.. ONGOING NAUSEA FEELS WORSE AFTER EATING DIARRHOEA X1 DAILY. FEELING DIZZY AT TIMES HEADACHE COMING AND GOING AND

FEELS CONFUSED AT TIMES. ONGOING RED VAGINAL BLEEDING FOR 4 WEEKS ALSO. TAKEN PARACETAMOL THIS MORNING.... ADVISED TO TAKE FURTHER DOSE. OUTCOME PCEC 4 HOURS HUB TO ARRANGE PLEASE..
Outcome: PCEC within 4 Hrs

Questions -

Algorithm: DECISION SUPPORT

Keyword 1
[X] Stomach

Keyword 2
[X] Vaginal

Keyword selected
[X] STOMACH

Algorithm:

Does the patient have pain in their chest, either front or back?
--NO

Does the patient have any of the following symptoms (Select one)?
[X] None of the above

Select the descriptor of the keyword that defines callers complaint: (Select
[X] Since you became unwell have you had diarrhoea

Select the additional marker that defines the callers complaint: (Select one)
[X] None of the above

Select the additional marker that defines the callers complaint: (Select one)
[X] No other symptoms

Algorithm: DECISION SUPPORT

Reason for choosing selected endpoint:
[X] TRIAGE

Please confirm caller's current location details

Date: 25/01/2016 Time: 03:03 To: 01463 782111 @ 01463 782111
Page: 001

Highland Hub

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5 Patient Contacts for BEAULY SURGERY (Croyard Road)

NHS Confidential: Personal data about a patient

Patient: Amanda Golabek Case No 88089

Gender: Female (DOB: 12/11/1979) (Age: 36 years) (CHI: 1211799123)

Case No 88089
Own Dr Paul, Nigel
District Nurse
Dentist

Case Date 23/01/2016 12:39

Emergency Care Summary viewed on case

READ ✓ ABNORMAL DEALT WITH

Current Address
32 Balvaird Terrace

Muir Of Ord
IV6 7TR
Current Phone 07419 320291

Home Address (If Different)

Home Phone (If Different)

Case Type Appointment
Call Origin 02D - NHS 24
Appointment 24/01/2016 11:45

Tel
Arrival
Name

Priority On Reception
24 Hours

Priority After Assessment

Priority On Completion

Patient Allergies

Patient Condition

Patient Medication

Patient notes attached to case

Reported Condition

NHS Direct Advice by . (Dental Nurse) (Cardonald)
DENTAL PAIN 6MONTHSSEE A/V

Triage Start 12:42
Triage End 13:00

TEMP FILLING LAST YEAR - WAS MENT TO GO TO AN APPOINTMENT ON WEDNESDAY AND WASNT ANY TRANSPORT AVAILABLE TO GET PATIENT THERE ON TIME. ((User) (Glasgow))

PSL - INGESTED 6000MG PARACETAMOL, 63KG, 94.5MG/KG, ADVISED A&E, 4 HOURS. ((Other Clinical User) (Cardonald))

DHB2 Hub to arrange appointment within 24 hours

Clinical summary created by: (Dental Nurse) (Cardonald) [23/01/2016 12:58:24]
OVERMEDICATION OF PARACETAMOL FOR WITHIN 24 HOURS AND PATIENT HAS TAKEN 6000MG PARACETAMOL, 63KG, 94.5MG/KG, ADVISED A&E, 4 HOURS.

Clinical summary created by: (Dental Nurse) (Cardonald) [23/01/2016 12:59:57]
TOOTHACHE UPPER RIGHT MOLAR FOR 6 MONTHS AND REGISTERED WITH GDP IN ROSS-SHIRE, TOOTH IS INTACT, SENSITIVE TO HOT AND COLD, TENDER TO TOUCH, CONSTANT PAIN, KEPT AWAKE AT NIGHT, ANALGESICS NIL EFFECT, TO ATTEND A+E FOR OVERMEDICATION OF PARACETAMOL, HUB - TO BE SEEN WITHIN 24 HOURS

NHSD Recorded Allergies **NHSD Recorded Conditions** **NHSD Recorded Medications**

Report Statistics: Report produced by Adastra Version 3 - 25/01/2016 03:02:43

NHS Confidential: Personal data about a patient

Patient: Amanda Golabek Case No 59676

Gender: Female (DOB: 12/11/1979) (Age: 35 years) (CHI: 1211799123)

Case No 59676
Own Dr Paul, Nigel
District Nurse
Dentist

Case Date 19/09/2015 14:46

Emergency Care Summary viewed on case

Current Address
32 Balvaird Terrace

Muir Of Ord
IV6 7TR
Current Phone 07419 320291

Home Address (If Different)

Home Phone (If Different)

Case Type Advice
Call Origin 02D - NHS 24
Appointment

Tel
Arrival

Name

Priority On Reception
Within 1 Hour

Priority After Assessment

Priority On Completion

Patient Allergies

Patient Condition

Patient Medication

Patient notes attached to case

Reported Condition

NHS Direct Advice by (User) (Glasgow)
MEDICATION MISSED DOSE 3 DAYS SEE AV

Triage Start 14:50
Triage End 15:13

SUFFERS FROM ANXIETY AND DEPERSONALISATION. USUALLY TAKES CITALOPRAM DAILY BUT HAS NOT HAD ANY FOR THREE DAYS. CURRENTLY FEELING DETACHED. ((User) (Glasgow))

PSL - ITEM IS ON REPEAT RX. ADVISE PT TO ATTEND COMMUNITY PHARMACY AND REQUEST AN URGENT SUPPLY RX UNTIL SHE IS ABLE TO COLLECT HER RX FROM HER GP. PHONE AHEAD TO PHARMACY TO ENSURE THAT THEY ARE ABLE TO SUPPLY. CONTACT PHARMACIST ((Other Clinical User) (Cardonald))

CONTACTED BOOTS PHARMACY IN BEAULY, ADVISED THAT THEY WOULD FULFIL THE PRESCRIPTION IF PATIENT CAN BRING EVIDENCE. PATIENT HAS PRESCRIPTION FORM AND WILL ATTEND. PATIENT ALSO REQUIRES SOMETHING TO CALM HER DOWN WHILE WAITING FOR CITALOPRAM TO KICK IN. DW TL SHONA CUNNINGHAM, ADVISED DOCTOR TO PHONE 1 HR. ((User) (Glasgow))

READ
ABNORMAL
DEALT WITH

√ NI

DPP2 Dr to phone patient within 1 Hr

Clinical summary created by: (User) (Glasgow) [19/09/2015 15:13:06]
ANXIETY / AGITATION FOR 3 DAYS AND MISSED THREE DOSES OF CITALOPRAM. HAVE ARRANGED URGENT SUPPLY PRESCRIPTION THROUGH LOCAL PHARMACY BUT PATIENT FEELS SHE NEEDS SOMETHING TO CALM HER DOWN IN THE SHORT TERM WHILE WAITING FOR THE CITALOPRAM TO KICK IN. DR TO PHONE 1 HR, ADVISED BY CLINICIAN.

NHSD Recorded Allergies
NIL

NHSD Recorded Conditions
ANXIETY

NHSD Recorded Medications
AS ECS

NHS 24 Advice by (User) (Glasgow)
MEDICATION MISSED DOSE 3 DAYS SEE AV

Triage Start 14:50
Triage End 15:13

SUFFERS FROM ANXIETY AND DEPERSONALISATION. USUALLY TAKES CITALOPRAM DAILY BUT HAS NOT HAD ANY FOR THREE DAYS. CURRENTLY FEELING DETACHED. ((User) (Glasgow))

PSL - ITEM IS ON REPEAT RX. ADVISE PT TO ATTEND COMMUNITY PHARMACY AND REQUEST AN URGENT

NHS Confidential: Personal data about a patient

Patient: Amanda Golabek Case No 59676

Gender: Female (DOB: 12/11/1979) (Age: 35 years) (CHI: 1211799123)

SUPPLY RX UNTIL SHE IS ABLE TO COLLECT HER RX FROM HER GP. PHONE AHEAD TO PHARMACY TO ENSURE THAT THEY ARE ABLE TO SUPPLY. CONTACT PHARMACIST ((Other Clinical User) (Cardonald))

CONTACTED BOOTS PHARMACY IN BEAULY, ADVISED THAT THEY WOULD FULFIL THE PRESCRIPTION IF PATIENT CAN BRING EVIDENCE. PATIENT HAS PRESCRIPTION FORM AND WILL ATTEND. PATIENT ALSO REQUIRES SOMETHING TO CALM HER DOWN WHILE WAITING FOR CITALOPRAM TO KICK IN. DW TL SHONA CUNNINGHAM, ADVISED DOCTOR TO PHONE 1 HR. ((User) (Glasgow))

DPP2 Dr to phone patient within 1 Hr

Clinical summary created by: (User) (Glasgow) [19/09/2015 15:13:06]
ANXIETY / AGITATION FOR 3 DAYS AND MISSED THREE DOSES OF CITALOPRAM. HAVE ARRANGED URGENT SUPPLY PRESCRIPTION THROUGH LOCAL PHARMACY BUT PATIENT FEELS SHE NEEDS SOMETHING TO CALM HER DOWN IN THE SHORT TERM WHILE WAITING FOR THE CITALOPRAM TO KICK IN. DR TO PHONE 1 HR, ADVISED BY CLINICIAN.

NHS24 Recorded Allergies
NIL

NHS24 Recorded Conditions
ANXIETY

NHS24 Recorded Medications
AS ECS

Pathways Non-Clinical
Start Type **End Type** **Pathways Start** **Pathways End**

Case Questions

Adastra Consult by Miller, Helen **Consult Start** 15:17

Start Type Advice **End Type** Advice **Consult End** 15:23

History
see NHS24 notes
ran out of citalopram 3 days ago and has been very anxious; reports 'depersonalisation' ; has arranged to get rx from chemist and she is en route to collect it now
patient query re : smthg for anxiety to help until citalopram takes effect
advised best to avoid anxiolytics; no reason why sx should not settle once she starts ssri again
patient accepts this advice

Examination

Diagnosis

Treatment

Clinical Code(s)
8B3H. Medication requested

Prescriptions

Informational Outcome(s)
No Follow Up -

Highland Hub

adastra

1 Patient Contacts for ROBERTSON HEALTH CENTRE, ALNESS

NHS Confidential: Personal data about a patient

Patient: Amanda Golabek

Case No 40269

Gender: Female (DOB: 12/11/1979) (Age: 34 years) (CHI: 1211799123)

Case No 40269
Own Dr SMITH, S
District Nurse
Dentist

Case Date 02/06/2014 04:01

Current Address
4 Munro Terrace

Alness
IV17 0QJ

Home Address (If Different)

Current Phone

Home Phone (If Different)

Case Type Dual Response
Call Origin 02C - 999 Ambulance
Appointment

Tel 07876 393650 **Name**
Arrival

Priority On Reception
Within 1 Hour

Priority After Assessment

Priority On Completion

Patient Allergies

Patient Condition

Patient Medication

Patient notes attached to case

Reported Condition
Symptoms: Call from Paramedic crew in Alness. 34yr old female has dislocated shoulder, has been given morphine but further anaesthetic required before further treatment.

NHS Direct Advice by

Triage Start
Triage Start
Triage End
Triage End

NHSD Recorded Allergies

NHSD Recorded Conditions

NHSD Recorded Medications

NHS 24 Advice by

Triage Start
Triage Start
Triage End
Triage End

NHS24 Recorded Allergies

NHS24 Recorded Conditions

NHS24 Recorded Medications

Pathways Non-Clinical Start Type

End Type

Pathways Start
Pathways End

Report Statistics:

Report produced by Adastra Version 3 - 02/06/2014 05:30:32

NHS Confidential: Personal data about a patient

Patient: Amanda Golabek

Case No 40269

Gender: Female (DOB: 12/11/1979) (Age: 34 years) (CHI: 1211799123)

Case Questions

Receive Case Questions (DEFAULT)

This patient is: - New
This patient is: - New
This patient is being dealt with as: - Out of hospital care
This patient is being dealt with as: - Out of hospital care

Adastra Consult by White, Heather (UCP Raigmore) **Consult Start** 04:26

Start Type Dual Response **End Type**Dual Response **Consult End** 04:28

History

recurring dislocated left shoulder. Patient usually manages to relocate the shoulder herself, finding it more difficult this morning.

Ambulance requesting more analgesia or aesthetic to see if patient could reduce herself, but shoulder back in place on arrival.

Examination

Diagnosis

dislocation left shoulder

Treatment

crew will take to a&e

Clinical Code(s)

S4... Dislocations and subluxations

Prescriptions

Informational Outcome(s)

No Follow Up -

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**56364**	Receive Date:	**6-Aug-2012 01:14**
Patient's Name:	**Amanda Golabek**		
Date of birth:	**12-Nov-1979 (32 years)**	Gender:	**F**
Address:	**66 Knowehead Crescent Kirriemuir DD8 5AH**	Current Address:	**47 Knowehead Crescent Kirriemuir DD8 5AH**
Return Contact No:			
Tel No:			
Mobile No:			
Priority:	**Emergency**	Call Origin:	**NHS24**
Received:	**6-Aug-2012 01:14**	Calltype:	**Mental Health**
Advised:	**01:40**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Andrew Wilmshurst**

Reported Condition:
VERY ANXIOUS, WEEKS SEE A/V

Followups:
None

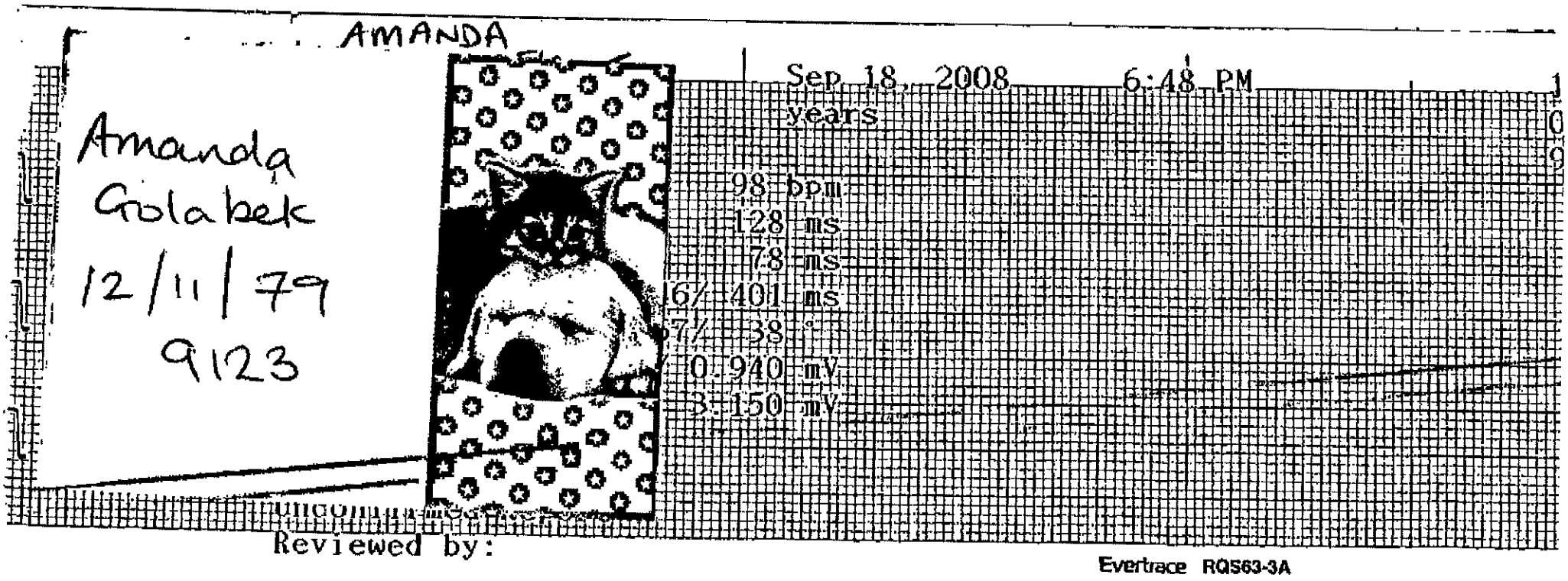
NHS24 details:

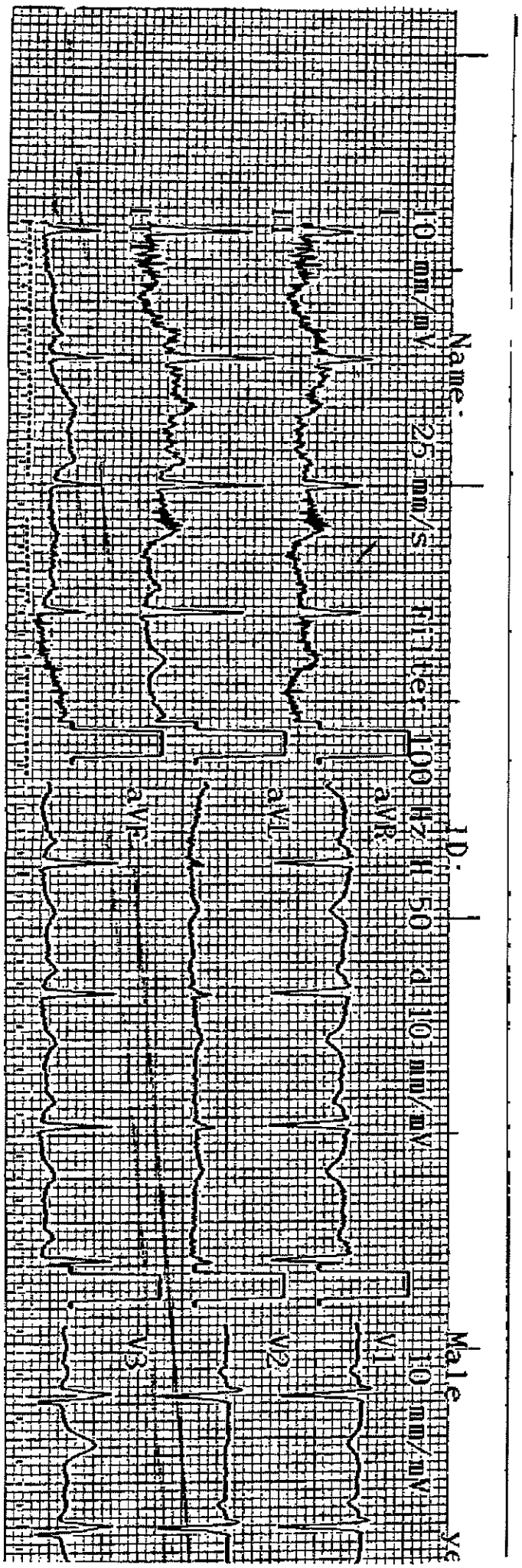
Triage NHS24 - **This call will be transferred directly to a nurse via serious and urgent telephony route.**

The symptoms described during this call suggest that the individual should contact the GP practice as soon as possible (at least within 4 hours).
WORSENING: If symptoms persist, worsen or any new symptoms develop, call us back or contact the GP practice when the surgery reopens.

NHS24 Comments - **SPECIFY: DISTRESSED**
FEELS VERY DEPRESSED ((Non-Clinical User) (Edinburgh))

Disposition - **Contact GP Practice within 4 Hours (as soon as possible)**





TAYSIDE NHS BOARD

NHS
Tayside

Ref: HM/LB-1211799123

Enquiries: Lorraine Black
Photobiology Unit
Level 8
Ninewells Hospital & Medical School
DUNDEE
DD1 9SY
Tel: 01382 496227
Fax: 01382 633925

01 August 2012

Dr A Wilmshurst
The Health Centre
66 Knowehead Crescent
Tannage Brae
Kirriemuir

Dear Dr Wilmshurst

Amanda Golabek, 66 Knowehead Crescent, Kirriemuir, DD8 5AH
CHI: 121179-9123

This lady attended the Laser Clinic for treatment of tattoos which were causing her severe distress. However, she has failed to attend her last two appointments so we have now discharged her.

Kind regards.

Yours sincerely

Professor Harry Moseley
Head of Scientific Services

Cc

Mr M Hough
Consultant Plastic Surgeon
Department of Plastic Surgery
Ninewells Hospital & Medical School
DUNDEE
DD1 9SY

TAYSIDE NHS BOARD

NHS Tayside

Ref: HM/LB/1211799123

Enquiries: Lorraine Black
Photobiology Unit
Level 8
Ninewells Hospital & Medical School
DUNDEE
DD1 9SY
Tel: 01382 496227
Fax: 01382 633925

25 October 2011

Dr A Wilmshurst
The Health Centre
66 Knowehead Crescent
Tannage Brae
Kirriemuir

Dear Dr Wilmshurst

Amanda Golabek, 66 Knowehead Crescent, Kirriemuir, DD8 5AH
CHI: 121179-9123

This lady has self-inflicted tattoos on her left forearm. Since these are causing her severe psychological distress, we decided to treat these at the NHS Laser Clinic. She attended the clinic on 19th October 2011 and after obtaining consent we carried out some test treatments. These produced typical tissue whitening. We will see the patient back in a month or so and at regular intervals thereafter and I will let you know the final outcome.

Kind regards.

Yours sincerely

Professor Harry Moseley
Head of Scientific Services

Cc

Mr M Hough
Consultant Plastic Surgeon
Department of Plastic Surgery
Ninewells Hospital & Medical School
DUNDEE
DD1 9SY

Hospital No:
CHI: 1211799123
Doc ID: 2379088
Page 1 of 1

SENSITIVE

Messrs Denholm, Cain, Rogers, Laing, Ms Isa, McKean
Consultant ENT Surgeons
ENT Department
Raigmore Hospital
Old Perth Road
Inverness
Inverness-shire
IV2 3UJ
01463 706538
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NHS Highland

Dr RS Forsyth
Croyard Road - Beauly
The Surgery
Croyard Road
Beauly
IV4 7DT

Our Ref: GSUTH06/
Clinic Date: 01/06/2016
Date Dictated: 01/06/2016
Date Typed: 16/06/2016

1211799123

Dear Dr Forsyth,

Amanda Golabek **DOB: 12/11/1979** **CHI: 1211799123**
32 Balvaird Terrace, Muir Of Ord, Ross-Shire, IV6 7TR

I saw Amanda who is 37 years old at one of the ENT clinics. She came complaining about a bilateral loud tinnitus which is bothering her a lot. She denies any hearing loss, she sometimes feels fresh in her ears on both side and experiences some sort of balance problems which didn't really fit to criteria of the ENT related dizziness. Sometimes Amanda has pains around her ears, pressure symptoms of her sinuses and across the mid facial segment together with headaches.

She mentions one episode of being shortly exposed to loud noise in the past, denies any ear infections in the past. She was assaulted about a year ago and sustained a head injury on the left hand side and since then, her tinnitus had changed in pitch.

She had been seen by the audiology team in Dundee in 2011 and has been diagnosed with a mild bilateral hearing loss of the sensory neural type.

Otherwise Amanda has no past medical history. She is fit and well in herself. She has no non allergies and is not taking any regular medications for any other medical issues.

On examination bilateral ear examination was unremarkable. Hearing test showed bilateral mild sensory neural loss of hearing. Normal cranial nerve examination and normal cerebellar function test. No spontaneous nystagmus has been witnessed in the clinic today and the rest of the ENT examination is unremarkable.

We had a long chat with Amanda but I don't think her dizziness is really an ENT system related one. It definitely doesn't fit the criteria for the Meniere's disease which her mum has been diagnosed with recently. As far as her symptoms are bilateral and the hearing test is symmetrical, I don't suspect her to have any sinister reasons for that. From an ENT point of view I have discussed with Amanda that it could be a vestibular type of migraine she is having and I suggested her to discuss the anti-migraine treatment with yourselves. I will make a referral to the specialist clinic for tinnitus counselling for Amanda to see one of the audiologists to see if there is any help that can be provided from them. I am not arranging a follow up appointment for Amanda to come to one of the ENT clinics routinely.

Yours sincerely

Ms Ruta Kaitauskaite
ENT Specialty Doctor

Authorised on 26/06/2016 17:08:54 by Malcolm Laing.

(P) Audiology Department
Raigmore Hospital
IV2 3UJ

SINGLE OPERATIONAL UNIT
SPECIALIST SERVICES

Otolaryngology/Head & Neck Surgery

Acute Services
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

Tel 01382 660111

www.nhstayside.scot.nhs.uk

Dr AP Wilmshurst
Kirriemuir Health Centre
Tannage Brae
Kirriemuir
Angus
DD8 4ES

Date	03/08/2011
Clinic Date	11/07/2011
Your Ref	
Our Ref	/IG/MPI/ 1211799123
Enquiries to	Louise Harris
Extension	32724
Direct Line	01382 632724
Email	Louise.harris@nhs.net

Dear Dr Wilmshurst

Amanda Golabek, 66 Knowehead Crescent, Kirriemuir, DD8 5AH DOB: 12/11/1979

Summary Diagnosis: Tinnitus and mild high frequency hearing loss bilaterally possibly due to noise exposure.

Thank you for referring this 31 year old lady who developed a bilateral non-pulsatile tinnitus about 6 months ago. She is coping quite well with this although initially it troubled her especially at night when the background noise is low. She does not have any other ear symptoms and feels that her hearing is quite okay. She does not report any vertigo. However, in early 2010 she was troubled with dizziness which lasted for over 6 months on and off. The dizziness itself lasted for hours although she does not report any sensation of movement. This is unlikely to be vertigo. She has not had any dizzy symptoms for over one year now.

She is normally fit and well. She has exposure to loud noise being in a top band. Her ENT examination was entirely normal. Pure tone audiometry shows a mild high frequency sensorineural hearing loss.

I have given her tinnitus advice and discharged her back to your care.

Yours sincerely

Authorised on 15/09/2011 15:17:52 by Shwan Mohamad.

Mr Gunamini Dahanayake
Specialist Registrar

27 MAR 2023

HIGHLAND HOSPITALS - RADIOLOGY REQUEST: Raigmore Hospital - Clinical Radiology

Type of referral: Plain Film

Shaded areas for department use only

INCOMPLETE CARDS WILL BE RETURNED

Appt:	at:
Appt:	at:

Date Referral Created: 24-Mar-2023

Date Referral Submitted (This date is fixed at hospital end): 24-Mar-2023

Unique Care Pathway Number: 101029132341T

PATIENT DETAILS

Surname	GOLABEK
Forename(s)	AMANDA
Title	MISS
Sex	Female
Marital Status	Not Known
Other Surname	-
Date of birth	12-Nov-1979
CHI no.	1211799123

Patient's address

61 HIGHFIELD CIRCLE
MUIR OF ORD
ROSS SHIRE
IV6 7TF

Contact number(s)

Voice: 07419 320 291
E-mail: amandagolabeck@live.co.uk

Name	Dr sInead MacKay FY2 to Dr Carolyne Simpson
GMC code	4504852
GP code	80756
Practice name	Croyard Medical Practice
Practice code	55709

CROYARD ROAD
BEAULY
INVERNESS-SHIRE
IV4 7DJ

Contact number(s)

Voice: 01463782794

Urgency of referral **Urgent** **Referral type:** Out Patient

CHI No: 1211799123

Patient Measurements

Blood Pressure History

Systolic	Diastolic	Date Recorded
124	84	24-Mar-2023

Body Measurement History

Body Mass Index	Height	Weight	Date Weight Recorded
33.8	1.68	95.6	24-Mar-2023

Examinations requested: chest x-ray - walk in service

SMS SENT 17/4/23

Patient circumstances

Description/Question	Result/Comment	Date
Allergies:	NO	-
Diabetes:	NO	-
High Risk:	NO	-
Pregnant:	NO	-
Mobility:	WALKING	-

Provisional diagnosis: ? LRTI ?COPD ? Malignancy - WALKIN SERVICE

Relevant clinical data:

To the Radiology Dept,

We would be grateful for a chest x-ray for the following patient who has presented with a 5 week history of cough productive of green sputum which did not improve after a course of antibiotics. She has had associated breathlessness and sweating. She has recently stopped smoking and has smoked 10/day for 30 years. She denies weight loss and haemoptysis. Her chest was clear on examination. Impression: ?LRTI, ?COPD, ?malignancy.

Best wishes,

Sinead Mackay FY2

**

I said we would send a text when the referral had gone through thanks

Other information

Referring Clinician's name (where not a Resident GP of the practice):Dr Sinead MacKay
Referring Clinician's role (where not a Resident GP of the practice):GP Registrar
Relevant Laboratory Results will be available:No
Access Support Needs/ Requirements:No
Does this request comply with Royal College of Radiologists guidelines?:Yes
[Ethnicity:White Scottish] [Comment:] [Date Recorded:01-Dec-2014]

Dr sinead MacKay FY2 to Dr Carolyne Simpson	**Date of referral:** 24-Mar-2023	**Exposure justifications:** (Radiographer/Radiologist's initials)	
Signature of referring doctor (or other professional) accepted as holograph	**Out of hours contact number**	**Patient ID checked:** (Radiographer/Radiologist's initials)	

I understand that there may be a risk from x-rays in pregnancy **Patient's signature**	

Child, Family & Public Health
Angus CHP
NHS Tayside
Whitehills Health & CCC
Forfar
DD8 3DY
Telephone 01307 475151
Fax: 01307 475247

www.nhstayside.scot.nhs.uk

NHS Tayside

Dr Smith
Alness/Invergordon Medical Practice
Dalmore Road
Alness
Ross - shire
IV17 OUN

Date	18 July 2014
Your Ref	
Our Ref	JG / CAR
Enquiries to	Jackie Gibson
Extension	
Direct Line	01307 475151
Email	jgibson2@nhs.net

Dear Dr Smith

Re: Amanda Golabek, 4 Munro Terrace, Alness, IV17 OQJ, dob: 12.11.1979

Your patient was discussed at the Angus MARAC (multi-agency risk assessment conference) on 29 May 2014 following escalating concerns regarding her safety due to domestic abuse from her partner Jamie Stewart

The purpose of MARAC is to share information across agencies and agree a safety plan for the victim.

As one of the health representatives on the group I have enclosed a copy of the agreed safety plan for your information.

Please do not hesitate to call me if you have any further information that you feel is relevant or wish to discuss further.

Yours sincerely

C.A. Roberts

Jackie Gibson
Locality Team Leader
South Locality
Child, Family & Public Health Service

Enc

RESTRICTED WHEN COMPLETE

ANGUS MARAC
MARAC ACTION PLAN

MARAC DATE: 29/05/2014

CASE NUMBER: 29.05.14A

VICTIM NAME: AMANDA GOLABEK

PERPETRATOR NAME: JAMIE STEWART

VICTIM DATE OF BIRTH: 12/11/1979

PERPETRATOR DATE OF BIRTH: 25/06/1988

RISK FACTORS IDENTIFIED:			
1 POSSIBLE CHILD CONTACT	6 ISOLATION	11	
2 SUICIDAL IDEATION	7	12	
3 WEAPONS	8	13	
4 STRANGULATION / CHOKING	9	14	
5 THREATS TO KILL	10	15	

ACTION NO	ACTION	AGENCY / OFFICER DETAILS	STATUS*	DATE STATUS REPORTED
1.	Request a fire safety check to be carried out at her mother's home address	MARAC Co-ordinator		
2.	Give feedback to Women's Aid at Dingwall	MIA		

**Complete / Incomplete due to change in circumstances (state reason) / Incomplete as not undertaken (state reason)*

RESTRICTED WHEN COMPLETE

**Complete / Incomplete due to change in circumstances (state reason) / Incomplete as not undertaken (state reason)*

NHS Tayside: Clinical Report - Stracathro Hospital

GOLABEK, AMANDA
47 KNOWEHEAD, KIRRIEMUIR, DD8 5AL
Ref. Locn. : **GENERAL PRACTITIONER**
Referrer : **DR RJ FORRESTER**

DoB : **12/11/1979**
Hosp. No. :
CRIS No. : **948814**
CHI No. : **1211799123**

VERIFIED Verified By : DR T SUDARSHAN 11/01/14
Typed By : SUDT 11/01/14

Clinical History :
dizziness synptoms 6-8 weeks and feeling of pressure. low grade global headache , no weight loss, no vomiting but occasional nausea. mood low.
ENTERED BY: Rebecca Forrester (Medical)
BLEEP: 01573 573333

CT Head :
Normal attenuation of the cerebral and cerebellar parenchyma.

No evidence of intracranial haemorrhage, mass lesion or infarct.

Basal cisterns and ventricles appear normal.

Event Number : E-4291355
Copy To : ,
Examinations : **CT Head**

Examination Date : **10/01/14**
Attendance Number : 1

NHS
Tayside

The Nairn Suite
Ninewells Hospital and Medical School
Dundee
DD1 9SY
Telephone Number: 01382 660111
Fax Number: 01382 740023
www.nhstayside.scot.nhs.uk

7th December, 2007

Direct Line: 01382 632761

Dr.A.Wilmshurst,
Kirriemuir H.C.,
Tannage Brae,
Kirriemuir.

Dear Dr.Wilmshurst,

RE: Amanda Golabek, 66 Knowhead Cresc., Kirriemuir.
MPI: 121179 9123

Your patient, who was approx. 7+6 weeks pregnant, had a scan on 03/12/07 which showed evidence of a non-continuing pregnancy.

She was duly admitted to the Nairn Suite, Ninewells Hospital on 07/12/07 and underwent a Medical evacuation of uterus.

Anti D was required.

The patient has been advised to contact you in the next two weeks if she wishes further discussion. No follow up has been arranged by the hospital.

Yours sincerely,

G.Mackie,
Snr.Staff Nurse

For: Dr P Agustsson

W	✓
F	
M	✓
J	
A	✓
12 DEC 2007	
B	
G	✓
R	
S	✓
SPICE	
ATT	

W	
F	
M	✓
J	
A	✓
6 DEC 2007	
S	
G	
R	
S	
SPICE	
ATT	

Women & Child Health Clinical Group
Early Pregnancy Assessment Clinic
Level 6
Ninewells Hospital
Dundee DD1 9SY

Telephone Number: 01382 632069
Fax Number: 01382 632096

NHS Tayside

Date: 3rd December 2007

Your Ref:
Our Ref:

Enquiries to: Early Pregnancy Assessment Clinic

Dear Dr Wilmhurst,

RE: Amanda Galadek 66 Lenawehead Cres Kirriemuir.

MPI: 121179-9123

Your patient who was 8 weeks pregnant had a scan on 3/12/07 which showed evidence of a non-continuing pregnancy.

She did not require admission.

FOLLOW UP ARRANGEMENTS:

No secondary care follow up required.	
Patient advised to contact Practice in the next two weeks if she wishes further discussion.	✓

Anti-D was ~~administered~~/ not required.

Yours sincerely,

S Dunlop.

Nurse no 2 called T4. Very upset. Will contact EPAC when decision made.

SENSITIVE

Physiotherapy Department
Ross Memorial Hospital
Ferry Road
Dingwall
Ross & Cromarty
IV15 9QT
sPrefTelephone
sPrefFax
www.nhshighland.scot.nhs.uk

NHS Highland

Dr E Barr
Croyard Road Surgery
1 Croyard Road
Beauly
IV4 7DJ

Our Ref: discharge/
Clinic Date: 24/05/2023
Date Dictated: 30/05/2023
Date Typed: 30/05/2023

1211799123

Dear Dr Barr,

Amanda Golabek **DOB: 12/11/1979** **CHI: 1211799123**
61 Highfield Circle, Muir Of Ord, Ross-Shire, IV6 7TF

Diagnosis: Non Specific Low Back Pain
Number of contacts: 1
Number of DNA's: 2

Treatment/Outcome: This patient was referred to physiotherapy due to mechanical lower back pain. Miss Golabek reported a 10 year history of low back pain aggravated by twisting and heavy lifting. She reported occasional leg pain which eased with rest and pain relief. She did not report any red flags.

Objective assessment was limited as Miss Golabek was unable to come into the department for a face to face review due to time constraints.

Miss Golabek was initially provided with a mobility and strengthening based home exercise programme as well as some advice on the use of heat and increasing physical activity levels.

She was due for a review on the 24/05/2023 but unfortunately did not attend. She was given one week to rearrange an appointment however no contact was made and she has therefore been discharged from physiotherapy.

Yours sincerely

Katie Rawlinson
Physiotherapist
Raigmore Hospital (H202H)

Authorised on 31/05/2023 14:16:46 by Fran Bowen.