Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 70.pdf
Extension:.tif
Pages:

NV
Hospital/Clinic

IMMEDIATE
OUT-PATIENT
COMMUNICATION

MSN
Clinic

Ward/Clinic/Hosp.
Surname: MARTIN
First Name: AUDRA
Address: 17 HILLBANK PL DUNDEE DD3 7BE
G.P. & Addr...

1312680024
F
Tay Court Surgery, 50 South Tay Street

Cons.
C.H.I. No.
M. State
Sex
USE BLOCK LETTERS OR PATIENT LABEL

Fold
Back

Date 23/5/14

Dear Doctor,

The above patient attended my clinic today, please accept this as the only / interim* communication in respect of this visit.

Provisional/Diagnosis is Mixed receptive expressive [illegible] from 1 years

Comment/Recommendations

Please increase AMITRIPTYLINE 10mg for 7 days then discontinue

Please supply BACLOFEN 5mg Tablets and use [illegible] tds for spasm

Next appointment (if any) ..... weeks/months

MEDICINE TREATMENT RECOMMENDED NAME State Date when Medicines should be stopped	DOSE	STOP DATE	Times of Administration (Mark ✓) 8	10	12	14	16	18	20	22	24		

Prescription given / Medicines supplied / Medicines not supplied *

Signed by M.N.W for Consultant

Do not write below this line

*Delete as appropriate

Dr.

AB actioned 30/5/14.

THB(MR)159 (2-part set General – 3 part set Psychiatry Dundee)

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Consultant Orthopaedic Surgeon
Orthopaedic Department
Ninewells Hospital

Date	27/05/2014
Clinic Date	18/05/2014
Your Ref	
Our Ref	MN/GS/ 1312680024
Enquiries to	Gillian Shepherd
Extension	35612
Direct Line	01382 425612
Email	gillian.shepherd@nhs.net

Dear Consultant Orthopaedic Surgeon

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

I would be very grateful for your opinion on this 45 year old patient who was referred to the Pain Clinic for management of lower back pain. This is thought to be due to facet joint problems with some referral into her legs. The patient certainly complained of lower back pain in the clinic today however her symptoms were mainly focussed over her right hip and her right knee. The patient described that in November of last year she sustained a simple fall landing on her right side. Since that time she has had increasing problems from those joints. She describes a fairly constant, stabbing pain in the right leg. From the right knee in particular she has had some more mechanical symptoms with increasing crepitus and locking on a number of occasions.

Past medical history is unremarkable and she takes a combination of Gabapentin, Ibuprofen and Tramadol for analgesia. There do seem to be a number of unhelpful lifestyle issues in that she continues to smoke and has generally quite low activity levels.

On examination she had some stiffness and exacerbation of lower back pain on extension of her lumbar spine along with some lumbar paravertebral tenderness. There was some crepitus of the right knee although it had a reasonable range of movement and no focal tenderness that I could elicit. Her right hip was slightly irritable on internal rotation.

I have made some adjustments to her medication today and we are going to bring her back for a TENS machine. We are also going to reinforce the self-management side of things which I think is an important aspect of her presentation to address. However, given the history of a fall and with some mechanical sounding symptoms coming from her right hip and right knee in particular, I would be very grateful for your opinion as to whether or not she needs any Orthopaedic input.

Kind regards,

Yours sincerely
Authorised on 06/06/2014 15:38:19 by Mike Neil.
DR MICHAEL NEIL
Consultant in Anaesthesia and Pain Medicine
(D) Dr M Badenhorst, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

Filename: 68.pdf
Extension:.tif
Pages:

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Dr M Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	27/05/2014
Clinic Date	18/05/2014
Your Ref	
Our Ref	MN/GS/ **1312680024**
Enquiries to	Gillian Shepherd
Extension	35612
Direct Line	01382 425612
Email	gillian.shepherd@nhs.net

Dear Dr Badenhorst

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

Thank you for referring this 45 year old patient who I reviewed in the Pain Clinic today for chronic neck, lower back and right leg symptoms. Unfortunately Mrs Martin turned up half an hour late for her appointment so we were under considerable time pressure to go through what is quite a complicated problem.

Miss Martin has had long-term problems with neck and shoulder pain, however, in November of last year she sustained a fall and injured her hip and knee on the right side. Since that time she has been aware of constant pain which is stabbing and ripping in nature on her right leg. Within the past couple of months she has also been experiencing some increasing cracking noises from her right hip and right knee and her right knee has locked with associated pain on a number of occasions. Her right hip and knee are not specifically tender to the touch but she will find that sitting or walking for too long will tend to exacerbate symptoms. The patient also experiences some pain over her lower back and describes quite frequent muscle spasms. Her lower back pain can travel down to her legs and feels that they can go all the way down to her feet. Lastly, she experiences constant pain and muscle tightness over her neck and shoulders.

In terms of medication she currently takes Gabapentin 1200 mg t.d.s., Ibuprofen, Tramadol 100 mg q.d.s., Sertraline and Amitriptyline 25 mg at night.

Past medical history was unremarkable. She finds her sleep to be generally quite restless, she smokes ten to fifteen cigarettes per day and there is no gross impairment of concentration or memory.

On examination there was definite increase in tone over her neck and shoulders to palpation. Her range of spinal movements were generally reduced although there was no provocation of leg pain on flexion of her lumbar spine. There was some crepitus on movement of her knee on the right side and some irritability of her right hip on internal rotation. There was no gross impairment of muscle power.

I note the results of a recent MRI scan which indicated some facet joint hypertrophy. Her history and examination findings with reduced range of movement on extension and paravertebral tenderness would support this. I am however suspicious she might have a degree of osteoarthritis in her right hip and right knee and she also seems to have myofascial trigger points over her neck and shoulders on the right side.

In terms of further management I am concerned about the combination of Tramadol, Sertraline and Amitriptyline. I therefore suggested that she wind back her Amitriptyline to 10 mg at night-time and if there is no significant difference in terms of her pain control I would suggest this is discontinued. For muscle spasm I would suggest the patient have a trial of Baclofen at a dose of 5 mg t.d.s. for one month initially to see if this can be of any added help. The patient may also benefit from a trial of a physical treatment and I will arrange to bring her back for a TENS machine to be targeted over her lower back. I will also write to the orthopaedic surgeons to ask for their opinion on her right hip and right knee as there are some significant mechanical symptoms coming from there. There seems to be some lifestyle issues with this patient and I will arrange for her to be sent our self-management information and details regarding Pain Association Scotland which I think would be of some help to her.

I will arrange to see the patient back for review in my clinic in about four months time once she has had the TENS machine and hopefully an orthopaedic opinion. At that point I will consider whether or not a trigger point injection will be of any use to her.

Kind regards

Yours sincerely

Authorised on 06/06/2014 15:31:55 by Mike Neil.

DR MICHAEL NEIL
Consultant in Anaesthesia and Pain Medicine

Tayside Pain Service
South Block, Level 6

NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Dr M Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	25/06/2014
Date Dictated	24/06/2014
Your Ref	
Our Ref	MN/GS/ **1312680024**
Enquiries to	Gillian Shepherd
Extension	35612
Direct Line	01382 425612
Email	gillian.shepherd@nhs.net

Dear Dr Badenhorst

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

Today I assessed this patient for TENS therapy at the Nurse Led Clinic, Tayside Pain Service. Mrs Martin has a history of ?OA pain in right hip and right knee. However at present the main areas of pain are the neck and right knee.

I gave instruction and explanation for TENS therapy for neck and right knee pain. The patient successfully demonstrated use of the TENS machine today.

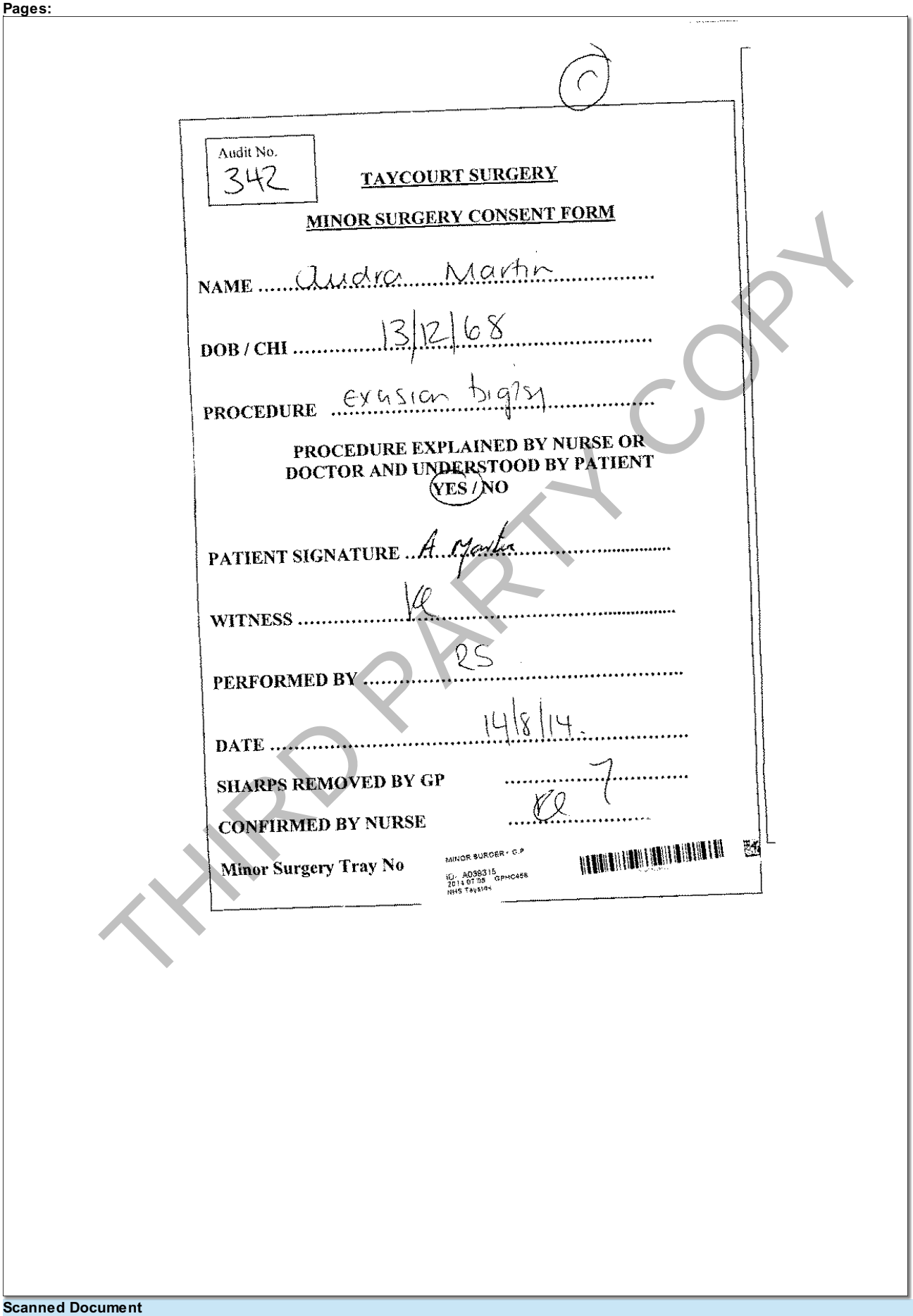
I have given her an open appointment with the Nurse Led Clinic which will last for six months.

Kind regards,

Yours sincerely

Authorised on 25/06/2014 11:37:36 by MIKE nicholas.

Mr Michael Nicholas
Pain Management Nurse



Audit No. 342

TAYCOURT SURGERY

MINOR SURGERY CONSENT FORM

NAME ..... Audra Martin .....

DOB / CHI ..... 13/12/68 .....

PROCEDURE ..... excision biopsy .....

PROCEDURE EXPLAINED BY NURSE OR DOCTOR AND UNDERSTOOD BY PATIENT YES / NO

PATIENT SIGNATURE ..... A. Martin .....

WITNESS ..... KE .....

PERFORMED BY ..... RS .....

DATE ..... 14/8/14. .....

SHARPS REMOVED BY GP ..... 7 .....

CONFIRMED BY NURSE ..... KE .....

Minor Surgery Tray No

MINOR SURGER - G.P
ID: A098315
2011 07 05 GPHC456
NHS Tayside

Orthopaedics
Surgical Directorate
NHS Tayside - Operational Unit

Ninewells Hospital
Dundee
DD1 9SY

Telephone Number (01382) 660111
Fax Number (01382) 496201
www.nhstayside.scot.nhs.uk

Dr M Neil
Consultant In Anaesthesia And Pain Medicine
Tayside Pain Service
Ninewells Hospital
Dundee
DD1 9SY

Date	25/08/2014
Clinic Date	22/08/2014
Your Ref	
Our Ref	BAC/PR/ **1312680024**
Enquiries to	Mr Clift's Orthopaedic Clinic
Extension	35576
Direct Line	01382 425576
Email	paula.rutherford@nhs.net

Dear Mike

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

Diagnosis: Pain of spinal origin.

I saw this lady today following your referral of 18 May 2014.

You will know she has got lower back pain with proven facet joint disease and a degenerate disc at L4/5, and a history I think of cervical spine pain, she certainly saw a neurosurgeon in 2008.

She rather medicalises the conversation, referring to discs at various levels, suggesting that surgeons have been "wanting to operate on her" for her neck for years. She has not worked for 7 years and is in receipt of some sort of benefit, having previously been a carer in a care home.

The pain that she gets is felt in the low back and the lateral aspect of the right hip radiating down the thigh and towards the knee.

On examination of the right knee and hip, I could find no abnormality at all and today's x-rays confirm that impression.

Her spinal imaging is fairly clear cut and I would have thought that her pain is a combination of a possible degree of root pain, but also facet joint referred pain. She has perhaps relatively poor prognostic features overall.

I explained to her that the purpose of today's consultation was to rule out a treatable cause for her pain in the right hip and knee, and I think that *is* the situation.

There seems to be good evidence that she has spinal pathology as the cause for at least some of her symptoms, but she has not had back physiotherapy.

I have referred her to Kings Cross Hospital for that specific form of therapy with the advice that she gets into a daily exercise programme, though whether she will adhere to that, I am unclear.

I suppose there is an outside chance that she might benefit from facet joint denervation or a similar procedure if you felt that appropriate, but I think it highly unlikely she would benefit from lumbar spinal surgery and I have advised her of that as well today.

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

I have not arranged to see her again at this clinic, I am not sure whether you were planning to bring her back to the pain clinic or not.

Yours sincerely

Authorised on 26/08/2014 11:13:33 by Mr B A Clift.

Ben

Mr B A Clift
Consultant Orthopaedic and Trauma Surgeon

(D) Dr M Badenhorst, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Ms Lesley McLay

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 64.pdf
Extension:.tif
Pages:

To be completed for patient to take to GP

Seal-Tight

Patient: [illegible]

Hospital/Clinic: Podiatry

Clinician: Pamela Sheean

Date: 24/9/14

Dear Doctor, the patient presenting this leaflet is currently receiving treatment for their condition which involves the application of regular dressings. These dressings need to be kept dry at all times. Would you please prescribe the appropriate model of Seal-Tight as indicated below? Seal-Tight allows the patient to maintain personal hygiene and bath or shower in safety with their dressings in place. Thank you.

Prescribe: **Seal-Tight Wound Protector CV27105 Adult Foot/Ankle**

For patients where the dressing does not go far above the ankle. Will cover lower half of calf.

(tick) ✓

Prescribe: **Seal-Tight Wound Protector CV27103 Adult Short Leg**

Typically for leg ulcer patients. Fits easily over multi layer dressings.

(tick) ☐

Prescribe: **Seal-Tight Wound Protector CV27106 Adult Wide Short Leg**

For patients where the maximum circumference of the limb exceeds 16"

(tick) ☐

x2

Leaflet supplied by Autonomed Ltd. Tel 0870 041 0150 Web www.autonomed.co.uk

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Dr M Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	03/10/2014
Clinic Date	01/10/2014
Your Ref	
Our Ref	MN/GS/ 1312680024
Enquiries to	Gillian Shepherd
Extension	35612
Direct Line	01382 425612
Email	gillian.shepherd@nhs.net

Dear Dr Badenhorst

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

Miss Martin failed to attend for her scheduled review appointment at the Pain Clinic today. I note she has recently been reviewed by the Orthopaedic surgeons who have referred her to Kings Cross Hospital for an exercise program. They have examined her hip and knee and have excluded any treatable orthopaedic cause there.

I hope she has found the use of a TENS machine to be helpful and I think some physiotherapy targeted around her neck and back is very sensible. I have not issued her any further appointments to be seen in the Pain Clinic and have discharged her to your care.

With kind regards,

Yours sincerely

Authorised on 10/10/2014 15:19:48 by Mike Neil.

DR MICHAEL NEIL
Consultant in Anaesthesia and Pain Medicine

Date. 28/.10/14.:

Podiatry Department
Westgate Health Centre
Charleston Drive

Dundee
DD2 4AD
Tel: - 01382 641154
Fax: - 01382 647465

Dr BADENHORST
TAY COURT SURGERY
50 SOUTH TAY STREET
DUNDEE DD1 1PF.

Dear Dr BADENHORST,

RE :- AUDRA MARTIN CHI 1312680024

The above named patient attended our Nail Surgery Clinic on 28/.10../14, .

at which point the following procedure was perfomed:-

TOTAL NAIL AVULSIONS OF BOTH FIRST TOES
WITH PHENOLISATION

Dressing appointments will be carried out at:-

BROUGHTY FERRY HEALTH CENTRE.

If you require any further information please do not hesitate to contact the department.

Yours sincerely,

pp. A Shaw
A G ROEHR

Filename: 61.pdf
Extension:.tif
Pages:

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 425612
01382 496325
www.nhstayside.scot.nhs.uk

Dr M Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	19/12/2014
Clinic Date	17/12/2014
Your Ref	
Our Ref	MN/GS/ **1312680024**
Enquiries to	Gillian Shepherd
Extension	35612
Direct Line	01382 425612
Email	gillian.shepherd@nhs.net

Dear Dr Badenhorst

Audra Martin, 17 Hillbank Pl, Dundee, DD3 7BE DOB: 13/12/1968

I reviewed Miss Martin in the Pain Clinic this morning for chronic neck and lower back pain. Since I had last reviewed Miss Martin she has been seen by the orthopaedic surgeons who do not feel there is any problem with her right hip or right knee. Today Miss Martin reports that she has derived some benefit from the introduction of Baclofen and feels that her neck and lower back pains have eased to some extent. She is able to sit down for longer, is less stiff and muscle spasms are far less problematic.

In other respects Miss Martin did mention that she had one or two problems with her bowels in the past few months but I did not get any impression of any concerning features on exploring her history. It does appear however that her overall dietary intake is really not terribly good with slightly irregular eating habits and probably taking excessive caffeine during the day.

In terms of medicines she takes Baclofen 10 mg t.d.s., Gabapentin 1200 mg t.d.s., Tramadol 200 mg q.d.s. and Paracetamol.

Overall I get the impression that things are gradually improving. The introduction of Baclofen has certainly helped and Miss Martin was enquiring if this could be put up any further. I think this is entirely reasonable and have issued her with a handwritten instruction to increase the Baclofen up to 15 mg t.d.s. The Baclofen could be increased to a maximum of 20 mg t.d.s. if required to.

Miss Martin does also describe what seems to be a degree of end of dose failure with immediate release Tramadol. I have therefore suggested converting this over to modified release Tramadol 200 mg b.d. I would be grateful if you could arrange for her prescription to be altered accordingly. Miss Martin was also referred to physiotherapy but was unable to attend her first scheduled appointment due to problems with her foot. She realises that it is important to attend for physiotherapy and I have strongly encouraged her to do so today. She will get back in touch with the Physiotherapy Department at Kings Cross and will hopefully start that in the New Year.

I have no other suggestions to make for this patient's pain management at the current time and think it is encouraging that she has shown some signs of improvement in recent months. Hopefully with a further small adjustment in medication and starting some physiotherapy her pain and functional ability will continue to improve. I have not scheduled any further routine review appointments at this stage.

With kind regards,

Yours sincerely

Authorised on 23/12/2014 16:47:04 by Mike Neil.

DR MICHAEL NEIL
Consultant in Anaesthesia and Pain Medicine

Physiotherapy Service

NHS Tayside

Margaretha Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee

DD1 1PF

05/05/2015

AUDRA MARTIN, 1312680024
17 HILLBANK PLACE, DUNDEE, , DD3 7BE

We are writing to inform you that the above patient was given a Physiotherapy appointment on Tue 05 May 2015 but failed to attend. He/She will therefore be discharged.

If you require AUDRA to be given a further appointment, please contact the department on 01382 425668.

Yours Sincerely,

Matthew Kendall
Head of Service

Date: 05/05/2015
Our Ref: AGMITCHELL 1312680024
Letter: PRIMR5KDNG
Clinic: R5DRE3KXH

NHS Tayside: Clinical Report - Kings Cross Hospital Page 1 of 1

MARTIN, AUDRA DoB : **13/12/1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Referrer : **DR KE MACDONALD** CHI No. : **1312680024**

VERIFIED Verified By : Dr R I DOULL 05/06/15
Typed By : MARP 05/06/15

Clinical History :

increasing sob - heavy smoker
ENTERED BY: Kate MacDonald (Medical)
BLEEP: 01382 228228

XR Chest :

Minimal overall coarsening of lung markings with no focal active change seen. Mediastinum unremarkable and cardiac size is normal.

Event Number : E-4771570 Examination Date : **04/06/15**
Copy To : Attendance Number : 3
Examinations : **XR Chest**

NHS Tayside

Our Ref: KCRAWFORD / 1312680024 /

Date: 09/06/2015

Margaretha Badenhorst
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Dear doctor

Removal from Waiting List

We have written to the patient below on two occasions to arrange an appointment. Since the patient has not contacted us we have assumed that the patient no longer requires an appointment and have removed their name from the waiting list.

Specialty:	Physiotherapy
Personal Reference:	T3233449
Patient:	AUDRA MARTIN
CHI:	**1312680024**
Address:	17 HILLBANK PLACE DUNDEE DD3 7BE

Yours sincerely

Outpatient Department

Boots form

Sign up for an easier life

Complete your details below, or if you'd like to use online ordering just register at boots.com/repeats

Your details:

Name: AUDRA MARTIN

Address: 17 HILLBANK PLACE
DUNDEE Postcode DD3 7BE

Email address:

Mobile: 07541917144 Telephone:

Doctor's name: DR BANDENHORT

Surgery name: TAY COURT SURGERY

Surgery address: 51 SOUTH TAY ST
DUNDEE Postcode:

Date of birth: 13 12 1968 Male: ☐ Female: ☑

What services would you like to sign up for?

☐ NHS Electronic Prescription Service

I understand the NHS Electronic Prescription Service. I confirm that I have nominated Boots Pharmacy to receive my prescriptions electronically. I understand that I can change or remove my nomination at any time.

☑ Repeat Prescription Service

I give permission for Boots to receive prescriptions from the surgery* above. I'll be in touch if I wish to change this arrangement in the future. I understand Boots will use the information I have given to provide the Repeat Prescription Service.

☑ Text reminders†

I give permission for Boots to contact me (or my representative if named below) regarding the status of my prescriptions. I understand that I may withdraw my consent for text reminders at any time and I will contact Boots if this is the case.

Boots UK Ltd confirms that we will not share your information with anyone outside of the Alliance Boots group of companies.

We may contact you with information about health and other products and services.
Tick here if you DO NOT want to receive this ☐

Signed: A Martin Date: 03 07 2015

5 045092 261613
Collect only

5 045095 209407
FRPS sign up

Store number
For store use only
0669

Nominating a representative for text reminders (To be completed by the representative)

Representative's name: Mobile:

I confirm that I am authorised by the above named person to receive updates on the status of their prescription.

Representative's signature: Date:

RECEIVED 07 JUL 2015

*Participating surgeries only
†Participating Pharmacies only

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 56.pdf
Extension:.tif
Pages:

: 36 - PSA1600

151268 0024

MICROLAB 3500 UK v6.00 FULL REPORT

Patient Name: AUDRA MARTIN

ID: Date: 10/07/15 Time: 18:49
Sex: Female Age: 46 Race: CAUCASIAN
Height: 160 cm

All Spirometry Results

	BASE			POST			
TEST	1	2	3	4	5	6	7
FEV1	2.12	2.20	2.18	1.79	2.47	2.38	2.32
FVC	2.12	2.20	2.43	2.62	2.47	2.53	2.44
PEF	7.90	7.84	7.34	1.88	7.67	8.16	7.76
VAR	-4	0	-1	-28	0	-4	-6

Best Spirometry Result: Base = 2 Post = 5

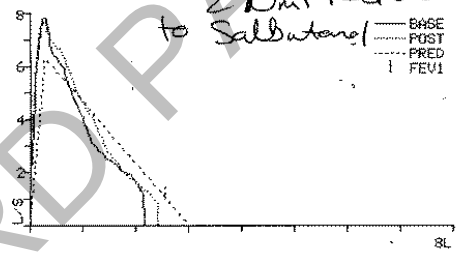
	Base	%Pred	Post	BD %Pred	%Chg	:--- Normal---: Min	Pred	Max	
VC	2.66								L
FEV1	2.20	86	2.47	96	+12	1.95	2.57	3.19	L
FVC	2.20	73	2.47	82	+12	2.29	3.00	3.71	L
PEF	7.84	124	7.67	122	-2	4.83	6.31	7.79	L/S
FEV1%	100	124	100	125	0	70	88	91	%
F50	3.27	83	3.62	92	+11	2.11	3.92	5.74	L/S
F25	2.08	127	1.74	106	-16	0.51	1.64	2.77	L/S
MEF	3.20	96	3.11	93	-3	1.95	3.35	4.75	L/S
I50									L/S
R50									%
PIF									L/S
MVV	83		93		+12				L
FET	1.08		1.30		+20				S

Lung Age = 58 Years.

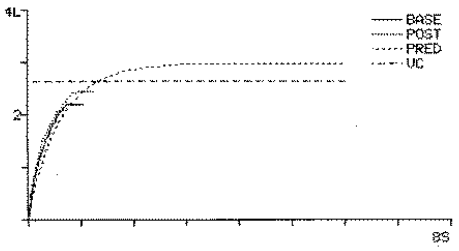
REVERSIBILITY TEST WITH SALBUTAMOL 400mcg. 270ml response to Salbutamol

Interpretation: Mild Restriction.

Flow/Volume



Volume/Time



Normal Values: ECCS (adult):
Zapletal,Solymar,Cosswell (child)

Results at BTPS

Technician: Mike Neave

Physician: _____

CareFusion

Re-Order Code: 36 - PSA1600

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 55.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra — Sex: F — PID: 1312680024 — DoB: 13 Dec 1968
Lab No: C164740527
Tay Court Surgery — Clinician: Dr M. BADENHORST — TCS: BADM1G

SODIUM	135	mmol/L	(133-146)	
POTASSIUM	4.7	mmol/L	(3.5-5.3)	
UREA	2.9	mmol/L	(2.5-7.8)	
CREATININE	55	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
AKI	Not detected: but may not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

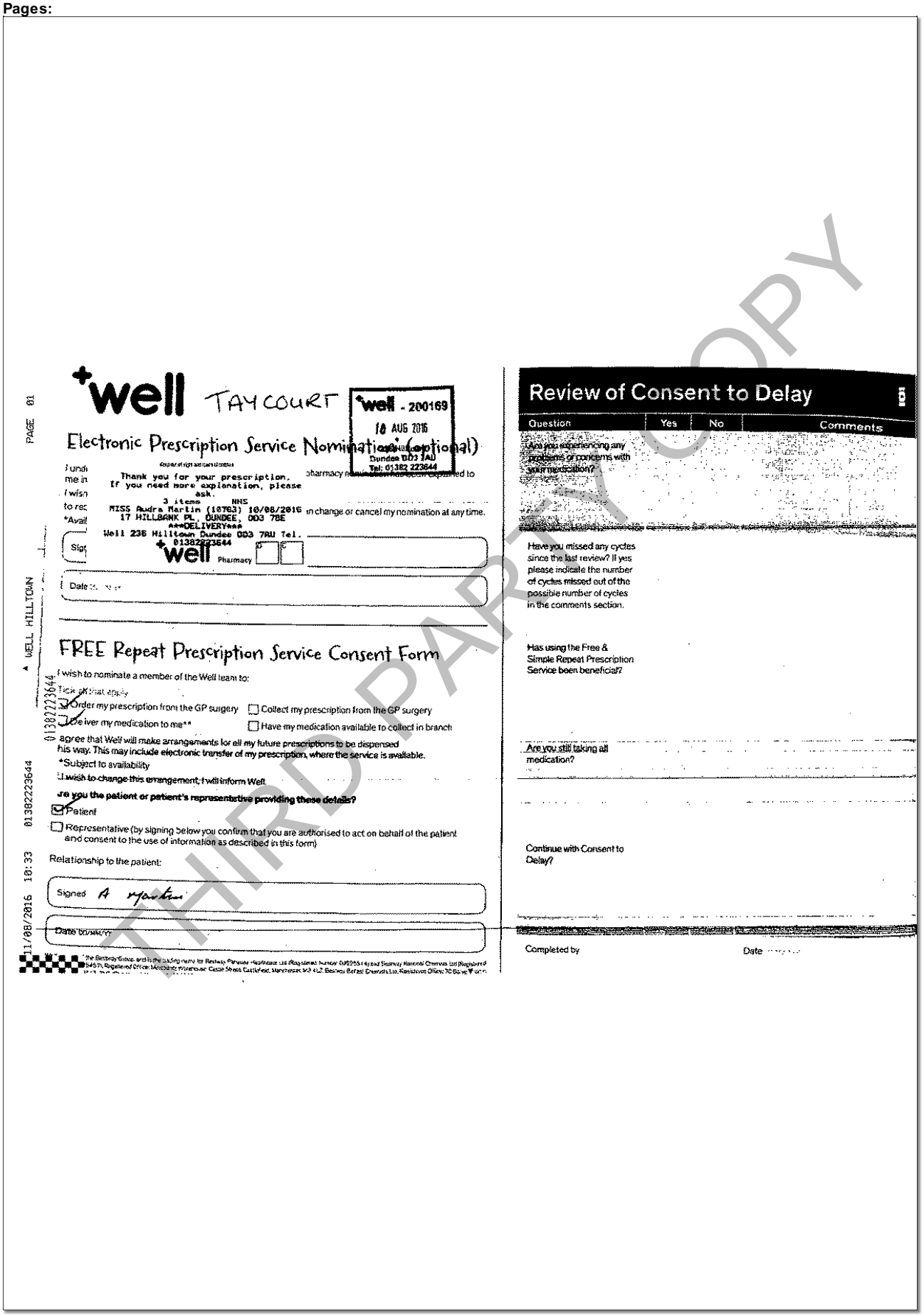
Sample Date/Time
16 Jun 2016 10:29

Clin.Details: ?? fluid retention

Request Entered: 16 Jun 2016 14:47 — Report Printed: 16 Jun 2016 15:39

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 54.pdf
Extension:.tif
Pages:



well TAYCOURT

well - 200169
18 AUG 2016
Dundee DD3 7AU
Tel: 01382 223644

Electronic Prescription Service Nomination (optional)

Thank you for your prescription.
If you need more explanation, please ask.

3 items NHS
MISS Audra Martin (10763) 10/08/2016
17 HILLBANK PL, DUNDEE, DD3 7BE
DELIVERY
Well 236 Hilltown Dundee DD3 7AU Tel. 01382223644

well Pharmacy

FREE Repeat Prescription Service Consent Form

I wish to nominate a member of the Well team to:

Tick all that apply

- [x] Order my prescription from the GP surgery
- [ ] Collect my prescription from the GP surgery
- [ ] Deliver my medication to me**
- [ ] Have my medication available to collect in branch

agree that Well will make arrangements for all my future prescriptions to be dispensed his way. This may include electronic transfer of my prescription, where the service is available.

*Subject to availability

I wish to change this arrangement, I will inform Well.

Are you the patient or patient's representative providing these details?

- [x] Patient
- [ ] Representative (by signing below you confirm that you are authorised to act on behalf of the patient and consent to the use of information as described in this form)

Relationship to the patient:

Signed A Martin

Date 11/08/2016

Review of Consent to Delay

Question	Yes	No	Comments
Are you experiencing any problems or concerns with your medication?			
Have you missed any cycles since the last review? If yes please indicate the number of cycles missed out of the possible number of cycles in the comments section.			
Has using the Free & Simple Repeat Prescription Service been beneficial?			
Are you still taking all medication?			
Continue with Consent to Delay?			

Completed by Date

PAGE 01 WELL HILLTOWN 01382223644 11/08/2016 10:33

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 52.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H164898344
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

HGB	125	g/L	(120-160)	WBC	12.6	H x10^9/L	(4.0-11.0)
RBC	3.57	L x10^12/L	(3.8-4.8)	NE#	7.6	H x10^9/L	(2.0-7.5)
HCT	0.386		(0.37-0.47)	LY#	4.2	H x10^9/L	(1.5-4.0)
MCV	108.0	H fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	35.1	H pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	325	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	469	H x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 Aug 2016 10:25

Clin.Details: On T4?: No
ankle oedema and pitting - on furosemide

Request Entered: 29 Aug 2016 12:18 Report Printed: 29 Aug 2016 13:19

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 53.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C1648988344
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	4.1	mmol/L	(3.5-5.3)	
CREATININE	62	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	36	U/L	(5-55)	
BILIRUBINS	8	umol/L	(0-21)	
ALKALINE PHOSPHATASE	88	U/L	(30-130)	
ALBUMIN	38	g/L	(35-50)	
GLUCOSE (preserved tube)	5.1	mmol/L	(3.3-5.8)	
TSH	1.95	mU/L	(0.4-4.0)	
LH	6.0	U/L	(0.8-12.0)	
FSH	9.2	U/L	(1.1-9.6)	
AKI	Not detected: but may not exclude AKI in all cases			

Lab.Comments: Premenopausal FSH up to 9.6 U/L, LH up to 12 U/L
Postmenopausal FSH greater than 25U/L, LH GT 15U/L.

Sample is blood unless otherwise stated

Sample Date/Time
29 Aug 2016 10:25

Clin.Details: On T4?: No
ankle oedema and pitting - on furosemide

Request Entered: 29 Aug 2016 12:18 Report Printed: 29 Aug 2016 15:23

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 50.pdf
Extension:.tif
Pages:

electronic Notification of Cervical Cytology Results Service

New Result

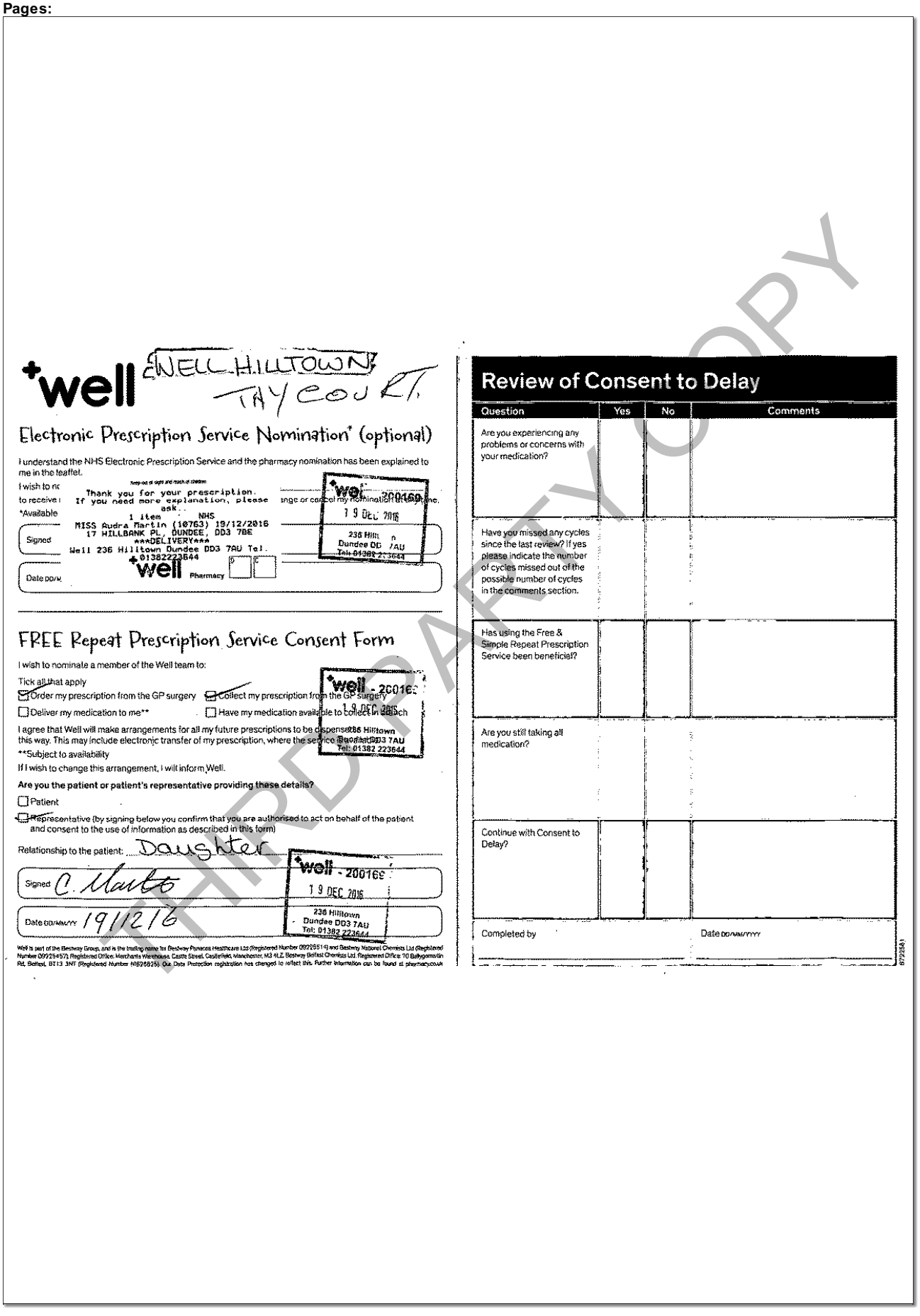
CHI Number	1312680024
Name	MARTIN, AUDRA
Date Of Birth	13/ 12/ 1968
GMC Code of Registered GP	6037354
Practice Code	T11058

Smear Taker	Catherine Duncan
Reporting Location	NW Cytology Dundee

SCCRS ID	[redacted]
Laboratory ID	
Smear Taken Date	
Result	
Report Comments	
Recommended Management	
Recall Date	

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 51.pdf
Extension:.tif
Pages:



well WELL HILLTOWN TAY COURT

Electronic Prescription Service Nomination* (optional)

I understand the NHS Electronic Prescription Service and the pharmacy nomination has been explained to me in the leaflet.

I wish to nc ... to receive t ... nge or cancel my nomination at anytime.

*Available

Keep out of sight and reach of children

Thank you for your prescription.
If you need more explanation, please ask..
1 item NHS
MISS Audra Martin (10763) 13/12/2016
17 HILLBANK PL, DUNDEE, DD3 7BE
DELIVERY
Well 236 Hilltown Dundee DD3 7AU Tel. 01382223644

well - 200162 19 DEC 2016 236 Hilltown Dundee DD3 7AU Tel: 01382 223644

well Pharmacy

Signed

Date DD/MM/YY

FREE Repeat Prescription Service Consent Form

I wish to nominate a member of the Well team to:

Tick all that apply

☑ Order my prescription from the GP surgery ☑ Collect my prescription from the GP surgery

☐ Deliver my medication to me** ☐ Have my medication available to collect in branch

well - 200162 19 DEC 2016 236 Hilltown Dundee DD3 7AU Tel: 01382 223644

I agree that Well will make arrangements for all my future prescriptions to be dispensed this way. This may include electronic transfer of my prescription, where the service is available.

**Subject to availability

If I wish to change this arrangement, I will inform Well.

Are you the patient or patient's representative providing these details?

☐ Patient

☑ Representative (by signing below you confirm that you are authorised to act on behalf of the patient and consent to the use of information as described in this form)

Relationship to the patient: Daughter

Signed C. Martin

Date DD/MM/YY 19/12/16

well - 200162 19 DEC 2016 236 Hilltown Dundee DD3 7AU Tel: 01382 223644

Well is part of the Bestway Group, and is the trading name for Bestway Pharmacy Healthcare Ltd (Registered Number 09225514) and Bestway National Chemists Ltd (Registered Number 09225457). Registered Office: Merchants Warehouse, Castle Street, Castlefield, Manchester, M3 4LZ. Bestway (Belfast Chemists Ltd, Registered Office: 70 Ballygomartin Rd, Belfast, BT13 3NT (Registered Number NI626825). Our Data Protection registration has changed to reflect this. Further information can be found at pharmacy.co.uk

Review of Consent to Delay

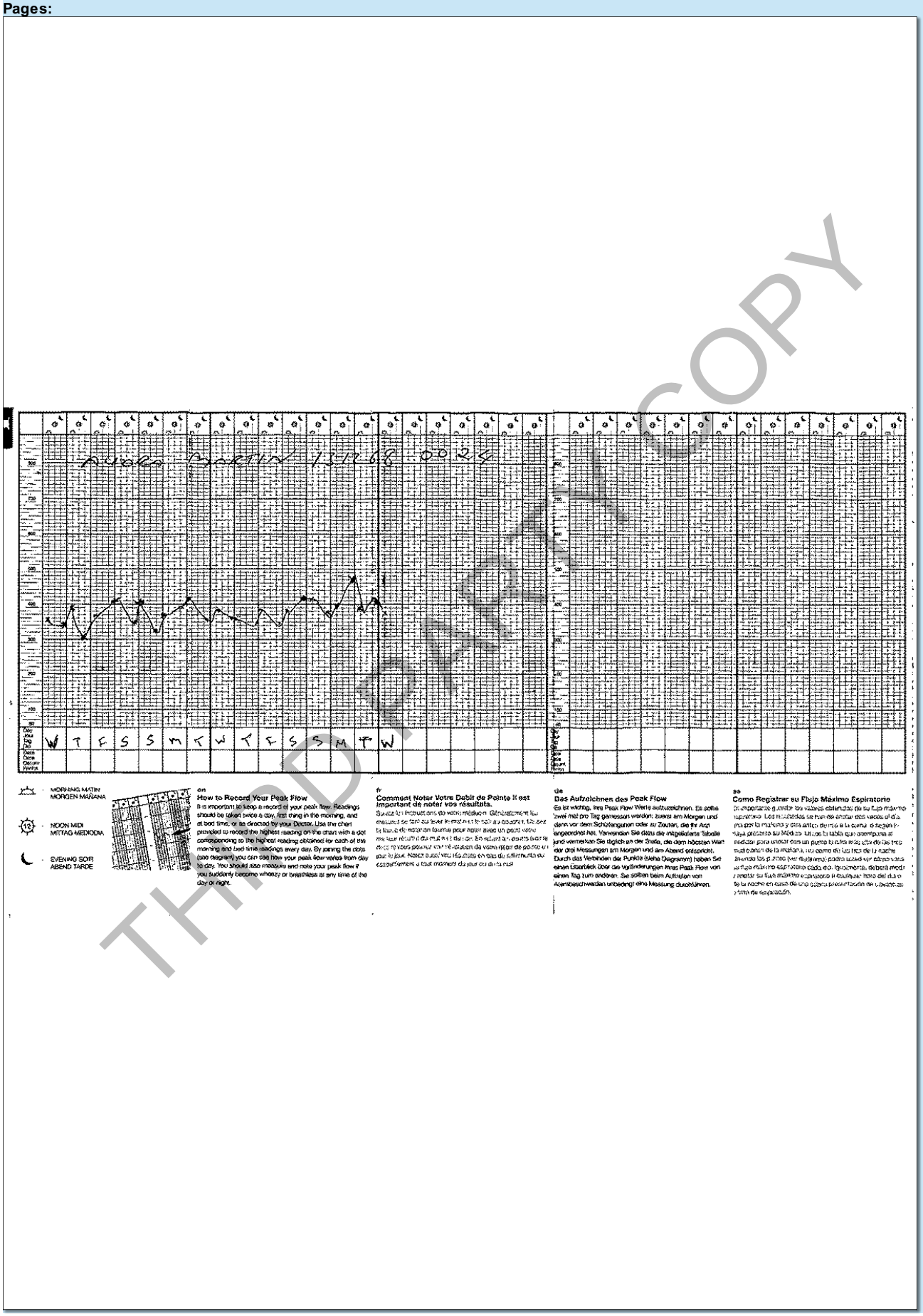
Question	Yes	No	Comments
Are you experiencing any problems or concerns with your medication?			
Have you missed any cycles since the last review? If yes please indicate the number of cycles missed out of the possible number of cycles in the comments section.			
Has using the Free & Simple Repeat Prescription Service been beneficial?			
Are you still taking all medication?			
Continue with Consent to Delay?			

Completed by Date DD/MM/YYYY

6722841

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 49.pdf
Extension:.tif
Pages:



NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR CALUM PATON

VERIFIED Verified By : Dr R I DOULL 01-Aug-2017
Typed By : GOWF 01-Aug-2017

Clinical History :
long term back pain for many years - prev history of L4/5 disc protrusion, but also has intermittent paraesthesia in upper limbs, ? due to lumbar and cervical spine degeneration
ENTERED BY: Calum Paton (medical)

BLEEP: 01382 228228

XR Cervical spine :
Minor facet joint changes most marked at C2/3 and minor neurocentral changes lower in the spine.

XR Lumbar spine :
No change in the minor degeneration in the lower lumbar spine.

Event Number : E-5449266 Examination Date : **14-Jul-2017**
Copy To : Attendance Number : **4**
Examinations : **XR Cervical spine,XR Lumbar spine**

Filename: 47.pdf
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Unique Care Pathway Number

10101484820 2T

REFERRAL TO

Pain ManagementC31
TAY General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

— **Hospital**and **hospital address**

Hospital unit no.
T101H

Email address
-

Date of Referral (set by referrer) 08-Nov-2017

Date referral was submitted 08-Nov-2017

Urgency of referral Routine

Armed Forces Personnel, Immediate Families & Veterans

On active service
Condition related to service
Immediate family member

Impairment(s)

Learning
Visual
Hearing

Miscellaneous

Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	MARTIN
Forename(s)	AUDRA
Title	MISS
Sex	Female
Date of birth	13-Dec-1968

Patient's address

17 HILLBANK PL
DUNDEE
DD3 7BE

Contact number(s)

CHI no.	1312680024	Voice: 0754 191 7144	

REGISTERED GP DETAILS

Name	Dr Deepa Sanu	**Practice address**		
GMC code	6037354	GP code	70076	50 SOUTH TAY STREET DUNDEE
Practice name	Taycourt Surgery			
Practice code	11058			Contact number(s)
				Voice: 01382228228

REFERRING PRACTITIONER DETAILS

Name	Dr Calum Paton	**Practice address**		
GMC code	4110516	GP code	78557	50 SOUTH TAY STREET DUNDEE
Practice name	Taycourt Surgery			
Practice code	11058			Contact number(s)
				Voice: 01382228228

Periods of Future Unavailability	None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Persistent low back pain

Comment: This lady's back pain has been going on for many years with a previous history of an L4/5 disc protrusion and has intermittent paraesthesia in her upper limbs due to possible lumbar and cervical spine degeneration. A recent x-ray shows minor facet joint changes at C2/3 level and no change in the minor degeneration in the lower lumbar spine. She has been seen by yourselves in the past but in view of her ongoing pain, I would be grateful if she could be seen once again for pain management.
Many thanks

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10. NOTES: roll-ups..	2017-07-05
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-03-28
Enjoys light exercise:		2012-03-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.6	m	Recorded Date:	None provided
Weight:	88	Kg	Recorded Date:	None provided
BMI:	34.3	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	142/80	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Asthma	-	-	-	05-Jul-2017
Total nail avulsion	-	-	of both first toes	28-Oct-2014
Premature membrane rupture NOS	-	-	-	24-Dec-1998
Ovarian cysts	-	-	small ovarian cyst noted	25-Sep-1995

Forceps delivery	-	-	-	08-Apr-1989

Past procedures

Description	Laterality	Modifier	Date performed
Cold coagulation of lesion of cervix	-	-	10-Nov-2008
Tonsillectomy	-	-	13-May-1975

Current and recent medication

Current repeat medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Dura
Robaxin 750 tablets (Almirall Ltd)	53908020	tablet	2 TABLETS FOUR TIMES DAILY	-	15-Dec-2016	-
Gabapentin 300mg capsules	68253020	capsule	4 CAPSULES THREE TIMES DAILY	-	30-May-2014	-
Sertraline 100mg tablets	74051020	tablet	1 TABLET ONCE A DAY	-	19-Aug-2013	-
Salbutamol 100micrograms/dose inhaler CFC free	59554020	dose	TAKE 2 PUFFS WHEN REQUIRED	-	02-Aug-2017	-
Qvar 100 inhaler (Teva UK Ltd)	86874020	dose	1 PUFF TWICE A DAY	-	02-Aug-2017	-
Tramadol 200mg modified-release capsules	79982020	capsule	1 CAPSULE TWICE A DAY	-	29-Dec-2014	-

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Dura
Ibuprofen 5% gel	72459020	gram	APPLY THREE TIMES A DAY TO TH[more]	-	25-Oct-2017	-

Clinical warnings

Additional relevant information
Administrative information

Referred By:Resident GP

Signature of referring doctor (or other professional) **Date**

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 46.pdf
Extension:.tif
Pages:

NHS Tayside

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr CC Paton
Tay Court Surgery
50 South Tay Street
Dundee
DD1 1PF

Date	22/12/2017
Clinic Date	14/12/2017
Your Ref	
Our Ref	PMJ/SR/ 1312680024
Enquiries to	Pain Office
Extension	40552
Direct Line	
Email	

Dear Dr Paton

Audra Martin, 17 Hillbank Pl, Dundee, Angus, DD3 7BE DOB: 13/12/1968

Chronic Pain (Read Code 66N)

Problem
Chronic low back pain

ACTIONED

Clinic Recommendations :

1. Referral to physiotherapy
2. Consider switch from Gabapentin to Pregabalin
3. Consider trial of Capsaicin cream starting at 0.025% used a pea sized amount, four times a day which can be titrated to 0.075%. An alternative would be a trial of menthol 1% aqueous trialled over a two week period using twice a day.
4. I have given her a self management folder of information and discussed various techniques including pacing and goal setting.

Onward Referrals made by Pain Clinic	Referrals to be considered by G.P
None	None

Current Treatment:

- Tramadol 200mg b.d. modified release
- Gabapentin 1200mg three times a day
- Methocarbamol 750mg two tablets up to four times a day.
- Freeze gel
- Ibuprofen
- Qvar
- Sertraline

Clinical Assessment:

Thank you for re-referring Audra to the Tayside Pain Service she was triaged and seen today for nurse assessment. Audra reports pain starting in her back around 10 years ago. She was aware when lifting a patient in a carer role that she developed neck pain which progressively got worse. She also describes low back pain which radiates into her right groin and down her right leg. This is the worst at the moment. All her pain is right sided. She can experience electric shock sensations. She has a previous history of bulging discs in her neck and can get a sharp, shooting pain in her arm. She is currently using a stick. She always feels the pain is worse over the winter time. Triggers to her pain include any movement and has not really identified any relievers as such. Today Mrs Martin scored her pain a 6/10 at best over the last month 4-5/10 and at worst 12-13/10.

Mrs Martin describes getting two to three hours sleep at night and wakens with pain. Her mood is low at the moment. She has had depression long term and feels at the moment "she can't enjoy her life". She lives at home with her daughter. Her daughter works in the evening time so Mrs Martin tends to watch television. She does manage to go up and down stairs although she rarely goes out, perhaps only once a week. She previously worked as a carer but gave up in 2007 due to pain. She is in receipt of PIP for personal care at the moment.

She describes the Gabapentin helping a little along with Methocarbamol easing her spasms for a couple of hours. She has also previously tried Baclofen which did help for a while but then the effects wore off. She has also tried Amitriptyline but was unsure of the dose and she also tried her friend's Morphine patch which she felt helped. I have advised her against using other people's medication. She has previously tried a TENS machine which aggravated her pain and has got cold freeze gel over the counter which helped. A trial of Lidocaine plaster has resulted in poor outcome as the plaster did not stick to her skin. She currently is experiencing constipation and is struggling a little with this.

Mrs Martin described feeling a bit stuck at the minute. We discussed referral to physiotherapy with a view to helping her start to increase her activities. I feel a referral to physiotherapy may benefit her and give her some ideas of activities that she can do.

I plan to review her in 3 or 4 months time.

Kind regards

Yours sincerely

Authorised on 04/01/2018 11:45:34 by P Madoc-Jones.

PAULENE MADOC-JONES
Pain Management Nurse

(P) Lynne Sheridan, Advanced Physiotherapy Practitioner, Pain Service, Ninewells Hospital, Dundee, DD1 9SY

VISION

Vision Online - Patient registration form

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.**

Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	**Please complete in BLOCK CAPITALS**
Patient forename	ADRA
Patient surname	MARTIN
Date of birth	13/12/1968
Email address **This email address will be used by your practice to send you notifications and reminders.**	adramartin4@gmail.com
Mobile number	07541917144
Signature	A Martin
Date	/ /
Completing the form on behalf of the patient?	
Print forename	
Print surname	
Relationship to patient	
Signature	
Date	/ /

Staff use only	
Patient ID seen	
Type of ID	Known to me
Staff name	J Burrell
Date	13/12/2018

NHS Tayside

Tayside Pain Service
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Paulene Madoc-Jones
Pain Management Nurse
Tayside Pain Service
South Block
Level 6
DD1 9SY

Date	29/03/2018
Clinic Date	28/03/2018
Your Ref	
Our Ref	LS/GS/ 1312680024
Enquiries to	Pain Office
Extension	35612
Direct Line	01382 425612
Email	

Dear Paulene

Audra Martin, 17 Hillbank Pl, Dundee, Angus, DD3 7BE DOB: 13/12/1968

Chronic Pain (Read Code 66N)

Thank you for referring Ms Martin to the Physiotherapy Service. I assessed her on the 20th February 2018. I advised her at this time regarding the principles of pacing and exercise and issued her with a home exercise programme. Unfortunately, she failed to attend her review appointment on the 30th March 2018. She has made no further contact with the service and has therefore been discharged.

Kind regards

Yours sincerely

Authorised on 29/03/2018 17:15:09 by Lynne Sheridan.

LYNNE SHERIDAN
Advanced Physiotherapy Practitioner

(D) Dr CC Paton, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 43.pdf
Extension:.tif
Pages:

29/10/2018-12:18:08

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra — Sex: F — PID: 1312680024 — DoB: 13 Dec 1968
Lab No: C186642934

Tay Court Surgery — Clinician: Dr Deepa V SANU — TCS SAND1G

SODIUM	140		mmol/L	(	133-146)
POTASSIUM	4.2		mmol/L	(	3.5-5.3)
CREATININE	52		umol/L	(	44-80)
ESTIMATED GFR	GT60		mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	18		U/L	(	5-55)
BILIRUBINS	14		umol/L	(	0-21)
ALKALINE PHOSPHATASE	80		U/L	(	30-130)
ALBUMIN	31	<	g/L	(	35-50)
CALCIUM	2.12		mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.22		mmol/L	(	2.10-2.55)
C-REACTIVE PROTEIN	132	>>	mg/L	(	0-10)
AKI	Not detected: but may not exclude AKI in all cases				

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Oct 2018 10:00

Clin.Details: cough, clubbed fingers

Request Entered: 26 Oct 2018 15:35 — Report Printed: 26 Oct 2018 16:47

NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR D V SANU

VERIFIED Verified By : DR AK KANODIA 30-Oct-2018
Typed By : GOWF 30-Oct-2018

Clinical History :
cough, clubbed fingers
ENTERED BY: Deepa Sanu (Medical)

BLEEP: 01382 228228

XR Chest :
Comparison performed with last radiograph from 4.6.15. Increased density over lower zones, perhaps partly due to overlying soft tissues although there is impression of fibrotic and ?inflammatory lung changes appearing more prominent than previous radiograph. Further chest review suggested. No cardiomegaly.

Event Number : E-5848315 Examination Date : **26-Oct-2018**
Copy To : , Attendance Number : 5
Examinations : **XR Chest**

NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR D V SANU

VERIFIED Verified By : DR AK KANODIA 30-Oct-2018
Typed By : GOWF 30-Oct-2018

Clinical History :
cough, clubbed fingers
ENTERED BY: Deepa Sanu (Medical)

BLEEP: 01382 228228

XR Chest :
Comparison performed with last radiograph from 4.6.15. Increased density over lower zones, perhaps partly due to overlying soft tissues although there is impression of fibrotic and ?inflammatory lung changes appearing more prominent than previous radiograph. Further chest review suggested. No cardiomegaly.

Event Number : E-5848315 Examination Date : **26-Oct-2018**
Copy To : , Attendance Number : 5
Examinations : **XR Chest**

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 40.pdf
Extension:.tif
Pages:

29/10/2018-11:26:19

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H186642934
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

HGB	105	L g/L	(120-160)	WBC	10.8	x10^9/L	(4.0-11.0)
RBC	2.75	L x10^12/L	(3.8-4.8)	NE#	6.7	x10^9/L	(2.0-7.5)
HCT	0.341	L	(0.37-0.47)	LY#	3.6	x10^9/L	(1.5-4.0)
MCV	124.0	H fl	(85-105)	MO#	0.3	x10^9/L	(0.2-0.8)
MCH	38.1	H pg	(27-32)	EO#	0.06	x10^9/L	(0.0-0.4)
MCC	307	L g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	464	H x10^9/L	(150-400)

Film Report: Raised MCV. ?Liver/thyroid function. ? Culpable drugs. Mild thrombocytosis ? reactive Anaemia ? b12/folate

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
26 Oct 2018 10:00

Clin.Details: cough, clubbed fingers

Request Entered: 26 Oct 2018 15:35 Report Printed: 27 Oct 2018 09:39

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 39.pdf
Extension:.tif
Pages:

02/11/2018-09:00:40

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H186656119
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

HGB	105	L g/L	(120-160)	WBC	10.6		x10^9/L	(4.0-11.0)
RBC	2.76	L x10^12/L	(3.8-4.8)	NE#	7.1		x10^9/L	(2.0-7.5)
HCT	0.342	L	(0.37-0.47)	LY#	3.0		x10^9/L	(1.5-4.0)
MCV	123.9	H fl	(85-105)	MO#	0.3		x10^9/L	(0.2-0.8)
MCH	37.9	H pg	(27-32)	EO#	0.06		x10^9/L	(0.0-0.4)
MCC	306	L g/L	(320-360)	BA#	0.0		x10^9/L	(0.0-0.1)
				PLT	569	H	x10^9/L	(150-400)

B12	140 L	ng/l	(200-940)	
Serum Folate	1.8 L	ug/l	(3.1-17.5)	

Lab.Comments: Borderline B12 ?significance. May represent true deficiency. Suggest correlate with clinical and laboratory features. (NB levels can be falsely low in Folate deficiency, pregnancy and patients on oral contraceptives). Low serum Folate - review full blood count results and

Sample is blood unless otherwise stated

Sample Date/Time
01 Nov 2018 12:14

Clin.Details: On T47: No repeat please

Page 1 of 2

Request Entered: 01 Nov 2018 16:04 Report Printed: 01 Nov 2018 18:23

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H186656119
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

HGB	105	L	g/L	(120-160)	WBC	10.6	x10^9/L	(4.0-11.0)
RBC	2.76	L	x10^12/L	(3.8-4.8)	NE#	7.1	x10^9/L	(2.0-7.5)
HCT	0.342	L		(0.37-0.47)	LY#	3.0	x10^9/L	(1.5-4.0)
MCV	123.9	H	fl	(85-105)	MO#	0.3	x10^9/L	(0.2-0.8)
MCH	37.9	H	pg	(27-32)	EO#	0.06	x10^9/L	(0.0-0.4)
MCC	306	L	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
					PLT	569	H x10^9/L	(150-400)

Lab.Comments: clinical context. Consider cause (NB serum Folate level decreases within a few days of dietary Folate restriction and may therefore not reflect true Folate deficiency).

Sample is blood unless otherwise stated

Sample Date/Time
01 Nov 2018 12:14

Clin.Details: On T4?: No
repeat please

Request Entered: 01 Nov 2018 16:04 Report Printed: 01 Nov 2018 18:23

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 38.pdf
Extension:.tif
Pages:

02/11/2018-09:01:29

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C186656119
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

TSH	1.08	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	22 >	mg/L	(0-10)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
01 Nov 2018 12:14

Clin.Details: On T4?: No
repeat please

Request Entered: 01 Nov 2018 16:04 Report Printed: 01 Nov 2018 17:03

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 37.pdf
Extension:.tif
Pages:

15/11/2018-08:23:52

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H186683683
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

HGB	108	L g/L	(120-160)	WBC	12.0	H x10^9/L	(4.0-11.0)
RBC	2.77	L x10^12/L	(3.8-4.8)	NE#	9.8	H x10^9/L	(2.0-7.5)
HCT	0.336	L	(0.37-0.47)	LY#	2.6	x10^9/L	(1.5-4.0)
MCV	121.2	H fl	(85-105)	MO#	0.2	x10^9/L	(0.2-0.8)
MCH	39.1	H pg	(27-32)	EO#	0.06	x10^9/L	(0.0-0.4)
MCC	323	g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	467	H x10^9/L	(150-400)

B12	160 L	ng/l	(200-940)	
Serum Folate	1.9 L	ug/l	(3.1-17.5)	

Lab.Comments: Borderline B12 ?significance. May represent true deficiency. Suggest correlate with clinical and laboratory features. (NB levels can be falsely low in Folate deficiency, pregnancy and patients on oral contraceptives). Low serum Folate - review full blood count results and

Sample is blood unless otherwise stated

Sample Date/Time
14 Nov 2018 09:52

Clin.Details: On T47: No macrocytosis

Page 1 of 2

Request Entered: 14 Nov 2018 12:18 Report Printed: 14 Nov 2018 13:48

Tayside Clinical Laboratory Services | Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra | Sex: F | PID: 1312680024 | DoB: 13 Dec 1968
Lab No: H186683683
Tay Court Surgery | Clinician: Dr Deepa V SANU | TCS SAND1G

HGB	108	L	g/L	(120-160)	WBC	12.0	H	x10^9/L	(4.0-11.0)
RBC	2.77	L	x10^12/L	(3.8-4.8)	NE#	9.0	H	x10^9/L	(2.0-7.5)
HCT	0.336	L		(0.37-0.47)	LY#	2.6		x10^9/L	(1.5-4.0)
MCV	121.2	H	fl	(85-105)	MO#	0.2		x10^9/L	(0.2-0.8)
MCH	39.1	H	pg	(27-32)	EO#	0.06		x10^9/L	(0.0-0.4)
MCC	323		g/L	(320-360)	BA#	0.0		x10^9/L	(0.0-0.1)
					PLT	467	H	x10^9/L	(150-400)

Lab.Comments: clinical context. Consider cause (NB serum Folate level decreases within a few days of dietary Folate restriction and may therefore not reflect true Folate deficiency).

Sample is blood unless otherwise stated

Sample Date/Time
14 Nov 2018 09:52

Clin.Details: On T4?: No
macrocytosis

Request Entered: 14 Nov 2018 12:18 | Report Printed: 14 Nov 2018 13:48

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 36.pdf
Extension:.tif
Pages:

15/11/2018-08:25:57

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C186683683
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

C-REACTIVE PROTEIN	22 >	mg/L	(0-10)	

Lab.Comments: TSH takes 4-6 weeks to respond to either physiological or treatment changes and so repeats within this time frame are not usually clinically indicated.
Duplicate test rejected: TSH

Sample is blood unless otherwise stated

Sample Date/Time
14 Nov 2018 09:52

Clin.Details: On T4?: No
macrocytosis

Request Entered: 14 Nov 2018 12:18 Report Printed: 14 Nov 2018 13:19

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 35.pdf
Extension:.tif
Pages:

10/01/2019-08:22:33

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H196796034
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

Serum Folate	GT17.5	H	ug/l	(3.1-17.5)
B12	829		ng/l	(200-940)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
09 Jan 2019 09:38

Clin.Details: on B12 and folate

Request Entered: 09 Jan 2019 12:09 Report Printed: 09 Jan 2019 14:39

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 34.pdf
Extension:.tif
Pages:

10/01/2019-08:27:53

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H196796032
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

HGB	126	g/L	(120-160)	WBC	11.2	H x10^9/L	(4.0-11.0)
RBC	3.88	x10^12/L	(3.8-4.8)	NE#	4.7	x10^9/L	(2.0-7.5)
HCT	0.413		(0.37-0.47)	LY#	5.8	H x10^9/L	(1.5-4.0)
MCV	106.6	H fl	(85-105)	MO#	0.5	x10^9/L	(0.2-0.8)
MCH	32.5	H pg	(27-32)	EO#	0.17	x10^9/L	(0.0-0.4)
MCC	305	L g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	395	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
09 Jan 2019 09:37

Clin.Details: megalocytic anaemia with low B12 and folate - on B12 and folate replacement

Request Entered: 09 Jan 2019 12:09 Report Printed: 09 Jan 2019 13:38

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 33.pdf
Extension:.tif
Pages:

NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

VERIFIED Verified By : HELEN KELLY 27-Jan-2019
Typed By : HKELLY 27-Jan-2019

Clinical History :

fell 2 wks ago,landed on R side and has been experencing R hip pain since which can radiate down the leg. No new pins and needls/leg weakness. Able to fully WB. on gabapentin and tramadol and has applying topical gel which helping
O/E : no limb shortening/external rotation
FROM R hip
? superfascial ,hard lump ? calcified haematoma
ENTERED BY: Deepa Sanu (Medical)

BLEEP: 01382 228228

Event Number : E-5914889 Examination Date : **16-Jan-2019**
Copy To : , Attendance Number : 6
Examinations : **XR Hip Rt,XR Pelvis**

NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

see below

Date of Examination: 16/01/2019
Name of Procedure and Technique: AP pelvis and turned lateral right hip:

Findings:
No obvious acute, recent or old bony injury seen.
Minor enthesopathy noted at the inferior margin of the right greater trochanter, but this looks comparable to previous imaging of 22 August 2014.
Both hip joints appear well preserved.
SIJ's unremarkable.
Spondylotic changes seen in the visualised lower lumbar spine.
No further significant bony or joint pathology identified with plain film.

Report Date : 27/01/2019
Reporting Radiographer: Helen Kelly,
HCPC RA31389 Medica Reporting Ltd

Event Number : E-5914889 Examination Date : **16-Jan-2019**
Copy To : , Attendance Number : 6
Examinations : **XR Hip Rt,XR Pelvis**

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 32.pdf
Extension:.tif
Pages:

25/01/2019-08:40:59

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H196832690
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

HGB	124	g/L	(120-160)	WBC	9.6	x10^9/L	(4.0-11.0)
RBC	3.91	x10^12/L	(3.8-4.8)	NE#	5.1	x10^9/L	(2.0-7.5)
HCT	0.393		(0.37-0.47)	LY#	3.9	x10^9/L	(1.5-4.0)
MCV	100.5	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	31.7	pg	(27-32)	EO#	0.14	x10^9/L	(0.0-0.4)
MCC	316 L	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	361	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
24 Jan 2019 10:02

Clin.Details: prev raised wcc

Request Entered: 24 Jan 2019 12:24 Report Printed: 24 Jan 2019 13:12

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 31.pdf
Extension:.tif
Pages:

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA
17 HILLBANK PL, DUNDEE, DD3 7BE
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF**
Referrer : GP Locum

DoB : **13-Dec-1968**
Hosp. No. :
CRIS No. : **272000**
CHI No. : **1312680024**

VERIFIED Verified By : DR DAVID SCOTT 11-Feb-2019
Typed By : SCOTTD 11-Feb-2019

Clinical History :

fell 2 wks ago,landed on R side and has been experencing R hip pain since which can radiate down the leg. No new pins and needls/leg weakness. Able to fully WB. on gabapentin and tramadol and has applying topical gel which helping
O/E : no limb shortening/external rotation
FROM R hip
? superfascial ,hard lump ? calcified haematoma
ENTERED BY: Deepa Sanu (Medical)

BLEEP: 01382 228228

Event Number : E-5914319
Copy To : ,
Examinations : **US Soft Tissue**

Examination Date : **11-Feb-2019**
Attendance Number : 3

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA
17 HILLBANK PL, DUNDEE, DD3 7BE
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF**
Referrer : GP Locum

DoB : **13-Dec-1968**
Hosp. No. :
CRIS No. : **272000**
CHI No. : **1312680024**

US Soft Tissue :

Focal increased echogenicity and minor cystic change within the subcutaneous fat layer at site of lump lateral upper aspect right thigh indicate by the patient. Appearances in keeping with a recent fat trauma/fat necrosis. No suspicious features.

Event Number : E-5914319
Copy To : ,
Examinations : **US Soft Tissue**

Examination Date : **11-Feb-2019**
Attendance Number : 3

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 30.pdf
Extension:.tif
Pages:

24/05/2019-09:03:02

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H197101358
Tay Court Surgery Clinician: Dr Balakrishnan PILLAI TCS PILB1G

HGB	128	g/L	(120-160)	WBC	9.6	x10^9/L	(4.0-11.0)
RBC	4.33	x10^12/L	(3.8-4.8)	NE#	4.8	x10^9/L	(2.0-7.5)
HCT	0.402		(0.37-0.47)	LY#	4.2 H	x10^9/L	(1.5-4.0)
MCV	92.8	fl	(85-105)	MO#	0.4	x10^9/L	(0.2-0.8)
MCH	29.6	pg	(27-32)	EO#	0.17	x10^9/L	(0.0-0.4)
MCC	319 L	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	337	x10^9/L	(150-400)

PV 1.70 mPa.s. (1.5-1.72)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
23 May 2019 10:31

Clin.Details: On T47: No
Oedema in both legs and SOB....Pt does have B12 def....

Request Entered: 23 May 2019 12:00 Report Printed: 23 May 2019 13:34

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 29.pdf
Extension:.tif
Pages:

24/05/2019-09:07:45

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C197101358
Tay Court Surgery Clinician: Dr Balakrishnan PILLAI TCS PILB1G

SODIUM	139	mmol/L	(133-146)	
POTASSIUM	4.1	mmol/L	(3.5-5.3)	
CREATININE	57	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	22	U/L	(5-55)	
BILIRUBINS	6	umol/L	(0-21)	
ALKALINE PHOSPHATASE	130	U/L	(30-130)	
ALBUMIN	35	g/L	(35-50)	
CALCIUM	2.16	mmol/L	(2.10-2.55)	
CALCIUM (CORRECTED)	2.21	mmol/L	(2.10-2.55)	
GLUCOSE (preserved tube)	5.1 >	mmol/L	(3.3-5.8)	
TSH	2.10	mU/L	(0.4-4.0)	
C-REACTIVE PROTEIN	14 >	mg/L	(0-10)	
TOTAL CHOLESTEROL	5.69 >	mmol/L	(0.00-5.00)	

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
23 May 2019 10:31

Clin.Details: On T47: No
Oedema in both legs and SOB....Pt does have B12 def....

Page 1 of 2

Request Entered: 23 May 2019 12:00 Report Printed: 23 May 2019 13:19

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C197101358
Tay Court Surgery Clinician: Dr Balakrishnan PILLAI TCS PILB1G

HDL-CHOLESTEROL	0.96	mmol/L	(0.60-2.50)	
TOTAL CHOL/HDL-CHOL	5.90			
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
23 May 2019 10:31

Clin.Details: On T4?: No
Oedema in both legs and SOB....Pt does have B12 def....

Request Entered: 23 May 2019 12:00 Report Printed: 23 May 2019 13:19

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 28.pdf
Extension:.tif
Pages:

04/06/2019-08:58:21

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C197122686
Tay Court Surgery Clinician: Dr Lajeen RASHID TCS RASL1G

SODIUM	139	mmol/L	(133-146)	
POTASSIUM	3.9	mmol/L	(3.5-5.3)	
CREATININE	56	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
03 Jun 2019 10:17

Clin.Details: peripheral oedema,started on Furosemide

Request Entered: 03 Jun 2019 15:50 Report Printed: 03 Jun 2019 16:40

NHS Tayside: Clinical Report - Kings Cross Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR LAJEEN RASHID

VERIFIED Verified By : DR ANGELA MCKINNIE 20-Jun-2019
Typed By : ANGELAG 20-Jun-2019

Clinical History :

bilateral leg swelling,pancystolic murmer ? LVF impairment ? valvular dis
ENTERED BY: Lajeen Rashid (medical)

BLEEP: 07699729019

XR Chest :
Rotated patient.

Normal heart size and mediastinal contours. Generalised coarse lung markings. No focal active lung lesion identified. No large pleural effusion. The reported patchy opacification bibasally on the previous chest radiograph of 26/10/2018 has now resolved.

Event Number : E-6044363 Examination Date : **13-Jun-2019**
Copy To : Attendance Number : 7
Examinations : **XR Chest**

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

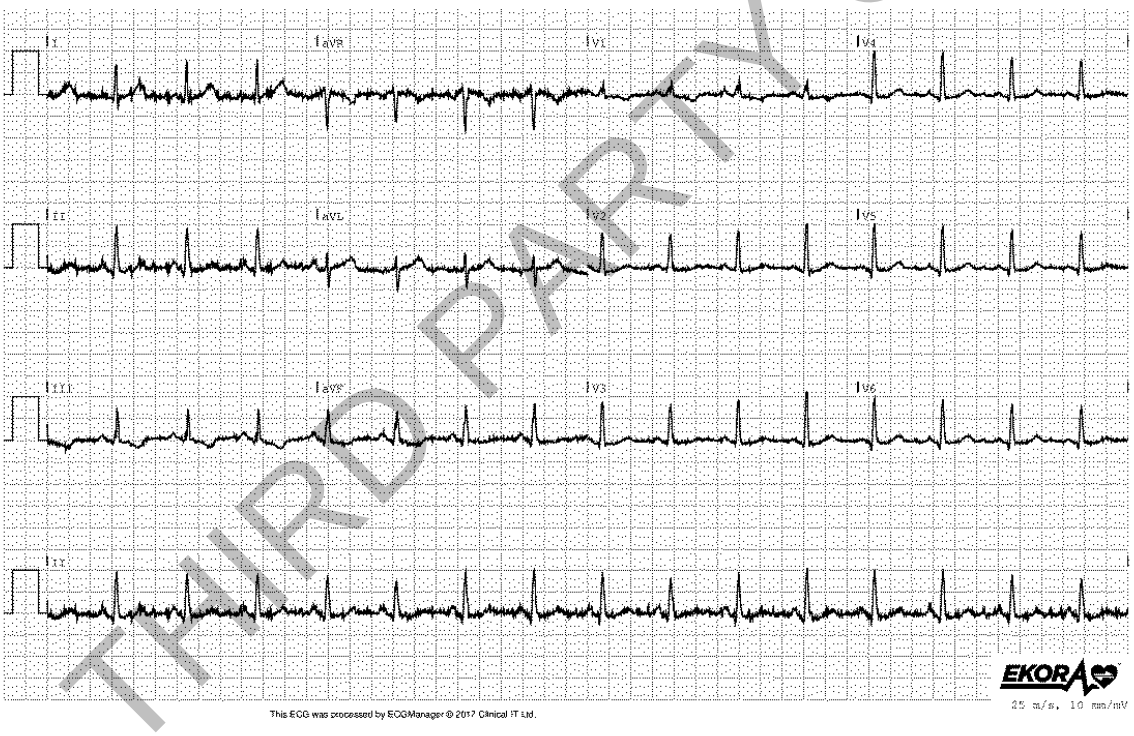
Filename: 26.pdf
Extension:.tif
Pages:

*** UNCONFIRMED AUTOMATED ANALYSIS ***

Name : Martin Audra
CHI : 1312680024
Date : 01/07/2019
Time : 10:52:24
Site : Tay_Court_Surgery

Heart Rate : 94 bpm
PR int : 134 ms
QRS dur : 76 ms
QT/QTc : 340/391 ms
P-R-T axis : 66 42 -5

Summary : ** borderline ECG **
Rhythm : Sinus rhythm
Analysis : RSR(QR) in lead V1/V2,consistent with right ventricular conduction delay



This ECG was processed by ECGManager © 2017 Clinical IT Ltd.

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 25.pdf
Extension:.tif
Pages:

02/07/2019-08:31:23

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C197187400
Tay Court Surgery Clinician: Nurse A. MACRAE TCS RAEA1N

SODIUM	140	mmol/L	(133-146)	
POTASSIUM	4.2	mmol/L	(3.5-5.3)	
CREATININE	51	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

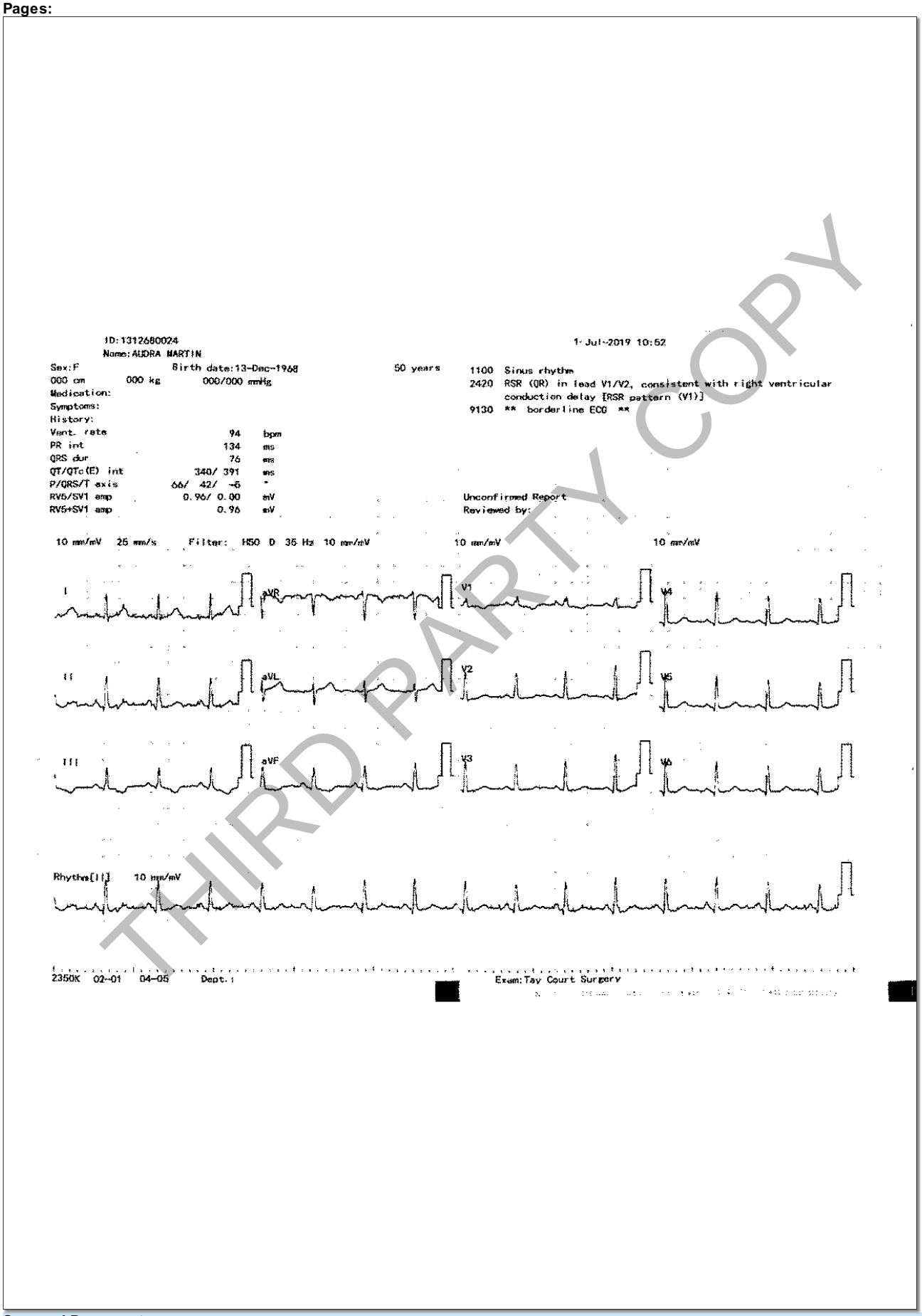
Sample Date/Time
01 Jul 2019 11:47

Clin.Details: as requested

Request Entered: 01 Jul 2019 15:41 Report Printed: 01 Jul 2019 16:27

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 24.pdf
Extension:.tif
Pages:



Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Echocardiography Report

NHS Tayside

Name: MARTIN, AUDRA	**Study Date:** 14/08/2019 16:44	
MRN: 1312680024	**Patient Location:** GP- Taycourt surgery	**Patient Class:** Outpatient
DOB: 13/12/1968 (dd/MM/yyyy)	**Gender:** Female	**Height:** 157 cm
Age: 50 yrs		
Reason For Study: LV / Valves. Murmur		
Image Quality: Sub-optimal image quality. Poor apical images.		
Performed By: Heather Kerr, Chief Cardiac Physiologist	**Referring Physician:** DR LAJEEN RASHID	
Echo Machine: IE33 4		

Aortic Valve
The aortic valve is trileaflet. Mildly sclerosed cusps, seen to open well. No aortic stenosis. No aortic regurgitation.

Mitral Valve
Morphologically normal. No mitral stenosis. Trivial mitral regurgitation.

Tricuspid Valve
Leaflets are thin and pliable. Trivial tricuspid regurgitation. Estimated RVSP is 15.5 mmHg + RAP.

Pulmonary Valve
No pulmonary stenosis. Physiological pulmonary regurgitation.

Left Ventricle
Normal LV systolic function. Normal LV size. No LV hypertrophy.

Regional Wall Motion Abnormalities
No obvious regional wall motion abnormality noted.

Right Ventricle
Undilated right heart. Right ventricular systolic function is normal.

Atria
Normal LA size. Normal RA size.

Great Vessels
Normal doppler velocities in descending aorta. Undilated aortic root.

Inferior Vena Cava
Normal IVC. Poor subcostal image.

ECG
Sinus Tachycardia 100 BPM.

CONCLUSION
1. Undilated LV with normal systolic function. No LVH
2. No significant valve abnormality identified
3. Right heart appears normal. Normal RVSP

LV - 2D and M Mode
LVIDd: 4.4 cm
IVSd: 0.7 cm
LVPWd: 0.8 cm

RV - 2D and M Mode
TAPSE: 2.4 cm

Atrial Dimensions
LA dimension: 3.2 cm
LA 4ch area: 17 cm^2

AV - Doppler
Ao V2 max: 1.7 m/sec
Ao max PG: 12 mmHg

MV - Doppler
MV E max vel: 0.9 m/sec
MV A max vel: 0.6 m/sec
MV E/A: 1.4

TV - Doppler
TR Max PG: 16mmHg

PV and PA - Doppler
PA V2 max: 1.1 m/sec
PA max PG: 6 mmHg

TDI Doppler
Med Peak A' Vel: 14 cm/sec
Med Peak E' Vel: 10 cm/sec
Med Peak S Vel: 9 cm/sec
E/E' tdi Med: 10.1
E'/A' Med: 0.69
Lat Peak A' vel: 14 cm/sec
Lat Peak E' Vel: 12 cm/sec
Lat Peak S Vel: 9 cm/sec
E/E' tdi Lat: 8.5
E'/A' Lat: 0.84

Reported by: Heather Kerr, Chief Cardiac Physiologist 14/08/2019 17:12

Reviewer:

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 22.pdf
Extension:.tif
Pages:

16/09/2019-09:46:11

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C197351804
Tay Court Surgery Clinician: Dr C. PATON TCS PATC1G

SODIUM	141	mmol/L	(133-146)	
POTASSIUM	4.2	mmol/L	(3.5-5.3)	
CREATININE	56	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
AKI	Not detected: May not exclude AKI in all cases			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
13 Sep 2019 09:43

Clin.Details: on furosemide 20mg daily

Request Entered: 13 Sep 2019 12:23 Report Printed: 13 Sep 2019 13:13

Free Repeat Prescription Service.

Well Hilltown

Repeat request slip

GP:

Surgery:

Branch colleague name:

Date of request:

Keep out of sight and reach of children
Miss Audra Martin
17 Hillbank Pl, Dundee, DD3 7BE

Branch stamp:

well - 200169
20-NOV 2019
236 Hilltown
Dundee DD3 7AU
Tel: 01382 223644

TAYCOURT

Well 236 Hilltown
DD3 7AU. Tel: 01382 223 644

+well

D C

Keep out of sight and reach of children
28 Sertraline 100MG Tablets

Keep out of sight and reach of children
56 Tramadol 200MG M/R Capsules

Keep out of sight and reach of children
336 Gabapentin 300MG Capsules
FOUR to be taken THREE times a day If sleepy do not drive/use machines. Avoid indigestion remedies for 2 hrs bef

Keep out of sight and reach of children
1 Kelhale 100MCG/Dse Inhaler 200DSE

Keep out of sight and reach of children
1 Salbutamol 100MCG Cfc Free Inh 200DS

INHALE TWO puffs when required Shake before use.

Shake before use.

Strength	Dose	Quantity

Miss Audra Martin
Well 236 Hilltown
DD3 7AU. Tel: 01382 223 644

08Aug2019

+well

D C

7079354

To find out more visit
pharmacy.co.uk

here for your +well being

Filename: 20.pdf
Extension:.tif
Pages:

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA
17 HILLBANK PL, DUNDEE, DD3 7BE
Ref. Locn. : **GENERAL PRACTITIONER**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF**
Referrer : GP Locum

DoB : **13-Dec-1968**
Hosp. No. :
CRIS No. : **272000**
CHI No. : **1312680024**

VERIFIED Verified By : Auto Report 03-Dec-2019
Typed By : WKEENAN 03-Dec-2019

Clinical History :

bilateral oedema of legs, cardiac and resp Ix NAD, ?pelvic pathology, post micturition dribbling ? prolapse ?ovarian pathology (h/o cyst)
ENTERED BY: Mohammed Raza (Medical)

BLEEP: 01382 228228

bilateral oedema of legs, cardiac and resp Ix NAD, ?pelvic pathology, post micturition dribbling ? prolapse ?ovarian pathology (h/o cyst)
ENTERED BY: Mohammed Raza (Medical)

BLEEP: 01382 228228

Event Number : E-6158656
Copy To : ,
Examinations : **US Pelvis transabdominal,Did Not Attend**

Examination Date : **27-Nov-2019**
Attendance Number : 5

NHS Tayside: Clinical Report - Ninewells Hospital Page 2 of 2

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

US Pelvis transabdominal :

Did Not Attend :
We would like to inform you that this patient failed to arrive for their Radiology appointment. If the patient requires a further appointment, please submit a new request. This will be treated as a new referral.

Event Number : E-6158656 Examination Date : **27-Nov-2019**
Copy To : , Attendance Number : 5
Examinations : **US Pelvis transabdominal,Did Not Attend**

NHS Tayside: Clinical Report - Ninewells Hospital Page 1 of 3

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

VERIFIED Verified By : ONALENNA SEACHAA (Locum Sonographer) 29-Jan-2020
Typed By : OSEACHAA 29-Jan-2020

Clinical History :

bilateral oedema of legs, cardiac and resp Ix NAD, ?pelvic pathology, post micturition dribbling ? prolapse ?ovarian pathology (h/o cyst)
ENTERED BY: Mohammed Raza (Medical)

BLEEP: 01382 228228
(Information via Order Comms)

bilateral oedema of legs, cardiac and resp Ix NAD, ?pelvic pathology, post micturition dribbling ? prolapse ?ovarian pathology (h/o cyst)
ENTERED BY: Mohammed Raza (Medical)

BLEEP: 01382 228228
(Information via Order Comms)

Event Number : E-6210796 Examination Date : **29-Jan-2020**
Copy To : , Attendance Number : 6
Examinations : **US Pelvis transabdominal,US Pelvis transvaginal**

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

on 28-Nov-2019 at 08:58)

US Pelvis transabdominal :

Patient presented with an empty bladder and therefore transvaginal scan was offered.

US Pelvis transvaginal :

Transvaginal scan performed in the presence of a chaperone.

The uterus is anteverted and normal in size and shape. No fibroids noted.

The endometrium is unremarkable.

The right ovary appears normal.

Event Number : E-6210796 Examination Date : **29-Jan-2020**
Copy To : , Attendance Number : 6
Examinations : **US Pelvis transabdominal,US Pelvis transvaginal**

NHS Tayside: Clinical Report - Ninewells Hospital Page 3 of 3

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : GP Locum

The left ovary was obscured by heavily loaded bowel.

No adnexal mass or free fluid noted.

Impression: Cause of symptoms not apparent on scan.
Onalenna Seachaa
Sonographer HCPC: RA39961

Event Number : E-6210796 Examination Date : **29-Jan-2020**
Copy To : , Attendance Number : 6
Examinations : **US Pelvis transabdominal,US Pelvis transvaginal**

NHS Tayside Communication to GP

Ward/Clinic		CHI	1312680024
Hospital	Hillbank Health Centre	Surname	MARTIN
Clinician	Angela Murray	First Name	AUDRA
Specialty	COMMUNITY NURSING (DISTRICT NURSING)	Address	17 HILLBANK PL DUNDEE DD3 7BE
Date	11/11/2021	GP/Address	Tay Court Surgery 50 South Tay Street Dundee DD1 1PF

Dear Doctor,

The above patient was reviewed today; please accept this brief communication.

Provisional/Diagnosis is: For blood test

Comment/Recommendations: Patient failed to attend appointment at Hillbank clinic today.

Follow up by clinic required: No

Specific Monitoring Required: No

Angela Murray | Interim Senior Clinic Nurse | Tel:01382 496717
Ninewells Switch Board Tel:01382 660111

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Seen by Nurse

Tayside Out of Hours Service OOH Call Incident Report

Call number:	**92300**	Receive Date:	**29-Jan-2022 16:01**
Patient's Name:	**Audra Martin**		
Date of birth:	**13-Dec-1968 (53 years)**	Gender:	**F**
Address:	**17 Hillbank Pl** **17 Hillbank Pl** **Dundee** **DD37BE**	Current Address:	**17 Hillbank Place** **Dundee** **DD3 7BE**
Return Contact No:			
Tel No:	**01382 698314**		**01382 698314**
Mobile No:			
Priority:	**Urgent**	Call Origin:	**NHS24**
Received:	**29-Jan-2022 16:01**	Calltype:	**Attend**
Advised:	**16:16**	Arrived PCC:	**29-Jan-2022 20:54**
Cons start:	**29-Jan-2022 21:05**	Cons End:	**29-Jan-2022 21:51**
Consulting Doctor:	**Iain Arthur**	Own doctor:	

Reported Condition:
BODY SWELLING WORSENING - 2 DAYS

Consultation details:

History - **telephone call by R Hann ANP OOH**
Audra is a 53 year old woman who is c/o body swelling. daughter came in today and saw that mothers face was swollen. Audra has been taking furosemide 20mg for oedema. she is not passing much urine and has swelling on her vulva. she did not sound SOB on the phone and was managing to finish her sentences. She is also experiencing falls due to dizziness since christmas.
Can we arrange an appointment for yellow stream for this lady non urgent she will need transportation.

Examination - **Seen by Dr Iain Arthur. History as above, long term oedema for several years, normal echo in 2019, normal pelvic USS in Jan 20, last bloods Sept 19 eGFR>60. Smokes roll ups 6/day, does not take any alcohol.**
Exam - marked finger clubbing, face puffy with periorbital oedema mainly on right. Gross pitting oedema up to clavicles, oedematous chest, abdo tense as a drum, legs solid.
BP 119/74
SpO2 83% p101
T 36.1
RR 16
Urinalysis - very dark colour but normal SG, no blood or glucose but has protein +++

Diagnosis - **Worsening oedema, Likely nephrotic syndrome**

Treatment - **Discussed with on-call for AMU, safe option is to see her tonight in view**

of abnormal obs. We have carried out a lateral flow device test and the result is NEGATIVE.

Followups:
Referred To Hospital

Clinical Codes:
R023. [D]Oedema

NHS24 details:
Disposition
-
Contact GP Practice within 4 Hours (ASAP)

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 16.pdf
Extension:.tif
Pages:

NHS Tayside | **Initial Discharge Communication** | NHS Tayside

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	30/01/2022	**Discharge**	03/02/2022
Specialty	Respiratory Medicine	**Consultant**	Dr Robin Smith (3286056)
From	Ward 3 Ninewells Hospital	**Destination**	Home

Diagnoses

Cor pulmonale

Compensated type 2 respiratory failure

Operations/Procedures

Actions Required for Primary Care

Please could repeat U&Es/LFTs be arranged for ~1 weeks' time. Many thanks

Communication to Primary Care

Dear Doctor,

Audra was admitted with worsening peripheral oedema and shortness of breath on a background of COPD. She underwent CTPA which did not show any evidence of PE but did reveal features of right heart dysfunction. Transthoracic echo showed moderate RV dilation and mod/severe TR with pulmonary hypertension. She has received oral diuretics with good effect and is now off oxygen with O2 sats of 91% OA. Spirometry has also been undertaken showing an FEV1 of 1.98, FVC 2.37 and reduced gas transfer of 41%.

Given LFT derangement, an abdominal ultrasound was arranged. This showed hepatomegaly and ascites, presumed secondary to right heart failure as opposed to primary liver disease. We would be grateful if repeat bloods could be arranged to monitor and we will arrange follow up in the pulmonary vascular clinic, as referral to the Scottish Pulmonary Vascular Unit may be considered.

Kind regards,

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Furosemide 40mg tablets		1 TABLET MORNING		TTO		
Gabapentin 300mg capsules		2 CAPSULES THREE TIMES DAILY		Own at Home	0 ZERO SUPPLY REQUIRED	
Hydroxocobalamin 1mg/1ml solution for injection ampoules		TO BE ADMINISTERED 3 MONTHLY				
Salbutamol 100micrograms/dose inhaler CFC free		2 PUFFS WHEN REQUIRED		POD		
Sertraline 100mg tablets		1 TABLET ONCE A DAY		Own at Home		

NHS Lanarkshire | **Initial Discharge Communication** | NHS Tayside

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

Tramadol 200mg modified-release capsules		1 CAPSULE TWICE A DAY		Own at Home	0 ZERO SUPPLY REQUIRED	

Discontinued Medication

Medication Notes

Gabapentin documented as 1200mg TDS on ECS however on discussion with Audra, she has been taking 600mg TDS. Discharged on this dose/frequency

Allergies

Deleted Allergies

Follow Up Arrangements

Repeat bloods as above			Date to be arranged
Pulmonary vascular clinic	Dr. Goudie		Date to be arranged

Final Discharge Comments

She self-discharged before being quite ready in our view. She will need to have her renal and electrolyte function checked. We intitally thought her pulmonary function would show more severe airway obstruction given her right heart failure, but this was fairly normal. In the absence of pulmonary emboli her pulmonary hypertension and right heart failure might be due to primary pulmonary hypertenion. She will require further asessment for this in pulmonary vascular clinic

Pharmacy

Pharmacy Check Type: **Professional check**

Pharmacist checked prescription with limited access to information. Please contact prescriber for any queries

Please provide a signature for controlled drugs

.....

Copy To

Dr. Andrew Goudie (respiratory consultant)
Respiratory secretaries - please could a routine appointment be made in the pulmonary vascular clinic. Thank you

Sign Off

	Name	**Job Title**	**Date/Time**
Initial Sign Off	Dr Robin Smith	Consultant	07/02/2022 14:30:06
Pharmacy Sign Off	Miss Sophia Rehman	Senior Clinical Pharmacist	10/02/2022 08:42:46
Final Sign Off			

NHS Tayside

Final Discharge Communication

NHS Tayside

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	30/01/2022	**Discharge**	03/02/2022
Specialty	Respiratory Medicine	**Consultant**	Dr Robin Smith (3286056)
From	Ward 3 Ninewells Hospital	**Destination**	Home

Diagnoses

Cor pulmonale

Compensated type 2 respiratory failure

Operations/Procedures

Actions Required for Primary Care

Please could repeat U&Es/LFTs be arranged for ~1 weeks' time. Many thanks

Communication to Primary Care

Dear Doctor,

Audra was admitted with worsening peripheral oedema and shortness of breath on a background of COPD. She underwent CTPA which did not show any evidence of PE but did reveal features of right heart dysfunction. Transthoracic echo showed moderate RV dilation and mod/severe TR with pulmonary hypertension. She has received oral diuretics with good effect and is now off oxygen with O2 sats of 91% OA. Spirometry has also been undertaken showing an FEV1 of 1.98, FVC 2.37 and reduced gas transfer of 41%.

Given LFT derangement, an abdominal ultrasound was arranged. This showed hepatomegaly and ascites, presumed secondary to right heart failure as opposed to primary liver disease. We would be grateful if repeat bloods could be arranged to monitor and we will arrange follow up in the pulmonary vascular clinic, as referral to the Scottish Pulmonary Vascular Unit may be considered.

Kind regards,

Medications

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Furosemide 40mg tablets		1 TABLET MORNING		TTO		
Gabapentin 300mg capsules		2 CAPSULES THREE TIMES DAILY		Own at Home	0 ZERO SUPPLY REQUIRED	
Hydroxocobalamin 1mg/1ml solution for injection ampoules		TO BE ADMINISTERED 3 MONTHLY				
Salbutamol 100micrograms/dose inhaler CFC free		2 PUFFS WHEN REQUIRED		POD		
Sertraline 100mg tablets		1 TABLET ONCE A DAY		Own at Home		

NHS Lanarkshire — **Final Discharge Communication** — NHS Tayside

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

Tramadol 200mg modified-release capsules		1 CAPSULE TWICE A DAY		Own at Home	0 ZERO SUPPLY REQUIRED	

Discontinued Medication

Medication Notes

Gabapentin documented as 1200mg TDS on ECS however on discussion with Audra, she has been taking 600mg TDS. Discharged on this dose/frequency

Allergies

Deleted Allergies

Follow Up Arrangements

Pulmonary vascular clinic	Dr. Goudie		Date to be arranged
Repeat bloods as above			Date to be arranged

Final Discharge Comments

She self-discharged before being quite ready in our view. She will need to have her renal and electrolyte function checked. We intitally thought her pulmonary function would show more severe airway obstruction given her right heart failure, but this was fairly normal. In the absence of pulmonary emboli her pulmonary hypertension and right heart failure might be due to primary pulmonary hypertenion. She will require further asessment for this in pulmonary vascular clinic

Pharmacy

Pharmacy Check Type: **Professional check**

Pharmacist checked prescription with limited access to information. Please contact prescriber for any queries

Please provide a signature for controlled drugs

.....

Copy To

Dr. Andrew Goudie (respiratory consultant)
Respiratory secretaries - please could a routine appointment be made in the pulmonary vascular clinic. Thank you

Sign Off

	Name	**Job Title**	**Date/Time**
Initial Sign Off	Dr Robin Smith	Consultant	07/02/2022 14:30:06
Pharmacy Sign Off	Miss Sophia Rehman	Senior Clinical Pharmacist	10/02/2022 08:42:46
Final Sign Off	Dr Robin Smith	Consultant	23/02/2022 15:34:42

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 14.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C229082677
Tay Court Surgery Clinician: Dr Nectarios PERDIOS TCS PERN1G

SODIUM	135	mmol/L	(	133-146	)
POTASSIUM	4.0	mmol/L	(	3.5-5.3	)
CREATININE	47	umol/L	(	44-80	)
ESTIMATED GFR	GT60	mL/min			

eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.

CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	LT9	U/L	(	5-55	)
BILIRUBINS	20	umol/L	(	0-21	)
ALKALINE PHOSPHATASE	146 >	U/L	(	30-130	)
[redacted]	[redacted]	g/L	(	35-50	)
[redacted]	[redacted]	mg/L	(	0-10	)
AKI	Not detected: May not exclude AKI in all cases				

Lab.Comments:

01/03/2022-12:25:18

Sample is blood unless otherwise stated

Sample Date/Time
28 Feb 2022 10:14

Clin.Details: monitor LFTs as per hospital discharge

Request Entered: 28 Feb 2022 15:50 Report Printed: 28 Feb 2022 16:49

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 13.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H229082677
Tay Court Surgery Clinician: Dr Nectarios PERDIOS TCS PERN1G

HGB	107	g/L	(120-160)	WBC	8.9	x10^9/L	(4.0-11.0)
RBC	3.76	L x10^12/L	(3.8-4.8)	NE#	5.3	x10^9/L	(2.0-7.5)
HCT	0.347	L	(0.37-0.47)	LY#	2.9	x10^9/L	(1.5-4.0)
[illegible]				MO#	0.5	x10^9/L	(0.2-0.8)
MCH	28.5	pg	(27-32)	EO#	0.19	x10^9/L	(0.0-0.4)
MCC	309	L g/L	(320-360)	BA#	0.0	x10^9/L	(0.0-0.1)
				PLT	348	x10^9/L	(150-400)

01/03/2022-12:25:54

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
28 Feb 2022 10:14

Clin.Details: monitor LFTs as per hospital discharge

Request Entered: 28 Feb 2022 15:50 Report Printed: 28 Feb 2022 16:55

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 12.pdf
Extension:.tif
Pages:

16/06/2023-08:28:36

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: C2311134433
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

SODIUM	137	mmol/L	(133-146)	
POTASSIUM	3.8	mmol/L	(3.5-5.3)	
CREATININE	54	umol/L	(44-80)	
ESTIMATED GFR	GT60	mL/min		
	eGFR should not be used to assess renal function for any drug dosing in over 75s or extremes of BMI and for DOAC dosing in those with an eGFR less than 60ml/min.			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
ALT	21	U/L	(5-55)	
BILIRUBINS	5	umol/L	(0-21)	
ALKALINE PHOSPHATASE	[redacted]	U/L	(30-130)	
ALBUMIN	37	g/L	(35-50)	
AKI	NOT AVAILABLE			

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 Jun 2023 13:59

Clin.Details: annual review please

Request Entered: 15 Jun 2023 16:35 Report Printed: 15 Jun 2023 17:32

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 11.pdf
Extension:.tif
Pages:

16/06/2023-08:31:29

Tayside Clinical Laboratory Services — Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: MARTIN Audra Sex: F PID: 1312680024 DoB: 13 Dec 1968
Lab No: H231113433
Tay Court Surgery Clinician: Dr Deepa V SANU TCS SAND1G

HGB	135	g/L	(120-160)	WBC	9.4	x10^9/L	(4.0-11.0)
RBC	4.56	x10^12/L	(3.8-4.8)	NE#	4.3	x10^9/L	(2.0-7.5)
HCT	0.414		(0.37-0.47)	LY#	4.2 H	x10^9/L	(1.5-4.0)
MCV	90.8	fl	(85-105)	MO#	0.6	x10^9/L	(0.2-0.8)
MCH	29.7	pg	(27-32)	EO#	0.24	x10^9/L	(0.0-0.4)
MCC	327	g/L	(320-360)	BA#	0.1	x10^9/L	(0.0-0.1)
				PLT	262	x10^9/L	(150-400)

Lab.Comments:

Sample is blood unless otherwise stated

Sample Date/Time
15 Jun 2023 13:59

Clin.Details: annual review please

Request Entered: 15 Jun 2023 16:35 Report Printed: 15 Jun 2023 17:25

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 10.pdf
Extension:.tif
Pages:

11 Aug 2023

Asthma (Page 1)

Name AUDRA MARTIN

DOB 13 Dec 1968 (54y) **Email** audramartin49@gmail.com

Asthma Control Test (ACT) (symptoms during last 4 weeks)			Poor	Good
Affecting daily life	Some of the time		3	
Short of breath	Once or twice a week			4
Woken at night	2 to 3 nights a week		2	
Reliever frequency	2 or 3 times a week		3	
Overall	Somewhat Controlled		3	
ACT Score	**15/25**	>19 indicates good control		

Weight / Height / BMI	Not provided		
Ethnicity	Not provided		
Smoking	Light (1-9 cigarettes per day)	**160603005**	**1373**
	Smoking cessation advice	**8CAL**	**225323000**
Flu jab last season	No		
Under hospital care	No		

Triggers	Sprays etc
Additional Treatment	Increase reliever use (1-2 puffs)
Action plan in place	No
Best ever PEFR	Not provided
Exacerbations last year	0

Preventer Inhaler	**No preventer inhaler**

Complete Review	I feel my asthma is well controlled - I would like to discuss things further	**FURTHER DISCUSSION**

Clinician next steps				
All codes must be entered on same date (QOF rules)				
1. Review Action Plan (following page), annotate as required	Asthma annual review		**394700004**	**66YJ**
2. Code review	Asthma self-management plan review		**810901000000102**	**661N1**
3. Inform patient of outcome and share completed action plan	Number of asthma exacerbations in past year:	0	**366874008**	**663y**
	Asthma control test score (Adult >11):	15/25	**443117005**	**38DL**

ID: 1092076

ASTHMAMEDLINK

Personal Asthma Action Plan

AUDRA MARTIN

Every day management

With this regular daily routine I expect/aim to have no symptoms

If I am symptom-free for 12 weeks I can discuss stepping down treatment with my asthma team

My best peak flow is

Daily Asthma routine

My preventer inhaler: Increase Kelhale to 2 puffs am & pm

I take 1 puffs in the morning

and 1 puffs at night

I take my reliever inhaler only when I need to

I take 2 puffs of reliever if

- I'm wheezing
- It's hard to breathe
- My chest feels tight
- I'm coughing

When I feel worse

My asthma is getting worse if:

- My symptoms come back (wheeze, tight chest, feeling breathless, coughing)
- I'm waking up at night
- Symptoms interfere with normal daily activities
- I need my reliever inhaler more than 3 times per week
- My peak flow drops to

URGENT: If needing reliever more than every 4 hours, take emergency action

Getting my asthma symptoms under control

If I haven't been using my preventer, I will restart

In addition I will

Advice from my asthma team about every day treatment

Advice from my asthma team when I'm worse

Asthma Attack

Signs of an asthma attack

- Reliever inhaler not helping
- Needing reliever more than every 4 hours
- Difficult to walk and talk
- Difficult to breathe
- Tight chest
- Wheezing or coughing lots
- Peak flow is below:

What to do

1. Sit up straight and try to keep calm
2. Take one reliever puff every 30-60 seconds (max 10)
3. If feeling worse or no better after 10 puffs, call 999
4. Repeat step 2 after 15 minutes while waiting for an ambulance

Action plan not automatically shared with patient. For guidance on how to amend and send action plan please go to

https://storage.googleapis.com/medlink-public/AmendAndSend.pdf

This document is based on the Asthma UK 'Asthma Action Plan'

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 9.pdf
Extension:.tif
Pages:

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

D Sanu
11058/1,Tay Court Surgery
50 South Tay Street, Dundee
Dundee
DD1 1PF

Dear Doctor

Miss Audra Martin
17 HILLBANK PL
Dundee
DD3 7BE

Date of Birth: 13/12/1968
ACHI Number: 1312680024
ED Attendance Number: E0000484304
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Colin Donald

The above patient attended the Emergency Department Ninewells Hospital on 26/10/2023 at 13:12 and was discharged with no follow up on 26/10/2023 at 15:14. The letter has been collated by Dr Kieran Smith.

Diagnosis:		
Description	Body Site	Laterality
ED injury - soft tissue - Other Soft tissue injury		

Diagnosis Comments:

Procedures:

Prescriptions:

Discharge Destination: Private Residence - Usual place of residence

Discharge Type: Discharged with no follow up

Referred To:

Notes for GP:
K Smith (cons) - 1424

Shoulder pain

Fell out of bed last night after mattress topper fell off bed
Concerned as slipped disks on back/neck
Feels that her scapulae are sticking out abnormally as per her daughter

No new limb symptoms

Pain primarily medial to R scapula and R side of neck around sternocleidomastoid

OE
Mild diffuse tenderness at above sites
No bony tenderness
Good ROM neck but is painful on rotation to R
NV intact upper limbs
No rib/bony tenderness

Soft tissue inj
Continue analgesia/movements
Discharged

Yours sincerely

Emergency Department Ninewells Hospital

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 8.pdf
Extension:.tif
Pages:

08 Nov 2023

Asthma (Page 1)

Name AUDRA MARTIN

DOB 13 Dec 1968 (54y) **Email** audramartin49@gmail.com

Asthma Control Test (ACT) (symptoms during last 4 weeks)			**Poor**	**Good**
Affecting daily life	A little of the time			4
Short of breath	Once or twice a week			4
Woken at night	Once or twice			4
Reliever frequency	Once a week or less			4
Overall	Completely Controlled			5
ACT Score	**21/25**	>19 indicates good control		

Weight (kg)	57 kg	27113001	22A..
Height (cm)	158 cm	248333004	229..
BMI	23.0	**60621009**	**22K..**
Ethnicity	White - British	**976631000000101**	**9t00.**
Smoking	Light (1-9 cigarettes per day)	**160603005**	**1373.**
	Smoking cessation advice	**225323000**	**8CAL..**
Flu jab last season	No		
Under hospital care	No		

Triggers	Air sprays, Perfumes, cold		
Additional Treatment	Increase preventer use (1-2 puffs), Monitor peak-flow readings		
Action plan in place	Not sure		
Best ever PEFR	300	251936000	339D
Exacerbations last year	0		
Emergency admission (since last review)	No		

Preventer Inhaler	Metered Dose Inhaler (eg clenil, QVar, seretide evohaler, fostair, flutiform)		
Spacer device in use	Small volume spacer	313149002	663I
AM / PM puffs	AM: 1 PM: 1		
Why not every day	Taken when needed		
Inhaler Video	Inhaler technique shown	736601004	6636
Inhaler Assessment	Declined to perform inhaler technique	736150009	663o
Low Carbon	Declined		

Patient Comments	Not sure if it's Asthma or Emythasma
Complete Review	I feel my asthma is well controlled - I would like to discuss things further **FURTHER DISCUSSION**

Clinician next steps				
All codes must be entered on same date (QOF rules)				
1. Review Action Plan (following page), annotate as required	Asthma annual review		**394700004**	**66YJ**
2. Code review	Asthma self-management plan review		**810901000000102**	**661N1**
3. Inform patient of outcome and share completed action plan	Number of asthma exacerbations in past year:		**366874008**	**663y**
	Asthma control test score (Adult >11):	21/25	**443117005**	**38DL**

08 Nov 2023

Asthma (Page 2)

Name AUDRA MARTIN

DOB 13 Dec 1968 (54y) **Email** audramartin49@gmail.com

Personal Asthma Action Plan

AUDRA MARTIN

Every day management

With this regular daily routine I expect/aim to have no symptoms

If I am symptom-free for 12 weeks I can discuss stepping down treatment with my asthma team

My best peak flow is

Daily Asthma routine

My preventer inhaler

I take puffs in the morning

and puffs at night

I take my reliever inhaler only when I need to

I take puffs of reliever if

- I'm wheezing
- It's hard to breathe
- My chest feels tight
- I'm coughing

When I feel worse

My asthma is getting worse if:

- My symptoms come back (wheeze, tight chest, feeling breathless, coughing)
- I'm waking up at night
- Symptoms interfere with normal daily activities
- I need my reliever inhaler more than 3 times per week
- My peak flow drops to

URGENT: If needing reliever more than every 4 hours, take emergency action

Getting my asthma symptoms under control

If I haven't been using my preventer, I will restart

In addition I will

Advice from my asthma team about every day treatment

Advice from my asthma team when I'm worse

Asthma Attack

Signs of an asthma attack

- Reliever inhaler not helping
- Needing reliever more than every 4 hours
- Difficult to walk and talk
- Difficult to breathe
- Tight chest
- Wheezing or coughing lots
- Peak flow is below:

What to do

1. Sit up straight and try to keep calm
2. Take one reliever puff every 30-60 seconds (max 10)
3. If feeling worse or no better after 10 puffs, call 999
4. Repeat step 2 after 15 minutes while waiting for an ambulance

Action plan not automatically shared with patient. For guidance on how to amend and send action plan please go to

https://storage.googleapis.com/medlink-public/AmendAndSend.pdf

This document is based on the Asthma UK 'Asthma Action Plan'

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 7.pdf
Extension:.tif
Pages:

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR THARMAGAJAN THARMACHANDIRAR

VERIFIED Verified By : DR KETAN RATHOD 21-Jun-2024
Typed By : KRATHOD 21-Jun-2024

Clinical History :

phone with me once mri done
long standing and worsneing pain and difficlity with tingling pain and falls down the right side. known to have slipped disc in neck from accidetn worlking in care home in 2007 and had mri then. feels that problem is back and also same in lower right side of back. some pain to palpate but no red flags
has to use a stick due to the pain and impact on moboility
MRI lower back to assess for slipped disc pleae and may need surgery as physio so far has not helped and making things worse she feels. thanks
ENTERED BY: Tharmagajan Tharmachandirar(medical

BLEEP: Taycourt

VERIFIED Verified By : DR KETAN RATHOD 21-Jun-2024
Typed By : KRATHOD 21-Jun-2024

Event Number : E-7703160 Examination Date : **18-Jun-2024**
Copy To : , Attendance Number : 12
Examinations : **MRI Spine lumbar & sacral**

NHS Tayside: Clinical Report - Ninewells Hospital

MARTIN, AUDRA DoB : **13-Dec-1968**
17 HILLBANK PL, DUNDEE, DD3 7BE Hosp. No. :
Ref. Locn. : **GENERAL PRACTITIONER** CRIS No. : **272000**
Ref. Source : **TAY COURT SURGERY, 50 SOUTH TAY STREET, DUNDEE, DD1 1PF** CHI No. : **1312680024**
Referrer : DR THARMAGAJAN THARMACHANDIRAR

MRI Spine lumbar & sacral :

At L4/L5 level, there is presence of disc dehydration, and mild posterior disc bulge, and minor anterolisthesis of L4 over L5. However, no obvious evidence of neurological compression. This finding is long-standing and can also be seen on MRI dated 25 March 2014, and has not progressed since then.

No evidence of any significant degenerative disc herniation at any of the other levels.
Normal vertebral heights. Normal bone marrow signal.
Normal visible lower spinal cord and conus medullaris.
No other pertinent positive findings.

Event Number : E-7703160 Examination Date : **18-Jun-2024**
Copy To : , Attendance Number : 12
Examinations : **MRI Spine lumbar & sacral**

11 Dec 2025

Asthma (Page 1)

Name Audra Martin

DOB 13 Dec 1968 (56y) **Email** audramartin49@gmail.com

General Health		Clinical Coding	
Weight / Height / BMI	Not provided		
Ethnicity	Not provided		
Smoking	Other - Only smoke up 5 rolly up daily		
	Smoking cessation advice	225323000	8CAL
Vaping	Never vaped	1137690000	
Alcohol	0 u/wk	897148007	136

Asthma Control Test (ACT) (symptoms during last 4 weeks)		Poor	Good
Affecting daily life	A little of the time		4
Short of breath	Once or twice a week		4
Woken at night	Once or twice		4
Reliever frequency	Once a week or less		4
Overall	Well Controlled		4
ACT Score	**20/25**		

Asthma General			
Triggers	Colds,		
Action plan in place	Not sure		
Best PEFR (patient reported)	Not provided		
Passive smoker	**Yes**	43381005	137I
Additional Treatment	Increase reliever (Ventolin) use (1-2 puffs), Take 2 puffs of ventolin when required		
Exacerbations last year	No		
Emergency admission (since last review)	No	708358003	663d
Flu jab last season	No		
Under hospital care	No		

Inhaler			
Preventer Inhaler	Metered Dose Inhaler (eg clenil, QVar, seretide evohaler, fostair, flutiform)		
Spacer device in use	Small volume spacer	313149002	663l
AM / PM puffs	AM: 0 PM: 0		
Why not every day	I dont think i need them unless i had the cold		
Inhaler Video	Inhaler technique shown	736601004	6636
Inhaler Assessment	Declined to perform inhaler technique assessment	736150009	663o
Low Carbon	Declined		

Patient Comments	I dont need inhaler unless i start whezzing or have a cold	
Patient preference	I am happy to complete my review without further discussion if appropriate	**REMOTE REVIEW**

Clinician next steps	Asthma annual review		**394700004**	**66YJ**
All codes must be entered on same date (QOF rules)				
1. Review Action Plan, annotate as required	Asthma self-management plan review		**810901000000102**	**661N1**
2. Code review	Number of asthma exacerbations in past year:	0	**366874008**	**663y**
3. Inform patient of outcome and share completed action plan	Asthma control test score (Adult >11):	20/25	**443117005**	**38DL**

ID: 1978848

ASTHMAMEDLINK

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 5.pdf
Extension:.tif
Pages:

NHS Tayside

Emergency Department Ninewells Hospital

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

D Sanu
11058/1,Tay Court Surgery
50 South Tay Street, Dundee
Dundee
DD1 1PF

Dear Doctor

Miss Audra Martin
17 HILLBANK PL
Dundee
DD3 7BE

Date of Birth: 13/12/1968
ACHI Number: 1312680024
ED Attendance Number: E0000702690
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant:Dr Jenna Headley

The above patient attended the Emergency Department Ninewells Hospital on 14/04/2026 at 14:34 and was admitted on 14/04/2026 at 17:54. The letter has been collated by Myra Nasim.

Diagnosis:		
Description	Body Site	Laterality
ED injury - head injury -Other Head injury		

Diagnosis Comments:

Notes for GP:

Investigations: XR Chest

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - Medical Ward

Discharge Type: Admitted

Referred To:

ED Clinical Notes:
Audra has h/o poor balance since few years, worsening since COVID, feels herself falling to right side repeatedly even when sitting in bed, has fallen a few times daily over past few days however nil injuries, sometimes she blacks out due to falls as well but nil syncope recently, nil LCO today

Created on 14/04/2026 17:54 by Ellie Richmond Version 1 Page 1 of 4

today she was washing her head in the sink lift up the head and felt herself going back and towards the right, fell and hit her head, NIL LOC, nil nausea/vomiting/ear/nose discharge

nil other injuries
denies neck injuries or worsening of pain in neck since the fall
denies chest pain before the fall
nil recent fevers/flu/cough/sore throat

previous scans noted:-
MRI Spine lumbar & sacral - 2024
At L4/L5 level, there is presence of disc dehydration, and mild posterior disc bulge, and minor anterolisthesis of L4 over L5. However, no obvious evidence of neurological compression. This finding is long-standing and can also be seen on MRI dated 25 March 2014, and has not progressed since then.
No evidence of any significant degenerative disc herniation at any of the other levels.
Normal vertebral heights. Normal bone marrow signal.
Normal visible lower spinal cord and conus medullaris.
No other pertinent positive findings.

X-ray Cervical Spine - 2017
Minor facet joint changes most marked at C2/3 and minor neurocentral changes lower in the spine.

MR Cervical Spine - 2008 - ?disc bulge - no report available

PMHx:
Chronic pain - Back and Neck
Asthma

Regular Medictaions:
Tramadol
Furosemide
Gabapentin
Salbutamol Inhaler
Kelhale
Hydroxycobalamin
Cerazette

Social Hisotry:
lives by herself, no care-ers
mobilises independantly in the houses but uses a walked/stick when out and about
Smoking - 10/day
Alcohol - socially
Recreational Drugs - Nil

Examination:
Laceration over cranium, curved 3-4 cm, oozing but not actively bleeding
Facial Bones - nil tenderness
C-spine - diffuse tenderness on palaption - unchanged since the fall - nil focal tenderness, denies numbness/ tignling pain in eeither upper limbs

A - alert, speaking in full sentences
B - sats 88% on RA, 95% on 05-1L oxygen, B/L NVB with minimal wheeze, soreness on palaption of right upper chest
C - HR 79, Pulse: regular
D - abdomen: soft, non-tender, BS+ve
E - B/L pitting edema noted with skin changes - long standing
nil long bone pain/tenderness

Neuro Exam:
patient was falling to right side even when sitting in bed
Pupils - B/L reactive
Eye movements intact
Coordination:
No past pointing
No dysdiadokokinesia
Romberg - falling to right, tilting to right side but did not fall, able to maintain erect posture for 30 secs
Power comparable B/L 5/5
Gait - poor balance, usually requires a stick to balance

Impression: repeated falls due to poor balance - unexplained diagnosis
previous h/o c-spine and lumbar spine pain but nil acute changes
+ low sats - ?baseline 95% sats on 05-1L

Plan:
Analgesia
Inhalers
CXR
Admit AMU
Head laceration sutured with 3-0 non-absorbable - leaflet provided

Case d/w Dr Tongue

ED Nurse Notes:
Nursing Assessment/Social History
Lives alone, walks with a stick and a wheeled walker outside
Initial Interventions
Observations obtained and ECG.
NEWS Score – RR 17 88% on air, 88 129/75 36.8 Alert
Covid screen required – no
Nameband – Yes white/red

No medication brought with patient
Pt accepts responsibility for belongings/valuables. – Yes
Belongings listed completed by

Prepared for admission by MDonnan
Interventions
NEBS given as prescribed.
Paracetamol given as prescribed.
Observations repeated
Atteneded chest xray.
NEWS on admission
Does the patient agree with the plan yes

NHS Tayside

NOK/relatives aware of plan for admission yes
Wellbeing form completed - no
Adult Support and Protection referral completed - no
Falls referral completed – no
Patient transferred on trolley/cotsides up

Escort required – Yes HCSW escort

Yours sincerely

Emergency Department Ninewells Hospital

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 4.pdf
Extension:.tif
Pages:

NHS Lothian

Initial Discharge Communication

NHS Tayside

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	14/04/2026	**Discharge**	15/04/2026
Specialty	Acute Medicine	**Consultant**	Dr Robin Smith (3286056)
From	Acute Medical Unit Ninewells Hospital	**Destination**	Home

Diagnoses

recurrent falls

?cervical myelopathy

Operations/Procedures

Actions Required for Primary Care

Kindly recheck K levels in 1 weeks time

Communication to Primary Care

Dear Doctor,

Audra Martin 57F was admitted to Ninewells on 15/04/26 following a fall resulting in a head laceration which has been stitched. Ms Martin reports ongoing poor balance, recurrent falls and drifting towards her right side for past few years. Bloods on admission showed K 2.8 in which she received IV potassium, prescribed oral sando K for home.

On neurological examination - unsteady gait, Rombergs positive (leaning towards right side) and bilateral hyperreflexia (R>L).

Her CTB was unremarkable. Ms Martin will be scheduled for an OP MRI whole spine and will be followed up by the neurosurgery team.

Following a period of recovery on the ward, she is now fit for discharge. Safety netted with worsening advice. Thank you for your continued care in the community.

Kind regards,
AMU Ninewells

Kind regards,
AMU Ninewells Hospital

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Furosemide 40mg tablets		1 TABLET ONCE A DAY,		Own at Home		

NHS

Initial Discharge Communication

NHS

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

Gabapentin 300mg capsules		TAKE THREE CAPSULES MORNING, THREE CAPSULES AT LUNCH AND THREE CAPSULES AT NIGHT. Notes for patient: dose reduction as discussed to 3tabs tds		Own at Home		
Hydroxocobalamin 1mg/1ml solution for injection ampoules		TO BE ADMINISTERED 3 MONTHLY		Own at Home		
Kelhale 100micrograms/dose inhaler (Cipla EU Ltd)		1 PUFF TWICE A DAY		Own at Home		
Salbutamol 100micrograms/dose inhaler CFC free		2 PUFFS WHEN REQUIRED Notes for patient: please book an appointment with asthma nurse for annual asthma review		Own at Home		
Sando K Effervescent Tablets		TAKE TWO TABLETS THREE TIMES DAILY FOR THREE DAYS	3 days	TTO		
Tramadol 200mg modified-release capsules		1 CAPSULE TWICE A DAY		Own at Home	zero (0)	

Discontinued Medication

Medication Notes

Allergies

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy

Please provide a signature for controlled drugs

.....

Copy To

CC to Neurosurgery

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Shreya Srinivas	FY1 2025	15/04/2026 16:42:04
Pharmacy Sign Off			
Final Sign Off			

NHS

Initial Discharge Communication

NHS

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

Scanned Document
08-July-2026 ACOYLE
Additional: Scanned Document

Filename: 3.pdf
Extension:.tif
Pages:

Tayside Clinical Laboratory Services

CHI:	1312680024	**DOB:**	13/12/1968	**Sex:**	F
Surname:	MARTIN		**Forename:**	AUDRA	
Requestor:	dsanu		**Clinician:**	SANU, Deepa V	
Location:	Tay Court Surgery				

NHS Tayside

** FINAL REPORT **

Clinical Details:
check bloods 1 week

Report Body:

Test	Result	Flag	Units	Ref Range
CREATININE AND ELECTROLYTES				
Sodium	140		mmol/L	133 - 146
Potassium	4.3		mmol/L	3.5 - 5.3
Creatinine (Enzymatic)	70		umol/L	44 - 80
eGFR result (EPI)	83		mL/min/1.73m*2	
Comment	Provided acute kidney injury has been excluded - this eGFR is consistent with CKD stage G2 - mild reduction in eGFR compared to young adult			

** END OF REPORT **

Specimen Collected:	21/04/2026 09:34	**Specimen Booked in:**	21/04/2026 11:31	**Report Released:**	21/04/2026 12:39
Laboratory:	Blood Sciences	**Laboratory No:**	26B10137374		
Specimen Type:	Blood				

Page 1 of 1

NHS Tayside

Operational Unit
Department of Neurosurgery
South Block, Level 6
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

01382 660111

www.nhstayside.scot.nhs.uk

Robin Smith
Acute Medical Consultant
Ninewells Hospital
Dundee
DD1 9SY

Date	20/04/2026	
Your Ref		
Our Ref	HP/LC	/ **1312680024**
Enquiries to	Lisa Crook	
Extension	54269	
Direct Line	01382 425712	
Email		

Dear Dr Smith

Audra Martin, 17 Hillbank Pl, Dundee, Angus, DD3 7BE DOB: 13/12/1968

Thank you for copying me into the discharge summary for this lady.

We do not routinely follow up minor head injuries as there is very rarely any neurosurgical input necessary. Should Ms Martin have further problems she can contact her GP and they can get in touch with us as necessary.

Kind regards

Yours sincerely

Authorised on 27/04/2026 09:11:41 by Heinke Pulhorn.

Miss H Pülhorn
Consultant Neurosurgeon

(D) Dr D Sanu, Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF

(P) Audra Martin,
17 Hillbank Pl,
Dundee,
Angus,
DD3 7BE

Filename: 1.pdf
Extension:.tif
Pages:

NHS Scotland

Final Discharge Communication

NHS Scotland

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details

Admission	14/04/2026	**Discharge**	15/04/2026
Specialty	Acute Medicine	**Consultant**	Dr Robin Smith (3286056)
From	Acute Medical Unit Ninewells Hospital	**Destination**	Home

Diagnoses

recurrent falls

?cervical myelopathy

Operations/Procedures

Actions Required for Primary Care

Kindly recheck K levels in 1 weeks time

Communication to Primary Care

Dear Doctor,

Audra Martin 57F was admitted to Ninewells on 15/04/26 following a fall resulting in a head laceration which has been stitched. Ms Martin reports ongoing poor balance, recurrent falls and drifting towards her right side for past few years. Bloods on admission showed K 2.8 in which she received IV potassium, prescribed oral sando K for home.

On neurological examination - unsteady gait, Rombergs positive (leaning towards right side) and bilateral hyperreflexia (R>L).

Her CTB was unremarkable. Ms Martin will be scheduled for an OP MRI whole spine and will be followed up by the neurosurgery team if MRI demonstrates significant spinal cord issues.

Following a period of recovery on the ward, she is now fit for discharge. Safety netted with worsening advice. Thank you for your continued care in the community.

Kind regards,
AMU Ninewells

Kind regards,
AMU Ninewells Hospital

Medications

This prescription has not been reviewed by a Pharmacist

Drug & Formulation	Dose	How to take	How long to take	Supply	Quantity	Dispensary
Furosemide 40mg tablets		1 TABLET ONCE A DAY,		Own at Home		

NHS | **Final Discharge Communication** | NHS

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

Gabapentin 300mg capsules		TAKE THREE CAPSULES MORNING, THREE CAPSULES AT LUNCH AND THREE CAPSULES AT NIGHT. Notes for patient: dose reduction as discussed to 3tabs tds		Own at Home		
Hydroxocobalamin 1mg/1ml solution for injection ampoules		TO BE ADMINISTERED 3 MONTHLY		Own at Home		
Kelhale 100micrograms/dose inhaler (Cipla EU Ltd)		1 PUFF TWICE A DAY		Own at Home		
Salbutamol 100micrograms/dose inhaler CFC free		2 PUFFS WHEN REQUIRED Notes for patient: please book an appointment with asthma nurse for annual asthma review		Own at Home		
Sando K Effervescent Tablets		TAKE TWO TABLETS THREE TIMES DAILY FOR THREE DAYS	3 days	TTO		
Tramadol 200mg modified-release capsules		1 CAPSULE TWICE A DAY		Own at Home	zero (0)	

Discontinued Medication

Medication Notes

Allergies

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

The MRI of cervical, thoracic and lumbar spine shows stable degenerative changes without significant cordal compression. Report pasted below. No obvious neurosurgical issuem seen

MRI Findings: There is normal craniocervical junction. There is slight anterolisthesis of L4

on L5 as before. There is normal vertebral body height and marrow signal. The spinal cord

returns normal signal and the conus is at T11-12.

There are broad-based disc osteophyte bars in the cervical spine with no cord compression.

Together with some facet joint arthropathy, there is moderate right C4, right C5, right C6

and right C7 neural foraminal stenosis.

NHS | Final Discharge Communication | NHS

AUDRA MARTIN 17 HILLBANK PL, DUNDEE, DD3 7BE *GP Practice: Tay Court Surgery, 50 South Tay Street, Dundee, DD1 1PF*	CHI: 1312680024 Born: 13/12/1968

MRI thoracic spine. There are minor degenerative changes in the thoracic spine with no

neural compression.

There are minor broad-based disc bulges in the lower lumbar spine with moderate right L5

neuroforaminal stenosis which is unchanged.

No epidural or paravertebral collection.

Conclusion/recommendations: Some degenerative changes as described. The appearance of the

lumbar spine are unchanged.

Pharmacy

Please provide a signature for controlled drugs

.....

Copy To

CC to Neurosurgery

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Shreya Srinivas	FY1 2025	15/04/2026 16:42:04
Pharmacy Sign Off			
Final Sign Off	Robin Smith	Consultant	05/05/2026 10:27:27

Scanned Document
10-Feb-2026 Dr Auto Medlink
Additional: Scanned Document
Other Attachment : MedLink Summary - Asthma - 1978848-1
Filename: 007OS00B.pdf
Extension:.tif
Pages:

11 Dec 2025

Asthma (Page 1)

Name Audra Martin

DOB 13 Dec 1968 (56y) **Email** audramartin49@gmail.com

General Health		Clinical Coding	
Weight / Height / BMI	Not provided		
Ethnicity	Not provided		
Smoking	Other - Only smoke up 5 rolly up daily		
	Smoking cessation advice	225323000	8CAL.
Vaping	Never vaped	1137690000	
Alcohol	0 u/wk	897148007	136

Asthma Control Test (ACT) (symptoms during last 4 weeks)		Poor	Good
Affecting daily life	A little of the time		4
Short of breath	Once or twice a week		4
Woken at night	Once or twice		4
Reliever frequency	Once a week or less		4
Overall	Well Controlled		4
ACT Score	**20/25**		

Asthma General			
Triggers	Colds,		
Action plan in place	Not sure		
Best PEFR (patient reported)	Not provided		
Passive smoker	**Yes**	43381005	137I
Additional Treatment	Increase reliever (Ventolin) use (1-2 puffs), Take 2 puffs of ventolin when required		
Exacerbations last year	No		
Emergency admission (since last review)	No	708358003	663d
Flu jab last season	No		
Under hospital care	No		

Inhaler			
Preventer Inhaler	Metered Dose Inhaler (eg clenil, QVar, seretide evohaler, fostair, flutiform)		
Spacer device in use	Small volume spacer	313149002	663l
AM / PM puffs	AM: 0 PM: 0		
Why not every day	I dont think i need them unless i had the cold		
Inhaler Video	Inhaler technique shown	736601004	6636
Inhaler Assessment	Declined to perform inhaler technique assessment	736150009	663o
Low Carbon	Declined		

Patient Comments	I dont need inhaler unless i start whezzing or have a cold	
Patient preference	I am happy to complete my review without further discussion if appropriate	**REMOTE REVIEW**

Clinician next steps	Asthma annual review		**394700004**	**66YJ**
All codes must be entered on same date (QOF rules)				
1. Review Action Plan, annotate as required	Asthma self-management plan review		**810901000000102**	**661N1**
2. Code review	Number of asthma exacerbations in past year:	0	**366874008**	**663y**
3. Inform patient of outcome and share completed action plan	Asthma control test score (Adult >11):	20/25	**443117005**	**38DL**

ID: 1978848

ASTHMAMEDLINK

Scanned Document
10-Feb-2026 Dr Auto Medlink
Additional: Scanned Document
Other Attachment : Patient message: Asthma Attack Recovery Plan

ASTHMA+ LUNG UK

ASTHMA ATTACK RECOVERY PLAN

This booklet has the information you need to help you recover from an asthma attack, feel better more quickly, and reduce your risk of having another attack.

Three steps to recovery

1. **Book an urgent appointment with your GP or asthma nurse.** It's important to see them the same day if you had your asthma attack at home. And within two days if you were treated in hospital.

2. **Keep taking your asthma medicines as prescribed.** Your usual preventer medicine works away in the background to lower your risk of symptoms and attacks. A short course of steroid tablets prescribed by your GP helps you recover from your asthma attack by dealing with the inflammation and swelling in your airways.

3. **Take time to recover.** Lots of people feel physically and emotionally tired after an asthma attack, so try to rest as much as you need to. Ask family or friends to help out with children, or get signed off work by your GP. Everyone's different, so do what feels right for you.

When do I need to see my GP or asthma nurse?

Book an appointment if:

You dealt with your asthma attack at home by using your reliever inhaler (usually blue). Even if you didn't have to call an ambulance. This is so they can check you're well and review your medicines.

You went to hospital or called an ambulance. You need to book a follow-up appointment with your GP or asthma nurse within 48 hours of leaving the hospital or being treated by paramedics. They can check your notes to see what happened and give you personal recovery advice.

You had an asthma attack over two weeks ago, but didn't see your GP at the time. Even if you feel well, it's important to see your GP or asthma nurse. Your asthma may still not be well controlled, and you might be at risk of another asthma attack.

You used any of your 'rescue pack' of steroids. If your asthma got bad enough that you had to take the steroid pills your GP gave you, see your GP or asthma nurse.

How will my GP or asthma nurse help?

In your urgent appointment, your GP or asthma nurse may:

- **Prescribe oral steroid tablets.** A short course of steroid tablets like prednisolone will calm down the inflammation in your airways. You usually take this alongside your regular asthma medicines.
- **Check you're not at risk of another attack.** This is especially important if you didn't go to hospital.
- **Review your asthma medicines and asthma action plan.** A change of dose or a tweak to your inhaler technique could help prevent another asthma attack.
- **Update your medical records** to show you've had an asthma attack.

After your appointment

- **Keep taking your medicines** and looking after yourself in the way you agreed with your GP or asthma nurse.
- It's a good idea to **track your symptoms**. Try doing this on your phone or on a calendar.

Take action if your symptoms get worse

If your symptoms are getting worse at any time after your appointment, book another appointment with your GP or asthma nurse as soon as possible or call 111. You can go to an NHS walk-in centre if you can't get an appointment.

You should also book a new appointment if you've finished a course of oral steroid tablets prescribed by your doctor and are still having symptoms. They can give you more tablets if you need them.

Respiratory nurse specialist, Kathy, says...

"See your GP or asthma nurse after an asthma attack to support your recovery and lower your risk of another attack.

Four tips to prevent another asthma attack

1. **Use your preventer medicine as prescribed.** Taking your preventer every day stops your airways getting too inflamed and makes them less likely to react to triggers.
2. **Check your inhaler technique. This helps the medicine get to your lungs, where it's needed.** Your GP or asthma nurse can check your technique for you. You can also watch how-to videos on our website: **asthma.org.uk/advice/inhaler-videos**
3. **Watch out for triggers**. Keep a record of any triggers – old or new – that you think give you asthma symptoms.
4. **Use your asthma action plan.** Using an asthma action plan makes it easier to manage your asthma symptoms and means you're less likely to end up in hospital with your asthma. If you don't have one yet, you can download one for free at **asthma.org.uk/advice/resources** and ask your GP or asthma nurse to fill it in with you.

Know the signs of an asthma attack

Here's how to spot the signs of a future asthma attack:

- Your reliever inhaler (usually blue) isn't helping or isn't lasting four hours.
- You're breathless and finding it hard to speak, eat or sleep.
- Your symptoms are getting worse.
- Your breathing is getting faster and you can't catch your breath properly.

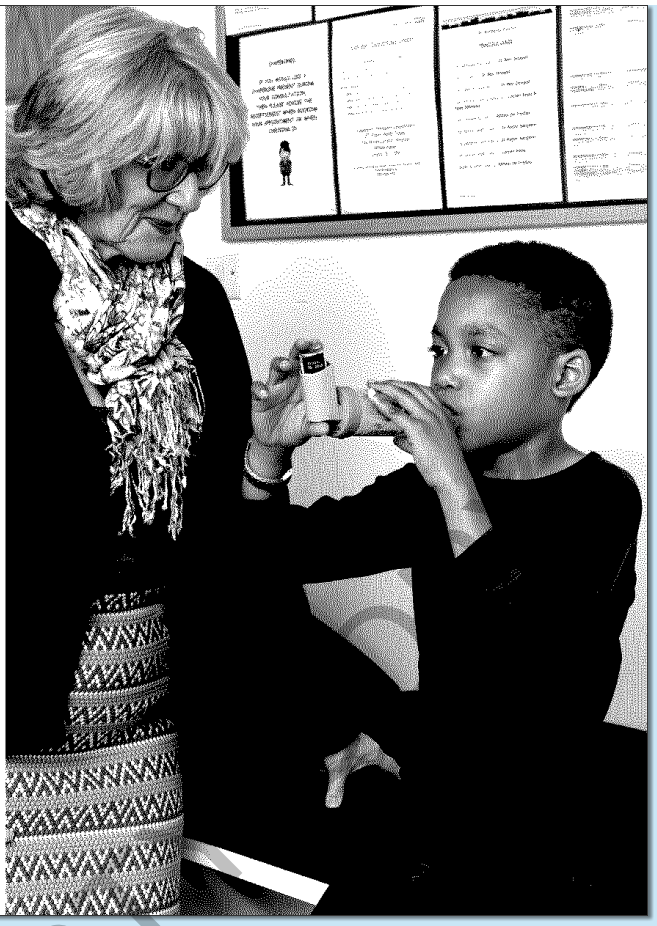
What to do in an asthma attack

1. Sit up straight - try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If you feel worse at any point OR you don't feel better after 10 puffs **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

Even if you feel better, make an urgent same-day appointment with your GP or asthma nurse.

IMPORTANT!

This asthma attack information is not designed for people on a MART medicine plan. Speak to your GP or asthma nurse to get the correct asthma attack information.



6

Your online asthma community is always there for you

Swap ideas with others who have asthma:
facebook.com/AsthmaLungUK

Get information, tips and ideas on everything from inhalers to triggers and managing your asthma:
AsthmaAndLung.org.uk/get-support

Get the latest asthma news by following us on Twitter:
@AsthmaUKLung

Get more health advice and asthma news with Asthma UK email updates
AsthmaAndLung.org.uk

Having asthma can be challenging sometimes, especially if your diagnosis is new, or if you've had a lot of symptoms lately. Make sure you always get the help you need by taking five minutes to write down a list of who you can call.

Friends, family and colleagues can sometimes help just by listening. Don't be afraid to share with them how you're feeling.

Your healthcare team – GP, asthma nurse, specialist consultant and pharmacist – is on hand to provide whatever care and support you need.

Asthma + Lung UK's respiratory nurse specialists will ease your worries about asthma. Just call **0300 222 5800** or message via WhatsApp on **07378 606 728** (Monday-Friday, 9am-5pm).

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call **0300 222 5800**
WhatsApp **07378 606 728**
(Monday-Friday, 9am-5pm)

Last reviewed and updated 2021; next review 2024.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101014848202T

REFERRAL TO

Pain ManagementC31
TAY General Referral

?—— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

?—— **Hospital**and **hospital address**

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer) 08-Nov-2017
Date referral was submitted 08-Nov-2017
Urgency of referral Routine
?

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
Interpreter Required: No
Details of "Other" Language: None

PATIENT DETAILS

Surname	MARTIN
Forename(s)	AUDRA
Title	MISS
Sex	Female
Date of birth	13-Dec-1968
CHI no.	1312680024

Patient's address
17 HILLBANK PL
DUNDEE
DD3 7BE

Contact number(s)
Voice: 0754 191 7144

REGISTERED GP DETAILS

Name	Dr Deepa Sanu		
GMC code	6037354	GP code	70076
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address
50 SOUTH TAY STREET
DUNDEE

Contact number(s)
Voice: 01382228228

REFERRING PRACTITIONER DETAILS

Name	Dr Calum Paton		
GMC code	4110516	GP code	78557
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address
50 SOUTH TAY STREET
DUNDEE

Contact number(s)
Voice: 01382228228

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Persistent low back pain

Comment: This lady's back pain has been going on for many years with a previous history of an L4/5 disc protrusion and has intermittent paraesthesia in her upper limbs due to possible lumbar and cervical spine degeneration. A recent x-ray shows minor facet joint changes at C2/3 level and no change in the minor degeneration in the lower lumbar spine. She has been seen by yourselves in the past but in view of her ongoing pain, I would be grateful if she could be seen once again for pain management.
Many thanks

Examinations and Investigations

Cigarette smoker:	Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 10. NOTES: roll-ups..	2017-07-05
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2017-03-28
Enjoys light exercise:		2012-03-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.6	m	Recorded Date:	None provided
Weight:	88	Kg	Recorded Date:	None provided
BMI:	34.3	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	142/80	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	?? Laterality	?? Modifier	?? Extension	?? Date of onset
Asthma	?? -	?? -	?? -	?? 05-Jul-2017
Total nail avulsion	?? -	?? -	?? of both first toes	?? 28-Oct-2014
Premature membrane rupture NOS	?? -	?? -	?? -	?? 24-Dec-1998
Ovarian cysts	?? -	?? -	?? small ovarian cyst noted	?? 25-Sep-1995
Forceps delivery	?? -	?? -	?? -	?? 08-Apr-1989

Past procedures

Description	?? Laterality	?? Modifier	?? Date performed
Cold coagulation of lesion of cervix	?? -	?? -	?? 10-Nov-2008
Tonsillectomy	?? -	?? -	?? 13-May-1975

Current and recent medication

Current repeat medication

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Robaxin 750 tablets (Almirall Ltd)	?? 53908020	?? tablet	?? 2 TABLETS FOUR TIMES DAILY	?? -	?? 15-Dec-2016	?? -
Gabapentin 300mg capsules	?? 68253020	?? capsule	?? 4 CAPSULES THREE TIMES DAILY	?? -	?? 30-May-2014	?? -
Sertraline 100mg tablets	?? 74051020	?? tablet	?? 1 TABLET ONCE A DAY	?? -	?? 19-Aug-2013	?? -
Salbutamol 100micrograms/dose inhaler CFC free	?? 59554020	?? dose	?? TAKE 2 PUFFS WHEN REQUIRED	?? -	?? 02-Aug-2017	?? -
Qvar 100 inhaler (Teva UK Ltd)	?? 86874020	?? dose	?? 1 PUFF TWICE A DAY	?? -	?? 02-Aug-2017	?? -
Tramadol 200mg modified-release capsules	?? 79982020	?? capsule	?? 1 CAPSULE TWICE A DAY	?? -	?? 29-Dec-2014	?? -

Recent acute medication (last 30 days)

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Ibuprofen 5% gel	?? 72459020	?? gram	?? APPLY THREE TIMES A DAY TO TH[more]	?? -	?? 25-Oct-2017	?? -

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

?

]]>

Signature of referring doctor (or other professional) **Date**

Scanned Document
05-July-2017 Mrs Catriona Baldie
Additional: Scanned Document
Spirometry : Spirometry Test, 05/07/2017 10:58
Filename: 007OS006.pdf
Extension:.tif
Pages:

Spirometry Examination Report

Patient Details

Name:	AUDRA MARTIN		
Patient ID:	1312680024		
Gender:	Female	**Height:**	160 cm
Date Of Birth:	13/12/1968 (Age: 48)	**Weight:**	82 kg
Smoker:	<15	**BMI:**	32.0
Ethnic Origin:	Caucasian	**BSA:**	1.9
Correction Factor:	1.00		

Normal Value Set

ECCS (1993) 20-85 years, Polgar (1971) 5-19 years

Forced Best Blow Criteria

FEV1 + FVC

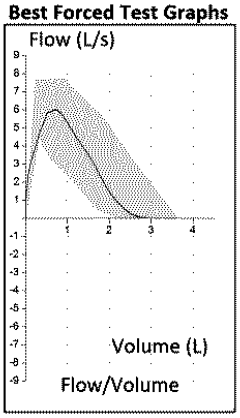
Forced Tests Summary

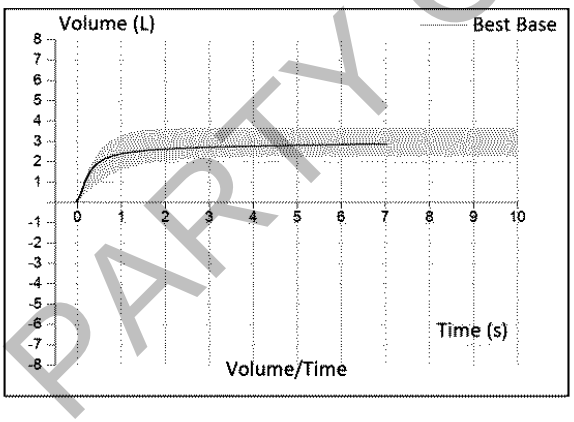
	FEV1	FVC	PEF	Quality	Var (FEV1, FVC)	Time	Date
Base	2.37 L	2.88 L	389 L/m	Good Blow	-1 % (-20 mL), -1 % (-20 mL)	10:57	05/07/2017
Base (Best)	2.39 L	2.90 L	362 L/m	Good Blow	0 % (0 mL), 0 % (0 mL)	10:58	05/07/2017
Base	2.36 L	2.86 L	511 L/m	Good Blow	-1 % (-30 mL), -1 % (-40 mL)	11:00	05/07/2017

Best Forced Test Results

Param	Base	%Norm	Z-scr	Post1	%Norm	%Chg	mL Chg	Z-scr	Post2	%Norm	%Chg	mL Chg	Z-scr	Normal
FEV1	2.39 L	95 %	-0.34											2.52 L
FVC	2.90 L	98 %	-0.12											2.95 L
FEV1/FVC	82 %	-	0.31											80 %
FEF2575	2.86 L/s	87 %	-0.50											3.29 L/s
FEV1/VC	100 %	-	-											-
Lung Age	53 Years	-	-											-

Best Forced Test Graphs





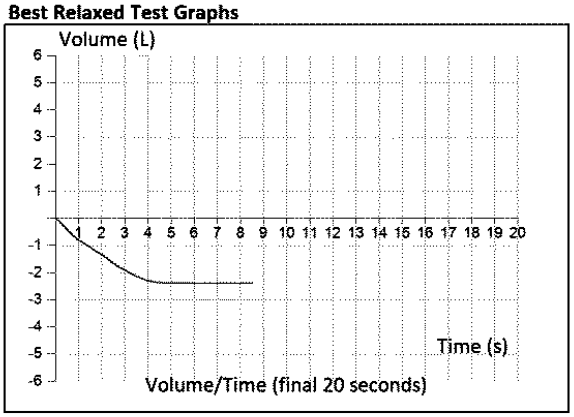
Relaxed Tests Summary

	VC	Variability	Time	Date
Base	2.33 L	-3 % (-60 mL)	10:54	05/07/2017
Base (Best)	2.39 L	0 % (0 mL)	10:55	05/07/2017
Base	2.39 L	0 % (0 mL)	10:56	05/07/2017

Best Relaxed Test Results

Param	Base	%Norm	Z-scr	Post1	%Norm	%Chg	mL Chg	Z-scr	Post2	%Norm	%Chg	mL Chg	Z-scr	Normal
EVC	2.39 L	82 %	-1.28											2.93 L

Best Relaxed Test Graphs



Interpretation (NICE 2010):
Base: Normal Spirometry

Acceptance Criteria (ATS/ERS):
Base: Criteria Met

Variability:
Base: FEV1: 1% (20mL), FVC: 1% (20mL)

Scanned Document
17-Mar-2014 Dr Ruth Stevenson
Additional: Scanned Document
SCI Referral Letter :
Filename: 007OS003.html
Extension: .tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

REFERRAL TO

Anaesthetics - Pain ClinicC3A
TAY General Referral

?—— **Consultant / receiving practitioner** and/or **specialty clinic**

Ninewells Hospital
Dundee
DD1 9SY

?—— **Hospital**and **hospital address**

Hospital unit no.: T101H

Email address: -

Date of Referral (set by referrer)	13-Mar-2014
Date referral was submitted	17-Mar-2014
Urgency of referral	Routine
	?

Armed Forces Personnel, Immediate Families & Veterans

- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)

- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous

- ☐ Requires support of a translator

PATIENT DETAILS

Surname	MARTIN
Forename(s)	AUDRA
Title	MISS
Sex	Female
Date of birth	13-Dec-1968
CHI no.	1312680024

Patient's address

17 HILLBANK PL
DUNDEE
DD3 7BE

Contact number(s)

Voice: 07541917144

REGISTERED GP DETAILS

Name	Dr Margaretha Badenhorst		
GMC code	2813460	GP code	70572
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address

50 SOUTH TAY STREET
DUNDEE

Contact number(s)

Voice: 01382228228

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Stevenson		
GMC code	4700579	GP code	71366
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address

50 SOUTH TAY STREET
DUNDEE

Contact number(s)

Voice: 01382228228

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: L4/5 severe degenerative hyperostosis

Comment: This lady is known to have longstanding brachalgia associated with a C5/6 disc bulge with compression of the nerve. She was reviewed by Neurosurgery a long time ago and was given the option of an anterior cervical microdiscectomy with disc replacement but due to the risk of permanent nerve problems, she did not wish to have the surgical procedure and usually manages her pain symptoms associated with this reasonably well. Unfortunately to complicate things she has had lumbar back pain which has now started to affect her mobility. X-ray shows severe degenerative hyperostosis of the facet joints at L4/5 and I have referred her for CT scan as recommended as she is having right sided sciatica symptoms. As detailed below she is on high doses of painkillers and she says this is not controlling her pain. At present she is appealing against a decision for fitness to work. I am not keen to go down the Morphine route with her but would be grateful for your opinion with respect to her pain and alternative analgesia.

Examinations and Investigations

Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker. NOTES: rolls own cigs.	2013-08-08
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2012-02-28
Enjoys light exercise:		2012-03-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.62	m	Recorded Date:	None provided
Weight:	75	Kg	Recorded Date:	None provided
BMI:	28.5	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	125/76	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	?? Laterality	?? Modifier	?? Extension	?? Date of onset
Premature membrane rupture NOS	?? -	?? -	?? -	?? 24-Dec-1998
Ovarian cysts	?? -	?? -	?? small ovarian cyst noted	?? 25-Sep-1995
Forceps delivery	?? -	?? -	?? -	?? 08-Apr-1989

Past procedures

Description	?? Laterality	?? Modifier	?? Date performed
Cold coagulation of lesion of cervix	?? -	?? -	?? 10-Nov-2008
Tonsillectomy	?? -	?? -	?? 13-May-1975

Current and recent medication

Current repeat medication

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Gabapentin 300mg capsules	?? 68253020	?? capsule	?? TAKE 4 TABS 3 TIMES DAILY	?? -	?? 13-Nov-2008	?? -
Tramadol 50mg capsules	?? 75786020	?? capsule	?? TAKE 1 OR 2 UP TO FOUR TIMES A DAY	?? -	?? 02-Nov-2010	?? -
Sertraline 100mg tablets	?? 74051020	?? tablet	?? 1 TABLET ONCE A DAY	?? -	?? 19-Aug-2013	?? -
Amitriptyline 25mg tablets	?? 58950020	?? tablet	?? TAKE ONE AT NIGHT	?? -	?? 13-Nov-2008	?? -

Recent acute medication (last 30 days)

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Cerazette 75microgram tablets (Merck Sharp & Dohme Ltd)	?? 81171020	?? tablet	?? TAKE ONE DAILY	?? -	?? 13-Mar-2014	?? -
Gabapentin 300mg capsules	?? 68253020	?? capsule	?? TAKE 4 TABS DAILY	?? -	?? 13-Nov-2008	?? -

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

?

]]>

Signature of referring doctor (or other professional) **Date**

Scanned Document
26-Nov-2013 Dr Ruth Stevenson
Additional: Scanned Document
SCI Referral Letter :
Filename: 007OS002.html
Extension:.tif
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

?

REFERRAL TO

Chiropody/PodiatryR1
TAY General Referral

? **Consultant / receiving practitioner** and/or **specialty clinic**

West Gate Health Centre
Charleston Drive
Dundee
DD2 4AD

? **Hospital**and **hospital address**

Hospital unit no.
T103B

Email address
-

Date of Referral (set by referrer) 25-Nov-2013
Date referral was submitted 26-Nov-2013
Urgency of referral Routine
?

Armed Forces Personnel, Immediate Families & Veterans
- ☐ On active service
- ☐ Condition related to service
- ☐ Immediate family member

Impairment(s)
- ☐ Learning
- ☐ Visual
- ☐ Hearing

Miscellaneous
- ☐ Requires support of a translator

PATIENT DETAILS

Surname	MARTIN
Forename(s)	AUDRA
Title	MISS
Sex	Female
Date of birth	13-Dec-1968
CHI no.	1312680024

Patient's address
17 HILLBANK PL
DUNDEE
DD3 7BE

Contact number(s)
Voice: 07541917144

REGISTERED GP DETAILS

Name	Dr Margaretha Badenhorst		
GMC code	2813460	GP code	70572
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address
50 SOUTH TAY STREET
DUNDEE

Contact number(s)
Voice: 01382228228

REFERRING PRACTITIONER DETAILS

Name	Dr Ruth Stevenson		
GMC code	4700579	GP code	71366
Practice name	Taycourt Surgery		
Practice code	11058		

Practice address
50 SOUTH TAY STREET
DUNDEE

Contact number(s)
Voice: 01382228228

Periods of Future Unavailability None provided.

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Ingrowing toe nail left big toe

Comment: This lady has been aware of a longstanding problem with athlete's foot and pain affecting her right big toe. On examination she has marked ingrowing of both sides of the right big toe nail and the 4th toe was also affected. I have commenced her on Terbinafine to help with her athlete's foot symptoms but I am concerned that the big toe nail may have to be removed altogether and would be grateful for your opinion.

Examinations and Investigations

Moderate smoker - 10-19 cigs/d:	Smoking status on date of event: Smoker. NOTES: rolls own cigs.	2013-08-08
Teetotaller:	Drinking status on eventdate: Life teetotaler.	2012-02-28
Enjoys light exercise:		2012-03-16

Most recent height, weight, BMI and Blood Pressure

Height:	1.62	m	Recorded Date:	None provided
Weight:	75	Kg	Recorded Date:	None provided
BMI:	28.5	Kg/m^2	Recorded Date:	None provided
Blood Pressure:	125/76	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	?? Laterality	?? Modifier	?? Extension	?? Date of onset
Premature membrane rupture NOS	?? -	?? -	?? -	?? 24-Dec-1998
Ovarian cysts	?? -	?? -	?? small ovarian cyst noted	?? 25-Sep-1995
Forceps delivery	?? -	?? -	?? -	?? 08-Apr-1989

Past procedures

Description	?? Laterality	?? Modifier	?? Date performed
Cold coagulation of lesion of cervix	?? -	?? -	?? 10-Nov-2008
Tonsillectomy	?? -	?? -	?? 13-May-1975

Current and recent medication

Current repeat medication

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Sertraline 100mg tablets	?? 74051020	?? tablet	?? 1 TABLET ONCE A DAY	?? -	?? 19-Aug-2013	?? -
Gabapentin 300mg capsules	?? 68253020	?? capsule	?? TAKE 4 TABS DAILY	?? -	?? 13-Nov-2008	?? -
Tramadol 50mg capsules	?? 75786020	?? capsule	?? TAKE 1 OR 2 UP TO FOUR TIMES A DAY	?? -	?? 02-Nov-2010	?? -
Amitriptyline 25mg tablets	?? 58950020	?? tablet	?? TAKE ONE AT NIGHT	?? -	?? 13-Nov-2008	?? -

Recent acute medication (last 30 days)

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Terbinafine 250mg tablets	?? 74165020	?? tablet	?? 1 TABLET ONCE A DAY	?? -	?? 04-Nov-2013	?? -

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

?

}}>K{Z_ï¿½0ï¿½ï¿½ï¿½vï¿½ï¿½ï¿½ï¿½

Signature of referring doctor (or other professional) **Date**