

Subject Access Request



Patient	Mr Ronald Mcrobb
Date of birth	30-Dec-1957 (age 68)
Gender	M
NHS number	3012571450
Patient's address	8/5 Northcote Street, Dalry Edinburgh EH11 2HL
Date range selected	Full record
Organisation	MMA Legal - DUE 30/06/26
Reference	Full Records Req

Problems

Active

19-Jan-2026 Dr Colin Entwistle
[D]Insomnia NOS

19-Jan-2026 Dr Colin Entwistle
Vitamin deficiencies

10-Feb-2022 Dr Sarah Murray
Cholesterol reduction programme

29-Apr-2019 Dr Sarah Butler
Schizophrenic disorders

01-Dec-2011 Dr Shehzad Ali
Hormone replacement therapy

01-Dec-2011 Dr Shehzad Ali
Plantar fasciitis

23-May-2011 Dr Sarah Butler
Seborrhoeic dermatitis

11-Jan-2011 Dr Eilis McKechnie
Chronic depression

13-Oct-2010 Dr Olubukola Ajakaiye
Anxiety with depression

01-Jan-1999 Dr Colin Entwistle
H/O: psoriasis

04-July-1998 Dr Staff Unknown Member of Staff
Minor head injury

20-Jun-1997 Dr Staff Unknown Member of Staff
Other finger injuries unsp.

23-Oct-1995 Dr Staff Unknown Member of Staff
Neurotic (reactive) depression

11-May-1992 Dr Staff Unknown Member of Staff
Viral warts

08-May-1990 Dr Staff Unknown Member of Staff
Removal of FB from cornea

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

04-Jun-2026 Dr Catriona Bamford Medicine Management

Administration SMS text message sent to patient Good morning. You are due a routine medication review with your GP. Please call to arrange this when next able on 01313471860. Thanks, Dr Bamford

Administration Medication request mirtazapine 15mg od - note plan to reduce and consider stopping due to weight gain. routine app to rv

03-Jun-2026 *** Administration****01-May-2026 Mrs Sandra Molloy Medicine Management**

Intervention Medication requested omnicare request mirtazapine 15mg tabs, needs reauthorised melatonin 2mgJHad review re mirtaz 02/26 - rx issued. Melatonin reauthorised and script issued

10-Apr-2026 Dr Olivia Mansfield Administration

Administration Administration Omnicare request - repeat xs 5 - Fluoxetine. issued 09/04, nil further px today

09-Apr-2026 *** Administration****09-Apr-2026 ***** Administration****09-Apr-2026 Dr Sarah Murray Administration****08-Apr-2026 ***** Administration****31-Mar-2026 ***** Administration**

Administration SMS text message sent to patient SPRINGWELL MC: The practice will be closed from 12.30pm today - Tuesday 31st March 2026 for Protected Learning Time. We will still be able to deal with same day emergencies up until 6pm via the telephone on 0131 347 1860. We will reopen on Wednesday 1st April at 8am. Please do not call NHS 24 on 111 unless it is after 6pm. Many thanks. {Patient Group Tpp310326}

06-Mar-2026 Ms Alina Mohamed Medicine Management

Intervention Medication requested Omnicare request - repeat xs5 - mirtazapine 15mg- recently reduced dose, rx issued for dosette- to make appt fo rreview.

Administration SMS text message sent to patient SPRINGWELL MC: Please make an appointment with the GP for a review of your medication!. Thank you

05-Mar-2026 *** Administration****11-Feb-2026 Dr Ruth Torlesse Telephone call to a patient**

Administration Telephone encounter 07804894530 - asked to book appt-->This is to review his medication1)Mirabegron has been stopped as per consult on 29/1/262)Mirtazapine - weight concerns which are not new. Mental health in terms of voices is stable. Anxiety continues the same and I doubt v much we can alter this with medication. To cut back to 15mg mirtazapine and we could slowly see if this can be withdrawn if he wishes to try. But - aripiprazole likely a contributor to weight gain too and we would not want him to stop this. Lower doses of mirtazapine tend to be better for sleep and he is on this for insomnia

09-Feb-2026 Dr Leila Morris Surgery consultation

Administration SMS text message sent to patient NO REPLY please make an appointment with the GP to review your medication. Kind regards, Springwell Medical Centre

Administration NOS Omnicare - print repeats.Mirabegron 50mgMirtazapine 15mgMirtazapine issued, then realised it had already been issued on repeats. Have crossed out repeat on printed out script.

06-Feb-2026 *** Administration**

29-Jan-2026 Dr Dr Locum1 Telephone call to a patient

Administration Telephone encounter 07804894530 med revRonald
(P3) reports has stopped mirabgeron, didnt find it helped at all, stopped about 2 weeks ago, has decided would rather manage symptoms and not consider other medication reports anxiety feeling a bit worse, would like to try increasing medication for thatPlan - increase mirtazapine to 30mg and review in 8 weeks

29-Jan-2026 *** Administration**

Administration Did not attend - no reason with Dr Affleck
(P3)
Administration SMS text message sent to patient Springwell MC: Stage 1.
(P3) Did Not Attend (DNA) Awareness. You failed to attend your appointment on 28/01/26. To cancel appointments please call 0131 347 1860 or reply to the text reminder received. We require at least 20 minutes notice to cancel appointments. Please see <https://www.springwellmedical.org.uk/policies/dna-policy/> for more information. Thank you. .Do not reply to sms

23-Jan-2026 Ms Keeva Smith Medicine Management

Intervention Medication review done by pharmacy technician Quantity
(P3) corrected for Atorvastatin 10mg OD 28 day dosette, 56 to 28 tabs.

23-Jan-2026 *** Administration**

Administration SMS text message sent to patient SPRINGWELL MC:
(P3) Unfortunately we have been made aware of a phone outage that is not allowing us to receive any incoming calls. In this instance, calls would usually be diverted, but again due to the outage this cannot be done. We remain open and will update everyone when we have more information. We appreciate your understanding on this problem that is outwith our control. Thanks. {Patient Group 23012026}

19-Jan-2026 Dr Colin Entwistle Medicine Management

Administration Medication review
Administration Medication review

13-Jan-2026 Ms Alina Mohamed Medicine Management

Intervention Medication requested PH omnicare repeat x 4
(P3) aripiprazole 10mg mirabegron 50mg modified release mirtazapine 15mg- Needs MH review, discharged from CMHT Jan 2025. Had annual bloods for AP monitoring. Issued as acute not rre-auth on rpt- Also needs rv mirabegron- not reviewed since started. last BP okay. outwith dosette so shorter supply doneasked admin to contact
Administration SMS text message sent to patient SPRINGWELL MC:
(P3) Please arrange a telephone appointment with a GP to review your medication. A short supply has been issued to allow time to arrange review. Many thanks

13-Jan-2026 *** Administration****15-Dec-2025 Dr Olivia Mansfield Administration**

Administration Administration Omnicare Req- Mirabegron 50mg
(P3) modified-release tablets. Needs appt to r/v, note added to script

11-Dec-2025 *** Administration****13-Nov-2025 Dr Olivia Mansfield Results recording**

10-Nov-2025	Examination	Prostate specific antigen	0.9 ug/L	
10-Nov-2025	Examination	Tumour marker levels <none>	mmol/L	
10-Nov-2025	Examination	Prostate specific antigen:		
		Prostate specific antigen	0.9 ug/L	(No range available)
10-Nov-2025	Examination	Tumour marker levels<none>:		
		Tumour marker levels <none>	mmol/L	(No range available)

13-Nov-2025 Dr Sattar Taghizadeh Medicine Management

12-Nov-2025 Mrs Sandra Molloy Medicine Management

Intervention Medication requested PH omnicare repeat x 5 melatonin
(P3) 2mg. Reauthorised and issued

11-Nov-2025 *** Administration****10-Nov-2025 Dr Olivia Mansfield Home Visit**

Administration Seen in own home For PSA and DRE following visit last
(P3) week - urinary frequency, nocturia, mild dribbling. DRE performed: no external haemorrhoids/skin tags. Prostate smooth, no masses/irregularities P: 1. trial mirabegron (reluctant to start tolterodine due to postural dizziness which is ongoing issue) 2. r/v 2-3 weeks - pt will book phone appt for this

10-Nov-2025 Dr Olivia Mansfield Administration

Administration SMS text message sent to patient Springwell MC: the
(P3) doctor will be coming to see you this lunchtime as arranged at your last appointment. If this is not suitable please call reception on 0131 347 1860. Many thanks

04-Nov-2025 Dr Olivia Mansfield Home Visit

Administration Seen in own home 1. Recent blood tests - no concerns.
(P3) Cholesterol down (on statin) and HbA1c 41 2. Dizziness - couple of years, worse in last 6/12. Usually on standing on getting out of bed. Lasts a few seconds before self-resolving. No CP/SOB/palpitations. No visual disturbance. Has fainted but last time >2 years ago, nil recent, no falls. Drinking 2-3 500ml bottles beer/day BP sitting 133/88, HR 99 -> BP 117/92 HR 102 on standing No ataxic gait, no past pointing, no dysdiadochokinesis. Mild resting tremor R hand. Sounds postural and note mild drop in BP on standing. Discussed drinking plenty fluids and getting up slowly. 3. Both ears feel itchy, L feels a bit blocked. No hearing loss. No discharge/bleeding/pain. O/E; white exudate in R canal, L canal a bit dry and flaky. Both TMs intact Imp: fungal infection P: trial otomize 4. Increased urinary frequency over recent months. Nocturia 1-2 times per night. No dysuria/abdo pain. Good stream, sometimes terminal dribbling, feels empties bladder fully. Urinalysis today NAD P: needs PSA and DRE - unfortunately didn't have jelly with me today so will return next week to complete before medication trial

03-Nov-2025 Dr Sattar Taghizadeh Results recording

31-Oct-2025	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 41 mmol/mol
31-Oct-2025	Examination	IFCC standardised -	
31-Oct-2025	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - IFCC standardised -:
31-Oct-2025	Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 41 mmol/mol (Range: 20 - 41)
31-Oct-2025	Examination	IFCC standardised -	

03-Nov-2025 Dr Sattar Taghizadeh Results recording

31-Oct-2025	Examination	Urine albumin	12 mg/L	
31-Oct-2025	Examination	Urine creatinine	26 mmol/L	
31-Oct-2025	Examination	Urine albumin:creatinine ratio	<none>	
31-Oct-2025	Examination	Urine albumin:creatinine ratio	0.5 mg/mmol	
31-Oct-2025	Examination	Urine albumin:		
31-Oct-2025	Examination	Urine creatinine:	12 mg/L	(No range available)
31-Oct-2025	Examination	Urine creatinine:		
31-Oct-2025	Examination	Urine albumin:creatinine ratio	26 mmol/L	(No range available)
31-Oct-2025	Examination	Urine albumin:creatinine ratio	<none>	
31-Oct-2025	Examination	Urine albumin:creatinine ratio	g/mol	(No range available)
31-Oct-2025	Examination	Urine albumin:creatinine ratio:		
31-Oct-2025	Examination	Urine albumin:creatinine ratio	0.5 mg/mmol	(No range available)

03-Nov-2025 Dr Sattar Taghizadeh Results recording

31-Oct-2025	Examination	Eosinophil count 10 ⁹ /L	0.23 10 ⁹ /L	
31-Oct-2025	Examination	Haemoglobin estimation	139 g/L	
31-Oct-2025	Examination	Mean corpusc. haemoglobin(MCH)	30.6 pg	
31-Oct-2025	Examination	Mean corpusc. Hb. conc. (MCHC)	337 g/L	
31-Oct-2025	Examination	Mean corpuscular volume (MCV)	91 fL	
31-Oct-2025	Examination	Monocyte count 10 ⁹ /L	0.45 10 ⁹ /L	
31-Oct-2025	Examination	Neutrophil count 10 ⁹ /L	4.26 10 ⁹ /L	
31-Oct-2025	Examination	Platelet count 10 ⁹ /L	309 10 ⁹ /L	
31-Oct-2025	Examination	Red blood cell (RBC) count 10 ¹² /L	4.54 10 ¹² /L	
31-Oct-2025	Examination	Total white cell count 10 ⁹ /L	7 10 ⁹ /L	
31-Oct-2025	Examination	Lymphocyte count 10 ⁹ /L	1.93 10 ⁹ /L	
31-Oct-2025	Examination	Full blood count - FBC <none>		
31-Oct-2025	Examination	Haematocrit	0.412 ratio	
31-Oct-2025	Examination	Basophil count 10 ⁹ /L	0.08 10 ⁹ /L	
31-Oct-2025	Examination	Eosinophil count 10 ⁹ /L:		
		Eosinophil count 10 ⁹ /L	0.23 10 ⁹ /L	(Range: 0.04 - 0.4)
31-Oct-2025	Examination	Haemoglobin estimation:		
		Haemoglobin estimation	139 g/L	(Range: 130 - 180)
31-Oct-2025	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	30.6 pg	(Range: 27 - 32)
31-Oct-2025	Examination	Mean corpusc. Hb. conc. (MCHC):		
		Mean corpusc. Hb. conc. (MCHC)	337 g/L	(Range: 310 - 360)
31-Oct-2025	Examination	Mean corpuscular volume (MCV):		
		Mean corpuscular volume (MCV)	91 fL	(Range: 78 - 98)
31-Oct-2025	Examination	Monocyte count 10 ⁹ /L:		
		Monocyte count 10 ⁹ /L	0.45 10 ⁹ /L	(Range: 0.2 - 0.8)
31-Oct-2025	Examination	Neutrophil count 10 ⁹ /L:		
		Neutrophil count 10 ⁹ /L	4.26 10 ⁹ /L	(Range: 2 - 7.5)
31-Oct-2025	Examination	Platelet count 10 ⁹ /L:		
		Platelet count 10 ⁹ /L	309 10 ⁹ /L	(Range: 150 - 400)
31-Oct-2025	Examination	Red blood cell (RBC) count 10 ¹² /L:		
		Red blood cell (RBC) count 10 ¹² /L	4.54 10 ¹² /L	(Range: 4.5 - 6.5)
31-Oct-2025	Examination	Total white cell count 10 ⁹ /L:		
		Total white cell count 10 ⁹ /L	7 10 ⁹ /L	(Range: 4 - 11)
31-Oct-2025	Examination	Lymphocyte count 10 ⁹ /L:		
		Lymphocyte count 10 ⁹ /L	1.93 10 ⁹ /L	(Range: 1.5 - 4.5)
31-Oct-2025	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
31-Oct-2025	Examination	Haematocrit:		
		Haematocrit	0.412 ratio	(Range: 0.4 - 0.52)
31-Oct-2025	Examination	Basophil count 10 ⁹ /L:		
		Basophil count 10 ⁹ /L	0.08 10 ⁹ /L	(Range: 0.01 - 0.1)

03-Nov-2025 Dr Sattar Taghizadeh Results recording

31-Oct-2025	Examination	Serum alkaline phosphatase U/L	76 U/L	
31-Oct-2025	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 29 U/L	
31-Oct-2025	Examination	Serum total bilirubin level	8 umol/L	
31-Oct-2025	Examination	Serum total cholesterol level	4 mmol/L	
31-Oct-2025	Examination	Serum creatinine	87 umol/L	
31-Oct-2025	Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 28 U/L	
31-Oct-2025	Examination	Serum HDL cholesterol level	1.3 mmol/L	
31-Oct-2025	Examination	Serum LDL cholesterol level	1.8 mmol/L	
31-Oct-2025	Examination	Serum potassium	4.3 mmol/L	
31-Oct-2025	Examination	Serum sodium	140 mmol/L	
31-Oct-2025	Examination	Serum triglycerides	2.1 mmol/L	
31-Oct-2025	Examination	Serum lipids <none>		
31-Oct-2025	Examination	Liver function test <none>		
31-Oct-2025	Examination	Urea and electrolytes <none>		
31-Oct-2025	Examination	Serum cholesterol/HDL ratio	3.2 ratio	
31-Oct-2025	Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	
31-Oct-2025	Examination	abbreviatd MDRD - ml/min		
31-Oct-2025	Examination	Serum alkaline phosphatase U/L:		
31-Oct-2025	Examination	Serum alkaline phosphatase U/L	76 U/L	(Range: 40 - 125)
31-Oct-2025	Examination	Serum alanine aminotransferase level:		
31-Oct-2025	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 29 U/L	(Range: 10 - 50)
31-Oct-2025	Examination	Serum total bilirubin level:		
31-Oct-2025	Examination	Serum total bilirubin level	8 umol/L	(Range: 3 - 21)
31-Oct-2025	Examination	Serum total cholesterol level:		
31-Oct-2025	Examination	Serum total cholesterol level	4 mmol/L	(No range available)
31-Oct-2025	Examination	Serum creatinine:		
31-Oct-2025	Examination	Serum creatinine	87 umol/L	(Range: 64 - 111)
31-Oct-2025	Examination	Serum gamma-glutamyl transferase level:		
31-Oct-2025	Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 28 U/L	(Range: 10 - 55)
31-Oct-2025	Examination	Serum HDL cholesterol level:		
31-Oct-2025	Examination	Serum HDL cholesterol level	1.3 mmol/L	(Range: 0.9 - 1.4)
31-Oct-2025	Examination	Serum LDL cholesterol level:		
31-Oct-2025	Examination	Serum LDL cholesterol level	1.8 mmol/L	(No range available)
31-Oct-2025	Examination	Serum potassium:		
31-Oct-2025	Examination	Serum potassium	4.3 mmol/L	(Range: 3.6 - 5)
31-Oct-2025	Examination	Serum sodium:		
31-Oct-2025	Examination	Serum sodium	140 mmol/L	(Range: 135 - 145)
31-Oct-2025	Examination	Serum triglycerides:		
31-Oct-2025	Examination	Serum triglycerides	2.1 mmol/L	(Range: 0.8 - 2.1)
31-Oct-2025	Examination	Serum lipids<none>:		
31-Oct-2025	Examination	Serum lipids <none>		(No range available)
31-Oct-2025	Examination	Liver function test<none>:		
31-Oct-2025	Examination	Liver function test <none>		(No range available)
31-Oct-2025	Examination	Urea and electrolytes<none>:		
31-Oct-2025	Examination	Urea and electrolytes <none>		(No range available)
31-Oct-2025	Examination	Serum cholesterol/HDL ratio:		
31-Oct-2025	Examination	Serum cholesterol/HDL ratio	3.2 ratio	(No range available)
31-Oct-2025	Examination	GFR calculated abbreviated MDRD:		
31-Oct-2025	Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	(No range available)
31-Oct-2025	Examination	abbreviatd MDRD - ml/min		

31-Oct-2025 Ms Holly Mcconville Surgery consultation

Administration Home visit consent gained-bloods as per ice. urine (P3) sample to send off for ACR. took BP which was ok. patient complaining of constant dizzy spells daily which last 30seconds each time-affecting balance. urinating frequently but no abdo pain on burning sensation. shakes in right arm/hand for past few weeks. experiencing hot flushes and 'clammy head'. no nausea and appetite is ok. sometimes loose stools. left ear feels blocked. will arrange hv for gp

31-Oct-2025 Ms Holly Mcconville Results recording

28-Oct-2025 ***** Administration

Administration SMS text message sent to patient SPRINGWELL (P3) MEDICAL CENTRE: You due an annual review of your health condition(s). GROUP D. If you can please contact reception to book a health review GROUP D appointment. If you have had a review in the last 2 months then please check with reception to see if you need to attend. 0131 347 1860 {Patient Group Grpddcc}

28-Oct-2025 ***** Administration

Diagnosis Chronic disease monitoring MH Review (P3)

28-Oct-2025 ***** Administration

23-Sept-2025 ***** Administration

04-Sept-2025 Dr Catriona Bamford Telephone call to a patient

Administration Telephone encounter dw pt over the phoenreq betacap -
(P3) has scalp psoriasis and this hlep when it flares up. non
smoker, stress but not wishing to go into it today - says Dr
Cooper has previously helped and is compliant with
medication which also helps. issued and advised if any
further concern to make f2f app

04-Sept-2025 Dr Colin Entwistle Results recording

03-Sept-2025 Examination BCSP faecal occult blood test normal No action required
03-Sept-2025 Examination **BCSP faecal occult blood test normal** No action required: **Negative**
BCSP faecal occult blood test normal No action required (No range available)

21-Aug-2025 ***** Administration

25-July-2025 Dr Sarah Butler Medicine Management

Administration Administration pharm req - Aripiprazole 10mg and
(P3) Mirtazapine 15mg - repeats selected but not printed
Administration Administration pharm req - Aripiprazole 10mg and
(P3) Mirtazapine 15mg - repeats selected but not printed

24-July-2025 ***** Administration

18-Jun-2025 ***** Administration

28-May-2025 Mrs Sandra Molloy Medicine Management

Intervention Medication requested Omnicare request - repeat xs 5 -
(P3) melatonin 2mg
Intervention Repeated prescription reauthorsied. had rview in 01/25
(P3)

27-May-2025 ***** Administration

02-May-2025 ***** Administration

02-Apr-2025 ***** Administration

05-Mar-2025 ***** Administration

06-Feb-2025 Dr Catriona Bamford Medicine Management

Administration Administration medicatio nrequestaripiprazole and
(P3) mirtazapine - recent CMHT clinic review and stable mental
ehealth - discharged from clinic now. medicaiton on repets

06-Feb-2025 ***** Administration

27-Jan-2025 ***** Administration

24-Jan-2025 Intervention Discharged from outpatients AMH
(P3)

14-Jan-2025 Ms Alina Mohamed Medicine Management

Administration SMS text message sent to patient SPRINGWELL
(P3) MEDICAL CENTRE: You due an annual review of your
health condition(s). If you can please contact reception to
book an appointment. 0131 347 1860
Intervention Medication review done by pharmacist
(P3)
Administration Medication review Under CMHT, not had physcial health
check/bloods done since 2022, will ask admin to invite for
pt.

14-Jan-2025 Dr Leila Morris Surgery consultation

Administration Administration NOS r/q for mirtazapine and aripiprazole.
(P3) Note due to see Dr Cooper in Jan 2025. Have issued 28 days pending clinic letter.

13-Jan-2025 *** Administration****10-Jan-2025 ***** Administration****30-Dec-2024 ***** Administration****27-Dec-2024 Dr Catriona Bamford Telephone call to a patient**

Administration Administration
(P3)
Administration Telephone encounter dw pt over the phoenmelatonin
(P3) 4mg nocte as per CMHT. will put onto repeat. not sure its been helpful - has fu in place Jan and will dw Dr Cooper re ?dose or ?stop medication as not that helpful really

24-Dec-2024 Dr Leila Morris Surgery consultation

Administration Telephone encounter Message to call Omnicare - asking
(P3) for form re dosette box. Bit odd as every prescription has instructions that melatonin should go in a dosette box but they say that they can't see those instructions at their end. I have issued another form today stating this.

20-Dec-2024 Dr Shehzad Ali Administration**12-Dec-2024 Dr Eilidh Mills Administration**

Administration Administration Omnicare request - repeat xs 3 -
(P3) Aripiprazole 10mg, mirtazapine 15mg
Administration SMS text message sent to patient SPRINGWELL
(P3) MC:Please call 0131 347 1860 to make a routine appointment to review your medication.

12-Dec-2024 *** Administration****25-Nov-2024 Dr Colin Entwistle Administration**

Administration Administration Omnicare req - Melatonin 2mg modified-
(P3) release tablets under rv by CMHT RX issued.

13-Nov-2024 *** Administration**

12-Nov-2024 Administration Appointment cancelled by patient AMH 08/11/24
(P3)

01-Nov-2024 *** Administration****28-Oct-2024 Dr Eilidh Mills Administration**

Administration Administration Springwell Pharm - Melatonin 2mg
(P3)

09-Oct-2024 *** Administration****04-Oct-2024 Ms Jenny Rosales Aguila Medicine Management**

Intervention Medication review done by pharmacy technician
(P3) Melatonin 2mg MR tabs reviewed as per Melatonin protocol. Has only restarted Melatonin on 13/05/24 as per Adult Mental Health request. Regularly reviewed by Mental Health team - last reviewed on 03/05/24. NFA required.

30-Sept-2024 Dr Sarah Murray Administration**09-Sept-2024 ***** Administration****01-Sept-2024 Dr Colin Entwistle Administration**

Administration Administration Melatonin 2mg - Springwell Pharm
(P3) Regrestarted recently on advice of CMHT - dose increased to 4mg last time, RX issued.

26-Aug-2024 ***** Administration

15-Aug-2024 Mrs Sandra Molloy Medicine Management

Intervention Medication requested PH repeat x3 Aripiprazole tablets
(P3) Mirtazapine tablets under CMHT but not seen since May -
scripts issued for 2 months and SMS sent for review
Intervention Prescription by supplementary prescriber Added item to
(P3) repeat and enabled 'force re-authorise' button for safe
prescribing. Recently seen by psych 05/24

07-Aug-2024 Dr Ruth Torlesse Telephone call to a patient

Administration Telephone encounter 07804 894 530 review Melatonin--
(P3) >Getting on well with it. Still does wake at night. He would
like to try the 4mg dose as per advice Dr Cooper

01-Aug-2024 *** Administration**

27-July-2024 Administration DNA hospital appointment AAA screening programme.
(P3)

18-July-2024 Mrs Sandra Molloy Medicine Management

Intervention Medication requested Omnicare pap req. Script issued,
(P3) please print. Aripiprazole 10mg tabs, mirtazapine 15mg
Intervention Prescription by supplementary prescriber x 2 items -
(P3) issued script as per last psych letter dosing

17-July-2024 *** Administration**

09-July-2024 Dr Susanne Maxwell Telephone call to a patient

Administration Telephone encounter mentioned itchy skin since starting
(P3) melatonin. small red bumps on skin. no new products. no
pets. barely leaves the house. offered f2f appt to review
skin but declined. suggested stopping melatonin to see if
this is indeed causing the itch but pt not keen. suggested
a cream to help with itch. If no improvement after cream
could consider stopping melatonin and really needs a f2f
review

08-July-2024 Dr Shehzad Ali Administration

Administration Administration Omnicare. Melatonin 2mg modified-
(P3) release tablets Qty: 28 tablet

20-Jun-2024 Dr Shehzad Ali Administration

Administration Administration Omnicare request - repeat xs 3 -
(P3) Aripiprazole 10mg, mirtazapine 15mg

20-Jun-2024 *** Administration**

13-Jun-2024 *** Administration**

Administration SMS text message sent to patient • SPRINGWELL MC:
(P3) We have sent a prescription to Omnicare Pharmacy.
Please call the Surgery on 0131 347 1860 to arrange a
GP review telephone appointment with a GP.

13-Jun-2024 Dr Dr Locum1 Administration

Administration Administration NOS see email from Omnicare in Docman-
(P3) > Melatonin 2mg per CMHT, with room to inc to 4mg.
Pharm need script now - I've issued 2mg for now, but
admin column to get pt to make f/u appt to see if wants to
stay on 2mg or increase to 4mg. Dr. Kiran Jayaprakash,
GMC 7451829

22-May-2024 Dr Sarah Butler Medicine Management

Administration Administration OMnicare - Repeat x3 - Aripiprazole
(P3) 10mg, Mirtazapine 15mg

22-May-2024 *** Administration**

13-May-2024 Dr Shehzad Ali Administration

Administration Administration dr cooper request- see letter- can
(P3) increase to 4mg if needed

24-Apr-2024 Dr Ruth Torlesse Administration

Administration Administration NOS Omnicare. Script issued, please
(P3) print. Aripiprazole 10mg tabs, Mirtazapine 15mg tabs

23-Apr-2024 ***** Administration

28-Mar-2024 Dr Susanne Maxwell Medicine Management

28-Mar-2024 ***** Administration

08-Mar-2024 Ms Alina Mohamed Medicine Management

Intervention Medication requested Omnicare. Aripiprazole 10mg
(P3) tabletsQty: 56 tablet

28-Feb-2024 Dr Sarah Murray Telephone call from a patient

28-Feb-2024 Ms Holly Mcconville Administration

31-Jan-2024 Dr Manvir Multani Medicine Management

30-Jan-2024 ***** Administration

22-Jan-2024 Dr Manvir Multani Telephone call to a patient

Administration Telephone encounter wishing for letter to excuse from
(P3) Jury Duty on 26/2/24 as he finds it difficult to leave his
house due to agoraphobia and feels that this would be
very triggering for him. Can see his psych letter from July
2023 which would be in keeping with this being very
difficult for him. will post letter out as unable to attend
practice due to agoraphobia

11-Jan-2024 Dr Susanne Maxwell Medicine Management

Administration Medication review
Administration Medication review

05-Jan-2024 Dr Manvir Multani Medicine Management

04-Jan-2024 ***** Administration

30-Nov-2023 Dr Sarah Murray Administration

30-Nov-2023 ***** Administration

08-Nov-2023 Dr Manvir Multani Medicine Management

08-Nov-2023 ***** Administration

12-Oct-2023 Dr Shehzad Ali Administration

Administration Administration omnicare-rpts issued not printed-
(P3) aripiprazole 10mg tabsmirtazapine 15mg tabs

12-Oct-2023 Ms Holly Mcconville Administration

29-Sept-2023 Dr Colin Entwistle Results recording

28-Sept-2023 Examination BCSP faecal occult blood test normal No action required
28-Sept-2023 Examination **BCSP faecal occult blood test normal**No action required: **Negative**
BCSP faecal occult blood test normal No action required

(No range available)

13-Sept-2023 Dr Shehzad Ali Administration

Administration Administration Omnicare RX (3) not printed. Aripiprazole
(P3) 10mg tablets & Mirtazapine 15mg tablets

13-Sept-2023 ***** Administration

31-Aug-2023 Mrs Sandra Molloy Medicine Management

Intervention Medication requested Omnicare Fluoxetine 20mg caps
(P3) x56
Intervention Prescription by supplementary prescriber x 1 item Added
(P3) to rpt as pt to see DCooper in 8 mths.

17-Aug-2023 Dr Ruth Torlesse Telephone call to a patient

Administration Telephone encounter 07804894530-discuss meds--
(P3) >Query on the fluoxetine dose as recent letters from Dr
Cooper say he is on fluoxetine 20mg and he is on 40mg.
Going back through records this was increased to 40mg
3/22 and I can't see any mention of being reduced so I
think the error is in the psychiatry letter.-->I will let Dr
Cooper know

17-Aug-2023 *** Administration**

Administration SMS text message sent to patient •SPRINGWELL MC:
(P3) We have been unable to process part of the recent
prescription request from Omnicare Pharmacy as you
need a review with a GP. Please call the Surgery on 0131
347 1860 at 8am or 11am to arrange a telephone
appointment.

16-Aug-2023 Dr Shehzad Ali Administration

Administration Administration Omnicare - print repeats
(P3) issuedAripiprazole 10mgFluoxetine 20mg (has been
getting 40mg but last 2 Dr Cooper letters state 20mg-
speak to GP to confirm dose)Mirtazapine 15mg

16-Aug-2023 *** Administration****09-Aug-2023 Dr Marie Donnelly Administration**

Administration Administration NOS psychiatry request trial of vit d. I see
(P3) prev bloods low. doesn't look to be taking supplements.

21-July-2023 Dr Janice Allister Administration**21-July-2023 ***** Administration****22-Jun-2023 Dr Susanne Maxwell Telephone call to a patient****22-Jun-2023 ***** Administration****31-May-2023 Mrs Sandra Molloy Medicine Management**

Intervention Medication requested omnicare-issued repeats without
(P3) printingAripiprazole 10mg tabsfluoxetine 20mg
capsmirtazapine 15mg tabs
Intervention Prescription by supplementary prescriber x 3 items see
(P3) notes 01/23

30-May-2023 Ms Holly Mcconville Administration**26-Apr-2023 Dr Colin Entwistle Administration**

Administration Administration acute request for MH meds for dosette,
(P3) under review by cmht, rx issued.

26-Apr-2023 *** Administration**

17-Apr-2023 Dr Kiran Jayaprakash Clinic

Administration Consultation f2f knee pain for 4-5 days-> No obvious trauma noted. Gradual onset. Affecting sleep. Left knee anteromedial discomfort. Able to WB but sore, alleviated somewhat by bending knee. No other joints affected. No prior gout/arthritis. Systemically well otherwise. Taking voltarol and paracetamol minimal benefit, prev ? intolerance of NSAIDs and has some gastritis. O/E: Mob indep mildly antalgic left leg. No obvious redness/swelling, full ROM no signs of septic arthritis. No signs of DVT/periph oedema/calf tenderness, DNVl. Tenderness to anteromedial region with very mild swelling, no bruising. No joint line tenderness. No pain on axial loading. Imp: Ligamentous sprain to patellar/MCL Plan: Escalate to co-codamol (NSAID less preferred due to gastritis/prev intolerance), gentle mobilisation/exercises he is already doing, worsening advice tcb if signs of septic/gouty joint though felt unlikely, knows tcb if not resolving in 2w and can book direct with APP. Happy with plan. KJ

30-Mar-2023 Dr Janice Allister Administration**29-Mar-2023 ***** Administration****28-Mar-2023 ***** Administration**

Administration SMS text message sent to patient SPRINGWELL MEDICAL CENTRE The surgery will be closed tomorrow Wed 29th March. from 12 to 6 pm for protected learning. We will only deal with emergencies that cannot wait until we reopen (Thurs 30th March at 8am) by phoning 0131 347 1860 option 1. Please refrain from phoning NHS24 during 12pm to 6pm. Many thanks. {Patient Group Sms2803}

28-Feb-2023 Dr Ruth Torlesse Administration

Administration Administration NOS Omnicare Rx1 - Aripiprazole 10mg, Fluoxetine 20mg & Mirtazapine 15mg

28-Feb-2023 *** Administration****08-Feb-2023 ***** Administration**

13-Dec-2022 Examination ECG
13-Dec-2022 Examination **ECG: Normal**
ECG

(No range available)

08-Feb-2023 Ms Lisa Riddell Clinic**07-Feb-2023 Dr Dr Locum1 Surgery consultation**

Diagnosis Anxiety with depression DR SAHU- spoke to patient, needing further prescription, stable on current dose, says has been gaining weight though not eating much. has spoken to Psychiatry recently, has follow up in June/July 2023. PLAN- continue on current management, r/v if any further concerns

01-Feb-2023 Dr Hannah Ramsay Administration

Administration Administration Ommixare : Mirtazapine 15mg tabletsQty: 28 tabletDose: Take one at 22:00

31-Jan-2023 Dr Hannah Ramsay Administration

Administration Administration Omnicare - repeat - Aripiprazole 10mg & Fluoxetine 20mgSee clinical viewer- reviewed by Dr Cooper 20/1/23, notes state to continue current meds and review in 6/12. Issued.

31-Jan-2023 *** Administration****24-Jan-2023 ***** Administration**

Administration SMS text message sent to patient SPRINGWELL MC Due to ongoing roadworks in the area, please allow extra time to arrive if you have an appointment at the surgery. We may not be able to see you if late for any appointment. {Patient Group Tpp2401}

20-Jan-2023 Dr Kiran Jayaprakash Administration

Administration Administration NOS Note Dr. Cooper psych email in
(P3) docman - LUTS with urinary freq and incomplete emptying
- has health r/v 01/02 - suggest check PSA and HbA1c,
along with U+Es and urinalysis please, and provide IPSS
form printed to complete. Then to make routine appt with
any GP around 1/52 later to r/v with results and completed
IPSS. Many thanks. KJ

17-Jan-2023 Dr Dr Locum1 Surgery consultation

Diagnosis Anxiety with depression DR SAHu- spoke to patient, says
(P3) note from GP to discuss mirtazepine, says helping with
sleep, says has appointment with Dr Cooper this month-
not sure dates. PLAN- advised prescription issued on 6
Jan for 4week- so early for further prescription, no other
concerns raised by patient.

17-Jan-2023 *** Administration**

Administration SMS text message sent to patient Springwell MC: Due to
(P3) GP shortages we are extremely short of appointments
today Tues 17/1. Please use Right Care Right Place
appropriately. Many thanks for your understanding.
Further updates will be posted on the practice FB
account. <https://www.facebook.com/Springwell-Medical-Centre-111701212251081> {Patient Group Tpp171}

16-Jan-2023 Dr Colin Entwistle Administration

Administration Administration pharamcy request for aripirazole for
(P3) weekly dispense, wasnt issued last week with other meds,
RX issued.

12-Jan-2023 *** Administration**

Administration SMS text message sent to patient SPRINGWELL
(P3) MEDICAL CENTRE: You due an annual review of your
health condition(s). If you can please contact reception to
book an appointment. 0131 347 1860 {Patient Group
Dec22comp}

12-Jan-2023 *** Administration**

Diagnosis Chronic disease monitoring Invite sent for December
(P3) recall annual review

10-Jan-2023 *** Administration**

Administration SMS text message sent to patient Springwell MC: Due to
(P3) GP shortages we are extremely short of appointments
today Tues 10/1. Please use Right Care Right Place
appropriately. Many thanks for your understanding.
Further updates will be posted on the practice FB
account. <https://www.facebook.com/Springwell-Medical-Centre-111701212251081> {Patient Group Jan 23 Total
Practice Population}

09-Jan-2023 *** Administration**

Administration SMS text message sent to patient SPRINGWELL MC.
(P3) Our boilers are being replaced this week so we have no
hot water, heating or toilet facilities for the time being. We
are sorry for the inconvenience and hope to be up and
running again very soon. Please note all usual
appointments/services are not affected. Thanks {Patient
Group Jan 23 Total Practice Population}

06-Jan-2023 Dr Sarah Butler Administration

Administration Administration mnicare-rx1-aripirazole 10mg
(P3) tabsfluoxetine 20mg caps mirtazapine 15mg tabs
Administration Administration Note dna CMHT appts and dc from care
(P3) although from entry in december seems to have appt ?
see what hapemns rx issued

05-Jan-2023 Ms Holly Mcconville Administration

20-Dec-2022 Dr Dr Locum1 Surgery consultation

Diagnosis (P3) Anxiety with depression DR SAHU- spoke to patient, says had a note on the prescription to speak to GP, says doing well, looking forward for meeting with DR Cooper in Jn 2023. had ECG done- says was told all okay, but print out was given to patient to hand in to surgery. PLAN- advised to hand in ECG when he can, r/v if any further concerns

14-Dec-2022 *** Administration**

Administration (P3) SMS text message sent to patient Springwell MC: The Practice will be closed today 14th Dec. from 12pm to 2pm for an extended meeting. Our emergency phone will remain open during this time for medically urgent matters that cannot wait until we reopen at 2pm. Please use Right Care Right Place for advice during this time. Thank you. {Patient Group Dec22 Total Practice Population}

14-Dec-2022 Dr Dr Locum1 Repeat Issue

Administration Medication review Note DNA psychiatry review 23.9.22. Will reissue medication for 4/52, must make review appt with GP prior to next prescription request

Administration Medication review Note DNA psychiatry review 23.9.22. Will reissue medication for 4/52, must make review appt with GP prior to next prescription request

13-Dec-2022 *** Administration****09-Dec-2022 ***** Administration**

Administration (P3) SMS text message sent to patient Springwell MC: Due to GP shortages we are extremely short of appointments today Fri 9th December. Please use Right Care Right Place appropriately. Many thanks for your understanding. Further updates will be posted on the practice FB account. <https://www.facebook.com/Springwell-Medical-Centre-111701212251081> {Patient Group Nov22 Total Practice Population}

07-Dec-2022 Dr Colin Entwistle Medicine Management

Administration (P3) Administration meds rv - on statin since early this yr, will need repeat bloods to check lfts/lipids, see recent contact about ECG - can arrange bloods once ecg done and result available.

Administration Medication review

29-Nov-2022 Dr Colin Entwistle Telephone call from a patient

Administration (P3) Telephone encounter 07804894530 - medication r/v/tel triage - had been asked to call every time MH meds due - had called after last cmht missed appt and now has new appt with Dr Cooper in January. RX already running and can request next time without review. See earlier consultations around TATT after covid vaccine last yr, bloods normal, SOBOE nonsmoker, still to get ecg, send open access form and make f2f after to rv with results.

18-Nov-2022 Dr Colin Entwistle Administration

Administration (P3) Administration pharmacy request MH meds in weekly dispense - Rx issued.

17-Nov-2022 *** Administration****25-Oct-2022 ***** Administration**

23-Sept-2022 Administration (P3) DNA hospital appointment AMH

24-Oct-2022 Dr Kiran Jayaprakash Telephone call to a patient

Administration (P3) Telephone encounter 07804894530 - medication r/v-> Psoriasis foam req and scalp steroid - hasn't had in 2y so was for r/v. Longstanding psoriasis, uses enstilar and scalp steroid sparingly for flares. Using reg moisturisers already. No clear trigger to current flare, but feels identical to previous, affecting patches on face and limbs. Doesn't feel infected, systemically well. Agree trial enstilar and scalp steroid, max 3-4/52 tcb if not improving. Happy with plan. Was asking about Mirtaz but already issued 1/52 ago, has psych f/u 01/2023, feels stable on this and helps with sleep. KJ

18-Oct-2022 Dr Dr Locum2 Surgery consultation

Diagnosis (P3) Anxiety with depression DR SAHU- asked to call patient to discuss medication, says under care of Dr Cooper was due to see her in Sept 2022 but due to some mix up that appointment did not happen, says next follow up in Jan 2023. doing well, no issues with medication. PLAN- reassurance and supportive call, all prescription was done yesterday.

17-Oct-2022 *** Administration**

Administration (P3) SMS text message sent to patient •SPRINGWELL MC: We have been unable to process your recent prescription request as you need a review with a GP. Please call the Surgery on 0131 347 1860 at 8am or 11am to arrange a telephone appointment.

17-Oct-2022 Dr Nicola McGregor Administration

Administration (P3) Administration Omnicare - Betamethasone valerate 0.1% Calcipotriol 50micrograms/g / Betamethasone dipropionateNot had for over 2yrs best to assess first - TMA

17-Oct-2022 Dr Kiran Jayaprakash Administration**14-Oct-2022 ***** Administration****20-Sept-2022 Dr Nicola McGregor Administration**

Administration (P3) Administration omnicare-rx1-ariprazole 10mg tabsfluoxetine 20mg caps mirtazapine 15mg tabsWas rv by GP few weeks ago, should have CMHT fu soon

16-Sept-2022 Ms Holly Mcconville Administration**08-Sept-2022 Mr John Hogan Medicine Management**

02-Sept-2022 Intervention (P3) Supply of urgent rpt medicatn by Community Pharmacy via PGD CPUS Rx 02/09/22 Aripiprazole 5mg tablets (28) Take four tablets once daily in the morning.

08-Sept-2022 *** Administration**

02-Sept-2022 Administration (P3) Seen by pharmacist USC - Omni springwell - Aripiprazole 5mg tab - qty 28 - take 4 at 8am

31-Aug-2022 Dr Dr Locum1 Surgery consultation

Administration (P3) Telephone encounter Dr SAHU- long h/o anxiety/depression/treatment resistant Schizophrenia in the past, under care of mental health team, recent increase in Fluoxetine, not much changed in mood. says still hearing voices. has follow up with mental health in 3 weeks, also Alcohol on and off periods of bingeing. says lives alone, no social support. almost house boundsupportive call, advised to cut down alcohol, continue on current dose of medication and r/v after seen mental health, call back if any further concerns. Not keen on Breathing space or talking services

22-Aug-2022 Dr Agata Dunsmore Administration

Administration (P3) Administration seem under review for MH

19-Aug-2022 Ms Holly Mcconville Administration**19-Aug-2022 ***** Administration**

Administration (P3) SMS text message sent to patient SPRINGWELL MC: Unfortunately we have had to cancel your appointment on 24/08/2022. Please call the Surgery on 0131 347 1860 to rearrange.

25-July-2022 Dr Sarah Murray Telephone call from a patient

Administration (P3) Telephone encounter review of medication, no new issues agreed continue, ongoing review from Dr cooper

20-July-2022 Dr Hannah Ramsay Administration

Administration Administration Omnicare - repeat x1 Aripiprazole 10mg
(P3) tabs Fluoxetine 20mg Mirtazapine 15mg

19-July-2022 *** Administration****12-July-2022 Dr Nicola McGregor Telephone call to a patient**

Administration SMS text message sent to patient Springwell medical
(P3) centre I am about to phone you to discuss your blood results, I hope this is convenient. Dr McGregor 0131 347 1860

Administration Telephone encounter 07804894530- went over results,
(P3) really nothing outstanding. Minor rise in Ferritin and ESR but not enough for concern/diagnosis. Will rpt these in 6 weeks. He thinks may be MH medication which is making him exhausted and will d.w Dr Cooper when he sees her in Sept. I will send her an email. May need onward ref to General medicine if fatigue/sob continues and Dr Cooper does not think related to meds. He will await her appt. Rpt blood test booked for 6 weeks

Administration SMS text message sent to patient Springwell medical
(P3) centre Appointment for blood test booked for Wed 24th August @ 7.30am 0131 347 1860

07-July-2022 Dr Nicola McGregor Results recording

05-July-2022 Examination Biochemical test <none>

05-July-2022 Examination Coeliac disease screen U/mL - Coeliac testing NOTES: 1. 1.5 U/mL
If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp. 2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endoscopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist. 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common. 4. See GI and Paediatric GI pages on RefHelp for further information and advice.

05-July-2022 Examination **Biochemical test** <none>: (No range available)

05-July-2022 Examination **Coeliac disease screen** U/mL - Coeliac testing NOTES: 1. If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp. 2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endoscopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist. 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common. 4. See GI and Paediatric GI pages on RefHelp for further information and advice.:
Coeliac disease screen U/mL - Coeliac testing NOTES: 1. 1.5 U/mL (Range: 0.1 - 5)
If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp. 2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endoscopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist. 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common. 4. See GI and Paediatric GI pages on RefHelp for further information and advice.

05-July-2022 Dr Nicola McGregor Results recording

Examination	Plasma glucose level	<none>	mmol/L	
Examination	Plasma random glucose level		4.8 mmol/L	
Examination	Plasma glucose level	<none>:		
	Plasma glucose level	<none>	mmol/L	(No range available)
Examination	Plasma random glucose level:			
	Plasma random glucose level		4.8 mmol/L	(Range: 3.8 - 7.7)

05-July-2022 Dr Nicola McGregor Results recording

Examination	Serum vitamin B12	288 ng/L	
Examination	Serum ferritin For interpretation of high ferritin please consult NHS Lothian Intranet: Healthcare-A-Z-Haematology-GP Referral guidelines-High Ferritin.	356 ug/L	
Examination	Serum folate	6.7 ug/L	
Examination	Serum C reactive protein level	5 mg/L	
Examination	Blood haematinic levels <none>		
Examination	Serum vitamin B12:		
	Serum vitamin B12	288 ng/L	(Range: 180 - 2000)
Examination	Serum ferritin For interpretation of high ferritin please consult NHS Lothian Intranet: Healthcare-A-Z-Haematology-GP Referral guidelines-High Ferritin.: Abnormal		
	Serum ferritin For interpretation of high ferritin please consult NHS Lothian Intranet: Healthcare-A-Z-Haematology-GP Referral guidelines-High Ferritin.	356 ug/L	(Range: 20 - 300)
Examination	Serum folate:		
	Serum folate	6.7 ug/L	(Range: 2.8 - 20)
Examination	Serum C reactive protein level:		
	Serum C reactive protein level	5 mg/L	(No range available)
Examination	Blood haematinic levels <none>:		
	Blood haematinic levels <none>		(No range available)

05-July-2022 Dr Nicola McGregor Results recording

Examination	Erythrocyte sedimentation rate mm/hr	14 mm/h	
Examination	Erythrocyte sedimentation rate mm/hr: Abnormal		
	Erythrocyte sedimentation rate mm/hr	14 mm/h	(Range: 1 - 10)

05-July-2022 Dr Nicola McGregor Surgery consultation

Examination	O/E - blood pressure reading	133 / 95 mm Hg
Administration (P3)	Consultation Hx as below- feels fatigued all the time over the past 6mth, some joint pains. Soboe, occ chest retrosternal pain, odd occ has felt dizzy on standing/bending and had what sounds like vasovagal episode. Diarrhoea/wind a lot of the time. Eats badly. Exsmoker Has cut back on alcohol now drinks 2 beers per night (28units per week which is greatly reduced) but does not feel any better for it he says. No FH of any concern. Sees Dr Cooper for MH meds increased in Feb says he feels a bit better on higher dose; e bp 133/96- recheck next mth. .Bloods taken for additional factors. Hr 104 reg Sats 94% Chest clear,. Hs nad. Abdo obese soft nontender, no lks - PR agreed - large smooth prostate nil elsel will phone him next week with results. Says he could not get to ECG appt if organised. May need further ix? but will dw him once results back	

28-Jun-2022 Dr Nicola McGregor Telephone call to a patient

Administration (P3)	Telephone encounter 07804 894 530 review meds States Fluoxetine not really doing that much as was increased in May. However, he is happy to stay on current dose and has rv with Dr Cooper in Sept- scripts were done 23.6.22 Still feeling very fatigued and 'not right' since Covid booster in Jan. Still drinking heavily, staying in all the time. Gets shopping delivered. Bloods in Feb nad, but ongoing symptoms may need further ix as he has c/o this for 6mths now. Booked F2F for next week he will come in
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23-Jun-2022 Dr Shehzad Ali Administration

Administration (P3)	Omnicare - repeat x1 Aripiprazole 10mg tabs Fluoxetine 20mg caps Mirtazapine 15mg tabs
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22-Jun-2022 ***** Administration

10-Jun-2022 ***** Administration

Administration (P3)	SMS text message sent to patient Springwell MC: Due to GP shortages we are extremely short of appointments. Please use Right Care Right Place appropriately. Many thanks for your understanding. Further updates will be posted on the practice FB account. https://www.facebook.com/Springwell-Medical-Centre-111701212251081 {Patient Group Total Practice Population}
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07-Jun-2022 Dr Colin Entwistle Telephone call from a patient

Administration Telephone encounter 07804 894 530 review increase of
(P3) medstel triage - some reduction in anxiety with increased ssri, CMHT rv due Sep. Still staying at home and drinking heavily with binge drinking 100u/w on avg, discussed how this may be contributing to mood and general health, declines hub/CLW. Doesnt see his drinking as a problem. Since covid vaccines general aches and pains in jts but sounds as if he is deconditioned from inactivity and drinkig at home rather than vacc sfx, see f2f 17/6 for rv/ may need physio input.

30-May-2022 Dr Laura Burns Administration

Diagnosis Administration NOS Omnicare - repeat x1Aripiprazole
(P3) 10mgFluoxetine 20mgMirtazapine 15mg//due rv on increased fluox dose, dr cooper not due to see until autumn. script note LB

27-May-2022 *** Administration****04-May-2022 Dr Sarah Murray Administration****26-Apr-2022 Dr Nicola McGregor Administration**

Administration Administration Omnicare - Rx(1) Aripiprazole 10mg.
(P3) Fluoxetine20mg & Mirtazapine 15mgreviewed by Dr Cooper last month
18-Mar-2022 Intervention Review of mental health care plan cmht review
(P3)

26-Apr-2022 *** Administration****31-Mar-2022 Dr Ruth Torlesse Administration**

Administration Administration NOS omnicare - Aripiprazole 10mg
(P3) tabletsFluoxetine 20mg capsulesMirtazapine 15mg tablets

29-Mar-2022 Dr Marie Donnelly Administration

Administration Administration NOS med request is 2w early
(P3)

28-Mar-2022 *** Administration****18-Mar-2022 Dr Laura Burns Administration**

Administration Administration NOS Letter from Dr Cooper - fluoxetine
(P3) increase. Noted alcohol use not keen to address. Called Omnicare re change to dosette LB

14-Mar-2022 Dr Sarah Butler Telephone call to a patient

Administration Telephone encounter 07804894530-re meds calling for
(P3) Rx not due to a coupe of weeks asked re his CMHT appt with Dr Cooper frday suggested waiting till after that to issue in case changes but became very anxious woud not have in time so agree to issue and if necessary can amend this if there are changes

28-Feb-2022 Dr Sarah Butler Administration

Administration Administration Omnicare - (Rx1) - Aripiprazole 10mg
(P3) tabsFluoxetine 20mg capsMirtazapine 15mg tabs
Administration Administration Omnicare - (Rx1) - Aripiprazole 10mg
(P3) tabsFluoxetine 20mg capsMirtazapine 15mg tabsaccording to previous records has review Dr Coope in march issue this time please make sure next time that he attended this last gP evioew 17/12/21

25-Feb-2022 *** Administration****10-Feb-2022 Dr Sarah Murray Telephone call from a patient**

Administration Telephone encounter dicussed cholesterol and raised
(P3) assign score, no FH stroke/CHD. pt doesnt feel can improve lifestyle so discusd and agreed start statin and can r/v next month how is getting along with this when comes in for rpt BP, pt happy with plan

09-Feb-2022 Dr Ruth Torlesse Administration

Diagnosis Assessing cardiovascular risk using SIGN score
 Administration Administration NOS Cholesterol high with high CV risk.
 (P3) See recent BP recordings. Cholesterol also high Dec 2020 and we did want to speak to him about this but do not think this ever happened. For GP TC
 Administration SMS text message sent to patient Springwell MC - your
 (P3) blood test results are back. Please make an appointment to speak to the GP 0131 3471860

09-Feb-2022 Dr Colin Entwistle Results recording

08-Feb-2022	Examination	Serum alkaline phosphatase	U/L	79 U/L	
08-Feb-2022	Examination	Serum alanine aminotransferase level	Serum ALT level -	35 U/L	
			U/L		
08-Feb-2022	Examination	Serum total bilirubin level		5 umol/L	
08-Feb-2022	Examination	Serum total cholesterol level		6.3 mmol/L	
08-Feb-2022	Examination	Serum creatinine		81 umol/L	
08-Feb-2022	Examination	Serum gamma-glutamyl transferase level	Serum gamma	44 U/L	
		GT level -	U/L		
08-Feb-2022	Examination	Serum HDL cholesterol level		1.3 mmol/L	
08-Feb-2022	Examination	Serum LDL cholesterol level		3.7 mmol/L	
08-Feb-2022	Examination	Serum potassium		4.6 mmol/L	
08-Feb-2022	Examination	Serum sodium		140 mmol/L	
08-Feb-2022	Examination	Serum triglycerides		2.9 mmol/L	
08-Feb-2022	Examination	Serum TSH level	mU/L	2 mU/L	
08-Feb-2022	Examination	Serum lipids	<none>		
08-Feb-2022	Examination	Liver function test	<none>		
08-Feb-2022	Examination	Thyroid function test	<none>		
08-Feb-2022	Examination	Urea and electrolytes	<none>		
08-Feb-2022	Examination	Serum cholesterol/HDL ratio		4.8 ratio	
08-Feb-2022	Examination	GFR calculated abbreviated MDRD	GFR calculated	60 mL/min	
		abbreviatd MDRD -	mL/min		
08-Feb-2022	Examination	Serum alkaline phosphatase	U/L:		
		Serum alkaline phosphatase	U/L	79 U/L	(Range: 40 - 125)
08-Feb-2022	Examination	Serum alanine aminotransferase level	Serum ALT level -	U/L:	
		Serum alanine aminotransferase level	Serum ALT level -	35 U/L	(Range: 10 - 50)
			U/L		
08-Feb-2022	Examination	Serum total bilirubin level:			
		Serum total bilirubin level		5 umol/L	(Range: 3 - 21)
08-Feb-2022	Examination	Serum total cholesterol level: Abnormal			
		Serum total cholesterol level		6.3 mmol/L	(No range available)
08-Feb-2022	Examination	Serum creatinine:			
		Serum creatinine		81 umol/L	(Range: 64 - 111)
08-Feb-2022	Examination	Serum gamma-glutamyl transferase level	Serum gamma	GT level -	U/L:
		Serum gamma-glutamyl transferase level	Serum gamma	44 U/L	(Range: 10 - 55)
		GT level -	U/L		
08-Feb-2022	Examination	Serum HDL cholesterol level:			
		Serum HDL cholesterol level		1.3 mmol/L	(Range: 0.9 - 1.4)
08-Feb-2022	Examination	Serum LDL cholesterol level: Abnormal			
		Serum LDL cholesterol level		3.7 mmol/L	(No range available)
08-Feb-2022	Examination	Serum potassium:			
		Serum potassium		4.6 mmol/L	(Range: 3.6 - 5)
08-Feb-2022	Examination	Serum sodium:			
		Serum sodium		140 mmol/L	(Range: 135 - 145)
08-Feb-2022	Examination	Serum triglycerides: Abnormal			
		Serum triglycerides		2.9 mmol/L	(Range: 0.8 - 2.1)
08-Feb-2022	Examination	Serum TSH level	mU/L:		
		Serum TSH level	mU/L	2 mU/L	(Range: 0.23 - 5.6)
08-Feb-2022	Examination	Serum lipids	<none>:		
		Serum lipids	<none>		(No range available)
08-Feb-2022	Examination	Liver function test	<none>:		
		Liver function test	<none>		(No range available)
08-Feb-2022	Examination	Thyroid function test	<none>:		
		Thyroid function test	<none>		(No range available)
08-Feb-2022	Examination	Urea and electrolytes	<none>:		
		Urea and electrolytes	<none>		(No range available)
08-Feb-2022	Examination	Serum cholesterol/HDL ratio:			
		Serum cholesterol/HDL ratio		4.8 ratio	(No range available)
08-Feb-2022	Examination	GFR calculated abbreviated MDRD	GFR calculated	abbreviatd MDRD -	mL/min:
		GFR calculated abbreviated MDRD	GFR calculated	60 mL/min	(No range available)
		abbreviatd MDRD -	mL/min		

08-Feb-2022 Dr Colin Entwistle Results recording

Examination	Eosinophil count	10 ⁹ /L	0.15 10 ⁹ /L	
Examination	Haemoglobin estimation		142 g/L	
Examination	Mean corpusc. haemoglobin(MCH)		31.8 pg	
Examination	Mean corpusc. Hb. conc. (MCHC)		345 g/L	
Examination	Mean corpuscular volume (MCV)		92 fL	
Examination	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	
Examination	Neutrophil count	10 ⁹ /L	3.24 10 ⁹ /L	
Examination	Platelet count	10 ⁹ /L	360 10 ⁹ /L	
Examination	Red blood cell (RBC) count	10 ¹² /L	4.47 10 ¹² /L	
Examination	Nucleated red blood cell count	10 ⁹ /L	0 10 ⁹ /L	
Examination	Total white cell count	10 ⁹ /L	6.3 10 ⁹ /L	
Examination	Lymphocyte count	10 ⁹ /L	2.12 10 ⁹ /L	
Examination	Full blood count - FBC	<none>		
Examination	Haematocrit		0.411 ratio	
Examination	Basophil count	10 ⁹ /L	0.12 10 ⁹ /L	
Examination	Eosinophil count 10 ⁹ /L:			
	Eosinophil count	10 ⁹ /L	0.15 10 ⁹ /L	(Range: 0.04 - 0.4)
Examination	Haemoglobin estimation:			
	Haemoglobin estimation		142 g/L	(Range: 130 - 180)
Examination	Mean corpusc. haemoglobin(MCH):			
	Mean corpusc. haemoglobin(MCH)		31.8 pg	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC):			
	Mean corpusc. Hb. conc. (MCHC)		345 g/L	(Range: 310 - 360)
Examination	Mean corpuscular volume (MCV):			
	Mean corpuscular volume (MCV)		92 fL	(Range: 78 - 98)
Examination	Monocyte count 10 ⁹ /L:			
	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count 10 ⁹ /L:			
	Neutrophil count	10 ⁹ /L	3.24 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count 10 ⁹ /L:			
	Platelet count	10 ⁹ /L	360 10 ⁹ /L	(Range: 150 - 400)
Examination	Red blood cell (RBC) count 10 ¹² /L: Abnormal			
	Red blood cell (RBC) count	10 ¹² /L	4.47 10 ¹² /L	(Range: 4.5 - 6.5)
Examination	Nucleated red blood cell count 10 ⁹ /L:			
	Nucleated red blood cell count	10 ⁹ /L	0 10 ⁹ /L	(No range available)
Examination	Total white cell count 10 ⁹ /L:			
	Total white cell count	10 ⁹ /L	6.3 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count 10 ⁹ /L:			
	Lymphocyte count	10 ⁹ /L	2.12 10 ⁹ /L	(Range: 1.5 - 4.5)
Examination	Full blood count - FBC <none>:			
	Full blood count - FBC	<none>		(No range available)
Examination	Haematocrit:			
	Haematocrit		0.411 ratio	(Range: 0.4 - 0.52)
Examination	Basophil count 10 ⁹ /L: Abnormal			
	Basophil count	10 ⁹ /L	0.12 10 ⁹ /L	(Range: 0.01 - 0.1)

08-Feb-2022 Dr Colin Entwistle Results recording

Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 39 mmol/mol	
	IFCC standardised - - HbA1c is NOT increased.		
Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - IFCC standardised - - HbA1c is NOT increased.:	
	Haemoglobin A1c level - IFCC standardised	HbA1c level - 39 mmol/mol	(Range: 20 - 41)
	IFCC standardised - - HbA1c is NOT increased.		

08-Feb-2022 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter review of meds as requested, no new issues. remains on current meds, admits missed last x2 psych appointments but has another next month - encouraged pt to attend this. nil changes made

08-Feb-2022 Ms Elaine Powell Administration

Symptom	Exercise grading	day to day activity	
Management	Cardiovascular disease monitoring	annual review MH at risk CVD	
Examination	O/E - pulse rate		103 bpm
Examination	O/E - blood pressure reading		141 / 100 mm Hg
Examination	O/E - blood pressure reading		140 / 98 mm Hg
Examination	Blood sample -> Lab NOS	VB as per ICE request	
Examination	Ex smoker	stopped 5 years ago	// cigarettes / cigars / tobacco
Examination	Alcohol consumption	drinks berr at the weekend	16 units per week
Examination	O/E - weight		90 Kg
Examination	Body Mass Index		32.2
Examination	Blood sample -> Lab NOS VB as per ICE request:		
	Blood sample -> Lab NOS	VB as per ICE request	(No range available)

01-Feb-2022 ***** Administration

Administration SMS text message sent to patient SPRINGWELL MEDICAL CENTRE: You are due an annual review of your health condition(s). Please contact reception to book an appointment. 0131 347 1860 {Patient Group December21 Complete}

01-Feb-2022 ***** Administration

Diagnosis (P3) Chronic disease monitoring Invite sent for December health review

31-Jan-2022 Dr Hannah Ramsay Administration

Administration (P3) Administration Omnicare ph - Aripiprazole 10mg tabs, Fluoxetine 20mg caps, Mirtazapine 15mg tabs
Dec. Issued. review next time

21-Jan-2022 Dr Laura Burns Telephone call to a patient

Administration (P3) Telephone encounter 07804894530 - covid booster on monday bene unwell since, called nhs 24 tuesday am who adv gp if no better end of week - stuck in bed, sweating no appetite, exhausted, joint pain thanks kylie//Got booster Mon morning - different vaccine from prev vaccines - fine all day - then Tues early hours woke aches pains shivery felt terrible - NHS tel consult told should expect to pass call GP inb end of week. Not as bad as was but still not right. Currently still aches in joints and back (not as bad), if tries normal activity sweats, drained, appetite disappeared. Bit of sore throat. Poor sleep restless. Feel a bit SOB not to major degree but there, not worsened. Soft but not loose stool. No vomiting but felt a bit nauseous after coffee toast. No urinary sx. Done 3 LFT all negative. Doesnt seem like anything else going on, unusually bad reaction to booster. He feels as improving overall could give if a little more time see how get on over weekend, and if no significant improvement by next week tcb can book direct f2f. if things worsening then seek rv 111 over weekend or us next weel. LB

18-Jan-2022 *****

Free Text *****

17-Jan-2022 Data Transferred from other system

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Moderna (Mass - EICC)

17-Jan-2022 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Moderna (M Zhang)

06-Jan-2022 Dr Shehzad Ali Administration

Administration (P3) Administration PH req Aripiprazole 10mg tabs, Fluoxetine 20mg caps, Mirtazapine 15mg tabs

17-Dec-2021 Dr Nicola Mcgregor Surgery consultation

Administration (P3) Telephone encounter Medication review. Tel 07804894530 Needs meds as due over New Year. Missed Dr Cooper appt, he says he has another one in March. Struggling to get out, staying in for past 4-5 weeks as afraid to go out, gets meds delivered and food. Has tried support in past but says is no good. Family in Livingston so do not see him that much. Meds as before and advised he really needs to attend Dr Cooper appt in March for rv. Missed Covid and Flu vaccination, says would struggle to get them. Advised important to try to get out to get these

03-Dec-2021 Dr Laura Burns Administration

Administration (P3) Administration NOS PH REQ - Aripiprazole 10mg tabs, Fluoxetine 20mg caps, Mirtazapine 15mg tabs

15-Nov-2021 Dr Sarah Butler Administration

Administration (P3) Administration Ph Req- Aripiprazole 10mg tabs, Fluoxetine 20mg caps, Mirtazapine 15mg tabs.

Administration (P3) Administration Ph Req- Aripiprazole 10mg tabs, Fluoxetine 20mg caps, Mirtazapine 15mg tabs. - note HP entry last month had DNA CMHT appt she had advised he contcat i have noted he shoud dw GP next time so we can review if this done /MH

Administration Medication review

03-Nov-2021 ***** Administration

15-Oct-2021 Administration Appointment cancelled by patient AMH (P3)

19-Oct-2021 Dr Harriet Packham Telephone call to a patient

Administration Telephone encounter Pt missed f up appt again with MH (P3) says he didnt want to elave house just wants to stay inside. says mood stable. P: script issued advised to call back cambridge house to rearrange as so not to be taken off their list.

12-Oct-2021 Dr Sarah Butler Administration

Administration Administration Aripiprazole, fluox, mirtazapine; pharma (P3) due tpo be seen by CMHT DNA june appt will ask for rv thlugh as no idea when then will be noted on rx

21-Sept-2021 *** Administration**

Administration SMS text message sent to patient Springwell MC: FLU. (P3) GP Practices are not administering flu vaccines. All eligible patients will receive a letter direct from the Health Board with a date/time or inviting you to make an appointment for your vaccination. PLEASE DO NOT CONTACT THE PRACTICE. Our lines have been blocked all day with calls relating to this and we have no further information and can not book an appointment. You must phone the number on the letter or change your booking online. ALL INFORMATION IS ON THE LETTER, PLEASE DO NOT CALL THE PRACTICE. {Patient Group Practice Population 0921}

13-Sept-2021 Dr Nicola McGregor Administration

Administration Administration PH REQ - Aripiprazole 10mg, Fluoxetine (P3) 20mg, Mirtazapine 15mg Awaiting psych rv

26-Aug-2021 Mrs Sandra Molloy Medicine Management

Intervention Medication requested PH req - aripiprazole 10mg tabs, (P3) fluoxetine 20mg tabs, mirtazapine 15mg tabs.
Intervention Prescription by supplementary prescriber (P3)

11-Aug-2021 Dr Hannah Ramsay Administration

Administration Administration Aripipraole 10mg, Fluoxetine 20mg caps, (P3) Mirtazepine 15mg PH Last review with GP in May. DNA d appt with Dr Cooper. Not issued, patient to make GP TCB.

10-Aug-2021 Dr Colin Entwistle Results recording

09-Aug-2021	Examination	BCSP faecal occult blood test normal	No action required	
09-Aug-2021	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

13-July-2021 *** Administration**

Administration SMS text message sent to patient SPRINGWELL MC: We (P3) are happy to inform you that all staff who were off poorly with covid-19 have recovered and returned to work. Covid-19 was NOT spreading in practice, all came from contact out with. We have all admin staff back but please do bear in mind that this is now holiday season and due to the need to cover the covid hubs/help line, we have been unable to secure locums to cover GP annual leave. Due to this there are some days over the summer that we are extremely short of appointments, this is out with our control. As always, we ask you to use the service wisely. Like any other time, the Patient Care Advisors/Receptionists will ask you for a brief description of why you require a GP or nurse appointment so they can direct you to the correct professional whether that be in practice or out with eg pharmacy, dentist, optician etc.... #RightCareRightPlace. {Patient Group Total Practice Population 130721}

13-July-2021 Dr Nicola McGregor Administration

Administration Administration ARIPIRAZOLE 10MG TABS, FLUOXETINE (P3) 20MG CAPS, MIRTAZAPINE 15MG TABS - PH REQ Dr rv in May, dna'd Dr Cooper appt. Rv with GP next mth please

25-Jun-2021 Dr Colin Entwistle Data Transferred from other system

Intervention Admin sec dose SARS-CoV-2 vacc C-19 AstraZeneca (By A Findlay)

22-Jun-2021 *** Administration**

Administration SMS text message sent to patient SPRINGWELL MC: We
(P3) have received a letter from the hospital. Please call the
Surgery on 0131 347 1860 to discuss.

Administration Administration NOS DNA appointment at Cambridge
(P3) Street House on 9/6/21. They will send out another
appointment to patient.

22-Jun-2021 *** Administration**

09-Jun-2021 Administration DNA hospital appointment Cambridge Street House
(P3) Mental Health

16-Jun-2021 Mrs Sandra Molloy Medicine Management

Intervention Medication requested by SW PH req - ariprazole 10mg
(P3) tabs, fluoxetine 20mg caps, mirtazapine 15mg tabs.

Intervention Prescription by supplementary prescriber pt has
(P3) imminet appt with Dr Cooper. Issued 1/12 mds rx

17-May-2021 Dr Agata Dunsmore Administration

Administration Telephone encounter mental health stable, seeing Dr
(P3) Coopers due next month, no thoughts re suicide, *****
passed away feb 2021 has been down since then, -
recommended CRUSE, voicing concerns re weight gain,
on mirtazapine - ilkey casue advsied to continue, I will ask
PN to call re health eating advice

30-Apr-2021 *** Administration**

Administration SMS text message sent to patient Springwell MC - As of
(P3) Monday 3rd May 2021 our website will be transferred over
to a new platform - same website address. From then you
will only be able to order medication online via our online
services. For this you require logon details. if you have
not already used online services (started 2019) or
requested logon details then please download or pick up
a form and submit this to the Practice asap. Please note
you also have to bring ID when submitting the form at
reception. {Patient Group Total Pp}

15-Apr-2021 Dr Janice Allister Results recording

13-Apr-2021 Examination Urinary microscopy, culture and sensitivities Urine culture
No significant growth Urine samples for culture and
sensitivity testings should be sent using red topped boric
acid universal containers filled to the fill line. The use of
boric acid improves the quality of test results and
reduces the number of false positives. If the sample is
less than 15ml continue to use a white topped
universal. Samples should be refrigerated if there is
an anticipated delay in transport.; Urinary MC&S

13-Apr-2021 Examination **Urinary microscopy, culture and sensitivities** Urine culture No significant growth Urine samples for
culture and sensitivity testings should be sent using red topped boric acid universal containers filled to
the fill line. The use of boric acid improves the quality of test results and reduces the number of false
positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be
refrigerated if there is an anticipated delay in transport.; Urinary MC&S: (No range available)

Urinary microscopy, culture and sensitivities Urine culture
No significant growth Urine samples for culture and
sensitivity testings should be sent using red topped boric
acid universal containers filled to the fill line. The use of
boric acid improves the quality of test results and
reduces the number of false positives. If the sample is
less than 15ml continue to use a white topped
universal. Samples should be refrigerated if there is
an anticipated delay in transport.; Urinary MC&S

13-Apr-2021 Dr Janice Allister Telephone call to a patient

Administration Telephone encounter Is stable psychiatrically but
(P3) concerned re weight gain despite eating less. Also has
urinary frequency (painless) - for msu then will need to
see.

02-Apr-2021 Dr Colin Entwistle Data Transferred from other system

Intervention Admin first dose SARS-CoV-2 vac C-19 AstraZeneca (By H Barclay)

31-Mar-2021 Mrs Sandra Molloy Medicine Management

Intervention Medication requested by SWP for calcitriol
(P3) 50mcg/betamethasone dip 500mcg foam

Intervention Prescription by supplementary prescriber issued rx. pt to
(P3) have r/v before next issue. Highlighted note on repeat slip.

24-Mar-2021 Mrs Sandra Molloy Medicine Management

Intervention Medication requested by SWO for aripiprazole 10mg tabs,
(P3) fluoxetine 20mg and mirtaz 15mg tabs
Intervention Prescription by supplementary prescriber Issued rx for
(P3) 1/12 with note to pt to make appt with GP for r/v.
Highlighted note on repeat slip.

22-Feb-2021 Dr Colin Entwistle Administration

Administration Administration acute request via SWP for MH meds on
(P3) weekly dispense - Rx issued.

26-Jan-2021 *** Administration**

Administration SMS text message sent to patient Springwell MC - From
(P3) Monday 15th February 2021 our telephones will be transferred to emergency mode and our doors will be closed every Monday-Friday between 12.00-13.00. For more information please go to www.springwellmedical.org.uk {Patient Group Total Practice Population Jan 2021}

21-Jan-2021 Mrs Sandra Molloy Medicine Management

Intervention Medication requested by SWP for aripiprazole tabs 10mg,
(P3) fluoxetine caps 20mg, mirtaz 15mg tabs
Intervention Prescription by supplementary prescriber issued rx's for
(P3) mds as acute, Ordering frequency in line with dosage

08-Jan-2021 *** Administration**

Administration SMS text message sent to patient Springwell MC: Please
(P3) see the link below for helpful videos on community health care. <https://www.nhsinform.scot/campaigns/your-community-health-care-services> {Patient Group Total Practice Population}

30-Dec-2020 Dr Ruth Torlesse Administration

Administration Administration NOS Pharm Req Aripiprazole 10mg tabs,
(P3) Fluoxetine 20mg, Melatonin 2mg mod rel tabs, Mirtazapine 15mg tabs->I see letter from psychiatry saying that Melatonin was to be stopped ??was chemist informed. I will email them

18-Dec-2020 Dr Colin Entwistle Telephone call from a patient

Administration Telephone encounter 07804894530 urine problem tel
(P3) triage - severe lms urinary frequency now soem dribbling ?nocturia, recent bloods normal, add bloods to forthcoming bloods inc hba1c and psa, bring sou for urinalysis as well, rv after with results ?f2f to assess prostate, explained I dont think it is related to his meds as he is concerned about this.

14-Dec-2020 Dr Colin Entwistle Telephone call from a patient

Administration Telephone encounter 07804894530 - to discuss test
(P3) results //tel triage - discussed bloods admits diet has been poor since lockdown with more ready meals - wnet over reducing sat fat and exercise more mat also help testosterone which is borderline and in itself doesnt need specific RX, wanted this checked as felt tired more often. rpt testosterone in 1m appt booked.

11-Dec-2020 Dr Sarah Murray Results recording

10-Dec-2020	Examination	Serum prolactin level	mU/L	25 mU/L	
10-Dec-2020	Examination	Serum testosterone		11.9 nmol/L	
10-Dec-2020	Examination	Endocrine studies Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.			
10-Dec-2020	Examination	Serum prolactin level mU/L: Abnormal			
		Serum prolactin level	mU/L	25 mU/L	(Range: 60 - 500)
10-Dec-2020	Examination	Serum testosterone:			
		Serum testosterone		11.9 nmol/L	(Range: 10 - 38)
10-Dec-2020	Examination	Endocrine studies Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.			
		Endocrine studies Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.			(No range available)

11-Dec-2020 ***** Administration

Administration SMS text message sent to patient • SPRINGWELL MC:
 (P3) Your recent tests results are back. Please call the Surgery
 on 0131 347 1860 at 8am or 11 am to arrange a
 telephone consultation
 Administration NOS **CENTWHISTLEContact pt: Make
 (P3) GP Appt, phone appt - cholesterol a bit high needs to
 discuss

11-Dec-2020 Dr Colin Entwistle Administration

Diagnosis Assessing cardiovascular risk using SIGN score

10-Dec-2020 Dr Colin Entwistle Results recording

Examination	Eosinophil count	10 ⁹ /L	0.09 10 ⁹ /L	
Examination	Haemoglobin estimation		135 g/L	
Examination	Mean corpusc. haemoglobin(MCH)		30.2 pg	
Examination	Mean corpusc. Hb. conc. (MCHC)		340 g/L	
Examination	Mean corpuscular volume (MCV)		89 fL	
Examination	Monocyte count	10 ⁹ /L	0.71 10 ⁹ /L	
Examination	Neutrophil count	10 ⁹ /L	4.28 10 ⁹ /L	
Examination	Platelet count	10 ⁹ /L	286 10 ⁹ /L	
Examination	Red blood cell (RBC) count	10 ¹² /L	4.47 10¹²/L	
Examination	Total white cell count	10 ⁹ /L	7.6 10 ⁹ /L	
Examination	Lymphocyte count	10 ⁹ /L	2.38 10 ⁹ /L	
Examination	Full blood count - FBC	<none>		
Examination	Haematocrit		0.397 ratio	
Examination	Basophil count	10 ⁹ /L	0.1 10 ⁹ /L	
Examination	Eosinophil count 10 ⁹ /L:			
	Eosinophil count	10 ⁹ /L	0.09 10 ⁹ /L	(Range: 0.04 - 0.4)
Examination	Haemoglobin estimation:			
	Haemoglobin estimation		135 g/L	(Range: 130 - 180)
Examination	Mean corpusc. haemoglobin(MCH):			
	Mean corpusc. haemoglobin(MCH)		30.2 pg	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC):			
	Mean corpusc. Hb. conc. (MCHC)		340 g/L	(Range: 310 - 360)
Examination	Mean corpuscular volume (MCV):			
	Mean corpuscular volume (MCV)		89 fL	(Range: 78 - 98)
Examination	Monocyte count 10 ⁹ /L:			
	Monocyte count	10 ⁹ /L	0.71 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count 10 ⁹ /L:			
	Neutrophil count	10 ⁹ /L	4.28 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count 10 ⁹ /L:			
	Platelet count	10 ⁹ /L	286 10 ⁹ /L	(Range: 150 - 400)
Examination	Red blood cell (RBC) count 10 ¹² /L: Abnormal			
	Red blood cell (RBC) count	10 ¹² /L	4.47 10¹²/L	(Range: 4.5 - 6.5)
Examination	Total white cell count 10 ⁹ /L:			
	Total white cell count	10 ⁹ /L	7.6 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count 10 ⁹ /L:			
	Lymphocyte count	10 ⁹ /L	2.38 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC <none>:			
	Full blood count - FBC	<none>		(No range available)
Examination	Haematocrit: Abnormal			
	Haematocrit		0.397 ratio	(Range: 0.4 - 0.52)
Examination	Basophil count 10 ⁹ /L:			
	Basophil count	10 ⁹ /L	0.1 10 ⁹ /L	(Range: 0.01 - 0.1)

10-Dec-2020 Dr Sarah Murray Results recording

Examination	Serum alkaline phosphatase U/L	67 U/L	
Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 29 U/L	
Examination	Serum total bilirubin level	6 umol/L	
Examination	Serum total cholesterol level	6.9 mmol/L	
Examination	Serum creatinine	77 umol/L	
Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 35 U/L	
Examination	Serum HDL cholesterol level	1.6 mmol/L	
Examination	Serum potassium	4.3 mmol/L	
Examination	Serum sodium	143 mmol/L	
Examination	Serum lipids <none>		
Examination	Liver function test <none>		
Examination	Urea and electrolytes <none>		
Examination	Serum cholesterol/HDL ratio	4.3 ratio	
Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	
Examination	abbreviatd MDRD - ml/min		
Examination	Serum alkaline phosphatase U/L:		
	Serum alkaline phosphatase U/L	67 U/L	(Range: 40 - 125)
Examination	Serum alanine aminotransferase level U/L:		
	Serum alanine aminotransferase level U/L	Serum ALT level - 29 U/L	(Range: 10 - 50)
Examination	Serum total bilirubin level:		
	Serum total bilirubin level	6 umol/L	(Range: 3 - 21)
Examination	Serum total cholesterol level: Abnormal		
	Serum total cholesterol level	6.9 mmol/L	(No range available)
Examination	Serum creatinine:		
	Serum creatinine	77 umol/L	(Range: 64 - 111)
Examination	Serum gamma-glutamyl transferase level U/L:		
	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 35 U/L	(Range: 10 - 55)
Examination	Serum HDL cholesterol level: Abnormal		
	Serum HDL cholesterol level	1.6 mmol/L	(Range: 0.9 - 1.4)
Examination	Serum potassium:		
	Serum potassium	4.3 mmol/L	(Range: 3.6 - 5)
Examination	Serum sodium:		
	Serum sodium	143 mmol/L	(Range: 135 - 145)
Examination	Serum lipids<none>:		
	Serum lipids <none>		(No range available)
Examination	Liver function test<none>:		
	Liver function test <none>		(No range available)
Examination	Urea and electrolytes<none>:		
	Urea and electrolytes <none>		(No range available)
Examination	Serum cholesterol/HDL ratio:		
	Serum cholesterol/HDL ratio	4.3 ratio	(No range available)
Examination	GFR calculated abbreviated MDRD GFR calculated	60 mL/min	(No range available)
	abbreviatd MDRD - ml/min		

10-Dec-2020 Ms Anne Frater Administration

07-Dec-2020 ***** Administration

Administration SMS text message sent to patient • SPRINGWELL MC:
(P3) We have received a letter from the hospital. Please call the Surgery on 0131 347 1860 to book an appointment with the Practice Nurse.

Administration Administration NOS Book bloods in 2-3 weeks as per
(P3) hospital letter. FBC, U&E's LFT's.

07-Dec-2020 Dr Sandra Vracar Clinic

Administration Administration Melatonin to be stopped - no longer
(P3) taking

07-Dec-2020 ***** Administration

Administration SMS text message sent to patient SPRINGWELL
(P3) MEDICAL CENTRE: Our records show that you are eligible for a flu vaccination. Please check our website <http://www.springwellmedical.org.uk/> or <https://www.nhsinform.scot/> for further information on drive through or walk through clinics. {Patient Group Flu Age 60y-65y}

07-Dec-2020 Mr Colin Jack Medicine Management

Intervention Medication requested by SWP for fluoxetine 20mg
(P3) capsules issued. Patient was reviewed by MH in May so will hopefully have been reviewed when he next requires fluoxetine.

27-Nov-2020 *****

Free Text *****

28-Oct-2020 Dr Harriet Packham Administration

Administration Administration Due to cv 19: issued acute repeats as
(P3) under cmht for mirtazapine, aripiprazole, fluoxetine,
melatonin
Administration Medication review

23-Sept-2020 Dr Nicola McGregor Administration

Administration Administration PH - Aripiprazole 10mg , Fluoxetine 20mg,
(P3) Melatonin 2mg & Mirtazapine 15mg under cmht

28-Aug-2020 Dr Nicola McGregor Administration

Administration Administration aripiprazole, fluoxetine, melatonin,
(P3) mirtazapine - ph req dosette

31-July-2020 Dr Sarah Butler Administration

Administration Administration Ph request - aripiprazole 10mg fluoxetine
(P3) 20mg melatonin 2mg mirtazapine 15mg under care CMHT
recent contact meds to remain stable

13-July-2020 Dr Katie Hunter Administration

Administration Administration PH req calcipotriol/betamethasone -
(P3) issued

03-July-2020 Dr Marie Donnelly Administration

Administration Administration NOS sr usual meds
(P3)

09-Jun-2020 Dr Marie Donnelly Administration

Administration Administration NOS reception confirmed with pharamcy,
(P3) still needed.

08-Jun-2020 *** Administration**

Administration Administration NOS Spoke with the pharmacy and they
(P3) advise sx request is still required to cover the shortfall for
Dossette.

08-Jun-2020 Dr Marie Donnelly Administration

Administration Administration NOS sr melatonin and aripiprazole. both
(P3) issues on 4/6 the day before ph request ?they had not yet
received the script from the 4/6. ?still needed.

08-Jun-2020 *** Administration****04-Jun-2020 Mrs Sandra Molloy Medicine Management**

Intervention Medication requested by SWP for aripiprazole and
(P3) melatonin
Intervention Prescription by supplementary prescriber Pt was seen
(P3) last mth by consultant and meds were increased. Issued rx
as per new dose doe 1/12 mds
Intervention Medication requested by SWP for fluoxetine and
(P3) mirtazapine
Intervention Prescription by supplementary prescriber issued 1/12 as
(P3) had r/v recent;y with psych

18-May-2020 Dr Shehzad Ali Administration

Administration Administration email from Dr Cooper requesting script
(P3)

04-May-2020 Dr Sandra Vracar Clinic**24-Apr-2020 ***** Administration**

Administration SMS text message sent to patient SPRINGWELL MC: We
(P3) are updating patient records with Next of Kin details in the
event you ever become seriously unwell. Please contact
the practice by telephone on 0131 347 1860 at your
earliest convenience to update your record. Please note
that providing details of your ***** DOES NOT give the
named person any right to any part of your medical
history and no information will be disclosed without your
written consent. (Definition of ***** - your nearest relative,
or somebody that you would want to contact in the case of
an emergency).

15-Apr-2020 Mrs Sandra Molloy Medicine Management

Intervention Medication requested by SWP for aripiprazole,
(P3) mirtazapine, melatonin mr 2mg and fluoxetine
Intervention Prescription by supplementary prescriber Rx issued as
(P3) acute for mds items for 1/12

06-Apr-2020 Dr Katie Hunter Telephone call to a patient

Administration Telephone encounter TC due to covid precautions -
(P3) asking for enstilar foam for psoriasis - see in hospital discharge letter, advised by derm for 4 week use (can also see this on formulary). Was due for urgent out-patient follow up but patient missed this. Skin is red and flakey on face but no plaques, some plaques over body. Not as bad as it has been before but the foam helps and is running out now. Advised it is important for dermatology to see him again so will issue another script but needs to see derm before issuing again. Understands this. To call back is skin worsening and can bring in for review. DW Dr Entwistle - happy to prescribe this without derm referral, hold off on this unless skin gets worse and needs seen. Informed patient of this

03-Apr-2020 Dr Shehzad Ali Administration

Administration Administration Kis updated as per covid protocol, given
(P3) PMHx I dont feel he would benefit from a call due to understanding and communication issues.
Management Special patient note Organic psychosis under Dr Cooper
(P3) psych consultant and CPN Tracey Johnstone Meds Aripiprazole 15mg Melatonin 2mg MR Mirtazapine 15mg nocte, diazepam 5mg prn and zopiclone 7.5mg prn Sees GP regularly for review past harmful use of alcohol 01/01/20: 6 week admission to Royal Edinburgh with paranoid psychosis

31-Mar-2020 *** Administration**

Administration Administration NOS Council Tax status form for signing in
(P3) Dr Vracar pigeon hole
Administration Administration NOS letter in pigeonhole - confirmation of
(P3) council tax status- severely mentally impaired person form. under MH team - previous history and consultations noted incl DOCMAN. Plan: letter signed and stamped - for ***** re: ??administrative fee for this

25-Mar-2020 Dr Sandra Vracar Administration**19-Mar-2020 Dr Shehzad Ali Administration**

Administration Administration) We will deliver 4 weeks MDS each day
(P3) next week. I have reviewed Mondays patients (with my delivery driver and MDS staff), to ensure patients are competent to receive the extra supply - taking their social and clinical history into account. The one I wanted you to assess for me is Ronald Robb 30/12/57 - I know he's had a recent admission *****- omnicare probably best to continue with weekly for this patient

12-Mar-2020 Dr Ruth Torlesse Administration**12-Mar-2020 Dr Ruth Torlesse Telephone call to a patient**

Administration Telephone encounter Sore throat, dry cough, tired for
(P3) around one week. Clammy at times. No SOB or chest pain. No travel or contact with COVID 19-->Explained that this is URTI and not likely to be COVID 19 (though can't be certain re this). No criteria to self isolate. He is asking if he can still come to his appointment on Monday. Explained that he probably can but if he is feeling worse then best to phone ahead first and perhaps we will be able to do his consultation by phone rather than in the surgery

04-Mar-2020 Mrs Sandra Molloy Medicine Management

Intervention Medication reconciliation DL REH AMH 11/02/2020
(P3) paranoid sarchosis. Med changes: 1) Stopped - quetiapine, sertraline 2) started - fluoxetine 20mg mane, zerobase cream bd, enstilar foam, circadin MR 2mg nocte 3) increased - aripiprazole now 15mg mane. Rpts adjusted accordingly

02-Mar-2020 Dr Colin Entwistle Administration

Administration Administration acute request MH meds from pharmacy
(P3) for next dosette cycle.

26-Feb-2020 Dr Sarah Murray Surgery consultation

Administration Consultation review of MH, appeared relaxed/reactive
(P3) today. got dosette on monday with mirtazapine in it which has helped with sleep pt feels. agreed continue and avoid hypnotics/benzos as per psych. seeing CPN ***** next week. (any queries Dr Deborah Cooper psychiatrist and Tracey Johnstone CPN can be emailed - you'll find their email addresses in the address book)

25-Feb-2020 *** Administration**

Intervention Removed from waiting list Dermatology
(P3)

20-Feb-2020 Dr Sarah Murray Administration

Administration Administration see below, Px done for due date on 25th
(P3) feb, mirtazepine added as per Dr Cooper

20-Feb-2020 Dr Sarah Murray Administration

Administration Administration Thanks for update *****. I think I'd try
(P3) adding in Mirtazapine 15mg if he'd like something to sleep to try and avoid use of hypnotics or benzodiazepines. Debbie cooper psychiatrist

18-Feb-2020 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter asking for sleeping tab or
(P3) diazepam, advised I had left this with psych team as they had stopped this and not willing to Px unless they advise to do so as has just been weaned off when an inpatient

18-Feb-2020 *** Administration****17-Feb-2020 Dr Shehzad Ali Administration**

Administration Administration see recent psych letter- rpt meds
(P3) inactivated, await contact

13-Feb-2020 Dr Sarah Murray Administration

Administration Administration Hi Sarah Thanks for the update. While he
(P3) was in the ward he was slowly weaned of the benzos and his night sedation replaced with 2mg melatonin. His other meds have been changed to- Quetiapine stopped Sertraline stopped Aripiprazole started and increased to 15mg OM Fluoxetine started at 20mg OM Enstilar Foam started as per dermatology advice for psoriasis Zerobase Cream commenced, BD Melatonin 2mg commenced at night. The aripiprazole may make him feel a little more agitated but that has not been reported or observed while he was on the ward. I happened to speak to the inpatient doctor who oversaw Ronnies care and mentioned your email. He said the melatonin could be increased if required if he needs it. I am due to see him on Monday 17th Feb at 330 so I'll see how he is at home. Please do get in touch if you need any more information. Hopefully you'll get a copy of the d/c letter soon.
Thanks Tracey CPN

12-Feb-2020 Dr Sarah Murray Surgery consultation

Administration Consultation d/c from merchiston yday, appeared relaxed, reactive, good eye contact. no d/c letter yet, pt states no planned MH f/u at present. asking for diazepam/melatonin increase as started in hosp, also reports stopped sertraline and quetiapine ?replacement pt couldnt remember. I'll contact ward for d/c letter and ***** CPN

Administration Telephone encounter d/w merchiston ward, they have supplied pt with 2/52 of meds so doesnt need anything further at this stage. pt's sleep was stable and is quite an obsession at times for the patient so decision was made to keep this at melatonin 2mg nocte only, i'll contact ***** to say pt was in and looking for further meds, await formal d/c letter

Administration Administration Hi ***** , just a quick update to say that Ronald McRobb has been into see me this morning following his discharge from the REH yesterday. He was looking for melatonin to be increased or diazepam. I spoke to merchiston ward just now as I don't have any information from his ward admission yet, they say his sleep was ok and pretty stable but he was often quite fixated/obsessed with it, frequently asking for medication for it. I don't think this is really new and he seemed otherwise quite relaxed, reactive and well kempt today. I haven't prescribed him anything further today and the ward said they has been given a 2 week supply of medication. Thank yousarah

10-Jan-2020 *** Administration**

08-Jan-2020 Administration Did not attend - no reason DNA 08:50 - DR ***** (<2HR
(P3) NOTICE)

08-Jan-2020 Dr Sarah Murray Administration

Administration Administration Hi SarahRonnie has been admitted to the REH due to a deterioration in his mental state. He developed an increase in psychotic symptoms leading to him threatening a ***** with a knife. We will keep you informed of further developments. Thanks for getting in touch. Thanks Tracey

08-Jan-2020 Dr Sarah Murray Administration

Administration Administration x2 recent DNAs - I have emailed his CPN Tracey Johnstone and Dr Cooper to highlight this as seems to be due to deterioration in MH according to support worker.

07-Jan-2020 *** Administration**

30-Dec-2019 Administration Did not attend - no reason DNA 08:50 - DR ***** (<2HR
(P3) NOTICE)

06-Jan-2020 Dr Sarah Murray Telephone call from a patient

Administration Administration phoned pt as requested by support worker for review. phone went straight to answer machine so left a msg asking pt to phone us back. pt has appoinmnt booked in with me in 2 days time.

27-Dec-2019 *** Administration****20-Dec-2019 ***** Administration**

19-Dec-2019 Administration Did not attend - no reason DNA 9.10 - DR *****
(P3)

16-Dec-2019 *** Administration****02-Dec-2019 ***** Administration**

Diagnosis Chronic disease monitoring INVITE SENT DECEMBER
(P3) RECALL FOR ANNUAL REVIEW

02-Dec-2019 *** Administration**

Administration SMS text message sent to patient SPRINGWELL
(P3) MEDICAL CENTRE: You are due an annual review of your health condition(s). Please contact reception to book an appointment. 0131 347 1860 {Patient Group December Complete Recall}

02-Dec-2019 *** Administration**

Administration SMS text message sent to patient SPRINGWELL MC:
(P3) Due to unforeseen circumstances we have had to cancel your appointment today. Please call the Surgery on 0131 347 1860 to rearrange.

28-Nov-2019 *** Administration****21-Nov-2019 ***** Administration**

Administration Did not attend - no reason DNA 09:10 - DR *****
(P3)

19-Nov-2019 Dr Sarah Butler Administration

Administration Administration SWP request zopiclone 7 last request
(P3) 7/11 just over a week ago has been asked to use on minimal basis 5 on;y

18-Nov-2019 *** Administration****07-Nov-2019 Dr Sarah Murray Surgery consultation**

Administration Consultation seen by CPN yday who is going to d/w Dr
(P3) cooper pt's ongoing anxiety and reported voices. pt relaxed/reactive today. still relies on diazepam prn before needing to leave the house, rest of the day uses quetiapine more as agreed trying to reduce diazepam use, Px done, r/v 2/52, await dr cooper/CPN update re meds if any changes

06-Nov-2019 Mrs Sandra Molloy Medicine Management

Intervention Repeated prescription reauthorised as changing mds
(P3) items to 1 month supply. Had meds r/v in 10/19 so put sertraline on rpt for 3 mths. Rx not issued
Diagnosis Medication discussed with pharmacist to see what items
(P3) he gets weekly in dosette. Confirmed quetiapine x 2 and sertraline

24-Oct-2019 *** Administration**

Administration Administration NOS In case he does call to check if his
(P3) glasses were left in Dr. Murray's consultation room - Dr Murray has checked and confirmed back that they were definitely not left in her room.

24-Oct-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review/meds, saw ***** CPN
(P3) yday nil new apart from aiming to wean more onto IR quetiapine instead of diazepam. Px done, r/v 2/52

15-Oct-2019 *** Administration**

Administration SMS text message sent to patient Your appointment with
(P3) Dr Murray this morning has had to be cancelled due to staff sickness. Please contact Springwell reception 0131 347 1860 to reschedule

11-Oct-2019 *** Medicine Management**

Intervention Uses monitored dosage system dosette from Omnicare
(P1) Springwell Pharmacy cp2509 tel. 0131-337 1604

01-Oct-2019 Dr Sarah Murray Telephone call from a patient

Administration Administration discussed current scripts with SW
(P3) pharmacy, further script for sertraline done from next week will be on 200mg, mirtazapine with stop from next week (all as per Dr cooper instructions)

01-Oct-2019 Dr Sarah Murray Surgery consultation

Administration Consultation review of psych meds, pt states r/v by Dr
(P3) cooper last week. pt quite adamant still needs bd dose of diazepam but did discuss trying to move over to quick release quetiapine as per Dr cooper's last letter. Px done that are needed today, sertraline and mirtazapine will be due soon

25-Sept-2019 *** Administration**

10-Sept-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended with note from Dr cooper with proposed meds changes, sertraline to increase and mirtazepine to decrease and stop. prn quetiapine to be used instead of extra diazepam, pt has just had dosette put in place for 2 weeks due to holiday mon so will arrange scripts for after this time

29-Aug-2019 Dr Sarah Murray Surgery consultation

Administration Consultation review of MH, little change, seeing psych for r/v on 9th sept. needs meds today, also itchy dry ears, finds otomise helps best before, Px done, advised, r/v prn

23-Aug-2019 Dr Marie Donnelly Telephone call to a patient

Administration Telephone encounter Caht re mirtazepine and sertraline. Seeing Dr C next month, will c/t until sees her. Is a little early but gets all meds in blister pack from SWP.

20-Aug-2019 Dr Sarah Hunt Surgery consultation

Administration SMS text message sent to patient Springwell medical centre: please make a telephone consult with a GP to discuss you recent request for medication, many thanks Dr Hunt

Administration Administration NOS pt requested mirtaz and sertraline on the 20.8.19, though was px 2month of each last month and was planning to cross taper. Text patient to aske to make appt to discus this.

15-Aug-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review, nil chnaged in MH seeing CPN this morning. ongoing anxiety/panic episodes. no particular trigger apart from lack of structure - day after day staying in. using diazepam more so discussed/warned re this needs to aim to stick with BD max

07-Aug-2019 *** Administration**

Administration SMS text message sent to patient Springwell medical centre: You have requested two medications which you received a 2 month supply for on the 10.7.19. Please call if you would like to discus, you have an appointment on the 15/8/19 also. Many thanks, Dr Hunt

01-Aug-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for meds, still feels low/anxious at times, groggy. advised pos current meds can cause groggy Sx so to use diazepam/zopiclone v.minimuly Px done

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 01-Aug-2019 - 01-Nov-2019)

18-July-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for r/v of MH, feels more anxious recently and been relying on diazepam more esp to go out the house to do shopping etc. saw CPN yday who visits pt at home every 2 weeks. pt had mentioned memory been poor so we were going to focus on this today with mmse etc but pt declined today, reporting memory had been better. agreed hold off but can r/v if further concerns

10-July-2019 Dr Sarah Butler Telephone call to a patient

Administration Telephone encounter 07804 894 530 - meds told to call re sertraline and mirtazepine looking at april leter from DC we were to cross taper (ie reduce) mirtazepine when ok on sertraline with aim of being on ;ater only he isnt sure about this ands wants to check with CMHT that is up to him but i will do what leter says as rsk serotnin syndrome admots has been feeling dizzy rx sent to omnicare appt sm next week can rv then

04-July-2019 Dr Sarah Murray Surgery consultation

Administration Consultation review - quite bright and reactivte today, discussed through meds needed. feels memory poorer recently, ?meds ?other. agreed r/v for mmse/memory check

24-Jun-2019 ***** Administration

20-Jun-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review, again quite bright and reactive today. mainly discussed bowels, does feel lactulose helps but often straining and sounds like pile at back passage. no pain, no bleeding. agreed try senna and can r/v +/- examine in 2/52 if ongoing concerns

17-Jun-2019 Dr Sarah Murray Administration

Intervention Polypharmacy medication review
(P3)

06-Jun-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review, appears quite bright/reactive today. states been having more panic episodes unsure why, goes out minimally as feels increased anxiety when out. ***** CPN visiting pt tomo for 2 weekly r/v. itchy/dry ears, slightly inflamed. Px done

22-May-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review and for meds, has been feeling more anxious day to day and difficulty sleeping. ongoing stressor - ***** still sees ***** CPN every 2 weeks - due to see her this afternoon. agreed continue current meds, did provide zopiclone today to be used prn, advised

10-May-2019 Dr Nicola McGregor Administration

Administration Administration repeat meds, recent rv, stable, given 2.12 supply in keeping with other meds

08-May-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review, no change. appears quite reactive, relaxed currently. still visits his ***** doing this today. Px done as needed, r/v prn
Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 08-May-2019 - 08-Aug-2019)

29-Apr-2019 Dr Sarah Butler Administration

Administration Administration swp request quetiapine as on weekly
(P3) dosette added to rpt
Administration Medication review

29-Apr-2019 Dr Marie Donnelly Administration

Administration Administration NOS Sr for mirtazepine and sertraline
(P3)

25-Apr-2019 Dr Sarah Murray Surgery consultation

Administration Consultation no new concerns, been on sertraline just over a week. agreed continue, r/v 2/52 when can increase as advised by psych

09-Apr-2019 Dr Dr Locum1 Telephone call to a patient

Administration Telephone encounter spoke to pharmacist who is querying continuation of mrtz explained letter from dr cooper says to continue at present : she needs scrip done
(P3) PYOUNG

09-Apr-2019 Dr Marie Donnelly Administration

Administration Administration NOS see email from dr cooper. to start sertraline 50mg for 2 weeks and then increase to 100mg. to continue mirtazepine.
(P3)

08-Apr-2019 Dr Sarah Murray Surgery consultation

Administration Consultation attended with signed form for dunedin can more report, also needs some Px today. ongoing stress with poorly ***** finds it very difficult getting to him - anxious with going out. r/v prn
(P3)

02-Apr-2019 *** Administration**

Intervention Administration NOS . Referral Type: Out Patient; Sender: Dr Sarah Murray; Reason: Administration NOS

26-Mar-2019 Dr Sarah Murray Surgery consultation

Administration Consultation review of MH, still ongoing stress with *****.
(P3) pt not sleeping. very keen for help with this - zopiclone as
felt has helped previously. discussed/advised re using
this, r/v in 2-4/52

25-Mar-2019 Dr Marie Donnelly Administration

Administration Administration NOS SR for mirtazepine. has a rv appt this
(P3) week 26/3. not done.

12-Mar-2019 Dr Sarah Murray Surgery consultation

Administration Consultation Mh review - feels ongoing low mood, keen
(P3) to increase mirtazapine today. ongoing stress from ***** -
arthritis and ***** - ***** discussed normal stress reaction
but pt feels its ongoing for longer than recent stressful
events. agreed trial of increasing and r/v in 2/52

05-Mar-2019 Mr Patrick Cooney Administration

Intervention Prescription by supplementary prescriber
(P3)

26-Feb-2019 Dr Sarah Murray Surgery consultation

Administration Consultation feels a set back with MH given ***** -
(P3) heavy drinking/self neglect following his *****. pt wasnt
aware *****. ***** plan - agreed small dose zopiclone as
wants something for sleep advised re risks with other
meds. r/v 2/52, sooner if concerns, pt seeing CPN tomo
Administration eMED3 (2010) new statement issued, not fit for work Fit
Note (Diagnosis: Depressed mood; Duration 26-Feb-2019
- 26-May-2019)

20-Feb-2019 Dr Ruth Torlesse Administration**19-Feb-2019 ***** *******

Free Text *****

12-Feb-2019 Dr Sarah Murray Surgery consultation

Administration Consultation generally doing ok, still keen to have
(P3) mirtazepine increased and awaiting CPN d/w Dr cooper -
has r/v with CPN next week. ongoing skin complaints -
appearance of psoriasis on hands, encouraged to use
calcipotriol. ongoing groin rash - only been using
clotrimazole OD so advised increase to BD. r/v in 2-4/52

31-Jan-2019 Dr Collette Dayer Administration

Administration Consultation Strep B - spoke to Ronald on the phone. No
(P3) allergies - agreed to proceed with Rx. Will pick up script
from pharmacy. For review with Dr Murray in 2 weeks -
back sooner if issues.

30-Jan-2019 Dr Sarah Murray Results recording

29-Jan-2019	Examination	Urinary microscopy, culture and sensitivities Urine culture Strep agalactiae Group B greater than 100,000 cfu/mlWe do not routinely test antibiotic sensitivity forGroup B Streptococci in urine.Locally Group B Streptococci are always sensitive toamoxicillin and cefalexin, usually to nitrofurantoin,never to trimethoprim or ciprofloxacin. Most aredoxycycline resistant.Cefalexin is regarded as the third choice as it is feltto have a higher risk of C difficile than amoxicillinand nitrofurantoin.Isolate(s) will be held for 7 daysPlease consult microbiologist if advice is required; Urinary MC&S	
29-Jan-2019	Examination	Urinary microscopy, culture and sensitivities Urine culture Strep agalactiae Group B greater than 100,000 cfu/mlWe do not routinely test antibiotic sensitivity forGroup B Streptococci in urine.Locally Group B Streptococci are always sensitive toamoxicillin and cefalexin, usually to nitrofurantoin,never to trimethoprim or ciprofloxacin. Most aredoxycycline resistant.Cefalexin is regarded as the third choice as it is feltto have a higher risk of C difficile than amoxicillinand nitrofurantoin.Isolate(s) will be held for 7 daysPlease consult microbiologist if advice is required; Urinary MC&S:	
		Urinary microscopy, culture and sensitivities Urine culture Strep agalactiae Group B greater than 100,000 cfu/mlWe do not routinely test antibiotic sensitivity forGroup B Streptococci in urine.Locally Group B Streptococci are always sensitive toamoxicillin and cefalexin, usually to nitrofurantoin,never to trimethoprim or ciprofloxacin. Most aredoxycycline resistant.Cefalexin is regarded as the third choice as it is feltto have a higher risk of C difficile than amoxicillinand nitrofurantoin.Isolate(s) will be held for 7 daysPlease consult microbiologist if advice is required; Urinary MC&S	(No range available)

29-Jan-2019 Dr Sarah Murray Administration**28-Jan-2019 Dr Sarah Murray Surgery consultation**

Administration Consultation groin itch, agreed course of Rx and then review as feels cream helps then Sx return. 2)pt saw CPN last week, will be reviewed again next week. they are discussing with Dr cooper potential meds changes

23-Jan-2019 Dr Shehzad Ali Administration

Administration Administration acute request. mirtazapine on last psych letter

14-Jan-2019 Dr Sarah Murray Surgery consultation

Administration Consultation review of MH, feeling lower since xmas/n.year. didnt do anything over this time. continues on current meds, cpn cancelled last week (pt states cancelled 5x now). agreed I will email Dr cooper re pos adjusting antidepressnt meds. r/v 2/52

11-Jan-2019 Dr Colin Entwistle Results recording

10-Jan-2019	Examination	BCSP faecal occult blood test normal	No action required
10-Jan-2019	Examination	BCSP faecal occult blood test normal	No action required: Negative
		BCSP faecal occult blood test normal	No action required

(No range available)

09-Jan-2019 Dr Sarah Hunt Surgery consultation**04-Jan-2019 Dr Sarah Hunt Surgery consultation****31-Dec-2018 Dr Sarah Murray Surgery consultation**

Administration Consultation attended for further supply of top treatment - clotrimazole for groin area. and note today psoriasis over hands, nil really elsewhere. Px done

18-Dec-2018 Mr Patrick Cooney Administration

Intervention Prescription by supplementary prescriber Rx's done for (P3) quetiapine 200 and 400 in line with recommendations by mental health team

17-Dec-2018 Dr Sarah Murray Surgery consultation

Administration Consultation doing quite well, appears more relaxed, (P3) reactive today. agreed continue with current medication regime, Px done, r/v in n.yr

04-Dec-2018 Dr Ruth Torlesse Administration

Administration Telephone encounter See email from psychiatry - to
(P3) increase quetiapine by 50mg increments, weekly, until on
600mg daily

03-Dec-2018 Dr Sarah Murray Surgery consultation

Administration Consultation generally doing ok at present, a few
(P3) niggling issues msk lbp, no red flags, no spinal
tenderness less active as gym shut, agreed continue top
voltarol and keep mobile, dry skin over hands, Px
emollient. seeing dr cooper this afternoon to r/v mh
Administration eMED3 (2010) new statement issued, not fit for work Fit
Note (Diagnosis: Depressed mood; Duration 03-Dec-2018
- 03-Mar-2019)

27-Nov-2018 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter pt only had short Px done as
(P3) asked tci for r/v doing well, has appoinmnt to see me next
week also has routine dr cooper appoinmnt next week. Px
done meantime

16-Nov-2018 *** Administration****08-Nov-2018 ***** Administration**

Administration SMS text message sent to patient Springwell Medical
(P3) Centre: Your appointment with Dr Murray on Monday 12th
November has been cancelled by the Surgery. To
rearrange call 0131 347 1860

08-Nov-2018 *** Administration****05-Nov-2018 Dr Marie Donnelly Results recording**

31-Oct-2018	Examination	Helicobacter pylori antigen test	H pylori antigen test - Negative	
31-Oct-2018	Examination	Helicobacter pylori antigen test	H pylori antigen test - Negative:	
		Helicobacter pylori antigen test	H pylori antigen test - Negative	(No range available)

29-Oct-2018 Dr Marie Donnelly Surgery consultation

Administration Consultation Ongoing reflux, nausea, bloating, burping,
(P3) regurg. Unable to finish meals. had helicobacter before
and similar symptoms. BOP every 2-3days, soft. Stopped
omeprazole, didn't even use for a week as made him feel
drowsy. oe - abdo soft, non tender, no masses. p - check
HP stool, then start lansoprazole, rv 2w, monitor weight

Examination	O/E - weight	84 Kg
Examination	Body Mass Index	30.1

22-Oct-2018 *** Administration**

Administration SMS text message sent to patient Springwell Medical
(P3) Centre: Your appointment with Dr Muray on 29/10/18 has
been cancelled by the Surgery. Please call 0131 347
1860 to rearrange.

19-Oct-2018 Dr Shehzad Ali Administration

Administration Administration acue request, reviewed recently
(P3)

17-Oct-2018 Dr Sarah Butler Surgery consultation

Examination	Haemoglobin A1c level - IFCC standardised	42 mmol/mol	
Intervention	Mental Health Care Programme Approach cmht		
(P3)			
Administration	Consultation Various symptoms dry mouth (sfx Ad and antipsychotic) no BM 3d usually daily fybogel nil effect - acid feeling beter but still food regurge feels dizzy and left temporal headache moer anxious therefroo o/e tender TMJ and temporal region i think stress related HR 90 reg Had bloods ?ecg at CMHT will check that are ok but no letter add in alginate and increase laxative pwoer also try different artifical saliva rv of not settling next week		
(P3)			
Examination	Trivial drinker - <1u/day	units per week	
25-Sept-2018 Examination	Serum T4 level	12 nmol/L	
25-Sept-2018 Examination	Serum TSH level	1.6 MicroU/L	
25-Sept-2018 Examination	Serum cholesterol/HDL ratio	4.4 ratio	
Examination	Haemoglobin A1c level - IFCC standardised:		
	Haemoglobin A1c level - IFCC standardised	42 mmol/mol	(No range available)
25-Sept-2018 Examination	Serum T4 level:		
	Serum T4 level	12 nmol/L	(No range available)
25-Sept-2018 Examination	Serum TSH level:		
	Serum TSH level	1.6 MicroU/L	(No range available)
25-Sept-2018 Examination	Serum cholesterol/HDL ratio:		
	Serum cholesterol/HDL ratio	4.4 ratio	(No range available)

10-Oct-2018 Dr Sarah Murray Surgery consultation

Examination	O/E - blood pressure reading	120 / 80 mm Hg
Administration	Consultation feeling nauseated, dizzy, hot at times, episode of diarrhoea this am. denies abdo pain. pt states Sx makes anxiety worse. o/e alert, orientated, BP120/80, Hr98 reg. HSI&ll&O. discussed ?reflux/anxiety ?virus plan - discussed, advised, prn meds, r/v as discussed if worsening/not settling Sx. seeing cpn this afternoon	
(P3)		

09-Oct-2018 Dr Sarah Murray Surgery consultation

Administration	Consultation review - MH stable at present, seeing CPN weekly on a wednesday. reports recent acid reflux, worse after heavy meal. no altered bowel habit. weight steady increased if anything. discussed diet. agreed course of PPI, r/v in 2-3/52, sooner if concerns	
(P3)		
Administration	eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 09-Oct-2018 - 09-Jan-2019)	

03-Oct-2018 Dr Nicola McGregor Administration

Administration	Administration rpt mh meds, has appt with gp next week	
(P3)		

14-Sept-2018 Dr Nicola McGregor Administration

Administration	Administration pharmacy request for mh meds. given	
(P3)	1/12 of each just now	

13-Sept-2018 Dr Sarah Murray Surgery consultation

Administration	Consultation review of MH now up to quetiapine 400mg daily for just over a week and mirtazepine. doesnt know if helping or not. c/o dry mouth ?SE, advised re fluids as also constipated. prn oral balance gel meantime. see back in 3/52 for r/v (not due to see Dr cooper until dec) next time can remove dosette as now only on x2 meds daily pt requested this	
(P3)		

10-Sept-2018 *****

Free Text *****

31-Aug-2018 Dr Marie Donnelly Administration

Administration	Administration NOS acute req for mirtazepine	
(P3)		

30-Aug-2018 Dr Sarah Murray Surgery consultation

Administration Consultation no new issues currently with MH, agreed I'll
(P3) contact pharmacy to see what scripts are needed
2)blocked left ear - o/e thick white/cream d/c sitting in ear canal, right ear nad. imp - otitis externa plan - Px ear spray, advised 3)constipation - BO normally daily but recently every 3-4 days, feels this due to meds. discussed fluid/diet intake. Px laxitive, advised 3)weight gain pt asking to take something for this as tried with diet, aware meds a factor, agreed refer to dietician

Administration Telephone encounter phoned SW and they have Px still
(P3) running for quetiapine so doesn't need a further one at present

Examination O/E - weight 84 Kg
Examination Body Mass Index 30.1

22-Aug-2018 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter confirmed with Nikki from SW
(P3) pharmacy pt on increasing doses of quetiapine so not suitable for robot dosette making at present, they will have to do this manually just now

16-Aug-2018 Dr Sarah Murray Surgery consultation

Administration Consultation review of MH, doing ok continue with meds
(P3) changes as per Dr Cooper psych. needs further temazepam. Px done, r/v in 2/52 2)itchy around back passage. Px top Rx, r/v prn

15-Aug-2018 *** Administration****07-Aug-2018 Dr Colin Entwistle Administration**

Administration Administration zispin to continue, RX issued.
(P3)

03-Aug-2018 Dr Marie Donnelly Administration

Administration Telephone encounter spoke to *****, pharmacy running
(P3) waiting list on dosettes. Adv this request has come from his psychiatrist directly. will try and organise dosette but no major objections if pt feels he can manage items outwith a dosette

02-Aug-2018 Dr Marie Donnelly Administration

Administration Administration NOS see email from Dr Cooper re meds.
(P3) to wean off zopiclone and haloperidol. to start quetiapine crosstapering. Has requested a dosette to manage changes.

02-Aug-2018 Dr Sarah Murray Surgery consultation

Administration Consultation attended for r/v and meds, seeing Dr
(P3) Cooper psych at 11.30am. no further changes made to meds, r/v again in 2/52

23-July-2018 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter d/w patient Dr Cooper advice re
(P3) option of trying increased haloperidol. will need to watch for SE. advised pt of this. pt keen to try. agreed Px done and review next week as planned, sooner if concerns

23-July-2018 Dr Sarah Murray Telephone call from a patient

Administration Administration Reply from Dr Cooper psych: Hi, As long
(P3) as he isn't too parkinsonian, he can increase to 2mg bd.*****

Administration Administration phoned pt to inform him Dr Cooper had
(P3) advised re meds, no reply, so left msg. has appointment on 2/8

19-July-2018 Dr Sarah Murray Surgery consultation

Administration Consultation attended for review of MH, main things feels
(P3) struggles with still are voices - worse in afternoon and difficulty sleeping at night. some benefit from increased mirtazepine, pt wants to increase haloperidol - I have emailed Dr Cooper asking her advice on this first, r/v 2/52, meds/med3 done

Administration eMED3 (2010) new statement issued, not fit for work Fit
(P3) Note (Diagnosis: Depressed mood; Duration 19-Jul-2018 - 19-Oct-2018)

09-July-2018 Dr Sarah Murray Surgery consultation

Administration Consultation review of mirtazepine, some benefit with this (P3) so far at 15mg over the last month but feels Sx of low mood/poor sleep could still be better. discussed and agreed trial of 30mg nocte and r/v as planned on 19th july. 2)psoriasis flared up over axilla, chest, buttocks today, agreed Rx with top oint, r/v as above

25-Jun-2018 Dr Sarah Murray Surgery consultation

Administration Consultation review, sleep still an issue so agreed switch (P3) temazepam to zopiclone for a trial, r/v 2/52, further Rx to perianal warts today as pt requested, itchy groin Px top Rx

05-Jun-2018 Dr Sarah Murray Surgery consultation

Administration Consultation 1)medication review, still finding difficulty (P3) getting to sleep, advised trying to cut down and adjust to 10mg temazepam nocte along with mirtazepine 2)skin tags/warty lesions - perineum, pt has been trying to self treat these, would like histofreeze today - agreed, done, r/v again 2/52

29-May-2018 *** Administration**

05-Apr-2018 Diagnosis Psychological counselling : attended Veterans First Point (P3) 01/06/17 - 05/04/2018

22-May-2018 Dr Sarah Murray Surgery consultation

Administration Consultation attended for r/v and further supply of meds, (P3) doing ok no current issues, keen to get back to work at some point. meds/med3 done, r/v in 2/52, pt keen for genital wart freezing as feels struggles to apply top solution

Administration eMED3 (2010) new statement issued, not fit for work. Fit Note (Diagnosis: Depressed mood; Duration 22-May-2018 - 22-Jul-2018)

17-May-2018 Dr Ruth Torlesse Administration

Administration Administration NOS Email from Dr Cooper asking us to (P3) add in Mirtazapine 15mg noct - prescription done and sent to Springwell pharmacy

08-May-2018 Dr Sarah Murray Surgery consultation

Administration Consultation a few issues, 1)completed housing change (P3) request from to be nearer family for support with MH. 2)further genital warts appeared, start home Rx, r/v next visit. 3)changed meds PX as per dr cooper 4) otitis externa right ear thick white d/c Px top spray, advised plan - r/v 2/52

25-Apr-2018 *** Administration**

Intervention Administration NOS . Referral Type: Out Patient; Sender: Miss *****; Reason: Administration NOS

24-Apr-2018 *** Administration**

19-Apr-2018 Symptom Possible condition cognitive impairment (P2)

24-Apr-2018 *** Administration**

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

24-Apr-2018 Dr Sarah Murray Surgery consultation

Administration Consultation review to initiate transition from olanzapine (P3) to haloperidol, discussed, has written instructions, Px done, r/v in 2/52 for next Px and r/v

18-Apr-2018 Dr Sarah Butler Administration

Intervention Has anticipatory care plan At risk of decline in MH phase (P3) consider if call

Intervention Polypharmacy medication review (P3)

Administration Medication review

18-Apr-2018 *** Administration**

05-Apr-2018 Administration Did not attend - no reason DNA 9.54 - DR ***** (P3)

04-Apr-2018 Dr Sarah Butler Telephone call to a patient

Administration Telephone encounter 07804 894 530 - re mental health, (P3) feels he needs to speak to someone today feels not getting any better feels olanzapine not helping although last week said was has not had for a few days as couldnt getRX due to PH as seemed more stable last week this may be a factos but patient disagrees says more pschtoes voices mood low . Talked around various options he has tried calling VFP not sure if successful was told to call reh he could indeed call MHAS at REH nu,ber given exlnded wouldnt see DR Cooper though also offerd appt with us mane asnot sure how all this will pan out appt JD at 9.54

29-Mar-2018 Dr Jamie Davidson Telephone call to a patient

Administration Telephone encounter Mr McRobb apologises for missing (P3) his apptionemt. He needs a further MED3 (done) and also more meds.He feels things are going much better on the increased olanzapine. Rports no further psychotic symptoms since last psych review. nil thouhts DSH/suicide. --> discussed emds. Agreed to reduce diazepam from two 5mg tabs daily to one 5mg daily; with a view to stopping. We left the emazpema the same at present. Agrees he should come for a face to face review next time

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 29-Mar-2018 - 29-May-2018)

21-Mar-2018 *** Administration**

20-Mar-2018 Administration Did not attend - no reason DNA 9.00 - DR ***** (40 mins (P3) notice)

09-Mar-2018 *** *******

Free Text *****

08-Mar-2018 Dr Dr Locum1 Surgery consultation

Administration Telephone encounter has had a psychotic attack in the (P3) form of feeling that lives in a different world has increased the dose of olanzapin to 15 mg just for the lat two days advised to continue the increased dose at present and give it time then to be in contact see bleow has an appointment with psychologist next week ANH

06-Mar-2018 *** Administration**

05-Mar-2018 Administration Did not attend - no reason DNA 9.30 - DR ***** (P3)

06-Mar-2018 Dr Nicola Mcgregor Surgery consultation

Administration Consultation in for meds, saw Dr cooper few weeks ago (P3) not sure 10mg olanzepine doing much as still sleep deprived and worried starts to feel bit psychotic if not enough sleep. Agreed to incr to 15mg Olanzapine, I will email Dr Cooper to let her know. Not sure temazepam working but to change one thing at a time and rv Olanzapine in 2/52. encouraged to reduce diazepam, on 2 daily. uses when goes out as anxious. seeing Vet first point weekly hoping this will help. Rv in 2/52 for update but given enough meds to last 1/12 + med 3

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 18-Feb-2018 - 18-Apr-2018)

09-Feb-2018 Dr Alasdair Lynch Surgery consultation

Administration Consultation Had good review with Dr Cooper who has (P3) recommended an increase in Olanzapine. Ronald thought a letter would come by now but nil in docman as yet. He has already increased olanzapine from 5mg to 10mg. No SE. requesitng more temazepam - finding 20mg is helping him get a sleep. Dr Cooper plans apparently to increase olanzapine to good dose and wean benzos. However given sleep deprivation big trigger for ronalds paranoid episodes agreed continue for time being. review app made in 2 weeks

05-Feb-2018 Dr Alasdair Lynch Results recording

02-Feb-2018	Examination	Serum vitamin B12	230 ng/L	
02-Feb-2018	Examination	Serum ferritin	286 ug/L	
02-Feb-2018	Examination	Serum folate	7.2 ug/L	
02-Feb-2018	Examination	Blood haematinic levels <none>		
02-Feb-2018	Examination	Serum vitamin B12:		
		Serum vitamin B12	230 ng/L	(Range: 180 - 2000)
02-Feb-2018	Examination	Serum ferritin:		
		Serum ferritin	286 ug/L	(Range: 20 - 300)
02-Feb-2018	Examination	Serum folate:		
		Serum folate	7.2 ug/L	(Range: 2.8 - 20)
02-Feb-2018	Examination	Blood haematinic levels<none>:		
		Blood haematinic levels <none>		(No range available)

05-Feb-2018 Dr Alasdair Lynch Administration

Administration Administration note drop in hb - has app, b12 folate and
(P3) ferritin added

03-Feb-2018 Dr Alasdair Lynch Results recording

02-Feb-2018	Examination	Plasma glucose level <none>	mmol/L	
02-Feb-2018	Examination	Plasma random glucose level	5.1 mmol/L	
02-Feb-2018	Examination	Plasma glucose level<none>:		
		Plasma glucose level <none>	mmol/L	(No range available)
02-Feb-2018	Examination	Plasma random glucose level:		
		Plasma random glucose level	5.1 mmol/L	(Range: 3.8 - 7.7)

03-Feb-2018 Dr Alasdair Lynch Results recording

02-Feb-2018	Examination	Serum alkaline phosphatase U/L	77 U/L	
02-Feb-2018	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 23 U/L	
02-Feb-2018	Examination	Serum total bilirubin level	6 umol/L	
02-Feb-2018	Examination	Serum total cholesterol level	5.3 mmol/L	
02-Feb-2018	Examination	Serum creatinine	63 umol/L	
02-Feb-2018	Examination	Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 24 U/L	
02-Feb-2018	Examination	Serum potassium	4.1 mmol/L	
02-Feb-2018	Examination	Serum sodium	140 mmol/L	
02-Feb-2018	Examination	Serum lipids <none>		
02-Feb-2018	Examination	Liver function test <none>		
02-Feb-2018	Examination	Urea and electrolytes <none>		
02-Feb-2018	Examination	GFR calculated abbreviated MDRD GFR calculated	mL/min	
02-Feb-2018	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	77 U/L	(Range: 40 - 125)
02-Feb-2018	Examination	Serum alanine aminotransferase level U/L:		
		Serum alanine aminotransferase level U/L	Serum ALT level - 23 U/L	(Range: 10 - 50)
02-Feb-2018	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	6 umol/L	(Range: 3 - 21)
02-Feb-2018	Examination	Serum total cholesterol level: Abnormal		
		Serum total cholesterol level	5.3 mmol/L	(No range available)
02-Feb-2018	Examination	Serum creatinine: Abnormal		
		Serum creatinine	63 umol/L	(Range: 64 - 111)
02-Feb-2018	Examination	Serum gamma-glutamyl transferase level U/L:		
		Serum gamma-glutamyl transferase level U/L	Serum gamma GT level - 24 U/L	(Range: 10 - 55)
02-Feb-2018	Examination	Serum potassium:		
		Serum potassium	4.1 mmol/L	(Range: 3.6 - 5)
02-Feb-2018	Examination	Serum sodium:		
		Serum sodium	140 mmol/L	(Range: 135 - 145)
02-Feb-2018	Examination	Serum lipids<none>:		
		Serum lipids <none>		(No range available)
02-Feb-2018	Examination	Liver function test<none>:		
		Liver function test <none>		(No range available)
02-Feb-2018	Examination	Urea and electrolytes<none>:		
		Urea and electrolytes <none>		(No range available)
02-Feb-2018	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60:		
		GFR calculated abbreviated MDRD GFR calculated	mL/min	(No range available)

03-Feb-2018 Dr Alasdair Lynch Results recording

02-Feb-2018	Examination	Eosinophil count	10 ⁹ /L	0.28 10 ⁹ /L	
02-Feb-2018	Examination	Haemoglobin estimation		130 g/L	
02-Feb-2018	Examination	Mean corpusc. haemoglobin(MCH)	pg	29.7 pg/mL	
02-Feb-2018	Examination	Mean corpusc. Hb. conc. (MCHC)		331 g/L	
02-Feb-2018	Examination	Mean corpuscular volume (MCV)		90 fL	
02-Feb-2018	Examination	Monocyte count	10 ⁹ /L	0.66 10 ⁹ /L	
02-Feb-2018	Examination	Neutrophil count	10 ⁹ /L	3.33 10 ⁹ /L	
02-Feb-2018	Examination	Platelet count	10 ⁹ /L	273 10 ⁹ /L	
02-Feb-2018	Examination	Red blood cell (RBC) count	10 ¹² /L	4.38 10¹²/L	
02-Feb-2018	Examination	Total white cell count	10 ⁹ /L	6.1 10 ⁹ /L	
02-Feb-2018	Examination	Lymphocyte count	10 ⁹ /L	1.71 10 ⁹ /L	
02-Feb-2018	Examination	Full blood count - FBC	<none>		
02-Feb-2018	Examination	Haematocrit		0.393 ratio	
02-Feb-2018	Examination	Basophil count	10 ⁹ /L	0.08 10 ⁹ /L	
02-Feb-2018	Examination	Eosinophil count	10 ⁹ /L:		
		Eosinophil count	10 ⁹ /L	0.28 10 ⁹ /L	(Range: 0.04 - 0.4)
02-Feb-2018	Examination	Haemoglobin estimation: Abnormal			
		Haemoglobin estimation		130 g/L	(Range: 135 - 180)
02-Feb-2018	Examination	Mean corpusc. haemoglobin(MCH)	pg:		
		Mean corpusc. haemoglobin(MCH)	pg	29.7 pg/mL	(Range: 27 - 32)
02-Feb-2018	Examination	Mean corpusc. Hb. conc. (MCHC):			
		Mean corpusc. Hb. conc. (MCHC)		331 g/L	(Range: 310 - 360)
02-Feb-2018	Examination	Mean corpuscular volume (MCV):			
		Mean corpuscular volume (MCV)		90 fL	(Range: 78 - 98)
02-Feb-2018	Examination	Monocyte count	10 ⁹ /L:		
		Monocyte count	10 ⁹ /L	0.66 10 ⁹ /L	(Range: 0.2 - 0.8)
02-Feb-2018	Examination	Neutrophil count	10 ⁹ /L:		
		Neutrophil count	10 ⁹ /L	3.33 10 ⁹ /L	(Range: 2 - 7.5)
02-Feb-2018	Examination	Platelet count	10 ⁹ /L:		
		Platelet count	10 ⁹ /L	273 10 ⁹ /L	(Range: 150 - 400)
02-Feb-2018	Examination	Red blood cell (RBC) count	10 ¹² /L: Abnormal		
		Red blood cell (RBC) count	10 ¹² /L	4.38 10¹²/L	(Range: 4.5 - 6.5)
02-Feb-2018	Examination	Total white cell count	10 ⁹ /L:		
		Total white cell count	10 ⁹ /L	6.1 10 ⁹ /L	(Range: 4 - 11)
02-Feb-2018	Examination	Lymphocyte count	10 ⁹ /L:		
		Lymphocyte count	10 ⁹ /L	1.71 10 ⁹ /L	(Range: 1.5 - 4)
02-Feb-2018	Examination	Full blood count - FBC	<none>:		
		Full blood count - FBC	<none>		(No range available)
02-Feb-2018	Examination	Haematocrit: Abnormal			
		Haematocrit		0.393 ratio	(Range: 0.4 - 0.54)
02-Feb-2018	Examination	Basophil count	10 ⁹ /L:		
		Basophil count	10 ⁹ /L	0.08 10 ⁹ /L	(Range: 0.01 - 0.1)

02-Feb-2018 Mrs Denise Morton Clinic

Examination	Urine blood test = negative	
Intervention	Lifestyle counselling	
Symptom	30 mins/day of at least mod intensity physc activity >=5 week	
Examination	Urine glucose test negative	
Examination	Urine protein test negative	
Examination	O/E - blood pressure reading	120 / 68 mm Hg
Examination	Scot-PASQ - Scottish Physical Activity Screening (P3) Questions	
Examination	Ex smoker	// cigarettes / cigars / tobacco
Examination	O/E - weight	80 Kg
Examination	Body Mass Index	28.6
Examination	O/E - height	1.67 m
Examination	Urine blood test = negative:	
	Urine blood test = negative	(No range available)
Examination	Urine glucose test negative:	
	Urine glucose test negative	(No range available)
Examination	Urine protein test negative:	
	Urine protein test negative	(No range available)

29-Jan-2018 Dr Alasdair Lynch Surgery consultation

Administration Consultation Nil further paranoid episodes. continues to hear voices esp when its quite. Sounds like normal household noises morph into what he hears as voices, often derogatory. sleep is still very broken and he feels no benefit from 10mg temazepam. agreed short term increase to 20mg. has app with dr cooper on 5th and then will review with me again on 9th. safetynetning until then

23-Jan-2018 ***** Administration

Administration Scanned Document
 Clinical Letter : MH monitoring first letter
 Administration Mental health monitoring first letter 2015 MENTAL
 (P3) HEALTH.doc

22-Jan-2018 Dr Alasdair Lynch Surgery consultation

Administration Consultation No further paranoia or psychotic delusions.
(P3) Appears well, sleep has been better although he doesn't feel benefit from zopiclone. agreed supply of temazepam (aware of potential dependence) to use PRN. await review with dr cooper, safety netting done, review app booked for 7d

18-Jan-2018 Dr Alasdair Lynch Surgery consultation

Administration Scanned Document

SCI Referral Letter :

Administration Consultation Discussed recent episodes. started on
(P3) friday after having no sleep on thursday night. Paranoid, could see people outside his window talking about him. discussing ways to harm him. hid in bath for long periods and armed himself with a knife. didn't answer door to anyone. thoughts of taking his own life, no actions or plans but thought through different ways of doing it. Improved by monday and has continued to improve since then. Ronald afraid he will harm himself during these or have a heart attack. Similar episode over xmas period. nil etoh or drugs plan - start olanzapine again - no benefit from mirtaz and been off now for 4 days so agreed stop-zopiclone for sleep as insomnia is big trigger. - d/w local cmht - review app monday, strict safety netting done

Administration Consultation D/w dr cooper. agreed to review - I will
(P3) refer. Happy with olanzapine, other option would be quetiapine which may also aid sleep. Suggests regular GP review until seen by CMHT.

18-Jan-2018 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter veterans first point - *****
(P3) discuss pt - if you could call between 8-9 if poss- ***** saw Ronald yesterday - was expressing suicidal thoughts during his paranoid episode, isolating himself from family as 'doesn't want to bother them'. Ronald has double app today - agreed restart antipsychotics and refer back to psychiatry

16-Jan-2018 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter On friday developed acute
(P3) paranoia again. Was unable to leave the house. Saw people of of his window when he lives 2 floors up. At one point woke in the bath. Similar episode over new year - see previous entry. Currently feels like he is coming out of things. No current paranoia and good awareness of symptoms. Agreed review on thursday - app made. safety netting re MHAS - given number

11-Jan-2018 Dr Alasdair Lynch Administration

Administration Telephone encounter Discussion with ***** from V1P who
(P3) is Ronald's psychologist - doing CBT weekly. Over festive period Ronald had no other psychotic episode where he became acutely paranoid, worried about who was at the window and this led to him soiling himself as he didn't want to walk past window. doubled his diazepam and things have improved. still making apps normally with ***** . agreed i would write to him asking for soon review. not assessed by MHAS as although police were called Ronald was able to talk himself out of review

18-Dec-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Doing well, finding mirtazapine effective for
(P3) mood. No thoughts of harm, no SE other than vivid dreams. Continues to volunteer at Gorgie farm doing maintenance. Enjoys this and has their xmas lunch this week. Seeing psychologist weekly at V1P. Plan - agreed increase mirtazapine to 45mg at his request, monitor for se- supply of diazepam which he uses sparingly - continue lymecyclin (rosacea looking much better today - likely a combination of abx + less etoh) - review in 2/12

Administration eMED3 (2010) new statement issued, not fit for work Fit
(P3) Note (Diagnosis: depressed mood; Duration 18-Dec-2017 - 18-Feb-2018)

10-Nov-2017 Dr Colin Entwistle Administration

Administration Consultation asked to see by PN - syringed L ear with good effect, R ear sl malodourous and some discomfort, had been using Na bicarb drops this week, no Hx TM perf, o/e R EAC v tight and swollen with debris difficult to tell if this is just wax, cant see TM. RX otomize initially and r/v prn after to assess.

06-Nov-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation 1) Mood up and down but benefiting from mirtazapine. Only SE is quite vivid dreams. Finds mood is best in the morning when he is busy at the gym etc then dips in the afternoon when he is on his own and not busy. volunteering once weekly and no sign this will increase at gorgie farm. suggested speaking to support worker re other volunteering opportunities review in 6/552) Ears feeling blocked again. required syringing in august. using semi regular olive oil - oe ears full of soft wax. no itch or pain in earp - discussed syringing but ronald keen to try na bicarb drops in first instance

03-Nov-2017 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter Running out med and due to see me on monday. needing his mirtazapine. No SE and would like to try a higher dose. agreed to increase to 30mg - will stick with 15mg tabs as often has SE so this would give option of reducing if required. Agreed further med 3 Review as planned on monday

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: anxiety; Duration 03-Nov-2017 - 03-Jan-2018)

06-Oct-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Wishing to come off risperidone - only taking erratically but finds they make him feel 'edgy' and keep him awake at night. Struggles sleep due to vivid dreams. Ronald wishing to try SSRI again - discussed long list of SE he experienced with various SSRI however ronald keen to retry. Suggested mirtazapine as seemed to give least SE and may improve sleep. Review in 1 month. Re-explained that medication was not what would ultimately help ronald. However making some very positive steps - now volunteering at gorgie farm and loving it - 1 afternoon a week but hoping for more. review in 1/12 Dermatitis on right hand - continue dermol add eumovate

08-Sept-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Ronald admits to ongoing anxiousness - feels edgy. Admits good relief when going to the gym or when on day trips with his VFP worker. Ronald still seeking tablet to put him into 'calm state'. Admits to lack of structure in life and he is now pursuing jobs and volunteering opportunities. Feels that risperidone not really helping his MH but would like to keep going for a bit longer. Discussed diazepam and Ronald using once per day. Given that other options exhausted agreed increase to 5mg BD and review in 1 month. Med 3 done Rosacea has worsened again as a result of stopping oxytrel - found BD regime too restrictive and found he was eating at odd times. Agreed trial of lymecycline instead

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Anxiousness; Duration 08-Sep-2017 - 08-Nov-2017)

05-Sept-2017 Dr Alasdair Lynch Administration

Administration Telephone encounter confirmed that he stopped olanzapine after starting risperidone

05-Sept-2017 Dr Alasdair Lynch Telephone call to a patient

Administration Administration TCB request x2 nil reply.

29-Aug-2017 Dr Ellis Mckechanie Administration

Administration Administration see letter from veterans first - not currently on olanzapine. Doesn't look like they intend to organise medical f/u although still under psychology and OT. Would need to see before further risperidone

21-Aug-2017 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter (P3) Ran out of risperidone. unsure if he should be taking with olanzapine. Still having a 'funny turn' hearing voices and feeling more paranoid although maintained normal conversation throughout phone call. agreed further risperidone script, no letter from dr quinn yet as to whether he should be on both antipsychotics at the same time. continue together for now and i will try and contact VFP

Administration Telephone encounter (P3) Msg left with VFP

11-Aug-2017 Dr Dr Locum1 Surgery consultation

Administration Telephone encounter (P3) To start patient on 1mg Risperidone bd. Letter from Dr Quinn in the post

11-Aug-2017 Dr Dr Locum1 Surgery consultation

Administration Telephone encounter (P3) Patient hearing voices and had no sleep last night. Was seen yesterday by Dr Quinn. Patient say that changes in medicine are planned.

Administration Telephone encounter (P3) Phone First Contact and speak to Lead there. He will email Dr Quinn and get me more info later today

Diagnosis (P3) Teaching how to use appliance Phone again re info from Dr Quinn

03-Aug-2017 Ms Leith Murray Administration

Intervention (P3) Irrigation of external auditory canal for removal of wax Successful bilat ear irrigation. Large amount of soft wax removed. Eardrum seen. Nil c/o pain or dizziness.

27-July-2017 Dr Alasdair Lynch Surgery consultation

Intervention Advice to patient - subject Shoulder Pain 23/12/2015

Intervention Advice to patient - subject Shoulder Pain Exercises 19/10/2015

Administration Consultation (P3) 1/12 history of left sided shoulder pain .no obvious injury or trigger but has been going to the gym more regularly. pain is ant shoulder and radiates down bicep. worse when extending and int rotation (putting arm back to put on coat). Has been using movelat with benefit. Mild AC tenderness. Restricted active ROM with flexion limited to 90, better passive range. no stiffness. Jobs positive. Imp - Impingement Plan - recommended physio but Ronald feels too busy for this at present. agreed exercises PIL + movelat, review if worsening, should discuss with trainer in gym to modify workout

18-July-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation (P3) In for review of MH - still feels no benefit from olanzapine and suspect this could be stopped. However has app with psychiatrist on 10th august via VFP so await this review. Ronald quite bright in consult, chatty. Doubtful about psychological therapies which have been arranged but is keeping an open mind. 2) flare of rosacea - metronidazole gel tends to dry out his skin. agreed trial of oral therapy. 3) Right ear blocked - OE wax in canals L+R, advised olive oil then PN for syringing. 4) sore left shoulder - advised to make separate app

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Chronic anxiety; Duration 18-Jul-2017 - 18-Sep-2017)

20-Jun-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Presentation remains rather static. Doesnt (P3) feel he is getting benefit from olanzapine, remains anxious and paranoid most of the day. However is sleeping better with it. No longer needing zopiclone. Also able to go to gym 2-3 x per week which is an improvement. Asked Ronald how long he has been feeling anxious for - approx 30 yr since leaving army. Explained will take time and talking therapies (being organised by VFP) to reverse longstanding feelings. Also getting weight gain from olanzapine- Agreed review in 1/12. I will contact VFP for update2) Needing more scalp betnovate for plaques

Administration Telephone encounter Discussion with ***** (clinical lead (P3) at VFP). Their letter should be with us very soon. Current plan is for psychological therapies, OT for occupation support and getting back to work, shoulder-shoulder which is further support and finally a review by their psychiatrist in 6-8 weeks. Both agreed to continue with current mx

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Anxiety states; Duration 20-Jun-2017 - 20-Jul-2017)

09-Jun-2017 Dr Shehzad Ali Telephone call to a patient

Administration Telephone encounter 0780 489 4530 re medication, mh (P3) improving, feels will tolerate 10mg olanzapine and wishing to revert to that dose, continues on zopiclone 3.75mg, wondering if able to double this to 7.5mg, advised best to reduce to nil due to addictive nature, seeing Dr AL in 11 days, will discuss further then. cb prn

01-Jun-2017 Dr Sarah Murray Surgery consultation

Administration Consultation attended as wanted to discuss olanzapine, (P3) doesnt feel happy taking 10mg olanzapine at night, as feels making paranoid thoughts worse. been without olanzapine for 2/7 and states feels better in self. no evidence of psychotic Sx today. pt has appointment with MH next week on 8th, again encouraged pt to continue to reduce alcohol intake and continue olanzapine, rather than none, agreed 5mg olanzapine, r/v if further concerns

26-May-2017 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter Hard as very poor line. Run out of (P3) olanzapine. has been taking 15mg, doesnt find it helps paranoid thoughts but helps him sleep. At last review we had agreed to stay on 10mg and suggest he switch with 10mg for now as has review app with psychiatry in early june. Trying to avoid taking diazepam and zopiclone so does not need these today. to make app to review MH in person, could be done after forthcoming VFP psychiatrist appointment

17-May-2017 *** Administration**

12-May-2017 Administration Did not attend - no reason DNA 9.00 - DR ***** (P3)

24-Apr-2017 Dr Sarah Murray Telephone call from a patient

Administration Telephone encounter forgot to ask for med3 when in (P3) seeing GP recently. agreed, pt will collect

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Anxiousness; Duration 20-Apr-2017 - 20-Jun-2017)

21-Apr-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Mood bright today in consult. Admits to (P3) ongoing paranoid thoughts - often feels people are talking about him specifically. no command hallucinations. no evidence of thought broadcasting or insertion. getting out house 2-3x per day to go to gym and get messages. sleep improved with tablets at present. Ronald has been taking 10mg olanzapine but wishes now to try something else given ongoing paranoid thoughts. discussed that MH seems relatively stable at present and i would be reluctant to make any changes just now without consulting with CMHT first. Plan- continue 10mg olanzapine- reduce zopiclone to 3.75- diazepam - not to go over 10mg daily- review in 1/12

03-Apr-2017 *** Administration**

Administration Administration NOS Destroyed healthy active minds
(P3) referral form from 07/12/2016 - pt didn't collect it.

29-Mar-2017 Dr Colin Entwistle Surgery consultation

Administration Consultation ongoing paranoid thoughts ?hallucinations,
(P3) sleeping well. Doenst appear agitated , taking half tab
diazepam prn only. Increase olanzapine up to 7.5mg nocte
and r/v as planned, warned re oversedation.

29-Mar-2017 Dr Sarah Butler Telephone call to a patient

Administration Telephone encounter 07804894530-Regarding the
(P3) patient prescription. ***** called message left on
answerphone to arrange another TCB SB
Administration Telephone encounter 07804894530-Regarding the
(P3) patient prescription. ***** message left on answerphone to
arrange another TCB wiht a GP SB - pls could you call
back was expecting call between 11-12 thanks ***** feels
meds not work 1) has developed acute ankle swelling
says affecting mobility? erlated tp olazapine as can cause
oedema 2) no impact on mood/anxiety 3) is sleeping really
well though. I dont feel i can sort out on phone as would
like to see ankles listen to chest etc he wouod lik eto see
AL but not in till next week has seen CE recently appt this
pm may need to dw psych if sfx with meds though

22-Mar-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Mood and MH stable. Feels weak on the
(P3) olanzapine but mood bright today and no evidence of
psychosis. Sleeping well with zopiclone and using 1/2 to 1
tablet of diazepam a day when leaving the house.
Attending street fit which he really enjoys and awaiting
V1P. Continue meds as they are for now. Review in 1
month. Ronald planning to claim PIP so given recent IHTT
letters to support claim

10-Mar-2017 *** Administration**

07-Mar-2017 Examination Harmful alcohol use F10.1 units per week

10-Mar-2017 Dr Shehzad Ali Administration

Intervention Has anticipatory care plan Harmful use of alcohol, recent
(P3) acute psychotic episode secondary to sleep disturbance,
reviewed by IHTT
Intervention Medication review
(P3)

08-Mar-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation D/C from IHTT. currently taking olanzapine
(P3) 5mg nocte, diazepam 5mg BD if required - usually taking 1
prior to leaving house. and zopiclone for sleep. Finding
combination is working however still feels like he is
paranoid. managed meal out with family at the weekend
which he enjoyed, felt supported. has been signposted to
lots of various groups - edinburgh leisure, Veterans 1st
point and MHIS. intends to go along to these. Legs still
bothering him but has started drinkign tonic water as this
was recommended by IHTT doc. Thinks there is some mild
benefit however admitted that i was skeptical. Plan-
agreed review in 2/52 to monitor progress now d/c from
ihtt2) Creams done for psoriais and fungal infection in
axilla - feels these are working well for him

07-Mar-2017 Dr Colin Entwistle Administration

Administration Administration discharged from IHTT today on
(P3) olanzapine 5mg, diazepam 5mg bd and zopiclone 7.5mg.
Given 2w supply and will attend practice for further
prescriptions afterwards.

02-Mar-2017 Dr Alasdair Lynch Surgery consultation

Intervention Patient given advice NOS Restless Legs Syndrome 04/11/2015

Administration Consultation (P3) Presents with pain and tingling at base of both feet. Only at rest or at night. started when in hospital. feels a dull ache in soles with radiate to back of calfs. in bed can feel compulsion to move or stretch his legs. not tried analgesia.No leg weakness, no perianal numbness. has mild back pain but this has been chronic and not worseOEnormal appearance, PP presenttone and power normal, sensation subjectively decreased on big toe.Imp - unclear cause, some features of restless legs. Plan- watch and wait for now, try stretching and simple analgesia, review as planned after IHTT d/c

28-Feb-2017 Dr Colin Entwistle Surgery consultation

Administration Consultation (P3) 1. IGTNR foot now 'burst' o/e small amountr discharge not looking infected, seems to be recurring so slef refer podiatry. 2. burning sensation feet at night ? better since IGTN discharged o/e normal pulses warm and well perfused feet, recent bloods inc hameatininics and hba1c - all normal. ?MH related - observe for now.

24-Feb-2017 Dr Colin Entwistle Telephone call from a patient

Administration Seen in own home advice re meds as d/c this week with (P3) cellulitis leg and psychosis, under c/o IHTT on olanzapine, describes leg symptoms paraesthesia no rash/redness, itch. Advised to complete Abx as nearly finished. Worried re sfx meds - explained if symptoms ongoing would need to d/w IHTT as they are responsible for prescribing psychotropic meds at present. Note he had tactile hallucinations during admission and these symptoms may represent this.

23-Feb-2017 Dr Alasdair Lynch Surgery consultation

Examination H/O: drug allergy *thought to be due to sertraline + sleep deprivation. Under IHTT*

Administration Consultation (P3) Currently being seen by IHTT for acute psychosis - thought to be brought on by sertraline + sleep deprivation + infection. Started on olanzapine 5mg and diazepam 5mg bd with benefit. Is seeing themn again. Plan in recent letter.Psychosis now settled and ronald has good insight.Explained that IHTT will manage scripts until d/c - then should review with me again so we can take over. Should still attend health in mind as planned. Using daktakort on face with improvment in rosacea. Likely steroids helping, rosacea worse probably due to acute stress reaction of hospital! Agreed short course mild HCPlan- await d/c from IHTT

Examination H/O: drug allergy *thought to be due to sertraline + sleep deprivation. Under IHTT*

Administration eMED3 (2010) new statement issued, not fit for work Fit (P3) Note (Diagnosis: Anxiousness; Duration 23-Feb-2017 - 23-Apr-2017)

22-Feb-2017 Dr Colin Entwistle Administration

Administration Administration (P3) letter from IHTT - under their care as lalternative to admissoin, they will be prescribing all psychotropic meds until discharged from their care.

21-Feb-2017 *** Administration**

17-Feb-2017 Examination O/E - blood pressure reading 115 / 79 mm Hg

16-Feb-2017 *** Administration**

15-Feb-2017 Administration Did not attend - no reason DNA 8.30 - DR ***** (P3)

08-Feb-2017 Dr Alasdair Lynch Telephone call to a patient

Administration Telephone encounter (P3) Ongoing struggles with sleep. NO benefit from 10 or 20mg temazepam but managed to fall asleep with 30mg. Cautioned him against this ++ , risk of dependance and tolerance. States he has not slept for 3 night. Agreed to increase sertraline and furthe rshort script temazepam. Review in 1 week. Vitamin D low. Normal ca and phosphate. Could go onto OTC suppliments

31-Jan-2017 Dr Alasdair Lynch Administration

Administration Administration vit d level low - discuss at next app
(P3)

30-Jan-2017 Dr Alasdair Lynch Results recording

27-Jan-2017 Examination Haemoglobin A1c level - IFCC standardised HbA1c level - 37 mmol/mol
IFCC standardised - mmol/mol - HbA1c result is in the normal range.

27-Jan-2017 Examination **Haemoglobin A1c level - IFCC standardised** HbA1c level - IFCC standardised - mmol/mol - HbA1c result is in the normal range.:
Haemoglobin A1c level - IFCC standardised HbA1c level - 37 mmol/mol (Range: 20 - 41)
IFCC standardised - mmol/mol - HbA1c result is in the normal range.

30-Jan-2017 Dr Shehzad Ali Administration

Administration Administration discuss cholesterol next visit- has appt
(P3)

28-Jan-2017 Dr Alasdair Lynch Results recording

18-Jan-2017 Examination Endocrine studies <none>

18-Jan-2017 Examination Serum vitamin D Vit D:<25 deficient,25-50 **44 nmol/L**
insufficient,>50 adequate.GRIImmunoassay underestimates Vitamin D2.Vitamin D analysed by Glasgow Royal Infirmary.ET006731T

18-Jan-2017 Examination **Endocrine studies**<none>:
Endocrine studies <none> (No range available)

18-Jan-2017 Examination **Serum vitamin D** Vit D:<25 deficient,25-50 insufficient,>50 adequate.GRIImmunoassay underestimates Vitamin D2.Vitamin D analysed by Glasgow Royal Infirmary.ET006731T: **Abnormal**
Serum vitamin D Vit D:<25 deficient,25-50 **44 nmol/L** (Range: 50 - 170)
insufficient,>50 adequate.GRIImmunoassay underestimates Vitamin D2.Vitamin D analysed by Glasgow Royal Infirmary.ET006731T

27-Jan-2017 Dr Alasdair Lynch Results recording

Examination Plasma glucose level <none> mmol/L

Examination Plasma fasting glucose level 4.8 mmol/L

Examination **Plasma glucose level**<none>: mmol/L (No range available)

Examination **Plasma fasting glucose level:** 4.8 mmol/L (Range: 3.8 - 6)
Plasma fasting glucose level

27-Jan-2017 Dr Alasdair Lynch Results recording

Examination Serum total cholesterol level 5.5 mmol/L

Examination Serum HDL cholesterol level 1.2 mmol/L

Examination Serum LDL cholesterol level 3.1 mmol/L

Examination Serum triglycerides **2.8 mmol/L**

Examination Serum lipids <none>

Examination Serum cholesterol/HDL ratio 4.8 ratio

Examination **Serum total cholesterol level: Abnormal**

Examination Serum total cholesterol level 5.5 mmol/L (No range available)

Examination **Serum HDL cholesterol level:**

Examination Serum HDL cholesterol level 1.2 mmol/L (Range: 0.9 - 1.4)

Examination **Serum LDL cholesterol level:**

Examination Serum LDL cholesterol level 3.1 mmol/L (No range available)

Examination **Serum triglycerides: Abnormal**

Examination Serum triglycerides **2.8 mmol/L** (Range: 0.8 - 2.1)

Examination **Serum lipids**<none>:
Serum lipids <none> (No range available)

Examination **Serum cholesterol/HDL ratio:**
Serum cholesterol/HDL ratio 4.8 ratio (No range available)

27-Jan-2017 Dr Alasdair Lynch Results recording

Examination	Eosinophil count	10 ⁹ /L	0.27 10 ⁹ /L	
Examination	Haemoglobin estimation		141 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	pg	31.3 pg/mL	
Examination	Mean corpusc. Hb. conc. (MCHC)		341 g/L	
Examination	Mean corpuscular volume (MCV)		92 fL	
Examination	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	
Examination	Neutrophil count	10 ⁹ /L	3.45 10 ⁹ /L	
Examination	Platelet count	10 ⁹ /L	286 10 ⁹ /L	
Examination	Red blood cell (RBC) count	10 ¹² /L	4.5 10 ¹² /L	
Examination	Total white cell count	10 ⁹ /L	6.4 10 ⁹ /L	
Examination	Lymphocyte count	10 ⁹ /L	1.94 10 ⁹ /L	
Examination	Full blood count - FBC	<none>		
Examination	Haematocrit		0.413 ratio	
Examination	Basophil count	10 ⁹ /L	0.06 10 ⁹ /L	
Examination	Eosinophil count 10 ⁹ /L:			
	Eosinophil count	10 ⁹ /L	0.27 10 ⁹ /L	(Range: 0.04 - 0.4)
Examination	Haemoglobin estimation:			
	Haemoglobin estimation		141 g/L	(Range: 135 - 180)
Examination	Mean corpusc. haemoglobin(MCH) pg:			
	Mean corpusc. haemoglobin(MCH)	pg	31.3 pg/mL	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC):			
	Mean corpusc. Hb. conc. (MCHC)		341 g/L	(Range: 310 - 360)
Examination	Mean corpuscular volume (MCV):			
	Mean corpuscular volume (MCV)		92 fL	(Range: 78 - 98)
Examination	Monocyte count 10 ⁹ /L:			
	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count 10 ⁹ /L:			
	Neutrophil count	10 ⁹ /L	3.45 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count 10 ⁹ /L:			
	Platelet count	10 ⁹ /L	286 10 ⁹ /L	(Range: 150 - 400)
Examination	Red blood cell (RBC) count 10 ¹² /L:			
	Red blood cell (RBC) count	10 ¹² /L	4.5 10 ¹² /L	(Range: 4.5 - 6.5)
Examination	Total white cell count 10 ⁹ /L:			
	Total white cell count	10 ⁹ /L	6.4 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count 10 ⁹ /L:			
	Lymphocyte count	10 ⁹ /L	1.94 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC <none>:			
	Full blood count - FBC	<none>		(No range available)
Examination	Haematocrit:			
	Haematocrit		0.413 ratio	(Range: 0.4 - 0.54)
Examination	Basophil count 10 ⁹ /L:			
	Basophil count	10 ⁹ /L	0.06 10 ⁹ /L	(Range: 0.01 - 0.1)

27-Jan-2017 Ms Leith Murray Administration

Examination	Blood sample -> Lab NOS	Bloods taken as requested. Pt will call for results in 1/52.	
Examination	Blood sample -> Lab NOS	Bloods taken as requested. Pt will call for results in 1/52.: Blood sample -> Lab NOS	
	Blood sample -> Lab NOS	Bloods taken as requested. Pt will call for results in 1/52.	(No range available)

26-Jan-2017 Dr Alasdair Lynch Administration

Administration Telephone encounter Phoned desk looking for (P3) alterantive sleeping tab. no benefit from zopiclone. explained high risk of dependance with stronger tabs. agreed to short supply temazepam

25-Jan-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation SE from sertraline but managing them ok. (P3) Shooting pain in head, insomnia, occasional nocturia but actually think this is becuase he is already up, not because he is waking needing to PU. No benefit yet, feels more axious and a little paranoid Agreed to continue sertraline and rewevi in 3-4 weekhas HAM pending2) Ongoing rash in axilla and groin, no response to daktakort. ?psoriatic element, increase steroid potency whilst conitnueing with antifungal3) Mild rosacea, using aveeno but keen to try somthing differnt - metronidazole gel

20-Jan-2017 Dr Alasdair Lynch Results recording

18-Jan-2017	Examination	Serum albumin	40 g/L	
18-Jan-2017	Examination	Serum alkaline phosphatase U/L	69 U/L	
18-Jan-2017	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 31 U/L	
18-Jan-2017	Examination	Serum vitamin B12	340 ng/L	
18-Jan-2017	Examination	Serum total bilirubin level	10 umol/L	
18-Jan-2017	Examination	Serum calcium	2.4 mmol/L	
18-Jan-2017	Examination	Corrected serum calcium level	2.43 mmol/L	
18-Jan-2017	Examination	Serum total cholesterol level	5.6 mmol/L	
18-Jan-2017	Examination	Serum creatinine	91 umol/L	
18-Jan-2017	Examination	Serum folate	13.6 ug/L	
18-Jan-2017	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 59 U/L	
18-Jan-2017	Examination	Serum inorganic phosphate	0.87 mmol/L	
18-Jan-2017	Examination	Serum potassium	4.2 mmol/L	
18-Jan-2017	Examination	Serum sodium	140 mmol/L	
18-Jan-2017	Examination	Serum TSH level mU/L	2 mU/L	
18-Jan-2017	Examination	Serum lipids <none>		
18-Jan-2017	Examination	Bone profile <none>		
18-Jan-2017	Examination	Liver function test <none>		
18-Jan-2017	Examination	Thyroid function test <none>		
18-Jan-2017	Examination	Urea and electrolytes <none>		
18-Jan-2017	Examination	Prostate specific antigen	1.2 ug/L	
18-Jan-2017	Examination	Blood haematinic levels <none>		
18-Jan-2017	Examination	Serum free T4 level	13 pmol/L	
18-Jan-2017	Examination	Tumour marker levels <none>	mmol/L	
18-Jan-2017	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	
18-Jan-2017	Examination	Serum albumin:		
18-Jan-2017	Examination	Serum albumin	40 g/L	(Range: 36 - 47)
18-Jan-2017	Examination	Serum alkaline phosphatase U/L:		
18-Jan-2017	Examination	Serum alkaline phosphatase U/L	69 U/L	(Range: 40 - 125)
18-Jan-2017	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
18-Jan-2017	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 31 U/L	(Range: 10 - 50)
18-Jan-2017	Examination	Serum vitamin B12:		
18-Jan-2017	Examination	Serum vitamin B12	340 ng/L	(Range: 180 - 2000)
18-Jan-2017	Examination	Serum total bilirubin level:		
18-Jan-2017	Examination	Serum total bilirubin level	10 umol/L	(Range: 3 - 21)
18-Jan-2017	Examination	Serum calcium:		
18-Jan-2017	Examination	Serum calcium	2.4 mmol/L	(Range: 2.2 - 2.6)
18-Jan-2017	Examination	Corrected serum calcium level:		
18-Jan-2017	Examination	Corrected serum calcium level	2.43 mmol/L	(Range: 2.2 - 2.6)
18-Jan-2017	Examination	Serum total cholesterol level: Abnormal		
18-Jan-2017	Examination	Serum total cholesterol level	5.6 mmol/L	(No range available)
18-Jan-2017	Examination	Serum creatinine:		
18-Jan-2017	Examination	Serum creatinine	91 umol/L	(Range: 64 - 111)
18-Jan-2017	Examination	Serum folate:		
18-Jan-2017	Examination	Serum folate	13.6 ug/L	(Range: 2.8 - 20)
18-Jan-2017	Examination	Serum gamma-glutamyl transferase level	Serum gamma GT level - U/L: Abnormal	
18-Jan-2017	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 59 U/L	(Range: 10 - 55)
18-Jan-2017	Examination	Serum inorganic phosphate:		
18-Jan-2017	Examination	Serum inorganic phosphate	0.87 mmol/L	(Range: 0.8 - 1.4)
18-Jan-2017	Examination	Serum potassium:		
18-Jan-2017	Examination	Serum potassium	4.2 mmol/L	(Range: 3.6 - 5)
18-Jan-2017	Examination	Serum sodium:		
18-Jan-2017	Examination	Serum sodium	140 mmol/L	(Range: 135 - 145)
18-Jan-2017	Examination	Serum TSH level mU/L:		
18-Jan-2017	Examination	Serum TSH level mU/L	2 mU/L	(Range: 0.2 - 4.5)
18-Jan-2017	Examination	Serum lipids <none>:		
18-Jan-2017	Examination	Serum lipids <none>		(No range available)
18-Jan-2017	Examination	Bone profile <none>:		
18-Jan-2017	Examination	Bone profile <none>		(No range available)
18-Jan-2017	Examination	Liver function test <none>:		
18-Jan-2017	Examination	Liver function test <none>		(No range available)
18-Jan-2017	Examination	Thyroid function test <none>:		
18-Jan-2017	Examination	Thyroid function test <none>		(No range available)
18-Jan-2017	Examination	Urea and electrolytes <none>:		
18-Jan-2017	Examination	Urea and electrolytes <none>		(No range available)
18-Jan-2017	Examination	Prostate specific antigen:		
18-Jan-2017	Examination	Prostate specific antigen	1.2 ug/L	(No range available)
18-Jan-2017	Examination	Blood haematinic levels <none>:		
18-Jan-2017	Examination	Blood haematinic levels <none>		(No range available)
18-Jan-2017	Examination	Serum free T4 level:		
18-Jan-2017	Examination	Serum free T4 level	13 pmol/L	(Range: 9 - 21)
18-Jan-2017	Examination	Tumour marker levels <none>:		
18-Jan-2017	Examination	Tumour marker levels <none>	mmol/L	(No range available)
18-Jan-2017	Examination	GFR calculated abbreviated MDRD	GFR calculated abbreviatd MDRD - >60:	
18-Jan-2017	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	(No range available)

20-Jan-2017 Dr Alasdair Lynch Results recording

18-Jan-2017	Examination	Plasma glucose level <none>	mmol/L	
18-Jan-2017	Examination	Plasma random glucose level	10.4 mmol/L	
18-Jan-2017	Examination	Plasma glucose level <none>:		
		Plasma glucose level <none>	mmol/L	(No range available)
18-Jan-2017	Examination	Plasma random glucose level: Abnormal		
		Plasma random glucose level	10.4 mmol/L	(Range: 3.8 - 7.7)

18-Jan-2017 Dr Alasdair Lynch Results recording

Examination	Eosinophil count	10 ⁹ /L	0.31 10 ⁹ /L	
Examination	Haemoglobin estimation		140 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	pg	30.9 pg/mL	
Examination	Mean corpusc. Hb. conc. (MCHC)		339 g/L	
Examination	Mean corpuscular volume (MCV)		91 fL	
Examination	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	
Examination	Neutrophil count	10 ⁹ /L	4.32 10 ⁹ /L	
Examination	Platelet count	10 ⁹ /L	298 10 ⁹ /L	
Examination	Red blood cell (RBC) count	10 ¹² /L	4.53 10 ¹² /L	
Examination	Total white cell count	10 ⁹ /L	7.4 10 ⁹ /L	
Examination	Lymphocyte count	10 ⁹ /L	2.09 10 ⁹ /L	
Examination	Full blood count - FBC	<none>		
Examination	Haematocrit		0.413 ratio	
Examination	Basophil count	10 ⁹ /L	0.08 10 ⁹ /L	
Examination	Eosinophil count 10 ⁹ /L:			
	Eosinophil count	10 ⁹ /L	0.31 10 ⁹ /L	(Range: 0.04 - 0.4)
Examination	Haemoglobin estimation:			
	Haemoglobin estimation		140 g/L	(Range: 135 - 180)
Examination	Mean corpusc. haemoglobin(MCH) pg:			
	Mean corpusc. haemoglobin(MCH)	pg	30.9 pg/mL	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC):			
	Mean corpusc. Hb. conc. (MCHC)		339 g/L	(Range: 310 - 360)
Examination	Mean corpuscular volume (MCV):			
	Mean corpuscular volume (MCV)		91 fL	(Range: 78 - 98)
Examination	Monocyte count 10 ⁹ /L:			
	Monocyte count	10 ⁹ /L	0.64 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count 10 ⁹ /L:			
	Neutrophil count	10 ⁹ /L	4.32 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count 10 ⁹ /L:			
	Platelet count	10 ⁹ /L	298 10 ⁹ /L	(Range: 150 - 400)
Examination	Red blood cell (RBC) count 10 ¹² /L:			
	Red blood cell (RBC) count	10 ¹² /L	4.53 10 ¹² /L	(Range: 4.5 - 6.5)
Examination	Total white cell count 10 ⁹ /L:			
	Total white cell count	10 ⁹ /L	7.4 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count 10 ⁹ /L:			
	Lymphocyte count	10 ⁹ /L	2.09 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC <none>:			
	Full blood count - FBC	<none>		(No range available)
Examination	Haematocrit:			
	Haematocrit		0.413 ratio	(Range: 0.4 - 0.54)
Examination	Basophil count 10 ⁹ /L:			
	Basophil count	10 ⁹ /L	0.08 10 ⁹ /L	(Range: 0.01 - 0.1)

18-Jan-2017 Dr Alasdair Lynch Results recording

Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - 36 mmol/mol	
	IFCC standardised - mmol/mol - HbA1c result is in the normal range.		
Examination	Haemoglobin A1c level - IFCC standardised	HbA1c level - IFCC standardised - mmol/mol - HbA1c result is in the normal range.:	
	Haemoglobin A1c level - IFCC standardised	HbA1c level - 36 mmol/mol	(Range: 20 - 42)
	IFCC standardised - mmol/mol - HbA1c result is in the normal range.		

18-Jan-2017 Dr Alasdair Lynch Results recording

Examination	Biochemical test	Send away test - Glasgow GRI	
Examination	Biochemical test	Send away test - Glasgow GRI:	
	Biochemical test	Send away test - Glasgow GRI	(No range available)

18-Jan-2017 Ms Anne Frater Administration

Administration Consultation Bloods taken as requested on ICE (P3)

12-Jan-2017 Dr Colin Entwistle Results recording

11-Jan-2017	Examination	BCSP faecal occult blood test normal	No action required	
11-Jan-2017	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

11-Jan-2017 Dr Alasdair Lynch Surgery consultation

Administration Consultation Note recent TCBs- thanks. Ronald still (P3) having nocturia and late evening frequency. no dysuria. no urgency. no post void dribbling. neve had LUTS prior to starting fluoxetine. Also experiancing vivid dreams upto 6x per night. Often feeling benefit of meds but SE outweigh any benefit being gleamed. However now 11 days post stopping he is strugglign with low mood - feels hopeless. Anhedonia. Occasional etoh use over the festive period - some of it excessive. Went for job interview but had to walk straight back out again. Still goign to gym which he find helps his mood. Increasing negative thoughts occasionally of self harm but ***** protective for him. OE- urine dip nadPlan- start sertraline today - review in 2/52- await HIM referral- bloods with PN to rule out physical causes inc PSA and glucose- scripts done for creams - daktacort for underarm fungal infection- also has OE right ear - tried otomize without benefit - try locorton

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Anxiety with depression; Duration 11-Jan-2017 - 11-Mar-2017)

05-Jan-2017 Dr Sandy Cavaghan Telephone call from a patient

Administration Telephone encounter feels urinary symptoms still (P3) ongoing and not changed now stopped fluoxetine, stressed with being on his own over the last week, sertraline not started suggest hold off a furhter few days, if symtpoms fail to settle likely they have in fact been unrelated to the fluoxetine, has rv appt 11/1/17 such that physical symptoms can be explored in more detail.

30-Dec-2016 Dr Sandy Cavaghan Surgery consultation

Administration Telephone encounter felt mood with fluoxetine has been (P3) helped but getting numerou s troublesome side effects, very vivid and disturbing dreams, up 6x per night to pass water, gi se when going to bed and feels overall worse just now, all seems to have coincided with intro of fluoxetine, has not taken any today, as per MIMS guidance stop for next 7 days, next week introduce low dose sertraline, (not had before) and perhaps prolong titration period up to 2-3weeks before excalation to 100mg, also mentioned other alternatives of venlafaxine or duloxetine if continues to have adverse se with this medication, has appt with AL on 11/1/17 so interim discussion can be made then

23-Dec-2016 Dr Nicola Mcgregor Telephone call to a patient

Administration Telephone encounter 07804894530 - re medication, no (P3) answer message left 0940hrs-pt phoned back, some SE from fluoxetine, mainly urinary frequency and gi upset but feels mood improving, discussed s.e and pros and cons, if thinks can tolerate SE will continue with AD until seen by AL on 11/1/17. If wanting to stop will wean off over week or so then stop and rv on 11/1/17 anyway as planned. pt decided will try to persist with AD and rv in new yr.

07-Dec-2016 Dr Colin Entwistle Telephone call from a patient

Administration Telephone encounter asking about HMA referral - use (P3) recent PHQ9, filled in form -will elave at desk for pt to sign and hand back to be sent off. Made aware of w/l times.

29-Nov-2016 Dr Alasdair Lynch Surgery consultation

Administration Consultation has stopped mirtazapine. found it was also (P3) giving him SE. Felt buring pain in eyes and muscle weakness, lasts for several hours after taking. ronald admits that it was starting to help his mood. Struggling with SE of meds in general - has tried trazadone, propranolol, citalopram and paroxetine. Agreeen to switch to fluoxetine and review as planned in early January. Has health in mind opt in letter so encouraged to persue this.2) using betnovate mixed with E45 on alt days which is really helping psoriasis on arms and hands. Encouraged by results but advised to cuttin gback t ousing every 3rd day to avoid skin thinning

16-Nov-2016 Dr Alasdair Lynch Surgery consultation

Administration Consultation Mood review. Feels marginally better.
(P3) having some energetic days where he wakens feeling good. Mood tends to dip as the day goes on. Tried going upto 30mg mirtazapine but found that he was 'jittery' in the morning so went back to 15mg. Felt heart racing and mild tremor. Has cut back etoh to approx 4 beers per day and often has off days. Morning symptoms present also on days where he has not drunk the day prior. No thoughts of harm. Still looking for work but finds if not signed off benefits harass him which makes MH worse. Discussed counselling and Ronald reluctant. Been through variety of ADs now and really should explore other options. Doubt he has motivation to look himself so referred to health in mind. Plan- review in 2/12- continue mirtaz 15- cut back etoh - safety netting- health in mind referral- med3 for 2/12 but aim to stop after this

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 16-Nov-2016 - 16-Jan-2017)

21-Oct-2016 Dr Sandy Cavaghan Administration

Administration Administration NOS spec request for rx
(P3)

19-Oct-2016 Dr Alasdair Lynch Surgery consultation

Administration Consultation Mood has improved some what with the increase to 30mg of mirtazapine. has put on some weight but still drinking 10 bottles of beer a night. aware this will be having an impact on his mood. Stress at them moment re benefits - jobcentre are switching his benefit and nto received any money. asking for re-prints of previus med 3s. Signed off for further month. Given infor on ELCA. continue on 30mg mirtaz for now safety netting

Administration eMED3 (2010) new statement issued, not fit for work Fit Note (Diagnosis: Depressed mood; Duration 19-Oct-2016 - 19-Nov-2016)

29-Sept-2016 Dr Alasdair Lynch Medicine Management

Administration Administration oilatum removed from rpt as not collecting
(P3)
Administration Medication review

21-Sept-2016 Dr Alasdair Lynch Surgery consultation

Administration Consultation Found mirtazapine helpful. More interest in doing things and less thoughts of harm to himself and certainly no plans. Feels anxious in open spaces but also when going on public transport ie the bus. Spent 5 years in NI but denies flashbacks and isnt sure whether his time there is related to the way he feels now. Drinking approx 10 cans of lager most nights a week. Discussed counselling but ronald very skeptical about it working. Given numbers anyway and encouraged him to explore this. Tried mirtazapine to 30mg one day but found he became light headed so didnt persevere with it. Sleep still a problem - ok getting off but wakes regularly. MSE - euthymic today in consults, no though disorder. Plan- Try titrate mirtazapine to 30mg for this month. - Short supply of diazepam to use prn - discussed issues re dependance- lx counselling- cut etoh back as much as possible - review in 1/12 or sooner if required for worsening of mood. agreed to sign off for this time

Administration MED3 (2010) duplicate issued Fit Note (Diagnosis: Anxiousness; Duration 21-Sep-2016 - 21-Oct-2016)

16-Sept-2016 Dr Colin Entwistle Surgery consultation

Administration Consultation some improvement altho sleep still an issue
(P3) advise double to 30mg and see GP as planned next week, needs daktacort for face an tgel for scalp.

08-Sept-2016 Dr Dr Locum1 Surgery consultation

Diagnosis Patient reviewed Worsening of depression . Lost job a few weeks ago. Not sleeping. Loss of interest in everything
(P3) apathy. Drinking more again. Suicidal thoughts but no active plan. Anxious+++ during the day. Struggling to comply with job centre demands. Plan try mirtazapine Counselling re cutting down alcohol. Med 3 2/52 Short course diazepam Review 1 week

27-July-2016 Dr Ruth Torlesse Surgery consultation

Intervention Patient advised to rest Tennis Elbow 19/10/2015
 Intervention Advice to patient - subject Tennis Elbow Exercises 19/10/2015
 Administration Consultation 1) Tennis elbow - leaflets and exercises given and movelat gel. Med 3 for lighter duties - heavy work in bakery. 2) Depression - just wanting something to calm down and A/D 'do not agree with him' small amount of DZP 3) Creams for psoriasis
 Administration Administration NOS Trimovate is unavailable - try (P3) daktacort
 Administration eMED3 (2010) new statement issued, may be fit for work Fit Note (Diagnosis: Tennis elbow; Duration 27-Jul-2016 - 27-Jul-2016)

22-Dec-2015 Ms Sandra Cumming Administration

08-Dec-2015 Diagnosis Psoriasis NOS
 (P1)

14-Sept-2015 Dr Shehzad Ali Medicine Management

Administration Medication review

21-May-2015 Dr Ellis Mckechanie Surgery consultation

Administration Scanned Document
 SCI Referral Letter :
 Administration Consultation still very anxious. Thinks citalopram helping (P3) but very low dose and has stopped trazadone. Up citalopram to 20mg and rv back in 4 wks. ? higher dose. Few diazepam given - uses sparingly. interview yesterday for job in bakery. Hoping he's successful. Psoriasis badly flared up. Using steroids. emoilents, coal tar. I'll refer back to dermat. Light therapy worked well the last time

17-Apr-2015 Dr Sandy Cavaghan Surgery consultation

Administration Consultation mood observatons feels swollen neck with (P3) citalopram various social stressors, reduce dose to 50 add in low dose citalopram, creams for psoriasis flaired up since mood dipped, getting help with finding work at the moment

05-Feb-2015 Dr R Ian Dickson Surgery consultation

Administration Consultation Mood lower and anxiety worse again has (P3) been off work again - engineering staircases and balustrades but laterally security. Paroxetine gave bad side effects. Felt also that mirtazapine gave some side effects and on bal;anc would prefer to retry trazodone. Recommence at 50-100mgs at night. Did cause ED before.

27-Jan-2015 Dr Colin Entwistle Administration

Administration Did not attend - no reason (P3)

14-Jan-2015 Ms Sandra Cumming Administration

12-Jan-2015 Examination BCSP faecal occult blood test normal

12-Jan-2015 Examination **BCSP faecal occult blood test normal:**
 BCSP faecal occult blood test normal

(No range available)

27-Nov-2014 Dr Shehzad Ali Surgery consultation

Administration Consultation stools have returned to normal over last few (P3) days. decided against further invx at present, coeliac screen -ve. will cb over coming weeks wit hupdate, emphasised need for further invx if symptoms returning. ongoing issues wit hinsomnia, sleep hygiene unhelpful. keen on night sedation, made aware of addictive nature. dry scalp.
 Examination O/E - weight 80 Kg
 Examination Body Mass Index 28.6

25-Nov-2014 Dr R Ian Dickson Results recording

18-Nov-2014 Examination Biochemical test <none>

18-Nov-2014 Examination Coeliac disease screen U/mL 0.92 U/mL

18-Nov-2014 Examination **Biochemical test<none>:**

Biochemical test <none> (No range available)

18-Nov-2014 Examination **Coeliac disease screen**U/mL:

Coeliac disease screen U/mL 0.92 U/mL (Range: 0.1 - 5)

21-Nov-2014 Dr Shehzad Ali Surgery consultation

Administration Consultation symptoms improved slightly, stools harder (P3) but not back to usual, still increased frequency of habit and becomes bloated after eating, bloods reassuring, await coeliac screen. abdo snt bs n no pr empty rectum. insomnia, emphasised sleep hygiene, advised against trying any new meds at present for sleep. simple diet, push wit hfluids. cb end of next week for update and outstanding results .refer urgently to gi if symptoms havent settled.

19-Nov-2014 Dr R Ian Dickson Results recording

18-Nov-2014	Examination	Serum alkaline phosphatase U/L	70 U/L	
18-Nov-2014	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 28 U/L	
18-Nov-2014	Examination	Serum total bilirubin level	8 umol/L	
18-Nov-2014	Examination	Serum creatinine	82 umol/L	
18-Nov-2014	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 53 U/L	
18-Nov-2014	Examination	Serum potassium	4.4 mmol/L	
18-Nov-2014	Examination	Serum sodium	141 mmol/L	
18-Nov-2014	Examination	Serum TSH level mU/L	0.58 mU/L	
18-Nov-2014	Examination	Serum urea level	6.3 mmol/L	
18-Nov-2014	Examination	Liver function test <none>		
18-Nov-2014	Examination	Thyroid function test <none>		
18-Nov-2014	Examination	Urea and electrolytes <none>		
18-Nov-2014	Examination	Serum free T4 level	14 pmol/L	
18-Nov-2014	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	
18-Nov-2014	Examination	Serum alkaline phosphatase U/L:		
18-Nov-2014	Examination	Serum alkaline phosphatase U/L	70 U/L	(Range: 40 - 125)
18-Nov-2014	Examination	Serum alanine aminotransferase level U/L:		
18-Nov-2014	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 28 U/L	(Range: 10 - 50)
18-Nov-2014	Examination	Serum total bilirubin level:		
18-Nov-2014	Examination	Serum total bilirubin level	8 umol/L	(Range: 3 - 21)
18-Nov-2014	Examination	Serum creatinine:		
18-Nov-2014	Examination	Serum creatinine	82 umol/L	(Range: 60 - 120)
18-Nov-2014	Examination	Serum gamma-glutamyl transferase level U/L:		
18-Nov-2014	Examination	Serum gamma-glutamyl transferase level GT level - U/L	Serum gamma 53 U/L	(Range: 10 - 55)
18-Nov-2014	Examination	Serum potassium:		
18-Nov-2014	Examination	Serum potassium	4.4 mmol/L	(Range: 3.6 - 5)
18-Nov-2014	Examination	Serum sodium:		
18-Nov-2014	Examination	Serum sodium	141 mmol/L	(Range: 135 - 145)
18-Nov-2014	Examination	Serum TSH level mU/L:		
18-Nov-2014	Examination	Serum TSH level mU/L	0.58 mU/L	(Range: 0.2 - 4.5)
18-Nov-2014	Examination	Serum urea level:		
18-Nov-2014	Examination	Serum urea level	6.3 mmol/L	(Range: 2.5 - 6.6)
18-Nov-2014	Examination	Liver function test <none>:		
18-Nov-2014	Examination	Liver function test <none>		(No range available)
18-Nov-2014	Examination	Thyroid function test <none>:		
18-Nov-2014	Examination	Thyroid function test <none>		(No range available)
18-Nov-2014	Examination	Urea and electrolytes <none>:		
18-Nov-2014	Examination	Urea and electrolytes <none>		(No range available)
18-Nov-2014	Examination	Serum free T4 level:		
18-Nov-2014	Examination	Serum free T4 level	14 pmol/L	(Range: 9 - 21)
18-Nov-2014	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60:		
18-Nov-2014	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	(No range available)

19-Nov-2014 Dr R Ian Dickson Results recording

18-Nov-2014	Examination	Eosinophil count x10 ⁹ /l	0.31 10 ⁹ /L	
18-Nov-2014	Examination	Haemoglobin estimation g/l	144 g/L	
18-Nov-2014	Examination	Mean corpusc. haemoglobin(MCH) pg	30.3 pg/mL	
18-Nov-2014	Examination	Mean corpusc. Hb. conc. (MCHC)	342 g/L	
18-Nov-2014	Examination	Mean corpuscular volume (MCV) fl	88 fL	
18-Nov-2014	Examination	Monocyte count x10 ⁹ /l	0.57 10 ⁹ /L	
18-Nov-2014	Examination	Neutrophil count x10 ⁹ /l	3.4 10 ⁹ /L	
18-Nov-2014	Examination	Platelet count x10 ⁹ /l	337 10 ⁹ /L	
18-Nov-2014	Examination	Red blood cell (RBC) count x10 ¹² /l	4.76 10 ¹² /L	
18-Nov-2014	Examination	Total white cell count x10 ⁹ /l	7.3 10 ⁹ /L	
18-Nov-2014	Examination	Lymphocyte count x10 ⁹ /l	2.91 10 ⁹ /L	
18-Nov-2014	Examination	Full blood count - FBC <none>		
18-Nov-2014	Examination	Erythrocyte sedimentation rate mm/hr	4 mm/h	
18-Nov-2014	Examination	Haematocrit	0.421 ratio	
18-Nov-2014	Examination	Basophil count x10 ⁹ /l	0.15 10 ⁹ /L	
18-Nov-2014	Examination	Eosinophil count x10 ⁹ /l:		
		Eosinophil count x10 ⁹ /l	0.31 10 ⁹ /L	(Range: 0.04 - 0.4)
18-Nov-2014	Examination	Haemoglobin estimation g/l:		
		Haemoglobin estimation g/l	144 g/L	(Range: 135 - 180)
18-Nov-2014	Examination	Mean corpusc. haemoglobin(MCH) pg:		
		Mean corpusc. haemoglobin(MCH) pg	30.3 pg/mL	(Range: 27 - 32)
18-Nov-2014	Examination	Mean corpusc. Hb. conc. (MCHC):		
		Mean corpusc. Hb. conc. (MCHC)	342 g/L	(Range: 310 - 360)
18-Nov-2014	Examination	Mean corpuscular volume (MCV) fl:		
		Mean corpuscular volume (MCV) fl	88 fL	(Range: 78 - 98)
18-Nov-2014	Examination	Monocyte count x10 ⁹ /l:		
		Monocyte count x10 ⁹ /l	0.57 10 ⁹ /L	(Range: 0.2 - 0.8)
18-Nov-2014	Examination	Neutrophil count x10 ⁹ /l:		
		Neutrophil count x10 ⁹ /l	3.4 10 ⁹ /L	(Range: 2 - 7.5)
18-Nov-2014	Examination	Platelet count x10 ⁹ /l:		
		Platelet count x10 ⁹ /l	337 10 ⁹ /L	(Range: 150 - 400)
18-Nov-2014	Examination	Red blood cell (RBC) count x10 ¹² /l:		
		Red blood cell (RBC) count x10 ¹² /l	4.76 10 ¹² /L	(Range: 4.5 - 6.5)
18-Nov-2014	Examination	Total white cell count x10 ⁹ /l:		
		Total white cell count x10 ⁹ /l	7.3 10 ⁹ /L	(Range: 4 - 11)
18-Nov-2014	Examination	Lymphocyte count x10 ⁹ /l:		
		Lymphocyte count x10 ⁹ /l	2.91 10 ⁹ /L	(Range: 1.5 - 4)
18-Nov-2014	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
18-Nov-2014	Examination	Erythrocyte sedimentation rate mm/hr:		
		Erythrocyte sedimentation rate mm/hr	4 mm/h	(Range: 1 - 10)
18-Nov-2014	Examination	Haematocrit:		
		Haematocrit	0.421 ratio	(Range: 0.4 - 0.54)
18-Nov-2014	Examination	Basophil count x10 ⁹ /l: Abnormal		
		Basophil count x10 ⁹ /l	0.15 10 ⁹ /L	(Range: 0.01 - 0.1)

19-Nov-2014 Dr R Ian Dickson Results recording

18-Nov-2014	Examination	Biochemical test Send away test - WGH Biochemistry		
18-Nov-2014	Examination	Biochemical test Send away test - WGH Biochemistry:		
		Biochemical test Send away test - WGH Biochemistry		(No range available)

18-Nov-2014 ***** Surgery consultation

Examination	Blood sample -> Lab NOS Bloods as requested	
Examination	Blood sample -> Lab NOS Bloods as requested:	
	Blood sample -> Lab NOS Bloods as requested	(No range available)

11-Nov-2014 Dr Eilis Mckechnie Surgery consultation

Administration Consultation ongoing diarrhoea. Says up 7 times overnight. Day and night. Post food gets distended and gassy. Explosive watery diarrhoea with wind ++. No nausea or vomiting. Stool culture normal. ? bacterial overgrowth post infection Wgt today 79 kgs. Seems ok in himself. Worth trying course of abx to see if this helps and have bloods for FBC UE LFT TFT ESR coeliac. Rv two weeks if not better. Abdo snt today, no m/o. Needs pr if persists

08-Nov-2014 Dr Colin Entwistle Results recording

04-Nov-2014	Examination	Enteric microscopy, culture and sensitivities Enteric Investigations Routine Cultures:No Salmonella or Shigella species isolatedNo Campylobacter species isolatedNo Esch coli O157 isolatedNo Cryptosporidium cysts seen on microscopy; Enteric MC&S		
04-Nov-2014	Examination	Enteric microscopy, culture and sensitivities Enteric Investigations Routine Cultures:No Salmonella or Shigella species isolatedNo Campylobacter species isolatedNo Esch coli O157 isolatedNo Cryptosporidium cysts seen on microscopy; Enteric MC&S:		
		Enteric microscopy, culture and sensitivities Enteric Investigations Routine Cultures:No Salmonella or Shigella species isolatedNo Campylobacter species isolatedNo Esch coli O157 isolatedNo Cryptosporidium cysts seen on microscopy; Enteric MC&S		(No range available)

07-Nov-2014 Dr Elaine Rocke Surgery consultation

Administration Consultation (P3) Diarrhoea persists. Fells better within himself but still 8+ episodes day. Stool results awaited - thus far C diff negative. No blood in stools and no other Sx. No foreign travel. ***** - unwell, coleague, nursery recently quarantined with bug, also describes drinking dodgy can of beer & Chinese so many possible sources. OE - slight dry MMs, HR 90bpm, abdo soft, non tender, no masses, BS active. Likely gastroenteritis. Encouraged fluids little and often & Dioralyte - has appt for f/u next Tues so full stoolr esults should be avail then

06-Nov-2014 Dr Colin Entwistle Results recording

04-Nov-2014	Examination	Enteric microscopy, culture and sensitivities Enteric Investigationsin progress; Enteric MC&S
04-Nov-2014	Examination	Clostridium difficile toxin detection Clostr difficile toxin detectn - Negative
04-Nov-2014	Examination	Enteric microscopy, culture and sensitivities Enteric Investigationsin progress; Enteric MC&S: (No range available)
04-Nov-2014	Examination	Enteric microscopy, culture and sensitivities Enteric Investigationsin progress; Enteric MC&S
04-Nov-2014	Examination	Clostridium difficile toxin detection Clostr difficile toxin detectn - Negative: (No range available)
		Clostridium difficile toxin detection Clostr difficile toxin detectn - Negative

04-Nov-2014 Dr Sarah Murray Surgery consultation

Administration Consultation (P3) 1/52 of diarrhoea, feeling lethargic, achy, hot. abdo "churning" recent contact with colleague at ***** similar Sx. also tried mirtzapine after stopping trazodone but only took this for 3/7 then stopped as felt "unwell" on this. imp - likely viral illness, plan - stool sample if diarrhoea >1week, Px dioralyte, r/v next week or sooner if further concerns

20-Oct-2014 Dr R Ian Dickson Surgery consultation

Administration Consultation (P3) 150mgs trazodone "too strong" had to stop - not sleeping working night shift - security - 7pm to 7am. ?try alternative sedative agent in the mornings. Change to Mirtazapine.

22-Sept-2014 Dr R Ian Dickson Surgery consultation

Administration Consultation (P3)	Plan to increase dose of trazodone as he still is having low periods of mood. Plan to increase to 150mgs at night.	
Examination	Current smoker	// cigarettes / cigars / tobacco
Intervention	Smoking cessation advice	

18-Aug-2014 Dr Sandy Cavaghan Surgery consultation

Symptom (P3) Mood observations trazodone helping but sleep no real better he feels increase, has however noticed his mood being better on this, continue - likely will get a dog again 2) psoriasis much better really finds steroid cream much more effective for him, furhter supply given to use sparingly with caution, aveeno he finds better than diprobase asking for this again,

31-July-2014 Dr Sarah Murray Surgery consultation

Administration Consultation (P3) 1)psoriasis - hasnt really used sebco, not keen as feels steriod most helpful. only stopping for 3-7/7 then restarting dicussed this and other options. plan - agreed trial of calcipitriol, r/v 4/52 2)depression/anxiety/poor sleep. unemployed currently, little structure to day, tried to go out cycling. little contact with family, relationship and job breakdown last year. feels struggling with occasioanl thoughts of self harm. discussed options. plan - Px trazodone, r/v in 2/52, written self help provided

10-July-2014 Dr Sandy Cavaghan Surgery consultation

Administration Consultation (P3) 1) skin rash on face suggestive of rosacea trial rx, psoriasis stable just now finds coal tar prep most helpful for this but sometimes needs short course of steroids for this, uses mometasone for this often, and 2) ear itchiness nil to see significantly but very hairy and hard to see beyond this 3) symptoms suggestive of mild BPPV short course of rx just now but consider physio/epileps if persists asking for 7 day letter for care home work call back later re coal tar

Administration Telephone encounter (P3) call back from deans re coal tar preps could use sebco direct to skin lesions as a high dose coal tar prep, message left on pts identifiable mobile number

05-Jun-2014 Dr Dr Locum1 Surgery consultation

Administration Consultation (P3) 1) Psoriasis has come back since lost job end of last year. Was completely gone prior to that. Patches on legs - well demarcated, no plaque and also in axillae and groin. Rx as documented and review if not improving 3-4 weeks. 2) Depressed. Poor sleep, no motivation, low mood. Not suicidal. Starting new job in care home on Monday - looking forward to change from his previous jobs. Previous ADR to antidepressants and not keen to go back. Anxious during the day. Going on alcohol binges, not drinking daily. Discussed exercise, adverse effects of alcohol. Diazepam for anxiety. Review after started new job. AS

30-May-2014 Dr Nicola Mcgregor Administration

Intervention Medication review (P3)
Administration Medication review

22-Oct-2013 Dr Dr Locum1 Surgery consultation

Diagnosis (P3) Patient reviewed Struggling at work at the moment. In danger of being made unemployed. Not sleeping well. Requesting temazepam. Aware of potential hazards of this.

05-July-2013 Dr Dr Locum2 Surgery consultation

Administration Consultation (P3) Would like med 3 for another week, things improving but still too uncomfortable to manage 12 hr shifts at work. Not using annusol much, sometimes light bleeding wit B/O. Can weep a bit. O/E No infection, small fissure. Med 3 from Mon 8/7 for 1w 'post operative recovery'. Suggest reg anusol and also using barrier cream. See 1w if needed JF

28-Jun-2013 Dr Elaine Rocke Surgery consultation

Administration Consultation (P3) Requesting furtehr MED3. Surgery perianal warts 2/52 ago. Still sore. *****, on feet all day. Still sore when walking/sitting. Ongoing discharge from area. Requesting Temazepam. Chronic probs depression/anxiety, intolerant ADs. Not sleeping well just now because of anxieties re surgery - has tried Trazadone prev, didnt tolerate. Discussed additive nature, aim for short term use only benzo. Troublesome itch PR. Bowels moving - have been bit loose. OE (declined chaperon) tissue healing well, no evidence infection. P- furtehr week, try Anusol HC, Temazepam short term.

Administration eMED3 (2010) new statement issued, not fit for work (P3) Fit Note (Diagnosis: H/O: surgery; Duration 28-Jun-2013 - 07-Jul-2013)

21-Jun-2013 Dr Colin Entwistle Surgery consultation

Examination O/E - blood pressure reading 124 / 70 mm Hg

Administration Consultation (P3) upper gi upset last night ?heartburn - fels is was due to cocodamo taking for post op pain, no probs with wound o/e wound clean, widespread psoriasis - due phototherapy next week, abdo nad chest clear hs normal afebrile pulse 88 reg, RX PPI, stop cocodamol use paracetamol prn instead as not really needing analgesia at the moment.

18-Jun-2013 Dr Dr Locum1 Surgery consultation

Administration Consultation 1. Perianal warts Underwent surgical Rx of
(P3) perianal warts this weekend. Needs sick line and
analgesia. Constipated + so for laxatives as well2.
Medication request Repeats requested. Dr ***** Downer
6028959

28-May-2013 *** Administration**

13-May-2013 Diagnosis Psoriasis NOS extensive thin plaque
(P2)

15-May-2013 Dr Ellis Mckechnie Administration

Administration Administration scripts done as per derm dc letter
(P3)

30-Apr-2013 *** Administration**

25-Apr-2013 Administration Did not attend - no reason endocrine hosp app
(P3)

26-Apr-2013 *** Administration**

24-Nov-1998 Administration Notes summary on computer
(P2)

12-Apr-2013 Dr Dr Locum1 Surgery consultation

Administration Consultation 1. Anxiety Troubled with anxiety attacks
(P3) since stopping heavy binge drinking 1-2 w ago. Seems to
come in bouts. Has tried SSRI in past but terrible SE and
ended up in hospital. Had diazepam for short period of
time in 2011 which helped and keen to have this again.
explained addictive nature of tablets. probably related to
stopping drinking so agreed to short script for 2 w only. 2.
Intertrigo In groin. Has tried lamisil but little relief. Switch to
dakacort for 2-3 w with barrier cream Dr ***** Downer
6028959
Administration Medication review

07-Jan-2013 Dr Shehzad Ali Surgery consultation

Administration Consultation refer derm. rpts. itchy ear canals, mildly
(P3) inflamed on exam. try otomize and nocte oil. cb prn

07-Dec-2012 Dr Shehzad Ali Surgery consultation

Administration Scanned Document
SCI Referral Letter :
Administration Consultation refer surgeons, last regime very helpful,
(P3) hasnt tried exorex- carbodome - no supply- , further script
given. cb fortnight with update.

15-Nov-2012 Dr Shehzad Ali Administration

Administration Administration alexanders pharmacy state carbo dome
(P3) unavailable, suggest exorex

14-Nov-2012 Dr Shehzad Ali Surgery consultation

Administration Consultation skin similar, add topical steroid, yet to
(P3) collect dithranol from pharmacy. also c/o bilateral knee
pains. anal warts/skin tags persist, consider further exam
and onwards referral if they do not improve as irritant.

01-Nov-2012 Dr Shehzad Ali Surgery consultation

Administration Consultation felt b.blocker and ppi caused allergy and
(P3) has now exacerbated psoriasis, skin tags/wart on anus
also, irritation but not beeldding. op and cryotherapy in
past. re-consult with update in a fortnight

08-Oct-2012 *** Administration**

06-Oct-2012 Administration Seen in out of hours centre
(P3)

08-Oct-2012 Dr Dr Locum1 Surgery consultation

Diagnosis (P3) Seen by GP locum G Sutherland
 Diagnosis (P3) Gastro-oesophageal reflux persists. Has taken all eradication therapy (though GI side effects & facial flushing ++ on ABx). Note GORD prob not going to go away with HP.... but reasonable to get breath test nonetheless if not settling. Keep on bd PPI for now. May require prokinetic.

26-Sept-2012 Dr Alasdair Lynch Surgery consultation

Intervention Patient given advice NOS Helicobacter Pylori & Stomach Pain 18/01/2012
 Administration Consultation 2 issues, 1) HP positive - happy to have eradicated and have given him course and info away (P3) HP2) Propanolol not helping his anxiety even on 3x daily. Wanting temazepam and not willing to try SSRI/trazadone just now. Explained risks of dependance and short term gain with benzos. Given short script and advised to return if symptoms not helped. Advised not to drive/operate machinery etc on temazepam.

25-Sept-2012 Dr R Ian Dickson Results recording

20-Sept-2012 Examination Helicobacter pylori IgG antibody level Hel pylori IgG 3
 antibody level - Helicobacter pylori IgG Antibody = POSITIVE(Negative<=0.9, Equivocal 0.91 to 1.09, Positive>=1.1)Positive serology results indicate past and/or currentHelicobacter infection. If patients have persistentsymptoms after eradication therapy consider need for abreath test.Further advice on management of patients can be foundin the Lothian Referral Guidelines for Dyspepsia.-----

20-Sept-2012 Examination **Helicobacter pylori IgG antibody level**Hel pylori IgG antibody level - Helicobacter pylori IgG Antibody = POSITIVE(Negative<=0.9, Equivocal 0.91 to 1.09, Positive>=1.1)Positive serology results indicate past and/or currentHelicobacter infection. If patients have persistentsymptoms after eradication therapy consider need for abreath test.Further advice on management of patients can be foundin the Lothian Referral Guidelines for Dyspepsia.-----;
 Helicobacter pylori IgG antibody level Hel pylori IgG 3 (No range available)
 antibody level - Helicobacter pylori IgG Antibody = POSITIVE(Negative<=0.9, Equivocal 0.91 to 1.09, Positive>=1.1)Positive serology results indicate past and/or currentHelicobacter infection. If patients have persistentsymptoms after eradication therapy consider need for abreath test.Further advice on management of patients can be foundin the Lothian Referral Guidelines for Dyspepsia.-----

21-Sept-2012 Dr R Ian Dickson Results recording

20-Sept-2012 Examination	Eosinophil count x10 ⁹ /l	0.29 10 ⁹ /L	
20-Sept-2012 Examination	Haemoglobin estimation g/l	130 g/L	
20-Sept-2012 Examination	Mean corpusc. haemoglobin(MCH) pg	30.4 pg/mL	
20-Sept-2012 Examination	Mean corpusc. Hb. conc. (MCHC) g/dl	33.9 g/dL	
20-Sept-2012 Examination	Mean corpuscular volume (MCV) fl	90 fL	
20-Sept-2012 Examination	Monocyte count x10 ⁹ /l	0.63 10 ⁹ /L	
20-Sept-2012 Examination	Neutrophil count x10 ⁹ /l	3.49 10 ⁹ /L	
20-Sept-2012 Examination	Platelet count x10 ⁹ /l	301 10 ⁹ /L	
20-Sept-2012 Examination	Red blood cell (RBC) count x10 ¹² /l	4.28 10¹²/L	
20-Sept-2012 Examination	Total white cell count x10 ⁹ /l	6.3 10 ⁹ /L	
20-Sept-2012 Examination	Lymphocyte count x10 ⁹ /l	1.75 10 ⁹ /L	
20-Sept-2012 Examination	Full blood count - FBC <none>		
20-Sept-2012 Examination	Erythrocyte sedimentation rate mm/hr	7 mm/h	
20-Sept-2012 Examination	Haematocrit	0.383 ratio	
20-Sept-2012 Examination	Basophil count x10 ⁹ /l	0.1 10 ⁹ /L	
20-Sept-2012 Examination	Eosinophil countx10⁹/l:		
	Eosinophil count x10 ⁹ /l	0.29 10 ⁹ /L	(Range: 0.04 - 0.4)
20-Sept-2012 Examination	Haemoglobin estimationg/l: Abnormal		
	Haemoglobin estimation g/l	130 g/L	(Range: 135 - 180)
20-Sept-2012 Examination	Mean corpusc. haemoglobin(MCH)pg:		
	Mean corpusc. haemoglobin(MCH) pg	30.4 pg/mL	(Range: 27 - 32)
20-Sept-2012 Examination	Mean corpusc. Hb. conc. (MCHC)g/dl:		
	Mean corpusc. Hb. conc. (MCHC) g/dl	33.9 g/dL	(Range: 31 - 36)
20-Sept-2012 Examination	Mean corpuscular volume (MCV)fl:		
	Mean corpuscular volume (MCV) fl	90 fL	(Range: 78 - 98)
20-Sept-2012 Examination	Monocyte countx10⁹/l:		
	Monocyte count x10 ⁹ /l	0.63 10 ⁹ /L	(Range: 0.2 - 0.8)
20-Sept-2012 Examination	Neutrophil countx10⁹/l:		
	Neutrophil count x10 ⁹ /l	3.49 10 ⁹ /L	(Range: 2 - 7.5)
20-Sept-2012 Examination	Platelet countx10⁹/l:		
	Platelet count x10 ⁹ /l	301 10 ⁹ /L	(Range: 150 - 350)
20-Sept-2012 Examination	Red blood cell (RBC) countx10¹²/l: Abnormal		
	Red blood cell (RBC) count x10 ¹² /l	4.28 10¹²/L	(Range: 4.5 - 6.5)
20-Sept-2012 Examination	Total white cell countx10⁹/l:		
	Total white cell count x10 ⁹ /l	6.3 10 ⁹ /L	(Range: 4 - 11)
20-Sept-2012 Examination	Lymphocyte countx10⁹/l:		
	Lymphocyte count x10 ⁹ /l	1.75 10 ⁹ /L	(Range: 1.5 - 4)
20-Sept-2012 Examination	Full blood count - FBC<none>:		
	Full blood count - FBC <none>		(No range available)
20-Sept-2012 Examination	Erythrocyte sedimentation ratemm/hr:		
	Erythrocyte sedimentation rate mm/hr	7 mm/h	(Range: 1 - 10)
20-Sept-2012 Examination	Haematocrit: Abnormal		
	Haematocrit	0.383 ratio	(Range: 0.4 - 0.54)
20-Sept-2012 Examination	Basophil countx10⁹/l:		
	Basophil count x10 ⁹ /l	0.1 10 ⁹ /L	(Range: 0.01 - 0.1)

21-Sept-2012 Dr R Ian Dickson Results recording

20-Sept-2012 Examination	Serum alkaline phosphatase U/L	63 U/L	
20-Sept-2012 Examination	ALT/SGPT serum level U/L	29 U/L	
20-Sept-2012 Examination	Serum total bilirubin level	8 umol/L	
20-Sept-2012 Examination	Serum creatinine	66 umol/L	
20-Sept-2012 Examination	Serum gamma-glutamyl transferase level Serum gamma	52 U/L	
	GT level - U/L		
20-Sept-2012 Examination	Serum potassium	4.3 mmol/L	
20-Sept-2012 Examination	Serum sodium	140 mmol/L	
20-Sept-2012 Examination	Serum urea level	4.4 mmol/L	
20-Sept-2012 Examination	Liver function test <none>		
20-Sept-2012 Examination	Urea and electrolytes <none>		
20-Sept-2012 Examination	GFR calculated abbreviated MDRD GFR calculated	mL/min	
	abbreviatd MDRD - >60		
20-Sept-2012 Examination	Serum alkaline phosphataseU/L:		
	Serum alkaline phosphatase U/L	63 U/L	(Range: 40 - 125)
20-Sept-2012 Examination	ALT/SGPT serum levelU/L:		
	ALT/SGPT serum level U/L	29 U/L	(Range: 10 - 50)
20-Sept-2012 Examination	Serum total bilirubin level:		
	Serum total bilirubin level	8 umol/L	(Range: 3 - 21)
20-Sept-2012 Examination	Serum creatinine:		
	Serum creatinine	66 umol/L	(Range: 60 - 120)
20-Sept-2012 Examination	Serum gamma-glutamyl transferase levelSerum gamma		
	Serum gamma-glutamyl transferase level Serum gamma	52 U/L	(Range: 10 - 55)
	GT level - U/L		
20-Sept-2012 Examination	Serum potassium:		
	Serum potassium	4.3 mmol/L	(Range: 3.6 - 5)
20-Sept-2012 Examination	Serum sodium:		
	Serum sodium	140 mmol/L	(Range: 135 - 145)
20-Sept-2012 Examination	Serum urea level:		
	Serum urea level	4.4 mmol/L	(Range: 2.5 - 6.6)
20-Sept-2012 Examination	Liver function test<none>:		
	Liver function test <none>		(No range available)
20-Sept-2012 Examination	Urea and electrolytes<none>:		
	Urea and electrolytes <none>		(No range available)
20-Sept-2012 Examination	GFR calculated abbreviated MDRDGFR calculated abbreviated MDRD - >60:		
	GFR calculated abbreviated MDRD GFR calculated	mL/min	(No range available)
	abbreviatd MDRD - >60		

20-Sept-2012 Dr Shabreen Zinna Surgery consultation

Administration Consultation 1) Pain and discomfort both ears OE both
(P3) ear canals inflamed and eczematous Plan: otomise 2)
Panic attacks for several months, usually at work-
palps/SOB/sweats/dizziness, *****which is stressful, not
biological sx depression, wishing something to relax him,
advised against benzodiazepines, will try propranolol for
sx, advised potential interaction with psoriasis and will
reconsult if flare up, BP 125/65. 3) Few days of severe
heartburn and acid reflux following vomiting illness,
rennies helps, no red flagd OE abdo soft tender
epigastrium Plan: blds FBC, U+E, LFT, ESR, H.pylori, trial
of PPI, r/v with results

Examination Blood sample -> Lab NOS Bloods as requested
Examination **Blood sample -> Lab NOS** Bloods as requested:
Blood sample -> Lab NOS Bloods as requested

(No range available)

17-July-2012 Dr Sarah Butler Administration

Administration Administration see endocrine letter no longer requires
(P3) testosterone

10-July-2012 Dr Shabreen Zinna Surgery consultation

Intervention Medication review done
(P3)
Intervention Smoking cessation advice declined
(P3)
Administration Consultation In for dovobet for psoriasis - small plaques
(P3) on arms and legs - advised how to use (4/52 then break
for 4/52). Also uses temazepam irreg to help sleep when
stressed occ halves tabs, last had 14 tabs 3/12 ago, given
14 further tabs
Examination Current smoker

/ / cigarettes / cigars /
tobacco

29-Jun-2012 Dr Ruth Liddle Results recording

28-Jun-2012 Examination Serum testosterone 13.4 nmol/L
28-Jun-2012 Examination Endocrine studies <none>
28-Jun-2012 Examination **Serum testosterone:**
Serum testosterone 13.4 nmol/L (Range: 10 - 30)
28-Jun-2012 Examination **Endocrine studies**<none>:
Endocrine studies <none> (No range available)

28-Jun-2012 Mrs Sandra Mcewan Surgery consultation

Examination Blood sample -> Lab NOS testosterone levels
Examination **Blood sample -> Lab NOS** testosterone levels:
Blood sample -> Lab NOS testosterone levels

(No range available)

17-May-2012 *** Administration**

Administration Did not attend - no reason
(P3)

16-May-2012 *** Administration**

Intervention Administration NOS . Referral Type: Out Patient; Sender: Dr Colin Entwistle; Reason: Administration
NOS

11-May-2012 Dr Colin Entwistle Surgery consultation

Administration Consultation discussed results from endocrine opd, rpt
(P3) bloods U+E/LFT/TFT/Gluc/CK/FBC/ferritin/ESR/CCP/*****,
joints improved off testogel but still some b/l ankle pain, uses
topical nsaid which helps cant tolerate oral nsaid. tel r/v with
results, will write to endocrine opd meantime. 2. psoriasis
settling Rx issued ?stress related from last job.

22-Apr-2012 Dr Colin Entwistle Results recording

19-Apr-2012 Examination Urinary microscopy, culture and sensitivities Urine culture
: No growth; Urinary MC&S
19-Apr-2012 Examination **Urinary microscopy, culture and sensitivities** Urine culture : No growth; Urinary MC&S:
Urinary microscopy, culture and sensitivities Urine culture
: No growth; Urinary MC&S

(No range available)

18-Apr-2012 Dr Colin Entwistle Administration

Administration Administration bloods from Endocrine OPD Feb seen on
(P3) SCI stores normal bar slightly elevated ferritin of 308, can
discuss at next appt and arrange to repeat.

17-Apr-2012 Dr Colin Entwistle Surgery consultation

Administration Consultation 1. ongoing HA, arthralgia on testogel -
(P3) should come off this for 1/12 and r/v, wt loss since commencing may have allowed endogenous testosterone to have risen. 2. flare up psoriasis incl ears RX otomize, silkis not helping, try dovobet.

24-Jan-2012 *** Administration****06-Jan-2012 Dr Shehzad Ali Surgery consultation**

Administration Consultation variety of side effects from testosterone,
(P3) less ejaculate, shrinking testicles, aches and pain, insomnia all listed in bnf. has endocrine appt. 18/01/12, will discuss further. will persist meantime as having beneficial effects on mood and energy levels.

20-Dec-2011 Dr Colin Entwistle Administration

Administration Failed encounter DNA
(P3)

01-Dec-2011 Dr Shehzad Ali Surgery consultation

Diagnosis Hormone replacement therapy
(P3)
Diagnosis Hormone replacement therapy
(P3)
Diagnosis Plantar fasciitis
(P3)
Diagnosis Plantar fasciitis
(P1)
Administration Consultation rpts amended. also started running again,
(P3) minor left knee pains, will try topical and change to running footwear, may cycle till improvement, nil oe.
Administration Medication review
Administration Medication review

02-Nov-2011 Dr Shehzad Ali Surgery consultation

Administration Administration immediate discharge- hypogonadism-
(P3) testogel once daily- indefinite

24-Oct-2011 Dr Ruth Liddle Surgery consultation

Examination O/E - blood pressure reading 130 / 72 mm Hg
Intervention Medication review done
(P3)
Administration Consultation anxiety state- waiting MRI result for
(P3) endocrine problem Pressure got to him palpitations not sleeping h/o depression but seems more anxious pressure left ear o/e pulse 80 BP 130/72 HS 1 and 2 ear - can't see anything wrong possible dull eardrum Imp anxiety state ?? secretory OM Discussed does nto want long term Rx benzos helped before Med 3 2 weeks *****
Administration MED3 - doctor's statement Fit Note (Diagnosis: Dizziness symptom; Duration 24-Oct-2011 - 07-Nov-2011)

23-Sept-2011 *** Administration**

14-Sept-2011 Diagnosis Erectile dysfunction
(P1)

14-Sept-2011 Examination Alcohol consumption 12 units per week

08-Sept-2011 Dr Dr Locum2 Surgery consultation

Administration Consultation BP check 125/78 today. Requesting
(P3) psoriasis creams. Has app with specialist re testosterone levels next week.

12-Aug-2011 *** Administration****20-July-2011 Dr Alexander Cavaghan Administration**

Administration Scanned Document
SCI Referral Letter :

18-July-2011 Dr Alexander Cavaghan Surgery consultation

Examination	O/E - blood pressure reading	140 / 88 mm Hg
Diagnosis (P3)	Patient reviewed in re testosterone levels low has felt low in energy mood and ED for number of years, spotted issue in a magazine article, test exam no obvious issues, needs referred to endocrinology, BP slightly elevated for further testing in 2 weeks with PN	

08-July-2011 Dr Ellis Mckechanie Results recording

05-July-2011	Examination	Serum LH level	U/L	4 U/L	
05-July-2011	Examination	Prolactin level	mU/L	233 mU/L	
05-July-2011	Examination	Calculated free testosterone		186 pmol/L	
05-July-2011	Examination	Endocrine studies Low/borderline testosterone. Consider co-existing; illness/medication as a cause. Suggest a repeat in one month; with sample taken between 8-11 am.			
05-July-2011	Examination	Serum sex hormone binding globulin level	Serum sex hormone binding glob -	34 nmol/L	
05-July-2011	Examination	Serum LH level	U/L:		
05-July-2011	Examination	Serum LH level	U/L	4 U/L	(Range: 1 - 9)
05-July-2011	Examination	Prolactin level	mU/L:		
05-July-2011	Examination	Prolactin level	mU/L	233 mU/L	(Range: 25 - 630)
05-July-2011	Examination	Calculated free testosterone: Abnormal			
05-July-2011	Examination	Calculated free testosterone		186 pmol/L	(Range: 245 - 785)
05-July-2011	Examination	Endocrine studies Low/borderline testosterone. Consider co-existing; illness/medication as a cause. Suggest a repeat in one month; with sample taken between 8-11 am.:			
05-July-2011	Examination	Endocrine studies	Low/borderline testosterone. Consider co-existing; illness/medication as a cause. Suggest a repeat in one month; with sample taken between 8-11 am.		(No range available)
05-July-2011	Examination	Serum sex hormone binding globulin level			
05-July-2011	Examination	Serum sex hormone binding globulin level	Serum sex hormone binding glob -	34 nmol/L	(Range: 6 - 45)

06-July-2011 Dr Ellis Mckechanie Results recording

05-July-2011	Examination	Serum albumin		43 g/L	
05-July-2011	Examination	Serum albumin		43 g/L	
05-July-2011	Examination	Serum FSH level	U/L	2.2 U/L	
05-July-2011	Examination	Serum LH level	IU/L		
05-July-2011	Examination	Prolactin level		MicroU/L	
05-July-2011	Examination	Calculated free testosterone		nmol/L	
05-July-2011	Examination	Serum testosterone		9.7 nmol/L	
05-July-2011	Examination	Liver function test	<none>		
05-July-2011	Examination	Endocrine studies	<none>		
05-July-2011	Examination	Serum sex hormone binding globulin level	Serum sex hormone binding glob -	nmol/L	
05-July-2011	Examination	Serum albumin:			
05-July-2011	Examination	Serum albumin		43 g/L	(Range: 35 - 50)
05-July-2011	Examination	Serum albumin:			
05-July-2011	Examination	Serum albumin		43 g/L	(Range: 35 - 50)
05-July-2011	Examination	Serum FSH level	IU/L:		
05-July-2011	Examination	Serum FSH level	U/L	2.2 U/L	(Range: 1 - 10)
05-July-2011	Examination	Serum LH level:			
05-July-2011	Examination	Serum LH level	IU/L		(No range available)
05-July-2011	Examination	Prolactin level:			
05-July-2011	Examination	Prolactin level		MicroU/L	(No range available)
05-July-2011	Examination	Calculated free testosterone:			
05-July-2011	Examination	Calculated free testosterone		nmol/L	(No range available)
05-July-2011	Examination	Serum testosterone: Abnormal			
05-July-2011	Examination	Serum testosterone		9.7 nmol/L	(Range: 10 - 30)
05-July-2011	Examination	Liver function test <none>:			
05-July-2011	Examination	Liver function test	<none>		(No range available)
05-July-2011	Examination	Endocrine studies <none>:			
05-July-2011	Examination	Endocrine studies	<none>		(No range available)
05-July-2011	Examination	Serum sex hormone binding globulin level			
05-July-2011	Examination	Serum sex hormone binding globulin level	Serum sex hormone binding glob -	nmol/L	(No range available)

05-July-2011 Dr Ellis Mckechanie Results recording

Examination	Plasma glucose level	<none>	mmol/L	
Examination	Plasma glucose level		5.3 mmol/L	
Examination	Biochemical test	Random sample (<11 mmol/L)		
Examination	Plasma glucose level <none>:			
Examination	Plasma glucose level	<none>	mmol/L	(No range available)
Examination	Plasma glucose level:			
Examination	Plasma glucose level		5.3 mmol/L	(No range available)
Examination	Biochemical test Random sample (<11 mmol/L):			
Examination	Biochemical test	Random sample (<11 mmol/L)		(No range available)

05-July-2011 Dr Dr Locum1 Surgery consultation

Administration (P3)	Consultation	NBlack - requesting larger tube of canesten - feels helps skin. Also requesting testosterone test, Feels Sx he has are like testosterone deficiency - low mood, tiredness, loss of libido and ED - explained can be due to many other things but checked today as well as glucose
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23-May-2011 Dr Sarah Butler Surgery consultation

Diagnosis (P3) Seborrhoeic dermatitis
 Diagnosis (P3) Seborrhoeic dermatitis
 Administration Consultation (P3) 1. re plantar fasciitis had appt podiatry ? group session but could take time off cant tolerate NSAID given PIL needs podiatry really for possible insert will look into again move at some help meanwhile work boots a major problem 2. seb dermatitis finds canesten helpful given PIL for this also

28-Feb-2011 Dr Alexander Cavaghan Surgery consultation

Examination H/O: drug allergy
 Diagnosis (P3) Plantar fasciitis continues had bad reaction to diclofenac, rash in groin and severe abdo pain, topped feels gel useful, suggest self ref to podiatry for insoles next option, feels is gradually getting better as it happens, exacerbated by work foot wear, hasn't had xray yet, rv prn
 Examination H/O: drug allergy

04-Feb-2011 Dr Shehzad Ali Surgery consultation

Administration Consultation (P3) left foot pain persists, xray, diclofenac, ppi. dry skin on face abdomen, discussed moisturisers, can.hc helpful. re-consult for results and update.

26-Jan-2011 *** Administration**

17-Jan-2011 Administration White British (P3)

11-Jan-2011 Dr Eilis Mckechnie Other

Diagnosis (P3) Pt health quest (PHQ-9) score
 Diagnosis (P1) Chronic depression
 Diagnosis (P3) Depression screen using quest
 Administration (P3) Seen in GP's surgery needs rpts for psoriasis. Mood low - states has been for many years and has tried 'everything' for it. ***** and finds most meds make him too drowsy to work. States was very happy in army and when he left 'life fell apart' and hasn't been the same since. Separated from *****. Can't go out in public and afraid to be seen, will drive short distances to avoid being in public. Broken sleep ++. Discussed possible psych ref but a) doesn't want to go to 'lunny bin' and b) won't go to appts during workin
 Administration (P3) Seen in GP's surgery cont - think if he wants referral and will get back to me if he does

10-Dec-2010 *** Other**

Administration (P3) Patient encounter data NOS 13/10/10 1ST PHQ-9=20
 Administration (P3) **PLEASE ADDRESS 2ND PHQ-9 BEFORE 5TH JAN**
 Administration (P3) Patient encounter data NOS Invited for Dep Review and sent a PHQ-9 to patient.

01-Nov-2010 Dr Colin Entwistle Other

Administration (P3) Seen in GP's surgery 1. needs more topica; RX for seb dermatitis face and psoriasis trunk/limbs - advised on use. 2. didn't take zispin - not wanting to take any form of AD in case of sfx, counselling info given.

19-Oct-2010 Dr Dr Locum2 Other

Administration (P3) Seen in GP's surgery 1. S/e with trazodone - agitated, shaky, dizzy, skin flared up. Rally not happy to continue. Does feel wants something to help with depression that he 'has had for years'. No tken on counselling. Options discussed - aware all ADs have s/e. Previously al so tried paroxetine but did not like. try mirtazepine. Going to have a one week break before starts 2. ?seborrhoeic dermatitis on face - try canestan hc. Also uses alphosyl shampoo. Has r/v appt 26/10/10 with Dr Ajakaiye. Dr L *****

13-Oct-2010 Dr Olubukola Ajakaiye Other

Diagnosis (P3) Pt health quest (PHQ-9) score
 Diagnosis (P1) Anxiety with depression
 Diagnosis (P3) Depression screen using quest
 Administration (P3) Seen in GP's surgery Feels run down and tired all the time, and suffering with insomnia (broken sleep). feels stressed and agitated all day, especially in public. Woorks in th****, lives alone, divorced, *****. Overeating, mood low. PHQ-9 20. Declines counselling and afraid of AD side effects. Will try sedativeTCA at night 2) Flare up of psoriasis all over body and face, feels made worse by stress. Waiting dermatology re-appointment

07-Oct-2010 Dr Shehzad Ali Other

Administration Patient encounter data NOS dna
 (P3)

22-July-2010 Dr Rahul Mehta_Inact Other

Administration (P3) Seen in GP's surgery viral sx- hot and cold with cough nocte since 4/7. no sputum. ? colleague at work had it. using OTC but feels drained. O looks well apyrexial chest clear. discussed continuing supportive mx and advised to stop smoking. delayed rx abx in case does not imp rove.

21-July-2010 Dr Shehzad Ali Other

Administration (P3) Seen in GP's surgery array of repeats, itchy ears again, mild amounts of wax oe= otomize helpful in past. cold flu symptoms 1 day, now improving with otc, well on exam. mild exp. wheeze in chest. likely self limiting. insomnia, trazodone unhelpful in past, requesting tempazep am, addictive nature emphasised, pil on sleep hygiene. smoker but only when drinking, encouraged to stop both.re-consult if worsening
 Examination (P3) Current smoker 0 / / cigarettes / cigars / tobacco

06-May-2010 Dr Patrick Gilson Other

Administration (P3) Seen in GP's surgery ears itchy, sore o/e otitis externa - likely some psoriasis too - Rx 2. psoriasis bad, esp under arms, multiple ?guttate plaques torso p. emollient, dovobet, + refer derm ?UV Rx
 Administration (P3) Referral letter

22-Jan-2010 Dr Colin Entwistle Other

Administration (P3) Seen in GP's surgery repeats, hc incared to 1%, sparing short term use on face. ongoing stress, no real triggers, work going well, lives alone after marriage breakdown years ago, 2 children - no issues, insomnia, some anxiety/panix symptoms, seroxat in past- disaster-discu ssed trial of b.blockers, not keen on counselling at present. will re-consult with update over coming weeks.

05-Nov-2009 Dr R Ian Dickson Other

Examination	Serum albumin Albumin : END_DATE=06/11/2009	45 g/L
Examination	Serum alkaline phosphatase Alk.Phos : END_DATE=06/11/2009	69 U/L
Examination	ALT/SGPT serum level ALT : END_DATE=06/11/2009	34 U/L
Examination	Serum total bilirubin level Bilirubin : END_DATE=06/11/2009	7 umol/L
Examination	Serum creatinine Creatinine : END_DATE=06/11/2009	73 umol/L
Examination	Eosinophil count R : END_DATE=05/11/2009	0.41 10⁹/L
Examination	Serum gamma GT level GGT : END_DATE=06/11/2009	54 U/L
Examination	Haemoglobin estimation Haemoglobin : END_DATE=05/11/2009	139 g/L
Examination	Mean corpusc. haemoglobin(MCH) Mean cell Hb. : END_DATE=05/11/2009	29.4 pg
Examination	Mean corpusc. Hb. conc. (MCHC) Mean cell Hb conc. : END_DATE=05/11/2009	33.5 g/dL
Examination	Mean corpuscular volume (MCV) Mean cell volume : END_DATE=05/11/2009	88 fL
Examination	Monocyte count END_DATE=05/11/2009	0.58 10 ⁹ /L
Examination	Neutrophil count END_DATE=05/11/2009	2.35 10 ⁹ /L
Examination	Platelet count END_DATE=05/11/2009	310 10 ⁹ /L
Examination	Serum potassium Potassium : END_DATE=06/11/2009	4.8 mmol/L
Examination	Red blood cell (RBC) count Red cell count : END_DATE=05/11/2009	4.73 10 ¹² /L
Examination	Serum sodium Sodium : END_DATE=06/11/2009	143 mmol/L

Examination	Serum TSH level	TSH : END_DATE=06/11/2009	1.1 mU/L	
Examination	Serum urea level	Urea : END_DATE=06/11/2009	5.2 mmol/L	
Examination	Total white cell count	White cell count : END_DATE=05/11/2009	6 10 ⁹ /L	
Examination	Lymphocyte count	END_DATE=05/11/2009	2.56 10 ⁹ /L	
Examination	Full blood count - FBC	Received 05/11/2009 ; Outcome=accept result : DateSent=05/11/2009 ; DateReceived=05/11/2009 : SampleLabID=HR986289Z : END_DATE=05/11/2009	0	
Examination	Liver function test	Liver function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009	0	
Examination	Thyroid function test	Thyroid function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009	0	
Examination	Urea and electrolytes	Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009	0	
Examination	Haematocrit	END_DATE=05/11/2009	0.41 ratio	
Examination	Basophil count	R : END_DATE=05/11/2009	0.12 10 ⁹ /L	
Examination	Serum free T4 level	Free T4 : END_DATE=06/11/2009	14 pmol/L	
Administration	Seen in GP's surgery	vb to lab (P3)		
Examination	GFR calculated	abbreviatd MDRD >60 : eGFR (/1.73m2)0 : END_DATE=06/11/2009		
Examination	Serum albumin	Albumin : END_DATE=06/11/2009: Normal		
Examination	Serum albumin	Albumin : END_DATE=06/11/2009	45 g/L	(Range: 35 - 50)
Examination	Serum alkaline phosphatase	Alk.Phos : END_DATE=06/11/2009: Normal		
Examination	Serum alkaline phosphatase	Alk.Phos : END_DATE=06/11/2009	69 U/L	(Range: 40 - 125)
Examination	ALT/SGPT serum level	ALT : END_DATE=06/11/2009: Normal		
Examination	ALT/SGPT serum level	ALT : END_DATE=06/11/2009	34 U/L	(Range: 10 - 50)
Examination	Serum total bilirubin level	Bilirubin : END_DATE=06/11/2009: Normal		
Examination	Serum total bilirubin level	Bilirubin : END_DATE=06/11/2009	7 umol/L	(Range: 3 - 16)
Examination	Serum creatinine	Creatinine : END_DATE=06/11/2009: Normal		
Examination	Serum creatinine	Creatinine : END_DATE=06/11/2009	73 umol/L	(Range: 60 - 120)
Examination	Eosinophil count	R : END_DATE=05/11/2009: Abnormal		
Examination	Eosinophil count	R : END_DATE=05/11/2009	0.41 10 ⁹ /L	(No range available)
Examination	Serum gamma GT level	GGT : END_DATE=06/11/2009: Normal		
Examination	Serum gamma GT level	GGT : END_DATE=06/11/2009	54 U/L	(Range: 10 - 55)
Examination	Haemoglobin estimation	Haemoglobin : END_DATE=05/11/2009: Normal		
Examination	Haemoglobin estimation	Haemoglobin : END_DATE=05/11/2009	139 g/L	(Range: 130 - 180)
Examination	Mean corpusc. haemoglobin (MCH)	Mean cell Hb. : END_DATE=05/11/2009: Normal		
Examination	Mean corpusc. haemoglobin (MCH)	Mean cell Hb. : END_DATE=05/11/2009	29.4 pg	(Range: 27 - 32)
Examination	Mean corpusc. Hb. conc. (MCHC)	Mean cell Hb conc. : END_DATE=05/11/2009: Normal		
Examination	Mean corpusc. Hb. conc. (MCHC)	Mean cell Hb conc. : END_DATE=05/11/2009	33.5 g/dL	(Range: 31 - 35)
Examination	Mean corpuscular volume (MCV)	Mean cell volume : END_DATE=05/11/2009: Normal		
Examination	Mean corpuscular volume (MCV)	Mean cell volume : END_DATE=05/11/2009	88 fL	(Range: 78 - 98)
Examination	Monocyte count	END_DATE=05/11/2009: Normal		
Examination	Monocyte count	END_DATE=05/11/2009	0.58 10 ⁹ /L	(Range: 0.2 - 0.8)
Examination	Neutrophil count	END_DATE=05/11/2009: Normal		
Examination	Neutrophil count	END_DATE=05/11/2009	2.35 10 ⁹ /L	(Range: 2 - 7.5)
Examination	Platelet count	END_DATE=05/11/2009: Normal		
Examination	Platelet count	END_DATE=05/11/2009	310 10 ⁹ /L	(Range: 150 - 350)
Examination	Serum potassium	Potassium : END_DATE=06/11/2009: Normal		
Examination	Serum potassium	Potassium : END_DATE=06/11/2009	4.8 mmol/L	(Range: 3.6 - 5)
Examination	Red blood cell (RBC) count	Red cell count : END_DATE=05/11/2009: Normal		
Examination	Red blood cell (RBC) count	Red cell count : END_DATE=05/11/2009	4.73 10 ¹² /L	(Range: 4.5 - 6.5)
Examination	Serum sodium	Sodium : END_DATE=06/11/2009: Normal		
Examination	Serum sodium	Sodium : END_DATE=06/11/2009	143 mmol/L	(Range: 135 - 145)
Examination	Serum TSH level	TSH : END_DATE=06/11/2009: Normal		
Examination	Serum TSH level	TSH : END_DATE=06/11/2009	1.1 mU/L	(Range: 0.2 - 4.5)
Examination	Serum urea level	Urea : END_DATE=06/11/2009: Normal		
Examination	Serum urea level	Urea : END_DATE=06/11/2009	5.2 mmol/L	(Range: 2.5 - 6.6)
Examination	Total white cell count	White cell count : END_DATE=05/11/2009: Normal		
Examination	Total white cell count	White cell count : END_DATE=05/11/2009	6 10 ⁹ /L	(Range: 4 - 11)
Examination	Lymphocyte count	END_DATE=05/11/2009: Normal		
Examination	Lymphocyte count	END_DATE=05/11/2009	2.56 10 ⁹ /L	(Range: 1.5 - 4)
Examination	Full blood count - FBC	Received 05/11/2009 ; Outcome=accept result : DateSent=05/11/2009 ; DateReceived=05/11/2009 : SampleLabID=HR986289Z : END_DATE=05/11/2009:		
Examination	Full blood count - FBC	Received 05/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HR986289Z : END_DATE=05/11/2009	0	(No range available)

Examination	Liver function test Liver function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009: Liver function test Liver function tests - Received 0 (No range available) 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009		
Examination	Thyroid function test Thyroid function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009: Thyroid function test Thyroid function tests - Received 0 (No range available) 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009		
Examination	Urea and electrolytes Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009: Urea and electrolytes Received 06/11/2009 ; 0 (No range available) Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009		
Examination	Haematocrit END_DATE=05/11/2009: Normal		
Examination	Haematocrit END_DATE=05/11/2009	0.41 ratio	(Range: 0.4 - 0.5)
Examination	Basophil count R : END_DATE=05/11/2009: Abnormal		
	Basophil count R : END_DATE=05/11/2009	0.12 10⁹/L	(No range available)
Examination	Serum free T4 level Free T4 : END_DATE=06/11/2009: Normal		
	Serum free T4 level Free T4 : END_DATE=06/11/2009	14 pmol/L	(Range: 9 - 21)
Examination	GFR calculated abbreviatd MDRD >60 : eGFR (/1.73m2) : END_DATE=06/11/2009: GFR calculated abbreviatd MDRD >60 : eGFR (/1.73m2)0 (No range available) : END_DATE=06/11/2009		

30-Oct-2009 Dr Colin Entwistle Other

Administration Seen in GP's surgery psoriasis on trunk, mild on face,
(P3) also arms, skin scrapings x 2 negative in past. Try
dovobet, emollient, HC for faces. r/v if not settling. 2.
v.brief dizziness no loc/falls/N+V, no chest pain / palps.
happens 1 x day past mth ?stress - bloods U+E/LFT/TF
T/Gluc/FBC, r/v with results.

18-Sept-2009 Dr Staff Unknown Member of Staff Other

Administration Patient encounter data NOS INITIAL DNA WARNING
(P3) LETTER SENT - *****

02-Jun-2009 Dr Colin Entwistle Other

Administration Seen in GP's surgery diarrhoea 48hr no blood, fever ?
(P3) after eating seafood pizza on Saturday. no vomiting o/e
abdo nad. Advise time off, diet/fluids, ort Rx, sicknote
letter, hand in stool for C+S.

18-May-2009 Dr Dr Locum2 Other

Administration Seen in GP's surgery repeat meds psoriasis and add
(P3) shampoo. Not had bloods done yet as per last
appointment re invx of fatigue. Will make appointment. -Dr
P *****

20-Apr-2009 Dr R Ian Dickson Other

Administration Patient encounter data NOS DNA Dr D
(P3)

02-Apr-2009 Dr R Ian Dickson Other

Administration Seen in GP's surgery Poor sleep and stressed anxious -
(P3) drinking about 4-5 bottles beer on a saturday night.
Psoriasis is bad on the face and at present on the trunk.
May attend for blood test for FBC/ESR U/E's LFT's TFT's
BI Sugar Less keen on trazodone - plan short supply z
olpidem

23-Dec-2008 Dr Ian D Kelt Other

Diagnosis [V]Issue of incapacity certif. med 3 chest infection to
(P3) 30/12/08
Administration Seen in GP's surgery fevers and sweats for 10 days now
(P3) cough productive , chest feeling 'heavy'. o/e not unwell
pulse and rr fine chest clear occ crackle. temp fine. in view
of duration and progression for coamox for post flu LRTI
se if worse/nhs24

19-Dec-2008 Dr Sarah Butler Other

Diagnosis [V] Issue of medical cert. med 3 1 eek flu like illness (P3)
 Administration Seen in GP's surgery Unwell for >1 week aches pains (P3) (esp R ear) works night shifts had to take time off as struggling trying otc remedies still having temps/d&v (settling) sore throat cough non productive On exam no resp distress chest clear good AE pharyngitis ears (wa=x ob scure TM) Imp flu like viral illness advised re symptomatic measures med 3 will go back as soon better

27-Oct-2008 Dr Dr Locum1 Other

Administration Seen in GP's surgery 1) persistent tennies elbow, unable (P3) to rest due to arm, has not tried nsaid ans worried re sleep, discussed general advice will try 2) sleep disturb abcm shift worker, aware se, only take occasionally, discussed trazodone still not keen, agreed further script, warned re additive properties 3) using podophyllin, not help will self ref GUM, script not issued. Wheal.

03-Oct-2008 Dr Ruth Liddle Other

Administration Notes summary on computer (P3)

02-Oct-2008 Dr R Ian Dickson Other

Intervention Smoking cessation advice (P3)
 Administration Seen in GP's surgery Been using dovet on face - (P3) advised - given some 1%hc to use instead. Rt tennis elbow - plan to try diclofenac. Recurrence of perianal warts - would prefer to use podophyllin. Smokes at weekends with pints beer. No smoking during week.
 Examination Current smoker (P3) 0 // cigarettes / cigars / tobacco

18-Aug-2008 Dr Colin Entwistle Other

Administration Seen in GP's surgery flare up psoriasis - notices when at (P3) work (night shift), poor sleep for yrs, discussed trazodone again - agrees to try but informs me he is taking St John's Wort - best to avoid, RX zopiclone prn, consider coming off SJW if probs persists. Dovobet for plaque psoriasis, uses regular emollient.

03-Dec-2007 Dr Staff Unknown Member of Staff Other

Administration Patient encounter data NOS Discharged from Kevin (P3) clazie CPN - no contact

07-Nov-2007 Mr Kevin Claizie Other

Administration Seen in GP's surgery Did not attend, will await and see if (P3) contacts.

08-Oct-2007 Dr R Ian Dickson Other

Administration Seen in GP's surgery Sleep pattern poor but reluctant to (P3) use trazodone because of bad experience with seroxat - sweats, increased anxiety and panic attacks. Explained trazodone is very different - agreed to small supply of temazepam - to be used as required - is aware of dependency issues and will use sparingly not every night.

03-Oct-2007 Mr Kevin Claizie Other

Administration Seen in GP's surgery Phoned to cancel assesment appt (P3) due to work commitments. Appt re organised to suit Mr McRobb

07-Sept-2007 Dr Shehzad Ali Other

Administration Seen in GP's surgery Psoriasis flare up with stress. (P3) Muscular strain in left lower leg - advised rest, ibuprofen (either gel or orally) and if no improvement then physio available. Patient still having great difficulty with sleep due to stress and anxiety. He works at night and so has been advised to take one tab trazodone before sleep during the day. Seen by *****)

19-July-2007 Dr Colin Entwistle Other

Administration Seen in GP's surgery sitting at home all week drinking
(P3) feeling worse, awaits CMHT - copy of initial letter given
(sent to wrong address), advised again to cut back drink,
offered counselling - will contact Springwell house.

05-July-2007 Dr Colin Entwistle Other

Administration Patient encounter data NOS CMHT referral made, r/v
(P3) 2wks.
Administration Seen in GP's surgery eczema face - either side of nose,
(P3) crusted. Ongoing stress. Works night shifts, still troubled
by insomnia, hypnotics didnt help. Reports feeling low
recent months. Drinks heavily at weekends - 15-25u per
night, nil during the week when working. No active suicidal
ideation. Not in relationship. No drugs. PHQ9 score 17.
Bad response to paroxetine in the past. Also feels
anxious. Discussed ADs - due to negative experience with
seroxat declines, declines counselling - accepts CMHT
referral for CBT/anxiety .

24-Nov-2006 Dr Dr Locum2 Other

Administration Seen in GP's surgery Probs sleeping again, chronic
(P3) prob, leads to him feeling run down, edge, falling asleep
at work, fed up. Denies depression/stress causing it. Gets
about 3h sleep, askin breaking out, constantURTIS.
Discussed options, wishes short term temazepam, very
aware of sleep hygiene. Will return if continues

08-Nov-2006 Dr Karen Gailey_Inactiv Other

Intervention	Smoking cessation advice	
(P3)		
Diagnosis	No FH: Ischaemic heart disease	
(P3)		
Diagnosis	No FH: Diabetes	
(P3)		
Examination	O/E - blood pressure reading	134 / 80 mm Hg
(P3)		
Symptom	No signif. H/O CHD	
(P3)		
Symptom	No signif. H/O Diabetes	
(P3)		
Symptom	No signif. H/O Hypertension	
(P3)		
Symptom	No signif. H/O Stroke	
(P3)		
Symptom	No signif. H/O TIA	
(P3)		
Administration	Seen in GP's surgery ATTENDED FOR cvd des - patient	
(P3)	having probs slepping - made appt with Dr	
Examination	Current smoker	0 / / cigarettes / cigars / tobacco
(P3)		
Examination	O/E - weight	78 Kg
(P3)		
Examination	Body Mass Index	27.9
(P3)		
Examination	O/E - height	1.67 m
(P3)		

27-Oct-2006 *** Other**

Administration Patient encounter data NOS invited for CVD DES
(P3)

03-Sept-2004 Dr Ruth Liddle Other**30-Aug-2004 Dr Ruth Liddle Other****29-Oct-2002 Dr Ruth Liddle Other****27-July-2001 Dr Ruth Liddle Other****22-Jun-2001 Dr Ruth Liddle Other****25-May-2001 Dr Ruth Liddle Other****16-May-2001 Dr A Ballantyne Other**

20-Apr-2001 Dr Ruth Liddle Other

27-Mar-2001 Dr Ruth Liddle Other

01-Dec-2000 Dr Staff Unknown Member of Staff Other

Examination (P3)	O/E - weight	66.7 Kg
Examination (P3)	Body Mass Index	23.9
Examination (P3)	O/E - height	1.67 m

01-Jun-1999 Dr Staff Unknown Member of Staff Other

Examination (P3)	O/E - blood pressure reading	130 / 80 mm Hg
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01-Jan-1999 Dr Colin Entwistle Other

Symptom (P1)	H/O: psoriasis
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04-July-1998 Dr Staff Unknown Member of Staff Other

Diagnosis (P1)	Minor head injury
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08-May-1998 Dr A Ballantyne Other

Administration (P3)	Seen in GP's surgery Acute Consultation
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20-Jun-1997 Dr Staff Unknown Member of Staff Other

Diagnosis (P1)	Other finger injuries unsp. finger fracture
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14-May-1997 Dr Staff Unknown Member of Staff Other

Examination (P3)	O/E - blood pressure reading ACTION=Repeat after an Interval : PROTOCOL=B P Screening\$\$	130 / 80 mm Hg
Examination (P3)	BP 16-80 </equal 140 and/or </equal 90 ACTION=Repeat after an Interval : PROTOCOL=B P Screening\$\$	0 / 0 mm Hg

13-May-1997 Dr Staff Unknown Member of Staff Other

Examination (P3)	O/E - blood pressure reading ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake\$\$	0 / 0 mm Hg
Examination (P3)	O/E - blood pressure reading ACTION=Repeat after an Interval : PROTOCOL=Smoker\$\$ Status	0 / 0 mm Hg
Examination (P3)	O/E - blood pressure reading ACTION=Repeat after an Interval : PROTOCOL=Weight\$\$	0 / 0 mm Hg
Examination (P3)	O/E - blood pressure reading ACTION=Repeat after an Interval : PROTOCOL=Height\$\$	0 / 0 mm Hg
Examination (P3)	Moderate smoker - 10-19 cigs/d ACTION=Repeat after an Interval : PROTOCOL=Smoker\$\$ Status	0 / / cigarettes / cigars / tobacco
Examination (P3)	Heavy drinker - 7-9u/day ACTION=Repeat after an Interval : PROTOCOL=Alcohol Intake\$\$	0 units per week
Examination (P3)	O/E - weight ACTION=Repeat after an Interval : PROTOCOL=Weight\$\$	66.7 Kg
Examination (P3)	Body Mass Index ACTION=Repeat after an Interval : PROTOCOL=Weight\$\$	23.9
Examination (P3)	O/E - height ACTION=Repeat after an Interval : PROTOCOL=Height\$\$	1.67 m

23-Oct-1995 Dr Staff Unknown Member of Staff Other

11-May-1992 Dr Staff Unknown Member of Staff Other

Diagnosis (P1)	Viral warts perineal. Recurrent 13/04/13
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08-May-1990 Dr Staff Unknown Member of Staff Other

Intervention (P1)	Removal of FB from cornea
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Medications (inc. issues)

Acute

04-Jun-2026 Mirtazapine 15mg tablets

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette Notes for patient: please make a GP appointment to discuss this medication

03-Jun-2026 Aripiprazole 10mg tablets

56 tablet - 2 TABS DAILY Instalments: disp weekly

03-Jun-2026 Atorvastatin 10mg tablets

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

03-Jun-2026 Colecalciferol 800unit capsules

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

03-Jun-2026 Fluoxetine 20mg capsules

56 capsule - 2 DAILY Instalments: disp weekly

03-Jun-2026 Melatonin 2mg modified-release tablets

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

Repeat

01-May-2026 Melatonin 2mg modified-release tablets

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

09-Apr-2026 Fluoxetine 20mg capsules

56 capsule - 2 DAILY Instalments: disp weekly

23-Jan-2026 Atorvastatin 10mg tablets

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

11-Dec-2025 Colecalciferol 800unit capsules

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

25-July-2025 Aripiprazole 10mg tablets

56 tablet - 2 TABS DAILY Instalments: disp weekly

Past

01-May-2026 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

01-May-2026 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

09-Apr-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

09-Apr-2026 Atorvastatin 10mg tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

09-Apr-2026 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

09-Apr-2026 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

09-Apr-2026 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette Notes for patient: Please arrange GP review

08-Apr-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

08-Apr-2026 Atorvastatin 10mg tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

08-Apr-2026 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

08-Apr-2026 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

08-Apr-2026 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

06-Mar-2026 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette Notes for patient: Please arrange GP review

05-Mar-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

05-Mar-2026 Atorvastatin 10mg tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

05-Mar-2026 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

05-Mar-2026 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

05-Mar-2026 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

11-Feb-2026 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

09-Feb-2026 Mirtazapine 30mg tablets Repeat Medication (Past)

28 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT - GP REVIEW MARCH 2026 Notes for dispenser: disp weekly via dosette

09-Feb-2026 Mirabegron 50mg modified-release tablets Acute Medication (Past)

14 tablet - TAKE 1 TABLET ONCE A DAY Notes for patient: Please make a phone appointment with a GP to review this medication, many thanks

09-Feb-2026 Mirtazapine 30mg tablets Acute Medication (Past)

28 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT - GP REVIEW MARCH 2026 Notes for dispenser: disp weekly via dosette

06-Feb-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

06-Feb-2026 Atorvastatin 10mg tablets Acute Medication (Past)

28 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

06-Feb-2026 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

06-Feb-2026 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

06-Feb-2026 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

06-Feb-2026 Mirtazapine 30mg tablets Acute Medication (Past)

28 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT - GP REVIEW MARCH 2026 Notes for dispenser: disp weekly via dosette

29-Jan-2026 Mirtazapine 30mg tablets Repeat Medication (Past)

28 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT - GP REVIEW MARCH 2026 Notes for dispenser: disp weekly via dosette

29-Jan-2026 Mirtazapine 30mg tablets Acute Medication (Past)

28 tablet - TAKE 1 TABLET ONCE A DAY AT NIGHT - GP REVIEW MARCH 2026 Notes for dispenser: disp weekly via dosette

29-Jan-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

13-Jan-2026 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

13-Jan-2026 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

13-Jan-2026 Mirabegron 50mg modified-release tablets Acute Medication (Past)

14 tablet - TAKE 1 TABLET ONCE A DAY Notes for patient: Please make a phone appointment with a GP to review this medication, many thanks

13-Jan-2026 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

13-Jan-2026 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

13-Jan-2026 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

13-Jan-2026 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

15-Dec-2025 Mirabegron 50mg modified-release tablets Acute Medication (Past)

30 tablet - TAKE 1 TABLET ONCE A DAY Notes for patient: Please make a phone appointment with a GP to review this medication, many thanks

11-Dec-2025 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

11-Dec-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

11-Dec-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

11-Dec-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

11-Dec-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

11-Dec-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

11-Dec-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

13-Nov-2025 Mirabegron 50mg modified-release tablets Acute Medication (Past)

30 tablet - TAKE 1 TABLET ONCE A DAY

12-Nov-2025 Melatonin 2mg modified-release tablets Repeat Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

12-Nov-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

11-Nov-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

11-Nov-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

11-Nov-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

11-Nov-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

11-Nov-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

10-Nov-2025 Mirabegron 50mg modified-release tablets Acute Medication (Past)

30 tablet - TAKE 1 TABLET ONCE A DAY

04-Nov-2025 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)

5 ml - 1 SPRAY THREE TIMES DAILY FOR 7-10 DAYS

28-Oct-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

28-Oct-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

28-Oct-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

28-Oct-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

28-Oct-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

28-Oct-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

28-Sept-2025 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

23-Sept-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

23-Sept-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

23-Sept-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

23-Sept-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

23-Sept-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

23-Sept-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

04-Sept-2025 Betamethasone valerate 0.1%scalp application Acute Medication (Past)

100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

21-Aug-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

21-Aug-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

21-Aug-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

21-Aug-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

21-Aug-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

21-Aug-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

25-July-2025 Aripiprazole 10mg tablets Repeat Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

25-July-2025 Mirtazapine 15mg tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

25-July-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

25-July-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

24-July-2025 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

24-July-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

24-July-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

24-July-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

24-July-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

18-Jun-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

18-Jun-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

18-Jun-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

18-Jun-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

18-Jun-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

18-Jun-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

28-May-2025 Melatonin 2mg modified-release tablets Repeat Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

28-May-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Instalments: disp weekly in dosette

27-May-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

27-May-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

27-May-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

27-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

27-May-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

02-May-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

02-May-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

02-May-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

02-May-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

02-May-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

02-May-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

02-Apr-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

02-Apr-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

02-Apr-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

02-Apr-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

02-Apr-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

02-Apr-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

05-Mar-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

05-Mar-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

05-Mar-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

05-Mar-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

05-Mar-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

05-Mar-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

06-Feb-2025 Aripiprazole 10mg tablets Repeat Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

06-Feb-2025 Mirtazapine 15mg tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

06-Feb-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

06-Feb-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

06-Feb-2025 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

06-Feb-2025 Colecalciferol 800unit capsules Repeat Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

06-Feb-2025 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

06-Feb-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

06-Feb-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

06-Feb-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

06-Feb-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

14-Jan-2025 Mirtazapine 15mg tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

14-Jan-2025 Aripiprazole 10mg tablets Repeat Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

14-Jan-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

14-Jan-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

13-Jan-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

13-Jan-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

13-Jan-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

13-Jan-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

10-Jan-2025 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

10-Jan-2025 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

10-Jan-2025 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

10-Jan-2025 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

10-Jan-2025 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

10-Jan-2025 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

27-Dec-2024 Melatonin 2mg modified-release tablets Repeat Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

24-Dec-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

28 tablet - TAKE TWO AT 22:00. SUPPLIED ELSEWHERE - NOTED HERE FOR INFORMATION ONLY.

20-Dec-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

12-Dec-2024 Mirtazapine 15mg tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

12-Dec-2024 Aripiprazole 10mg tablets Repeat Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

12-Dec-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

12-Dec-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

12-Dec-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

12-Dec-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

12-Dec-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

25-Nov-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

01-Nov-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

01-Nov-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

01-Nov-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

01-Nov-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

01-Nov-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

28-Oct-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

09-Oct-2024 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

09-Oct-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

09-Oct-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

09-Oct-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

09-Oct-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

09-Oct-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

30-Sept-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

09-Sept-2024 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

09-Sept-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

09-Sept-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

09-Sept-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

09-Sept-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

09-Sept-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

01-Sept-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

26-Aug-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

26-Aug-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

26-Aug-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

15-Aug-2024 Mirtazapine 15mg tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

15-Aug-2024 Aripiprazole 10mg tablets Repeat Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

15-Aug-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

15-Aug-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette

07-Aug-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABLETS AT NIGHT Notes for dispenser: dispense weekly via dosette

18-July-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: disp weekly in dosette Start Date: 18.07.2024

18-July-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Start Date: 18.07.2024

17-July-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

17-July-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

17-July-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

09-July-2024 Crodamiton 10%cream Acute Medication (Past)

100 gram - APPLY TWO TO THREE TIMES A DAY

08-July-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET AT NIGHT Notes for dispenser: dispense weekly via dosette Notes for patient: ***speak to a GP for further supply***

20-Jun-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

20-Jun-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

20-Jun-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

20-Jun-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

20-Jun-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

13-Jun-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET AT NIGHT Notes for dispenser: dispense weekly via dosette Notes for patient: speak to a GP for further supply

22-May-2024 Colecalciferol 800unit capsules Repeat Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

22-May-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

22-May-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

22-May-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

22-May-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

22-May-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

13-May-2024 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET AT NIGHT Notes for dispenser: dispense weekly via dosette Notes for patient: speak to a GP for further supply

24-Apr-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

24-Apr-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

23-Apr-2024 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

23-Apr-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

23-Apr-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

23-Apr-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

28-Mar-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

28-Mar-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

28-Mar-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

28-Mar-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

28-Mar-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

08-Mar-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

28-Feb-2024 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

28-Feb-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

28-Feb-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

28-Feb-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

28-Feb-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

31-Jan-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

31-Jan-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

30-Jan-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

30-Jan-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

30-Jan-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

05-Jan-2024 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

05-Jan-2024 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

04-Jan-2024 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

04-Jan-2024 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

04-Jan-2024 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

30-Nov-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

30-Nov-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

30-Nov-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

30-Nov-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

30-Nov-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

08-Nov-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

08-Nov-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

08-Nov-2023 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

08-Nov-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

08-Nov-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

08-Nov-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

12-Oct-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

12-Oct-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

12-Oct-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

12-Oct-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

12-Oct-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

13-Sept-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

13-Sept-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

13-Sept-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

13-Sept-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

13-Sept-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

31-Aug-2023 Fluoxetine 20mg capsules Repeat Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

31-Aug-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - 2 DAILY Instalments: disp weekly

16-Aug-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Notes for dispenser: disp weekly dosette

16-Aug-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Notes for dispenser: disp weekly dosette

16-Aug-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

16-Aug-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

09-Aug-2023 Colecalciferol 800unit capsules Repeat Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

09-Aug-2023 Colecalciferol 800unit capsules Acute Medication (Past)

30 capsule - 1 CAP DAILY Notes for dispenser: weekly dosette

21-July-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Start Date: 27.07.2023

21-July-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Start Date: 27.07.2023

21-July-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Start Date: 27.07.2023

21-July-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

22-Jun-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Start Date: 28.06.2023

22-Jun-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Start Date: 28.06.2023

22-Jun-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Start Date: 28.06.2023

22-Jun-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

31-May-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Start Date: 31.05.2023

31-May-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

31-May-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Start Date: 31.05.2023

30-May-2023 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

30-May-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

26-Apr-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

26-Apr-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

26-Apr-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

26-Apr-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

17-Apr-2023 Co-codamol 30mg/500mg tablets Acute Medication (Past)

60 tablet - TAKE ONE OR TWO TABLETS EVERY FOUR TO SIX HOURS IF REQUIRED FOR PAIN. MAXIMUM OF 8 TABLETS IN 24 HOURS. FOR SHORT TERM USE ONLY.

30-Mar-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

30-Mar-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

30-Mar-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

29-Mar-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

28-Feb-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

28-Feb-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

28-Feb-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

28-Feb-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

07-Feb-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

07-Feb-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

07-Feb-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

07-Feb-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

01-Feb-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

31-Jan-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

31-Jan-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

31-Jan-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

16-Jan-2023 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

06-Jan-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

06-Jan-2023 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

06-Jan-2023 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

05-Jan-2023 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

05-Jan-2023 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

14-Dec-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

14-Dec-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

14-Dec-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

14-Dec-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

13-Dec-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

18-Nov-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

18-Nov-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

18-Nov-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

17-Nov-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

24-Oct-2022 Calcipotriol 50micrograms/g / Betamethasone dipropionate ... Acute Medication (Past)

60 gram - APPLY IN THE MORNING AS ADVISED BY DERMATOLOGY

24-Oct-2022 Betamethasone valerate 0.1%scalp application Acute Medication (Past)

100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

17-Oct-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly Notes for patient: Please make a routine review appointment of this medication with your GP before your next supply, many thanks

17-Oct-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

17-Oct-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

14-Oct-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

20-Sept-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

20-Sept-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

20-Sept-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

16-Sept-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

02-Sept-2022 Aripiprazole 5mg tablets Acute Medication (Past)

28 tablet - TAKE FOUR TABLETS IN THE MORNING

22-Aug-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

22-Aug-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Notes for patient: Please make an appointment to speak to your GP to review how you are getting on with the increased dose of fluoxetine, thank you

22-Aug-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

19-Aug-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

20-July-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

20-July-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Notes for patient: Please make an appointment to speak to your GP to review how you are getting on with the increased dose of fluoxetine, thank you

20-July-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

19-July-2022 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

19-July-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

23-Jun-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

23-Jun-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Notes for patient: Please make an appointment to speak to your GP to review how you are getting on with the increased dose of fluoxetine, thank you

23-Jun-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

22-Jun-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

30-May-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette Notes for patient: Please make an appointment to speak to your GP to review how you are getting on with the increased dose of fluoxetine, thank you

30-May-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

30-May-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

27-May-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

04-May-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

26-Apr-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

26-Apr-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

26-Apr-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

26-Apr-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

31-Mar-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

31-Mar-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

31-Mar-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

28-Mar-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

18-Mar-2022 Fluoxetine 20mg capsules Acute Medication (Past)

56 capsule - TAKE 2 CAPSULES DAILY Instalments: weekly dispense in dosette

14-Mar-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

14-Mar-2022 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

14-Mar-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

28-Feb-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

28-Feb-2022 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

28-Feb-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 28/2/22: please arrange a GP telephone appointment before this supply runs out, thank you DR Butler

25-Feb-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

10-Feb-2022 Atorvastatin 10mg tablets Repeat Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

10-Feb-2022 Atorvastatin 10mg tablets Acute Medication (Past)

56 tablet - ONE TO BE TAKEN DAILY Instalments: weekly dispense via dosette

31-Jan-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

31-Jan-2022 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

31-Jan-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 31/01/22: please arrange a GP telephone appointment before this supply runs out, thank you

06-Jan-2022 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

06-Jan-2022 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

06-Jan-2022 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 3/12/21: please arrange a GP telephone appointment before this supply runs out, thank you

17-Dec-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

17-Dec-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

17-Dec-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 3/12/21: please arrange a GP telephone appointment before this supply runs out, thank you

03-Dec-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

03-Dec-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

03-Dec-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 3/12/21: please arrange a GP telephone appointment before this supply runs out, thank you

15-Nov-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

15-Nov-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

15-Nov-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 15/11/21: Please arrange a GP phone appointment next time you require these medications. thank you Dr Butler

19-Oct-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

19-Oct-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

19-Oct-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

12-Oct-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

12-Oct-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

12-Oct-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: 12/10/21 Please arrange a review regarding your medications with your usual GP thank you Dr Butler

13-Sept-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

13-Sept-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

13-Sept-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

26-Aug-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

26-Aug-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

26-Aug-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

13-July-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

13-July-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

13-July-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

16-Jun-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

16-Jun-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

16-Jun-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

17-May-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

17-May-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

17-May-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

13-Apr-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

13-Apr-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

13-Apr-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

31-Mar-2021 Calcipotriol 50micrograms/g / Betamethasone dipropionate ... Acute Medication (Past)

60 gram - APPLY IN THE MORNING AS ADVISED BY DERMATOLOGY Notes for patient: - Please make an appointment with your GP for review of your medication before your next prescription is due. Thank you. SMol

24-Mar-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

24-Mar-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

24-Mar-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for patient: - Please make an appointment with your GP for review of your medication before your next prescription is due. Thank you. SM

22-Feb-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

22-Feb-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

22-Feb-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

21-Jan-2021 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

21-Jan-2021 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

21-Jan-2021 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

30-Dec-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

30-Dec-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

30-Dec-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

07-Dec-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

28-Oct-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

28-Oct-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

28-Oct-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

28-Oct-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

23-Sept-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

23-Sept-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

23-Sept-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

23-Sept-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

28-Aug-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

28-Aug-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

28-Aug-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

28-Aug-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

31-July-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

31-July-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

31-July-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

31-July-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

13-July-2020 Calcipotriol 50micrograms/g / Betamethasone dipropionate ... Acute Medication (Past)

60 gram - APPLY IN THE MORNING AS ADVISED BY DERMATOLOGY

03-July-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly

03-July-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

03-July-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

03-July-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

09-Jun-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly

09-Jun-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for dispenser: this replaces the previous 15mg dose

04-Jun-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: disp weekly Notes for dispenser: this replaces the previous 2mg dose

04-Jun-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: disp weekly Notes for dispenser: this replaces the previous 15mg dose

04-Jun-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly

04-Jun-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly

18-May-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

56 tablet - 2 TABS AT NIGHT Instalments: weekly dispense dosette Notes for dispenser: this replaces the previous 2mg dose

18-May-2020 Aripiprazole 10mg tablets Acute Medication (Past)

56 tablet - 2 TABS DAILY Instalments: weekly dispense dosette Notes for dispenser: this replaces the previous 15mg dose

04-May-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY Instalments: dispense weekly via dosette

04-May-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly via dosette

04-May-2020 Aripiprazole 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET EACH DAY Instalments: dispense weekly via dosette

04-May-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly via dosette

15-Apr-2020 Aripiprazole 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET EACH DAY Instalments: dispense weekly via dosette

15-Apr-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly via dosette

15-Apr-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY Instalments: dispense weekly via dosette

15-Apr-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly via dosette

06-Apr-2020 Calcipotriol 50micrograms/g / Betamethasone dipropionate ... Acute Medication (Past)

60 gram - APPLY IN THE MORNING AS ADVISED BY DERMATOLOGY

25-Mar-2020 Aripiprazole 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET EACH DAY Instalments: dispense weekly via dosette

25-Mar-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly via dosette

25-Mar-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET ONCE A DAY Instalments: dispense weekly via dosette

25-Mar-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly via dosette

02-Mar-2020 Aripiprazole 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET EACH DAY Instalments: dispense weekly via dosette

02-Mar-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly via dosette

02-Mar-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET ONCE A DAY Instalments: dispense weekly via dosette

02-Mar-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly via dosette

26-Feb-2020 Dermol 500 lotion (Dermal Laboratories Ltd) Acute Medication (Past)

500 ml - APPLY WHEN REQUIRED

20-Feb-2020 Aripiprazole 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET EACH DAY Instalments: dispense weekly via dosette

20-Feb-2020 Fluoxetine 20mg capsules Acute Medication (Past)

28 capsule - ONE DAILY Instalments: dispense weekly via dosette

20-Feb-2020 Melatonin 2mg modified-release tablets Acute Medication (Past)

30 tablet - 1 TABLET ONCE A DAY Instalments: dispense weekly via dosette

20-Feb-2020 Zerobase 11% cream (Thornton & Ross Ltd) Acute Medication (Past)

500 gram - APPLY AS REQUIRED

20-Feb-2020 Mirtazapine 15mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT TO AID SLEEP AS PER PSYCHIATRY Instalments: dispense weekly via dosette

27-Dec-2019 Sertraline 100mg tablets Repeat Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

27-Dec-2019 Sertraline 100mg tablets Acute Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

16-Dec-2019 Sertraline 100mg tablets Acute Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

16-Dec-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: Dispense weekly in dosette

16-Dec-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly in dosette

28-Nov-2019 Sertraline 100mg tablets Acute Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

19-Nov-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

5 tablet - 1 TABLET AT NIGHT FOR INSOMNIA USE MINIMALLY

18-Nov-2019 Sertraline 100mg tablets Acute Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

18-Nov-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: Dispense weekly in dosette

18-Nov-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly in dosette

07-Nov-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

07-Nov-2019 Quetiapine 25mg tablets Acute Medication (Past)

14 tablet - 1 TABLET UP TO TWICE A DAY FOR ANXIETY AS PER DR COOPER

07-Nov-2019 Diazepam 5mg tablets Acute Medication (Past)

14 tablet - 1 TABLET IN THE MORNING PRN (TRY TO USE QUIETAPINE 50MG UP TO BD IF NEEDED INSTEAD OF THIS PRN AS PER DR COOPER)

07-Nov-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

7 tablet - 1 TABLET AT NIGHT FOR INSOMNIA USE MINIMALLY

06-Nov-2019 Quetiapine 200mg modified-release tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly in dosette

06-Nov-2019 Quetiapine 400mg modified-release tablets Repeat Medication (Past)

28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: Dispense weekly in dosette

06-Nov-2019 Sertraline 100mg tablets Repeat Medication (Past)

28 tablet - 2 TABLETS ONCE A DAY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense weekly in dosette

24-Oct-2019 Quetiapine 25mg tablets Acute Medication (Past)

14 tablet - 1 TABLET UP TO TWICE A DAY FOR ANXIETY AS PER DR COOPER

24-Oct-2019 Diazepam 5mg tablets Acute Medication (Past)

14 tablet - 1 TABLET IN THE MORNING PRN (TRY TO USE QUIETAPINE 50MG UP TO BD IF NEEDED INSTEAD OF THIS PRN AS PER DR COOPER)

24-Oct-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

7 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

24-Oct-2019 Hydrocortisone 1% cream Acute Medication (Past)

30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP

24-Oct-2019 Senna 7.5mg tablets Acute Medication (Past)

28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

24-Oct-2019 Betamethasone valerate 0.1% scalp application Acute Medication (Past)

100 ml - APPLY DAILY FOR 7 DAYS THEN STOP

01-Oct-2019 Sertraline 100mg tablets Acute Medication (Past)

112 tablet - 2 TABLETS ONCE A DAY (NOW ON A TOTAL DOSE OF 200MG - THIS PRESCRIPTION SHOULD START FROM 7/10/2019 AND REPLACE ANY RUNNING SERTRALINE SCRIPTS, THANK YOU) Instalments: dispense via dosette

01-Oct-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

01-Oct-2019 Senna 7.5mg tablets Acute Medication (Past)

28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

01-Oct-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
7 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

01-Oct-2019 Diazepam 5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET IN THE MORNING PRN (TRY TO USE QUIETAPINE 50MG UP TO BD IF NEEDED INSTEAD OF THIS PRN AS PER DR COOPER)

01-Oct-2019 Diazepam 5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET IN THE MORNING PRN (TRY TO USE QUIETAPINE 50MG UP TO BD IF NEEDED INSTEAD OF THIS PRN AS PER DR COOPER)

01-Oct-2019 Quetiapine 25mg tablets Acute Medication (Past)
14 tablet - 1 TABLET UP TO TWICE A DAY FOR ANXIETY AS PER DR COOPER

25-Sept-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly

25-Sept-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

10-Sept-2019 Hydrocortisone 1% cream Acute Medication (Past)
30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP

10-Sept-2019 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET IN THE MORNING

10-Sept-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
7 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

10-Sept-2019 Sertraline 50mg tablets Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY IN ADDITION TO 100MG FROM DOSETTE WEEK BEGINGING 23/9/19 Instalments: via dosette Notes for dispenser: Dr Cooper psych has advised patient's sertraline be increased every 2 weeks by 50mg and their mirtazepine reduced by 15mg every 2 weeks before stopping.

10-Sept-2019 Mirtazapine 15mg tablets Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY AT NIGHT FROM DOSETTE ON 23/9/2019 TO REPLACE EXISTING PRESCRIPTION Instalments: via dosette Notes for dispenser: Dr Cooper psych has advised patient's sertraline be increased every 2 weeks by 50mg and their mirtazepine reduced by 15mg every 2 weeks before stopping.

29-Aug-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE A DAY

29-Aug-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
56 capsule - 1 CAPSULE DAILY

29-Aug-2019 Senna 7.5mg tablets Acute Medication (Past)
28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

29-Aug-2019 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY FOR 7 DAYS

29-Aug-2019 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET IN THE MORNING

23-Aug-2019 Sertraline 100mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

23-Aug-2019 Mirtazapine 30mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY AT NIGHT

15-Aug-2019 Diazepam 5mg tablets Acute Medication (Past)
21 tablet - 1 TABLET MAXIMUM TWICE DAILY

15-Aug-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE A DAY

15-Aug-2019 Zerobase 11% cream (Thornton & Ross Ltd) Acute Medication (Past)
500 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.

07-Aug-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly

07-Aug-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

01-Aug-2019 Diazepam 5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET MAXIMUM TWICE DAILY

01-Aug-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE A DAY

01-Aug-2019 Senna 7.5mg tablets Acute Medication (Past)
28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

01-Aug-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
7 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

18-July-2019 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY

18-July-2019 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

18-July-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 15ML TWICE A DAY

10-July-2019 Sertraline 100mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY

10-July-2019 Mirtazapine 30mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY AT NIGHT

04-July-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

14 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

04-July-2019 Diazepam 5mg tablets Acute Medication (Past)

28 tablet - 1 TABLET MAXIMUM TWICE DAILY

04-July-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY

04-July-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

04-July-2019 Senna 7.5mg tablets Acute Medication (Past)

28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

04-July-2019 Hydrocortisone 1%cream Acute Medication (Past)

30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP

04-July-2019 Calcipotriol 50micrograms/g ointment Acute Medication (Past)

120 gram - APPLY ONCE OR TWICE A DAY TO UNDER ARMS

24-Jun-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly

24-Jun-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

20-Jun-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

20-Jun-2019 Senna 7.5mg tablets Acute Medication (Past)

28 tablet - 1-2 TABLETS AT NIGHT FOR CONSTIPATION

20-Jun-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

14 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

06-Jun-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

06-Jun-2019 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)

5 ml - 1 SPRAY THREE TIMES DAILY FOR 7 DAYS

06-Jun-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

14 tablet - 1 TABLET AT NIGHT FOR INSOMNIA

22-May-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

14 tablet - 1-2 TABLET AT NIGHT FOR INSOMNIA

22-May-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY

22-May-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

10-May-2019 Sertraline 100mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY

10-May-2019 Mirtazapine 45mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly

08-May-2019 Hydrocortisone 1%cream Acute Medication (Past)

30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP

08-May-2019 Diazepam 5mg tablets Acute Medication (Past)

28 tablet - 1 TABLET MAXIMUM TWICE DAILY

08-May-2019 Clotrimazole 1%cream Acute Medication (Past)

50 gram - APPLY TWO TIMES DAILY FOR 14 DAYS TO GROIN THEN STOP

08-May-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

29-Apr-2019 Quetiapine 200mg modified-release tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly

29-Apr-2019 Quetiapine 400mg modified-release tablets Repeat Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

29-Apr-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT - TOTAL DAILY DOSE WILL BE 600MG Instalments: dispense weekly

29-Apr-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

29-Apr-2019 Mirtazapine 45mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly

29-Apr-2019 Sertraline 100mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY

25-Apr-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

25-Apr-2019 Zerobase 11%cream (Thornton & Ross Ltd) Acute Medication (Past)

500 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.

25-Apr-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

5 tablet - 1 TABLET AT NIGHT

09-Apr-2019 Mirtazapine 45mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly

09-Apr-2019 Sertraline 50mg tablets Acute Medication (Past)

42 tablet - 1 TABLET ONCE A DAY FOR 2 WEEKS AND THEN INCREASE TO 2 TABLETS PER DAY

08-Apr-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)

56 capsule - 1 CAPSULE DAILY

08-Apr-2019 Zerobase 11%cream (Thornton & Ross Ltd) Acute Medication (Past)

500 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.

08-Apr-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)

500 ml - 15ML TWICE A DAY

26-Mar-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

5 tablet - 1 TABLET AT NIGHT

12-Mar-2019 Diazepam 5mg tablets Acute Medication (Past)

28 tablet - 1 TABLET MAXIMUM TWICE DAILY

12-Mar-2019 Zerobase 11%cream (Thornton & Ross Ltd) Acute Medication (Past)

500 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.

12-Mar-2019 Calcitriol 3micrograms/g ointment Acute Medication (Past)

100 gram - APPLY TWICE A DAY TO ARMPITS AND GROIN

12-Mar-2019 Mirtazapine 45mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly

05-Mar-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY (THIS IS IN ADDITION TO 400MG AND HIS TOTAL DAILY DOSE WILL BE 600MG) Instalments: dispense weekly

26-Feb-2019 Zopiclone 3.75mg tablets Acute Medication (Past)

5 tablet - 1 TABLET AT NIGHT

20-Feb-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette Notes for dispenser: dosettes box- weekly dispensing

20-Feb-2019 Mirtazapine 30mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette

12-Feb-2019 Clotrimazole 1%cream Acute Medication (Past)

50 gram - APPLY TWO TIMES DAILY FOR 14 DAYS TO GROIN THEN STOP

12-Feb-2019 Diazepam 5mg tablets Acute Medication (Past)

28 tablet - 1 TABLET MAXIMUM TWICE DAILY

12-Feb-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)

28 capsule - 1 CAPSULE DAILY

12-Feb-2019 Zerobase 11%cream (Thornton & Ross Ltd) Acute Medication (Past)

500 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.

12-Feb-2019 Betamethasone valerate 0.1%scalp application Acute Medication (Past)

100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

31-Jan-2019 Amoxicillin 500mg capsules Acute Medication (Past)

21 capsule - 1 CAPSULE THREE TIMES A DAY

28-Jan-2019 Clotrimazole 1%cream Acute Medication (Past)

50 gram - APPLY TWO TO THREE TIMES DAILY FOR 14 DAYS TO GROIN THEN STOP

23-Jan-2019 Mirtazapine 30mg tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette

14-Jan-2019 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)

28 capsule - 1 CAPSULE DAILY

14-Jan-2019 Hydrocortisone 1%cream Acute Medication (Past)

30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP

09-Jan-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette Notes for dispenser: dosettes box- weekly dispensing

09-Jan-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

56 tablet - 1 TABLET ONCE DAILY (THIS IS IN ADDITION TO 400MG AND HIS TOTAL DAILY DOSE WILL BE 600MG) Instalments: dispense weekly Notes for dispenser: dosettes box- weekly dispensing

04-Jan-2019 Mirtazapine 30mg tablets Acute Medication (Past)

28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette

04-Jan-2019 Quetiapine 400mg modified-release tablets Acute Medication (Past)

14 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette

04-Jan-2019 Quetiapine 200mg modified-release tablets Acute Medication (Past)

14 tablet - 1 TABLET ONCE DAILY (THIS IS IN ADDITION TO 400MG AND HIS TOTAL DAILY DOSE WILL BE 600MG) Instalments: dispense weekly

31-Dec-2018 Clotrimazole 1%cream Acute Medication (Past)

50 gram - APPLY TWO TO THREE TIMES DAILY FOR 14 DAYS THEN STOP

31-Dec-2018 Calcitriol 3micrograms/g ointment Acute Medication (Past)

100 gram - APPLY TWICE A DAY TO PSORIASIS

18-Dec-2018 Quetiapine 200mg modified-release tablets Acute Medication (Past)

14 tablet - 1 TABLET ONCE DAILY (THIS IS IN ADDITION TO 400MG AND HIS TOTAL DAILY DOSE WILL BE 600MG) Instalments: dispense weekly

18-Dec-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette		
17-Dec-2018	Lansoprazole 15mg gastro-resistant capsules	Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY		
17-Dec-2018	Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd)	Acute Medication (Past)
250 ml - AS DIRECTED		
17-Dec-2018	Hydrocortisone 1% cream	Acute Medication (Past)
30 gram - APPLY TWICE A DAY FOR ONE WEEK THEN STOP		
17-Dec-2018	Clotrimazole 1% cream	Acute Medication (Past)
50 gram - APPLY TWO TO THREE TIMES DAILY FOR 10 DAYS THEN STOP		
17-Dec-2018	Diazepam 5mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY		
17-Dec-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
04-Dec-2018	Quetiapine 50mg modified-release tablets	Acute Medication (Past)
21 tablet - CURRENT DOSE OF QUETIAPINE IS 400MG. TO INCREASE BY 50MG EACH WEEK UNTIL ON 600MG Instalments: dispense weekly in dosette		
04-Dec-2018	Quetiapine 150mg modified-release tablets	Acute Medication (Past)
7 tablet - CURRENT DOSE OF QUETIAPINE IS 400MG. TO INCREASE BY 50MG EACH WEEK UNTIL ON 600MG Instalments: dispense weekly		
04-Dec-2018	Quetiapine 200mg modified-release tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE DAILY (THIS IS IN ADDITION TO 400MG AND HIS TOTAL DAILY DOSE WILL BE 600MG) Instalments: dispense weekly Notes for dispenser: Currnet dose of quetiapine is 400mg. He is to increase by 50mg of quetiapine at weekly intervals until he is on 600mg		
03-Dec-2018	Diclofenac 1.16% gel	Acute Medication (Past)
100 gram - APPLY THREE OR FOUR TIMES A DAY		
03-Dec-2018	Zerobase 11% cream (Thornton & Ross Ltd)	Acute Medication (Past)
50 gram - APPLY AS OFTEN AS POSSIBLE. AT LEAST THREE TIMES DAILY.		
27-Nov-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette		
27-Nov-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
27-Nov-2018	Lansoprazole 15mg gastro-resistant capsules	Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY		
16-Nov-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette Notes for patient: Please make an app with a GP of your choice in order to review your medication		
16-Nov-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
29-Oct-2018	Lansoprazole 15mg gastro-resistant capsules	Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY		
29-Oct-2018	Diazepam 5mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY		
19-Oct-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
19-Oct-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette		
17-Oct-2018	Peptac liquid peppermint (Teva UK Ltd)	Acute Medication (Past)
500 ml - TAKE TWO TO FOUR 5 ML SPOONFULS 20 MINUTES AFTER MEALS AND AT BEDTIME AS REQUIRED		
17-Oct-2018	CosmoCol Lemon and Lime Flavoured oral powder sachets (Stir...)	Acute Medication (Past)
30 sachet - 1- 3 SACHETS DAILY IN DIVIDED DOSES		
17-Oct-2018	Glandosane synthetic saliva spray lemon (Fresenius Kabi Ltd)	Acute Medication (Past)
50 ml - USE AS NEEDED FOR DRY MOUTH		
10-Oct-2018	Ispaghula husk 3.5g granules sachets gluten free	Acute Medication (Past)
30 sachet - DISSOLVE ONE SACHET IN WATER AND TAKE ONCE DAILY AFTER A MEAL		
10-Oct-2018	Cyclizine 50mg tablets	Acute Medication (Past)
30 tablet - 1 TABLET THREE TIMES DAILY FOR NAUSEA AND VOMITING		
09-Oct-2018	Omeprazole 20mg gastro-resistant capsules	Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY FOR ACID REFLUX		
09-Oct-2018	Canesten HC cream (Bayer Plc)	Acute Medication (Past)
30 gram - APPLY TWICE DAILY FOR 10 DAYS		
03-Oct-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette		
03-Oct-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
14-Sept-2018	Mirtazapine 30mg tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette		
14-Sept-2018	Quetiapine 400mg modified-release tablets	Acute Medication (Past)
28 tablet - 1 TABLET ONCE DAILY AT NIGHT Instalments: weekly dosette		
13-Sept-2018	Biotene Oralbalance dry mouth saliva replacement gel (Gla...)	Acute Medication (Past)
50 gram - AS DIRECTED		

13-Sept-2018 Senna 7.5mg tablets Acute Medication (Past)
28 tablet - 2 TABLETS AT NIGHT FOR CONSTIPATION

13-Sept-2018 CosmoCol Lemon and Lime Flavour oral powder sachets (Stir... Acute Medication (Past)
20 sachet - 1-2 SACHETS AT NIGHT FOR CONSTIPATION

31-Aug-2018 Mirtazapine 30mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette

30-Aug-2018 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY 7 DAYS TO LEFT EAR

30-Aug-2018 CosmoCol Lemon and Lime Flavour oral powder sachets (Stir... Acute Medication (Past)
20 sachet - 1-2 SACHETS AT NIGHT FOR CONSTIPATION

16-Aug-2018 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

16-Aug-2018 Canesten HC cream (Bayer Plc) Acute Medication (Past)
30 gram - APPLY TWICE DAILY FOR 10 DAYS

07-Aug-2018 Mirtazapine 30mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT Instalments: dispense weekly in dosette

02-Aug-2018 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT FOR 2 WEEKS AND THEN STOP Instalments: weekly in dosette

02-Aug-2018 Haloperidol 500microgram capsules Acute Medication (Past)
84 capsule - 4 CAPS IN MORNING AND 2 IN THE EVENING FOR 1 WEEK THEN REDUCE TO 2 CAPS IN MORNING AND 2 CAPS AT NIGHT FOR WEEK 2 AND THEN REDUCING TO 2 CAPS IN MORNING ONLY FOR WEEK THREE AND THEN STOP Instalments: weekly dispense dosette

02-Aug-2018 Quetiapine 50mg modified-release tablets Acute Medication (Past)
84 tablet - 1 TABLET(S) AT NIGHT AND INCREASE EVERY 3DAYS UNTIL TAKING 400MG AT NIGHT(8 TABS) THENCONTINUE ON THIS DOSE Instalments: dispense weekly in dosette

02-Aug-2018 Quetiapine 400mg modified-release tablets Acute Medication (Past)
60 tablet - 1 TABLET ONCE DAILY AT NIGHT ONCE TITRATED UP TO THIS DOSE FROM 50MG Instalments: dispense in dosette

02-Aug-2018 Clotrimazole 1%cream Acute Medication (Past)
50 gram - APPLY TWO TO THREE TIMES DAILY FOR 14 DAYS TO GROIN/ARM PITS THEN STOP

02-Aug-2018 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

02-Aug-2018 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY

02-Aug-2018 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

02-Aug-2018 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY FOR 7 DAYS THEN STOP

23-July-2018 Haloperidol 500microgram capsules Acute Medication (Past)
56 capsule - ONE CAPSULE BD (IN ADDITION TO 1.5MG BD DOSE - TOTAL DAILY DOSE NOW 2MG BD AS PER SPECIALIST)

19-July-2018 Clotrimazole 1%cream Acute Medication (Past)
50 gram - APPLY TWO TO THREE TIMES DAILY FOR 14 DAYS TO GROIN/ARM PITS

19-July-2018 Mirtazapine 30mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT

19-July-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
56 tablet - ONE TABLET BD

19-July-2018 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

19-July-2018 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

19-July-2018 Hydrocortisone 1%cream Acute Medication (Past)
15 gram - APPLY THINLY TWICE A DAY FOR 7 DAYS TO FACE

09-July-2018 Mirtazapine 30mg tablets Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY AT NIGHT

09-July-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
28 tablet - ONE TABLET BD

09-July-2018 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

09-July-2018 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

09-July-2018 Calcitriol 3micrograms/g ointment Acute Medication (Past)
100 gram - APPLY TWICE A DAY TO UNDER ARMS/CHEST

25-Jun-2018 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

25-Jun-2018 Clotrimazole 1%cream Acute Medication (Past)
50 gram - APPLY TWO TO THREE TIMES DAILY FOR 14 DAYS TO GROIN/ARM PITS

25-Jun-2018 Hydrocortisone 1%cream Acute Medication (Past)
15 gram - APPLY THINLY TWICE A DAY FOR 7 DAYS TO FACE

05-Jun-2018 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT

05-Jun-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
56 tablet - ONE TABLET BD

05-Jun-2018 Temazepam 10mg tablets Acute Medication (Past)
28 tablet - 1 TAB BEFORE SLEEP

05-Jun-2018 Aveeno cream (Johnson & Johnson Ltd) Acute Medication (Past)
300 ml - APPLY TWICE A DAY

22-May-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
56 tablet - ONE TABLET BD Instalments: via dosette please

22-May-2018 Podophyllotoxin 0.5% solution Acute Medication (Past)
3 ml - APPLY TWICE DAILY FOR THREE CONSECUTIVE DAYS. REPEAT THREE DAY COURSE ONCE A WEEK FOR UP TO FIVE WEEKS.

17-May-2018 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT

08-May-2018 Olanzapine 5mg tablets Acute Medication (Past)
7 tablet - ONE TABLET FOR A WEEK THEN STOP

08-May-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
28 tablet - ONE TABLET BD

08-May-2018 Podophyllotoxin 0.5% solution Acute Medication (Past)
3 ml - APPLY TWICE DAILY FOR THREE CONSECUTIVE DAYS. REPEAT THREE DAY COURSE ONCE A WEEK FOR UP TO FIVE WEEKS.

08-May-2018 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY FOR 7 DAYS

24-Apr-2018 Olanzapine 10mg tablets Acute Medication (Past)
7 tablet - ONE TABLET DAILY FOR 7 DAYS THEN REDUCE TO 7.5MG

24-Apr-2018 Olanzapine 7.5mg tablets Acute Medication (Past)
7 tablet - ONE TABLET DAILY FOR 7 DAYS THEN R/V WITH GP

24-Apr-2018 Haloperidol 500microgram tablets Acute Medication (Past)
28 tablet - START AT 2 TABLETS TWICE A DAY FOR ONE WEEK THEN INCREASE TO 1.5MG TWICE A DAY FOR A WEEK THEN SEE GP

24-Apr-2018 Haloperidol 1.5mg tablets Acute Medication (Past)
14 tablet - ONE TABLET BD FOR A WEEK THEN REVIEW WITH GP

24-Apr-2018 Temazepam 10mg tablets Acute Medication (Past)
56 tablet - 2 TAB BEFORE SLEEP

24-Apr-2018 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY

29-Mar-2018 Olanzapine 15mg tablets Acute Medication (Past)
28 tablet - TAKE 1 TABLET ONCE DAILY

29-Mar-2018 Diazepam 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET MAXIMUM TWICE DAILY

29-Mar-2018 Temazepam 10mg tablets Acute Medication (Past)
56 tablet - 2 TAB BEFORE SLEEP

29-Mar-2018 Lyme cycline 408mg capsules Acute Medication (Past)
56 capsule - ONE TO BE TAKEN DAILY

06-Mar-2018 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

06-Mar-2018 Olanzapine 15mg tablets Acute Medication (Past)
28 tablet - TAKE 1 TABLET ONCE DAILY

06-Mar-2018 Temazepam 10mg tablets Acute Medication (Past)
56 tablet - 2 TAB BEFORE SLEEP

09-Feb-2018 Olanzapine 10mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT

09-Feb-2018 Temazepam 10mg tablets Acute Medication (Past)
28 tablet - 2 TAB BEFORE SLEEP

29-Jan-2018 Temazepam 10mg tablets Acute Medication (Past)
28 tablet - 2 TAB BEFORE SLEEP

29-Jan-2018 Betamethasone valerate 0.1% scalp application Acute Medication (Past)
100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

22-Jan-2018 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

22-Jan-2018 Temazepam 10mg tablets Acute Medication (Past)
28 tablet - 1 OR 2 TAB BEFORE SLEEP

18-Jan-2018 Olanzapine 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT

18-Jan-2018 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT WHEN REQUIRED

18-Dec-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

18-Dec-2017 Mirtazapine 45mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY AT NIGHT

18-Dec-2017 Lyme cycline 408mg capsules Acute Medication (Past)
56 capsule - ONE TO BE TAKEN DAILY

10-Nov-2017 Otomize ear spray (Teva UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY INTO RIGHT EAR FOR 1 WEEK

06-Nov-2017 Sodium bicarbonate 5% ear drops Acute Medication (Past)
10 ml - INSTIL TWICE A DAY FOR 7-10 DAYS

06-Nov-2017 Mirtazapine 15mg tablets Acute Medication (Past)
56 tablet - 2 TABLET ONCE A DAY AT NIGHT

03-Nov-2017 Mirtazapine 15mg tablets Acute Medication (Past)
56 tablet - 2 TABLET ONCE A DAY AT NIGHT

06-Oct-2017 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT

06-Oct-2017 Lymecycline 408mg capsules Acute Medication (Past)
56 capsule - ONE TO BE TAKEN DAILY

06-Oct-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

06-Oct-2017 Diclofenac 1.16% gel Acute Medication (Past)
100 gram - APPLY THREE OR FOUR TIMES A DAY

06-Oct-2017 Dermal 500 lotion (Dermal Laboratories Ltd) Acute Medication (Past)
1000 ml - USE AS FACE SOAP

06-Oct-2017 Clobetasone 0.05% ointment Acute Medication (Past)
30 gram - APPLY ONCE DAILY

08-Sept-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

08-Sept-2017 Risperidone 1mg tablets Acute Medication (Past)
60 tablet - 1 TWICE DAILY

08-Sept-2017 Lymecycline 408mg capsules Acute Medication (Past)
56 capsule - ONE TO BE TAKEN DAILY

08-Sept-2017 Dermal 500 lotion (Dermal Laboratories Ltd) Acute Medication (Past)
1000 ml - USE AS FACE SOAP

08-Sept-2017 Diclofenac 1.16% gel Acute Medication (Past)
100 gram - APPLY THREE OR FOUR TIMES A DAY

21-Aug-2017 Risperidone 1mg tablets Acute Medication (Past)
40 tablet - 1 TWICE DAILY

11-Aug-2017 Risperidone 1mg tablets Acute Medication (Past)
20 tablet - 1BD

27-July-2017 MoveLat cream (Genus Pharmaceuticals Ltd) Acute Medication (Past)
125 gram - APPLY UP TO FOUR TIMES DAILY

18-July-2017 Olanzapine 10mg tablets Acute Medication (Past)
28 tablet - ONE TABLET DAILY

18-July-2017 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT SHORT TERM AIM TO DISCONTINUE

18-July-2017 Oxytetracycline 250mg tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN TWICE DAILY

18-July-2017 Olive oil liquid Acute Medication (Past)
70 ml - TWICE DAILY

20-Jun-2017 Olanzapine 10mg tablets Acute Medication (Past)
28 tablet - ONE TABLET DAILY

20-Jun-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

20-Jun-2017 Betamethasone valerate 0.1% scalp application Acute Medication (Past)
100 ml - APPLY EVERY 2 DAYS TO SCALP (SHORT TERM USE ONLY)

09-Jun-2017 Olanzapine 10mg tablets Acute Medication (Past)
14 tablet - ONE TABLET DAILY

09-Jun-2017 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT SHORT TERM AIM TO DISCONTINUE

01-Jun-2017 Olanzapine 5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT (INSTEAD OF 10MG)

01-Jun-2017 Zopiclone 3.75mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

26-May-2017 Olanzapine 10mg tablets Acute Medication (Past)
28 tablet - ONE TABLET DAILY

21-Apr-2017 Olanzapine 10mg tablets Acute Medication (Past)
28 tablet - ONE TABLET DAILY

21-Apr-2017 Zopiclone 3.75mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT

21-Apr-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

29-Mar-2017 Olanzapine 2.5mg tablets Acute Medication (Past)
28 tablet - 1 TAB NOCTE IN ADDITION TO 5MG TABLET

22-Mar-2017 Olanzapine 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT

22-Mar-2017 Zopiclone 7.5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT IF REQUIRED

22-Mar-2017 Diazepam 5mg tablets Acute Medication (Past)
56 tablet - 1 TABLET MAXIMUM TWICE DAILY

08-Mar-2017 Olanzapine 5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT

08-Mar-2017 Zopiclone 7.5mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT IF REQUIRED

08-Mar-2017 Dermal 500 lotion (Dermal Laboratories Ltd) Acute Medication (Past)
1000 ml - USE AS FACE SOAP

08-Mar-2017 Hydrocortisone 0.5%cream Acute Medication (Past)
15 gram - APPLY ONCE DAILY

08-Mar-2017 Clotrimazole 1%cream Acute Medication (Past)
30 gram - APPLY TWO TO THREE TIMES DAILY

28-Feb-2017 Daktacort ointment (Janssen-Cilag Ltd) Acute Medication (Past)
30 gram - APPLY THINLY TWICE A DAY FOR 7 DAYS

28-Feb-2017 Dermal 500 lotion (Dermal Laboratories Ltd) Acute Medication (Past)
500 ml - USE AS FACE SOAP

23-Feb-2017 Hydrocortisone 0.5%cream Acute Medication (Past)
15 gram - APPLY ONCE DAILY

08-Feb-2017 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 OR 2 TAB BEFORE SLEEP

26-Jan-2017 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

25-Jan-2017 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY

25-Jan-2017 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

25-Jan-2017 Clotrimazole 1%cream Acute Medication (Past)
30 gram - APPLY TWO TO THREE TIMES DAILY

25-Jan-2017 Eumovate 0.05%cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - APPLY ONCE DAILY

25-Jan-2017 Metronidazole 0.75%gel Acute Medication (Past)
40 gram - APPLY TWICE A DAY

11-Jan-2017 Daktacort ointment (Janssen-Cilag Ltd) Acute Medication (Past)
30 gram - APPLY TWICE A DAY FOR 7 DAYS

11-Jan-2017 Flumetasone 0.02%/ Clioquinol 1%ear drops Acute Medication (Past)
7 ml - INSTIL TWICE A DAY FOR UP TO 10 DAYS

11-Jan-2017 E45 emollient wash cream (Forum Health Products Ltd) Acute Medication (Past)
1000 ml - APPLY TO SKIN AS WASH

30-Dec-2016 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY

29-Nov-2016 Fluoxetine 20mg capsules Acute Medication (Past)
60 capsule - ONE TABLET DAILY

29-Nov-2016 E45 cream (Forum Health Products Ltd) Acute Medication (Past)
1000 gram - APPLY AS NEEDED

16-Nov-2016 Mirtazapine 15mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY AT NIGHT

16-Nov-2016 Diazepam 2mg tablets Acute Medication (Past)
14 tablet - USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY

21-Oct-2016 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - APPLY AT NIGHT Notes for patient: please make an appointment if you need this again soon

19-Oct-2016 Mirtazapine 30mg tablets Acute Medication (Past)
56 tablet - 1 TABLET ONCE A DAY AT NIGHT

19-Oct-2016 Diazepam 2mg tablets Acute Medication (Past)
14 tablet - USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY

19-Oct-2016 Oilatum cream (GlaxoSmithKline Consumer Healthcare) Acute Medication (Past)
500 gram - WHEN REQUIRED

21-Sept-2016 Mirtazapine 15mg tablets Acute Medication (Past)
56 tablet - 2 TABLET ONCE A DAY AT NIGHT

21-Sept-2016 Diazepam 2mg tablets Acute Medication (Past)
14 tablet - USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY

16-Sept-2016 Daktacort ointment (Janssen-Cilag Ltd) Acute Medication (Past)
30 gram - APPLY THINLY EVERY DAY WHEN REQUIRED

16-Sept-2016 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

16-Sept-2016 Coal tar extract 2%shampoo Acute Medication (Past)
250 ml - APPLY TWICE WEEKLY

08-Sept-2016 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY AT NIGHT

08-Sept-2016 Diazepam 5mg tablets Acute Medication (Past)
15 tablet - TAKE ONLY WHEN NEEDED FOR ANXIETY

27-July-2016 Salicylic acid 2%/ Mucopolysaccharide polysulfate 0.2%c... Acute Medication (Past)
125 gram - APPLY UP TO FOUR TIMES DAILY

27-July-2016 Trimovate cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

27-July-2016 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

27-July-2016 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

27-July-2016 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 ml - APPLY EVERY 2 DAYS TO SCALP

27-July-2016 Diazepam 5mg tablets Acute Medication (Past)
15 tablet - TAKE ONLY WHEN NEEDED FOR ANXIETY

27-July-2016 Hydrocortisone 1%/ Miconazole 2%ointment Acute Medication (Past)
30 gram - APPLY TWICE A DAY

21-May-2015 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

21-May-2015 Diazepam 5mg tablets Acute Medication (Past)
15 tablet - TAKE ONLY WHEN NEEDED FOR ANXIETY

21-May-2015 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

17-Apr-2015 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

17-Apr-2015 Trazodone 50mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE AT NIGHT

17-Apr-2015 Diazepam 2mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AS REQUIRED UP TO 4 TIMES DAILY

17-Apr-2015 Betamethasone valerate 0.1%cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

17-Apr-2015 Mometasone 0.1%cream Acute Medication (Past)
30 gram - APPLY THINLY ONCE DAILY

17-Apr-2015 Betamethasone valerate 0.1%scalp application Acute Medication (Past)
100 ml - APPLY EVERY 2 DAYS TO SCALP

17-Apr-2015 Oilatum cream (GlaxoSmithKline Consumer Healthcare) Acute Medication (Past)
1000 gram - USE AS REQUIRED

17-Apr-2015 Oilatum cream (GlaxoSmithKline Consumer Healthcare) Repeat Medication (Past)
1000 gram - USE AS REQUIRED

05-Feb-2015 Trazodone 50mg capsules Acute Medication (Past)
84 capsule - 1 CAPSULE AT NIGHT

05-Feb-2015 E45 cream (Forum Health Products Ltd) Acute Medication (Past)
500 gram - APPLY AS NEEDED

05-Feb-2015 Sudocrem antiseptic healing cream (Forest Laboratories UK... Acute Medication (Past)
125 gram - APPLY UD

27-Nov-2014 Oilatum cream (GlaxoSmithKline Consumer Healthcare) Acute Medication (Past)
500 gram - APPLY THREE TIMES DAILY

27-Nov-2014 Coal tar extract 2%shampoo Acute Medication (Past)
250 ml - APPLY TWICE WEEKLY

27-Nov-2014 Zopiclone 7.5mg tablets Acute Medication (Past)
14 tablet - 1 TABLET AT NIGHT

21-Nov-2014 Trimovate cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

11-Nov-2014 Ciprofloxacin 500mg tablets Acute Medication (Past)
14 tablet - TAKE ONE TWICE A DAY

04-Nov-2014 Dioralyte oral powder sachets blackcurrant (Sanofi) Acute Medication (Past)
20 sachet - TAKE ONE SACHET AFTER LOOSE STOOL

20-Oct-2014 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB BEFORE SLEEP

20-Oct-2014 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - 1 TABLET ONCE A DAY BEFORE SLEEP

20-Oct-2014 Trimovate cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - APPLY TO GROIN AND ARMPITS TWICE DAILY

20-Oct-2014 Exorex lotion (Forest Laboratories UK Ltd) Acute Medication (Past)
250 ml - APPLY TWICE DAILY TO PSORIASIS

22-Sept-2014 Trazodone 150mg tablets Acute Medication (Past)
28 tablet - 1 TABLET AT NIGHT TO HELP IMPROVE SLEEP AND MOOD

22-Sept-2014 E45 emollient wash cream (Forum Health Products Ltd) Acute Medication (Past)
500 ml - APPLY TO SKIN AS WASH

22-Sept-2014 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

18-Aug-2014 Aveeno cream (Johnson & Johnson Ltd) Acute Medication (Past)
300 ml - APPLY FREQUENTLY

18-Aug-2014 Betamethasone valerate 0.1% cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

18-Aug-2014 Coal tar extract 2% shampoo Acute Medication (Past)
250 ml - USE AS REQUIRED

18-Aug-2014 Trazodone 100mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE DAILY

31-July-2014 Calcitriol 3micrograms/g ointment Acute Medication (Past)
100 gram - APPLY TWICE A DAY

31-July-2014 Mometasone 0.1% cream Acute Medication (Past)
30 gram - APPLY THINLY ONCE DAILY

31-July-2014 Diprobase cream (Merck Sharp & Dohme Ltd) Acute Medication (Past)
500 gram - APPLY TWICE A DAY

31-July-2014 Trazodone 50mg capsules Acute Medication (Past)
21 capsule - 1 CAPSULE AT NIGHT

10-July-2014 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

10-July-2014 Metronidazole 0.75% cream Acute Medication (Past)
40 gram - APPLY TWICE A DAY TO FACE

10-July-2014 Mometasone 0.1% cream Acute Medication (Past)
30 gram - APPLY THINLY ONCE DAILY

10-July-2014 Coal tar extract 2% shampoo Acute Medication (Past)
250 ml - USE AS REQUIRED

10-July-2014 Cinnarizine 15mg tablets Acute Medication (Past)
15 tablet - 1 TABLET EVERY 8 HOURS AS REQUIRED

10-July-2014 Sebco ointment (Derma UK Ltd) Acute Medication (Past)
40 gram - APPLY DAILY FOR 3-7 DAYS THEN 1-2X WEEKLY AS REQUIRED RINSE OFF AFTER 1 HOUR

05-Jun-2014 Aveeno cream (Johnson & Johnson Ltd) Acute Medication (Past)
300 ml - APPLY FREQUENTLY

05-Jun-2014 Betamethasone valerate 0.1% ointment Acute Medication (Past)
100 gram - APPLY THINLY TO PATCHES ON LEGS TWICE DAILY

05-Jun-2014 Trimovate cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - APPLY TO GROIN AND ARMPITS TWICE DAILY

05-Jun-2014 Diazepam 2mg tablets Acute Medication (Past)
14 tablet - 1-2 TIMES A DAY AS NEEDED

22-Oct-2013 Exorex lotion (Forest Laboratories UK Ltd) Acute Medication (Past)
100 ml - APPLY TWICE DAILY

22-Oct-2013 Betamethasone valerate 0.1% cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

22-Oct-2013 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY

22-Oct-2013 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB AT NIGHT

22-Oct-2013 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1-2 TAB AT NIGHT

28-Jun-2013 Temazepam 10mg tablets Acute Medication (Past)
14 tablet - 1 TAB AT NIGHT

28-Jun-2013 Anusol HC ointment (McNeil Products Ltd) Acute Medication (Past)
30 gram - APPLY MORNING AND NIGHT AND AFTER A BOWEL MOVEMENT

21-Jun-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

18-Jun-2013 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet - 1-2 TABLETS UP TO FOUR TIMES DAILY

18-Jun-2013 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
300 ml - 15ML TWICE A DAY

18-Jun-2013 E45 cream (Forum Health Products Ltd) Acute Medication (Past)
500 gram pump - APPLY AS NEEDED

18-Jun-2013 E45 emollient wash cream (Forum Health Products Ltd) Acute Medication (Past)
250 ml - SOAP SUBSTITUTE

18-Jun-2013 Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd) Acute Medication (Past)
500 ml - SHAMPOO AS DIRECTED

18-Jun-2013 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

15-May-2013 Anusol HC ointment (McNeil Products Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

15-May-2013 Aveeno cream (Johnson & Johnson Ltd) Acute Medication (Past)
300 ml - TWICE A DAY

15-May-2013 Eumovate 0.05% cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
100 gram - TWICE A DAY FOR ONE WEEK, THEN TWICE A WEEK

15-May-2013 Trimovate cream (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 gram - TWICE A DAY FOR ONE WEEK, THEN TWICE A WEEK

12-Apr-2013 Daktacort cream (Janssen-Cilag Ltd) Acute Medication (Past)
30 gram - APPLY TWICE A DAY FOR 7 DAYS

12-Apr-2013 Diazepam 2mg tablets Acute Medication (Past)
14 tablet - 1-2 TIMES A DAY AS NEEDED

12-Apr-2013 Mometasone 0.1% cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

12-Apr-2013 Dovobet ointment (LEO Pharma) Repeat Medication (Past)
240 gram - APPLY THINLY DAILY

12-Apr-2013 E45 emollient wash cream (Forum Health Products Ltd) Repeat Medication (Past)
250 ml - SOAP SUBSTITUTE

12-Apr-2013 Movelat cream (Genus Pharmaceuticals Ltd) Repeat Medication (Past)
100 gram - APPLY THREE TIMES DAILY

12-Apr-2013 E45 cream (Forum Health Products Ltd) Repeat Medication (Past)
500 gram pump - APPLY AS NEEDED

07-Jan-2013 Anusol HC ointment (McNeil Products Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

07-Jan-2013 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
10 ml - 1 SPRAY THREE TIMES DAILY

07-Jan-2013 Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd) Acute Medication (Past)
500 ml - SHAMPOO AS DIRECTED

07-Dec-2012 Coal tar solution 5% cutaneous emulsion Acute Medication (Past)
500 ml - APPLY TWICE DAILY

07-Dec-2012 Mometasone 0.1% cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

15-Nov-2012 Coal tar solution 5% cutaneous emulsion Acute Medication (Past)
250 ml - APPLY TWICE DAILY

14-Nov-2012 Calcitriol 3micrograms/g ointment Acute Medication (Past)
100 gram - APPLY TWO TIMES A DAY

14-Nov-2012 Carbo-Dome 10% cream (Sandoz Ltd) Acute Medication (Past)
100 gram - APPLY ONCE DAILY

14-Nov-2012 Loratadine 10mg tablets Acute Medication (Past)
14 tablet - 1 TABLET ONCE A DAY

14-Nov-2012 Ibugel Forte 10% gel (Dermal Laboratories Ltd) Acute Medication (Past)
100 gram - APPLY BOTH KNEES THREE TIMES DAILY

14-Nov-2012 Mometasone 0.1% cream Acute Medication (Past)
100 gram - APPLY AT NIGHT

14-Nov-2012 Anusol HC ointment (McNeil Products Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

01-Nov-2012 Cetirizine 10mg tablets Acute Medication (Past)
30 tablet - 1 TABLET ONCE A DAY

01-Nov-2012 Calcitriol 3micrograms/g ointment Acute Medication (Past)
100 gram - APPLY TWO TIMES A DAY

01-Nov-2012 Carbo-Dome 10% cream (Sandoz Ltd) Acute Medication (Past)
100 gram - APPLY ONCE DAILY

01-Nov-2012 Dithranol 0.1% cream Acute Medication (Past)
50 gram - APPLY TO LESION AND LEAVE FOR 30 MINUTES BEFORE REMOVING

01-Nov-2012 Betnovate 0.1% scalp application (GlaxoSmithKline UK Ltd) Acute Medication (Past)
200 ml - AS DIRECTED

01-Nov-2012 Temazepam 10mg tablets Acute Medication (Past)
10 tablet - 1 TAB AT NIGHT

01-Nov-2012 Anusol HC ointment (McNeil Products Ltd) Acute Medication (Past)
30 gram - APPLY TWICE DAILY

08-Oct-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
56 capsule - ONE CAPSULE TO BE TAKEN TWO TIMES A DAY

26-Sept-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
14 capsule - ONE CAPSULE TO BE TAKEN TWO TIMES A DAY

26-Sept-2012 Amoxicillin 500mg capsules Acute Medication (Past)
28 capsule - TWO CAPSULES TO BE TAKEN TWO TIMES A DAY

26-Sept-2012 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - ONE TABLET TO BE TAKEN TWO TIMES A DAY

26-Sept-2012 Temazepam 10mg tablets Acute Medication (Past)
10 tablet - 1 TAB AT NIGHT

20-Sept-2012 Propranolol 40mg tablets Acute Medication (Past)
84 tablet - 1 TABLET EVERY DAY, CAN INCREASE TO THREE TIMES A DAY

20-Sept-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

20-Sept-2012 Otomize ear spray (Forest Laboratories UK Ltd) Acute Medication (Past)
5 ml - 1 SPRAY THREE TIMES DAILY

10-July-2012 Dovobet ointment (LEO Pharma) Acute Medication (Past)
120 gram - APPLY THINLY DAILY

10-July-2012 Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd) Acute Medication (Past)
250 ml - SHAMPOO AS DIRECTED

10-July-2012 Temazepam 20mg tablets Acute Medication (Past)
14 tablet - TAKE ONE AT NIGHT

10-July-2012 Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd) Acute Medication (Past)
500 ml - SHAMPOO AS DIRECTED

10-July-2012 Dovobet ointment (LEO Pharma) Acute Medication (Past)
240 gram - APPLY THINLY DAILY

10-July-2012 Dovobet ointment (LEO Pharma) Repeat Medication (Past)
240 gram - APPLY THINLY DAILY

10-July-2012 Neutrogena T/Gel Therapeutic shampoo (Johnson & Johnson Ltd) Repeat Medication (Past)
500 ml - SHAMPOO AS DIRECTED

11-May-2012 DOVOBET oint Acute Medication (Past)
120 gram - APPLY THINLY DAILY

11-May-2012 T-GEL shampoo 2%w/v Acute Medication (Past)
250 ml - SHAMPOO AS DIRECTED

17-Apr-2012 OTOMIZE ear spray Acute Medication (Past)
5 ml - 1 SPRAY 3 TIMES DAILY

17-Apr-2012 TEMAZEPAM tabs 20mg Acute Medication (Past)
14 tablet - TAKE ONE AT NIGHT

17-Apr-2012 DOVOBET oint Acute Medication (Past)
60 gram - APPLY THINLY DAILY

17-Apr-2012 E45 crm Acute Medication (Past)
500 gram pump - APPLY AS NEEDED

24-Jan-2012 E45 emollient wash crm [RECKITT B] Acute Medication (Past)
250 ml - SOAP SUBSTITUTE

24-Jan-2012 TESTOGEL gel 50mg/5g Acute Medication (Past)
60 sachet - APPLY ONCE DAILY

06-Jan-2012 TEMAZEPAM tabs 20mg Acute Medication (Past)
14 tablet - TAKE ONE AT NIGHT

06-Jan-2012 Aveeno crm [J & J] Acute Medication (Past)
200 ml - MOISTURISER AS DIRECTED

06-Jan-2012 T-GEL shampoo 2%w/v Acute Medication (Past)
250 ml - SHAMPOO AS DIRECTED

06-Jan-2012 MOVELAT crm Acute Medication (Past)
125 gram - APPLY 3 TIMES/DAY

06-Jan-2012 CO-CODAMOL (codeine & paracetamol) tabs 8mg+500mg Acute Medication (Past)
56 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

01-Dec-2011 MOVELAT crm Acute Medication (Past)
100 gram - APPLY THREE TIMES DAILY

01-Dec-2011 E45 crm Acute Medication (Past)
500 gram pump - APPLY AS NEEDED

01-Dec-2011 E45 emollient wash crm [RECKITT B] Acute Medication (Past)
250 ml - SOAP SUBSTITUTE

01-Dec-2011 TESTOGEL gel 50mg/5g Acute Medication (Past)
60 sachet - APPLY ONCE DAILY

01-Dec-2011 Testogel 50mg gel sachets (Bayer Plc) Repeat Medication (Past)
60 sachet - APPLY ONCE DAILY

01-Dec-2011 E45 emollient wash cream (Forum Health Products Ltd) Repeat Medication (Past)
250 ml - SOAP SUBSTITUTE

01-Dec-2011 E45 crm Repeat Medication (Past)
500 gram pump - APPLY AS NEEDED

01-Dec-2011 Movelat cream (Genus Pharmaceuticals Ltd) Repeat Medication (Past)
100 gram - APPLY THREE TIMES DAILY

02-Nov-2011 TESTOGEL gel 50mg/5g Acute Medication (Past)
30 sachet - APPLY ONCE DAILY

24-Oct-2011 DIAZEPAM tabs 2mg Acute Medication (Past)
28 tablet - TAKE ONE THREE TIMES DAILY

24-Oct-2011 BECLOMETASONE aqueous nasal spray 50micrograms/actuation Acute Medication (Past)
200 dose - TWO PUFFS TWICE DAILY

08-Sept-2011 E45 emollient wash crm [RECKITT B] Acute Medication (Past)
250 ml - SOAP SUBSTITUTE

08-Sept-2011 E45 crm Acute Medication (Past)
500 gram - APPLY AS NEEDED

08-Sept-2011 MOVELAT crm Acute Medication (Past)
125 gram - APPLY 3 TIMES/DAY

08-Sept-2011 OTOMIZE ear spray Acute Medication (Past)
5 ml - 1 SPRAY 3 TIMES DAILY

08-Sept-2011 SILKIS oint 3micrograms/gram Acute Medication (Past)
30 gram - APPLY TWICE DAILY

12-Aug-2011 CANESTEN crm 1% Acute Medication (Past)
20 gram(s) - APPLY 1-2 TIMES/DAY

18-July-2011 CANESTEN crm 1% Acute Medication (Past)
20 gram(s) - APPLY 1-2 TIMES/DAY

05-July-2011 CANESTEN crm 1% Acute Medication (Past)
50 gram - APPLY TWO OR THREE TIMES A DAY

23-May-2011 CANESTEN crm 1% Repeat Medication (Past)
20 gram(s) - APPLY 1-2 TIMES/DAY

23-May-2011 MOVELAT crm Acute Medication (Past)
125 gram(s) - APPLY 3 TIMES/DAY

23-May-2011 CANESTEN crm 1% Acute Medication (Past)
20 gram(s) - APPLY 1-2 TIMES/DAY

28-Feb-2011 MOVELAT crm Acute Medication (Past)
125 gram(s) - APPLY 3 TIMES/DAY

04-Feb-2011 DICLOFENAC SODIUM ec tab 50mg Acute Medication (Past)
84 tablet(s) - 1 Tab tds with food

04-Feb-2011 MOVELAT crm Acute Medication (Past)
125 gram(s) - APPLY 3 TIMES/DAY

04-Feb-2011 OMEPRAZOLE gastro-res cap 20mg Acute Medication (Past)
28 capsule(s) - TAKE ONE DAILY

04-Feb-2011 CANESTEN -HC crm 1%+ 1% Acute Medication (Past)
90 gram(s) - apply twice daily

04-Feb-2011 E45 emollient wash crm [RECKITT B] Acute Medication (Past)
250 mls - SOAP SUBSTITUTE

04-Feb-2011 E45 crm Acute Medication (Past)
500 gram(s) - APPLY AS NEEDED

11-Jan-2011 Otomize Ear 5ml SPRAY Acute Medication (Past)
5 - 1 spray 3 times daily

11-Jan-2011 Diprobase Pump Dispenser CREAM Acute Medication (Past)
500 - As directed

11-Jan-2011 Alphosyl 2 In 1 Shampoo Acute Medication (Past)
500 - Apply twice weekly

11-Jan-2011 Calcitriol OINT 3MCG/G Acute Medication (Past)
200 - Apply Twice daily

11-Jan-2011 Clotrimazole CREAM 1% Acute Medication (Past)
100 - Apply Twice daily

01-Nov-2010 Canesten Hc CREAM Acute Medication (Past)
30 -

01-Nov-2010 Calcitriol OINT 3MCG/G Acute Medication (Past)
100 - Apply Twice daily

01-Nov-2010 Calcipotriol Scalp SOL 50MCG/ML Acute Medication (Past)
60 - Apply Twice daily

19-Oct-2010 Canesten Hc CREAM Acute Medication (Past)
30 -

19-Oct-2010 Mirtazapine TABS 15MG Acute Medication (Past)
28 - 1 Tab At night

13-Oct-2010 Trazodone Hydrochloride TABS 150MG Acute Medication (Past)
14 - 1 Tab At night

13-Oct-2010 Calcipotriol Scalp SOL 50MCG/ML Acute Medication (Past)
60 - Apply Twice daily

13-Oct-2010 Calcitriol OINT 3MCG/G Acute Medication (Past)
100 - Apply Twice daily

22-July-2010 Amoxicillin CAPS 500MG Acute Medication (Past)
15 - 1 Cap 3 times daily

21-July-2010 Alphosyl 2 In 1 Shampoo Acute Medication (Past)
250 - Apply twice weekly

21-July-2010 Hydrocortisone CREAM 1% Acute Medication (Past)
30 - Apply face Daily

21-July-2010 Otomize Ear 5ml SPRAY Acute Medication (Past)
5 - 1 spray 3 times daily

21-July-2010 Diprobase Pump Dispenser CREAM Acute Medication (Past)
500 - As directed

21-July-2010 Temazepam TABS 20MG Acute Medication (Past)
14 - 1 Tab At night

06-May-2010 Otomize Ear 5ml SPRAY Acute Medication (Past)
5 - 1 spray 3 times daily

06-May-2010 Dovobet OINT Acute Medication (Past)
120 - Apply sparingly morning and night Notes for patient: use on trunk

06-May-2010 Diprobase Pump Dispenser CREAM Acute Medication (Past)
500 - As directed

22-Jan-2010 Hydrocortisone CREAM 1% Acute Medication (Past)
30 - Apply face Daily

22-Jan-2010 Dermal 500 LOT Acute Medication (Past)
500 - Apply As directed

22-Jan-2010 Alphosyl 2 In 1 Shampoo Acute Medication (Past)
250 - Apply twice weekly

22-Jan-2010 Propranolol Hydrochloride TABS 40MG Acute Medication (Past)
28 - 1 Tab upto twice daily

30-Oct-2009 Dermal 500 LOT Acute Medication (Past)
500 - Apply As directed

30-Oct-2009 Dovobet OINT Acute Medication (Past)
120 - Apply sparingly morning and night Notes for patient: use on trunk

30-Oct-2009 Hydrocortisone CREAM 0.5% Acute Medication (Past)
15 - Apply sparingly morning and night Notes for patient: on face

02-Jun-2009 Electrolade Orange 4g SACH Acute Medication (Past)
20 - 1 sachet As directed

18-May-2009 Chlorphenamine Maleate TABS 4MG Acute Medication (Past)
28 - 1 Tab Take as required

18-May-2009 Calcitriol OINT 3MCG/G Acute Medication (Past)
200 - Apply Twice daily

18-May-2009 Clobetasone Butyrate CREAM 0.05% Acute Medication (Past)
30 - Apply sparingly bd to psoriasis

18-May-2009 Alphosyl 2 In 1 Shampoo Acute Medication (Past)
250 - Apply twice weekly

02-Apr-2009 Calcitriol OINT 3MCG/G Acute Medication (Past)
100 - Apply Twice daily

02-Apr-2009 Clobetasone Butyrate CREAM 0.05% Acute Medication (Past)
30 - Apply sparingly bd to psoriasis

02-Apr-2009 Zolpidem TABS 10MG Acute Medication (Past)
14 - 1 Tab nocte prn

23-Dec-2008 Co-Amoxiclav 500mg/125mg TABS Acute Medication (Past)
15 - 1 Tab 3 times daily

19-Dec-2008 Paracetamol TABS 500MG Acute Medication (Past)
100 - 2 Tabs 4 times daily

27-Oct-2008 Podophyllotoxin CREAM 0.15% Acute Medication (Past)
5 - Apply sparingly daily

27-Oct-2008 Zopiclone TABS 7.5MG Acute Medication (Past)
14 - 1 Tab At night prn

02-Oct-2008 Dovobet OINT Acute Medication (Past)
120 - Apply sparingly Twice daily

02-Oct-2008 Hydrocortisone CREAM 1% Acute Medication (Past)
60 - Apply lightly od or bd

02-Oct-2008 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)
84 - 1 Tab tds with food

02-Oct-2008 Podophyllotoxin CREAM 0.15% Acute Medication (Past)
5 - Apply sparingly daily

18-Aug-2008 Trazodone Hydrochloride CAPS 50MG Acute Medication (Past)
28 - 1 Cap At night

18-Aug-2008 Dovobet OINT Acute Medication (Past)
120 - Apply sparingly Twice daily

18-Aug-2008 Zopiclone TABS 7.5MG Acute Medication (Past)
14 - 1 Tab At night prn

08-Oct-2007 Temazepam TABS 20MG Acute Medication (Past)

14 - 1 Tab At night

07-Sept-2007 Daktaort CREAM Acute Medication (Past)

30 - Apply Twice daily

07-Sept-2007 Betamethasone Valerate OINT 0.1% Acute Medication (Past)

100 - Apply sparingly Twice daily

07-Sept-2007 Trazodone Hydrochloride Mr TABS 150MG Acute Medication (Past)

28 - 1 Tab before sleep

07-Sept-2007 Trazodone Hydrochloride TABS 150MG Acute Medication (Past)

28 - 1 Tab before sleep

05-July-2007 Fucidin H CREAM Acute Medication (Past)

30 - Apply sparingly Twice daily

24-Nov-2006 Temazepam TABS 10MG Acute Medication (Past)

10 - 1 Tab At night

03-Sept-2004 Calcipotriol CREAM 50MCG/G Acute Medication (Past)

120 - Apply Twice daily

30-Aug-2004 Calcipotriol CREAM 50MCG/G Acute Medication (Past)

100 - Apply Twice daily

30-Aug-2004 E45 Itch Relief CREAM Acute Medication (Past)

100 - Apply Take as required

29-Oct-2002 Amoxicillin CAPS 250MG Acute Medication (Past)

15 - 1 Cap 3 times daily

27-July-2001 Trazodone Hydrochloride Mr TABS 150MG Acute Medication (Past)

56 - 1 Tab At night

27-July-2001 Oilatum Plus Emollient EMULS Acute Medication (Past)

1 OP - 5 ml As directed

27-July-2001 Oilatum Plus Emollient EMULS Acute Medication (Past)

1 OP - 5 ml As directed

22-Jun-2001 Trazodone Hydrochloride Mr TABS 150MG Acute Medication (Past)

56 - 1 Tab At night

25-May-2001 Trazodone Hydrochloride Mr TABS 150MG Acute Medication (Past)

56 - 2 Tabs 50mg At night

16-May-2001 Zopiclone TABS 7.5MG Acute Medication (Past)

14 - 1 Tab At night

20-Apr-2001 Oilatum Fragrance Free Emollient EMULS Acute Medication (Past)

500 - Apply As directed

20-Apr-2001 Daktaort CREAM Acute Medication (Past)

30 - Apply Twice daily

20-Apr-2001 Zopiclone TABS 7.5MG Acute Medication (Past)

14 - 1 Tab At night

27-Mar-2001 Betamethasone Valerate Scalp APPL 0.1% Acute Medication (Past)

100 - Apply As directed

27-Mar-2001 Hydrocortisone CREAM 0.5% Acute Medication (Past)

15 - Apply As directed

27-Mar-2001 Diazepam TABS 5MG Acute Medication (Past)

28 - 1 Tab Max TID

27-Mar-2001 Calcipotriol CREAM 50MCG/G Acute Medication (Past)

100 - Apply Twice daily

Allergies

23-Feb-2017 Dr Alasdair Lynch

H/O: drug allergy

thought to be due to sertraline + sleep deprivation. Under IHTT

RCT003

Episodicity -

28-Feb-2011 Dr Alexander Cavaghan

H/O: drug allergy

RCT003

Episodicity -

Vaccinations

17-Jan-2022

Administration of first dose of SARS-CoV-2 vaccine

C-19 Booster Moderna (Mass - EICC)

Intervention

COVMODERNA

25-Jun-2021 Dr Colin Entwistle

Admin sec dose SARS-CoV-2 vacc
C-19 AstraZeneca (By A Findlay)
Intervention
COVOXFORD

02-Apr-2021 Dr Colin Entwistle

Admin first dose SARS-CoV-2 vac
C-19 AstraZeneca (By H Barclay)
Intervention
COVOXFORD

Referrals

02-Apr-2019 Dr Sarah Murray

Administration NOS

. Referral Type: Out Patient; Sender: Dr Sarah Murray; Reason: Administration NOS

25-Apr-2018 ****

Administration NOS

. Referral Type: Out Patient; Sender: Miss ****; Reason: Administration NOS

16-May-2012 Dr Colin Entwistle

Administration NOS

. Referral Type: Out Patient; Sender: Dr Colin Entwistle; Reason: Administration NOS

Test Requests

10-Nov-2025 Dr Olivia Mansfield

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: LUTS Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: PSA, Status: Complete, Updated: 10/11/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Oct-2025 Ms Holly Mcconville

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: annual bloods Priority: non-urgent, Ordered from: Biochemistry Red, All samples collectedTest: HbA1c, Status: Complete, Updated: 31/10/2025Ordered from: Biochemistry U1, All samples collectedTest: Urine ACR, Status: Complete, Updated: 31/10/2025Ordered from: Biochemistry, All samples collectedTest: Creat & Electrolytes, Status: Complete, Updated: 31/10/2025Test: Cholesterol, Status: Complete, Updated: 31/10/2025Test: LFTs, Status: Complete, Updated: 31/10/2025Test: Lipids, Status: Complete, Updated: 31/10/2025Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 31/10/2025

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Ms Lisa Riddell

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: CDM MH Priority: non-urgent, Ordered from: Biochemistry Red, No samples collectedTest: HbA1c, Status: Requested, Updated: 08/02/2023Ordered from: Biochemistry, No samples collectedTest: Creat & Electrolytes, Status: Requested, Updated: 08/02/2023Test: Chol:HDL ratio, Status: Requested, Updated: 08/02/2023Test: Cholesterol, Status: Requested, Updated: 08/02/2023Test: LFTs, Status: Requested, Updated: 08/02/2023Test: TSH Monitoring, Status: Requested, Updated: 08/02/2023Ordered from: Haematology, No samples collectedTest: FBC, Status: Requested, Updated: 08/02/2023

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

31-Dec-9999 Dr Nicola McGregor

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: repeat tests Priority: non-urgent, Ordered from: Biochemistry, No samples collectedTest: Ferritin, Status: Requested, Updated: 12/07/2022Ordered from: Haematology, No samples collectedTest: ESR, Status: Requested, Updated: 12/07/2022

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

05-July-2022 Dr Nicola McGregor

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: tatt joint pains, wind Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Serum B12, Status: Complete, Updated: 05/07/2022Test: Coeliac screen, Status: Complete, Updated: 05/07/2022Test: C-Reactive Protein, Status: Complete, Updated: 05/07/2022Test: Ferritin, Status: Complete, Updated: 05/07/2022Test: Serum Folate, Status: Complete, Updated: 05/07/2022Ordered from: Biochemistry Yellow, All samples collectedTest: Random Glucose, Status: Complete, Updated: 05/07/2022Ordered from: Haematology, All samples collectedTest: ESR, Status: Complete, Updated: 05/07/2022

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

08-Feb-2022 Ms Elaine Powell

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: MH annual review, increased CVD risk Priority: non-urgent, Ordered from: Biochemistry Red, All samples collectedTest: HbA1c, Status: Complete, Updated: 08/02/2022Ordered from: Biochemistry, All samples collectedTest: Creat & Electrolytes, Status: Complete, Updated: 08/02/2022Test: Chol:HDL ratio, Status: Complete, Updated: 08/02/2022Test: Cholesterol, Status: Complete, Updated: 08/02/2022Test: LFTs, Status: Complete, Updated: 08/02/2022Test: Lipids, Status: Complete, Updated: 08/02/2022Test: TSH Monitoring, Status: Complete, Updated: 08/02/2022Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 08/02/2022

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

13-Apr-2021 Dr Janice Allister

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: Urinary frequency Priority: non-urgent, Ordered from: Microbiology, All samples collectedTest: MSU (C&S), Status: Complete, Updated: 13/04/2021

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

31-Dec-9999 Dr Colin Entwistle

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: Priority: non-urgent, Ordered from: Biochemistry, No samples collectedTest: PSA, Status: Requested, Updated: 18/12/2020Ordered from: Biochemistry Red, No samples collectedTest: HbA1c, Status: Requested, Updated: 18/12/2020Ordered from: Biochemistry Yellow, No samples collectedTest: Random Glucose, Status: Requested, Updated: 18/12/2020

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

10-Dec-2020 Ms Anne Frater

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: Hospital request Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Creat & Electrolytes, Status: Complete, Updated: 10/12/2020Test: LFTs, Status: Complete, Updated: 10/12/2020Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 10/12/2020

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

10-Dec-2020 Ms Anne Frater

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: please add to previous request Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Chol:HDL ratio, Status: Complete, Updated: 10/12/2020Test: Cholesterol, Status: Complete, Updated: 10/12/2020Test: Testosterone, Status: Complete, Updated: 10/12/2020

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

29-Jan-2019 Dr Sarah Murray

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: urinary symptoms Priority: non-urgent, Ordered from: Microbiology, All samples collectedTest: MSU (C&S), Status: Complete, Updated: 29/01/2019

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

29-Oct-2018 Dr Marie Donnelly

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: reflux, bloating Priority: non-urgent, Ordered from: Microbiology, All samples collectedTest: Helicobacter Antigen (Stool), Status: Complete, Updated: 29/10/2018

Status

Innoculation Risk False
 Priority Routine
 Has Fasted? False
 Is Pregnant? False

02-Feb-2018 Mrs Denise Morton

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: CV Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Creat & Electrolytes, Status: Complete, Updated: 02/02/2018Test: Cholesterol, Status: Complete, Updated: 02/02/2018Test: LFTs, Status: Complete, Updated: 02/02/2018Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 02/02/2018Ordered from: Biochemistry Yellow, All samples collectedTest: Random Glucose, Status: Complete, Updated: 02/02/2018

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

27-Jan-2017 Ms Leith Murray

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: Priority: non-urgent, Ordered from: Biochemistry Red, All samples collectedTest: HbA1c, Status: Complete, Updated: 27/01/2017Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 27/01/2017Ordered from: Biochemistry Yellow, All samples collectedTest: Fasting Glucose, Status: Complete, Updated: 27/01/2017Ordered from: Biochemistry, All samples collectedTest: Lipids, Status: Complete, Updated: 27/01/2017

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

18-Jan-2017 Dr Alasdair Lynch

Laboratory test requested

Remote Test request from ICE system: NHS Lothian IceClinical Information: low mood, nocturia, TATT Priority: non-urgent, Ordered from: Biochemistry, All samples collectedTest: Serum B12, Status: Complete, Updated: 18/01/2017Test: Bone Profile, Status: Complete, Updated: 18/01/2017Test: Creat & Electrolytes, Status: Complete, Updated: 18/01/2017Test: Cholesterol, Status: Complete, Updated: 18/01/2017Test: Serum Folate, Status: Complete, Updated: 18/01/2017Test: LFTs, Status: Complete, Updated: 18/01/2017Test: PSA, Status: Complete, Updated: 18/01/2017Test: TFT, Status: Complete, Updated: 18/01/2017Test: 25-OH Vitamin D, Status: Complete, Updated: 18/01/2017Ordered from: Biochemistry Red, All samples collectedTest: HbA1c, Status: Complete, Updated: 18/01/2017Ordered from: Haematology, All samples collectedTest: FBC, Status: Complete, Updated: 18/01/2017Ordered from: Biochemistry Yellow, All samples collectedTest: Random Glucose, Status: Complete, Updated: 18/01/2017

Status

Innoculation Risk False

Priority Routine

Has Fasted? False

Is Pregnant? False

Test Results

10-Nov-2025 Dr Olivia Mansfield**Result:** Prostate specific antigen

Prostate specific antigen

0.9 ug/L

(No range available)

10-Nov-2025 Dr Olivia Mansfield**Result:** Tumour marker levels<none>

Tumour marker levels <none>

mmol/L

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Haemoglobin A1c level - IFCC standardisedHbA1c levl - IFCC standardised -

Haemoglobin A1c level - IFCC standardised HbA1c levl - IFCC standardised -

41 mmol/mol

(Range: 20 - 41)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Urine albumin

Urine albumin

12 mg/L

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Urine creatinine

Urine creatinine

26 mmol/L

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Urine albumin:creatinine ratio<none>

Urine albumin:creatinine ratio <none>

g/mol

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Urine albumin:creatinine ratio

Urine albumin:creatinine ratio

0.5 mg/mmol

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Eosinophil count $10^9/L$ Eosinophil count $10^9/L$ 0.23 $10^9/L$

(Range: 0.04 - 0.4)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Haemoglobin estimation

Haemoglobin estimation

139 g/L

(Range: 130 - 180)

31-Oct-2025 Dr Sattar Taghizadeh**Result:** Mean corpusc. haemoglobin(MCH)

Mean corpusc. haemoglobin(MCH)

30.6 pg

(Range: 27 - 32)

31-Oct-2025 Dr Sattar Taghizadeh Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	337 g/L	(Range: 310 - 360)
31-Oct-2025 Dr Sattar Taghizadeh Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	91 fL	(Range: 78 - 98)
31-Oct-2025 Dr Sattar Taghizadeh Result: Monocyte count $10^9/L$ Monocyte count $10^9/L$	0.45 $10^9/L$	(Range: 0.2 - 0.8)
31-Oct-2025 Dr Sattar Taghizadeh Result: Neutrophil count $10^9/L$ Neutrophil count $10^9/L$	4.26 $10^9/L$	(Range: 2 - 7.5)
31-Oct-2025 Dr Sattar Taghizadeh Result: Platelet count $10^9/L$ Platelet count $10^9/L$	309 $10^9/L$	(Range: 150 - 400)
31-Oct-2025 Dr Sattar Taghizadeh Result: Red blood cell (RBC) count $10^{12}/L$ Red blood cell (RBC) count $10^{12}/L$	4.54 $10^{12}/L$	(Range: 4.5 - 6.5)
31-Oct-2025 Dr Sattar Taghizadeh Result: Total white cell count $10^9/L$ Total white cell count $10^9/L$	7 $10^9/L$	(Range: 4 - 11)
31-Oct-2025 Dr Sattar Taghizadeh Result: Lymphocyte count $10^9/L$ Lymphocyte count $10^9/L$	1.93 $10^9/L$	(Range: 1.5 - 4.5)
31-Oct-2025 Dr Sattar Taghizadeh Result: Full blood count - FBC <none> Full blood count - FBC <none>		(No range available)
31-Oct-2025 Dr Sattar Taghizadeh Result: Haematocrit Haematocrit	0.412 ratio	(Range: 0.4 - 0.52)
31-Oct-2025 Dr Sattar Taghizadeh Result: Basophil count $10^9/L$ Basophil count $10^9/L$	0.08 $10^9/L$	(Range: 0.01 - 0.1)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	76 U/L	(Range: 40 - 125)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum alanine aminotransferase level Serum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	29 U/L	(Range: 10 - 50)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum total bilirubin level Serum total bilirubin level	8 umol/L	(Range: 3 - 21)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum total cholesterol level Serum total cholesterol level	4 mmol/L	(No range available)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum creatinine Serum creatinine	87 umol/L	(Range: 64 - 111)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	28 U/L	(Range: 10 - 55)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.3 mmol/L	(Range: 0.9 - 1.4)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum LDL cholesterol level Serum LDL cholesterol level	1.8 mmol/L	(No range available)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum potassium Serum potassium	4.3 mmol/L	(Range: 3.6 - 5)
31-Oct-2025 Dr Sattar Taghizadeh Result: Serum sodium Serum sodium	140 mmol/L	(Range: 135 - 145)

31-Oct-2025 Dr Sattar Taghizadeh

Result: Serum triglycerides
Serum triglycerides

2.1 mmol/L

(Range: 0.8 - 2.1)

31-Oct-2025 Dr Sattar Taghizadeh

Result: Serum lipids<none>
Serum lipids <none>

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh

Result: Liver function test<none>
Liver function test <none>

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh

Result: Urea and electrolytes<none>
Urea and electrolytes <none>

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh

Result: Serum cholesterol/HDL ratio
Serum cholesterol/HDL ratio

3.2 ratio

(No range available)

31-Oct-2025 Dr Sattar Taghizadeh

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min
GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min 60 mL/min

(No range available)

03-Sept-2025 Dr Colin Entwistle

Result: BCSP faecal occult blood test normal No action required
Negative
BCSP faecal occult blood test normal No action required

(No range available)

28-Sept-2023 Dr Colin Entwistle

Result: BCSP faecal occult blood test normal No action required
Negative
BCSP faecal occult blood test normal No action required

(No range available)

13-Dec-2022 *****

Result: ECG
Normal
ECG

(No range available)

05-July-2022 Dr Nicola McGregor

Result: Biochemical test<none>
Biochemical test <none>

(No range available)

05-July-2022 Dr Nicola McGregor

Result: Coeliac disease screen U/mL - Coeliac testing NOTES: 1. If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp. 2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endo-scopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist. 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common. 4. See GI and Paediatric GI pages on RefHelp for further information and advice.

Coeliac disease screen U/mL - Coeliac testing NOTES: 1. If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp. 2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endo-scopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist. 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common. 4. See GI and Paediatric GI pages on RefHelp for further information and advice.

1.5 U/mL

(Range: 0.1 - 5)

05-July-2022 Dr Nicola McGregor

Result: Plasma glucose level<none>
Plasma glucose level <none>

mmol/L

(No range available)

05-July-2022 Dr Nicola McGregor

Result: Plasma random glucose level
Plasma random glucose level

4.8 mmol/L

(Range: 3.8 - 7.7)

05-July-2022 Dr Nicola McGregor

Result: Serum vitamin B12
Serum vitamin B12

288 ng/L

(Range: 180 - 2000)

05-July-2022 Dr Nicola McGregor

Result: Serum ferritin For interpretation of high ferritin please consult NHS Lothian Intranet: Healthcare-A-Z-Haematology-GP Referral guidelines-High Ferritin.
Abnormal
Serum ferritin For interpretation of high ferritin please consult NHS Lothian Intranet: Healthcare-A-Z-Haematology-GP Referral guidelines-High Ferritin.

356 ug/L

(Range: 20 - 300)

05-July-2022 Dr Nicola McGregor

Result: Serum folate
Serum folate

6.7 ug/L

(Range: 2.8 - 20)

05-July-2022 Dr Nicola McGregor

Result: Serum C reactive protein level

Serum C reactive protein level

5 mg/L

(No range available)

05-July-2022 Dr Nicola McGregor

Result: Blood haematinic levels<none>

Blood haematinic levels <none>

(No range available)

05-July-2022 Dr Nicola McGregor

Result: Erythrocyte sedimentation rate mm/hr

Abnormal

Erythrocyte sedimentation rate mm/hr

14 mm/h

(Range: 1 - 10)

08-Feb-2022 Dr Colin Entwistle

Result: Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

79 U/L

(Range: 40 - 125)

08-Feb-2022 Dr Colin Entwistle

Result: Serum alanine aminotransferase level Serum ALT level - U/L

Serum alanine aminotransferase level Serum ALT level - U/L

35 U/L

(Range: 10 - 50)

08-Feb-2022 Dr Colin Entwistle

Result: Serum total bilirubin level

Serum total bilirubin level

5 umol/L

(Range: 3 - 21)

08-Feb-2022 Dr Colin Entwistle

Result: Serum total cholesterol level

Abnormal

Serum total cholesterol level

6.3 mmol/L

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Serum creatinine

Serum creatinine

81 umol/L

(Range: 64 - 111)

08-Feb-2022 Dr Colin Entwistle

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

44 U/L

(Range: 10 - 55)

08-Feb-2022 Dr Colin Entwistle

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

1.3 mmol/L

(Range: 0.9 - 1.4)

08-Feb-2022 Dr Colin Entwistle

Result: Serum LDL cholesterol level

Abnormal

Serum LDL cholesterol level

3.7 mmol/L

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Serum potassium

Serum potassium

4.6 mmol/L

(Range: 3.6 - 5)

08-Feb-2022 Dr Colin Entwistle

Result: Serum sodium

Serum sodium

140 mmol/L

(Range: 135 - 145)

08-Feb-2022 Dr Colin Entwistle

Result: Serum triglycerides

Abnormal

Serum triglycerides

2.9 mmol/L

(Range: 0.8 - 2.1)

08-Feb-2022 Dr Colin Entwistle

Result: Serum TSH level mU/L

Serum TSH level mU/L

2 mU/L

(Range: 0.23 - 5.6)

08-Feb-2022 Dr Colin Entwistle

Result: Serum lipids<none>

Serum lipids <none>

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Liver function test<none>

Liver function test <none>

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Thyroid function test<none>

Thyroid function test <none>

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Urea and electrolytes<none>

Urea and electrolytes <none>

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Serum cholesterol/HDL ratio

Serum cholesterol/HDL ratio

4.8 ratio

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min 60 mL/min

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Eosinophil count $10^9/L$ Eosinophil count $10^9/L$ 0.15 $10^9/L$

(Range: 0.04 - 0.4)

08-Feb-2022 Dr Colin Entwistle

Result: Haemoglobin estimation

Haemoglobin estimation

142 g/L

(Range: 130 - 180)

08-Feb-2022 Dr Colin Entwistle

Result: Mean corpusc. haemoglobin(MCH)

Mean corpusc. haemoglobin(MCH)

31.8 pg

(Range: 27 - 32)

08-Feb-2022 Dr Colin Entwistle

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

345 g/L

(Range: 310 - 360)

08-Feb-2022 Dr Colin Entwistle

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

92 fL

(Range: 78 - 98)

08-Feb-2022 Dr Colin Entwistle

Result: Monocyte count $10^9/L$ Monocyte count $10^9/L$ 0.64 $10^9/L$

(Range: 0.2 - 0.8)

08-Feb-2022 Dr Colin Entwistle

Result: Neutrophil count $10^9/L$ Neutrophil count $10^9/L$ 3.24 $10^9/L$

(Range: 2 - 7.5)

08-Feb-2022 Dr Colin Entwistle

Result: Platelet count $10^9/L$ Platelet count $10^9/L$ 360 $10^9/L$

(Range: 150 - 400)

08-Feb-2022 Dr Colin Entwistle

Result: Red blood cell (RBC) count $10^{12}/L$

Abnormal

Red blood cell (RBC) count $10^{12}/L$ 4.47 $10^{12}/L$

(Range: 4.5 - 6.5)

08-Feb-2022 Dr Colin Entwistle

Result: Nucleated red blood cell count $10^9/L$ Nucleated red blood cell count $10^9/L$ 0 $10^9/L$

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Total white cell count $10^9/L$ Total white cell count $10^9/L$ 6.3 $10^9/L$

(Range: 4 - 11)

08-Feb-2022 Dr Colin Entwistle

Result: Lymphocyte count $10^9/L$ Lymphocyte count $10^9/L$ 2.12 $10^9/L$

(Range: 1.5 - 4.5)

08-Feb-2022 Dr Colin Entwistle

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

08-Feb-2022 Dr Colin Entwistle

Result: Haematocrit

Haematocrit

0.411 ratio

(Range: 0.4 - 0.52)

08-Feb-2022 Dr Colin Entwistle

Result: Basophil count $10^9/L$

Abnormal

Basophil count $10^9/L$ 0.12 $10^9/L$

(Range: 0.01 - 0.1)

08-Feb-2022 Dr Colin Entwistle

Result: Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - - HbA1c is NOT increased.

Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - - 39 mmol/mol

HbA1c is NOT increased.

(Range: 20 - 41)

08-Feb-2022 Ms Elaine Powell

Result: Blood sample -> Lab NOSVB as per ICE request

Blood sample -> Lab NOS VB as per ICE request

(No range available)

09-Aug-2021 Dr Colin Entwistle

Result: BCSP faecal occult blood test normal No action required

Negative

BCSP faecal occult blood test normal No action required

(No range available)

13-Apr-2021 Dr Janice Allister

Result: Urinary microscopy, culture and sensitivities *Urine culture No significant growth Urine samples for culture and sensitivity testings should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduce the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.; Urinary MC&S*

Urinary microscopy, culture and sensitivities Urine culture No significant growth Urine samples for culture and sensitivity testings should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduce the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.; Urinary MC&S

(No range available)

10-Dec-2020 Dr Sarah Murray

Result: Serum prolactin level mU/L

Abnormal

Serum prolactin level mU/L

25 mU/L

(Range: 60 - 500)

10-Dec-2020 Dr Sarah Murray

Result: Serum testosterone

Serum testosterone

11.9 nmol/L

(Range: 10 - 38)

10-Dec-2020 Dr Sarah Murray

Result: Endocrine studies *Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.*

Endocrine studies Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.

(No range available)

10-Dec-2020 Dr Colin Entwistle

Result: Eosinophil count $10^9/L$ Eosinophil count $10^9/L$ 0.09 $10^9/L$

(Range: 0.04 - 0.4)

10-Dec-2020 Dr Colin Entwistle

Result: Haemoglobin estimation

Haemoglobin estimation

135 g/L

(Range: 130 - 180)

10-Dec-2020 Dr Colin Entwistle

Result: Mean corpusc. haemoglobin (MCH)

Mean corpusc. haemoglobin (MCH)

30.2 pg

(Range: 27 - 32)

10-Dec-2020 Dr Colin Entwistle

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

340 g/L

(Range: 310 - 360)

10-Dec-2020 Dr Colin Entwistle

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

89 fL

(Range: 78 - 98)

10-Dec-2020 Dr Colin Entwistle

Result: Monocyte count $10^9/L$ Monocyte count $10^9/L$ 0.71 $10^9/L$

(Range: 0.2 - 0.8)

10-Dec-2020 Dr Colin Entwistle

Result: Neutrophil count $10^9/L$ Neutrophil count $10^9/L$ 4.28 $10^9/L$

(Range: 2 - 7.5)

10-Dec-2020 Dr Colin Entwistle

Result: Platelet count $10^9/L$ Platelet count $10^9/L$ 286 $10^9/L$

(Range: 150 - 400)

10-Dec-2020 Dr Colin Entwistle

Result: Red blood cell (RBC) count $10^{12}/L$

Abnormal

Red blood cell (RBC) count $10^{12}/L$ 4.47 $10^{12}/L$

(Range: 4.5 - 6.5)

10-Dec-2020 Dr Colin Entwistle

Result: Total white cell count $10^9/L$ Total white cell count $10^9/L$ 7.6 $10^9/L$

(Range: 4 - 11)

10-Dec-2020 Dr Colin Entwistle

Result: Lymphocyte count $10^9/L$ Lymphocyte count $10^9/L$ 2.38 $10^9/L$

(Range: 1.5 - 4)

10-Dec-2020 Dr Colin Entwistle

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

10-Dec-2020 Dr Colin Entwistle

Result: Haematocrit

Abnormal

Haematocrit

0.397 ratio

(Range: 0.4 - 0.52)

10-Dec-2020 Dr Colin Entwistle

Result: Basophil count $10^9/L$ Basophil count $10^9/L$ 0.1 $10^9/L$

(Range: 0.01 - 0.1)

10-Dec-2020 Dr Sarah Murray			
Result: Serum alkaline phosphatase U/L			
Serum alkaline phosphatase U/L	67 U/L		(Range: 40 - 125)
10-Dec-2020 Dr Sarah Murray			
Result: Serum alanine aminotransferase level Serum ALT level - U/L			
Serum alanine aminotransferase level Serum ALT level - U/L	29 U/L		(Range: 10 - 50)
10-Dec-2020 Dr Sarah Murray			
Result: Serum total bilirubin level			
Serum total bilirubin level	6 umol/L		(Range: 3 - 21)
10-Dec-2020 Dr Sarah Murray			
Result: Serum total cholesterol level			
Abnormal			
Serum total cholesterol level	6.9 mmol/L		(No range available)
10-Dec-2020 Dr Sarah Murray			
Result: Serum creatinine			
Serum creatinine	77 umol/L		(Range: 64 - 111)
10-Dec-2020 Dr Sarah Murray			
Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L			
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	35 U/L		(Range: 10 - 55)
10-Dec-2020 Dr Sarah Murray			
Result: Serum HDL cholesterol level			
Abnormal			
Serum HDL cholesterol level	1.6 mmol/L		(Range: 0.9 - 1.4)
10-Dec-2020 Dr Sarah Murray			
Result: Serum potassium			
Serum potassium	4.3 mmol/L		(Range: 3.6 - 5)
10-Dec-2020 Dr Sarah Murray			
Result: Serum sodium			
Serum sodium	143 mmol/L		(Range: 135 - 145)
10-Dec-2020 Dr Sarah Murray			
Result: Serum lipids <none>			
Serum lipids <none>			(No range available)
10-Dec-2020 Dr Sarah Murray			
Result: Liver function test <none>			
Liver function test <none>			(No range available)
10-Dec-2020 Dr Sarah Murray			
Result: Urea and electrolytes <none>			
Urea and electrolytes <none>			(No range available)
10-Dec-2020 Dr Sarah Murray			
Result: Serum cholesterol/HDL ratio			
Serum cholesterol/HDL ratio	4.3 ratio		(No range available)
10-Dec-2020 Dr Sarah Murray			
Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min			
GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - ml/min	60 mL/min		(No range available)
29-Jan-2019 Dr Sarah Murray			
Result: Urinary microscopy, culture and sensitivities Urine culture Strep agalactiae Group B greater than 100,000 cfu/ml We do not routinely test antibiotic sensitivity for Group B Streptococci in urine. Locally Group B Streptococci are always sensitive to amoxicillin and cefalexin, usually to nitrofurantoin, never to trimethoprim or ciprofloxacin. Most are doxycycline resistant. Cefalexin is regarded as the third choice as it is felt to have a higher risk of C difficile than amoxicillin and nitrofurantoin. Isolate(s) will be held for 7 days Please consult microbiologist if advice is required; Urinary MC&S			
Urinary microscopy, culture and sensitivities Urine culture Strep agalactiae Group B greater than 100,000 cfu/ml We do not routinely test antibiotic sensitivity for Group B Streptococci in urine. Locally Group B Streptococci are always sensitive to amoxicillin and cefalexin, usually to nitrofurantoin, never to trimethoprim or ciprofloxacin. Most are doxycycline resistant. Cefalexin is regarded as the third choice as it is felt to have a higher risk of C difficile than amoxicillin and nitrofurantoin. Isolate(s) will be held for 7 days Please consult microbiologist if advice is required; Urinary MC&S			(No range available)
10-Jan-2019 Dr Colin Entwistle			
Result: BCSP faecal occult blood test normal No action required			
Negative			
BCSP faecal occult blood test normal No action required			(No range available)
31-Oct-2018 Dr Marie Donnelly			
Result: Helicobacter pylori antigen test H pylori antigen test - Negative			
Helicobacter pylori antigen test H pylori antigen test - Negative			(No range available)
17-Oct-2018 Dr Sarah Butler			
Result: Haemoglobin A1c level - IFCC standardised			
Haemoglobin A1c level - IFCC standardised	42 mmol/mol		(No range available)

25-Sept-2018 Dr Sarah Butler Result: Serum T4 level Serum T4 level	12 nmol/L	(No range available)
25-Sept-2018 Dr Sarah Butler Result: Serum TSH level Serum TSH level	1.6 MicroU/L	(No range available)
25-Sept-2018 Dr Sarah Butler Result: Serum cholesterol/HDL ratio Serum cholesterol/HDL ratio	4.4 ratio	(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Serum vitamin B12 Serum vitamin B12	230 ng/L	(Range: 180 - 2000)
02-Feb-2018 Dr Alasdair Lynch Result: Serum ferritin Serum ferritin	286 ug/L	(Range: 20 - 300)
02-Feb-2018 Dr Alasdair Lynch Result: Serum folate Serum folate	7.2 ug/L	(Range: 2.8 - 20)
02-Feb-2018 Dr Alasdair Lynch Result: Blood haematinic levels<none> Blood haematinic levels <none>		(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Plasma glucose level<none> Plasma glucose level <none>	mmol/L	(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Plasma random glucose level Plasma random glucose level	5.1 mmol/L	(Range: 3.8 - 7.7)
02-Feb-2018 Dr Alasdair Lynch Result: Serum alkaline phosphataseU/L Serum alkaline phosphatase U/L	77 U/L	(Range: 40 - 125)
02-Feb-2018 Dr Alasdair Lynch Result: Serum alanine aminotransferase levelSerum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	23 U/L	(Range: 10 - 50)
02-Feb-2018 Dr Alasdair Lynch Result: Serum total bilirubin level Serum total bilirubin level	6 umol/L	(Range: 3 - 21)
02-Feb-2018 Dr Alasdair Lynch Result: Serum total cholesterol level Abnormal Serum total cholesterol level	5.3 mmol/L	(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Serum creatinine Abnormal Serum creatinine	63 umol/L	(Range: 64 - 111)
02-Feb-2018 Dr Alasdair Lynch Result: Serum gamma-glutamyl transferase levelSerum gamma GT level - U/L Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	24 U/L	(Range: 10 - 55)
02-Feb-2018 Dr Alasdair Lynch Result: Serum potassium Serum potassium	4.1 mmol/L	(Range: 3.6 - 5)
02-Feb-2018 Dr Alasdair Lynch Result: Serum sodium Serum sodium	140 mmol/L	(Range: 135 - 145)
02-Feb-2018 Dr Alasdair Lynch Result: Serum lipids<none> Serum lipids <none>		(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Liver function test<none> Liver function test <none>		(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: Urea and electrolytes<none> Urea and electrolytes <none>		(No range available)
02-Feb-2018 Dr Alasdair Lynch Result: GFR calculated abbreviated MDRDGFR calculated abbreviatd MDRD - >60 GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - >60	mL/min	(No range available)

02-Feb-2018 Dr Alasdair Lynch

Result: Eosinophil count $10^9/L$ Eosinophil count $10^9/L$ 0.28 $10^9/L$

(Range: 0.04 - 0.4)

02-Feb-2018 Dr Alasdair Lynch

Result: Haemoglobin estimation

Abnormal

Haemoglobin estimation

130 g/L

(Range: 135 - 180)

02-Feb-2018 Dr Alasdair Lynch

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

29.7 pg/mL

(Range: 27 - 32)

02-Feb-2018 Dr Alasdair Lynch

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

331 g/L

(Range: 310 - 360)

02-Feb-2018 Dr Alasdair Lynch

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

90 fL

(Range: 78 - 98)

02-Feb-2018 Dr Alasdair Lynch

Result: Monocyte count $10^9/L$ Monocyte count $10^9/L$ 0.66 $10^9/L$

(Range: 0.2 - 0.8)

02-Feb-2018 Dr Alasdair Lynch

Result: Neutrophil count $10^9/L$ Neutrophil count $10^9/L$ 3.33 $10^9/L$

(Range: 2 - 7.5)

02-Feb-2018 Dr Alasdair Lynch

Result: Platelet count $10^9/L$ Platelet count $10^9/L$ 273 $10^9/L$

(Range: 150 - 400)

02-Feb-2018 Dr Alasdair Lynch

Result: Red blood cell (RBC) count $10^{12}/L$

Abnormal

Red blood cell (RBC) count $10^{12}/L$ 4.38 $10^{12}/L$

(Range: 4.5 - 6.5)

02-Feb-2018 Dr Alasdair Lynch

Result: Total white cell count $10^9/L$ Total white cell count $10^9/L$ 6.1 $10^9/L$

(Range: 4 - 11)

02-Feb-2018 Dr Alasdair Lynch

Result: Lymphocyte count $10^9/L$ Lymphocyte count $10^9/L$ 1.71 $10^9/L$

(Range: 1.5 - 4)

02-Feb-2018 Dr Alasdair Lynch

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

02-Feb-2018 Dr Alasdair Lynch

Result: Haematocrit

Abnormal

Haematocrit

0.393 ratio

(Range: 0.4 - 0.54)

02-Feb-2018 Dr Alasdair Lynch

Result: Basophil count $10^9/L$ Basophil count $10^9/L$ 0.08 $10^9/L$

(Range: 0.01 - 0.1)

02-Feb-2018 Mrs Denise Morton

Result: Urine blood test = negative

Urine blood test = negative

(No range available)

02-Feb-2018 Mrs Denise Morton

Result: Urine glucose test negative

Urine glucose test negative

(No range available)

02-Feb-2018 Mrs Denise Morton

Result: Urine protein test negative

Urine protein test negative

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - mmol/mol - HbA1c result is in the normal range.

Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - 37 mmol/mol

mmol/mol - HbA1c result is in the normal range.

(Range: 20 - 41)

18-Jan-2017 Dr Alasdair Lynch

Result: Endocrine studies <none>

Endocrine studies <none>

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. GRImmunoassay underestimates Vitamin D2. Vitamin D analysed by Glasgow Royal Infirmary. ET006731T

Abnormal

Serum vitamin D Vit D: <25 deficient, 25-50 insufficient, >50 adequate. GRImmunoassay underestimates Vitamin D2. Vitamin D analysed by Glasgow Royal Infirmary. ET006731T

44 nmol/L

(Range: 50 - 170)

27-Jan-2017 Dr Alasdair Lynch

Result: Plasma glucose level <none>

Plasma glucose level <none>

mmol/L

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Plasma fasting glucose level

Plasma fasting glucose level

4.8 mmol/L

(Range: 3.8 - 6)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum total cholesterol level

Abnormal

Serum total cholesterol level

5.5 mmol/L

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum HDL cholesterol level

Serum HDL cholesterol level

1.2 mmol/L

(Range: 0.9 - 1.4)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum LDL cholesterol level

Serum LDL cholesterol level

3.1 mmol/L

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum triglycerides

Abnormal

Serum triglycerides

2.8 mmol/L

(Range: 0.8 - 2.1)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum lipids <none>

Serum lipids <none>

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Serum cholesterol/HDL ratio

Serum cholesterol/HDL ratio

4.8 ratio

(No range available)

27-Jan-2017 Dr Alasdair Lynch

Result: Eosinophil count $10^9/L$

Eosinophil count $10^9/L$ 0.27 $10^9/L$

(Range: 0.04 - 0.4)

27-Jan-2017 Dr Alasdair Lynch

Result: Haemoglobin estimation

Haemoglobin estimation

141 g/L

(Range: 135 - 180)

27-Jan-2017 Dr Alasdair Lynch

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

31.3 pg/mL

(Range: 27 - 32)

27-Jan-2017 Dr Alasdair Lynch

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

341 g/L

(Range: 310 - 360)

27-Jan-2017 Dr Alasdair Lynch

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

92 fL

(Range: 78 - 98)

27-Jan-2017 Dr Alasdair Lynch

Result: Monocyte count $10^9/L$

Monocyte count $10^9/L$ 0.64 $10^9/L$

(Range: 0.2 - 0.8)

27-Jan-2017 Dr Alasdair Lynch

Result: Neutrophil count $10^9/L$

Neutrophil count $10^9/L$ 3.45 $10^9/L$

(Range: 2 - 7.5)

27-Jan-2017 Dr Alasdair Lynch

Result: Platelet count $10^9/L$

Platelet count $10^9/L$ 286 $10^9/L$

(Range: 150 - 400)

27-Jan-2017 Dr Alasdair Lynch

Result: Red blood cell (RBC) count $10^{12}/L$

Red blood cell (RBC) count $10^{12}/L$ 4.5 $10^{12}/L$

(Range: 4.5 - 6.5)

27-Jan-2017 Dr Alasdair Lynch

Result: Total white cell count $10^9/L$

Total white cell count $10^9/L$ 6.4 $10^9/L$

(Range: 4 - 11)

27-Jan-2017 Dr Alasdair Lynch

Result: Lymphocyte count $10^9/L$

Lymphocyte count $10^9/L$ 1.94 $10^9/L$

(Range: 1.5 - 4)

27-Jan-2017 Dr Alasdair Lynch		
Result: Full blood count - FBC<none>		
Full blood count - FBC <none>		(No range available)
27-Jan-2017 Dr Alasdair Lynch		
Result: Haematocrit		
Haematocrit	0.413 ratio	(Range: 0.4 - 0.54)
27-Jan-2017 Dr Alasdair Lynch		
Result: Basophil count 10 ⁹ /L		
Basophil count 10 ⁹ /L	0.06 10 ⁹ /L	(Range: 0.01 - 0.1)
27-Jan-2017 Ms Leith Murray		
Result: Blood sample -> Lab NOS		
Blood sample -> Lab NOS Bloods taken as requested. Pt will call for results in 1/52.		(No range available)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum albumin		
Serum albumin	40 g/L	(Range: 36 - 47)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum alkaline phosphatase U/L		
Serum alkaline phosphatase U/L	69 U/L	(Range: 40 - 125)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum alanine aminotransferase level Serum ALT level - U/L		
Serum alanine aminotransferase level Serum ALT level - U/L	31 U/L	(Range: 10 - 50)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum vitamin B12		
Serum vitamin B12	340 ng/L	(Range: 180 - 2000)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum total bilirubin level		
Serum total bilirubin level	10 umol/L	(Range: 3 - 21)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum calcium		
Serum calcium	2.4 mmol/L	(Range: 2.2 - 2.6)
18-Jan-2017 Dr Alasdair Lynch		
Result: Corrected serum calcium level		
Corrected serum calcium level	2.43 mmol/L	(Range: 2.2 - 2.6)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum total cholesterol level		
Abnormal		
Serum total cholesterol level	5.6 mmol/L	(No range available)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum creatinine		
Serum creatinine	91 umol/L	(Range: 64 - 111)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum folate		
Serum folate	13.6 ug/L	(Range: 2.8 - 20)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L		
Abnormal		
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	59 U/L	(Range: 10 - 55)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum inorganic phosphate		
Serum inorganic phosphate	0.87 mmol/L	(Range: 0.8 - 1.4)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum potassium		
Serum potassium	4.2 mmol/L	(Range: 3.6 - 5)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum sodium		
Serum sodium	140 mmol/L	(Range: 135 - 145)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum TSH level mU/L		
Serum TSH level mU/L	2 mU/L	(Range: 0.2 - 4.5)
18-Jan-2017 Dr Alasdair Lynch		
Result: Serum lipids<none>		
Serum lipids <none>		(No range available)
18-Jan-2017 Dr Alasdair Lynch		
Result: Bone profile<none>		
Bone profile <none>		(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Liver function test<none>

Liver function test <none>

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Thyroid function test<none>

Thyroid function test <none>

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Urea and electrolytes<none>

Urea and electrolytes <none>

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Prostate specific antigen

Prostate specific antigen

1.2 ug/L

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Blood haematinic levels<none>

Blood haematinic levels <none>

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Serum free T4 level

Serum free T4 level

13 pmol/L

(Range: 9 - 21)

18-Jan-2017 Dr Alasdair Lynch

Result: Tumour marker levels<none>

Tumour marker levels <none>

mmol/L

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

mL/min

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Plasma glucose level<none>

Plasma glucose level <none>

mmol/L

(No range available)

18-Jan-2017 Dr Alasdair Lynch

Result: Plasma random glucose level

Abnormal

Plasma random glucose level

10.4 mmol/L

(Range: 3.8 - 7.7)

18-Jan-2017 Dr Alasdair Lynch

Result: Eosinophil count $10^9/L$ Eosinophil count $10^9/L$ 0.31 $10^9/L$

(Range: 0.04 - 0.4)

18-Jan-2017 Dr Alasdair Lynch

Result: Haemoglobin estimation

Haemoglobin estimation

140 g/L

(Range: 135 - 180)

18-Jan-2017 Dr Alasdair Lynch

Result: Mean corpusc. haemoglobin(MCH)pg

Mean corpusc. haemoglobin(MCH) pg

30.9 pg/mL

(Range: 27 - 32)

18-Jan-2017 Dr Alasdair Lynch

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

339 g/L

(Range: 310 - 360)

18-Jan-2017 Dr Alasdair Lynch

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

91 fL

(Range: 78 - 98)

18-Jan-2017 Dr Alasdair Lynch

Result: Monocyte count $10^9/L$ Monocyte count $10^9/L$ 0.64 $10^9/L$

(Range: 0.2 - 0.8)

18-Jan-2017 Dr Alasdair Lynch

Result: Neutrophil count $10^9/L$ Neutrophil count $10^9/L$ 4.32 $10^9/L$

(Range: 2 - 7.5)

18-Jan-2017 Dr Alasdair Lynch

Result: Platelet count $10^9/L$ Platelet count $10^9/L$ 298 $10^9/L$

(Range: 150 - 400)

18-Jan-2017 Dr Alasdair Lynch

Result: Red blood cell (RBC) count $10^{12}/L$ Red blood cell (RBC) count $10^{12}/L$ 4.53 $10^{12}/L$

(Range: 4.5 - 6.5)

18-Jan-2017 Dr Alasdair Lynch

Result: Total white cell count $10^9/L$ Total white cell count $10^9/L$ 7.4 $10^9/L$

(Range: 4 - 11)

18-Jan-2017 Dr Alasdair Lynch

Result: Lymphocyte count $10^9/L$ Lymphocyte count $10^9/L$ 2.09 $10^9/L$

(Range: 1.5 - 4)

18-Jan-2017 Dr Alasdair Lynch		
Result: Full blood count - FBC<none>		
Full blood count - FBC <none>		(No range available)
18-Jan-2017 Dr Alasdair Lynch		
Result: Haematocrit		
Haematocrit	0.413 ratio	(Range: 0.4 - 0.54)
18-Jan-2017 Dr Alasdair Lynch		
Result: Basophil count $10^9/L$		
Basophil count $10^9/L$	0.08 $10^9/L$	(Range: 0.01 - 0.1)
18-Jan-2017 Dr Alasdair Lynch		
Result: Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - mmol/mol - HbA1c result is in the normal range.		
Haemoglobin A1c level - IFCC standardised HbA1c level - IFCC standardised - mmol/mol - HbA1c result is in the normal range.	36 mmol/mol	(Range: 20 - 42)
18-Jan-2017 Dr Alasdair Lynch		
Result: Biochemical test Send away test - Glasgow GRI		
Biochemical test Send away test - Glasgow GRI		(No range available)
11-Jan-2017 Dr Colin Entwistle		
Result: BCSP faecal occult blood test normal No action required		
Negative		
BCSP faecal occult blood test normal No action required		(No range available)
12-Jan-2015 Ms Sandra Cumming		
Result: BCSP faecal occult blood test normal		
BCSP faecal occult blood test normal		(No range available)
18-Nov-2014 Dr R Ian Dickson		
Result: Biochemical test<none>		
Biochemical test <none>		(No range available)
18-Nov-2014 Dr R Ian Dickson		
Result: Coeliac disease screen U/mL		
Coeliac disease screen U/mL	0.92 U/mL	(Range: 0.1 - 5)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum alkaline phosphatase U/L		
Serum alkaline phosphatase U/L	70 U/L	(Range: 40 - 125)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum alanine aminotransferase level Serum ALT level - U/L		
Serum alanine aminotransferase level Serum ALT level - U/L	28 U/L	(Range: 10 - 50)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum total bilirubin level		
Serum total bilirubin level	8 umol/L	(Range: 3 - 21)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum creatinine		
Serum creatinine	82 umol/L	(Range: 60 - 120)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L		
Serum gamma-glutamyl transferase level Serum gamma GT level - U/L	53 U/L	(Range: 10 - 55)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum potassium		
Serum potassium	4.4 mmol/L	(Range: 3.6 - 5)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum sodium		
Serum sodium	141 mmol/L	(Range: 135 - 145)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum TSH level mU/L		
Serum TSH level mU/L	0.58 mU/L	(Range: 0.2 - 4.5)
18-Nov-2014 Dr R Ian Dickson		
Result: Serum urea level		
Serum urea level	6.3 mmol/L	(Range: 2.5 - 6.6)
18-Nov-2014 Dr R Ian Dickson		
Result: Liver function test<none>		
Liver function test <none>		(No range available)
18-Nov-2014 Dr R Ian Dickson		
Result: Thyroid function test<none>		
Thyroid function test <none>		(No range available)
18-Nov-2014 Dr R Ian Dickson		
Result: Urea and electrolytes<none>		
Urea and electrolytes <none>		(No range available)

18-Nov-2014 Dr R Ian Dickson

Result: Serum free T4 level

Serum free T4 level

14 pmol/L

(Range: 9 - 21)

18-Nov-2014 Dr R Ian Dickson

Result: GFR calculated abbreviated MDRD *GFR calculated abbreviated MDRD - >60*

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

mL/min

(No range available)

18-Nov-2014 Dr R Ian Dickson

Result: Eosinophil count $\times 10^9/l$ Eosinophil count $\times 10^9/l$ 0.31 $10^9/L$

(Range: 0.04 - 0.4)

18-Nov-2014 Dr R Ian Dickson

Result: Haemoglobin estimation g/l

Haemoglobin estimation g/l

144 g/L

(Range: 135 - 180)

18-Nov-2014 Dr R Ian Dickson

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

30.3 pg/mL

(Range: 27 - 32)

18-Nov-2014 Dr R Ian Dickson

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

342 g/L

(Range: 310 - 360)

18-Nov-2014 Dr R Ian Dickson

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

88 fL

(Range: 78 - 98)

18-Nov-2014 Dr R Ian Dickson

Result: Monocyte count $\times 10^9/l$ Monocyte count $\times 10^9/l$ 0.57 $10^9/L$

(Range: 0.2 - 0.8)

18-Nov-2014 Dr R Ian Dickson

Result: Neutrophil count $\times 10^9/l$ Neutrophil count $\times 10^9/l$ 3.4 $10^9/L$

(Range: 2 - 7.5)

18-Nov-2014 Dr R Ian Dickson

Result: Platelet count $\times 10^9/l$ Platelet count $\times 10^9/l$ 337 $10^9/L$

(Range: 150 - 400)

18-Nov-2014 Dr R Ian Dickson

Result: Red blood cell (RBC) count $\times 10^{12}/l$ Red blood cell (RBC) count $\times 10^{12}/l$ 4.76 $10^{12}/L$

(Range: 4.5 - 6.5)

18-Nov-2014 Dr R Ian Dickson

Result: Total white cell count $\times 10^9/l$ Total white cell count $\times 10^9/l$ 7.3 $10^9/L$

(Range: 4 - 11)

18-Nov-2014 Dr R Ian Dickson

Result: Lymphocyte count $\times 10^9/l$ Lymphocyte count $\times 10^9/l$ 2.91 $10^9/L$

(Range: 1.5 - 4)

18-Nov-2014 Dr R Ian Dickson

Result: Full blood count - FBC *<none>*Full blood count - FBC *<none>*

(No range available)

18-Nov-2014 Dr R Ian Dickson

Result: Erythrocyte sedimentation rate mm/hr

Erythrocyte sedimentation rate mm/hr

4 mm/h

(Range: 1 - 10)

18-Nov-2014 Dr R Ian Dickson

Result: Haematocrit

Haematocrit

0.421 ratio

(Range: 0.4 - 0.54)

18-Nov-2014 Dr R Ian Dickson

Result: Basophil count $\times 10^9/l$

Abnormal

Basophil count $\times 10^9/l$ 0.15 $10^9/L$

(Range: 0.01 - 0.1)

18-Nov-2014 Dr R Ian Dickson

Result: Biochemical test *Send away test - WGH Biochemistry*Biochemical test *Send away test - WGH Biochemistry*

(No range available)

18-Nov-2014 *****

Result: Blood sample -> Lab NOS *Bloods as requested*Blood sample -> Lab NOS *Bloods as requested*

(No range available)

04-Nov-2014 Dr Colin Entwistle

Result: Enteric microscopy, culture and sensitivities *Enteric Investigations Routine Cultures: No Salmonella or Shigella species isolated No Campylobacter species isolated No Esch coli O157 isolated No Cryptosporidium cysts seen on microscopy; Enteric MC&S*Enteric microscopy, culture and sensitivities *Enteric Investigations Routine Cultures: No Salmonella or Shigella species isolated No Campylobacter species isolated No Esch coli O157 isolated No Cryptosporidium cysts seen on microscopy; Enteric MC&S*

(No range available)

04-Nov-2014 Dr Colin Entwistle

Result: Enteric microscopy, culture and sensitivities Enteric Investigations in progress; Enteric MC&S

Enteric microscopy, culture and sensitivities Enteric Investigations in progress;
Enteric MC&S

(No range available)

04-Nov-2014 Dr Colin Entwistle

Result: Clostridium difficile toxin detection Clostr difficile toxin detectn - Negative

Clostridium difficile toxin detection Clostr difficile toxin detectn - Negative

(No range available)

20-Sept-2012 Dr R Ian Dickson

Result: Helicobacter pylori IgG antibody level Hel pylori IgG antibody level - Helicobacter pylori IgG Antibody = POSITIVE (Negative <= 0.9, Equivocal 0.91 to 1.09, Positive >= 1.1) Positive serology results indicate past and/or current Helicobacter infection. If patients have persistent symptoms after eradication therapy consider need for a breath test. Further advice on management of patients can be found in the Lothian Referral Guidelines for Dyspepsia.-----

Helicobacter pylori IgG antibody level Hel pylori IgG antibody level -

3

(No range available)

Helicobacter pylori IgG Antibody = POSITIVE (Negative <= 0.9, Equivocal 0.91 to 1.09, Positive >= 1.1) Positive serology results indicate past and/or current Helicobacter infection. If patients have persistent symptoms after eradication therapy consider need for a breath test. Further advice on management of patients can be found in the Lothian Referral Guidelines for Dyspepsia.-----

20-Sept-2012 Dr R Ian Dickson

Result: Eosinophil count x10⁹/lEosinophil count x10⁹/l0.29 10⁹/L

(Range: 0.04 - 0.4)

20-Sept-2012 Dr R Ian Dickson

Result: Haemoglobin estimation g/l

Abnormal

Haemoglobin estimation g/l

130 g/L

(Range: 135 - 180)

20-Sept-2012 Dr R Ian Dickson

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

30.4 pg/mL

(Range: 27 - 32)

20-Sept-2012 Dr R Ian Dickson

Result: Mean corpusc. Hb. conc. (MCHC) g/dl

Mean corpusc. Hb. conc. (MCHC) g/dl

33.9 g/dL

(Range: 31 - 36)

20-Sept-2012 Dr R Ian Dickson

Result: Mean corpuscular volume (MCV) fl

Mean corpuscular volume (MCV) fl

90 fL

(Range: 78 - 98)

20-Sept-2012 Dr R Ian Dickson

Result: Monocyte count x10⁹/lMonocyte count x10⁹/l0.63 10⁹/L

(Range: 0.2 - 0.8)

20-Sept-2012 Dr R Ian Dickson

Result: Neutrophil count x10⁹/lNeutrophil count x10⁹/l3.49 10⁹/L

(Range: 2 - 7.5)

20-Sept-2012 Dr R Ian Dickson

Result: Platelet count x10⁹/lPlatelet count x10⁹/l301 10⁹/L

(Range: 150 - 350)

20-Sept-2012 Dr R Ian Dickson

Result: Red blood cell (RBC) count x10¹²/l

Abnormal

Red blood cell (RBC) count x10¹²/l4.28 10¹²/L

(Range: 4.5 - 6.5)

20-Sept-2012 Dr R Ian Dickson

Result: Total white cell count x10⁹/lTotal white cell count x10⁹/l6.3 10⁹/L

(Range: 4 - 11)

20-Sept-2012 Dr R Ian Dickson

Result: Lymphocyte count x10⁹/lLymphocyte count x10⁹/l1.75 10⁹/L

(Range: 1.5 - 4)

20-Sept-2012 Dr R Ian Dickson

Result: Full blood count - FBC <none>

Full blood count - FBC <none>

(No range available)

20-Sept-2012 Dr R Ian Dickson

Result: Erythrocyte sedimentation rate mm/hr

Erythrocyte sedimentation rate mm/hr

7 mm/h

(Range: 1 - 10)

20-Sept-2012 Dr R Ian Dickson

Result: Haematocrit

Abnormal

Haematocrit

0.383 ratio

(Range: 0.4 - 0.54)

20-Sept-2012 Dr R Ian Dickson

Result: Basophil count x10⁹/lBasophil count x10⁹/l0.1 10⁹/L

(Range: 0.01 - 0.1)

20-Sept-2012 Dr R Ian Dickson

Result: Serum alkaline phosphatase U/L

Serum alkaline phosphatase U/L

63 U/L

(Range: 40 - 125)

20-Sept-2012 Dr R Ian Dickson

Result: ALT/SGPT serum level U/L

ALT/SGPT serum level U/L

29 U/L

(Range: 10 - 50)

20-Sept-2012 Dr R Ian Dickson

Result: Serum total bilirubin level

Serum total bilirubin level

8 umol/L

(Range: 3 - 21)

20-Sept-2012 Dr R Ian Dickson

Result: Serum creatinine

Serum creatinine

66 umol/L

(Range: 60 - 120)

20-Sept-2012 Dr R Ian Dickson

Result: Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

Serum gamma-glutamyl transferase level Serum gamma GT level - U/L

52 U/L

(Range: 10 - 55)

20-Sept-2012 Dr R Ian Dickson

Result: Serum potassium

Serum potassium

4.3 mmol/L

(Range: 3.6 - 5)

20-Sept-2012 Dr R Ian Dickson

Result: Serum sodium

Serum sodium

140 mmol/L

(Range: 135 - 145)

20-Sept-2012 Dr R Ian Dickson

Result: Serum urea level

Serum urea level

4.4 mmol/L

(Range: 2.5 - 6.6)

20-Sept-2012 Dr R Ian Dickson

Result: Liver function test <none>

Liver function test <none>

(No range available)

20-Sept-2012 Dr R Ian Dickson

Result: Urea and electrolytes <none>

Urea and electrolytes <none>

(No range available)

20-Sept-2012 Dr R Ian Dickson

Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD - >60

mL/min

(No range available)

20-Sept-2012 *****

Result: Blood sample -> Lab NOS Bloods as requested

Blood sample -> Lab NOS Bloods as requested

(No range available)

28-Jun-2012 Dr Ruth Liddle

Result: Serum testosterone

Serum testosterone

13.4 nmol/L

(Range: 10 - 30)

28-Jun-2012 Dr Ruth Liddle

Result: Endocrine studies <none>

Endocrine studies <none>

(No range available)

28-Jun-2012 Mrs Sandra Mcewan

Result: Blood sample -> Lab NOS testosterone levels

Blood sample -> Lab NOS testosterone levels

(No range available)

19-Apr-2012 Dr Colin Entwistle

Result: Urinary microscopy, culture and sensitivities Urine culture : No growth; Urinary MC&S

Urinary microscopy, culture and sensitivities Urine culture : No growth; Urinary MC&S

(No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Serum LH level U/L

Serum LH level U/L

4 U/L

(Range: 1 - 9)

05-July-2011 Dr Eilis Mckechnie

Result: Prolactin level mU/L

Prolactin level mU/L

233 mU/L

(Range: 25 - 630)

05-July-2011 Dr Eilis Mckechnie

Result: Calculated free testosterone

Abnormal

Calculated free testosterone

186 pmol/L

(Range: 245 - 785)

05-July-2011 Dr Eilis Mckechnie

Result: Endocrine studies Low/borderline testosterone. Consider co-existing; illness/medication as a cause. Suggest a repeat in one month; with sample taken between 8-11 am.

Endocrine studies Low/borderline testosterone. Consider co-existing; illness/medication as a cause. Suggest a repeat in one month; with sample taken between 8-11 am.

(No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Serum sex hormone binding globulin level
 Serum sex hormone binding globulin level Serum sex hormone binding glob - 34 nmol/L (Range: 6 - 45)

05-July-2011 Dr Eilis Mckechnie

Result: Serum albumin
 Serum albumin 43 g/L (Range: 35 - 50)

05-July-2011 Dr Eilis Mckechnie

Result: Serum albumin
 Serum albumin 43 g/L (Range: 35 - 50)

05-July-2011 Dr Eilis Mckechnie

Result: Serum FSH level U/L
 Serum FSH level U/L 2.2 U/L (Range: 1 - 10)

05-July-2011 Dr Eilis Mckechnie

Result: Serum LH level
 Serum LH level IU/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Prolactin level
 Prolactin level MicroU/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Calculated free testosterone
 Calculated free testosterone nmol/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Serum testosterone
 Abnormal
 Serum testosterone 9.7 nmol/L (Range: 10 - 30)

05-July-2011 Dr Eilis Mckechnie

Result: Liver function test <none>
 Liver function test <none> (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Endocrine studies <none>
 Endocrine studies <none> (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Serum sex hormone binding globulin level
 Serum sex hormone binding globulin level Serum sex hormone binding glob - nmol/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Plasma glucose level <none>
 Plasma glucose level <none> mmol/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Plasma glucose level
 Plasma glucose level 5.3 mmol/L (No range available)

05-July-2011 Dr Eilis Mckechnie

Result: Biochemical test Random sample (<11 mmol/L)
 Biochemical test Random sample (<11 mmol/L) (No range available)

05-Nov-2009 Dr R Ian Dickson

Result: Serum albumin Albumin : END_DATE=06/11/2009
 Normal
 Serum albumin Albumin : END_DATE=06/11/2009 45 g/L (Range: 35 - 50)

05-Nov-2009 Dr R Ian Dickson

Result: Serum alkaline phosphatase Alk.Phos : END_DATE=06/11/2009
 Normal
 Serum alkaline phosphatase Alk.Phos : END_DATE=06/11/2009 69 U/L (Range: 40 - 125)

05-Nov-2009 Dr R Ian Dickson

Result: ALT/SGPT serum level ALT : END_DATE=06/11/2009
 Normal
 ALT/SGPT serum level ALT : END_DATE=06/11/2009 34 U/L (Range: 10 - 50)

05-Nov-2009 Dr R Ian Dickson

Result: Serum total bilirubin level Bilirubin : END_DATE=06/11/2009
 Normal
 Serum total bilirubin level Bilirubin : END_DATE=06/11/2009 7 umol/L (Range: 3 - 16)

05-Nov-2009 Dr R Ian Dickson

Result: Serum creatinine Creatinine : END_DATE=06/11/2009
 Normal
 Serum creatinine Creatinine : END_DATE=06/11/2009 73 umol/L (Range: 60 - 120)

05-Nov-2009 Dr R Ian Dickson

Result: Eosinophil count R : END_DATE=05/11/2009
 Abnormal
 Eosinophil count R : END_DATE=05/11/2009 0.41 10⁹/L (No range available)

05-Nov-2009 Dr R Ian Dickson**Result:** Serum gamma GT levelGGT : END_DATE=06/11/2009

Normal

Serum gamma GT level GGT : END_DATE=06/11/2009

54 U/L

(Range: 10 - 55)

05-Nov-2009 Dr R Ian Dickson**Result:** Haemoglobin estimationHaemoglobin : END_DATE=05/11/2009

Normal

Haemoglobin estimation Haemoglobin : END_DATE=05/11/2009

139 g/L

(Range: 130 - 180)

05-Nov-2009 Dr R Ian Dickson**Result:** Mean corpusc. haemoglobin(MCH)Mean cell Hb. : END_DATE=05/11/2009

Normal

Mean corpusc. haemoglobin(MCH) Mean cell Hb. : END_DATE=05/11/2009

29.4 pg

(Range: 27 - 32)

05-Nov-2009 Dr R Ian Dickson**Result:** Mean corpusc. Hb. conc. (MCHC)Mean cell Hb conc. : END_DATE=05/11/2009

Normal

Mean corpusc. Hb. conc. (MCHC) Mean cell Hb conc. : END_DATE=05/11/2009 33.5 g/dL

(Range: 31 - 35)

05-Nov-2009 Dr R Ian Dickson**Result:** Mean corpuscular volume (MCV)Mean cell volume : END_DATE=05/11/2009

Normal

Mean corpuscular volume (MCV) Mean cell volume : END_DATE=05/11/2009 88 fL

(Range: 78 - 98)

05-Nov-2009 Dr R Ian Dickson**Result:** Monocyte countEND_DATE=05/11/2009

Normal

Monocyte count END_DATE=05/11/2009

0.58 10⁹/L

(Range: 0.2 - 0.8)

05-Nov-2009 Dr R Ian Dickson**Result:** Neutrophil countEND_DATE=05/11/2009

Normal

Neutrophil count END_DATE=05/11/2009

2.35 10⁹/L

(Range: 2 - 7.5)

05-Nov-2009 Dr R Ian Dickson**Result:** Platelet countEND_DATE=05/11/2009

Normal

Platelet count END_DATE=05/11/2009

310 10⁹/L

(Range: 150 - 350)

05-Nov-2009 Dr R Ian Dickson**Result:** Serum potassiumPotassium : END_DATE=06/11/2009

Normal

Serum potassium Potassium : END_DATE=06/11/2009

4.8 mmol/L

(Range: 3.6 - 5)

05-Nov-2009 Dr R Ian Dickson**Result:** Red blood cell (RBC) countRed cell count : END_DATE=05/11/2009

Normal

Red blood cell (RBC) count Red cell count : END_DATE=05/11/2009

4.73 10¹²/L

(Range: 4.5 - 6.5)

05-Nov-2009 Dr R Ian Dickson**Result:** Serum sodiumSodium : END_DATE=06/11/2009

Normal

Serum sodium Sodium : END_DATE=06/11/2009

143 mmol/L

(Range: 135 - 145)

05-Nov-2009 Dr R Ian Dickson**Result:** Serum TSH levelTSH : END_DATE=06/11/2009

Normal

Serum TSH level TSH : END_DATE=06/11/2009

1.1 mU/L

(Range: 0.2 - 4.5)

05-Nov-2009 Dr R Ian Dickson**Result:** Serum urea levelUrea : END_DATE=06/11/2009

Normal

Serum urea level Urea : END_DATE=06/11/2009

5.2 mmol/L

(Range: 2.5 - 6.6)

05-Nov-2009 Dr R Ian Dickson**Result:** Total white cell countWhite cell count : END_DATE=05/11/2009

Normal

Total white cell count White cell count : END_DATE=05/11/2009

6 10⁹/L

(Range: 4 - 11)

05-Nov-2009 Dr R Ian Dickson**Result:** Lymphocyte countEND_DATE=05/11/2009

Normal

Lymphocyte count END_DATE=05/11/2009

2.56 10⁹/L

(Range: 1.5 - 4)

05-Nov-2009 Dr R Ian Dickson**Result:** Full blood count - FBCReceived 05/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 :

SampleLabID=HR986289Z : END_DATE=05/11/2009

Full blood count - FBC Received 05/11/2009 ; Outcome=accept result :

0

(No range available)

DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HR986289Z :

END_DATE=05/11/2009

05-Nov-2009 Dr R Ian Dickson

Result: Liver function test *Liver function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009*
 Liver function test Liver function tests - Received 06/11/2009 ; Outcome=accept0 (No range available)
 result : DateSent=05/11/2009 : DateReceived=05/11/2009 :
 SampleLabID=HB520076T : END_DATE=06/11/2009

05-Nov-2009 Dr R Ian Dickson

Result: Thyroid function test *Thyroid function tests - Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009*
 Thyroid function test Thyroid function tests - Received 06/11/2009 ; 0 (No range available)
 Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 :
 SampleLabID=HB520076T : END_DATE=06/11/2009

05-Nov-2009 Dr R Ian Dickson

Result: Urea and electrolytes *Received 06/11/2009 ; Outcome=accept result : DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T : END_DATE=06/11/2009*
 Urea and electrolytes Received 06/11/2009 ; Outcome=accept result : 0 (No range available)
 DateSent=05/11/2009 : DateReceived=05/11/2009 : SampleLabID=HB520076T :
 END_DATE=06/11/2009

05-Nov-2009 Dr R Ian Dickson

Result: Haematocrit *END_DATE=05/11/2009*
 Normal
 Haematocrit END_DATE=05/11/2009 0.41 ratio (Range: 0.4 - 0.5)

05-Nov-2009 Dr R Ian Dickson

Result: Basophil count *R : END_DATE=05/11/2009*
 Abnormal
 Basophil count R : END_DATE=05/11/2009 0.12 10⁹/L (No range available)

05-Nov-2009 Dr R Ian Dickson

Result: Serum free T4 level *Free T4 : END_DATE=06/11/2009*
 Normal
 Serum free T4 level Free T4 : END_DATE=06/11/2009 14 pmol/L (Range: 9 - 21)

05-Nov-2009 Dr R Ian Dickson

Result: GFR calculated abbreviatd MDRD >60 : *eGFR (/1.73m2) : END_DATE=06/11/2009*
 GFR calculated abbreviatd MDRD >60 : eGFR (/1.73m2) : 0 (No range available)
 END_DATE=06/11/2009

Other Items

This section is empty.

Attachments

Scanned Document

17-Jun-2026 *****

Additional: Scanned Document

Filename: igprda202606171303110.tif

Extension: .tif

Pages:

CLINICAL NOTES

* This column has been provided for doctors to enter A, V or C at their discretion.

Date	
7/1/91	1. sore throat, ^{of} septic pharynx. PenV (20).
19/4/92	VK (L) shoulder - City Scars and warts + genital warts. Had of 1052 + 83. / Key for Re. ? for radio for right. 15.
23/10/92	DNA
18/12/92	word from Martin. There.
26/2/93	Hy Crown Song.
29/4/93	long for 2 stem → patches on legs / arms. Metformin Arg 1st. 14g.
30/6/93	Propranolol 40mg daily - 1st. (20).
16/7/93	- Anal warts - being removed. - Now painful and infected of excreted also where the warts were excised. is 2nd infection. Cocaine powder very badly bad.
26/7/93	DNA.
1/9/93	5. G. Propranolol 40mg + 1st. (20)
18/9	Wife 1st 11/90.

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP-11F

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Date

*

THIRD PARTY COPY

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Do 8435/06 1989M 12/92 Ed12085061

FORM GP111F

* This column has been provided for doctors to enter A, V or C at their discretion.

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CLINICAL NOTES		National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)	Date of Birth
			McKERR	RONALD	
		Address			
		301 CLINTON ROAD CL4			30.12.57
Date					
	DATE REG: 13.7.95 (GPI)				
	PREV. DOC: DR DICKSON				
	PREV. ADDR: 20 CATHART PLACE				
	APPT. NPHS: 17.7.95				
	ATT				
	POLIO				
	CXS				
17/7/95	→ Moved in with one of friends Sold with wife 2 years ago B.P. Was looking after daughter aged 10 Wife in flat in Sangle He decided she wanted to stay with mother. Now agitated, sleep interrupted, catnapping, - Appetite variable Has thought of suicide - not how Unemployed - ex 'cancer' army - 1985 1st job was 'managing' bike up - metal fabricator smoke - 10/day alcohol - binge - up to 3 bottles spirit / week / on 3-4 nights → 24 cans beer / week to get drunk - nose, spine fracture 4/8/88 stat paracetamol 20mg 1 daily (x 2d) depressed Wrist 3/7/95 → feel nauseated, vomiting, sleep 1/2. Mood 1/2. → change to dothepin - stat 2mg nocte.				

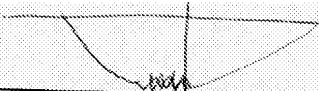
*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Date	
14.8.95	Mornings split 3-4 hrs 2ip Age Daughter 10y } Best with mother for 2 1/2 Son 13y } Occupation: 20 work 2yrs. metal fabricator - redundant Starts work tomorrow - metal polishing - 5 Gange park. Poor sleep - wakes a 6.00-6.30 Sibs - 1 bottle 37: (Main) Junior Dely - 1 wife 1 night in m. Rarely seen Parents: - Demand 2hr 3yrs old PT - Brought up by a home - Matt Bennett & Pamela Alcohol: - 130 much. 2 Vodka bottles } Friday + 6 cans + 10 cans Saturday. No benefit for potatoes For lunch 50g 1-2 cans for 2yrs Refer patient for alcohol.
28.8.95	On Alcohol for the past 4 Fri: 1 bottle Vodka + cans } Cracking up. Sat 1 " " + cans. Sun - Today 6-7 cans strong lager. Mine his wife: never sees his kids: Poor sleep everything gets a top of him Refer Psychiatric Chloridiazepoxide 5y (D.D.) (4)
6.9.95	Cut out the Vodka. Just beer 1 quite a lot Back 2 employment: Gardening Poor sleep: Temipex 10y (30)

* This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

 CLINICAL NOTES		National Health Service Number		
		Surname (Block Letters) McRobb	Forenames (Block Letters) Ronald	
		Address 301 Colinton Road	Date of Birth 30.12.57	

Date	
	Drugged at a bar: (P) burned ② ribs. Asthma } Didgeman 50mg 71 Dpc.
	(Slept)
20.9.95	Working as gardener. Alcohol — off vodka. — mainly beer: 8 pints 2-3 nights a week. All went wrong — after he was made redundant tried to run — no luck. Sleeps better with Temazepam 10mg. Prescribed 13.9.95 (DWA)
18.10.95	Feeling low. Drinking + 4 pints. Incidental: Mother left him in train.
15.10.95	Been to A&E on emergency. Temazepam — helps sleep. Alcohol nil since Sunday. Temazepam 10mg 2 nights (50) full night
3.11.95	Has reduced alcohol. Planning:
13/11/95	
20.11.95	Still working as gardener. Doing some fitness training:

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

Only had 6 Tins of beer
 Sleep is poor: wakes 24hr

Temazepam
 10mg (50)

NHS Confidential: Personal data about a patient

Date		
24.11.95	Appt	15.12.95 11.30
	Cambridge	
4.12.95	feels better with less alcohol	(100) Depress 2/10/96
	Stops with Temazepam 10mg.	
6.12.95	C9/2 See letter	
	Hobbs, Robert	? 1st bull doggy bulls:
5.1.96	See psychiatrist: 22.1.96.	
	Criminal Job	
	C9/2 Depress	
26.1.96	DNA	

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		Address	
		Date of Birth	
		30/12/57	

Date	
14/5/97	- urine N.A.D. BD 130/88 Rt 5A 6" at 10 1/2 hrs
	Sufferer from depression long standing problem has standing seen on GP at the post & given Serenidol - felt depressed - increased alcohol - recent 20mg x 30 review 13 weeks
	- Gpt tests stable today's test previous 2 years and stable small gpt plus above clinically benign
30/5/97	MND
11.6.97	S. Episode of Hypotension on 9.6.97 in London. Seen in A+E. Related to Serenidol + warm weather. SHO suggested taking drug in evenings. Well today. P. Cont. Serenidol 20mg nocte (30) Review 1/2
20/6/97	Stuck hand off dial ? # → X-ray

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

red mass line 2nd review

Rt coarctation
+ 21

Date	
11/4/97	DNA
31/4/97	- Record 260 30mg is 1 from 20mg - Plantar fasciitis Rx: saline footbath ii analgesia
24/4/98	Feet depressed again Effer 37.5g BD 2000
	Perk. mild sth. perianth 2 small lesions (very dry) Rx: Eucerin 17% and 35g
8/5/98	D.N.A.
15/5/98	Settled on effer 37.5g BD 2/100
12/8/98	Effer (shirley 2m 10pt/2m) 8st 20pts 8st 10pts colicet dismissed Rx: saline effer
12/8/99	Perianth trial downen +20P
21/5/99	- Perianth - downen +20P - betamethasone only application
	- EFFATOR 37.5g BD 100 d. 1000

* This column has been provided for doctors to enter A, V or C at their discretion

*This column has been provided for doctors to enter A, V or C at their discretion

Page 136 of 395

Date		
4/4/01		DNA 8.
24/4/01	1.	Still anxious / not sleeping Denies spits Rever YELLISAT usually 0-5 spits < night - occasional vomits? symptoms worse several days after. Not pushes / sticky Tired as not sleeping BP 125/84
	2.	Skin - red on face / chest / prepubic. - facial redness → semi/moist eczema - prepubic region? Any skin scrapings - Dermatologist (15g) Cuckoo born (500mg) Zopiclone 7.5mg (14) (Insistent) Agrees to see CPM Kevin → Peter
16/5/01		Wants sleeping tablets see above 8th try talk about use of above - but now wants Zopiclone 7.5g x 14
25/5/01	R	Trazodone 50mg 11 nocte (30) (14) (15) Increasingly severe anxiety symptoms, unable to go to crowded places or places does not know. History of depressed mood even number of years. Possible child after left army did not adjust well, marriage breaking. Heavy alcohol consumption. Reduced now. Strange in house especially when with at edge "find safe then, even if heavily". Describes Paranoia & hyper-sensitivity to light & sound etc.

*This column has been provided for doctors to enter A, V or C at their discretion

CLINICAL NOTES		National Health Service Number	
		Surname (Block Letters)	Forenames (Block Letters)
		McROBB	RONALD
		Address	Date of Birth
		8/5 NORTHCOTE STREET	30-12-57

Date	
8/6/01	and in public, wants a fairly good discussion about anxiety & ways to help. She has mentioned no bad bad experience. Several Further discuss willing to try Trazodone as will help anxiety & night's sleep. She is happy. Will have 3/4 Phoned to cancel appointment
12/6/01	Feels improved with Trazodone 150mg Sleep better although still not easy. Does anxious when at Appointment still few weeks for full effect. Did not start with new feeling 3/4 Script Trazodone 150mg daily (36) 2 tablets. Phoned to cancel appointment
6/7/01 27/7/01	Phoned to cancel.
29/10/02	Cough, sputum o/c 12h p-hn for creps 12h heard postnasal LRI. Amoxycillin 250mg (15) 2
15/12/02	own SRB.
30/8/04	① Rash/wake since re-exposed skin C/- plaque on @ shin, some both elbows (ext surface) Also red papules abdo, lower back, buttocks, side, flexor surface, arms C some surface scale & 1cm Ø. Itchy

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

Date	*	
		(2) concerned re. small lump @ rectum - not painful, swollen, red. Bing - no symptoms. worried re. cancer O/ SI irregularity to bottom surface @ rectum adenoma lump Rm rectum. Ored that swollen Other rectum NAD AP/- Calapomol cream 1cm x 1cm bd - E45 (uses, prefers to oilatum) - RV re. rash on abdo - refer for USS (explained & anxiety about cancer but pt still worried)
3/9/14	E S/	9 lesions on trunk, arms + leg not better since using calcephid on them, less red, smaller. O/ Pink red papules, variable size up to 1cm x 1cm on trunk, arms. Surface scale + large plaque on shin + back elbow. A/ Likely psoriasis, esp as responding to calcephid. R/o fungal infect. PT Super scale for microscopy, mycology Culture calcephid + E45 RV 112 or earlier if worsens R/o try steroids
30/9/14	DNA	

*This column has been provided for doctors to enter A, V or C at their discretion

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NHS Confidential: Personal data about a patient

Our Ref: IC/EJTL.

7th January 1991.

Dr. Wightman,
X-ray Department,
City Hospital,
Edinburgh, 10.

Dear [REDACTED]

Ronald McRobb, 22F Osgange Avenue, EH13 9JD. 445.1773.
Date of Birth, 30.12.57.

I would be grateful for your help with an X-ray of Mr. McRobb's left shoulder.

For some 18 months following a fall, he has had intermittent pain in the region of the acromioclavicular joint. He was quite drunk when he fell and does not remember anything about it!

I think he may very well have had a flake fracture as there appears to be some crepitus in that area.

Many thanks for the X-ray.

Yours sincerely,

[REDACTED] Chew.

NHS Confidential: Personal data about a patient

OXGANGS PATH SURGERY
OXGANGS PATH
EDINBURGH EH13 9LX
445 1073

Dr. WILLIAM M. PATTERSON
Dr. IAIN S.H. CHEW
Dr. HARRY M. BURNETT
Dr. COLIN D. MacKENZIE
Dr. ANN L. CURRIE
Dr. LYNDIA J. TULLOCH
DR. ALISON M.E. TORRANCE

CRAIGLOCKHART SURGERY
161 COLINTON ROAD
EDINBURGH EH14 1BE
Tel 0131 557 455.8494
Fax No. 444.0161

3rd May 1993.

Our Ref: IC/EJT.

Mr. A. MacGregor,
Surgical Consultation Department,
Royal Infirmary,
Edinburgh, 3.

Dear Alasdair,

Ronald McRobb, 22F Oxcgangs Avenue, Edinburgh, EH13 9JD.
Date of Birth, 30.12.57. Telephone No. 445. 1773.

This gentleman's problem of perineal warts is, I think, getting a little bit out of hand. You saw him in May of 1992 for a gross crop of perineal warts. You were going to check with his army medical records to see what went wrong with his general anaesthetic in 1983 and to get back to him regarding their removal.

Since he had not heard from you in December 1992, we had hoped something might be done about his perineal warts, but to date, nothing has happened.

I would be most obliged for information as to whether his problem is going to be dealt with in the near future, as we have been in touch with you by telephone on several occasions and were assured that things would be moving on.

With many thanks.

Yours sincerely,

Iain Chew.

NHS Confidential: Personal data about a patient

Phoned RIE
Mr MacGregor's Secretary.

Has taken a note of
these dates
on Mr. McRobb's file
but couldn't give me
an idea of when he
will be admitted

22F Orkney Ave
Edinburgh

21/3/93

Dear Dr Chew,

Just to let you know Ronnie's
holidays are April from 9th
to the 20th for him to be
admitted to the hospital for
his operation. Many thanks
for doing this

G MacRobb *

NHS Confidential: Personal data about a patient

Our Ref: IC/EJT

14.6.98

(would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below.)

Dear Alastair **MACGREGOR, SRD RIE** **RONALD, MCROBB**

I would be most obliged for your help with an embarrassing problem for this young chap.

His wife finally persuaded him to see me and when I saw the anal, perineal and scrotal warts that he had, I could not see simple therapy with Podophyllin as being of any benefit at all as they are certainly the largest growths that I have ever encountered. Interestingly enough, whilst he was in the army, he had two surgical removals of similar warts in 1982 and 1983.

He is very worried about the possibility of a general anaesthetic as apparently he reacted badly to the second anaesthetic that he had and according to both him and his wife was in intensive care for a short period of time. This was whilst he was in Ireland and, unfortunately, I have no notes regarding what he reacted to.

I assured him about the advances in anaesthesia and wondered if you could see him at your earliest convenience. As he does not want to take time off work, he was hoping that you might be able to carry this out during the Trades fortnight.

With many thanks for your help.

Yours sincerely,

Iain Chew

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (specify of childbearing age). Date of first day of L.M.P.

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ROYAL EDINBURGH

18.10.95

McROBB
Ronald301 Colinton Road
Edinburgh

30.12.57

EH13 0LA

310 5451

Lothian

Thank you for seeing this 37 year old who was brought in as an emergency this by an old friend/medical worker. This [redacted] lives in [redacted] the [redacted] took a taxi down to [redacted] last night as he felt she was the only person he could turn to. I referred him originally, to Cambridge Street on 17th August. Unfortunately, his appointment for 13th September arrived a week after the 13th, hence he did not attend. On the other hand he did not make any attempt to come and tell me this so that I could arrange another one.

Following discussions this morning, regarding his many problems, I suggested he could be seen as an urgent out-patient in the course of the next week, or an urgent referral today. He chose the latter. Over the last 2 years since his marriage spilt up he has been drinking heavily and he has had 11 house moves within this spell of time. He has, over recent weeks been working as a labourer with a landscape gardener. However, this appears to have ground to a halt and he has been drinking heavily over the last 3-4 days. He was brought up in Barnardos, is a [redacted] [redacted] [redacted] He is not sure why this happened and has never tried to look into this, but I am sure this has a considerable bearing on his current distress. It appears that

that his marriage split up following his loss of job, approximately 2 years ago, although he did manage to find further work thereafter.

[REDACTED] of 10 years. [REDACTED]

[REDACTED] [REDACTED] year prior to [REDACTED]

Currently he is staying with a friend who unfortunately, has been through exactly the same process of divorce, heavy drinking etc. over the last 2-3 years. Fortunately his friend has now settled down and is in very much better health, but I am sure it has not provided him with a huge amount of support. When he was originally seen in July of this year he was prescribed an antidepressant in the form of Paroxetine 20 mgs daily: later changed to Dothiepin, however I stopped this in the middle of August as I felt his heavy drinking was not compatible with his medication and I thought it might let him see what the real priorities were.

I am grateful to you for seeing him as he is in considerable distress and has had some suicidal ideation.

Yours sincerely

C J McGregor

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ROYAL EDINBURGH

29.8.95

3012571450

Psychiatric

xMorrison

McROBB

Ronald

301 Colinton Road

30.12.57

Edinburgh

EH13 0LA

310 5451

Lothian

Thank you for seeing this 37 year old whose [REDACTED]
approximately two years ago to [REDACTED] someone else [REDACTED]

[REDACTED] she decided that she wished to stay with her [REDACTED]
[REDACTED] seems to have precipitated a major crisis in that
he has become agitated, poor sleep associated with alcohol
binging.

Since July he has been tried on a variety of anti-depressants
without any significant improvement, including Paroxetine 20 mgs
daily which made him nauseated and sweat. This was changed to
Dothiepin without any significant benefit and finally to
Sertraline. However, in view of his current alcohol consumption
I have advised him that there is not any benefit in taking any
anti-depressant. He is agreeable to this and I thought referral
appropriate. Current alcohol intake over the weekend was a
bottle of Vodka plus several cans of beer on Friday, Saturday and
Sunday, followed by 6-7 cans of strong lager today.

He certainly feels that he is cracking up, cannot see the light
at the end of the tunnel and feels that everything is getting on
top of him. I have encouraged him to withdraw from his alcohol
and supplied him with Chlordiazepoxide 5 mgs twice a day for the
next/

next week and said I would see him then and make this referral.

I am grateful to you for your help and advice, as I do believe he is considerably distressed.

Kind Regards.

Yours sincerely

C J McGREGOR

THIRD PARTY COPY

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MEDICAL QUESTIONNAIRE

Since it will be some time before we will have your medical records we would be grateful if you could provide us with some information which will assist us in the meantime. When you attend the surgery for your initial consultation it would be appreciated if you could please bring a urine specimen with you in the bottle provided.

Your Name RONALD MCROBB Date of Birth 30/12 1957
66 REEVES
 Address 123 FIDELITY TERR Telephone 0131-313 0753
HAYMARKET
EDINBURGH
 Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other ☐
 Post Code EH12 5DR Male ☐ Female ☐
 Last Doctor DR MCERREOR What is your job? HEALTH WORKER

Have you had any serious illnesses or operations? If yes, please list below:

Date	Illness	Treatment
------	---------	-----------

Are you taking any medication? if yes, please list below:

Drug	Dosage
------	--------

What is your height 5' 6" What is your weight 10 1/2 ST
 Do you smoke tobacco? Yes/~~No~~ How much per day? 10
 Have you ever smoked? Yes/~~No~~ How much and when did you stop? 8
 Do you drink alcohol? Yes/~~No~~ How many units per day? 8
 (Please note: 1 unit = 1 half pint beer/lager, 1 glass of wine or 1 measure of spirits)
 Have you ever drunk alcohol? Yes/~~No~~ How much and when did you stop? 8
 Do you have any allergies? Yes/~~No~~ Please state Latex
 Do you use contraception? Yes/~~No~~ What form? Condoms
 (Include condoms and sterilisation)

The practice is specialised in Family Planning Services.

Would you wish the practice to provide you with contraceptive services and advice? Yes/~~No~~

When did you last have:
 (1) A Tetanus Booster 10 YRS Do you add salt to food? Please tick ☒
 (2) A Polio Booster N/K (1) No ☐
 (3) A Cholesterol Check N/K (2) Only in cooking ☐
 (3) In cooking and at the table ☒

Do you take regular exercise, including walking and cycling? Yes/~~No~~
 Please state how often: 3 TIMES PER WEEK

(continued over the page)

**EDINBURGH
HEALTHCARE**
NHS TRUST

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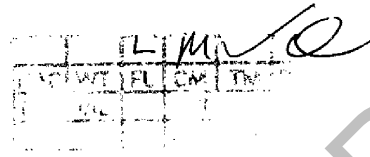
Page 149 of 395

KB/LAB/136931
20 December 1995



**EDINBURGH
HEALTHCARE**
NHS TRUST

Dr McGregor
296B Colinton Road
Edinburgh
EH13 0LB



Dear Dr McGregor

RONALD MCROBB, 301 COLINTON ROAD, EDINBURGH, DOB: 30.12.57

Thank you for referring this 38 year old man who I saw on 15th December 1995. He describes himself as feeling lonely and depressed, feels he has wasted his life and he feels empty. This has been going on over the past two and a half years since he split up from his [REDACTED]. He has been drinking heavily since the age of 16. Following the split from his [REDACTED] he has been drinking one bottle of vodka and at least ten cans of strong beer a night. He has reduced this over the last three months and now is only drinking eight cans of strong beer and five or six pints in the pub at the weekends. He has stopped drinking spirits. He does suffer withdrawal effects at weekends, complaining of shakes and sweats. He also has a drink in the morning to settle his nerves at the weekends. He is able to sleep with Temazepam, he says he can't sleep without it. He does not describe diurnal mood variation and says his concentration is good at work. His appetite is poor and he has lost one stone in weight over the last three months. He says he has good energy and he goes for a run daily. He says he doesn't know about the future, he feels he has failed. He has considered suicide but he has been stopped by the thought of his children. He has actually gone out and bought bottles of paracetamol.

via [REDACTED]
Prior to this he felt his life was going very well. Following the split he had custody of his [REDACTED].
[REDACTED]
[REDACTED] went back to her [REDACTED]. This has reinforced his sense of failure.

He described one episode of auditory hallucinations which lasted for one day. This sounded very much like delirium tremors.

contin/.....

[REDACTED] Clinic, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh, EH10 5HF.
TEL: 0131 537 6249 - FAX: 0131 537 6106.
Community health and services relating to mental health, rehabilitation, learning disabilities and care of the elderly

- 2 -

KB/LAB/136931
20 December 1995

RONALD MCROBB

PAST PSYCHIATRIC HISTORY

He was seen by child psychiatrists at the age of 10 and 12 and spent six months in Forteviot House. He says this was because he felt he was going to die. He has been on various antidepressants which he feels have made no difference to him. He has no significant past medical history.

PERSONAL HISTORY

He was placed in a children's home at the age of three when his [REDACTED] abandoned him. His [REDACTED] remained in contact until he was aged 12. [REDACTED]

He lived from the age of three to 16 in a Bernados Children's Home. He says school was okay although everybody knew that they came from the Bernados Children's Home and he was very conscious that all the other children went home to their families. He left school at the age of 16. He then worked on the trawlers for two years before joining the army at the age of 18. He remained in the army for ten years. He left the army at the request of his [REDACTED]. Since then he has had three to four jobs. He worked for Henshaws Engineering for four years, he was made redundant in 1993. It was following this that his marriage went downhill. He was unemployed until June as he was then looking after his [REDACTED].

He met his [REDACTED] when he was aged 22. He [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]. He felt the marriage was a good marriage and he was taken by surprise when [REDACTED]. He has no [REDACTED] relationship.

He has moved eleven times and since his split with his [REDACTED] he has been staying with a friend for the last six months. [REDACTED] friend's [REDACTED] has just moved in and so he feels that he may well have to move out.

He was charged with a breach of the peace and assault at the age of 17. He has smoked Cannabis but not regularly. He smokes ten cigarettes per day. His main interest is keeping fit. He describes his personality as happy go lucky, a good mixer and he says it takes a lot to provoke him. However, now he describes his confidence is poor and he feels that people may be talking about him.

contin/.....

- 3 -

KB/LAB/136931
20 December 1995

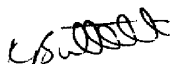
RONALD MCROBB

MENTAL STATE EXAMINATION

Casually dressed 38 year old man with blond greying hair and an ear-ring. His face was very expressionless during the interview. He occasionally smiled. Good eye contact. He relaxed as the interview progressed. Mood; subjectively low, objectively mildly depressed. Speech; normal in speed and tone. No thought disorder. His thought was pre-occupied with feelings of failure and no delusions or hallucinations. He has had occasional thoughts of suicide.

He feels that his problems will be solved if he finds a relationship and a better job. He was unconvinced that alcohol was contributing to his problems. He was advised to cut down on the alcohol further. He was keen to attend once more to discuss more of his problems. He will be seen with Dr Lang on 26th January 1996 at 11.30am.

Yours sincerely



Dr Katherine Bartlett
SHO to Dr D Morrison

■ ■ ■ Clinic, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh, EH10 5HF.

TEL: 0131 537 6249 - FAX: 0131 537 6106.

FL/LAB/136931
20 November 1995



F
EDINBURGH
HEALTHCARE
NHS TRUST

Dr McGregor
296B Colinton Road
Edinburgh
EH13 0LB

Dear Dr McGregor

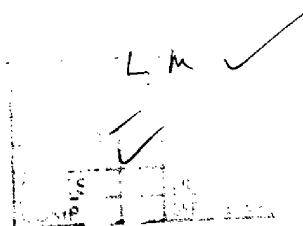
RONALD MCROBB, 301 COLINTON ROAD, EDINBURGH, DOB: 30/12/57

Further to your letter of 26th October 1995, Mr McRobb was sent an appointment to see me on Friday 17th November 1995. He failed to keep this appointment and I have had no correspondence from him. I will arrange for a further appointment to be sent to him as soon as possible. If, in the meantime, you would like me to pursue things further, please do not hesitate to contact me.

Yours sincerely

Fiona Lang

Dr Fiona Lang
Locum Consultant Psychiatrist



229
959

████████████████████ Clinic, Royal Edinburgh Hospital,
Morningside Terrace, Edinburgh, EH10 5HF.
TEL: 0131 537 6249 - FAX: 0131 536 6106.

Community health and services relating to mental health, rehabilitation, learning disabilities and care of the elderly



**EDINBURGH
HEALTHCARE**
NHS TRUST

NN/LAB/136931
23 October 1995

Dr McGregor
296b Colinton Road
Edinburgh
EH13 0LB

[Handwritten signature]

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DATE				
TIME				
COMP				

Dear Dr McGregor

RONALD MCROBB, 301 COLINTON ROAD, EDINBURGH, D.O.B. 30/12/57

Thank you for referring this 37 year old man to the Psychiatric Emergency Team on 18th October 1995. He presented in somewhat of a crisis saying that he felt everything was on top of him and things had got progressively worse over the last two years. Two years ago he lost his job and consequently his [REDACTED] and his home. Since that time he has had several changes of accommodation, at one point having his own flat but mainly moving between friends. He is currently staying in a friend's house and has been for the last five months but there appears to be some uncertainty about this as his friend may be selling up and moving back to Glasgow in January last year.

As described in your letter Mr McRobb had joint custody of his [REDACTED] until five months ago [REDACTED]

[REDACTED]. Over the last two years he has only had intermittent jobs and casual work, mainly landscape gardening. Unfortunately, over the last two years he has also tended to drink quite heavily to the tune of five cans of super lager on a weekday or night and more at the weekend. He admits this has caused him problems and he has fallen out with several of his friends and he has had some withdrawal symptoms, mainly shakes, sweats and blackouts. He tends to drink in the morning to get rid of shakes. Over the past five days he has been drinking on a heavier basis than usual, around a bottle of vodka plus several cans. This has tended to be on his own in the house. He described his mood as "ready to give up" although this does not appear to be a constant thing as some days are better than others. He had had some suicidal thoughts recently and thought that he might go to a bridge and throw himself off but then stated that he would not do this for the sake of his children.

contin/.....

[REDACTED] Clinic, Royal Edinburgh Hospital,
Morningside Terrace, Edinburgh, EH10 5HF.
TEL: 0131 537 6249 - FAX: 0131 537 6106.

Community health and services relating to mental health, rehabilitation, learning disabilities and care of the elderly

- 2 -

NN/LAB/136931
23 October 1995

He does not appear to have any sleep or appetite disturbance although he has obviously been eating less recently due to his increased alcohol intake. As described above, Mr McRobb is currently [redacted] a friend and he appears to have lost most of his other contacts. As described in your letter he does not, unfortunately, have any [redacted] although he has one [redacted] who he does not feel he can speak to. He currently takes 20mg Temazepam at night which he has done for a few weeks and I know that he was previously on anti-depressants.

There is no significant past psychiatric or medical history.

At interview Mr McRobb was dressed in a denim jacket and jeans. He made good eye contact and although he was rather flat in his affect he was pleasant and smiled appropriately during the interview. There were no abnormalities of speech or thought and no perceptual disturbances. He described his mood as being low but I did not think he was overtly depressed. He described suicidal thoughts as above.

While there may be a depressive element to Mr McRobb's current presentation and he has undoubtedly had a difficult upbringing and a difficult last two years, I felt it important in the first instance that he should stop drinking alcohol. To this extent I offered him Out-Patient detoxification here at the Psychiatric Emergency Service over the next few days by way of a reducing dose of chlordiazepoxide. With this in mind we gave him a full days supply of this and advised him to omit his Temazepam at night with a view to coming off this. Unfortunately, Mr McRobb has since failed to attend for detoxification and I can only assume that he has started drinking again. I feel that we are unlikely to have much success while he continues to do this but if he can manage to avoid alcohol I feel that a referral for an Out-Patient appointment here at the Andrew Duncan Clinic would be appropriate. His sector consultant is Dr Diana Morrison.

Yours sincerely

NDNuttall

Dr D Nuttall
Psychiatric Emergency Team

7m^m

Andrew Duncan Clinic, Royal Edinburgh Hospital,
Morningside Terrace, Edinburgh, EH10 5HF.
TEL: 0131 537 6249 - FAX: 0131 537 6106.

CAMBRIDGE STREET 26.10.95

xx RONALDSON

McROBB
Ronald301 Colinton Road
Edinburgh

30.12.57

EH13 0LA

310 5451

Lothian

I previously referred this patient on 29th August. He received an appointment for 13th September, however, he tells me he did not receive the appointment until a week after the appointment was due. He was brought into the Surgery last week by a [REDACTED] [REDACTED] who had looked after him when he was brought up by Barnardos. Apparently this lady had been the organiser and main care worker in running the home where he was resident for many years. He had reached a crisis point last week and took himself off to this lady, who currently [REDACTED] [REDACTED] Pencaitland. She arranged to bring him to the Surgery and we subsequently arranged for him to be seen by the Acute Psychiatric Services. There is no doubt he remains in the agitated state and I feel he still has a somewhat unrealistic view of what he can achieve in the next few weeks.

I would be grateful if you could arrange to see him again.

Kind regards.

Yours sincerely

C J [REDACTED]

ENC

CMMcG/YMcB

4 October 1995

Mr Ronald McRoss
301 Colinton Road
EDINBURGH
EH13 0LA

Dear Mr McRobb

I note you were due to attend the Surgery this morning and failed to do so. I had hoped to discuss your appointment to see the psychiatrist. Apparently they sent you an appointment for the 13th September. It may be that you did not receive this. However, if you wish further help and follow-up with regard to this appointment I would be grateful if you could make an appointment to see me in the first place.

Yours sincerely

Dr C M [REDACTED]

Hospital: ROYAL INFIRMARY OF EDINBURGH NHS TRUST		Date of admission: 08/05/94	
To: Dr CHEW THE SURGERY OXGANGS PATH EDINBURGH		Date of discharge: 10/05/94	
G. P. FUNDHOLDER		Ward:	12
		Consultant:	MR DUNLOP
Surname: MCROBB	Forenames: RONALD	Number: 3012571673	
Address: 22F OXGANGS AVENUE, EDINBURGH.		Date of Birth: 30/12/57	
Principal Diagnosis Perianal warts		Principal Operation Excision of perianal warts	
Other Conditions		Date of Operation 09/05/94	
		Other Operations	
External cause of injury			
PM / no PM	Tumour Type	Histological Verification of Tumour	Verified/not Verified

Dear Doctor

Typed: 19/07/94

This patient was recently admitted and treated as outlined above. He tolerated the procedure without difficulty and has been discharged back to your care to be reviewed in the near future in the Surgical Out Patient Department.

Yours sincerely

██████████ MOLLOY
Registrar
Wards 11/12

T	

25 JUL 1994

LOTHIAN HEALTH BOARD

C

Royal Infirmary of Edinburgh and Associated Hospitals

Unit Office: 1 Lauriston Place Edinburgh EH3 9YW
Telephone 031-229 2477

UNIT GENERAL MANAGER
J. [REDACTED] BSc, DMS, MBA.

Dr Chew
Oxgangs Path Surgery
Oxgangs Path
EDINBURGH

Your Ref
Our Ref DN/IR/301257
Date 13 August 1993
Enquiries to S.C.D.
Ext. No.

Dear Dr Chew

RONALD MCROBB, 22F OXGANGS AVENUE, EDINBURGH

You may remember Mr McRobb who had a partial excision of his peri anal warts done on 7 July 1993 under regional anaesthesia because of his previous episode of malignant hyper pyrexia.

His wound has healed very well and his symptoms have abated quite a lot.

He still has half a circumference of his anal canal which has peri anal condylomata. These will need further excision and I have put him on the waiting list.

Yours sincerely,

Dennis Nyam

D O NYAM
Registrar
Wards 11/12

C	☒
B	☐
K	☐
AC	☐
LT	☐
T	☐

20 AUG 1993

PN78

LOTHIAN HEALTH BOARD DISCHARGE SUMMARY : COPY FOR GENERAL PRACTITIONER

Hospital: ROYAL INFIRMARY OF EDINBURGH		Date of admission: 06/07/93	
To: Dr CHEW OXGANGS PATH OXGANGS PATH EDINBURGH		Date of discharge: 12/07/93	
		Ward: 12	
		Consultant: MR MACGREGOR	
Surname: MCROBB	Forenames: RONALD	Number: 3012571673	
Address: 22F OXGANGS AVE, EDINBURGH,		Date of Birth: / /	
Principal Diagnosis PERIANAL WARTS PREVIOUS MALIGNANT HYPER- Other Conditions PYREXIA		Principal Operation PARTIAL EXCISION OF PERI-ANAL WARTS Date of Operation 07/07/93 Other Operations	
External cause of injury			
PM / no PM	Tumour Type	Histological Verification of Tumour Verified/not Verified	

Dear Dr Chew

Your patient was admitted for surgery of his peri anal warts on the above date. In view of his previous episode of malignant hyper pyrexia this was performed under regional anaesthesia without complication.

His excision was only partial and he will require re admission for further excision on the right side at some point in the future.

Post operatively Mr McRobb's recovery was complicated by some bleeding, however, by the 12.7.93 this had settled and he was sufficiently well to be discharged.

Histological examination of his warts revealed features of condylomata acuminata with a moderate degree of dysplasia.

He has been placed on the waiting list for further excision of peri anal warts. Many thanks.

Yours sincerely

K J STEWART
SENIOR HOUSE OFFICER

DICTATED 27.7.93/TYPED 5.8.93/JM

C	☒
B	☐
K	☐
AC	☐
LT	☐
T	☐

21 SEP 1993

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh and Associated Hospitals

Unit Office: 1 Lauriston Place Edinburgh EH3 9YW
Telephone 031-229 2477

UNIT GENERAL MANAGER
J. [REDACTED] BSc, DMS, MBA.

Dr. I. Chew
Oxgangs Path
Oxgangs Path
Edinburgh

Your Ref
Our Ref
Date
Enquiries to
Ext. No.

ABM/NM/3012571673
24 May 1993
Wards 11/12
2046

Dear Iain,

RONALD MCROBB, 22F OXGANGS AVE, EDINBURGH, EH13 9JD (DOB 30/12/57)

Thank you for your letter about Mr. McRobb. His name is on our early waiting list. We have written to the Army Medical Records Division in York asking for a copy of his medical records as we are concerned that he had an episode of hyperpyrexia associated with one of his previous operations. *but have not had any positive response despite several letters.*

Kind Regards,

Yours sincerely

A.B. MacGregor,
Consultant Surgeon.

27 MAY 1993

C	
B	
K	
AC	
LT	
T	

15 ✓

PN78

LOTHIAN HEALTH BOARD

Royal Infirmary of Edinburgh And Associated Hospitals

Lauriston Place Edinburgh EH3 9YW
 Telephone 031-229 2477
 Consultations by Appointment Ext.
 Ward Secretary Ex.

WARD 11&12
 Surgeons
 Mr I.F. MacLaren
 Mr A.B. [redacted]
 Mr D.C.C. Bartolo

Dr. [redacted] Chew,
 Oxcgangs Path Surgery,
 Oxcgangs Path,
 EDINBURGH.

Your Ref 301257/ABM/MM
 Our Ref 11 May 92
 Date SCD
 Enquiries to 2217/2214
 Ext. No.

Dear Iain,

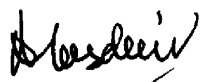
Re: RONALD MCROBB, 228 OXCANGS AVENUE, EDINBURGH.

Thank you very much for referring Mr. McRobb. He certainly has a pretty gross crop of perineal warts and I am sure he requires proper treatment of these to try and prevent the development of any squamous carcinoma in the anal region.

I will check with the army medical records to see if we can find out what went wrong with his general anaesthetic in 1983.

Kind regards.

Yours sincerely,


 A.B. MACGREGOR



14 MAY 1992

NHS Confidential: Personal data about a patient

THE ROYAL INFIRMARY OF EDINBURGH

EYE DEPARTMENT

ACCIDENT AND EMERGENCY CARD

THIS CARD MUST NOT BE TAKEN AWAY

GTM 90
LHB 603

Surname McLobb
First Name(s) Ronald
Date of Birth 30.12.54
Address 22 E. Glasgow Ave
Edinburgh
Date registered 9.11.90
Time registered 11.15 a.m. p.m.
Age 33 Sex M
Name and address
of General Practitioner
Dr. McKenna
Glasgow Path
Edinburgh

DATE	HISTORY OF COMPLAINT	SEEN BY
	Was grinding metal at work last night. Piece of metal into R.E. - known FB. Vn: good Vp: n- Vl: n-	

RIGHT EYE			LEFT EYE		
VISUAL ACUITY	DISTANT	NEAR	VISUAL ACUITY	DISTANT	NEAR
	<u>6/5 - 1m</u>	<u>6/5</u>		<u>6/5 - 1m</u>	<u>6/5</u>
					

DATE	DETAILS OF TREATMENT AND PROGRESS		SEEN BY
	RIGHT EYE	LEFT EYE	
	Not covered - now FB removed mid - cor quiet AC quite deeply embedded - cornea FB sharpened 10.5.91 of nursing		

DIAGNOSIS	TREATMENT	FOLLOW-UP
metallic FB removed	6.11.91 in stat AC clear - post x 4 hrs OK 7.12.91	Rem 2 more AC removed

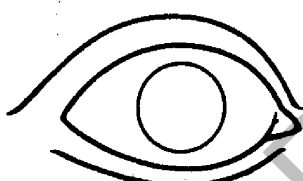
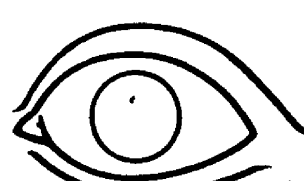
THE ROYAL INFIRMARY OF EDINBURGH

EYE DEPARTMENT

ACCIDENT AND EMERGENCY CARD

THIS CARD MUST NOT BE TAKEN AWAY

DATE	HISTORY OF COMPLAINT	SEEN BY
	Strabismic yesterday - FB external. ⊙ eye: primary strabismic, internal. POH - None. Atropine - None. S.H. - Good.	Surname <u>McROBB</u> (Block Letters) First Name(s) <u>RONALD</u> Date of Birth <u>30.12.52</u> Address <u>22 F. OXMAN'S</u> <u>AVE, EDIN.</u> Date registered <u>8/5/90</u> Time registered <u>8.10</u> a.m. p.m. Age Sex Name and address of General Practitioner <u>OXMAN'S PATH</u> <u>SURGERY</u>

RIGHT EYE			LEFT EYE		
VISUAL ACUITY	DISTANT	NEAR	VISUAL ACUITY	DISTANT	NEAR
	6/4 up.			6/4 up.	
					

DATE	DETAILS OF TREATMENT AND PROGRESS		SEEN BY												
	RIGHT EYE	LEFT EYE													
	White		W. Rogers												
	- pupils -														
		Concave FB removed w/ gr needle													
	Atropine														
	deep - quiet														
		- Dis -													
	<table border="1"> <tr><td>C</td><td></td></tr> <tr><td>B</td><td></td></tr> <tr><td>K</td><td>✓</td></tr> <tr><td>AC</td><td></td></tr> <tr><td>LT</td><td>✓</td></tr> <tr><td>T</td><td>✓</td></tr> </table>	C		B		K	✓	AC		LT	✓	T	✓	22 MAY 1990 Rx Or - chlorstat the b.i Eyes open x 24 hrs 505	
C															
B															
K	✓														
AC															
LT	✓														
T	✓														

THE ROYAL INFIRMARY OF EDINBURGH NHS TRUST
Lauriston Place
Edinburgh EH3 9YW
Telephone: 0131 536 4000
Fax: 0131 536 4044



Hospital No.: 98042030

Duty Consultant: Robin Mitchell

A/E No.

Previous Number:

General Population

Name BALLANTYNE
ARCHIE
Address SPRINGWELL HOUSE
ARMITILLAN TERRACE
EDINBURGH
EH11 2JL

PATIENT INFORMATION

Surname MCROBB
Forenames RONALD

Address 84 HAYMARKET TERRACE
FLAT 4
EDINBURGH

Post Code EH12 5LB

Telephone

none

D.O.B. 301257

Age 40

Religion

Date and Time of Attendance
4/ 7/98/1910

Next of Kin NOT GIVEN
Address

Mode of Arrival

AMBULANCE

Source of Referral 999

Telephone Number

Home Work

CLINICAL NOTES

History: Unwitnessed head injury, found lying at a bus stop in a pool of blood has been drinking. Will not undress

o/e tms clear, per1 froem, no diplopia
has bitten bottom lip
arms and legs power 1+
old bruising to upper back

SXP 111

plan admit ward 10

Mr Brodie Paterson
04/07/98/BP

07 JUL 1998

[illegible]

Scanned Document
17-Jun-2026 *****
Additional:Scanned Document

Filename: igprda202606171244340.tif
Extension: .tif
Pages:



15/9/04 9.30

fite

MCROBB RONALD

Att. No.: 22540

DR FLETT

D.O.B.: 30/12/1957 Springwell Medical
Centre
US Testes

PRIMARY AND COMMUNITY

X-RAY REQUEST FORM - CONTRAST STUDIES AND ULTRASOUND
FROM SPRINGWELL MEDICAL CENTRE REFERRING DOCTOR: Flett

Patient Details

Name Ronald McRobb DOB 30/12/1957

Address 8/5 Northcote Street, Dalry
EDINBURGH

Postcode EH11 2HL

Tel. No /E-mail 313-0753

CHI Number 3012571450

Computer No (If Known)

Do you wish us to book Transport? NO

Examination Requested USS Testes (Right)

Clinical Justification Noted small lump right testicle last few weeks, non tender, not red, hot.
No urinary symptoms.

Duration of Symptoms 2 weeks

Relevant Previous History (including previous surgery) Nil relevant

LMP (females age 12-50 for X-Ray including Abdomen, Lumber Spine or Pelvic
Area)

Preferred Hospital Chalmers(Ultrasound only)

Can we ask the patient to come to another hospital if the waiting list is shorter? Yes

Is the patient diabetic? No

Are they taking Metformin? No

Is there a history of reaction to iodinated contrast material? No

Is there a history of significant other allergy/atopy? No (Pre-medication with steroid may be
advised)

Is there a contra-indication to Buscopan (eg Glaucoma or Cardiac disease)? No

Please note that for Barium studies the safe upper limit for the X-Ray table is 20 stone and
significantly obese patients should not be referred.

Signature

Dr Jenny Flett

Date

These examinations normally require an appointment. Please send or fax the form to LEITH
CTC, Chalmers or Roodlands

five

SPRINGWELL MEDICAL CENTRE

Dr A. Ballantyne
Dr I Dickson
Dr R Liddle
Tel No 0131 537 7500



39 Ardmillan Terrace
Edinburgh
EH11 2JL
Fax : 0131 537 7505

Mr. Ronald McRobb
8/5 Northcote Street
EDINBURGH
EH11 2HL

17th September 2004
JF/CH

Dear Mr. McRobb

I have just received a letter from the ultrasound department saying that you were unable to make the appointment they sent to you. If you are still worried about the lump please make an appointment with me and I can re-refer you.

Yours sincerely

Dr. Jennifer Flett

PRIMARY AND COMMUNITY DIVISION**X-RAY REQUEST FORM –CONTRAST STUDIES AND ULTRASOUND**
FROM SPRINGWELL MEDICAL CENTRE REFERRING DOCTOR : [REDACTED] Flett**Patient Details****Name** Ronald McRobb **DOB** 30/12/1957**Address** 8/5 Northcote Street, Dalry
EDINBURGH**Postcode** EH11 2HL**Tel. No /E-mail** 313-0753**CHI Number** 3012571450**Computer No (If Known)****Do you wish us to book Transport ?** NO**Examination Requested** USS Testes (Right)**Clinical Justification** Noted small lump right testicle last few weeks, non tender, not red, hot.
No urinary symptoms.**Duration of Symptoms** 2 weeks**Relevant Previous History (including previous surgery)** Nil relevant**LMP** (females age 12-50 for X-Ray including Abdomen, Lumber Spine or Pelvic
Area)**Preferred Hospital** Chalmers(Ultrasound only)**Can we ask the patient to come to another hospital if the waiting list is shorter?** Yes**Is the patient diabetic?** No**Are they taking Metformin?** No**Is there a history of reaction to iodinated contrast material?** No**Is there a history of significant other allergy/atopy ?** No (Pre-medication with steroid may be advised)**Is there a contra-indication to Buscopan (eg Glaucoma or Cardiac disease)?** No**Please note that for Barium studies the safe upper limit for the X-Ray table is 20 stone and significantly obese patients should not be referred.****Signature****Dr** [REDACTED] Flett**Date**These examinations normally require an appointment. Please send or fax the form to LEITH
CTC , Chalmers or Roodlands

The Lothian University Hospitals NHS Trust



THE ROYAL INFIRMARY OF EDINBURGH
Lauriston Place, Edinburgh EH3 9YW

Dept of G U Medicine
Level 1, Lauriston Building
Tel: 0131 536 2097

CONFIDENTIAL

IB/MC/Y.9942
09 July 2001

Dr A Ballantyne
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Dear Dr Ballantyne

RONALD McROBB (DOB. 30.12.57)
8/5 Northcote Street, Dalry, Edinburgh

Many thanks for the referral. I saw this gentleman on 15th June 2001. As you are aware, he presents with recurring genital warts. He is on Trazodone, suffers from psoriasis and depression with anxiety.

Examination revealed perianal warts. These were frozen with liquid nitrogen. He declined an STI screen.

Follow-up: 2-weeks.

Yours sincerely

I Banerjee
Special Registrar

DATE	11 JUL 2001	STAMPED BY
RCP		
COMP.		
LETTER		
RESULT BOOK		
SATIS. RESULT		
COMMENTS		
FILE	☒	

The Lothian University Hospitals NHS Trust provides a comprehensive range of first class acute adult and paediatric care to the people of Edinburgh, Lothian and beyond from the following locations: Chalmers Hospital, City Hospital, Liberton Hospital, Princess Alexandra Eye Pavilion, Princess  Orthopaedic Hospital, Royal Hospital for Sick Children, Royal Infirmary of Edinburgh, Royal  Hospital,  Memorial Maternity Pavilion, Western General Hospital.

COPY

Ronald McRobb
8/5 Northcote Street
Edinburgh
EH11 2HL

15/05/01

Dear Ronald

Dr. Butler has requested that I contact you to discuss further support.

May I offer you an appointment at Springwell Medical Centre on Friday
the 25th May at 12 Noon?

Please let me know if this is unsuitable and we can arrange another time

If you do not wish to use this service at this time, you may call and
cancel by leaving a message on the answer machine at the number below.

Yours sincerely,

KEVIN L. CLAZIE
Community Psychiatric Nurse

Tollcross Health Centre
Ponton Street
EDINBURGH
EH3 9QQ

Tel: 0131-536-9780 Fax: 536-9765

SPRINGWELL MEDICAL CENTRE

Dr A. Ballantyne
Dr I. Dickson
Dr R. Liddle



39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 537 7500
Fax: 0131 537 7505

SB/JR

24th April, 2001

Kevin Clazie,
CPN,
Springwell Medical Centre

Dear Kevin,

**RE - RONALD McROBB, 8/5 NORTHCOTE STREET, EDINBURGH,
EH11 2HL. DATE OF BIRTH - 30.12.57**

I would be grateful if you could review this 43-year old male. I have seen him on several occasions and his main complaint has been agitation and anxiety with poor sleep pattern and low mood. He describes the physical symptoms of anxiety – sweating, palpitations and facial flushing. He also describes panic attacks which occur during the day which sometimes prevents him from going out of the house. Mr. McRobb has been a very heavy drinker in the past but he claims to have completely cut out spirits and now drinks 4 or 5 pints of beer Friday and Saturday night although he does occasionally binge. He is not aware of a relationship between his binge drinking and these symptoms. He has also been on Paroxetine and Venlafaxine in the past both of which he felt did not agree with him. His previous GP had prescribed Temazepam which he found effective. He has also tried beta-blockers and did not wish to retry these. I prescribed him a small amount of Diazepam to take on a prn basis. He did not find this particularly effective. After some discussion we both decided that tablets were possibly not the best way to go although he was desperate for something to help him sleep and I have given him a small amount of Zopiclone. He did on the second occasion seem quite keen to yourself as he is now desperate to get to the bottom of these symptoms.

I am still not entirely sure that these symptoms are not related to alcohol but I would appreciate your advice in this matter.

Yours sincerely,

DR. SARAH BUTLER
GP REG.

**SPRINGWELL MEDICAL CENTRE
39 ARDMILLAN TERRACE
EDINBURGH
EH11 2JL**

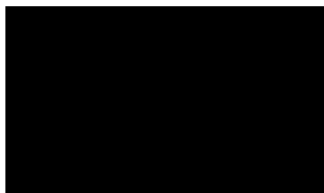
Tel: 0131 537 7500

Fax: 0131 537 7505

Dr [REDACTED] Ballantyne Dr R [REDACTED] Dickson Dr [REDACTED] Liddle

3rd August 1999

Reference: AB/CH



Dear Miss McKenna

**Ronald McRobb, 8/5 Northcote Street, Edinburgh
Re – Criminal Injury**

I regret to inform you I can not find any reference to the above incident on 27.6.97 in his records.

The only incident that occurred at this time happened on the 20 6 97 when he was struck with golf club 5 days previously.

I would therefore be grateful if you could verify the date and give other information as appropriate.

Yours sincerely

Dr [REDACTED] Ballantyne

CRIMINAL INJURIES COMPENSATION AUTHORITY

Switchboard 0141 331 2726
 Direct dial 0141 331 5657
 Fax 0141 331 2287
 DX GW 379 GLASGOW

CICA
 Tay House
 300 Bath Street
 GLASGOW
 G2 4JR

DR A BALLANDYNE
 SPRINGWELL MEDICAL CENTRE
 24 ARDMILLAN TERRACE
 EDINBURGH
 EH11 2JL

Your Ref
 Our Ref G/99/284899-CW07
 Date 27/07/1999

Dear Sirs,

REGARDING : RONALD MCROBB

DATE OF BIRTH: 30/12/1957

The above named person has applied to the Authority for compensation for injuries, for which he/she has been seen by you / at your hospital. The applicant has signed an authority allowing us to seek a medical report. I would be grateful if you would complete the attached form by reference to the applicant's medical records and return it to us as soon as possible.

The report you provide will be treated in strict confidence. However you should be aware that we may be obliged to make any information on which we base our decision available to the applicant, or his/her representative on request.

In accordance with the scale agreed with the British Medical Association I am able to offer a fee of £ 26.00 for your report. To claim this fee please complete the attached payment voucher and return it with the report.

Yours faithfully,

MISS [REDACTED] MCKENNA
 For the Authority

TC2

30 JUL 1999

DATE		ACTIONED BY
CP	✓	
OMP.		
ETTER		
RESULT XOK		
ATIS. RESULT		
OMMENTS		
LE		

Our Ref G/99/284899-CW07

Incident in which applicant was injured took place:Place: DALRY ROAD
OUTSIDE ALANS CAFE

Date: ON 27/06/1997

Date of First Treatment:

Reference Number:

Name of injured Person: RONALD MCROBB
8/5 NORTHCOTE STREET
OFF DUFF STREET
EDINBURGH
EH11 2HL

Report Fee Payment Voucher

To ensure payment the name and address of the person to whom the fee should be sent should be printed below.

PLEASE COMPLETE IN BLOCK CAPITALS

Title:

DR

Initials:

A

Surname

BALLANTYNE

Position:

Hospital Department

Full Address:

Dr A BALLANTYNE
Springwell Medical Centre
39 Ardnamuir Terrace
Edinburgh EH11 2JL
Tel: 0131 537 7500
Fax: 0131 537 7505

G/99/284899-CW07

1. If the applicant was treated, please give:
Date of first visit Date of last visit No. of visits
2. Please give details of any physical injuries, treatment given, and any recognised psychological condition resulting from the incident.
3. Do you expect the applicant to make a full recovery? If not, please give details of any likely continuing disability or residual scarring.
4. How long did the main effects of the injury last?
5. a) Has the injury accelerated or exacerbated an existing condition? b) If so, please indicate the percentage attributable to acceleration or exacerbation. c) How long did any exacerbation last?
6. Please provide any supplementary information which you think might assist us in determining this application.

Signature

Date



Lauriston Place
Edinburgh EH3 9YW
Telephone 0131 536 1000
Fax 0131 536 1001



THE ROYAL INFIRMARY OF EDINBURGH

THE
ROYAL
INFIRMARY
OF EDINBURGH
NHS TRUST

CHIEF EXECUTIVE

BSc, DMS, MBA

To: DR A BALLANTYNE
SPRINGWELL HOUSE HEALTH C
ARMILLAN TERRACE
EDINBURGH

Admission date: 04/07/1998
Discharge date: 05/07/1998
Consultant: KENNETH C.H. FEARON

Ward: 10

Our reference: ADHM/DW

EH112JL

Name: RONALD MCROBB

Number: 3012571673

D.O.B.: 30/12/1957

Address: 84 HAYMARKET TERRACE
FLAT 4
EDINBURGH

MISCELLANEOUS CONDITIONS / Head injury

ICD S09.9 /X59.4 OPCS4 (1) OPCS4 (2) e LSA 4010990000

Discharge Diagnosis: HEAD INJURY

No Complications

22 July 1998

Your patient was found lying in a bus stop lying in a pool of blood under the influence of alcohol. He had no focal neurology and his GCS was 15. He had a FBC, haemoglobin 13.4.

He was admitted to ward 10 for observation overnight and discharged home well in the morning with no complications.
No formal follow up has been arranged.

Discharged to Home.

Andrew Macdonald

Dr Andrew DH Macdonald
Senior House Officer to KENNETH C.H. FEARON

DATE	
RC	
CC	
ICD	
OPCS	
LSA	
ICD	
OPCS	
LSA	
ICD	
OPCS	
LSA	

29 JUL 1998



41/43 Frogston Road West
Edinburgh EH10 7ED
Telephone 0131 536 4600
Fax 0131 536 4601



PRINCESS MARGARET ROSE ORTHOPAEDIC HOSPITAL

THE
ROYAL
INFIRMARY
OF EDINBURGH
NHS TRUST

CHIEF EXECUTIVE

■ ■ ■ ■ ■ BSc, DMS, MBA

DR A BALLANTYNE
SPRINGWELL HOUSE
ARDMILLAN TERRACE
EDINBURGH
EH11 2JL

3259/97

3260/97

Discharge Summary

Patient:	RONNIE MCROBB 12 Clifton Terrace EDINBURGH EH12 5DR	Date of Birth:	30 Dec 1957
		Reference:	PM552182V
Consultant:	MR KEATING	Admission Date: (to Hospital)	12 Aug 1997
		Discharge Date: (From Hospital)	12 Aug 1997
Ward:	1	Date of Dictation:	20 Aug 1997
Specialty:	ORTHOPAEDIC	Date of Typing:	20 Aug 1997

Consultant
Orthopaedic
Surgeons

Mr PJ Abernethy
Mr IH Ameen
Mr J Christie
Mr JNA
Prof WJ Gillespie
Mr CR Howie
Mr J Keating
Mr RJM
Mr MJ McMaster
Mr MP Macnicol
Mr RW Nutton
Mr JE Robb
Mr WA Souter

Diagnosis Coding : Z47.0
Procedure Coding : W28.3 Z73.4

Dear DR BALLANTYNE,

DIAGNOSIS: K-wires in left proximal phalanx index finger
post fracture

OPERATION: Removal 'K' wire left hand

FOLLOW-UP DATE: One week

ADDITIONAL INFORMATION:

Removal of wires done under LA

Yours sincerely

A MCKINLEY
Registrar to Mr J F Keating

20 AUG 1997

NORMAL	FUNDHOLDING
RCP	WIRE TREATMENT
SPEAK TO DOCTOR	FILED BY



f

RIE Orthopaedic Clinical Notes

Date	Patient Name & Unit No: RONALD McROBB Patient DOB: 301257 1673 Patient Address: 12 CLIFTON TERRACE, EDINBURGH								
	Cont/.... Procedure The arm was prepped and draped under tourniquet control in the usual fashion. The fracture was manipulated into a satisfactory position and two crossed retrograde k wires introduced through base of the proximal phalanx giving stable reduction. Image confirmed satisfactory position blue gauze and crepe buddy strapping to index and middle finger. Post-op plan To elevate overnight, review in the fracture clinic in a week. Check film on arrival. Wires to remain insitu for four weeks.								
	D DUNLOP/MJW 27.6.97 Check xray looks satisfactory. Wounds are fine. He also injured his right small finger at the same time sustaining a mallet type injury. He is to go in to a mallet splint for six weeks. We will see him back in two weeks time for removal of his K wire under local anaesthetic.								
	G TYTHERLEIGH-STRONG/JM REGISTRAR 2476/97 2475/97								
	CC DR BALLANTYNE SPRINGWELL HOUSE ARDMILLAN TCE EDINBURGH								
1.8.97	The fracture of the proximal phalanx has healed nicely and the wires are in good position but the wires are embedded under the skin, otherwise MCPJ is slightly stiff. I have conferred with Mr Robinson who feels we should remove the wires in theatre. These could probably be done under local anaesthetic. See this man in Ward 4 on Monday week, 11th of August 1997 for removal of these K wires. To fast from midnight.								
	S HAMEED/JM SNR REGISTRAR AUG 15 1997								
	CC DR BALLANTYNE SPRINGWELL HOUSE ARDMILLAN TCE EDINBURGH								
	<table border="1" style="width: 100%;"> <tr> <td>NORM</td><td>HOLDING</td></tr> <tr> <td>RCP</td><td>ONE</td></tr> <tr> <td>SPEAK TO DOCTOR</td><td>APPOINTMENT</td></tr> <tr> <td></td><td>FILED BY</td></tr> </table>	NORM	HOLDING	RCP	ONE	SPEAK TO DOCTOR	APPOINTMENT		FILED BY
NORM	HOLDING								
RCP	ONE								
SPEAK TO DOCTOR	APPOINTMENT								
	FILED BY								
	WITH COMPLIMENTS MR C M ROBINSON'S FRACTURE CLINIC ORTHOPAEDIC OUT PATIENT DEPARTMENT ROYAL INFIRMARY OF EDINBURGH NHS TRUST TELEPHONE 0131 536 3719								

RLE Orthopaedic Clinical Notes

Date	Patient Name & Unit No: RONALD McROBB Patient DOB: 301257 1673 Patient Address: 12 CLIFTON TERRACE, EDINBURGH
27.6.97	Cont/.... Procedure The arm was prepped and draped under tourniquet control in the usual fashion. The fracture was manipulated into a satisfactory position and two crossed retrograde k wires introduced through base of the proximal phalanx giving stable reduction. Image confirmed satisfactory position blue gauze and crepe buddy strapping to index and middle finger. Post-op plan To elevate overnight, review in the fracture clinic in a week. Check film on arrival. Wires to remain insitu for four weeks. D DUNLOP/MJW Check xray looks satisfactory. Wounds are fine. He also injured his right small finger at the same time sustaining a mallet type injury. He is to go in to a mallet splint for six weeks. We will see him back in two weeks time for removal of his K wire under local anaesthetic. G TYTHERLEIGH-STRONG/JM REGISTRAR CC DR BALLANTYNE SPRINGWELL HOUSE ARDMILLAN TCE EDINBURGH With Compliments Royal Infirmary of Edinburgh N.H.S. Trust Orthopaedic Out-patient Department 0131 536 3719 Mr. ROBINSON'S Clinic 4 JUL 1997

NHS Confidential: Personal data about a patient

Directorate of Emergency Medicine THE ROYAL INFIRMARY OF EDINBURGH NHS TRUST Lauriston Place Edinburgh EH3 9YW Telephone: 0131 536 4000 Fax: 0131 536 4044		Consultants: Dr. K. Little Dr. C. E. [REDACTED] Mr. D. J. Steedman Duty Consultant: Dr. K Little		3012571673 Hospital No.: 97041493 A/E No. Previous Number:	
General Practitioner Name: SALLANTYNE ARCHIE Address: SPRINGWELL HOUSE AROMILLAN TERRACE EDINBURGH EH11 2JL		CLINICAL INFORMATION Surname: MCROBB Forenames: RONALD Address: 12 CLIFTON TERRACE EDINBURGH Post Code: EH Telephone: 313 0753 D.O.B.: 301257 Age: 39 Sex: M Religion:			
Date and Time of Attendance 20/ 6/97/1203 Mode of Arrival WALKING Source of Referral OTHER HOSP		Next of Kin Address Telephone Number Home Work			

CLINICAL NOTES

DIAGNOSIS

Fracture proximal phalanx right index finger, badly angulated.

HISTORY

39 year old steel worker hit by golf club 5 days ago sustained the above injury. GP sent for xray today.

PMH nil

2C

Right hand swollen. tender right index finger, no obvious rotation but angulated over fracture site.

PLAN

Admit 4, fasted from midnight, 21 07 97

Boxing glove dressing. For K wire. *[Signature]*

DR GOWANS AMT

24 JUN 1997

NORM	FILED	DATE	TIME
FILED	FILED	FILED	FILED
SAS	FILED BY	FILED	FILED
DOCTOR	FILED BY	FILED	FILED

20-06-1997 11:59

CHALMERS X RAY

0131 536 2696

P.02

(Chalmers)
DOB: 30/12/1967
Ref Con: BALLANTYNE
Ref Dr:

Serial No: 136730
CRN No: 301257
RIE Dept: CHXR
Ward/Dept: GPNF

Exams: HAND (1) (GRP 01)
LEFT HAND

Comminuted angulated fracture base shaft proximal phalanx index finger.
Referred to A & E for management. I hop this meets with your approval.
Report faxed.

Dictated 20.6.97

Exams Req: 0906/ / / /
Radiologist: DR J CRUIKSHANK

Sec: MC

O.D.E: 20/06/1997
O.O.R: 20/06/1997
page: 1/1

TOTAL P.02



ACCIDENT AND EMERGENCY DIRECTORATE UNIVERSITY COLLEGE HOSPITAL

Grafton Way
London WC1E 6AU

Telephone: 0171 387 9300 Ext:.....

0171 380.....

Fax:

Dear Doctor

RE:

97032610
MCROBB
RONALD MR
30DEC1957 MALE
025668/97

The above patient attended the Accident & Emergency department of this Hospital on 9/6/97 and was seen by NO MEULDERS. (Grade) S110.

Diagnosis: SIDE EFFECTS FROM PAROXETINE

Investigations: (Results)

DEPRESSIVE SY IMPROVED

Comments:

ADVISED TO CONTINUE MEDICATION
- TO TAKE 20mg NOCTE (RATHER
THAN IN MORN) - AS SY OF S: E.
OCCUR IN MORNING AFTER DOSE
- IF STILL CONTINUES TO SUFFER
Disposal/Follow Up: SE - ? TO ↓ DOSE to 10mg
in 5/7 TIME.

Signed:

Many thanks

Yours sincerely,



The University College London Hospitals

University [redacted] London Hospitals is an NHS Trust incorporating The Eastman Dental Hospital, The Hospital for Tropical Diseases, The Middlesex Hospital, The National Hospital for Neurology & Neurosurgery, The United [redacted] Garrett [redacted] Hospital and Hospital for Women, Soho, and University [redacted] Hospital.

BPS159

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17-Jun-2026 *****

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Pages:

McRobb, Ronald

DoB: 30/12/1957

Report Valid On 01/12/00 08:47

Springwell Medical Centre

Page number 1

Registration

Mr Ronald McRobb
8/5 Northcote Street, Dalry
EDINBURGH

Service Code: Permanent

DoB: 30/12/1957

Age: 42

Telephone: 313-0753

Contact: ?

EH11 2HL

CHI Number: 3012071450

NHS Number: S685/5/58/15

Marital Status: Unknown

Registered GP: Dr N. Ballantyne

Repeat Consultation: ?

Acute Consultation: 08/05/1998

BMI: 23.9

Height: 1.67 m

Weight: 66.7 kg

BP: 130/80

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Cons.
------------------	-------------------------	-------	------	----------------	-------

Adverse Reactions

Read Code	Description
-----------	-------------

Clinical / User Marker

04/07/1998	High	Minor head injury
20/06/1997	High	Other finger injuries, unspecified finger fracture
23/10/1997	High	Neurotic depression reactive type history of
11/05/1992	High	Viral warts venereal warts
08/05/1990	High	Removal of foreign body from cornea
30/12/1889	High	Enjoys moderate exercise
24/11/1998	Medium	SUMMARISED
30/12/1838	Low	Patient signed reg. form

Screening

14/05/97	B P ScreeningSS	BP 16-80 </equal 140 and/or </equal 90
Repeat after an Interval - 5 Years		Do not send recall letter Do not send result letter
13/05/97	Alcohol IntakeSS	Heavy drinker - 7-9u/day
Repeat after an Interval - 12 Months		Send recall when due
13/05/97	HeightSS	O/E - height
Repeat after an Interval - 36 Months		Send recall when due
13/05/97	SmokerSS Status	Moderate smoker - 10-19 cigs/d
Repeat after an Interval - 12 Months		Send recall when due
13/05/97	WeightSS	O/E - weight
Repeat after an Interval - 36 Months		Send recall when due

Summary Screened and Summary

Printed at 01/12/00 08:47:33

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IMMUNISATIONS AND SCREENING INVESTIGATIONS	National Health Service Number	
	Surname (Block letters)	Forename (Block letters)
	Address	
	Date of Birth	
	McROBB	RONALD
		30-12-57

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Meas- sles	Rubella	MMR	BCG
Date		8.5.73		8.5.73				
Manufacturer & Batch No.				8.10.80	31-1-69			
Date				11.6.85				
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

	Influenza	Hep.B.	TAB Typhoid	Cholera	Smallpox
Date			16.10.80		27.11.78
Manufacturer & Batch No.			11.6.85		
Date					
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					
Date					
Manufacturer & Batch No.					

IMMUNOLOGICAL STATUS				
	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date	29-1-76			
Result	+ve			
Date				
Result				
Date				
Result				

Form GP 111H

355-2097

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Mr RONALD MCROBB
12 CLIFTON TERRACE
EDINBURGH

(Chalmers)
DOB: 30/12/1957
Ref Con: BALLANTYNE
Ref Dr:

Serial No: 136730
CRN No: 301257
RIE Dept: CHXR
Ward/Dept: GPNF

Exams: HAND (1) (GRP 01)
LEFT HAND

Comminuted angulated fracture base shaft proximal phalanx index finger.
Referred to A & E for management. I hope this meets with your approval.
Report faxed.

Dictated 20.6.97

24 JUN 1997

Exams Req: 0906/

Radiologist: DR J CRUIKSHANK

Signed.....

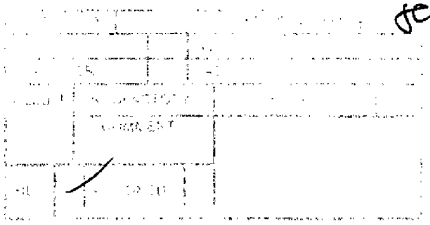
Sec: MC

D.O.E: 20/06/1997

D.O.R: 20/06/1997

page: 1/1

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LOTHIAN UNIVERSITY HOSPITALS NHS TRUST MEDICAL MICROBIOLOGY SERVICES		
Clinical Bacteriology, Royal Infirmary of Edinburgh, 51 Little France Crescent, EDINBURGH, EH16 4SA		
PIN/CHI: 3012571450 Patient: MCROBB, RONALD	D.O.B: 30/12/1957 Sex: Male	Tel: 0131 242 7777
Report to: Registrar 1 Address: Springwell Medical Centre	Date Taken: 03/09/2004 Time Taken: 08:45	
	Date Received: 07/09/2004 Time Received: 10:50	
	Date Reported: 30/09/2004	
Lab. Ref. No.: XM060283R Spec.: Skin tape trunk		
☐ Mycology, culture Culture for fungi : NEGATIVE		
		
Authorised by : Mr T B [REDACTED] For Dr I Laurenson		
		

NHS Confidential: Personal data about a patient

PIN/CHI: 3012571450		D.O.B.: 30/12/1957	Tel: 0131 537 1934/5
Patient: MCROBB, RONALD		Sex: Male	Fax: 0131 537 1024
Report to: G P Registrar <i>Ballentine</i>	Date Taken: 20/04/2001		
Address: Springwell Medical Centre	Time Taken: 14:00		
			Date Received: 23/04/2001
			Time Received: 11:30
			Date Reported: 09/05/2001

Current antibiotic therapy:

Lab Ref No : XM021892L Spec : Skin scrape
 Date taken : 20/04/2001
 Date rec'd : 23/04/2001
Mycology, microscopy
 Direct microscopy for fungal hyphae : NEGATIVE
Mycology, culture
 Culture for fungi : NEGATIVE

TE	09 MAY 2001	CTIONED BY
P		
MP		
TER		
LT		
LT		
MENTS		
For Dr JOR Milne		

Authorised by : Mr T B [REDACTED]

WESTERN GENERAL
 HOSPITAL
 EDINBURGH

**FUND
 ACCREDITED**

CPA
 ACCREDITED

NHS Confidential: Personal data about a patient

CHI: 3012571450	D.O.B.: 30/12/1957	Tel: 0131 537 1934/5
nt: MCROBB, RONALD	Sex: Male	Fax: 0131 537 1024
rt to: G P Registrar		
ess: Springwell Medical Centre		
Date Taken: 20/04/2001		
Time Taken: 14:00		
Date Received: 23/04/2001		
Time Received: 11:30		
Date Reported: 25/04/2001		

Current antibiotic therapy:

Lab Ref No : XM021892L Spec : Skin scrape right shin

Date taken : 20/04/2001

Date rec'd : 23/04/2001

Mycology, microscopy

Direct microscopy for fungal hyphae : NEGATIVE

26 APR 2001		AC TIONED BY
COMP.		
ENTER		
RESULT		
BOOK		
SATIS. RESULT	✓	
COMMENTS		
FILE	✓ 8A	

Authorised by : Dr L J R Milne

N GENERAL
SPITAL
BURGHFUND
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ACCREDITED

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**South Central Local Health Partnership
(SCLHP)**

19 JUL 2007

PRIMARY CARE LIAISON FORUM
(Single Point of Referral)
Referrals Co-ordinator
Astley Ainslie Hospital
Blackford Pavilion
133 Grange Loan
Edinburgh EH9 2HL
T: 0131 537 9291 F: 0131 537 9386



Mr Ronald McRobb
5/8 Northcote Street
Edinburgh
EH11 2HL

Date 18.07.07
Your Ref
Our Ref mcrobb-r-3012571450
Enquiries to Lorraine King,
Referrals Co-ordinator
Extension 49291
Direct Line 01315379291

Dear Mr McRobb,

As you know your GP has referred you to the Primary Care Liaison Forum and your referral was discussed on the 17th July 2007.

You have been accepted for an initial assessment by Kevin Clazie, Community Psychiatric Nurse. Unfortunately, we have a waiting list of approximately 12 weeks and an appointment will be sent out to you directly from Kevin Clazie as soon as possible.

Please notify us on the telephone number above of any relevant change in your circumstances i.e. a new address or if you feel you no longer require an appointment.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Lorraine King'.
Lorraine King
Referrals Co-ordinator

cc: Dr Ballantyne, Springwell Medical Centre
Cc. Kevin Clazie, Community Psychiatric Nurse, Tollcross Health Centre

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Mr Ronald McRobb
8/5 Northcote Street
EDINBURGH
EH11 2HL

Tollcross Health Centre
1st Floor
Ponton Street
EDINBURGH
EH3 9QQ
Tel: 0131 536 9780
Fax : 0131 536 9765

KC/JD

27 September, 2007

Dear Mr McRobb

You have been referred to the Community Mental Health Nurse service by your GP. The purpose of this appointment is to assess the nature of your current problem and identify how best to help you with this at present.

If you do not confirm acceptance of this appointment by telephoning 0131-536-9780 this appointment slot will be allocated to another patient.

I can offer you an appointment at **SPRINGWELL MEDICAL CENTRE**

on **WEDNESDAY 3rd OCTOBER 2007** at **1.00 pm**

This appointment may last approximately 50 minutes. I would be most grateful if you would confirm that you will be able to attend this appointment, on receipt of this letter. Please contact myself if this date and time is unsuitable so that an alternative can be arranged.

Yours sincerely

KEVIN L CLAZIE
Primary Care Community Mental Health Nurse

cc Dr Entwistle, Springwell Medical Centre

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NHS Confidential: Personal data about a patient

COPY

Mr Ronald McRobb
8/5 Northcote Street
EDINBURGH
EH11 2HL

Tollcross Health Centre
1st Floor
Ponton Street
EDINBURGH
EH3 9QQ
Tel: 0131 536 9781
Fax : 0131 536 9765

KC/JD

9 November, 2007

CHI NO 3012571450

Dear Mr McRobb

I am sorry that you were unable to attend your last appointment on 7th November 2007.

It may be that you do not feel you require to see myself at present. If however, you would like to arrange another appointment please do not hesitate to contact me on the telephone number above.

If I do not hear from you within 2 weeks of the date of this letter I will assume you do not require an appointment and I shall discharge you back to the ongoing care of your GP. Please do not hesitate to contact your GP in future should you feel re-referral would be helpful.

With best wishes

Yours sincerely

KEVIN L. CLAZIE
Primary Care Community Mental Health Nurse

cc. Dr Entwistle, Springwell Medical Centre

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NHS Confidential: Personal data about a patient

Tollcross Health Centre,
1st Floor
Ponton Street,
EDINBURGH, EH3 9QQ
Tel: 0131-536 9780 Fax: 0131-536 9765



CHI: 3012571450
UNIT: 136931

22 November 2007

Doctor Entwistle
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Dear Doctor Entwistle

Re: Ronald McRobb, 8/5 Northcote Stree, EDINBURGH, EH11 2HL.
DOB: 30/12/1957

PATIENT DNA – DISCHARGED

The above patient did not attend for initial assessment or the further appointment that was arranged for him by telephone. He was sent subsequently sent a letter asking him to get in touch and he has not replied to this, he has therefore been discharged back into your care.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Clazie'.

KEVIN L. CLAZIE
Primary Care Community Psychiatric Nurse

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SPRINGWELL MEDICAL CENTRE

Dr I Dickson
Dr R Liddle
Dr S Butler
Dr I Kelt
Dr N McGregor
Dr S Ali
Dr C Entwistle



39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel No: 0844 477 8712
Fax No: 0844 477 8973

22/09/09

Mr Ronald McRobb
8/5 Northcote Street, Dalry
EDINBURGH
EH11 2HL

Dear Mr McRobb

You failed to attend for your appointment with Dr Lilley on the 18/09/09. I also note that you failed to attend for appointments on 25/05/09 and 20/04/09. When you do not attend it is an appointment wasted that could have been used by another patient and it is extremely costly to the health service. Appointments can be cancelled by, phoning the surgery prior to the appointment time and speaking to the receptionist or by leaving a message on our answerphone, which can be accessed by taking option 4 on our menu

I am writing to make you aware that we are unable sustain this level of non-attendance. Your record will be monitored over the next 6 months and if you fail to attend for appointments within that period we may have to consider having your name removed from our practice list.

Yours sincerely

Dr R [REDACTED] Dickson

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NHS Confidential: Personal data about a patient

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCROBB, RONALD		PIN: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Practice Nurse	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
05 JUN 2009					
DATE	05/11/09				
TIME	09:05				
SPECIMEN No.	986289				
Hb (g/l)	[M 130 - 160; F 115 - 165]	139			
RBC (x10 ¹² /l)	[M 4.5 - 6.5; F 3.8 - 5.8]	4.73			
Hct	[M 0.40 - 0.54; F 0.37 - 0.47]	0.415			
MCV (fl)	[M / F 78 - 98]	88			
MCH (pg)	[M / F 27 - 32]	29.4			
Retic (x10 ⁹ /l)	[M / F 25 - 85]				
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	6.0			
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	2.35			
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	2.56			
Monocytes (x10 ⁹ /l)	[M / F 0.2 - 0.8]	0.58			
Eosinophils (x10 ⁹ /l)	[M / F 0.04 - 0.4]	0.41			
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.12			
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l)	[M / F 150 - 350]	310			
ESR (mm/hr)	[M 1 - 10; F 3 - 15]				
Monospot					
PT Patient (secs)					
Control (secs)	[N 10.5 - 13.5]				
Ratio (INR)	[TR 2.0 - 4.5]				
APTT Patient (secs)					
Control (secs)	[N 26 - 36]				
Ratio	[TR 1.5 - 2.5]				
Mix (secs)					
Fibrinogen (g/l)	[N 1.5 - 4.0]				
D-Dimer (ng/ml)	[N < 200]				
Note: Specimen type is BLOOD unless otherwise stated.					
Please Note: This Report displays the most recent five requests for the above tests		DATE PRINTED: 05/11/2009		TIME PRINTED: 15:45	

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Practice Nurse	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
		05/11/09		05/11/09	
		09:05		09:05	
		HB520076		HB520077	
		Blood		Blood	
Urea	mmol/L	2.5-6.6		5.2	
Creatinine	umol/L	60-120		73	
eGFR (/1.73m2)	ml/min			>60	
Sodium	mmol/L	135-145		143	
Potassium	mmol/L	3.6-5.0		4.8	
Glucose	mmol/L			5.3	
Glucose spec. type				FASTED	
Bilirubin	umol/L	3-16		7	
ALT	U/L	10-50		34	
Alk.Phos	U/L	40-125		69	
GGT	U/L	10-55		54	
Albumin	g/L	35-50		45	
TSH	mU/L	0.2-4.5		1.1	
Free T4	pmol/L	9-21		14	

COMMENTS:

DATE PRINTED: 06/11/2009
TIME PRINTED: 06:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below

Results outwith the reference range are highlighted in BOLD

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NHS Confidential: Personal data about a patient

University Hospitals Division
Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA



Department of Dermatology

Dr RE Liddle
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date 19/07/2010
Our Ref 600086642R
CHI 3012571450

Dear Dr Liddle,

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: McRobb, Ronald

DOB: 30/12/1957

Dear Mr McRobb

Outpatient Appointment Cancellation Letter

Your appointment detailed below has been cancelled either at your request or by a member of our medical team.

Specialty and Consultant: Dermatology, Dr DA McKay

Date and Time: Wednesday 21 July, 2010 at 9:00 am

I apologise for any inconvenience caused and another appointment will be sent out to you shortly.

Yours sincerely,

Appointments Officer.

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NHS Confidential: Personal data about a patient

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: Ronald McRobb Date: 11/01/11
30/12/57

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "x" to indicate your answer)

	NOT ALL	AT SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things.			☒	
2. Feeling down, depressed, or hopeless.				☒
3. Trouble falling or staying asleep, or sleeping too much.				☒
4. Feeling tired or having little energy.			☒	
5. Poor appetite or overeating.		☒		
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.				☒
7. Trouble concentrating on things, such as reading the newspaper or watching television.			☒	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual.			☒	
9. Thoughts that you would be better off dead, or of hurting yourself in some way.		☒		

Add Columns:

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
Somewhat difficult
Very Difficult
Extremely difficult ☒

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs [redacted] L. Spitzer, [redacted] B.W. [redacted] Kurt Kroneke, and colleague, with an educational [redacted] from Pfizer Inc. For research information contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the terms of use available at <http://www.pfizer.com> Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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NHS Confidential: Personal data about a patient

SPRINGWELL MC – JAN 2011 - VISION MIGRATION DOCUMENT

"DOWN-TIME" CONSULTATION RECORD

 3012571450 lcRobb onald EH11 2HL		Clinician Details: Clinician <i>lc</i> Date/Time of consultation <i>17/1/11 9.50</i> Type of consultation (i.e. tel, appt, home visit, etc) <i>Surgery</i>	
Consultation Details:			
BP <i>/</i>	Height	Weight	Smoking status smoker status
Cessation advice ☐ yes			
Symptoms: <i>1) pain on pleural surface of back would be imp. Hx of pleuritis. Will my NSAIDs + PPI. 2) Abdominal under pressure - (concrete) worse with my p. pushing against</i>			
Diagnosis: <i>Abdominal pleuritis</i>			
Treatment: Repeat given ☐ Acute given ☒ Medication inactivated ☐ New medication added ☐			
Please enter details of any medication issued and any medication changes (i.e. those inactivated, those added) <i>Carbamazepine 600s not changed Ibuprofen 400mg tds (21) Aspirin 200mg (7)</i>			
Other data entry (e.g. Codes, etc) <i>Abdominal pleuritis</i>			
Tick here if Data to be coded etc	☒ tick if yes	Tick here if QOF Data to be entered	☐ tick if yes

Save form by Clicking File>Save As>My Network Places>TVD>Vision>ConsultationForms.
Name the file Surname FirstName DOB Encounter Date eg Test A 01/01/2000 23/01/2011

Office Use Only – Open and check if Data or QOF to be entered. If none, Drag and Drop Document into Docman for sorting, if Data for coding or QOF use save as to save copy in ReadCodeQOF folder and then Drag and Drop original into Docman

Date entered	Data entered by

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Eilis McKechnie	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
LOW LIBIDO, LOW MOOD, ?TESTOSTERONE					
Albumin - P2 1/2					
		05/11/09	05/11/09	05/07/11	
		09:05	09:05	09:00	
		HB520076	HB520077	HB526626	
		Blood	Blood	Blood	
Urea	mmol/L	2.5-6.6	5.2		
Creatinine	umol/L	60-120	73		
eGFR (/1.73m2)	ml/min		>60		
Sodium	mmol/L	135-145	143		
Potassium	mmol/L	3.6-5.0	4.8		
Glucose	mmol/L			5.3	5.3
Glucose spec.	type			FASTED	RANDOM
Bilirubin	umol/L	3-16	7		
ALT	U/L	10-50	34		
Alk. Phos	U/L	40-125	69		
GGT	U/L	10-55	54		
Albumin	g/L	35-50	45		
TSH	mU/L	0.2-4.5	1.1		
Free T4	pmol/L	9-21	14		

COMMENTS:

DATE PRINTED: 05/07/2011
TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed IS Insufficient UNK Unknown LP Lipaemic NDET Not Detected
T/F Result to Follow TL Too late for satisfactory analysis TC Test cancelled SB See comment below
Results outwith the reference range are highlighted in BOLD

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Bilis McKeachie	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
LOW LIBIDO, LOW MOOD, ?TESTOSTERONE					
		05/11/09	05/11/09	05/07/11	
		09:05	09:05	09:00	
		HB520076	HB520077	HB526625	
		Blood	Blood	Blood	
Urea	mmol/L	2.5-6.6	5.2		
Creatinine	umol/L	60-120	73		
eGFR (/1.73m2)	ml/min		>60		
Sodium	mmol/L	135-145	143		
Potassium	mmol/L	3.6-5.0	4.8		
Glucose	mmol/L			5.3	
Glucose spec.	type			FASTED	
Bilirubin	umol/L	3-16	7		
ALT	U/L	10-50	34		
Alk.Phos	U/L	40-125	69		
GGT	U/L	10-55	54		
Albumin	g/L	35-50	45		43
TSH	mU/L	0.2-4.5	1.1		
Free T4	pmol/L	9-21	14		

COMMENTS:

DATE PRINTED: 06/07/2011

TIME PRINTED: 22:00

INDEX OF COMMENT CODES

HM Haemolysed

IS Insufficient

LINK Unknown

LP Lipaemic

NDET Not Detected

T/F Result to Follow

TL Too late for satisfactory analysis.

TC Test cancelled

SB See comment below

Results outwith the reference range are highlighted in BOLD

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT:	MCROBB, RONALD	UPI:	3012571450	CHI:	3012571450
DOB:	30/12/1957	SEX:	M	CONSULTANT/GP:	Dr Bilis McKechnie
SOURCE:	Springwell Medical Centre	SENDER:			
CLINICAL DETAILS:					
LOW LIBIDO, LOW MOOD, ?TESTOSTERONE					
			05/07/11		
			09:00		
			HB526625		
			Blood		
LH	U/L	1.0-9.0		4.0	
FSH	U/L	1.0-10.0		2.2	
Prolactin	mU/L	25-630		233	
Testosterone	nmol/L	10-30		9.7	
SHBG	nmol/L	6-45		34	
Calc Free Testop	mol/L	245-785		186	
Albumin	g/L	35-50		43	

COMMENTS: For enquiries contact Duty Endocrine Biochemist on 0131 242 6880

Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.

DATE PRINTED: 07/07/2011
TIME PRINTED: 17:32

INDEX OF COMMENT CODES				
HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Result to Follow	TL Too late for satisfactory analysis	TC Test cancelled	SB See comment below	

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SPRINGWELL MEDICAL CENTRE

Dr I Dickson
Dr R Liddle
Dr S [REDACTED]
Dr E McKechnie
Dr N [REDACTED]
Dr S [REDACTED]
Dr C Entwistle



39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel No: 0844 477 8712
Fax No: 0844 477 8973

12 July 2011

Mr Ronald Mcrobb
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL

Dear Mr Mcrobb

The results of your recent tests are now back and I would be grateful if you could make an appointment to see the doctor who knows you best to allow them to discuss the results further with you.

Yours sincerely

A handwritten signature in black ink, appearing to be 'E. McKechnie', written over a large, diagonal watermark that reads 'THIRD PARTY COPY'.

Dr E McKechnie

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT:	MCROBB, RONALD		UPI:	3012571450		CHI:	3012571450	
DOB:	30/12/1957		SEX:	M		CONSULTANT/GP:	Dr Bilis McKechnie	
SOURCE:	Springwell Medical Centre				SENDER:			
CLINICAL DETAILS:								
LOW LIBIDO, LOW MOOD, ?TESTOSTERONE								
				05/07/11				
				09:00				
				HB526625				
				Blood				
LH	U/L	1.0-9.0		4.0				
FSH	U/L	1.0-10.0		2.2				
Prolactin	mU/L	25-630		233				
Testosterone	nmol/L	10-30		9.7				
SHBG	nmol/L	6-45		34				
Calc Free Testop	nmol/L	245-785		186				
Albumin	g/L	35-50		43				

COMMENTS: For enquiries contact Duty Endocrine Biochemist on 0131 242 6880

Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.

DATE PRINTED: 07/07/2011

TIME PRINTED: 17:32

INDEX OF COMMENT CODES

HM Haemolysed

IS Insufficient

UNK Unknown

LP Lipaemic

NDET Not Detected

T/F Result to Follow

TL Too late for satisfactory analysis

TC Test cancelled

SB See comment below

Results outwith the reference range are highlighted in BOLD

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Dr Cavaghan
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA

Date: 23/09/2011

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (53 years) 600086642R
Specialty Consultant	Endocrine Dr AJ Jaap	Attendance Date	14/09/2011

Dear Dr Cavaghan

Mr McRobb's full blood count is satisfactory with a haemoglobin of 139, a white cell count of 8.1 and platelets of 316. His urea and electrolytes are also within normal limits and calcium is 2.44 with an adjusted calcium of 2.36. A baseline cortisol level is 259 rising to 644 after 30 minutes post Synacthen which is a normal response. His TSH is 0.99 with a free T4 of 12. I will forward the result of his MRI scan of pituitary which is currently outstanding.

Yours sincerely

Dr [REDACTED] LOCKMAN
Specialist Registrar
Secretary: 0131 242 1479/1480/1481
Appt. Enquiries: 0131 242 1368
Typed by: fec

<https://www.scigw.scot.nhs.uk/Web/message/letter.aspx>

23/09/2011

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Dr Cavaghan
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA

Date: 21/09/2011

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (53 years) 600086642R
Specialty Consultant	Endocrine Dr AJ Jaap	Attendance Date	14/09/2011

Dear Dr Cavaghan

Thank you for referring this 53 year old man with a testosterone of 9.3 and calculated free testosterone of 164. As you know, he has had erectile dysfunction for 2 years. Recently this is accompanied by a feeling of tiredness, feeling rundown and just absolutely has "no energy". He has a history of depression and he attributed his symptoms to depression previously but now he is feeling that there is something else is going on as the symptoms have become persistent. Past medical history includes psoriasis, warts, broken nose and traumatic injury to his fingers. He is not on any medication at the moment. Previously he was on antidepressants in 1997, which were discontinued due to side effects. He lives alone and works ■ security. He drinks about 12 units of alcohol/week. Previously he drank a lot of alcohol, at least 18 units/day for 2 days/week. He has stopped drinking heavily in the last 2 years. There is no family history of diabetes or hypertension. He has not noticed any change in shaving frequency. He has not noticed any gynaecomastia. However, he did notice an increase in weight recently and central obesity.

On examination, he has central obesity with psoriasis widespread. Chest is clear and cardiovascular system is unremarkable. Abdomen was soft and nontender and liver edge is palpable. External genitalia is normal. His testicles are present on both sides with a volume of 20 ml. There is no other evidence to suggest a pituitary mass. Visual ■ on direct confrontation is within normal limits.

I have arranged for him to have a full pituitary screen including synacthen test. I have arranged for repeat testosterone and calculated free testosterone this morning. MRI scan of pituitary has also been arranged to exclude structural cause of his hypogonadotropic hypogonadism. We will review him again in clinic once all these results are available in 2 months' time and I have sent what I hope is a suitable appointment for him.

Yours sincerely

Dr ■ Lockman
Specialist Registrar
Clinical Secretaries: 0131 242 1461/1480/1479
Appt. Enquiries: 0131 242 1368/1369
Typed by: djh

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21/09/2011

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600086642R M 30/12/1957
Patient Name **McRobb, Ronald**
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 A Cavaghan

HOSPITAL
Date 2/11/11

Dear Doctor,
Your patient attended the **ENDOCRINE** Out-patient clinic today.

Recommendation **HYPOTONADISM**

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
1. TOGEL	50mg / 5g sachet once daily	indefinite

He/She will attend again in
A full letter will follow.

Yours sincerely,

John Mackenzie
mckenzie STATUS

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Dr Cavaghan
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA

Date: 11/11/2011

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (53 years) 600086642R
Speciality Consultant	Endocrine Dr AJ Jaap	Attendance Date	02/11/2011

Dear Dr Cavaghan

DIAGNOSIS:
Borderline hypogonadism
Depression
Previous alcohol excess
Psoriasis

CURRENT MEDICATION:
To commence Testogel one sachet daily

I reviewed your patient today in the Endocrine Clinic. MR pituitary was arranged at the previous visit although his testosterone was not particularly low; the pituitary was normal. There is no other evidence of any other pituitary hormone deficiency. His testosterone had been slightly low on more than one occasion and he complained of symptoms which may be due to hypogonadism - namely depression and erectile dysfunction. He understands, however, that these symptoms are very difficult to pin down to any particular cause and that a trial of testosterone replacement would be the only practical way of finding out whether this low testosterone is causing him any problems. We discussed the different replacement options and he is keen to try a gel in the first instance. He does have fairly bad psoriasis and understands he needs to avoid any areas of active psoriasis when applying the gels and that if he experiences any skin irritation he ought to let us know so that he can be switched to IM replacement. I also advised him to avoid using any creams or lotions in the areas of skin he is applying the Testogel.

We discussed the effects of testosterone on the prostate and the need for monitoring his PSA and full blood count. These were both normal today with PSA 1.3 and haemoglobin 145.

We arranged for him to return in 2 months' time. For completeness we should check his ferritin at his next visit.

Yours sincerely

Dr [REDACTED] MacKENZIE
Honorary Specialist Registrar

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15/11/2011

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University Hospitals Division

Royal Infirmary of Edinburgh
 Outpatient Department 2
 51 Little France Crescent
 Edinburgh
 EH16 4SA



Edinburgh Centre for Endocrinology

05 JUN 2012

Dr Entwistle
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Date First Created 28/05/2012
 Date Authorised
 Date/Time Printed 28/05/2012 15:35
 Our Ref 600086642R
 CHI 3012571450

Patient: Mr Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	UHP1: 600086642R Date of Birth: 30/12/1957
Clinic Code: MOPEND/BRW Specialty: Endocrine Consultant: Prof B Walker	Attendance Date: 17/02/2012

Dear Dr Entwistle,

Thanks for your letter of 16th May. I fear that my last clinic letter was not very clear. I rather suspect that Mr. McRobb's hypogonadism will have improved with his healthier lifestyle recently. Therefore I intended that he stopped the testosterone treatment for a month and that we re-measure his testosterone levels. It may well be that these will now be in the normal range and we will not need to contemplate therapy, with its associated side effects.

If he does remain hypogonadal, with associated symptoms, then I doubt that alternative preparations of testosterone will be very easy to try. The active pharmaceutical ingredient of the transdermal testosterone is also similar, and the injectables commit people to long-term circulating levels which, if they cause adverse effects, are then difficult to reverse. I think I would like to discuss this with him in the clinic before committing to an alternative therapy. Therefore I would be grateful if you could let me know his testosterone levels while he is off testosterone and I will then judge whether to recall him sooner than his existing appointment in a year's time.

Please do not hesitate to contact me if it would help to discuss.

Physicians:
 Prof Jonathan R Seckl
 Dr [redacted] W [redacted]
 Dr [redacted] A McKnight
 Prof [redacted] R [redacted]
 Dr [redacted] W Brown
 Dr [redacted] WJ Strachan
 Dr [redacted] J Jaap
 Dr [redacted] M [redacted]
 Dr Sharen Forbes
 Dr [redacted] N Zammit
 Dr [redacted] A Ritchie

Paediatricians:
 Dr Paula Midgely
 Dr [redacted] Bath
 Dr [redacted] Drake

Geneticist:
 Prof [redacted] Porteous

Gynaecologists:
 Dr Christine P West
 Prof [redacted]
 Dr Clement CK Tay
 Dr W Colin Duncan

General Surgeons:
 Mr [redacted] Forsythe
 Mr Murat Akyol
 Ms Lorna Marson
 Mr Gavin GP Browning

Ear Nose & Throat:
 Mr [redacted]

Neurosurgery:
 Mr Patrick Statham

Oncologists:
 Dr Elizabeth Junor
 Dr Lucy Wall
 Dr [redacted] Peoples
 Dr [redacted] Erridge

RIE Secretaries
 0131 242 1480/1481/1479

WGH Secretaries
 0131 537 1753/2810

RHSC Secretaries
 0131 536 0611

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University Hospitals Division

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA



Cont'd...

Ref: 600086642R

Patient Name: Mr Ronald McRobb

Yours sincerely

BRIAN R. WALKER
Professor of Endocrinology
Clinical Secretary: 0131 242 1481
Appt. Enquiries: 0131 242 1368/69
Typed by: fec

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Page 2 of 2

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA

Dr Liddle
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 22/02/2012

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (54 years) 600086642R
Specialty Consultant	Endocrine Prof B Walker	Attendance Date	17/02/2012

Dear Dr Liddle

Diagnosis:
Mild hypogonadotropic hypogonadism
Previous alcohol excess and depression
Psoriasis

He has felt pretty well since starting Testogel 50 mg daily. With more energy he has been taking more exercise, including jogging and cycling, and has lost some weight. He has had some adverse effects of some sore joints, insomnia and headaches, but these have worn off.

I have checked bloods concerning potential adverse effects of testosterone and will let him know if there is a problem.

Now that he has lost weight, his endogenous testosterone may well have risen. I have suggested that he completes the current course of Testogel and then tries without for a month or so. He will come back to you for a further prescription if he feels it's really necessary.

I have given him a backstop appointment for next year.

Yours sincerely

Brian R Walker
Professor of Endocrinology
Clinical Secretary: 0131 242 1481
Appt. Enquiries: 0131 242 1368/1369
Typed by: djh

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23/02/2012

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LOTHIAN UNIVERSITY HOSPITALS NHS TRUST MEDICAL MICROBIOLOGY SERVICES		
Clinical Bacteriology, Royal Infirmary of Edinburgh, 23 APR 2012 51 Little France Crescent, EDINBURGH, EH16 4SA		
PIN/CHI: 3012571450 Patient: MCROBB, RONALD	D.O.B: 30/12/1957 Sex: Male	Tel: 0131 242 6048/6025
Report to: Dr [REDACTED] Entwistle Address: Springwell Medical Centre	Date Taken: 19/04/2012 Time Taken: u/k	Date Received: 19/04/2012 Time Received: 13:11
		Date Reported: 20/04/2012
Lab. Ref. No.: MU720568K Spec.: Mid stream urine		
Urine culture : No growth		
Authorised by : Internal review For Dr AP Gibb		

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SPRINGWELL MEDICAL CENTRE

Dr I Dickson
 Dr R Liddle
 Dr S [REDACTED]
 Dr E McKechnie
 Dr N [REDACTED]
 Dr S [REDACTED]
 Dr C Entwistle



39 Ardmillan Terrace
 Edinburgh
 EH11 2JL
 Tel No: 0844 477 8712
 Fax No: 0844 477 8973

Professor Brian Walker
 Professor in Endocrinology
 Department of Endocrinology
 Royal Infirmary of Edinburgh
 Little France

Date: 16th May 2012
 Reference: CE/AR

Dear Prof Walker,

Re: Mr Ronald Mcrobb. 30/12/1957. CHI: 3012571450
8/5 Northcote Street, Dalry, Edinburgh, EH11 2HL

I would be grateful for your advice on the above gentleman who attends your clinic. He was last seen in February following commencement of Testogel. (Sam, 15th)
 He has a history of hypogonadism and was suffering from depression. Certainly he had enough symptoms to give him a trial of testosterone replacement which he felt improved them. Unfortunately he also had some adverse effects in the form of arthralgia, insomnia and headaches. According to his last clinic letter these had worn off. However, Mr Mcrobb has been in twice since then saying that these side-effects have not worn off and it was decided to stop the Testogel for a month.

Following this he has some residual arthralgia but mostly the adverse effects appear to have improved. I have asked him to attend for some routine bloods and will exclude any ongoing inflammatory arthritic process with these. I also note that his bloods from the clinic in February showed a mildly raised ferritin level, just over 300 and plan to repeat this too.

Therefore I would be grateful for your advice on this gentleman's hypogonadism symptoms, which he felt he was getting some benefit from but had to stop because of side-effects. I wonder whether a lower dose or an alternative preparation would be indicated.

Yours sincerely

Dr Colin Entwistle

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SPRINGWELL MEDICAL CENTRE

Dr I Dickson
Dr R Liddle
Dr S [REDACTED]
Dr E McKechnie
Dr N [REDACTED]
Dr S [REDACTED]
Dr C Entwistle



39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel No: 0844 477 8712
Fax No: 0844 477 8973

08 June 2012

Mr Ronald Mcrobb
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL

Dear Mr Mcrobb,

I have received a letter from the specialist Prof. Walker I recently wrote to regarding your testosterone treatment.

He has asked that you arrange a blood test here at the surgery to check your testosterone level when you have been off the treatment for at least a month. Once this is done he will be better placed to decide on any ongoing treatment that you may require.

Therefore, I would be grateful if you could make an appointment to see the practice nurse to have this done. This should be an early morning blood sample (i.e. before 11 am).

Yours sincerely

Dr [REDACTED] Entwistle

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LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

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COMMENTS: For enquiries contact Duty Endocrine Biochemist on 0131 242 6880

DATE PRINTED: 29/06/2012
TIME PRINTED: 16:51

INDEX OF COMMENT CODES				
HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Result to Follow	TL Too late for satisfactory analysis	TC Test cancelled		SB See comment below

Results outwith the reference range are highlighted in BOLD

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NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
Outpatient Department 2
51 Little France Crescent
Edinburgh
EH16 4SA



Edinburgh Centre for Endocrinology

Mr McRobb
8/5 Northcote Street
Edinburgh
EH11 2HL

Date First Created 09/07/2012
Date Authorised
Date/Time Printed 09/07/2012 09:23
Our Ref 600086642R
CHI 3012571450

Patient: Mr Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	UHPI: 600086642R Date of Birth: 30/12/1957
Clinic Code: MOPEND/BRW Specialty: Endocrine Consultant: Prof B Walker	Attendance Date: 17/02/2012

Dear Mr McRobb,

Many thanks for arranging to have your testosterone blood test checked on 28th June. I believe this was checked while you were taking no testosterone treatment. I am very pleased to report that the level is now within the normal range at 13.4. I think that the extra exercise you have taken and the bit of weight that you have lost since you first came to the Endocrine Clinic with low testosterone levels has been beneficial. As a result your testosterone is now in the normal range and we should not need to give you testosterone treatment.

With kind regards,

Yours sincerely

BRIAN R. WALKER
Professor of Endocrinology
Clinical Secretary: 0131 242 1481
Appt. Enquiries: 0131 242 1368/69
Typed by: fec

cc G.P. (Dr Entwistle, Springwell Medical Centre, 39 Ardmillan Terrace, EH11 2JL)

Physicians:
Prof [redacted] R Seckl
Dr [redacted] W [redacted]
Dr [redacted] A McKnight
Prof [redacted] R [redacted]
Dr [redacted] W Brown
Dr [redacted] WJ Strachan
Dr [redacted] J Jaap
Dr [redacted] M [redacted]
Dr Sharen Forbes
Dr [redacted] N Zammitt
Dr [redacted] A Ritchie

Paediatricians:
Dr Paula Midgely
Dr [redacted] Bath
Dr [redacted] Drake

Geneticist:
Prof [redacted] Porteous

Gynaecologists:
Dr Christine P West
Prof [redacted]
Dr Clement CK Tay
Dr W Colin Duncan

General Surgeons:
Mr John Forsythe
Mr Murat Akyol
Ms [redacted] Marson
Mr Gavin GP Browning

Ear Nose & Throat:
Mr [redacted] M Adamson

Neurosurgery:
Mr [redacted] Statham

Oncologists:
Dr [redacted] Junor
Dr [redacted] Wall
Dr [redacted] Peoples
Dr [redacted] Erridge

RIS Secretaries
0131 242 1480/1481/1479

WGH Secretaries
0131 537 1753/2810

RHSC Secretaries
0131 536 0611

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NHS Confidential: Personal data about a patient

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCROBB, RONALD		PIN: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr RI Dickson	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
GASTRIC SYMPTOMS					
DATE		05/11/09	14/09/11	02/11/11	17/02/12
TIME		09:05	09:52	11:50	u/k
SPECIMEN No.		986289	386968	726522	761227
					832241
Hb (g/l)	[M 130 - 180 : F 115 - 165]	139	139	145	142
RBC (x10 ¹² /l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.73	4.77	4.81	4.79
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.415	0.418	0.425	0.415
MCV (fl)	[M / F 78 - 98]	88	88	88	87
MCH (pg)	[M / F 27 - 32]	29.4	29.1	30.1	29.6
Retie (x10 ⁹ /l)	[M / F 25 - 85]				
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	6.0	8.1	7.9	8.0
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	2.35	4.80	4.64	3.99
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	2.56	1.97	2.32	2.70
Monocytes (x10 ⁹ /l)	[M / F 0.2 - 0.8]	0.58	0.73	0.58	0.74
Eosinophils (x10 ⁹ /l)	[M / F 0.04 - 0.4]	0.41	0.45	0.34	0.47
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.12	0.11	0.05	0.08
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l)	[M / F 150 - 350]	310	316	295	312
ESR (mm/hr)	[M 1 - 10 : F 3 - 15]				7
Monospot					
PT	Patient (secs)				
	Control (secs)	[N 10.5 - 13.5]			
	Ratio (INR)	[TR 2.0 - 4.5]			
APTT	Patient (secs)				
	Control (secs)	[N 26 - 36]			
	Ratio	[TR 2.0 - 3.0]			
	Mix (secs)				
Fibrinogen (g/l)	[N 1.5 - 4.0]				
D-Dimer (ng/ml)	[N < 200]				
Note: Specimen type is BLOOD unless otherwise stated.					
Please Note: Specimen type is blood unless otherwise stated				DATE PRINTED: 20Sep12	
				TIME PRINTED: 23:00	

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LOTHIAN UNIVERSITY HOSPITALS NHS TRUST MEDICAL MICROBIOLOGY SERVICES			
Specialist Virology Centre Royal Infirmary of Edinburgh, 51 Little France Crescent Edinburgh EH16 4SA			
PIN/CHI: 3012571450 / 3012571450		D.O.B: 30/12/1957	Tel: 0131 242 6004/6027 0131 242 6029/6048 Internal 26004/26029
Patient: MCROBB, RONALD		Sex: Male	
Report to: Dr RI Dickson		Date Taken: 20/09/2012	
Address: Springwell Medical Centre		Time Taken: u/k	
		Date Received: 20/09/2012	
		Time Received: 13:57	
		Date Reported: 25/09/2012	
Laboratory Number: MS158156M Specimen: Clotted Blood			
H.pylori IgG Ab Index = 3.000 Helicobacter pylori IgG Antibody = POSITIVE (Negative <= 0.9, Equivocal 0.91 to 1.09, Positive >= 1.1) Positive serology results indicate past and/or current Helicobacter infection. If patients have persistent symptoms after eradication therapy consider need for a breath test. Further advice on management of patients can be found in the Lothian Referral Guidelines for Dyspepsia.			
Authorised by: P McCulloch for Dr J A G Bremner			
For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you.			

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Western General Hospital
Outpatient Department
Lower Ground Floor
Anne Ferguson Building
Crewe Road South
Edinburgh EH4 2XU

Dr ■
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 24/04/2013

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (55 years) 600086642R
Specialty Consultant	General Surgery Medinet Mr Misra Rai Budhoo	Attendance Date	13/04/2013

Dear Dr ■

OUR REF: MRB/LWDATE TYPED 15/04/13

Thank you for asking me to see this gentleman who has had recurrent peri-anal warts. I understand he has had this problem before and this was treated surgically.

Examination confirms the diagnosis.

He would like to have these removed and I will make arrangements for him to come in, in due course, as a day case.

Yours sincerely

Mr Misra Rai Budhoo
General Surgeon
MEDINET

<https://www.scigw.scot.nhs.uk/Live/message/letter.aspx>

24/04/2013

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NHS Confidential: Personal data about a patient

University Hospitals Division

Royal Infirmary of Edinburgh
 Outpatient Department 2
 51 Little France Crescent
 Edinburgh
 EH16 4SA



Department of Endocrine

26 APR 2013

Dr S [REDACTED]
 Springwell Medical Group
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Date 25/04/2013
 Our Ref 600086642R
 CHI 3012571450

Dear Dr [REDACTED]

Patient: McRobb, Ronald **DOB:** 30/12/1957
Address: 8/5 Northcote Street, Edinburgh, Midlothian, EH11 2HL

Outpatient Appointment Non Attendance Letter

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT

According to our records, your patient did not attend the following appointment, which had been arranged for them.

Specialty and Consultant: Endocrine, Dr Alan J Jaap
Date and Time: Wednesday 24 April, 2013 at 11:30 am

Please note that, in line with current NHS policy, you will not routinely be offered another appointment at this time.

If you contact us on the number below within 7 days of the date on this letter and let us know why you were unable to attend, we may be able to offer you another date. After this time, if you would still like to be seen, please contact your GP.

A copy of this letter has also been sent to your GP

Yours sincerely,

Appointments Officer
 Tel: 0131 536 1000

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

Dr ■
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 24/05/2013

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (55 years) 600086642R
Specialty Consultant	Dermatology Dr Caroline S Murray	Attendance Date	13/05/2013

Dear Dr ■

DIAGNOSIS:
Psoriasis

SUGGESTED TREATMENT:
E45 wash
Aveeno cream twice daily
Eumovate ointment 1 application twice daily for 5-7 days to face and ears then twice weekly
To continue 5% coal tar solution

Thank you for referring this 55 year old man to Clinic. He has had psoriasis for 2 years and it fluctuates. I note his other medical history of depression and I don't think his psoriasis has helped, as he is less inclined to go out and is very embarrassed about the condition of his skin.

On examination this gentleman had extensive thin plaque psoriasis. I note a dark mole on the right lower back, which bore no sinister features or dermatoscopy and which, as far as this gentleman is concerned, has not changed and is long-standing. I photographed this for our records.

I have put this gentleman on the waiting list for phototherapy. In the meantime I have just made a couple of tweaks to his treatment, as detailed above most importantly I have asked him to stop using Elocon to his face. I am hoping we will get him clear with his phototherapy and, if this is the case, that he will get a remission for a fair while.

Best wishes

Yours sincerely

DR CAROLINE MURRAY
Consultant Dermatologist

CSM/kmd/Dictated 13/5/13

<https://www.scigw.scot.nhs.uk/live/message/letter.aspx>

27/05/2013

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NHS Confidential: Personal data about a patient



Immediate Outpatient Letter

Serial number: 062831

IN CONFIDENCE

Hospital: <i>Glasgow</i>		Department: <i>SCCD</i>		Consultant: <i>Mr. [unclear]</i>			
Name and address of General Practitioner <i>Dr. [unclear]</i>		Mr/Mrs/Miss <i>600086642R M 30/12/1957</i> Surname: <i>McRobb, Ronald</i> First Name: <i>8/5 Northcote Street, Edinburgh, Midlothian, EH11 2HL</i> Address: <i>CHI 3012571450 71082 S</i> Weight (where applicable)					
Your patient attended the clinic on: _____							
Recommendations/comments: <i>Dr. [unclear] for [unclear] - please continue [unclear] with [unclear]</i>							
Follow-up advice: To attend hospital for further review in _____ To attend GP surgery Y/N Follow-up required Y/N							
Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.							
Pharmacy use:							
Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LJF **	Dispensed/Issued by:	Checked by:
1. <i>[unclear]</i>	<i>T</i>	<i>8 11</i>	<i>[unclear]</i>	<i>[unclear]</i>			
2. <i>[unclear]</i>	<i>T</i>	<i>✓</i>	<i>5-7d</i>	<i>2x [unclear]</i>			
3. <i>[unclear]</i>	<i>T</i>	<i>✓</i>	<i>5-7d</i>	<i>2x [unclear]</i>			
4. <i>COULD I PLEASE ALSO HAVE MORE ANUSOL</i>							
5. <i>THAT I ALREADY GET ON PRESCRIPTION - THANKS</i>							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by *[signature]* (sign) Date: *15/9/2*

(print)

Contact for advice: *[signature]* Tel/bleep no. : _____

RIE 334

WHITE COPY - TO PHARMACY

PINK COPY - G.P.

BLUE COPY - CASE NOTES

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NHS Confidential: Personal data about a patient

PATIENT DISCHARGE INFORMATION SUMMARY
Western General Hospital, Crewe Road South

GP/Address: *SPRINGSIDE MED CENTRE* *McKobb, Ronald*
Tel No: *71082 S All* *71082 S All*
Admitting Ward: *22* Discharge Ward: *22* Consultant: *Dr. McKobb*
Date Admitted: *16/06/12* Date Discharged: *16/06/12* Ward Tel No: *0131*
Principal Diagnosis/Operation: *Distal humerus fracture*
Treatment/Comments incl Details of Special Instructions/Additional Information: (Community Services, leaflets, fact sheets etc)
Future Investigations:
Follow Up: OPD Clinic: Yes / No *Yes* Type of Clinic: *General*
Location: *General* Tel No: *71082 S All*
Date: *16/06/12* Time: *10.00* Transport Booked: Yes / No *Yes*
Has appt been made at surgery? Yes / No *Yes* If 'No' patient to make appt within days
Warfarin *Not Applicable* ☐ Started ☐ Continued ☐ Stopped ☐
Indication: *Not Applicable* Target INR: *Not Applicable*
Duration: *Not Applicable* Patient has A/C booklet Yes / No *Yes*
Start Date: *16/06/12*
Recent INRs: *Not Applicable*
Discharge Medication: *Not Applicable*
Form: *Not Applicable* Dose: *Not Applicable* Admin Times: *Not Applicable* Quantity Supplied: *Not Applicable* Additional information: *Not Applicable*
Previous adverse drug reactions: *Not Applicable*
Prescribed by: *Dr. McKobb* Date: *16/06/12* Print Name: *Dr. McKobb*
Dispensed by: *Dr. McKobb* Date: *16/06/12* Print Name: *Dr. McKobb*
Pharmacist Check: *Dr. McKobb* Date: *16/06/12* Print Name: *Dr. McKobb*
Final Check: *Dr. McKobb* Date: *16/06/12* Print Name: *Dr. McKobb*
Information contained in this form has been discussed with the patient.
Staff Signature: *Dr. McKobb* Patient Signature: *Dr. McKobb*
Print Name: *Dr. McKobb* Date: *16/06/12* Time: *10.00*
Designation: *Dr. McKobb*
White Copy: Patient Blue Copy: GP/Community Services Pink Copy: Casenotes Yellow Copy: Pharmacy

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SCI Gateway - McRobb, Ronald , CHI: 3012571450, 01-Jan-1900

Page 1 of 1

NHS Lothian

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

Dr Liddle
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 12/11/2013

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (55 years) 600086642R
Specialty Consultant	Dermatology Prof JL [REDACTED]	Attendance Date	07/11/2013

Dear Dr Liddle

Phototherapy Discharge Letter

Diagnosis: Psoriasis

Treatment: Narrowband UVB (2 x week)

Number of treatments: 29

Start date: 24.06.13

End date: 8.11.13

Outcome: Minimal residual activity

Residual sites: Small area Lower right leg.

Adverse effects: None

Treatment on discharge from phototherapy:
Using Exorex to small area where plaque is palpable Doublebase gel to moisturise body and limbs, Aveeno to face.

Follow-up: GP

Yours sincerely

Staff Nurse M McBride
Phototherapy Nurse

<https://www.scigw.scot.nhs.uk/live/message/letter.aspx>

12/11/2013

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 3012571450 / 3012571450		D.O.B: 30/12/1957	Tel: 0131 242 6048 / 6025
Patient: MCROBB, RONALD		Sex: Male	
Report to: Retainer		Date Taken: 04/11/2014	
Address: Springwell Medical Centre		Time Taken: 17:00	
		Date Received: 06/11/2014	
		Time Received: 08:50	
		Date Reported: 07/11/2014	
Lab. Ref. No.: ME126513F Spec.: Faeces			
C. difficile test: Negative			
Authorised by: Background Authorisation for Dr A P Gibb			

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES			
www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 3012571450 / 3012571450		D.O.B: 30/12/1957	Tel: 0131 242 6048 / 6025
Patient: MCROBB, RONALD		Sex: Male	
Report to: Retainer		Date Taken: 04/11/2014	
Address: Springwell Medical Centre		Time Taken: 17:00	
		Date Received: 06/11/2014	
		Time Received: 08:50	
		Date Reported: 08/11/2014	
Lab. Ref. No.: ME126513F Spec.: Faeces			
Enteric Investigations Routine Cultures:			
No Salmonella or Shigella species isolated			
No Campylobacter species isolated			
No Esch coli O157 isolated			
No Cryptosporidium cysts seen on microscopy			
Authorised by: Background Authorisation for Dr A P Gibb			

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NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr RI Dickson
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS:

Not taking thyroxine

Date Collected	02/11/11	17/02/12	20/09/12	05/06/13	18/11/14	
Time Collected	11:50	u/k	09:10	16:06	12:00	
Date Received	02/11/11	17/02/12	20/09/12	06/06/13	18/11/14	
Time Received	16:05	16:29	15:21	16:39	19:29	
Specimen Number	HR726522	HR761227	HR832241	OB330173	HR552268	
Haemoglobin	135-180 g/l	145	142	130	139	144
Red cell count	4.5-6.5 x10 ¹² /	4.81	4.79	4.28	4.59	4.76
Haematocrit	0.40-0.54 ratio	0.425	0.415	0.383	0.415	0.421
Mean cell volume	78-98 fl	88	87	90	90	88
Mean cell Hb.	27.0-32.0 pg	30.1	29.6	30.4	30.3	30.3
White cell count	4.0-11.0 x10 ⁹ /	7.9	8.0	6.3	7.9	7.3
Neutrophil Count	2.0-7.5 x10 ⁹ /l	4.64	3.99	3.49	4.29	3.40
Lymphocyte Count	1.5-4.0 x10 ⁹ /l	2.32	2.70	1.75	2.41	2.91
Monocyte Count	0.2-0.8 x10 ⁹ /l	0.58	0.74	0.63	0.65	0.57
Eosinophil Count	0.04-0.4 x10 ⁹ /	0.34	0.47	0.29	0.40	0.31
Basophil Count	0.01-0.1 x10 ⁹ /	0.05	0.08	0.10	0.11	0.15
Platelet count	150-400 x10 ⁹ /l	295	312	301	275	337
ESR	1-10 mm/hr			7		4

COMMENTS:

DATE PRINTED: 19/11/2014
TIME PRINTED: 06:00

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD	UPI: 3012571450	CHI: 3012571450
DOB: 30/12/1957	SEX: M	CONSULTANT/GP: Dr RI Dickson
SOURCE: Springwell Medical Centre	SENDER:	

CLINICAL DETAILS:

Not taking thyroxine
Diarrhoea

Date Collected	17/02/2012	28/06/2012	20/09/2012	05/06/2013	18/11/2014
Time Collected	u/k	09:45	09:10	16:06	12:00
Date Received	17/02/2012	28/06/2012	20/09/2012	06/06/2013	18/11/2014
Time Received	16:29	13:22	15:21	16:43	19:29
Specimen Number	HB713252T	HB805796F	HB874670Y	QB330178K	HB544381Q
Urea	2.5-6.6 mmol/L		4.1	7.3 H	6.3
Creatinine	60-120 umol/L		66	78	82
eGFR (/1.73m2)	ml/min		>60	>60	>60
Sodium	135-145 mmol/L		140	144	141
Potassium	3.6-5 mmol/L		4.3	4.5	4.4
Bilirubin	3-21 umol/L		8		8
ALT	10-50 U/L		29		28
Alk.Phos	40-125 U/L		63		70
GGT	10-55 U/L		52		53
Cholesterol	mmol/L	4.9			
Triglyceride	0.8-2.1 mmol/L	2.0			
HDL Chol.	0.9-1.4 mmol/L	1.2			
LDL Chol.	mmol/l	2.8			
Chol:HDL Ratio		4.2			
Ferritin	20-300 ug/L	308 H			
PSA-Architect	0-3.00 ug/L	1.3			
TSH	0.2-4.5 mU/L				0.58
Free T4	9-21 pmol/L				14
Testosterone MS	10-30 nmol/L	13.4			
Testosterone	10-30 nmol/L	28v3			

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 19/11/2014
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Confidential: Personal data about a patient

LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Western General Hospital, EH4 2XU. Tel: 0131 537 1909 Biochemistry Department

PATIENT: MCROBB, RONALD	UPI: 3012571450	CHI: 3012571450			
DOB: 30/12/1957	SEX: M	CONSULTANT/GP: Dr RI Dickson			
SOURCE: Springwell Medical Centre	SENDER:				
CLINICAL DETAILS: Speciality : General Practitioner Diarrhoea NOT TAKING THYROXINE.					
Date Collected	28/06/2012	20/09/2012	05/06/2013	18/11/2014	18/11/2014
Time Collected	09:45	09:10	16:06	12:00	12:00
Date Received	28/06/2012	20/09/2012	06/06/2013	18/11/2014	21/11/2014
Time Received	13:22	15:21	16:43	19:29	11:57
Specimen Number	HB805796F	HB874670Y	QB330178K	HB544381Q	QB150143S
Urea	2.5-6.6 mmol/L	4.4	7.3 H	6.3	
Creatinine	60-120 umol/L	66	78	82	
eGFR (/1.73m2)	ml/min	>60	>60	>60	
Sodium	135-145 mmol/L	140	144	141	
Potassium	3.6-5 mmol/L	4.3	4.5	4.4	
Bilirubin	3-21 umol/L	8	8	8	
ALT	10-50 U/L	29	28		
Alk.Phos	40-125 U/L	63	70		
GGT	10-55 U/L	52	53		
TSH	0.2-4.5 mU/L		0.58		
Free T4	9-21 pmol/L		14		
Testosterone MS	10-30 nmol/L	13.4			
Anti-tTG IgA (DS2)	0.1-5.0 U/mL				0.92

COMMENTS: Only comments on the most recent result are printed

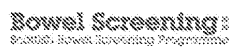
DATE PRINTED: 25/11/2014
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Confidential: Personal data about a patient



Bowel Screening Centre
Kings
Cleington Road
Dundee
DD3 8EA



PRIVATE AND CONFIDENTIAL

Dr ENTWISTLE
SPRINGWELL MEDICAL GROUP
39 ARDMILLAN TERRACE
EDINBURGH
EH11 2JL

Date: 12 Jan 2015
CHI Number: 3012571450

Bowel Screening
Helpline Number: 0800 0121 833

Dear Doctor,

This patient 3012571450, RONALD MCROBB, 8-5 NORTHCOTE ST, EDINBURGH, , , EH11 2HL returned a bowel screening test kit. **The test was negative.**

This means that no faecal occult blood was detected and therefore no further investigations are required. Your patient will be called for screening every two years until they reach the age of 74.

Please note that the bowel screening test will not detect all colorectal cancers. This is because not all cancers or polyps bleed all of the time and the screening test is looking for blood. The screening test picks up two out of every three existing bowel cancers. Cancer can also develop between one screening test and the next, so it is important that your patient repeats the screening test every two years and never ignores symptoms.

Symptoms and signs of colorectal cancer:

- Persistent rectal bleeding without an obvious anal cause.
- Persistent change in bowel habit (> 6 weeks), especially to looser stools.
- Right sided abdominal mass.
- Palpable rectal mass.
- Unexplained iron deficiency anaemia.

These symptoms can be caused by a number of conditions including bowel cancer. If your patient makes you aware of these symptoms please note that it may be bowel cancer despite the negative screening test and consider making an urgent suspected cancer referral through SCI Gateway.

Cancer may occur as a result of a genetic predisposition particularly if the affected individual is young or there are several cases in the family. Referral guidelines have been developed for breast, ovarian and colorectal cancer. Where there is concern in asymptomatic patients, a detailed family history should be taken and patients should be referred to the Regional Cancer Genetics Unit for a comprehensive risk assessment and surveillance as appropriate.

Bowel Cancer referral guidelines can be accessed at:-

<http://www.scotland.gov.uk/quickreferenceguide/suspectedcancer>

Yours sincerely

Professor [redacted]
Clinical Director

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NHS Lothian

Lauriston Building
Lauriston Building
Lauriston Place
Edinburgh
EH3 9HA

Date: 21/12/2015

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (57 years)
		UHPI	600086642R
Specialty	Dermatology	Attendance Date	08/12/2015
Consultant	Prof JL [REDACTED]		

Dear Dr McKechnie

Phototherapy Discharge Letter

Diagnosis: Psoriasis
Treatment: Narrow band UVB twice weekly to whole body
Number of Treatments: 27
Start Date: 04.08.15
End Date: 08.12.15
Result: Minimal residual activity
Residual Sites: Lower legs
Adverse Effects: None
Comment: Did not attend the last 3 treatments
Treatment on Discharge: Exorex lotion, Trimovate ointment
Follow-Up: Discharged to GP

Yours sincerely

J [REDACTED]
Phototherapy Enrolled Nurse

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Edinburgh Guided Self-Help Service



GP TO COMPLETE - REFERRAL FOR GUIDED SELF HELP

Last Updated: August 2015

Referrer Details	
Na Dr Alasdair [redacted]	Springwell M C
Pr: 71082	39 Admillan Ter
Da: S88315	0131 347 1850

P	ste)
N	
E	3012571450 M
A	MCR08B
	Ronald
	8/5 Northcote Street, Dalry
	Edinburgh
	N.EH11 2HL 30/12/1957

EXCLUSION CRITERIA – do not make a referral to this service

If the answer is YES to any of the following this is NOT an appropriate service for them:

Recent or current self-harm? Yes/**No**
 Recent or current suicidal ideation? Yes/**No**
 Misusing drugs or alcohol? Yes/**No**
 Primary problem relationship issues? Yes/**No**
 Main issue PTSD/OCD? Yes/**No**
 Seen for similar problems by the service within the last year? Yes/**No**
 Longstanding history of complex issues and/or mental health issues which are the primary presenting problem? Yes/**No**

Presenting problems: <u>Low mood + Anxiety. TRIED VARIETY OF A.D.</u> <u>Looking for work as currently unemployed.</u>	
Duration: <u>SEVERAL YEARS.</u>	
If presenting problem is Depression PHQ9 / HADS score: <u>13</u> Please circle which measure was used	If presenting problem is Anxiety GAD7 / HADS score: <u>11</u> Please circle which measure was used

Please note: Both scores are needed if the presenting problem is both. Forms without relevant scores will be returned. A score above 15 is inappropriate for this service.

Access issues e.g. hearing, literacy, translation, mobility	<u>nil</u>
---	------------

Previous or current contact with mental health services? (e.g. counselling, CPN, psychiatry)	Yes	No
If yes, please state details, dates, duration and outcome		
Is the patient currently taking medication for the presenting problem? Please give details: <u>MILITAZONE</u>		

Please note forms will be returned if not completed fully – Thank you
 Send referrals to address, email or fax below – please only send by one method
 Guided Self-Help Service, 40 Shandwick Place, Edinburgh, EH2 4RT.
 Tel: 0131 2258508 Fax: 0131 220 0028 Email: guidedselfhelp@health-in-mind.org.uk

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3012571450 M
 MCROBB
 Ronald
 8/5 Northcote Street, Dalry
 Edinburgh
 EH11 2HL 30/12/1957

Foundation Trust
 For Gloucestershire



IAPT Questionnaire 1 PHQ-9

Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

A11 – PHQ-9 Total Score 13

IAPT Questionnaire 2 GAD-7

Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3

A12 – GAD-7 Total Score

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Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED]	
SOURCE: Springwell Medical Centre		SENDER:			
CLIN DETAILS: Query Hypothyroid		low mood, nocturia, TATT.			
Date Collected	20/09/12	05/06/13	18/11/14	18/01/17	18/01/17
Time Collected	09:10	16:06	12:00	08:46	08:46
Date Received	20/09/12	06/06/13	18/11/14	18/01/17	18/01/17
Time Received	15:21	16:39	19:29	12:59	13:17
Specimen Number	HR832241	QB330173	HR552268	QB543631	QB543603
Haemoglobin	135-180 g/L	130	139	144	140
Red cell count	4.5-6.5 10 ¹² /L	4.28	4.59	4.76	4.53
Haematocrit	0.4-0.54 ratio	0.383	0.415	0.421	0.413
Mean cell volume	78-98 fL	90	90	88	91
White cell count	4-11 10 ⁹ /L	6.3	7.9	7.3	7.4
Neutrophil Count	2-7.5 10 ⁹ /L	3.49	4.29	3.40	4.32
Lymphocyte Count	1.5-4.0 10 ⁹ /L	1.75	2.41	2.91	2.09
Monocyte Count	0.2-0.8 10 ⁹ /L	0.63	0.65	0.57	0.64
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.29	0.40	0.31	0.31
Basophil Count	0.01-0.1 10 ⁹ /L	0.10	0.11	0.15	0.08
Platelet count	150-400 10 ⁹ /L	301	275	337	298
ESR	1-10 mm/hr	7		4	
Vitamin B12	180-2000 ng/L				340
Serum Folate	2.8-20 ug/L				13.6

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood
unless otherwise stated.

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TIME PRINTED: 10:00

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU
www.edinburghlabmed.co.uk

Tel: 0131 537 1909

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Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB		RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED]			
SOURCE: Springwell Medical Centre		SENDER:					
CLIN DETAILS:		low mood, nocturia, TATT.					
Date Collected	17/02/12	20/09/12	05/06/13	18/11/14	18/01/17		
Time Collected	u/k	09:10	16:06	12:00	08:46		
Date Received	17/02/12	20/09/12	06/06/13	18/11/14	18/01/17		
Time Received	16:29	15:21	16:39	19:29	12:59		
Specimen Number	HR761227	HR832241	QB330173	HR552268	QB543631		
Haemoglobin	135-180 g/L	142	130	139	144	140	
Red cell count	4.5-6.5 10 ¹² /L	4.79	4.28	4.59	4.76	4.53	
Haematocrit	0.4-0.54 ratio	0.415	0.383	0.415	0.421	0.413	
Mean cell volume	78-98 fL	87	90	90	88	91	
White cell count	4-11 10 ⁹ /L	8.0	6.3	7.9	7.3	7.4	
Neutrophil Count	2-7.5 10 ⁹ /L	3.99	3.49	4.29	3.40	4.32	
Lymphocyte Count	1.5-4.0 10 ⁹ /L	2.70	1.75	2.41	2.91	2.05	
Monocyte Count	0.2-0.8 10 ⁹ /L	0.74	0.63	0.65	0.57	0.64	
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.47	0.29	0.40	0.31	0.31	
Basophil Count	0.01-0.1 10 ⁹ /L	0.08	0.10	0.11	0.15	0.08	
Platelet count	150-400 10 ⁹ /L	312	301	275	337	298	
ESR	1-10 mm/hr		7			4	

COMMENTS: Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood
unless otherwise stated.

DATE PRINTED: 19Jan17
TIME PRINTED: 10:00

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU
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Tel: 0131 537 1909

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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED] (G)	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: HbA1c for diagnosis low mood, nocturia, TAIT.					
Date Collected	28/06/2012	20/09/2012	05/06/2013	18/11/2014	18/01/2017
Time Collected	09:45	09:10	16:06	12:00	08:46
Date Received	28/06/2012	20/09/2012	06/06/2013	21/11/2014	18/01/2017
Time Received	13:22	15:21	16:43	11:57	13:17
Specimen Number	HB805796F	HB874670Y	QB330178K	QB150143S	QB543737R
Urea	2.5-6.6 mmol/L	4.4	7.3 H	6.3	
Creatinine	64-111 umol/L	66	78	82	91
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60
Sodium	135-145 mmol/L	140	144	141	140
Potassium	3.6-5 mmol/L	4.3	4.5	4.4	4.2
Glucose (Random)	3.8-7.7 mmol/L				10.4 H
Bilirubin	3-21 umol/L	8		8	10
ALT	10-50 U/L	29		28	31
Alk.Phos	40-125 U/L	63		70	69
GGT	10-55 U/L	52		53	59 H
Albumin	36-47 g/L				40
Calcium	2.2-2.6 mmol/L				2.40
Adjusted Calcium	2.2-2.6 mmol/L				2.43
Phosphate	0.8-1.4 mmol/L				0.87
Cholesterol	mmol/L				5.6 H
HbA1c (IFCC)	20-42 mmol/mol				36
Vitamin B12	180-2000 ng/L				340
Serum Folate	2.8-20 ug/L				13.6
PSA-Architect	0-3.0 ug/L				1.2
ISH	0.2-4.5 IU/L			0.58	2.0
Free T4	9-21 pmol/L			14	13
Testosterone MS	10-30 nmol/L	13.4			
25OH VitD imm'assay					To follow

COMMENTS: Only comments on the most recent result are printed

18/01/2017 QB543737R
HbA1c (IFCC) HbA1c result is in the normal range.

DATE PRINTED: 19/01/2017
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr Alasdair J [REDACTED] (G
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS: HbA1c for diagnosis
low mood, nocturia, TAIT.

Date Collected	28/06/2012	20/09/2012	05/06/2013	18/11/2014	18/01/2017
Time Collected	09:45	09:10	16:06	12:00	08:46
Date Received	28/06/2012	20/09/2012	06/06/2013	21/11/2014	18/01/2017
Time Received	13:22	15:21	16:43	11:57	13:17
Specimen Number	HB805796F	HB874670Y	QB330178K	QB150143S	QB543737R
Anti-tTG IgA (DS2)	0.1-5.0 U/mL			0.92	

COMMENTS: Only comments on the most recent result are printed

18/01/2017 QB543737R
HbA1c (IFCC) HbA1c result is in the normal range.

DATE PRINTED: 19/01/2017
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD	UPI: 3012571450	CHI: 3012571450
DOB: 30/12/1957 SEX: M	CONSULTANT/GP: Dr Alasdair J [REDACTED] (G)	
SOURCE: Springwell Medical Centre	SENDER:	
CLINICAL DETAILS: Query Hypothyroid low mood, nocturia, TATT.		
Date Collected	20/09/2012	05/06/2013
Time Collected	09:10	16:06
Date Received	20/09/2012	06/06/2013
Time Received	15:21	16:43
Specimen Number	HB874670Y	QB330178K
Urea	2.5-6.6 mmol/L	4.4
Creatinine	64-111 umol/L	66
eGFR (/1.73m2)	ml/min	>60
Sodium	135-145 mmol/L	140
Potassium	3.6-5 mmol/L	4.3
Glucose (fasting)	3.8-6.0 mmol/L	
Glucose (Random)	3.8-7.7 mmol/L	
Bilirubin	3-21 umol/L	8
ALT	10-50 U/L	29
Alk.Phos	40-125 U/L	63
GGT	10-55 U/L	52
Albumin	36-47 g/L	
Calcium	2.2-2.6 mmol/L	
Adjusted Calcium	2.2-2.6 mmol/L	
Phosphate	0.8-1.4 mmol/L	
Cholesterol	mmol/L	
Triglyceride	0.8-2.1 mmol/L	
HDL Chol.	0.9-1.4 mmol/L	
LDL Chol.	mmol/L	
Chol:HDLG Ratio		
HbA1c (IFCC)		
Vitamin B12	180-2000 ng/L	
Serum Folate	2.8-20 ug/L	
PSA-Architect	0-3.0 ug/L	
TSH	0.2-4.5 mU/L	
Free T4	9-21 pmol/L	
25OH VitD imm'assay	50-170 nmol/L	

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y

DATE PRINTED: 28/01/2017
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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr Alasdair J [REDACTED] (G
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS: Query Hypothyroid
low mood, nocturia, TAIT.

Date Collected	20/09/2012	05/06/2013	18/11/2014	18/01/2017	27/01/2017
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/2012	06/06/2013	21/11/2014	18/01/2017	27/01/2017
Time Received	15:21	16:43	11:57	13:17	15:53
Specimen Number	HB874670Y	QB330178K	QB150143S	QB543737R	HB946185Y
Anti-tTG IgA (DS2)	0.1-5.0 U/mL		0.92		

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y

DATE PRINTED: 28/01/2017
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr Alasdair J [REDACTED] (G
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS:

Date Collected	20/09/12	05/06/13	18/11/14	18/01/17	27/01/17
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/12	06/06/13	18/11/14	18/01/17	27/01/17
Time Received	15:21	16:39	19:29	12:59	15:47
Specimen Number	HR832241	OP330173	HR552268	QB543631	HR248785
Haemoglobin	135-180 g/L	130	139	144	141
Red cell count	4.5-6.5 10 ¹² /L	4.28	4.59	4.76	4.50
Haematocrit	0.40-0.54 ratio	0.383	0.415	0.421	0.413
Mean cell volume	78-98 fL	90	90	88	92
Mean Cell Hb	27.0-32.0 pg	30.4	30.3	30.3	31.3
White cell count	4.0-11.0 10 ⁹ /L	6.3	7.9	7.3	6.4
Neutrophil Count	2.0-7.5 10 ⁹ /L	3.49	4.29	3.40	3.45
Lymphocyte Count	1.5-4.0 10 ⁹ /L	1.75	2.41	2.91	1.94
Monocyte Count	0.2-0.8 10 ⁹ /L	0.63	0.65	0.57	0.64
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.29	0.40	0.31	0.27
Basophil Count	0.01-0.1 10 ⁹ /L	0.10	0.11	0.15	0.08
Platelet count	150-400 10 ⁹ /L	301	275	337	286
ESR	1-10 mm/hr	7		4	

COMMENTS:

DATE PRINTED: 28/01/2017
TIME PRINTED: 06:00

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD **UPI:** 3012571450 **CHI:** 3012571450
DOB: 30/12/1957 **SEX:** M **CONSULTANT/GP:** Dr Alasdair J [REDACTED] (G)
SOURCE: Springwell Medical Centre **SENDER:**

CLINICAL DETAILS:

Date Collected	20/09/2012	05/06/2013	18/11/2014	18/01/2017	27/01/2017
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/2012	06/06/2013	21/11/2014	18/01/2017	27/01/2017
Time Received	15:21	16:43	11:57	13:17	15:53
Specimen Number	HB874670Y	QB330178K	QB150143S	QB543737R	HB946185Y
Urea	2.5-6.6 mmol/L	4.4	7.3 H	6.3	
Creatinine	64-111 umol/L	66	78	82	91
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60
Sodium	135-145 mmol/L	140	144	141	140
Potassium	3.6-5 mmol/L	4.3	4.5	4.4	4.2
Glucose (fasting)	3.8-6.0 mmol/L				4.8
Glucose (Random)	3.8-7.7 mmol/L			10.4 H	
Bilirubin	3-21 umol/L	8	8	10	
ALT	10-50 U/L	29	28	31	
Alk.Phos	40-125 U/L	63	70	69	
GGT	10-55 U/L	52	53	59 H	
Albumin	36-47 g/L			40	
Calcium	2.2-2.6 mmol/L			2.40	
Adjusted Calcium	2.2-2.6 mmol/L			2.43	
Phosphate	0.8-1.4 mmol/L			0.87	
Cholesterol	mmol/L			5.6 H	5.5 H
Triglyceride	0.8-2.1 mmol/L				2.8 H
HDL Chol.	0.9-1.4 mmol/L				1.2
LDL Chol.	mmol/L				3.1
Chol:HDLG Ratio					4.8
HbA1c (IFCC)				36	To follow
Vitamin B12	180-2000 ng/L			340	
Serum Folate	2.8-20 ug/L			13.6	
PSA-Architect	0-3.0 ug/L			1.2	
TSH	0.2-4.5 mU/L		0.58	2.0	
Free T4	9-21 pmol/L		14	13	
25OH VitD imm'assay	50-170 nmol/L			44 L	

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y

DATE PRINTED: 28/01/2017
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr Alasdair J [REDACTED] (G
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS:

Date Collected	20/09/2012	05/06/2013	18/11/2014	18/01/2017	27/01/2017
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/2012	06/06/2013	21/11/2014	18/01/2017	27/01/2017
Time Received	15:21	16:43	11:57	13:17	15:53
Specimen Number	HB874670Y	QB330178K	QB150143S	QB543737R	HB946185Y
Anti-tTG IgA (DS2)	0.1-5.0 U/mL		0.92		

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y

DATE PRINTED: 28/01/2017
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957 SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED] (G)			
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: HbA1c for diagnosis					
Date Collected	20/09/2012	05/06/2013	18/11/2014	18/01/2017	27/01/2017
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/2012	06/06/2013	21/11/2014	18/01/2017	27/01/2017
Time Received	15:21	16:43	11:57	13:17	15:53
Specimen Number	HB874670Y	QB330178K	QB150143S	QB543737R	HB946185Y
Urea	2.5-6.6 mmol/L	4.4	7.3 H	6.3	
Creatinine	64-111 umol/L	66	78	82	91
eGFR (/1.73m2)	ml/min	>60	>60	>60	>60
Sodium	135-145 mmol/L	140	144	141	140
Potassium	3.6-5 mmol/L	4.3	4.5	4.4	4.2
Glucose (fasting)	3.8-6.0 mmol/L				4.8
Glucose (Random)	3.8-7.7 mmol/L			10.4 H	
Bilirubin	3-21 umol/L	8		8	10
ALT	10-50 U/L	29		28	31
Alk.Phos	40-125 U/L	63		70	69
GGT	10-55 U/L	52		53	59 H
Albumin	36-47 g/L				40
Calcium	2.2-2.6 mmol/L				2.40
Adjusted Calcium	2.2-2.6 mmol/L				2.43
Phosphate	0.8-1.4 mmol/L				0.87
Cholesterol	mmol/L			5.6 H	5.5 H
Triglyceride	0.8-2.1 mmol/L				2.8 H
HDL Chol.	0.9-1.4 mmol/L				1.2
LDL Chol.	mmol/L				3.1
Chol:HDLG Ratio					4.8
HbA1c (IFCC)	20-41 mmol/mol			36	37
Vitamin B12	180-2000 ng/L			340	
Serum Folate	2.8-20 ug/L			13.6	
PSA-Architect	0-3.0 ug/L			1.2	
TSH	0.2-4.5 mU/L		0.58	2.0	
Free T4	9-21 pmol/L		14	13	
25OH VitD imm'assay	50-170 nmol/L			44 L	

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y
HbA1c (IFCC) HbA1c result is in the normal range.

DATE PRINTED: 31/01/2017
TIME PRINTED: 11:47

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr Alasdair J [REDACTED] (G
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS: HbA1c for diagnosis

Date Collected	20/09/2012	05/06/2013	18/11/2014	18/01/2017	27/01/2017
Time Collected	09:10	16:06	12:00	08:46	09:18
Date Received	20/09/2012	06/06/2013	21/11/2014	18/01/2017	27/01/2017
Time Received	15:21	16:43	11:57	13:17	15:53
Specimen Number	HB874670Y	QB330178K	QB150143S	QB543737R	HB946185Y
Anti-tTG IgA (DS2)	0.1-5.0 U/mL		0.92		

COMMENTS: Only comments on the most recent result are printed

27/01/2017 HB946185Y
HbA1c (IFCC) HbA1c result is in the normal range.

DATE PRINTED: 31/01/2017
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Lothian

Dr EB McKechnie
 Springwell Medical Group
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Royal Infirmary of Edinburgh
 51 Little France Crescent
 Old Dalkeith Road
 Edinburgh EH16 4SA

Date: 20/02/2017

Emergency Discharge Summary

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh Midlothian EH11 2HL	CHI Date of Birth / Age UHP A&E Attendance Number	3012571450 30/12/1957 (59 years) 600086642R E3488908
Attendance Date Attendance Time Mode of Arrival Source of Referral Discharge Date Discharge To	17/02/2017 09:45 [REDACTED] [REDACTED] 17/02/2017	Contact	McRob Lindsey 07875962469

Dear Dr EB McKechnie

Presentation: Infection in leg ?psych

CLINICAL NOTES:
 Clinical note: 59 Male

PC: Pain in right knee, Psychotic symptoms.
 HPC: Pain in right knee for 2-3/7, patient states that this is due to being injected into knee.
 Has not done this himself.
 Does not recall anyone else injecting into his knee. Thinks that someone has injected 'horse sedative'. States that he can smell it.
 Has still been able to walk. Not aware of systemic fevers.
 No recent illness,

Acknowledges history of depression but feels that mood is currently "alright".

Thought he received a message earlier in the week stating that both his arms and legs were numb.

[REDACTED] This is not the case.

Has heard voices stating that they would harm him.

No thoughts of self-harm or harm to others/property.

Suffering from insomnia for the last 3/52. GP has prescribed temazepam.

Poor appetite. Feels exhausted.

Denies drug or alcohol misuse.

PMH: Depression - GP managed, sertraline recently started after poor tolerance of fluoxetine;

Psoriasis

DH: sertraline, temazepam.

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SH: Lives alone. Does not work. Independent of ADLs and mobility.

O/E

Appears unsettled/worried but denies this. Many tattoos to the upper limbs.

B/V Equal air entry, no added sounds. SpO2 95% in air.

CVS: Warm peripheries, HR 120bpm, BP 115/79. Normal heart sounds.

D Pain 5/10, declined analgesia. Pupils 3mm, equal and reactive to light.

No focal limb neurology. Orientation to year, place, age. No inattention evident.

Psoriatic plaques to upper and lower limbs.

Soft abdomen, no tenderness.

Right lower limb MSK

Hip joint - no positive findings on examination.

Knee joint: erythema anteriorly, tender over lateral joint lines. no effusion. painful passive movement but able to complete full range of flexion/extension.

ECG: sinus tachycardia

Bloods: WBC 14, CRP 46

CXR: nil acute

Impression

Right knee erythema - cellulitis, possibility of septic joint but no good evidence

Depression with psychotic features, may be a delirium.

Plan - D/W A Ogleby, EDCON in triage

1. XR right knee
2. Blood cultures sent
3. Treat as cellulitis
4. Admit to AMU and ask Orthopaedics for review on ward
5. Psych Med have reviewed in ED and will review again on ward
6. Pabrinex iv (unclear re: alcohol history)

Leadbeater ACCS CT1

Yours Sincerely,

Leadbeater, Doctor

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NHS Lothian

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Date: 22/02/2017

Inpatient Discharge Summary

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (59 years) 600086642R
Specialty Ward Consultant	General Medicine Ward 208 RIE Dr [REDACTED] F Strachan	Admission Date Discharge Date	17/02/2017 21/02/2017

Dear Dr McKechnie

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Diazepam Tablets	5 MG	As Required	Long Term	NEW changed from temazepam for insomnia. Take one tablet at night if required. 5 tabs supplied
Flucloxacillin Capsules	500 MG	FOUR times daily	4 Days	Last dose due 24/2/17 evening dose. 14 tabs supplied
Olanzapine Tablets	5 MG	At NIGHT	Long Term	NEW psychotic sx. 7 tabs supplied

PRINCIPAL DIAGNOSIS/PROCEDURE

- 1) Mild cellulitis
- 2) R knee pain ?secondary to osteoarthritis
- 3) Psychotic symptoms

Mr McRobb was admitted with a 1 day history of R knee pain of gradual onset, which was tender to touch. He also believed this to be caused by 'kerotene' being injected into his knee every night by [REDACTED]. He was able to weight bear. No systemic features of infection. BG: years history of intermittent auditory hallucinations of voices talking about him. No command hallucinations or suicidal/DSH thoughts/actions. He also reported the following to psychiatry in ED: Believes people are targeting him as he was seeing the [REDACTED] of one of these people. Latterly states its 'druggies' who are doing this to him. Tells me [REDACTED] have been on surveillance of him for several months. Feels he is going to be attacked. Describes tactile, olfactory, auditory hallucinations. Was informed by male voice [REDACTED] were dead as were 9 members of his family.

PMH: anxiety/depression, without previous psychotic presentation. (dose of sertraline

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recently increased from 50mg to 100mg). Intermittent ETOH excess.
 Bloods: Hb 135 WCC 13.5 PLT 285 Na 137 K4.1 Creat 89 eGFR>60 CRP 46 Normal liver function
 O/E: Afebrile HS I+II+O Chest clear Abdo SNT BS+ Neurologically intact R knee no swelling, mild erythema. Joint crepitus. Tender along anterior joint line.
 CXR: Nil acute ECG: Sinus tachycardia
 Rt Knee XRay: No bone/joint abnormality No effusion/soft tissue swelling.
 CT Head: Nil acute.

TREATMENT

He was treated with oral flucloxacillin for his cellulitis.

He was reviewed again by psychiatry who felt that there was no need for urgent review and have referred him to the intensive home treatment team, alongside starting low dose olanzapine. Before discharge Mr McRobb he developed more insight into his hallucinations. He also feels that his psychotic symptoms were caused by the sertraline, in particular after a recent dose increase, and he no longer wishes to take this medication. He stated that having tried several antidepressants with no success, he would continue to explore non-medical methods of managing his depression. Support for this and signposting would likely be of benefit.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL IHTT FU

CHANGES TO DRUGS SINCE ADMISSION

Addition of olanzapine. Short course of oral flucloxacillin, temazepam changed to diazepam for sleep disturbance (pt aware diazepam is a short-term measure).
 Sertraline stopped at patient's request.

ALLERGIES / ADVERSE DRUG REACTIONS

Diclofenac ?reaction

Various antidepressants including ?sertraline

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

Nil

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING

Nil

GP to please consider the following...Nil

Should you need further information please contact...Dr Strachan's Gen Med team Ward 208 RIE

Information contained in this letter has been discussed with the [REDACTED]

Yours sincerely.....

[REDACTED] Chisholm FY1 11.10 21/2/17

This is an immediate discharge letter and a further letter may follow.

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University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA



1/2

Department of Acute Medicine

Dr ~~McRobb~~ **LYNCH**
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date First Created 21/02/2017
Date Authorised
Date/Time Printed 21/02/2017 16:28
Our Ref 600086642R
CHI 3012571450

Patient: Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	UHPI: 600086642R Date of Birth: 30/12/1957
Ward: Ward 208 RIE	Admission Date: 17/02/2017
Consultant: Dr McRobb F Strachan	Discharge Date: 21/02/2017

Dr AJ Coull (Clinical Director)

Dr C ~~McRobb~~
Dr J W Dear
Dr A Dover
Dr S Dummer
Dr F Gibb
Dr SR ~~McRobb~~
Dr AJ Jaap
Dr AD Jamieson
Dr P ~~McRobb~~
Dr KA Lockman
Dr L McCullum
Dr R ~~McRobb~~
Dr H Narayan
Dr AW ~~McRobb~~
Dr J Renton
Dr E Sandilands
Dr JM ~~McRobb~~
Dr I Thethy
Dr KF Strachan
Dr WL Teoh
Dr A Veiraiah
Dr M Young
Dr N Zammitt

CAA
Secretaries: 0131 242 1438/40/
41
0131 242 2036

OPD 2
Secretaries: 0131 242 1363/64
0131 242 1481

OPD2 Reception
0131 242 1368

OPD2 Fax
0131 242 1367

Email:
RIEacute@nhslothian
scot.nhs.uk

Discharge Medication	Dose	Frequency	Duration	Additional Info
Diazepam Tablets	5 MG	As Required	Long Term	NEW changed from temazepam for insomnia. Take one tablet at night if required
Flucloxacillin Capsules	500 MG	FOUR times daily	4 Days	Last dose due 24/2/17 evening dose
Olanzapine Tablets	5 MG	At NIGHT	Long Term	NEW psychotic sx

Prescribed By Date Print Name.....
Dispensed By Date Print Name.....
Pharmacist Check Date Print Name.....
Final Check Date Print Name.....

PRINCIPAL DIAGNOSIS/PROCEDURE

- 1) Mild cellulitis
- 2) R knee pain ?secondary to osteoarthritis
- 3) Psychotic symptoms

Mr McRobb was admitted with a 1 day history of R knee pain of gradual onset, which was tender to touch. He also believed this to be caused by 'kerotene' being injected into his knee every night by ~~McRobb~~. He was able to weight bear. No systemic features of infection. BG: years history of intermittent auditory hallucinations of voices talking about him. No command hallucinations or suicidal/DSH thoughts/actions. He also reported the following to psychiatry in ED: Believes people are targeting him as he was seeing the ~~McRobb~~

Inpatient Discharge Summary

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University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA



3/3

Cont'd... Ref: 600086642R

Patient Name: Ronald McRobb

Information contained in this letter has been discussed with the [REDACTED]

Yours sincerely.....

[REDACTED] Chisholm FY1 11.10 21/2/17

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

Page 3 of 3

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NHS Lothian

Dr McKechanie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Edinburgh Hospital

Date: 21/02/2017

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (59 years) 600086642R
Specialty Consultant	AMH Edinburgh - IHTT Dr [REDACTED] S Brown	Attendance Date	20/02/2017

Dear Dr McKechanie

This patient has been taken on by the Intensive Home Treatment Team as an alternative to hospital admission.

Please note we will prescribe psychotropic medication whilst the patient is under our care and will send you a discharge summary when our episode of care has ended.

Please call the team on 0131 537 6851 if you wish to discuss any aspect of your patient's care.

Yours sincerely,

Julie [REDACTED]
Medical Secretary

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NHS Lothian

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Date: 22/02/2017

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHP1	3012571450 30/12/1957 (59 years) 600086642R
Specialty Consultant	AMH Edinburgh - IHTT Dr [REDACTED] S Brown	Attendance Date	

Dear Dr McKechnie

I reviewed Mr McRobb at his home on 22.02.17 from 11am to 11.45am. He was referred to IHTT by Liaison Psychiatry yesterday with psychotic symptoms.

Briefly in his background Mr McRobb was born in Edinburgh but grew up in a children's home in North Berwick after his [REDACTED] separated. He has never seen his [REDACTED] but his [REDACTED] used to visit from time to time. His [REDACTED] had an alcohol problem. He has one [REDACTED] and [REDACTED] briefly after she made contact but has not seen her since. He reports a good life in the children's home with structure and routine. He enjoyed school with only occasional bullying but said her knew how to take care of himself. Upon leaving school he did a couple of jobs before joining the army where he was for twelve years and enjoyed it especially the regimented nature of it. He left after twelve years as he was being posted to Germany and his [REDACTED] was pregnant with their second child and they did not see Germany as a good option for [REDACTED]. He is in regular telephone contact with them but only sees them infrequently citing his social anxiety as the reason he avoids public transport. He separated from his [REDACTED] fourteen years of marriage saying they grew apart. [REDACTED] Since leaving the army Mr McRobb has had some different jobs, the last being at the Nairn oateake factory from which he was made redundant last year.

Mr McRobb has had a problem with alcohol intake for decades starting with the army. He drinks beer and drinks in binges often to excess. He drinks at home on his own. He said that this year he has made a conscious effort to cut down but continues to binge. He recognises the harmful effect it has on his physical and mental health.

Mr McRobb reports feelings of anxiety and low mood since leaving the routine and order afforded by the army. He has struggled to settle into civilian life and often used alcohol to

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cope. He describes feelings of anxiety when outside the house and avoiding crowds. He restricts his movements to within his local area and to do what is needed. He reports feeling that people are talking about him and looking at him when he is out and about. These are not held with delusional intensity. He reports feeling low in mood on and off with good and bad days and with no diurnal variation. He does not have suicidal ideas. He reports generally eating well and looking after his self-care but says he has always had trouble sleeping. More recently he has been finding it hard to motivate himself and has neglected his hobbies and interests including music and watching documentaries. He has little contact with his friends.

With regard to his psychotic symptoms, these appear to have started after a period of insomnia of four nights following an increase in the dose of Sertraline. He began hearing people talking about him, threatening him harm and commenting on his actions. He had some ideas that his family were dead and he had been poisoned with ketamine darts on his knee but these have since resolved. He heard a voice again last night when he was putting the bin out talking about him. He denies any command hallucinations. There were no ideas of reference or any thought interference. He had no other delusional ideas.

On interview Mr McRobb was an overweight man with acne rosacea on his face. He was calm and reactive on interview with evidence of low mood. He was not suicidal and not actively psychotic. He had good insight.

Impression:

Mr McRobb appears to have suffered from an acute psychotic episode secondary to sleep disturbance. This is on a backdrop of longer-standing low mood and anxiety. He has not responded to anti-depressant medication to date. He drinks alcohol to excess. We agreed the following plan:

1. Stop Sertraline. Continue Olanzapine 5mg NOCTE and use Diazepam 5mg PRN BD for anxiety in the short-term.
2. Mr McRobb to keep his appointment with Health in Mind for guided self-help.
3. We will refer Mr McRobb to the South East PCLT for psychological management of his anxiety and low mood.
4. Refer to IHTT OT for help with activity and structure.
5. Advised to abstain from alcohol.
6. Provide information on South East Recovery Hub for alcohol support.
7. Short-term IHTT contact over the next week to ten days to enable these referrals to take place.
8. Home visit tomorrow at 2pm. Can change the time as needed (has a GP appointment between 10 - 11am tomorrow).

Yours sincerely

Dr Ihsan Kader
Consultant Psychiatrist

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Edinburgh Guided Self-Help Service



Private and confidential

Dr Alisdair [REDACTED]
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

27th February 2017

RE: MCROBB, Ronald (DOB: 30/12/1957)

Dear Dr [REDACTED]

Thank you for your referral to Edinburgh Guided Self Help Service.

I met with Mr McRobb for an assessment session on 27/02/2017. Mr McRobb explained that since his referral, he has had a psychotic episode with auditory hallucinations and delusions, resulting in his recent hospitalisation for four days. He is now supported by the Intensive Home Treatment Team.

The Guided Self Help service is targeted specifically at people with mild to moderate depression and/or anxiety to ensure that wherever possible patients are matched with the most appropriate level of support that meets their needs.

It is my recommendation that Mr McRobb be supported by a more intensive and higher level psychological support than GSH, which I also discussed with the Intensive Home Treatment Team.

Thank you in advance for your time and support.

Yours Sincerely,

Zsafia Kaplar
Guided Self Help Worker

Guided Self-Help Service, 40 Shandwick Place, Edinburgh, EH2 4RT. Tel: 0131 2258508

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Page 1 of 1

██████████ Georgette P

From: ██████████
Sent: 07 March 2017 14:24
To: Clinical GP Springwell Medical Group
Subject: Discharge from Edinburgh IHTT

Dear Doctors,

Ronald McRobb CHI 3012571450
8/5 Northcote Street
Edinburgh
EH11 2HL

I am writing to inform you that Mr McRobb was discharged today from Edinburgh IHTT his prescription is as follows;

Olanzapine 5mg
Diazepam 5mg bd
Zopiclone 7.5mg

He was provided with 2 weeks worth of Olanzapine and Diazepam on 5/3/17. One week of Zopiclone on 7/3/17.

He will approach your practice for further prescriptions.
A discharge summary will follow.

Regards

██████████ CPN
Edinburgh IHTT
537 6445

Our Values Into Action

Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork

For more information visit: <http://www.nhsllothian.scot.nhs.uk/values>

07/03/2017

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NHS Lothian

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Royal Edinburgh Hospital

Date: 09/03/2017

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (59 years) 600086642R
Specialty Consultant	AMH Edinburgh - IHTT [REDACTED]	Attendance Date	07/03/2017

Dear Dr McKechnie

Diagnosis & ICD-10:
Acute Psychotic Episode/F23
Harmful use of Alcohol/F10.1

Dates of admission & discharge:
20.02.17 - 07.03.17

DISCHARGE FORMULATION Risk formulation:

59 year old gentleman referred with concerns of acute psychotic episode secondary to sleep disturbance. Described period of insomnia which appears to have coincided with increase dose of Sertraline. Described hearing people talking about him in a threatening manner and beliefs that harm had come to his family.

Engaged well with IHTT staff and presented as suffering from social anxiety but did not present as preoccupied nor distracted at any time. He spoke of isolating himself recently whilst he finds it difficult to be in busy public spaces. Health also impacted due to binge drinking of alcohol. Although he complained of low mood he would converse well with staff, presented as reactive and euthymic.
He worried about people looking at him when outside or talking about him but this is not held with delusional intensity.

Staff advised him to reduce alcohol intake and continue to structure time and engage with friends and family. He was given information on Veterans 1st Point and has made contact with them. Provided with information on several other services including Health All Round and SAMH. He was keen to try to increase his activity levels and goes to a local gym regularly. He has hopes for the future to move back to North Berwick.

It was deemed unnecessary to refer to PCLT/CMHT follow up as his presentation changed markedly with acute episode resolving quickly with only anxiety symptoms remaining.

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Risk Profile: No risk identified during IHTT contact, other than acute onset of psychosis which appears to have significantly lessened. No suicidal intent and no thoughts to harm self or others. Risk of deteriorating physical health in the context of alcohol excess.

Discharge medication:

- 1.Olanzapine 5mg NOCTE
- 2.Diazepam 5mg PRN max BD (not for repeat without review)
- 3.Zopiclone 7.5mg NOCTE

Further action/follow up:

Veterans 1st Point
GP

Completed by:

████████ Webster

Copies to:

GP

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NHS Confidential: Personal data about a patient



Mr Ronald McRobb
8/5 Northcote Street
Dalry
Edinburgh
EH11 2HL

PRIVATE AND CONFIDENTIAL

Veterans' F1rst Point Lothian
Floor K,
Argyle House
3 Lady [REDACTED] Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date: 10 March 2017

Dear Mr McRobb

RE: Assessment

Following your registration appointment with Peer [REDACTED] McClurg, an appointment has been made for you to see the Veterans' F1rst Point, Psychiatrist, Dr [REDACTED] for assessment at 1.00 pm on Thursday 8 June 2017 at Veterans' F1rst Point, Edinburgh. We would recommend that, if possible, you arrive quarter of an hour before your scheduled appointment time, to allow you to complete necessary paperwork.

Please find enclosed our clinical assessment information sheet with further details about what to expect from your appointment. If you have any queries regarding this please do not hesitate to contact us.

Should you wish to reschedule for another appointment please contact us on 0131 220 9920. If possible, please give 24 hours notice if you are unable to attend for an appointment as our services are used by numerous veterans and your slot may be utilised by another client.

Yours sincerely,

[REDACTED]
Office Manager

Cc Dr [REDACTED] Springwell Medical Group, 39 Ardmillan Terrace, Edinburgh EH11 2JL ✓

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
Floor K, Argyle House, 3 Lady [REDACTED] Street, Edinburgh EH3 9DR
0131 220 9920 enquiries@veteransfirstpoint.org.uk www.veteransfirstpoint.org.uk



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**PRIVATE AND CONFIDENTIAL**

Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date 10th April 2017

Dr [redacted]
Springwell Medical Group
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Dear Dr

RE: Ronald McRobb. 8/5 Northcote Street. 30/12/1957

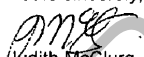
I am writing to advise you that the above patient attended a registration appointment with our service today and I have been allocated as their Peer Support Worker to help with issues around welfare.

This patient has requested an assessment by our clinical team. Once this has taken place an assessment report will be sent to you in due course.

In the meantime, if you are aware of any other treatment this patient is receiving which might affect their input here please contact us at the details above.

If you have any queries about our service or this patient's contact with us please do not hesitate to contact me. I enclose a leaflet about our service for your reference.

Yours sincerely,


Judith McClurg
Peer Support Worker

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VFPVeterans First Point
Consent Form

VFP Form 7. 2/2

I **RONALD McROBB** hereby, give consent to a representative of Veterans First Point to contact, discuss and share information regarding aspects of my casework with whoever is considered appropriate and necessary to the benefit of my support plan, as follows:

1. Benefits, Finance and Revenues
2. Legal
3. Housing/Accommodation
4. GP/Medical Practitioner
5. Mental Health Professional
6. Veterans UK
7. Other Agencies

Details of your case may be of great value for research purposes. In these cases your identity would not be disclosed and all information would be anonymised. Please indicate below if you would allow details of your case to be used for research.

☒ Yes ☐ No*

Veterans Signature:

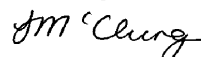


Name (print):

R McROBB

Date: 10th APRIL 2017

P.S. Wkr Signature:



Name (print):

JUDITH McLURG

Date: 10th APRIL 2017

VFP ASSESSMENT/BACKGROUND FORM2.V1140409

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jobcentreplus

Website: www.jobcentreplus.gov.uk

02546

Dr [REDACTED]

39 ARDMILLAN TERRACE
EDINBURGH
EH11 2JL

1/2
Your reference is YY383798B
Please tell us this number
if you get in touch with us

ESA Bathgate
Mail Handling Site A
Wolverhampton
WV98 2AW

Phone 0345 6088545
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 17 May 2017

Dear Doctor [REDACTED]

Work Capability Assessment Outcome Notification

Patients Name Mr R Mcrobb
Patients Address 8/5 Northcote St
Edinburgh
EH11 2HL

Patients D.O.B : 30 December 1957

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

WCA Effective Date 1 December 2016

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

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

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

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

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

6218/0619

975460061900200210

Page 01 of 02

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17 May 2017

Dr [REDACTED]

REF: YY383798B

2/2

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

Yours sincerely

[REDACTED]

Manager



THIRD PARTY COPY

6218/0619

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Page 02 of 02

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1/2

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Veterans' First Point Lothian
 Floor K,
 Argyle House
 3 Lady [REDACTED] Street
 Edinburgh
 EH3 9DR

Tel: 0131 220 9920

Date 19th June 2017

Dr McKechnie
 Springwell Medical Group
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Dear Dr McKechnie,

RE: Ronald McRobb, 8/5 Northcote Street, Edinburgh, EH11 2HL. D.o.B. 30.12.1957

I can confirm that Ronald attended for his assessment on 8th June 2017 following his registration appointment with Peer Support Worker Judith McClurg on 10th April 2017.

Diagnosis

Ronald appears to have a mixed anxiety and depression picture with avoidances and social isolation as well as binge drinking.

Presenting problems

Ronald told me he was in hospital a month ago with a mild psychotic experience and this was a reaction to the medication he was taking and mixing this with alcohol - he is currently on 5mg of Olanzapine. He feels "paranoid" and thinks people are talking about him, doesn't go out on the street on his own, finds bus travel difficult and had taken a taxi to his assessment. Ronnie reported he had visited Dalry gym that morning. He feels anxious and is isolated - in his house he "feels like a prisoner". He was previously a big drinker who is trying to cut down, telling me that he had not drunk for two weeks. He has little contact with one friend who is married. Ronald rated his mood as 3 out of 10.

Current situation

Ronald is unemployed having last worked in August 2016 with Nairn's. He found this job monotonous and was eventually laid off. [REDACTED]

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19th June 2017

Ronald takes Zopiclone at night and can sleep without this for 2-3 hours. He does have thoughts about harming himself with an overdose but more recently his family has become a protective factor.

Ronald [REDACTED] the Bardardos home in North Berwick from the age of 3-5 - he described it as a "good home" and they were well looked after until [REDACTED]. [REDACTED] does not know where [REDACTED] reported he only goes when his [REDACTED] needs money.

Ronald served with the Royal Scots for 10 years after leaving home at 18, and he made friends in the infantry. He did some clerical work and intelligence and trained as a dog handler. He was in Rifle Company as a Section Commander. He brought himself out as he was married at the time and his [REDACTED] [REDACTED]
[REDACTED]. He was deployed in Northern Ireland for two years - which he described as a good posting - and was based mainly in Edinburgh.

He was married whilst serving and based at Redford Barracks and their marriage broke up 4 or 5 years after leaving the Army. Alcohol was a constant for him throughout his service. He became disillusioned after the Army with work and civilian life, which he found mundane with no "adrenaline rush". He missed the structure he'd had both at home and in the Army and recognizes himself as institutionalized from childhood. He became depressed and thought after leaving in 1992 that "it was like a shutter had come down". He was previously employed in fishing and security.

Ronald has not received psychological therapy but has had some contact with alcohol services though not for some time now.

As I mentioned, Ronald has a mix of anxiety and depression fuelled by social isolation and avoidances probably partly in relation to his binge drinking. He reports some paranoid styles of thinking and I wonder if these are in the context of his alcohol use. He seems keen to change and wonders about moving to North Berwick where he enjoyed parts of his childhood. Ronald was a man who displayed a degree of insight into how things have come to be for him however he does feel very limited by the sense of anxiety that he gets on leaving the house. He has hobbies that he can enjoy but he is struggling with these at the moment; fishing, history, cooking and reading. His continued abstinence from alcohol will be important in achieving any further plans.

1. I will refer him to Occupational Therapy for Individual Placement Support which is an employment focused piece of work.
2. I will also place him on the waiting list for psychological therapy.

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3
Re Ronald McRobb

19th June 2017

3. I will ask Psychiatry to review his medication.
4. I am going to refer him to Erskine's Shoulder to Shoulder project for a peer mentoring service.
5. I will also encourage him to attend drop in and invite him to do "worry time" where he will spend 10-15 minutes a day writing down his worries then work through the list. If he notices himself worrying about something during the day he can tell himself to worry about it later, not now. The goal of this is not to stop worrying but it is to change the way that he relates to the thoughts.

We will keep you updated as to our contact with your patient. Many thanks for your time on this matter.

Yours sincerely,



■■■■ Allanson-Oddy
Consultant Psychological Therapist and Service Lead

Cc Ronald McRobb, 8/5 Northcote Street, Edinburgh, EH11 2HL

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Mr Ronald McRobb
8/5 Northcote Street
Dalry
Edinburgh
EH11 2HL

PRIVATE AND CONFIDENTIAL

Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date: 13 July 2017

Dear Mr McRobb

RE: Review

An appointment has been made for you to see Consultant Psychiatrist, Dr [REDACTED] for review at 4.10 pm on Thursday 10 August 2017 at Veterans' First Point, Edinburgh.

Should you wish to reschedule for another appointment please contact us on 0131 220 9920. If possible, please give 24 hours notice if you are unable to attend for an appointment as our services are used by numerous veterans and your slot may be utilised by another client.

Yours sincerely,

[Signature]
[REDACTED]
Office Manager

Cc Dr [REDACTED] Springwell Medical Group, 39 Ardmillan Terrace, Edinburgh EH11 2JL ✓

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
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Fergusson, [REDACTED]

1/2

From: [REDACTED] J
Sent: 25 August 2017 10:21
To: Clinical GP Springwell Medical Group
Subject: Letter - RMcR
Attachments: mcrobb ronald review aq 22.8.17.doc

Dear Doctor

Please see the attached letter regarding Mr Ronald McRobb from Dr Alex Quinn, Consultant Psychiatrist. I have sent a copy of this letter to Mr McRobb himself for his information.

Kind regards

Fiona

[REDACTED]
Office Manager

Veterans First Point
Floor K
Argyle House
3 Lady [REDACTED] Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

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Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady [REDACTED] Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date 22nd August 2017

Dr McKechnie
Springwell Medical Group
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Dear Dr McKechnie,

RE: Ronald McRobb, 8/5 Northcote Street, Edinburgh, EH11 2HL. D.o.B. 30.12.1957

I would be grateful if you could prescribe Mr McRobb 1mg of Risperidone to be taken twice daily. He was started on Olanzapine after a brief psychotic episode which has become non compliant within the community. He described it making him more "edgy" which is why he stopped taking it. I think given his history and ongoing symptoms access to an anti psychotic would make sense.

Veterans First Point is not always the best service for patients with experience of Psychosis and yet I note he is actively engaged with our Occupational Therapist and is on the waiting list for Psychological Therapy. I can see him in the future if there are concerns regarding his health. I do not intend to give him regular appointments to see myself.

Yours sincerely,

Dr [REDACTED]
Consultant Psychiatrist

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Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date 22nd August 2017

Dr McKechnie
Springwell Medical Group
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Dear Dr McKechnie,

RE: Ronald McRobb, 8/5 Northcote Street, Edinburgh, EH11 2HL. D.o.B. 30.12.1957

I would be grateful if you could prescribe Mr McRobb 1mg of Risperidone to be taken twice daily. He was started on Olanzapine after a brief psychotic episode which has become non compliant within the community. He described it making him more "edgy" which is why he stopped taking it. I think given his history and ongoing symptoms access to an anti psychotic would make sense.

Veterans First Point is not always the best service for patients with experience of Psychosis and yet I note he is actively engaged with our Occupational Therapist and is on the waiting list for Psychological Therapy. I can see him in the future if there are concerns regarding his health. I do not intend to give him regular appointments to see myself.

Yours sincerely,

Dr [redacted]
Consultant Psychiatrist

Veterans First Point – A one-stop-shop for veterans [redacted] Lothian
Floor K, Argyle House, 3 Lady Street, Edinburgh EH3 9DR
0131 220 9920 enquiries@veteransfirstpoint.org.uk www.veteransfirstpoint.org.uk



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Mr Ronald McRobb
8/5 Northcote Street
Dalry
Edinburgh
EH11 2HL

Dear Mr McRobb

RE: Therapy

I trust this letter finds you well. Following your assessment an appointment has been made for you to see the Veterans' First Point, Trainee Counselling Psychologist, [REDACTED] Kirkpatrick to begin therapy at 1.00 pm on Wednesday 29 November 2017 at Veterans' First Point, Edinburgh.

Should you wish to reschedule for another appointment please contact us on 0131 220 9920. If possible, please give 24 hours notice if you are unable to attend for an appointment as our services are used by numerous veterans and your slot may be utilised by another client.

Yours sincerely,

[REDACTED]
Office Manager

Cc Dr [REDACTED] Springwell Medical Group, 39 Ardmillan Terrace, Edinburgh EH11 2JL ✓

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Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady [REDACTED] Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date: 10 November 2017

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
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Mr Ronald McRobb
8/5 Northcote Street
Dalry
Edinburgh
EH11 2HL

PRIVATE AND CONFIDENTIAL

Veterans' First Point Lothian
Floor K,
Argyle House
3 Lady Street
Edinburgh
EH3 9DR

Tel: 0131 220 9920

Date: 13 December 2017

Dear Mr McRobb

RE: Therapy

Further to our call cancelling your appointment today, I am writing to confirm that your next appointment with Kirkpatrick has been rescheduled to **1.00 pm on Wednesday 3 January 2018**.

Should you wish to reschedule for another appointment please contact us on **0131 220 9920**. If possible, please give 24 hours notice if you are unable to attend for an appointment as our services are used by numerous veterans and your slot may be utilised by another client.

Yours sincerely


[Redacted]
Office Manager

Cc Dr [Redacted] Springwell Medical Group, 39 Ardmillan Terrace, Edinburgh EH11 2JL ✓

Veterans First Point – A one-stop-shop for veterans [Redacted] Lothian
Floor K, Argyle House, 3 Lady Street, Edinburgh EH3 9DR
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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Haematology, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957 SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED]			
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: CV.....					
Date Collected	27/01/17	17/02/17	17/02/17	20/02/17	02/02/18
Time Collected	09:18	10:13	10:13	11:27	11:30
Date Received	27/01/17	17/02/17	17/02/17	20/02/17	02/02/18
Time Received	15:47	10:49	10:49	11:54	17:35
Specimen Number	HR248785	HR119404	HR119405	HR121052	HR233350
Haemoglobin	135-180 g/L	141	135	129	130
Red cell count	4.5-6.5 $10^{12}/L$	4.50	4.40	4.11	4.38
Haematocrit	0.40-0.54 ratio	0.413	0.385	0.364	0.393
Mean cell volume	78-98 fL	92	88	89	90
Mean Cell Hb	27.0-32.0 pg	31.3	30.7	31.4	29.7
White cell count	4.0-11.0 $10^9/L$	6.4	13.5	7.6	6.1
Neutrophil Count	2.0-7.5 $10^9/L$	3.45	10.20	4.24	3.33
Lymphocyte Count	1.5-4.0 $10^9/L$	1.94	1.64	1.71	1.71
Monocyte Count	0.2-0.8 $10^9/L$	0.64	1.56	1.18	0.66
Eosinophil Count	0.04-0.4 $10^9/L$	0.27	0.01	0.35	0.28
Basophil Count	0.01-0.1 $10^9/L$	0.06	0.04	0.07	0.08
Platelet count	150-400 $10^9/L$	286	285	266	273
ESR	1-10 mm/hr			14	

COMMENTS:

DATE PRINTED: 03/02/2018
TIME PRINTED: 06:00

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957 SEX: M		CONSULTANT/GP: Dr Alasdair J [REDACTED]			
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: CV.....					
Date Collected	27/01/2017	17/02/2017	17/02/2017	20/02/2017	02/02/2018
Time Collected	09:18	10:13	12:38	11:27	11:30
Date Received	27/01/2017	17/02/2017	17/02/2017	20/02/2017	02/02/2018
Time Received	15:53	10:49	12:46	11:54	17:43
Specimen Number	HB946185Y	HB165471H	HB165513F	HB167112E	HB927532V
Urea	2.5-6.6 mmol/L	13.6 H		3.5	
Creatinine	64-111 umol/L	89		63 L	63 L
eGFR (/1.73m2)	ml/min	>60		>60	>60
Sodium	135-145 mmol/L	137		140	140
Potassium	3.6-5.0 mmol/L	4.1		4.4	4.1
TCO2	22-30 mmol/L	26		31 H	
Glucose	mmol/L		9.4 H		
Glucose (fasting)	3.8-6.0 mmol/L	4.8			
Glucose (Random)	3.8-7.7 mmol/L				5.1
Lactate	0.6-2.4 mmol/L		1.7		
Bilirubin	3-21 umol/L	15			6
ALT	10-50 U/L	74 H			23
Alk.Phos	40-125 U/L	66			77
GGT	10-55 U/L				24
Cholesterol	mmol/L	5.5 H			5.3 H
Triglyceride	0.8-2.1 mmol/L	2.8 H			
HDL Chol.	0.9-1.4 mmol/L	1.2			
LDL Chol.	mmol/L	3.1			
Chol:HDL Ratio		4.8			
HbA1c (IFCC)	20-41 mmol/mol	37			
C-Reactive Prot	0-5 mg/L		46 H		

COMMENTS: Only comments on the most recent result are printed

02/02/2018 HB927532V

DATE PRINTED: 03/02/2018
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD	UPI: 3012571450	CHI: 3012571450			
DOB: 30/12/1957	SEX: M	CONSULTANT/GP: Dr Alasdair J [REDACTED]			
SOURCE: Springwell Medical Centre	SENDER:				
CLINICAL DETAILS: CV.....					
Date Collected	27/01/2017	17/02/2017	17/02/2017	20/02/2017	02/02/2018
Time Collected	09:18	10:13	12:38	11:27	11:30
Date Received	27/01/2017	17/02/2017	17/02/2017	20/02/2017	02/02/2018
Time Received	15:53	10:49	12:46	11:54	17:43
Specimen Number	HB946185Y	HB165471H	HB165513F	HB167112E	HB927532V
Urea	2.5-6.6 mmol/L	13.6 H		3.5	
Creatinine	64-111 umol/L	89		63 L	63 L
eGFR (/1.73m2)	ml/min	>60		>60	>60
Sodium	135-145 mmol/L	137		140	140
Potassium	3.6-5.0 mmol/L	4.1		4.4	4.1
TCO2	22-30 mmol/L	26		31 H	
Glucose	mmol/L		9.4 H		
Glucose (fasting)	3.8-6.0 mmol/L	4.8			
Glucose (Random)	3.8-7.7 mmol/L				5.1
Lactate	0.6-2.4 mmol/L		1.7		
Bilirubin	3-21 umol/L	15			6
ALT	10-50 U/L	74 H			23
Alk.Phos	40-125 U/L	66			77
GGT	10-55 U/L				24
Cholesterol	mmol/L	5.5 H			5.3 H
Triglyceride	0.8-2.1 mmol/L	2.8 H			
HDL Chol.	0.9-1.4 mmol/L	1.2			
LDL Chol.	mmol/L	3.1			
Chol:HDL Ratio		4.8			
HbA1c (IFCC)	20-41 mmol/mol	37			
Vitamin B12	180-2000 ng/L				230
Serum Folate	2.8-20 ug/L				7.2
Ferritin	20-300 ug/L				286
C-Reactive Prot	0-5 mg/L	46 H			

COMMENTS: Only comments on the most recent result are printed

02/02/2018 HB927532V

DATE PRINTED: 06/02/2018
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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NHS Lothian**Cambridge Street House**
577 Cambridge Street
Edinburgh
EH1 2DYDr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL**Date:** 09/02/2018**Outpatient Clinic Letter**

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth /	30/12/1957 (60 years)
		Age	
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance	05/02/2018
Consultant	Dr [REDACTED] J [REDACTED]	Date	

Dear Dr McKechnie

Psychiatric Diagnoses:

1. Brief Psychotic Episode (currently resolving)
2. Harmful use of alcohol (currently abstinent)

Current Psychiatric Medication:

1. Olanzapine 10 mg (please note increased dose)
2. Temazepam 20 mg prn (suggest trying to stop)
3. Diazepam 5 mg prn (please limit supply)

I met with Mr McRobb following your 'urgent' referral on 5 February 2018 along with my attached medical student.

He described that he had three or four acute episodes, or what he calls attacks, over the past year or so. Reflecting, he feels these are usually triggered by very poor sleep. In relation to the last episode, he described several days of sleeping poorly and then one night of no sleep at all. Over the course of the following day he felt increasingly tense and edgy. He then described believing that people wanted to kill him and reported auditory hallucinations of multiple voices, stating how they could get into this house and what they would do to him when they did so. This caused him obvious distress and he ended up locking himself in the bathroom, arming himself with a kitchen knife. He had no intent of harming others but worries if someone had gained entry to his property that he might have lashed out in self defence. He reports that he called the [REDACTED] but did not answer the door when he attended this property the following day as he believed this to be a trick. There were no ideas of reference, passivity or hallucinations in other modalities.

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After approximately forty-eight hours, he thinks he collapsed and fell into a sleep. After he woke up his symptoms gradually resolved. He can still feel slightly on edge and at times worries that conversations people are having are about him. However, he has insight into this and it does not seem to have reached a level where he truly believes this to be happening in recent days. Sleep is a chronic problem and he finds it difficult to switch off at night time. He describes feeling anxious (which is longstanding) particularly in public places or using public transport. He describes himself as depressed but there is no evidence of anhedonia or significantly poor motivation and this seemed to be a lesser problem at the current time.

Past Medical History:
Psoriasis

Personal History:

Mr McRobb reports he was born in Edinburgh but brought up in a children's home in North Berwick. This was run by Dr Barnardo's and he described it positively. He described some minor bullying at [REDACTED] but it sounds as though he was robust in responding to this and these episodes were short lived. On leaving [REDACTED] he worked as a trawler fisherman, and then joined the Army. He was in the Army for eleven years, serving in Germany, Northern Ireland and brief periods abroad for training. He enjoyed his time in the Army, feeling a sense of camaraderie. He saw some conflict related situations in Northern Ireland but did not seem to describe features clearly in keeping with Post Traumatic Stress Disorder.

Upon leaving the Army, he felt his mood dipped and he struggled to adjust to life in more typical work settings. By this point, he was married and [REDACTED] in security doing shift work and unfortunately this pattern of working took a toll on his relationship with his wife [REDACTED] from [REDACTED].

In terms of alcohol, he describes falling into a binge drinking culture when in the Army. This continued on leaving the Army and it sounds as though he would drink in a binge pattern twenty units per day. There was no clear withdrawal described, but he would describe having a hair of the dog. It was not clear he was drinking every day, but certainly a pattern well above recommended limits. He has had no alcohol since Christmas and has no urge to drink since. He stopped smoking prior to Christmas and does not misuse any illicit drugs.

Past Psychiatric History:

Mr McRobb himself reports approximately four similar episodes occurring in the past year. He had a period of care with the Intensive Home Treatment Team in the spring of 2017 when he was diagnosed with an acute psychotic episode. There is no other significant documented psychiatric history although he attends Veterans First Point. He started working with a psychologist and is very positive about this.

Mental State Examination:

At interview, Mr McRobb attended promptly and was warm and polite in manner. Eye contact was well maintained and speech was normal. Mood was reactive. There was no evidence of psychosis at interview and thoughts were ordered and logical. Cognition was not assessed and I think it would be worth assessing this at our next meeting.

Opinion:

Mr McRobb describes brief psychotic episodes occurring over the past year. His description would not be in keeping with a diagnosis of an underlying psychotic illness and I think the episodes link with poor sleep, previous heavy drinking with its possible impact on the brain and his time in the Army contributing to a sense of hypervigilance. However, I would be concerned about long term Diazepam use and think it would be worthwhile trying to optimise Olanzapine.

Plan:

1. I have suggested he increases Olanzapine to 10 mg.
2. He continues to attend Veterans First Point.
3. I will organise to see him in a couple of months.
4. I would suggest reviewing benzodiazepines once Olanzapine dose optimised.
5. I note he had a slight normocytic anaemia and wonder if it would be worthwhile completing a B12 and Folate. Please feel free to discuss.

Kind regards.

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Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

Cc [REDACTED] Kirkpatrick, Psychologist, Veterans First Point

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NHS Lothian**Mental Health Services**

Dr McKechnie
 Springwell Medical Group
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Date: 23/04/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (60 years)
		UHPI	600086642R
Specialty	AMH - MHAS	Attendance Date	04/04/2018
Consultant	Mhairi E McLaughlin		

Dear Dr McKechnie

Mr McRobb self referred to MHAS having initially called the service earlier in the day. He states that he is "having an episode". He hears people talking about him "going to get me". He states that his mood is variable and that he has significant issues with anxiety. He currently lives alone and feels isolated. He believes that he is psychotic at present.

Psychiatric History

Seen by Dr Cooper as an outpatient and is next due to attend on 19th April 2018. Also previous contact with IHTT. Reported a previous episode of psychosis and is currently involved with psychology via the Veterans First Point.

No medical history.

Medication

Olanzapine 15mg
 Diazepam 5mg BD
 Temazepam 10mg at night

He states that he is concordant with his medication however does not feel that Olanzapine is effective.

Alcohol/Substances

Previous history of alcohol excess which he currently denies. Openly reports having had several beers during the most recent 6 nations rugby tournament. There was no evidence of intoxication at the time of assessment.

He currently lives alone in a Canmore flat and he has stayed there for 22 years. He states that he is fairly happy there however it is very isolated, unhappy to be living close by a railway line as this is disruptive. In receipt of ESA and two private pensions. He reports no financial concerns. He is close to his family, he

Mr McRobb presented with good self care, he was clean shaven, smartly dressed in well laundered clothing. He was able to engage in the assessment. Prior to being seen he was observed to be sitting, casually watching the television. There was no evidence of distraction. At assessment he stated that his mood was "empty", "scared". He was able to describe obtaining pleasure from watching sports. Objectively he appeared relaxed and reactive. He gave an account of auditory hallucinations however from further discussion these appear to be the voices of [REDACTED] whom he perceives are talking about him. At times he talked historically and this was a challenge and required clarification about his most recent difficulties, he states that he has broken sleep and obtains 3 hours sleep per night and his dietary intake is minimal. Mr McRobb spoke about his current difficulties at length however it became apparent that some of his difficulties were historical particularly in relation to auditory hallucinations. Subjectively he described himself as being very anxious and worried all the time. There was no suicidal intent voiced. No previous history known. He was keen to come into hospital.

60 year old male self presents complaining of having "an episode". Describes feeling he is psychotic. There was no evidence of this at assessment however presents with social isolation and significant anxiety. He was able to engage and was reactive. He displayed forward planning, there was no suicidality voiced.

Formulation
Social anxiety and isolation.

1. Advised and encouraged to utilise the support available through the Edinburgh Crisis Centre. he requested that I phone them through the professional line advising that he intended to call tomorrow, which I did.
2. Encouraged to keep his appointment with Dr [REDACTED] on 19th April 2018 which he was in agreement with.
3. He is aware of the 24/7 nature of MHAS and was discharged.

Mhairi McLaughlin
MHAS Nurse Band 6

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 23/04/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (60 years)
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance Date	19/04/2018
Consultant	Dr Deborah J Cooper		

Dear Dr McKechnie

Psychiatric Diagnoses:

1. Psychosis Not Otherwise Specified
2. Possible Cognitive Impairment

Current Psychiatric Medication:

1. Olanzapine 15 mg
2. Diazepam 5 mg bd prn
3. Temazepam 10 mg nocte

I met with Mr McRobb at Cambridge Street House on 19 April 2018.

He had an Mental Health Assessment Service presentation last week when he felt distressed because of acute auditory hallucinations. He reports that these are perhaps more frequent than when we met the last time and he describes them as having a running commentary type form of a critical nature, but also being heard in internal space. However, on balance I think they are true hallucinations. I could elicit no other psychotic symptoms. He is anxious about going outside because of these voices, but I did not find him consistently depressed at interview.

At times he feels suicide would be easy. However, he has no intent to end his life and his family are protective. We checked a MOCA cognitive assessment today in which he scored 23/30, losing marks predominantly for recall. This might link to benzodiazepine use and we will simply monitor for now.

At interview, he was kempt, warm and relaxed. Eye contact was well maintained and speech was normal.

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He was not responding to unseen stimuli at interview but describes auditory hallucinations.
Hpwe

Opinion:

Mr McRobb presents with auditory hallucinations as primary psychotic symptom.

Plan:

1. He has not derived significant benefit from Olanzapine and has agreed to try Haloperidol as an alternative. I would be grateful if this could switch over as follows:

Week One: Haloperidol 1 mg bd, Olanzapine 10 mg

Week Two: Haloperidol 1 mg bd, Olanzapine 7.5 mg

Week Three: Haloperidol 1.5 mg bd, Olanzapine 5 mg

Week Four: Haloperidol 1.5 mg bd, stop Olanzapine.

I would be grateful if his medication could be put in a dosette box to ensure good concordance.

2. I will meet with him again in one month. If risks escalate or there is no improvement, I might consider referral to Community Mental Health Team for further assessment and support.

3. I will monitor cognition and consider further investigations moving forward.

Kind regards.

Yours sincerely

Dr [REDACTED]
Consultant Psychiatrist

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Springwell Medical Centre
Text Message Service

Surname: Mc Robb
Forename: RONALD
Date of Birth: 30/12/1957
Home Tel: _____
Mobile Tel: 07804894530

We are happy to announce we have recently introduced a much needed text message service. This service will be used to send out reminders of appointments, allow patients to cancel appointments by simply replying to the text, invite patients to special clinics, send out important health information etc.

To comply with new Data Protection Laws which come in to play in May 2018 we must have consent from you to send you any information via text message.

Please tick which statement applies to you.

- ☒ I consent to receive text messages from the practice.
☐ I do not consent to receive text messages from the practice.

Signature

Ronald Robb

Date

24/04/18

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Veterans' F1rst Point Lothian
 Floor K,
 Argyle House
 3 Lady [REDACTED] Street
 Edinburgh
 EH3 9DR

Tel: 0131 220 9920

Date: 8th May 2018

Duty Doctor
 Colinton Road Surgery
 296D Colinton Road
 Edinburgh
 EH130LB

Dear Duty Doctor

**RE: Psychological Therapy; Ronald McRobb, 301 Colinton Road, Edinburgh, EH130LA
 D.O.B 30.12.57**

I am writing to update you on Mr McRobb's treatment and engagement with Veterans First Point (V1P). As you will know he was assessed by our service in June 2017 by [REDACTED] Allanson-Oddy, Consultant Psychological Therapist. At this time he presented with a mixed presentation of anxiety and depression in the context of social situations. He also displayed difficulties with social isolation and binge drinking. Mr McRobb reported to me during our initial session that he had been admitted to hospital one month prior assessment following a mild psychotic experience thought to be a reaction to the medication he was taking and mixing this with alcohol. Mr McRobb reported that he believes he has difficulties with paranoia, believing that others are talking about him. Consequently he avoids going outside in the 'street' on his own. He finds public transport difficult and had to travel by taxi to that assessment. Mr McRobb reports feeling anxious and a 'prisoner in his own home'. Following the assessment appointment Mr McRobb was recommended that he: be referred to Occupational Therapy within V1P for Individual Placement Support; he was offered a medication review by one of my psychiatry colleagues; he be referred to Erskine's Shoulder to Shoulder project for peer mentoring and he was advised to attend this service's drop in service which runs on Tuesday-Thursday 1:00-3:30pm in order to reduce his social isolation. Mr McRobb was also placed on our psychological therapy waiting list. I initially met with Mr McRobb on the 29th Nov 2017 in order to commence this work. Mr McRobb attended for eight times out of 12 offered appointments.

When I first met Mr McRobb it was evident that he continued to experience difficulties indicative of social anxiety and paranoia. He did not report having experienced any psychotic episodes in the time from assessment to meeting with me for the first time. However, throughout the course of psychological therapy there has been a lack of observed improvement but rather his mental health had been noted to deteriorate with him experiencing more psychotic episodes which seemed to coincide with him being re-prescribed olanzapine. He has been unable to attend therapy consistently recently and therefore I am discharging him from psychological therapy. However I will provide a summary of treatment and my clinical impression below.

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
 Floor K, Argyle House, 3 Lady [REDACTED] Street, Edinburgh EH3 9DR
 0131 220 9920 enquiries@veteransfirstpoint.org.uk www.veteransfirstpoint.org.uk



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2

8 May 2018

Re: Ronald McRobb

Treatment

The plan was to meet on a weekly basis with the purpose of these sessions to use a cognitive behavioural approach with Mr McRobb. This involved psychoeducation on social anxiety, familiarisation with the CBT model and developing more helpful coping strategies such as- breathing techniques and. Unfortunately we were unable to gain momentum with this intervention as a result of missed appointments.

In the latter stages of therapy Mr McRobb failed to attend and contact between us was brief via the telephone, with the last telephone contact on the 5th April 2018. During this telephone call Mr McRobb reported another psychotic episode and that it had lasted for at least two days. Mr McRobb asked for

been confirmed by Mr McRobb directly. However, I was able to explore this further with Mr McRobb and we agreed that at present it was not practical for him to attend psychological therapy. I have since contacted his GP on 4th April 2018 and Dr. [REDACTED] Consultant Psychiatrist to provide an update on these recent developments.

Discharge

As aforementioned Mr McRobb has now been discharged from psychological therapy from the 5th April 2018. Mr McRobb has shown an increased understanding of his social anxiety and has been familiarised to the CBT model, however his psychosis symptoms have increased since the beginning of therapy and he has been unable to engage consistently with psychological therapy. It may be that if his psychotic symptoms are stabilised, there may be benefit to him re-engaging with psychological work.

Mr McRobb is aware that he still has access to the VIP service if he requires through his Peer Support Worker, he can attend drop in between 13:00-15:30pm on Tuesdays-Thursdays.

Should you have any queries or require any further information, please do not hesitate to contact me.

Yours sincerely,

[REDACTED] Kirkpatrick
Counselling Psychologist in training

Cc Ronald McRobb
Dr [REDACTED] Consultant Psychiatrist, Cambridge Street House

Supervised by:
Dr. [REDACTED] Forrest
Clinical Psychologist

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
Floor K, Argyle House, 3 Lady [REDACTED] Street, Edinburgh EH3 9DR
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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 25/05/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (60 years)
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance Date	16/05/2018
Consultant	Dr Deborah J Cooper		

Dear Dr McKechnie

Psychiatric Diagnosis:

1. Psychosis Not Otherwise Specified

Current Psychiatric Medication:

1. Haloperidol 1.5 mg bd
2. Temazepam 10 mg nocte
3. Diazepam 5 mg prn
4. Please commence Mirtazapine 15 mg nocte

I met with Mr McRobb at Cambridge Street House on 16 May 2018.

There have been short lived periods of psychosis, for example where he becomes convinced that people are trying to break into his flat and hears voices where they discuss harming him directly. He describes feeling generally paranoid when out in the street but appears to retain insight into this and there are no clear delusional ideas. Sleep remains problematic, although he gets some sleep with Temazepam. He is leading very limited activity and exercise, spending much of the time inside.

There were no acute risks today, although he does feel he would like more support. Although he has had some input from Veterans First Point, I do think he would benefit from input from the Community Mental Health Team and I am going to ask the Team to consider.

Opinion:

Organic psychosis.

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Plan:

1. I would be grateful if you could add in Mirtazapine to see if this could help with sleep, but also lead to some improvement in his mood.
2. I have organised to see him again myself in a couple of months but will ask the Community Mental Health Team if they will consider assessment for input from the Team.

Kind regards.

Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

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Veterans' First Point Lothian
 Floor K,
 Argyle House
 3 Lady Street
 Edinburgh
 EH3 9DR

Tel: 0131 220 9920

Date: 23rd May 2018

Duty Doctor
 Springwell Medical Group
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Dear Duty Doctor

RE: Psychological Therapy; Ronald McRobb, 8/5 Northcote St, Edinburgh, EH11 2HL, D.O.B 30.12.57

I am writing to update you on Mr McRobb's treatment and engagement with Veterans First Point (V1P). As you will know he was assessed by our service in June 2017 by [REDACTED] Allanson-Oddy, Consultant Psychological Therapist. At this time he presented with a mixed presentation of anxiety and depression in the context of social situations. He also displayed difficulties with social isolation and binge drinking. Mr McRobb reported to me during our initial session that he had been admitted to hospital one month prior assessment following a mild psychotic experience thought to be a reaction to the medication he was taking and mixing this with alcohol. Mr McRobb reported that he believes he has difficulties with paranoia, believing that others are talking about him. Consequently he avoids going outside in the street on his own. He finds public transport difficult and had to travel by taxi to that assessment. Mr McRobb reports feeling anxious and a 'prisoner in his own home'. Following the assessment appointment Mr McRobb was recommended that he be referred to Occupational Therapy within V1P for Individual Placement Support; he was offered a medication review by one of my psychiatry colleagues; he be referred to Erskine's Shoulder to Shoulder project for peer mentoring and he was advised to attend this service's drop in service which runs on Tuesday-Thursday 1:00-3:30pm in order to reduce his social isolation. Mr McRobb was also placed on our psychological therapy waiting list. I initially met with Mr McRobb on the 29th Nov 2017 in order to commence this work. Mr McRobb attended for eight times out of 12 offered appointments.

When I first met Mr McRobb it was evident that he continued to experience difficulties indicative of social anxiety and paranoia. He did not report having experienced any psychotic episodes in the time from assessment to meeting with me for the first time. However, throughout the course of psychological therapy there has been a lack of observed improvement but rather his mental health had been noted to deteriorate with him experiencing more psychotic episodes which seemed to coincide with him being re-prescribed olanzapine. He has been unable to attend therapy consistently recently and therefore I am discharging him from psychological therapy. However I will provide a summary of treatment and my clinical impression below.

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
 Floor K, Argyle House, 3 Lady Street, Edinburgh EH3 9DR
 0131 220 9920 enquiries@veteransfirstpoint.org.uk www.veteransfirstpoint.org.uk



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Treatment

The plan was to meet on a weekly basis with the purpose of these sessions to use a cognitive behavioural approach with Mr McRobb. This involved psychoeducation on social anxiety, familiarisation with the CBT model and developing more helpful coping strategies such as breathing techniques and. Unfortunately we were unable to gain momentum with this intervention as a result of missed appointments.

In the latter stages of therapy Mr McRobb failed to attend and contact between us was brief via the telephone, with the last telephone contact on the 5th April 2018. During this telephone call Mr McRobb reported another psychotic episode and that it had lasted for at least two days. Mr McRobb asked for his [REDACTED] to make contact with the service. [REDACTED]

been confirmed by Mr McRobb directly. However, I was able to explore this further with Mr McRobb and we agreed that at present it was not practical for him to attend psychological therapy. I have since contacted his GP on 4th April 2018 and Dr. [REDACTED] Consultant Psychiatrist to provide an update on these recent developments.

Discharge

As aforementioned Mr McRobb has now been discharged from psychological therapy from the 5th April 2018. Mr McRobb has shown an increased understanding of his social anxiety and has been familiarised to the CBT model, however his psychosis symptoms have increased since the beginning of therapy and he has been unable to engage consistently with psychological therapy. It may be that if his psychotic symptoms are stabilised, there may be benefit to him re-engaging with psychological work.

Mr McRobb is aware that he still has access to the V1P service if he requires through his Peer [REDACTED] he can attend drop in between 13:00-15:30pm on Tuesdays-Thursdays.

Should you have any queries or require any further information, please do not hesitate to contact me.

Yours sincerely,

[REDACTED] Kirkpatrick
Counselling Psychologist in training

L. H.

Supervised by:

Lauren Forrest
Dr. [REDACTED] Forrest
Clinical Psychologist

Cc Ronald McRobb
Dr [REDACTED] Consultant Psychiatrist, Cambridge Street House

Veterans First Point – A one-stop-shop for veterans [REDACTED] Lothian
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Dr S [REDACTED]
Dr N [REDACTED]
Dr S [REDACTED]
Dr E McKechnie

Springwell Medical Centre
39 Ardmillan Terrace.
Edinburgh
EH11 2JL
Tel: 0131 347 1860

Dr C Entwistle
Dr A [REDACTED]
Dr S [REDACTED]
Dr R Torlesse

www.springwellmedical.org.uk

Date as Postmarked

Ronald McRobb
8/5 Northcote Street
Edinburgh
EH11 2HL

Dear Ronald,

I am writing regarding your appointment on Thursday 21st June at 9.10 with Dr Murray.

Unfortunately, Dr Murray is no longer consulting at this time; therefore this appointment has been cancelled. I would be grateful if you could contact the Surgery to re-arrange this appointment.

I apologise for any inconvenience that this may cause.

Kind regards.

Yours sincerely

Lindsay [REDACTED]
Secretary

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NHS Lothian

Cambridge Street House
 577 Cambridge Street
 Edinburgh
 EH1 2DY

Dr McKechnie
 Springwell Medical Group
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Date: 15/08/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth /	30/12/1957 (60 years)
		Age	
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance	02/08/2018
Consultant	Dr Deborah J Cooper	Date	

Dear Dr McKechnie

Psychiatric Diagnosis:

1. Psychosis Not Otherwise Specified

Current Psychiatric Medication:

1. Haloperidol 2 mg bd
2. Mirtazapine 30mg
3. Temazepam 10 mg nocte
4. Zopiclone 7.5 mg nocte
5. Diazepam 5 mg bd

I met with Mr McRobb at Cambridge Street House on 2 August 2018.

He has not felt significant benefit from medication. There has probably been some change with the Haloperidol in that he has not had the same number of intense feelings of paranoia that have previously caused him to retreat to his bathroom with knives from the kitchen. However, he continues to hear frightening hallucinations which say things like get him and tries to be very quiet in his flat to avoid being heard. Mood is described as low. He is describing extrapyramidal side-effects in terms of muscle stiffness and there was evidence of reduced facial reactivity at interview today. No acute risks were identified.

Plan:

1. I think we should try to switch to Quetiapine. This would have the added benefit of providing sedation at night time, an antidepressant effect as well as an antipsychotic effect. I would suggest Haloperidol is reduced by 1mg weekly until stopped. At the same time, he could commence Quetiapine MR 50 mg nocte

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and this could be increased every two to three days to a dose of 400 mg whilst the reduction in Haloperidol proceeds.
2. I suggested we reduce Zopiclone to 3.75 mg for two weeks and then stop. I remain concerned about the amount of benzodiazepines he is prescribed.
3. I will review him again in around three months but he has CPN monitoring from Tracey Johnstone in the meantime.

Kind regards.

Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

Cc Tracey Johnstone, CPN, Cambridge Street House

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Galloway, [REDACTED]

From: [REDACTED]
Sent: 02 August 2018 11:57
To: Clinical GP Springwell Medical Group
Cc: [REDACTED] X
Subject: RM

600086642R McRobb Ronald 30/12/1957 60 Yrs Male Dr [REDACTED] CHI: 3012571450

Hi,
Reviewed in clinic today. Significant EPSE on haloperidol and not much evidence of benefit.
I would be grateful if we could switch to Quetiapine m/r as below. Continue Mirtazapine. Please reduce zopiclone to 3.75mg and stop after 2/52.

Week 1 Haloperidol 2mg mane, 1mg nocte

Week 2 Haloperidol 1mg bd

Week 3 Haloperidol 1mg od and then stop

At the same time, please cross-taper to Quetiapine M/R – commencing 50mg nocte and increasing every 2-3 days up to dose of 400mg. This can begin with the initial reduction in Haloperidol. I think he would be better with a dosette to manage the transition – he is asking if this could be delivered to his home address.

Please get in touch if the above not clear.

Kind regards
Debbie Cooper
Cambridge Street House

• please scan to docman.
ud.

✓ Actioned 218118

Our Values Into Action

Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork

For more information visit: <http://www.nhsllothian.scot.nhs.uk/values>

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Galloway, [REDACTED]

From: [REDACTED] X
Sent: 07 August 2018 09:09
To: Clinical GP Springwell Medical Group
Cc: [REDACTED]
Subject: FW: RM

Importance: High

Dear doctor

Mr McRobb has been in touch to say the pharmacy has not received a prescription for ongoing 15mg Mirtazapine nocte to be included in his dosette box. Please could you amend as per Dr Cooper email below?

Many thanks

[REDACTED]
CPN

From: [REDACTED]
Sent: 02 August 2018 11:57
To: Clinical GP Springwell Medical Group
Cc: [REDACTED] X
Subject: RM

600086642R McRobb Ronald 30/12/1957 60 Yrs Male Dr [REDACTED] J [REDACTED] CHI: 3012571450

Hi,

Reviewed in clinic today. Significant EPSE on haloperidol and not much evidence of benefit.

I would be grateful if we could switch to Quetiapine m/r as below. Continue Mirtazapine. Please reduce zopiclone to 3.75mg and stop after 2/52.

Week 1 Haloperidol 2mg mane, 1mg nocte

Week 2 Haloperidol 1mg bd

Week 3 Haloperidol 1mg od and then stop

At the same time, please cross-taper to Quetiapine M/R – commencing 50mg nocte and increasing every 2-3 days up to dose of 400mg. This can begin with the initial reduction in Haloperidol. I think he would be better with a dosette to manage the transition – he is asking if this could be delivered to his home address.

Please get in touch if the above not clear.

Kind regards

Debbie Cooper

Cambridge Street House

Our Values Into Action

Quality | Dignity and Respect | Care and Compassion | Openness, Honesty and Responsibility | Teamwork

For more information visit: <http://www.nhsllothian.scot.nhs.uk/values>

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NHS Lothian Unscheduled Care Service



Page 1 of 2

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Patient : Ronald Mcrobb	Case No 93850
(Gender: Male) (DOB: 30/12/1957) (Age: 60 years) (CHI: 3012571450)	

Case No 93850	Case Date 08/09/2018 12:34
Emergency Care Summary viewed on case	

Current Address	Home Address (If Different)
8/5 Northcote Street Edinburgh	
EH11 2HL	
Current Phone 07804 894530	Home Phone (If Different)

Case Type Doctor Advice	
Call Origin NHS24	Name Ronald

Reported Condition

NHS 24 Advice by Julie Pender (Clinical Nurse) ()	Triage Start 12:34
SIDE EFFECTS OF MEDICATION	Triage End 17:22
LIGHTHEADED 3HRS	
SHARP PAIN IN HEAD	
DIZZY	

CPN3 CPN (Dr) to phone patient within 2 Hrs

Clinical summary created by: Julie Pender (Clinical Nurse) () {08/09/2018 17:38:17}

Reason for call: SIDE EFFECTS OF MEDICATION

LIGHTHEADED 3HRS

SHARP PAIN IN HEAD

DIZZY

08/09/2018 12:33:49 SHERIDAN, L., SIDE EFFECTS OF MEDICATION: LIGHTHEADED 3HRS SHARP PAIN IN HEAD: DIZZY. Quetiapine 400mg modified-release tablets 1 TABLET ONCE DAILY AT NIGHT ONCE TITRATED UP TO THIS DOSE FROM 50mg. Installments: dispense in dosette.

08/09/2018 17:29:03 PENDER, J., PATIENT FEELING LIGHTHEADED AND DISCONNECTED TODAY FEELING VERY ANXIOUS. RECENT CHANGE OVER IN MEDICATION AND HAS NOW BEEN ON 400MG OF QUETIAPINE FOR APP 7 DAYS AFTER TITRATING UP DOSE. TAKING MERTHAZAPINE AFTER TITRATING UP DOSE... CPN ATTENDS WEEKLY NORMALLY. MOTHERS SBY DRINKING LESS ALCOHOL. RECENTLY. LOOKING FOR ADVISED RE POSSIBLE SIDE EFFECTS. OUTCOME CPN/DR TO CALL WITHIN 2 HOURS NUB TO ARRANGE PLEASE...

Outcome: CPN (Dr) to phone patient within 2 Hrs

Adastra Consult by Essex, [Redacted] [Doc]	Consult Start 18:37
Start Type Doctor Advice	Consult End 18:50
End Type Doctor Advice	

History

medication cross over from haloperidol to quetiapine, no missed doses, taking prescribed dose. Feeling light-headed at times today and slightly dizzy, words slurring slightly and feels detached, no suicidal ideation, describes mood as ok, last alcohol last night (a few shots, Has been decreasing amount over many months.

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.[Redacted]@nhslothian.scot.nhs.uk

Report Statistics:

Report produced by Adastra Version 3 - 08/09/2018 19:22:23

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Page 2 of 2

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Patient : Ronald Mcrobb	Case No 93850
(Gender: Male) (DOB: 30/12/1957) (Age: 60 years) (CHI: 3012571450)	

feeling generally OK and does not feel he needs to see a doctor today. eating ok. no vomiting. no headache. no voices.

Examination**Diagnosis**

side effects medication

Treatment

advised monitor and continue treatment plan and if ongoing side effects to see GP. Clear worsening advice given to call us back if feels worse.

Prescriptions**Informational Outcome(s)**

Discharged With Safety Netting Contact OwnGP -

For LUCS Admin queries please email: admin.LUCS@nhslothian.scot.nhs.uk
For LUCS Clinical queries please email: clinical.LUCS@nhslothian.scot.nhs.uk

Report Statistics:

Report produced by Adastra Version 3 - 03/09/2018 19:22:23

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Result Details

Page 1 of 2

1-3

NHS Lothian SCI Store - Patient Result Report

Report ID: HB160558V

Sample Collected: 25/09/2018 10:33:00

Patient						
Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
RONALD MCROBB	3012571450	30/12/1957	60	ENTWISTLE, [REDACTED]	Springwell Medical Group	

Report Details					
Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source	
given, Not	(REHCONOP) OPD Contact Appointment, REH	HB160558V	Clinical Biochemistry RIE	N/A	
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status	
Blood	25/09/2018 10:33:00	25/09/2018 18:18:00	25/09/2018 19:23:16	Active	

Report

Thyroid function tests				
Description	Value	Range	Unit	Normalcy Notes
TSH	1.6	0.2 - 4.5	mU/L	
Free T4	12	9 - 21	pmol/L	

Liver function tests				
Description	Value	Range	Unit	Normalcy Notes
Bilirubin	6	3 - 21	umol/L	
ALT	29	10 - 50	U/L	
Alk.Phos	80	40 - 125	U/L	

Serum lipids				
Description	Value	Range	Unit	Normalcy Notes
Cholesterol	5.7		mmol/L	A
HDL Chol.	1.3	0.9 - 1.4	mmol/L	
Chol:HDL Ratio	4.4			
LDL Chol.	3.4		mmol/L	A
Triglyceride	2.1	0.8 - 2.1	mmol/L	

Urea and electrolytes				
Description	Value	Range	Unit	Normalcy Notes
Urea	6.5	2.5 - 6.6	mmol/L	
Creatinine	73	64 - 111	umol/L	
Sodium	140	135 - 145	mmol/L	
Potassium	4.9	3.6 - 5	mmol/L	
eGFR (/1.73m2)	>60			

Sample Comments

Dr █████ 48650

Requestor Comments

annual physical health check on antipsychotic medication

<https://wgh-sciweb.luht.scot.nhs.uk/StoreWeb/Restricted/Results/Result.aspx?PatientI...> 17/10/2018

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Result Details

Page 2 of 2

Last 1 users to access this result			
Name	System	Location	Time
TJ14	ZenToolkit	SCLO- ZTKLIVE	10/10/2018 15:59:48

Printed By: [REDACTED] on 17/10/2018 12:16:13

<https://wgh-sciweb.luht.scot.nhs.uk/StoreWeb/Restricted/Results/Result.aspx?PatientI...> 17/10/2018

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Result Details

Page 1 of 1

NHS Lothian SCI Store - Patient Result Report

Report ID: HB160561Y

Sample Collected: 25/09/2018 10:33:00

Patient						
Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
RONALD MCROBB	3012571450	30/12/1957	60	ENTWISTLE,	Springwell Medical Group	

Report Details					
Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source	
given, Not	(REHCONOP) OPD Contact Appointment, REH	HB160561Y	Clinical Biochemistry RIE	N/A	
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status	
Blood	25/09/2018 10:33:00	25/09/2018 18:17:00	26/09/2018 10:23:30	Active	

Report				
HbA1c level				
Description	Value	Range	Unit	Normalcy Notes
HbA1c (IFCC)	42	20 - 41	mmol/mol	R
Sample Comments				
Dr [REDACTED] 48650				
Requestor Comments				
annual physical health check on antipsychotic medication				

Last 1 users to access this result			
Name	System	Location	Time
TJ14	ZenToolkit	SCLO-ZTKLIVE	10/10/2018 15:57:45

Printed By: [REDACTED] on 17/10/2018 12:16:38

<https://wgh-sciweb.luht.scot.nhs.uk/StoreWeb/Restricted/Results/Result.aspx?PatientID=HB160561Y> 17/10/2018

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NHS Lothian

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Mental Health Services

Date: 06/11/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (60 years)
		UHPI	600086642R
Specialty	Adult Mental Health SW CMHT	Attendance Date	25/09/2018
Consultant	Tracey x Johnstone		

Dear Dr McKechnie

Psychiatric Diagnosis:
1. Treatment Resistant Schizophrenia

Current Psychiatric Medication:
1. Quetiapine 300 mg
2. Mirtazapine 30 mg

Plan:
1. Continue current medication.

The above patient attended Cambridge Street House on 25 September 2018 for their annual physical health check screening appointment.

Past Medical History:
Psoriasis, treated with topical cream.

Family History:
Nil

Current Non-Psychiatric Medication:
Topical creams for psoriasis.

Smoking Status:
Ex-smoker, stopped one year ago.

Bowel Function:
Has been experiencing constipation.

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Reproductive Advice (women):
NA

Current Physical Activity:

Observations:
Weight: 84.9 kg
Waist Circumference: 44 cm
Height: 1.63 m
BMI: 31.9 (obese)
Pulse: 104 bpm
Blood pressure: 131/86

Glasgow Antipsychotic Side-Effect Scale (GASS):

Severe: Over the previous week Mr McRobb has felt sleepy during the day a few times, felt drugged or like a zombie once, felt his heart beating irregularly or unusually fast every day, has felt his muscles have been tense or jerky a few times, has felt his hands and arms have been shaky every day, has felt that his legs have been restless or he could not sit still a few times, has been drooling every day, movements or walking have been slower than usual a few times, vision blurry a few times, mouth dry every day, very thirsty and/or passing urine frequently every day, problems getting an erection every day.

ASSIGN Cardiovascular Risk Score:
14 (not high risk).

Blood Results:
FBC: normal
U&Es: normal
LFTs: normal
Lipid Profile: cholesterol 5.7, LDL cholesterol 3.4
HbA1c: 41

Electrocardiograph (ECG) Results:

QTc 421
Heart rate 99 bpm, sinus tachycardia
ECG with sinus tachycardia, otherwise normal

Interventions and Issues for Review:

Mr McRobb is experiencing severe side-effects of his antipsychotics and is particularly distressed by his excessive drooling and dry mouth. It is also notable that he is currently obese and is experiencing some exertional chest pain. We have given him information on how he could increase his exercise and improve his diet. We have also advised him to make an appointment with the GP if his exertional chest pain should continue.

If you have any queries, please do not hesitate to get in touch.

Best wishes.

Yours sincerely

Dr [REDACTED] Burnett
FY2 to Dr [REDACTED]
Specialty Doctor in Psychiatry

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www.edinburghlabmed.co.uk			
Clinical Bacteriology, St John's Hospital, Howden West, LIVINGSTON EH54 6PP			
PIN/CHI: 3012571450 / 3012571450		D.O.B: 30/12/1957	Tel: 01506 523075
Patient: MCROBB, RONALD		Sex: Male	
Report to: Dr [REDACTED]		Taken: 31/10/2018 09:45	
Address: Springwell Medical Centre		Received: 31/10/2018 17:24	
		Clinical Details:	Date Reported: 05/11/2018
		reflux, bloating.	
Lab. Ref. No.: JS075343X Spec.: Faeces			
Helicobacter pylori antigen: Negative			
Authorised by : Background Authorisation for Dr K MacSween			

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McGlinchey, [REDACTED]

From: [REDACTED]
Sent: 03 December 2018 14:31
To: Clinical GP Springwell Medical Group
Subject: RM

600086642R McRobb Ronald 30/12/1957 60 Yrs Male Dr [REDACTED] CHI: 3012571450

Hi,
I'd be grateful if Quetiapine could continue to increase by 50mg increments weekly to dose of 600mg (current dose 400mg)?

Thanks
[REDACTED]
Cambridge Street

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NHS Lothian

Cambridge Street House
577 Cambridge Street
Edinburgh
EH1 2DY

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 05/12/2018

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth /	30/12/1957 (60 years)
		Age	
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance	03/12/2018
		Date	
Consultant	Dr Deborah J Cooper		

Dear Dr McKechnie

Psychiatric Diagnosis:

1. Psychosis Not Otherwise Specified

Current Psychiatric Medication:

1. Quetiapine MR 400 mg nocte
2. Mirtazapine 30 mg
3. Diazepam 5 mg pm
4. Lansoprazole

I met with Mr McRobb at Cambridge Street House on 3 December 2018.

As you know, he is seeing Tracey Johnstone (CPN) on a fortnightly basis and also attends the Practice regularly for review. Overall, he could see a very slight improvement on Quetiapine and feels that his voices are quieter. They continue to take the same form which is that threats are made towards him and understandably he finds these distressing. Unfortunately, his daily activity is even more limited at the current time which is in part due to the closure of the local swimming pool and gym. This is due to reopen again soon and hopefully this will improve his activity levels.

We have had a discussion about the need for him to try and increase his activity and start to tackle some of his mental health in a behavioural way, rather than concentrating just on medication.

Opinion:

Overall, I did see increased reactivity and warmth today and he was more relaxed in demeanour than

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previous meetings. This is the first time I have seen any great response to medication (having previously tried Risperidone, Olanzapine and Haloperidol). I think we could continue his Quetiapine, but increase the dose as below.

Plan:

1. Please increase Quetiapine by 50 mg weekly to a dose of 600 mg.
2. I have encouraged him to engage in more activity.
3. I will review him again in around four months.

Kind regards.

Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

Cc Tracey Johnstone, CPN, Cambridge Street House

THIRD PARTY COPY

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McGlinchey, [REDACTED]

From: [REDACTED]
Sent: 03 December 2018 14:31
To: Clinical GP Springwell Medical Group
Subject: RM

600086642R McRobb Ronald 30/12/1957 60 Yrs Male Dr Deborah J Cooper CHI: 3012571450

Hi,
I'd be grateful if Quetiapine could continue to increase by 50mg increments weekly to dose of 600mg (current dose 400mg)?

Thanks
Debbie Cooper
Cambridge Street

50
100
150
200

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 3012571450 / 3012571450	D.O.B: 30/12/1957	Tel: 0131 242 6048 / 6025	
Patient: MCROBB, RONALD	Sex: Male		
Report to: Dr [REDACTED] (GP Reg)	Taken: 29/01/2019 12:31		
Address: Springwell Medical Centre	Received: 29/01/2019 18:00		
Clinical Details:		Date Reported: 31/01/2019	
urinary symptoms.			

Lab. Ref. No.:MU137846A	Spec.:Mid stream urine
Urine culture	
Strep agalactiae Group B greater than 100,000 cfu/ml	
We do not routinely test antibiotic sensitivity for Group B Streptococci in urine. Locally Group B Streptococci are always sensitive to amoxicillin and cefalexin, usually to nitrofurantoin, never to trimethoprim or ciprofloxacin. Most are doxycycline resistant. Cefalexin is regarded as the third choice as it is felt to have a higher risk of C difficile than amoxicillin and nitrofurantoin. Isolate(s) will be held for 7 days. Please consult microbiologist if advice is required	
Authorised by : Background Authorisation for Dr I F Laurensen	

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file

Independent
Assessment
Services

Delivered by Atos

Dr [REDACTED]
Springwell Medical Centre
39 Ardmillan Terrace
EDINBURGH
EH11 2JL

31400

Our address: Independent Assessment
Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: YY383798B

Date: 18th February 2019

PERSONAL INDEPENDENCE PAYMENT

Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mr Ronald Mcrobb**

Date of birth: **30/12/1957**

Address: **8/5 Northcote street, EDINBURGH, EH11 2JL**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form. **Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

When completing your report, please provide information on the following key areas:

- Please advise on medical diagnosis and related restrictions.

You should base your report on your knowledge of the patient and on his records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to [REDACTED] it before it is returned.

OP101

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Registered No. 01245534. VAT No. GB 232327983

Providing
assessment
services on
behalf of

 Department
for Work &
Pensions

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Your GP Factual Report

370884017 2/6

Patient's name & Ref No Mr Ronald Mcrobb

YY383798B

Date when patient last seen by a health professional 12/02/19

Where and by whom

Dr [REDACTED] - SPRINGHILL MEDICAL CENTRE
EDINBURGH.

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
- Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
- It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family
- Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
- Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

Psychosis - remains on antipsychotic medication under the review of psychiatry regularly + GP + CPN
Ongoing auditory hallucinations which patient can find distressing

2. History of condition(s). Include details of any relevant special investigations

Previous care by the psychiatric Intensive Home Treatment Team (IHTT) (alternate to admission to the psychiatry ward)

YY383798B: Mr Ronald Mcrobb

Page 1 of 4

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3. Symptoms and variability

This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.

3/4

Day to day - hallucinations (auditory)
can have paranoid delusions
Ongoing management and
alteration of medication to
improve this

4. Relevant clinical findings

Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.

Socially withdrawn
Struggles to go out.
Can be anxious if hallucinations are
worse.

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5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment ☐ aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

4/8
 Quetiapine MK today nocte → increasing up to
 Mirtazapine 30mg 600mg daily
 Diazepam 5mg PRN

6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- Manage their health conditions and treatment
- Communicate
- Walk or move around
- Get somewhere on their own
- Make simple decisions
- Prepare, ☐ and eat food
- Wash, bathe and use the toilet/ manage incontinence
- Dress and undress

Only include information that has been confirmed by a health professional. Please state if this is not known.

- Has a dosette box to help patient manage his medications
 - Has the frequent contact of a CPN to support patient week to week
 - Can have paranoid thoughts when out alone on the sheets getting from place to place.
 - Walks unaided.

YY383798B: Mr Ronald Mcrobb

Page 3 of 4

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7. Does the patient have a history of threatening or violent behaviour? 5/6

No ☒ Yes ☐ Don't know ☐ *If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9*

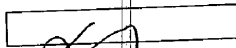
8. Could your patient travel to an assessment centre by public transport or taxi?

Yes ☒ No ☐ Don't know ☐ *If no, please tell us why. Use the space below at Part 9*

9. Additional information
Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. Do not use the section to provide an opinion.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature



Name in capitals

DR MURRAY

Date

25/02/2019

Stamp

SPRINGWELL MEDICAL CENTRE
39 ARDMILLAN TERRACE
EDINBURGH EH11 2JL
TEL: 0131 347 1860
FAX: 0131 347 1861

YY383798B: Mr Ronald Mcrobb

Page 4 of 4

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GP Factual Report Invoice

6/6

To: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Related GP Factual Report

GPFR serial no: 370884017
Date requested: 18th February 2019
DWP ref: YY383798B
Patient's name: Mr Ronald Mcrobb
Date of birth: 30/12/1957
GP/surgery invoice ref: RMc/Robb 30/12/57

Payee details:

Payee name:

Payee name to be the same as the account holder

Surgery name and address:

SPRINGWELL MEDICAL CENTRE
39 ARDMILLAN TERRACE
EDINBURGH EH11 2JL
TEL: 0131 347 1860
FAX: 0131 347 1861

Postcode:

VAT status

☐

VAT registered:

VAT no:

NET amount: £33.50

VAT 20%: £6.70

Total amount: £40.20

☒

Not VAT registered:

Total amount: £33.50

Bank Details (Payment will be made by BACS transfer)

Sort code:

800228

Account no:

00362731

I hereby claim the appropriate fee for completing the above GP factual report

Print name:

DR S. MURRAY

Tel no:

0131 347 1860

Signature:

Date:

20/02/2019

GMC no. of the GP who completed the GPFR (must be completed):

7013340

Authorisation (ATOS USE ONLY) WBS: GB.704471.010.06

GL code: 604102

Print name:

GPFR received:

/ /

Signature:

Payment Approved:

/ /

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DUNEDIN CANMORE

Private and Confidential

Dr [REDACTED]
 Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL

Better homes, better lives

Dunedin Canmore
dunedincanmore.org.uk

Email us
talk@
dunedincanmore.org.uk

Call us
0800 561 0088

24/03/2019

Dear Sir

Mr Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2JL
Dob 30/12/1957

I am writing on behalf of the above who is a tenant with Dunedin Canmore HA I enclose a Signed authorisation. Mr McRobb states he is currently registered with your practice for medical services.

Mr McRobb recently applied to for PIP he was awarded standard rate daily care , but nothing regards mobility . Mr McRobb disagrees with this and has asked for my help to challenge the decision .

[REDACTED] aware that Mr McRobb is under your care for medical treatment could you please confirm his health conditions and how these may affect his daily care or mobility needs.

Mr McRobb states he your under your care for medical treatment could you please confirm his health conditions and how these may affect his daily care or mobility needs and make any other comment you think may be useful

Mr McRobb is on a low income and we have limited resources so we would be unable to meet any fees. Please contact me before proceeding if you propose to charge for a letter. If you would like to discuss my request please do not hesitate to contact me on 624 5724. Thank you very much indeed for your assistance. I have enclosed a self-addressed envelope for your convenience

Yours Sincerely,

Denise Beck
 Veteran Support Co-ordinator
 Dunedin Harbour
 0131 624 5724 denise.beck@dunedincanmore.org.uk



INVESTORS
 IN PEOPLE

EFQM

SIGNATURE

SELF-ADDRESS ENVELOPE



INVESTORS
 IN PEOPLE
 GOOD PRACTICE
 AWARD

Dunedin Canmore Housing Limited, Scottish [REDACTED] No. SC034572. Registered under the Co-operative and Community Benefit Societies Act 2014 - 1823R(S) and with the Scottish Housing Regulator No. 116. A member of the Scottish Federation of Housing Associations. Registered Office: Wheatley House, 25 Cochrane Street, Glasgow, G1 1HL.

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DUNEDIN CANMORE

GROUP

Authorisation Mandate & Data Protection Consent

TO: GP

FROM: Ronald W. McRobb

NAME

ADDRESS 8/5 Wattgate Street

Edinburgh

EH11 2SL

I authorise Denise Beck, Veteran Support co-ordinator / Welfare Rights Officer for homeless Services, to act as my representative. Please provide her with any relevant documents and/or information, including the outcome of my claim. This includes, but is not exclusive to, information regarding claims for Jobseeker's Allowance, Employment and Support Allowance, Personal Independence Payments, Disability Living Allowance, Attendance Allowance, Allowance, Universal Credit, Housing Benefit and Council Tax Reduction.

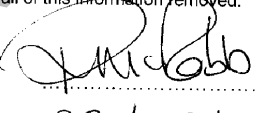
Data Protection Consent

In order to provide the best possible service and to monitor the effectiveness of Dunedin Canmore Housing Association's welfare rights service it is necessary to record information, including sensitive personal data. This information will be recorded in paper case files and in electronic form. We require your consent to store this information.

I give consent for Dunedin Canmore Housing Association to store sensitive personal information in accordance with the provisions of the Data Protection Act 1988.

I further give consent to information, which may include sensitive personal information, being shared with agencies working with me but only when this is necessary and done in pursuit of my legitimate interests.

I understand that I have a right to see information stored about me and that I can choose to have some or all of this information removed.

SIGNATURE: 

DATE: 22/03/2019



INVESTOR IN PEOPLE

Dunedin Harbour Hostel

PART OF THE DUNEDIN CANMORE GROUP

4 Parliament Street, Edinburgh EH6 6EB Tel: 0131-624 5800 Fax: 0131-624 5801
www.dunedincanmore.org.uk

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FAD DR MURRAY

Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 347 1860
Fax: 0131 347 1861

www.springwellmedical.org.uk



1/2
Dr [REDACTED]
Dr [REDACTED] Entwistle
Dr [REDACTED]
Dr [REDACTED]
Dr [REDACTED] Shehzad
Dr [REDACTED]
Dr [REDACTED] Torlesse
Dr [REDACTED] Johns

02 April 2019

Ronald Mcrobb
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL

Dear Mr Mcrobb,

We have been approached by **Dunedin Canmore** asking for **information regarding your health conditions**.

To comply with the new GDPR regulations we require consent from you before we will action this request.

I would be grateful if you could complete the enclosed consent mandate and return this to the Surgery. We will not begin to deal with the request from **Dunedin Canmore** until this is returned to us.

If you have not consented within 6 months we will destroy the request for information from **Dunedin Canmore**.

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

Yours sincerely,

Springwell Medical Centre
Secretary
ENC.



Dr ██████████
Dr ██████████ Entwistle
Dr ██████████ ██████████
Dr ██████████ ██████████
Dr Shehzad ██████████
Dr ██████████ ██████████
Dr ██████████ Torlesse
Dr ██████████ Johns

2/2

Address

RONALD Mc ROBB
3012 1957
85 NORTH COTE STREET DALRY EDINBURGH
EH11 2HL

Company

DENISE BECK (VETERAN SUPPORT) DUNEDIN HARBOUR
4 PARLIAMENT STREET, EDINBURGH EH6 6EB

Signed

Date _____

I ☐ do not wish (please delete as appropriate) to see the report before it is sent to

Company

Return to Secretary at Springwell Medical Centre

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McGlinchey, [REDACTED]

From: [REDACTED]
Sent: 08 April 2019 17:29
To: Clinical GP Springwell Medical Group
Subject: RM

600086642R McRobb Ronald 30/12/1957 61 Yrs Male Dr Deborah J Cooper CHI: 3012571450

Reviewed today – letter to follow.

Could we please add in Setraline 50mg mane, increasing to 100mg after two weeks?

We will see how he gets on with this, but might switch from Mirtazapine. Continue initially.

Thanks
Debbie Cooper
Cambridge Street

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NHS Lothian**Cambridge Street House**
577 Cambridge Street
Edinburgh
EH1 2DYDr McKeachie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL**Date:** 23/04/2019**Outpatient Clinic Letter**

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth /	30/12/1957 (61 years)
		Age	
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance	08/04/2019
		Date	
Consultant	Dr Deborah J Cooper		

Dear Dr McKeachie

Psychiatric Diagnosis:

1. Organic Psychosis

Current Psychiatric Medication:

1. Quetiapine MR 600 mg
2. Mirtazapine 45 mg nocte
3. Diazepam 5 mg prn
4. Zopiclone 7.5 mg prn

I met with Mr McRobb along with my attached medical student and Tracey Johnstone CPN on 8 April 2019.

Whilst he sees no objective improvements, overall I do see some. His psychotic symptoms appear less with no intense episodes where he locks himself in the bathroom because of distress. His voices are quieter. He has been left with quite a lot of anxiety and this is limiting his function to some extent. He has coped fairly well with significant stress related to his ill health.

We have some concern about some weight gain (approximately 5 kg) since commencing Quetiapine. This will be exacerbated by the combination with Mirtazapine and we are having some thoughts about switching as outlined in the plan below. I did wonder whether it would be worthwhile considering prophylactic Metformin for him?

Overall I think things are improving. He remains quite focussed on medication as a solution but did

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engage well in the discussion today about the need for him to get back into exercise and activity.

Plan:

1. I would be grateful if we could add in Sertraline 50 mg once daily in the morning, increasing to 100 mg after two weeks. If this progresses well, then I would suggest consider cross-tapering from Mirtazapine to Sertraline. However, we will assess how he gets on with the initial introduction of this.
2. Ongoing CPN review.
3. Encouraged activity and exercise.
4. I will review him in the autumn.

Kind regards.

Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

Cc Tracey Johnstone, CPN, Cambridge Street House

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Dr McKechnie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 11/09/2019

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (61 years)
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance Date	09/09/2019
Consultant	Dr Deborah J Cooper		

Dear Dr McKechnie

Psychiatric Diagnosis:
1. Organic Psychosis

Current Psychiatric Medication:
1. Quetiapine MR 600 mg
2. Mirtazapine 30 mg nocte
3. Sertraline 100 mg
4. Diazepam 5 mg mane plus 5 mg pm
5. Zopiclone 3.75 mg

I met with Mr McRobb on 9 September 2019 at Cambridge Street House.

His situation has shown limited improvement with medication though I do find him to be warmer and more reactive in clinic. He himself denies there has been any improvement and still feels very anxious. His routine is quite limited whereby he gets out of the house a couple of times a week for practical tasks and tends to use Diazepam to aid this. He is taking Diazepam each morning and then a few other times in the week when he is going out. I am concerned that this use will increase and does negatively impact on his cognition. He also continues to gain weight which is likely contributed to by his medication. There were no acute risks today.

He has made small gains through seeing Tracey Johnstone, CPN, and although I think he finds the contact positive, he has been very reluctant to consider doing concrete work such as anxiety management. With this in mind, Tracey is going to move on to do a Staying Well Plan with him and then

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will likely discharge him back to my clinic. I have repeated his cognitive screening today with the MOCCA assessment in which he scored 23/30 which is static from eighteen months ago.

Plan:

1. I would be grateful if Mirtazapine could reduce by 15 mg every two weeks until stopped.
2. At the same time please continue to escalate Sertraline by 50 mg to a dose of 200 mg, increasing in 50 mg increments every two weeks.
3. To try and limit his Diazepam use I would be grateful if in place of the extra Diazepam he uses for going out-and-about, he could try 25 mg to 50 mg immediate release Quetiapine in its place. Over time I would be hopeful that we would be able to reduce his Diazepam further.
4. I will organise to see him again in February 2020.

Kind regards.

Yours sincerely

Dr Deborah Cooper
Consultant Psychiatrist

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Plan



3012571450 M
MCROBB
Ronald
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL 30/12/1957

- (1) Sertraline will increase
by 50mg every 2 weeks to
200mg
- (2) Mirtazapine will reduce by
15mg every 2 weeks until
stopped
- (3) Try quick-acting Quetiapine 50mg
up to two times a day -
Instead of "extra" draughts.

→ from Dr COOPER
Actioned by SM 10/9/19

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NHS Lothian

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 14/02/2020

Inpatient Discharge Summary

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (62 years)
		UHPI	600086642R
Specialty	AMH Adult Mental Health	Admission Date	01/01/2020
Ward	REH - Merchiston		
Consultant	Dr [REDACTED] M. McConville	Discharge Date	11/02/2020

Dear Dr [REDACTED]

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Aripiprazole Tablets	15 MG	In the MORNING	Long Term	
Enstilar Foam, 1 application, topical		In the MORNING	4 Weeks	for 4 weeks (started 28/1/20) as per dermatology advice. Apply topically to face, scalp & neck
Fluoxetine Capsules	20 MG	In the MORNING	Long Term	
Melatonin (Circadin) M/R	2 MG	At NIGHT	Long Term	

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Tablets				
Zerobase_cream	1 APPLY	TWICE DAILY	Long Term	At 8am and 10pm

DIAGNOSES / PROBLEM LIST
paranoid psychosis

MENTAL HEALTH ACT STATUS
Informal

TREATMENT ON THE WARD

Mr Robb was brought to MHAS by the [REDACTED] last night after approaching his [REDACTED] with a knife. He reported various paranoid beliefs to the [REDACTED] and admitting doctor stating that he had been held hostage, that "terrorists" were planning to "take him out". Very distressed on initial assessment feeling that his safety was under significant threat, stating that gas was being put into his house that was poisonous and that his food was also being poisoned. On admission to the ward Mr McRobb remained suspicious and on edge. Refused to sleep as believed that would be dangerous and instead kept watch.

Mr Robb was restarted on his regular medications on admission, however, his Sertraline was reduced and stopped as it appears to have been played a role in 2x presentations to hospital. Quetiapine was initially increased, however Mr Robb remained paranoid and suspicious so it was decided to cross titrate this with Aripiprazole.

Mr McRobb has psoriasis which was discussed with on-call Dermatology while an in-patient. for psoriasis on face/neck/scalp. They recommended starting Enstilar Foam 1 app daily for up to four weeks and for an urgent dermatology appointment to be arranged, which has been done.

Mr Robb's mental state appeared to improve on Aripiprazole and Fluoxetine. He engaged well with the ward team and utilised pass appropriately. Mr Robb is now stable for discharge.

FUTURE INVESTIGATIONS
Referred for urgent dermatology outpatient appointment

FOLLOW-UP BEING ARRANGED BY HOSPITAL
CMHT

CHANGES TO DRUGS SINCE ADMISSION
Quetiapine stopped
Sertraline stopped
Aripiprazole started and increased to 15mg OM
Fluoxetine started at 20mg OM
Enstilar Foam started as per dermatology advice for psoriasis
Zerobase Cream commenced, BD
Melatonin 2mg commenced at night.

ALLERGIES / ADVERSE DRUG REACTIONS
Diclofenac

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

DRIVING ADVICE GIVEN: Written/Verbal/Doesnt Drive/Not Done

GP PLEASE CONSIDER THE FOLLOWING

NAME:

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DESIGNATION:

This is an immediate discharge letter and a further letter may follow.

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 05/03/2020

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (62 years)
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance Date	10/02/2020
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Mr McRobb's appointment was cancelled on 10th February 2020 as he is currently an inpatient in the Royal Edinburgh Hospital.

I will send him out a further appointment and he is likely to be followed up by IHTT on discharge. Failing that, CPN Tracey Johnston will make contact.

Yours sincerely,

Dr [REDACTED]
Consultant Psychiatrist

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Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Merchiston Ward
Royal Edinburgh Building
Royal Edinburgh Hospital
Morningside Terrace
Edinburgh
EH10 5HF

Date Rec'd: 5th March 2020
Date Typed: 6th March 2020
CHI: GJ/KW/136531
Our Ref: 3012571450

Enquiries to: Shona Lobban
Direct Line: 0131 286 9149

Dear Dr [REDACTED]

Re: Ronald McRobb DOB: 30/12/1957
8/5 Northcote Street, Edinburgh, EH11 2HL

Date of Admission:	01/01/20
Date of Discharge:	11/02/20
Hospital Consultant:	Dr [REDACTED] McConville
Legal Status in Hospital:	Informal
Legal Status on Discharge:	Informal
Suspension of Hospital Stay:	Nil
Diagnoses:	Psychosis Social phobia
Medication on Discharge:	Aripiprazole 15 mg in the morning Fluoxetine 20 mg in the morning Melatonin (Circadin) M/R 2 mg at night Enstilar Foam 1 application topical in the morning for four weeks, apply topically to face, scalp and neck Zerobase cream 1 application twice daily at 8.00am and 10.00pm
Community Consultant and Team:	Dr [REDACTED] CPN [REDACTED]
Follow Up Arrangements:	CPN, [REDACTED]

Presenting complaint and circumstances of admission

Mr McRobb presented after stating the he believed that he was being held captive. Mr McRobb was brought in by the [REDACTED] to the Royal Edinburgh Hospital after going upstairs to his [REDACTED] home whilst brandishing a kitchen knife. His [REDACTED] was able to shut the door and phone the [REDACTED]. When [REDACTED] arrived they found Mr McRobb calm and amenable to coming with them to MHAS although he was wearing handcuffs on arrival. Mr McRobb reported various paranoid beliefs to the [REDACTED] and to the admitting doctor. He stated that he had been held hostage and that "terrorists" were planning to "take him out". He was very distressed on initial assessment feeling that his safety was under significant threat. He also stated that gas was being put into his house that was poisonous and that his food had also been poisoned. Mr McRobb stated that the terrorists had got mixed up between him and another Ronald McRobb who are both veterans. Mr McRobb stated that he knew they were after him as four weeks ago he saw a white van parked outside. The delivery driver who was delivering food to him at the same time looked up suddenly whilst standing at the door. Mr McRobb was watching through the keyhole and knew that people were there. Mr McRobb reported he held up the house for 33 days as he did not feel safe. He had also discouraged his [REDACTED] from visiting him as he was extremely worried his [REDACTED] would get killed.

Ronald McRobb DOB: 30/12/1957

Page 1 of 4

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Sertraline
Quetiapine modified release

Past psychiatric history
Mr McRobb was first referred to IHTT in February 2017 with psychotic symptoms and thoughts of being poisoned. He also had sleep disturbance. The plan in February 2017 was to continue Olanzapine and Diazepam was also initiated. He was advised to abstain from alcohol. He was also to be followed up with Veterans First Point. When First Point assessed him they felt it was a mix of anxiety, depression, ongoing alcohol misuse and he was referred to psychology. He was started on Risperidone by the psychology team at First Point as Olanzapine was making him dizzy. He was then seen by Dr [REDACTED] in February 2018. It was felt that he was having brief psychotic episodes linked with poor sleep and alcohol misuse. The Olanzapine was increased before trying Haloperidol in April 2018 and then Quetiapine in August 2018 with good effect. The voices became quieter once on Quetiapine. The Mirtazapine he had initially been put on was switched to Sertraline in April 2019 due to concerns with weight gain on a combination of Mirtazapine and Quetiapine. Mr McRobb was also prescribed Diazepam for anxiety symptoms but Mr McRobb felt he was becoming dependent on the Diazepam. It has been withdrawn slowly over the two months leading up to admission to hospital with an accompanying increase in Quetiapine. Mr McRobb had MoCA's in 2018 and 2019 and both scores were 23 out of 30.

Past medical history
McRobb has a history of severe psoriasis and he has been seen by the dermatology at Lauriston Place.

Family history
Nil family history noted.

Personal history

Mr McRobb was born in Edinburgh but grew up in a Children's Home in North Berwick after [REDACTED] [REDACTED].
[REDACTED]
[REDACTED]

[REDACTED] him. Mr McRobb met his [REDACTED] around 30 years ago after she made contact with him because they were seen near [REDACTED] since. Mr McRobb reports a good life in the children's Home with structure and routine. He enjoyed [REDACTED] with only occasional bullying and said he knew how to take care of himself. Upon leaving [REDACTED] Mr McRobb did a couple of jobs before joining the Army when he was in his 20s and enjoyed it especially the regimented nature. He left after 12 years as he was being posted to Germany and [REDACTED] [REDACTED].

[REDACTED]

d [REDACTED] rt. Mr McRobb separated from his [REDACTED] in [REDACTED] Since leaving the Army Mr McRobb has had different jobs the last being in an oilcake factory from which he was made redundant last year.

Mental state on admission

Mr McRobb was dressed in pyjamas with a white t-shirt and housecoat. He sat during the interview with his hands cuffed on. He appeared older than his years with white hair, glasses and heavily tattooed arms. He was easy to engage with and had intense eye contact. He had a relaxed manner with a normal level of psychomotor activity although later on, on the ward, he was pacing and staring at the ceiling voicing concerns of people on the roof.

Speech - Mr McRobb had a normal rate, rhythm and volume to his speech which became quicker when talking about his perceived threat otherwise he was conversational. Mr McRobb's mood was rated as low due to recent stress. Objectively though he appeared euthymic. He had a reactive affect. Mr McRobb's thought form was repetitive when speaking about his persecutory delusions and people trying to kill and poison him. He also had delusions of reference regarding the white van in the driveway and people coming to kill him. He had nil formal thought disorder.

Abnormal perceptions - Mr McRobb stated he was able to hear voices from the flat talking about him, how to dispose of his body and also had seen gas coming through the smoke alarm. He also stated that on occasion he had seen three gangsters in his house and heard them but was unsure where they went. On the ward he also reported talking to people who were trying to say "I know where you are".

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Cognitive functioning - Mr McRobb was orientated as to time, place and person with the correct date, day of the week, season and year, address, date of birth and age. He showed good attention and concentration throughout the interview.

Insight - Mr McRobb on admission felt he was physically unwell from inhaling the gas but denied anything else stating that he was "compos mentis". He stated that he was happy to come into hospital on the basis that it was safe and was accepting of his evening medication.

Physical assessment on admission, including results of investigations

1. Cardiovascular - normal
2. Respiratory - normal
3. GI - abdomen descended but soft, no masses nor tenderness on palpation
4. Neurological examination - normal
5. Cranial nerves - normal

It was observed that he has psoriatic plaques seen all over his body but did not report concern with these.

Initial formulation

Mr McRobb had predisposing family history of alcohol problems, alcohol use himself and PTSD. Precipitating causes were social isolation, his use of alcohol and his non-compliance with his medications. Perpetuating again was his non-compliance with his medications, his ongoing alcohol use, his lack of sleep and his lack of engagement with the psychological services.

Progress and treatment on the ward

In hospital Mr McRobb's sleep was good and his appetite was fine. His concentration was also good whilst watching TV and films. At first Mr McRobb continued to state adamantly that "this is really happening to me, part of me wishes this is all not true". He informed staff that he continued to hear the gangsters in the ceiling whispering about him and that this was worse at night. Whilst on the ward his Quetiapine was increased to 600 mg and his Sertraline was reduced to 100 mg. He once used Lorazepam as a second line to oral Quetiapine. He also had daily room checks with a particular focus on cutlery and/or other items designed for self defence. Later on during his time in hospital his Quetiapine was switched to Aripiprazole. Mr McRobb's psoriasis was also discussed with the dermatology team and he was commenced on Enstilar Foam - once a day for four weeks. In late January 2020 he was still showing evidence of paranoia and still had concerns about someone breaking into his flat but his mood was bright and reactive and he was interacting well with staff members and spending time in the communal areas. His Aripiprazole was increased to 15 mg and he was commenced on Fluoxetine. His OT assessment was successful. In early February Mr McRobb felt that he was much better in regard to his psychotic symptoms but still felt anxious. He described his anxiety as a longstanding issue and that he had experienced social anxiety for years prior to admission. He has a very rigid schedule that he keeps to at home and if he has to do something out with his usual plan he will carefully plan a route which will be the quietest with regards to other people. He has unable to travel on trains to visit his children who live five secondary to this anxiety. Later on in his admission he reported initial insomnia and then wakening early around 5am or 6am each day though nursing reports that he is sleeping upon night-time checks. His passes went well although he did feel anxious travelling by himself out with the hospital grounds. He was trialled with Melatonin in order to help his sleep. IHTT came to review Mr McRobb. In the end it was felt that he was not appropriate for IHTT. His next contact was to be CPN.

Mental state on discharge

On discharge Mr McRobb was calm and relaxed. His skin was clear of acne and psoriasis which had bothered him during his admission. He had a jovial manner, he had succinct answers to questions, he was anxious when discussing his discharge and hesitant around moving on but recalled discussions held earlier in the week and was on board with the plan for discharge. His mood was fine on the ward and he was objectively euthymic and appropriately reactive albeit anxious when discussing discharge. He described hearing whispering at night-time but reflects that "it is just me over thinking when I hear people outside talking". He denied any symptoms during the day time and denied delusional ideas pertaining to gangsters. He refers to his time in hospital as "one of my psychotic episodes". He was accepting of the explanation of his anxieties and his unchecked worries and his overvalued ideas evolving into psychosis. His ACE during admission was 96 out of 100.

Ronald McRobb DOR: 30/12/1957

Page 3 of 4

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44.

Risks (including driving) and prognosis

Risks are to himself if not compliant with medication and potential risk to others if becoming psychotic again.

Discharge Planning Meeting and follow up arrangements

Mr McRobb was not seen as appropriate for IHTT therefore his next contact will be [REDACTED] his CPN.

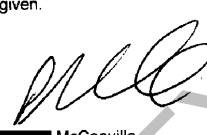
Changes to his drugs since admission -

1. Quetiapine - stopped
2. Sertraline - stopped
3. Aripiprazole - commenced and increased to 15 mg
4. Fluoxetine - started at 20mg
5. Enstilur Foam - started
6. Zerobase Cream - commenced
7. Melatonin - commenced at night

He will also have follow up with CMHT in the community and he has been referred for an urgent dermatology outpatient appointment. Driving advice - not given.

Yours sincerely

Dr Greta Jacobsen
FY2 to Dr McConville


Dr [REDACTED] McConville
Consultant Psychiatrist

Ronald McRobb DOB: 30/12/1957

Page 4 of 4

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University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN



20 FEB 2020

Department of Dermatology

Dr S [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date 18/02/2020
Our Ref 600086642R
CHI 3012571450

Dear Dr [REDACTED]

A COPY OF THE FOLLOWING LETTER HAS BEEN SENT TO YOUR PATIENT:

Patient: McRobb, Ronald **DOB:** 30/12/1957
Address: 8/5 Northcote Street, Edinburgh, Midlothian, EH11 2HL

Dear Mr McRobb

Notification of Removal From the Dermatology Outpatient Waiting List

Specialty: Dermatology

We have recently tried to contact you about your appointment. As we have not heard from you, we had to assume that you no longer required to be seen. We have therefore removed you from our waiting list.

If, however, you think that you still need an appointment then please contact us on the number below. Please be aware that we may not be in a position to offer you another appointment but we will be able to discuss this with you.

Yours sincerely,

Appointments Officer
0131 536 1125

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Orr, Angela

From: [REDACTED] (NHS Lothian) [REDACTED]
Sent: 19 March 2020 11:22
To: Clinical GP Springwell Medical Group
Subject: FAO Duty Dr

Apologies adding to your work:

1) We will deliver 4 weeks MDS each day next week. I have reviewed Mondays patients (with my delivery driver and MDS staff), to ensure patients are competent to receive the extra supply - taking their social and clinical history into account. The one I wanted you to assess for me is Ronald Robb 30/12/57 - I know he's had a recent admission

Thanks

[REDACTED] / Pharmacist Independent Prescriber

Mon, Wed, Thur, Fri - Omnicare Springwell
Tuesday - Polwarth Medical Centre

Omnicare Pharmacy (Springwell)
3 Ardmillan Terrace
Edinburgh EH11 2JN
T: 0131 3371604 F: 0131 3378181
E: Lothian.cp2509@nhs.net

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1/2

Confirmation of Council Tax Status Severely Mentally Impaired Person Form

Parts A, B & C should be completed by, or on behalf of, the liable person. Part D should be completed by a registered medical practitioner. The form should then be returned to the City of Edinburgh Council at the address below.

Part A: Personal details of severely mentally impaired person

Full name: Ronald McRobb

Address: 8/5 Northgate St
Edinburgh

Post code: EH11 2HL

Home phone number: 07804891530

Mobile number: 07804891530

Council tax account number: 95195959019

Email: Ronald.McRobb@3mail.com

The number of adults ☐ the property who are severely mentally impaired ☐

The number of adults ☐ the property who are not severely mentally impaired ☐

Which of these benefits is the person entitled to and when did they start? (please ☐ with X all that apply)

Armed forces independence payment	☐	Start date:	
Attendance allowance	☐	Start date:	
Care component of disability living allowance (payable at the high or middle rate)	☐	Start date:	
Daily living component of personal independence payment	☒	Start date:	<u>16/1/19</u>
Disability element of working tax credit	☐	Start date:	
Employment and support allowance	☒	Start date:	<u>2015</u>
Incapacity benefit	☐	Start date:	
Income support which includes the disability premium	☐	Start date:	
Increased rate in disablement pension (where constant attendance needed)	☐	Start date:	
Severe disablement allowance	☒	Start date:	<u>2015</u>
Unemployability supplement or allowance	☐	Start date:	
The disability element of working tax credit	☐	Start date:	

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2/2

Please enclose evidence of the benefit entitlement. For example, an award letter or letter of entitlement

Part B: Details of person acting on behalf of severely mentally impaired person

Name of person acting on behalf of the severely mentally impaired person:

Denise Beck VSO

Address:

Dunedin Harbour

4 Paterson Street

Post Code: EH6 6ES

Contact phone number: 031 625724

Email: denise.beck@springwell.co.uk

Part C: Declaration

I declare that to the best of my knowledge, the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given.

If awarded a discount or exemption, I will inform you within 21 days of any change in my circumstances affecting the amount of Council Tax payable

Signature:

[Signature]

Date:

05/03/20

Part D: Declaration by a doctor

Does the person detailed in section A, suffer from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent? (please ☒ with X)

Yes ☒ No ☐

Date from which, to your knowledge, the condition has existed: 1995

I declare that to the best of my knowledge, the information given on this form is true and correct.

Signature:

[Signature]

Status:

GP

Date:

31/3/20

Stamp of institution

SPRINGWELL MEDICAL CENTRE
38 ARDMILLAN TERRACE
EDINBURGH EH11 2JL
TEL: 0131 347 1860
FAX: 0131 347 1861

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COVID-19 NEXT OK KIN
(DETAILS GIVEN BY TELEPHONE)

DATE OF CALL: 24/4/20

CALL TAKEN BY: Amc (initials)

PATIENT DETAILS

Forename: RONALD

Surname: MCCROSS

Date of Birth: 30/12/57

Address: 8/5 NORTHGORE ST

GOSW

Postcode: G411 2UL

Phone Number(s): 07804894589

DETAILS

Forename: ROSS

Surname: MCCROSS

Date of Birth: 7/6/82

Address: 36 ~~ST~~ FIDDIEN DRIVE

MURKISTON,

Town/City: LIVINGSTON

Country:

Postcode: G654 9HG

Phone Number(s): 07976805485 OR

Relationship to Patient: SON

DETAILS RECORDED BY: KL (initials) **FILE** (circle when complete)

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McGlinchey, [REDACTED]

From: [REDACTED]
Sent: 18 May 2020 16:50
To: Clinical GP Springwell Medical Group
Cc: [REDACTED] X
Subject: RM

600086642R McRobb Ronald 30/12/1957 62 Yrs Male Dr [REDACTED] CHI: 3012571450

FAO duty doctor

Telephone appt today – letter to follow.
Could you increase Aripiprazole to 20mg, and increase Melatonin to 4mg?
Many thanks
[REDACTED]
Cambridge Street

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NHS Lothian**Cambridge Street House**
577 Cambridge Street
Edinburgh
EH1 2DYDr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 25/05/2020

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth /	30/12/1957 (62 years)
		Age	
		UHPI	600086642R
Specialty	Adult Mental Health SW OPD	Attendance	18/05/2020
Consultant	Dr [REDACTED] J [REDACTED]	Date	

Dear Dr [REDACTED]

Ronald McRobb / CHI 3012571450

Psychiatric Diagnosis:

1. Psychosis.

Current Psychiatric Medication:

1. Aripiprazole 15mg.
2. Fluoxetine 20mg.
3. Mirtazapine 15mg
4. Melatonin Modified Release 2mg, weekly dispensed.

I spoke to Mr McRobb on the telephone on the 18th May 2020. He reports that he continues to struggle with anxiety and voices but on the phone sounded relaxed and actually rather jolly. He reports that he has gained weight and although his main diet sounds relatively reasonable he does snack on deserts. I had no acute cause for concern and overall he sounded fairly stable on the phone. As is typical for him he wants to try some changes in medication and given his ongoing report of voices it would be reasonable to increase the antipsychotic. He has found benefit from Melatonin and so I agreed that he could increase this.

Plan:

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1. Please increase Aripiprazole to 20mg.
2. Please increase Melatonin to 4mg
3. I'll organise to review him in around 6 months.

Yours sincerely

Dr [REDACTED]
Consultant Psychiatrist

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NHS Lothian**Cambridge Street House**
5/7 Cambridge Street
Edinburgh
EH1 2DY**Adult Mental Health SW OPD**Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 07/12/2020

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (62 years)
		UHPI	600086642R
Attendance Date	16/11/2020		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Ronald McRobb / CHI 3012571450

Psychiatric Diagnosis:

1. Psychosis not otherwise specified (currently no evidence of psychotic symptoms).

Current Psychiatric Medication:

1. Aripiprazole 20mg.
2. Fluoxetine 20mg.
3. Mirtazapine 15mg.
4. Please stop Melatonin, not taking.

I met with Mr McRobb for a telephone consultation on the 16th November. Although he describes his chronic difficulties with his mood and anxiety, sleep has improved and he is no

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longer using Melatonin, taking this on an as required basis for anxiety. He was able to accept that it would not be useful in this regard and any effect he was gaining was more likely to be placebo. I've suggested the Melatonin is stopped. He was very mildly anaemic when in the Royal Edinburgh and due to complaints and due to complaints of fatigue and low energy I thought it would be worth checking this. He wonders if he might have low testosterone (something he has had in the past and I suggested I would bring this to your attention as to whether this could be checked).

Plan:

1. No change to medication.
2. I'd be grateful if he could have check of full blood count, U&Es, LFTs, Cholesterol and Glucose. I will leave it to your discretion with regards to the testosterone.
3. I will review him in 6 months.

Yours sincerely

Dr [REDACTED]
Consultant Psychiatrist

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NHS Lothian
Adult Mental Health SW CMHT

Mental Health Services

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 01/02/2021

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (63 years)
		UHPI	600086642R
Attendance Date	26/11/2020		
Consultant	[REDACTED] x [REDACTED]		

Dear Dr [REDACTED]

I am writing to advise of the discharge of Mr Ronald McRobb from the Community Mental Health Team. He will continue to be reviewed by Dr [REDACTED] in her outpatient clinic. He has also been placed on our Fast Track system should he require psychiatry input in the next two years, he will not need a new referral.

Mr McRobb, or [REDACTED] as he likes to be known, was referred to the community mental health team from Dr [REDACTED] in June 2018. There had been a few concerns raised about [REDACTED] mental state, in particular paranoia regarding people coming into his flat to harm him. [REDACTED] had reportedly barricaded himself into his bathroom for days, armed with a knife for protection. Due to reluctance for him to leave his flat, it was agreed longer, more regular assessment was required to try to review the situation.

[REDACTED] engaged with the CMHT on a two week basis and all of his appointments were at his home. [REDACTED] presented as a polite and pleasant older man who was a bit lonely. His accounts of his mental state were all after the fact with variable intensity. There was never any objective evidence of psychosis on review however his accounts would report such. He never contacted

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CambridgeStreet outwith appointments making assessment of psychotic symptoms difficult.

■■■■■ presentation appeared more of low mood and anxiety. ■■■■■ was offered a range of therapeutic therapies - anxiety management, graded exposure with a ■■■■■ and a referral to psychology for cognitive behavioural therapy. However, ■■■■■ declined all of these, saying "they don't work" and opting for medicinal solutions instead. It was repeatedly advised to ■■■■■ that medication alone is not going to change things however he remained firm he did not wish to engage with this work.

■■■■■ found a range of medications intolerable due to side effects and he was tried with various antipsychotic medications and anti depressants. This became the main topic of the appointments and ■■■■■ reluctance to try other suggestions. ■■■■■ became quite dependant on our engagements, enjoying the company but not making much progress in his recovery. Unfortunately, late 2019, ■■■■■ was picked up by the ■■■■■ after going to his ■■■■■ flat with a knife. He was subsequently admitted to the Royal Edinburgh Hospital for further assessment.

During this admission, it appeared that ■■■■■ did indeed experience psychotic symptoms and was noted to be very paranoid and suspicious early into the admission. He was stabilised on effective treatment and discharged back to CMHT. It remains unclear what exactly triggered this episode of illness however there is a suggestion that reintroduction of Sertraline may be the cause. This is the second significant psychotic relapse ■■■■■ has had when Sertraline has been increased. This should be used with caution if ever considered for ■■■■■ in the future.

Following discharge from the REH, ■■■■■ appeared to go back to his baseline mental state. ■■■■■ continued to decline further input or support other than what he has currently. Following discussion with Dr ■■■■■ it was agreed that while ■■■■■ is declining further input, there is no longer a role for the CMHT at this time. ■■■■■ found this very difficult to hear and continually referred to "being dumped". ■■■■■ again was offered psychological input to which he declined. We discussed Fast Track and he engaged minimally in a Staying Well Plan.

■■■■■ would benefit from longer term social support to get him out of his flat and integrate into the community. He would also benefit from some cognitive behavioral therapy/anxiety management to help manage his anxiety symptoms rather than medication. Any future input from services should be time limited and discussed at the beginning with ■■■■■ as he struggled with the disengagement and voiced that he felt abandoned by services.

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Please do not hesitate to contact Cambridge Street House if you have any concerns. Dr [REDACTED] will send him an outpatient appointment in due course.

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Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr █████ Entwistle	
SOURCE: Springwell Medical Centre		SENDER:			
CLIN DETAILS:		Hospital request.			
Date Collected	02/02/18	25/09/18	02/01/20	02/01/20	10/12/20
Time Collected	11:30	10:33	00:26	00:26	10:45
Date Received	02/02/18	25/09/18	02/01/20	02/01/20	10/12/20
Time Received	17:35	18:17	01:36	01:36	13:37
Specimen Number	HR233350	HR121163	HR193467	HB098584	QB707486
Haemoglobin	130-180 g/L	130	136	128	135
Red cell count	4.5-6.5 10 ¹² /L	4.38	4.63	4.41	4.47
Haematocrit	0.40-0.52 ratio	0.393	0.404	0.386	0.397
Mean cell volume	78-98 fL	90	87	88	89
White cell count	4.0-11.0 10 ⁹ /L	6.1	6.0	11.7	7.6
Neutrophil Count	2.0-7.5 10 ⁹ /L	3.33	3.28	9.22	4.28
Lymphocyte Count	1.5-4.0 10 ⁹ /L	1.71	1.87	1.37	2.38
Monocyte Count	0.2-0.8 10 ⁹ /L	0.66	0.67	1.03	0.71
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.28	0.10	0.04	0.09
Basophil Count	0.01-0.1 10 ⁹ /L	0.08	0.07	0.06	0.10
Platelet count	150-400 10 ⁹ /L	273	274	293	286
Vitamin B12	180-2000 ng/L			349	
Serum Folate	2.8-20 ug/L			3.9	

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood
unless otherwise stated.

DATE PRINTED: 11Dec20
TIME PRINTED: 10:00

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU
www.edinburghlabmed.co.uk

Tel: 0131 537 1909

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MORCEB, RONALD	UPI: 3012571450	CHI: 3012571450
DOB: 30/12/1957	SEX: M	CONSULTANT/GP: Dr Sarah [REDACTED] (GP Ref)
SOURCE: Springwell Medical Centre	SENDER:	
CLINICAL DETAILS: please add to previous request.		
Date Collected	20/02/2017	02/02/2018
Time Collected	11:27	11:39
Date Received	20/02/2017	02/02/2018
Time Received	11:54	17:43
Specimen Number	HB167112E	HB167532V
Urea	2.9-6.6 mmol/L	3.5
Creatinine	54-111 µmol/L	63 L
eGFR (1.73m2)	>60	>60
Sodium	135-145 mmol/L	140
Potassium	3.6-5 mmol/L	4.4
TCOL	22-30 mmol/L	31 H
Glucose	mmol/L	4.6
Glucose (Random)	3.9-7.7 mmol/L	5.1
Bilirubin	3-21 µmol/L	6
ALT	10-50 U/L	23
Alk.Phos	90-125 U/L	77
GGT	10-55 U/L	24
Albumin	36-47 g/L	44
Calcium	2.2-2.6 mmol/L	2.40
Adjusted Calcium	2.1-2.6 mmol/L	2.37
Phosphate	0.8-1.4 mmol/L	1.01
Magnesium	0.70-1.08 mmol/L	0.90
Cholesterol	mmol/L	5.3 H
Triglyceride	0.8-2.1 mmol/L	5.7 H
HDL Chol.	0.9-1.9 mmol/L	1.3
LDL Chol.	mmol/L	3.4 H
Chol:HDL Ratio		4.6
HbA1c (IFCC)	20-41 mmol/mol	42 H
Vitamin B12	180-2000 ng/L	230
Serum Folate	2.8-20 µg/L	7.2
Ferritin	20-300 µg/L	286
TSH	0.2-4.9 mU/L	1.8
Free T4	9-21 pmol/L	12
Prolactin	50-500 mU/L	13
Testosterone	10-36 nmol/L	

COMMENTS: Only comments on the most recent result are printed

10/12/2020 QB707540P

DATE PRINTED: 11/12/2020
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MORCEB, RONALD UPI: 3012571450 CHI: 3012571450
DOB: 30/12/1957 SEX: M CONSULTANT/GP: Dr [REDACTED] (GP Ref [REDACTED])
SOURCE: Springwell Medical Centre SENDER:

CLINICAL DETAILS:

please add to previous request.

Date Collected	20/02/2017	02/02/2018	25/09/2018	02/01/2020	10/12/2020
Time Collected	11:27	11:39	10:33	09:26	10:50
Date Received	20/02/2017	02/02/2018	25/09/2018	02/01/2020	10/12/2020
Time Received	11:54	17:43	18:18	01:37	13:36
Specimen Number	HB167112E	HE927532V	HB160558V	HB098585Y	Q8707390P
Urea	2.9-6.6 mmol/L	3.5	8.5	4.3	
Creatinine	54-111 µmol/L	63 L	63 L	73	77
eGFR (1.73m2)	>60	>60	>60	>60.0	>60.0
Sodium	135-145 mmol/L	140	140	138	143
Potassium	3.6-5 mmol/L	4.4	4.1	4.0	4.5
TCOL	22-30 mmol/L	31 H			
Glucose	mmol/L			4.6	
Glucose (Random)	3.9-7.7 mmol/L		5.1		
Bilirubin	3-21 µmol/L		6	6	14
ALT	10-50 U/L		23	29	52 H
Alk.Phos	40-125 U/L		77	89	92
GGT	10-55 U/L		24		35
Albumin	36-47 g/L				44
Calcium	2.2-2.6 mmol/L				2.40
Adjusted Calcium	2.1-2.6 mmol/L				2.37
Phosphate	0.8-1.4 mmol/L				1.01
Magnesium	0.70-1.08 mmol/L				0.90
Cholesterol	mmol/L		5.3 H	5.7 H	6.9 H
Triglyceride	0.8-2.1 mmol/L				2.1
HDL Chol.	0.9-1.9 mmol/L			1.3	1.6 H
LDL Chol.	mmol/L			3.4 H	
Chol:HDL Ratio				4.6	4.3
HbA1c (IFCC)	20-41 mmol/mol			42 H	
Vitamin B12	180-2000 ng/L		230		348
Serum Folate	2.8-20 µg/L		7.2		3.9
Ferritin	20-300 µg/L		286		
TSR	0.2-4.9 µg/L			1.8	1.8
Free T4	9-21 pmol/L			12	13
Prolactin	60-600 mU/L				<25 L
Testosterone	10-36 nmol/L				11.9

COMMENTS: Only comments on the most recent result are printed

10/12/2020 Q8707390P
Low/borderline testosterone. Consider co-existing illness/medication as a cause. Suggest a repeat in one month with sample taken between 8-11 am.

DATE PRINTED: 12/12/2020
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION MEDICAL MICROBIOLOGY SERVICES www.edinburghlabmed.co.uk			
Clinical Bacteriology, Royal Infirmary of Edinburgh 51 Little France Crescent, EDINBURGH, EH16 4SA			
PIN/CHI: 3012571450 / 3012571450	D.O.B: 30/12/1957	Tel: 0131 536 3373 Internal 633373	
Patient: MCROBB, RONALD	Sex: Male		
Report to: Dr Janice W Allister		Taken: 13/04/2021 15:44	
Address: Springwell Medical Centre		Received: 14/04/2021 13:57	
		Date Reported: 15/04/2021	
		Clinical Details:	
Urinary frequency.			
Lab. Ref. No.: MU721277B Spec.: Mid stream urine Urine culture No significant growth Urine samples for culture and sensitivity testing should be sent using red topped boric acid universal containers filled to the fill line. The use of boric acid improves the quality of test results and reduces the number of false positives. If the sample is less than 15ml continue to use a white topped universal. Samples should be refrigerated if there is an anticipated delay in transport.			
Authorised by : Background Authorisation for Dr I F Laurensen For non-urgent microbiology advice please email: gp.microadvice@nhslothian.scot.nhs.uk or to discuss between 9am to 5pm call 0131 536 3373			

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 22/06/2021

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (63 years) 600086642R
Attendance Date	09/06/2021		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Re: Ronald McRobb / CHI 3012571450

Unfortunately [REDACTED] did not attend his appointment at Cambridge Street House on the 9th June. I will send out a further appointment on a routine basis.

Yours sincerely

Dr [REDACTED] MB ChB MRCPsych Approved Medical Practitioner
Consultant Psychiatrist

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 03/11/2021

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (63 years) 600086642R
Attendance Date	15/10/2021		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Unfortunately Mr McRobb cancelled his face to face appointment, requesting a phone appointment. However, I was not able to reach him on the telephone at the time of the appointment. I will send him out another appointment.

Yours sincerely

Electronically checked by Dr [REDACTED]

Dr [REDACTED]
Consultant Psychiatrist
dc/mo

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Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 347 1860
Fax: 0131 347 1861



www.springwellmedical.org.uk

Dr [REDACTED]
Dr [REDACTED] Entwistle
Dr [REDACTED]
Dr Shehzad [REDACTED]
Dr [REDACTED]
Dr [REDACTED] Torlesse
Dr Janice Allister

03 December 2021

Mr Ronald McRobb
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL

Dear Mr McRobb,

You are due a review of your medications; please make a GP appointment in the next couple of weeks for this. Thank you very much.

Yours Sincerely

Dr [REDACTED] Burns
Springwell Medical Centre

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NHS Lothian Unscheduled Care Service OOH Call Incident Report

Call number:	62867	Receive Date:	18-Jan-2022 07:11
Patient's Name:	Ronald Mcrobb		
Date of birth:	30-Dec-1957 (64 years)	Gender:	M
Address:	8/5 Northcote Street Edinburgh	Current Address:	8/5 Northcote Street Edinburgh
	EH11 2HL		EH11 2HL
Return Contact No:			
Tel No:	07804 894530		07804 894530
Mobile No:			
Priority:	Urgent(Within 2 Hours)	Call Origin:	NHS24
Received:	18-Jan-2022 07:11	Calltype:	Doctor Advice
Advised:	07:26	Arrived PCC:	
Final Cons start:	18-Jan-2022 07:34	Final Cons End:	18-Jan-2022 07:41
Consulting Doctor:	Angela [REDACTED]	Own doctor:	Entwistle, [REDACTED] [Doc]

CHI Number:
3012571450

Reported Condition:
DIZZINESS 6 HRS

NHSD details:

Received By - **[REDACTED] Winning (Call Taker Si) ()**
 Triage Start Time - **18-Jan-2022 07:11**
 Triage End Time - **18-Jan-2022 07:26**

Clinical Summary - **Clinical summary created by: [REDACTED] Winning (Call Taker Si) ()**

[18/01/2022 07:26:22]

Reason for call: DIZZINESS 6 HRS

18:01:2022 07:12:08 WINNINGC.. NO COVID SYMPTOMS.. HAD BOOSTER YESTERDAY, FEELING ACHY ALL OVER , HAD NEG PCR YESTERDAY.. HAS EPISODES OF GOING HOT TO COLD.. 18:01:2022 07:24:09 GALEM.. HAD BOOSTER YESTERDAY PHONED WITH DIZZINESS, FEELING ACHY. EPISODES OF HOT AND COLD. FEELING DIZZY. THROAT IS SORE. ADVISED SPEAK TO CLINICAN 1..

Outcome: Speak to clinician within 1 Hr

Questions -

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Algorithm: DECISION SUPPORT

Keyword 1
☒ Dizziness

Do you have fever?
--YES

Keyword selected
☒ DIZZINESS

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

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

Algorithm:

Select the descriptor of the keyword that defines the callers complaint:
(Select one)
☒ Loss of balance

Algorithm: DECISION SUPPORT

Recommended Interim Endpoint
☒ KW Priority 3

Clinical supervision
--YES

Clinical supervisor name
☒ M [REDACTED]

Endpoint Management Selected
--YES

SMS code
☒ 01

SMS code
☒ 94

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Disposition Contact GP Practice within 4 Hours (ASAP)

Final Consultation details:

Consultation Start - 18-Jan-2022 07:34

Consultation Finish - 18-Jan-2022 07:41

Consulting Provider - [REDACTED] A [Doc]

History - 64 year old

had booster yesterday -moderna

feeling unwell since [REDACTED]

feeling dry, aching, feeling a bit dizzy when getting up sweating

negative covid test yesterday

pmh- psychosis

Diagnosis - likely just vaccine side effects

Treatment - advised to take paracetamol -patient doesn't have any in the house but has ibuprofen so will take that
drink plenty of water and rest
worsening advice

Followups:

Discharged With Safety Netting Only

Clinical Codes:

TJ... Adverse Reaction to Drug

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Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB		RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Nurse Elaine Margare			
SOURCE: Springwell Medical Centre		SENDER:					
CLIN DETAILS:		MH annual review ,increased CV					
Date Collected	25/09/18	02/01/20	02/01/20	10/12/20	08/02/22		
Time Collected	10:33	00:26	00:26	10:45	07:36		
Date Received	25/09/18	02/01/20	02/01/20	10/12/20	08/02/22		
Time Received	18:17	01:36	01:36	13:37	13:26		
Specimen Number	HR121163	HR193467	HB098584	QB707486	QB462308		
Haemoglobin	130-180 g/L	136	128	135	142		
Red cell count	4.5-6.5 10^12/L	4.63	4.41	4.47	4.47		
Haematocrit	0.40-0.52 ratio	0.404	0.386	0.397	0.411		
Mean cell volume	78-98 fL	87	88	89	92		
White cell count	4.0-11.0 10^9/L	6.0	11.7	7.6	6.3		
Neutrophil Count	2.0-7.5 10^9/L	3.28	9.22	4.28	3.24		
Lymphocyte Count	1.5-4.5 10^9/L	1.87	1.37	2.38	2.12		
Monocyte Count	0.2-0.8 10^9/L	0.67	1.03	0.71	0.64		
Eosinophil Count	0.04-0.4 10^9/L	0.10	0.04	0.09	0.15		
Basophil Count	0.01-0.1 10^9/L	0.07	0.06	0.10	0.12		
Platelet count	150-400 10^9/L	274	293	286	360		
Vitamin B12	180-2000 ng/L			349			
Serum Folate	2.8-20 ug/L			3.9			
Nucleated RBC count (10^9/L)						0.0	

COMMENTS: Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood unless otherwise stated.

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Tel: 0131 537 1909

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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Nurse Elaine	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: HbA1c for diagnosis MH annual review ,increased CVD risk.					
Date Collected	02/02/2018	25/09/2018	02/01/2020	10/12/2020	08/02/2022
Time Collected	11:30	10:33	00:26	10:50	07:36
Date Received	02/02/2018	25/09/2018	02/01/2020	10/12/2020	08/02/2022
Time Received	17:43	18:18	01:37	13:36	13:29
Specimen Number	HB927532V	HB160558V	HB098595Y	QB707390P	QB462392L
Urea	2.5-6.6 mmol/L	6.5	4.3		
Creatinine	64-111 umol/L	63 L	73	77	81
eGFR (/1.73m2)	ml/min	>60	>60	>60.0	>60
Sodium	135-145 mmol/L	140	140	143	140
Potassium	3.6-5 mmol/L	4.1	4.9	4.0	4.3
Glucose	mmol/L		4.6		
Glucose (Random)	3.8-7.7 mmol/L	5.1			
Bilirubin	3-21 umol/L	6	6	14	6
ALT	10-50 U/L	23	29	52 H	29
Alk.Phos	40-125 U/L	77	80	92	67
GGT	10-55 U/L	24			35
Albumin	36-47 g/L			44	
Calcium	2.2-2.6 mmol/L			2.40	
Adjusted Calcium	2.1-2.6 mmol/L			2.37	
Phosphate	0.8-1.4 mmol/L			1.01	
Magnesium	0.70-1.00 mmol/L			0.90	
Cholesterol	mmol/L	5.3 H	5.7 H	6.9 H	6.3 H
Triglyceride	0.8-2.1 mmol/L		2.1		2.9 H
HDL Chol.	0.9-1.4 mmol/L		1.3	1.6 H	1.3
LDL Chol.	mmol/L		3.4 H		3.7 H
Chol:HDL Ratio			4.4	4.3	4.8
HbA1c (IFCC)	20-41 mmol/mol		42 H		39
Vitamin B12	180-2000 ng/L	230		349	
Serum Folate	2.8-20 ug/L	7.2		3.9	
Ferritin	20-300 ug/L	286			
TSH	0.23-5.6 mU/L				2.0
TSH	0.2-4.5 mU/L		1.6	1.8	
Free T4	9-21 pmol/L		12	13	
Prolactin	60-500 mU/L				<25 L
Testosterone	10-38 nmol/L				11.9

COMMENTS: Only comments on the most recent result are printed

08/02/2022 QB462392L
HbA1c (IFCC) HbA1c is NOT increased.

DATE PRINTED: 09/02/2022
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB:	30/12/1957	SEX: M	CONSULTANT/GP: Nurse Elaine		
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
MH annual review ,increased CVD risk.					
Date Collected	02/02/2018	25/09/2018	02/01/2020	10/12/2020	08/02/2022
Time Collected	11:30	10:33	00:26	10:50	07:36
Date Received	02/02/2018	25/09/2018	02/01/2020	10/12/2020	08/02/2022
Time Received	17:43	18:18	01:37	13:36	13:29
Specimen Number	HB927532V	HB160558V	HB098595Y	QB707390P	QB462392L
Urea	2.5-6.6 mmol/L	6.5	4.3		
Creatinine	64-111 umol/L	63 L	73	69	81
eGFR (/1.73m2)	ml/min	>60	>60	>60.0	>60
Sodium	135-145 mmol/L	140	140	138	143
Potassium	3.6-5 mmol/L	4.1	4.9	4.0	4.3
Glucose	mmol/L			4.6	
Glucose (Random)	3.8-7.7 mmol/L	5.1			
Bilirubin	3-21 umol/L	6	6	14	6
ALT	10-50 U/L	23	29	52 H	29
Alk.Phos	40-125 U/L	77	80	92	67
GGT	10-55 U/L	24			35
Albumin	36-47 g/L			44	
Calcium	2.2-2.6 mmol/L			2.40	
Adjusted Calcium	2.1-2.6 mmol/L			2.37	
Phosphate	0.8-1.4 mmol/L			1.01	
Magnesium	0.70-1.00 mmol/L			0.90	
Cholesterol	mmol/L	5.3 H	5.7 H		6.9 H
Triglyceride	0.8-2.1 mmol/L		2.1		2.9 H
HDL Chol.	0.9-1.4 mmol/L		1.3		1.6 H
LDL Chol.	mmol/L		3.4 H		3.7 H
Chol:HDL Ratio			4.4		4.8
HbA1c (IFCC)	20-41 mmol/mol		42 H		39
Vitamin B12	180-2000 ng/L	230		349	
Serum Folate	2.8-20 ug/L	7.2		3.9	
Ferritin	20-300 ug/L	286			
TSH	0.23-5.6 mU/L				2.0
TSH	0.2-4.5 mU/L		1.6	1.8	
Free T4	9-21 pmol/L		12	13	
Prolactin	60-500 mU/L				<25 L
Testosterone	10-38 nmol/L				11.9

COMMENTS: Only comments on the most recent result are printed

08/02/2022 QB462392L
HbA1c (IFCC) HbA1c is NOT increased.

DATE PRINTED: 09/02/2022
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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McConville, [REDACTED]

From: [REDACTED]
Sent: 18 March 2022 11:30
To: Clinical GP Springwell Medical Group
Subject: FAO duty doctor

Ronald McRobb 3012571450

Telephone review with Ronnie today. Could Fluoxetine please increase to 40mg with Mirtazapine and Aripiprazole continuing unchanged?

He is pretty much staying in house 24/7 now. [REDACTED]
and increased alcohol consumption (around 100 units per week). Not keen to address. I will send another appt out for review in around 6 months.

Thanks

[REDACTED]
Cambridge Street

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NHS Confidential: Personal data about a patient

Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr [REDACTED] A [REDACTED]	
SOURCE: Springwell Medical Centre		SENDER:			
CLIN DETAILS:		tatt joint pains, ,wind.			
Date Collected	02/01/20	02/01/20	10/12/20	08/02/22	05/07/22
Time Collected	00:26	00:26	10:45	07:36	09:00
Date Received	02/01/20	02/01/20	10/12/20	08/02/22	05/07/22
Time Received	01:36	01:36	13:37	13:26	14:42
Specimen Number	HR193467	HB098584	QB707486	QB462308	QB402358
Haemoglobin	130-180 g/L	128	135	142	
Red cell count	4.5-6.5 10^12/L	4.41	4.47	4.47	
Haematocrit	0.40-0.52 ratio	0.386	0.397	0.411	
Mean cell volume	78-98 fL	88	89	92	
White cell count	4.0-11.0 10^9/L	11.7	7.6	6.3	
Neutrophil Count	2.0-7.5 10^9/L	9.22	4.28	3.24	
Lymphocyte Count	1.5-4.5 10^9/L	1.37	2.38	2.12	
Monocyte Count	0.2-0.8 10^9/L	1.03	0.71	0.64	
Eosinophil Count	0.04-0.4 10^9/L	0.04	0.09	0.15	
Basophil Count	0.01-0.1 10^9/L	0.06	0.10	0.12	
Nucleated RBC count (10^9/L)				0.0	
Platelet count	150-400 10^9/L	293	286	360	
ESR	1-10 mm/hr				14
Vitamin B12	180-2000 ng/L		349		
Serum Folate	2.8-20 ug/L		3.9		

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood
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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCGREG, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Nicola A McGregor	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: Suspected Coeliac Patient tatt joint pains, wind.					
Date Collected	25/09/2018	02/01/2020	10/12/2020	08/02/2022	05/07/2022
Time Collected	18:33	08:26	10:50	07:36	09:00
Date Received	25/09/2018	02/01/2020	10/12/2020	08/02/2022	05/07/2022
Time Received	18:18	01:37	13:36	13:29	14:57
Specimen Number	HB160558V	AE098585Y	QB707390P	QB4623921	QB402324B
Urea	2.9-6.6 mmol/L	6.5	4.3		
Creatinine	84-111 umol/L	73	69	77	81
eGFR (1.73m2)	ml/min	>60	>60.0	>60.0	>60
Sodium	135-145 mmol/L	140	138	143	140
Potassium	3.6-5 mmol/L	4.9	4.0	4.3	4.6
Glucose	mmol/L		4.6		
Glucose (Random)	3.8-7.7 mmol/L				4.8
Bilirubin	3-21 umol/L	6	14	6	5
ALT	10-50 U/L	29	52 H	29	35
Alk.Phos	40-125 U/L	80	92	67	79
GGT	10-55 U/L			35	44
Albumin	36-47 g/L		44		
Calcium	2.2-2.6 mmol/L		2.40		
Adjusted Calcium	2.1-2.6 mmol/L		2.37		
Phosphate	0.8-1.4 mmol/L		1.01		
Magnesium	0.70-1.05 mmol/L		0.90		
Cholesterol	mmol/L	5.7 H		6.9 H	6.3 H
Triglyceride	0.8-2.1 mmol/L	2.1			2.9 H
HDL Chol.	0.9-1.9 mmol/L	1.3		1.6 H	1.3
LDL Chol.	mmol/L	3.4 H			3.7 H
Chol:HDL Ratio		4.4		4.3	4.8
HbA1c (IFCC)	20-41 mmol/mol	42 H		39	
Vitamin B12	180-2000 ng/L		349		285
Serum Folate	2.8-20 ng/L		3.9		6.7
Ferritin	20-300 ug/L				356 H
C-Reactive Prot	0-5 mg/L				5
TSH	0.23-5.8 mU/L			2.0	
TSH	0.2-4.5 mU/L	1.6	1.8		
Free T4	9-21 pmol/L	12	13		
Prolactin	60-500 mU/L			<25 L	
Testosterone	10-35 nmol/L			11.9	
Anti-TTG IgA (DS2)					To follow

COMMENTS: Only comments on the most recent result are printed

05/07/2022 QB402324B
Ferritin For interpretation of high ferritin please consult
NHS Lothian Intranet: Healthcare-A-Z-Haematology-
GP Referral guidelines-High Ferritin.

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Department of Laboratory Medicine

Biochemistry, WGH

PATIENT:	MCROBB, RONALD	UPI:	3012571450	REF:	
DOB:	30/12/1957	SEX:	M	CONSULTANT/GP:	Dr [REDACTED] A [REDACTED]
SOURCE:	Springwell Medical Centre	SENDER:			

tatt joint pains, ,wind.

Specimen No. :	QB402349R		
Date Taken :	05/07/2022	Time Taken :	09:00
Date Received :	05/07/2022	Time Received :	14:54

Anti-tTG IgA (DS2)	1.5	U/mL	(0.1 - 5.0) (a)
--------------------	-----	------	-----------------

(a) Coeliac testing NOTES:

1. If patient is on gluten free diet, negative serology does NOT exclude coeliac disease. For details of required gluten intake to ensure an adequate 'gluten challenge' see RefHelp.
2. Positive serology (tTG-IgA >5U/ml or tTG-IgG >10U/ml) is associated with Coeliac Disease but is NOT diagnostic on its own and for all adult patients endoscopic biopsy is required. As such, where serology is positive at any level, please refer to GI and advise NOT to exclude gluten until diagnosis is confirmed or excluded by a Gastroenterologist.
3. Low level positives (tTG-IgA 5 to 10 U/ml) may be false positives and are relatively common.
4. See GI and Paediatric GI pages on RefHelp for further information and advice.

Results obtained from Serum, Plasma or Whole Blood unless otherwise stated.

08/07/2022 07:00

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Tel: 0131 537 1909

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Lindsay, [REDACTED]

From: [REDACTED]
Sent: 12 July 2022 14:48
To: s71082, Secretary's
Subject: FW: Ronald McRobb 30.12.57

File in notes please

Dr [REDACTED]
GP [REDACTED]
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 347 1860

From: [REDACTED]
Sent: 12 July 2022 14:48
To: [REDACTED]
Subject: Ronald McRobb 30.12.57

Hi [REDACTED]

Just a quick note about Ronald who has been c/o significant fatigue and SOB over the past 6mths. We have investigated him here and examination and bloods normal. He said he could not get to an ECG appt so that is the only thing not done. However, Ronald thinks his symptoms may be related to his Mental Health medication - making him exhausted and he said he will d.w you when he sees you in Sept. I did say to him he may need onward ref to General medicine clinic if his fatigue/sob continues and you does not think it is related to medication. He has now cut down on alcohol considerably (now only 2 beer a night).

Kind regards
[REDACTED]

Dr [REDACTED]
GP [REDACTED]
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 347 1860

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 24/10/2022

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (64 years) 600086642R
Attendance Date	23/09/2022		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

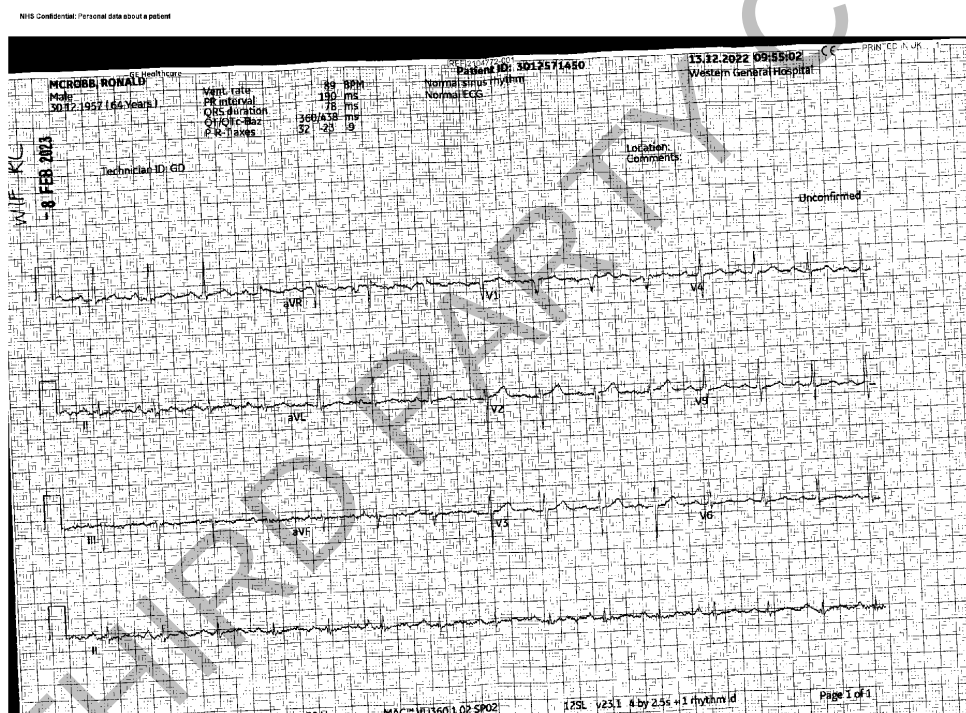
Unfortunately Mr McRobb did not attend his appointment with me on the 23rd September 2022. This follows a series of missed appointments and I am therefore discharging him at the current time.

Yours sincerely

electronically checked by Dr [REDACTED]

Dr [REDACTED]
Consultant Psychiatrist

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RC.
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From: [REDACTED]
Sent: 20 January 2023 11:16
To: Clinical GP Springwell Medical Group
Subject: FAO duty doctor

RE Ronald McRobb 3012571450

Telephone appt today. He's complaining of urinary frequency and incomplete bladder emptying. He says he has a physical check coming up and he would maybe benefit from PSA or glucose/HbA1c?

[REDACTED]

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 14/03/2023

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (65 years) 600086642R
Attendance Date	20/01/2023		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Diagnosis:

1. Previous organic psychosis

Medication:

1. Aripiprazole 20mg
2. Fluoxetine 20mg
3. Mirtazapine 15mg

I had a phone consultation with [REDACTED] on the 20th of January. He cancelled our face to face appointment as he was waiting on a cooker delivery. He reports that things have been fairly consistent with him struggling to leave his home due to anxiety and he links this back to trauma experienced during his time in the Army. He stopped all his medication abruptly at the end of last year; he was worried about weight gain and reported that he was "psychotic" for a few days. He felt as though he was in an alternate reality and a number of his traumatic memories came back to him. I do not think he was assessed during that period. It has helped him realise

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that his medication is more helpful than he thought and is therefore happy to continue it.

He was complaining of fatigue, polyuria and a sensation of incomplete bladder emptying and I suggested he discuss this with you.

I will organise to see him in six months.

Yours sincerely

Electronically checked by Dr [REDACTED]

Dr [REDACTED]
Consultant Psychiatrist
dc/mo

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RC
09 FEB 2023

South West Community Mental Health Team

Dr D [REDACTED] Consultant Psychiatrist
Dr S [REDACTED] Consultant Psychiatrist
Dr M O' [REDACTED] Speciality Doctor in Psychiatry
Dr M, I, [REDACTED] Speciality Doctor in Psychiatry

Dr [REDACTED]
Springwell Medical Centre,
39 Ardmillan Terrace,
Edinburgh,
EH11 2JL

Cambridge Street House

5 Cambridge Street
EDINBURGH
EH1 2DY

TEL: 0131 537 8650/8673
FAX: 0131 537 8655

Date: 7th February 2023
Enquiries to: CMHT Secretary
Direct Line: 0131 537 8650

Dear Dr [REDACTED]

Re: Ronald McRobb (CHI: 3012571450), 8/5 Northcote Street, Edinburgh EH11 2HL

The above patient has been sent the following letter:

You have now been on Fast track with South West Community Mental Health Team for over 2 years and as per protocol we will now be discharging you from our service. This is because you have not needed a referral to; or support or treatment from a Community Mental Health Nurse during this time.

If you feel your needs change and need to be seen by a Community Mental Health Nurse again please contact your GP who can re refer back to our service. I have enclosed information about the Mental Health Information Station, where you can drop in for support and advice also.

If the Practice have any concerns or wish to discuss this further, please do not hesitate to contact the team on one of the contact numbers above, and ask to speak with the Nurse Team Leader.

Yours sincerely



CMHT Secretary

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 08/08/2023

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (65 years) 600086642R
Attendance Date	28/07/2023		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Diagnosis:

1. Previous organic psychosis
2. Chronic generalised anxiety disorder with agoraphobia

Medication:

Aripiprazole 20mg
Fluoxetine 20mg
Mirtazapine 15mg

I had a phone consultation with [REDACTED] on the 28th of July. I had to move the time of the appointment and he reported he was unable to attend in person as a consequence. He very seldomly leaves the house due to feelings of anxiety. Although he is unhappy at being 'a prisoner in my own home' he is reluctant to embark on treatment that would help him tackle this such as graded exposure. Given his lack of exposure to sunlight I did wonder whether he would benefit from vitamin D. He complains of chronic lethargy. I have explained to [REDACTED] that

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his medication has been broadly unchanged for some time now and, if we are making no changes, and indeed if he is not embarking on further treatment, I would probably discharge him back to your care. He will give this some thought between now and our next appointment.

Plan:

1. I would be grateful if he could have a trial of a vitamin D with this added into his blister pack.
2. I will review him in around 9 months.

Yours sincerely,

Electronically checked by Dr [REDACTED]

Dr [REDACTED]
Consultant Psychiatrist in Adult Psychiatry

DC/JC

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Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL
Tel: 0131 347 1860
Fax: 0131 347 1861

www.springwellmedical.org.uk



FILE

Dr [REDACTED]
Dr [REDACTED] Entwistle
Dr [REDACTED]
Dr [REDACTED]
Dr Shehzad [REDACTED]
Dr [REDACTED]
Dr [REDACTED] Torlesse

Clerk of Court
Sheriff Court House
27 [REDACTED] Street
Edinburgh
Midlothian
EH1 1LB

22 January 2024

Dear Clerk of Court,

Re- Mr Ronald Mcrobb
30/12/1957 3012571450
8/5 Northcote Street, Dalry
Edinburgh
EH11 2HL

I hereby certify on soul and conscience that the above patient is suffering from Chronic Generalised Anxiety Disorder with Agoraphobia and is therefore medically unfit to attend Jury Duty and I therefore support the application to be excused on the grounds of ill health.

Yours sincerely

Dr Manvir Multani
Springwell Medical Centre

SPRINGWELL MEDICAL CENTRE
39 ARDMILLAN TERRACE
EDINBURGH EH11 2JL
TEL: 0131 347 1860
FAX: 0131 347 1861

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 10/05/2024

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (66 years) 600086642R
Attendance Date	03/05/2024		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Diagnosis:

1. Organic psychosis
2. Agoraphobia/anxiety

Medication:

1. Fluoxetine 40mg
2. Aripiprazole 20mg
3. Mirtazapine 15mg
4. Vitamin D

I met with [REDACTED] on 3 May. He presents as he usually does albeit it was the first time I had seen him in person for quite some time. He lives quite a restricted lifestyle, staying in the home, as the prospect out is too anxiety provoking. At times he will worry that noise from the [REDACTED] flat is about him but was not clearly meeting the threshold of psychosis today. He retains reactivity of his affect and there were no acute risks today. His sleep is poor and he

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would like to try Melatonin again which I think is reasonable. I would be grateful if this could commence at 2mg nocte and can increase to 4mg if needed.

I will offer him one further appointment but if things remain static with regards to medication he is aware that I will discharge him at that point in time.

Yours sincerely

E-checked by Dr. [REDACTED]

Dr [REDACTED]
Consultant Psychiatrist
dc/mo

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 12/11/2024

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI Date of Birth / Age UHPI	3012571450 30/12/1957 (66 years) 600086642R
Attendance Date	03/05/2024		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

Unfortunately, Mr McRobb cancelled his appointment with me on 08/11/2024. I will send him another.

Yours sincerely,

Electronically checked by Dr. [REDACTED]

Dr. [REDACTED]
Consultant Psychiatrist

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3012571450

[REDACTED]
Thu 13/05/2024 10:15

[REDACTED]
Hello,

We have ordered Melatonin 2mg MR tablets for R.M DoB 30/12/1957 to go out with his dosette .
Can you please confirm if he is staying on this medication? If so, we need a new prescription as soon
as possible.

Thanks,
Omnicare

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RC 31 JUL 2024

Scottish Abdominal Aortic Aneurysm Screening Programme

NHS Lothian
AAA Screening Office
Radiology Corridor Room G6134
Royal Infirmary of Edinburgh
51 Little France Crescent
Edinburgh
EH16 4SA

NHS
SCOTLAND

Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
Edinburgh
EH11 2JL

1125421975

Date 27 Jul 2024

Your ref 3012571450

Office phone number 0131 242 3606

Dear Dr Entwistle

Patient Details	
Name:	RONALD MCROBB
CHI:	3012571450
Address:	8-5 NORTHCOTE ST, EDINBURGH, EH11 2HL

Your patient (details above) was sent an invitation to attend an Abdominal Aortic Aneurysm (AAA) Screening Programme appointment.

He did not attend this appointment and was sent another letter asking him to contact his local screening office to make a new appointment. As he did not get in touch to make another appointment, he has now been discharged from the Screening Programme and informed of this. He can self-refer into the Programme at any point, should he change his mind.

Please refer to the AAA professional pack for more information - available at:
<https://www.publichealthscotland.scot/aaascreening>

Should you have any further questions, please contact the AAA screening office on the telephone number at the top of this letter.

Yours sincerely

Dona Milne Director of Public Health

If you would like more information about the condition and AAA screening, you can contact NHS Inform. Visit the website <https://www.nhsinform.scot/aaascreening>.

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NHS Lothian

Cambridge Street House
5/7 Cambridge Street
Edinburgh
EH1 2DY

Adult Mental Health SW OPD

Dr [REDACTED]
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 27/01/2025

Outpatient Clinic Letter

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	CHI	3012571450
		Date of Birth / Age	30/12/1957 (67 years)
		UHPI	600086642R
Attendance Date	24/01/2025		
Consultant	Dr [REDACTED] J [REDACTED]		

Dear Dr [REDACTED]

I had a telephone appointment with Mr McRobb on 24/1/25. He had requested it to be in this manner, rather than in person.

Things are unchanged over the last few years. An agoraphobic picture is his main challenge. He struggles to leave his home beyond taking the rubbish out and will use taxis for appointments he sees as absolutely essential, for example the dentist for toothache. He is drinking less alcohol now, well within recommended limits, which is positive. He feels he is eating less but has not lost any weight which he attributes to Mirtazapine. Sleep is variable, but there are some nights it is reasonable. There is no current psychosis but he remains quite hypervigilant and worries about being harmed if he leaves his flat. This is easily challenged and he accepts it is not a likely proposition.

[REDACTED] does not want to consider non-pharmacological options to challenge his anxiety. He does want to try and push himself a little more, in his own gradual timing, to try and get out a little more and is going to try and do this moving forward. He does not want to change

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medication and denies side-effects other than the weight gain.

Given the stability in his presentation, albeit his significant anxiety has continued, and lack of change to his treatment, I am going to discharge him presently. Mr McRobb was in agreement with this. Do feel free to refer him back to services should things deteriorate.

Yours sincerely,

Electronically checked by Dr. [REDACTED]

Dr. [REDACTED]
Consultant Psychiatrist

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: MCROBB, RONALD	UPI: 3012571450	CHI: 3012571450
DOB: 30/12/1957	SEX: M	CONSULTANT/GP: Dr Sattar Taghizadeh
SOURCE: Springwell Medical Centre	SENDER:	
CLINICAL DETAILS: annual bloods.		
Date Collected	02/01/2020	10/12/2020
Time Collected	00:26	10:50
Date Received	02/01/2020	10/12/2020
Time Received	01:37	13:36
Specimen Number	HB098585Y	QB707390P
Urea	2.5-6.6 mmol/L	4.3
Creatinine	64-111 umol/L	69
eGFR (/1.73m2)	ml/min	>60.0
Sodium	135-145 mmol/L	138
Potassium	3.6-5 mmol/L	4.0
Glucose	mmol/L	4.6
Glucose (Random)	3.8-7.7 mmol/L	
Bilirubin	3-21 umol/L	14
ALT	10-50 U/L	52 H
Alk.Phos	40-125 U/L	92
GGT	10-55 U/L	35
Albumin	36-47 g/L	44
Calcium	2.2-2.6 mmol/L	2.40
Adjusted Calcium	2.1-2.6 mmol/L	2.37
Phosphate	0.8-1.4 mmol/L	1.01
Magnesium	0.70-1.00 mmol/L	0.90
Cholesterol	mmol/L	6.9 H
Triglyceride	0.8-2.1 mmol/L	2.9 H
HDL Chol.	0.9-1.4 mmol/L	1.6 H
LDL Chol.	mmol/L	3.7 H
Chol:HDL Ratio		4.3
HbA1c (IFCC)		39
Urine Albumin	mg/L	
MicroalbuminACR	0-3.0 mg/mmol	
U. Creatinine	mmol/L	
Vitamin B12	180-2000 ng/L	349
Serum Folate	2.8-20 ug/L	3.9
Ferritin	20-300 ug/L	
C-Reactive Prot	0-5 mg/L	
TSH	0.23-5.6 mU/L	2.0
Free T4	9-21 pmol/L	13
Prolactin	60-500 mU/L	<25 L
Testosterone	10-38 nmol/L	11.9
Anti-tTG IgA (DS2)	0.1-5.0 U/mL	

COMMENTS: Only comments on the most recent result are printed

31/10/2025 HB966301T

DATE PRINTED: 01/11/2025
TIME PRINTED: 11:47

Specimen type is serum, plasma or blood unless otherwise stated

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www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Sattar Taghizadeh	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS:					
annual bloods.					
Date Collected	02/01/2020	10/12/2020	08/02/2022	05/07/2022	31/10/2025
Time Collected	00:26	10:50	07:36	09:00	09:58
Date Received	02/01/2020	10/12/2020	08/02/2022	05/07/2022	31/10/2025
Time Received	01:37	13:36	13:29	14:57	18:22
Specimen Number	HB098585Y	QB707390P	QB462392L	QB402324B	HB966301T
Urea	2.5-6.6 mmol/L	4.3			
Creatinine	64-111 umol/L	69	77	81	87
eGFR (/1.73m2)	ml/min	>60.0	>60.0	>60	>60
Sodium	135-145 mmol/L	138	143	140	140
Potassium	3.6-5 mmol/L	4.0	4.3	4.6	4.3
Glucose	mmol/L	4.6			
Glucose (Random)	3.8-7.7 mmol/L			4.8	
Bilirubin	3-21 umol/L	14	6	5	8
ALT	10-50 U/L	52 H	29	35	29
Alk.Phos	40-125 U/L	92	67	79	76
GGT	10-55 U/L		35	44	28
Albumin	36-47 g/L	44			
Calcium	2.2-2.6 mmol/L	2.40			
Adjustd Calcium	2.1-2.6 mmol/L	2.37			
Phosphate	0.8-1.4 mmol/L	1.01			
Magnesium	0.70-1.00 mmol/L	0.90			
Cholesterol	mmol/L		6.9 H	6.3 H	4.0
Triglyceride	0.8-2.1 mmol/L			2.9 H	2.1
HDL Chol.	0.9-1.4 mmol/L		1.6 H	1.3	1.3
LDL Chol.	mmol/L			3.7 H	1.8
Chol:HDL Ratio			4.3	4.8	3.2
HbA1c (IFCC)				39	To follow
Urine Albumin	mg/L				12
MicroalbuminACR	0-3.0 mg/mmol				0.5
U. Creatinine	mmol/L				26.0
Vitamin B12	180-2000 ng/L	349		288	
Serum Folate	2.8-20 ug/L	3.9		6.7	
Ferritin	20-300 ug/L			356 H	
C-Reactive Prot	0-5 mg/L			5	
TSH	0.23-5.6 mU/L		2.0		
TSH	0.2-4.5 mU/L	1.8			
Free T4	9-21 pmol/L	13			
Prolactin	60-500 mU/L		<25 L		
Testosterone	10-38 nmol/L		11.9		
Anti-tTG IgA (DS2)	0.1-5.0 U/mL			1.5	

COMMENTS: Only comments on the most recent result are printed

31/10/2025 HB966301T

DATE PRINTED: 01/11/2025
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine

Haematology, WGH

PATIENT: MCROBB		RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr Sattar Taghizadeh			
SOURCE: Springwell Medical Centre		SENDER:					
CLIN DETAILS:		annual bloods.					
Date Collected	10/12/20	10/12/20	08/02/22	05/07/22	05/07/22	31/10/25	
Time Collected	10:45	10:45	07:36	09:00	09:00	09:58	
Date Received	10/12/20	10/12/20	08/02/22	05/07/22	05/07/22	31/10/25	
Time Received	13:37	13:37	13:26	14:42	14:54	17:08	
Specimen Number	QB707486	QB707486	QB462308	QB402358	QB402349	QB692894	
Haemoglobin	130-180 g/L	135	142			139	
Red cell count	4.5-6.5 10 ¹² /L	4.47	4.47			4.54	
Haematocrit	0.40-0.52 ratio	0.397	0.411			0.412	
Mean cell volume	78-98 fL	89	92			91	
White cell count	4.0-11.0 10 ⁹ /L	7.6	6.3			7.0	
Neutrophil Count	2.0-7.5 10 ⁹ /L	4.28	3.24			4.26	
Lymphocyte Count	1.5-4.5 10 ⁹ /L	2.38	2.12			1.93	
Monocyte Count	0.2-0.8 10 ⁹ /L	0.71	0.64			0.45	
Eosinophil Count	0.04-0.4 10 ⁹ /L	0.09	0.15			0.23	
Basophil Count	0.01-0.1 10 ⁹ /L	0.10	0.12			0.08	
Nucleated RBC count (10 ⁹ /L)			0.0				
Platelet count	150-400 10 ⁹ /L	286	360			309	
ESR	1-10 mm/hr				14		
Vitamin B12	180-2000 ng/L					288	
Serum Folate	2.8-20 ug/L					6.7	
Ferritin	20-300 ug/L					356	

COMMENTS: Results outwith the reference range are highlighted in BOLD

05/07/22 QB402349R
For interpretation of high ferritin please consult
NHS Lothian Intranet: Directory - A-Z - Haematology
GP Referral guidelines-High Ferritin.

Results obtained from Serum, Plasma or Whole Blood
unless otherwise stated.

DATE PRINTED: 1Nov25
TIME PRINTED: 10:00

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU
www.edinburghlabmed.co.uk

Tel: 0131 537 1909

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LOTHIAN UNIVERSITY HOSPITALS DIVISION
www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB:	30/12/1957	SEX:	M	CONSULTANT/GP:	Dr Sattar Taghizadeh
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: HbA1c for monitoring annual bloods.					
Date Collected	02/01/2020	10/12/2020	08/02/2022	05/07/2022	31/10/2025
Time Collected	00:26	10:50	07:36	09:00	09:58
Date Received	02/01/2020	10/12/2020	08/02/2022	05/07/2022	31/10/2025
Time Received	01:37	13:36	13:29	14:57	18:22
Specimen Number	HB098585Y	QB707390P	QB462392L	QB402324B	HB966301T
Urea	2.5-6.6 mmol/L	4.3			
Creatinine	64-111 umol/L	69	77	81	87
eGFR (/1.73m2)	ml/min	>60.0	>60.0	>60	>60
Sodium	135-145 mmol/L	138	143	140	140
Potassium	3.6-5 mmol/L	4.0	4.3	4.6	4.3
Glucose	mmol/L	4.6			
Glucose (Random)	3.8-7.7 mmol/L			4.8	
Bilirubin	3-21 umol/L	14	6	5	8
ALT	10-50 U/L	52 H	29	35	29
Alk.Phos	40-125 U/L	92	67	79	76
GGT	10-55 U/L		35	44	28
Albumin	36-47 g/L	44			
Calcium	2.2-2.6 mmol/L	2.40			
Adjusted Calcium	2.1-2.6 mmol/L	2.37			
Phosphate	0.8-1.4 mmol/L	1.01			
Magnesium	0.70-1.00 mmol/L	0.90			
Cholesterol	mmol/L		6.9 H	6.3 H	4.0
Triglyceride	0.8-2.1 mmol/L			2.9 H	2.1
HDL Chol.	0.9-1.4 mmol/L		1.6 H	1.3	1.3
LDL Chol.	mmol/L			3.7 H	1.8
Chol:HDL Ratio			4.3	4.8	3.2
HbA1c (IFCC)	20-41 mmol/mol			39	41
Urine Albumin	mg/L				12
MicroalbuminACR	0-3.0 mg/mmol				0.5
U. Creatinine	mmol/L				26.0
Vitamin B12	180-2000 ng/L	349		288	
Serum Folate	2.8-20 ug/L	3.9		6.7	
Ferritin	20-300 ug/L			356 H	
C-Reactive Prot	0-5 mg/L			5	
TSH	0.23-5.6 mU/L			2.0	
TSH	0.2-4.5 mU/L	1.8			
Free T4	9-21 pmol/L	13			
Prolactin	60-500 mU/L		<25 L		
Testosterone	10-38 nmol/L		11.9		
Anti-tTG IgA (DS2)	0.1-5.0 U/mL			1.5	

COMMENTS: Only comments on the most recent result are printed

31/10/2025 HB966301T

DATE PRINTED: 03/11/2025
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, WGH

PATIENT: MCROBB, RONALD		UPI: 3012571450		CHI: 3012571450	
DOB: 30/12/1957		SEX: M		CONSULTANT/GP: Dr [REDACTED] K Mansfield	
SOURCE: Springwell Medical Centre		SENDER:			
CLINICAL DETAILS: LUTS....					
Date Collected	10/12/2020	08/02/2022	05/07/2022	31/10/2025	10/11/2025
Time Collected	10:50	07:36	09:00	09:58	11:14
Date Received	10/12/2020	08/02/2022	05/07/2022	31/10/2025	10/11/2025
Time Received	13:36	13:29	14:57	18:22	17:57
Specimen Number	QB707390P	QB462392L	QB402324B	BB966301T	QB711961A
Creatinine	64-111 umol/L	77	81		87
eGFR (/1.73m2)	ml/min	>60.0	>60		>60
Sodium	135-145 mmol/L	143	140		140
Potassium	3.6-5 mmol/L	4.3	4.6		4.3
Glucose (Random)	3.8-7.7 mmol/L			4.8	
Bilirubin	3-21 umol/L	6	5		8
ALT	10-50 U/L	29	35		29
Alk.Phos	40-125 U/L	67	79		76
GGT	10-55 U/L	35	44		28
Cholesterol	mmol/L	6.9 H	6.3 H		4.0
Triglyceride	0.8-2.1 mmol/L		2.9 H		2.1
HDL Chol.	0.9-1.4 mmol/L	1.6 H	1.3		1.3
LDL Chol.	mmol/L		3.7 H		1.8
Chol:HDL Ratio		4.3	4.8		3.2
HbA1c (IFCC)	20-41 mmol/mol		39		41
Urine Albumin	mg/L				12
MicroalbuminACR	0-3.0 mg/mmol				0.5
U. Creatinine	mmol/L				26.0
Vitamin B12	180-2000 ng/L			288	
Serum Folate	2.8-20 ug/L			6.7	
Ferritin	20-300 ug/L			356 H	
C-Reactive Prot	0-5 mg/L			5	
PSA	0-4 ug/L				0.9
TSH	0.23-5.6 mU/L		2.0		
Prolactin	60-500 mU/L	<25 L			
Testosterone	10-38 nmol/L	11.9			
Anti-tTG IgA (DS2)	0.1-5.0 U/mL			1.5	

COMMENTS: Only comments on the most recent result are printed

10/11/2025 QB711961A

DATE PRINTED: 13/11/2025
TIME PRINTED: 10:58

Specimen type is serum, plasma or blood unless otherwise stated

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23-Jan-2018 *****
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Clinical Letter : MH monitoring first letter

Dr S [REDACTED]
 Dr N [REDACTED]
 Dr S [REDACTED]
 Dr E McKechnie

Springwell Medical Centre
 39 Ardmillan Terrace
 Edinburgh
 EH11 2JL
 Tel: 0131 347 1860
 Fax: 0131 347 1861
www.springwellmedical.org.uk

Dr C Entwistle
 Dr A [REDACTED]
 Dr S [REDACTED]
 Dr R Torlesse

Date as Postmarked

Mr Ronald Mcrobb
 8/5 Northcote Street, Dalry
 Edinburgh
 EH11 2Hl

Dear Mr Mcrobb

As you are or have been receiving care for mental health difficulties we are writing to invite you to attend the practice for your annual review. In this review the nurse will do a physical health check (including blood tests for cholesterol and glucose) and offer advice to improve your health. Females aged 25-64 will be offered the opportunity to have a cervical smear organised if this is due.

Please complete the enclosed care plan sheet and bring it to your appointment. If you are not seen by a psychiatrist or a CPN on a regular basis the nurse will ask you see a GP to discuss your mental health.

You may currently attend hospital about your mental health but it is unlikely they are looking after your physical health as well.

Please make an appointment at the Cardio-Vascular Clinic (this is just the name of the clinic). Please phone in the afternoon as the surgery phonenumber is quieter then.

If it is some years since the severe mental illness has troubled you, and you are currently well and do not wish to have a check up, then please notify us by using the small slip below - either by posting it to us or handing it back into reception in the surgery.

Yours Sincerely

Dr [REDACTED] Entwistle

I confirm that I have had no serious mental health illness for many years and am currently well and do not wish to have a physical health check-up.

Name: _____ Signature: _____

Date: _____

Home Telephone: _____ Mobile Telephone: _____

Height: _____ Current Weight: _____

Current smoking status current smoker / ex-smoker / never smoked

Alcohol Intake – above recommended limits / within recommended limits / tee-total

Checked/updated by: _____

MENTAL HEALTH CARE PLAN - 2015**Please complete and bring with you to your appointment.**

If you have no current mental health support and feel that you need this then please make an appointment to discuss this with the doctor who knows you best.

Do you attend a Hospital Clinic for your Mental Health condition? (circle as appropriate)	Yes/No
If Yes Please give the clinic name	
How often do you attend this clinic?	
Do you currently have a named Community Psychiatric Nurse (CPN) who helps you with your Mental Health	Yes/No
If Yes please provide their name	
How often do you have contact with the CPN?	
Do you have any other type of [redacted] or [redacted] who helps you with your Mental Health or social care needs?	Yes/No
If Yes please provide their name and contact details	
Do you [redacted] Supported Accommodation where there is help for your Mental Health condition?	Yes/No
Are you currently on Injectable Medication for your Mental Health condition? If Yes - where do you attend to have this administered and how often do you have your injection?	Yes/No
What are your main symptoms – do you feel these are well managed. What are the signs that you are becoming unwell. What do you do if this happens?	
Useful contact numbers – it is helpful if we have details for someone you would like us to contact if you become unwell – this could be your [redacted] or someone who looks after you	
[redacted] - please tell us who this is	

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18-Jan-2018

Additional: Scanned Document

SCI Referral Letter :

Filename: 007NA00C.html

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Pages:

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (South West) L Edinburgh Adult Psychiatry
Urgency of referral	Routine
Date of referral	18/01/2018
Date submitted	18/01/2018
UCPN	101015284779Y

PATIENT DETAILS		Contact Details
CHI number:	3012571450	8/5 NORTHCOTE STREET DALRY EDINBURGH EH11 2HL
Name:	MR RONALD MCROBB	Voice(Mobile) : 07804894530
Date of birth:	30/12/1957	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Alasdair [REDACTED] (GMC: 7077737)	Springwell Medical Centre 39 Ardmillan Terrace Edinburgh EH11 2JL
Practice:	Springwell Medical Group (71082)	
Phone:	Voice : 0131 347 1860	

CLINICAL INFORMATION

Reason for Referral: Brief Psychotic episodes

Main Referral: As discussed with Dr [REDACTED]

Text: Dear Dr,

Many thanks for your review of this 60 year old gentleman who describes 2 distinct episodes of paranoia. The first of these occurred between christmas and new year. It was triggered after a period of insomnia. Ronald describes becoming very paranoid and heard voices outside his flat threatening to harm him. This resolved over 3-4 days. However it recurred on friday after not sleeping on thursday night. Over the course of friday he became acutely more paranoid, locking himself in his flat. He describes seeing 3 men outside his window (lives on 2nd floor) discussing ways of harming him. Hid in bath for most of the time and armed himself with large kitchen knife. States that he also heard people on the phone after he called the surgery for an appointment stating they would 'get him on the way to springwell'. Over the past 48hr symptoms have completely resolved, although Ronald is obviously quite distressed about these episodes. he admits to thoughts of suicide over last weekend.

Ronald has a history of similar episodes - see correspondence by IHTT. After this episode 1 year ago he was started on olanzapine, however this was changed to risperidone by Dr [REDACTED] because of perceived lack of benefit (not SE as discussed on the phone - apologies). At this stage he was taking 10mg per day but still having quite anxious paranoid thoughts about leaving th house.

Unfortunately he did not tolerate risperidone due to SE of 'edginess'. At this stage his paranoia had improved so we aimed to treat his anxiety and insomnia. Trial of mirtazepine seemed to be going well until the last month.

Ronald's personal history is noted previously. he currently attends V1P where he sees [REDACTED] kilpatrick (tel no 220 9920) on a weekly basis for CBT. He also volunteers weekly at Gorgie city farm.

I have restarted his olanzapine at 5mg nocte and also given him a course of zopiclone to aid sleep. He will be seeing me next week and at regular intervals for the current time.

Yours Sincerely

Dr Alasdair [REDACTED]

Investigations

Description	Result	Date
Presence of new psychotic symptoms :	true	
Escalating mental health deterioration despite GP intervention :	true	
Risk to employment or education (e.g. requiring time off work) :	true	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>?? Modifier</u>	<u>?? Extension</u>	<u>?? Start Date</u>	<u>?? Date Recorded</u>
Psychotic episode NOS	?? New event	?? F23	?? 07/03/2017	?? 07/03/2017
Psoriasis NOS	?? New event	??	?? 08/12/2015	?? 08/12/2015
Plantar fasciitis	?? New event	??	?? 01/12/2011	?? 01/12/2011
Erectile dysfunction	?? New event	??	?? 14/09/2011	?? 14/09/2011
Chronic depression	??	??	?? 11/01/2011	?? 11/01/2011
Anxiety with depression	??	??	?? 13/10/2010	?? 13/10/2010
H/O: psoriasis	??	??	?? 01/01/1999	?? 01/01/1999
Minor head injury	??	??	?? 04/07/1998	?? 04/07/1998
Other finger injuries unsp.	??	?? finger fracture	?? 20/06/1997	?? 20/06/1997
Neurotic (reactive) depression	??	?? history of	?? 23/10/1995	?? 23/10/1995
Viral warts	??	?? perineal. Recurrent	13/04/13 ?? 11/05/1992	?? 11/05/1992

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>?? Comment</u>	<u>?? Modifier</u>	<u>?? Date Performed</u>	<u>?? Date Recorded</u>
Removal of FB from cornea	??	??	?? 08/05/1990	?? 08/05/1990

Recent medication(Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>?? Formulation</u>	<u>?? Dosage</u>	<u>?? Frequency</u>	<u>?? Course started</u>	<u>?? Duration</u>	<u>?? Last Prescribed Date</u>
Zopiclone 7.5mg tablets	?? tablet	?? 1 TABLET AT NIGHT WHEN REQUIRED	??	?? 18/01/2018	??	?? 18/01/2018
Olanzapine 5mg tablets	?? tablet	?? 1 TABLET AT NIGHT	??	?? 18/01/2018	??	?? 18/01/2018
Lymecycline 408mg capsules	?? capsule	?? ONE TO BE TAKEN DAILY	??	?? 18/12/2017	??	?? 18/12/2017
Mirtazapine 45mg tablets	?? tablet	?? 1 TABLET ONCE A DAY AT NIGHT	??	?? 18/12/2017	??	?? 18/12/2017
Diazepam 5mg tablets	?? tablet	?? 1 TABLET MAXIMUM TWICE DAILY	??	?? 18/12/2017	??	?? 18/12/2017
Otomize ear spray (Teva UK Ltd)	?? ml	?? 1 SPRAY THREE TIMES DAILY INT[more]	??	?? 10/11/2017	??	?? 10/11/2017
Mirtazapine 15mg tablets	?? tablet	?? 2 TABLET ONCE A DAY AT NIGHT	??	?? 06/11/2017	??	?? 06/11/2017
Sodium bicarbonate 5% ear drops	?? ml	?? INSTIL TWICE A DAY FOR 7-10 DAYS	??	?? 06/11/2017	??	?? 06/11/2017
Mirtazapine 15mg tablets	?? tablet	?? 2 TABLET ONCE A DAY AT NIGHT	??	?? 03/11/2017	??	?? 03/11/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:22-Sep-2014

Alcohol history (Encounters):Harmful alcohol use Date recorded:07-Mar-2017

Exercise history (Encounters):Enjoys moderate exercise Date recorded:01-Jan-1900

Patient Weight in Kilograms:80

Patient Height in Metres:1.67

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21-May-2015

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SCI Referral Letter :

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NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	21/05/2015
Date submitted	21/05/2015
UCPN	1010092845068

PATIENT DETAILS		Contact Details	
CHI number:	3012571450	8/5 NORTHCOTE STREET	Voice(Mobile) : 07804894530
Name:	MR RONALD MCROBB	DALRY	
Date of birth:	30/12/1957	EDINBURGH	
Sex:	Male	EH11 2HL	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Ellis McKechnie (GMC: 6065122)	Springwell Medical Centre
Practice:	Springwell Medical Group (71082)	39 Ardmillan Terrace
Phone:	Voice : 0844 477 8712	Edinburgh
		EH11 2JL

CLINICAL INFORMATION

Reason for Referral: Flare of psoriasis

Main Referral Dear Dermatology,

Text:

This 57yo male has been struggling to keep his psoriasis under control for some time now. He has had problems with anxiety over the last few months and has found that during this time he has also lost control of his psoriasis.

He has widespread involvement but the main areas that bother him are his face/neck and his lower leg (particularly his right leg). He finds the appearance of his skin embarrassing and while he is happy to exercise at the gym he avoids the pool.

He is currently using emollients, betnovate and coal tar regularly but this doesn't seem to be helping. He had UVB treatment in 2013 and is keen to be considered for this again.

He is currently taking citalopram for his anxiety and this is starting to have an impact.

Many thanks,

Dr E McKechnie

Investigations

Description	Result	Date
List present treatment(s) :	emollientsBetnovateCoal Tar	
List all previously prescribed treatment(s) :	Responded well to previous UVB therapy	

Pre-existing conditions (High & Medium Priority)

Description	?? Modifier	?? Extension	?? Start Date	?? Date Recorded
Plantar fasciitis	?? New event	??	?? 01/12/2011	?? 01/12/2011
Erectile dysfunction	?? New event	??	?? 14/09/2011	?? 14/09/2011
Chronic depression	??	??	?? 11/01/2011	?? 11/01/2011
Anxiety with depression	??	??	?? 13/10/2010	?? 13/10/2010
H/O: psoriasis	??	??	?? 01/01/1999	?? 01/01/1999
Minor head injury	??	??	?? 04/07/1998	?? 04/07/1998
Other finger injuries unsp.	??	?? finger fracture	?? 20/06/1997	?? 20/06/1997
Neurotic (reactive) depression	??	?? history of	?? 23/10/1995	?? 23/10/1995
Viral warts	??	?? perineal. Recurrent	13/04/13	?? 11/05/1992

Past procedures (High and Medium Priority)

Procedure	?? Comment	?? Modifier	?? Date Performed	?? Date Recorded
Removal of FB from cornea	??	??	?? 08/05/1990	?? 08/05/1990

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
Ollatum cream (GlaxoSmithKline Consumer Healthcare)	?? gram	?? USE AS REQUIRED	??	?? 17/04/2015	??	?? 17/04/2015

Recent medication(Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>?? Formulation</u>	<u>?? Dosage</u>	<u>?? Frequency</u>	<u>?? Course started</u>	<u>?? Duration</u>	<u>?? Last Prescribed Date</u>
Otomize ear spray (Forest Laboratories UK Ltd)	?? ml	?? 1 SPRAY THREE TIMES DAILY	??	?? 21/05/2015	??	?? 21/05/2015
Diazepam 5mg tablets	?? tablet	?? TAKE ONLY WHEN NEEDED FOR ANXIETY	??	?? 21/05/2015	??	?? 21/05/2015
Citalopram 20mg tablets	?? tablet	?? 1 TABLET DAILY	??	?? 21/05/2015	??	?? 21/05/2015
Betamethasone valerate 0.1% scalp application	?? ml	?? APPLY EVERY 2 DAYS TO SCALP	??	?? 17/04/2015	??	?? 17/04/2015
Mometasone 0.1% cream	?? gram	?? APPLY THINLY ONCE DAILY	??	?? 17/04/2015	??	?? 17/04/2015
Betamethasone valerate 0.1% cream	?? gram	?? APPLY AT NIGHT	??	?? 17/04/2015	??	?? 17/04/2015
Diazepam 2mg tablets	?? tablet	?? 1 TABLET AS REQUIRED UP TO 4 [more]	??	?? 17/04/2015	??	?? 17/04/2015
Trazodone 50mg capsules	?? capsule	?? 1 CAPSULE AT NIGHT	??	?? 17/04/2015	??	?? 17/04/2015
Citalopram 10mg tablets	?? tablet	?? 1 TABLET DAILY	??	?? 17/04/2015	??	?? 17/04/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:22-Sep-2014
 Alcohol history (Encounters):Alcohol consumption Date recorded:14-Sep-2011
 Exercise history (Encounters):Enjoys moderate exercise Date recorded:01-Jan-1900
 Patient Weight in Kilograms:80
 Patient Height in Metres:1.67

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07-Dec-2012

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SCI Referral Letter :

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NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	07/12/2012
Date submitted	07/12/2012
UCPN	1010046026113

PATIENT DETAILS		Contact Details
CHI number:	3012571450	8/5 NORTHCOTE STREET DALRY EDINBURGH EH11 2HL
Name:	MR RONALD MCROBB	Voice(Home) : 313-0753
Date of birth:	30/12/1957	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Shehzad Ali (GMC: 6055985)	Springwell Medical Centre 39 Ardmillan Terrace Edinburgh EH11 2JL
Practice:	Springwell Medical Group (71082)	
Phone:	Voice : 0844 477 8712	

CLINICAL INFORMATION

Reason for Referral: Anal skin tags/warts

Main Referral: Many thanks for seeing this gentleman with a history of chronic progressively worsening anal lesions. They appear as skin tags or warts. They are irritant and can bleed. Haemorrhoid creams have been helpful. I believe he has had these operated on in the past but I cannot find any hospital letters with regards this. I would be grateful if you could review him and advise on further management.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>?? Modifier</u>	<u>?? Extension</u>	<u>?? Start Date</u>	<u>?? Date Recorded</u>
Plantar fasciitis	?? New event	??	?? 01/12/2011	?? 01/12/2011
Erectile dysfunction	?? New event	??	?? 14/09/2011	?? 14/09/2011
Chronic depression	??	??	?? 11/01/2011	?? 11/01/2011
Anxiety with depression	??	??	?? 13/10/2010	?? 13/10/2010
H/O: psoriasis	??	??	?? 01/01/1999	?? 01/01/1999
Minor head injury	??	??	?? 04/07/1998	?? 04/07/1998
Other finger injuries unsp.	??	?? finger fracture	?? 20/06/1997	?? 20/06/1997
Neurotic (reactive) depression	??	?? history of	?? 23/10/1995	?? 23/10/1995
Viral warts	??	?? perineal warts	?? 11/05/1992	?? 11/05/1992

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>?? Comment</u>	<u>?? Modifier</u>	<u>?? Date Performed</u>	<u>?? Date Recorded</u>
Removal of FB from cornea	??	??	?? 08/05/1990	?? 08/05/1990

Current medication(Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>?? Formulation</u>	<u>?? Dosage</u>	<u>?? Frequency</u>	<u>?? Course started</u>	<u>?? Duration</u>	<u>?? Last Prescribed Date</u>
Dovobet ointment (Pharma)	?? gram	?? APPLY THINLY DAILY	??	?? 10/07/2012	??	?? 10/07/2012
Neutrogena T/Gel Therapeutic shampoo (Johnson Ltd)	?? ml	?? SHAMPOO AS DIRECTED	??	?? 10/07/2012	??	?? 10/07/2012
E45 crm	?? gram pump	?? APPLY AS NEEDED	??	?? 01/12/2011	??	?? 17/04/2012
E45 emollient wash cream (Forum Health Products Ltd)	?? ml	?? SOAP SUBSTITUTE	??	?? 01/12/2011	??	?? 24/01/2012

Recent medication(Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>?? Formulation</u>	<u>?? Dosage</u>	<u>?? Frequency</u>	<u>?? Course started</u>	<u>?? Duration</u>	<u>?? Last Prescribed Date</u>
Coal tar solution 5% cutaneous emulsion	?? ml	?? APPLY TWICE DAILY	??	?? 07/12/2012	??	?? 07/12/2012
Mometasone 0.1% cream	?? gram	?? APPLY AT NIGHT	??	?? 07/12/2012	??	?? 07/12/2012
Coal tar solution 5% cutaneous emulsion	?? ml	?? APPLY TWICE DAILY	??	?? 15/11/2012	??	?? 15/11/2012
Calcitriol 3micrograms/g ointment	?? gram	?? APPLY TWO TIMES A DAY	??	?? 14/11/2012	??	?? 14/11/2012
Carbo-Dome 10% cream (Sandoz Ltd)	?? gram	?? APPLY ONCE DAILY	??	?? 14/11/2012	??	?? 14/11/2012
Loratadine 10mg tablets	?? tablet	?? 1 TABLET ONCE A DAY	??	?? 14/11/2012	??	?? 14/11/2012
Ibugel Forte 10% gel (Dermal Laboratories Ltd)	?? gram	?? APPLY BOTH KNEES THREE TIMES DAILY	??	?? 14/11/2012	??	?? 14/11/2012
Mometasone 0.1% cream	?? gram	?? APPLY AT NIGHT	??	?? 14/11/2012	??	?? 14/11/2012
Anusol HC ointment (McNeil Products Ltd)	?? gram	?? APPLY TWICE DAILY	??	?? 14/11/2012	??	?? 14/11/2012
Cetirizine 10mg tablets	?? tablet	?? 1 TABLET ONCE A DAY	??	?? 01/11/2012	??	?? 01/11/2012
Calcitriol 3micrograms/g ointment	?? gram	?? APPLY TWO TIMES A DAY	??	?? 01/11/2012	??	?? 01/11/2012
Carbo-Dome 10% cream (Sandoz Ltd)	?? gram	?? APPLY ONCE DAILY	??	?? 01/11/2012	??	?? 01/11/2012
Dithranol 0.1% cream	?? gram	?? APPLY TO LESION AND LEAVE FOR[more]	??	?? 01/11/2012	??	?? 01/11/2012
Betnovate 0.1% scalp application (GlaxoSmithKline UK Ltd)	?? ml	?? AS DIRECTED	??	?? 01/11/2012	??	?? 01/11/2012
Temazepam 10mg tablets	?? tablet	?? 1 TAB AT NIGHT	??	?? 01/11/2012	??	?? 01/11/2012
Anusol HC ointment (McNeil Products Ltd)	?? gram	?? APPLY TWICE DAILY	??	?? 01/11/2012	??	?? 01/11/2012
Omeprazole 20mg gastro-resistant capsules	?? capsule	?? ONE CAPSULE TO BE TAKEN TWO T[more]	??	?? 08/10/2012	??	?? 08/10/2012
Omeprazole 20mg gastro-resistant capsules	?? capsule	?? ONE CAPSULE TO BE TAKEN TWO T[more]	??	?? 26/09/2012	??	?? 26/09/2012
Amoxicillin 500mg capsules	?? capsule	?? TWO CAPSULES TO BE TAKEN TWO [more]	??	?? 26/09/2012	??	?? 26/09/2012
Clarithromycin 500mg tablets	?? tablet	?? ONE TABLET TO BE TAKEN TWO T[more]	??	?? 26/09/2012	??	?? 26/09/2012
Temazepam 10mg tablets	?? tablet	?? 1 TAB AT NIGHT	??	?? 26/09/2012	??	?? 26/09/2012
Propranolol 40mg tablets	?? tablet	?? 1 TABLET EVERY DAY, CAN INCRE[more]	??	?? 20/09/2012	??	?? 20/09/2012
Omeprazole 20mg gastro-resistant capsules	?? capsule	?? 1 CAPSULE ONCE A DAY	??	?? 20/09/2012	??	?? 20/09/2012
Otomize ear spray (Forest Laboratories UK Ltd)	?? ml	?? 1 SPRAY THREE TIMES DAILY	??	?? 20/09/2012	??	?? 20/09/2012

Clinical warnings**Allergies****Description** ?? **Comment**?? **Modifier** ?? **Start Date** ?? **Recorded Date**

H/O: drug allergy ?? [TRUNCATED]Drug code for allergy: Diclofenac 50mg dispersible tablets sugar free, Reaction type: Adverse Effect, ?? ?? ?? 28/02/2011
 code for reaction: H/O: drug allergy [14L.00], Certainty of allergy: Likely, Se

Additional information

Smoking history (Encounters):Current smoker Date recorded:10-Jul-2012
 Alcohol history (Encounters):Alcohol consumption Date recorded:14-Sep-2011
 Exercise history (Encounters):Enjoys moderate exercise Date recorded:1-Jan-1900
 Patient Weight in Kilograms:78
 Patient Height in Metres:1.67

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20-July-2011

Additional:Scanned Document

SCI Referral Letter :

Filename: 007NA003.html

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Pages:

NHS Lothian- Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Endocrinology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	20/07/2011
Date submitted	20/07/2011
UCPN	101002291452S

PATIENT DETAILS		Contact Details
CHI number:	3012571450	8/5 NORTHCOTE STREET DALRY EDINBURGH EH11 2HL
Name:	MR RONALD MCROBB	Voice(Home) : 313-0753
Date of birth:	30/12/1957	
Sex:	Male	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. [REDACTED] Cavaghan (GMC: 6134572)	Springwell Medical Centre 39 Ardmillan Terrace Edinburgh EH11 2JL
Practice:	Springwell Medical Group (71082)	
Phone:	Voice : 0844 477 8712	

CLINICAL INFORMATION

Reason for Referral: hypogonadism

Main Referral Text: This 53 year old man recently attended the GP over concerns about his testosterone levels. He had [REDACTED] in a magazine article about someone who had similar problems as himself and this had been the problem.

He initially attended at the beginning of July with a long history of erectile dysfunction with absent morning erections for many years. He also had felt persistently low in mood and energy and long standing loss of libido.

A check of his morning testosterone levels area attached which are indeed low, LH FSH and prolactin are reduced.

Examination of his testes show normal anatomy with no obvious atrophy nor masses.

I wonder if this gentleman would benefit from testosterone replacement therapy and would value your opinion.

Pre-existing conditions (High & Medium Priority)

Description	?? Modifier	?? Extension	?? Start Date	?? Date Recorded
Chronic depression	??	??	?? 11/01/2011	?? 11/01/2011
Anxiety with depression	??	??	?? 13/10/2010	?? 13/10/2010
H/O: psoriasis	??	??	?? 01/01/1999	?? 01/01/1999
Minor head injury	??	??	?? 04/07/1998	?? 04/07/1998
Other finger injuries unsp.	??	?? finger fracture	?? 20/06/1997	?? 20/06/1997
Neurotic (reactive) depression	??	?? history of	?? 23/10/1995	?? 23/10/1995
Viral warts	??	?? perineal warts	?? 11/05/1992	?? 11/05/1992

Past procedures (High and Medium Priority)

Procedure	?? Comment	?? Modifier	?? Date Performed	?? Date Recorded
Removal of FB from cornea	??	??	?? 08/05/1990	?? 08/05/1990

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
CANESTEN crm 1% ?? gram(s)	??	?? APPLY 1-2 TIMES/DAY	??	?? 23/05/2011	??	?? 18/07/2011

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration	?? Last Prescribed Date
CANESTEN crm 1% ?? gram	??	?? APPLY TWO OR THREE TIMES A DAY	??	?? 05/07/2011	??	?? 05/07/2011
CANESTEN crm 1% ?? gram(s)	??	?? APPLY 1-2 TIMES/DAY	??	?? 23/05/2011	??	?? 23/05/2011
MOVELAT crm ?? gram(s)	??	?? APPLY 3 TIMES/DAY	??	?? 23/05/2011	??	?? 23/05/2011

Clinical warnings

Allergies

Description	?? Comment	?? Modifier	?? Start Date	?? Recorded Date
H/O: drug allergy	?? [TRUNCATED]Drug code for allergy: DICLOFENAC SODIUM disp tab 50mg, Reaction type: Adverse Effect, [REDACTED] code for reaction: H/O: drug allergy [14L..00], Certainty of allergy: Likely, Severity of aller	??	??	?? 28/02/2011

Additional Information

Smoking history (Encounters):Current smoker Date recorded:21-Jul-2010
Alcohol history (Encounters):Heavy drinker - 7-9u/day Date recorded:13-May-1997
Exercise history (Encounters):Enjoys moderate exercise Date recorded:1-Jan-1900
Patient Weight in Kilograms:78
Patient Height in Metres:1.67

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