Subject Access Request

Patient	Ms Laura Prowse
Date of birth	01-Sept-1987 (age 38)
Gender	F
NHS number	6330036306
Patient's address	18 The Oval Whitehaven Cumbria CA28 9TD
Date range selected	Full record
Organisation	MMA Legal
Reference	100880

Problems

Active

16-July-2026 Mrs Caroline Turner (CT3735)
Did not attend
implant removal

26-Jun-2026 Dr Raghavendra Kurkal (RagKurkal)
Haemorrhoids

18-May-2026 Dr Adejiire Odogiyon (a.odogiyon)
Chronic low back pain

24-July-2025 Ms Nicola O'Hare (N.OHare)
Insect bite of lower limb (Left)

16-Nov-2023 Ms Emma Thompson (ET3735)
Minor surgery done - excision

14-Oct-2022 Dr Caroline Bateman (CB)
Pain of knee region (Bilateral)

17-Oct-2016 Dr Fiona C Ironside (FCI3735)
Home visit

17-Oct-2016 Dr Fiona C Ironside (FCI3735)
Telephone encounter

12-Oct-2016 Sister Joanne Eldon (JXE3735)
Patient reviewed

Significant Past

15-Jan-2026 Ms Emma Thompson (ET3735)
Excision of lesion of skin

09-Dec-2024 Ms Jackie Sisson (JZS)
Cyst of ovary (Left)

06-Mar-2022 Miss Eleanor Rose Hope (ERH)
Diverticulitis

21-Sept-2016 Sister Joanne Eldon (JXE3735)
Migraine

Minor Past

13-Nov-2025 Mrs Caroline Turner (CT3735)
Lower abdominal pain

06-Dec-2024 Ms Jackie Sisson (JZS)
Abdominal pain

31-July-2024 Sister Diana Morgan (DXM_)
Infected insect bite
right pinna area, woke up with swollen right ear, red and hot, speading down neck and swollen gland. Feels nausea, no vomiting. Was wild water swimming yesterday and ? bite

14-Oct-2022 Dr Caroline Bateman (CB)
Upset stomach

14-Oct-2022 Dr Caroline Bateman (CB)
Meralgia paraesthetica

03-Sept-2020 Mr Kieran Smith (Kieran.Smith)
Abrasion of foot
Foot injury, Xray normal

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18-Jan-2020 Mrs Jennifer Kennedy (JKEN)
Lower respiratory tract infection

26-Oct-2018 Dr Herath Herath (HH3735)
Low mood

19-Oct-2018 Dr Herath Herath (HH3735)
Sciatica

14-Mar-2017 Dr Nosheen Bhutta (NB12)
Upper respiratory infection NOS

13-Dec-2016 Sister Joanne Eldon (JXE3735)
Chesty cough

07-Mar-2016 Mrs Gillian Hewitson (GH3735)
Cough (Moderate,Continuous)
4 days been abroad and feeling unwell, clammy, aching continuous cough

11-Feb-2014 Dr A Hosp (HOSP_)
MSG:Gynaecological referral

03-Dec-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
MSG:Refer to physiotherapist

08-Apr-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
MSG:Refer to physiotherapist

Consultations

21-July-2026 Ms Janice WROE (J.Wroe) Awaiting clinical code migration to EMIS Web

History	Medical report requested Subject Access Request requested by third party (MMA Legal, Ref: DSAR-20260721-1335FO Client ref: 100880)

17-July-2026 Miss Chloe Laidlow (Chloe.Laidlow) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	NHS 111 report received *NHS 111 Report*

17-July-2026 Dr Raheemat Moshood (R.Moshood) LOWTHER MEDICAL CENTREGP Surgery

History	History Bitten by a housefly yesterday on the right thigh
History	History Thight is red and swollen
History	History Taking antihistamine
History	History Site mildy painful, warm, redness spreaidng
History	History Feels nauseaus
History	History No fever
History	History Similar hx few months ago and ended up getting infected
History	History No allergies or hx of anaph
Examination	Examination red area on the right thigh, warm to touch
Comment	Comment cellulitis. treat with abx, keep an eye and seek urgent care if redness spreading

16-July-2026 Mrs Caroline Turner (CT3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Did not attend implant removal

29-Jun-2026 Miss Clare Bennett (c.bennett) LOWTHER MEDICAL CENTREGP Surgery

Comment	Comment task- colorectal surgery add my consultation
Comment	Comment eref - Referral details Booking reference number 0004 8233 4225 Access code dough lemon
Referral	Referral to colorectal surgeon . *Referral Type: Outpatient*
Document	Referral Letter (29-Jun-2026) *for Referral to colorectal surgeon*

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26-Jun-2026 Dr Raghavendra Kurkal (RagKurkal) LOWTHER MEDICAL CENTREGP Surgery

History	History Summary: - Consultation for long-standing haemorrhoids with recent worsening over past 2/12, now presenting with prolapsed haemorrhoid causing severe pain. Referral to colorectal surgery for assessment and management. Prescribed Scheriproct ointment for symptomatic relief. F2F seen alone. Haemorrhoids with prolapse and severe pain. Consent: - Verbal consent given for use of AI scribe software to document consultation. History: - Long-standing haemorrhoids for "a very long time" - Past 2/12 haemorrhoids have not been excruciating - Current symptoms: severe pain described as "really, really sore" and "like on fire" - Prolapsed haemorrhoid located between anus and vagina - Current management: anusol cream, keeping area clean and dry - Previous consultation with Mr *****, colorectal surgeon at Carlisle, seen at Whitehaven and Workington - PMH: Haemorrhoids - SH: Drives, able to travel for appointments
Comment	Comment Plan: - Referral to colorectal surgery for assessment and management - Requesting quickest available surgeon rather than nearest location - Possible locations: Whitehaven, Carlisle, Hexham, Newcastle - Scheriproct ointment prescribed with painkiller and steroid components - Dispensed to Late Night Pharmacy - Use for 7/7 as directed - Can request further supplies if needed
Problem	Haemorrhoids

18-May-2026 Dr Adejiire Odogiyon (a.odogiyon) LOWTHER MEDICAL CENTREGP Surgery

Problem	Chronic low back pain
History	History Low back pain with sciatica symptoms on the right.
History	History No cauda equina symptoms.
History	History Dull ache in lower back with pain down right thigh, tingling and numbness.
History	History Been on for about 5yrs.
History	History Pain worse as day progresses so can be quite bad at night.
History	History Has changed mattress and pillows.
History	History Has had Codeine, Naproxen, Paracetamol. Most recently Codeine - does not like it, constipates and gives her a bad head.
History	History MRI impression: Mild lower lumbar spine degenerative change but no neural compression demonstrated. Possible irritation of the L5 nerve roots bilaterally as described.
History	History Discussed: physiotherapy - states she already does including morning stretches and cold water swims which help. Pharm options - explored Amitriptyline, used years ago for MH. Used to make her really groggy in the mornings and does not want that as has to be able to drive ***** to ***** early in the mornings. Agreed Duloxetine, licensed for chronic pain, monitor for morning grogginess but not expected, counselled on common SEs. Review in 4 to 6 weeks. Room to titrate up if good effect. Pt will book review. Continue exercises that help.

06-May-2026 Mrs Gail Thurogood (GT1) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, unfortunately due to staffing/clinic changes we have had to cancel your face-to-face appointment on Monday 11th May. Please use the link below to re-book a convenient appointment To book: https://accurx.nhs.uk/c/p-c2cduyskaf (Expires in 7 days) Thanks, Lowther Medical Centre Sent on 06/05/2026 at 09:58

05-May-2026 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRETelephone consultation

History	Telephone encounter -voicemail left

05-May-2026 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRETelephone consultation

History	Telephone encounter -discussed mri-advised lifestyle, exercise, pain relief,physio
History	History feels she knows what exercises to do, would like to see GP as reports nerve related sx at night which affect her sleep-tingling in buttock-explained fits with nerve irritation
History	History taking paracetamol+OTC Ibuprofen/or gel.Constipated with codeine+ caused more problems than benefit
History	History link for F2F sent

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05-May-2026 *** **********

Free Text *****

20-Apr-2026 *** **********

Free Text *****

17-Apr-2026 Dr Eunice Edemhanria (EUE) Awaiting clinical code migration to EMIS Web

16-Apr-2026 Lab Results Miscellaneous imaging procedures
Miscellaneous imaging procedures Backpain Backpain Backpain with Right sided sciatica - getting worse ? cause CLINICAL INDICATION: Backpain Backpain Backpain with Right sided sciatica - getting worse ? cause TECHNIQUE: MRI of the lumbosacral spine. COMPARISON: MRI dated 24/06/2022 FINDINGS: Normal vertebral alignment and body heights. No sinister bone marrow signal. There is an incidental, benign appearing haemangioma within T12 vertebral body. Normal appearance of the imaged cord and conus medullaris. L3/L4: Mild facet joint arthropathy. No neural compromise. L4/L5: Mild facet joint arthropathy and shallow disc bulge causing narrowing of the lateral recesses. The disc contacts the L5 nerve roots. No neural compression demonstrated. L5/S1: Shallow disc bulge causing mild narrowing of the exit foramen and contacts the L5 nerve roots. No neural compression demonstrated. IMPRESSION: Mild lower lumbar spine degenerative change but no neural compression demonstrated. Possible irritation of the L5 nerve roots bilaterally as described. Reported by: Eeke THOMEE Dr Eeke Thomee Consultant Radiologist GMC C7065511 Reported by : Dr Eeke THOMEE / EXTERNAL(EU) - Abnormal for patient - make routine appointment:

03-Mar-2026 Dr John Telford (JGT_) LOWTHER MEDICAL CENTREGP Surgery

Problem Problem backpain getting worse - right sided sciatica - no CE symptoms
Comment Comment For MRI then review
Test Request Unknown specimen

18-Feb-2026 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

15-Jan-2026 Lab Results Histology laboratory test
Histology laboratory test Clinical History: Excision skin tag. Left axilla. Macroscopy: A skin ellipse measuring at 23 x 13 x 20mm deep, bearing a pale nodu le with a maximum dimension of 9mm. The lesion is 3mm from the nearest tip. Margins inked. Block. 1. Tips 2. Serial sections of the entire specimen. All embedded. Microscopy: Fibroepithelial polyp Diagnostic Summary Please see text Report Status: Final Report Reported by Dr Kaushik Dasgupta, Source BioScience Healthcare Cases may have been reported digitally using the validated 3D Histec h system. SNOMED CODES:- T01000 M76810 JM Final report Reporting pathologist: SourceBioscience(JT) - Satisfactory:

03-Feb-2026 *** **********

Free Text *****

03-Feb-2026 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC previous abnormal
Full blood count - FBC(JT) - Satisfactory:

Haemoglobin estimation	136 g/L	(Range: 115 - 165)
Total white cell count	6.6 10*9/L	(Range: 4 - 11)
Platelet count	**405 10*9/L**	**(Range: 150 - 400)**
Red blood cell (RBC) count	4.74 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.417	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV), 88.0 fL	88 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	28.7 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.1 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.6 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.7 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

28-Jan-2026 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

26-Jan-2026 Lab Results Genital MC&S BV
Genital MC&SFINAL REPORT Specimen Type: Vulva swab Site: MICROSCOPY:- CULTURE: For BV microscopy testing, please send a high vaginal swab. Please repeat if clinically indicated Trichomonas NOT examined if required request on rpt sample No bacterial pathogens isolated Candida sp. NOT isolated(ECT) - Satisfactory:

27-Jan-2026 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

26-Jan-2026 Lab Results Genital MC&S BV
Genital MC&SINTERIM REPORT Specimen Type: Vulva swab Site: MICROSCOPY:- CULTURE: For BV microscopy testing, please send a high vaginal swab. Please repeat if clinically indicated Further report to follow Trichomonas NOT examined if required request on rpt sample(ECT) - Satisfactory:

26-Jan-2026 Mrs Deborah A Spencer (DAS3735) LOWTHER MEDICAL CENTREGP Surgery

Procedure Removal of skin sutures/clips sutures removed from underarm healed well

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23-Jan-2026 Dr Maryam Yammama (MY) LOWTHER MEDICAL CENTREGP Surgery

History	History Seen with ***** in clinic, says she cannot be examined as ***** will not let her get examined without him
History	History says dry itchy sore spot down below, says hair not growing on it, tired OTC no better
History	History no abdominal pain or discharge
Comment	Comment agreed self swab and trial of timodine
Test Request	Unknown specimen

15-Jan-2026 Ms Emma Thompson (ET3735) Queen StreetGP Surgery

History	History Minor op Procedure - Excision skin tag left axilla Chaperone - ***** Telford Consent gained - (potential risks and complications explained - see consent form) Contraindications - Nil Allergies - Nil Skin cleaned with chlorhexidine Local anaesthetic administered (Lidocaine 2%) Skin lesion excised using aseptic technique and sent to lab for histology No complications Dressing applied and post op information sheet given to patient FU - sutures 7-10 days
History	Informed consent for procedure
History	Anticoagulant and other medication risks considered
Problem	Excision of lesion of skin
Test Request	Unknown specimen
Additional	Consent given for minor surgery procedure
Additional	Advised about minor surgery post-operative self care
Additional	Template entry - EHR composition type Minor Surgery/Joint Injections v19.7 by Ardens
Additional	Minor surgery enhanced services administration
Procedure	Minor surgery done - excision
Procedure	Tissue sent for histology
Procedure	Local anaesthesia, by infiltration (Hameln,30-Nov-2027,5111124)
Procedure	Specimen sent for histology
Procedure	Closure of skin by suture
Comment	Suspected diagnosis

15-Jan-2026 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREScanned document

Document	Clinical document *Minor Surgery Consent Form*

15-Dec-2025 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Lab Results	US pelvic scan **US pelvic scan**cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please CLINICAL INDICATION: cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please TECHNIQUE: Transabdominal (TA) and Transvaginal (TV) scan discussed and accepted by the patient. Chaperoned by *****. Non-latex probe cover used. TV probe de-contaminated as per departmental protocol with Tristel Duo - Lot 818051 Exp: 13/05/2027 COMPARISON: NONE FINDINGS: Anteverted uterus with no obvious myometrial lesion seen. Endometrium measures 3.6mm and shows normal outline. A 32mm simple left ovarian cyst noted. This cyst do not need follow up. Both ovaries, otherwise, are unremarkable in appearance. Unremarkable ultrasound appearances of kidneys. Reported by: ***** ODENIGBO (Sonographer,ra80447) Reported by : ODENIGBO ***** / EXTERNAL(AMI) - Satisfactory:

15-Dec-2025 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Lab Results	Transvaginal ultrasound scan **Transvaginal ultrasound scan**cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please CLINICAL INDICATION: cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please TECHNIQUE: Transabdominal (TA) and Transvaginal (TV) scan discussed and accepted by the patient. Chaperoned by *****. Non-latex probe cover used. TV probe de-contaminated as per departmental protocol with Tristel Duo - Lot 818051 Exp: 13/05/2027 COMPARISON: NONE FINDINGS: Anteverted uterus with no obvious myometrial lesion seen. Endometrium measures 3.6mm and shows normal outline. A 32mm simple left ovarian cyst noted. This cyst do not need follow up. Both ovaries, otherwise, are unremarkable in appearance. Unremarkable ultrasound appearances of kidneys. Reported by: ***** ODENIGBO (Sonographer,ra80447) Reported by : ODENIGBO ***** / EXTERNAL(AMI) - Satisfactory:

21-Nov-2025 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

19-Nov-2025	Lab Results	Genital MC&S lower abdo pain?PCOS. **Genital MC&S**FINAL REPORT Specimen Type: Cervical swab Site: MICROSCOPY:- White Blood Cells: ++ CULTURE: Neisseria gonorrhoeae NOT isolated No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(JT) - Satisfactory:

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21-Nov-2025 Mrs Paula Sommerville (PS12) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, Following your recent bloods the Doctor would like you to have a ROUTINE repeat of these carried out in 2 months. Please note our Phlebotomy appointments are available to book up to 28 days ahead including additional weekend appointments here at the surgery. Thanks, Paula Somerville Lowther Medical Centre Sent on 21/11/2025 at 11:53

21-Nov-2025 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

19-Nov-2025 Lab Results CT/NG SWAB lower abdo pain?PCOS.
CT/NG SWABVIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(JT) - Satisfactory:

20-Nov-2025 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

19-Nov-2025 Lab Results HbA1c levl - IFCC standardised lower abdo pain?PCOS.
HbA1c levl - IFCC standardised Target for control in diabetes is 48 mmol/mol or less (NICE 2022). The cut off value in diagnosis is 48 mmol/mol.(DXM) - Satisfactory:

20-Nov-2025 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

19-Nov-2025 Lab Results Serum ferritin lower abdo pain?PCOS.
LH + FSHLH/FSH: ref. ranges quoted are for follicular phase(JT) - Satisfactory:

Serum LH level, 8.0 IU/L	8 IU/L	(Range: 2.4 - 12.6)
Serum FSH level	**12.9 IU/L**	**(Range: 3.5 - 12.5)**

Serum ferritin If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded. Note new ferritin reference ranges in use from 17.11.25.(JT) - Satisfactory:
Serum testosterone(JT) - Satisfactory:
Serum sex hormne binding glob(JT) - Satisfactory:
Free androgen index(JT) - Satisfactory:
Serum vitamin B12 Repeat testing for B12 not indicated within 1 yr.(JT) - Satisfactory:
Serum folate(JT) - Satisfactory:

19-Nov-2025 Mrs Leeanne Hill (LH1) LOWTHER MEDICAL CENTREGP Surgery

Procedure	Informed consent for procedure
Procedure	Blood sample taken
Procedure	Haemostasis ensured
Procedure	Sharp(s) disposed safely
Procedure	Sample(s) labelled appropriately and prepared for transport
Procedure	Patient informed of when and how to expect/collect results
Procedure	Procedure swabs taken
Additional	Template entry - EHR composition type Phlebotomy v19.5 by Ardens

19-Nov-2025 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC lower abdo pain?PCOS.
Full blood count - FBC High plts suggest repeat in 1-2/12 if no clinical cause(JT) - Repeat Test:

Haemoglobin estimation	133 g/L	(Range: 115 - 165)
Total white cell count	8.3 10*9/L	(Range: 4 - 11)
Platelet count	**454 10*9/L**	**(Range: 150 - 400)**
Red blood cell (RBC) count	4.59 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.396	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	86.3 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH), 29.0 pg	29 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.9 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	3.6 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.7 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

19-Nov-2025 Dr Maryam Yammama (MY) Awaiting clinical code migration to EMIS Web

Lab Results Urea and electrolytes lower abdo pain?PCOS.
Urea and electrolytes(M.Yammama) - Satisfactory:

Serum sodium	139 mmol/L	(Range: 133 - 146)
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	74 umol/L	(Range: 49 - 90)
AKI warning stage, 0		(No range available)
eGFRcreat (CKD-EPI)/1.73 m*2	**89 mL/min/1.73m2**	**(Range: 90 - 120)**

Liver function test(M.Yammama) - Satisfactory:

Serum total bilirubin level	10 umol/L	(Range: <21)
Serum alkaline phosphatase	104 U/L	(Range: 30 - 130)
Serum ALT level	18 U/L	(Range: <40)

Serum total protein(M.Yammama) - Satisfactory:
Serum TSH level(M.Yammama) - Satisfactory:

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18-Nov-2025 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

History	History Consultation using Accurx Scribe on 18-11-2025 09:06
History	History Recurrence of skin tag at the same location as previously treated.
History	History Slightly bothersome but associated with an additional growth not present before.
History	History No shaving in the affected area.
History	History Described as heavier.
Examination	Examination General condition: Appears well.
Comment	Comment Impression: Skin tag recurrence. Plan: Minor ops
Social	Social Stopped smoking. Healthier lifestyle changes reported, including dieting.

18-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appointment reminder for Laura: 19 Nov at 12:00PM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

18-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appointment reminder for Laura: 19 Nov at 12:00PM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

17-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appointment reminder for Laura: 18 Nov at 9:10AM with Ms ***** ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

14-Nov-2025 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

05-Nov-2025	Lab Results	Cytology laboratory test	
		Cytology laboratory test(JT) - Satisfactory:	
		Cervical smear - human papillomavirus positive (0) high-risk HPV Not Detected	(No range available)
		CERVICAL CYTOLOGY INTERPRETATION (X) No cytology result	(No range available)
		PATIENT MANAGEMENT RECOMMENDATION (A) routine recall	(No range available)

14-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appointment reminder for Laura: 18 Nov at 9:10AM with Ms ***** ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

14-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appointment reminder for Laura: 19 Nov at 12:00PM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

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13-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

History	History Consultation using Accurx Scribe on 13-11-2025 10:27	
History	History Lump in left axilla. Previously removed in November 2023. Lump has grown back, larger than before. Initially not bothersome. Pain noted 2 weeks ago. Pain radiates from left axilla to left wrist. Pain triggered by leaning on arm. Concern due to recurrence of lump.	
History	History Left-sided abdominal pain. Localised to hip area near ovary. Constant tension pain. Sharp stabbing pain when stretching or relaxing abdominal muscles. Pain eased by tensing abdominal muscles. Daily occurrence. Excruciating pain on left side during menstruation for 3 days.	
History	History Irregular menstrual cycles for 7-8 months. Previously regular every 28 days for 4-5 days. Current cycles unpredictable. Recent cycle: bleeding for 1 day, stopped, resumed after 4 days for 5 days, stopped, resumed after 2 weeks for 3 days.	
History	History Facial hair growth concerning. Hair noted around nipples and chest. No acne reported.	
History	History Past medical history noted: skin tag removed from left axilla (November 2023), cyst on ovary (noted in CT scan, 2021), diverticulitis.	
History	History Implant on arm for contraception, in place for approximately 5 years. - would like removed	
History	History CT scan in 2021 identified an ovarian cyst.	
History	History last intercourse feb 2025 - ***** of 4 months	
Examination	Body weight (observable entity)	95 kg
Examination	Standing height (observable entity)	170 cm
Examination	Body mass index	32.87 kg/m2
Comment	Comment Impression: Ovarian cyst noted on CT scan in 2021.	
Comment	Comment Irregular menstrual cycles.	
Comment	Comment Left-sided abdominal pain.	
Comment	Comment Lump recurrence in left axilla.	
Comment	Comment History of diverticulitis.	
Comment	Comment Excessive facial and chest hair growth. Plan: - Blood tests for hormone levels. - Sexual health check-up including self-administered swabs with nurse guidance (on ICE). - Ultrasound scan arranged for further evaluation. - Review results following investigations. - Removal of contraceptive implant ro be arranged.	
Social	Social Unemployed. Not sexually active. No current sexual *****. Last sexual activity February 2025 with a ***** (relationship lasted 4 months). ***** aged 18.	
Problem	Lower abdominal pain	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Test Request	Unknown specimen	
Test Request	Unknown specimen	

13-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, please contact surgery to arrange appointment with ***** ***** to review your skin issues ***** ***** Lowther Medical Centre Sent on 13/11/2025 at 10:39

13-Nov-2025 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, We'd like you to book an appointment for implant removed To book: https://accurx.nhs.uk/c/p-2pn5gw5qgp (Expires in 7 days) ***** ***** Lowther Medical Centre Sent on 13/11/2025 at 10:46

12-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Nov 13 at 10:30AM with Mrs ***** ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

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10-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Nov 13 at 10:30AM with Mrs ***** ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

05-Nov-2025 Mrs Leeanne Hill (LH1) LOWTHER MEDICAL CENTREGP Surgery

	Additional	Chaperone offered
	Additional	Education about human papillomavirus
	Additional	Liquid based cervical cytology screening
	Additional	Disposable vaginal speculum used
	Additional	360 degree sweep of cervix performed
	Additional	Smear sample checked labelled correctly + contact details checked
	Additional	Advice on follow-up - to review if abnormal bleeding or discharge
	Additional	Advice on results - usually received by NHS app or letter. Advised timescales.
	Additional	Template entry - EHR composition type Cervical Screening v19.5 by Ardens
	Assessment	Explained why smear necessary
	Assessment	Cervical smear due
	Assessment	Patient given opportunity to ask questions
	Assessment	Explained procedure in a way patient can understand
	Assessment	Informed consent for cervical smear given
	Assessment	HPV test consent given
	Examination	On examination - vaginal speculum examination - no abnormality detected
	Examination	Cervix transformation zone visualised
	Test Request	Unknown specimen
27-Sept-2025	History	Last menstrual period -1st day

04-Nov-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient Appointment reminder for Laura: 05 Nov at 5:10PM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

31-Oct-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient Appointment reminder for Laura: 05 Nov at 5:10PM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

15-Sept-2025 Mrs Gail Thurogood (GT1) Awaiting clinical code migration to EMIS Web

	Comment	Did not attend (finding)
	Comment	Patient mobile telephone number +447495727803
	Comment	SMS text message sent to patient Dear Ms Prowse, We're sorry that you missed your appointment. In future, please notify us so that we can offer it to someone else. Thanks, Lowther Medical Centre Sent on 15/09/2025 at 13:27

12-Sept-2025 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient Appointment reminder for Laura: 15 Sep at 11:00AM with Mrs Leeanne ***** at Lowther Medical Centre. If you can not attend please text back: CANCEL

24-July-2025 Ms Nicola O'Hare (N.OHare) LOWTHER MEDICAL CENTREGP Surgery

	Problem	Insect bite of lower limb (Left)	
	History	History Started with itchy knee last night, prone to insect bites, usually self manages with ice, ibuprofen and antihistamines. Limping from waiting room to consultation room.	
	Examination	Tympanic temperature	36.6 degrees C
	Examination	Examination False nails insitu, unable to carryout Spo2	
	Examination	Examination localised redness and hot to touch left outer aspect of knee. Pain tracking up and down from red	
	Examination	Examination Recent flight from turkey begining of july, no DVT risk factors , no calf tenderness swelling.	
	Comment	Comment Plan - Fluclox 7 days, fexofenadine 180mg od. Encourage leg elevation Safety netting advice given, any erythema, fever or signs of systemic infection tci or seek out of hours medical attention.	

THIRD PARTY COPY

15-May-2025 Mrs Kerry Lewis (K.Lewis - PCS) Awaiting clinical code migration to EMIS Web

Document Seen in general surgery clinic
North Cumbria Integrated Care
Problem Abdominal pain

28-Mar-2025 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Email encounter
Phlo Pharmacy
Comment Comment Mounjaro

11-Mar-2025 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRETelephone consultation

History History Missed colorectal appointment so would like to be referred back
History History Ongoing rectal pain - see prev notes and SDEC dx

11-Mar-2025 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07495727803
Comment SMS text message sent to patient Dear Ms Prowse, I have sent you some more movicol over to the chemist Thanks, ***** ***** Lowther Medical Centre

11-Mar-2025 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREAdministration note

Additional Admin. reminder Task sent to admin team about referral
Document Referral for further care
^Elective Care Outpatient

11-Mar-2025 Ms Wendy Little (w.little) LOWTHER MEDICAL CENTREAdministration note

Comment Comment Task. Colorectal referral.
Comment Comment Referral details Booking reference number 0004 4969 5999 Access code dough lemon clinic will contact. letter sent.

23-Jan-2025 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Document Clinical letter
Colorectal Clinic Letter-DNA

13-Jan-2025 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREScanned document

Document Clinical letter
Ultrasound Dept- Cancelled by patient

27-Dec-2024 Mr Daniel Smith (DIS) Awaiting clinical code migration to EMIS Web

Comment Smoking cessation advice
Comment Comment Dear Ms Prowse, According to our records you are a current smoker. We have included a link with some advice on how to stop and the benefits of stopping- there are also details of local stop smoking services to help you if required. https://www.nhs.uk/better-health/quit-smoking/ Lowther Medical Centre NHS app message sent on 27/12/2024 13:51:00

13-Dec-2024 Dr Maryam Yammama (MY) LOWTHER MEDICAL CENTRETelephone consultation

History Initial post discharge review
History History Pain intermittent intensity,
History History analgesia and laxatives helpful
History History pain for a week
History History LMP- 18/10 has implant in arm, hasn't been regular for 9 months
History History Has noticed hirsuitism- really affecting confidence
History History also weight gain- struggling to loose it
History History ?PCOS
Test Request Unknown specimen
Test Request Unknown specimen
Comment Comment Happy to continue analgesia and book review after bloods and USS

12-Dec-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient TELEPHONE consultation reminder: Dec 13 at 3:20PM with Dr ***** Yammama Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

THIRD PARTY COPY

10-Dec-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Dec 13 at 3:20PM with Dr ***** Yammama Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

09-Dec-2024 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

	Comment	Patient mobile telephone number 07495727803
	Comment	SMS text message sent to patient Dear Ms Prowse, Following your recent discharge, We have booked you a telephone appointment on Friday the 13th, The Gp will call around 3pm. Please reply to this message if this is not convenient for you. TO RESPOND, please follow this link: (link will autogenerate here) Thanks,Admin Team Lowther Medical Centre

06-Dec-2024 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

09-Dec-2024	Problem	Cyst of ovary (Left)
	Document	Discharge summary
		Inpatient Discharge Summary
	Problem	Abdominal pain

06-Dec-2024 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREGP Surgery

	History	History Severe abdo pain, left side
	History	History BNO for 3 days, been constipated prior to this and been taking laxido TDS with no effect
	History	History Known diverticular and fissure/heamorrroids - referred surgical team for this
	History	History Feels nauseaous, no vomitting
	History	History No diet or fluids as feels sick
	History	History Still passing some wind
	Examination	Examination Looks well but walking guarding abdo
	Examination	Tympanic temperature 36.5 degrees C
	Examination	Pulse rate 81 beats/min
	Examination	Examination struggled getting onto bed
	Examination	Examination Bowels sounds present / sluggish
	Examination	Examination Abdo soft, tender over left side, some guarding, no rebound tenderness
	Comment	Comment D/W Surgical ACP - will see on SDEC

27-Nov-2024 Dr Kenneth Ikwuazom (Ikwuazom) LOWTHER MEDICAL CENTRETelephone consultation

	History	History disucssed low foate .
	History	History informed can get over the counter .
	History	History prefers prescription .

26-Nov-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Nov 27 at 9:10AM with Dr ***** Ikwuazom Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

THIRD PARTY COPY

25-Nov-2024 Dr Kenneth Ikwuazom (Ikwuazom) LOWTHER MEDICAL CENTREGP Surgery

History	History said she would have wanted to see a nurse .
History	History had issues with hemorrhoid and pile .
History	History said she is now having excruciating pain when going to toilet .
History	History started about a month ago and has being easing off and getting worse sine then .
History	History said she is now having to prevent going to toilet .
History	History stools are hard .
History	History associated blood in stools ,fresh .
History	History no fever ,no mucous in stool .
History	History now struggling to sit due to hemorrhoid .
History	History could not feel anothing there .she said .
History	History has checked some home tips and nothing seem to be working .
History	History used laxatives .
History	History said she has lost weight and said she has being watching diet .
History	History worried about the paina nd the blood loss .
History	History no dizziness .no
History	History wanting to knw what is happeneing down there .
Comment	Comment suggested cream and referral to surgery .
Comment	Comment said the anusol helps .
Comment	Comment recommended laxatives and referral is sent .advsied to come back if more pain or worsening bleeidng .
Examination	Examination consneted to examination .
Examination	Examination chaperone ***** .
Examination	Examination noted hemorrids externally .
Examination	Examination internal exam abandoned due to tenderness on touching the hemorroids .
Examination	Examination discussed with sdec .

25-Nov-2024 Mrs Michelle Broughton (MB1) LOWTHER MEDICAL CENTREAdministration note

Comment	Comment urgent task ki please can we send an urgent referral to colorectal clinic .
Comment	Comment E-REF SENT BOOKING REF:000442978472 Access code: dough lemon
Referral	Referral to colorectal surgeon . *Referral Type: Outpatient*
Document	Referral Letter (25-Nov-2024) *for Referral to colorectal surgeon*

22-Nov-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Nov 27 at 9:10AM with Dr ***** Ikwuazom Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL. www.mygp.io/app

19-Nov-2024 Miss Sarah Quirk (SQ) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Clinical document *NHS 111 Report*

18-Nov-2024 Dr Joseph Davis (jed3735) Awaiting clinical code migration to EMIS Web

16-Nov-2024	Lab Results	HbA1c levl - IFCC standardised Health check **HbA1c levl - IFCC standardised**Target for control in diabetes is 48 mmol/mol or less (NICE 2022). The cut off value in diagnosis is 48 mmol/mol. Non-accredited test - UKAS application pending.(*****) - Satisfactory - but borderline re Pre diabetes - has appointment to discuss results.:

18-Nov-2024 Mrs Corinne Docherty (CLD) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, Following your recent blood tests, a telephone appointment has been arranged to discuss the results. A Clinician will call you on Wednesday 27 November 2024 at around 9.10am. Please confirm acceptance of this appointment using the attached link, or alternatively, telephone the Surgery to rearrange if necessary. TO RESPOND, please follow this link: (link will autogenerate here) Thanks Lowther Medical Centre

THIRD PARTY COPY

18-Nov-2024 Mrs Corinne Docherty (CLD) Awaiting clinical code migration to EMIS Web

Comment Comment Online questionnaire completed by patient
Comment Comment Dear Ms Prowse, Following your recent blood tests, a telephone appointment has been arranged to discuss the results. A Clinician will call you on Wednesday 27 November 2024 at around 9.10am. Please confirm acceptance of this appointment using the attached link, or alternatively, telephone the Surgery to rearrange if necessary. Thanks Lowther Medical Centre Response: I confirm the appointment but is there any other appointments soon. This has put my anxiety in to over drive.
Comment Comment Received on 18/11/2024 at 17:24

16-Nov-2024 Ms Emma Thompson (ET3735) Queen StreetGP Surgery

History History TATT, requesting health check
Test Request Unknown specimen

16-Nov-2024 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC Health check
Full blood count - FBC Non-accredited test - UKAS application pending.(AMI) - Satisfactory:

Haemoglobin estimation	141 g/L	(Range: 115 - 165)
Total white cell count	6.3 10*9/L	(Range: 4 - 11)
Platelet count	391 10*9/L	(Range: 150 - 400)
Red blood cell (RBC) count	4.88 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.436	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	89.3 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	28.9 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.3 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.4 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.4 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

16-Nov-2024 Dr Joseph Davis (jed3735) Awaiting clinical code migration to EMIS Web

Lab Results Urea and electrolytes Health check
Urea and electrolytes(*****) - Satisfactory:

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 49 - 90)
AKI warning stage NA		(No range available)
eGFRcreat (CKD-EPI)/1.73 m*2	**87 mL/min/1.73m2**	**(Range: 90 - 120)**

Liver function test From 23.04.24, the Blood Sciences laboratory has voluntarily suspended its UKAS accreditation due to ongoing refurbishments. All quality procedures remain in place. For further information, please contact GeneralPathology@ncic.nhs.uk.(*****) - Satisfactory:

Serum total bilirubin level	7 umol/L	(Range: <21)
Serum alkaline phosphatase	115 U/L	(Range: 30 - 130)
Serum ALT level	13 U/L	(Range: <40)

NON-FASTING LIPIDS Non-fasting sample. Please refer to NEELI guideline(*****) - Satisfactory:

Serum cholesterol	5.5 mmol/L	(Range: 2.5 - 6.5)
Serum HDL cholesterol level	1.2 mmol/L	(Range: 1.2 - 2.6)
Se non HDL cholesterol level	4.3 mmol/L	(No range available)
Serum triglycerides	1.2 mmol/L	(Range: 0.4 - 4.5)
Serum LDL cholesterol level	3.8 mmol/L	(Range: 1 - 4)
Serum cholesterol/HDL ratio	4.6	(Range: <5)

Serum total protein(*****) - Satisfactory:
Serum TSH level(*****) - Satisfactory:
Serum ferritin If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded.(*****) - Satisfactory:
Serum C reactive protein level(*****) - Satisfactory:
Serum vitamin B12 Repeat testing for B12 not indicated within 1 yr.(*****) - Satisfactory:
Serum folate Low folate - ? diet-related.(*****) - slm low - book routine follow up call / appointmenmt .:

16-Nov-2024 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Lab Results Erythrocyte sedimentation rate Health check
Erythrocyte sedimentation rate(AMI) - Satisfactory:

15-Nov-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Nov 16 at 1:30PM with Ms ***** ***** If you no longer require this appt please reply CANCEL

13-Nov-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Nov 16 at 1:30PM with Ms ***** ***** If you no longer require this appt please reply CANCEL

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06-Nov-2024 Miss Rosemary Bagshaw (RBAG) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803	
Comment	SMS text message sent to patient Dear Ms Prowse, Your blood test appointment has been booked for Saturday 16/11/2024 at Queen Street Surgery at 13:30. Thanks, Reception Lowther Medical Centre	

31-July-2024 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREGP Surgery

Problem	Infected insect bite right pinna area, woke up with swollen right ear, red and hot, speading down neck and swollen gland. Feels nausea, no vomiting. Was wild water swimming yesterday and ? bite	
Examination	Tympanic temperature	36.5 degrees C
Comment	Agreeing on care plan abx, analgeia, antihistamine, red flags of sepsis discussed - to seek medical advice/ AE if severe spreading or unwell	

31-July-2024 Mrs Michelle Gilmour (m.gilmour) LOWTHER MEDICAL CENTREAdministration note

Comment	Consultation for minor injury	

18-Jun-2024 Mrs Caroline Turner (CT3735) Awaiting clinical code migration to EMIS Web

10-Jun-2024	Lab Results	Cytology laboratory test **Cytology laboratory test**(ECT) - HPV recall in 12 months: HPV RESULT (9) high-risk HPV Detected CERVICAL CYTOLOGY INTERPRETATION (2) negative PATIENT MANAGEMENT RECOMMENDATION (R) early repeat in 12 months according to protocol	 (No range available) (No range available) (No range available)

10-Jun-2024 Miss Molly Flinn (M.Flinn3735) LOWTHER MEDICAL CENTREGP Surgery

	Additional	Chaperone offered
	Additional	Provision of chaperone refused
	Additional	Education about human papillomavirus
	Additional	Liquid based cervical cytology screening
	Additional	Disposable vaginal speculum used
	Additional	360 degree sweep of cervix performed 5X
	Additional	Advised to seek review in the event of abnormal bleeding or discharge
	Additional	Results policy explained to patient
	Additional	Template entry - EHR composition type Cervical Smear v18.2 by Ardens
	Assessment	Explained why smear necessary
	Assessment	Cervical smear due
	Assessment	Patient given opportunity to ask questions
	Assessment	Explained procedure in a way patient can understand
	Assessment	Informed consent for cervical smear given
	Assessment	HPV test consent given
	Examination	Ectropion of cervix
	Examination	Cervix transformation zone visualised
	Test Request	Unknown specimen
11-May-2024	History	Last menstrual period -1st day

09-Jun-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient Appt reminder: Jun 10 at 2:20PM with Miss ***** Flinn If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

07-Jun-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

	myGP	Short message service text message sent to patient Appt reminder: Jun 10 at 2:20PM with Miss ***** Flinn If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

31-May-2024 Dr Ami Hall (AMI3735) LOWTHER MEDICAL CENTREGP Surgery

	History	History cough
	History	History multiple bereavements

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13-May-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: May 14 at 10:00AM with Mrs ***** Kewley If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

11-May-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: May 14 at 10:00AM with Mrs ***** Kewley If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

10-May-2024 Dr John Telford (JGT_) LOWTHER MEDICAL CENTREGP Surgery

Problem Problem Anxiety - severe - asking for meds - not suicidal
Comment Comment Start sertraline 50mg review 1/12
Comment Comment Not keen on Councelling

03-Apr-2024 Miss Sarah Quirk (SQ) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

03-Apr-2024 Miss Sarah Quirk (SQ) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

28-Feb-2024 Mrs Lesley Hull (LJH_) LOWTHER MEDICAL CENTREAdministration note

History Did not attend cervical smear

27-Feb-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Feb 28 at 7:40AM with Mrs Lesley Hull If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

25-Feb-2024 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Feb 28 at 7:40AM with Mrs Lesley Hull If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

30-Jan-2024 Miss Rebecca Elliott (REL) Awaiting clinical code migration to EMIS Web

Comment Comment Dear Ms Prowse, To help us manage your health and keep your record up to date, please provide some information about your general health. Please complete this questionnaire: https://accurx.nhs.uk/c/p-9k6nextajs Lowther Medical Centre NHS app message sent on 30/01/2024 15:07:03

29-Jan-2024 Mrs Gail Thurogood (GT1) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07495727803
Comment SMS text message sent to patient Dear Ms Prowse, unfortunately due to staffing/clinic changes we have had to move your smear appointment to Wednesday 28th February at 7.40am. please reply to the link below to confirm you can still attend TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Lowther Medical Centre

THIRD PARTY COPY

27-Jan-2024 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Comment	Provision of patient satisfaction questionnaire
Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, Please would you be kind enough to complete the following the survey about your experience of your minor operation. Please complete this questionnaire: (link will autogenerate here) Thanks, ***** ***** Lowther Medical Centre

07-Dec-2023 Dr Magda - DO NOT SEND TASKS Rocha-Janeiro (MRJ) Awaiting clinical code migration to EMIS Web

16-Nov-2023	Lab Results	Histology laboratory test **Histology laboratory test**Clinical History: Excision skin tag axilla. Macroscopy: The specimen consists of a soft polypoidal skin covered tissue measuring 12 x 8 x 4mm size. The surface is corrugated. Resection margin is inked. Specimen has been bisected and entirely submitted in one cassette. MICROSCOPY Section reveals a benign fibroepithelial polyp covered by squamous epithelium with a stromal core composed of mature adipocytes, scattered blood vessels and peripheral rim of loose collagen. There is no evidence of dysplasia or malignancy. SUMMARY Skin tag from axilla: benign fibroepithelial polyp. SNOMED CODES:- TY8100 M76810 Final report Reporting pathologist: Dr Jihan Hai(magda) - Satisfactory/Normal:

30-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message received from patient CANCEL

30-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Your appointment has now been cancelled. Book/cancel appointments using your smartphone by downloading the myGP app here: www.mygp.io/app

30-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appt reminder: Dec 01 at 11:30AM with Miss ***** Flinn If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

29-Nov-2023 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

27-Nov-2023	Lab Results	Wound MC&S discharge **Wound MC&S**FINAL REPORT Specimen Type: Wound swab Site: Axilla MICROSCOPY:- CULTURE: Skin ***** Organisms isolated(DXM) - Satisfactory/Normal:

29-Nov-2023 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

27-Nov-2023	Lab Results	Wound MC&S discharge **Wound MC&S**FINAL REPORT Specimen Type: Wound swab Site: Axilla MICROSCOPY:- CULTURE: Skin ***** Organisms isolated(DXM) - Satisfactory/Normal:

29-Nov-2023 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, I have reviewed your swab results and they are normal. There is no need for a further appointment to discuss this. Thanks, ***** ***** ***** Lowther Medical Centre

28-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appt reminder: Dec 01 at 11:30AM with Miss ***** Flinn If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

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27-Nov-2023 Miss Molly Flinn (M.Flinn3735) LOWTHER MEDICAL CENTREGP Surgery

Examination	O/E patient well
Procedure	Removal of suture from skin - noted area a little gunky-thick white colour discharge present, ? localised infection present. Swab taken. Discused with T.T and advised to remove stiches and review with swab.
Procedure	Procedure Stiches removed and 2nd swab taken followoing this. Cleansed with prontosan and dressed with dry dressing.
Procedure	Procedure Redflags and safety net advice disucssed and aware if displays any/becomes unwell or has any problems or concerns to come back sooner/to seek medical advice/attention.
Procedure	Procedure Laura happy with above and app. made for review end of the week.
Additional	Template entry - EHR composition type Wound Management and Leg Ulcers v17.7 by Ardens-Q Ltd.
Test Request	Unknown specimen
Test Request	Unknown specimen

26-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appt reminder: Nov 27 at 11:10AM with Ms ***** Telford If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

24-Nov-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient Appt reminder: Nov 27 at 11:10AM with Ms ***** Telford If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

16-Nov-2023 Mrs Lynsey Ann Benson (LAB) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Clinical document *Minor Surgey Consent Form (16-Nov-2023)*

16-Nov-2023 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREGP Surgery

Test Request	Unknown specimen
History	History Minor op Procedure - excision skin tag left axilla Chaperone - ***** Telford Consent gained - (potential risks and complications explained - see consent form) Contraindications - Nil Allergies - Nil Skin cleaned with chlorhexidine Local anaesthetic administered (Lidocaine 2%) Skin lesion excised using aseptic technique and sent to lab for histology No complications Dressing applied and post op information sheet given to patient FU - sutures in 10 days
History	Informed consent for procedure
History	Anticoagulant and other medication risks considered
Procedure	Minor surgery done - excision
Procedure	Local anaesthesia, by infiltration (Hameln,31-Mar-2024,111501)
Procedure	Specimen sent for histology
Additional	Minor surgery follow-up arranged
Additional	Template entry - EHR composition type Minor surgery / Joint Injection template v17.5 by Ardens-Q Ltd.
Problem	Minor surgery done - excision

04-Nov-2023 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Out of hours non practice note *NHS 111 Report*

04-Nov-2023 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Document	Clinical document *(04-Nov-2023) Clinical document*

04-Nov-2023 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Clinical document *NHS Community Pharmacy Consultation*

THIRD PARTY COPY

03-Nov-2023 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

16-Oct-2023 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Document Clinical document
(16-Oct-2023) Clinical document

21-Sept-2023 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREGP Surgery

Test Request Unknown specimen
Comment Comment NOT SENT OR CLAIMED FOR AS DNA'D

21-Sept-2023 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREAdministration note

History History went to lowther instead and clinic finished

20-Sept-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Sep 21 at 11:10AM with Ms ***** *****. Please note the location of this clinic is QUEEN STREET site, (***** ***** House, 149 Queen Street, CA28 7BA) . If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS.

18-Sept-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Sep 21 at 11:10AM with Ms ***** *****. Please note the location of this clinic is QUEEN STREET site, (***** ***** House, 149 Queen Street, CA28 7BA) . If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS.

22-July-2023 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Document Clinical letter
Orthopaedics Clinic Letter

21-July-2023 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Document A&E report
WCH Emergency Dept

13-July-2023 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Clinical document
NHS 111 Report

13-July-2023 Dr Jerome Poppe (JP12) LOWTHER MEDICAL CENTREGP Surgery

History History Three isolated episodes of clearing throat noticed little bit of blood in mucous
History History Only happens fiurst thing in moring
History History No cough and reports when bringing up sputum doesn't feel like cough - more just clearing throat
History History Ex smoker. Weight loss but on fasting diet so intentional
History History No nasal congestion or symptoms
History History No symptoms during the day
Examination Examination Chest: Clear, good AE b/l, no wheeze
Examination Examination Throat: NAD
Comment Comment ?Nasal source given only happening in morning after lying on back
Comment Comment Agreed observe over next 1-2 weeks, however advised if persisting must return for review as at this point we would need to investigate further

12-Jun-2023 Mrs Debra Hardy (DHA) LOWTHER MEDICAL CENTREScanned document

Document A&E report
A&E report (12-Jun-2023)

THIRD PARTY COPY

02-Mar-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient <firstname2>, Lowther Medical encourages our patients to stop smoking. Have you thought about Quitting? If the answer to this is yes there is support available. Studies have shown that you are four times more likely to quit with the help specialist medication and tailored support. If you'd like to find out more please visit http://bit.ly/2ADldpY to search local pharmacies offering support.

02-Mar-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Smoking cessation No additional comment entered

16-Feb-2023 Mrs Lynsey Ann Benson (LAB) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Physiotherapy, WCH - Discharge (16-Feb-2023)

27-Jan-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Dear Patient, Changes at Queen Street Medical Practice and Lowther Medical Centre.Further Information is available at: https://www.queenstreetmedicalpractice.nhs.uk/important-patient-news/

27-Jan-2023 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTREGP Surgery

History Telephone consultation discussed smear result and for rpt in 12m

25-Jan-2023 Dr Iranlowo Moyoloye (MI1) Awaiting clinical code migration to EMIS Web

11-Jan-2023	Lab Results	Cytology laboratory test	
		Cytology laboratory test(IMOYO) - For repeat in 12 months:	
		HPV RESULT (9) high-risk HPV Detected	(No range available)
		CERVICAL CYTOLOGY INTERPRETATION (2) negative	(No range available)
		PATIENT MANAGEMENT RECOMMENDATION (R) early repeat in 12 months according to protocol	(No range available)

11-Jan-2023 Mrs Michelle Kewley (MB) LOWTHER MEDICAL CENTREGP Surgery

Comment Informed consent for cervical smear given
Comment Provision of chaperone refused
Comment Provision of chaperone refused
Comment Comment sample pot expires 24.5.23
Examination Sampling of cervix for Papanicolaou smear done (GMS)
Examination 360 degree x 5 sweep of cervix performed
Examination Cervix clearly seen
Examination Normal
Examination Education about human papillomavirus

10-Jan-2023 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP Short message service text message sent to patient Appt reminder: Jan 11 at 11:30AM with Mrs ***** Kewley If you no longer require this appt please reply CANCEL. PLEASE DO NOT ATTEND IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

01-Jan-2023 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document Clinical document
(01-Jan-2023) Clinical document

01-Nov-2022 Miss Rebecca Elliott (REL) LOWTHER MEDICAL CENTREAdministration note

Comment Comment Physio referral sent via email to ncm-tr.ncic-imsk-referrals@nhs.net - BE

18-Oct-2022 Dr John Telford (JGT_) LOWTHER MEDICAL CENTREGP Surgery

Problem Problem Bil knee pain - no trauma
Examination Examination crepitus of joints only
Examination Examination fully weight bearing
Examination Examination no other joints involved
Comment Comment For physio then review if no better
Document Refer to physiotherapist
^NCIC IMSK Request (NCCCG)

THIRD PARTY COPY

14-Oct-2022 Dr Caroline Bateman (CB) Enterprise consultation

Problem	Upset stomach
History	Telephone encounter
History	History feeling unwell, tired and hot, coughing with green sputum
History	Muscle pain especially in neck, coughing and being sick ?some loose stool also
History	History says ***** has tonsilitis and a chest infection so pt wants antibiotics to feel better
History	History has a child with autism so needs to remain well
History	History is managing fluids today
Examination	Examination full sentences, occasional cough
Comment	Comment sounds viral. Explained ABx not helpful in this case. Pt not happy so further explained.
Comment	Comment advised rehydration salts, rest, and pcml should help
Comment	Comment SOS plan inc OOH advice given
Problem	Pain of knee region (Bilateral)
History	Telephone encounter
History	History long term problem she says
History	History crunching/grinding when bending knees, causes pain especially when on stairs
History	History keen for scans/xrays to confirm if OA
Comment	Comment f2f apt requested for pt. I advised that imaging will depend on examination findings but may be appropriate
Comment	Comment pt happy
Problem	Meralgia paraesthetica
History	History started in Feb this year
History	History burning sensation to thigh, reduced sensation to the touch
History	History says previous MRI of lower back - reported as nil significant
Comment	Comment ?meralgia paraesthetica
Comment	Comment reassured this is self limiting usually, and not harmful
Comment	Comment can confirm at f2f apt if needed

21-Sept-2022 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Document	Clinical letter *ENT Patient Letter*

29-July-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

24-Jun-2022	Lab Results	Miscellaneous imaging procedures **Miscellaneous imaging procedures**Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Clinical History : Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Patient Name: PROWSE, Laura Date of Birth: 01/09/1987 Patient ID: RNLW284220 Study Description: MRI Spine lumbar and sacral Study Date: 24/06/2022 Critical Findings: None MRI thoracolumbar spine Indications: Back pain and sciatica left leg. Old sciatica right leg. L4/5 and T10-L1 tenderness. Technique: T1, T2, stir sagittals from T3 downwards. T1 and T2 axials. Findings: Included thoracolumbar vertebral bodies show normal height and alignment. No compressive lesion in thoracic spine. Included thoracic cord shows normal signal intensity. There is impression of subtle oedema on left side of T9/10, probably in relation to the costotransverse joint ?could be due to trauma/degeneration, otherwise there is no significant bony or soft tissue oedema. There is slight facet prominence at lower lumbar levels. There is no significant compressive lesion. Conclusion: No significant compressive lesion. As above. Signed by:Dr Avinash Kanodia MBBS FRCR Consultant Radiologist GMC No. 6123539 DMC Imaging LTD www.DMCImaging.co.uk Electronically Verified Signed on:Reported 27/07/2022 19:14:23 . Reported by : DMC Radiologist / RA33784(JPO) - Possible signs fo wear and tear in mid-back otherwise normal:

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29-July-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

24-Jun-2022 Lab Results Miscellaneous imaging procedures

Miscellaneous imaging procedures Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Clinical History : Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Patient Name: PROWSE, Laura Date of Birth: 01/09/1987 Patient ID: RNLW284220 Study Description: MRI Spine lumbar and sacral Study Date: 24/06/2022 Critical Findings: None MRI thoracolumbar spine Indications: Back pain and sciatica left leg. Old sciatica right leg. L4/5 and T10-L1 tenderness. Technique: T1, T2, stir sagittals from T3 downwards. T1 and T2 axials. Findings: Included thoracolumbar vertebral bodies show normal height and alignment. No compressive lesion in thoracic spine. Included thoracic cord shows normal signal intensity. There is impression of subtle oedema on left side of T9/10, probably in relation to the costotransverse joint ?could be due to trauma/degeneration, otherwise there is no significant bony or soft tissue oedema. There is slight facet prominence at lower lumbar levels. There is no significant compressive lesion. Conclusion: No significant compressive lesion. As above. Signed by:Dr Avinash Kanodia MBBS FRCR Consultant Radiologist GMC No. 6123539 DMC Imaging LTD www.DMCImaging.co.uk Electronically Verified Signed on:Reported 27/07/2022 19:14:23 . Reported by : DMC Radiologist / RA33784(JPO) - Possible signs of wear and tear in mid back, otherwise normal:

12-Jun-2022 Ms Helen McLean (HML) LOWTHER MEDICAL CENTREScanned document

Document Clinical letter
MRI Scanning - DNA Scan

29-Mar-2022 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document Outpatient letter
ENT Clinic Letter
Additional Seen in fast track suspected head and neck cancer clinic

06-Mar-2022 Miss Eleanor Rose Hope (ERH) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Inpatient Discharge Summary
Problem Diverticulitis
Comment Comment SDEC f.u arranged

04-Mar-2022 Ms Helen McLean (HML) LOWTHER MEDICAL CENTREScanned document

Document A&E report
A&E Report
Additional Admission by Accident and Emergency doctor

04-Mar-2022 Ms Tracy Telford (TA13735) LOWTHER MEDICAL CENTREGP Surgery

Test Request Unknown specimen
Comment Informed consent for procedure
Comment Blood sample taken

THIRD PARTY COPY

04-Mar-2022 Dr Charles Eddy (CE) LOWTHER MEDICAL CENTREGP Surgery

History	History 3 day history of left iliac fossa pain, intermittent severe sharp pain, episodes every few minutes lasting a few minutes		
History	History No change in bowel habit, no PR bleeding or blood in stool, no weight loss, no fever, no urinary symptoms, no cough, no PV discharge or abnormal bleeding, no N&V		
History	History Has contraceptive implant, had negative pregnancy test yesterday		
History	History Some indigestion		
History	History No heavy lifting		
History	History Finds alcohol exacerbates		
History	History Alcohol - 2units/week		
History	History No drug use		
History	History Takes multivitamin		
Examination	Examination Significant tenderness in left iliac fossa, no guarding but jumps when touch, tenderness felt in LIF when palpated the RIF and umbillicus, no renal angle tenderness, bowel sounds present		
Examination	Heart rate	80 beats/min	
Examination	Respiratory rate	16 /minute	
Examination	Examination Doesn't feel hot/febrile		
Examination	Urine pregnancy test negative		
Examination	Urine protein test negative		
Examination	Urine leucocyte test = negative		
Examination	Urine nitrite negative		
Examination	Urine glucose test negative		
Examination	Urine ketone test negative		
Examination	Urine blood test = negative		
Comment	Comment Discussed with AH: advised to send to gynae today for suspected ovarian torsion		
Comment	Comment D/w Gynae SHO: advise to send to A&E so they can take blood and perform scan, gynae will keep their eye out for her		
Comment	Comment Informed Laura to attend A&E and gynae will keep an eye out for her		

04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	Full blood count - FBC Systemic itch, no rash		
		Full blood count - FBC(JPO) - Satisfactory/Normal:		
		Haemoglobin estimation	133 g/L	(Range: 115 - 165)
		Total white cell count	6.2 10*9/L	(Range: 4 - 11)
		Platelet count	319 10*9/L	(Range: 150 - 400)
		Red blood cell (RBC) count	4.47 10*12/L	(Range: 3.8 - 5.8)
		Haematocrit	0.402	(Range: 0.37 - 0.47)
		Mean corpuscular volume (MCV)	89.9 fL	(Range: 80 - 100)
		Mean corpusc. haemoglobin(MCH)	29.8 pg	(Range: 27 - 32)
		Red blood cell distribut width, 13.0 %	13 %	(Range: 11 - 14.8)
		Neutrophil count	3.6 10*9/L	(Range: 1.8 - 7.5)
		Lymphocyte count	1.8 10*9/L	(Range: 1.5 - 4.5)
		Monocyte count	0.6 10*9/L	(Range: 0.2 - 0.8)
		Eosinophil count	0.1 10*9/L	(No range available)
		Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	Erythrocyte sedimentation rate Systemic itch, no rash	
		Erythrocyte sedimentation rate(JPO) - Satisfactory/Normal:	

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04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	Urea and electrolytes Systemic itch, no rash		
		Urea and electrolytes(JPO) - Satisfactory/Normal:		
		Serum sodium	141 mmol/L	(Range: 133 - 146)
		Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
		Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
		Serum creatinine	72 umol/L	(Range: 49 - 90)
		AKI warning stage, 0		(No range available)
		Calcium profile(JPO) - Satisfactory/Normal:		
		Serum calcium	2.42 mmol/L	(Range: 2.1 - 2.6)
		Serum albumin	44 g/L	(Range: 35 - 50)
		Serum adjusted calcium conc, 2.40 mmol/L	2.4 mmol/L	(Range: 2.1 - 2.6)
		Liver function test(JPO) - Satisfactory/Normal:		
		Serum total bilirubin level	11 umol/L	(Range: <21)
		Serum alkaline phosphatase	90 U/L	(Range: 30 - 130)
		Serum ALT level	10 U/L	(Range: <40)
		NON-FASTING LIPIDS Non-fasting sample. Please refer to NEELI guideline(JPO) - Satisfactory/Normal:		
		Serum cholesterol, 5.0 mmol/L	5 mmol/L	(Range: 2.5 - 6.5)
		Serum HDL cholesterol level	1.3 mmol/L	(Range: 1.2 - 2.6)
		Se non HDL cholesterol level	3.7 mmol/L	(No range available)
		Serum triglycerides	0.8 mmol/L	(Range: 0.4 - 4.5)
		Serum LDL cholesterol level	3.3 mmol/L	(Range: 1 - 4)
		Serum cholesterol/HDL ratio	3.8	(Range: <5)
		Serum total protein(JPO) - Satisfactory/Normal:		
		Serum C reactive protein level(JPO) - Satisfactory/Normal:		
		eGFRcreat (CKD-EPI)/1.73 m*2(JPO) - Satisfactory/Normal:		

04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	Serum TSH level Systemic itch, no rash
		Serum TSH level(JPO) - Satisfactory/Normal:

04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	Serum ferritin Systemic itch, no rash
		Serum ferritin If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded.(JPO) - Satisfactory/Normal:
		Serum vitamin B12 Repeat testing for B12 not indicated within 1 yr.(JPO) - Satisfactory/Normal:
		Serum folate(JPO) - Satisfactory/Normal:

04-Mar-2022 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

03-Mar-2022	Lab Results	HbA1c levl - IFCC standardised Systemic itch, no rash
		HbA1c levl - IFCC standardised Target for control in diabetes is 48mmol/mol or less (NICE 2015) The cut off value in diagnosis is 48mmol/mol.(JPO) - Satisfactory/Normal:

02-Mar-2022 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Document	Outpatient letter *ENT Clinic Letter*

25-Feb-2022 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRETelephone consultation

History	History Ongoing back pain, under her ribs ? kidney area but JT reviewed and said ok
History	History Pain into right leg at times with pins and needles (see previous notes)
History	History She just knows something isnt right, stopped gabapentin due to itch but itch no better no stopped, no rash although comes up in red blotches itching
History	History Not had MRI - ? if now needs
History	History Alos missed Tonys call re depression so woul dlike to discuss or re book with ***** - has tried sevral meds but don't agree with her
Comment	Comment Needs review to;
Comment	Comment Assess site of pain and if MRI appropriate now
Comment	Comment Analgesia
Comment	Comment Either mental health review or re book with *****

THIRD PARTY COPY

25-Feb-2022 Dr Charles Eddy (CE) LOWTHER MEDICAL CENTREGP Surgery

History	History Middle back pain with associated sciatica radiating down both legs but mainly right leg - started with painful back 6 weeks
History	History Had some altered sensation in low back and left leg a few weeks ago, dissapeared after 30 mins
History	History Symptoms are worsening rather than improving, performing daily backcare exercises, been referred to physio by JT
History	History Only taking gabapentin as does not like taking medication, pain is bearable
History	History Back pain is now limiting her lifestyle and restricting her playing with her young children
History	History Also has systemic itch - can be anywhere, tells me that sometimes it becomes red and raised prior to itching - no rash at present -?urticaria ?systemic cause for itch
Comment	Comment Given analgesia advice - paracetamol + NSAID + gabapentin
Comment	Comment Regular back care exercises
Comment	Comment Await physio review
Comment	Comment MRI to look for nerve root impingement given neurological symptoms
Comment	Comment Bloods to look for cause of itch
Comment	Comment Safety netted for signs of cauda equina
Test Request	Unknown specimen
Test Request	Unknown specimen
Examination	Examination Tenderness maximal over L4/L5, tenderness over paravertebral muscles at level of T10-L1
Examination	Examination No pain on straight leg raise
Examination	Examination Power 5/5 in legs, sensation intact
Examination	Examination No rash at site of itch at present

24-Feb-2022 Mrs Lynsey Ann Benson (LAB) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, There is a a stool test ***** for you to collect at reception following your telephone consultation with ***** ***** on 8/2/22. Please collect at your earliest convenience. Thank you. Lowther Medical Centre

24-Feb-2022 Dr John Telford (JGT_) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Referral	Fast track referral for suspected head and neck cancer . *Referral Type: Outpatient*
Document	e-RS Letter (24-Feb-2022) *NHS e-Referral UBRN 000380610190 for Fast track referral for suspected head and neck cancer*

24-Feb-2022 Miss Rebecca Elliott (REL) LOWTHER MEDICAL CENTREAdministration note

Comment	Comment 2WW Head & Neck sent for triage a/c dough lemon - BE

23-Feb-2022 Dr John Telford (JGT_) LOWTHER MEDICAL CENTRETelephone consultation

Problem	Problem 07495727803
Allergy	Adverse reaction to Gabapentin - *itch*
History	History Advised stop gabapentin and see if resolves
History	History If not then review
Problem	Problem lump in throat - TCI
Examination	Examination Red area left posterior tonsillar fossa
Examination	Examination Patient says never seen before
Examination	Examination Ex smoker recent
Comment	Comment Refer under 2WW
Problem	Problem Backpain
History	History Works as a mechanic
History	History lumbar backpain
History	History No cauda equina symptoms
Examination	Examination Tenderness lumbar area only
Examination	Examination no neuro deficits
Comment	Comment For physio and see if no better
Document	Fast track referral for suspected head and neck cancer *^2WW HEAD & NECK (NCCCG)*
Document	Referral for further care *^Elective Care Outpatient*

17-Feb-2022 Mr John Walker (TW) Awaiting clinical code migration to EMIS Web

Comment	Comment Online questionnaire completed by patient
Comment	Comment Dear Ms Prowse, I just tried to ring for our appointment . Please text back if you can talk now. Thanks, Mr ***** ***** Lowther Medical Centre Response: Hi sorry I've been out with my children all day and Ive just returned. I can talk now.

THIRD PARTY COPY

17-Feb-2022 Mr John Walker (TW) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, Sadly, I'd finished by that time. Unfortunately, you will have to make another appointment now. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Mr ***** ***** Lowther Medical Centre

16-Feb-2022 Mr John Walker (TW) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, I just tried to ring for our appointment . Please text back if you can talk now. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Mr ***** ***** Lowther Medical Centre

08-Feb-2022 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRETelephone consultation

History	History rang to FU on meds
History	History Stopped all meds as went ot A&E with panic attack at the weekend
History	History Was having a nightmare about her ***** on the stairs and woke up in a panic
History	History Mentioned at A&E also that she had passed blood in stool x 1 - bright red, advised to stop naproxen and do stool sample at GP, none since, think due to haemorroids
History	History Didn't like feeling of amitriptyline and mirtazipine the next day, helped sleep but still had nightmares and felt groggy next day
Comment	Comment await physio
Comment	Comment stoll sample as requested
Comment	Comment ***** for advice re mental health - happy to wait until next week
Comment	Comment Try gabapentin for pain
Test Request	Unknown specimen

07-Feb-2022 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Feb 08 at 10:10AM with Ms ***** ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. www.mygp.io/app

05-Feb-2022 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Feb 08 at 10:10AM with Ms ***** ***** Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. www.mygp.io/app

05-Feb-2022 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	A&E report *A&E report (05-Feb-2022)*

03-Feb-2022 Ms Joanne Adair (JXA) LOWTHER MEDICAL CENTREGP Surgery

Test Request	Unknown specimen
Result	Urine pH = 7.0
Result	Urine blood test = +
Comment	Comment symptoms 4/6 weeks, back/abdo pain, frequency
Examination	Mid stream urine sent to laboratory
Examination	Mid stream urine sent to laboratory

03-Feb-2022 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Lab Results	Urinary MC&S positive pH , BLO **Urinary MC&S**FINAL REPORT Automated urinalysis indicates no evidence of urinary tract infection(JLF) - Satisfactory/Normal:

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28-Jan-2022 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number +447495727803
Comment	SMS text message sent to patient Dear Ms Prowse, Great, speak then, if you need anything earlier please just call Thanks, ***** ***** Lowther Medical Centre Scheduled to send on 28/01/2022 08:00:00

27-Jan-2022 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRETelephone consultation

History	History Rang as FU - couldn't talk as on the other line to someone but doing ok so requested FU in approx 10 days before meds run out

27-Jan-2022 Ms Emma Thompson (ET3735) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, I will give you a ring on the 8th Feb between 9and 10 am, is that ok ? TO RESPOND, please follow this link: (link will autogenerate here) Thanks, ***** ***** Lowther Medical Centre

14-Jan-2022 Miss Jennifer McGregor (JMC) LOWTHER MEDICAL CENTREAdministration note

Comment	Comment Referral sent to Physiotherapy via email ncm-tr.copelandphysiotherapy@nhs.net - JM Message received back re. current wait time 25 weeks for non-urgent referrals

13-Jan-2022 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTRETelephone consultation

History	History Had right sided back pain since last October and not getting any better
History	History Thinks muscular but had xray of chest to check nothing there and was ok
History	History Does admit since lost her ***** is worried more about her health
History	History pain in the right side upper, lower back and into right hip
History	History Taking paracetamol and ibuprofen and light duties at work and not really helping (works as mechanic), tried codeine but didn't like the feeling
History	History No weakness to arms or legs, no altered sensation but when driving the pain goes down her right arm
History	History Pain now over to the left - around her kidney area - as if when in bed lying on a pebble
History	History No urinary symptoms
Comment	Comment will review

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13-Jan-2022 Ms Emma Thompson (ET3735) LOWTHER MEDICAL CENTREGP Surgery

Additional	Protocol entry Alert displayed - NSAID new prescription (v13.8) by Ardens-Q Ltd.
History	History Came for review of pain down right side
History	History Seems to start at neck into right shoulder and her upper back (had since July)
History	History Also has pain in her right hip into her buttocks (had for 3 years)
History	History No injuries bu tbeen a mechanic for 5 years, lifting car parts, wheels etc
History	History No altered sentation or loss movement or power, no bladder or bowel problems
History	History Right leg can go numb if in the car driving for a while and right arm achy
History	History taking paracetamol and ibuprofen and gels but not helping (had naproxen before an stomach ok)
History	History Also lost her ***** to suicide 18 months ago, has 2 children, keeps busy but obviously feels low at times, has bad dreams of the event and cant sleep, was started on sertraline but gave her headaches so stopped, her boss is great, takes to them so doesn't want referred for counsellling, no suicidal thoughts
Examination	Examination Looks well
Examination	Examination Normal gait
Examination	Examination No spinal tendernes ***** palpations
Examination	Examination Pain at right trapezius muscle and down to mid back
Examination	Examination Pain at L 3 level across right paraspinal muscle
Examination	Examination Full range movement
Examination	Examination No altered sentation or power
Comment	Comment Seems all muscular - analgesia and physio
Comment	Comment If no improvement or worsens call back
Comment	Comment Try mirtazipine for mood whichmay also help sleep - will FU in 2 weeks, call before if need
Document	Refer to physiotherapist ^*Physiotherapy Assessment Request (NCCCG)*

25-Oct-2021 Mrs Deborah A Spencer (DAS3735) LOWTHER MEDICAL CENTREGP Surgery

Test Request	Unknown specimen
Procedure	Blood sample taken 1g1l

25-Oct-2021 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

Lab Results Full blood count - FBC Generally unwell

Full blood count - FBC(JPO) - Satisfactory/Normal:

Haemoglobin estimation	131 g/L	(Range: 115 - 165)
Total white cell count	5.2 10*9/L	(Range: 4 - 11)
Platelet count	271 10*9/L	(Range: 150 - 400)
Red blood cell (RBC) count	4.27 10*12/L	(Range: 3.8 - 5.8)
Haematocrit, 0.390	0.39	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	91.4 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	30.6 pg	(Range: 27 - 32)
Red blood cell distribut width	13.2 %	(Range: 11 - 14.8)
Neutrophil count	2.4 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.2 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.4 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

25-Oct-2021 Dr DO NOT USE Rocha DO NOT USE (MAR) Awaiting clinical code migration to EMIS Web

Lab Results Urea and electrolytes Generally unwell

Urea and electrolytes(MAR) - Satisfactory/Normal:

Serum sodium	139 mmol/L	(Range: 133 - 146)
Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	5.8 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 49 - 90)
AKI warning stage NA		(No range available)

Liver function test(MAR) - Satisfactory/Normal:

Serum total bilirubin level	8 umol/L	(Range: <21)
Serum alkaline phosphatase	89 U/L	(Range: 30 - 130)
Serum ALT level	12 U/L	(Range: <40)

Serum total protein(MAR) - Satisfactory/Normal:

Serum C reactive protein level(MAR) - Satisfactory/Normal:

eGFRcreat (CKD-EPI)/1.73 m*2eGFR adjustment for ethnicity no longer recommended (NICE NG203)(MAR) - ok:

25-Oct-2021 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

Lab Results Serum TSH level Generally unwell

Serum TSH level(JPO) - Satisfactory/Normal:

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25-Oct-2021 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Lab Results HbA1c levl - IFCC standardised Generally unwell
HbA1c levl - IFCC standardised Target for control in diabetes is 48mmol/mol or less (NICE 2015)
The cut off value in diagnosis is 48mmol/mol.(DXM) - Satisfactory/Normal:

15-Oct-2021 Dr Sarah Njeri (SarahN) LOWTHER MEDICAL CENTRETelephone consultation

History History Follow up tel review
History History Had a consultation with pt about 2 weeks ago, she was having a low mood, depressed, lost her ***** (commited suicide)
History History Started on sertraline
History History Feeling better, mood is better
History History has gone back to her work
History History Has a close friend that hse has been chatitng with and is supportive
History History she is not suicidal
Comment Comment assessment depression, getting better
Comment Comment continue current treatment
Comment Comment has an appt for bloods
Comment Comment advised if becomes unwell, suicidal to seek medical attention

13-Oct-2021 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREGP Surgery

History Advice about long acting reversible contraception
History General contraceptive advice
History History Implant expired-on POP since started new relationship-no missed pills
History History 7 day rule
History Informed consent for procedure
History History asceptic technique
History History lidocaine 2 % 2 mls R arm 942504 exp 10/22
History Removal of hormone implant from subcutaneous tissue
History History Lidocaine 2% 2mls injected into new site as per faculty guidance
History Insertion of hormone implant (MSD,Feb-2026,u016099)
History Subcutaneous contraceptive implant palpable -post fit
Comment Minor surgery claim administration

12-Oct-2021 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP SMS text message sent to patient Appt reminder: Oct 13 at 11:05AM with Dr ***** Hull-***** If you no longer require this appt please reply CANCEL. PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

11-Oct-2021 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Lab Results Standard chest X-ray
Standard chest X-raycough Cough on and off for 1 year, smoker. cxr to r/o maligancy CLINICAL INDICATION: cough Cough on and off for 1 year, smoker. cxr to r/o maligancy COMPARISON: CR CHEST 22-Dec-2016 FINDINGS: chest. PA erect. Heart and mediastinum are central and the heart is not enlarged. No definite active lung parenchymal or pleural lesions seen. COMMENT: normal chest x-ray. Dr ***** ***** Consultant Radiologist 2664305 Supplementary report: Agree with above report. Reported by : ***** ***** / EXTERNAL(AMI) - Satisfactory/Normal:

10-Oct-2021 Mr patientcare messenging (PCM) Awaiting clinical code migration to EMIS Web

myGP SMS text message sent to patient Appt reminder: Oct 13 at 11:05AM with Dr ***** Hull-***** If you no longer require this appt please reply CANCEL. PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. If you have a booked appt and you are a shielding patient and prefer to wait in your car or outside, please inform the Receptionist when you arrive.

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01-Oct-2021 Dr Sarah Njeri (SarahN) LOWTHER MEDICAL CENTREGP Surgery

History	History Has been generally unwell for last 1 year, since loosing her ***** - committed suicide
History	History Feels low, not sleeping well, reduced appetite
History	History Has been on fluoxetine 20mg, not helping now
History	History Feels drained and lethargic
History	History Does drink alcohol occasionally, smokes cigarettes
History	History Is not suicidal
History	History Has also had a cough on and off last 1 year, current episode for 1 week, productive, at times whitish phglem at time greenish, no sob
History	History No chest pain
History	History Has also had pain on and off right shoulder and shoulder blade, no trauma
History	History No fever
History	History Also has had pain lower back, more to the right side, on and off, mld- moderate non radiating
History	History No weakness of limbs, no loss of sensation limbs or perianal region, no bladder or bowel disturbance, no saddle anaethesia
History	History No weight loss, no night sweats
Examination	Examination Alert, not in distress
Examination	Examination bp 128/84 hr 84 sats 98 ra rr 18 tenp 36
Examination	Examination chest clear
Examination	Examination s1s2 heard
Examination	Examination abdome soft non tender
Examination	Examination CNS power 5/5 all limbs, sensation and reflexes normal, cn 2-12 intact
Examination	Examination back mild tenderness right lower back
Examination	Examination right shoulder not swollen, no tenderness, goo drange of movements
Comment	Comment Assessment 1. depression 2. Irti 3. muscular pain
Comment	Comment Analgesics
Comment	Comment D/W options - increase fluoxetine dose or try different med, prefers to try something different
Comment	Comment Try setraline
Comment	Comment Would like talk therapy- will self refer to first steps, has contacts
Comment	Comment As cough on and off, 1 yr, smoker- CXR
Comment	Comment Routine bloods
Comment	Comment Review in 2 weeks time
Test Request	Unknown specimen
Test Request	Unknown specimen

01-Oct-2021 Dr Sarah Njeri (SarahN) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, We have booked a follow up telephone review on 15/10/2021 at 1400, please let us know if the time is not suitable for you. Thanks, Dr ***** Njeri Lowther Medical Centre

01-Oct-2021 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Comment	Patient mobile telephone number 07495727803
Comment	SMS text message sent to patient Dear Ms Prowse, I have booked you an appointment for 230pm on Monday 4th October . please reply to this text to confirm you can attend TO RESPOND, please follow this link: (link will autogenerate here) Thanks, *****-***** Pink Lowther Medical Centre

30-Sept-2021 Dr Sarah Njeri (SarahN) LOWTHER MEDICAL CENTRETelephone consultation

History	History Has been having mid back pain for about 10 weeks, non radiating, mild- moderate pain
History	History No trauma, no fever
History	History No wekaness of limb, no bladder or bowel disturbance, no perianal loss of sensation
History	History Also has had right shoulder pain for about 3 months, no trauma
History	History She is able to move the shoulder, no swelling, no fever
History	History No chest pain, no sob
History	History She works as a mechanic, does a lot of heavy lifting
History	History Would like to be checked over
Comment	Comment Assessment likely muscular pain
Comment	Comment Offered face to face appt today, unable to attend, needs a morning appt, will come tomorrow for exam
Comment	Comment Advised if has weakness of limbs, bladder or bowel disturbance to seek medical attention

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29-Sept-2021 Ms Jackie Sisson (JZS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	A&E report *A&E report (29-Sep-2021)*	

29-Sept-2021 Mrs Pamela Woods (PW) Awaiting clinical code migration to EMIS Web

Comment	Administration note	
Comment	Patient mobile telephone number 07495727803	
Comment	SMS text message sent to patient Dear Ms Prowse, we appeared to get cut off I did try to ring you back but this is the link i was trying to tell you about. You can submit non-urgent medical queries, requests forms and more via the link below: https://bit.ly/3jvRgBO Please allow us 3 working days to process any requests. Thanks, Pam ***** Lowther Medical Centre	

18-May-2021 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.:	

07-Apr-2021 External User () LOWTHER MEDICAL CENTREExternally entered note

Procedure	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,30-Jun-2021,PW40011,Left arm)	
Comment	Comment Informed consent given for treatment	
Comment	Comment Open access service | Administered by *****, Laura (Reg Code: Not Provided) | Vaccination Provider ODS Code: N9W7M	

31-Mar-2021 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRETelephone consultation

History	Telephone encounter -during covid pandemic	
History	Bereavement -***** comitted suicide last year;2 children-has family support	
History	History having counselling with FS and keen for bereavement counselling, explained Cruse-self referral process	
History	History offered ***** our CPN-declined for the present	
History	History keen to restart meds-prefers Fluoxetine-describes emotional lability and low mood, sleep ok, but does have nightmares	
History	History advised	
History	History review if any concerns	
History	Chesty cough , sputum-yellow, pleuritic type pain when coughs, ? fever at night-symptoms for a week-assess at red centre-appt booked today.	
Social	Current smoker	2 /day
Social	Smoking cessation advice	

31-Mar-2021 Dr Ashley Liston (A.Liston) Enterprise consultation

History	History Past week or two has had tickly cough--phlegmy in AM	
History	History Covid positive end Feb--amosmia 2 days, no fever/cough	
History	History Main concern related to whether OK to get covid vax today--***** for 10yr old ***** with learning disablity (and 13yr old *****)	
History	History currently trying to quit smoking--has reduced to 2/day	
History	Trying to give up smoking	
History	Smoking cessation education	
Examination	Examination Looks well---not SOB walking down corridor	
Examination	Tympanic temperature	36.2 degrees C
Examination	Pulse rate	88 beats/min
Examination	Respiratory rate	15 /minute
Examination	Examination chest clear	
Examination	Peripheral oxygen saturation	99 %
Social	Social ***** 2 ***** 10+13. Wks car mechanic	
Comment	Comment Reassured chest clear	
Comment	Comment OK for covid vax today	
Comment	Comment Encouraged re quitting smoking	

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18-Mar-2021 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTRETelephone consultation

History History 07495727803 discuss implant removed its been 4 years next week. tested covid+ 25/02 advised needs alternative contraception until implant can be changed will start pop - take for 3w then preg test -if negative continue until implant can be changed
Comment Comment This consultation was conducted during the COVID19 pandemic. All discussions and management were made with latest evidence and in best interests of protection of the patient and staff in mind.

25-Feb-2021 Dr Jerome Poppe (JP12) Awaiting clinical code migration to EMIS Web

Lab Results SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positiveSARS-CoV-2-ORGY PHE informed. No notifiable disease notification needed.(JPO) - No action required:

11-Feb-2021 Mr Kieran Smith (Kieran.Smith) Awaiting clinical code migration to EMIS Web

Lab Results SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negativeSARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.:

12-Jan-2021 Ms Helen McLean (HML) Awaiting clinical code migration to EMIS Web

Lab Results SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative
SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negativeSARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.:

16-Oct-2020 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTRETelephone consultation

History History pains in back feeling awful , poss uti, bleeding.. tel; 07495 727 803 no asnwer when called at 1648hrs

25-Sept-2020 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Comment Patient mobile telephone number 07495727803
Comment SMS text message sent to patient Dear Ms Prowse, New guidlelines for implants following the covid pandemic is they are now allowed to stay in for 4 years as still effective . If you have any concerns can you please call and arrange a telephone review Thanks, *****-***** Pink Lowther Medical Centre

03-Sept-2020 Mr Kieran Smith (Kieran.Smith) LOWTHER MEDICAL CENTREScanned document

Document A&E report
A&E report (03-Sep-2020)
Problem Abrasion of foot Foot injury, Xray normal

26-July-2020 Mrs Susan Lister (susan.L) Awaiting clinical code migration to EMIS Web

Document Clinical document
(26-Jul-2020) Clinical document

16-July-2020 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) LOWTHER MEDICAL CENTRETelephone consultation

Problem Telephone encounter
History History her ***** hang himself 4 days ago, he passed away early this morning
History History she is very anxious, emotional, insomnia, not panic attacks, she denies thoughts of self harming
History History 2 children one teenager the other 9 years old, friends staying with her
History History for small dose of diazepam for 5 days, review after face to face, OOH CHOC/ casualty, review anytime if deterioration, OOH CHOC/ casualty
History History This consultation occurred during the covid19 pandemic. All decisions were made with the latest evidence and with the best interests of the patients and staff in mind.

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04-Mar-2020 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

11-Feb-2020	Lab Results	Cytology laboratory test : Yes previous hpv No	
		Cytology laboratory test(FCI) - Satisfactory/Normal:	
		Cervical cytology test HPV PRIMARY SCREENING - NO CYTOLOGY REPORTED. High-risk HPV NOT DETECTED. Routine recall is recommended	(No range available)
		CYTOLOGICAL PATTERN No cytology result [X]	(No range available)
		SPECIFIC INFECTION [0] High risk HPV NOT DETECTED	(No range available)
		MANAGEMENT SUGGESTED [A] Routine recall	(No range available)

11-Feb-2020 Mrs Michelle Kewley (MB) LOWTHER MEDICAL CENTREGP Surgery

Comment	Informed consent for cervical smear given
Comment	Chaperone not available
Comment	Comment cervix visulised sweep taken vious hpv detected
Procedure	Ca cervix - screening done (GMS)

18-Jan-2020 Mrs Jennifer Kennedy (JKEN) Enterprise consultation

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18-Jan-2020 Mrs Jennifer Kennedy (JKEN) Enterprise consultation

History	History cough	
History	History couhing wroseing for a for weeks	
History	History has has a cxr last year	
History	History coughing up green phelgm - no blood noted	
History	History smokes 2-3 per day	
History	History no pain on inspiration	
History	History no pain on expiration	
History	History pain on coughing	
History	History no calf pain no pedal pain	
History	History no chest pain	
History	History ? fever noted	
History	History well hyrated	
History	History no chance of pregancy	
History	History no n+v	
History	History no abdo pain	
History	History no loose stools	
Examination	Respiratory rate	17 /minute
Examination	Peripheral oxygen saturation	99 %
Examination	Tympanic temperature	36.9 degrees C
Examination	Pulse rate	88 beats/min
Examination	O/E - pulse rhythm regular	
Examination	Capillary refill time	1 s
Examination	Examination chest - crackles to left lower zone only - nil else noted	
Examination	Examination good colour	
Examination	Examination calfs soft and non tendr	
Additional	Oxygen therapy not required	
Additional	Advice to return if problem persists or deteriorates Patient advised as to signs of deterioration. Particularly for Sepsis, increasing respiratory rate or breathlessness, increasing confusion and/or irritability, pale or blanched skin. If these develop then help should be sought as a matter of urgency with consideration of presenting directly to GP, A&E or calling 999	
Result	Royal ***** of Physicians NEWS (national early warning score), 0	
Comment	Comment 1 - abx discussed + discussed allergies	
Comment	Comment 2 - sputum requested	
Comment	Comment 3 hydration	
Comment	Comment 4 quit smoking	
Comment	Health education given	
Comment	Comment 5 - review if no better	
Comment	Comment 6 - discussed sign of sepsis	
Comment	Comment 7 - review if no better /sos - here / gps /choc /111	
Comment	Comment 8 - review next week if no beters	
History	History requesting to re start ssri	
History	History home stresses / strggling at home with her mood	
History	History ***** is at mayfield - behavioural issues - having support from elms	
History	History finding her mood is low	
History	History enjoys her job as a mechanic	
History	No suicidal thoughts	
History	No apparent risk of suicide	
History	History no one taking advanatage of her	
History	History not a risk to self or others	
History	History not hearing voices	
History	History no hallucinations	
History	History has good supprt from her ***** gavin, ***** and *****	
History	History keen to enjoy her future as a mechanic	
Examination	Examination good eye conatct	
Comment	Comment 1 - re start ssri - no blleding from anywhere, discussed use of this, how to take this medication, how this can make her feel within the first few weeks etc	
Comment	Comment 2 - review in 2/52	
Comment	Comment 3 - review soonr if needed	
Comment	Comment 4 - councilling	
Comment	Comment 5 - review / sos with any issues here /gps / choc / 111 / 99 if needed	
Problem	Lower respiratory tract infection	

14-Jan-2020 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter The Royal ***** Infirmary Orthopaedics Patient DNA. DOCUMENT FILED 22.1.20*
Additional	Letter from consultant

03-Dec-2019 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Discharge from service *Physiotherapy Discharge Letter*

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05-Nov-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinical Letter The Royal ***** Infirmary Orthopaedics DOCUMENT FILED 14.11.19*
	Additional	Seen in orthopaedic clinic

11-Oct-2019 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

08-Oct-2019	Document	DNA hospital appointment *DNA Orthopaedics Clinic*

08-Oct-2019 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

06-Oct-2019	Document	Letter from consultant *Orthopaedics Clinic Letter (VFC)*

08-Oct-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinical Letter The Royal ***** Infirmary Orthopaedics DOCUMENT FILED 11.10.19*
	Additional	Seen in orthopaedic clinic

07-Oct-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinical Letter The Royal ***** Infirmary A & E Knee pain? Dislocation relocation of the patella. DOCUMENT FILED 11.10.19*
	Additional	Seen in hospital casualty

05-Oct-2019 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

	Additional	Attachment *Clinical Letter West Cumberland Hospital Accident & Emergency Sprain/ligament injury knee joint. Outpatient clinic. DOCUMENT FILED 8.10.19*
	Additional	Seen in hospital casualty

04-Jun-2019 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

02-Jun-2019	Lab Results	Urinary MC&S ?UTI **Urinary MC&S**FINAL REPORT A/B Rx: Nitrofurantoin White Blood Cells 125 /uL Red Blood Cells 16 /uL Epithelial Cells +++ Organism count between 10,000 and 100,000 organisms/ml 1. Escherichia coli 2. 3. 1. 2. 3. Co-amoxiclav R Pivmecillinam S Nitrofurantoin S Trimethoprim R Urine Culture & Sensitivity currently not UKAS accredited(DXM) - No action needed - correct abx:

02-Jun-2019 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Document	Clinical document *(02-Jun-2019) Clinical document*

27-Mar-2019 Dr Fiona Ironside (FI) Enterprise consultation

	History	History hpv - high risk dsicussed,
	History	History suggest she reduce cigarettes, asking about sti screen- suggest we send to gum ,they doa better screen
	History	History also, chest rattly and coughng +++
	Examination	Examination bases clearbut marked ronchi and wheeze, suggest we add prn salbutamol until chest settles, advised how to take it.

19-Mar-2019 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

21-Feb-2019	Document	Seen in breast clinic *Breast Surgery Clinic Letter*

15-Mar-2019 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

21-Feb-2019	Lab Results	Cytology laboratory test CX NML Implanon **Cytology laboratory test**(FCI) - No action needed:	
		Cervical cytology test HPV PRIMARY SCREENING - CYTOLOGY REPORTED. High-risk HPV DETECTED. No abnormal cells seen. Please repeat in 12 months	(No range available)
		CYTOLOGICAL PATTERN Negative[2]	(No range available)
		SPECIFIC INFECTION [9] High-risk HPV OTHER detected	(No range available)
		MANAGEMENT SUGGESTED [R] Repeat in 12 months	(No range available)

21-Feb-2019 Mrs Michelle Kewley (MB) LOWTHER MEDICAL CENTREGP Surgery

	Procedure	Cervical smear taken (GMS) CONSENT GIVEN OS VISULISED SWEEP TAKEN

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31-Jan-2019 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Comment	Comment C+B to contact pt with appt. ac - dough lemon. mt	
Referral	Fast track referral for suspected breast cancer . *Referral Type: Outpatient*	
Document	e-RS Letter (31-Jan-2019) *NHS e-Referral UBRN 000321938360 for Fast track referral for suspected breast cancer*	

29-Jan-2019 Dr Fiona C Ironside (FCI3735) LOWTHER MEDICAL CENTREGP Surgery

29-Jan-2019 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTREGP Surgery

30-Jan-2019	Referral	Referral to breast clinic . *Referral Type: Outpatient*	
30-Jan-2019	Document	Referral Letter (30-Jan-2019) *for Referral to breast clinic*	
	History	History cold symptoms , sweating , vomiting ,cough discoloured phlegm , diet reduced tolerating fluids	
	Examination	Blood oxygen saturation	97 %
	Examination	O/E - pulse rate	96 beats/min
	Examination	O/E - tympanic temperature	36.6 degrees C
	Examination	O/E - rate of respiration	12 /minute
	Examination	Examination chest good air entry crackles heard L lower base	
	History	History c/o pain and lump in L breast , pain getting worse , and can be worse on period	
	Examination	Examination o/e granular changes felt in L breast into axilla no obvious lump (examined by jhd) for referreal to breast clinic for further advice	

24-Dec-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Discharge summary *DNA - Discharge - First Step*

13-Dec-2018 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Document	Letter encounter to patient *Further Appointments (1st DNA) Address correct*

26-Oct-2018 Dr Herath Herath (HH3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Low mood
Examination	Examination MSE - low but good eye contact, normal speech, no active suicidal ideation. review in 2 weeks

19-Oct-2018 Dr Herath Herath (HH3735) LOWTHER MEDICAL CENTREGP Surgery

History	History no alarm symptoms
Examination	Examination no focal neurology, tender over the right border of the sacrum
Comment	Comment agreed for a trial of above, review in one week.
Problem	Sciatica

17-Oct-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Mental health assessment *Assessment Summary - First Step*

15-Oct-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Letter encounter *Letter Encounter - First Step*

11-Oct-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Discharge summary *DNA - Discharged - First Step*

10-Oct-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Letter encounter *Letter Encounter - First Step*

04-Oct-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Letter encounter to patient *Patient Letter - First Step*

25-July-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document	Discharge summary *Discharge Summary - First Step*

THIRD PARTY COPY

16-May-2018 Mrs Amanda Stephenson (AXS) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document Patient mobile telephone number ? correct
Mobile Number check

10-May-2018 Mrs Tracey Park (TPK) LOWTHER MEDICAL CENTREGP Surgery

Comment Comment req fluoxetine
Comment Comment iplato sent tci tp

02-May-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document Mental health assessment
Assessment Summary Letter - First Step

27-Apr-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document Letter from consultant
Letter from Consultant - First Step

26-Apr-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document Letter sent to patient
Letter to patient - First Step

09-Apr-2018 Mr Stephen Macleod (SMM) Awaiting clinical code migration to EMIS Web

Document Discharge summary
Failure to Engage Letter from First Step

29-Mar-2018 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Document Letter sent to patient
Positive Choice Letter (Online Self Referral)

27-Feb-2018 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTRETelephone consultation

History Telephone encounter -asked to ring child protection 505567-voicemail saying ring later 14:49 JHD

15-Nov-2017 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREGP Surgery

History General contraceptive advice
History Verbal advice about long acting reversible contraception
History Check of subcutaneous contraceptive
History History amenorrhoea-explained happens with implant,expires next year
History Urine pregnancy test -negative-reassured
History Low mood -felt coped better when on Fluoxetine-restart
History History recurrent minor folliculitis-advised r/v prn
History History discussed prn pain relief for knees
Social Ex smoker
Social Lifestyle advice regarding alcohol
Social Patient advised re diet
Social Patient advised re exercise
Social Social *****-for *****

15-Nov-2017 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREAdministration note

Regime Review Medication review with patient

01-Oct-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency (R) Ankle inversion injury - FILED 03.10.17
Additional Seen in hospital casualty

01-Oct-2017 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency Full A&E form. DOCUMENT FILED 12.10.17
Additional Administration

21-Apr-2017 Mrs Tracey Park (TPK) LOWTHER MEDICAL CENTREGP Surgery

Comment Comment requesting urgent script for fluoxetine to Late Night Pharmacy please - has ran out LB

THIRD PARTY COPY

14-Mar-2017 Dr Nosheen Bhutta (NB12) LOWTHER MEDICAL CENTREGP Surgery

Problem	Upper respiratory infection NOS
History	History red blistery pussy pustules on post pharyneal wall with bilat tenderLN.temp 37.2, chest clear.using pcml, difflam.duration about 2 weeks.centor 3-4/4.for Pen V.r/w if no better

16-Feb-2017 Dr Joanne Hull-Davies (JHD) LOWTHER MEDICAL CENTREGP Surgery

Test Request	Unknown specimen
History	Dyspepsia
History	History reflux sx for many years-tried antacids and ranitidine
History	History weight stable
History	History lifestyle discussed
History	History stool for Helicobacter, trial of ppi after submitted sample and r/v
History	Epidermal cyst -upper abdomen, l arm-reasssured-keen for m/o explained scars would be more unsightly, advised against-keen to discuss with FI
Social	Current smoker
Social	Smoking cessation advice
Social	Lifestyle advice regarding alcohol
Social	Patient advised re diet
Social	Patient advised re exercise
Comment	Medication review with patient
Comment	Advice about long acting reversible contraception
Comment	Contraception counselling
Assessment	Need and Indication
Assessment	Open questions
Assessment	Tests and monitoring
Assessment	Evidence and guidelines
Assessment	Adverse events
Assessment	Risk reduction or prevention
Assessment	Simplification and switches
Regime Review	Medication review with patient

15-Feb-2017 Mrs Anne-Marie Pink (AMP3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Problem contraception counselling - wanting impalnt changed has expired but no risk of pregnancy , no ***** at present
Procedure	Removal of subcutaneous contraceptive
Procedure	Insertion of subcutaneous contraceptive (Jul-2021,mo48035)
Additional	Name of clinician
Additional	Advice about long acting reversible contraception
Additional	Other information advised condoms for 7 days
Additional	Counselling for contraceptive implant
Additional	Insertion site DELETE AS APPROPRIATE Right Upper Arm
Additional	Expiry date of local anaesthetic 12/17
Additional	Batch number of local anaesthetic 16042014
Additional	Bandage applied
Comment	Sore throat symptom for a few days with ear pain
Comment	Clinical management plan agreed ANALGESIA , FLUIDS AND REVIEW PRN
Examination	Examination on examination EAR -NAD THROAT - NAD
Examination	O/E - tympanic temperature 37.2 degrees C

11-Jan-2017 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

22-Dec-2016	Lab Results	Standard chest X-ray **Standard chest X-ray**X-ray chest Report: Normal heart, lungs and mediastinal contours. Dr Fionnan ***** BA MB BCh BAO (Hons) MRCSI FRCR Consultant Radiologist GMC No. 7047324 DMC Imaging LTD www.dmcimaging.co.uk Reported by : Dr Fionan ***** GMC7047324 / EXTERNAL(FCI) - No action needed:

30-Dec-2016 Mrs Michelle Kewley (MB) LOWTHER MEDICAL CENTREGP Surgery

Additional	Full consent for immunisation
Procedure	Seasonal influenza vaccination (sanofi,May-2017,n2a311,GMS,Right arm)

13-Dec-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREAdministration note

Comment	Comment 07 495 727 803 struggling to breath had coughfor 6/52 in a lot of pain phlegm black going rvi with ***** tonight so unable to come in morn

THIRD PARTY COPY

13-Dec-2016 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Chesty cough	
History	History intermittent last few weeks no haemoptysis , sputum grey/green	
History	History pain in chest after coughing, does smoke no weight loss	
History	History no calf pain no recent travel pain rt side of chest after coughing ++	
Examination	O/E - tympanic temperature, 37.0 degrees C	37 degrees C
Examination	O/E - pulse rate	88 beats/min
Examination	O/E - rate of respiration	12 /minute
Examination	Blood oxygen saturation	99 %
Examination	Examination chest good ae few creps lt base	
Examination	Examination tender rt ant chest wall	
Comment	Comment advised re meds do cxray and rev with result sooner any worsening.	
Referral	Refer for X-ray . *Referral Type: Outpatient*	
Document	Referral Letter (13-Dec-2016) *for Refer for X-ray*	

06-Dec-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREAdministration note

Comment	Comment think she may have broken a rib coughing. in alot of pain can cant move her arm with out causing fourther pain. 07495 727 803

06-Dec-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREAdministration note

Comment	Did not attend - no reason emergency appointment

02-Nov-2016 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Document	Discharge summary *Assessment DNA Discharge Letter Assessment DNA Discharge Letter*

17-Oct-2016 Sister Diana Morgan (DXM_) LOWTHER MEDICAL CENTREAwaiting clinical code migration to EMIS Web

Document	Clinical document *NHS 111 Report*

17-Oct-2016 Dr Fiona C Ironside (FCI3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Telephone encounter
History	History poorly over the weekend
History	History has been to newcastle and now has pain in rt side, and has goit worse and worse, has taken soem pain relief, has had an episode like this before, at that time it was a kidney infection buit there is a history of kidney problems in the family pain is bad but not sore to touch .

17-Oct-2016 Dr Fiona C Ironside (FCI3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Home visit
History	History called to see, in pain rt side, horrific when she moves. seems she moved all the furniture around in her living room and then drove to newcastle
Examination	Examination temp 36.2
Examination	Examination hr 89/min resp rate normal sats normal
Comment	Comment exquisitaly tender over back rt side over paraspinal muscles and serratus anterior
Comment	Comment ? rtor/pulled muscle, for nsaid does get ingdigestion but no astham advised to take nassaid after food
Comment	Comment review iof does not settle
Medication	Medication (NOT ISSUED) Naproxen 500mg tablets One To Be Taken Twice A Day After Food, 56 tablet
Medication	Medication (NOT ISSUED) Diazepam 2mg tablets 1 up to tds, 21 tablet

12-Oct-2016 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Admin letter First Step Mental Health FILED 17.10.16*
Additional	Letter encounter

12-Oct-2016 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Patient reviewed
History	History mood settling , feeling brighter
History	History things settling down at home
History	History has not called first steps does not feel she needs to at present but has number agreed cont meds and rev any new changing or worsening.

THIRD PARTY COPY

27-Sept-2016 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

Problem	Problem low mood	
History	History lots going on at ho,me	
History	History split with ***** of 7 years , ***** has alcohol issues	
History	History ***** been sleeping with *****	
History	History sleep terrible, no suicidal ideation	
Comment	Comment had chat re meds, advised re therapeutic time, poss s/effects	
Comment	Comment rev 2/52 sooner any problems	
Comment	Comment NOT TAKING SUMATRIPTAN	
Comment	Comment referred first steps number given.	

21-Sept-2016 Sister Joanne Eldon (JXE3735) LOWTHER MEDICAL CENTREGP Surgery

History	History gets migraines, worse under stress, tried codeine which made it worse agreed meds rev 1/52 re mood see sooner any problems.	
Problem	Migraine	

18-Aug-2016 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter West Cumberland Hospital Accident & Emergency (R) ankle sprain. DOCUMENT FILED 23.8.16*	
Additional	Seen in hospital casualty	

18-Aug-2016 Mr Docman PCTI (DME3735) Awaiting clinical code migration to EMIS Web

Additional	Attachment *Clinical Letter West Cumberland Hospital Accident & Emergency FULL A&E FORM FILED 30.08.2016*	
Additional	Seen in hospital casualty	

07-Mar-2016 Mrs Gillian Hewitson (GH3735) LOWTHER MEDICAL CENTREGP Surgery

Additional	Patient allocated named accountable general practitioner	
Additional	Informing patient of named accountable general practitioner	
Problem	Cough (Moderate,Continuous) 4 days been abroad and feeling unwell, clammy, aching continuous cough	
Examination	O/E - tympanic temperature	36.4 degrees C
Examination	O/E - pulse rate	76 beats/min
Examination	Blood oxygen saturation	99 %
Examination	O/E - chest examination normal	
Examination	Throat examination - normal	
Examination	Ear examination - normal (Bilateral)	
Comment	Patient given advice review SOS	

11-Feb-2016 Sister Joanne Eldon (JXE3735) Awaiting clinical code migration to EMIS Web

Document	Clinical document *(11-Feb-2016) Clinical document*

11-Feb-2016 Mrs Julie Marlborough Howorth (JMH) LOWTHER MEDICAL CENTREGP Surgery

Comment	Comment treatment received for UTI form CHOC.
Comment	Comment Asking re pain killers.
Comment	Comment Had been advised simple analgesia only.
Comment	Comment Discussed this

15-Jan-2016 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Contact dermatitis in the hands, advice given PRIORITY=3
Acute Issue(s)	Acute Issue(s) Hydrocortisone 1% cream - TWICE A DAY

THIRD PARTY COPY

04-Jan-2016 Mrs Tracey Park (TPK) Awaiting clinical code migration to EMIS Web

Diagnosis	Dysuria pain up back passage yesterday went and sat down blood came out and was dripping ++ from bottom and now has horrndous pain in kidneys PRIORITY=6
Examination	Examination of patient sats 98 % hr 76/min urinalysis ++ leucocytes and blood abdi soft nhas a large posterior anal fissure PRIORITY=6
Diagnosis	Agreeing on care plan anusol hc and review treat with trimethoprim for uti, also issue oc co-codamol and review advised re excess use PRIORITY=6
Attachment	Out of Hours Report letter
Repeat Auth	Repeat Auth Anusol Plus HC ointment (McNeil Products Ltd) - THREE TIMES A DAY
Acute Issue(s)	Acute Issue(s) Trimethoprim 200mg tablets - ONE TABLET TWICE A DAY (FOR INFECTION PLEASE FINISH COURSE)
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY
Repeat Issue(s)	Repeat Issue(s) Anusol Plus HC ointment (McNeil Products Ltd) - THREE TIMES A DAY

29-Oct-2015 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

29-Oct-2015 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=7
Attachment	Patient letter *consent*

08-Oct-2015 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

08-Oct-2015 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

07-Oct-2015 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

Test type	Blood sample -> Lab NOS

06-Oct-2015 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Symptom	Tired all the time has poor sleep as irching wakes her up nil to see on skin but very dry has implant PRIORITY=6	
Examination	O/E - weight	75 Kg
Examination	Body Mass Index	26.8
Symptom	C/O: itching generalised ? why PRIORITY=6	
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: itch Priority: non-urgent, Ordered from: Blood Sciences, All samples collected Test: HbA1c, Status: Complete, Updated: 07/10/2015 Test: Amylase, Status: Complete, Updated: 07/10/2015 Test: Vitamin B12, Status: Complete, Updated: 07/10/2015 Test: ESR, Status: Complete, Updated: 07/10/2015 Test: Full Blood Count, Status: Complete, Updated: 07/10/2015 Test: Ferritin, Status: Complete, Updated: 07/10/2015 Test: Folate, Status: Complete, Updated: 07/10/2015 Test: Liver Function Tests, Status: Complete, Updated: 07/10/2015 Test: Thyroid Function, Status: Complete, Updated: 07/10/2015 Test: Urea & Electrolytes, Status: Complete, Updated: 07/10/2015	
Acute Issue(s)	Acute Issue(s) Epaderm ointment (Molnlycke Health Care Ltd) - USE TWICE A DAY	

09-Sept-2015 Mr David Edward Williams (DEW) Awaiting clinical code migration to EMIS Web

Management	Advice about treatment given Advised patient to cosider booking into Dr Ironside minor surergy clinic for excision. PRIORITY=3
Diagnosis	Prepatellar bursitis Patient c/o 9/12 hx of fluid filled bursa to right pre patella, now painful pressing against clothing. Patient is mobile & weightbearing normally. PRIORITY=3
Intervention	Patient advised about rest, ice, compression and elevation Housemaid's Knee (Prepatellar Bursitis) 15/11/2013 Type of advice given: Leaflet and advice

25-Aug-2015 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Did not attend - no reason PRIORITY=6

11-Jun-2015 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

11-Jun-2015 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

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08-Jun-2015 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Examination	Ca cervix - screen done Source of smear: In this Practice Exclude from target report: N Adequate smear: N
Examination	Ca cervix screen-no result yet Source of smear: In this Practice Exclude from target report: N Adequate smear: N
Examination	Current smoker Smoking status on date of event: Y
Intervention	Smoking cessation advice for Smoking
Intervention	Smoking cessation programme declined PRIORITY=7
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: pv discharge Priority: non-urgent, Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 08/06/2015 Test: N gonorrhoeae PCR, Status: Complete, Updated: 08/06/2015 Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 08/06/2015

18-Feb-2015 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter had abx for ?BV - symptoms settled down but now smell and discharge back again although bv not identifiede on swab - advised screen by gum / microscopy and then review PRIORITY=6

10-Feb-2015 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

10-Feb-2015 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

05-Feb-2015 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Symptom	Vaginal discharge symptom white thrush like has gone and now left with clear/cloudy smelly dc. no bleeding occuring every couple of period cycles. under gyn for ix chronic pelvic pains. speculum performed and thick green/white dc seen at cervix and swabs taken. tx for BV and phone numbers checked PRIORITY=3
Acute Issue(s)	Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

05-Feb-2015 Dr Ami Hall (AMI3735) Awaiting clinical code migration to EMIS Web

Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: PV discharge- cream/green and smell+ Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 05/02/2015 Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 05/02/2015 Test: N gonorrhoeae PCR, Status: Complete, Updated: 05/02/2015

29-Dec-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Thrush vaginally, for 1 week, very itchy advice igven, review if no better and vaginal swabs PRIORITY=3
Acute Issue(s)	Acute Issue(s) Clotrimazole 500mg pessary and Clotrimazole 2% cream - INSERT PESSARY AT NIGHT AND APPLY CREAM EXTERNALLY THREE TIMES A DAY
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

18-Nov-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

06-Nov-2014	Administration	Administration Clinical Letter West Cumberland Hospital Accident Emergency Full AE form PRIORITY=7
06-Nov-2014	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form*

11-Nov-2014 Mrs Dympna White (DXW_) Awaiting clinical code migration to EMIS Web

06-Nov-2014	Administration	Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency Minor head injury discharged home PRIORITY=7
06-Nov-2014	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Minor head injury discharged home*

THIRD PARTY COPY

07-Nov-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis	Minor head injury christmas light fell on her head yeserday - atttended AE and advised paracetamol. Still having headaches, Bp normal, PERTLA. No vomiting, no LOC. Has co-codamol as home advised to use as required short term. Any change to sx to seek medical advice. No cut to head PRIORITY=6
Immunisation	Seasonal influenza vaccination *L8216 EXP 5.2015, LEFT ARM - ***** children Stage=0 Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular Due date=07/11/2015 Immunisation Type=Influenza - Seasonal*

07-Nov-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis	Minor head injury Down whitehaven yesterday and christmas lights fell on top of her, bump to head, attended casulty, they said if bad head today to go and see GP. She has a bad head and apracetamol is not taking it away - 07969324353, can't answer between 11am andn 12am, but leave a message - agree see pm PRIORITY=6

30-Oct-2014 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Agreeing on care plan Chronic pelvis pain laparoscopy June -NAd but small perf in uterus. Settled and was OK. Period 2 weeks ago which stopped 1 week ago then few days heavy pv bleed with clots. HAs impant so no change pregnant. Abdo tender in LIF else NAd - try norethisterone and review next week if no better. PRIORITY=6
Acute Issue(s)	Acute Issue(s) Norethisterone 5mg tablets - TAKE ONE THREE TIME DAILY

15-Oct-2014 Dr Mahdi Jamal Nazar (NJM_) Awaiting clinical code migration to EMIS Web

Symptom	Sore throat symptom Attends with a 3 days history of sore throat and coryzal type symptoms; headache, aches and pains, earache and runny nose. States having had tonsils removed in past. Patient reports no cough, no SOB, no CP. No abdo pain/nausea or vomiting. Patient otherwise drinking plenty but not eating due to discomfort. Patient reports suffering from migraines, no new headache, photophobia or rash. OE: Alert and comfortable at rest, no signs of distress. Temp: 36.5, SATS: 98%, ENT - NAD Chest clear, BP: 100/80, HR: 60 regular no cervical lymphadenopathy, PEARLE - no photophobia IMP: Viral URTI Advised most likely viral self limiting URTI, advised rest, fluid regular paracetamol, simple linctus for irritable cough. Advised patient that if feeling more unwell will need to be seen again whether with CHOC OOH, GP or A&E. PRIORITY=3
Acute Issue(s)	Acute Issue(s) Difflam 0.15% Sore Throat Rinse (Meda Pharmaceuticals Ltd) - GARGLE 15ML EVERY 1.5 TO 3 HOURS
Acute Issue(s)	Acute Issue(s) Tramadol 50mg capsules - 1 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

15-Oct-2014 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration	Administration NOS been given a mouthwash to gargle with but unable to do so, would like a throat spray PRIORITY=6
Acute Issue(s)	Acute Issue(s) Benzydamine 0.15% oromucosal spray sugar free - 4-8 PUFFS EVERY 1.5-3 HOURS AS REQUIRED

07-Aug-2014 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Did not attend - no reason PRIORITY=6

04-Aug-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Attachment	Referral letter *repeat urine*

31-July-2014 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

Administration	Administration NOS rpt urine in 2 weeks pelase to ensure infection ahs gone. PRIORITY=6

28-July-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

THIRD PARTY COPY

25-July-2014 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

	Diagnosis	Urinary tract infection, site not specified pain left upper quadrant , dysuria treat PRIORITY=6
	Test type	Urine dipstick test nitrites +++, leucocytes++,
	Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: ?uti Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 25/07/2014
	Acute Issue(s)	Acute Issue(s) Cefalexin 500mg capsules - THREE TIMES A DAY

24-July-2014 Ms Stacey Chester (SC1) Awaiting clinical code migration to EMIS Web

	Administration	Administration NOS DNA PRIORITY=3

15-July-2014 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

	Diagnosis	Acute upper respiratory tract infection one week cough green ear chest throat clear al viral advised PRIORITY=6
	Diagnosis	Sciatica occ in bed back pain a bit more settled acute L foot drop 2 yewars ago feel ankle pain at times swelling if feel dislocating R side sciatica in bed and L below knee occ pain L leg PRIORITY=6
	Administration	Medication review with patient Due Date: 15/01/2015 Reviewing Clinician: Dr T White
	Repeat Auth	Repeat Auth Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY
	Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

10-Jun-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

	Administration	Discharge summary re admission 4.6.14 to 6.6.14 (AG RNLAY). Diagnostic laparoscopy. Perforated uterus. PRIORITY=7
06-Jun-2014	Administration	Discharge summary report Discharge Summary/Report Cumberland Infirmary Gynaecology PRIORITY=7
06-Jun-2014	Attachment	Document Image letter *Docman Attachment (From): Cumberland Infirmary, Gynaecology (Description:) Discharge Summary/Report*
04-Jun-2014	Intervention	Diagnostic laparoscopy of female pelvis PRIORITY=3
04-Jun-2014	Examination	Accidental organ perforation during a procedure Peforated uterus PRIORITY=4

03-Jun-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Intervention	Patient given telephone advice during surgery hours pt would like a call to discuss her ***** medication. Tel: 07969324353. - see ***** KA 24.10.07 screen Type of advice given: Advice

14-May-2014 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

	Administration	Telephone encounter ABDO PAIN AND CAnNOT GO ON HOLIDAY 19 05 blackpool wanst to transfer as needs a letter PRIORITY=6
	Attachment	Referral letter

13-May-2014 Miss Cara Amy O'Brien (CAO_) Awaiting clinical code migration to EMIS Web

29-Apr-2014	Administration	Seen in gynaecology clinic Clinical Letter Cumberland Infirmary Gynaecology PRIORITY=7
29-Apr-2014	Attachment	Document Image letter *Docman Attachment (From): Cumberland Infirmary, Gynaecology (Description:) Clinical Letter*

02-May-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

01-May-2014 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

01-May-2014 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

20-Mar-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Administration	Administration NOS From AT I have had a look at this and because she has made her choice and been appointed she would have to have a new referral to go somewhere else. I could do this but there is nowhere that could see her any sooner. The only thing you can do is ring the team and ask them to see her sooner if you feels she warrants this, they will not let me expedite appt unfortunately. PRIORITY=6

THIRD PARTY COPY

20-Mar-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Failed encounter - message left on answer machine asking if someone can chase up gynae appt, CIC, as not till april and in a lot of pain, 079 69 324 353 tp - advised will pass to AT to see if any sooner, if not will have to wait. PRIORITY=6

03-Mar-2014 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

30-Jan-2014 Intervention Removal of subcutaneous contraceptive PRIORITY=6

21-Feb-2014 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

21-Feb-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

21-Feb-2014 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Intervention Medication requested 079 69 324 353 needs pain meds re gynae thank you Was given tramadol when admitted as emergency, awaiting OPA with gynae - Script at rec PRIORITY=6
Acute Issue(s) Acute Issue(s) Tramadol 50mg capsules - 1 OR 2 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION
Repeat Issue(s) Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

11-Feb-2014 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Problem MSG:Gynaecological referral
Administration Choice and booking - enhanced services administration PRIORITY=7
Referral Activity Gynaecological referral *UBRN:000249216292 : TP Speciality = Gynaecology : FHSA Speciality = Gynaecology. Referral Type: Outpatient*
Attachment Patient letter
to patient with C&B details and password (dough lemon)
Attachment Referral letter
11/02/2014 Refer for Gynaecological referral at department of with UBRN: 000249216292 by: Dr J Woffindin

05-Feb-2014 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter returned call no reply PRIORITY=6
Attachment Out of Hours Report letter

04-Feb-2014 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter returned call no reply PRIORITY=7

31-Jan-2014 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Problem MSG:Gynaecological referral

31-Jan-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

30-Jan-2014 Administration Administration NOS Admin letter . Other admin Signed Consent Form PRIORITY=7
30-Jan-2014 Attachment Document Image letter
Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) Signed Consent Form

30-Jan-2014 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Diagnosis Remov subcutaneous contraceptive implant othr healthcre prov using local anaesthetic and aseptic technique PRIORITY=6
Diagnosis Insertion of subcutaneous contraceptive site altered due to reaction at first implant site inserted into R arm felt and agreed in situ by pt - bn 421830/418344 dressing applied PRIORITY=6
Attachment Patient letter
CONSENT
Acute Issue(s) Acute Issue(s) Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) - IMMEDIATELY
Acute Issue(s) Acute Issue(s) Xylocaine 1% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (AstraZeneca UK Ltd) - IMMEDIATELY

THIRD PARTY COPY

29-Jan-2014 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Problem	MSG:Gynaecological referral	
Examination	O/E - weight	70 Kg
Examination	Cigarette smoker Smoking status on date of event: Y	
Examination	Alcohol consumption Drinking status on eventdate: Y Units of alcohol drank per week: 6	6 units/week
Symptom	Vaginal discharge symptom will take own swab advice given PRIORITY=6	
Examination	Body Mass Index	25
Intervention	Smoking cessation advice for Smoking	
Intervention	Health education offered for Alcohol	
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: discharge Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Vulval Swab - C&S, Status: Complete, Updated: 29/01/2014	

29-Jan-2014 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

20-Jan-2014	Administration	Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency Full AE Form PRIORITY=7
20-Jan-2014	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Form*

22-Jan-2014 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

	Administration	Discharge summary re admission 20.1.14 to 21.1.14 (K1). Pelvic pain of unknown cause PRIORITY=7
21-Jan-2014	Administration	Discharge summary report Discharge Summary/Report West Cumberland Hospital Gynaecology PRIORITY=7
21-Jan-2014	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Gynaecology (Description:) Discharge Summary/Report*

22-Jan-2014 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

20-Jan-2014	Administration	Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency treat as PID PRIORITY=7
20-Jan-2014	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) treat as PID*

21-Jan-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

08-Jan-2014 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

	Administration	Did not attend - no reason PRIORITY=9

10-Dec-2013 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

	Intervention	Medication requested collect from surgery do PRIORITY=3
	Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

05-Nov-2013 Ms Donna O'Brien (dob) Awaiting clinical code migration to EMIS Web

	Administration	Did not attend - no reason PRIORITY=9

28-Oct-2013 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

	Intervention	Medication requested collect from surgery do PRIORITY=3
	Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

THIRD PARTY COPY

27-Sept-2013 Dr Rosalyn Hallewell (RHA_) Awaiting clinical code migration to EMIS Web

Diagnosis	Urinary tract infection, site not specified pain in back and lower abdomen for last week. also burning and stinging on urination and increased urinary frequency. O/E: tender lower abdo and renal angles bilaterally. PRIORITY=6	
Diagnosis	Agreeing on care plan cefalexin 500mg tds for 7 days. d/w FI PRIORITY=6	
Diagnosis	Migraine recurring problems with migraines used to take co-codamol but not helping. visual disturbance, has to lie down, can last a couple of days. no contraindications to triptans. try sumatriptan. PRIORITY=6	
Test type	Urine dipstick test leu++ prot + bld ++	
Lab results	O/E - temperature level	36.8 degC
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: ?pyelonephritios Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 27/09/2013	
Acute Issue(s)	Acute Issue(s) Sumatriptan 50mg tablets - ONE TABLET TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET, DOSE MAY BE REPEATED IF MIGRAINE RECURS (MAX 300MG IN 24 HOURS)	
Acute Issue(s)	Acute Issue(s) Cefalexin 500mg capsules - TAKE ONE THREE TIMES A DAY	

10-Sept-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

10-Sept-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

09-Sept-2013 Mrs Tracey Park (TPK) Awaiting clinical code migration to EMIS Web

Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

27-Aug-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

30-July-2013 Dr Fiona C Ironside (FCI3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Did not attend - no reason PRIORITY=6

17-July-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9

15-July-2013 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Intervention	Patient given telephone advice during surgery hours knee pain 5/6 days very strong cant put any presure on leg feeling of giving wat meds not helping 079 69 324 353 Left knee pain, feels as if ging to give way, been taking 30/500mg co -codamol and 400mg Ibur. Swelling on knee - no trauma to knee - agree increase to naproxen, compression - script LMC Type of advice given: Advice
Symptom	Knee pain see below, agree see if worsens PRIORITY=6
Acute Issue(s)	Acute Issue(s) Naproxen 500mg tablets - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems

11-Jun-2013 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Administration	Failed encounter NOS PRIORITY=6

11-Jun-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

29-May-2013 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

01-May-2013	Administration	Administration Admin Letter West Cumberland Hospital Physiotherapy No contact PRIORITY=7
01-May-2013	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Physiotherapy (Description:) Admin Letter (Notes:) No contact*

THIRD PARTY COPY

02-Apr-2013 Dr Richard Blakemore (RBL3735) Awaiting clinical code migration to EMIS Web

Administration	Medication review with patient Due Date: 02/10/2013 Reviewing Clinician: Dr T White Complete: 15/07/2014 Next Review Date: 15/01/2015
Intervention	Had a chat to patient Infection in face - swollen down ear - sore neck. Pus from piercing for AB clinical review if no better PRIORITY=6
Repeat Auth	Repeat Auth Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY
Acute Issue(s)	Acute Issue(s) Flucloxacillin 500mg capsules - 1 CAPSULE FOUR TIMES A DAY
Acute Issue(s)	Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

28-Mar-2013 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9

18-Mar-2013 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral	Refer to physiotherapist *UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral*
Activity	*Type: Outpatient*
Attachment	Other Attachment letter *Request for physiotherapy.*

15-Mar-2013 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Symptom	C/O - low back pain thoracic and lumbar spine, intermittent right sciatica back of her thigh for 2 weeks, after moving a sofa exam power=sensation+sphincters=reflexes normal advice given, refer for physio PRIORITY=6
Acute Issue(s)	Acute Issue(s) Naproxen 500mg tablets - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems
Acute Issue(s)	Acute Issue(s) Omeprazole 20mg gastro-resistant capsules - 1 CAPSULE ONCE A DAY

20-Feb-2013 Ms Tanya Rigg (TR_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9

17-Dec-2012 Ms Jackie Sisson (JZS) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9

12-Dec-2012 Dr M Roshandel (MR_) Awaiting clinical code migration to EMIS Web

Diagnosis	Boil NOS 2 small red boil on right side of chest for few weeks,nothing on breats and no breast abnormality is sore slightly,try abx PRIORITY=6
Examination	Cigarette smoker Smoking status on date of event: Y 3 Cigarettes/day Number of cigarettes smoked per day: 3
Intervention	Smoking cessation advice Type of advice given: Advice
Acute Issue(s)	Acute Issue(s) Flucloxacillin 500mg capsules - 1 CAPSULE FOUR TIMES A DAY
Acute Issue(s)	Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

07-Dec-2012 Ms Tanya Rigg (TR_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9

29-Nov-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

09-Nov-2012 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

05-Nov-2012 Administration Administration NOS TAKEN OFF AT RISK PRIORITY=0

31-Oct-2012 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

22-Oct-2012	Administration	Result Result Manchester Cytology Centre Cytology PRIORITY=7
22-Oct-2012	Attachment	Document Image letter *Docman Attachment (From): Manchester Cytology Centre, Cytology (Description:) Result*

THIRD PARTY COPY

30-Oct-2012 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

09-July-2012	Administration	Administration NOS AT RISK MEETING SCORE 2 Family has good support and things are improving. ***** is "child in need" ***** doing intensive ***** family and Triple 3 therapy. ***** will start Mayfield ***** in sept. Hopefully will be de-reg soon Lack of prioritisation towards Kyrans from Laura LD PRIORITY=0

29-Oct-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter discussed swab result and need for tx also ***** notification - happy with explanation - would like a full screen done avised wait 3w. PRIORITY=6
Intervention	Pt ad notify sexual ***** of sexual transmitted infection Chlamydia in Women 08/05/2010 Type of advice given: Leaflet and advice
Acute Issue(s)	Acute Issue(s) Azithromycin 250mg capsules - TAKE ALL TABLETS TOGETHER

26-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

24-Oct-2012 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

22-Oct-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Ca cervix - screen done PRIORITY=6
Diagnosis	Irregular menstrual cycle ? due to nexplanon - swabs taken and commence on pop for 3m then review. PRIORITY=6
Examination	Cigarette smoker Smoking status on date of event: Y 4 Cigarettes/day Number of cigarettes smoked per day: 4
Examination	Cervical smear: negative irregular bleeding ? adequacy - cervix visualised 360 degree sweep taken x 5 Source of smear: In this Practice Exclude from target report: N Adequate smear: Y
Intervention	Smoking cessation advice for Smoking
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: pv bleeding/dysparuenia Priority: non-urgent, Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 22/10/2012 Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 22/10/2012
Acute Issue(s)	Acute Issue(s) Cerazette 75microgram tablets (Merck Sharp & Dohme Ltd) - TAKE ONE DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena coil which will suppress your periods for 5 yearsPlease discuss these options with your doctor, practice nurse or pharmacist

22-Oct-2012 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Intervention	Advice about long acting reversible contraception Type of advice given: Advice

11-Oct-2012 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

Symptom	C/O: a rash on feet miconazole has helped a bit but still has some areas which look like ringworm on dorsum of feet try daktacort to return if not settling PRIORITY=6
Diagnosis	Hip pain both sides has common peroneal nerve palsy has seen orthopaedics waiting for physio asking for analgesia for hips script for co-codamol and ibuprofen given as before PRIORITY=6
Acute Issue(s)	Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems
Acute Issue(s)	Acute Issue(s) Hydrocortisone 1% / Miconazole 2% cream - APPLY TWICE A DAY
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

13-Sept-2012 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

06-Sept-2012	Administration	Seen in orthopaedic clinic Clinical Letter West Cumberland Hospital Orthopaedics PRIORITY=7
06-Sept-2012	Attachment	Document Image letter *Docman Attachment (From): West Cumberland Hospital, Orthopaedics (Description:) Clinical Letter*

THIRD PARTY COPY

30-Aug-2012 Ms Tanya Rigg (TR_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

23-Aug-2012 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Diagnosis Specified palsy NEC Common peroneal nerve palsy, possibly due to neuropraxia PRIORITY=3
16-Aug-2012 Administration Seen in orthopaedic clinic Clinical Letter West Cumberland Hospital Orthopaedics PRIORITY=7
16-Aug-2012 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Orthopaedics (Description:) Clinical Letter

23-Aug-2012 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

14-Aug-2012 Administration Administration Clinical Letter West Cumberland Hospital Accident Emergency Full AE form PRIORITY=7
14-Aug-2012 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form

23-Aug-2012 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

14-Aug-2012 Administration Administration Clinical Letter West Cumberland Hospital Accident Emergency Full AE form PRIORITY=7
14-Aug-2012 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form

16-Aug-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9
14-Aug-2012 Administration Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency left drop foot syndrome PRIORITY=7
14-Aug-2012 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) left drop foot syndrome

16-Aug-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

14-Aug-2012 Administration Seen in hospital casualty Clinical Letter West Cumberland Hospital Accident Emergency acute (L) foot drop PRIORITY=7
14-Aug-2012 Attachment Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) acute (L) foot drop

14-Aug-2012 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

Administration Administration NOS home visit canceled going to hospital ma PRIORITY=3
Administration Home visit admin fell asleep last night, leg numb from knee down, can move toes, says can't get to surgery no transport and 2 young children ma PRIORITY=3

13-Aug-2012 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis Pityriasis versicolor - highlighted as tanned -treat miconazole cream daily 3w PRIORITY=6
Acute Issue(s) Acute Issue(s) Miconazole 2% cream - APPLY DAILY 3W
Acute Issue(s) Acute Issue(s) Benzydamine 0.15% oromucosal spray sugar free - 2 DOSES 3 HOURS
Acute Issue(s) Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems
Repeat Issue(s) Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

06-Aug-2012 Ms Tanya Rigg (TR_) Awaiting clinical code migration to EMIS Web

Repeat Issue(s) Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

26-July-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Attachment Patient letter
The recent urine taken shows an infection. A prescription for a different antibiotics is enclosed.
Acute Issue(s) Acute Issue(s) Nitrofurantoin 50mg capsules - 1 FOUR TIMES A DAY

25-July-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

25-July-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

THIRD PARTY COPY

20-July-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis	Agreeing on care plan treat as UTI, MSU, HVS, anlagesia and fluids, OOH if worsens PRIORITY=6	
Symptom	Suprapubic pain tender, no loin pain PRIORITY=6	
Symptom	Vaginal discharge symptom normal bleed last month but brown discharge in last few days - HVS incase PID PRIORITY=6	
Diagnosis	Urinary tract infection, site not specified positive dipstick, pain on passing urine and she said blood PRIORITY=6	
Test type	Urine dipstick test blood, nitrates and WCC Abnormal	
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: UTI, vaginal discharge Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: Urine for MC&S, Status: Complete, Updated: 20/07/2012 Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 20/07/2012	
Acute Issue(s)	Acute Issue(s) Trimethoprim 200mg tablets - ONE TABLET TWICE A DAY	

05-July-2012 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

14-May-2012	Administration	Administration NOS AT RISK MEETING SCORE 2 Family has good support and things are improving. ***** is "child in need" ***** doing intensive ***** family and Triple 3 therapy. ***** will start Mayfield ***** in sept, on safeguard until review in June LD PRIORITY=0	

02-July-2012 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter ***** (Howgill family support) told me she had left lots of messages and laura had not res[ponded. PRIORITY=8	

26-Jun-2012 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Repeat Auth	Repeat Auth Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY	
Repeat Issue(s)	Repeat Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY	

02-May-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Examination	O/E - pulse rate reg Pulse: 76	76 Beats/min
Examination	O/E - chest examination normal clear, equal air entry PRIORITY=6	
Diagnosis	Costochondritis NOS tender on ribs 5-7 area on left side, slight swelling, occured after lifing ***** yeterday, chest clear, normal cv obs, PRIORITY=6	
Diagnosis	Agreeing on care plan NSAID and co-codamol, breathing exercises, bra day and night. Any red flags discussed to seek medical advice. PRIORITY=6	
Intervention	Self-help advice leaflet given Costochondritis PRIORITY=6	
Lab results	Pulse oximetry monitoring	99 %
Acute Issue(s)	Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems	
Acute Issue(s)	Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY	

02-May-2012 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Symptom	Rib pain no H/O trauma but got pain after lifting ***** out of shopping trolley. Pain on breathing, no coughing. Pain all on left side. Unable to get full breathe - to see incase PE PRIORITY=6

01-May-2012 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Intervention	Had a chat to patient came re smear to early also says ***** has blisters on penis wanting screened advised to go to gum and get checked out happy with this advised not to have upsi PRIORITY=7

02-Apr-2012 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

Administration	Administration NOS AT RISK MEETING SCORE 2 Family has good support and things are improving. ***** is "child in need" ***** doing intensive ***** family and Triple 3 therapy LD PRIORITY=0

THIRD PARTY COPY

29-Mar-2012 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

05-Mar-2012 Administration Administration NOS AT RISK MEETING SCORE 2 Family has good support and things are improving. ***** is "child in need" LD PRIORITY=0

28-Mar-2012 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

Attachment Patient letter
to patient re: DNA appts.

27-Mar-2012 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason treatment room PRIORITY=7

20-Feb-2012 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason treatment room. PRIORITY=7

07-Feb-2012 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=7

06-Feb-2012 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter PRIORITY=8

20-Jan-2012 Dr Gemma Kirby (GK_) Awaiting clinical code migration to EMIS Web

13-Dec-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

13-Dec-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

23-Nov-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis Patient reviewed re pelvic pain and dyspareunia since chiuldbirth 9m ago - has USS appt 13/12/11 PRIORITY=6
Examination Examination of patient pain R fornix, no masses , no discharge , uterus NAD PRIORITY=6
Examination Agreeing on care plan - await scan , anlgesia meantime PRIORITY=6
Acute Issue(s) Acute Issue(s) Ibuprofen 600mg tablets - TAKE ONE THREE TIMES DAILY
Acute Issue(s) Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

16-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis Patient reviewed PV discharge is now whitish, she still having suprapuvic and left IF disconfort on off and mild dyspareunia she still having PV bleeding on off, lasting 3 or 4 days at the time apyrexial, abdo exam as above, not distended, no guarding, BS present, soft, etc PV bleeding could be secondary to implanon done 7 months ago already got appointment for U/S in 2 weeks advice given, for internal exam STV or PM PRIORITY=6
Acute Issue(s) Acute Issue(s) Clotrimazole 500mg pessary and Clotrimazole 2% cream - AS DIRECTED

14-Nov-2011 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

11-Nov-2011 Administration Did not attend - no reason PRIORITY=7

08-Nov-2011 Mrs Donna O'Brien (DO_) Awaiting clinical code migration to EMIS Web

Attachment Referral letter
see gp re: swab result. do

07-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

07-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

07-Nov-2011 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Activity U-S abdominal scan . *Referral Type: Outpatient*
Attachment Other Attachment letter
Request for abdominal uss.

THIRD PARTY COPY

07-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter she left me a message asking for advice I phoned at 12.43 but nobody answer, message left PRIORITY=6

04-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis Acute pelvic inflammatory disease she has implanon for the last 6 months since 2 months ago irregular PV bleeding, lasting 3 or 4 days, then 3 or 4 days not bleeding, etc also low abdomen pain, dyspareunia, greish discharge exam apyrexial, pain in both IF and suprapuvic area, CVS stable, etc plan for vaginal swabs and treatment, review in 2 weeks, before if deterioration for U/S also to use condoms while on antibiotics PRIORITY=6

Administration Medication review with patient Due Date: 04/05/2012 Reviewing Clinician: Dr J Fidalgo Complete: 02/04/2013 Next Review Date: 02/10/2013

Acute Issue(s) Acute Issue(s) Metronidazole 400mg tablets - TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

Acute Issue(s) Acute Issue(s) Doxycycline 100mg capsules - TWICE A DAY

Acute Issue(s) Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY

04-Nov-2011 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Request Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Clinical Information: ?pid abdo pain Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 04/11/2011 Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 04/11/2011

13-Oct-2011 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

23-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter - advised of prescription and reason for it PRIORITY=6

21-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Administration Administration NOS - BV and thrush - treat accordingly PRIORITY=6

Acute Issue(s) Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

Acute Issue(s) Acute Issue(s) Clotrimazole 500mg pessaries - INSERT ONE AT NIGHT

20-Sept-2011 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

19-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

19-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

19-Sept-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Full A&E Report from 09.09.11

THIRD PARTY COPY

16-Sept-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis	Agreeing on care plan assume chlamydia and treat, will use condoms. ***** unaware of her reason to attend today - will tell him and her ***** if pos result PRIORITY=6
Examination	Examination of patient white discharge, tender cervix . PRIORITY=6
Examination	Swab - skin - HVS and cervix PRIORITY=6
Symptom	Vaginal discharge symptom - aware of ***** having had sex with her ***** although he denies it - dyspareunia and post coital bleeding PRIORITY=6
Diagnosis	Postcoital bleeding and LIF pain PRIORITY=6
Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Priority: non-urgent, Ordered from: Microbiology, All samples collected Test: High Vaginal Swab - C&S / BV, Status: Complete, Updated: 16/09/2011 Ordered from: Virology/Immunology, All samples collected Test: Chlamydia PCR, Status: Complete, Updated: 16/09/2011 Test: N gonorrhoeae PCR, Status: Complete, Updated: 16/09/2011
Acute Issue(s)	Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 FOUR TIMES DAILY
Acute Issue(s)	Acute Issue(s) Azithromycin 250mg capsules - IMMEDIATELY

13-Sept-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by casualty doctor 09.09.11, (R) wrist injury PRIORITY=7
Attachment	Other Attachment letter *A & E Form*

16-Aug-2011 Dr Gemma Kirby (GK_) Awaiting clinical code migration to EMIS Web

11-Aug-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

08-Aug-2011 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

05-Aug-2011 Mrs Debbie Todd (DJT) Awaiting clinical code migration to EMIS Web

04-Aug-2011 Administration Did not attend - no reason PRIORITY=7

04-Aug-2011 Miss Tammy Burns (TB_) Awaiting clinical code migration to EMIS Web

01-Aug-2011 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Activity	Standard chest X-ray . *Referral Type: Outpatient*
Attachment	Other Attachment letter *Request for chest x-ray.*

30-July-2011 Dr Gemma Kirby (GK_) Awaiting clinical code migration to EMIS Web

29-July-2011 Dr Gemma Kirby (GK_) Awaiting clinical code migration to EMIS Web

Symptom	C/O - cough 3w white sputum green and blood stained coughing till sick and headaches+ smoker but cant fever up and down temp down today chest sounds ok but going away next week. cxr re 3w cough in smoker and erythro. fbc and pertussis abx. happy for ***** to collect result if comes back when she is away PRIORITY=6
Acute Issue(s)	Acute Issue(s) Erythromycin 250mg gastro-resistant tablets - 2 TWICE A DAY
Acute Issue(s)	Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY

29-July-2011 Ms Katherine Spence (KS_) Awaiting clinical code migration to EMIS Web

Request	Request for Laboratory test requested Remote Test request from ICE system: North Cumbria University Hospitals Priority: non-urgent, Ordered from: Blood Sciences, All samples collected Test: Full Blood Count, Status: Complete, Updated: 29/07/2011 Ordered from: Virology/Immunology, All samples collected Test: Pertussis serology, Status: Complete, Updated: 29/07/2011

27-July-2011 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

22-July-2011 Administration Did not attend - no reason PRIORITY=3

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09-Jun-2011 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

09-Jun-2011 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

13-May-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Request for pelvic ultrasound*

12-May-2011 Dr Chike Nwamadu (CXN_) Awaiting clinical code migration to EMIS Web

Symptom	Abdominal pain 3m, since childbirth, aggravated by coitus, no pv bleeds/discharge, LMP abt 2w ago, no fever/systemic illness, bowels/urinary ok, o/e well, nil obvs distress, abd - full, soft, modrt tenderness suprapubic area, pv - not done, P - USS pelvis, analgesia, rvw PRIORITY=6
Acute Issue(s)	Acute Issue(s) Codeine 15mg tablets - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

12-May-2011 Dr Chike Nwamadu (CXN_) Awaiting clinical code migration to EMIS Web

Referral Activity	Ultrasound scan *hand written from. Referral Type: Outpatient*

05-May-2011 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Signed Consent Form*

28-Apr-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Intervention	Insertion of Implanon (nexplanon) - palpable L arm , confirmed by patient PRIORITY=7
Attachment	Referral letter

28-Apr-2011 Mrs Louise Maudling (LM_) Awaiting clinical code migration to EMIS Web

Acute Issue(s)	Acute Issue(s) Lidocaine hcl 1% Injection - AS DIRECTED

13-Apr-2011 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

Management	Postnatal visits post natal 6 weeks. Bottle feeding. LMP 09/04. uasing condoms. Keeen on Implanon- had before with no problems. P- Start minipill. Apptt for Implanon. To continue minipill till 2 days after implanon
Management	***** P/N 6 week exam.
Intervention	Contraception Service type: First service Claim expiry date: 13/04/2012
Examination	Cigarette smoker Smoking status on date of event: Y 2 Cigarettes/day Number of cigarettes smoked per day: 2
Acute Issue(s)	Acute Issue(s) Noriday 350microgram tablets (Pfizer Ltd) - 1 TABLET DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena coil which will suppress your periods for 5 yearsPlease discuss these options with your doctor, practice nurse or pharmacist
Acute Issue(s)	Acute Issue(s) Nexplanon 68mg implant (Merck Sharp & Dohme Ltd) - AS DIRECTED

23-Mar-2011 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Summary of Birth/***** Discharge Summary from Midwifery Care*

17-Mar-2011 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Administration	Discharge summary re admission 15.03.11, Overwater Ward, ? PID PRIORITY=7
Attachment	Discharge Summary letter *Gynae*

15-Mar-2011 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

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02-Mar-2011 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Notification of Birth
27-Feb-2011 Administration ***** female Outcome of pregnancy: Live birth

02-Mar-2011 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

10-Jan-2011 Administration Administration NOS taken off at risk PRIORITY=0

24-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

23-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

18-Feb-2011 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter metronidazole gel not available suggest treament with clindamyxicin instead not known to be harmful in pregnancy PRIORITY=6
Acute Issue(s) Acute Issue(s) Clindamycin 2% vaginal cream - APPLY AT NIGHT

17-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination O/E - fundus size - obstetric Fundus: 38 Unit of measure:38 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type Urine test for glucose Nil
Test type Urine protein test Nil

15-Feb-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis Bacterial vaginosis - treat metronidazole gel, also candida PRIORITY=6
Acute Issue(s) Acute Issue(s) Metronidazole 0.75% vaginal gel - INSERT 1 DOSE ONCE DAILY
Acute Issue(s) Acute Issue(s) Clotrimazole 500mg pessaries - INSERT ONE AT NIGHT

10-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Attachment Referral letter

10-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

10-Feb-2011 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

07-Feb-2011 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

03-Feb-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

22-Jan-2011 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

21-Jan-2011 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

20-Jan-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination O/E - fundus size - obstetric Fundus: 34 Unit of measure:34 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type Urine test for glucose Nil
Test type Urine protein test Nil

13-Jan-2011 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

06-Jan-2011 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

Diagnosis Boil NOS on sternum- 1 week O/E- small.likley to settle spontaneously. advised, rev prn PRIORITY=6
Immunisation Influenza vaccination *Stage=0 Batch Number=g 7118-7 Reason=Special Risk Group Source=In this Practice Status=Given Method=Intramuscular Due date=06/01/2012 Immunisation Type=Influenza - Seasonal Reason=Pregnant*
Acute Issue(s) Acute Issue(s) Gaviscon Advance oral suspension aniseed (Reckitt Benckiser Healthcare (UK) Ltd) - 5ML - 10ML 4 TIMES/DAY

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06-Jan-2011 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

Intervention	Advice about long acting reversible contraception PRIORITY=6

05-Jan-2011 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

04-Jan-2011 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

06-Dec-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated each with new *****, ***** has development problems know to Dr Precious Joint custody - split week between *****.***** has global development delays,attending Howgil 1-1 care SW seeing weekly LD PRIORITY=0

30-Dec-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 31 Unit of measure:31 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type	Urine protein test
Test type	Urine test for glucose

30-Dec-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Administration	Administration NOS MW request for iron PRIORITY=6
Acute Issue(s)	Acute Issue(s) Ferrous fumarate 210mg tablets - TAKE ONE 3 TIMES/DAY

26-Dec-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

23-Dec-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

11-Dec-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

09-Dec-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

08-Dec-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 28 Unit of measure:28 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type	Urine test for glucose Nil
Test type	Urine protein test Nil

30-Nov-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

08-Nov-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated each with new *****, ***** has development problems know to Dr Precious Joint custody hearing next week.Laura has temp residency order. ***** has some development delays, not making progress should be at footsteps doesn't attend but is attending Howgil. No access visit LD will keep trying to visit. SW seeing weekly LD PRIORITY=0

12-Nov-2010 Dr Anthony Round (APR_) Awaiting clinical code migration to EMIS Web

Diagnosis	Hip pain L hip last 5-6/52. Came on with back pain after moving furniture etc. Back pain has gone. Worse at night. O/E Pain mainly on active or passive hip flexion. For codeine 15mg prn. PRIORITY=6
Acute Issue(s)	Acute Issue(s) Codeine 15mg tablets - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

08-Nov-2010 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=6

05-Nov-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

04-Nov-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 23 Unit of measure:23 week Fetal heart heard: Y Fetal movement felt: Y
Test type	Urine protein test Trace
Test type	Urine test for glucose Nil

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01-Nov-2010 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Institute of Human Genetics, Newcastle*

25-Oct-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

11-Oct-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated each with new *****, ***** has development problems know to Dr Precious Joint custody hearing next week.Laura has temp residency order. ***** has some development delays, not making progress should be at footsteps doesn't attend but is attending Howgil. No access visit LD will keep trying to visit LD PRIORITY=0

19-Oct-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

	Administration	MED3 - doctor's statement 2/52 backpain PRIORITY=6
	Diagnosis	Agreeing on care plan advised exercises / paracetamol only and see if no better PRIORITY=6
	Symptom	Backache moving furniture when moving house - no cauda equina symptoms PRIORITY=6

13-Oct-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

09-Oct-2010 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

09-Oct-2010 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

08-Oct-2010 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

	Symptom	Dizziness symptom alst 1 week- felt unwell, light headed, sniffly cough. This AM- on probation comm work- felt dizzy & sat down O/E apyrexial, P80reg, BP 110/60, lungs clear, no neur defict P- FBC, RBg. Adv regarding meals, snacks, avoid prolonged standing. Rev if recurs. PRIORITY=6

07-Oct-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

09-Aug-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious Bitter custody battle continues joint custody still.Laura has temp residency order. ***** has some development delays, not making progress should be at footsteps. No access visit LD will keep trying to visit LD PRIORITY=0

29-Sept-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

27-Sept-2010 Dr Pratima Misra (PM_) Awaiting clinical code migration to EMIS Web

	Diagnosis	Common cold C/O cold, mild cough, no fever O/E apyrexial, P80, ENt nad, lungs clear. Likely viral- advised. rev prn wants sick note for last week as had cold- adv cannot give retrospective one PRIORITY=6

15-Sept-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

	Examination	O/E - weight	65 Kg
	Examination	Body Mass Index	23.3
	Examination	O/E - fundus size - obstetric msst taken Fundus: 16 Unit of measure: week Fetal heart heard: Y Fetal movement felt: Y	16
	Test type	Urine test for glucose Nil	
	Test type	Urine protein test Nil	

13-Sept-2010 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

13-Sept-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

	Administration	Telephone encounter wrong number in notes - will ask reception PRIORITY=6
	Administration	Administration NOS script issued PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Metronidazole 200mg tablets - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

09-Sept-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

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08-Sept-2010 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

24-Aug-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

13-Aug-2010 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

	Intervention	Medication requested by MW WCH - fh of spina bifida PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Folic acid 5mg tablets - TAKE ONE DAILY UNTIL FURTHER NOTICE

06-Aug-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

05-Aug-2010 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

29-July-2010 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

29-July-2010 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

29-July-2010 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

27-July-2010 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

	Examination	O/E - weight	64 Kg
	Examination	Body Mass Index	22.9
	Examination	O/E - fundus size - obstetric Fundus: 11 Unit of measure: 11 week Fetal heart heard: N Fetal movement felt: N	
	Test type	Urine test for glucose Nil	
	Test type	Urine protein test Nil	

22-Jun-2010 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Management	Patient pregnant approx 5 weeks, folic acid, smoking cessation offererd. To see MW approx 10 weeks
	Intervention	Self-help advice leaflet given Congratulations on your pregnancy PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Folic acid 400microgram tablets - TAKE ONE DAILY
18-May-2010	Diagnosis	Last menstrual period -1st day Expected date of delivery: 22/02/2011 Date of Recording: 22/06/2010

08-Jun-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

07-Jun-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious joint custody with both alleging the other .Laura has temp residency order. ***** has some development delays.LD to check if a court date has been gievn and who gets full custody LD PRIORITY=0

03-Jun-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

10-May-2010	Administration	Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious joint custody with both alleging the other is unsuitable,SS core assessment to be done, court case re custody,Laura has temp residency order. ***** has some development delays AC PRIORITY=0

20-May-2010 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

20-May-2010 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Attachment Patient letter
dna letter dna'd x5 in 2 months

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06-May-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

12-Apr-2010 Administration Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious joint custody with both alleging the other is unsuitable,SS core assessment to be done, court case re custody,Laura has temp residency order. ***** has some development delays LD PRIORITY=0

20-Apr-2010 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

16-Apr-2010 Administration Did not attend - no reason PRIORITY=3
16-Apr-2010 Administration Did not attend - no reason PRIORITY=3

08-Apr-2010 Dr A Clark (AMC_) Awaiting clinical code migration to EMIS Web

Symptom Dyspareunia Pain on intercourse - last 2-3 times. Last occured last night. No postcoital bleeding. No PV discharge. Periods reg - no problems. No pelvic pain. Doesn't experience vaginal dryness. ***** denies symptoms. No problems in the past. PRIORITY=6
Diagnosis Agreeing on care plan joint double appt with AMP - swabs and internal. PRIORITY=6
Acute Issue(s) Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY

07-Apr-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

01-Mar-2010 Administration Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious joint custody with both alleging the other is unsuitable,SS core assessment to be done, court case re custody,Laura has temp residency order. ***** has some development delays LD PRIORITY=0

30-Mar-2010 Dr T Ickes (TI_) Awaiting clinical code migration to EMIS Web

Acute Issue(s) Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE AS DIRECTED

24-Mar-2010 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=9

22-Mar-2010 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

19-Mar-2010 Administration Did not attend - no reason PRIORITY=3

26-Feb-2010 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration Administration NOS informed by chlamydia screening team that result positive and would require treatment - advised how to take and ***** treatment. PRIORITY=6
Administration Administration NOS dna hair testing. PRIORITY=6
Intervention Advice to patient - subject Chlamydia in Women Type of advice given: Leaflet and advice
Acute Issue(s) Acute Issue(s) Azithromycin 250mg tablets - TAKE ALL AT ONCE

22-Feb-2010 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Letter from Bleasdale & Co re cost of DNA testing

16-Feb-2010 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Letter from Bleasdale and Co Solicitors re DNA testing.
Attachment Medical Report letter
To Bleasdale and Co Solicitors re dna testing.

04-Feb-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

01-Feb-2010 Administration Administration NOS AT RISK SCORE 2 Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious joint custody with both alleging the other is unsuitable,SS core assessment to be done, court case re custody 1.2.10 LD PRIORITY=0

THIRD PARTY COPY

21-Jan-2010 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

11-Jan-2010	Administration	Administration NOS AT RISK SCORE Laura was a "looked after child" ***** type 1 offender.*****'s ***** , ***** seperated, noticed bruising on his back (fingermarks?) Child development problems know to Dr Precious LD PRIORITY=0

30-Dec-2009 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

03-Dec-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist
Administration	Choice and booking - enhanced services administration PRIORITY=3
Referral Activity	Refer to physiotherapist *UBRN:000168795898 : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient*
Attachment	Referral letter *03/12/2009 Refer for Refer to physiotherapist at West Cumberland Hospital department of Physiotherapy Dept with UBRN: 000168795898 by: Dr J Woffindin*

03-Dec-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment	Patient letter *To patient with choose and book details to arrange physio appt.*

02-Dec-2009 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Urinary tract infection, site not specified from this am very sore send MSU PRIORITY=6
Symptom	C/O: a pain left upper arm .Arm was trapped in a door by her ***** ***** very bruised and swollen now has pain some numbenss and weakness when trying to lift refer to physio PRIORITY=6
Acute Issue(s)	Acute Issue(s) Cefalexin 250mg capsules - TAKE ONE 4 TIMES/DAY
Acute Issue(s)	Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY

16-Nov-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *First Step - Did not respond to invitation to book appointment*

26-Oct-2009 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *First Step*

12-Oct-2009 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter failed-number not recognised-letter sent. PRIORITY=6
Intervention	Advice to patient - subject Bacterial Vaginosis Type of advice given: Leaflet and advice
Attachment	Patient letter *re swab result*
Acute Issue(s)	Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK

12-Oct-2009 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

	Intervention	Advice about long acting reversible contraception PRIORITY=6
17-Sept-2009	Administration	Chlamydia test offered PRIORITY=6

09-Oct-2009 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist

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06-Oct-2009 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist	
Test type	High vaginal swab taken X 2	
Administration	Medication review with patient Due Date: 06/04/2010 Reviewing Clinician: Dr J Fidalgo Complete: 04/11/2011 Next Review Date: 04/05/2012	
Diagnosis	HAD scale: depression score severe - wishes to have counselling as 1st line Result of Scoring Test: 19.000 Condition being assessed: 1BT..11 (Low mood)	19
Intervention	Drug not collected-lost script OCP PRIORITY=6	
Symptom	Low mood after recent breakup from ***** of 3 years, after finding out he was seeing someone. Has ***** 23 months and shares custody with *****, insomnia, no thoughts of self harm. Feels unhappy and asking to see counsellor. PRIORITY=6	
Administration	Medication review with patient ocp only Due Date: 06/04/2010 Reviewing Clinician: ***** ***** ***** Complete: 06/10/2009 Next Review Date: 06/04/2010	
Symptom	Low mood insomnia, unhappy, loss of appetite, panic attacks, anxiety - feels all caused through breakup with ***** and his ongoing threats - wishes to be ref for counselling as 1st line. No thoughts of self harm PRIORITY=6	
Referral Activity	Low mood *GIVEN NUMBER. Referral Type: Outpatient*	
Attachment	Referral letter *06/10/2009 Refer for Low mood at Commuinty Mental Health Team department of with by: ***** ***** ******	
Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE AS DIRECTED	

06-Oct-2009 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=9	

29-Sept-2009 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

18-Sept-2009	Administration	Did not attend - no reason PRIORITY=3

18-Sept-2009 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

17-Sept-2009 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist	
Examination	Cigarette smoker Smoking status on date of event: Y	
Examination	O/E - weight	68 Kg
Symptom	Worried about STD's chlam screening ***** given pt will make appt. for HVS PRIORITY=6	
Intervention	Medication requested would like to go back on COCP no migraine , FH of DVT , says not pregnant - ok PRIORITY=6	
Intervention	Health ed. - smoking for Smoking	
Examination	Body Mass Index	24.3
Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE AS DIRECTED	
Acute Issue(s)	Acute Issue(s) Co-codamol 30mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY	

17-Sept-2009 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Diagnosis	Urine screen for chlamydia offered PRIORITY=6	

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14-Aug-2009 Dr A Clark (AMC_) Awaiting clinical code migration to EMIS Web

17-Sept-2009	Repeat Auth	Repeat Auth Gentisone HC ear drops (AMCo) - TWO DROPS EVERY 3 HRS
17-Sept-2009	Repeat Auth	Repeat Auth Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED
17-Sept-2009	Repeat Auth	Repeat Auth Paracetamol 500mg tablets - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS
	Diagnosis	Viral infection NOS Unwell for 2/7, sore throat, ear ache and general malaise. Looks weary but well. Tolerating po fluids + still passing urine. O/e: temp 36.7, crt=2, chest clear, pulse 90 reg. Throat - erythematous - tonils removed. Uvula central. Ears- red, not buldging. Plan: gentisone ear drops, reg analgesia and push fluids. Rev if worse. PRIORITY=6
	Repeat Auth	Repeat Auth Paracetamol 500mg tablets - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS
	Repeat Auth	Repeat Auth Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED
	Repeat Auth	Repeat Auth Gentisone HC ear drops (AMCo) - TWO DROPS EVERY 3 HRS
	Repeat Issue(s)	Repeat Issue(s) Gentisone HC ear drops (AMCo) - TWO DROPS EVERY 3 HRS
	Repeat Issue(s)	Repeat Issue(s) Ibuprofen 400mg tablets - TAKE ONE THREE TIMES DAILY AS NEEDED
	Repeat Issue(s)	Repeat Issue(s) Paracetamol 500mg tablets - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

08-Apr-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist
Administration	Choice and booking - enhanced services administration PRIORITY=3
Referral Activity	Refer to physiotherapist *UBRN:000109291814 : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient*
Attachment	Referral letter *08/04/2009 Refer for Refer to physiotherapist at West Cumberland Hospital department of Physiotherapy Dept with UBRN: N by: Dr J Fidalgo*

08-Apr-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment	Patient letter *To patient with details of physio appt.*

07-Apr-2009 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

06-Apr-2009 Dr Deepali Mahajani (DEEPA_) Awaiting clinical code migration to EMIS Web

Symptom	Backache Patient came with h/o lower backpain gait normal, no difficulty in walking pain on bending. simple analgesia has not helped her reolve the symptom. examination straight leg raise is painful in left leg. advised to continue with analgesia and requested for physiotherapy. PRIORITY=3
Repeat Auth	Repeat Auth Co-codamol 8mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY
Repeat Issue(s)	Repeat Issue(s) Co-codamol 8mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY

17-Feb-2009 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

26-Nov-2008 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

17-Nov-2008 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Intervention	Contraception
Intervention	Had a chat to patient adament she wishes to have implant out despite my reassurances (family memeber , retrired DN has told her we are not correct in our management of her contraception) - robustly refuted , but nontheless wishes implant out, will continue OCP but says not going to forget it this time - 6m given PRIORITY=7
Attachment	Patient letter
Acute Issue(s)	Acute Issue(s) Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) - TAKE ONE AS DIRECTED
Acute Issue(s)	Acute Issue(s) Xylocaine 2% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (AstraZeneca UK Ltd) - IMMEDIATELY

17-Nov-2008 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

17-Nov-2008 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

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30-Oct-2008 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason 40 min appt PRIORITY=6	

23-Oct-2008 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason PRIORITY=6	

22-Oct-2008 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

03-Sept-2008 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Problem	MSG:Refer to physiotherapist	
Problem	MSG:Refer to physiotherapist	
Examination	O/E - weight	78.3 Kg
Examination	Body Mass Index	28
Examination	Drinks occasionally Drinking status on eventdate: Y	
Examination	Never smoked tobacco Smoking status on date of event: N	
Diagnosis	FH: Ischaemic heart disease ***** ***** code of condition: G3...00 (Ischaemic heart disease)	
Intervention	Contraception had implant in October 2007 and since then says has been bleeding all the time - DW AMP and to try 3/12 OCP first, then review, if no better to have HVS Service type: First service Claim expiry date: 03/09/2009	
Diagnosis	Sciatica back pain for 3 weeks, has tried OTC analgesia with little effect and swimming O/E c/o spinal tenderness L1 - 3, No recent trauma Limited ROM on flexion Normal bowel and urinary function. No parasthesia. Bilateral positive leg raise. No pins or needles. PRIORITY=6	
Diagnosis	Agreeing on care plan NSAID - to stop sos if any stomach problems Exercise Tcb if worsens or develops new symptoms If no better in 2 weeks - contact DXM and will ref to physio, tcb sooner if worsens PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Diclofenac sodium 50mg gastro-resistant tablets - TAKE ONE THREE TIMES DAILY	
Acute Issue(s)	Acute Issue(s) Co-codamol 8mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY	
Acute Issue(s)	Acute Issue(s) Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) - TAKE ONE AS DIRECTED	

24-July-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

24-July-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

24-July-2008 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter advised re swab result-still has sypmtoms therefore to treat.ABX explained. PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Metronidazole 400mg tablets - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK	

21-July-2008 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis	Period disorders bleeding after SI and some pain on intercourse. O/E discharge and normal cervix PRIORITY=6	
Test type	Swab sent to Lab hvs x3	

17-Jun-2008 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Diagnosis	Emotional support feeling a bit better. PRIORITY=8	

02-Jun-2008 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis	Patient reviewed feeling alot better - add to repeat , suggest 6m treatment PRIORITY=6	
Repeat Auth	Repeat Auth Fluoxetine 20mg capsules - TAKE ONE DAILY	
Repeat Auth	Repeat Auth Fluoxetine 20mg capsules - TAKE ONE DAILY	
Repeat Issue(s)	Repeat Issue(s) Fluoxetine 20mg capsules - TAKE ONE DAILY	

29-May-2008 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Diagnosis	Postnatal depression No access visit.planned appt.will try again to see. PRIORITY=8	

27-May-2008 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

22-May-2008	Diagnosis	Depressive disorder NEC PRIORITY=9	
22-May-2008	Lab results	HAD scale: depression score severe	17

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22-May-2008 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Symptom	C/O - feeling depressed last 5m - ***** 8 months old . Has had depression before , treated for 6m or so as a 16 year old PRIORITY=6
Diagnosis	Agreeing on care plan commence SSRI and review 10 days PRIORITY=6
Diagnosis	Angular stomatitis and cheilitis fucidin oint and iron supplements PRIORITY=6
Attachment	Referral letter *HAD*
Acute Issue(s)	Acute Issue(s) Fluoxetine 20mg capsules - TAKE ONE DAILY
Acute Issue(s)	Acute Issue(s) Fucidin 2% ointment (***** Pharma) - APPLY 3 TIMES/DAY
Acute Issue(s)	Acute Issue(s) Ferrous fumarate 210mg tablets - TAKE ONE 3 TIMES/DAY

20-May-2008 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Diagnosis	Postnatal depression EPDS score 23 today.Has been feeling very low for a while.struggles to cope with ***** at times as ***** prolonged crying episodes in evening.does have support from patrtner but sometimes they row .Has tried to change diet to feel better and looked at self help leaflets.Not feeling better .HV review next week. PRIORITY=8
Intervention	Referral to G.P. PRIORITY=8

07-May-2008 Sister Liz Donnan (LD2) Awaiting clinical code migration to EMIS Web

Administration	Seen by health visitor no access visit.note left PRIORITY=8

01-May-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

01-May-2008 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

30-Apr-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

30-Apr-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

28-Apr-2008 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Intervention	Nursing care blood sample taken lft,rbg,tft,fbc. PRIORITY=6

28-Apr-2008 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Diagnosis	Agreeing on care plan BT and review with results, also to inform HV To eat regular meals as may be due to low blood sugar levels. PRIORITY=6
Administration	White British PRIORITY=3
Diagnosis	HAD scale: depression score moderate Result of Scoring13 Test: 13.000 Condition being assessed: 1BT..11 (Low mood)
Intervention	Advice to patient - subject Postnatal Depression - A Self Help Guide Type of advice given: Leaflet and advice
Symptom	Low mood for last 3 to 4 months PRIORITY=6
Symptom	C/O - feeling unhappy PRIORITY=6
Symptom	Crying PRIORITY=6
Symptom	Relationship problems ***** ***** - but due to her mood swings she feels going to break down PRIORITY=6
Symptom	Suicide risk states none PRIORITY=7
Symptom	C/O - insomnia but also has a 7 month old ***** PRIORITY=6
Diagnosis	[D]Appetite loss 1 slice of toast in am only, no regular meals PRIORITY=6
Test type	Laboratory test requested fbc, tft, lft, rbs

11-Mar-2008 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Physiotherapy - No contact*

11-Feb-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

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30-Jan-2008 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

	Intervention	Insertion of subcutaneous contraceptive had EC 24/1/08 states having a normal period now and aware that EC can give an irregular bleed but very keen to have today. Discussed with NJS and advised to do pregnancy test in two weeks time. implant inserted into L arm felt and agreed by pt in situ. bn189881/239935 exp 3/12
	Acute Issue(s)	Acute Issue(s) Lidocaine hcl 2% Injection - IMMEDIATELY

28-Jan-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

25-Jan-2008 Mrs Elizabeth Dodd (ED_) Awaiting clinical code migration to EMIS Web

	Acute Issue(s)	Acute Issue(s) Implanon 68mg implant (Organon Laboratories Ltd) - AS DIRECTED

24-Jan-2008 Sister Gillian Barbara Hewitson (GBH_) Awaiting clinical code migration to EMIS Web

	Intervention	Emergency contraception upsi 25hrs ago, LMP 2/1/08 normal bleed, no other episodes of upsi this cycle, discussed implanon and will appoint, advice given Service type: First service Claim expiry date: 24/01/2009
	Diagnosis	[D]Diagnosis deferred skin lesion right little finger, inflammed, crusted/ dry skin not obviously plaque, try crm ? fungal elements therefore skin scrapings done PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Levonelle 1500microgram tablets (Bayer Plc) - TAKE ONE AS DIRECTED
	Acute Issue(s)	Acute Issue(s) Fusidic acid with hydrocortisone 2%with1% cream - APPLY TWICE DAILY

23-Jan-2008 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Administration	Did not attend - no reason PRIORITY=6

14-Jan-2008 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

	Diagnosis	Did not attend - no reason PRIORITY=6

02-Jan-2008 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

	Referral	Refer to physiotherapist *UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral*
	Activity	*Type: Outpatient*
	Attachment	Other Attachment letter *Request for physio.*

31-Dec-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

31-Dec-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

	Problem	MSG:Gynaecological referral	
	Examination	O/E - height	167 cm
	Examination	O/E - weight	70 Kg
	Examination	Body Mass Index	25
	Symptom	C/O - low back pain lower back since age 16 no where else can go up no tingling but can be numbness top R thigh wors e after childbirth bladder bowel ok SLR= 90 deg nop tenderness good movement = chronic mech LBP-> physio PRIORITY=6	
	Problem	MSG:Refer to physiotherapist	
	Problem	MSG:Refer to physiotherapist	

08-Nov-2007 Sister Gillian Barbara Hewitson (GBH_) Awaiting clinical code migration to EMIS Web

	Intervention	Medication requested for back pain ongoing problem from fall at 16 can refer to physio. also medication to get rid of breast milk finished breast feeding 2/7 ago advised best to follow natures course and let milk flow reduce itself, will assess for problems, discussed mastitis PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Co-codamol 8mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY

30-Oct-2007 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Notification of Birth*
24-Oct-2007	Administration	***** male Hospital: West Cumberland Hospital Outcome of pregnancy: Live birth

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17-Oct-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 35 Unit of measure:35 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type	Urine protein test Trace
Test type	Urine test for glucose Nil

17-Oct-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter @ 9.50am message left PRIORITY=6
Administration	Administration NOS from midwife msu result 9/10/07 .white cells great than 100, red bld cells less than 10, staphylococus saprohytaichus, sensitive amphicillin, cefalexin, nitro, trim needs a script and informed jp PRIORITY=6
Acute Issue(s)	Acute Issue(s) Cefalexin 250mg capsules - TAKE ONE 4 TIMES/DAY

12-Oct-2007 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Test type	Antenatal ultrasound scan at 22-40 weeks Exam date 8.10.07
Attachment	Ultrasound letter *Obstetric*

12-Oct-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

10-Oct-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

28-Sept-2007 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Test type	Antenatal ultrasound scan at 22-40 weeks exam date 24.09.07
Attachment	Ultrasound letter *Obstetric*

26-Sept-2007 Mrs Joan Parr (JPAR_) Awaiting clinical code migration to EMIS Web

25-Sept-2007	Administration	Seen by co-operative doctor 851436 22:26 25/09/07 LAURA PROWSE 01/09/1987 55 Wndermere Road N LPD STY STY Patients Telephone Number: - 07818 822 699 Patients GP NJ, ***** Follow-up Type of Contact LPD Symptoms: 7 BARTHOLINS CYST PATIENT IS 32 WEEKS PREGNANT Diagnosis: haemorrhoids Clinical Notes: End Disposition: 113 Diagnosis haemorrhoids V3 Examination has thrombosed pile - says has been constipated for 4 days recently but this has now resc;lved VS History began this am - sore swelling - wondered itt was en scess V3 Prescribed Product ID: 052 Name: DANUSOL F-IC ointment [PFIZER] Preperation: Ogram(s) Dosage: Oapply three times a day Qty: 030 V3 Treatment anusol HO - ice PRIORITY=9

18-Sept-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 31 Unit of measure:31 week Fetal heart heard: Y Fetal movement felt: Y Presentation: Cephalic
Test type	Urine test for glucose Nil
Test type	Urine protein test Nil

17-Sept-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Examination	Cigarette smoker Smoking status on date of event: Y 3 Cigarettes/day Number of cigarettes smoked per day: 3
Intervention	Smoking cessation advice Type of advice given: Advice
Intervention	Smoking cessation advice Type of advice given: Advice
Diagnosis	Urinary tract infection, site not specified assoc left ear infecteion injecetd drum freq and dysuria recent drops no good so amox to cover both UTI and ear infection PRIORITY=6
Acute Issue(s)	Acute Issue(s) Amoxicillin 500mg capsules - ONE 8 HOURLY

31-Aug-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

30-Aug-2007 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

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29-Aug-2007 Miss Tammy Burns (TB_) Awaiting clinical code migration to EMIS Web

Intervention	Medication requested by midwife PRIORITY=3	
Acute Issue(s)	Acute Issue(s) Peptac Oral solution Sugar free (IVAX Pharmaceuticals UK Ltd) - 2X5ML SPOON 4 TIMES/DAY	

28-Aug-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 28 Unit of measure:28 week Fetal heart heard: Y Fetal movement felt: Y	
Test type	Urine protein test	
Test type	Urine test for glucose	

28-Aug-2007 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

07-Aug-2007 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Symptom	H/O: vasovagal faint 2 episodes of dizziness, blackness and sweats, 1 yesterday and today. CV ob normal, no LOC, no recent viral infections - advised re regular meals and fluids and tcb if wosrsens or any LOC PRIORITY=6	
Examination	O/E - pulse rate Pulse: 72	72 Beats/min
Lab results	Glucometer blood sugar	5.2 mmol/L

31-July-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 24 Unit of measure:24 week Fetal heart heard: Y Fetal movement felt: Y	
Test type	Urine protein test Nil	
Test type	Urine test for glucose Nil	

31-July-2007 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

24-July-2007 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason ds PRIORITY=9

18-July-2007 Mrs Deborah A Spencer (DAS3735) Awaiting clinical code migration to EMIS Web

16-July-2007 Administration Did not attend - no reason ds PRIORITY=9

17-July-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis	Otalgia L ear - infection seems to have subsided , but still c/o pain . Try co-codamol butalso to use heat PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Co-codamol 8mg/500mg tablets - TAKE 1 OR 2 4 TIMES/DAY	

12-July-2007 Sister Gillian Barbara Hewitson (GBH_) Awaiting clinical code migration to EMIS Web

Examination	O/E - painful ear left ear 24hrs, drum intact, no cone of light minimal inflammation at drum, meatus red no obvious swelling, try spray and review for continuing PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Otomize ear spray (Forest Laboratories UK Ltd) - 1 METERED DOSE 3 TIMES DAILY UNTIL 2 DAYS AFTER CLINICAL CURE	

09-July-2007 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Test type	Antenatal ultrasound scan at 17-22 weeks Exam date 3.7.07	
Attachment	Ultrasound letter *Obstetric*	

30-Jun-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

27-Jun-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric Fundus: 19 Unit of measure:19 week Fetal heart heard: Y Fetal movement felt: Y	
Test type	Urine test for glucose Nil	
Test type	Urine protein test Nil	

15-Jun-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

15-Jun-2007 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

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15-Jun-2007 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

Attachment Referral letter
Letter asking for repeat urine test ad

15-Jun-2007 Mrs Anne-Marie Drake (AD_) Awaiting clinical code migration to EMIS Web

13-Jun-2007 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Examination Examination of patient abdomen as dog ran into her stomach yesterday on left lower side and c/o pain there, no PV bleeding - O/E abdomen soft and non teneder advice given if worsens or any bleed TCB SOS or attend OOH PRIORITY=6
Symptom Urinary symptoms burning, frequency , lower back pain - treat and MSU PRIORITY=6
Test type MSU sent to lab.
Test type Urine dipstick test Normal
Acute Issue(s) Acute Issue(s) Cefalexin 250mg capsules - TAKE ONE 4 TIMES/DAY

07-Jun-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination O/E - fundus size - obstetric well Fundus: 16 Unit of measure: week Fetal heart heard: Y Fetal movement felt: N Presentation: Unknown 16
Test type Urine protein test
Test type Urine test for glucose

07-Jun-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

05-Jun-2007 Mrs Anne-Marie Pink (AMP3735) Awaiting clinical code migration to EMIS Web

Examination MSU sent to lab. PRIORITY=6

04-Jun-2007 Ms A Receptionist (REC_) Awaiting clinical code migration to EMIS Web

24-May-2007 Administration Did not attend - no reason ds PRIORITY=7

24-May-2007 Ms Andrea Krefft (AK_) Awaiting clinical code migration to EMIS Web

Attachment Referral letter
Letter asking for repeat urine test for midwife.

14-May-2007 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Lab results Antenatal ultrasound scan at 9-16 weeks Exam date 10.5.07 12
Attachment Ultrasound letter
Obstetrics

11-May-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

10-May-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

10-May-2007 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment Patient letter
Letter to patient.

10-May-2007 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter i phoned her to home and movile at 8.50 am but nobody answer, message left in answer machine to phone me back in relation to MSU PRIORITY=6

09-May-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

09-May-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

09-May-2007 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Administration Telephone encounter i phoned both to home and her movile at 14.08 but nobody answer, message to phone me back left letter to ask to be intouch made PRIORITY=6

THIRD PARTY COPY

04-May-2007 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Symptom	Abdominal pain 12/40 , since this morning pain in left IF that radiates to left side of abdomen no dyspareunia, dysuria and frecuency, no loin pain exam apyrexial, pain and mild guarding in the area PRIORITY=6
Intervention	Emergency hospital admission gynae ward, WCH UTI? ECTOPIC ?? PRIORITY=6

04-May-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

03-May-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	O/E - fundus size - obstetric bloods done discussed mss 11 Fundus: 11 Unit of measure: week Fetal heart heard: N Fetal movement felt: N Presentation: Unknown
Test type	Urine test for glucose Nil
Test type	Urine protein test pos to nit, msu sent, already on amoxyl for ear infection Nil

30-Apr-2007 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Examination	O/E - painful ear painful ear for two weeks, and yesteday running discharge and said blood speakles in it. O/E canal swollen, spray not suitable in preg, so oral abx given. TCB if no better. PRIORITY=6
Acute Issue(s)	Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE TIMES A DAY

30-Apr-2007 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

Attachment	Patient letter *Letter asking for repeat urine test ma*

20-Apr-2007 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Lab results	Antenatal ultrasounds scan at 4-8 weeks exam date 7 05.04.07
Attachment	Ultrasound letter *Obstetric*

17-Apr-2007 Sister Gillian Barbara Hewitson (GBH_) Awaiting clinical code migration to EMIS Web

Examination	O/E - painful ear left and pre-auricular region, ear looks quiet, no swelling or inflammation noted, HCA Request medical cert back dated to 12/4/07 states too sick to get out of bed to sign on, had visited surgery on that day therefore cannot give cert as not correct, now only sick x 1 in am which can be normal in pregnancy PRIORITY=6

17-Apr-2007 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

12-Apr-2007 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

Examination	Tobacco consumption Smoking status on date of event: 3 Cigarettes/day Y Number of cigarettes smoked per day: 3 Date patient started smoking: 01/01/2000	
Examination	O/E - weight	60 Kg
Examination	Body Mass Index	21.5
Examination	O/E - fundus size - obstetric re to see jme for scan at newcastle Fundus: 8 Unit of measure: week Fetal heart heard: Y Fetal movement felt: Y Presentation: Unknown	8
Test type	Urine test for glucose Nil	
Test type	Urine protein test msu sent Nil	

05-Apr-2007 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

Diagnosis	Skin and subcutaneous tissue infections right ear since piercing 3 weeks ago - see if no better or cuedoc over weekend - note pregnant PRIORITY=6
Acute Issue(s)	Acute Issue(s) Fusidic acid 2% cream - APPLY 3 TIMES/DAY

02-Apr-2007 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Test type	Antenatal ultrasound scan exam date 23.03.07
Attachment	Ultrasound letter *Obstetric*

20-Mar-2007 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Activity	Antenatal ultrasound scan . *Referral Type: Outpatient*
Attachment	Other Attachment letter *Request for pregnancy scan.*

THIRD PARTY COPY

19-Mar-2007 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Management	Patient pregnant arrange u/sound scan pt anxious but not as much as her ***** is her with her for support suggest sees midwife after scan	
Acute Issue(s)	Acute Issue(s) Folic acid 400microgram tablets - TAKE ONE DAILY	

13-Mar-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

12-Mar-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter PMH confirmed blood tests PRIORITY=6	

09-Mar-2007 Mrs Louise Maudling (LM_) Awaiting clinical code migration to EMIS Web

Test type	Blood sample -> Lab NOS varicella immunity.	

08-Mar-2007 Dr T White (TCW_) Awaiting clinical code migration to EMIS Web

Examination	Chicken pox immune had recent ***** exposure but had clear chicken pox age 3 do antibodies PRIORITY=6	
Intervention	Advice to patient - subject Chickenpox Contact and Pregnancy Type of advice given: Leaflet and advice	
Diagnosis	Folic acid advice - pre-pregnancy PRIORITY=6	
Examination	Ex smoker Smoking status on date of event: D	
Examination	O/E - height	167 cm
Examination	O/E - weight	59 Kg
Examination	Body Mass Index	21.1
Symptom	Missed period one full month trying for ***** imp[lant taken out october then reg 28 day cycle periods PRIORITY=6	
Test type	Laboratory test requested chicken pox antibodies TFT U+E GLUCOSE FBC LFT FSH and LH	

06-Mar-2007 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

05-Mar-2007 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Intervention	Had a chat to patient LMP on 14.2.07 has done 7 preg testa t home all negative suggest send on eto lab says prevoius pregnancy all home preg tests wher negative PRIORITY=6	

14-Feb-2007 Ms A Receptionist (REC_) Awaiting clinical code migration to EMIS Web

08-Feb-2007	Administration Did not attend - no reason PRIORITY=7	
08-Feb-2007	Administration Did not attend - no reason PRIORITY=7	

25-Jan-2007 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Diagnosis	Acute pharyngitis with systemic upset tonsillectomy noted PRIORITY=6	
Intervention	Health ed. - smoking for Smoking	
Examination	Cigarette smoker Smoking status on date of event: Y Number of cigarettes smoked per day: 3	3 Cigarettes/day
Acute Issue(s)	Acute Issue(s) Penicillin V 250mg tablet - ONE TABLET 6 HOURLY	

05-Dec-2006 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by accident and emergency doctor 3.12.06 - Right ankle sprain. Referred to A&E Clinic 13.12.06 PRIORITY=7	
Attachment	Other Attachment letter *A&E Form*	

09-Nov-2006 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

09-Nov-2006 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Intervention	Contraception implanon removed - wishes to conceive Service type: Subsequent service	
Acute Issue(s)	Acute Issue(s) Folic acid 400microgram tablets - TAKE ONE DAILY	

31-Oct-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Surgical*	

THIRD PARTY COPY

19-Oct-2006 Sister Gillian Barbara Hewitson (GBH_) Awaiting clinical code migration to EMIS Web

Examination	O/E - painful ear right 1/52, drum looks quiet, tender tragus and pre-auricluar region, tender back upper right jaw ? wisdom tooth problem?? no tooth seen but tender in this region, try abx and review with dentist. PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Amoxicillin 500mg capsules - ONE 8 HOURLY	

06-Oct-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Administration	Discharge summary re admission 03.10.06 - 04.10.06, Pillar Ward, UTI PRIORITY=7	
Lab results	Total bilirubin	22 umol/L
Lab results	Hb estimation	12.7 g/dL
Test type	U-S pelvic scan TESTS DONE WHILST INPATIENT Normal	
Attachment	Discharge Summary letter *Surgical*	
03-Oct-2006 Diagnosis	Urinary tract infection, site not specified PRIORITY=5	

05-Oct-2006 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by accident and emergency doctor 3.10.06 Acute abdo pain secondary to appendicitis. PRIORITY=7
Intervention	Emergency hospital admission on 3.10.06 to Patterdale from A&E PRIORITY=9
Attachment	Other Attachment letter *A&E form*

02-Oct-2006 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Intervention	Removed from waiting list of Primary Care Mental Health Team - client declined contact PRIORITY=9
Attachment	Other Attachment letter *Primary Care Mental Health Teams Manager*

12-Sept-2006 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

Administration	Except from mental health quality indicators: Patient unsuit Depression. PRIORITY=0

25-Aug-2006 Ms Gill Davidson (GD_) Awaiting clinical code migration to EMIS Web

Diagnosis	No known allergies ***** code 2: 14L..00 (H/O: drug allergy)
Symptom	C/O - a headache on & off 3/52 PRIORITY=6
Examination	Examination of patient R TM inflamed. ?otitis int. Ab's and otc analgesia. See prn PRIORITY=6
Acute Issue(s)	Acute Issue(s) Amoxicillin 250mg capsules - ONE THREE TIMES A DAY

18-Aug-2006 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Intervention	Had a chat to patient would like implant removed in order to conceive - advised to try Flatt Walks , but book for 4/9/06 if not able to get it done there . Give folate supplements PRIORITY=6
Acute Issue(s)	Acute Issue(s) Folic acid 400microgram tablets - TAKE ONE DAILY

04-Aug-2006 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason appontment with Greg Matteini 31.7.06 (Address on letter DIFFERENT to computer) PRIORITY=9
Attachment	Other Attachment letter *Greg Matteini - DNA*

06-July-2006 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Appointment with Greg Matteini*

16-Jun-2006 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

09-Jun-2006 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Insurance questionaire completed for Bright Grey.*

08-Jun-2006 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

31-May-2006 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

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26-May-2006 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration Did not attend - no reason PRIORITY=6

22-May-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Jobcentre Plus - Patient is capable of work

19-May-2006 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Symptom Breast lump symptom found painful lump in right breast 2 days ago, approx 11 o'clock, tender to examine, approx 1/2 diameter, mobile - abx and review 1 wwek or sooner if required. PRIORITY=6
Acute Issue(s) Acute Issue(s) Flucloxacillin 500mg capsules - TAKE ONE 4 TIMES/DAY

02-May-2006 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Administration MED3 - doctor's statement 4 weeks for depression she feels better since she came back from holidays sleeping better, still irritable, but no anxious, and concentration and appetite improving no ideas of self harm advice given, review anytime if deterioration PRIORITY=6

18-Apr-2006 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Administration MED3 - doctor's statement from 18.04.06 - 21.05.06 - depression. Said letter from DHSS said run out before - need to see letter PRIORITY=6
Intervention Had a chat to patient is on list for counselling, recent holoday to Florida so a bit jet lag since return. Low mood since return, insomnia - waking up throughout night, no thoughts of self harm PRIORITY=6
Diagnosis Agreeing on care plan wait and see how mood goes after holiday PRIORITY=6

03-Apr-2006 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Incapacity benefit form completed.

31-Mar-2006 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

17-Mar-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
Mental Health Team

16-Mar-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Attachment Other Attachment letter
CCMHT

14-Mar-2006 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Diagnosis Seen by casualty doctor 10.03.06, back pain, PRIORITY=7
Attachment Other Attachment letter
A & E Form

09-Mar-2006 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Referral Activity Endogenous depression - recurrent *TP Speciality = Psychiatry : FHSA Speciality = Mental Illness.*
Referral Type: Outpatient
Attachment Referral letter
09/03/2006 Refer for Endogenous depression - recurrent at Commuinty Mental Health Team department of with by: Dr A Black

08-Mar-2006 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Diagnosis Patient reviewed calmer and mood better PRIORITY=6
Administration MED5 - doctor's special stat. 15.03.2006-18.04.2006 PRIORITY=6
Acute Issue(s) Acute Issue(s) Mirtazapine 15mg orodispersible tablets - TAKE ONE DAILY

THIRD PARTY COPY

28-Feb-2006 Dr A Black (ADFB_) Awaiting clinical code migration to EMIS Web

Administration	MED3 - doctor's statement two weeks - depression PRIORITY=6
Diagnosis	Endogenous depression - recurrent multiple childhood problems - lives alone , no thoughts of self - harm PRIORITY=6
Examination	Cigarette smoker Smoking status on date of event: Y 5 Cigarettes/day Number of cigarettes smoked per day: 5
Acute Issue(s)	Acute Issue(s) Mirtazapine 15mg orodispersible tablets - TAKE ONE DAILY

17-Nov-2005 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Intervention	Contraception currently mid cycle - ***** away in Iraq so not pregnant - counselled re irregular bleeding . See SOS Service type: First service Claim expiry date: 17/11/2006

17-Nov-2005 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

14-Nov-2005 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Test type	U-S pelvic scan
Attachment	Ultrasound letter *Pelvis*

10-Nov-2005 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Acute Issue(s)	Acute Issue(s) Implanon 68mg implant (Organon Laboratories Ltd) - IMMEDIATELY

03-Nov-2005 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

03-Nov-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

03-Nov-2005 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Administration	Failed encounter NOS - not at home whrn phoned - ask to ring in on her return PRIORITY=6
Diagnosis	Bacterial vaginosis treat metronidazole - pill & alcohol warning PRIORITY=6
Acute Issue(s)	Acute Issue(s) Metronidazole 200mg tablets - TAKE ONE THREE TIMES DAILY - extra contraception 12 daysNotes for patient: AVOID ALCOHOLIC DRINK

02-Nov-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

02-Nov-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

01-Nov-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

01-Nov-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

31-Oct-2005 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

Diagnosis	Irregular menstrual cycle recently has stopped and started pill depending on whether bleeding or not no cystitis or discharge occasional LIF pain ***** in Iraq until January 2006 for FBC,TFTs,FSH/LH Pelvic U/S scan HVS,MSU,Pregnosticon to stay off pill for now (hasnt taken it for a few days anyway) to rethink contraception after tests PRIORITY=6
Referral Activity	Refer for imaging *TP Speciality = X-Ray : FHSA Speciality = Radiology. Referral Type: Outpatient*
Test type	High vaginal swab taken c&s chlamydia
Attachment	Referral letter *31/10/2005 Refer for Refer for imaging at West Cumberland Hospital department of X-ray Dept with by: Dr P ******

31-Oct-2005 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Intervention	Nursing care blood sample taken fbc,tft,fsh/lh PRIORITY=7
Test type	Urine sample sent to Lab for c&s and pregnancy test

28-Sept-2005 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

21-Sept-2005 Administration Did not attend - no reason ma PRIORITY=9

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26-Sept-2005 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

Administration	MED5 - doctor's special stat. 13 - 16/9/05 knee injury PRIORITY=6
Intervention	General contraceptive advice
Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE DAILY

15-Sept-2005 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by accident and emergency doctor 13.9.05 - Soft tissue injury to right knee PRIORITY=7
Attachment	Other Attachment letter *A&E Form*

10-Aug-2005 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

Attachment	Other Attachment letter *Genitourinary Medicine, Workington*

29-July-2005 Ms Mary Hewitson (MEH_) Awaiting clinical code migration to EMIS Web

Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE DAILY

29-Jun-2005 Dr D Goh (DG_) Awaiting clinical code migration to EMIS Web

Symptom	Sore throat symptom 4d severe sx. throat sl infl, TM L dull infl paracetamol. review if not settling PRIORITY=6

29-Jun-2005 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

28-Jun-2005 Administration Did not attend - no reason ma PRIORITY=9

14-Jun-2005 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by accident and emergency doctor 11.6.05 Nose injury. Will reattend mane. PRIORITY=7
Attachment	Other Attachment letter *A&E form*

13-Apr-2005 Ms Medical Secretary (SEC_) Awaiting clinical code migration to EMIS Web

Referral Activity	Genital warts *TP Speciality = Genito-Urinary : FHSA Speciality = Genito-Urinary Medicine. Referral Type: Outpatient*
Attachment	Referral letter *13/04/2005 Refer for Genital warts at Workington Community Hospital department of Genito-Urinary Medicine Clinic with by: Dr N ******

11-Apr-2005 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Diagnosis	Viral warts on genitalia - ***** has h/o warts but no macroscopic warts now. Refer GUM PRIORITY=6
Administration	MED3 issued to patient final date 12/4/05 - viral respiratory infection PRIORITY=9
Symptom	C/O: a pain in chest & cough . Now resolving -advised likely viral PRIORITY=9

31-Mar-2005 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration	Did not attend - no reason Dermatology 22.3.05 (Address on letter DIFFERENT to computer) PRIORITY=9
Attachment	Other Attachment letter *Dermatology*

23-Mar-2005 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Symptom	Diarrhoea and abdominal pain feom yestareday feel ssick but hasn t ***** sick advised PRIORITY=6
Examination	Examination of patient abdo soft slightly tender right side bs normal temp 36.5 in ear agrees fluids see if painworsens ?? appendix PRIORITY=6
Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE DAILY

11-Mar-2005 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Acute upper respiratory tract infection sore throat, tempt, tired, dry cough for 3 days exam apyrexial, chest clear, irritated pharynx, no SOB at rest, CVS=CNS normal advice given regarding management PRIORITY=6
Acute Issue(s)	Acute Issue(s) Penicillin V 250mg tablet - ONE TABLET 6 HOURLY

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28-Feb-2005 Ms Gill Davidson (GD_) Awaiting clinical code migration to EMIS Web

	Administration	Extensive notes on computer Notes summarised by staff. PRIORITY=9

21-Feb-2005 Mrs Ann Bell (AZB_) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Community Dental Service*

11-Feb-2005 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Gynae*

01-Feb-2005 Dr John Telford (JGT_) Awaiting clinical code migration to EMIS Web

	Diagnosis	Impetigo left axillae and side - advised see if no better - advised regarding OCP PRIORITY=6
	Acute Issue(s)	Acute Issue(s) Flucloxacillin 500mg capsules - TAKE ONE 4 TIMES/DAY
	Acute Issue(s)	Acute Issue(s) Fusidic acid 2% cream - APPLY 3 TIMES/DAY

26-Jan-2005 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

	Administration	Discharge summary re admission 20.01.05, Dalegarth Ward, medical termination of pregnancy - indication fetal anomally PRIORITY=7
	Attachment	Discharge Summary letter *Gynae*
20-Jan-2005	Intervention	Termination of pregnancy NEC PRIORITY=3

24-Jan-2005 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

	Diagnosis	No FH: Ischaemic heart disease ***** ***** code of condition: G3...00 (Ischaemic heart disease)
	Examination	O/E - weight 58 Kg
	Examination	Body Mass Index 20.6
	Examination	Never smoked tobacco Smoking status on date of event: N
	Diagnosis	No relevant family history of diabetes, migrianes, thrombosis
	Intervention	Had a chat to patient 5 days was admitted for termination at 12 weeks, due to skull and brain deformatities. Has a counsellor coming to see her today, adviced to see how it goes and tcb if feels needs something extra as not sleeping at present PRIORITY=6
	Diagnosis	Skin and subcutaneous tissue infections under left auxilla, approx 10 infected spots, tender to touch. While in WCH having termination was told they would refer her to dermatology department PRIORITY=6
	Intervention	Contraception Wants to have contaception cover. DW JGT and ***** ***** at WCH can start pill but to use extra precautions for 14 days. Service type: First service Claim expiry date: 24/01/2006
	Acute Issue(s)	Acute Issue(s) Microgynon 30 tablets (Bayer Plc) - TAKE ONE DAILY
	Acute Issue(s)	Acute Issue(s) Fusidic acid 2% cream - APPLY 3 TIMES/DAY

24-Jan-2005 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Fetal Medicine, RVI*

20-Jan-2005 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

	Administration	Did not attend - no reason ma PRIORITY=9

13-Jan-2005 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *Obs/Gynae*

11-Jan-2005 Ms Mary Hewitson (MEH_) Awaiting clinical code migration to EMIS Web

	Attachment	Other Attachment letter *cuedoc*
09-Jan-2005	Administration	Seen by co-operative doctor seen at base see attach mh PRIORITY=9

11-Jan-2005 Dr G M Mackenzie (GMM_) Awaiting clinical code migration to EMIS Web

	Examination	Ultrasound scan at preg. ? head abnormality. Seen eldred who is faxing pictures to RVI. hat with ***** re possibilities and need to trust system PRIORITY=6

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10-Jan-2005 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Symptom	C/O p.v. bleeding P22/10/04. 11/40 pregnant, since last night PV bleeding, fresh , small amount, right IF pain, exam abdo soft, no pain, no PV bleeding at present, uterus not palpable, apyrexial PRIORITY=6
Intervention	Listed for admission to hosp. EPAC clinic today AT 10 AM PRIORITY=6

07-Jan-2005 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

29-Dec-2004 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Symptom	C/O: a rash L axilla - sores probably 2nd to shaving - quite widespread so treat orally PRIORITY=6
Acute Issue(s)	Acute Issue(s) Flucloxacillin 250mg capsules - TAKE ONE 4 TIMES/DAY

29-Dec-2004 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

29-Dec-2004 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Diagnosis	Rhesus positive RCA Screen NEGATIVE Blood group: O+

24-Dec-2004 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

20-Dec-2004 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

16-Dec-2004 Sister Louise Cartmell (MW) Awaiting clinical code migration to EMIS Web

14-Dec-2004 Dr N Stevenson (NJS_) Awaiting clinical code migration to EMIS Web

Examination	Examination of patient afebrile, abdo soft. Too late to be ectopic, not right sort of pain for miscarriage. To see M/W 48hrs anyway - see SOS, MSU meanwhile PRIORITY=6
Symptom	Abdominal pain 10w pregnant -no bladder symptoms. Breasts tender, no diarroea or vaginal discharge. PRIORITY=6
Test type	MSU sent to lab.

02-Dec-2004 Dr D Goh (DG_) Awaiting clinical code migration to EMIS Web

Diagnosis	Chickenpox - varicella NOT on blood tests. varicella immune. wants folic acid for preg PRIORITY=6
Acute Issue(s)	Acute Issue(s) Folic acid 400microgram tablets - TAKE ONE DAILY

01-Dec-2004 Dr Joyce Woffindin (JW3735) Awaiting clinical code migration to EMIS Web

Administration	Telephone encounter failed patient is Igm neg Igg positive therfor immune to chickenpox PRIORITY=6

29-Nov-2004 Dr D Goh (DG_) Awaiting clinical code migration to EMIS Web

Diagnosis	Chickenpox - varicella early? for Varicella IgM,IgG. says had chicken pox 6 times. LMP 7 weeks ago, 3 home tests neg family member developed chicken pox yesterday. sore throat. mild petechial rash in palate PRIORITY=6
Test type	Urine pregnancy test positive Positive

29-Nov-2004 Mrs Lesley Hull (LJH_) Awaiting clinical code migration to EMIS Web

Intervention	Nursing care blood sample taken varicella IgM and IgG PRIORITY=7

03-Nov-2004 Mrs Marjorie Armstrong (MA_) Awaiting clinical code migration to EMIS Web

22-Oct-2004 Administration Did not attend - no reason ma PRIORITY=9

27-Oct-2004 Dr D Goh (DG_) Awaiting clinical code migration to EMIS Web

Diagnosis	[X]Depression NOS felt better on amitryptiline but ran out as 7d course. cont 1m then review PRIORITY=6
Acute Issue(s)	Acute Issue(s) Amitriptyline 50mg tablets - 1 EVERY DAY

THIRD PARTY COPY

20-Oct-2004 Ms Louise Bacon (LB_) Awaiting clinical code migration to EMIS Web

Test type	US urinary tract exam date 19.10.04 Normal
Attachment	Ultrasound letter
	Urinary System

15-Oct-2004 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

Diagnosis	[X]Depression NOS start amitriptyline see one week PRIORITY=6
Symptom	C/O - loin pain keeps forgetting to take antibiotics msu clear therefore stop as not helping still in pain but now tells me sjhe is depressed. not eating or sleeping, weepy try amitriptyline see one week find out when scan will be 07742711238 PRIORITY=6
Acute Issue(s)	Acute Issue(s) Amitriptyline 50mg tablets - ONE AT NIGHT

15-Oct-2004 Mrs Janet Procter (JPR) Awaiting clinical code migration to EMIS Web

Administration	Administration NOS Phoned u/s to ask when scan will be but they haven't received form - looking at about 6 weeks if non urgent. Asked PH if he wants it to be urgent - Yes - so wrote out form & will fax when signed. *****. PRIORITY=9

12-Oct-2004 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

08-Oct-2004 Dr P Howarth (PH_) Awaiting clinical code migration to EMIS Web

Symptom	C/O - loin pain left side no better with trimethoprim o/e left loin tenderness for MSU U/S Scan try coamoxiclav PRIORITY=6
Referral Activity	Refer for imaging *TP Speciality = X-Ray : FHSA Speciality = Radiology. Referral Type: Outpatient*
Attachment	Referral letter
	*08/10/2004 Refer for Refer for imaging at West Cumberland Hospital department of X-ray Dept with by: Dr ***** ***** *
Acute Issue(s)	Acute Issue(s) Co-amoxiclav 250mg/125mg tablets - TAKE ONE 3 TIMES/DAY

27-Sept-2004 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Intervention	Had a chat to patient ***** concerned underwight, but checked and BMI normal. Admits not to eating regular meals and no food until teatime - advised re reducing chances of fightening infection and TATT as blood sugar low. PRIORITY=6	
Symptom	Frequency of micturition and back pain, periods regular, treat as UTI and bring sample PRIORITY=6	
Examination	O/E - height	167.6 cm
Examination	O/E - weight	58 Kg
Examination	Body Mass Index	20.6
Acute Issue(s)	Acute Issue(s) Trimethoprim 200mg tablets - ONE TABLET TWICE A DAY	

21-Sept-2004 Mrs Christine Connor (CC_) Awaiting clinical code migration to EMIS Web

02-July-2004 Administration Patient MRE received from FPC PRIORITY=6

17-Aug-2004 Mrs Iris Rayson (IR_) Awaiting clinical code migration to EMIS Web

Diagnosis	Seen by casualty doctor on 14/7/04 - STI Rt hand PRIORITY=7
Attachment	Other Attachment letter
	A & E Form

THIRD PARTY COPY

10-Aug-2004 Mrs Iris Rayson (IR_) Awaiting clinical code migration to EMIS Web

	Administration	Notes summary on computer PRIORITY=9
30-Mar-2003	Diagnosis	Overdose of drug admitted - drug ingestion ? spiked drink PRIORITY=3
19-Mar-2003	Immunisation	Booster polio vaccination *Stage=B2 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Immunisation Type=Poliomyelitis*
19-Mar-2003	Immunisation	Booster diphtheria vaccination *Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Diphtheria Compound=DT*
19-Mar-2003	Immunisation	Booster tetanus vaccination *Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Tetanus Compound=DT*
29-Aug-2002	Diagnosis	Fracture of clavicle Lt PRIORITY=3
29-Aug-2002	Diagnosis	Closed fracture radius, head Lt PRIORITY=3
12-Nov-2001	Immunisation	Tuberculosis (BCG) vaccination *Stage=0 Reason=Routine Measure Source=Source unknown Status=Given Method=Intradermal Immunisation Type=BCG*
20-Nov-2000	Intervention	Tonsillectomy and adenoidectomy PRIORITY=3
27-Apr-2000	Immunisation	Single meningitis C vaccination *Stage=0 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Meningococcal C*
01-Jan-1997	Symptom	Child on protection register ***** H/O sexual abuse/offences PRIORITY=0
01-Oct-1993	Diagnosis	Chickenpox - varicella PRIORITY=3
23-Jun-1993	Symptom	Child on protection register PRIORITY=3
12-Nov-1991	Immunisation	Booster diphtheria vaccination *Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Diphtheria Compound=DT*
12-Nov-1991	Immunisation	Booster tetanus vaccination *Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Tetanus Compound=DT*
12-Nov-1991	Immunisation	Booster polio vaccination *Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=01/09/2002 Immunisation Type=Poliomyelitis*
15-Dec-1989	Examination	Social services case conference Re non accisental injury PRIORITY=3
17-Jun-1989	Diagnosis	Accidental poisoning by household agents PRIORITY=3
06-Mar-1989	Immunisation	Measles vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Measles Compound=MMR*
06-Mar-1989	Immunisation	Rubella vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Rubella Compound=MMR*
06-Mar-1989	Immunisation	Mumps vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Mumps Compound=MMR*
06-Jan-1989	Diagnosis	Head injury admitted PRIORITY=3
30-Aug-1988	Immunisation	Third diphtheria vaccination *Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Diphtheria Compound=DTP*
30-Aug-1988	Immunisation	Third tetanus vaccination *Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Tetanus Compound=DTP*
30-Aug-1988	Immunisation	Third pertussis vaccination *Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Pertussis Compound=DTP*
30-Aug-1988	Immunisation	Third polio vaccination *Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=01/09/1991 Immunisation Type=Poliomyelitis*
28-Mar-1988	Immunisation	Second diphtheria vaccination *Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Diphtheria Compound=DTP*
28-Mar-1988	Immunisation	Second tetanus vaccination *Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Tetanus Compound=DTP*
28-Mar-1988	Immunisation	Second pertussis vaccination *Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Pertussis Compound=DTP*
28-Mar-1988	Immunisation	Second polio vaccination *Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=25/04/1988 Immunisation Type=Poliomyelitis*
29-Feb-1988	Immunisation	First diphtheria vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Diphtheria Compound=DTP*
29-Feb-1988	Immunisation	First tetanus vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Tetanus Compound=DTP*
29-Feb-1988	Immunisation	First pertussis vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Pertussis Compound=DTP*
29-Feb-1988	Immunisation	First polio vaccination *Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=28/03/1988 Immunisation Type=Poliomyelitis*
29-Sept-1987	Administration	Date records held from PRIORITY=3

01-July-2004 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735) Awaiting clinical code migration to EMIS Web

Diagnosis	Abscess NOS left ear, after pearcing yesterday, some discharge, small area of cellulitis advice given regarding management, review if deterioration PRIORITY=6
Acute Issue(s)	Acute Issue(s) Flucloxacillin 500mg capsules - TAKE ONE 4 TIMES/DAY

01-Jun-2004 Mrs Iris Rayson (IR_) Awaiting clinical code migration to EMIS Web

	Diagnosis	Seen by casualty doctor on 27/5/04 - CS gas sprayed in eyes ? accidental PRIORITY=7
	Attachment	Other Attachment letter *A & E Form*
27-May-2004	Examination	O/E - pulse rate Pulse: 98 98 Beats/min

THIRD PARTY COPY

24-May-2004 Sister Diana Morgan (DXM_) Awaiting clinical code migration to EMIS Web

Symptom	Knee pain right knee, old football injury - 2 years ago, seeing specialist at Glasgow June, ? key hole surgery. PRIORITY=6	
Acute Issue(s)	Acute Issue(s) Ibuprofen 400mg tablets - TAKE ONE 3 TIMES/DAY	

21-May-2004 Mrs Michelle Kewley (MB) Awaiting clinical code migration to EMIS Web

Examination	Cigarette smoker Smoking status on date of event: Y Number of cigarettes smoked per day: 4	4 Cigarettes/day
Examination	Teetotaller Drinking status on eventdate: N	
Examination	O/E - height	170.2 cm
Examination	O/E - weight	60.328 Kg
Examination	Body Mass Index	20.8
Symptom	Exercise grading Type of exercise: Moderate	
Symptom	Diet - patient initiated Type of diet: Moderate	
Diagnosis	Family history ***** had mastectomy	
Administration	Occupations starting ***** in September	
Lab results	Peak exp. flow rate: PEFR/PFR Previous Best Ever =, Predicted = 483.7.	600 L/min

Medications (inc. issues)

Acute

17-July-2026 Fexofenadine 120mg tablets
30 tablet - One To Be Taken Each Day

17-July-2026 Flucloxacillin 500mg capsules
20 capsule - Take One Capsule Four Times A Day

17-July-2026 Flucloxacillin 500mg capsules
20 capsule - Take One Capsule Four Times A Day

17-July-2026 Fexofenadine 120mg tablets
30 tablet - One To Be Taken Each Day

26-Jun-2026 Scheriproct ointment (Karo Healthcare UK Ltd)
30 gram - Apply Twice A Day

26-Jun-2026 Scheriproct ointment (Karo Healthcare UK Ltd)
30 gram - Apply Twice A Day

28-Mar-2025 Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd)
1 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

Repeat

18-May-2026 Duloxetine 30mg gastro-resistant capsules
28 capsule - One To Be Taken Each Day for chronic pain

18-May-2026 Duloxetine 30mg gastro-resistant capsules
28 capsule - One To Be Taken Each Day for chronic pain

28-Mar-2025 Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens (Eli Lilly and Company Ltd)
1 pre-filled disposable injection - Inject One 0.6 ml Dose Subcutaneously Once Each Week

Past

03-Mar-2026 Codeine 15mg tablets Acute Medication (Past)
28 tablet - One Or Two To Be Taken Four Times A Day When Required

03-Mar-2026 Codeine 15mg tablets Acute Medication (Past)
28 tablet - One Or Two To Be Taken Four Times A Day When Required

23-Jan-2026 Timodine cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - Apply Thinly Three Times A Day Until Lesion Has Healed

23-Jan-2026 Timodine cream (Alliance Pharmaceuticals Ltd) Acute Medication (Past)
30 gram - Apply Thinly Three Times A Day Until Lesion Has Healed

15-Jan-2026 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

15-Jan-2026 Ethilon suture 3gauge 45cm length with 26mm reverse cutting needle W320BG Black (Ethicon Ltd) Acute Medication (Past)
1 suture - as per clinician

15-Jan-2026 Ethilon suture 3gauge 45cm length with 26mm reverse cutting needle W320BG Black (Ethicon Ltd) Acute Medication (Past)
1 suture - as per clinician

15-Jan-2026 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

THIRD PARTY COPY

24-July-2025 Fexofenadine 180mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

24-July-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

24-July-2025 Fexofenadine 180mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

24-July-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Four Times A Day

11-Mar-2025 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - One Sachet To Be Taken Three Times A Day

11-Mar-2025 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - One Sachet To Be Taken Three Times A Day

27-Nov-2024 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet - One To Be Taken Each Day

27-Nov-2024 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet - One To Be Taken Each Day

25-Nov-2024 Movicol oral powder 13.7g sachets lemon & lime (Forum Health Products Ltd) Acute Medication (Past)
56 sachet - One Sachet To Be Taken Three Times A Day

25-Nov-2024 Senna 7.5mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

25-Nov-2024 Movicol oral powder 13.7g sachets lemon & lime (Forum Health Products Ltd) Acute Medication (Past)
56 sachet - One Sachet To Be Taken Three Times A Day

25-Nov-2024 Senna 7.5mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

31-July-2024 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

31-July-2024 Flucloxacillin 500mg capsules Acute Medication (Past)
20 capsule - One To Be Taken Four Times A Day

11-Jun-2024 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

11-Jun-2024 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - One To Be Taken Twice A Day

31-May-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 x 200 dose - One Or Two Puffs To Be Inhaled Up To Four Times A Day

31-May-2024 Venlafaxine 37.5mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day

31-May-2024 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 x 200 dose - One Or Two Puffs To Be Inhaled Up To Four Times A Day

31-May-2024 Venlafaxine 37.5mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day

10-May-2024 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

10-May-2024 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

16-Nov-2023 Ethilon suture 3gauge 45cm length with 26mm reverse cutting needle W320BG Black (Ethicon Ltd) Acute Medication (Past)
1 suture - as per clinician

16-Nov-2023 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

16-Nov-2023 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

16-Nov-2023 Ethilon suture 3gauge 45cm length with 26mm reverse cutting needle W320BG Black (Ethicon Ltd) Acute Medication (Past)
1 suture - as per clinician

21-Sept-2023 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

21-Sept-2023 Vicryl Rapide suture 1.5gauge 75cm length with 19mm curved reverse cutting P needle W9922 (Ethicon Ltd) Acute Medication (Past)
1 suture - as directed

21-Sept-2023 Vicryl Rapide suture 1.5gauge 75cm length with 19mm curved reverse cutting P needle W9922 (Ethicon Ltd) Acute Medication (Past)
1 suture - as directed

21-Sept-2023 Lidocaine 100mg/5ml (2%) solution for injection ampoules Acute Medication (Past)
1 ampoule - As per clinician

06-Mar-2022 Glycerol 4g suppositories Acute Medication (Past)
7 suppository - One To Be Inserted As Directed

06-Mar-2022 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning

THIRD PARTY COPY

06-Mar-2022 Lansoprazole 30mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning

06-Mar-2022 Glycerol 4g suppositories Acute Medication (Past)
7 suppository - One To Be Inserted As Directed

08-Feb-2022 Gabapentin 100mg capsules Acute Medication (Past)
84 capsule - One To Be Taken Three Times A Day

08-Feb-2022 Gabapentin 100mg capsules Acute Medication (Past)
84 capsule - One To Be Taken Three Times A Day

13-Jan-2022 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning while on naproxen

13-Jan-2022 Naproxen 250mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day

13-Jan-2022 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

13-Jan-2022 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

13-Jan-2022 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

13-Jan-2022 Naproxen 250mg tablets Acute Medication (Past)
84 tablet - One To Be Taken Three Times A Day

13-Jan-2022 Amitriptyline 10mg tablets Acute Medication (Past)
28 tablet - One To Be Taken At Night

13-Jan-2022 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Morning while on naproxen

01-Nov-2021 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

13-Oct-2021 Steri-strip skin closure strips 6mm x 75mm (3M Health Care Ltd) Acute Medication (Past)
3 strip - As Directed

13-Oct-2021 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
2 ampoule - As Directed

13-Oct-2021 Lidocaine 40mg/2ml (2%) solution for injection ampoules Acute Medication (Past)
2 ampoule - As Directed

13-Oct-2021 Steri-strip skin closure strips 6mm x 75mm (3M Health Care Ltd) Acute Medication (Past)
3 strip - As Directed

01-Oct-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours

01-Oct-2021 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

01-Oct-2021 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

01-Oct-2021 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

01-Oct-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours

01-Oct-2021 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Each Day

17-May-2021 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - For Subdermal Implant

17-May-2021 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - For Subdermal Implant

17-May-2021 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

17-May-2021 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

07-Apr-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

07-Apr-2021 COVID-19 Vaccine Vaxzevria (ChAdOx1 S [recombinant]) not less than 2.5x100,000,000 infectious units/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd) Acute Medication (Past)
1 dose - 1 dose by Intramuscular Injection

31-Mar-2021 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

31-Mar-2021 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

18-Mar-2021 Desogestrel 75microgram tablets Acute Medication (Past)
84 tablet - One Tablet Daily At The Same Time Each Day

18-Mar-2021 Desogestrel 75microgram tablets Acute Medication (Past)
84 tablet - One Tablet Daily At The Same Time Each Day

THIRD PARTY COPY

16-July-2020 Diazepam 2mg tablets Acute Medication (Past)
12 tablet - one, three times a day for 2 days, then one twice a day for 3 days, then to stop

16-July-2020 Diazepam 2mg tablets Acute Medication (Past)
12 tablet - one, three times a day for 2 days, then one twice a day for 3 days, then to stop

18-Jan-2020 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

18-Jan-2020 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

18-Jan-2020 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

18-Jan-2020 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

27-Mar-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 x 200 dose - One Or Two Puffs To Be Inhaled Up To Four Times A Day

27-Mar-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
1 x 200 dose - One Or Two Puffs To Be Inhaled Up To Four Times A Day

29-Jan-2019 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

29-Jan-2019 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

29-Jan-2019 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

29-Jan-2019 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

26-Oct-2018 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

26-Oct-2018 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

26-Oct-2018 Co-codamol 8mg/500mg tablets Acute Medication (Past)
48 tablet - TAKE 1 OR 2 4 TIMES/DAY

26-Oct-2018 Co-codamol 8mg/500mg tablets Acute Medication (Past)
48 tablet - TAKE 1 OR 2 4 TIMES/DAY

19-Oct-2018 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
14 capsule - One To Be Taken Each Morning

19-Oct-2018 Naproxen 500mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

19-Oct-2018 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
14 capsule - One To Be Taken Each Morning

19-Oct-2018 Naproxen 500mg tablets Acute Medication (Past)
28 tablet - One To Be Taken Twice A Day

15-Dec-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

15-Nov-2017 Hydrocortisone acetate 1%/ Fusidic acid 2%cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day

15-Nov-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

15-Nov-2017 Co-codamol 15mg/500mg tablets Acute Medication (Past)
56 tablet - One Or Two To Be Taken Four Times A Day

15-Nov-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

15-Nov-2017 Co-codamol 15mg/500mg tablets Acute Medication (Past)
56 tablet - One Or Two To Be Taken Four Times A Day

15-Nov-2017 Hydrocortisone acetate 1%/ Fusidic acid 2%cream Acute Medication (Past)
30 gram - Apply Thinly Once Or Twice A Day

21-Apr-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

14-Mar-2017 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
80 tablet - Two To Be Taken Four Times A Day

14-Mar-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

14-Mar-2017 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
80 tablet - Two To Be Taken Four Times A Day

16-Feb-2017 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

16-Feb-2017 Omeprazole 10mg gastro-resistant capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

15-Feb-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

THIRD PARTY COPY

15-Feb-2017 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - For Subdermal Implant

15-Feb-2017 Lidocaine 50mg/5ml (1%) solution for injection ampoules Acute Medication (Past)
1 ampoule - IMMEDIATELY

15-Feb-2017 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - For Subdermal Implant

15-Feb-2017 Lidocaine 50mg/5ml (1%) solution for injection ampoules Acute Medication (Past)
1 ampoule - IMMEDIATELY

17-Jan-2017 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

13-Dec-2016 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

13-Dec-2016 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

13-Dec-2016 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - One To Be Taken Three Times A Day

17-Oct-2016 Diazepam 2mg tablets Acute Medication (Past)
21 tablet - 1 up to tds

17-Oct-2016 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - One To Be Taken Twice A Day After Food

12-Oct-2016 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

12-Oct-2016 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

27-Sept-2016 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule - One To Be Taken Each Day

27-Sept-2016 Fluoxetine 20mg capsules Acute Medication (Past)
28 capsule - One To Be Taken Each Day

21-Sept-2016 Sumatriptan 50mg tablets Acute Medication (Past)
6 tablet - Take One Tablet For Migraine Attack. If Symptoms Come Back, Take One Tablet At Least Two Hours After First Dose.

21-Sept-2016 Sumatriptan 50mg tablets Acute Medication (Past)
6 tablet - Take One Tablet For Migraine Attack. If Symptoms Come Back, Take One Tablet At Least Two Hours After First Dose.

07-Mar-2016 Codeine 15mg/5ml linctus Acute Medication (Past)
200 ml - One 5ml Spoonful To Be Taken Three Times A Day

07-Mar-2016 Codeine 15mg/5ml linctus Acute Medication (Past)
200 ml - One 5ml Spoonful To Be Taken Three Times A Day

15-Jan-2016 Hydrocortisone 1% cream Acute Medication (Past)
50 gram - TWICE A DAY

15-Jan-2016 Hydrocortisone 1% cream Acute Medication (Past)
50 gram - TWICE A DAY

04-Jan-2016 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

04-Jan-2016 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY (FOR INFECTION PLEASE FINISH COURSE)

04-Jan-2016 Anusol Plus HC ointment (Church & Dwight UK Ltd) Repeat Medication (Past)
30 gram - THREE TIMES A DAY

04-Jan-2016 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet - ONE TABLET TWICE A DAY (FOR INFECTION PLEASE FINISH COURSE)

04-Jan-2016 Anusol Plus HC ointment (Church & Dwight UK Ltd) Repeat Medication (Past)
30 gram - THREE TIMES A DAY

06-Oct-2015 Epaderm ointment (Molnlycke Health Care Ltd) Acute Medication (Past)
500 gram - USE TWICE A DAY

06-Oct-2015 Epaderm ointment (Molnlycke Health Care Ltd) Acute Medication (Past)
500 gram - USE TWICE A DAY

05-Feb-2015 Metronidazole 400mg tablets Acute Medication (Past)
10 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

05-Feb-2015 Metronidazole 400mg tablets Acute Medication (Past)
10 tablet - TAKE ONE TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

05-Feb-2015 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

29-Dec-2014 Clotrimazole 500mg pessary and Clotrimazole 2% cream Acute Medication (Past)
1 pack - INSERT PESSARY AT NIGHT AND APPLY CREAM EXTERNALLY THREE TIMES A DAY

29-Dec-2014 Clotrimazole 500mg pessary and Clotrimazole 2% cream Acute Medication (Past)
1 pack - INSERT PESSARY AT NIGHT AND APPLY CREAM EXTERNALLY THREE TIMES A DAY

29-Dec-2014 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

30-Oct-2014 Norethisterone 5mg tablets Acute Medication (Past)
60 tablet - TAKE ONE THREE TIME DAILY

THIRD PARTY COPY

30-Oct-2014 Norethisterone 5mg tablets Acute Medication (Past)
60 tablet - TAKE ONE THREE TIME DAILY

15-Oct-2014 Benzydamine 0.15% oromucosal spray sugar free Acute Medication (Past)
30 ml - 4-8 PUFFS EVERY 1.5-3 HOURS AS REQUIRED

15-Oct-2014 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

15-Oct-2014 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION

15-Oct-2014 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION

15-Oct-2014 Benzydamine 0.15% oromucosal spray sugar free Acute Medication (Past)
30 ml - 4-8 PUFFS EVERY 1.5-3 HOURS AS REQUIRED

15-Oct-2014 Difflam 0.15% Sore Throat Rinse (Meda Pharmaceuticals Ltd) Acute Medication (Past)
300 ml - GARGLE 15ML EVERY 1.5 TO 3 HOURS

15-Oct-2014 Difflam 0.15% Sore Throat Rinse (Meda Pharmaceuticals Ltd) Acute Medication (Past)
300 ml - GARGLE 15ML EVERY 1.5 TO 3 HOURS

25-July-2014 Cefalexin 500mg capsules Acute Medication (Past)
21 capsule - THREE TIMES A DAY

25-July-2014 Cefalexin 500mg capsules Acute Medication (Past)
21 capsule - THREE TIMES A DAY

15-July-2014 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

15-July-2014 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

21-Feb-2014 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 OR 2 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION

21-Feb-2014 Tramadol 50mg capsules Acute Medication (Past)
60 capsule - 1 OR 2 FOUR TIMES DAILY UP TO A MAXIMUM 8 IN 24 HOURS Notes for patient: IT IS YOUR RESPONSIBILITY TO TAKE CARE OF YOUR MEDICATION. IF YOU LOSE OR OVERUSE YOUR MEDICATION WE WILL NOT BE ABLE TO ISSUE ANOTHER PRESCRIPTION

21-Feb-2014 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

30-Jan-2014 Xylocaine 1% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

30-Jan-2014 Xylocaine 1% with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 vial - IMMEDIATELY

30-Jan-2014 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - IMMEDIATELY

30-Jan-2014 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 device - IMMEDIATELY

10-Dec-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

28-Oct-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

27-Sept-2013 Cefalexin 500mg capsules Acute Medication (Past)
21 capsule - TAKE ONE THREE TIMES A DAY

27-Sept-2013 Sumatriptan 50mg tablets Acute Medication (Past)
4 tablet - ONE TABLET TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET, DOSE MAY BE REPEATED IF MIGRAINE RECURS (MAX 300MG IN 24 HOURS)

27-Sept-2013 Cefalexin 500mg capsules Acute Medication (Past)
21 capsule - TAKE ONE THREE TIMES A DAY

27-Sept-2013 Sumatriptan 50mg tablets Acute Medication (Past)
4 tablet - ONE TABLET TO BE TAKEN AS SOON AS POSSIBLE AFTER ONSET, DOSE MAY BE REPEATED IF MIGRAINE RECURS (MAX 300MG IN 24 HOURS)

09-Sept-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

27-Aug-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

15-July-2013 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems

15-July-2013 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems

02-Apr-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

02-Apr-2013 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE FOUR TIMES A DAY

THIRD PARTY COPY

02-Apr-2013 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

02-Apr-2013 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

02-Apr-2013 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE FOUR TIMES A DAY

02-Apr-2013 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

15-Mar-2013 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems

15-Mar-2013 Naproxen 500mg tablets Acute Medication (Past)
56 tablet - 1 TWICE A DAY Notes for patient: to take tablet with foodTo stop if any stomach problems

15-Mar-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

15-Mar-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY

12-Dec-2012 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

12-Dec-2012 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

12-Dec-2012 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE FOUR TIMES A DAY

12-Dec-2012 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - 1 CAPSULE FOUR TIMES A DAY

12-Dec-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

29-Oct-2012 Azithromycin 250mg capsules Acute Medication (Past)
4 capsule - TAKE ALL TABLETS TOGETHER

29-Oct-2012 Azithromycin 250mg capsules Acute Medication (Past)
4 capsule - TAKE ALL TABLETS TOGETHER

22-Oct-2012 Cerazette 75microgram tablets (Organon Pharma (UK) Ltd) Acute Medication (Past)
84 tablet - TAKE ONE DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena [Truncated]

22-Oct-2012 Cerazette 75microgram tablets (Organon Pharma (UK) Ltd) Acute Medication (Past)
84 tablet - TAKE ONE DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena coil which will suppress your per

11-Oct-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

11-Oct-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

11-Oct-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

11-Oct-2012 Hydrocortisone 1%/ Miconazole 2%cream Acute Medication (Past)
30 gram - APPLY TWICE A DAY

11-Oct-2012 Hydrocortisone 1%/ Miconazole 2%cream Acute Medication (Past)
30 gram - APPLY TWICE A DAY

13-Aug-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

13-Aug-2012 Miconazole 2%cream Acute Medication (Past)
200 gram - APPLY DAILY 3W

13-Aug-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

13-Aug-2012 Benzydamine 0.15%oromucosal spray sugar free Acute Medication (Past)
30 ml - 2 DOSES 3 HOURS

13-Aug-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

13-Aug-2012 Benzydamine 0.15%oromucosal spray sugar free Acute Medication (Past)
30 ml - 2 DOSES 3 HOURS

13-Aug-2012 Miconazole 2%cream Acute Medication (Past)
200 gram - APPLY DAILY 3W

06-Aug-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

26-July-2012 Nitrofurantoin 50mg capsules Acute Medication (Past)
28 capsule - 1 FOUR TIMES A DAY

26-July-2012 Nitrofurantoin 50mg capsules Acute Medication (Past)
28 capsule - 1 FOUR TIMES A DAY

THIRD PARTY COPY

20-July-2012 Trimethoprim 200mg tablets Acute Medication (Past)
10 tablet - ONE TABLET TWICE A DAY

20-July-2012 Trimethoprim 200mg tablets Acute Medication (Past)
10 tablet - ONE TABLET TWICE A DAY

26-Jun-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

26-Jun-2012 Co-codamol 30mg/500mg tablets Repeat Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

02-May-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

02-May-2012 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

02-May-2012 Ibuprofen 400mg tablets Acute Medication (Past)
48 tablet - TAKE ONE THREE TIMES DAILY AS NEEDED Notes for patient: To take tablet with foodTo stop if any stomach problems

02-May-2012 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

23-Nov-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

23-Nov-2011 Ibuprofen 600mg tablets Acute Medication (Past)
82 tablet - TAKE ONE THREE TIMES DAILY

23-Nov-2011 Ibuprofen 600mg tablets Acute Medication (Past)
82 tablet - TAKE ONE THREE TIMES DAILY

23-Nov-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

16-Nov-2011 Clotrimazole 500mg pessary and Clotrimazole 2% cream Acute Medication (Past)
1 pack - AS DIRECTED

16-Nov-2011 Clotrimazole 500mg pessary and Clotrimazole 2% cream Acute Medication (Past)
1 pack - AS DIRECTED

04-Nov-2011 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

04-Nov-2011 Metronidazole 400mg tablets Acute Medication (Past)
28 tablet - TWICE A DAY Notes for patient: AVOID ALCOHOLIC DRINK

04-Nov-2011 Doxycycline 100mg capsules Acute Medication (Past)
28 capsule - TWICE A DAY

04-Nov-2011 Doxycycline 100mg capsules Acute Medication (Past)
28 capsule - TWICE A DAY

04-Nov-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
50 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

04-Nov-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
50 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

21-Sept-2011 Clotrimazole 500mg pessaries Acute Medication (Past)
1 pessary - INSERT ONE AT NIGHT

21-Sept-2011 Metronidazole 400mg tablets Acute Medication (Past)
15 tablet - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

21-Sept-2011 Metronidazole 400mg tablets Acute Medication (Past)
15 tablet - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

21-Sept-2011 Clotrimazole 500mg pessaries Acute Medication (Past)
1 pessary - INSERT ONE AT NIGHT

16-Sept-2011 Azithromycin 250mg capsules Acute Medication (Past)
4 capsule - IMMEDIATELY

16-Sept-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

16-Sept-2011 Azithromycin 250mg capsules Acute Medication (Past)
4 capsule - IMMEDIATELY

16-Sept-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1 OR 2 FOUR TIMES DAILY

29-July-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 4 TIMES/DAY

29-July-2011 Erythromycin 250mg gastro-resistant tablets Acute Medication (Past)
56 tablet - 2 TWICE A DAY

29-July-2011 Erythromycin 250mg gastro-resistant tablets Acute Medication (Past)
56 tablet - 2 TWICE A DAY

29-July-2011 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet - TAKE 1 OR 2 4 TIMES/DAY

12-May-2011 Codeine 15mg tablets Acute Medication (Past)
100 tablet - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

12-May-2011 Codeine 15mg tablets Acute Medication (Past)
100 tablet - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

THIRD PARTY COPY

28-Apr-2011 Lidocaine 20mg/2ml (1%) solution for injection ampoules Acute Medication (Past)
1 5ml ampoule(s) - AS DIRECTED

28-Apr-2011 Lidocaine 20mg/2ml (1%) solution for injection ampoules Acute Medication (Past)
1 5ml ampoule(s) - AS DIRECTED

13-Apr-2011 Noriday 350microgram tablets (Pfizer Ltd) Acute Medication (Past)
84 tablet(s) - 1 TABLET DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena coil which will suppress your per

13-Apr-2011 Noriday 350microgram tablets (Pfizer Ltd) Acute Medication (Past)
84 tablet(s) - 1 TABLET DAILY Notes for patient: Long acting contraception is easy, convenient, and you never forget to take a pill.There are several options to consider;1. Depo-provera injection every 12 weeks2. A coil can be inserted and left for 5 years or more3. An Implanon implant can give you contraceptive cover for 3 years4. If you have heavy periods you can have a Mirena [Truncated]

13-Apr-2011 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 implant(s) - AS DIRECTED

13-Apr-2011 Nexplanon 68mg implant (Organon Pharma (UK) Ltd) Acute Medication (Past)
1 implant(s) - AS DIRECTED

18-Feb-2011 Clindamycin 2% vaginal cream Acute Medication (Past)
40 grams & applicator - APPLY AT NIGHT

18-Feb-2011 Clindamycin 2% vaginal cream Acute Medication (Past)
40 grams & applicator - APPLY AT NIGHT

15-Feb-2011 Metronidazole 0.75% vaginal gel Acute Medication (Past)
40 gram(s) + applicator(s) - INSERT 1 DOSE ONCE DAILY

15-Feb-2011 Clotrimazole 500mg pessaries Acute Medication (Past)
1 pessary(ies) - INSERT ONE AT NIGHT

15-Feb-2011 Metronidazole 0.75% vaginal gel Acute Medication (Past)
40 gram(s) + applicator(s) - INSERT 1 DOSE ONCE DAILY

15-Feb-2011 Clotrimazole 500mg pessaries Acute Medication (Past)
1 pessary(ies) - INSERT ONE AT NIGHT

06-Jan-2011 Gaviscon Advance oral suspension aniseed (Reckitt Benckiser Healthcare (UK) Ltd) Acute Medication (Past)
500 mls aniseed - 5ML - 10ML 4 TIMES/DAY

06-Jan-2011 Gaviscon Advance oral suspension aniseed (Reckitt Benckiser Healthcare (UK) Ltd) Acute Medication (Past)
500 mls aniseed - 5ML - 10ML 4 TIMES/DAY

30-Dec-2010 Ferrous fumarate 210mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

30-Dec-2010 Ferrous fumarate 210mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

12-Nov-2010 Codeine 15mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

12-Nov-2010 Codeine 15mg tablets Acute Medication (Past)
100 tablet(s) - TAKE ONE OR TWO UP TO 4 TIMES A DAY (NO MORE THAN 8 IN 24 HOURS.)

13-Sept-2010 Metronidazole 200mg tablets Acute Medication (Past)
21 tablet(s) - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

13-Sept-2010 Metronidazole 200mg tablets Acute Medication (Past)
21 tablet(s) - TAKE ONE THREE TIMES DAILY Notes for patient: AVOID ALCOHOLIC DRINK

13-Aug-2010 Folic acid 5mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY UNTIL FURTHER NOTICE

13-Aug-2010 Folic acid 5mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY UNTIL FURTHER NOTICE

22-Jun-2010 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet(s) - TAKE ONE DAILY

22-Jun-2010 Folic acid 400microgram tablets Acute Medication (Past)
90 tablet(s) - TAKE ONE DAILY

08-Apr-2010 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

08-Apr-2010 Co-codamol 30mg/500mg tablets Acute Medication (Past)
60 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

30-Mar-2010 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE AS DIRECTED

30-Mar-2010 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE AS DIRECTED

26-Feb-2010 Azithromycin 250mg tablets Acute Medication (Past)
4 tablet(s) - TAKE ALL AT ONCE

26-Feb-2010 Azithromycin 250mg tablets Acute Medication (Past)
4 tablet(s) - TAKE ALL AT ONCE

02-Dec-2009 Co-codamol 30mg/500mg tablets Acute Medication (Past)
30 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

02-Dec-2009 Cefalexin 250mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

THIRD PARTY COPY

02-Dec-2009 Cefalexin 250mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

02-Dec-2009 Co-codamol 30mg/500mg tablets Acute Medication (Past)
30 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

12-Oct-2009 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK

12-Oct-2009 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK

06-Oct-2009 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

06-Oct-2009 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

17-Sept-2009 Co-codamol 30mg/500mg tablets Acute Medication (Past)
30 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

17-Sept-2009 Gentisone HC ear drops (Advanz Pharma) Repeat Medication (Past)
10 mls - TWO DROPS EVERY 3 HRS

17-Sept-2009 Co-codamol 30mg/500mg tablets Acute Medication (Past)
30 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

17-Sept-2009 Ibuprofen 400mg tablets Repeat Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY AS NEEDED

17-Sept-2009 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

17-Sept-2009 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

17-Sept-2009 Paracetamol 500mg tablets Repeat Medication (Past)
100 tablet(s) - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

14-Aug-2009 Ibuprofen 400mg tablets Repeat Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY AS NEEDED

14-Aug-2009 Paracetamol 500mg tablets Repeat Medication (Past)
100 tablet(s) - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

14-Aug-2009 Gentisone HC ear drops (Advanz Pharma) Repeat Medication (Past)
10 mls - TWO DROPS EVERY 3 HRS

14-Aug-2009 Paracetamol 500mg tablets Repeat Medication (Past)
100 tablet(s) - 1OR 2 FOUR TIMES A DAY UP TO A MAXIMUM 8 IN 24 HOURS

14-Aug-2009 Ibuprofen 400mg tablets Repeat Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY AS NEEDED

14-Aug-2009 Gentisone HC ear drops (Advanz Pharma) Repeat Medication (Past)
10 mls - TWO DROPS EVERY 3 HRS

06-Apr-2009 Co-codamol 8mg/500mg tablets Repeat Medication (Past)
48 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

06-Apr-2009 Co-codamol 8mg/500mg tablets Repeat Medication (Past)
48 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

17-Nov-2008 Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

17-Nov-2008 Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) Acute Medication (Past)
126 tablet(s) - TAKE ONE AS DIRECTED

17-Nov-2008 Xylocaine 2%with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 20ml vial(s) - IMMEDIATELY

17-Nov-2008 Xylocaine 2%with Adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (Aspen Pharma Trading Ltd) Acute Medication (Past)
1 20ml vial(s) - IMMEDIATELY

03-Sept-2008 Co-codamol 8mg/500mg tablets Acute Medication (Past)
48 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

03-Sept-2008 Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) Acute Medication (Past)
63 tablet(s) - TAKE ONE AS DIRECTED

03-Sept-2008 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY

03-Sept-2008 Diclofenac sodium 50mg gastro-resistant tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE THREE TIMES DAILY

03-Sept-2008 Co-codamol 8mg/500mg tablets Acute Medication (Past)
48 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

03-Sept-2008 Cilest 35microgram/250microgram tablets (Janssen-Cilag Ltd) Acute Medication (Past)
63 tablet(s) - TAKE ONE AS DIRECTED

24-July-2008 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK

24-July-2008 Metronidazole 400mg tablets Acute Medication (Past)
14 tablet(s) - TAKE ONE TABLET TWICE DAILYNotes for patient: AVOID ALCOHOLIC DRINK

THIRD PARTY COPY

02-Jun-2008 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

02-Jun-2008 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

02-Jun-2008 Fluoxetine 20mg capsules Repeat Medication (Past)
28 capsule(s) - TAKE ONE DAILY

22-May-2008 Fucidin 20mg/g ointment (LEO Pharma) Acute Medication (Past)
15 gram(s) - APPLY 3 TIMES/DAY

22-May-2008 Fluoxetine 20mg capsules Acute Medication (Past)
14 capsule(s) - TAKE ONE DAILY

22-May-2008 Ferrous fumarate 210mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

22-May-2008 Ferrous fumarate 210mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

22-May-2008 Fucidin 20mg/g ointment (LEO Pharma) Acute Medication (Past)
15 gram(s) - APPLY 3 TIMES/DAY

22-May-2008 Fluoxetine 20mg capsules Acute Medication (Past)
14 capsule(s) - TAKE ONE DAILY

30-Jan-2008 Lidocaine hcl 2%Injection Acute Medication (Past)
1 5ml ampoule(s) - IMMEDIATELY

30-Jan-2008 Lidocaine hcl 2%Injection Acute Medication (Past)
1 5ml ampoule(s) - IMMEDIATELY

25-Jan-2008 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 implant(s) - AS DIRECTED

25-Jan-2008 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 implant(s) - AS DIRECTED

24-Jan-2008 Hydrocortisone acetate 1%/ Fusidic acid 2%cream Acute Medication (Past)
30 gram(s) - APPLY TWICE DAILY

24-Jan-2008 Hydrocortisone acetate 1%/ Fusidic acid 2%cream Acute Medication (Past)
30 gram(s) - APPLY TWICE DAILY

24-Jan-2008 Levonelle 1500microgram tablets (Bayer Plc) Acute Medication (Past)
1 tablet(s) - TAKE ONE AS DIRECTED

24-Jan-2008 Levonelle 1500microgram tablets (Bayer Plc) Acute Medication (Past)
1 tablet(s) - TAKE ONE AS DIRECTED

08-Nov-2007 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

08-Nov-2007 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

17-Oct-2007 Cefalexin 250mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

17-Oct-2007 Cefalexin 250mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

17-Sept-2007 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule(s) - ONE 8 HOURLY

17-Sept-2007 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule(s) - ONE 8 HOURLY

29-Aug-2007 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 mls peppermint - 2X5ML SPOON 4 TIMES/DAY

29-Aug-2007 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 mls peppermint - 2X5ML SPOON 4 TIMES/DAY

17-July-2007 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

17-July-2007 Co-codamol 8mg/500mg tablets Acute Medication (Past)
100 tablet(s) - TAKE 1 OR 2 4 TIMES/DAY

12-July-2007 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 mls - 1 METERED DOSE 3 TIMES DAILY UNTIL 2 DAYS AFTER CLINICAL CURE

12-July-2007 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
5 mls - 1 METERED DOSE 3 TIMES DAILY UNTIL 2 DAYS AFTER CLINICAL CURE

13-Jun-2007 Cefalexin 250mg capsules Acute Medication (Past)
16 capsule(s) - TAKE ONE 4 TIMES/DAY

13-Jun-2007 Cefalexin 250mg capsules Acute Medication (Past)
16 capsule(s) - TAKE ONE 4 TIMES/DAY

30-Apr-2007 Amoxicillin 250mg capsules Acute Medication (Past)
15 capsule(s) - ONE THREE TIMES A DAY

30-Apr-2007 Amoxicillin 250mg capsules Acute Medication (Past)
15 capsule(s) - ONE THREE TIMES A DAY

05-Apr-2007 Fusidic acid 2%cream Acute Medication (Past)
15 gram(s) - APPLY 3 TIMES/DAY

THIRD PARTY COPY

05-Apr-2007 Fusidic acid 2% cream Acute Medication (Past)
15 gram(s) - APPLY 3 TIMES/DAY

19-Mar-2007 Folic acid 400microgram tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY

19-Mar-2007 Folic acid 400microgram tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY

25-Jan-2007 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
20 tablet(s) - ONE TABLET 6 HOURLY

25-Jan-2007 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
20 tablet(s) - ONE TABLET 6 HOURLY

09-Nov-2006 Folic acid 400microgram tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY

09-Nov-2006 Folic acid 400microgram tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE DAILY

19-Oct-2006 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule(s) - ONE 8 HOURLY

19-Oct-2006 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule(s) - ONE 8 HOURLY

25-Aug-2006 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - ONE THREE TIMES A DAY

25-Aug-2006 Amoxicillin 250mg capsules Acute Medication (Past)
21 capsule(s) - ONE THREE TIMES A DAY

18-Aug-2006 Folic acid 400microgram tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

18-Aug-2006 Folic acid 400microgram tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

19-May-2006 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

19-May-2006 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

08-Mar-2006 Mirtazapine 15mg orodispersible tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

08-Mar-2006 Mirtazapine 15mg orodispersible tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

28-Feb-2006 Mirtazapine 15mg orodispersible tablets Acute Medication (Past)
28 tablet(s) - TAKE ONE DAILY

28-Feb-2006 Mirtazapine 15mg orodispersible tablets Acute Medication (Past)
28 tablet(s) - TAKE ONE DAILY

10-Nov-2005 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 implant(s) - IMMEDIATELY

10-Nov-2005 Implanon 68mg implant (Organon Laboratories Ltd) Acute Medication (Past)
1 implant(s) - IMMEDIATELY

03-Nov-2005 Metronidazole 200mg tablets Acute Medication (Past)
15 tablet(s) - TAKE ONE THREE TIMES DAILY - extra contraception 12 daysNotes for patient: AVOID ALCOHOLIC DRINK

03-Nov-2005 Metronidazole 200mg tablets Acute Medication (Past)
15 tablet(s) - TAKE ONE THREE TIMES DAILY - extra contraception 12 daysNotes for patient: AVOID ALCOHOLIC DRINK

26-Sept-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
13 months - TAKE ONE DAILY

26-Sept-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
13 months - TAKE ONE DAILY

29-July-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
21 tablet(s) - TAKE ONE DAILY

29-July-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
21 tablet(s) - TAKE ONE DAILY

23-Mar-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE DAILY

23-Mar-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE DAILY

11-Mar-2005 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet(s) - ONE TABLET 6 HOURLY

11-Mar-2005 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
28 tablet(s) - ONE TABLET 6 HOURLY

01-Feb-2005 Fusidic acid 2% cream Acute Medication (Past)
30 gram(s) - APPLY 3 TIMES/DAY

01-Feb-2005 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

01-Feb-2005 Fusidic acid 2% cream Acute Medication (Past)
30 gram(s) - APPLY 3 TIMES/DAY

THIRD PARTY COPY

01-Feb-2005 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

24-Jan-2005 Fusidic acid 2%cream Acute Medication (Past)
30 gram(s) - APPLY 3 TIMES/DAY

24-Jan-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE DAILY

24-Jan-2005 Microgynon 30 tablets (Bayer Plc) Acute Medication (Past)
63 tablet(s) - TAKE ONE DAILY

24-Jan-2005 Fusidic acid 2%cream Acute Medication (Past)
30 gram(s) - APPLY 3 TIMES/DAY

29-Dec-2004 Flucloxacillin 250mg capsules Acute Medication (Past)
20 capsule(s) - TAKE ONE 4 TIMES/DAY

29-Dec-2004 Flucloxacillin 250mg capsules Acute Medication (Past)
20 capsule(s) - TAKE ONE 4 TIMES/DAY

02-Dec-2004 Folic acid 400microgram tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

02-Dec-2004 Folic acid 400microgram tablets Acute Medication (Past)
56 tablet(s) - TAKE ONE DAILY

27-Oct-2004 Amitriptyline 50mg tablets Acute Medication (Past)
30 tablet(s) - 1 EVERY DAY

27-Oct-2004 Amitriptyline 50mg tablets Acute Medication (Past)
30 tablet(s) - 1 EVERY DAY

15-Oct-2004 Amitriptyline 50mg tablets Acute Medication (Past)
7 tablet(s) - ONE AT NIGHT

15-Oct-2004 Amitriptyline 50mg tablets Acute Medication (Past)
7 tablet(s) - ONE AT NIGHT

08-Oct-2004 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet(s) - TAKE ONE 3 TIMES/DAY

08-Oct-2004 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)
21 tablet(s) - TAKE ONE 3 TIMES/DAY

27-Sept-2004 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet(s) - ONE TABLET TWICE A DAY

27-Sept-2004 Trimethoprim 200mg tablets Acute Medication (Past)
6 tablet(s) - ONE TABLET TWICE A DAY

01-July-2004 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

01-July-2004 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule(s) - TAKE ONE 4 TIMES/DAY

24-May-2004 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

24-May-2004 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet(s) - TAKE ONE 3 TIMES/DAY

Allergies

23-Feb-2022 Dr John Telford (JGT_)
Adverse reaction to Gabapentin
- itch
Both drug name and constituent allergy
Episodicity - None

Vaccinations

07-Apr-2021 External User ()
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (AstraZeneca,30-Jun-2021,PW40011,Left arm)
Procedure

30-Dec-2016 Mrs Michelle Kewley (MB)
Full consent for immunisation
Additional

30-Dec-2016 Mrs Michelle Kewley (MB)
Seasonal influenza vaccination (sanofi,May-2017,n2a311,GMS,Right arm)
Procedure

07-Nov-2014 Sister Diana Morgan (DXM_)
Seasonal influenza vaccination
*L8216 EXP 5.2015, LEFT ARM - ***** children Stage=0 Reason=Routine Measure Source=In this Practice Status=Given Method=Intramuscular Due date=07/11/2015 Immunisation Type=Influenza - Seasonal*
Immunisation

THIRD PARTY COPY

06-Jan-2011 Dr Pratima Misra (PM_)
Influenza vaccination
Stage=0 Batch Number=g 7118-7 Reason=Special Risk Group Source=In this Practice Status=Given Method=Intramuscular Due date=06/01/2012 Immunisation Type=Influenza - Seasonal Reason=Pregnant
Immunisation

19-Mar-2003 MR USER UNKNOWN (_)
Booster polio vaccination
Stage=B2 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Immunisation Type=Poliomyelitis
Immunisation

19-Mar-2003 MR USER UNKNOWN (_)
Booster diphtheria vaccination
Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Diphtheria Compound=DT
Immunisation

19-Mar-2003 MR USER UNKNOWN (_)
Booster tetanus vaccination
Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Tetanus Compound=DT
Immunisation

12-Nov-2001 MR USER UNKNOWN (_)
Tuberculosis (BCG) vaccination
Stage=0 Reason=Routine Measure Source=Source unknown Status=Given Method=Intradermal Immunisation Type=BCG
Immunisation

27-Apr-2000 MR USER UNKNOWN (_)
Single meningitis C vaccination
Stage=0 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Meningococcal C
Immunisation

12-Nov-1991 MR USER UNKNOWN (_)
Booster diphtheria vaccination
Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Diphtheria Compound=DT
Immunisation

12-Nov-1991 MR USER UNKNOWN (_)
Booster tetanus vaccination
Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Immunisation Type=Tetanus Compound=DT
Immunisation

12-Nov-1991 MR USER UNKNOWN (_)
Booster polio vaccination
Stage=B Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=01/09/2002 Immunisation Type=Poliomyelitis
Immunisation

06-Mar-1989 MR USER UNKNOWN (_)
Measles vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Measles Compound=MMR
Immunisation

06-Mar-1989 MR USER UNKNOWN (_)
Rubella vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Rubella Compound=MMR
Immunisation

06-Mar-1989 MR USER UNKNOWN (_)
Mumps vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=06/03/1992 Immunisation Type=Mumps Compound=MMR
Immunisation

30-Aug-1988 MR USER UNKNOWN (_)
Third diphtheria vaccination
Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Diphtheria Compound=DTP
Immunisation

30-Aug-1988 MR USER UNKNOWN (_)
Third tetanus vaccination
Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Tetanus Compound=DTP
Immunisation

30-Aug-1988 MR USER UNKNOWN (_)
Third pertussis vaccination
Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=30/08/1991 Immunisation Type=Pertussis Compound=DTP
Immunisation

30-Aug-1988 MR USER UNKNOWN (_)
Third polio vaccination
Stage=3 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=01/09/1991 Immunisation Type=Poliomyelitis
Immunisation

28-Mar-1988 MR USER UNKNOWN (_)
Second diphtheria vaccination
Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Diphtheria Compound=DTP
Immunisation

THIRD PARTY COPY

28-Mar-1988 MR USER UNKNOWN (_)
Second tetanus vaccination
Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Tetanus Compound=DTP
Immunisation

28-Mar-1988 MR USER UNKNOWN (_)
Second pertussis vaccination
Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=25/04/1988 Immunisation Type=Pertussis Compound=DTP
Immunisation

28-Mar-1988 MR USER UNKNOWN (_)
Second polio vaccination
Stage=2 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=25/04/1988 Immunisation Type=Poliomyelitis
Immunisation

29-Feb-1988 MR USER UNKNOWN (_)
First diphtheria vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Diphtheria Compound=DTP
Immunisation

29-Feb-1988 MR USER UNKNOWN (_)
First tetanus vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Tetanus Compound=DTP
Immunisation

29-Feb-1988 MR USER UNKNOWN (_)
First pertussis vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Intramuscular Due date=28/03/1988 Immunisation Type=Pertussis Compound=DTP
Immunisation

29-Feb-1988 MR USER UNKNOWN (_)
First polio vaccination
Stage=1 Reason=Routine Measure Source=In another Practice Status=Given Method=Oral Due date=28/03/1988 Immunisation Type=Poliomyelitis
Immunisation

Referrals

29-Jun-2026 Dr Raghavendra Kurkal (RagKurkal)
Referral to colorectal surgeon
. Referral Type: Outpatient

25-Nov-2024 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Referral to colorectal surgeon
. Referral Type: Outpatient

24-Feb-2022 Dr John Telford (JGT_)
Fast track referral for suspected head and neck cancer
. Referral Type: Outpatient

31-Jan-2019 Mrs Anne-Marie Pink (AMP3735)
Fast track referral for suspected breast cancer
. Referral Type: Outpatient

30-Jan-2019 Mrs Anne-Marie Pink (AMP3735)
Referral to breast clinic
. Referral Type: Outpatient

13-Dec-2016 Dr Fiona C Ironside (FCI3735)
Refer for X-ray
. Referral Type: Outpatient

11-Feb-2014 Dr Joyce Woffindin (JW3735)
Gynaecological referral
UBRN:000249216292 : TP Speciality = Gynaecology : FHSA Speciality = Gynaecology. Referral Type: Outpatient

18-Mar-2013 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Refer to physiotherapist
UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient

07-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
U-S abdominal scan
. Referral Type: Outpatient

01-Aug-2011 Dr Gemma Kirby (GK_)
Standard chest X-ray
. Referral Type: Outpatient

12-May-2011 Dr Chike Nwamadu (CXN_)
Ultrasound scan
hand written from. Referral Type: Outpatient

03-Dec-2009 Dr Joyce Woffindin (JW3735)
Refer to physiotherapist
UBRN:000168795898 : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient

THIRD PARTY COPY

06-Oct-2009 Sister Diana Morgan (DXM_)
Low mood
GIVEN NUMBER. Referral Type: Outpatient

08-Apr-2009 Dr N Stevenson (NJS_)
Refer to physiotherapist
UBRN:000109291814 : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient

02-Jan-2008 Dr T White (TCW_)
Refer to physiotherapist
UBRN:N : TP Speciality = Other : FHSA Speciality = Physiotherapy. Referral Type: Outpatient

20-Mar-2007 Dr Joyce Woffindin (JW3735)
Antenatal ultrasound scan
. Referral Type: Outpatient

09-Mar-2006 Dr A Black (ADFB_)
Endogenous depression - recurrent
TP Speciality = Psychiatry : FHSA Speciality = Mental Illness. Referral Type: Outpatient

31-Oct-2005 Dr P Howarth (PH_)
Refer for imaging
TP Speciality = X-Ray : FHSA Speciality = Radiology. Referral Type: Outpatient

13-Apr-2005 Dr N Stevenson (NJS_)
Genital warts
TP Speciality = Genito-Urinary : FHSA Speciality = Genito-Urinary Medicine. Referral Type: Outpatient

08-Oct-2004 Dr P Howarth (PH_)
Refer for imaging
TP Speciality = X-Ray : FHSA Speciality = Radiology. Referral Type: Outpatient

Test Requests

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Test Results

17-Apr-2026 Dr Jerome Poppe (JP12)
Result: Miscellaneous imaging procedures*Backpain Backpain Backpain with Right sided sciatica - getting worse ? cause CLINICAL INDICATION: Backpain Backpain Backpain with Right sided sciatica - getting worse ? cause TECHNIQUE: MRI of the lumbosacral spine. COMPARISON: MRI dated 24/06/2022 FINDINGS: Normal vertebral alignment and body heights. No sinister bone marrow signal. There is an incidental, benign appearing haemangioma within T12 vertebral body. Normal appearance of the imaged cord and conus medullaris. L3/L4: Mild facet joint arthropathy. No neural compromise. L4/L5: Mild facet joint arthropathy and shallow disc bulge causing narrowing of the lateral recesses. The disc contacts the L5 nerve roots. No neural compression demonstrated. L5/S1: Shallow disc bulge causing mild narrowing of the exit foramen and contacts the L5 nerve roots. No neural compression demonstrated. IMPRESSION: Mild lower lumbar spine degenerative change but no neural compression demonstrated. Possible irritation of the L5 nerve roots bilaterally as described. Reported by: Eeke THOMEE Dr Eeke Thomee Consultant Radiologist GMC C7065511 Reported by : Dr Eeke THOMEE / EXTERNAL(EU) - Abnormal for patient - make routine appointment*

18-Feb-2026 Dr Ami Hall (AMI3735)
Result: Histology laboratory test*Clinical History: Excision skin tag. Left axilla. Macroscopy: A skin ellipse measuring at 23 x 13 x 20mm deep, bearing a pale nodu le with a maximum dimension of 9mm. The lesion is 3mm from the nearest tip. Margins inked. Block. 1. Tips 2. Serial sections of the entire specimen. All embedded. Microscopy: Fibroepithelial polyp Diagnostic Summary Please see text Report Status: Final Report Reported by Dr Kaushik Dasgupta, Source BioScience Healthcare Cases may have been reported digitally using the validated 3D Histec h system. SNOMED CODES:- T01000 M76810 JM Final report Reporting pathologist: SourceBioscience(JT) - Satisfactory*

03-Feb-2026 Dr Jerome Poppe (JP12)
Result: Full blood count - FBC*(JT) - Satisfactory*

Haemoglobin estimation	136 g/L	(Range: 115 - 165)
Total white cell count	6.6 10*9/L	(Range: 4 - 11)
Platelet count	**405 10*9/L**	**(Range: 150 - 400)**
Red blood cell (RBC) count	4.74 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.417	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV), 88.0 fL	88 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	28.7 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.1 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.6 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.7 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

28-Jan-2026 Dr Maryam Yammama (MY)
Result: Genital MC&S*FINAL REPORT Specimen Type: Vulva swab Site: MICROSCOPY:- CULTURE: For BV microscopy testing, please send a high vaginal swab. Please repeat if clinically indicated Trichomonas NOT examined if required request on rpt sample No bacterial pathogens isolated Candida sp. NOT isolated(ECT) - Satisfactory*

27-Jan-2026 Dr Maryam Yammama (MY)
Result: Genital MC&S*INTERIM REPORT Specimen Type: Vulva swab Site: MICROSCOPY:- CULTURE: For BV microscopy testing, please send a high vaginal swab. Please repeat if clinically indicated Further report to follow Trichomonas NOT examined if required request on rpt sample(ECT) - Satisfactory*

THIRD PARTY COPY

15-Dec-2025 Dr Jerome Poppe (JP12)
Result: US pelvic scan*cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please CLINICAL INDICATION: cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please TECHNIQUE: Transabdominal (TA) and Transvaginal (TV) scan discussed and accepted by the patient. Chaperoned by *****. Non-latex probe cover used. TV probe de-contaminated as per departmental protocol with Tristel Duo - Lot 818051 Exp: 13/05/2027 COMPARISON: NONE FINDINGS: Anteverted uterus with no obvious myometrial lesion seen. Endometrium measures 3.6mm and shows normal outline. A 32mm simple left ovarian cyst noted. This cyst do not need follow up. Both ovaries, otherwise, are unremarkable in appearance. Unremarkable ultrasound appearances of kidneys. Reported by: ***** ODENIGBO (Sonographer,ra80447) Reported by : ODENIGBO ***** / EXTERNAL(AMI) - Satisfactory*

15-Dec-2025 Dr Jerome Poppe (JP12)
Result: Transvaginal ultrasound scan*cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please CLINICAL INDICATION: cause of symptoms lower abdo pain/irregular periods cause of symptoms, rule out pathology please TECHNIQUE: Transabdominal (TA) and Transvaginal (TV) scan discussed and accepted by the patient. Chaperoned by *****. Non-latex probe cover used. TV probe de-contaminated as per departmental protocol with Tristel Duo - Lot 818051 Exp: 13/05/2027 COMPARISON: NONE FINDINGS: Anteverted uterus with no obvious myometrial lesion seen. Endometrium measures 3.6mm and shows normal outline. A 32mm simple left ovarian cyst noted. This cyst do not need follow up. Both ovaries, otherwise, are unremarkable in appearance. Unremarkable ultrasound appearances of kidneys. Reported by: ***** ODENIGBO (Sonographer,ra80447) Reported by : ODENIGBO ***** / EXTERNAL(AMI) - Satisfactory*

21-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Genital MC&S*FINAL REPORT Specimen Type: Cervical swab Site: MICROSCOPY:- White Blood Cells: ++ CULTURE: Neisseria gonorrhoeae NOT isolated No bacterial pathogens isolated Trichomonas NOT examined if required request on rpt sample Candida sp. NOT isolated(JT) - Satisfactory*

21-Nov-2025 Mrs Caroline Turner (CT3735)
Result: CT/NG SWAB*VIROLOGY - This is a FINAL report Onset Chlamydia trachomatis DNA NOT detected Neisseria gonorrhoeae DNA NOT detected Chlamydia trachomatis NOT detected by PCR Neisseria gonorrhoeae NOT detected by PCR(JT) - Satisfactory*

20-Nov-2025 Sister Diana Morgan (DXM_)
Result: HbA1c levl - IFCC standardised*Target for control in diabetes is 48 mmol/mol or less (NICE 2022). The cut off value in diagnosis is 48 mmol/mol. (DXM) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: LH + FSH*LH/FSH: ref. ranges quoted are for follicular phase(JT) - Satisfactory*

Serum LH level, 8.0 IU/L	8 IU/L	(Range: 2.4 - 12.6)
Serum FSH level	**12.9 IU/L**	**(Range: 3.5 - 12.5)**

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Serum ferritin*If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded. Note new ferritin reference ranges in use from 17.11.25.(JT) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Serum testosterone*(JT) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Serum sex hormne binding glob*(JT) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Free androgen index*(JT) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Serum vitamin B12*Repeat testing for B12 not indicated within 1 yr.(JT) - Satisfactory*

20-Nov-2025 Mrs Caroline Turner (CT3735)
Result: Serum folate*(JT) - Satisfactory*

19-Nov-2025 Dr Maryam Yammama (MY)
Result: Full blood count - FBC*High plts suggest repeat in 1-2/12 if no clinical cause(JT) - Repeat Test*

Haemoglobin estimation	133 g/L	(Range: 115 - 165)
Total white cell count	8.3 10*9/L	(Range: 4 - 11)
Platelet count	**454 10*9/L**	**(Range: 150 - 400)**
Red blood cell (RBC) count	4.59 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.396	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	86.3 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH), 29.0 pg	29 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.9 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	3.6 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.7 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

19-Nov-2025 Dr Maryam Yammama (MY)
Result: Urea and electrolytes*(M.Yammama) - Satisfactory*

Serum sodium	139 mmol/L	(Range: 133 - 146)
Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	74 umol/L	(Range: 49 - 90)
AKI warning stage, 0		(No range available)
eGFRcreat (CKD-EPI)/1.73 m*2	**89 mL/min/1.73m2**	**(Range: 90 - 120)**

19-Nov-2025 Dr Maryam Yammama (MY)
Result: Liver function test*(M.Yammama) - Satisfactory*

Serum total bilirubin level	10 umol/L	(Range: <21)
Serum alkaline phosphatase	104 U/L	(Range: 30 - 130)
Serum ALT level	18 U/L	(Range: <40)

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19-Nov-2025 Dr Maryam Yammama (MY)
Result: Serum total protein *(M.Yammama) - Satisfactory*

19-Nov-2025 Dr Maryam Yammama (MY)
Result: Serum TSH level *(M.Yammama) - Satisfactory*

14-Nov-2025 Dr Ami Hall (AMI3735)
Result: Cytology laboratory test *(JT) - Satisfactory*

Cervical smear - human papillomavirus positive	(0) high-risk HPV Not Detected	(No range available)
CERVICAL CYTOLOGY INTERPRETATION	(X) No cytology result	(No range available)
PATIENT MANAGEMENT RECOMMENDATION	(A) routine recall	(No range available)

18-Nov-2024 Dr Ami Hall (AMI3735)
Result: HbA1c levl - IFCC standardised *Target for control in diabetes is 48 mmol/mol or less (NICE 2022). The cut off value in diagnosis is 48 mmol/mol. Non-accredited test - UKAS application pending.(*****) - Satisfactory - but borderline re Pre diabetes - has appointment to discuss results.*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Full blood count - FBC *Non-accredited test - UKAS application pending.(AMI) - Satisfactory*

Haemoglobin estimation	141 g/L	(Range: 115 - 165)
Total white cell count	6.3 10*9/L	(Range: 4 - 11)
Platelet count	391 10*9/L	(Range: 150 - 400)
Red blood cell (RBC) count	4.88 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.436	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	89.3 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	28.9 pg	(Range: 27 - 32)
Red blood cell distribut width	12.6 %	(Range: 11 - 14.8)
Neutrophil count	3.3 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.4 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.4 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count	0.1 10*9/L	(No range available)

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Urea and electrolytes *(*****) - Satisfactory*

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Serum urea level, 4.0 mmol/L	4 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 49 - 90)
AKI warning stage NA		(No range available)
eGFRcreat (CKD-EPI)/1.73 m*2	**87 mL/min/1.73m2**	**(Range: 90 - 120)**

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Liver function test *From 23.04.24, the Blood Sciences laboratory has voluntarily suspended its UKAS accreditation due to ongoing refurbishments. All quality procedures remain in place. For further information, please contact GeneralPathology@ncic.nhs.uk.(*****) - Satisfactory*

Serum total bilirubin level	7 umol/L	(Range: <21)
Serum alkaline phosphatase	115 U/L	(Range: 30 - 130)
Serum ALT level	13 U/L	(Range: <40)

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: NON-FASTING LIPIDS *Non-fasting sample. Please refer to NEELI guideline(*****) - Satisfactory*

Serum cholesterol	5.5 mmol/L	(Range: 2.5 - 6.5)
Serum HDL cholesterol level	1.2 mmol/L	(Range: 1.2 - 2.6)
Se non HDL cholesterol level	4.3 mmol/L	(No range available)
Serum triglycerides	1.2 mmol/L	(Range: 0.4 - 4.5)
Serum LDL cholesterol level	3.8 mmol/L	(Range: 1 - 4)
Serum cholesterol/HDL ratio	4.6	(Range: <5)

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum total protein *(*****) - Satisfactory*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum TSH level *(*****) - Satisfactory*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum ferritin *If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded.(*****) - Satisfactory*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum C reactive protein level *(*****) - Satisfactory*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum vitamin B12 *Repeat testing for B12 not indicated within 1 yr.(*****) - Satisfactory*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Serum folate *Low folate - ? diet-related.(*****) - slm low - book routine follow up call / appointmenmt .*

16-Nov-2024 Dr Ami Hall (AMI3735)
Result: Erythrocyte sedimentation rate *(AMI) - Satisfactory*

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18-Jun-2024 Dr Joanne Hull-Davies (JHD)

Result: Cytology laboratory test*(ECT) - HPV recall in 12 months*

HPV RESULT (9) high-risk HPV Detected	(No range available)
CERVICAL CYTOLOGY INTERPRETATION (2) negative	(No range available)
PATIENT MANAGEMENT RECOMMENDATION (R) early repeat in 12 months according to protocol	(No range available)

07-Dec-2023 Dr Ami Hall (AMI3735)

Result: Histology laboratory test*Clinical History: Excision skin tag axilla. Macroscopy: The specimen consists of a soft polypoidal skin covered tissue measuring 12 x 8 x 4mm size. The surface is corrugated. Resection margin is inked. Specimen has been bisected and entirely submitted in one cassette. MICROSCOPY Section reveals a benign fibroepithelial polyp covered by squamous epithelium with a stromal core composed of mature adipocytes, scattered blood vessels and peripheral rim of loose collagen. There is no evidence of dysplasia or malignancy. SUMMARY Skin tag from axilla: benign fibroepithelial polyp. SNOMED CODES:- TY8100 M76810 Final report Reporting pathologist: Dr Jihan Hai(magda) - Satisfactory/Normal*

29-Nov-2023 Sister Diana Morgan (DXM_)

Result: Wound MC&S*FINAL REPORT Specimen Type: Wound swab Site: Axilla MICROSCOPY:- CULTURE: Skin ***** Organisms isolated(DXM) - Satisfactory/Normal*

29-Nov-2023 Sister Diana Morgan (DXM_)

Result: Wound MC&S*FINAL REPORT Specimen Type: Wound swab Site: Axilla MICROSCOPY:- CULTURE: Skin ***** Organisms isolated(DXM) - Satisfactory/Normal*

25-Jan-2023 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Cytology laboratory test*(IMOYO) - For repeat in 12 months*

HPV RESULT (9) high-risk HPV Detected	(No range available)
CERVICAL CYTOLOGY INTERPRETATION (2) negative	(No range available)
PATIENT MANAGEMENT RECOMMENDATION (R) early repeat in 12 months according to protocol	(No range available)

29-July-2022 Dr Fiona C Ironside (FCI3735)

Result: Miscellaneous imaging procedures*Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Clinical History : Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Patient Name: PROWSE, Laura Date of Birth: 01/09/1987 Patient ID: RNLW284220 Study Description: MRI Spine lumbar and sacral Study Date: 24/06/2022 Critical Findings: None MRI thoracolumbar spine Indications: Back pain and sciatica left leg. Old sciatica right leg. L4/5 and T10-L1 tenderness. Technique: T1, T2, stir sagittals from T3 downwards. T1 and T2 axials. Findings: Included thoracolumbar vertebral bodies show normal height and alignment. No compressive lesion in thoracic spine. Included thoracic cord shows normal signal intensity. There is impression of subtle oedema on left side of T9/10, probably in relation to the costotransverse joint ?could be due to trauma/degeneration, otherwise there is no significant bony or soft tissue oedema. There is slight facet prominence at lower lumbar levels. There is no significant compressive lesion. Conclusion: No significant compressive lesion. As above. Signed by:Dr Avinash Kanodia MBBS FRCR Consultant Radiologist GMC No. 6123539 DMC Imaging LTD www.DMCImaging.co.uk Electronically Verified Signed on:Reported 27/07/2022 19:14:23 . Reported by : DMC Radiologist / RA33784(JPO) - Possible signs fo wear and tear in mid-back otherwise normal*

29-July-2022 Dr Fiona C Ironside (FCI3735)

Result: Miscellaneous imaging procedures*Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Clinical History : Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Back pain and sciatica 8 weeks low-mid back pain with new sciatica in left leg (note also has old sciatica in right leg), symptoms are worsening rather than improving, performing exercises, analgesia optimised. Tenderness over L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI T-spine and lumbar spine ?disc related nerve root impingement Patient Name: PROWSE, Laura Date of Birth: 01/09/1987 Patient ID: RNLW284220 Study Description: MRI Spine lumbar and sacral Study Date: 24/06/2022 Critical Findings: None MRI thoracolumbar spine Indications: Back pain and sciatica left leg. Old sciatica right leg. L4/5 and T10-L1 tenderness. Technique: T1, T2, stir sagittals from T3 downwards. T1 and T2 axials. Findings: Included thoracolumbar vertebral bodies show normal height and alignment. No compressive lesion in thoracic spine. Included thoracic cord shows normal signal intensity. There is impression of subtle oedema on left side of T9/10, probably in relation to the costotransverse joint ?could be due to trauma/degeneration, otherwise there is no significant bony or soft tissue oedema. There is slight facet prominence at lower lumbar levels. There is no significant compressive lesion. Conclusion: No significant compressive lesion. As above. Signed by:Dr Avinash Kanodia MBBS FRCR Consultant Radiologist GMC No. 6123539 DMC Imaging LTD www.DMCImaging.co.uk Electronically Verified Signed on:Reported 27/07/2022 19:14:23 . Reported by : DMC Radiologist / RA33784(JPO) - Possible signs of wear and tear in mid back, otherwise normal*

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04-Mar-2022 Dr Charles Eddy (CE)
Result: Full blood count - FBC*(JPO) - Satisfactory/Normal*

Haemoglobin estimation	133 g/L	(Range: 115 - 165)
Total white cell count	6.2 10*9/L	(Range: 4 - 11)
Platelet count	319 10*9/L	(Range: 150 - 400)
Red blood cell (RBC) count	4.47 10*12/L	(Range: 3.8 - 5.8)
Haematocrit	0.402	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	89.9 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	29.8 pg	(Range: 27 - 32)
Red blood cell distribut width, 13.0 %	13 %	(Range: 11 - 14.8)
Neutrophil count	3.6 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	1.8 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.6 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

04-Mar-2022 Dr Charles Eddy (CE)
Result: Erythrocyte sedimentation rate*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Urea and electrolytes*(JPO) - Satisfactory/Normal*

Serum sodium	141 mmol/L	(Range: 133 - 146)
Serum potassium	4.5 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	4.2 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	72 umol/L	(Range: 49 - 90)
AKI warning stage, 0		(No range available)

04-Mar-2022 Dr Charles Eddy (CE)
Result: Calcium profile*(JPO) - Satisfactory/Normal*

Serum calcium	2.42 mmol/L	(Range: 2.1 - 2.6)
Serum albumin	44 g/L	(Range: 35 - 50)
Serum adjusted calcium conc, 2.40 mmol/L	2.4 mmol/L	(Range: 2.1 - 2.6)

04-Mar-2022 Dr Charles Eddy (CE)
Result: Liver function test*(JPO) - Satisfactory/Normal*

Serum total bilirubin level	11 umol/L	(Range: <21)
Serum alkaline phosphatase	90 U/L	(Range: 30 - 130)
Serum ALT level	10 U/L	(Range: <40)

04-Mar-2022 Dr Charles Eddy (CE)
Result: NON-FASTING LIPIDS*Non-fasting sample. Please refer to NEELI guideline(JPO) - Satisfactory/Normal*

Serum cholesterol, 5.0 mmol/L	5 mmol/L	(Range: 2.5 - 6.5)
Serum HDL cholesterol level	1.3 mmol/L	(Range: 1.2 - 2.6)
Se non HDL cholesterol level	3.7 mmol/L	(No range available)
Serum triglycerides	0.8 mmol/L	(Range: 0.4 - 4.5)
Serum LDL cholesterol level	3.3 mmol/L	(Range: 1 - 4)
Serum cholesterol/HDL ratio	3.8	(Range: <5)

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum total protein*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum C reactive protein level*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: eGFRcreat (CKD-EPI)/1.73 m*2*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum TSH level*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum ferritin*If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded.(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum vitamin B12*Repeat testing for B12 not indicated within 1 yr.(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: Serum folate*(JPO) - Satisfactory/Normal*

04-Mar-2022 Dr Charles Eddy (CE)
Result: HbA1c levl - IFCC standardised*Target for control in diabetes is 48mmol/mol or less (NICE 2015) The cut off value in diagnosis is 48mmol/mol. (JPO) - Satisfactory/Normal*

03-Feb-2022 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Result: Urinary MC&S*FINAL REPORT Automated urinalysis indicates no evidence of urinary tract infection(JLF) - Satisfactory/Normal*

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25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Full blood count - FBC*(JPO) - Satisfactory/Normal*

Haemoglobin estimation	131 g/L	(Range: 115 - 165)
Total white cell count	5.2 10*9/L	(Range: 4 - 11)
Platelet count	271 10*9/L	(Range: 150 - 400)
Red blood cell (RBC) count	4.27 10*12/L	(Range: 3.8 - 5.8)
Haematocrit, 0.390	0.39	(Range: 0.37 - 0.47)
Mean corpuscular volume (MCV)	91.4 fL	(Range: 80 - 100)
Mean corpusc. haemoglobin(MCH)	30.6 pg	(Range: 27 - 32)
Red blood cell distribut width	13.2 %	(Range: 11 - 14.8)
Neutrophil count	2.4 10*9/L	(Range: 1.8 - 7.5)
Lymphocyte count	2.2 10*9/L	(Range: 1.5 - 4.5)
Monocyte count	0.4 10*9/L	(Range: 0.2 - 0.8)
Eosinophil count	0.1 10*9/L	(No range available)
Basophil count, 0.0 10*9/L	0 10*9/L	(No range available)

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Urea and electrolytes*(MAR) - Satisfactory/Normal*

Serum sodium	139 mmol/L	(Range: 133 - 146)
Serum potassium	4.8 mmol/L	(Range: 3.5 - 5.3)
Serum urea level	5.8 mmol/L	(Range: 2.5 - 7.8)
Serum creatinine	76 umol/L	(Range: 49 - 90)
AKI warning stage NA		(No range available)

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Liver function test*(MAR) - Satisfactory/Normal*

Serum total bilirubin level	8 umol/L	(Range: <21)
Serum alkaline phosphatase	89 U/L	(Range: 30 - 130)
Serum ALT level	12 U/L	(Range: <40)

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Serum total protein*(MAR) - Satisfactory/Normal*

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Serum C reactive protein level*(MAR) - Satisfactory/Normal*

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: eGFRcreat (CKD-EPI)/1.73 m*2*eGFR adjustment for ethnicity no longer recommended (NICE NG203)(MAR) - ok*

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: Serum TSH level*(JPO) - Satisfactory/Normal*

25-Oct-2021 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)

Result: HbA1c levl - IFCC standardised*Target for control in diabetes is 48mmol/mol or less (NICE 2015) The cut off value in diagnosis is 48mmol/mol. (DXM) - Satisfactory/Normal*

11-Oct-2021 Dr Ami Hall (AMI3735)

Result: Standard chest X-ray*cough Cough on and off for 1 year, smoker. cxr to r/o maligancy CLINICAL INDICATION: cough Cough on and off for 1 year, smoker. cxr to r/o maligancy COMPARISON: CR CHEST 22-Dec-2016 FINDINGS: chest. PA erect. Heart and mediastinum are central and the heart is not enlarged. No definite active lung parenchymal or pleural lesions seen. COMMENT: normal chest x-ray. Dr ***** ***** Consultant Radiologist 2664305 Supplementary report: Agree with above report. Reported by : ***** ***** / EXTERNAL(AMI) - Satisfactory/Normal*

18-May-2021 Dr Fiona C Ironside (FCI3735)

Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.*

25-Feb-2021 Dr Fiona C Ironside (FCI3735)

Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive*SARS-CoV-2-ORGY PHE informed. No notifiable disease notification needed.(JPO) - No action required*

11-Feb-2021 Dr Fiona C Ironside (FCI3735)

Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.*

12-Jan-2021 Dr Fiona C Ironside (FCI3735)

Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative*SARS-CoV-2-ORGN PHE informed. No notifiable disease notification needed.*

04-Mar-2020 Dr Fiona C Ironside (FCI3735)

Result: Cytology laboratory test*(FCI) - Satisfactory/Normal*

Cervical cytology test HPV PRIMARY SCREENING - NO CYTOLOGY REPORTED. High-risk HPV NOT DETECTED. Routine recall is recommended	(No range available)
CYTOLOGICAL PATTERN No cytology result [X]	(No range available)
SPECIFIC INFECTION [0] High risk HPV NOT DETECTED	(No range available)
MANAGEMENT SUGGESTED [A] Routine recall	(No range available)

04-Jun-2019 Dr Fiona C Ironside (FCI3735)

Result: Urinary MC&S*FINAL REPORT A/B Rx: Nitrofurantoin White Blood Cells 125 /uL Red Blood Cells 16 /uL Epithelial Cells +++ Organism count between 10,000 and 100,000 organisms/ml 1. Escherichia coli 2. 3. 1. 2. 3. Co-amoxiclav R Pivmecillinam S Nitrofurantoin S Trimethoprim R Urine Culture & Sensitivity currently not UKAS accredited(DXM) - No action needed - correct abx*

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15-Mar-2019 Dr Fiona C Ironside (FCI3735)
Result: Cytology laboratory test*(FCI) - No action needed*

Cervical cytology test HPV PRIMARY SCREENING - CYTOLOGY REPORTED. High-risk HPV DETECTED. No abnormal cells seen. Please repeat in 12 months	(No range available)
CYTOLOGICAL PATTERN Negative[2]	(No range available)
SPECIFIC INFECTION [9] High-risk HPV OTHER detected	(No range available)
MANAGEMENT SUGGESTED [R] Repeat in 12 months	(No range available)

11-Jan-2017 Dr Fiona C Ironside (FCI3735)
Result: Standard chest X-ray*X-ray chest Report: Normal heart, lungs and mediastinal contours. Dr Fionnan ***** BA MB BCh BAO (Hons) MRCSI FRCR Consultant Radiologist GMC No. 7047324 DMC Imaging LTD www.dmcimaging.co.uk Reported by : Dr Fionan ***** GMC7047324 / EXTERNAL(FCI) - No action needed*

Other Items

05-Mar-2110	Recall	Primary Care Group *Admin tag (DO NOT REMOVE)*
16-July-2026	Read Code	Did not attend - no reason
03-Mar-2026	Read Code	Test Request : MRI Spine lumbar & sacral
03-Feb-2026	Read Code	Test Request : Full Blood Count
23-Jan-2026	Read Code	Test Request : Vulval Swab - C&S
15-Jan-2026	Read Code	Test Request : Skin Biopsy 1
19-Nov-2025	Read Code	HbA1c levl - IFCC standardised (DXM) - Satisfactory 40 mmol/mol
19-Nov-2025	Read Code	Serum total protein (M.Yammama) - Satisfactory 69 g/L
19-Nov-2025	Read Code	Serum TSH level, 4.20 mU/L (M.Yammama) - Satisfactory 4.2 mU/L
19-Nov-2025	Read Code	Serum ferritin (JT) - Satisfactory 65 ug/L
19-Nov-2025	Read Code	Serum testosterone (JT) - Satisfactory 1.2 nmol/L
19-Nov-2025	Read Code	Serum sex hormne binding glob (JT) - Satisfactory 32 nmol/L
19-Nov-2025	Read Code	Free androgen index (JT) - Satisfactory 3.8
19-Nov-2025	Read Code	Serum vitamin B12 (JT) - Satisfactory Repeat testing for B12 not indicated within 1 yr. 362 ng/L
19-Nov-2025	Read Code	Serum folate, 4.0 ug/L (JT) - Satisfactory 4 ug/L
13-Nov-2025	Read Code	Test Request : HbA1c
13-Nov-2025	Read Code	Test Request : Vitamin B12
13-Nov-2025	Read Code	Test Request : Free Androgen Index
13-Nov-2025	Read Code	Test Request : Full Blood Count
13-Nov-2025	Read Code	Test Request : Ferritin
13-Nov-2025	Read Code	Test Request : Folate
13-Nov-2025	Read Code	Test Request : LH and FSH
13-Nov-2025	Read Code	Test Request : Liver Function Tests
13-Nov-2025	Read Code	Test Request : Sex hormone binding globulin
13-Nov-2025	Read Code	Test Request : Testosterone
13-Nov-2025	Read Code	Test Request : Thyroid Function
13-Nov-2025	Read Code	Test Request : Urea & Electrolytes + eGFR

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13-Nov-2025	Read Code	Test Request : .
13-Nov-2025	Read Code	Test Request : Chlamydia/Gonorrhoea PCR (swab)
13-Nov-2025	Read Code	Test Request : Cervical swab C&S
13-Nov-2025	Read Code	Test Request : US Pelvis
13-Nov-2025	Read Code	Test Request : US Pelvis transvaginal
05-Nov-2025	Read Code	Test Request : Cervical Screen
15-Sept-2025	Read Code	Did not attend - no reason
24-July-2025	Read Code	Systolic arterial pressure 114 mmHg
24-July-2025	Read Code	Diastolic arterial pressure 70 mmHg
13-Dec-2024	Read Code	Test Request : US Abdomen
13-Dec-2024	Read Code	Test Request : US Pelvis
13-Dec-2024	Read Code	Test Request : US Pelvis transvaginal
13-Dec-2024	Read Code	Test Request : LH/FSH
13-Dec-2024	Read Code	Test Request : Prolactin
13-Dec-2024	Read Code	Test Request : Progesterone
13-Dec-2024	Read Code	Test Request : Testosterone
06-Dec-2024	Read Code	Systolic arterial pressure 105 mmHg
06-Dec-2024	Read Code	Diastolic arterial pressure 68 mmHg
06-Dec-2024	Read Code	Systolic arterial pressure 119 mmHg
06-Dec-2024	Read Code	Diastolic arterial pressure 79 mmHg
16-Nov-2024	Read Code	Test Request : HbA1c
16-Nov-2024	Read Code	Test Request : ALT
16-Nov-2024	Read Code	Test Request : Vitamin B12
16-Nov-2024	Read Code	Test Request : CRP
16-Nov-2024	Read Code	Test Request : ESR
16-Nov-2024	Read Code	Test Request : Full Blood Count
16-Nov-2024	Read Code	Test Request : Ferritin
16-Nov-2024	Read Code	Test Request : Folate
16-Nov-2024	Read Code	Test Request : Non-fasting Lipid Profile
16-Nov-2024	Read Code	Test Request : Liver Function Tests
16-Nov-2024	Read Code	Test Request : Thyroid Function
16-Nov-2024	Read Code	Test Request : Urea & Electrolytes + eGFR
16-Nov-2024	Read Code	Unknown specimen
16-Nov-2024	Read Code	Serum total protein (*****) - Satisfactory 70 g/L

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16-Nov-2024	Read Code	Serum TSH level (*****) - Satisfactory 3.19 mU/L
16-Nov-2024	Read Code	Serum ferritin (*****) - Satisfactory 56 ug/L
16-Nov-2024	Read Code	Serum C reactive protein level (*****) - Satisfactory 3 mg/L
16-Nov-2024	Read Code	Serum vitamin B12 (*****) - Satisfactory Repeat testing for B12 not indicated within 1 yr. 375 ng/L
16-Nov-2024	Read Code	Serum folate (*****) - slm low - book routine follow up call / appointmenmt . Low folate - ? diet-related. 2.3 ug/L
16-Nov-2024	Read Code	Erythrocyte sedimentation rate (AMI) - Satisfactory 19 mm/h
16-Nov-2024	Read Code	HbA1c levl - IFCC standardised (*****) - Satisfactory - but borderline re Pre diabetes - has appointment to discuss results. 41 mmol/mol
16-Nov-2024	Read Code	Test Request : HbA1c
16-Nov-2024	Read Code	Test Request : ALT
16-Nov-2024	Read Code	Test Request : Vitamin B12
16-Nov-2024	Read Code	Test Request : CRP
16-Nov-2024	Read Code	Test Request : ESR
16-Nov-2024	Read Code	Test Request : Full Blood Count
16-Nov-2024	Read Code	Test Request : Ferritin
16-Nov-2024	Read Code	Test Request : Folate
16-Nov-2024	Read Code	Test Request : Non-fasting Lipid Profile
16-Nov-2024	Read Code	Test Request : Liver Function Tests
16-Nov-2024	Read Code	Test Request : Thyroid Function
16-Nov-2024	Read Code	Test Request : Urea & Electrolytes + eGFR
10-Jun-2024	Read Code	Test Request : Cervical Screen
28-Feb-2024	Read Code	Did not attend - no reason
27-Nov-2023	Read Code	Test Request : Wound C & S
27-Nov-2023	Read Code	Test Request : Wound C & S
16-Nov-2023	Read Code	Test Request : Skin Biopsy 1
21-Sept-2023	Read Code	Did not attend - no reason
21-Sept-2023	Read Code	Test Request : Skin Biopsy 1
30-Jun-2023	Read Code	No safeguarding issues identified
31-Oct-2022	Read Code	Enhanced review indicated before granting access to own health record
04-Mar-2022	Read Code	Test Request : HbA1c
04-Mar-2022	Read Code	Test Request : Vitamin B12
04-Mar-2022	Read Code	Test Request : Calcium + Albumin
04-Mar-2022	Read Code	Test Request : CRP
04-Mar-2022	Read Code	Test Request : ESR

THIRD PARTY COPY

04-Mar-2022	Read Code	Test Request : Full Blood Count
04-Mar-2022	Read Code	Test Request : Ferritin
04-Mar-2022	Read Code	Test Request : Folate
04-Mar-2022	Read Code	Test Request : Non-fasting Lipid Profile
04-Mar-2022	Read Code	Test Request : Liver Function Tests
04-Mar-2022	Read Code	Test Request : Thyroid Function
04-Mar-2022	Read Code	Test Request : Urea & Electrolytes + eGFR
03-Mar-2022	Read Code	Erythrocyte sedimentation rate (JPO) - Satisfactory/Normal 15 mm/h
03-Mar-2022	Read Code	Serum total protein (JPO) - Satisfactory/Normal 69 g/L
03-Mar-2022	Read Code	Serum C reactive protein level (JPO) - Satisfactory/Normal 2 mg/L
03-Mar-2022	Read Code	eGFRcreat (CKD-EPI)/1.73 m*2 (JPO) - Satisfactory/Normal 90 mL/min/1.73m2
03-Mar-2022	Read Code	Serum TSH level (JPO) - Satisfactory/Normal 3.88 mU/L
03-Mar-2022	Read Code	Serum ferritin (JPO) - Satisfactory/Normal 50 ug/L
03-Mar-2022	Read Code	Serum vitamin B12 (JPO) - Satisfactory/Normal Repeat testing for B12 not indicated within 1 yr. 362 ng/L
03-Mar-2022	Read Code	Serum folate (JPO) - Satisfactory/Normal 5.7 ug/L
03-Mar-2022	Read Code	HbA1c levl - IFCC standardised (JPO) - Satisfactory/Normal 37 mmol/mol
03-Mar-2022	Read Code	Did not attend - no reason
25-Feb-2022	Read Code	Test Request : MRI Spine lumbar & sacral
25-Feb-2022	Read Code	Test Request : MRI Spine thoracic
25-Feb-2022	Read Code	Test Request : HbA1c
25-Feb-2022	Read Code	Test Request : Vitamin B12
25-Feb-2022	Read Code	Test Request : Calcium + Albumin
25-Feb-2022	Read Code	Test Request : CRP
25-Feb-2022	Read Code	Test Request : ESR
25-Feb-2022	Read Code	Test Request : Full Blood Count
25-Feb-2022	Read Code	Test Request : Ferritin
25-Feb-2022	Read Code	Test Request : Folate
25-Feb-2022	Read Code	Test Request : Non-fasting Lipid Profile
25-Feb-2022	Read Code	Test Request : Liver Function Tests
25-Feb-2022	Read Code	Test Request : Thyroid Function
25-Feb-2022	Read Code	Test Request : Urea & Electrolytes + eGFR
16-Feb-2022	Read Code	Did not attend - no reason
08-Feb-2022	Read Code	Test Request : Faecal Immunochemical Test (FIT)
03-Feb-2022	Read Code	Test Request : Urine for MC&S

THIRD PARTY COPY

25-Oct-2021	Read Code	Serum total protein (MAR) - Satisfactory/Normal 67 g/L
25-Oct-2021	Read Code	Serum C reactive protein level (MAR) - Satisfactory/Normal 2 mg/L
25-Oct-2021	Read Code	eGFRcreat (CKD-EPI)/1.73 m*2 (MAR) - ok eGFR adjustment for ethnicity no longer recommended (NICE NG203) 88 mL/min/1.73m2
25-Oct-2021	Read Code	Serum TSH level (JPO) - Satisfactory/Normal 2.83 mU/L
25-Oct-2021	Read Code	HbA1c levl - IFCC standardised (DXM) - Satisfactory/Normal 38 mmol/mol
25-Oct-2021	Read Code	Test Request : HbA1c
25-Oct-2021	Read Code	Test Request : CRP
25-Oct-2021	Read Code	Test Request : Full Blood Count
25-Oct-2021	Read Code	Test Request : Liver Function Tests
25-Oct-2021	Read Code	Test Request : Thyroid Function
25-Oct-2021	Read Code	Test Request : Urea & Electrolytes + eGFR
01-Oct-2021	Read Code	Test Request : HbA1c
01-Oct-2021	Read Code	Test Request : CRP
01-Oct-2021	Read Code	Test Request : Full Blood Count
01-Oct-2021	Read Code	Test Request : Liver Function Tests
01-Oct-2021	Read Code	Test Request : Thyroid Function
01-Oct-2021	Read Code	Test Request : Urea & Electrolytes + eGFR
01-Oct-2021	Read Code	Test Request : XR Chest
19-May-2021	Read Code	Did not attend - no reason
17-Mar-2021	Read Code	SMS text message sent to patient TELEPHONE consultation reminder: Mar 18 at 11:15am with Mrs *****-***** Pink Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS.www.mygp.io/app
15-Mar-2021	Read Code	SMS text message sent to patient TELEPHONE consultation reminder: Mar 18 at 11:15am with Mrs *****-***** Pink Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS.www.mygp.io/app
26-Feb-2020	Read Code	Did not attend - no reason
25-Feb-2020	Read Code	SMS text message sent to patient Appt reminder: Feb 26 at 12:00pm with Mrs *****-***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
23-Feb-2020	Read Code	SMS text message sent to patient Appt reminder: Feb 26 at 12:00pm with Mrs *****-***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
10-Feb-2020	Read Code	SMS text message sent to patient Appt reminder: Feb 11 at 11:00am with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
08-Feb-2020	Read Code	SMS text message sent to patient Appt reminder: Feb 11 at 11:00am with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
18-Jan-2020	Read Code	Systolic arterial pressure 125 mmHg
18-Jan-2020	Read Code	Diastolic arterial pressure 60 mmHg

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14-Jan-2020	Read Code	Did not attend hospital appointment Orthopaedics, *****
20-Feb-2019	Read Code	SMS text message sent to patient Appt reminder: Feb 21 at 4:10pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
18-Feb-2019	Read Code	SMS text message sent to patient Appt reminder: Feb 21 at 4:10pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
16-Nov-2018	Read Code	Did not attend - no reason
15-Nov-2018	Read Code	SMS text message sent to patient Appt reminder: Nov 16 at 6:23pm with Dr Herath Herath at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
13-Nov-2018	Read Code	SMS text message sent to patient Appt reminder: Nov 16 at 6:23pm with Dr Herath Herath at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
07-Nov-2018	Read Code	SMS text message sent to patient Appt reminder: Nov 08 at 3:00pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
05-Nov-2018	Read Code	SMS text message sent to patient Appt reminder: Nov 08 at 3:00pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
25-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 26 at 5:30pm with Dr Herath Herath at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
21-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 22 at 2:20pm with Mrs *****-***** Pink at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
18-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 19 at 2:15pm with Ms ***** ***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
17-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 18 at 5:40pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
16-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 19 at 2:15pm with Ms ***** ***** at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
15-Oct-2018	Read Code	SMS text message sent to patient Appt reminder: Oct 18 at 5:40pm with Mrs ***** Kewley at the Lowther Medical Centre. If you can't attend please text back CANCEL. Get our App: www.mygp.io/app
18-Sept-2018	Read Code	SMS text message sent to patient Welcome to myGP, we hope you will enjoy our messaging and booking app. Remember to make use of the medication reminders should you need them as well!
17-Sept-2018	Read Code	Ex smoker Smoking Status: NO
12-Dec-2017	Read Code	Preferred method of contact: unknown
23-Mar-2017	Read Code	Education about access to Patient Facing Service
16-Feb-2017	Read Code	Test Request : Faeces - H pylori antigen
17-Jan-2017	Read Code	Did not attend - no reason
06-Dec-2016	Read Code	Did not attend - no reason
21-Sept-2016	Read Code	Systolic blood pressure 110 mmHg
21-Sept-2016	Read Code	Diastolic blood pressure 70 mmHg
12-Apr-2016	Read Code	Did not attend - no reason
04-Mar-2016	Read Code	Discussion about advance care plan
17-Feb-2016	Read Code	Patient allocated named accountable general practitioner
22-Jan-2016	Read Code	Marital state unknown
04-Jan-2016	Read Code	Unlinked Report: Third Party Contact No Further Action Needed Complete = Y Action Text = No Further Action Needed Set Date = 04/01/2016 Set Name = ***** ***** Eldon Action Date = 04/01/2016 Action Name = Reception Group

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07-Oct-2015	Read Code	Acute kidney injury warning stage NA
07-Oct-2015	Read Code	Serum total protein 66 g/L
07-Oct-2015	Read Code	Serum sodium 140 mmol/L
07-Oct-2015	Read Code	Serum potassium 4.3 mmol/L
07-Oct-2015	Read Code	Serum urea level 4.3 mmol/L
07-Oct-2015	Read Code	Serum creatinine 72 umol/L
07-Oct-2015	Read Code	GFR calculated abbreviated MDRD Possible CKD stage 2 (see local guidelines) EGFR: for Afro Caribbean patients multiply by 1.21 Low 84 mL/min/1.73m2
07-Oct-2015	Read Code	Serum alanine aminotransferase level 27 U/L
07-Oct-2015	Read Code	Serum amylase level 39 U/L
07-Oct-2015	Read Code	Haemoglobin A1c level - IFCC standardised Target for good control in diabetes is 53 mmol/mol or less. The cut off value in diagnosis is 48 mmol/mol. 36 mmol/mol
07-Oct-2015	Read Code	Serum vitamin B12 Repeat testing for B12 not indicated within 1 yr. 266 ng/L
07-Oct-2015	Read Code	Serum TSH level 3.32 mU/L
07-Oct-2015	Read Code	Serum ferritin If Hb/MCV are low and there is liver disease/infection/ inflammation etc.iron deficiency anaemia can't be excluded. 31 ug/L
07-Oct-2015	Read Code	Serum folate 5.2 ug/L
07-Oct-2015	Read Code	Serum total bilirubin level < 5 umol/L 5 umol/L
07-Oct-2015	Read Code	Serum alkaline phosphatase 75 U/L
07-Oct-2015	Read Code	Red blood cell (RBC) count 4.3 10*12/L
07-Oct-2015	Read Code	Haematocrit 0.385
07-Oct-2015	Read Code	Red blood cell distribution width 13 %
07-Oct-2015	Read Code	Haemoglobin estimation 130 g/L
07-Oct-2015	Read Code	Mean corpuscular volume (MCV) 89.6 fL
07-Oct-2015	Read Code	Total white cell count 6.4 10*9/L
07-Oct-2015	Read Code	Platelet count 250 10*9/L
07-Oct-2015	Read Code	Neutrophil count 3.4 10*9/L
07-Oct-2015	Read Code	Lymphocyte count 2.2 10*9/L
07-Oct-2015	Read Code	Monocyte count 0.5 10*9/L
07-Oct-2015	Read Code	Eosinophil count 0.2 10*9/L
07-Oct-2015	Read Code	Basophil count 0 10*9/L
07-Oct-2015	Read Code	Erythrocyte sedimentation rate 5 mm/h
07-Oct-2015	Read Code	Mean corpusc. haemoglobin(MCH) 30.4 pg
08-Jun-2015	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative N.gonorrhoeae PCR Negative

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08-Jun-2015	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- White Blood Cells: Nil CULTURE: No bacterial pathogens isolated Microscopy suggestive of Bacterial Vaginosis. Assess with Clinical criteria. Repeat sample to confirm Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
05-Feb-2015	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- White Blood Cells: Nil CULTURE: No growth. Microscopy NOT indicative of Bacterial Vaginosis Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
05-Feb-2015	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative N.gonorrhoeae PCR Negative
07-Nov-2014	Read Code	Systolic blood pressure 98 mm Hg
07-Nov-2014	Read Code	Diastolic blood pressure 70 mm Hg
25-July-2014	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Cefalexin White Blood Cells >100 /uL Red Blood Cells 50-100 /uL Epithelial Cells +++ Colony count of greater than 100,000 organisms/ml 1. Escherichia coli 2. 3. 1. 2. 3. Amoxicillin R Gentamicin S Co-amoxiclav S Nitrofurantoin S Trimethoprim S
29-Apr-2014	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: Cervical swab Site: A/B Rx: MICROSCOPY:- CULTURE: N.gonorrhoeae NOT isolated No bacterial pathogens isolated
29-Apr-2014	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: No bacterial pathogens isolated Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
11-Feb-2014	Read Code	MSG:Gynaecological referral
29-Jan-2014	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: Vulva swab Site: A/B Rx: MICROSCOPY:- CULTURE: No bacterial pathogens isolated Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated
26-Apr-2013	Read Code	Implied consent for core Summary Care Record dataset upload Initial SCR consent is 9Ndl.
22-Oct-2012	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: MICROSCOPY:- CULTURE: Group B Streptococcus +++ Normal Vaginal ***** Trichomonas NOT EXAMINED if required request on rpt sample Candida species NOT isolated Group B streptococcus is often part of normal vaginal ***** and is of doubtful significance in non pregnant patients. Treatment is not necessary.
22-Oct-2012	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target POSITIVE C.trachomatis confirmatory PCR POSITIVE Confirms C.trachomatis using 2 nucleic acid sequences Due to the high sensitivity of DNA PCR detection,tests of cure should not be undertaken before 3 weeks post treatment
20-July-2012	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: Trimethoprim MICROSCOPY:- White Blood Cells: Nil CULTURE: Candida species +++ isolated Microscopy NOT indicative of Bacterial Vaginosis Trichomonas NOT EXAMINED if required request on rpt sample
20-July-2012	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Trimethoprim White blood cells >100 /mm^3 Red blood cells <10 /mm^3 Epithelial cells ++ Casts Not seen Colony count of greater than 100,000 organisms/ml 1. Escherichia coli 1. Amoxicillin R Ciprofloxacin R Co-amoxiclav S Nitrofurantoin S Trimethoprim R
02-May-2012	Read Code	Systolic blood pressure 94 mm Hg
02-May-2012	Read Code	Diastolic blood pressure 62 mm Hg
13-Dec-2011	Read Code	U-S pelvic scan See below. US Pelvis : US Pelvis transvaginal : Previous PID. Pelvic and coital pain. Irregular bleeding. Transabdominal and transvaginal scans. C Bragg chaperoned. The uterus is anteverted and appears normal measuring 69x37x46mm. The endometrium is thin and well defined measuring 2mm. The Lt ovary measures 29x22x21mm. The Rt ovary measures 26x13x21mm. No adnexal mass or cysts seen. No free pelvic fluid seen. No Hydronephrosis is present in the kidneys. Reported by : DOBIE ***** / RA48696
13-Dec-2011	Read Code	Transvaginal ultrasound scan See below. US Pelvis : US Pelvis transvaginal : Previous PID. Pelvic and coital pain. Irregular bleeding. Transabdominal and transvaginal scans. C Bragg chaperoned. The uterus is anteverted and appears normal measuring 69x37x46mm. The endometrium is thin and well defined measuring 2mm. The Lt ovary measures 29x22x21mm. The Rt ovary measures 26x13x21mm. No adnexal mass or cysts seen. No free pelvic fluid seen. No Hydronephrosis is present in the kidneys. Reported by : DOBIE ***** / RA48696

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04-Nov-2011	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: Metronidazole MICROSCOPY:- White Blood Cells: Nil CULTURE: Candida species +++ isolated Microscopy indicative of Bacterial Vaginosis Suggest Rx. Metronidazole if symptoms typical Microscopy shows Clue Cells Trichomonas NOT EXAMINED if required request on rpt sample
04-Nov-2011	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative
16-Sept-2011	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: High vaginal swab Site: A/B Rx: Azithromycin MICROSCOPY:- White Blood Cells: + CULTURE: Candida species +++ isolated Microscopy indicative of Bacterial Vaginosis Suggest Rx. Metronidazole if symptoms typical Microscopy shows Clue Cells Trichomonas NOT EXAMINED if required request on rpt sample
16-Sept-2011	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis dual target Negative N.gonorrhoeae PCR Negative
16-Aug-2011	Read Code	Standard chest X-ray XR Chest : Frontal view. Lungs and cardia appears normal. No pleural effusion bilaterally. Reported by : UPPOOR Ravi / RNLCURJI
29-July-2011	Read Code	Red blood cell distribution width 14.6 %
29-July-2011	Read Code	Red blood cell (RBC) count 4.31 10*12/L
29-July-2011	Read Code	Monocyte count High 0.9 10*9/L
29-July-2011	Read Code	Mean corpuscular volume (MCV) 88.1 fL
29-July-2011	Read Code	Haemoglobin estimation 12.7 g/dL
29-July-2011	Read Code	Total white cell count 8.1 10*9/L
29-July-2011	Read Code	Platelet count 245 10*9/L
29-July-2011	Read Code	Neutrophil count 4.9 10*9/L
29-July-2011	Read Code	Lymphocyte count 2.2 10*9/L
29-July-2011	Read Code	Eosinophil count 0.1 10*9/L
29-July-2011	Read Code	Basophil count 0 10*9/L
29-July-2011	Read Code	Packed cell volume 0.38
29-July-2011	Read Code	Anti pertussis toxin IgG level VIROLOGY - This is a FINAL report Occupation: Onset B.pertussis toxin IgG - 3 IU/ml (0-70) No serological evidence of recent B.pertussis infection Report from HPA Colindale *Original Result: "PERTUSSIS SEROL"
09-Jun-2011	Read Code	U-S pelvic scan See below. US Pelvis : US Pelvis transvaginal : Pelvic pain and bleeding after sex since childbirth 4 months ago. Transabdominal and transvaginal scans. A ***** chaperoned. The uterus is antverted and appears normal measuring 70x33x49mm. The endometrium is thin and well defined measuring 4mm. The Lt ovary measures 23x18x20mm. The Rt ovary measures 22x16x21mm. Both ovaries appear normal. No adnexal mass or cysts seen. No free pelvic fluid seen. No hydronephrosis is present in the kidneys and the bladder outline is smooth. Reported by : DOBIE ***** / RA48696
09-Jun-2011	Read Code	Transvaginal ultrasound scan See below. US Pelvis : US Pelvis transvaginal : Pelvic pain and bleeding after sex since childbirth 4 months ago. Transabdominal and transvaginal scans. A ***** chaperoned. The uterus is antverted and appears normal measuring 70x33x49mm. The endometrium is thin and well defined measuring 4mm. The Lt ovary measures 23x18x20mm. The Rt ovary measures 22x16x21mm. Both ovaries appear normal. No adnexal mass or cysts seen. No free pelvic fluid seen. No hydronephrosis is present in the kidneys and the bladder outline is smooth. Reported by : DOBIE ***** / RA48696
13-Apr-2011	Read Code	Systolic blood pressure 100 mm Hg
13-Apr-2011	Read Code	Diastolic blood pressure 60 mm Hg

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15-Mar-2011	Read Code	U-S pelvic scan US Pelvis : Transabdominal scan. Indication: ? RPOC 12 days post natal. Bleeding and pain since. The anteverted uterus is still bulky and measures 109x56x83mm. The endometrium is distended to 5mm and contains fluid. There is a small foci that measures 9mm at the fundus but no significant retained products identified. The left ovary measures 21x11x14mm. The right ovary measures 21x11x10mm. Both ovaries appear normal with no adnexal mass or cyst identified. No free pelvic fluid identified. Urinary bladder outline appears smooth. No hydronephrosis is present in the kidneys. Right renal length = 96mm. Left renal length = 99mm. Scanned by L Asbridge. Checked by D McCafferty. Reported by : ASBRIDGE ***** / RA52569
17-Feb-2011	Read Code	Systolic blood pressure 134 mm Hg
17-Feb-2011	Read Code	Diastolic blood pressure 66 mm Hg
04-Feb-2011	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells Nil Casts Not seen No growth.
04-Feb-2011	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: Genital swab Site: Low Vagina A/B Rx: Not Stated MICROSCOPY: White Blood Cells: Nil Trichomonas vaginalis: Not seen CULTURE:- Staph aureus +++ Candida species +++ isolated Microscopy indicative of Bacterial Vaginosis Suggest Rx. Metronidazole if symptoms typical Microscopy shows Clue Cells 1. Staph aureus 1. Clarithromycin S Tetracycline S Flucloxacillin S Penicillin R
20-Jan-2011	Read Code	Systolic blood pressure 132 mm Hg
20-Jan-2011	Read Code	Diastolic blood pressure 78 mm Hg
20-Jan-2011	Read Code	Red blood cell distribution width 12.6 %
20-Jan-2011	Read Code	Red blood cell (RBC) count 3.52 10*12/L
20-Jan-2011	Read Code	Total white cell count 10.4 10*9/L
20-Jan-2011	Read Code	Platelet count 261 10*9/L
20-Jan-2011	Read Code	Neutrophil count 6.8 10*9/L
20-Jan-2011	Read Code	Lymphocyte count 2.5 10*9/L
20-Jan-2011	Read Code	Packed cell volume 0.32
20-Jan-2011	Read Code	Eosinophil count 0.1 10*9/L
20-Jan-2011	Read Code	Basophil count 0.1 10*9/L
20-Jan-2011	Read Code	Monocyte count High 0.9 10*9/L
20-Jan-2011	Read Code	Mean corpuscular volume (MCV) 90.9 fL
20-Jan-2011	Read Code	Haemoglobin estimation 10.6 g/dL
20-Jan-2011	Read Code	Blood transfusion test Antenatal 34 weeks Patient Group: O Positive Antibody Screen Negative IWB
11-Jan-2011	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells +++ Casts Not seen No growth.
30-Dec-2010	Read Code	Systolic blood pressure 119 mm Hg
30-Dec-2010	Read Code	Diastolic blood pressure 72 mm Hg
24-Dec-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Trimethoprim White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells ++ Casts Not seen No growth.
08-Dec-2010	Read Code	Systolic blood pressure 127 mm Hg
08-Dec-2010	Read Code	Diastolic blood pressure 64 mm Hg
08-Dec-2010	Read Code	Red blood cell distribution width 12.6 %
08-Dec-2010	Read Code	Red blood cell (RBC) count 3.47 10*12/L

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08-Dec-2010	Read Code	Total white cell count 10.2 10*9/L
08-Dec-2010	Read Code	Platelet count 225 10*9/L
08-Dec-2010	Read Code	Neutrophil count 6.7 10*9/L
08-Dec-2010	Read Code	Lymphocyte count 2.4 10*9/L
08-Dec-2010	Read Code	Packed cell volume 0.326
08-Dec-2010	Read Code	Haemoglobin estimation 10.8 g/dL
08-Dec-2010	Read Code	Mean corpuscular volume (MCV) 94.2 fL
08-Dec-2010	Read Code	Eosinophil count 0.1 10*9/L
08-Dec-2010	Read Code	Basophil count 0 10*9/L
08-Dec-2010	Read Code	Monocyte count High 0.9 10*9/L
08-Dec-2010	Read Code	Blood transfusion test Antenatal 28 weeks Patient Group: O Positive Antibody Screen Negative WFC
04-Nov-2010	Read Code	Systolic blood pressure 100 mm Hg
04-Nov-2010	Read Code	Diastolic blood pressure 56 mm Hg
04-Nov-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells ++ Casts Not seen No growth.
12-Oct-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells ++ Casts Not seen No significant growth
08-Oct-2010	Read Code	Red blood cell distribution width 13.2 %
08-Oct-2010	Read Code	Haemoglobin estimation 11.6 g/dL
08-Oct-2010	Read Code	Mean corpuscular volume (MCV) 91.1 fL
08-Oct-2010	Read Code	Platelet count 192 10*9/L
08-Oct-2010	Read Code	Neutrophil count 5 10*9/L
08-Oct-2010	Read Code	Lymphocyte count 1.7 10*9/L
08-Oct-2010	Read Code	Monocyte count 0.6 10*9/L
08-Oct-2010	Read Code	Eosinophil count 0.1 10*9/L
08-Oct-2010	Read Code	Basophil count 0 10*9/L
08-Oct-2010	Read Code	Packed cell volume Low 0.331
08-Oct-2010	Read Code	Red blood cell (RBC) count Low 3.63 10*12/L
08-Oct-2010	Read Code	Total white cell count 7.3 10*9/L
08-Oct-2010	Read Code	Plasma glucose level 4.4 mmol/L
15-Sept-2010	Read Code	Systolic blood pressure 94 mm Hg
15-Sept-2010	Read Code	Diastolic blood pressure 54 mm Hg
07-Sept-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells ++ Casts Not seen No growth.
07-Sept-2010	Read Code	Genital microscopy, culture and sensitivities FINAL REPORT Specimen Type: Genital swab Site: Low Vagina A/B Rx: Not Stated MICROSCOPY: White Blood Cells: Nil Trichomonas vaginalis: Not seen CULTURE:- Anaerobes +++ Candida species + 1. Anaerobes 1. Metronidazole S

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06-Aug-2010	Read Code	Dating/booking US scan Scan Form: DATNW Gestation: 10 weeks 3 days *****: Tue Mar 01 00:00:00 GMT 2011 ***** Ref: 1 Scan Reason: Dating Scan Method: Trans Abdominal Fetal Heartbeat: Present Adnexa: Seen CRL: 36.2 mm See again 2 / 52 for better detail and accuracy of dates. Appointment made for Friday 20th August 3.45pm. Reported by : ***** Angela / RA29630
27-July-2010	Read Code	Systolic blood pressure 125 mm Hg
27-July-2010	Read Code	Diastolic blood pressure 57 mm Hg
27-July-2010	Read Code	Red blood cell (RBC) count 3.95 10*12/L
27-July-2010	Read Code	Packed cell volume Low 0.365
27-July-2010	Read Code	Haemoglobin estimation 12.3 g/dL
27-July-2010	Read Code	Mean corpuscular volume (MCV) 92.3 fL
27-July-2010	Read Code	Total white cell count 7.8 10*9/L
27-July-2010	Read Code	Platelet count 223 10*9/L
27-July-2010	Read Code	Neutrophil count 4.6 10*9/L
27-July-2010	Read Code	Lymphocyte count 2.4 10*9/L
27-July-2010	Read Code	Eosinophil count 0.1 10*9/L
27-July-2010	Read Code	Basophil count 0 10*9/L
27-July-2010	Read Code	Red blood cell distribution width 13.4 %
27-July-2010	Read Code	Monocyte count 0.7 10*9/L
27-July-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells Nil Casts Not seen No growth.
27-July-2010	Read Code	Urinary microscopy, culture and sensitivities FINAL REPORT A/B Rx: Not Stated White blood cells <10 /mm^3 Red blood cells <10 /mm^3 Epithelial cells Nil Casts Not seen No growth.
27-July-2010	Read Code	Hepatitis B screening test Final report Onset Rubella specific IgG Detected T.pallidum (*****) Negative Hepatitis B surface antigen Negative HIV I & II Screening Assay Negative Rubella IgG detected indicates IgG >10 iu/ml - Immunity
03-Dec-2009	Read Code	MSG:Refer to physiotherapist
06-Oct-2009	Read Code	Genital microscopy, culture and sensitivities Rx: NIL WBC:Not seen Misc:+++ organisms Epithelial cells:++ Culture:As follows:- 1.Profuse anaerobes 1. 2. 3. METRONIDAZOLE S END OF REPORT**********
17-Sept-2009	Read Code	Systolic blood pressure 110 mm Hg
17-Sept-2009	Read Code	Diastolic blood pressure 60 mm Hg
08-Apr-2009	Read Code	MSG:Refer to physiotherapist
03-Sept-2008	Read Code	Systolic blood pressure 116 mm Hg
03-Sept-2008	Read Code	Diastolic blood pressure 70 mm Hg
21-July-2008	Read Code	Genital microscopy, culture and sensitivities Rx: NOT STATED WBC:++ Epithelial cells:++ Culture:As follows:- 1.Profuse anaerobes 1. 2. 3. METRONIDAZOLE S END OF REPORT**********
21-July-2008	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis DNA Negative
28-Apr-2008	Read Code	Red blood cell (RBC) count 4.31 10*12/L

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28-Apr-2008	Read Code	Red blood cell distribution width ; ** Unexpected Numeric Value found: 14.1 % (11.8 - 14.8) **
28-Apr-2008	Read Code	Haematocrit Low 0.366
28-Apr-2008	Read Code	Mean corpusc. haemoglobin(MCH) 29 pg
28-Apr-2008	Read Code	Mean corpuscular volume (MCV) 85 fL
28-Apr-2008	Read Code	Haemoglobin estimation 12.5 g/dL
28-Apr-2008	Read Code	Total white cell count 7.8 10*9/L
28-Apr-2008	Read Code	Platelet count 328 10*9/L
28-Apr-2008	Read Code	Neutrophil count 4.4 10*9/L
28-Apr-2008	Read Code	Lymphocyte count 2.7 10*9/L
28-Apr-2008	Read Code	Monocyte count 0.6 10*9/L
28-Apr-2008	Read Code	Eosinophil count 0.2 10*9/L
28-Apr-2008	Read Code	Basophil count 0 10*9/L
28-Apr-2008	Read Code	Plasma glucose level 4.3 mmol/L
28-Apr-2008	Read Code	Serum alkaline phosphatase 94 U/L
28-Apr-2008	Read Code	Serum TSH level 1.84 mU/L
28-Apr-2008	Read Code	Serum total bilirubin level 11 umol/L
28-Apr-2008	Read Code	ALT/SGPT serum level Low 8 U/L
24-Jan-2008	Read Code	Mycology microscopy, culture and sensitivities INTERIM REPORT A/B Rx: Micro: No fungal elements seen Fungal culture to follow
24-Jan-2008	Read Code	Mycology microscopy, culture and sensitivities FINAL REPORT A/B Rx: Micro: No fungal elements seen Fungal Culture: No growth
17-Oct-2007	Read Code	Systolic blood pressure 137 mm Hg
17-Oct-2007	Read Code	Diastolic blood pressure 63 mm Hg
09-Oct-2007	Read Code	Red blood cell distribution width ; ** Unexpected Numeric Value found: 12.5 % (11.8 - 14.8) **
09-Oct-2007	Read Code	Red blood cell (RBC) count 3.96 10*12/L
09-Oct-2007	Read Code	Total white cell count 10.4 10*9/L
09-Oct-2007	Read Code	Platelet count 273 10*9/L
09-Oct-2007	Read Code	Neutrophil count 7 10*9/L
09-Oct-2007	Read Code	Lymphocyte count 2.2 10*9/L
09-Oct-2007	Read Code	Eosinophil count 0.1 10*9/L
09-Oct-2007	Read Code	Basophil count 0 10*9/L
09-Oct-2007	Read Code	Monocyte count High 1.1 10*9/L
09-Oct-2007	Read Code	Mean corpusc. haemoglobin(MCH) 30 pg
09-Oct-2007	Read Code	Haematocrit Low 0.351
09-Oct-2007	Read Code	Haemoglobin estimation 11.9 g/dL

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09-Oct-2007	Read Code	Mean corpuscular volume (MCV) 88.6 fL
09-Oct-2007	Read Code	Blood transfusion test Antenatal 34wk check Patient Group: O Positive Red Cell Antibody Screen - NEGATIVE WFJ
18-Sept-2007	Read Code	Systolic blood pressure 122 mm Hg
18-Sept-2007	Read Code	Diastolic blood pressure 66 mm Hg
29-Aug-2007	Read Code	Neutrophil count 6.2 10*9/L
29-Aug-2007	Read Code	Lymphocyte count 2.6 10*9/L
29-Aug-2007	Read Code	Eosinophil count 0.1 10*9/L
29-Aug-2007	Read Code	Basophil count 0 10*9/L
29-Aug-2007	Read Code	Mean corpuscular volume (MCV) 89 fL
29-Aug-2007	Read Code	Monocyte count High 1.1 10*9/L
29-Aug-2007	Read Code	Haematocrit Low 0.351
29-Aug-2007	Read Code	Mean corpusc. haemoglobin(MCH) 30.1 pg
29-Aug-2007	Read Code	Full blood count - FBC
29-Aug-2007	Read Code	Red blood cell distribution width *** NUMERIC VALUE SUPPLIED: = 12.5% ***
29-Aug-2007	Read Code	Red blood cell (RBC) count 3.94 10*12/L
29-Aug-2007	Read Code	Haemoglobin estimation 11.9 g/dL
29-Aug-2007	Read Code	Total white cell count 9.9 10*9/L
29-Aug-2007	Read Code	Platelet count 288 10*9/L
28-Aug-2007	Read Code	Systolic blood pressure 120 mm Hg
28-Aug-2007	Read Code	Diastolic blood pressure 72 mm Hg
28-Aug-2007	Read Code	Blood transfusion test Antenatal 28wk check Patient Group: O Positive Red Cell Antibody Screen - NEGATIVE WMT
07-Aug-2007	Read Code	Systolic blood pressure 118 mm Hg
07-Aug-2007	Read Code	Diastolic blood pressure 70 mm Hg
31-July-2007	Read Code	Systolic blood pressure 116 mm Hg
31-July-2007	Read Code	Diastolic blood pressure 75 mm Hg
27-Jun-2007	Read Code	Systolic blood pressure 120 mm Hg
27-Jun-2007	Read Code	Diastolic blood pressure 63 mm Hg
27-Jun-2007	Read Code	Genital microscopy, culture and sensitivities Rx: NOT STATED WBC:+ Misc:++ organisms Epithelial cells:++ Culture:No pathogens isolated. END OF REPORT**********
13-Jun-2007	Read Code	Urinary microscopy, culture and sensitivities Rx: ON CEFALEXIN WBC (x10^6/L) 20 RBC (x10^6/L) <10 Epith.cells: Not seen Misc: Amorphous debris +++ Culture: No significant growth. END OF REPORT**********
07-Jun-2007	Read Code	Systolic blood pressure 113 mm Hg
07-Jun-2007	Read Code	Diastolic blood pressure 61 mm Hg

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07-Jun-2007	Read Code	Hepatitis B screening test Final report Onset Rubella specific IgG Detected T.pallidum antibody Negative Hepatitis B surface antigen Negative HIV I antibody/antigen.(p24)..Negative HIV II antibody.....Negative ---------- Rubella IgG detected indicates antibody levels >10 iu/ml
05-Jun-2007	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: +++ Misc: Nothing seen Culture: No growth END OF REPORT**********
04-May-2007	Read Code	Systolic blood pressure 94 mm Hg
04-May-2007	Read Code	Diastolic blood pressure 65 mm Hg
03-May-2007	Read Code	Systolic blood pressure 115 mm Hg
03-May-2007	Read Code	Diastolic blood pressure 72 mm Hg
03-May-2007	Read Code	Red blood cell distribution width *** NUMERIC VALUE SUPPLIED: = 13.9% ***
03-May-2007	Read Code	Full blood count - FBC
03-May-2007	Read Code	Total white cell count 5.9 10*9/L
03-May-2007	Read Code	Platelet count 243 10*9/L
03-May-2007	Read Code	Neutrophil count 3.3 10*9/L
03-May-2007	Read Code	Lymphocyte count 1.9 10*9/L
03-May-2007	Read Code	Monocyte count 0.7 10*9/L
03-May-2007	Read Code	Eosinophil count 0.1 10*9/L
03-May-2007	Read Code	Basophil count 0 10*9/L
03-May-2007	Read Code	Haemoglobin estimation Low 12.3 g/dL
03-May-2007	Read Code	Haematocrit Low 0.365
03-May-2007	Read Code	Red blood cell (RBC) count Low 4.09 10*12/L
03-May-2007	Read Code	Mean corpusc. haemoglobin(MCH) 30.2 pg
03-May-2007	Read Code	Mean corpuscular volume (MCV) 89.2 fL
03-May-2007	Read Code	Urinary microscopy, culture and sensitivities Rx:ON AMOXYCILLIN WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: + Misc:Organisms + Culture:> or = 10*8 cfu/L 1.Staphylococcus aureus 1. AMPICILLIN R CEFALEXIN S CO-AMOXICLAV T FLUCLOXACILLIN T NITROFURANTOIN S TRIMETHOPRIM S T = To follow END OF REPORT**********
03-May-2007	Read Code	Blood transfusion test Antenatal Booking Patient Group: O Positive Red Cell Antibody Screen - NEGATIVE IWB
03-May-2007	Read Code	Urinary microscopy, culture and sensitivities Rx:ON AMOXYCILLIN WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: + Misc:Organisms + Culture:> or = 10*8 cfu/L 1.Staphylococcus aureus 1. AMPICILLIN R CEFALEXIN S CO-AMOXICLAV S FLUCLOXACILLIN S NITROFURANTOIN S TRIMETHOPRIM S END OF REPORT**********
03-May-2007	Read Code	Hepatitis B screening test Final report Onset Rubella specific IgG Detected T.pallidum antibody Negative Hepatitis B surface antigen Negative Rubella IgG detected indicates antibody levels >10 iu/ml
12-Apr-2007	Read Code	Systolic blood pressure 110 mm Hg
12-Apr-2007	Read Code	Diastolic blood pressure 72 mm Hg
12-Apr-2007	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) 40 RBC (x10^6/L) <10 Epith.cells: ++ Misc: Nothing seen Culture: No significant growth. END OF REPORT**********

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09-Mar-2007	Read Code	Varicella-zoster IgG level VIROLOGY - This is a FINAL report Occupation: Onset Varicella IgG Positive Varicella IgM Negative No evidence of primary Varicella infection. Shows serological evidence of Varicella immunity. Result telephoned by HL Date 12.03.07 Recipient:- GP - Admin.
05-Mar-2007	Read Code	Urine pregnancy test Preg.test:NEGATIVE at 25 IU/L hCG. END OF REPORT**********
25-Aug-2006	Read Code	Systolic blood pressure 110 mm Hg
25-Aug-2006	Read Code	Diastolic blood pressure 56 mm Hg
31-Oct-2005	Read Code	Urine pregnancy test Preg.test:NEGATIVE at 25 IU/L hCG. END OF REPORT**********
31-Oct-2005	Read Code	Red blood cell distribution width *** NUMERIC VALUE SUPPLIED: = 13.6% ***
31-Oct-2005	Read Code	Full blood count - FBC
31-Oct-2005	Read Code	Haematocrit 0.4
31-Oct-2005	Read Code	Total white cell count 4.5 10*9/L
31-Oct-2005	Read Code	Platelet count 276 10*9/L
31-Oct-2005	Read Code	Lymphocyte count 1.98 10*9/L
31-Oct-2005	Read Code	Monocyte count 0.38 10*9/L
31-Oct-2005	Read Code	Eosinophil count 0.19 10*9/L
31-Oct-2005	Read Code	Basophil count 0.06 10*9/L
31-Oct-2005	Read Code	Haemoglobin estimation 13.3 g/dL
31-Oct-2005	Read Code	Red blood cell (RBC) count Low 4.43 10*12/L
31-Oct-2005	Read Code	Mean corpusc. haemoglobin(MCH) 30 pg
31-Oct-2005	Read Code	Neutrophil count Low 1.87 10*9/L
31-Oct-2005	Read Code	Mean corpuscular volume (MCV) 90.3 fL
31-Oct-2005	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) 10 RBC (x10^6/L) <10 Epith.cells: + Misc: Nothing seen Culture: No growth END OF REPORT**********
31-Oct-2005	Read Code	Serum LH level LH higher results seen mid-cycle. LH.....Note change in ref range from 23/08/04 3.8 U/L
31-Oct-2005	Read Code	Serum FSH level FSH typically >30u/l Post menopausal FSH.....Note change in ref range from 23/08/04 8.7 U/L
31-Oct-2005	Read Code	Serum TSH level 2.1 mU/L
31-Oct-2005	Read Code	Chlamydia deoxyribonucleic acid detection VIROLOGY - This is a FINAL report Onset C.trachomatis DNA Negative
31-Oct-2005	Read Code	Genital microscopy, culture and sensitivities Rx: NOT STATED WBC:Not seen Epithelial cells:+++ Culture:As follows:- 1.Profuse anaerobes 1. 2. 3. METRONIDAZOLE S END OF REPORT**********
26-Sept-2005	Read Code	Systolic blood pressure 110 mm Hg
26-Sept-2005	Read Code	Diastolic blood pressure 79 mm Hg
24-Jan-2005	Read Code	Systolic blood pressure 110 mm Hg
24-Jan-2005	Read Code	Diastolic blood pressure 70 mm Hg
10-Jan-2005	Read Code	Systolic blood pressure 90 mm Hg
10-Jan-2005	Read Code	Diastolic blood pressure 60 mm Hg

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24-Dec-2004	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: + Misc: Calcium oxalate crystals + Culture: No growth END OF REPORT**********
23-Dec-2004	Read Code	Mean corpusc. haemoglobin(MCH) 29.3 pg
23-Dec-2004	Read Code	Red blood cell (RBC) count Low 4.3 10*12/L
23-Dec-2004	Read Code	Haemoglobin estimation Low 12.6 g/dL
23-Dec-2004	Read Code	Mean corpuscular volume (MCV) 88.1 fL
23-Dec-2004	Read Code	Total white cell count 5.9 10*9/L
23-Dec-2004	Read Code	Platelet count 256 10*9/L
23-Dec-2004	Read Code	Neutrophil count 2.99 10*9/L
23-Dec-2004	Read Code	Lymphocyte count 2.11 10*9/L
23-Dec-2004	Read Code	Monocyte count 0.6 10*9/L
23-Dec-2004	Read Code	Eosinophil count 0.14 10*9/L
23-Dec-2004	Read Code	Basophil count 0.04 10*9/L
23-Dec-2004	Read Code	SH-antigen (hepatitis B) test Final report DetailsAN BOOKING 20071 Onset Spec.comment Request, HEP B ANTE HIV ante-n Rub.Stat, VD serol, Rubella, Rubella status.. Detected T.pallidum antibody Negative Rubella IgG Positive Hepatitis B surface antigen Negative HIV I antibody/antigen.(p24)..Negative HIV II antibody.....Negative ---------- NB. change in Rubella reporting practice (DOH Standards) Rubella IgG detected indicates antibody levels >10 iu/ml
23-Dec-2004	Read Code	Full blood count - FBC
23-Dec-2004	Read Code	Red blood cell distribution width *** NUMERIC VALUE SUPPLIED: = 13.8% ***
23-Dec-2004	Read Code	Haematocrit Low 0.379
14-Dec-2004	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: ++ Misc: Nothing seen Culture: Mixed growth - probable contamination. END OF REPORT**********
08-Oct-2004	Read Code	Urinary microscopy, culture and sensitivities Rx: NOT STATED WBC (x10^6/L) <10 RBC (x10^6/L) <10 Epith.cells: ++ Misc: Nothing seen Culture: No growth END OF REPORT**********
27-May-2004	Read Code	Systolic blood pressure 111 mm Hg
27-May-2004	Read Code	Diastolic blood pressure 60 mm Hg
21-May-2004	Read Code	Systolic blood pressure 140 mm Hg
21-May-2004	Read Code	Diastolic blood pressure 68 mm Hg

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Attachments

NHS 111 report received
17-July-2026 Miss Chloe Laidlow (Chloe.Laidlow)
Additional:NHS 111 report received
NHS 111 Report
Filename: NHS 111 Report2026-07-17.cdax
Extension:.tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura [redacted]	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
18
The Oval
Whitehaven
CA28 9TD
X298152Y515489

Mobile Phone **07495727803**
Emergency Phone **07495727803**

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**17-Jul-2026, 07:51**
Document Owner	**NWAS 111**
Authored by	**ICC - Call Handler, NWAS 111 on 17-Jul-2026, 07:40**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS 111 Encounter**
Encounter Time	**17-Jul-2026, 07:40 to 17-Jul-2026, 07:51**
Encounter Identifier	**4AABCD39-A29E-420E-B348-2F8A44F2EA3F**
Case Reference	**14107421**
Case ID	**14107421**
Encounter Disposition	**To Contact A Local Service Within 12 Hours**
Care Setting Location	
Care Setting Address	*Visit Address* **18** **The Oval** **Whitehaven** **CA28 9TD** **X298152Y515489**
Care Setting Type	

Other participant(s) in this document

Referred To

Referred To Organization **PF+: Mirehouse Pharmacy - Whitehaven**

Visit Address *Work Phone* **0194666552**
CA28 8ER

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Patient's Reported Condition

Injury-Bite On Thigh 18 Hrs

Case Summary

Pathways Disposition: Dx07
To Contact A Local Service Within 12 Hours

Consultation Summary:
Injury, illness or other health problem
Injury within 7 days - 'Bite On Thigh 18 Hrs'
Bite or sting - 'THINKS ITS A HORSE FLY BITE'
Insect or spider bite - 'HORSE FLY BITE'
Sting/bite more than 6 hours ago
Bite or sting involving limb
Rapidly spreading redness or change in skin colour near the injury

Advice Given:
Antihistamine treatments may help the symptoms. Follow the instructions in the pack or if in doubt ask a pharmacist.
Remove any jewellery or tight clothing from the area.
If the sting is visible in the skin, brush or scrape it out with your fingernail or the edge of a credit card. Don't try to pull it out with tweezers.
Wash the area with soap and water.
Apply a cold flannel (face cloth) to the area. Raise the affected area if possible.
Don't scratch the area.
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
IN PREGNANCY: Don't take ibuprofen, except on the advice of a healthcare professional. Use paracetamol instead.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	**FEE7746D-CA7D-476F-B630-49E9B22CB965**	*Version*	**1**
Primary Recipient	**PF+: Mirehouse Pharmacy - Whitehaven**	*Phone*	**0194666552**

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Referral Letter (29-Jun-2026)
29-Jun-2026 Miss Clare Bennett (c.bennett)
Additional: Referral Letter (29-Jun-2026)
for Referral to colorectal surgeon
Filename: 2606291736_Referral Letter.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

University Hospitals of Morecambe Bay NHS Foundation Trust

North Cumbria Integrated Care NHS Foundation Trust

APPOINTMENT:

ELECTIVE CARE OUTPATIENT REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS:			REFERRAL DATE: 29-Jun-2026	
SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** Lowther Medical Centre 1 Castle Meadows Whitehaven Cumbria CA28 7RG 01946692241 **Email:** **Practice code:** A82041	**URGENCY:** routine	**OFFICE:**
FIRST NAME: Laura	**AGE:** 38y		REFERRING DETAILS: **Consultant:** **Department: colorectal surgery** **Hospital:** **Date of appointment (if known):** **Time of appointment (if known):** **e-Referral Service (CAB):** **Other specific referral choice:**	
NHS NUMBER: 633 003 6306	**GENDER:** Female			
ADDRESS: 18 The Oval Whitehaven Cumbria CA28 9TD			**REFERRING GP: Dr R Kurkal**	
CONTACT: Home: Mobile: 07495727803 Work: Email: lauraprowse28@gmail.com		**UK RESIDENT?** YES NO **INFECTION RISK?** (if yes, state MRSA, etc.) YES NO **LIKELY MODE OF TRANSPORT** *(patient to arrange)*: Own Car [redacted] Housebound Ambulance Bus Taxi Unable to transfer onto couch without assistance	**CATEGORY:** NHS PP	

MILITARY VETERAN: No events found.

CONSENT:
the patient has given verbal consent for the information within this referral to be sent to the receiving care team
the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so
the referral has been made through a 'best interest decision' (provide details in the 'Further Information' section)

INFORMATION NEEDS (provide details in the 'Further Information section', where applicable):

Required:		
Longer appointment	Easy [redacted] documents / information leaflets	**Attending:**
Language translation service	Braille documents / leaflets	[redacted] relative
Hearing loop facility area	Large print documents	Note-taker
British sign language interpreter	Note-taker	

Referral Date: 29-Jun-2026

Dear Doctor,

***Reason for referral*:**

Thank you for seeing this 38y old patient whose clinical details are summarised below.
Please see below consultation.

THIRD PARTY COPY

Yours faithfully

Dr R Kurkal

Recent Consultations

26-Jun-2026 10:06	GP Surgery (LOWTHER MEDICAL CENTRE) KURKAL, Raghavendra (Dr)
Problem	**Haemorrhoids** *(First)*
History	Summary:- Consultation for long-standing haemorrhoids with recent worsening over past 2/12, now presenting with prolapsed haemorrhoid causing severe pain. Referral to colorectal surgery for assessment and management. Prescribed Scheriproct ointment for symptomatic relief.F2F seen alone. Haemorrhoids with prolapse and severe pain.Consent:- Verbal consent given for use of AI scribe software to document consultation.History:- Long-standing haemorrhoids for "a very long time"- Past 2/12 haemorrhoids have not been excruciating- Current symptoms: severe pain described as "really, really sore" and "like on fire"- Prolapsed haemorrhoid located between anus and vagina- Current management: anusol cream, keeping area clean and dry- Previous consultation with Mr [redacted] colorectal surgeon at Carlisle, seen at Whitehaven and Workington- PMH: Haemorrhoids- SH: Drives, able to travel for appointments
Comment	Plan:- Referral to colorectal surgery for assessment and management- Requesting quickest available surgeon rather than nearest location- Possible locations: Whitehaven, Carlisle, Hexham, Newcastle- Scheriproct ointment prescribed with painkiller and steroid components- Dispensed to Late Night Pharmacy- Use for 7/7 as directed- Can request further supplies if needed
Medication	Scheriproct ointment (Karo Healthcare UK Ltd) Apply Twice A Day 30 gram

Significant Medical History

Active

Date	Problem
26-Jun-2026	Haemorrhoids
18-May-2026	Chronic low back pain
24-Jul-2025	Insect bite of lower limb
16-Nov-2023	Minor surgery done - excision
14-Oct-2022	Pain of knee region
17-Oct-2016	Home visit
17-Oct-2016	Telephone encounter
12-Oct-2016	Patient reviewed

Significant Past

Date	Problem
15-Jan-2026	Excision of lesion of skin
09-Dec-2024	Cyst of ovary
06-Mar-2022	Diverticulitis

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21-Sep-2016	Migraine

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Scheriproct ointment (Karo Healthcare UK Ltd)	Apply Twice A Day	30 gram	26-Jun-2026
Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens [redacted] and Company Ltd)	Inject One 0.6 ml Dose Subcutaneously Once Each Week	1 pre-filled disposable injection	28-Mar-2025

Repeat

Drug	Dosage	Quantity	Last Issued On
Duloxetine 30mg gastro-resistant capsules	One To Be Taken Each Day for chronic pain	28 capsule	18-May-2026

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Smoking Status

12-Apr-2007 : 3 Cigarettes/day

Pulse Rhythm

Date	Value	Units
18-Jan-2020		

Pulse Rate

06-Dec-2024 : 81 beats/min

Blood Pressure

Date	Value	Units
24-Jul-2025	114/70	mmHg

Oxygen Saturation

Date	Value	Units
31-Mar-2021	99	%

Weight and BMI

13-Nov-2025 **Body weight (observable entity)** : 95 kg
13-Nov-2025 **Body mass index** : 32.87 kg/m2

THIRD PARTY COPY

Scores

Recent Investigations
03-Feb-2026 **Haemoglobin estimation** : 136 g/L
03-Feb-2026 **Mean corpuscular volume (MCV)** : 88 fL
03-Feb-2026 **Platelet count** : 405 10*9/L
03-Feb-2026 **Total white cell count** : 6.6 10*9/L
19-Nov-2025 **Serum sodium** : 139 mmol/L
19-Nov-2025 **Serum potassium** : 4.4 mmol/L
19-Nov-2025 **Serum urea level** : 4 mmol/L
19-Nov-2025 **Serum creatinine** : 74 umol/L
19-Nov-2025 **eGFRcreat (CKD-EPI)/1.73 m*2** : 89 mL/min/1.73m2
08-Oct-2010 **Plasma glucose level** : 4.4 mmol/L
19-Nov-2025 **HbA1c levl - IFCC standardised** : 40 mmol/mol
16-Nov-2024 **Serum cholesterol** : 5.5 mmol/L
19-Nov-2025 **Serum TSH level** : 4.2 mU/L
19-Nov-2025 **Serum ALT level** : 18 U/L
19-Nov-2025 **Serum alkaline phosphatase** : 104 U/L
19-Nov-2025 **Serum total bilirubin level** : 10 umol/L
16-Nov-2024 **Serum C reactive protein level** : 3 mg/L
16-Nov-2024 **Erythrocyte sedimentation rate** : 19 mm/h

INR

Radiology

Date	Description
16-Apr-2026	Miscellaneous imaging procedures - (EU) - Abnormal for patient - make routine appointment
	Backpain
	Backpain
	Backpain with Right sided sciatica - getting worse ? cause
	CLINICAL INDICATION:
	Backpain
	Backpain
	Backpain with Right sided sciatica - getting worse ? cause
	TECHNIQUE:
	MRI of the lumbosacral spine.
	COMPARISON:
	MRI dated 24/06/2022
	FINDINGS:
	Normal vertebral alignment and body heights. No sinister
	bone marrow signal. There is an incidental, benign appearing
	haemangioma within T12 vertebral body.
	Normal appearance of the imaged cord and conus medullaris.
	L3/L4: Mild facet joint arthropathy. No neural compromise.
	L4/L5: Mild facet joint arthropathy and shallow disc bulge
	causing narrowing of the lateral recesses. The disc contacts
	the L5 nerve roots. No neural compression demonstrated.

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	L5/S1: Shallow disc bulge causing mild narrowing of the exit
	foramen and contacts the L5 nerve roots. No neural
	compression demonstrated.
	IMPRESSION:
	Mild lower lumbar spine degenerative change but no neural
	compression demonstrated. Possible irritation of the L5
	nerve roots bilaterally as described.
	Reported by:
	Eeke THOMEE
	Dr Eeke Thomee Consultant Radiologist GMC C7065511
	Reported by : Dr Eeke THOMEE / EXTERNAL

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

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Clinical document
15-Jan-2026 Ms Jackie Sisson (JZS)
Additional: Clinical document
Minor Surgery Consent Form
Filename: JZSSCN_5.tif
Extension:.tif
Pages:

Lowther medical centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG
Tel: (01946) 692241



A member practice of
North Cumbria Primary Care
Alliance

Minor Surgery Consent Form

Full Name: LAURA PRONSE NHS number: 633 003 6306

Address: 18 THE OVAL Date of birth: 1/9/87
CA28 9TD

I consent to the following procedure:
EXCISION SKIN TAG LEFT AXILLA.

I am happy and understand the nature of the operation and potential complications which may include:

1. Bleeding - will most likely stop in a few minutes but can form a haematoma under the skin (which resolves in a few weeks)

2. Infection – rare with the precautions taken, but if the wound gets red and discharges pus please seek medical advice

3. Scar – all wounds heal up with scarring which is permanent, at times it may become hypertrophic or a keloid depending on your skin type, massaging with a moisturiser after 2 weeks can heal the scar better

4. Wound dehiscence – the stitches can come apart leaving the wound open, which will heal by itself but may take longer and leave a larger scar

5. Recurrence – the lesion may recur at the same or different site requiring further procedure

6. Further procedure – some samples are sent for biopsy, depending on the result you may require further surgery or treatment which will be discussed with you

I understand that I may have a local anaesthetic for the procedure, rarely some patients can develop a serious side effect from this.

I am also aware that any stitches which are inserted may need to be removed in 10-14 days after the procedure.

If required, I am happy for a photograph of my skin lesion to save into my medical records, the photograph will only be used for clinical and teaching purposes

Signed Dr/ANP: ET

Printed name of Dr/ANP: E THOMPSON Date: 15/1/26

Signed Patient: L. Pronse Date: 15/1/26

Lowther Medical is a trading name of North Cumbria Primary Care Ltd. North Cumbria Primary Care Ltd is a registered company (Registration No: 11172424).
Registered Office: Voreda House, Portland Place, Penrith, Cumbria, CA11 7QQ

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Seen in general surgery clinic
15-May-2025 Mrs Kerry Lewis (K.Lewis - PCS)
Additional: Seen in general surgery clinic
North Cumbria Integrated Care

Filename: MIGSendDocument-2025-05-28.pdf
Extension:.tif
Pages:

Department of General & Colorectal Surgery
Tel: 01946 523041

North Cumbria Integrated Care
NHS Foundation Trust

Ref: MA/BK/2679695
Hospital No: W284220
Clinic Date: 15 May 2025
Date: 21 May 2025

Private and Confidential
Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

West Cumberland Hospital
Homewood Road
Hensingham
Whitehaven
CA28 8JG

Dear Dr [redacted]

Re: **Miss Laura Prowse (01-Sep-1987) NHS No: 633 003 6306**
18 The Oval, Mirehouse, Whitehaven, CA28 9TD

I saw Laura Prowse a 37 years-old lady who was admitted to SDEC in December 2024 with abdominal pain and a CT-AP scan didn't show any obvious abnormality. She had a history of acute diverticulitis requiring a hospital admission in 2022 confirmed on CT. Today's follow up was to check on her progress. Previously she had a history of constipation for about 4 years duration and opens her bowels once every week. She now opens her bowels every other day with the help of Laxido taking one sachet three times a day. She is also trying to improve her diet and avoids any ultra processed food etc and she also quit smoking years ago.

Today she said she feels better and we had a good discussion and I congratulated Laura on trying to improve her bowel motion on her own accord and also advised trying to reduce taking Laxido gradually by having a healthy balanced diet with increased fluid intake. She was thoroughly reassured and discharged.

Thank you.

Yours sincerely,

Electronically reviewed and signed
Mr Maung Aye
Locum Consultant General & Colorectal Surgeon

Cc:

Miss Laura Prowse
18 The Oval
Mirehouse
Whitehaven
CA28 9TD

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Hospital Number: W284220
NHS Number: 633 003 6306

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Email encounter
28-Mar-2025 Ms Jackie Sisson (JZS)
Additional: Email encounter
Phlo Pharmacy
Filename: laura prowse.pdf
Extension:.tif
Pages:

A82041, Gp- (LOWTHER MEDICAL CENTRE)

From: LOWTHERMEDICALPRESCRIPTIONSTEAM (LOWTHER MEDICAL CENTRE)
Sent: 28 March 2025 08:27
To: A82041, Gp- (LOWTHER MEDICAL CENTRE)
Subject: FW: GP Notification - Medication Dispensed to Patient

From: PHARMACY.FLC48 (TRUEPILL LTD - FLC48, MANCHESTER) <pharmacy.flc48@nhs.net>
Sent: 27 March 2025 23:08
To: LOWTHERMEDICALPRESCRIPTIONSTEAM (LOWTHER MEDICAL CENTRE) <nencicb-cu.scripts.lowthermed@nhs.net>
Subject: GP Notification - Medication Dispensed to Patient

Dear Sir/Madam,

The following medication was prescribed and dispensed by Phlo Digital Pharmacy on behalf of Phlo Clinic for a patient registered at your GP surgery. Phlo is a GPHC regulated pharmacy that provides a private service for patients to be prescribed medication by authorised clinicians.

We ensure all patient consultations follow a rigid clinical process including the use of patients' NHS Summary Care Records with their consent to safely prescribe for patients. The purpose of this notification is to allow you to add this to your records. **This is not a request for medication.** If you wish to discuss any aspects of this further, please get in touch using the details below.

Patient Name:
Laura prowse

Address:
18 The Oval
Whitehaven
CA28 9TD

Date of birth:
01/09/1987

Indication: Weight loss

Medication prescribed: Mounjaro KwikPen 2.5mg/0.6ml solution for injection 2.4ml pre-filled pens [redacted] and Company Ltd)
Quantity: 1

Date Dispensed: 27/03/2025

GP Surgery: Lowther Medical Centre

Kind Regards

Phlo Digital Pharmacy
Fifth Street
Trafford Park
M17 1JX

1

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020 8191 9444
pharmacy@wearephlo.com

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Referral for further care
11-Mar-2025 Ms Emma Thompson (ET3735)
Additional: Referral for further care
^*Elective Care Outpatient*
Filename: Referral for further care PROWSE, Laura (Ms) 1236 11-Mar-2025.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

NHS University Hospitals of Morecambe Bay NHS Foundation Trust

NHS North Cumbria Integrated Care NHS Foundation Trust

APPOINTMENT:

ELECTIVE CARE OUTPATIENT REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS:			**REFERRAL DATE:** 11-Mar-2025	
SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** 1 Castle Meadows Whitehaven Cumbria CA28 7RG 01946692241 **Email:** **Practice code:** A82041	**URGENCY:** soon	**OFFICE:**
FIRST NAME: Laura	**AGE:** 37y		REFERRING DETAILS: **Consultant:** **Department: Colorectal** **Hospital: NCIC** **Date of appointment (if known):** **Time of appointment (if known):** **e-Referral Service (CAB):** ☐ **Other specific referral choice:**	
NHS NUMBER: 633 003 6306	**GENDER:** Female			
ADDRESS: 18 The Oval Whitehaven Cumbria CA28 9TD			**REFERRING GP: E** [redacted]	
CONTACT: Home: Mobile: 07495727803 Work: Email: lauraprowse28@gmail.com		**UK RESIDENT?** YES ☑ NO ☐ **CATEGORY:** NHS ☑ PP ☐ **INFECTION RISK?** (if yes, state MRSA, etc.) YES ☐ NO ☑ **LIKELY MODE OF TRANSPORT** *(patient to arrange)*: Own Car ☑ [redacted] ☐ Housebound ☐ Ambulance ☐ Bus ☐ Taxi ☐ Unable to transfer onto couch without assistance ☐		
MILITARY VETERAN: No events found.				
CONSENT: ☑ the patient has given verbal consent for the information within this referral to be sent to the receiving care team ☑ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so ☐ the referral has been made through a 'best interest decision' (provide details in the 'Further Information' section)				
INFORMATION NEEDS (provide details in the 'Further Information section', where applicable):				
Required: ☐ Longer appointment ☐ Language translation service ☐ Hearing loop facility area ☐ British sign language interpreter		☐ Easy read documents / information leaflets ☐ Braille documents / leaflets ☐ Large print documents ☐ Note-taker	**Attending:** ☐ [redacted] ☐ Note-taker	

Referral Date: 11-Mar-2025

Dear Doctor,

***Reason for referral*:**

Thank you for seeing this 37y old patient whose clinical details are summarised below.

Severe abdo pain, left side 6th Dec
BNO for 3 days, been constipated prior to this and been taking laxido TDS with no effect
Known diverticular and fissure/haemorrhoids - referred surgical team for this
Feels nauseous, no vomiting

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No diet or fluids as feels sick
Still passing some wind
Looks well but walking guarding abdo
Tympanic temperature 36.5 degrees C • Pulse rate 81 beats/min • O/E - blood pressure reading 105/68 mmHg
struggled getting onto bed
Bowels sounds present / sluggish
Abdo soft, tender over left side, some guarding, no rebound tenderness
Seen in SDEC – see attached notes, was for FU in colorectal outpatients but missed appointment, asking to be re-referred

Yours faithfully

E [redacted]

Recent Consultations

11-Mar-2025 08:46		accuRx Consultation [redacted] (Ms)		
Comment		Patient mobile telephone number 7495727803		
		SMS text message sent to patient Dear Ms Prowse,I have sent you some more movicol over to the chemistThanks, [redacted] ThompsonLowther Medical Centre		
11-Mar-2025 08:41		Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
History		Missed colorectal appointment so would like to be referred back		
		Ongoing rectal pain - see prev notes and SDEC dx		
Medication		Macrogol compound oral powder sachets NPF sugar free One Sachet To Be Taken Three Times A Day 56 sachet		
23-Jan-2025		Inbound Document SISSON, [redacted] (Ms)		
		Entered By: EXTERNAL USER, ()		
Document		Clinical letter Colorectal Clinic Letter-DNA		

Significant Medical History

Active

Date	Problem
16-Nov-2023	Minor surgery done - excision
14-Oct-2022	Pain of knee region
17-Oct-2016	Home visit
17-Oct-2016	Telephone encounter
12-Oct-2016	Patient reviewed

THIRD PARTY COPY

Significant Past

Date	Problem
09-Dec-2024	Cyst of ovary
06-Mar-2022	Diverticulitis
21-Sep-2016	Migraine

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Macrogol compound oral powder sachets NPF sugar free	One Sachet To Be Taken Three Times A Day	56 sachet	11-Mar-2025
Folic acid 400microgram tablets	One To Be Taken Each Day	90 tablet	27-Nov-2024
Glycerol 4g suppositories	One To Be Inserted As Directed	7 suppository	06-Mar-2022
Lansoprazole 30mg gastro-resistant capsules	One To Be Taken Each Morning	28 capsule	06-Mar-2022

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Smoking Status

12-Apr-2007 : 3 Cigarettes/day

Pulse Rhythm

Date	Value	Units
18-Jan-2020		

Pulse Rate

06-Dec-2024 : 81 beats/min

Blood Pressure

Date	Value	Units
06-Dec-2024	105/68	mmHg

Oxygen Saturation

Date	Value	Units
31-Mar-2021	99	%

Weight and BMI

06-Oct-2015 **O/E - weight** : 75 Kg
06-Oct-2015 **Body Mass Index** : 26.8

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Scores

Recent Investigations
16-Nov-2024 **Haemoglobin estimation** : 141 g/L
16-Nov-2024 **Mean corpuscular volume (MCV)** : 89.3 fL
16-Nov-2024 **Platelet count** : 391 10*9/L
16-Nov-2024 **Total white cell count** : 6.3 10*9/L
16-Nov-2024 **Serum sodium** : 141 mmol/L
16-Nov-2024 **Serum potassium** : 4.5 mmol/L
16-Nov-2024 **Serum urea level** : 4 mmol/L
16-Nov-2024 **Serum creatinine** : 76 umol/L
16-Nov-2024 **eGFRcreat (CKD-EPI)/1.73 m*2** : 87 mL/min/1.73m2
08-Oct-2010 **Plasma glucose level** : 4.4 mmol/L
16-Nov-2024 **HbA1c level - IFCC standardised** : 41 mmol/mol
16-Nov-2024 **Serum cholesterol** : 5.5 mmol/L
16-Nov-2024 **Serum TSH level** : 3.19 mU/L
16-Nov-2024 **Serum ALT level** : 13 U/L
16-Nov-2024 **Serum alkaline phosphatase** : 115 U/L
16-Nov-2024 **Serum total bilirubin level** : 7 umol/L
16-Nov-2024 **Serum C reactive protein level** : 3 mg/L
16-Nov-2024 **Erythrocyte sedimentation rate** : 19 mm/h

INR

Radiology
No radiology recorded in the last 6 months

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

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Clinical letter
23-Jan-2025 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Colorectal Clinic Letter-DNA
Filename: MIGSendDocument-2025-01-28.pdf
Extension: .tif
Pages:

Department of General & Colorectal Surgery
Tel: 01946 523041

North Cumbria Integrated Care
NHS Foundation Trust

Ref: MA/JB/2569051
Hospital No: W284220
Clinic Date: 23 January 2025
Date: 28 January 2025

West Cumberland Hospital
Homewood Road
Hensingham
Whitehaven
CA28 8JG

Private and Confidential
Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr [redacted]

Re: **Miss Laura Prowse (01-Sep-1987) NHS No: 633 003 6306**
18 The Oval, Mirehouse, Whitehaven, CA28 9TD

Miss Prowse did not attend my clinic without any given reason. She was previously seen and treated at SDEC, West Cumberland Hospital in December 2024 and CT abdomen and pelvis showed no acute findings. She was discharged with painkillers and laxatives.

I have now discharged her care back to yourself and if she has any symptoms, you can kindly refer back to our service again.

Yours sincerely,

Electronically reviewed and signed
Mr Maung Aye
Locum Consultant General & Colorectal Surgeon

Cc:

Miss Laura Prowse
18 The Oval
Mirehouse
Whitehaven
CA28 9TD

THIRD PARTY COPY

Clinical letter
13-Jan-2025 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Ultrasound Dept- Cancelled by patient
Filename: JZSSCN_44.tif
Extension:.tif
Pages:

North Cumbria Integrated Care NHS
NHS Foundation Trust

Ultrasound Dept - New Hospital
West Cumberland Hospital
Homewood
Hensingham
Whitehaven
Cumbria
CA28 8JG

Telephone 01946523355

Date: 13 January 2025
Hosp No: RNLW284220

IRONSIDE GJ
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear IRONSIDE GJ,

The following radiology event has been **CANCELLED** by patient request.

Examinations: Pelvic Ultrasound Scan and US Pelvis.
Cancel Description: The patient DNA'd and has made no contact. Card returned
Comment: *Required on 27 December 2024 at 0000*
ADDRESS: : 18 The Oval, CA28 9TD
NCUHT US: Yes - NCUHT US
Preferred Site :: WCH - West Cumberland Hospital
Prev Surgery: No
Diabetic: No
Interpreter/Comm Aides:: NO
Discussed With Patient:: Patient is willing to have examination
Patient Weight >150:: No
CATEGORY: N
SITE: RNLBX
ENTERED BY: : Yammama
BLEEP: : 01946 692241

THIRD PARTY COPY

E-6477054

Discharge summary
06-Dec-2024 Ms Jackie Sisson (JZS)
Additional: Discharge summary
Inpatient Discharge Summary
Filename: MIGSendDocument-2024-12-06.pdf

Extension:.tif
Pages:

Date Generated: 06/12/2024 16:33 Page 1 of 4 Hospital: West Cumberland Hospital Ward: AMBULATORY CARE
NHS Number: 633 003 6306
Hospital No: W284220 Lead Consultant: MR MMSL AYE
Patient Name: LAURA PROWSE Drug Allergies:

Discharge Date: 06/12/2024 Version Number: 1

Inpatient Discharge Summary

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details	
Address: LOWTHER MEDICAL CENTRE Lowther Medical Centre 1 Castle Meadows Whitehaven Cumbria **Postcode:** CA28 7RG	**Registered GP:** Dr N [redacted] **Practice Code:** A82041 **Preferred GP:** Dr **Contact Number:** 01946 692241

Personal Details	Admission Details
Name: Laura Prowse Hospital No: W284220 NHS Number: 633 003 6306 Date of Birth: 01/09/1987 Address: 18 The Oval, Postcode: CA28 9TD Contact Tel No:	**Admission Date:** 06/12/2024 **Discharge Date:** 06/12/2024 **Current Ward:** AMBULATORY CARE **Location:** West Cumberland Hospital **Discharge Destination:** Home

Advice, Recommendations and Future Plans	
GP Action:	Dear GP Nil acute finding on CTAP. Note left ovarian cyst. Please consider OP USS pelvis if required
Date:	09/12/2024
Additional Comments:	
Further Investigations including specific Hospital Follow-Up Plans	OPA Mr Aye, date and time to be confirmed

Diagnosis at Admission	
Primary Diagnosis:	Abdominal Pain
Comments:	
Secondary Diagnosis:	
Comments:	

Palliative Care	
Palliative Care:	
Preferred Place:	

Operations and Procedures

Consultant: MR MMSL AYE Contact: x23041

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Operation / Procedure:	
Date:	
Comments:	

Complications during Episode of Care

Past Medical History

Clinical Narrative

Referred by GP. Laura attended her GP with a 1/7 day history of LIF pain, known diverticular disease with previous episode of diverticulitis. She reported the pain woke her from her sleep sudden onset, worse on movement.

Laura is eating and drinking, nausea with no vomiting, passing urine, complaining of hard stool, seen by GP and given regular laxatives. Reporting painful rectum, GP attempted DRE unable to complete full examination due to pain, external haemorrhoids noted.

O/E Abdomen soft, tender left side of abdomen.

Bloods unremarkable, no raised inflammatory markers.

Mr Aye reviewed Laura, visualised rectum external haemorrhoid noted painful to touch, due to severity of pain a CTAP was performed, please see full report below. Nil acute findings. Discussed with O&G Registrar, if symptoms persist for GP to consider OP USS pelvis.

Laura was discharged home, she was discharged with sodium docusate 200mg BD and codeine 30mg PO/QDS/PRN. Reassurance was given. OPA to be arranged with Mr Aye in 4-6 weeks, date and time to be confirmed. If symptoms persist to seek medical advice.

Blood Pressure	119 / 79 mmHg

Relevant Investigations and Results

FINDINGS:
Thin-walled cyst measuring 40 mm noted in left ovary.
Few sigmoid diverticula noted without any complications.
Small hiatal hernia noted. Otherwise; rest of the unprepared bowel loops appear unremarkable. No evidence of perforation.
Bilateral lung bases appear unremarkable.
Tiny cyst in left lobe of liver noted. Otherwise; no focal hepatic lesions seen.
Pancreas, gallbladder, adrenals, kidneys, spleen and urinary bladder appear within normal limits.
No size significant mesenteric/retroperitoneal/pelvic nodes.
No free fluid in abdomen and pelvis.
Uterus appears unremarkable.
No sinister bony lesions seen.
IMPRESSION:

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No significant acute findings noted.

Information given to patient and/or authorised representatives
Analgesia Laxatives OPA with Mr Aye, date and time to be confirmed Safety netting advice, if condition worsens to seek medical advice

Actions and Outstanding Investigations	
Type:	OPA with Mr Aye 4-6 weeks please
Action:	
Person Responsible:	ward clerk
Date Requested:	06/12/2024
Date Completed:	

Acute Kidney Injury (AKI)	
AKI Stage:	
Outcome of AKI Medication Review:	
Recommended Blood Tests on Discharge for AKI:	
Frequency of Blood Monitoring following AKI:	

Lead Consultant	
Consultant:	MR MMSL AYE
Specialty:	1040 - COLORECTAL SURGERY
Secretary:	
Secretary Telephone:	x23041
Secretary Email Address:	

Discharge Summary Completed	
Clinician:	[redacted]
Grade:	Trainee ACP
Date:	06/12/2024

THIRD PARTY COPY

Patient Details
Hospital No: W284220
Date of Birth: 01/09/1987
Patient Name: LAURA PROWSE
Address: 18 THE OVAL
MIREHOUSE
WHITEHAVEN

Post Code: CA28 9TD **GP:** Dr [redacted]

NHS
North Cumbria Integrated Care
NHS Foundation Trust

DISCHARGE MEDICATION SUMMARY

Ward:	Consultant:	Admission Date:	**Pharmaceutical Needs (if a requirement):**
AMBULATORY CARE Hospital: **West Cumberland Hospital**	**MR MMSL AYE**	**06/12/2024 11:12** Discharge Date: **06/12/2024 16:28**	☒ MAR Chart ☒ Compliance Chart ☒ **Other**

DRUG ALLERGIES/SENSITIVITIES (Specify drug and reflection. If none known, write 'NONE')	Community Pharmacy: ☒ Patient Authorisation	Pharmacy Contact:

Medication on Discharge - (Minimum of 14 days supplied, unless otherwise stated)

New / Altered	Name of Medication on Discharge	Dose	Regimen / Frequency	Stop (S) / Continue (C) / GP Review	Indication, Duration and Comments	Hospital Pharmacy Use Only

Pharmacist's/Doctor's Signature: Date:	Print Name and Bleep No:	Disp.	Check	Date

Medication Stopped

Medication Stopped	Date	Reason

Additional Information and Monitoring:
Pharmacy Advice to GP:

NOTICE OF CONFIDENTIALITY: The information in this form is intended for the named addressee only. It is likely to be confidential and any unauthorised disclosure of the contents is strictly prohibited. If you have received it in error please notify sender immediately.

THIRD PARTY COPY

Consultant: MR MMSL AYE Contact: x23041

Referral Letter (25-Nov-2024)
25-Nov-2024 Mrs Michelle Broughton (MB1)
Additional: Referral Letter (25-Nov-2024)
for Referral to colorectal surgeon
Filename: 2411251242_Referral Letter.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

NHS University Hospitals of Morecambe Bay NHS Foundation Trust

NHS North Cumbria Integrated Care NHS Foundation Trust

APPOINTMENT:

ELECTIVE CARE OUTPATIENT REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS:			**REFERRAL DATE:** 25-Nov-2024	
SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** 1 Castle Meadows Whitehaven Cumbria CA28 7RG 01946692241 **Email:** **Practice code:** A82041	**URGENCY:** urgent	**OFFICE:**
FIRST NAME: Laura	**AGE:** 37y		REFERRING DETAILS: **Consultant:** **Department: colorectal** **Hospital:** **Date of appointment (if known):** **Time of appointment (if known):** **e-Referral Service (CAB):** ☐ **Other specific referral choice:**	
NHS NUMBER: 633 003 6306	**GENDER:** Female			
ADDRESS: 18 The Oval Whitehaven Cumbria CA28 9TD			**REFERRING GP: Dr K Ikwuazom**	
CONTACT: Home: Mobile: 07495727803 Work: Email: lauraprowse28@gmail.com		**UK RESIDENT?** YES ☑ NO ☐ **CATEGORY:** NHS ☑ PP ☐ **INFECTION RISK?** (if yes, state MRSA, etc.) YES ☐ NO ☐ **LIKELY MODE OF TRANSPORT** *(patient to arrange)*: Own Car ☐ [redacted] ☐ Housebound ☐ Ambulance ☐ Bus ☐ Taxi ☐ Unable to transfer onto couch without assistance ☐		

MILITARY VETERAN: No events found.

CONSENT:

☑ the patient has given verbal consent for the information within this referral to be sent to the receiving care team

☑ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so

☐ the referral has been made through a 'best interest decision' (provide details in the 'Further Information' section)

INFORMATION NEEDS (provide details in the 'Further information section', where applicable):

Required:		**Attending:**
☐ Longer appointment	☐ Easy [redacted] documents / information leaflets	☐ [redacted] relative
☐ Language translation service	☐ Braille documents / leaflets	☐ Note-taker
☐ Hearing loop facility area	☐ Large print documents	
☐ British sign language interpreter	☐ Note-taker	

Referral Date: 25-Nov-2024

Dear Doctor,

***Reason for referral*:**

Thank you for seeing this 37y old patient whose clinical details are summarised below. The above named patient is known to have haemorrhoids and for the past one month has being struggling with anal pain and blood in stools whenever she goes to pass stools .
denied any fever .
I have tried examination and there was obvious haemorrhoids externally like skin tags and there was tenderness around the area and so could nto do a PR .
I have discussed patient with sdec and they suggested urgent referral to colorectal clinic .
Please could this patient be seen as urgent as being having significant pains .

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Yours faithfully

Dr K Ikwuazom

Recent Consultations

25-Nov-2024 10:29	GP Surgery (LOWTHER MEDICAL CENTRE) IKWUAZOM, [redacted] (Dr)
History	said she would have wanted to see a nurse .
	had issues with hemorrhoid and pile .
	said she is now having excruciating pain when going to toilet .
	started about a month ago and has being easing off and getting worse sine then .
	said she is now having to prevent going to toilet .
	stools are hard .
	associated blood in stools ,fresh .
	no fever ,no mucous in stool .
	now struggling to sit due to hemorrhoid .
	could not feel anothing there .she said .
	has checked some home tips and nothing seem to be working .
	used laxatives .
	said she has lost weight and said she has being watching diet .
	worried about the paina nd the blood loss .
	no dizziness .no
	wanting to knw what is happeneing down there .
Comment	suggested cream and referral to surgery .
	said the anusol helps .
	recommended laxatives and referral is sent .advsied to come back if more pain or worsening bleeidng .
Examination	consneted to examination .
	chaperone [redacted] .
	noted hemorrids externally .
	internal exam abandoned due to tenderness on touching the hemorroids .
	discussed with sdec .
Medication	Movicol oral powder 13.8g sachets lemon & lime (Forum Health Products Ltd) One Sachet To Be Taken Three Times A Day 56 sachet
	Senna 7.5mg tablets One To Be Taken At Night 28 tablet

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Significant Medical History

Active

Date	Problem
16-Nov-2023	Minor surgery done - excision
14-Oct-2022	Pain of knee region
17-Oct-2016	Home visit
17-Oct-2016	Telephone encounter
12-Oct-2016	Patient reviewed

Significant Past

Date	Problem
06-Mar-2022	Diverticulitis
21-Sep-2016	Migraine

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Senna 7.5mg tablets	One To Be Taken At Night	28 tablet	25-Nov-2024
Movicol oral powder 13.8g sachets lemon & lime (Forum Health Products Ltd)	One Sachet To Be Taken Three Times A Day	56 sachet	25-Nov-2024
Glycerol 4g suppositories	One To Be Inserted As Directed	7 suppository	06-Mar-2022
Lansoprazole 30mg gastro-resistant capsules	One To Be Taken Each Morning	28 capsule	06-Mar-2022

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Smoking Status

12-Apr-2007 : 3 Cigarettes/day

Pulse Rhythm

Date	Value	Units
18-Jan-2020		

Pulse Rate

31-Mar-2021 : 88 beats/min

Blood Pressure

Date	Value	Units
18-Jan-2020	125/60	mmHg

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Oxygen Saturation

Date	Value	Units
31-Mar-2021	99	%

Weight and BMI

06-Oct-2015 **O/E - weight** : 75 Kg
06-Oct-2015 **Body Mass Index** : 26.8

Scores

Recent Investigations
16-Nov-2024 **Haemoglobin estimation** : 141 g/L
16-Nov-2024 **Mean corpuscular volume (MCV)** : 89.3 fL
16-Nov-2024 **Platelet count** : 391 10*9/L
16-Nov-2024 **Total white cell count** : 6.3 10*9/L
16-Nov-2024 **Serum sodium** : 141 mmol/L
16-Nov-2024 **Serum potassium** : 4.5 mmol/L
16-Nov-2024 **Serum urea level** : 4 mmol/L
16-Nov-2024 **Serum creatinine** : 76 umol/L
16-Nov-2024 **eGFRcreat (CKD-EPI)/1.73 m*2** : 87 mL/min/1.73m2
08-Oct-2010 **Plasma glucose level** : 4.4 mmol/L
16-Nov-2024 **HbA1c levl - IFCC standardised** : 41 mmol/mol
16-Nov-2024 **Serum cholesterol** : 5.5 mmol/L
16-Nov-2024 **Serum TSH level** : 3.19 mU/L
16-Nov-2024 **Serum ALT level** : 13 U/L
16-Nov-2024 **Serum alkaline phosphatase** : 115 U/L
16-Nov-2024 **Serum total bilirubin level** : 7 umol/L
16-Nov-2024 **Serum C reactive protein level** : 3 mg/L
16-Nov-2024 **Erythrocyte sedimentation rate** : 19 mm/h

INR

Radiology
No radiology recorded in the last 6 months

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

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Clinical document
19-Nov-2024 Miss Sarah Quirk (SQ)
Additional: Clinical document
NHS 111 Report
Filename: NHS 111 Report2024-11-19.cdax
Extension:.tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura [redacted] (Ms)	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
The Old Homestead
From Junction With Hundith [redacted]
Cockermouth
CA13 9TW
X314780Y528855

Home Phone **01946694984**
Emergency Phone **07495727803**

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created **19-Nov-2024, 09:05**
Document Owner **NWAS 111**
Authored by **[redacted] - Call Handler, NWAS 111 on 19-Nov-2024, 08:53**
Consent Status **Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS 111 Encounter**
Encounter Time	**19-Nov-2024, 08:53 to 19-Nov-2024, 09:05**
Encounter Identifier	**EC892DDB-E008-4452-BEFB-88867BD0F817**
Case Reference	**8760297**
Case ID	**8760297**
Encounter Disposition	**To Contact A Local Service Within 24 Hours**
Care Setting Location	
Care Setting Address	*Visit Address* **The Old Homestead** **From Junction With Hundith [redacted]** **Cockermouth** **CA13 9TW** **X314780Y528855**
Care Setting Type	

Other participant(s) in this document

Referred To

Referred To Organization **Urgent Treatment Centre - Keswick**

Visit Address *Work Phone* **01768245678**
CA12 5PH

Patient's Reported Condition

Ill-Rectal Bleeding - Pain - 1 Week

Case Summary

Pathways Disposition: Dx08
To Contact A Local Service Within 24 Hours

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Consultation Summary:
Injury, illness or other health problem
Blood loss
Illness - 'Rectal Bleeding - Pain - 1 Week'
Warm to touch
Blood in bowel motions

Advice Given:
It's not always serious, but should be checked.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	**AF4A00C0-9642-47E4-82A9-F6D5DF4086E3**	*Version*	**1**
Primary Recipient	**Urgent Treatment Centre - Keswick**	*Phone*	**01768245678**

THIRD PARTY COPY

Clinical document
03-Apr-2024 Miss Sarah Quirk (SQ)
Additional: Clinical document
NHS 111 Report
Filename: NHS 111 Report2024-04-03.cdax
Extension: .tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura [redacted]	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
18
The Oval
Whitehaven
CA28 9TD
X298152Y515489

Home Phone **01946694984**
Emergency Phone **07495727803**

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**03-Apr -2024, 19:02**
Document Owner	**NWAS 111**
Authored by	**Jarrad.Cullinane - Call Handler, NWAS 111 on 03-Apr -2024, 18:54**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS 111 Encounter**
Encounter Time	**03-Apr -2024, 18:54 to 03-Apr -2024, 19:02**
Encounter Identifier	**5A5B23E8-7B1E-4546-BEB7-B4375ED205C4**
Case Reference	**7355330**
Case ID	**7355330**
Encounter Disposition	**To Speak To A Dental Service Within 12 Hours**
Care Setting Location	
Care Setting Address	*Visit Address* **18** **The Oval** **Whitehaven** **CA28 9TD** **X298152Y515489**
Care Setting Type	

Other participant(s) in this document

Referred To

Referred To Organization **Dental Emergency: OOH Dental Clinical Assessment Service - White**

Visit Address *Work Phone* **NP:07747232217**
CA28 8JG

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Patient's Reported Condition

Ill-Dental Pain- 48hrs

Case Summary

Pathways Disposition: Dx20
To Speak To A Dental Service Within 12 Hours

Consultation Summary:
Injury, illness or other health problem
Illness - 'Dental Pain- 48hrs'
Warm to touch
Toothache
Pain on pressing area
Fever at time of assessment or in last 12 hours
Analgesia taken

Advice Given:
Drink lots of fluids, such as water or squash - take small sips if feeling sick.
Wear light clothing, don't try to cool down by cold sponging or fanning.
Feeling faint, about to pass out or collapse - CALL 999.
Becoming severely ill WITH new marks, like bruising or bleeding under the skin - CALL 999.
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
Do not apply gels or medication directly to the tooth or surrounding gum area. This may damage gums.
Avoid very hot or very cold food and drink if it makes the pain worse.
Chew on the other side of the mouth.
Contact a dentist for treatment of your toothache.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	**DF69795C-1750-4E47-B529-67BF05ED2C79**	*Version*	**1**
Primary Recipient	**Dental Emergency: OOH Dental Clinical Assessment Service - White**	*Phone*	**NP:07747232217**

THIRD PARTY COPY

Clinical document
03-Apr-2024 Miss Sarah Quirk (SQ)
Additional: Clinical document
NHS 111 Report
Filename: NHS 111 Report2024-04-03.cdax
Extension: .tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura [redacted]	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
18
The Oval
Whitehaven
CA28 9TD
X298152Y515489

Home Phone **01946694984**
Emergency Phone **07495727803**
Mobile Phone **07495727803**

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**03-Apr -2024, 20:19**
Document Owner	**North East Ambulance Service NHS Foundation Trust**
Authored by	**pearceg - Nurse Practitioner, North East Ambulance Service NHS Foundation Trust on 03-Apr -2024, 19:02**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**03-Apr -2024, 19:02 to 03-Apr -2024, 20:19**
Encounter Identifier	**5A5B23E8-7B1E-4546-BEB7-B4375ED205C4**
Case Reference	**29490044**
Case ID	**29490044**
Encounter Disposition	**Home Management**
Care Setting Location	
Care Setting Address	*Visit Address* **18** **The Oval** **Whitehaven** **CA28 9TD** **X298152Y515489**
Care Setting Type	

Patient's Reported Condition

Ill-Dental Pain- 48hrs

Case Summary

Pathways Disposition: Dx25
Home Management

Consultation Summary:
Dental Problems

Pathways Assessment:
Clinical Consultation Report

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User comment - 'Home care Medical History - nad Medication -no Allergies - no LDV - last year Asthma - and history of stomach ulcers, indigestion - no Registered - yes C/o - chewing on sweet 1 month ago and broke tooth , over the last 48 hours had slight dull ache, worsened last night, pressure pain now, pain killers easing off. Lower right. Pain to bite down, rang gdp 10am , no appointments left, gave access numbers incase gdp cant get patient in again Pain relief; Paracetamol 500mg x 8 Ibuprofen 200mg x- 6 Advice Given Patient advised paracetamol ensuring not to exceed the recommended daily dosage stated on the packet within a 24-hour period. No more paracetamol till 6pm tonight Advised should not be taking ibuprofen due to prescribed medication. Soft Diet, avoid extreme temperatures hot/cold, sugary foods and drinks. Avoid the area, eat on the opposite side, please do not hesitate to contact 111 where we can reassess and see how we can'
Dental Problems/Tooth or Jaw Ache, Suspected

Advice Given:
Avoid very hot or very cold food and drink if it makes the pain worse.
Chew on the other side of the mouth.
Contact a dentist for treatment of your toothache.

Document ID	**A50CCDD9-3B9D-485B-8C50-A1C79ED70820**	*Version*	**1**
Primary Recipient	**North East Ambulance Service NHS Foundation Trust**		

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Clinical document
16-Nov-2023 Mrs Lynsey Ann Benson (LAB)
Additional: Clinical document
Minor Surgey Consent Form (16-Nov-2023)
Filename: S45C-923111710083.pdf
Extension:.tif
Pages:

Lowther medical centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG
Tel: (01946) 692241

A member practice of
North Cumbria Primary Care Alliance

Minor Surgery Consent Form

Full Name: LAURA PROWSE NHS number: 611091187

Address: 18 THE OVAL Date of birth: 633 003 6306
LA28 9TD

I consent to the following procedure:
EXCISION SKIN TAG L AXILLA

I am happy and understand the nature of the operation and potential complications which may include:

1. Bleeding - will most likely stop in a few minutes but can form a haematoma under the skin (which resolves in a few weeks)
2. Infection – rare with the precautions taken, but if the wound gets red and discharges pus please seek medical advice
3. Scar – all wounds heal up with scarring which is permanent, at times it may become hypertrophic or a keloid depending on your skin type, massaging with a moisturiser after 2 weeks can heal the scar better
4. Wound dehiscence – the stitches can come apart leaving the wound open, which will heal by itself but may take longer and leave a larger scar
5. Recurrence – the lesion may recur at the same or different site requiring further procedure
6. Further procedure – some samples are sent for biopsy, depending on the result you may require further surgery or treatment which will be discussed with you

I understand that I may have a local anaesthetic for the procedure, rarely some patients can develop a serious side effect from this.

I am also aware that any stitches which are inserted may need to be removed in 10-14 days after the procedure.

If required, I am happy for a photograph of my skin lesion to save into my medical records, the photograph will only be used for clinical and teaching purposes

Signed Dr/ANP:

Printed name of Dr/ANP: ETHOMPSON Date: 16/11/23

Signed Patient: Date: 16/11/23

Lowther Medical is a trading name of North Cumbria Primary Care Ltd. North Cumbria Primary Care Ltd is a registered company (Registration No: 11172424).
Registered Office: Voreda House, Portland Place, Penrith, Cumbria, CA11 7QQ

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Out of hours non practice note
04-Nov-2023 Ms Jackie Sisson (JZS)
Additional: Out of hours non practice note
NHS 111 Report

Filename: NHS 111 Report2023-11-04.cdax
Extension:.tif
Pages:

Patient demographics				
Patient name	*Date of birth*	*Gender*	*NHS number*	*Other identifier*
PROWSE, Laura	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**	*Local identifier* - **00EB4479-5178-42BE-B3F5-FF156C655313**

Home Address
18 The Oval
Whitehaven
Cumbria
CA28 9TD

Home Phone **01946694984**
Emergency Phone **07495727803**

GP Practice
LOWTHER MEDICAL CENTRE

GP Practice Code
A82041

Document Created	**04-Nov-2023, 13:35**
Document Owner	**Vocare South 111**
Authored by	**[redacted] [redacted] - Assessed by, UC_111 Arun House (Vocare South 111) on 04-Nov-2023, 12:32**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**04-Nov-2023, 12:25 to 04-Nov-2023, 12:32**
Case Reference	**F00B18CE-B960-4792-82B9-5BDBD52EE300**
Case ID	**3738179**
Encounter Disposition	**To contact a local service within 6 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **18 The Oval** **Whitehaven** **Cumbria** **CA28 9TD**
Care Setting Type	
Responsible Party	**Dr [redacted] McMullan - Medical Director, Vocare South 111**

Patient's Reported Condition

12+ small insect bites on legs, across both legs

Case Summary

Disposition:
To contact a local service within 6 hours
Dx06

Selected care service:
Telemedicine Service - Cumbria Health On Call - Whitehaven

Rationale:
Injury, illness or other health problem
Illness
Warm to touch
Rash
Blistering rash
Able to carry out some everyday activities

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Large area of redness, like a scald

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: 12+ small insect bites on legs, across both legs
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Skin Problems
The main problem was a rash.
There was a blistering rash.
They were still able to carry out some everyday activities.
The skin problem did not relate to an assault.
There was no rash like blood spots or bruises under the skin.
There was no new or worsening confusion.
Breathing harder or faster when doing nothing was not described.
There was no known increased susceptibility to infection.
Lots of blisters or ulcers inside the mouth were not described.
Skin was not peeling off in sections.
There was a large area of redness, like burnt or scalded skin.
Instructions given were: The individual needs to contact a local service within 6 hours.
Directory of Services referral: Telemedicine Service - Whitehaven

Advice given:
Before you go, I will just check whether I need to give you any further instructions or advice.
Don't use ibuprofen if chickenpox is suspected.
If in doubt ask a pharmacist.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.
Unless advised not to take, paracetamol can be used to relieve pain or fever. Follow the instructions in the pack.

Document ID	**19919AB8-757E-4480-9204-F2BE94F25044** *Version* **1**
Primary Recipient	**LOWTHER MEDICAL CENTRE**

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Clinical document
04-Nov-2023 Ms Emma Thompson (ET3735)
Additional: Clinical document
(04-Nov-2023) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**3626565**	Receive Date:	**4-Nov-2023 12:25**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (36 years)**	Gender:	**F**
Address:	**18 The Oval**	Current Address:	**18 The Oval**
			Whitehaven
			Cumbria
	Whitehaven CA28 9TD		**CA28 9TD**
Return Contact No:			
Tel No:	**01946 694984**		**01946 694984**
Mobile No:	**07495 727803**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**4-Nov-2023 12:25**	Calltype:	**Video Consultation**
Advised:	**:**	Arrived PCC:	**4-Nov-2023 16:29**
Cons start:	**4-Nov-2023 16:56**	Cons End:	**4-Nov-2023 16:59**
Consulting Doctor:	[redacted] **Neeves**	Own doctor:	

NHS Number:
6330036306

External 111 Site Name - **UC_111 Arun House (Vocare South 111)**
Outcome Code - **Dx06**
Outcome Description - **To contact a local service within 6 hours**

Consultation details:

History -

Video Consultation: ANP LNeeves
ID confirmed
Allergies: NKDA
Consents to view GP record

PC: infected insect bites
HPC: Multiple bites to lower legs for approx 2 weeks - no raised and very red - hot to touch - blanching
away on holiday recently - was bitten -
using piriteze 10mg OD
applying Hydrocorticone 1% cream BD -
No fever
No breathlessness
No angioedema
Eating and drinking normally
Passing urine and opening bowels as normal

Diagnosis - **Infected insect bites**

Treatment - **Discussed and agreed plan: Appears infected â€“ to use Abx as per px â€“ discussed risks, benefits and side effects of Abx, continue with OTC antihistamine, can use ice therapy, continue with topical hydrocortisone 1% OTC BD**
Red flags: signs of infection, breathlessness, angioedema, fever, rigors - 999/111/GP
Advised to contact own GP if not resolving
Advised to contact again if worsens or not resolving

px no: E13B76-Y00433-39BBF3

Prescriptions:
Flucloxacillin 500mg capsules 1 capsule - every 6 hours - an hour before food or on an empty stomach - oral 20.00

Followups:
Pt Will Contact Surgery
Advised to call back if necessary

Clinical Codes:
SD65. Insect bite nonv.-leg+infectn.

Case Questions:
Consent for Record Sharing: **Yes**

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Consent for Video Consultation:	**Yes**
Appointment Booking Message	
Would the Patient like to receive their appointment details via SMS or Email?	**SMS**
Patient"s Mobile Number:	**07495 727803**
Is there a Safeguarding issue?	**No**
Mobile Number	**07495 727803**

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Clinical document
04-Nov-2023 Ms Jackie Sisson (JZS)
Additional: Clinical document
NHS Community Pharmacy Consultation
Filename: PharmOutcomes Notification (SNRCQNRZBHJ).pdf
Extension:.tif
Pages:

4th Nov 2023

J H SANDHAM
64-66 Harrington Road
Workington
Cumbria CA14 3EG
01900 602044

NHS Community Pharmacy Consultation Service - Notification of low acuity/minor illness consultation to patients general practice.

To: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria CA28 7RG (A82041)

Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at the above pharmacy on the date shown.
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time. Details of the support or advice provided and any additional information for the general practice is given below:

Patient Details	
Name	Laura [redacted] Prowse
Address	18, The Oval, Whitehaven
Postcode	CA28 9TD
Date Of Birth	01-Sep-1987
NHSNumber	6330036306
Consultation Details	
Presenting condition	Bites or stings, insect or spider
Presenting condition if other	
Consultation Outcome	
Consultation Outcome	Patient sign-posted
If signposted or escalated details will appear below, if these are blank there has been no escalation	
Details if signposted	Non-urgent: GP
Details if escalated	
Any red flag symptoms?	No
If red flag, action taken	
Medicine Supplied	
Medicine supplied	
Quantity	
Dose	
2nd medicine necessary	
Medicine 2 supplied if supplied	
Quantity	
Dose	

Pharmacist name j h sandham

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Clinical document
03-Nov-2023 Ms Emma Thompson (ET3735)
Additional: Clinical document
NHS 111 Report

Filename: NHS 111 Report2023-11-03.cdax
Extension:.tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura [redacted] (Ms)	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
1
Infirmary Road
Workington
CA14 2UG
X300130Y528193

Home Phone **01946694984**
Emergency Phone **07495727803**

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**03-Nov-2023, 09:01**
Document Owner	**NWAS 111**
Authored by	**Liju.Eprem - Call Handler, NWAS 111 on 03-Nov-2023, 08:29**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS 111 Encounter**
Encounter Time	**03-Nov-2023, 08:29 to 03-Nov-2023, 09:01**
Encounter Identifier	**1D1FD811-AC51-4E7B-B8FF-7FD439DA4852**
Case Reference	**6612328**
Case ID	**6612328**
Encounter Disposition	**To Contact A Local Service Within 12 Hours**
Care Setting Location	
Care Setting Address	*Visit Address* **1** **Infirmary Road** **Workington** **CA14 2UG** **X300130Y528193**
Care Setting Type	

Other participant(s) in this document

Referred To

Referred To Organization **CPCS+: Sandham J H Chemist - Workington**

Visit Address *Work Phone* **01900602044**
CA14 3EG

Patient's Reported Condition

Injury-BEDBUG BITE/SWELLING/SORE AND ITCHING

Case Summary

Pathways Disposition: Dx07
To Contact A Local Service Within 12 Hours

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Consultation Summary:
Injury, illness or other health problem
Injury within 7 days - 'BEDBUG BITE/SWELLING/SORE AND ITCHING'
Warm to touch
Insect or spider bite - 'BEDBUG'
Sting/bite more than 6 hours ago
10 or more stings
Bite or sting involving limb
Tick bite

Advice Given:
Remove any jewellery or tight clothing from the area near the bite.
Don't scratch the area.
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
IN PREGNANCY: Don't take ibuprofen, except on the advice of a healthcare professional. Use paracetamol instead.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	**F3B46FE0-9513-4BB1-ACD6-37D1EBC32890**	*Version*	**1**
Primary Recipient	**CPCS+: Sandham J H Chemist - Workington**	*Phone*	**01900602044**

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Clinical document
16-Oct-2023 Ms Emma Thompson (ET3735)
Additional: Clinical document
(16-Oct-2023) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**3619746**	Receive Date:	**16-Oct-2023 14:08**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (36 years)**	Gender:	**F**
Address:	**18 The Oval**	Current Address:	**18**
			The Oval
			Whitehaven
	Whitehaven CA28 9TD		**CA28 9TD**
Return Contact No:			
Tel No:	**01946 694984**		**01946 694984**
Mobile No:	**07495 727803**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**16-Oct-2023 14:08**	Calltype:	**Coming to Base**
Advised:	**19:14**	Arrived PCC:	**16-Oct-2023 18:43**
Cons start:		Cons End:	
Consulting Doctor:	[redacted] **Doran**	Own doctor:	

NHS Number:
6330036306

External 111 Site Name - **NWAS 111**
Outcome Code - **Dx1115**
Outcome Description - **Speak To Clinical Assessment Service 6 Hours Covid Risk**

Triage details:

History -

Patient's Reported Condition

Ill-COUGH

Dr Abalu

Spoke with Patient .

Says feeling Poorly and Unwell for almost 1 week
Unable to get appt at her Surgery

Cough ongoing for last few days
Coughing up a Lot of Green Phlegm
Cold
Headache
Some SOB , on mild exertion
Chest Feels tight
Night Sweats

Agreed likely a Chest Infection

However Patient Quite Concerned .
Would Rather see someone and be assessed .
Agreed F2F at Base

Hitory as above.Concerned as due to go on holiday on friday and wanting to make sure doesn't need any medication. Seen by CR at Base with CD. Notes typed by CR

Examination - **HR 80, %SATS 99, BP 122/78, T37.0, RR20**
C/o persistent cough, worse in the mornings and evenings - Bringing up green mucus at times, dry at other times, only intermittently/dry cough during consultation.
on auscultation - Bilateral/equal air entry, nil additional sounds, speaking in clear sentences.
c/o pain in ears and sore throat - Nil erythema to ears, nil discharge, TM reflex bilaterally although cloudy. Nil tonsillar oedema, nil tonsillar exudate.

Diagnosis - **Imp - Viral URTI**

Treatment - **Reg par/ibp, fluids and rest. If symptoms worsen to recontact 111/own GP. Pt happy with plan/advice.**

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Followups:

Pt Will Contact Surgery
Advised to call back if necessary

Clinical Codes:

H06z1 Lower resp tract infection H05z. Upper respiratory infect.NOS

Case Questions:

Is there a Safeguarding issue?	**No**
Is it appropriate to ask the Patient for feedback following on from Case closure?	**Yes**
Mobile Number	**07495 727803**

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Clinical letter
22-July-2023 Ms Jackie Sisson (JZS)
Additional: Clinical letter
Orthopaedics Clinic Letter
Filename: MIGSendDocument-2023-07-28.pdf
Extension:.tif
Pages:

Department of Orthopaedics
Tel: 01228 814754

Ref: CN/SW/2014714
Hospital No: W284220
Clinic Date: 22 July 2023
Date: 24 July 2023

NHS
North Cumbria Integrated Care
NHS Foundation Trust

Cumberland Infirmary
Newtown Road
Carlisle
CA2 7HY

Private and Confidential
Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr [redacted]

Re: **Miss Laura Prowse (01-Sep-1987) NHS No: 633 003 6306**
18 The Oval, Mirehouse, Whitehaven, CA28 9TD

Virtual Fracture Clinic

Diagnosis: Soft tissue injury to left ankle.

Management: Continue conservative cast up to four weeks, weightbear as tolerated. Discharged with advice.

This 35-year-old suffered inversion injury to her left ankle. She was walking downstairs and missed a few steps attended A&E at Cumberland Infirmary.

She was X-rayed and examined. No bony injuries were identified.

The management is appropriate with Aircast splint, to be discarded when pain and swelling subsides. No further follow up is required.

Yours sincerely,

Electronically reviewed and signed
Mr Cristian Nita
Consultant Orthopaedic Surgeon

Cc:

Miss Laura Prowse
18 The Oval
Mirehouse
Whitehaven
CA28 9TD

Page 1 of 1

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A&E report
21-July-2023 Ms Jackie Sisson (JZS)
Additional:A&E report
WCH Emergency Dept

Filename: MIGSendDocument-2023-07-21.pdf
Extension:.tif
Pages:

Surname:	Prowse	**First Name:**	Laura
DoB:	01 Sep 1987	**Sex:**	Female
PAS No:	W284220	**NHS No:**	633 003 6306

WCH Emergency Department
West Cumberland Hospital, Whitehaven CA28 8JG
Phone No: 01946 693181 | email:

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North Cumbria Integrated Care
NHS Foundation Trust

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WCH Emergency Department eAttendance Summary

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Patient Demographics		GP Details	
Patients Name:	Prowse, Laura A	**GP Name:**	NJ [redacted]
Date of Birth:	01 Sep 1987	**GP Practice Address:**	LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN
Sex:	Female		
NHS Number:	633 003 6306		
PAS Number:	W284220	**GP Postcode:**	CA28 7RG
Patients Address:	18 the oval CA28 9TD	**GP Practice Code:**	A82041
Patients Contact Number:			

Attendance Details		Referral Method	
Attendance Date & Time:	21 Jul 2023 at 16:07	**Referral Source:**	Self
Discharge Date & Time:	21 Jul 2023 at 17:47	**Attendance Method:**	Patient arranged own transport / walk-in
Consultant on Duty:			

Clinical Presentation			
Presenting Complaint:	Limb Lower		
Triage:	fall down stairs, slipped on hotwater bottle, lwft ankle injury pain and swelling to lateral and medial meleolus [redacted] /		
Clinical Assessment:	PC walking downstairs with washing, slipped on onject on stairs, fell down several steps with ankle inverted and under leg, unable to wt bear, in pain. oe tender med and lat malleolli pulse normal xray no obvious fracture , mortice ok. aircast. Home *Mike* [redacted] /		
Observations on Arrival: (NEWS2)	**Pulse:**	**BP:** /	**Sats:**
	Resp Rate:	**Temp:**	**AVPU:**
	Resp Support:		**SCORE:**
Observations at Discharge: (NEWS2)	**Pulse:**	**BP:** /	**Sats:**
	Resp Rate:	**Temp:**	**AVPU:**
	Resp Support:		**SCORE:**

Surname:	Prowse	**First Name:**	Laura
DoB:	01 Sep 1987	**Sex:**	Female
PAS No:	W284220	**NHS No:**	633 003 6306

WCH Emergency Department
West Cumberland Hospital, Whitehaven CA28 8JG
Phone No: 01946 693181 | email:

NHS
North Cumbria Integrated Care
NHS Foundation Trust

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WCH Emergency Department eAttendance Summary

Interventions	Diagnoses
	Sprain / ligament injury : ankle joint - Suspected diagnosis - - -

Plan & Requested Actions	
Referrals:	-
Message for GP:	Inversion injury, ankle, xray NAD, advice, aircast, crutches, review prn.

TTO's, Medications & Medical Devices

Medication Name	Dose Amount	Dose Timing	Quant. Supplied	Route	Notes

Current Medications:	
Medications Discontinued:	
Medications Changes:	

Discharge Details	
Discharge Status:	Treatment complete
Discharge Destination:	Usual place of residence / family members
Notes from Discharge:	Inversion injury, ankle, xray NAD, advice, aircast, crutches, review prn.
Discharging Clinician:	Mike [redacted]
Professional Reg No:	

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Clinical document
13-July-2023 Ms Emma Thompson (ET3735)
Additional: Clinical document
NHS 111 Report
Filename: NHS 111 Report2023-07-13.cdax
Extension:.tif
Pages:

Patient demographics

Patient name	*Date of birth*	*Gender*	*NHS number*
PROWSE, Laura	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**

Home Address
18
The Oval
Whitehaven
CA28 9TD

Visit Address
Cumbria Golf Club Whitehaven Golf Club
Red Lonning
Whitehaven
CA28 8UD
X299474Y518130

Home Phone **01946694984**
Emergency Phone
07495727803

GP Practice
Lowther Medical Centre

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**13-Jul-2023, 09:40**
Document Owner	**NWAS 111**
Authored by	**Chandni.Vasandani - Clinician, NWAS 111 on 13-Jul-2023, 08:49**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS 111 Encounter**
Encounter Time	**13-Jul-2023, 08:49 to 13-Jul-2023, 09:40**
Encounter Identifier	**08DFBDF6-105E-4B5E-B430-8C3A3A52A0DB**
Case Reference	**6125868**
Case ID	**6125868**
Encounter Disposition	**To Contact A Local Service Within 24 Hours**
Care Setting Location	
Care Setting Address	*Visit Address* **Cumbria Golf Club Whitehaven Golf Club** **Red Lonning** **Whitehaven** **CA28 8UD** **X299474Y518130**
Care Setting Type	

Other participant(s) in this document

Referred To

Referred To Organization **GP - Lowther Medical Centre - Cumbria (Home GP)**

Visit Address *Work Phone* **01946692241NP:01946552125**
CA28 7RG

Patient's Reported Condition

Coughing Up Blood

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Case Summary

Pathways Disposition: Dx08
To Contact A Local Service Within 24 Hours

Consultation Summary:
Injury, illness or other health problem
Blood loss
Illness - 'COUGHING UP BLOOD'
Warm to touch
Coughing up blood
Pleuritic pain with deep breathing
Clotting risk, prolonged immobility
Assessment ended: call transferred to clinician
Clinician transfer, caller refuses disposition - 'NOT ABLE TO ATTEND ED STRAIGHT AWAY'
Ambulance disposition refused
Cough
Referral to General Practice
Contact Primary Care Service required
Contacting a Primary Care Practitioner within 24 hours appropriate

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was blood loss.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User comment - 'COUGHING UP BLOOD'
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Bringing Up Blood
The individual had coughed up blood.
There was no new or worsening breathlessness.
They were able to carry out most or all everyday activities.
There was no possibility of pregnancy.
There was sharp/stabbing pain in the chest/upper back on deep breathing.
There was no history of previous thrombosis.
There was no known increased risk of thrombosis.
There was no previous history of pneumothorax.
The individual had experienced prolonged immobility on a journey in the previous 2 weeks.
Early Exit selected
Assessment ended because transfer to a clinician was required.
The reason for transfer to a clinician was: disposition refused.
User comment - 'NOT ABLE TO ATTEND ED STRAIGHT AWAY'
An ambulance disposition had been refused.
Clinical Consultation Report
Cough/Cough, Suspected
User comment - 'S- 35 YOF. FELLING UNWELL, COUGHING DARK BROWN PHELGM IN THE MORNINGS. B- PMH: EX-SMOKER. STOPPED VAPING. NIL ALLERGIES. A- ALERT. BREATHING OK. COUGHING UP DARK BROWN PHELGM ONLY IN THE MORNINGS NO BLEEDING OTHERWISE. NO CHEST PAIN. NO TEMP SPIKES. TICKLY THROAT. NO WHEEZE. E+D, PASSING URINE.'
Cough/Clinical Observations, Considered
User comment - 'R- MTS SOB IN ADULTS (RECENT PROBLEM) FTF LATER PPM CONSIDER PC ACTUAL PC <24 HOURS.'
Coronavirus risk was not identified.
Referral to a general practice service.
Contact with a Primary Care Service was considered appropriate.
To contact a primary care service within 24 hours was considered appropriate.
User comment - 'GP - Lowther Medical Centre - Cumbria (Home GP)'

Advice Given:
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist.
User comment - 'GP RANG. APPT WILL BE BOOKED IN WITH PT.'
IN PREGNANCY: Don't take ibuprofen, except on the advice of a healthcare professional. Use paracetamol instead.
General worsening advice given.
Condition specific worsening advice given.
If the condition changes, gets worse or you have other concerns, call back.

Document ID	**D093E02D-9B38-4265-BD42-8F255CD6CF12**	*Version*	**1**
Primary Recipient	**Lowther Medical Centre**	*Phone*	**01946692241**

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A&E report
12-Jun-2023 Mrs Debra Hardy (DHA)
Additional: A&E report
A&E report (12-Jun-2023)
Filename: DHASCN_20.tif
Extension: .tif
Pages:

ED Attendance Summary

WCH Emergency Department
West Cumberland Hospital
Whitehaven
CA28 8JG
Tel: 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details
Name: *Dr NJ STEVENSON*
Address: *LOWTHER MEDICAL CENTRE*
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: *W284220*
NHS No: *6330036306*
ED Episode No: *WED-23-020057-1*

Patient Details
Name: *Laura Prowse*
DoB: *01 Sep 1987*
Address: *18 THE OVAL*
MIREHOUSE
WHITEHAVEN
CA28 9TD
Home Tel:
Mobile : *07495 727803*

Date & Time of Presentation: *12 Jun 2023 09:19*
Previous Attendances: *12*
Presentation Type: *Unplanned 1st visit for a new clinical condition/deterioration of condition*
Patient Group: *Minor Injury*
Time Seen by Clinician: *09:56*
Presenting Complaint:
Bites and Stings, dog bite to finger left hand
Incident Type: *Home*
ED Clinician: [redacted] *Neupane*

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
BP:
Temperature:
Resps(per min):
Oxygen Saturation%:
GCS Total:
Comments:

Investigations:

Diagnosis:
1. *Open wound : finger* **Site:** *0* **Side** *0*

Nursing Comments:

Doctors Comments:

, Usual place of residence / family members
Discharge Date & Time:
12 Jun 2023 12:57

Contact the Emergency Department if you have any further queries about his attendance.

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Discharge summary
16-Feb-2023 Mrs Lynsey Ann Benson (LAB)
Additional: Discharge summary
Physiotherapy, WCH - Discharge (16-Feb-2023)
Filename: MIGSendDocument-2023-02-16.pdf
Extension:.tif
Pages:

NHS No: 633 003 6306
DoB: 01-Sep-1987
Patient No: 57425/19951

NHS
North Cumbria Integrated Care
NHS Foundation Trust

Private and Confidential
Dr Fidalgo
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Department of Physiotherapy
West Cumberland Hospital
Homewood Road
Whitehaven
Cumbria
CA28 8JG

Tel:

16 February 2023

Dear Dr Fidalgo,

Re: Ms Laura Prowse **DOB:**01-Sep-1987 **NHS Number:** 633 003 6306
Address: 17 Devon Road, Hensingham, Whitehaven, Cumbria, CA28 8PJ

Thank you for referring the above patient.

A letter has been sent requesting them to contact the department to arrange an appointment.

As no contact has been made by your patient, he/she has been discharged accordingly.

Yours sincerely

Physiotherapy Service

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Page **1** of **1**

Clinical document
01-Jan-2023 Mrs Anne-Marie Pink (AMP3735)
Additional: Clinical document
(01-Jan-2023) Clinical document

Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**3490876**	Receive Date:	**1-Jan-2023 22:57**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (35 years)**	Gender:	**F**
Address:	**18 The Oval** **Whitehaven CA28 9TD**	Current Address:	**18 The Oval** **Whitehaven CA28 9TD**
Return Contact No:			
Tel No:	**01946 694984**		**01946 694984**
Mobile No:	**07495 727803**		
Priority:	**Routine 60 min**	Call Origin:	**Paramedic - MTS Green**
Received:	**1-Jan-2023 22:57**	Calltype:	**Pathfinder**
Advised:	**:**	Arrived PCC:	
Cons start:	**1-Jan-2023 23:15**	Cons End:	**1-Jan-2023 23:22**
Consulting Doctor:	[redacted]	Own doctor:	

NHS Number:
6330036306

Reported Condition:
Symptoms: SOB, feeling unwell for a week query strep A

Consultation details:

History -

VW triage- spoke to paramedic [redacted]
1 week unwell
temp headache sore throat none productive cough
chest clear
throat mild erythema, no swelling or spots exudate
lethargic
no sx meningism
no rashes
not taking any analgesia
ongoing msk chest pain- known to own GP

rr18, sp02 100, t37.0, 118/76, hr 82
looks well
just tired - child with adhd not allwoing her to rest- her [redacted] has just arrived now to help with the children

sounds viral ?flu not immuno cx

advised pcm/ ibuprofen
advice plenty fluids
rest

specific safety net sob, unwell, worsneing cp, concerned 111/999

Current Problems
14-Oct-2022 Pain of knee region
17-Oct-2016 Home visit
17-Oct-2016 Telephone encounter
12-Oct-2016 Patient reviewed

Current Medication
Acute Medication
Glycerol 4g suppositories| Lansoprazole 30mg gastro-resistant capsules
Repeat Medication
There is no Repeat Medication in the patient's record
Allergies and Adverse Reactions
23-Feb-2022 Adverse reaction to Gabapentin

Followups:
Advised to call back if necessary

Clinical Codes:

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A79z Viral infection NOS

Case Questions:	
Where is the call rec'd from?	**Ambulance / Paramedic**
Please provide the Paramedic's pin number (if not known, provide full name)	**16386**
Please provide the NWAS Incident number	**26739563**
Is there a Safeguarding issue?	**No**
Is it appropriate to ask the Patient for feedback following on from Case closure?	**No**
Mobile Number	**07423 725605**

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Refer to physiotherapist
18-Oct-2022 Dr John Telford (JGT_)
Additional: Refer to physiotherapist
^*NCIC IMSK Request (NCCCG)*
Filename: Refer to physiotherapist PROWSE, Laura (Ms) 1142 18-Oct-2022.rtf
Extension:.tif
Pages:

NHS
North Cumbria
Integrated Care
NHS Foundation Trust

NCIC IMSK REQUEST

NCIC IMSK is the non-urgent pathway to specialist assessment and treatment for patients with MSK signs, symptoms and conditions.

Consider the Urgent Orthopaedic referral route, including virtual fracture clinic (VFC) or A&E where clinical urgency is present. NCIC IMSK inclusion and exclusion criteria are available on request.

INADEQUATELY COMPLETED FORMS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS: **DATE: 18-Oct-2022**

SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** Lowther Medical Centre **Practice code:** A82041
FIRST NAME: Laura	**GENDER:** Female	
NHS NUMBER: **633 003 6306**		
ADDRESS: 17 Devon Road Hensingham Whitehaven Cumbria CA28 8PJ		
PHONE: Home: Mobile: 07495727803 Work: Email: lauraprowse28@gmail.com OK to leave message and receive SMS text reminders? YES ☐ NO ☐	[redacted] **DETAILS:** Name: Tel No:	

MOBILITY:
Uses: Stick ☐ Elbow crutches ☐
Zimmer frame ☐ Outdoor [redacted] ☐
Wheelchair ☐ None ☐
Unable to transfer onto couch without assistance ☐

INFECTION RISK? (if yes, state MRSA, etc.)
YES ☐ NO ☐

RISK TO LONE WORKERS?
YES ☐ NO ☐ NOT KNOWN ☐

DOES THE PATIENT REQUIRE AN INTERPRETER?
NO ☐ YES ☐
If Yes, please state language:

ADDITIONAL NEEDS / INFORMATION (e.g. Mental Capacity Act may apply):

CONSENT:

☑ the patient has given verbal consent for the information within this referral to be sent to the receiving care team

☐ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so

☐ the referral has been made through a 'best interest decision' (provide details below)

INFORMATION NEEDS (provide further details below, where applicable):

Required:		**Attending:**
☐ Longer appointment	☐ Easy [redacted] documents / information leaflets	☐ [redacted] relative
☐ Language translation service	☐ Braille documents / leaflets	☐ Note-taker
☐ Hearing loop facility area	☐ Large print documents	
☐ British sign language interpreter	☐ Note-taker	

NCIC IMSK Referral Criteria – please do not use this form for the following

- Patients under 11 years old attending primary [redacted] or children with congenital or developmental MSK conditions. **IMSK Advanced Practice Service/Foot and Ankle must be over 16**
- Where there is suspicion of serious or urgent non-MSK related pathology and/or the patient is currently under investigation for this.
- Patients requiring Core Podiatry Assessment
- Where access to the urgent orthopaedic pathway is required.
- Acute or unstable mental health conditions that prevent engagement in MSK treatment.
- Primary neurological conditions with diagnosis
- Patients with frequent falls, please refer to ICC Hub
- Patients who are house bound and require home mobility assessments.

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REFERRAL DETAILS:

CLINICAL CONCERN/CLINICAL DIAGNOSIS AND/OR REASON FOR REFERRAL

Please check the box of the service within NCIC IMSK you would like to access: -

☑ **IMSK Physiotherapy Service** (Access to Physiotherapy/Rehab with access to injection/diagnostics as required) (11 years+) Access to Pelvic Health Physiotherapy

☐ **IMSK Advanced Practice Service** (Access to Advanced MSK Practitioners for assessment where conservative treatment has already been explored. For patients that may require referral for secondary care MSK intervention) (16 years+)

☐ **IMSK Advanced Practice Service Foot and Ankle** (Access to Advanced MSK Foot and Ankle Practitioners for assessment where conservative treatment has already been explored. For patients that may require referral for secondary care MSK intervention) (16 years +)

Urgency (Mandatory)			
☐ Soon ☑ Routine			
Area of the Body (Mandatory)			
☐ Shoulder	☐ Left	☐ Right	☐ Cervical
☐ Elbow	☐ Left	☐ Right	☐ Thoracic
☐ Wrist and Hand	☐ Left	☐ Right	☐ Lumbar/Sacral
☐ Hip	☐ Left	☐ Right	☐ Pelvic Health **(Access to IMSK Physiotherapy only)**
☑ Knee	☑ Left	☑ Right	
☐ Foot and Ankle	☐ Left	☐ Right	☐ Other Please specify:

Reason for Referral

Please give a description of the patients problem and symptoms (Please include history, duration, severity and mechanism of injury if traumatic onset)

Bilateral knee pain

Physical Examination Findings (Range of movement, Neurological Exam and Special Tests)

Crepitus only

Has the patient had any previous treatment for the above problem? (Physiotherapy – NHS/Private, Secondary Care Intervention/Surgery etc.)

Any previous relevant investigations? (Bloods, previous imaging/investigation)

Relevant Past Medical History – Please ensure the document is opened with **ALL RECORDS** accessible so relevant history is auto-populated at the bottom of the referral. **Referrals will be rejected if this has not been done**

Does the patient have a history of cancer?	☐ Yes ☑ No **If yes please give details below**
Is the patient diabetic?	☐ Yes ☑ No

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	If yes please give details below including recent HbA1c

Keele STarT MSK Tool IMSK PHYSIOTHERAPY REFERRAL ONLY (Not Required for Pelvic Health Referrals)

Not Compulsory but can add triage decision and help stratify care

Thinking about the last 2 weeks tick your response to the following questions:

		Disagree	Agree
		0	1
	My pain has spread at some time in the last 2 weeks	☐	☐
	I have had pain elsewhere at some time in the last 2 weeks	☐	☐
	I have only walked short distances because of my pain	☐	☐
	In the last 2 weeks, I have dressed more slowly than usual because of pain	☐	☐
	It's not really safe for a person with a condition like mine to be physically active	☐	☐
	Worrying thoughts have been going through my mind a lot of the time	☐	☐
	I feel that my pain is terrible and it's never going to get any better	☐	☐
	In general I have not enjoyed all the things I used to enjoy	☐	☐

9 Overall, how bothersome has your pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
☐	☐	☐	☐	☐
0	0	0	1	1

Total Score (All 9): _____ Sub Score (Q5-9): _____

ORTHOPAEDIC REQUESTS ONLY

Straight Through Referral – Orthopaedics/Spinal Services

If referral straight through to orthopaedics is requested, where would the patient like to be referred:

(Please ensure a Shared Decision Making discussion has taken place and Value Based Commissioning Criteria has been met)

☐ **North Cumbria Integrated Care NHS Trust** - Cumberland Infirmary, Carlisle/West Cumberland Hospital, Whitehaven

☐ **Other** – Please State:

REFERRER DETAILS

REFERRER'S NAME: Dr Telford

SIGNATURE: DATE: 18-Oct-2022

SEND REQUEST TO:	Telephone Number

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ncm-tr.ncic-imsk-referrals@nhs.net	0333 014 2876

TRIAGE OUTCOME (*see EMIS CDB 19951 for additional information*):

To be completed by IMSK Service Staff Only

☐ **Keep in IMSK Service** (this patient and GP will be advised of change of referral destination by IMSK if differs from request)

☐ **Redirected 'straight through' to SECONDARY CARE & OTHER SERVICES**

- ☐ Orthopaedics
- ☐ Rheumatology
- ☐ Core MSK Podiatry Service
- ☐ Persistent Physical Symptom Service (PPSS)
- ☐ Other Service - provide details in the FURTHER DETAILS section below

☐ **Returned** - IMSK will inform this patient that this referral has been returned

- ☐ Return referral to referrer
- ☐ Copy to GP
- ☐ Insufficient information from referrer

FURTHER DETAILS:

Please indicate which speciality (Please refer to guidance):

- ☐ Upper Limb Team
- ☐ Hand Team SCP
- ☐ Arthroscopy Team (Knee)
- ☐ General Knee Team
- ☐ General Hip Team
- ☐ Soft Tissue Knee
- ☐ Revision Team
- ☐ Foot and Ankle
- ☐ Other:

RATIONALE:

Urgency: Urgent ☐ Routine ☐

CLINICIAN NAME: **ROLE:** **SIGNATURE:**	**DATE:**

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Additional Information Pulled from EMIS

Consultations

Date	Consultation Text
14-Oct-2022 16:08	Enterprise consultation (Copeland Same Day Health Centre) BATEMAN, [redacted] (Dr)
Problem	**Upset stomach** *(First)*
History	Telephone encounter
	feeling unwell, tired and hot, coughing with green sputum
	Muscle pain especially in neck, coughing and being sick ?some loose stool also
	says [redacted] has tonsilitis and a chest infection so pt wants antibiotics to feel better
	has a child with autism so needs to remain well
	is managing fluids today
Examination	full sentences, occasional cough
Comment	sounds viral. Explained ABx not helpful in this case. Pt not happy so further explained.
	advised rehydration salts, rest, and pcm should help
	SOS plan inc OOH advice given
Problem	**Pain of knee region** *(First)* Laterality: Bilateral
History	Telephone encounter
	long term problem she says
	crunching/grinding when bending knees, causes pain especially when on stairs
	keen for scans/xrays to confirm if OA
Comment	f2f apt requested for pt. I advised that imaging will depend on examination findings but may be appropriate
	pt happy
Problem	**Meralgia paraesthetica** *(First)*
History	started in Feb this year
	burning sensation to thigh, reduced sensation to the touch
	says previous MRI of lower back - reported as nil significant
Comment	?meralgia paraesthetica
	reassured this is self limiting usually, and not harmful
	can confirm at f2f apt if needed
22-Sep-2022	Inbound Document EXTERNAL USER
Document	*{Provisional}* Clinical letter tp_pc_21092022_W284220_ENTPatientLetter_20220922_132600280.PDF ENT Patient Letter
29-Jul-2022 17:27	Externally Entered POPPE, Jerome (Dr)
	Entered By: , System User ()
Lab Results	Miscellaneous imaging procedures (24-Jun-2022) (JPO) - Possible signs of wear and tear in mid back, otherwise normal
29-Jul-2022 17:27	Externally Entered POPPE, Jerome (Dr)
	Entered By: , System User ()
Lab Results	Miscellaneous imaging procedures (24-Jun-2022) (JPO) - Possible signs fo wear and tear in mid-back otherwise normal

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12-Jun-2022		Scanned document (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
Document		Clinical letter MRI Scanning - DNA Scan		
29-Mar-2022		Inbound Document [redacted] (Mr)		
		Entered By: EXTERNAL USER, ()		
Document		Outpatient letter ENT Clinic Letter		
Additional		Seen in fast track suspected head and neck cancer clinic		
06-Mar-2022		Inbound Document HOPE, [redacted] (Miss)		
		Entered By: EXTERNAL USER, ()		
Document		Discharge summary Inpatient Discharge Summary		
Problem		**Diverticulitis** *(First)*		
Medication		Glycerol 4g suppositories One To Be Inserted As Directed 7 suppository		
		Lansoprazole 30mg gastro-resistant capsules One To Be Taken Each Morning 28 capsule		
Comment		SDEC f.u arranged		
04-Mar-2022 22:56		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		HbA1c levl - IFCC standardised (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 19:36		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		Serum ferritin (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Serum vitamin B12 (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Serum folate (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 19:36		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		Serum TSH level (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 19:36		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		Urea and electrolytes (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Calcium profile (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Serum total protein (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Liver function test (03-Mar-2022) (JPO) - Satisfactory/Normal		
		Serum C reactive protein level (03-Mar-2022) (JPO) - Satisfactory/Normal		
		NON-FASTING LIPIDS (03-Mar-2022) (JPO) - Satisfactory/Normal		
		eGFRcreat (CKD-EPI)/1.73 m*2 (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 19:06		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		Erythrocyte sedimentation rate (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 18:06		Externally Entered POPPE, Jerome (Dr)		
		Entered By: , System User ()		
Lab Results		Full blood count - FBC (03-Mar-2022) (JPO) - Satisfactory/Normal		
04-Mar-2022 15:56		GP Surgery (LOWTHER MEDICAL CENTRE) [redacted] (Dr)		
History		3 day history of left iliac fossa pain, intermittent severe sharp pain, episodes every few minutes lasting a few minutes		
		No change in bowel habit, no PR bleeding or blood in stool, no weight loss, no fever, no urinary symptoms, no cough, no PV discharge or abnormal bleeding,		

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		no N&V		
		Has contraceptive implant, had negative pregnancy test yesterday		
		Some indigestion		
		No heavy lifting		
		Finds alcohol exacerbates		
		Alcohol - 2units/week		
		No drug use		
		Takes multivitamin		
Examination		Significant tenderness in left iliac fossa, no guarding but jumps when touch, tenderness felt in LIF when palpated the RIF and umbillicus, no renal angle tenderness, bowel sounds present		
		Heart rate 80 beats/min • Respiratory rate 16 /minute		
		Doesn't feel hot/febrile		
		Urine pregnancy test negative • Urine protein test negative • Urine leucocyte test = negative • Urine nitrite negative • Urine glucose test negative • Urine ketone test negative • Urine blood test = negative		
Comment		Discussed with AH: advised to send to gynae today for suspected ovarian torsion		
		D/w Gynae SHO: advise to send to A&E so they can take blood and perform scan, gynae will keep their eye out for her		
		Informed Laura to attend A&E and gynae will keep an eye out for her		
04-Mar-2022 09:52		GP Surgery (LOWTHER MEDICAL CENTRE) TELFORD, [redacted] (Ms)		
Test Request		Blood Sciences - Unknown specimen		
		Test Request : HbA1c		
		Test Request : Vitamin B12		
		Test Request : Calcium + Albumin		
		Test Request : CRP		
		Test Request : ESR		
		Test Request : Full Blood Count		
		Test Request : Ferritin		
		Test Request : Folate		
		Test Request : Non-fasting Lipid Profile		
		Test Request : Liver Function Tests		
		Test Request : Thyroid Function		
		Test Request : Urea & Electrolytes + eGFR		
Comment		Informed consent for procedure • Blood sample taken		
04-Mar-2022		Scanned document (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
Document		A&E report A&E Report		
Additional		Admission by Accident and Emergency doctor		
02-Mar-2022		Inbound Document [redacted] (Mr)		
		Entered By: EXTERNAL USER, ()		
Document		Outpatient letter ENT Clinic Letter		
25-Feb-2022 16:01		GP Surgery (LOWTHER MEDICAL CENTRE) [redacted] (Dr)		
History		Middle back pain with associated sciatica radiating down both legs but mainly right leg - started with painful back 6 weeks		
		Had some altered sensation in low back and left leg a few weeks ago, dissapeared after 30 mins		

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		Symptoms are worsening rather than improving, performing daily backcare exercises, been referred to physio by JT		
		Only taking gabapentin as does not like taking medication, pain is bearable		
		Back pain is now limiting her lifestyle and restricting her playing with her young children		
		Also has systemic itch - can be anywhere, tells me that sometimes it becomes red and raised prior to itching - no rash at present -?urticaria ?systemic cause for itch		
Comment		Given analgesia advice - paracetamol + NSAID + gabapentin		
		Regular back care exercises		
		Await physio review		
		MRI to look for nerve root impingement given neurological symptoms		
		Bloods to look for cause of itch		
		Safety netted for signs of cauda equina		
Test Request		Magnetic Resonance Imaging (MRI) - Unknown specimen		
		Test Request : MRI Spine lumbar & sacral		
		Test Request : MRI Spine thoracic		
		Blood Sciences - Unknown specimen		
		Test Request : HbA1c		
		Test Request : Vitamin B12		
		Test Request : Calcium + Albumin		
		Test Request : CRP		
		Test Request : ESR		
		Test Request : Full Blood Count		
		Test Request : Ferritin		
		Test Request : Folate		
		Test Request : Non-fasting Lipid Profile		
		Test Request : Liver Function Tests		
		Test Request : Thyroid Function		
		Test Request : Urea & Electrolytes + eGFR		
Examination		Tenderness maximal over L4/L5, tenderness over paravertebral muscles at level of T10-L1		
		No pain on straight leg raise		
		Power 5/5 in legs, sensation intact		
		No rash at site of itch at present		
25-Feb-2022 14:41		Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
History		Ongoing back pain, under her ribs ? kidney area but JT reviewed and said ok		
		Pain into right leg at times with pins and needles (see previous notes)		
		She just knows something isnt right, stopped gabapentin due to itch but itch no better no stopped, no rash although comes up in red blotches itching		
		Not had MRI - ? if now needs		
		Alos missed Tonys call re depression so woul dlike to discuss or re book with [redacted] - has tried sevral meds but don't agree with her		
Comment		Needs review to;		
		Assess site of pain and if MRI appropriate now		
		Analgesia		
		Either mental health review or re book with [redacted]		

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24-Feb-2022 09:54	Administration note (LOWTHER MEDICAL CENTRE) [redacted] (Miss)		
Comment	2WW Head & Neck sent for triage a/c dough lemon - BE		
24-Feb-2022 09:52	Outbound Referral (LOWTHER MEDICAL CENTRE) TELFORD, [redacted] (Dr)		
	Entered By: [redacted] (Miss)		
Referral	Fast track referral for suspected head and neck cancer To: NHS e-Referral Service		
Document	e-RS Letter (24-Feb-2022) NHS e-Referral UBRN 000380610190 for Fast track referral for suspected head and neck cancer, NHS e-RS UBRN 000380610190 for Fast track referral for suspected head and neck cancer		
24-Feb-2022 09:11	accuRx Consultation [redacted] Lynsey [redacted] (Mrs)		
Comment	Patient mobile telephone number 7495727803		
	SMS text message sent to patient Dear Ms Prowse,There is a a stool test [redacted] for you to collect at reception following your telephone consultation with [redacted] on 8/2/22. Please collect at your earliest convenience.Thank you.Lowther Medical Centre		
23-Feb-2022 15:15	Telephone consultation (LOWTHER MEDICAL CENTRE) TELFORD, [redacted] (Dr)		
Problem	7495727803		
Allergy	Adverse reaction to Gabapentin - itch		
History	Advised stop gabapentin and see if resolves		
	If not then review		
Problem	lump in throat - TCI		
Examination	Red area left posterior tonsillar fossa		
	Patient says never seen before		
	Ex smoker recent		
Comment	Refer under 2WW		
Document	Fast track referral for suspected head and neck cancer ^2WW HEAD & NECK (NCCCG)		
Problem	Backpain		
History	Works as a mechanic		
	lumbar backpain		
	No cauda equina symptoms		
Examination	Tenderness lumbar area only		
	no neuro deficits		
Comment	For physio and see if no better		
Document	Referral for further care ^Elective Care Outpatient		
17-Feb-2022 08:51	accuRx Consultation [redacted] (Mr)		
Comment	Patient mobile telephone number 447495727803		
	SMS text message sent to patient Dear Ms Prowse,Sadly, I'd finished by that time. Unfortunately, you will have to make another appointment now.TO RESPOND, please follow this link: (link will autogenerate here)Thanks, Mr [redacted] WalkerLowther Medical Centre		
17-Feb-2022 08:50	accuRx Consultation [redacted] (Mr)		
Comment	Online questionnaire completed by patient		
	Dear Ms Prowse,I just tried to ring for our appointment . Please text back if you can talk now.Thanks, Mr [redacted] WalkerLowther Medical		

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	CentreResponse:Hi sorry I've been out with my children all day and Ive just returned. I can talk now.	
16-Feb-2022 16:31	accuRx Consultation [redacted] (Mr)	
Comment	Patient mobile telephone number 7495727803	
	SMS text message sent to patient Dear Ms Prowse,I just tried to ring for our appointment . Please text back if you can talk now.TO RESPOND, please follow this link: (link will autogenerate here)Thanks, Mr [redacted] WalkerLowther Medical Centre	
08-Feb-2022 10:04	Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)	
History	rang to FU on meds	
	Stopped all meds as went ot A&E with panic attack at the weekend	
	Was having a nightmare about her [redacted] on the stairs and woke up in a panic	
	Mentioned at A&E also that she had passed blood in stool x 1 - bright red, advised to stop naproxen and do stool sample at GP, none since, think due to haemorroids	
	Didn't like feeling of amitriptyline and mirtazipine the next day, helped sleep but still had nightmares and felt groggy next day	
Comment	await physio	
	stoll sample as requested	
	[redacted] for advice re mental health - happy to wait until next week	
	Try gabapentin for pain	
Medication	Gabapentin 100mg capsules One To Be Taken Three Times A Day 84 capsule	
Test Request	Blood Sciences - Unknown specimen	
	Test Request : Faecal Immunochemical Test (FIT)	
07-Feb-2022	Lowther Medical Centre MESSENGING, patientcare (Mr)	
myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Feb 08 at 10:10AM with Ms [redacted] Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. www.mygp.io/app	
05-Feb-2022	LOWTHER MEDICAL CENTRE [redacted] (Mr)	
	Entered By: WROE, Janice (Ms)	
Document	A&E report A&E report (05-Feb-2022)	
05-Feb-2022	Lowther Medical Centre MESSENGING, patientcare (Mr)	
myGP	Short message service text message sent to patient TELEPHONE consultation reminder: Feb 08 at 10:10AM with Ms [redacted] Please note this appointment is for a TELEPHONE CALL, NOT an appointment at the surgery You may be called later than the time booked. If you no longer require this telephone call please reply CANCEL PLEASE DO NOT VISIT THE SURGERY UNLESS INSTRUCTED TO DO SO. DO NOT ATTEND AT ALL IF YOU HAVE COVID SYMPTOMS. www.mygp.io/app	
03-Feb-2022 16:46	Externally Entered FIDALGO, Jose (Dr)	
	Entered By: , System User ()	
Lab Results	Urinary MC&S (JLF) - Satisfactory/Normal	
03-Feb-2022 13:00	GP Surgery (LOWTHER MEDICAL CENTRE) ADAIR, [redacted] (Ms)	

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Test Request	Microbiology - Unknown specimen		
	Test Request : Urine for MC&S		
Result	Urine pH = 7.0 • Urine blood test = +		
Comment	symptoms 4/6 weeks, back/abdo pain, frequency		
Examination	Mid stream urine sent to laboratory • Mid stream urine sent to laboratory		
28-Jan-2022 07:51	accuRx Consultation [redacted] (Ms)		
Comment	Patient mobile telephone number 447495727803		
	SMS text message sent to patient Dear Ms Prowse,Great, speak then, if you need anything earlier please just callThanks, [redacted] ThompsonLowther Medical CentreScheduled to send on 28/01/2022 08:00:00		
27-Jan-2022 14:22	accuRx Consultation [redacted] (Ms)		
Comment	Patient mobile telephone number 7495727803		
	SMS text message sent to patient Dear Ms Prowse,I will give you a ring on the 8th Feb between 9and 10 am, is that ok ? TO RESPOND, please follow this link: (link will autogenerate here)Thanks, [redacted] ThompsonLowther Medical Centre		
27-Jan-2022 14:20	Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
History	Rang as FU - couldn't talk as on the other line to someone but doing ok so requested FU in approx 10 days before meds run out		
14-Jan-2022 09:27	Administration note (LOWTHER MEDICAL CENTRE) [redacted] (Miss)		
Comment	Referral sent to Physiotherapy via email ncm-tr.copelandphysiotherapy@nhs.net - JMMessage received back re. current wait time 25 weeks for non-urgent referrals		
13-Jan-2022 16:38	GP Surgery (LOWTHER MEDICAL CENTRE) [redacted] (Ms)		
Additional	Protocol entry Alert displayed - NSAID new prescription (v13.8) by Ardens-Q Ltd.		
Medication	Amitriptyline 10mg tablets One To Be Taken At Night 28 tablet		
	Lansoprazole 15mg gastro-resistant capsules One To Be Taken Each Morning while on naproxen 28 capsule		
	Mirtazapine 15mg tablets One To Be Taken At Night 28 tablet		
	Naproxen 250mg tablets One To Be Taken Three Times A Day 84 tablet		
History	Came for review of pain down right side		
	Seems to start at neck into right shoulder and her upper back (had since July)		
	Also has pain in her right hip into her buttocks (had for 3 years)		
	No injuries bu tbeen a mechanic for 5 years, lifting car parts, wheels etc		
	No altered sentation or loss movement or power, no bladder or bowel problems		
	Right leg can go numb if in the car driving for a while and right arm achy		
	taking paracetamol and ibuprofen and gels but not helping (had naproxen before an stomach ok)		
	Also lost her [redacted] to suicide 18 months ago, has 2 children, keeps busy but obviously feels low at times, has bad dreams of the event and cant sleep, was started on sertraline but gave her headaches so stopped, her boss is great, takes to them so doesn't want referred for counsellling, no suicidal thoughts		
Examination	Looks well		
	Normal gait		
	No spinal tendernes [redacted] palpations		

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		Pain at right trapezius muscle and down to mid back
		Pain at L 3 level across right paraspinal muscle
		Full range movement
		No altered sentation or power
Comment		Seems all muscular - analgesia and physio
		If no improvement or worsens call back
		Try mirtazipine for mood whichmay also help sleep - will FU in 2 weeks, call before if need
Document		Refer to physiotherapist ^Physiotherapy Assessment Request (NCCCG)
13-Jan-2022 10:14		Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)
History		Had right sided back pain since last October and not getting any better
		Thinks muscular but had xray of chest to check nothing there and was ok
		Does admit since lost her [redacted] is worried more about her health
		pain in the right side upper, lower back and into right hip
		Taking paracetamol and ibuprofen and light duties at work and not really helping (works as mechanic), tried codeine but didn't like the feeling
		No weakness to arms or legs, no altered sensation but when driving the pain goes down her right arm
		Pain now over to the left - around her kidney area - as if when in bed lying on a pebble
		No urinary symptoms
Comment		will review
25-Oct-2021 23:16		Externally Entered [redacted]
		Entered By: , System User ()
Lab Results		HbA1c levl - IFCC standardised (DXM) - Satisfactory/Normal
25-Oct-2021 21:16		Externally Entered POPPE, Jerome (Dr)
		Entered By: , System User ()
Lab Results		Serum TSH level (JPO) - Satisfactory/Normal
25-Oct-2021 21:16		Externally Entered ROCHA, Magdalena (Dr)
		Entered By: , System User ()
Lab Results		Urea and electrolytes (MAR) - Satisfactory/Normal
		Serum total protein (MAR) - Satisfactory/Normal
		Liver function test (MAR) - Satisfactory/Normal
		Serum C reactive protein level (MAR) - Satisfactory/Normal
	!	eGFRcreat (CKD-EPI)/1.73 m*2 (MAR) - ok
25-Oct-2021 20:46		Externally Entered POPPE, Jerome (Dr)
		Entered By: , System User ()
Lab Results		Full blood count - FBC (JPO) - Satisfactory/Normal
25-Oct-2021 13:05		GP Surgery (LOWTHER MEDICAL CENTRE) [redacted] A (Mrs)
Test Request		Blood Sciences - Unknown specimen
		Test Request : HbA1c
		Test Request : CRP
		Test Request : Full Blood Count
		Test Request : Liver Function Tests
		Test Request : Thyroid Function

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		Test Request : Urea & Electrolytes + eGFR		
Procedure		Blood sample taken 1g1l		

Problems

Active

Date	Problem	Associated Text	Date Ended
14-Oct-2022	Meralgia paraesthetica		
14-Oct-2022	Pain of knee region		
14-Oct-2022	Upset stomach		
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

Significant Past

Date	Problem	Associated Text	Date Ended
06-Mar-2022	Diverticulitis		29-May-2022
21-Sep-2016	Migraine		15-Dec-2016

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Glycerol 4g suppositories	One To Be Inserted As Directed	7 suppository	06-Mar-2022
Lansoprazole 30mg gastro-resistant capsules	One To Be Taken Each Morning	28 capsule	06-Mar-2022

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Radiology

Date	Description
24-Jun-2022	Miscellaneous imaging procedures - (JPO) - Possible signs of wear and tear in mid back, otherwise normal
	Back pain and sciatica
	8 weeks low-mid back pain with new sciatica in left leg (note also has
	old sciatica in right leg), symptoms are worsening rather than
	improving, performing exercises, analgesia optimised. Tenderness over
	L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI
	T-spine and lumbar spine ?disc related nerve root impingement
	Back pain and sciatica
	8 weeks low-mid back pain with new sciatica in left leg (note also has
	old sciatica in right leg), symptoms are worsening rather than

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	improving, performing exercises, analgesia optimised. Tenderness over
	L4/5 vertebrae and paravertebral muscles at level of T10-L1. MRI
	T-spine and lumbar spine ?disc related nerve root impingement
	Clinical History :
	Back pain and sciatica
	8 weeks low-mid back pain with new sciatica in left leg
	(note also has old sciatica in right leg), symptoms are
	worsening rather than improving, performing exercises,
	analgesia optimised. Tenderness over L4/5 vertebrae and
	paravertebral muscles at level of T10-L1. MRI T-spine and
	lumbar spine ?disc related nerve root impingement
	Back pain and sciatica
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	paravertebral muscles at level of T10-L1. MRI T-spine and
	lumbar spine ?disc related nerve root impingement
	Patient Name: PROWSE, Laura
	Date of Birth: 01/09/1987
	Patient ID: RNLW284220
	Study Description: MRI Spine lumbar and sacral
	Study Date: 24/06/2022
	Critical Findings: None
	MRI thoracolumbar spine
	Indications: Back pain and sciatica left leg. Old sciatica
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	thoracic spine. Included thoracic cord shows normal signal
	intensity. There is impression of subtle oedema on left side
	of T9/10, probably in relation to the costotransverse joint
	?could be due to trauma/degeneration, otherwise there is no
	significant bony or soft tissue oedema.
	There is slight facet prominence at lower lumbar levels.
	There is no significant compressive lesion.
	Conclusion: No significant compressive lesion. As above.
	Signed by:Dr Avinash Kanodia MBBS FRCR
	Consultant Radiologist
	GMC No. 6123539
	DMC Imaging LTD
	www.DMCImaging.co.uk
	Electronically Verified
	Signed on:Reported 27/07/2022 19:14:23
	.

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	Reported by : DMC Radiologist / RA33784
24-Jun-2022	Miscellaneous imaging procedures - (JPO) - Possible signs fo wear and tear in mid-back otherwise normal
	Back pain and sciatica
	8 weeks low-mid back pain with new sciatica in left leg (note also has
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	Clinical History :
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	Study Date: 24/06/2022
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	There is no significant compressive lesion.
	Conclusion: No significant compressive lesion. As above.
	Signed by:Dr Avinash Kanodia MBBS FRCR
	Consultant Radiologist
	GMC No. 6123539
	DMC Imaging LTD
	www.DMCImaging.co.uk
	Electronically Verified
	Signed on:Reported 27/07/2022 19:14:23
	.
	Reported by : DMC Radiologist / RA33784
11-Oct-2021	Standard chest X-ray - (AMI) - Satisfactory/Normal
	cough
	Cough on and off for 1 year, smoker. cxr to r/o maligancy
	CLINICAL INDICATION:
	cough
	Cough on and off for 1 year, smoker. cxr to r/o maligancy
	COMPARISON:
	CR CHEST 22-Dec-2016
	FINDINGS:
	chest. PA erect.
	Heart and mediastinum are central and the heart is not
	enlarged.
	No definite active lung parenchymal or pleural lesions seen.
	COMMENT:
	normal chest x-ray.
	Dr [redacted]
	Consultant Radiologist
	2664305
	Supplementary report: Agree with above report.
	Reported by : BELL [redacted] / EXTERNAL
22-Dec-2016	Standard chest X-ray - (FCI) - No action needed
	X-ray chest
	Report:
	Normal heart, lungs and mediastinal contours.
	Dr Fionnan [redacted] BA MB BCh BAO (Hons) MRCSI FRCR
	Consultant Radiologist
	GMC No. 7047324
	DMC Imaging LTD
	www.dmcimaging.co.uk
	Reported by : Dr Fionan [redacted]s GMC7047324 / EXTERNAL
07-Nov-2011	U-S abdominal scan
01-Aug-2011	Standard chest X-ray
12-May-2011	Ultrasound scan
	hand written from
12-Oct-2007	Ultrasound letter

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	Obstetric
28-Sep-2007	Ultrasound letter
	Obstetric
09-Jul-2007	Ultrasound letter
	Obstetric
14-May-2007	Ultrasound letter
	Obstetrics
20-Apr-2007	Ultrasound letter
	Obstetric
02-Apr-2007	Ultrasound letter
	Obstetric
06-Oct-2006	U-S pelvic scan
	TESTS DONE WHILST INPATIENT Normal
14-Nov-2005	Ultrasound letter
	Pelvis
14-Nov-2005	U-S pelvic scan
11-Jan-2005	Ultrasound scan
	at preg. ???? head abnormality. Seen eldred who is faxing pictures to RVI. hat with [redacted] re possibilities and need to trust system PRIORITY=6
20-Oct-2004	Ultrasound letter
	Urinary System
20-Oct-2004	US urinary tract
	exam date 19.10.04 Normal

Investigations (last 12 months)

Date	Description	Value	Units
24-Jun-2022	Miscellaneous imaging procedures - (JPO) - Possible signs of wear and tear in mid back, otherwise normal		
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	Date of Birth: 01/09/1987
	Patient ID: RNLW284220
	Study Description: MRI Spine lumbar and sacral
	Study Date: 24/06/2022
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	DMC Imaging LTD
	www.DMCImaging.co.uk
	Electronically Verified
	Signed on:Reported 27/07/2022 19:14:23

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	.		
	Reported by : DMC Radiologist / RA33784		
04-Mar-2022	Urine blood test = negative		
04-Mar-2022	Urine ketone test negative		
04-Mar-2022	Urine glucose test negative		
04-Mar-2022	Urine nitrite negative		
04-Mar-2022	Urine leucocyte test = negative		
04-Mar-2022	Urine protein test negative		
04-Mar-2022	Urine pregnancy test negative		
03-Mar-2022	HbA1c levl - IFCC standardised - (JPO) - Satisfactory/Normal	37	mmol/mol
	Target for control in diabetes is 48mmol/mol or less (NICE 2015)		
	The cut off value in diagnosis is 48mmol/mol.		
03-Mar-2022	Serum folate - (JPO) - Satisfactory/Normal	5.7	ug/L
03-Mar-2022	Serum vitamin B12 - (JPO) - Satisfactory/Normal	362	ng/L
	Repeat testing for B12 not indicated within 1 yr.		
03-Mar-2022	Serum ferritin - (JPO) - Satisfactory/Normal	50	ug/L
	If Hb/MCV are low and there is liver disease/infection/		
	inflammation etc.iron deficiency anaemia can't be excluded.		
03-Mar-2022	Serum TSH level - (JPO) - Satisfactory/Normal	3.88	mU/L
03-Mar-2022	eGFRcreat (CKD-EPI)/1.73 m*2 - (JPO) - Satisfactory/Normal	>90	mL/min/1.73m2
03-Mar-2022	Serum C reactive protein level - (JPO) - Satisfactory/Normal	2	mg/L
03-Mar-2022	Liver function test - (JPO) - Satisfactory/Normal		
	Serum total bilirubin level	11	umol/L
	Serum alkaline phosphatase	90	U/L
	Serum ALT level	10	U/L
03-Mar-2022	Serum total protein - (JPO) - Satisfactory/Normal	69	g/L
03-Mar-2022	Calcium profile - (JPO) - Satisfactory/Normal		
	Serum calcium	2.42	mmol/L
	Serum albumin	44	g/L
	Serum adjusted calcium conc	2.4	mmol/L
03-Mar-2022	Urea and electrolytes - (JPO) - Satisfactory/Normal		
	Serum sodium	141	mmol/L
	Serum potassium	4.5	mmol/L
	Serum urea level	4.2	mmol/L
	Serum creatinine	72	umol/L
	AKI warning stage	0	
03-Mar-2022	Erythrocyte sedimentation rate - (JPO) - Satisfactory/Normal	15	mm/h
03-Mar-2022	Full blood count - FBC - (JPO) - Satisfactory/Normal		
	Haemoglobin estimation	133	g/L
	Total white cell count	6.2	10*9/L
	Platelet count	319	10*9/L
	Red blood cell (RBC) count	4.47	10*12/L
	Haematocrit	0.402	
	Mean corpuscular volume (MCV)	89.9	fL
	Mean corpusc. haemoglobin(MCH)	29.8	pg

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	Red blood cell distribut width	13	%
	Neutrophil count	3.6	10*9/L
	Lymphocyte count	1.8	10*9/L
	Monocyte count	0.6	10*9/L
	Eosinophil count	0.1	10*9/L
	Basophil count	0	10*9/L
03-Feb-2022	Urinary MC&S - (JLF) - Satisfactory/Normal		
	FINAL REPORT		
	Automated urinalysis indicates no evidence of urinary tract		
	infection		
03-Feb-2022	Mid stream urine sent to laboratory		
03-Feb-2022	Mid stream urine sent to laboratory		
03-Feb-2022	Urine blood test = +		
03-Feb-2022	Urine pH = 7.0		
25-Oct-2021	HbA1c levl - IFCC standardised - (DXM) - Satisfactory/Normal	38	mmol/mol
	Target for control in diabetes is 48mmol/mol or less (NICE 2015)		
	The cut off value in diagnosis is 48mmol/mol.		
25-Oct-2021	Serum TSH level - (JPO) - Satisfactory/Normal	2.83	mU/L
25-Oct-2021	! eGFRcreat (CKD-EPI)/1.73 m*2 - (MAR) - ok	88	mL/min/1.73m2
	eGFR adjustment for ethnicity no longer recommended (NICE NG203)		
25-Oct-2021	Serum C reactive protein level - (MAR) - Satisfactory/Normal	<2	mg/L
25-Oct-2021	Liver function test - (MAR) - Satisfactory/Normal		
	Serum total bilirubin level	8	umol/L
	Serum alkaline phosphatase	89	U/L
	Serum ALT level	12	U/L
25-Oct-2021	Serum total protein - (MAR) - Satisfactory/Normal	67	g/L
25-Oct-2021	Urea and electrolytes - (MAR) - Satisfactory/Normal		
	Serum sodium	139	mmol/L
	Serum potassium	4.8	mmol/L
	Serum urea level	5.8	mmol/L
	Serum creatinine	76	umol/L
	AKI warning stage		
	NA		
25-Oct-2021	Full blood count - FBC - (JPO) - Satisfactory/Normal		
	Haemoglobin estimation	131	g/L
	Total white cell count	5.2	10*9/L
	Platelet count	271	10*9/L
	Red blood cell (RBC) count	4.27	10*12/L
	Haematocrit	0.39	
	Mean corpuscular volume (MCV)	91.4	fL
	Mean corpusc. haemoglobin(MCH)	30.6	pg
	Red blood cell distribut width	13.2	%
	Neutrophil count	2.4	10*9/L
	Lymphocyte count	2.2	10*9/L
	Monocyte count	0.4	10*9/L
	Eosinophil count	0.1	10*9/L

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	Basophil count	0	10*9/L

HbA1c	03-Mar-2022 : 37 mmol/mol
Weight	06-Oct-2015 : 75 Kg
BMI	06-Oct-2015 : 26.8

LAST 5 BLOOD PRESSURE RECORDINGS:	
latest	18-Jan-2020 : 125/60 mmHg
Last but 1	21-Sep-2016 : 110/70 mmHg
Last but 2	07-Nov-2014 : 98/70 mm Hg
Last but 3	02-May-2012 : 94/62 mm Hg
Last but 4	13-Apr-2011 : 100/60 mm Hg

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Clinical letter
21-Sept-2022 Ms Jackie Sisson (JZS)
Additional: Clinical letter
ENT Patient Letter
Filename: MIGSendDocument-2022-09-22.pdf
Extension:.tif
Pages:

ENT Department
Tel: 01228 814208

Ref: PC/TP/1711809
Hospital No: W284220
NHS No: 633 003 6306
Clinic Date: 21 September 2022
Date: 22 September 2022

NHS
North Cumbria Integrated Care
NHS Foundation Trust

Private and Confidential
Miss Laura Prowse
17 Devon Rd
Hensingham
Whitehaven
CA28 8PJ

Cumberland Infirmary
Newtown Road
Carlisle
CA2 7HY

Dear Miss Prowse

Diagnosis: Prominent lingual lymphoid tissue.

Management: No planned ENT intervention.
Discharge to Primary Care.

Thank you very much for coming along to the ENT Department. You told me that you have not had any change in your symptoms since we first saw you back in March. You are aware of the tissue at the back of your tongue, but it is not giving you any major problems.

Examination both with the camera down your nose today and on the MRI scan have shown normal looking lymphoid tissue at the back of your tongue. There is a little more of it then we would often find but there is nothing specifically abnormal.

I have not therefore arranged any further investigation or treatment but, should you get any new symptoms in this area, I would be very happy to see you back again at the request of your GP.

Yours sincerely

Electronically reviewed and signed
Mr [redacted] Counter
Consultant ENT Surgeon

Cc:

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

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Hospital Number: W284220
NHS Number: 633 003 6306

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Clinical letter
12-Jun-2022 Ms Helen McLean (HML)
Additional: Clinical letter
MRI Scanning - DNA Scan
Filename: HMLSCN_19.tif
Extension:.tif
Pages:

North Cumbria Integrated Care NHS
NHS Foundation Trust

MRI Scanning
Cumberland Infirmary
Newtown Road
Carlisle
Cumbria
CA2 7HY

Telephone 01228814129

HOWARTH P
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Date: 12 June 2022
Hosp No: RNLW284220

Dear Doctor,

We would like to inform you that the patient below has failed to arrive for a radiology appointment.

Patient: Miss Laura Prowse
Date of birth: 01-Sep-1987
NHS Number: 633 003 6306
Patient GP: [redacted] NJ Practice: Lowther Medical Centre
Referrer: [redacted] P Source: Lowther Medical Centre

For: **MRI SPINE SCAN**, at: **4:40 pm**
For: **MRI SPINE SCAN**, at: **4:40 pm**

All on: **Saturday 04 June 2022**
All at: **Cumberland Infirmary, MRI Scanning**

If a further appointment is needed please contact the radiology department or submit a new request.

Please note that many DNAs are due to incorrect patient address details on the request form. Please confirm that the correct details are supplied.

Yours sincerely,

Principal MRI Radiographer

E-5670923

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Outpatient letter
29-Mar-2022 Mr Kieran Smith (Kieran.Smith)
Additional: Outpatient letter
ENT Clinic Letter
Filename: MIGSendDocument-2022-03-30.pdf
Extension:.tif
Pages:

ENT Department
Tel: 01228 814208

Ref: AR/TP/1561754
Hospital No: W284220
Clinic Date: 29 March 2022
Date: 30 March 2022

North Cumbria Integrated Care
NHS Foundation Trust

Cumberland Infirmary
Newtown Road
Carlisle
CA2 7HY

Private and Confidential
Miss Laura Prowse
17 Devon Rd
Hensingham
Whitehaven
CA28 8PJ

Dear Miss Prowse

Re: **Miss Laura Prowse (01-Sep-1987) NHS No: 633 003 6306**
17 Devon Rd, Hensingham, Whitehaven, CA28 8PJ

I am pleased to be able to report that your recent MRI Scan has not shown anything of any concern and this is very reassuring. It did show that the area just below the tonsil on the left side is slightly increased in size. I think it would be prudent to see you in clinic and we will arrange that in the fairly near future.

Yours sincerely

Electronically reviewed and signed
Mr [redacted]
Consultant ENT Surgeon

Cc:

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

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Page 1 of 1

Discharge summary
06-Mar-2022 Miss Eleanor Rose Hope (ERH)
Additional: Discharge summary
Inpatient Discharge Summary

Filename: MIGSendDocument-2022-03-06.pdf
Extension:.tif
Pages:

Discharge Date: 06/03/2022 Version Number: 1

Inpatient Discharge Summary

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details	
Address: LOWTHER MEDICAL CENTRE Lowther Medical Centre 1 Castle Meadows Whitehaven Cumbria **Postcode:** CA28 7RG	**Registered GP:** Dr N [redacted] **Practice Code:** A82041 **Preferred GP:** Dr **Contact Number:** 01946 692241

Personal Details	Admission Details
Name: Laura Prowse Hospital No: W284220 NHS Number: 633 003 6306 Date of Birth: 01/09/1987 Address: 17 Devon Rd, Postcode: CA28 8PJ Contact Tel No: 01946 694984	**Admission Date:** 04/03/2022 **Discharge Date:** 06/03/2022 **Current Ward:** Ward 6 - Short Stay **Location:** West Cumberland Hospital **Discharge Destination:** home

Advice, Recommendations and Future Plans	
GP Action:	
Date:	
Additional Comments:	
Further Investigations including specific Hospital Follow-Up Plans	

Diagnosis at Admission	
Primary Diagnosis:	Diverticulitis
Comments:	
Secondary Diagnosis:	
Comments:	

Palliative Care	
Palliative Care:	
Preferred Place:	

Operations and Procedures	
Operation / Procedure:	
Date:	
Comments:	

Consultant: DR S TROUS

Contact:

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Complications during Episode of Care

Past Medical History

Clinical Narrative
34 year old lady admitted with abdominal pain. CAAP showed Thickening and stranding involving the left lower descending colon which in addition to mild sigmoid diverticuli may likely represent features of diverticulitis. She was reviewed by surgical consultant Dr Aye who advised for diet modification , Glycerine suppositories and he will arrange for follow up in SDEC. She was reviewed by Dr Aye today and medically optimized for discharge.

Relevant Investigations and Results
See Ice and Pacs

Information given to patient and/or authorised representatives

Actions and Outstanding Investigations	
Type:	
Action:	
Person Responsible:	
Date Requested:	
Date Completed:	

Acute Kidney Injury (AKI)	
AKI Stage:	
Outcome of AKI Medication Review:	
Recommended Blood Tests on Discharge for AKI:	
Frequency of Blood Monitoring following AKI:	

Lead Consultant	
Consultant:	DR S TROUS
Specialty:	3000 - GENERAL MEDICINE
Secretary:	
Secretary Telephone:	
Secretary Email Address:	

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Discharge Summary Completed	
Clinician:	Dr Adel Habib
Grade:	CT1 (SHO 2nd Year)
Date:	06/03/2022

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Patient Details
Hospital No: W284220
Date of Birth: 01/09/1987
Patient Name: LAURA PROWSE
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN

Post Code: CA28 8PJ **GP:** Dr [redacted]

NHS
North Cumbria Integrated Care
NHS Foundation Trust

DISCHARGE MEDICATION SUMMARY

Ward:	Consultant:	Admission Date:	**Pharmaceutical Needs (if a requirement):**
Ward 6 - Short Stay Hospital: **West Cumberland Hospital**	**DR S TROUS**	**04/03/2022 23:51** Discharge Date: **06/03/2022 12:21**	☒ MAR Chart ☒ Compliance Chart ☒ **Other**
DRUG ALLERGIES/SENSITIVITIES (Specify drug and reflection. If none known, write 'NONE') **Gabapentin**		Community Pharmacy: ☒ Patient Authorisation	Pharmacy Contact:

Medication on Discharge - (Minimum of 14 days supplied, unless otherwise stated)

New / Altered	Name of Medication on Discharge	Dose	Regimen / Frequency	Stop (S) / Continue (C) / GP Review	Indication, Duration and Comments	Hospital Pharmacy Use Only
New	**Co amoxiclve**	**625mg**	**TDS**	**Stop**	**7/7 untill reviewed by surgical team**	
New	**Co codamol 8/500mg**	**1t**	**QDS as PRN**	**GP Review**	**4/7 untill seen by surgical team**	
New	**lansoprazole**	**30mg**	**OD**	**GP Review**		
New	**Glyceri suppository**	**1-2**	**as PRN**	**GP Review**		

Pharmacist's/Doctor's Signature:	Print Name and Bleep No:	Disp.	Check	Date
Dr Adel Habib **Date: 06/03/2022**				

Medication Stopped

Medication Stopped	Date	Reason

Additional Information and Monitoring:
Pharmacy Advice to GP:

NOTICE OF CONFIDENTIALITY: **The information in this form is intended for the named addressee only. It is likely to be confidential and any unauthorised disclosure of the contents is strictly prohibited. If you have received it in error please notify sender immediately.**

THIRD PARTY COPY

Consultant: DR S TROUS Contact:

A&E report
04-Mar-2022 Ms Helen McLean (HML)
Additional:A&E report
A&E Report
Filename: HMLUPD_183.tif
Extension:.tif
Pages:

ED Attendance Summary
EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details
Name: *Dr NJ [redacted]*
Address: *LOWTHER MEDICAL CENTRE*
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: *W284220*
NHS No: *6330036306*
ED Episode No: *WED-22-006924-1*

Patient Details
Name: *Laura Prowse*
DoB: *01 Sep 1987*
Address: *17 DEVON RD*
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: *01946 694984*
Mobile : *07495 727803*

Date & Time of Presentation: *04 Mar 2022 16:33*
Previous Attendances: *11*
Presentation Type: *Unplanned 1st visit for a new clinical condition/deterioration of condition*
Patient Group: *Medical*
Presenting Complaint:
Time Seen by Clinician: *16:52*
Unwell Adult, Lot of pain in left side doctor thinks may be a kidney stone or ovary flipped
Incident Type: *Home*
ED Clinician: *Elaine [redacted]*

Triage:
Presenting Complaint: *Abdominal pain,Severe pain*
Treatment:
Comments: *pt had severe right sided abdominal pain 9/10 for the last 72 hours. seen by GP today and advised to come to Aand E.*

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:
BP:
Resps(per min):
GCS Total:

Investigations:

Diagnosis:
1. *Ovarian disorder* **Site:** *0* **Side** *0*

Treatment:
1. *Intravenous cannula*
2. *Intravenous drug : bolus* **Comments:** *IV paracetemol, IV Morphine*

Nursing Comments:

Doctors Comments:
1. Date: *04 Mar 2022* **Time:** *20:56* **Comment:** *Discussed with Surg Reg as stable Diverticultis admit to WCH for pain management and Abx. Bleeped Med reg*
2. Date: *04 Mar 2022* **Time:** *21:58* **Comment:** *For admission under medics for surgical review tomorrow*

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Referral Details
Speciality Referred To: *Obstetrics & Gynaecology*

Discharge Details:
Admitted, Emergency Assessment Unit
Discharge Date & Time:
18 Mar 2022 09:26

Comments for GP: (including any future patient management identified:
Admitted with Lower abdominal pain, reviewed by gynae and ct organised which showed diverticulitis, admitted to medics

Contact the Emergency Department if you have any further queries about his attendance.

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Outpatient letter
02-Mar-2022 Mr Kieran Smith (Kieran.Smith)
Additional: Outpatient letter
ENT Clinic Letter
Filename: MIGSendDocument-2022-03-03.pdf
Extension:.tif
Pages:

ENT Department
Tel: 01228 814208

Ref: AR/DC/1539423
Hospital No: W284220
Clinic Date: 02 March 2022
Date: 02 March 2022

North Cumbria Integrated Care
NHS Foundation Trust

Private and Confidential
Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Cumberland Infirmary
Newtown Road
Carlisle
CA2 7HY

Dear Dr [redacted]

Re: **Miss Laura Prowse (01-Sep-1987) NHS No: 633 003 6306**
17 Devon Rd, Hensingham, Whitehaven, CA28 8PJ

Thanks for referring this lady who I saw with her [redacted] today. She has a several month history of a swelling in the region of the left tonsil, this has been getting slowly bigger. It is otherwise asymptomatic. She has recently stopped smoking. She had her tonsils removed about 20 years ago. She is quite fit and well.

On examination her neck was clear. Intraoral examination revealed swellings in the lower poles of where the tonsils were on both sides, slightly worse on the left. These felt normal.

I have reassured her that I do not think there is anything serious the matter. In view of the fact that the lump has recently developed and she is a recent ex-smoker, I think it would be prudent to do an MRI scan. I will write to her with the results.

Yours sincerely

Electronically reviewed and signed
Mr [redacted]
Consultant ENT Surgeon

Cc:

Miss Laura Prowse
17 Devon Rd
Hensingham
Whitehaven
CA28 8PJ

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Page 1 of 1

e-RS Letter (24-Feb-2022)
24-Feb-2022 Miss Rebecca Elliott (REL)
Additional:e-RS Letter (24-Feb-2022)
NHS e-Referral UBRN 000380610190 for Fast track referral for suspected head and neck cancer

Filename: 2202240953_NHS e-RS Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Prowse, Ms Laura**	Date of Birth:	**01-Sep-1987**
UBRN:	**000380610190**	Age:	**34y**
NHS:	**633 003 6306**	Gender:	**F**

UBRN Information

Date:	**24-Feb-2022**	UBRN Created	
Priority:	**2 Week Wait**	Referral letter created	
Referred by:	**TELFORD, [redacted] (Dr)**	Letter last modified	**24-Feb-2022**
Referring org:		Named clinician	
Address:	**1 Castle Meadows** **Whitehaven** **Cumbria** **CA28 7RG**	Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria** **CA28 8PJ**	Registered practice: Address	**Lowther Medical Centre** **1 Castle Meadows** **Whitehaven** **Cumbria** **CA28 7RG**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Please see attached

Requested action

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Requested action **Management Advice**
Request action Comments

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Gabapentin 100mg capsules	One To Be Taken Three Times A Day	84 capsule	08-Feb-2022
Mirtazapine 15mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Amitriptyline 10mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Lansoprazole 15mg gastro-resistant capsules	One To Be Taken Each Morning while on naproxen	28 capsule	13-Jan-2022
Naproxen 250mg tablets	One To Be Taken Three Times A Day	84 tablet	13-Jan-2022
COVID-19 Vaccine AstraZeneca (ChAdOx1 S [recombinant]) 5x10,000,000,000 viral particles/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd)	1 dose by Intramuscular Injection	1 dose	07-Apr-2021

Past

Drug	Dosage	Quantity	Last Issued On
Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	01-Nov-2021
Amoxicillin 500mg capsules	One To Be Taken Three Times A Day	15 capsule	01-Oct-2021
Codeine 30mg tablets	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	112 tablet	01-Oct-2021

Clinical record details

Consultations

THIRD PARTY COPY

Problems

Active

Date	Problem	Associated Text	Date Ended
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

Allergies and intolerances

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
18-Jan-2020	O/E - blood pressure reading	125/60	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
29-Jan-2014	Alcohol consumption	6	units/week	
	Drinking status on eventdate: Y	Units of alcohol drank per week: 6		

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Smoking

Date	Description
31-Mar-2021	Trying to give up smoking

Non-Therapeutic Drug Use

Fast track referral for suspected head and neck cancer PROWSE, Laura (Ms) 1618 23-Feb-2022.rtf

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Fast track referral for suspected head and neck cancer
23-Feb-2022 Dr John Telford (JGT_)
Additional: Fast track referral for suspected head and neck cancer
^2WW HEAD & NECK (NCCCG)
Filename: Fast track referral for suspected head and neck cancer PROWSE, Laura (Ms) 1618 23-Feb-2022.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
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Suspected Cancer in Adults HEAD and NECK (2WW)

North Cumbria Integrated Care NHS Foundation Trust
NHS North Cumbria Clinical Commissioning Group
NHS Northern Cancer Alliance

Date of Referral: 23-Feb-2022

Name:	PROWSE, Laura (Ms)	DOB:	01-Sep-1987	NHS No:	633 003 6306

If the patient has not heard back within 3 days, please call the Contact Centre on 01228 814068 or 01228 814006
Attach this form to the e-referral (eRS) within 24 hours
If no e-referral appointments are available: select 'Defer to Provider'
If the e-referral system is not available: send the form from a nhs.net account to nca-tr.NCUH-TWW@nhs.net

Patient has been informed that this is an urgent referral for suspected cancer
The patient is available and willing to attend hospital for tests/appointment within 14 days
The patient has been given the 2WW patient information leaflet
Hyperlinks to: NICE GUIDANCE Patient info leaflet including easy [redacted]

NICE Guidance

SITE of LESION: Mouth

ENT

	Patients over 45 with persistent (not intermittent or fluctuating), unexplained hoarseness
	Persistent, unexplained lump in the neck or parotid region of recent onset. (It is advisable to wait 3 weeks after an upper respiratory tract infection for reactive lymph nodes to improve)
	Unexplained, persistent, unilateral enlargement or ulceration of the tonsil or adjacent soft palate

ORAL & MAXILLOFACIAL

	Unexplained ulceration or lump on the lips or in the oral cavity lasting more than 3 weeks
	Persistent, unexplained lump in the neck or parotid region of recent onset
	New unexplained red or red and white patch in oral cavity consistent with erythroplakia / erythroleukoplakia; lasting more than 3 weeks and having been present less than six months.

NOT TO BE USED FOR THE FOLLOWING: Toothache or Dental Infection
OR Delayed and Unexplained Non-Healing of a Dental Socket of less than 3 weeks

Consider an urgent referral to head and neck for these symptoms not covered by NICE guidelines (for an appointment within 6 weeks). DO NOT USE THIS FORM

Persistent, upper dysphagia (may be triaged to 2WW if associated with pain on swallowing, and/or pain radiating to the same side ear, and weight loss – please give this information in the reason for referral
Unexplained persistent sore throat
Unexplained unilateral nasal obstruction when associated with blood-stained discharge and /or unilateral facial swelling
Delayed and unexplained non-healing of a dental extraction socket for over 3 weeks

Reason for Referral – Compulsory*

Noticed enlargement of left tonsillar bed and feeling of catching at back of tongue - area protruding from Left tonsillar bed. Ex smoker

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Ms Laura Prowse 01-Sep-1987 633 003 6306

Performance Status			
		0	Fully active
		1	Cannot carry out heavy physical work
		2	Up and about more than half the day and can look after yourself
		3	In bed or sitting in a chair for more than half the day and need help in looking after yourself
		4	In bed or a chair all the time and need a lot of looking after

Please indicate COVID 19 risk:		
	Standard	No co-morbidities
	Vulnerable	Co-morbidities/frailty
	Shielded	In the shielded group because of high risk from COVID 19 infection

Problems

Active

Date	Problem	Associated Text	Date Ended
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

Significant Past

Date	Problem	Associated Text	Date Ended
21-Sep-2016	Migraine		15-Dec-2016

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Gabapentin 100mg capsules	One To Be Taken Three Times A Day	84 capsule	08-Feb-2022
Mirtazapine 15mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Amitriptyline 10mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Lansoprazole 15mg gastro-resistant capsules	One To Be Taken Each Morning while on naproxen	28 capsule	13-Jan-2022
Naproxen 250mg tablets	One To Be Taken Three Times A Day	84 tablet	13-Jan-2022
COVID-19 Vaccine AstraZeneca (ChAdOx1 S [recombinant]) 5x10,000,000,000 viral particles/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd)	1 dose by Intramuscular Injection	1 dose	07-Apr-2021

Allergies

Date	Description	Associated Text

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Ms Laura Prowse 01-Sep-1987 633 003 6306

23-Feb-2022	Adverse reaction to Gabapentin	- itch

Weight: 06-Oct-2015 : 75 Kg 29-Jan-2014 : 70 Kg 15-Sep-2010 : 65 Kg

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Referrer details

Name of Referrer:	**Dr Telford**	**1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG**	
Usual GP:	**FIDALGO, Jose (Dr)**		
Name of GP to address correspondence to, if different to accountable GP:			
Surgery Tel No:	**01946692241**	Surgery Email:	
Date of Referral: **23-Feb-2022**			

Patient details

Name:	**PROWSE, Laura (Ms)**	Address:	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria** **CA28 8PJ**
Gender:	**Female**		
DOB & Age:	**01-Sep-1987** Age: **34y**		
NHS Number:	**633 003 6306**		

Patient Contacts:	Home:		Mobile:	**07495727803**
	Work:		Email:	**lauraprowse28@gmail.com**
	[redacted] The patient has confirmed the following person should be included in correspondence – Name: Contact Details:			
Contact Consent:	Can leave message on answer machine Can contact by text Can contact by Email	NB: Not all services use Texts or Emails as a method of communication.		
Ethnicity:	**White British**			
Interpreter:	**Yes** Language:			
Accessibility Needs:	Wheelchair access Deaf **No recording of deafness** Registered Blind **No recording of registered blind** Learning Disability Other disability needing consideration Accompanied by [redacted]			
Risks:	Vulnerable Adult (detail below if any recording within last 3 years) Any other known risk:			
Other:				

Patient accessible information

Communication Support:
No 'communication support' recorded in patient's record
Professional Required:
No recording of 'professional required' in patient's record
Contact Method:
No recording of 'contact method' recorded in patient's recor
Information Format:
No 'information format' recorded in patient's record

If you have any problem with this form or suggested changes, please control & click here to open direct email. NB: NOT TO BE USED FOR REFERRING A PATIENT) 2WW NE Head and Neck Referral Form EMIS Web V1 Gateshead April 2018

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To be completed by the Data Team (Insert Dates)			
Received: / /	**First appointment booked:** / /		
First Appointment date: / /	**1st seen:** / /		
Specify reason if not seen on 1st appointment:			
Diagnosis: **Malignant** **Benign**			

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Referral for further care
23-Feb-2022 Dr John Telford (JGT_)
Additional: Referral for further care
^*Elective Care Outpatient*
Filename: Referral for further care PROWSE, Laura (Ms) 1600 23-Feb-2022.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
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NHS University Hospitals of Morecambe Bay NHS Foundation Trust

NHS North Cumbria Integrated Care NHS Foundation Trust

APPOINTMENT:

ELECTIVE CARE OUTPATIENT REFERRAL FORM

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS:			**REFERRAL DATE:** 23-Feb-2022	
SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** 1 Castle Meadows Whitehaven Cumbria CA28 7RG 01946692241 **Practice code:** A82041	**URGENCY:**	**OFFICE:**
FIRST NAME: Laura	**AGE:** 34y		REFERRING DETAILS: **Consultant:** **Department: Physiotherapy** **Hospital:** **Date of appointment (if known):** **Time of appointment (if known):** **e-Referral Service (CAB):** ☐ **Other specific referral choice:**	
NHS NUMBER: 633 003 6306	**GENDER:** Female			
ADDRESS: 17 Devon Road Hensingham Whitehaven Cumbria CA28 8PJ			**REFERRING GP: Dr Telford**	
PHONE: Home: Mobile: 07495727803 Work:		**UK RESIDENT?** YES ☑ NO ☐ **CATEGORY:** NHS ☑ PP ☐ **INFECTION RISK?** (if yes, state MRSA, etc.) YES ☐ NO ☑ **LIKELY MODE OF TRANSPORT** *(patient to arrange)*: Own Car ☐ [redacted] ☐ Housebound ☐ Ambulance ☐ Bus ☐ Taxi ☐ Unable to transfer onto couch without assistance ☐		

CONSENT:

☑ the patient has given verbal consent for the information within this referral to be sent to the receiving care team

☑ the patient has given verbal consent for the receiving care team to access the summary / full GP record (where available) for the duration of the period of care, where there is a legitimate reason to do so

☐ the referral has been made through a 'best interest decision' (provide details in the 'Further Information' section)

INFORMATION NEEDS (provide details in the 'Further Information section', where applicable):

Required:		**Attending:**
☐ Longer appointment	☐ Easy [redacted] documents / information leaflets	☐ [redacted]
☐ Language translation service	☐ Braille documents / leaflets	☐ Note-taker
☐ Hearing loop facility area	☐ Large print documents	
☐ British sign language interpreter	☐ Note-taker	

FURTHER INFORMATION (e.g. mobility issue, impaired cognition):

Referral Date: 23-Feb-2022

Dear Doctor,

***Reason for referral*: Backpain**

Thank you for seeing this 34y old patient whose clinical details are summarised below.

Troubled with backpain. She works as a mechanic. Tenderness lumbar area only. No cauda equina

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symptoms.
Any help appreciated

Yours faithfully

TELFORD, [redacted] (Dr)

Recent Consultations

23-Feb-2022 15:15		Telephone consultation (LOWTHER MEDICAL CENTRE) TELFORD, [redacted] (Dr)		
Problem		7495727803		
Allergy		Adverse reaction to Gabapentin - itch		
History		Advised stop gabapentin and see if resolves		
		If not then review		
Problem		lump in throat - TCI		
Problem		Backpain		
History		Works as a mechanic		
17-Feb-2022 08:51		accuRx Consultation [redacted] (Mr)		
Comment		Patient mobile telephone number 447495727803		
		SMS text message sent to patient Dear Ms Prowse,Sadly, I'd finished by that time. Unfortunately, you will have to make another appointment now.TO RESPOND, please follow this link: (link will autogenerate here)Thanks, Mr [redacted] WalkerLowther Medical Centre		
17-Feb-2022 08:50		accuRx Consultation [redacted] (Mr)		
Comment		Online questionnaire completed by patient		
		Dear Ms Prowse,I just tried to ring for our appointment . Please text back if you can talk now.Thanks, Mr [redacted] WalkerLowther Medical CentreResponse:Hi sorry I've been out with my children all day and Ive just returned. I can talk now.		

Significant Medical History
Active

Date	Problem
17-Oct-2016	Home visit
17-Oct-2016	Telephone encounter
12-Oct-2016	Patient reviewed

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Significant Past

Date	Problem
21-Sep-2016	Migraine

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Gabapentin 100mg capsules	One To Be Taken Three Times A Day	84 capsule	08-Feb-2022
Mirtazapine 15mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Amitriptyline 10mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Lansoprazole 15mg gastro-resistant capsules	One To Be Taken Each Morning while on naproxen	28 capsule	13-Jan-2022
Naproxen 250mg tablets	One To Be Taken Three Times A Day	84 tablet	13-Jan-2022
COVID-19 Vaccine AstraZeneca (ChAdOx1 S [recombinant]) 5x10,000,000,000 viral particles/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd)	1 dose by Intramuscular Injection	1 dose	07-Apr-2021

Allergies

Date	Description	Associated Text
23-Feb-2022	Adverse reaction to Gabapentin	- itch

Smoking Status

31-Mar-2021 **Trying to give up smoking**

Pulse Rhythm

18-Jan-2020	O/E - pulse rhythm regular

Pulse Rate

31-Mar-2021 **Pulse rate** : 88

Blood Pressure

18-Jan-2020	O/E - blood pressure reading	125/60	mmHg
21-Sep-2016	O/E - blood pressure reading	110/70	mmHg
07-Nov-2014	O/E Blood Pressure Reading	98/70	mm Hg
	Event time: 15:10:00 Posture for BP recording: Sitting Cuff size used: Standard		

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Oxygen Saturation

02-May-2012	Pulse oximetry monitoring	99	%

Weight and BMI

29-Jan-2014 **O/E - weight** : 70 Kg
29-Jan-2014 **Body Mass Index** : 25

Scores

- not recorded

Recent Investigations

25-Oct-2021 **Haemoglobin estimation** : 131 g/L
25-Oct-2021 **Mean corpuscular volume (MCV)** : 91.4 fL
25-Oct-2021 **Platelet count** : 271 10*9/L
25-Oct-2021 **Total white cell count** : 5.2 10*9/L
25-Oct-2021 **Serum sodium** : 139 mmol/L
25-Oct-2021 **Serum potassium** : 4.8 mmol/L
25-Oct-2021 **Serum urea level** : 5.8 mmol/L
25-Oct-2021 **Serum creatinine** : 76 umol/L
25-Oct-2021 **eGFRcreat (CKD-EPI)/1.73 m*2** : 88 mL/min/1.73m2
08-Oct-2010 **Plasma glucose level** : 4.4 mmol/L
25-Oct-2021 **HbA1c levl - IFCC standardised** : 38 mmol/mol

25-Oct-2021 **Serum TSH level** : 2.83 mU/L
28-Apr-2008 **ALT/SGPT serum level** : 8 U/L
25-Oct-2021 **Serum alkaline phosphatase** : 89 U/L
25-Oct-2021 **Serum total bilirubin level** : 8 umol/L
25-Oct-2021 **Serum C reactive protein level** : <2 mg/L
07-Oct-2015 **Erythrocyte sedimentation rate** : 5 mm/h

INR

INR not recorded

Radiology

Date	Description
11-Oct-2021	Standard chest X-ray - (AMI) - Satisfactory/Normal
	cough
	Cough on and off for 1 year, smoker. cxr to r/o maligancy
	CLINICAL INDICATION:
	cough
	Cough on and off for 1 year, smoker. cxr to r/o maligancy
	COMPARISON:
	CR CHEST 22-Dec-2016
	FINDINGS:
	chest. PA erect.
	Heart and mediastinum are central and the heart is not
	enlarged.
	No definite active lung parenchymal or pleural lesions seen.
	COMMENT:

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	normal chest x-ray.
	Dr Peter BELL
	Consultant Radiologist
	2664305
	Supplementary report: Agree with above report.
	Reported by : BELL Peter / EXTERNAL

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

THIRD PARTY COPY

A&E report
05-Feb-2022 Mr Kieran Smith (Kieran.Smith)
Additional:A&E report
A&E report (05-Feb-2022)
Filename: S45C-922021517382.pdf
Extension:.tif
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

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GP Details
Name: Dr NJ [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-22-003796-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: 01946 694984
Mobile : 07495 727803

Date & Time of Presentation: 05 Feb 2022 01:18
Previous Attendances: 10
Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition
Patient Group: Medical
Presenting Complaint:
Time Seen by Clinician: 01:32
Abdominal pain, breathing difficulty; recent LFT are NEG
Incident Type: Home
ED Clinician: Nkem Attah

Triage:
Presenting Complaint: Short of breath,Recent problem
Treatment: N/A
Comments: pt states come to ed as been feeling increasibly sob, heart is racing, shivery, has tried gp but no apts, pt also states fresh red blood in stool tonight, c/o left sided upper abdo pain, (has had anaestethic today for fillings) persistant cough in triage (chronic)

First Nursing Obs:
Pulse:
BP:
Temperature:
Resps(per min):
Oxygen Saturation%:
GCS Total:
Comments:

Investigations:

Diagnosis:
1. Gastro-oesophageal reflux **Site:** 0 **Side** 0

Treatment:
1. Prescription / medicines prepared to take away

Prescribed Drugs:
1. Amoxicillin 500Mg Capsules **Dose** 500 Milligrams **Frequency** 3 Times a day **Quantity** 7 Days

Nursing Comments:

Doctors Comments:

Discharge Details:
Ref'd to G.P.
Discharge Date & Time:
05 Feb 2022 04:01

Comments for GP: (including any future patient management identified:
A CASE OF URTI & GORD, AMOXICILLIN GIVEN , TO FOLLOW UP WITH GP FOR GORD TREATMENT

Contact the Emergency Department if you have any further queries about his attendance.

Refer to physiotherapist
13-Jan-2022 Ms Emma Thompson (ET3735)
Additional: Refer to physiotherapist
^*Physiotherapy Assessment Request (NCCCG)*

Filename: Refer to physiotherapist PROWSE, Laura (Ms) 1700 13-Jan-2022.rtf
Extension:.tif
Pages:

NHS North Cumbria Integrated Care NHS Foundation Trust

APPOINTMENT:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

PHYSIOTHERAPY ASSESSMENT REQUEST FORM (NCCCG)

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

PATIENT DETAILS:			**13-Jan-2022**
SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** 1 Castle Meadows Whitehaven Cumbria CA28 7RG	URGENCY: Urgent ☐ Routine ☑ / **OFFICE:**
FIRST NAME: Laura	**GENDER:** Female		**CATEGORY:** NHS ☑ PP ☐
NHS NUMBER: 633 003 6306			**DATE OF ONSET:** 0-2 weeks ☐ 2-6 weeks ☐ >6 weeks ☑
ADDRESS: 17 Devon Road Hensingham Whitehaven Cumbria CA28 8PJ		**Practice code:** A82041	**RECURRENCE:** 1st episode ☐ Recurrent ☑ RTA /Trauma ☐
			ABLE TO WORK: Yes ☑ No ☐ N/A ☐
PHONE: Home: Mobile: 07495727803 Work: OK to leave message? YES ☐ NO ☐		[redacted] **DETAILS:** *(for domiciliary service only)* Name: Tel No:	**MOBILITY:** Uses: Stick ☐ Elbow crutches ☐ Zimmer frame ☐ Outdoor [redacted] ☐ None ☑
			LIKELY MODE OF TRANSPORT *(patient to arrange)*: Own Car ☑ [redacted] ☐ Bus ☐ Taxi ☐ Ambulance ☐ Housebound ☐ Unable to transfer onto couch without assistance ☐
CONSENT: Patient has given verbal consent for Consultant to access GP records: YES ☑ NO ☐		INTERPRETER REQUIRED? (if yes, state language) YES ☐ NO ☑	**INFECTION RISK?** (if yes, state MRSA, etc.) YES ☐ NO ☑
RISK TO LONE WORKERS? YES ☐ NO ☑ NOT KNOWN ☐			
ADDITIONAL NEEDS / INFO?			

REFERRAL DETAILS:

REASON FOR REFERRAL:

☑ Assessment ☑ Rehab/Treatment ☐ Mobility Aid ☐ Advisory

DIAGNOSIS / FINDINGS:

Came for review of pain down right side
Seems to start at neck into right shoulder and her upper back (had since July)
Also has pain in her right hip into her buttocks (had for 3 years)
No injuries but been a mechanic for 5 years, lifting car parts, wheels etc
No altered sensation or loss movement or power, no bladder or bowel problems
Right leg can go numb if in the car driving for a while and right arm achy
taking paracetamol and ibuprofen and gels but not helping (had naproxen before an stomach ok)

Looks well
Normal gait
No spinal tenderness on palpations
Pain at right trapezius muscle and down to mid back
Pain at L 3 level across right paraspinal muscle
Full range movement
No altered sensation or power

Please can you review

THIRD PARTY COPY

N.B. Last 3 consultations are merged below – please delete inappropriate information

DELETE WHERE APPROPRIATE:

CONSULTATIONS

Date	Consultation Text
13-Jan-2022 16:38	GP Surgery (LOWTHER MEDICAL CENTRE) [redacted] (Ms)
Additional	Protocol entry Alert displayed - NSAID new prescription (v13.8) by Ardens-Q Ltd.
Medication	Amitriptyline 10mg tablets One To Be Taken At Night 28 tablet
	Lansoprazole 15mg gastro-resistant capsules One To Be Taken Each Morning while on naproxen 28 capsule
	Mirtazapine 15mg tablets One To Be Taken At Night 28 tablet
	Naproxen 250mg tablets One To Be Taken Three Times A Day 84 tablet
History	Came for review of pain down right side
	Seems to start at neck into right shoulder and her upper back (had since July)
	Also has pain in her right hip into her buttocks (had for 3 years)
	No injuries bu tbeen a mechanic for 5 years, lifting car parts, wheels etc
	No altered sentation or loss movement or power, no bladder or bowel problems
	Right leg can go numb if in the car driving for a while and right arm achy
	taking paracetamol and ibuprofen and gels but not helping (had naproxen before an stomach ok)
	Also lost her [redacted] to suicide 18 months ago, has 2 children, keeps busy but obviously feels low at times, has bad dreams of the event and cant sleep, was started on sertraline but gave her headaches so stopped, her boss is great, takes to them so doesn't want referred for counsellling, no suicidal thoughts
Examination	Looks well
	Normal gait
	No spinal tendernes [redacted] palpations
	Pain at right trapezius muscle and down to mid back
	Pain at L 3 level across right paraspinal muscle
	Full range movement
	No altered sentation or power
Comment	Seems all muscular - analgesia and physio
	If no improvement or worsens call back
	Try mirtazipine for mood whichmay also help sleep - will FU in 2 weeks, call before if need
13-Jan-2022 10:14	Telephone consultation (LOWTHER MEDICAL CENTRE) [redacted] (Ms)
History	Had right sided back pain since last October and not getting any better
	Thinks muscular but had xray of chest to check nothing there and was ok
	Does admit since lost her [redacted] is worried more about her health
	pain in the right side upper, lower back and into right hip
	Taking paracetamol and ibuprofen and light duties at work and not really helping (works as mechanic), tried codeine but didn't like the feeling
	No weakness to arms or legs, no altered sensation but when driving the pain goes down her right arm
	Pain now over to the left - around her kidney area - as if when in bed lying on a pebble
	No urinary symptoms
Comment	will review
25-Oct-2021 23:16	Externally Entered [redacted]

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		Entered By: , System User ()		
Lab Results		HbA1c level - IFCC standardised (DXM) - Satisfactory/Normal		

PROBLEMS

Active

Date	Problem	Associated Text	Date Ended
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

Significant Past

Date	Problem	Associated Text	Date Ended
21-Sep-2016	Migraine		15-Dec-2016

MEDICATION

Acute

Drug	Dosage	Quantity	Last Issued On
Mirtazapine 15mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Amitriptyline 10mg tablets	One To Be Taken At Night	28 tablet	13-Jan-2022
Lansoprazole 15mg gastro-resistant capsules	One To Be Taken Each Morning while on naproxen	28 capsule	13-Jan-2022
Naproxen 250mg tablets	One To Be Taken Three Times A Day	84 tablet	13-Jan-2022
COVID-19 Vaccine AstraZeneca (ChAdOx1 S [recombinant]) 5x10,000,000,000 viral particles/0.5ml dose suspension for injection multidose vials (AstraZeneca UK Ltd)	1 dose by Intramuscular Injection	1 dose	07-Apr-2021

WEIGHT (last 3 recorded)

Date	Description	Value	Units
06-Oct-2015	O/E - weight	75	Kg
29-Jan-2014	O/E - weight	70	Kg
15-Sep-2010	O/E - weight	65	Kg

LATEST BMI

Date	Description	Value
06-Oct-2015	Body Mass Index	26.8

LAST 5 BLOOD PRESSURES

Date	Description	Value	Units
18-Jan-2020	O/E - blood pressure reading	125/60	mmHg
21-Sep-2016	O/E - blood pressure reading	110/70	mmHg
07-Nov-2014	O/E Blood Pressure Reading	98/70	mm Hg
	Event time: 15:10:00 Posture for BP recording: Sitting Cuff size used: Standard		
02-May-2012	O/E Blood Pressure Reading	94/62	mm Hg
	Event time: 16:13:00 Posture for BP recording: Sitting Cuff size used: Standard		
13-Apr-2011	O/E Blood Pressure Reading	100/60	mm Hg
	Event time: 09:35:00 Posture for BP recording: Sitting Cuff size used: Standard		

THIRD PARTY COPY

REFERRER DETAILS:	
REFERRER'S NAME: E [redacted]	
SIGNATURE:	DATE: 13-Jan-2022

PLEASE SEND COMPLETED REFERRAL FORMS TO:		TELEPHONE NUMBER:
For all Copeland patients	ncm-tr.copelandphysiotherapy@nhs.net	01946 523636
For all Allerdale patients	ncm-tr.allerdalephysiotherapy@nhs.net	
For all Penrith/ Alston/ Appleby and Kirkby [redacted] based patients	ncm-tr.physioeden@nhs.net	01768 245585
For all Carlisle/ Brampton and Longtown based patients	Physioreferrals@ncic.nhs.uk	01228 602007

Note to provider: this referral form has been standardised locally in line with the required NHS minimum requirements and guidance from Information Governance. Please email primis@ncic.nhs.uk with any proposed amendments to the form.

THIRD PARTY COPY

A&E report
29-Sept-2021 Ms Jackie Sisson (JZS)
Additional:A&E report
A&E report (29-Sep-2021)
Filename: S45C-921102011001.pdf
Extension:.tif
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details
Name: Dr [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-21-029911-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: 01946 694984
Mobile : 07495 727803

Date & Time of Presentation: 29 Sep 2021 10:35
Previous Attendances: 9
Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition
Patient Group: Sporting Accident
Time Seen by Clinician: 12:01
Presenting Complaint:
Limb Lower, left leg
Incident Type: Sport
ED Clinician: Chidi Ebere

Triage:
Presenting Complaint: Injury of hip / leg / knee / ankle / foot,Moderate pain,5
Treatment:
Comments: Initially injured left knee tripping at football mobilised following fell again 4/7 ago unable to use full range of movements in left knee pain increased

First Nursing Obs:
Pulse:
BP:
Temperature:
Resps(per min):
Oxygen Saturation%:
GCS Total:
Comments:

Investigations:

Diagnosis:
1. Sprain / ligament injury : knee joint **Site:** 0 **Side** 0 **Comments** Previous ACL injury. Xray normal

Treatment:
1. Guidance / advice - Verbal

Nursing Comments:

Doctors Comments:

Discharge Details:
Discharged - no follow up, Home
Discharge Date & Time:
29 Sep 2021 13:27

Comments for GP: (including any future patient management identified:
Twisting injury to the knee joint. Unable to flex and extend the joint fully. Xray done showed some infrapatella effusion. However there was no other abnormality noted. She was advised that conservative management will suffice for now. However, if symptoms persist, she should see her GP for a referral for an MRI

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

A&E report
03-Sept-2020 Mr Kieran Smith (Kieran.Smith)
Additional:A&E report
A&E report (03-Sep-2020)
Filename: JJHSCN_52.tif
Extension:.tif
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

GP Details
Name: Dr NJ [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-20-020053-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: 01946 694984
Mobile : 07495 727803

Date & Time of Presentation: 03 Sep 2020 21:52
Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition
Patient Group: Other
Presenting Complaint:
Limb Lower, left foot
Incident Type: Other
ED Clinician: Mike [redacted]

Previous Attendances: 8
Time Seen by Clinician: 23:17

Triage:
Presenting Complaint: Injury of hip / leg / knee / ankle / foot,Swelling
Treatment: Paracetamol, Ibuprofen
Comments: kicked step with full force while angry, c/o pain to left foot and ankle, unable to weightbare, had steel-toe capped boots on at time

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:

BP:
Resps(per min):
GCS Total:

Investigations:

Diagnosis:
1. Bruise / contusion / abrasion : foot **Site:** 0 **Side** 0 **Comments** Foot injury, xray normal, advice.

Treatment:
1. Application of splint **Comments:** Foot injury, xray normal, advice. aircast.

Nursing Comments:

Doctors Comments:

Discharge Details:
Discharged - no follow up, Home
Discharge Date & Time:
04 Sep 2020 00:42

Comments for GP: (including any future patient management identified:
Foot injury, xray normal, advice. aircast.

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Clinical document
26-July-2020 Mrs Susan Lister (susan.L)
Additional: Clinical document
(26-Jul-2020) Clinical document

Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**3093876**	Receive Date:	**26-Jul-2020 12:00**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (32 years)**	Gender:	**F**
Address:	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria CA28 8PJ**	Current Address:	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria CA28 8PJ**
Return Contact No:			
Tel No:	**07969 324353**		**07969 324353**
Mobile No:	**07495 727803**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**26-Jul-2020 12:00**	Calltype:	**Pass To Doctor**
Advised:	**13:26**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Rupak Saha**	Own doctor:	

NHS Number:
6330036306

External 111 Site Name - **111 Carlisle (NWAS)**
Consultation Summary - **The consultation has identified**
Illness
Warm to touch
Anxiety
Bereavement in last 6 months
Problem so bad that normal life is impossible
Outcome Code - **Dx11**
Outcome Description - **Speak to a Primary Care Service within 1 hour**

Triage details:

History - [redacted] **Hattrick RMN:** [redacted] **completed suicide by hanging and has left** [redacted] **Laura and two children behind dealing with grief. Laura is experiencing deep sadness, panic, fear, guilt and wondering what she could have done. Laura is crying most of the time and is struggling to function. Barnardos is supporting the family regarding the children and Laura has her family and friends near for her. However, Laura has the symptoms of anxiety and panic attacks with difficult thoughts not just of guilt and wondering but how she can leave the family home to face people and get through the funeral tomorrow. Laura received diazepam when the event first occurred to good effect and has called today to request diazepam to support her though the evening and tomorrow. Laura will be contacting her own GP from Tuesday with the plan to restart Fluoxitne that was stopped 3 mts ago. MHRMN**

Examination - [redacted] **Hattrick RMN: Consent gained and capacity considered and not in question. Co-operative in attitude and rapport normal. Laura cried at different intensities throughout the conversation. Speech normal in all modalities though effected by crying. Mood described sadness, anxiety, bewilderment and guilt. Thoughts are preoccupations associated with mood and situation as anxiousness, worry, fear, apprehension and doubt. Perception and cognition normal. Insight good. No historic or current suicide ideation, harm to self or others reported or noted. MHRMN**

Treatment - [redacted] **Hattrick RMN: Relaxation and Deep breathing techniques**
Signposted to survivors by bereavement by suicide
Signposted to Winstons wish for the children
Advised to contact own GP and plans to discuss restarting Fluoxetine
Advised if necessary call back.
Forward to CHOC Dr. to consider Patients request for Diazepam for today and tomorrow.
MHRMN

Hx as above. Agree plan for diazepam to assist her during this stressful period.No current risk of selfharm. EPS-Late night pharmacy-DB3D93-Y00433-0E6A09

Pathways Details:

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Pathways Consultation Summary - **The consultation has identified**
Illness
Warm to touch
Anxiety
Bereavement in last 6 months
Problem so bad that normal life is impossible

Pathways Final Disposition - **Speak to a Primary Care Service within 1 hour (Dx11)**

Prescriptions:

Diazepam 2mg tablets Take one or two when needed for agitation(Maximum three times a day) 14.00

Followups:

None

Clinical Codes:

E.... Mental disorders

Case Questions:

Is there a Safeguarding issue? **No**

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Attachment
14-Jan-2020 Mr Docman PCTI (DME3735)
Additional: Attachment
*Clinical Letter The Royal ***** Infirmary Orthopaedics Patient DNA. DOCUMENT FILED 22.1.20*
Filename: 072018DM_rad460FF.TIF
Extension:.TIF
Pages:

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Orthopaedics
Royal [redacted] Infirmary
Queen [redacted] Road
Newcastle Upon Tyne
NE1 4LP

Tel: 0191 233 6161
www.newcastle-hospitals.org.uk

318 A

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbria
CA28 7RG

0133YKM202BH
A318 c1.172/317 b1

Ref: 0617438T/PH/PW/PW
Visit Date: 14-Jan-2020
Typed: 14-Jan-2020

Lead Consultant: Mr. [redacted] Henman

Dear Dr [redacted]

Laura Prowse **DOB: 01-Sep-1987**
NHS: 6330036306 **MRN: 0617438T**
17 Devon Road, Hensingham, Whitehaven, CA28 8PJ

Further to Mr Borland's letter of 5 November 2019, this is just to let you know that Ms Prowse failed to attend for review today.

She did have a MRI scan of the right knee performed on 1 December 2019. The only abnormality was that there was some minor thickening of the medial collateral ligament, consistent with a previous sprain. The rest of the study was normal.

Given that she has failed to attend today, I have not sent out a further appointment. If she has further problems with her knee, I would suggest that she is referred to one of the orthopaedic surgeons in Carlisle.

Yours sincerely

Peter Worlock

[redacted] Worlock
DM FRCS Consultant Orthopaedic Surgeon

CC:

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Ms Laura Prowse
17 Devon Road
Hensingham

THIRD PARTY COPY

Document received by Docman 14/01/2020 15:41:07

ELECTRONICALLY SIGNED BY Peter Worlock Document ID 58065915 Date 15.01.2020 18:15:52

Discharge from service
03-Dec-2019 Mr Stephen Macleod (SMM)
Additional: Discharge from service
Physiotherapy Discharge Letter
Filename: MIGSendDocument-2019-12-03.pdf
Extension:.tif
Pages:

NHS No: 633 003 6306
DoB: 01-Sep-1987
Patient No: 57425/19951

NHS
North Cumbria Integrated Care
NHS Foundation Trust

Private and Confidential
Dr Fidalgo
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Department of Physiotherapy
West Cumberland Hospital
Homewood Road
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 523636

3 December 2019

Dear Dr Fidalgo,

Re: Ms Laura Prowse **DOB:**01-Sep-1987 **NHS Number:** 633 003 6306
Address: 17 Devon Road, Hensingham, Whitehaven, Cumbria, CA28 8PJ

The above named person arranged an appointment for their physiotherapy assessment but subsequently failed to attend. They have made no further contact with the Department.

They have therefore been discharged from physiotherapy.

Yours sincerely

[redacted] (MSKPH)
Physiotherapist
Physiotherapy Service

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Page **1** of **1**

Attachment
05-Nov-2019 Mr Docman PCTI (DME3735)
Additional: Attachment
*Clinical Letter The Royal ***** Infirmary Orthopaedics DOCUMENT FILED 14.11.19*

Filename: 072018DM_rad79751.TIF
Extension:.TIF
Pages:

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Orthopaedics
Royal [redacted] Infirmary
Queen [redacted] Road
Newcastle Upon Tyne
NE1 4LP

Tel: 0191 233 6161
www.newcastle-hospitals.org.uk

318 A

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbria
CA28 7RG

N123WNLSBQQ
A318 c1.79/278 b1

Ref: 0617438T/PH/SB/TG
Visit Date: 05-Nov-2019
Typed: 07-Nov-2019

Lead Consultant: Mr. [redacted] Henman

Dear Dr [redacted]

Laura Prowse **DOB: 01-Sep-1987**
NHS: 6330036306 **MRN: 0617438T**
17 Devon Road, Hensingham, Whitehaven, CA28 8PJ

Diagnosis: Possible ACL injury right knee.

Laura is a 31 year old who I initially saw about four weeks after having sustained quite a nasty twisting injury to her right knee.

Today she comes in and is feeling much better, however she still walks with a limp and has still experienced episodes of giving, particularly when she comes down the stairs.

I examined the knee again today. She has full extension with a normal straight leg raise and full flexion of the knee. She has no evidence of collateral instability, no evidence of PCL injury. There is possibly some slight laxity on anterior draw test but this is similar to the opposite side and I am not 100% convinced however. Given her relatively young age I think we should investigate this further.

I have ordered her an MRI scan of the knee and we will review her with the results of this, and I have also referred her for some physio.

We will see her with the results of the scan. If it is normal then she can be discharged to the care of the physios. If there is an ACL injury when depending on her symptoms we could consider her for reconstruction and refer her on to Professor Deehan.

Yours sincerely

[redacted] Borland

[redacted] Borland
Consultant Orthopaedic Surgeon

CC:

THIRD PARTY COPY

Document signed by [redacted] Borland (07/12/2019 11:17:45)

ELECTRONICALLY SIGNED BY Steve Borland Document ID 57288950 Date 12.11.2019 12:19:50

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Ms Laura Prowse
17 Devon Road
Hensingham
Whitehaven
CA28 8PJ

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Document version 1 typed on 07/11/2019 11:27:45

ELECTRONICALLY SIGNED BY Steve Borland Document ID 57288950 Date 12/11/2019 12:19:52

DNA hospital appointment
08-Oct-2019 Mr Stephen Macleod (SMM)
Additional:DNA hospital appointment
DNA Orthopaedics Clinic
Filename: MIGSendDocument-2019-10-11.pdf
Extension:.tif
Pages:

NHS
North Cumbria Integrated Care
NHS Foundation Trust

Our Ref: BS/BD/BW/W284220
Date: 10/10/2019
Clinic: 08/10/2019

Dr N. [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr [redacted]

Re: **Miss Laura Prowse (01/09/1987), NHS no: 6330036306**
17 Devon Rd, Hensingham, Whitehaven, CA28 8PJ

Diagnosis: Did not attend appointment. Right knee injury

Plan: Send further appointment

Laura did not attend her outpatient appointment today in the fracture clinic. She was referred following an injury to her right knee. We will send her one further appointment for review. If she fails to attend a second time she will be discharged.

Yours sincerely

Electronically signed

[redacted] **Drake**
ST5 Trauma and Orthopaedics
Consultant Mr Sankar

THIRD PARTY COPY

Approved By: Drake Benjamin (RNL) North Cumbria University Hospitals
Date Approved: 11/10/2019 13:24:10

Attachment
08-Oct-2019 Mr Docman PCTI (DME3735)
Additional: Attachment
*Clinical Letter The Royal ***** Infirmary Orthopaedics DOCUMENT FILED 11.10.19*
Filename: 072017DM_radC3D8B.TIF
Extension:.TIF
Pages:

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Orthopaedics
Royal [redacted] Infirmary
Queen [redacted] Road
Newcastle Upon Tyne
NE1 4LP

Tel: 0191 233 6161
www.newcastle-hospitals.org.uk

318 A

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbria
CA28 7RG

I223VPLQA2RL
A318 c1.235/281 b1

Ref: 0617438T/SB/SB/TG
Visit Date: 08-Oct-2019
Typed: 08-Oct-2019

Lead Consultant: Mr. [redacted] Borland

Dear Dr [redacted]

Laura Prowse **DOB: 01-Sep-1987**
NHS: 6330036306 **MRN: 0617438T**
17 Devon Road, Hensingham, Whitehaven, CA28 8PJ

Diagnosis: Injury right knee.

I saw Laura in the clinic today. She injured her right knee a couple of days ago, sounds like sustaining a twisting and varus injury.

Since then she has had pain and difficulty weight bearing.

On clinical examination she has full extension with a present straight leg raise, although it is difficult due to pain. She can only flex really to about 40° before it becomes too uncomfortable for her. She has a mild effusion within the knee joint.
She doesn't have a positive apprehension test but she has some tenderness over the retinaculum on the medial joint line. She has tenderness over the MCL, no tenderness over the LCL, but she has stable collateral ligaments. I am unable to full assess her cruciate ligaments due to pain today.

Plan is to wear a knee brace for a couple of weeks. She can weight bear as tolerated but she has come crutches just now to help her. I would like to review her back in the clinic in four weeks time for further clinical assessment once the swelling has settled, to ensure that the cruciate ligaments clinically are okay.

If clinical examination suggests a cruciate ligament injury at her next clinic appointment, my plan would be to obtain an MRI scan and refer onto Professor Deehan for an opinion. If however clinical examination suggests that all her ligaments are intact then she can be discharged to the physiotherapists.

Yours sincerely

THIRD PARTY COPY

Document version 1 Updated on 08/10/2019 13:33:57

ELECTRONICALLY SIGNED By Steve Borland Document ID 57043333 Date 8-10-2019 14:50:12

[redacted] Borland
[redacted] Borland
Consultant Orthopaedic Surgeon

CC:

Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Ms Laura Prowse
17 Devon Road
Hensingham
Whitehaven
CA28 8PJ

THIRD PARTY COPY

Document version 1 typed on 08/[redacted] 13:33:57

ELECTRONICALLY SIGNED BY Steve Borland Document ID 57043333 Date 08.10.2019 15:51:12

Attachment
07-Oct-2019 Mr Docman PCTl (DME3735)
Additional: Attachment
*Clinical Letter The Royal ***** Infirmary A & E Knee pain? Dislocation relocation of the patella. DOCUMENT FILED 11.10.19*
Filename: 072017DM_radB4CB8.TIF
Extension:.TIF
Pages:

The Newcastle Upon Tyne Hospitals NHS
NHS Foundation Trust

Royal [redacted] Infirmary
Great North Trauma and Emergency Centre
Queen [redacted] Road
Newcastle upon Tyne
NE1 4LP

Direct Line: 0191 2336161

318 A

Dr: [redacted] NJ
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG

J023VOEL86
A318 c1.230/474 b1

Date: 07 October
GP Code: No Code found
Practice Number: (194) 669-2241

Dear Colleague

Your below named patient attended the Great North Trauma and Emergency Centre on:
Monday 7th October 2019 at 10:41

Name: PROWSE, LAURA [redacted]
D.O.B: 01/Sep/87
Age: 32 Years
Gender: Female
Address: 36 The Green WHITEHAVEN Cumbria CA28 6BP

[redacted] N/A

MRN Number: 0617438T
NHS Number: 633-003-6306
Home Telephone: 07495727803
Mobile Telephone: 07495727803

History of Presenting Complaint:
32-year-old female presenting with right knee injury/pain
Nonweightbearing on arrival, in a brace & using crutches.

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Injury to right knee 3 days ago was at home kneeling on both knee under the bed, she fell the right lower leg twisted out underneath her & immense pain to right knee possible dislocation relocation of patella (has had previous dislocation relocation of same knee).
Unable to weight bear since, was reviewed in a cottage hospital 2 days ago no x-ray performed, brace applied & crutches & apparently fracture Clinic rung her with appointment for this afternoon, however patient is over here with her [redacted] possibly for the next 3 days as her [redacted] is here for appointment for Orthopedics.
Patient unable to tolerate pain with Codeine paracetamol ibuprofen. Has had some of her [redacted] pregabalin.

Examinations:
Examination of right knee
Swelling to anterior medial aspect no effusion
No bruising no deformity no redness no wounds no signs of infection

Bony point tenderness to patella medial femoral & tibial condyle, tibial tuberosity & joint line, diffuse soft tissue tenderness, spasmodic type acute pain keeps flaring up
No heat
No patellar tap
Neurovascular intact

Nonweightbearing
Able to SLR but very painful
Is in full extension
Reduced flexion approximately 10-20 degrees flexion
Unable to assess ACL, PCL, MCL, LCL

PMH:
Fit and well

Medication History: Patient states no medications or allergies

Diagnosis: Knee pain? Dislocation relocation of the patella

Allergies:
Previous ED Attendances In The Last 24 Months: 0

Investigations:XR Knee Right

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Document version 1 typed on 07/10/2019 13:13:39

Further Examinations:

Summary & Management Plan:
Plan
1 declined analgesia, had Codeine & Pregabalin at 9:00 a.m. today
2 x-ray = no deformity or fracture.
3. Splint reapplied,
4 review fracture Clinic tomorrow as patient is here for multiple days & patient would prefer to be reviewed here. & also the fact that dislocation relocation without any orthopaedic intervention
5 prescription for Oramorph 5 mg orally p.r.n. for breakthrough pain relief. To continue with Codeine 30 mg qds. Dispensed 1 g paracetamol qds & Ibuprofen 400 mg TDS.
6 review of any issues



Specialty Notes:

Emergency Department Clinician(s):

Provider	Role	Assigned	Unassigned
Little, [redacted]	A&E Clinician	07/Oct/2019 11:17:19	

Outcome: Treatment complete

Discharge Destination: Usual Place of Residence

Source Of Referral: Self Referral

Information Given To Patient:

Yours faithfully,
Great North Trauma & Emergency Centre
Royal [redacted] Infirmary, Newcastle upon Tyne

The information in this letter is highly confidential and intended for the addressee only.
If the patient is not registered at your practice please return to:

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Document version 1 typed on 07/10/2019 11:19:48

Letter from consultant
06-Oct-2019 Mrs Janet Procter (JPR)
Additional: Letter from consultant
Orthopaedics Clinic Letter (VFC)
Filename: MIGSendDocument-2019-10-08.pdf
Extension: .tif
Pages:

NHS
North Cumbria Integrated Care
NHS Foundation Trust

DEPARTMENT OF ORTHOPAEDICS
Miss C G Brignall, Mr M J [redacted] Mr T Dehler, Mr R Dharmarajan, Mr P Fismer, Mr W K Hage, Miss L Jeavons, Mr D C Mackay, Mr S S Mannan, Mr A Naguib, Mr C G Nita, Mr M M Orr, Mr S Rao, Mr M A Rashid, Mr B Sankar, Miss C F Young

Our Ref: VFC/RB/W284220
Date: 07/10/2019
Clinic: 06/10/2019

Dr N. [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Virtual Fracture Clinic

Dear Dr [redacted]

Re: **Miss Laura Prowse (01/09/1987), NHS no: 6330036306**
17 Devon Rd, Hensingham, Whitehaven, CA28 8PJ

DIAGNOSIS: Right knee ? locked knee ? meniscal injury
MANAGEMENT: Assess in Trauma Clinic within a few days

This 32 year old lady injured her right knee when she was in a crouched position trying to retrieve a car from under a bed when she rolled over and felt a pop in her right knee and has been unable to flex her knee since. The history is not very helpful in the A&E documentation but certainly clinically it sounds if she could possibly have a meniscal tear and possibly a locked knee. She needs to be assessed in the next few days for decision on further management.

Yours sincerely

Electronically Approved

Miss C G Brignall
Consultant Orthopaedic Surgeon

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Approved By: Brignall CG (RNL) North Cumbria University Hospitals
Date Approved: 07/10/2019 16:42:15

Attachment
05-Oct-2019 Mr Docman PCTI (DME3735)
Additional: Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency Sprain/ligament injury knee joint. Outpatient clinic. DOCUMENT FILED 8.10.19
Filename: 072017DM_rad45AB5.TIF
Extension: .TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

NHS
North Cumbria Integrated Care
NHS Foundation Trust

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GP Details
Name: Dr NJ [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-19-030505-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: 01946 694984
Mobile : 07495 727803

Date & Time of Presentation: 05 Oct 2019 13:39
Previous Attendances: 7
Presentation Type: Unplanned 1st visit for a new clinical condition/deterioration of condition
Patient Group: Other
Presenting Complaint:
Limb Lower
Time Seen by Clinician: 13:50
Incident Type: Home
ED Clinician: Vicky Mcluckie

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:
BP:
Resps(per min):
GCS Total:

Investigations:

Diagnosis:
1. Sprain / ligament injury : knee joint **Site:** 0 **Side** 0

Treatment:
1. Administration of medication (incl. oral/topical/PR) **Comments:** codeine
2. Administration of medication (incl. oral/topical/PR) **Comments:** paracetamol
3. Administration of medication (incl. oral/topical/PR) **Comments:** oromorph
4. Guidance / advice - Verbal

Prescribed Drugs:
1. Codeine Phosphate 30Mg Tablets **Dose** 60 Milligrams **Frequency** As directed **Quantity** 1 Pack

Nursing Comments:

Doctors Comments:

Discharge Details:
Outpatient Clinic
Discharge Date & Time:
05 Oct 2019 16:03

Contact the Emergency Department if you have any further queries about his attendance.

Clinical document
02-Jun-2019 Sister Diana Morgan (DXM_)

Additional: Clinical document
(02-Jun-2019) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**2930788**	Receive Date:	**2-Jun-2019 09:07**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (31 years)**	Gender:	**F**
Address:	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria CA28 8PJ**	Current Address:	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria CA28 8PJ**
Return Contact No:			
Tel No:	**07969 324353**		**07969 324353**
Mobile No:	**07495 727803**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**2-Jun-2019 09:07**	Calltype:	**Coming to Base**
Advised:	**11:51**	Arrived PCC:	**2-Jun-2019 10:54**
Cons start:		Cons End:	
Consulting Doctor:	[redacted]	Own doctor:	

NHS Number:
6330036306

External 111 Site Name - **Carlisle (NW111)**
Consultation Summary - **The consultation has identified**
Illness
Cool, cold or clammy
Painful urination
Fever at time of assessment or in last 12 hours
Flank pain
Pain coming in waves
Outcome Code - **Dx05**
Outcome Description - **To contact a Primary Care Service within 2 hours**

Triage details:

History - **info noted from 111**
not retriaged
please invite to base for assessment

Base LA:
2/7 hx feeling generally unwell, nauseous and has vomited several times.
Feels feverish.
Developed dysuria and frequency 2/7 ago and this had gradually become more painful. Today has developed dull, aching, constant pain in supra-pubic region
and bilateraly loin pain although the left is worse than the right.
Pain non-radiating, not spasmodic in nature. Has seen a few blood clots on wiping after passing urine.
Not eating much as unable to tolerate diet but managing to drink adequately.
Taking Paracetamol for pain relief which helps a little.
Denies possibility of pregnancy, LMP 2/52 ago, no ususual PV bleeding or discharge.

Examination - **Looks uncomfortable.**
CV obs: RR 16, Temp 37.1, HR 74bpm, Sp02 98% on RA.
O/E:
Abdo- BS present. Pn- resonant. Abdo- soft, mild tenderness on palpation of suprapubic region, no guarding., no rebound tenderness. Bilateral renal angle tenderness although left more severe than right.
Urine
dip- Blood 3+, Leuk 3+

Diagnosis - **UTI**

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Treatment - **Nitrofurantoin 100mg MR BD for 5/7.**
Advised importance of drinking plenty of fluids.
Advised to continue with Paracetamol QDS and to alternate with Ibuprofen TDS (with food) if possible for pain relief.
Advised re red flags- severe back or abdo pain, not controlled with analgesia, unilateral loin to abdo/groin pain, unable to pass urine, flu-like symptoms, unable to tolerate fluids and not passing urine in 18hrs and importance of seeking further medical attention if this occurs.
MSU sent for C&S.
Advised to contact own GP if not resolving.
Advised to contact again if worsens or not resolving.

Pathways Details:

Pathways Consultation Summary - **The consultation has identified**
Illness
Cool, cold or clammy
Painful urination
Fever at time of assessment or in last 12 hours
Flank pain
Pain coming in waves

Pathways Final Disposition - **To contact a Primary Care Service within 2 hours (Dx05)**

Prescriptions:

Nitrofurantoin 100mg modified-release capsules 1 capsule - TWICE a DAY - with or after food - oral - for 7 days 10.00

Followups:

No follow up required
Advised to call back if necessary

Clinical Codes:

K190. Urinary tract infection

Case Questions:

Is there a Safeguarding issue? **No**

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Seen in breast clinic
21-Feb-2019 Mr Stephen Macleod (SMM)
Additional: Seen in breast clinic
Breast Surgery Clinic Letter
Filename: MIGSendDocument-2019-03-19.pdf
Extension:.tif
Pages:

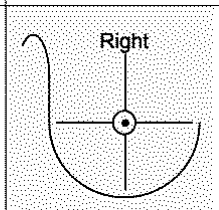
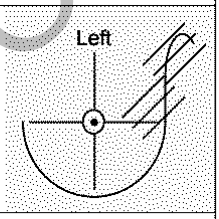
North Cumbria University Hospitals NHS
NHS Trust

Our Ref: IM/CA/W284220
Date: 26/02/2019
Clinic: 21/02/2019

Dr N. [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr [redacted]

Miss Laura Prowse (01/09/1987), NHS no: 6330036306 CRN;w284220
17 Devon Rd, Hensingham, Whitehaven, CA28 8PJ

Complaint 21/02/2019		Pain
	D 	
Clinical examination	P1	P1
Medical history	smoker WHO status 0	
Family history	None	
	Pregnant ? no	Periods regular Contraception depot injection / implant
Clinical information	Complains about longstanding pain L breast.	
Plan		Reassured and discharged 21/02/2019
	Date: 21/02/2019	**Validation Signature:** Ioannis Michalakis

I reviewed the patient at the assessment clinic today. She was referred to us due to left mastalgia. During my clinical examination today I did not find any abnormalities. I informed the patient regarding these benign findings and advised her to remain breast aware. I have also given her a breast pain leaflet. I am now discharging her back to your care.

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Approved By: Michalakis Ioannis (RNL) North Cumbria University Hospitals
Date Approved: 27/02/2019 07:57:21

Yours sincerely,

Electronically Approved By

Mr Ioannis Michalakis MD, PhD
Consultant Oncoplastic Breast Surgeon

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Approved By: Michalakis Ioannis (RNL) North Cumbria University Hospitals
Date Approved: 27/02/2019 07:57:21

e-RS Letter (31-Jan-2019)
31-Jan-2019 Miss Melissa Turner (MT3)
Additional:e-RS Letter (31-Jan-2019)
NHS e-Referral UBRN 000321938360 for Fast track referral for suspected breast cancer
Filename: 1901311035_NHS e-RS Letter.rtf
Extension:.tif
Pages:

Clinical Information Summary

Patient:	**Prowse, Ms Laura**	Date of Birth:	**01-Sep-1987**
UBRN:	**000321938360**	Age:	**31y**
NHS:	**633 003 6306**	Gender:	**F**

UBRN Information

Date:	**31-Jan-2019**	UBRN Created	
Priority:	**2 Week Wait**	Referral letter created	
Referred by:	**PINK, [redacted] (Mrs)**	Letter last modified	**31-Jan-2019**
Referring org:		Named clinician	
Address:	**1 Castle Meadows** **Whitehaven** **Cumbria** **CA28 7RG**	Allocated clinician	
Clinical Context:	**NHS e-Referral Service**		
Location:			
Problem:			
Requested procedure	**-**		

Patient Information

Patient Address	**17 Devon Road** **Hensingham** **Whitehaven** **Cumbria** **CA28 8PJ**	Registered practice: Address	**Lowther Medical Centre** **1 Castle Meadows** **Whitehaven** **Cumbria** **CA28 7RG**
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Referral attached

Requested action

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Requested action **Management Advice**
Request action Comments

Medication

Medication
Acute

Drug	Dosage	Quantity	Last Issued On
Amoxicillin 500mg capsules	One To Be Taken Three Times A Day	15 capsule	29-Jan-2019

Repeat

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	28 capsule	29-Jan-2019

Past

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	28 capsule	26-Oct-2018
Co-codamol 8mg/500mg tablets	TAKE 1 OR 2 4 TIMES/DAY	48 tablet	26-Oct-2018
Lansoprazole 15mg gastro-resistant capsules	One To Be Taken Each Morning	14 capsule	19-Oct-2018
Naproxen 500mg tablets	One To Be Taken Twice A Day	28 tablet	19-Oct-2018

Clinical record details

Consultations

Problems
Active

Date	Problem	Associated Text	Date Ended
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

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Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
21-Sep-2016	O/E - blood pressure reading	110/70	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Date	Description	Value	Units	Range
29-Jan-2014	Alcohol consumption Drinking status on eventdate: Y	6 Units of alcohol drank per week: 6	units/week	

Smoking

Date	Description
17-Sep-2018	Ex smoker Smoking Status: NO

Non-Therapeutic Drug Use

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1901301536_Referral Letter.rtf

THIRD PARTY COPY

Referral Letter (30-Jan-2019)
30-Jan-2019 Mrs Anne-Marie Pink (AMP3735)
Additional: Referral Letter (30-Jan-2019)
for Referral to breast clinic
Filename: 1901301536_Referral Letter.rtf
Extension:.tif
Pages:

Suspected Cancer in Adults Urgent 2WW and Non Urgent BREAST		

NHS CONFIDENTIAL (OFFICIAL – SENSITIVE: PERSONAL)

URGENT **NON URGENT**

Date of referral: 30-Jan-2019

Name:	**PROWSE, Laura (Ms)**	DOB:	**01-Sep-1987**	NHS No:	**633 003 6306**

If the patient has not heard back within 3 days, please call the Contact Centre on 01228 814068 or 01228 814006

Attach this form to the e-referral (eRS) within 24 hours

If no e-referral appointments are available: select 'Defer to Provider'

If the e-referral system is not available: send the form from a nhs.net account to nca-tr.NCUH-TWW@nhs.net

The patient has been informed that this is an urgent referral for suspected cancer
The patient is available and willing to attend hospital for tests/appointment within 14 days
The patient has been given the 2WW patient information leaflet

Hyperlinks to: NICE GUIDANCE 2WW Patient Information Leaflet

NICE Guidance

Refer people (male and female) **using a suspected cancer pathway referral (for an appointment within 2 weeks) for suspected breast cancer if they are:**

Aged 30 years and over and have an unexplained breast lump with or without pain
Aged 50 and over with any of the following symptoms in one nipple only:
Discharge Retraction Other changes of concern
With skin changes that suggest breast cancer
Aged 30 and over with an unexplained lump in the axilla

Consider non-urgent referral in people (male and female) **aged under 30 with an unexplained breast lump with or without pain**

pain in L breast radiating to axilla , worse when on period ongoing for 8 months.

Reason for Referral – Compulsory

examined today and no definite lump felt but granular tissue noted , very tender to touch

***If no information provided above, your referral will be returned**

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Ms Laura Prowse 01-Sep-1987 633 003 6306

THIRD PARTY COPY

Ms Laura Prowse 01-Sep-1987 633 003 6306

Please indicate below where the specific problem is

Axilla RIGHT BREAST LEFT BREAST Axilla

Details of Last mammogram

No details recorded for mammogram

The patient is pregnant	**YES**	**NO**	**Don't Know**
The patient is prescribed Warfarin	**YES**	**NO**	**Don't Know**
If yes, please ensure INR is checked the day before clinic			
The patient is prescribed NOAC	**YES**	**NO**	**Don't Know**
The patient is prescribed Antiplatelets including Clopidogrel	YES	**NO**	**Don't Know**

Date of last menstrual Period (if menstruating):			
The patient is prescribed HRT	**YES**	**NO**	**Don't Know**
If yes, please give details:			
The patient is using contraception	**YES**	NO	Don't Know
If yes, please give details:			
Family history of breast or ovarian cancer	**YES**	NO	**Don't Know**
Please give details:			

Medical History

Active

Date	Problem	Associated Text	Date Ended
17-Oct-2016	Home visit		
17-Oct-2016	Telephone encounter		
12-Oct-2016	Patient reviewed		

Significant Past

Date	Problem	Associated Text	Date Ended
26-Oct-2018	Anxiety with depression		19-Jan-2019
21-Sep-2016	Migraine		15-Dec-2016

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Ms Laura Prowse 01-Sep-1987 633 003 6306

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Amoxicillin 500mg capsules	One To Be Taken Three Times A Day	15 capsule	29-Jan-2019

Repeat

Drug	Dosage	Quantity	Last Issued On
Fluoxetine 20mg capsules	One To Be Taken Each Day	28 capsule	29-Jan-2019

Allergies

No allergies recorded

Investigation Results & Any Other Relevant Information

Has the patient had any imaging/pathology relevant at another hospital/independent sector organisation?

YES **NO** **Please enclose results to avoid unnecessary delays**

If YES, please give date and name of organisation:

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Title Given Name Surname Date of Birth NHS Number

Referrer details

Name of Referrer:	**PINK, [redacted] (Mrs)**	**Lowther Medical Centre 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG**	
Accountable GP:	**FIDALGO, Jose (Dr)**		
Name of GP to address correspondence to, if different to accountable GP:			
Surgery Tel No:	**01946692241**	Surgery Email:	
Surgery Fax:	**01946592611**	Date of Referral:	**30-Jan-2019**

Patient details

Name:	**PROWSE, Laura (Ms)**	Address:	**17 Devon Road Hensingham Whitehaven Cumbria CA28 8PJ**
Gender:	**Female**		
DOB & Age:	**01-Sep-1987 (Age: 31y)**		
NHS Number:	**NHS Number**		

Patient Contacts:	Home:		Mobile:	**07495727803**
	Work:		Email:	**lauraprowse28@gmail.com**
	[redacted] The patient has confirmed the following person should be included in correspondence – Name: Contact Details:			
Contact Consent:	Can leave message on answer machine Can contact by text Can contact by email		NB: Not all services use Texts or Emails as a method of communication.	
Ethnicity:	**White British**			
Interpreter:	**Yes** Language:			
Accessibility Needs:	Wheelchair access Deaf **no recording of deafness** Registered Blind **No recording of registered blind** Learning Disability Other disability needing consideration Accompanied by [redacted]			
Risks:	Vulnerable Adult (detail below if any recording within last 3 years) Any other known risk:			
Other:				

Patient accessible information

Communication Support:
Communication support not recorded in patient notes
Professional Required:
No recording of 'professional required' in patient's notes
Contact Method:
No recording of 'contact method' in patient's notes
Information Format:
No 'information format' recorded in patient's notes

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Title Given Name Surname Date of Birth NHS Number

If you have any problem with this form or suggested changes, please control & click here to open direct email. (NB: NOT TO BE USED FOR REFERRING A PATIENT) 2WW NCA Breast Referral Form – EMIS Web V1 Gateshead April 2018

To be completed by the Data Team (Insert Dates)
Received: / / First appointment booked: / /
First appointment date: / / 1st seen: / /
Specify reason if not seen on 1st appointment:
Diagnosis: Malignant Benign

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Discharge summary
24-Dec-2018 Mr Stephen Macleod (SMM)
Additional: Discharge summary
DNA - Discharge - First Step
Filename: MIGSendDocument-2018-12-24.pdf
Extension: .tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 24 December 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Miss Prowse,

We are sorry that you have not been able to attend any of the arranged treatment appointments, as a result you have now been discharged from the service back to the care of your GP. A copy of this letter will be sent to your GP for information.

If you feel that you would benefit from the service in future and are able to attend appointments regularly, then please do not hesitate to refer yourself via our online Self Referral form (www.firststep.cumbria.nhs.uk), ring on **0300 1239122** or discuss this with your GP.

Yours sincerely,

Greg Matteini
First Step Practitioner
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Letter encounter to patient
13-Dec-2018 Mrs Janet Procter (JPR)
Additional: Letter encounter to patient
Further Appointments (1st DNA) Address correct
Filename: MIGSendDocument-2018-12-13.pdf
Extension:.tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 13 December 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Miss Prowse,

I am sorry you were unable to keep your appointment on today. If you would like a further appointment I would be grateful if you would contact the service on **0300 1239122** to make another appointment **within the next 7 days** from the date of this letter.

If you do not contact the service within this time we will assume you no longer wish to continue.

If you fail to attend a future appointment, we will assume you do not wish to continue treatment in First Step and we will discharge you back to your GP. In that case it would be advisable for you to discuss your options with your GP.

Yours sincerely,

Greg Matteini
First Step Practitioner
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Mental health assessment
17-Oct-2018 Mr Stephen Macleod (SMM)
Additional: Mental health assessment
Assessment Summary - First Step

Filename: MIGSendDocument-2018-10-17.pdf
Extension:.tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 17 October 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Miss Prowse,

Following your initial appointment on 16 October 2018 this is a summary of your assessment and the treatment plan we agreed. A copy of this letter will be sent to your GP for information.

Presenting problem:

During your assessment you reported on-going symptoms of low mood and worry relating to various stressful life events. These relate both to your own childhood and to more recent incidents relating to your children.

Risk:

We discussed risk and you assured me that you have no thoughts relating to self harm or suicide. We also spoke about child safeguarding and you explained that your two children were previously on the At Risk register with social service but are now classed as Child in Need and things are gradually improving both for you and them.

Jointly agreed plan following assessment:

We discussed therapy options and you would like to continue with the counselling sessions you started previously to help work through some past life events. We agreed you will be offered some further appointments with one of our counsellors.

To find out more about First Step and what we offer, please visit our website www.firststep.cumbria.nhs.uk You can find out more about what to expect from therapy and on how to get the most out of it.

In order to gain the maximum benefit from therapy it is important to attend each arranged session. If you feel this may be a problem please do not hesitate to discuss this with your practitioner when you meet.

The practitioner you have been allocated to will send you an appointment to start therapy. We aim to offer everyone an appointment to commence treatment within 6 weeks of the date you were referred to the service. We may be able to see you sooner if you can be flexible around where and when you can attend appointments.

It is important for the service to receive feedback from patients about their experience of the assessment. We would be grateful if you would complete and return the enclosed Patient Experience Questionnaire.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

Yours sincerely,

[redacted] **Rainbow**
First Step Practitioner
ENC: PEQ, following Assessment.
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Letter encounter
15-Oct-2018 Mr Stephen Macleod (SMM)
Additional: Letter encounter
Letter Encounter - First Step
Filename: MIGSendDocument-2018-10-15.pdf
Extension:.tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 15 October 2018

Confidential
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 633 003 6306 **Ref:** 4453
Patient name: Laura Prowse
DoB: 01/09/1987

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk** or **safeguarding/vulnerable patient information** regarding this patient, if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [redacted] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or domestic violence
- Mental health or substance misuse problems impacting on parenting capacity
- Forensic history

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with our screening team, please call on 0300 123 9122.

Yours sincerely,

[redacted]
First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Discharge summary
11-Oct-2018 Mr Stephen Macleod (SMM)
Additional: Discharge summary
DNA - Discharged - First Step
Filename: MIGSendDocument-2018-10-11.pdf
Extension: .tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 11 October 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Miss Prowse,

We are sorry that you did not answer the call for your assessmentas planned on 11th October 2018 at 11am.

In your appointment letter, we advised you that if you did not attend this appointment or contact the First Step Admin Hub to cancel, that we would assume that you no longer wish to receive an appointment with First Step. As you did not contact us or attend your appointment we are now discharging you back to the care of your GP.

If you feel that you would benefit from the service in future and are able to attend appointments regularly, then please do not hesitate to refer yourself via our online Self Referral form (www.firststep.cumbria.nhs.uk), ring on **0300 1239122** or discuss this with your GP.

A copy of this letter will be sent to your GP

Yours sincerely,

Sue [redacted]
First Step Practitioner
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7R

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Letter encounter
10-Oct-2018 Mr Stephen Macleod (SMM)
Additional: Letter encounter
Letter Encounter - First Step
Filename: MIGSendDocument-2018-10-10.pdf
Extension:.tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 10 October 2018

Confidential
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 633 003 6306 **Ref:** 4453
Patient name: Laura Prowse
DoB: 01/09/1987

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk** or **safeguarding/vulnerable patient information** regarding this patient, if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [redacted] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or domestic violence
- Mental health or substance misuse problems impacting on parenting capacity
- Forensic history

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with our screening team, please call on 0300 123 9122.

Yours sincerely,

[redacted]
First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Letter encounter to patient
04-Oct-2018 Mr Stephen Macleod (SMM)
Additional: Letter encounter to patient
Patient Letter - First Step
Filename: MIGSendDocument-2018-10-04.pdf
Extension:.tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 4 October 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

REF:4453

NHS No:633 003 6306

Dear Miss Prowse,

We are writing to inform you that we have received your online self-referral. You have completed most of this process; the next step is to complete the registration process and book your appointment. This can be done by contacting our Appointment Booking Staff on **0300 1239122**. The telephone line is open from 8:30am - 5:30pm Monday to Friday (excluding Bank Holidays).

First Step provides talking therapy for people who are experiencing common, mild to moderate mental health problems (e.g. depression, anxiety). Depending on the outcome of your assessment you will either be offered an appointment with First Step or if we agree that your needs could be better met by another service, we may signpost you to them.

If we do not hear from you within 7 days from the date of this letter, we will assume you no longer wish to be seen and we will discharge you from the service and let your GP know.

Please note that we are required to provide some basic information for national statistics. If you do not wish for us to use your information or require more detail please contact us on the above number.

We look forward to hearing from you.

Yours sincerely,

[redacted]
First Step Manager
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Discharge summary
25-July-2018 Mr Stephen Macleod (SMM)
Additional: Discharge summary
Discharge Summary - First Step
Filename: MIGSendDocument-2018-07-25.pdf
Extension: .tif
Pages:

NHS
Cumbria Partnership
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 25 July 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Laura,

I'm sorry you were not able to attend your appointment this afternoon. I hope that you will understand that as you have now not been able to attend or cancel a number appointments I am obliged to discharge you from First Step; however, you are very welcome to approach First Step at later date. A copy of this letter will be sent to your GP for information.

Therapy content: Laura - you used the two Counselling sessions attended as an opportunity to address issues linked to your relationship, and were in the early stages of this process. At your last appointment you explained that you were seeing if your [redacted] was able to demonstrate the changes necessary for you to consider going forward with the relationship

Outcome and suggestions for the future: Please not hesitate to get in touch with First Step should you so wish at a time when regular attendance is practical for you. It may be that the summer holidays make attending difficult to achieve.

It is important for the service to receive feedback from patients about their experience of the service. We would be grateful if you would complete and return the enclosed Patient Experience Questionnaire.

Yours sincerely,

Greg Matteini
First Step Practitioner
ENC: PEQ, at end of treatment.
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Patient mobile telephone number ? correct
16-May-2018 Mrs Amanda Stephenson (AXS)
Additional: Patient mobile telephone number ? correct
Mobile Number check
Filename: Patient mobile telephone number correct PROWSE, Laura (Ms) 1005 16-May-2018.rtf
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr J L F Fidalgo
Dr F Ironside

www.lowthermedical.co.uk

16 May 2018

Ms Laura Prowse
17 Devon Road
Hensingham
Whitehaven
Cumbria
CA28 8PJ

Dear Ms Prowse

Our records indicate that the mobile telephone number we have for you may be incorrect. I would therefore be grateful if you could contact the surgery on the above number to confirm your mobile telephone number or return this letter with the details added below.

It is important that we keep your mobile number up to date as the Practice uses mobile numbers to remind patients of appointments booked, contact patients who are due for annual checks and also provide important health information.

Thank you.

Yours sincerely

Lowther Medical Centre

I confirm my current mobile number is .....

THIRD PARTY COPY

Mental health assessment
02-May-2018 Mr Stephen Macleod (SMM)
Additional: Mental health assessment
Assessment Summary Letter - First Step

Filename: MIGSendDocument-2018-05-02.pdf
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 2 May 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Laura,

Following your initial appointment on 30/04/18 this is a summary of your assessment and the treatment plan we agreed. A copy of this letter will be sent to your GP for information.

Presenting problem (including risk):

At an initial appointment you reported experiencing a difficult upbringing and recent stressful events that have included social services input. You described symptoms of low mood and anxiety.

In terms of risk you reported no thoughts, plans or intent towards self harm or suicide.

In terms of safeguarding concerns you reported that your 2 children are on child protection and have supervised contact with each other. You reported that you and your children are receiving support from social services, NSPCC and The Elms.

Jointly agreed plan following assessment:

We discussed the therapy options within First Step such as counselling and cognitive behavioural therapy. You reported a preference to speak to someone one to one and we agreed it would be helpful for you speak to a counsellor first to work through difficult past events.

To find out more about First Step and what we offer, please visit our website www.firststep.cumbria.nhs.uk You can find out more about what to expect from therapy and on how to get the most out of it.

In order to gain the maximum benefit from therapy it is important to attend each arranged session. If you feel this may be a problem please do not hesitate to discuss this with your practitioner when you meet.

The practitioner you have been allocated to will send you an appointment to start therapy. We aim to offer everyone an appointment to commence treatment within 6 weeks of the date you were referred to the service. We may be able to see you sooner if you can be flexible around where and when you can attend appointments.

It is important for the service to receive feedback from patients about their experience of the assessment. We would be grateful if you would complete and return the enclosed Patient Experience Questionnaire.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

Yours sincerely,

Laura [redacted]
First Step Practitioner
ENC: PEQ, following Assessment.
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Letter from consultant
27-Apr-2018 Mr Stephen Macleod (SMM)
Additional: Letter from consultant
Letter from Consultant - First Step
Filename: MIGSendDocument-2018-04-27.pdf
Extension: .tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 27 April 2018

Confidential
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 633 003 6306 **Ref:** 4453
Patient name: Laura Prowse
DoB: 01/09/1987

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk** or **safeguarding/vulnerable patient information** regarding this patient, if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [redacted] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or domestic violence
- Mental health or substance misuse problems impacting on parenting capacity
- Forensic history

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with our screening team, please call on 0300 123 9122.

Yours sincerely,

[redacted]
First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Letter sent to patient
26-Apr-2018 Mr Stephen Macleod (SMM)
Additional: Letter sent to patient
Letter to patient - First Step
Filename: MIGSendDocument-2018-04-26.pdf
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 26 April 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

REF:4453

NHS No:633 003 6306

Dear Miss Prowse,

We are writing to inform you that we have received your online self-referral. You have completed most of this process; the next step is to complete the registration process and book your appointment. This can be done by contacting our Appointment Booking Staff on **0300 1239122**. The telephone line is open from 8:30am - 5:30pm Monday to Friday (excluding Bank Holidays).

First Step provides talking therapy for people who are experiencing common, mild to moderate mental health problems (e.g. depression, anxiety). Depending on the outcome of your assessment you will either be offered an appointment with First Step or if we agree that your needs could be better met by another service, we may signpost you to them.

If we do not hear from you within 7 days from the date of this letter, we will assume you no longer wish to be seen and we will discharge you from the service and let your GP know.

Please note that we are required to provide some basic information for national statistics. If you do not wish for us to use your information or require more detail please contact us on the above number.

We look forward to hearing from you.

Yours sincerely,

[redacted]
First Step Manager
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Discharge summary
09-Apr-2018 Mr Stephen Macleod (SMM)
Additional: Discharge summary
Failure to Engage Letter from First Step
Filename: MlGSendDocument-2018-04-09.pdf
Extension: .tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 9 April 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

Ref: 4453

NHS No: 633 003 6306

Dear Miss Prowse

You recently submitted a self-referral form to the First Step service however you have not contacted us to arrange an appointment or responded to our letter asking you to contact us. As a result of this we have now discharged you from the service and we will let your GP know.

If you feel that you would benefit from therapy in the future then please do not hesitate to discuss this with your GP/ Practice Nurse who can make a referral to the service or you can refer yourself via our online self-referral form at the following address www.firststepcumbria.nhs.uk.

Yours sincerely,

[redacted]
First Step Service Manager

CC:Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Letter sent to patient
29-Mar-2018 Mrs Janet Procter (JPR)
Additional: Letter sent to patient
Positive Choice Letter (Online Self Referral)
Filename: MIGSendDocument-2018-03-29.pdf
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Website: www.firststepcumbria.nhs.uk
Email: ncm-tr.firststep@nhs.net

Date: 29 March 2018

Confidential
Miss Laura Prowse
17 Devon Road
Hensingham
WHITEHAVEN
Cumbria
CA28 8PJ

REF:4453

NHS No:633 003 6306

Dear Miss Prowse,

We are writing to inform you that we have received your online self-referral. You have completed most of this process; the next step is to complete the registration process and book your appointment. This can be done by contacting our Appointment Booking Staff on **0300 1239122**. The telephone line is open from 8:30am - 5:30pm Monday to Friday (excluding Bank Holidays).

First Step provides talking therapy for people who are experiencing common, mild to moderate mental health problems (e.g. depression, anxiety). Depending on the outcome of your assessment you will either be offered an appointment with First Step or if we agree that your needs could be better met by another service, we may signpost you to them.

If we do not hear from you within 7 days from the date of this letter, we will assume you no longer wish to be seen and we will discharge you from the service and let your GP know.

Please note that we are required to provide some basic information for national statistics. If you do not wish for us to use your information or require more detail please contact us on the above number.

We look forward to hearing from you.

Yours sincerely,

[redacted]
First Step Manager
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Attachment
01-Oct-2017 Mr Docman PCTI (DME3735)
Additional: Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency (R) Ankle inversion injury - FILED 03.10.17
Filename: 072016DM_rad2E3FF.TIF
Extension:.TIF
Pages:

ED Attendance Summary
EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details
Name: Dr [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RS
Hospital No: W284220
NHS No: 8338036306
ED Episode No: WED-17-027808-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 17 DEVON RD
HENSINGHAM
WHITEHAVEN
CA28 8PJ
Home Tel: 01946 430004
Mobile : 07495727803

Date & Time of Presentation: 01 Oct 2017 12:35
Presentation Type: New
Patient Group: Fall Accident
Presenting Complaint:
Limb Lower
Incident Type: Other
ED Clinician: Russell Newlove

Previous Attendances: 5

Time Seen by Clinician: 13:19

Triage:
Presenting Complaint: Limb problems Swelling
Treatment:
Comments: Inversion injury to right ankle last night, unable to weight bare, swelling around ankle

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:

BP:
Resps(per min):
GCS Total:

Investigations:
1. None Test: None

Radiology:
1. X-Ray Site: Ankle Side: Right

Diagnosis:
1. Sprain & Strain Site: Ankle Side: Right Comments:

Treatment:
1. Verbal advice

Prescribed Drugs:
1. Co-codamol 30/500 Frequency Two tablets twice per day Quantity 1 Week

Nursing Comments:

Doctors Comments:

THIRD PARTY COPY

Attachment
01-Oct-2017 Mr Docman PCTI (DME3735)
Additional: Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency Full A&E form. DOCUMENT FILED 12.10.17

Filename: 072017DM_rad59A82.TIF
Extension:.TIF
Pages:

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria University Hospitals NHS Trust

ED No.	WED-17-027808-1	Hospital No.	W284220	Prev ED No.	WED-16-023662-1	No. Prev visits	6

Consultant In Charge | **Clinician** | **Patient Group:** Fall Accident

Surname:	Prowse	Title:	Miss	Date Attended:	01 Oct 2017
Names:	Laura	Gender:	Female	Time Attended:	12:35
Address:	17 DEVON RD HENSINGHAM WHITEHAVEN	Age:	30 Years	Time since incident:	12-24hrs
		D.O.B:	01 Sep 1987		
		Religion:		Mode of Arrival:	Own Transport
		Ethnicity:	White - British		
Postcode:	CA28 8PJ	Occupation:			
Tel:	01946 430004				
Mobile:	07495727603				

PRESENTING COMPLAINT: Limb Lower

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	Next of Kin	Gavin Relph 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 9JE
		Relationship	Partner
Telephone:		Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
V.A.R	
V.A.L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:
Inversion injury to right ankle last night, unable to weight bare, swelling around ankle

PAST MEDICAL HISTORY

MEDICATION TAKEN PRIOR TO ATTENDING ED:
none

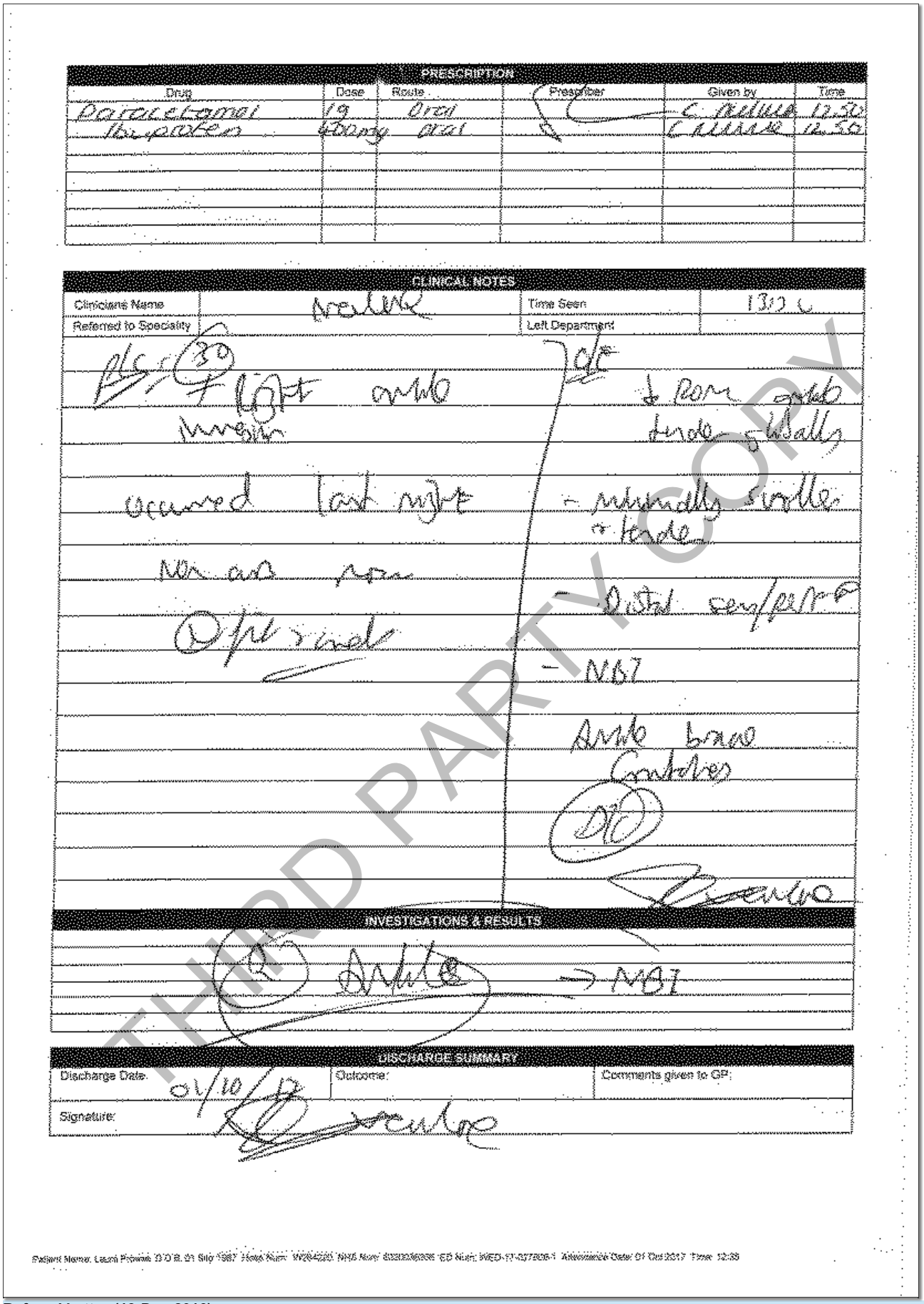
TRIAGE TREATMENT:

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT		PAIN SCORE 10
SPECIAL NEEDS THIS ATTENDANCE		

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 6330036286 ED Num: WED-17-027808-1 Attendance Date: 01 Oct 2017 Time: 12:35

THIRD PARTY COPY



PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time
Paracetamol	1g	Oral		C Allman	12.30
Ibuprofen	400mg	oral		C Allman	12.30

CLINICAL NOTES

Clinicians Name: Nurse | Time Seen: 1310

Referred to Specialty: | Left Department:

30 Left ankle
swollen
occured last night
No add pain
O/E ankle
dc
± pain ankle
tender - Malleoli
- minimally swollen
+ tender
- Distal sens/perf
- NAD
Ankle brace
Crutches
DC
Ankle
→ MAU

INVESTIGATIONS & RESULTS

DISCHARGE SUMMARY

Discharge Date: 01/10/16	Outcome:	Comments given to GP:
Signature:		

THIRD PARTY COPY

Referral Letter (13-Dec-2016)
13-Dec-2016 Sister Joanne Eldon (JXE3735)
Additional: Referral Letter (13-Dec-2016)
for Refer for X-ray
Filename: 1612131748_Referral Letter.rtf
Extension:.tif
Pages:

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

North Cumbria University Hospitals NHS Trust

Primary Care Providers (USS Only) APPOINTMENT:

REQUEST FOR RADIOLOGY OPINION

X-RAY CT USS

INADEQUATELY COMPLETED FORMS AND UNJUSTIFIABLE REQUESTS WILL BE RETURNED TO THE REFERRER

This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000

PATIENT DETAILS:

SURNAME: Prowse	**DOB:** 01-Sep-1987	**PRACTICE:** Lowther Medical Centre 1 Castle Meadows Whitehaven Cumbria CA28 7RG 01946692241 **A82041**	**URGENCY:** Urgent Routine	**OFFICE:**
FIRST NAME: Laura	**GENDER:** F		**CATEGORY:** NHS CAT II PP	
NHS [redacted]BER: 633 003 6306			**DIABETIC:** - not recorded **METFORMIN:** YES NO	
ADDRESS: 36 The Green Whitehaven Cumbria CA28 6BP			**RENAL FUNCTION:** 07-Oct-2015 **GFR calculated abbreviated MDRD** : 84 mL/min/1.73m2	
PHONE: Home: 07969324353 Mobile: 07969324353 Work:		**INFECTION RISK?** (if yes, state MRSA, etc.) YES NO	**CREATININE LEVEL:** 07-Oct-2015 **Serum creatinine** : 72 umol/L	
			PREVIOUS IV CONTRAST ALLERGY? YES NO	
INTERPRETER REQUIRED? (if yes, state language) YES NO		**INPATIENTS:** Walking Chair Trolley Bed Needs Oxygen	**LIKELY MODE OF TRANSPORT** *(patient to arrange):* Own Car [redacted] Bus Taxi Ambulance Housebound Unable to transfer onto couch without assistance	
ADDITIONAL NEEDS / INFO?				

EXAMINATION REQUESTED (what information do you want from the examination?):

Chest Xray

RELEVANT CLINICAL HISTORY / TREATMENT / SURGERY (please state below):

persistent cough, smoker	**Protocol:** **Patient Preparation:** **Justified by:** (Practitioner's Signature)

REFERRER DETAILS:

REFFERER'S NAME: IRONSIDE, [redacted] C (Dr)	**Priority:**
SIGNATURE:	**DATE:** 13-Dec-2016

THIRD PARTY COPY

SEND REQUEST TO:	Telephone:	Fax:
SECONDARY CARE PROVIDERS:		
Radiology Department, Cumberland Infirmary, Newtown Rd, Carlisle, Cumbria CA2 7HY	01228 814682	01228 814683
Radiology Department, West Cumberland Hospital, Homewood Rd, Whitehaven, Cumbria CA28 8JG	01946 523358	01946 523548
Whitehaven Workington (x-ray only) Keswick (x-ray only)		
PRIMARY CARE PROVIDERS (Ultrasound Only):		
Mansion House Ultrasound Service, 19-29 Irish Street, Whitehaven, Cumbria CA28 7BU	01946 693660	01946 592215
Preferred location for ultrasound scan: Whitehaven Keswick Penrith		
PDS Medical - bfw-tr.gshealth@nhs.net	01253 955213	01253 955216
Preferred location for ultrasound scan: Penrith Kendal *excludes under 16 years, poor mobility, breast, thyroid and obstetric ultrasound*		

THIRD PARTY COPY

NHS CONFIDENTIAL
OFFICIAL – SENSITIVE: PERSONAL

For Office Use Only

Administered Substance	**I AM NOT PREGNANT**	Date Received:
Name: Strength: Quantity: Route: Hand / Auto Injector: Rate: Injected By: Witness: (Initials) Injection Site & Time: Initials Butterfly / Cannula: Lot No: No of attempts: Time removed:	**LMP** (if known): **Patient's Signature:** **Operator's Signature:** **Pregnancy to be ignored on urgent clinical grounds?** YES NO **Practitioner's Signature:**	

Reason for Protocol Deviation / Comments re patient / examination:

Practitioner's Signature: Date:

Equipment Code:	Films Used:	Start Time:	Finish Time:	Exposure Dose:	Operator:

Bar Code Label:

Effective Dose Equivalents mSv

CXR	0.02	-	CT Lung	8
AXR		-	CT Abdomen	10
SXR	1	-	CT Head	2.3
Ba Enema	0.07	-	CT Pelvis	10
L Spine	7	-	CT L Spine	10
	1.3			

THIRD PARTY COPY

Discharge summary
02-Nov-2016 Mrs Anne-Marie Pink (AMP3735)
Additional: Discharge summary
Assessment DNA Discharge Letter Assessment DNA Discharge Letter
Filename: MIGSendDocument-2016-11-02.pdf
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Date: 2 November 2016

Confidential
Ms Laura Prowse
36 The Green
WHITEHAVEN
Cumbria
CA28 6BP

Ref: 4453

NHS No: 633 003 6306

Dear Ms Prowse,

You did not attend the appointment for your assessment as planned on 13/10/16 at 2.30pm

In your appointment letter, we advised you that if you did not attend this appointment or contact the First Step Admin Hub to cancel, that we would assume that you no longer wish to receive therapy with First Step. As you did not contact us or attend your appointment we are now discharging you back to the care of your GP. However, if you feel that you would benefit from therapy in future and are able to attend appointments regularly, then please do not hesitate to refer yourself on **0300 1239122** or discuss this with your GP.

A copy of this letter will be sent to your GP and the person who referred you for information

Yours sincerely,

[redacted]
First Step Practitioner
CC: Lowther Medical Centre, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG
CC: [REFERRER_NAME]

If you feel that your mood is deteriorating, please contact your GP on 01946 692241. The Cumbria Health On Call team (CHOC) are also available out of hours on 111. The Samaritans are available 24 hours a day on 116 123.

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Clinical document
17-Oct-2016 Sister Diana Morgan (DXM_)
Additional: Clinical document
NHS 111 Report

Filename: NHS 111 Report2016-10-17.cdax
Extension:.tif
Pages:

Patient demographics				
Patient name	*Date of birth*	*Gender*	*NHS number*	*Other identifier*
PROWSE, Laura	**01-Sep-1987**	**Female**	*Verified* - **633 003 6306**	*Local identifier* - **CE0FF800-270C-45D3-AC9E-BF930B80C656**

Home Address
36 The Green
Whitehaven
Cumbria
CA28 6BP

Emergency Phone **07495727803**

GP Practice

Lowther Street Surgery. Whitehaven A82041

Address
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Phone **01946692241**

GP Practice Code
A82041

Document Created	**17-Oct-2016, 19:14**
Document Owner	**NW111**
Authored by	[redacted] **Power - Call handler, Middlebrook (NW111) on 17-Oct-2016, 18:11**
Consent Status	**Consent given for electronic record sharing**

NHS 111 Report

Encounter Type	**NHS111 Encounter**
Encounter Time	**17-Oct-2016, 18:06 to 17-Oct-2016, 18:11**
Case Reference	**8E3FF19F-72E5-45D4-92E0-22524C17ED18**
Case ID	**15988**
Encounter Disposition	**To contact a Primary Care Service within 2 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **36 The Green** **Whitehaven** **Cumbria** **CA28 6BP**
Care Setting Type	
Responsible Party	[redacted] **Ratcliffe - Medical Director, NW111**

Patient's Reported Condition

PAIN IN FLANK 5 HOURS, ACHING IN LEG 2 HOURS ACCESS INFO : NIL

Case Summary

Disposition:
To contact a Primary Care Service within 2 hours
Dx05

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch

THIRD PARTY COPY

Moderately severe pain
Pink or smoky urine
Painful urination
Fever at time of assessment or in last 12 hours
Constant pain

Full Report:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 30 minutes.
An illness or health problem was the main problem.
User Comments: FLANK AND LEG PAIN
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Flank or Side Pain
The pain interfered with normal activity.
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.
Severe illness and a rash suggestive of septicaemia were not described.
There was blood in the urine.
There was a stinging sensation when passing urine.
There was a fever at the time of assessment or within the previous 12 hours.
The pain was constant.
Instructions given were: The individual needs to contact a Primary Care Service within 2 hours.
Advice given: Fever Painful urination Medication, pain and/or fever Worsening

Advice given:
It is important to have plenty of fluids, little and often is best.
Only wear light clothing. Don't wrap up to try to sweat out the fever.
Don't try to cool down by cold sponging or fanning. Cooling down too quickly can cause shivering, which makes the temperature go up again.
Becoming very drowsy, unresponsive or having a fit - DIAL 999 FOR AN AMBULANCE.
Becoming severely ill WITH new marks, like bruising or bleeding under the skin - DIAL 999 FOR AN AMBULANCE.
Don't cut down on fluids. It is important to drink at least as much as usual.
Pass urine when you need to.
Collect a urine specimen in a clean jar in case it needs to be tested.
Unless advised not to, or they have already been given, paracetamol or ibuprofen can be used to relieve pain or reduce a fever.
Follow the instructions in the pack. If in doubt ask a pharmacist.
IN PREGNANCY: Don't take ibuprofen, except on the advice of a doctor, midwife or pharmacist. Use paracetamol instead.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Document ID	**D844D485-45B7-4ED0-89EF-EB333B1DBE36** *Version* **1**
Primary Recipient	**Lowther Street Surgery. Whitehaven A82041**

THIRD PARTY COPY

Attachment
12-Oct-2016 Mr Docman PCTI (DME3735)
Additional: Attachment
Admin letter First Step Mental Health FILED 17.10.16
Filename: 072016DM_radE30AC.TIF
Extension:.TIF
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347
Email: firststep@nhs.net

Date: 12 October 2016

Confidential
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

17 OCT 2016

Dear Colleague

This letter is to notify you that First Step have received a self-referral from a patient who has stated that they are registered at your practice. We are likely to assess this patient within 7 days so please could you respond as soon as possible.

NHS No: 633 003 6306 **Ref:** 4453
Patient name: Laura Prowse
DoB: 01/09/1987

As part of our routine triage and ongoing assessment and treatment it is important that we are aware of any **risk** or **safeguarding/vulnerable patient information** regarding this patient; if you are aware of any relevant information it is vital you share this with us. This would include

- Patient risk of self-harming or suicide
- Children on a child protection plan/child in need/Children Looked After [redacted] or in contact with the referred adult
- Responsibility for a vulnerable adult or being vulnerable adults themselves
- Risk of violence to others (including staff) or Domestic Violence
- Mental Health or Substance misuse Problems impacting on parenting capacity
- Forensic History

This information will help us to ensure that the safety needs of both adults and their children are routinely considered and will also be used to inform our interventions with your patient. Of course, any information shared with us will be kept confidentially

If we do not receive a response to this letter we will assume there are no known risk or safeguarding issues to be shared. If you have any other relevant clinical information to advise us of please include this in your response.

If you would like to discuss this patient with a screener on 0300 123 9122.

Yours sincerely,

[redacted]
First Step Manager

This letter is also available in larger text, or in different languages. Please contact the above number.

THIRD PARTY COPY

Attachment
18-Aug-2016 Mr Docman PCTI (DME3735)
Additional: Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency (R) ankle sprain. DOCUMENT FILED 23.8.16

Filename: 072015DM_radDD8D2.TIF
Extension:.TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details

Name: Dr NJ STEVENSON
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-16-022662-1

Patient Details

Name: Liana Prowse
DoB: 01 Sep 1987
Address: 36 THE GREEN
BRANSTY
WHITEHAVEN
CA28 6BP
Home Tel: 01946 430004
Mobile :

Date & Time of Presentation: 18 Aug 2016 01:16
Presentation Type: New
Patient Group: Other
Presenting Complaint:
Limb Lower
Incident Type: Home
ED Clinician: Mike Lewis

Previous Attendances: 5

Time Seen by Clinician: 01:19

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:
BP:
Resps(per min):
GCS Total:

Investigations:
1, None **Test:** Other

Radiology:
1, X-Ray **Site:** Ankle **Side:** Right

Diagnosis:
1, Bruise/Contusion/Haematoma **Site:** Ankle **Side** Right **Comments** ankle sprain: xray NAD.

Treatment:
1, No Treatment required **Comments:** ankle sprain: xray NAD.

Prescribed Drugs:
1, Co-codamol 30/500 **Dose** 2 **Quantity** 1 Week

Nursing Comments:

Doctors Comments:

THIRD PARTY COPY

Discharge Details:
Discharged - no follow up, Home
Discharge Date & Time:
18 Aug 2016 06:45

Comments for GP: (including any future patient management identified:
ankle sprain. xray NAD.

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Attachment
18-Aug-2016 Mr Docman PCTI (DME3735)
Additional: Attachment
Clinical Letter West Cumberland Hospital Accident & Emergency FULL A&E FORM FILED 30.08.2016
Filename: 072016DM_radBD595.TIF
Extension:.TIF
Pages:

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

SCANNED
North Cumbria NHS
University Hospitals
ED WEST

ED No.	WED-16-022662-1	Hospital No.	W284220	Prev ED No.	WED-14-02[illegible]48-1	No. Prev visits	5

Consultant in Charge	Locum Consultant - EM	Clinician	Mike Lewis	Patient Group	Other

Surname:	Prowse	Title:	Miss	Date Attended:	18 Aug 2016
Names:	Laura	Gender:	Female	Time Attended:	01:16
Address:	38 THE GREEN BRANSTY WHITEHAVEN	Age:	28 Years	Time since incident:	12-24hrs
		D.O.B:	01 Sep 1987		
		Religion:		Mode of Arrival:	Own Transport
		Ethnicity:	White British		
Postcode:	CA28 6BP	Occupation:			
Tel:	01946 430004				

PRESENTING COMPLAINT Limb Lower

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	[redacted]	Gavin [redacted] 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 9JE
Telephone:		Relationship Telephone	Partner 01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
V.A.R	
V.A.L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:

PAST MEDICAL HISTORY :

MEDICATION TAKEN PRIOR TO ATTENDING ED:

TRIAGE TREATMENT:

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 4530036306 ED Num: WED-16-022662-1 Attendance Date: 18 Aug 2016 Time: 01:16

THIRD PARTY COPY

PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES

Clinicians Name	Mike Lewis	Time Seen	21:18
Referred to Speciality		Left Department	

PC fell yesterday
fell on Lt hip and knee
and rough ankle on Rt stump
limping.

EXAM Abrasions
Tender medial malleolus

Xray - NBF

→ Conduct. Tight bandage

INVESTIGATIONS & RESULTS

DISCHARGE SUMMARY

Discharge Date:	Outcome:	Comments given to GP:
Signature:		

THIRD PARTY COPY

Patient Name: Laura Prowse D.O.B: 01 Sep 1967 Hosp Num: W284228 NHS Num: 8240035026 ED Num: WED-160422862-1 Attendance Date: 18 Aug 2015 Page: 01 of 5

Clinical document
11-Feb-2016 Sister Joanne Eldon (JXE3735)
Additional: Clinical document
(11-Feb-2016) Clinical document
Filename: Kettering.ket
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**2366481**	Receive Date:	**11-Feb-2016 00:43**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (28 years)**	Gender:	**F**
Address:	**36 The Green** **Whitehaven CA28 6BP**	Current Address:	**36 The Green** **Whitehaven CA28 6BP**
Return Contact No:			
Tel No:	**07969 324353**		**07969 324353**
Mobile No:	**07818 822699**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**11-Feb-2016 00:43**	Calltype:	**Coming to Base**
Advised:	**01:32**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	**Aziz Ahmer**	Own doctor:	

NHS Number:
6330036306

External 111 Site Name - **Middlebrook (NW111)**
Consultation Summary - **The consultation has identified**
Illness
Warm to touch
Painful urination
Fever at time of assessment or in last 12 hours
Flank pain
Constant pain
Outcome Code - **Dx05**
Outcome Description - **To contact a Primary Care Service within 2 hours**

Triage details:

History - **FREQUENCY AND PAINFUL URINATING 8 HOURS**

pt is already enroute to choc base whitehaven.

PC Suspected UTI

HPC - hestiancy, frequency, dysuria
Passing stale cloudy foul smelling urine.
Left loin pain

Systemically well

PMH- nil
Dhx-nil
Allergies -nil

Examination - **Temp 36.0**
Pulse 82
sats 96% on air
Urine quantitiy voided is like less than 1 ml
Cloudy apple juice like urine.
foul smelling
Untestable as quantitiy too small.
Abdomen is mildly tender in the suprapubic and left loin. LKKS bowel sounds normal.
Diagnosis - **Suspected UTI.**
Treatment - **Advised we will treat as UTI offered antibitoics incase ascending infection. given ciprofloxacin.**
Fluids to drink +++
Advised to take specimen pot and collect early morning MSSU to take to GP and send off.
safety net advice and reviewif doesn't settle.

Pathways Details:

THIRD PARTY COPY

Pathways Consultation Summary - **The consultation has identified**
Illness
Warm to touch
Painful urination
Fever at time of assessment or in last 12 hours
Flank pain
Constant pain

Pathways Final Disposition - **To contact a Primary Care Service within 2 hours (Dx05)**

Followups:

Pt Will Contact Surgery
Advised to call back if necessary

Clinical Codes:

K190. Urinary tract infection

THIRD PARTY COPY

Out of Hours Report letter
04-Jan-2016 Mrs Tracey Park (TPK)
Additional: Out of Hours Report letter

Filename: 00F5C033.htm
Extension:.tif
Pages:

Cumbria Health On Call OOH Call Incident Report

Call number:	**2349894**	Receive Date:	**3-Jan-2016 14:52**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (28 years)**	Gender:	**F**
Address:	**37 The Green**	Current Address:	**36 The Green**
			Bransty
	Whitehaven CA28 6BP		**Whitehaven CA28 6BP**
Return Contact No:			
Tel No:			
Mobile No:	**07818 822699**		
Priority:	**Routine 60 min**	Call Origin:	
Received:	**3-Jan-2016 14:52**	Calltype:	**Pass To Doctor**
Advised:	**15:42**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:	[redacted] **Docton**	Own doctor:	

NHS Number:
6330036306

Reported Condition:
Symptoms: Has a pain in back passage and has now noticed a loss of blood when going to toilet Yes to MIg

Triage details:
History - **no reply- story left of pain in rectum and blood pr- msg left to make routine appt with gp through the week to id bleeding source, call us back if story more complicated or wishes to discuss**

Followups:
Pt Will Contact Surgery
Advised to call back if necessary

Clinical Codes:
J573. Haemorrhage of rectum and anus 9N4.. Failed encounter

]]>

THIRD PARTY COPY

Patient letter
29-Oct-2015 Mrs Lesley Hull (LJH_)
Additional: Patient letter
consent

Filename: 00F5C032.DOC
Extension:.tif
Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **LauraAnne**

Date of Birth: **01/09/1987** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted] / [redacted]

Signature of GP: _____ Date: **29 October 2015**

Name of GP completing the procedure: **Dr Ironside**

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted]

1	I am the patient / [redacted] / [redacted] (delete as necessary)		
2	I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me.	Y	N
3	I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me.	Y	N
4	I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.	Y	N
5	I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:		
6	I have notified the doctor of the following allergies which may be relevant to my treatment:		

Signature of Patient / [redacted] _____

Full Name of Patient / [redacted]

Address (if not the patient):

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

THIRD PARTY COPY

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Document Image letter
06-Nov-2014 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form
Filename: 072015DM_rad2703B.TIF
Extension:.TIF
Pages:

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 6JG

North Cumbria University Hospitals NHS Trust

ED No.	WED-14-026248-1	Hospital No	W284220	Prev ED No	WED-14-001398-1	No. Prev visits	4

Consultant in Charge	Summers, C	Clinician	Sunil Reddy	Patient Group	Other

Surname:	Prowse	Title:	Miss	Date Attended:	06 Nov 2014
Names:	Laura	Gender:	Female	Time Attended:	16:23
Address:	36 THE GREEN BRANSTY WHITEHAVEN	Age:	27 Years	Time since incident:	<1hr
		D.O.B.	01 Sep 1987		
		Religion:			
Postcode:	CA28 6BP	Ethnicity:	White British	Mode of Arrival:	Own Transport
Tel:	01946 439004	Occupation			

PRESENTING COMPLAINT: Head injury, xmas lights fell on head in town

GP's Details:	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	Next of Kin	Gavin [redacted] 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 7RG
		Relationship	[redacted]
Telephone:		Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
VA R	
VA L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:

PAST MEDICAL HISTORY :

MEDICATION TAKEN PRIOR TO ATTENDING ED:

TRIAGE TREATMENT:

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Laura Prowse D.O.B. 01 Sep 1987 Resp Num: W284220 NHS Num: 9990099999 ED Num: WED-14-026248-1 Attendance Date: 06 Nov 2014 Time: 16:23

THIRD PARTY COPY
SCANNED
ED WCH

PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES

Clinicians Name	Dentist [redacted]	Time Seen	16:28
Referred to Speciality		Left Department	16:44

21
F

RTA Minor Head injury or loss of consc
Back from site head, low back
but head not from site, brief black
from Gravel, no LOC, no vomiting
no visual symptoms, not sleepy
c/o headache, feeling sick
* Dizziness, tenderness neck, back
pain c/l Thigh
hip, calf, leg, left knee pain
no bony tenderness
no obvious external injury
Impl Minor Head injury
plan: Reviewed
Hi advice given (F) & leaflet

INVESTIGATIONS & RESULTS

DISCHARGE SUMMARY

Discharge Date: 6/11/14	Outcome: (4)	Comments given to GP:
Signature:		

THIRD PARTY COPY

Document Image letter
06-Nov-2014 Mrs Dympna White (DXW_)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Minor head injury discharged home
Filename: 072015DM_rad5B4B4.TIF
Extension:.TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details
Name: Dr [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 8330036306
ED Episode No: WED-14-026248-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 36 THE GREEN
BRANSTY
WHITEHAVEN
CA28 6BP
Home Tel: 01946 430004
Mobile :

Date & Time of Presentation: 06 Nov 2014 16:23
Presentation Type: New
Patient Group: Other
Presenting Complaint:
Head injury, xmas lights fell on head in town
Incident Type: Road
ED Clinician: Sunil Reddy

Previous Attendances: 4

Time Seen by Clinician: 16:28

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:

BP:
Resps(per min):
GCS Total:

Investigations:
1, Other . Test: Other

Diagnosis:
1, Head Injury Site: Minor HI Comments: bub fell on head, slipped hit head onto wall, no loc, no vomiting, no external injury

Treatment:
1, Head Injury Instruction leaflet

Nursing Comments:

Doctors Comments:

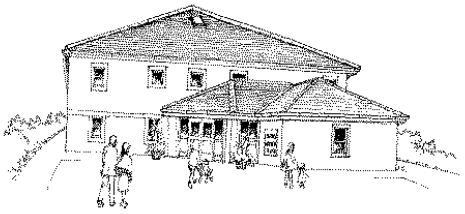
Discharge Details:
Discharged - no follow up, Home
Discharge Date & Time:
06 Nov 2014 19:56

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Referral letter
04-Aug-2014 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Additional: Referral letter
repeat urine
Filename: 00F5C02V.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr J L F Fidalgo
Dr J Woffindin
Dr T C White
Dr M Roshandel
Dr F Ironside

www.lowthermedical.co.uk

04 August 2014

Ms Laura Prowse
36 The Green
Whitehaven
Cumbria
CA28 6BP

Dear Ms Prowse

Your recent urine test needs repeated. Please could you collect a specimen bottle from our reception and return another specimen to us in 2 weeks. Thank you.

Yours sincerely

Receptionist

THIRD PARTY COPY

Document Image letter
06-Jun-2014 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): Cumberland Infirmary, Gynaecology (Description:) Discharge Summary/Report

Filename: 072015DM_rad02CB9.TIF
Extension:.TIF
Pages:

Caring for North Cumbria
Your hospitals, our priority

North Cumbria University Hospitals NHS
NHS Trust

Inpatient Discharge Summary

Personal Details	Admission Details
Patient Name: LAURA [redacted] PROWSE Hospital No: W284220 NHS Number: 633 003 6306 Date of Birth: 01/09/1987 Address:36 THE GREEN BRANSTY WHITEHAVEN Postcode: CA28 6BP Contact Number:	Admission date: 04/06/2014 Discharge date: 06/06/2014 Consultant: V Ravimohan Specialty: Obstetrics Location: AG RNLAY Contact Number: 01228 814213 Discharging Ward: AG Discharge Destination: Home

GP Details	
Registered GP: NJ [redacted] Practice Code: A82041 Preferred GP:	Address: LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA Postcode: CA28 7RG Contact Number: 01946 692241

Advice, Recommendations and Future Plans	
GP Actions:	
Date:	
Additional Comments:	
Further Investigations: including specific Hospital Follow-Up Plans	No follow-up If pain becomes worse, to refer to surgical team or pain team. Thanks.

Diagnosis at Discharge	
Primary Diagnosis:	Diagnostic laparooscopy
Secondary Diagnosis:	Perforated uterus

Palliative Care	
Palliative Care:	
Preferred Place:	

Operations and Procedures	
Operation / Procedure:	Diagnostic laparoscopy
Date:	04/06/2014
Comments:	

THIRD PARTY COPY

Complications During Episode of Care
Details of Complications:
Past Medical History
Clinical Narrative
Underwent diagnostic laparoscopy for chronic pelvic pain on 4/6/14. Laparoscopic findings Nil but small perforation of uterus occurred during instrumentation, fundal area. Admitted for analgesia and antibiotics.Pain improved and discharged home.
Relevant Investigations and Results
Medication at Discharge
MEDICATION PRESCRIBED OR CHANGED (TTO APPENDED)
Information given to patient and/or authorised representative
Actions and Outstanding Investigations

Type:	
Action:	
Person responsible:	
Date requested:	
Date completed:	

Discharging Consultant	
Clinician:	V Ravimohan
Specialty:	Obstetrics
Secretary:	Pam [redacted]
Secretary Telephone:	01228 814213
Secretary Email address:	[redacted]

Discharge Summary Completed	
Clinician:	[redacted] HJ [redacted] MASHOD (Dr N Hj [redacted] Mashod)
Grade:	ST1
Date:	

Admitting Consultant's Secretary	
Name:	Pam [redacted]
Tel extension:	01228 814213
Email address:	[redacted]

THIRD PARTY COPY

W284220 01/09/1987
Prowse
Laura [redacted]
36 The Green
CA28 6BP Dr N J [redacted]
NHS: 6330036306 Female

Unit No.

North Cumbria University Hospitals NHS
NHS Trust

Cumberland Infirmary: 01228 523444
West Cumberland Hospital: 01946 693181

DISCHARGE MEDICATION SUMMARY

Ward: Aspen	Consultant: Ramsden	Admission Date:	Pharmaceutical Needs (if a requirement): ☐ Plain lids
Hospital: CRC		Discharge Date [redacted]	☐ Compliance Chart ☐ Other .....
DRUG ALLERGIES/SENSITIVITIES (Specify drug and reaction. If none known, write 'NONE') None		Community Pharmacy: ☐ Patient Authorisation	Pharmacy Contact & bleep no:

Medication on discharge - (minimum of 14 days supplied unless otherwise stated)

New/ Altered	Name of Medication on Discharge	Dose	Regimen/Frequency	Stop (S)/ Continue (C)/ GP Review	Indication and Comments	Hospital Pharmacy Use Only
	Metronidazole	400mg PO	TDS finish	9/6/14		
✓	Co Amoxiclav	[redacted] PO	TDS finish	9/6/14		
✓	Paracetamol	1g PO	QDS/PRN			
✓	Codeine phosphate	30-60mg	QDS/PRN			
✓	Ibuprofen	400mg PO	TDS/PRN			
					Nurse Discharged	

Prescriber's Signature: S R
Date: 6/6/14
Print Name and Bleep No. RITCHIE 280
Disp. S
Check
Date

Medication Stopped	Date	Reason	Medication Stopped	Date	Reason

Additional Information and Monitoring:

THIRD PARTY COPY

NOTICE OF CONFIDENTIALITY: The information in this form is intended for the named addressee only. It is likely to be confidential and any unauthorised disclosure of the contents is strictly prohibited. If you have received it in error please notify sender immediately.

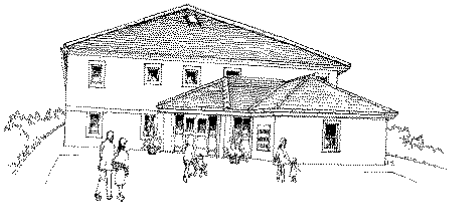
Pink – To file in Notes Yellow – To be sent to Pharmacy Blue – To be sent to GP via Patient White – To be sent to GP

SFT-WQB170: 12/12 REV 1

Referral letter
14-May-2014 Dr T White (TCW_)
Additional: Referral letter

Filename: 00F5C02T.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr J L F Fidalgo
Dr J Woffindin
Dr T C White
Dr M Roshandel
Dr F Ironside

www.lowthermedical.co.uk

RE Ms Laura Prowse
36 The Green
Whitehaven
Cumbria CA28 6BP

14 May 2014

To whom it may concern ,

This lady has currently severe abdominal pain requiring hospital investigation and unfortunately is not fit to go to Blackpool for a holiday 18 05 14 . Thankyou for your consideration

Yours sincerely,

Dr [redacted] White

Lowther Medical Centre

THIRD PARTY COPY

Document Image letter
29-Apr-2014 Miss Cara Amy O'Brien (CAO_)
Additional: Document Image letter
Docman Attachment (From): Cumberland Infirmary, Gynaecology (Description:) Clinical Letter
Filename: 072014DM_rad6F933.TIF
Extension:.TIF
Pages:

North Cumbria University Hospitals NHS

NHS Trust

Ms N Munjuluri MRCOG
Direct Line: 01228 814215

Dr S E [redacted] FRCOG
Direct Line: 01228 814217

Mr V Ravimohan MRCOG
Direct Line: 01228 814213

Mr M S Matar FRCOG
Direct Line: 01946523215

Mr A Wijesiriwardana MS MRCP MRCOG
Direct Line: 01228 814211

Cumberland Infirmary
Newtown Road
Carlisle
Cumbria
CA2 7HY

Tel: 01228 523444

Dr NJ [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Direct Line: 01228 814213
Please Ask For: [redacted]
Our Ref: MP/NC/W284220
Clinic Date: 29 April 2014
Date: 06 May 2014

Dear Dr [redacted]

MISS LAURA [redacted] PROWSE (01/09/1987) **36 The Green Bransty Whitehaven CA28 6BP**

Thank you for referring this 26 year old para 2 to the clinic who was seen at West Cumberland Hospital with chronic pelvic pain that she has been experiencing for three years since her last delivery. She feels that this pain has gotten worse since January this year; it is a constant pain with occasional radiation towards her lower back. She has noticed that the pain can become worse with her periods to the point where it can become crippling.

On examination her abdomen was soft and non-tender. Speculum examination revealed discharge. I have taken triple swabs. Cervix was healthy. Vaginal examination was unremarkable and no discomfort noted.

I explained by examination findings to Laura. There is a possibility of infection and our options are to await the triple swabs and treat accordingly or to perform a diagnostic laparoscopy. Laura was keen for a laparoscopy as she has had this pain for a long time. I have explained the procedure to her including the complications and the possibility of a negative laparoscopy. She would like to go ahead with this and I have booked her for a diagnostic laparoscopy on 4th June 2014. Leaflets have been given and she has been sent for pre-assessment.

Yours sincerely

Dr M Poothavelil
Specialist Registrar in Obstetrics and Gynaecology

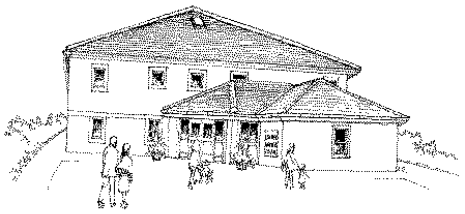
website: www.ncuh.nhs.uk

SFT-WQB158B: 07/02 REV 8

THIRD PARTY COPY

Patient letter
11-Feb-2014 Dr A Hosp (HOSP_)
Additional: Patient letter
to patient with C&B details and password (dough lemon)
Filename: 00F5C02R.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr J LF Fidalgo
Dr J Woffindin
Dr T C White
Dr M Roshandel
Dr F Ironside

www.lowthermedical.co.uk

11 February 2014

Ms Laura Prowse
11 Dalegarth Avenue
Whitehaven
Cumbria
CA28 9JE

Dear Ms Prowse,

You have recently been referred to the Gynaecology outpatient department and details needed by you to arrange your appointment are enclosed; this includes your **UBRN** reference number and your **password** which will be required by the booking team when you contact them.

I have enclosed details of the local hospitals/centres that you can attend and the booking centre should be able to offer you advice on waiting times for these places. There is however a wider choice of hospitals you can attend some of which I can book for you and some of which you need to contact yourself. You may find if you broaden your choice of hospital you can receive an earlier appointment although this is not always possible. If you wish to discuss this and have additional choices added please contact me on 01946 518292.

Once you have informed the booking centre of you choice of place they will either be able to make you an appointment or if no appointments are currently available they will place your name on the waiting list. **Should no appointments be available they may tell you to contact your GP surgery if you have not heard anything after 14 days, please ignore this message as once you are on the waiting list there is nothing further we can do as there can be quite a long waiting list for certain clinics.**

Yours sincerely

Mrs A [redacted]
Secretary

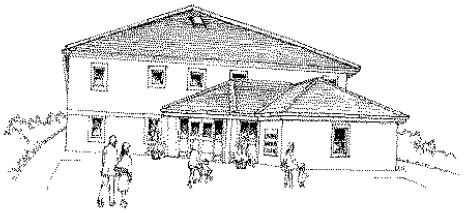
THIRD PARTY COPY

Referral letter
11-Feb-2014 Dr Joyce Woffindin (JW3735)
Additional: Referral letter
11/02/2014 Refer for Gynaecological referral at department of with UBRN: 000249216292 by: Dr J Woffindin

Filename: 00F5C02Q.DOC
Extension:.tif
Pages:

NHS CONFIDENTIAL

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr N J [redacted]
Dr J L F Fidalgo
Dr J Woffindin
Dr T C White
Dr M Roshandel
Dr F Ironside

OUTPATIENT REFERRAL FORM

PATIENT DETAILS	PRACTICE DETAILS	REFERRING DETAILS
Name: **Ms Laura Prowse** DOB: **01/09/1987** NHS No: **633 003 6306** Address: **11 Dalegarth Avenue** **Whitehaven** **CA28 9JE** Tel:	GP: **Dr J Woffindin** Address: **Lowther Medical Centre** **1 Castle Meadows** **Whitehaven** **CA28 7RG** Tel: **01946 692241** Fax: **01946 592611** Practice Code: **A82041**	Consultant: Department: **Gynaecology** Hospital: Referral: **Routine**

Referral Date: 11 February 2014 Our Ref: JW/LB

Dear Colleague

Reason for referral:

I would be grateful if you could see this lady who has had recurrent problems of pelvic pain of unknown cause. She was recently in the West Cumberland Hospital from 20th – 21st January 2014. At that point her bloods were said to be normal and an ultrasound scan was normal. She was discharged with analgesia with the directions that if the pain persists she was referred back to gynaecology outpatients where further investigations could be discussed. She does have a contraceptive implant in-situ and this has recently been changed. She has also had vulval swabs taken within the surgery which have shown no growth. Many thanks for seeing her.

Details of this patient's past medical history, results of recent investigations and a list of their current medication is attached.

Yours sincerely

Dr J Woffindin

THIRD PARTY COPY

Significant Medical History -

Significant History not found

Repeat Medication -

Repeat Master Prescriptions			
Authorised	**Drug Name**	**Last Issued**	**Dosage**
02/04/2013	co-codamol 30mg/500mg tablets	10/12/2013	take 1 or 2 four times daily

Last 3 Acute Prescriptions -

30/01/2014 xylocaine 1% with adrenaline 100micrograms/20ml (1 in 200,000) solution for injection vials (astrazeneca uk ltd) Supply: (1 immediately
30/01/2014 nexplanon 68mg implant (merck sharp & dohme ltd) Supply: (1 immediately
27/09/2013 sumatriptan 50mg tablets Supply: (4 one tablet to be taken as soon as possible after onset, dose may be repeated if migraine recurs (max 300mg in 24 hours)

Allergies -

Allergies & Intolerances not found

Non-drug Allergies not found

Functional Classification of Angina (CCS score) -

Scoring Test Result not found

Functional Classification of Heart Failure (NYHA score) -

CV/BP Consultation not found

Dyspnoea Score (MRC Breathlessness Scale) -

Medical History not found

Latest Smoking Status -

29/01/2014 smoker Cigarette smoker

Pulse Rhythm *(last 2)* -

Heart examination not found

BP *(last 3)* -

Blood pressure	
Date	**BP**
02/05/2012	94/62
13/04/2011	100/60
17/02/2011	134/66

Oxygen Saturation *(last 3)* -

Pulse oximetry	
Date	**Sats**
02/05/2012	99

Last Weight and BMI -

29/01/2014 Weight: 70 kgs BMI: 25

Full Blood Count -

29/07/2011 Haemoglobin estimation 12.7 (11.5 - 16.5) G/dl
29/07/2011 Mean corpuscular volume (MCV) 88.1 (80 - 99) Fl
29/07/2011 Platelet count 245 (140 - 450) 10*9/l
29/07/2011 Total white cell count 8.1 (4 - 11) 10*9/l

U & Es -

Urea - blood not found
Serum creatinine not found
Glomerular Filtration Rate not found
Sodium not found
Potassium not found

Glucose -

08/10/2010 = 4.4 (2.5 - 6)
Hb A1C - Diabetic control not found

Cholesterol -

Serum cholesterol not found

TFTs -

28/04/2008 Serum TSH level 1.84 (0.3 - 4.5) Mu/l

LFTs -

28/04/2008 ALT/SGPT serum level 8 (11 - 47) U/l
28/04/2008 Serum alkaline phosphatase 94 (40 - 117) U/l
28/04/2008 Serum total bilirubin level 11 (0 - 17) Umol/l

Inflammatory -

C Reactive protein not found
Erythrocyte sedimentation rate not found

Radiology -

Chest X-ray not found
CAT scan not found
General ultra sound scan not found
Abdominal ultra-sound not found
Pelvic ultra-sound not found
Shoulder X-ray not found
Spine X-ray not found

THIRD PARTY COPY

Out of Hours Report letter
05-Feb-2014 Dr Joyce Woffindin (JW3735)
Additional: Out of Hours Report letter

Filename: 00F5C02P.htm
Extension:.tif
Pages:

NHSD 111 OOH Call Incident Report

Call number:	**34236**	Receive Date:	**4-Feb-2014 11:14**
Patient's Name:	**Laura Prowse**		
Date of birth:	**1-Sep-1987 (26 years)**	Gender:	**F**
Address:	**11 Dalegarth Avenue Whitehaven CA28 9JE**	Current Address:	**11 Dalegarth Avenue Whitehaven CA28 9JE**
Return Contact No:			
Tel No:	**01946 430004**		**01946 430004**
Mobile No:			
Priority:	**P2**	Call Origin:	
Received:	**4-Feb-2014 11:14**	Calltype:	**111 Cases**
Advised:	**:**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**J Fernandez**

NHS Number:
6330036306

Reported Condition:
Symptoms: VAGINAL DISCHARGE Comments: 51610

Pathways Details:
Pathways Consultation **The consultation has identified**
Summary - **Illness**
Abdominal pain associated with the vaginal discharge
Abdominal pain with lower, one-sided distribution
Pathways Final Disposition - **To contact the GP practice or other local service within 2 hours (Dx05)**

Followups:
None

]]>

THIRD PARTY COPY

Document Image letter
30-Jan-2014 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): ., Other admin (Description:) Admin letter (Notes:) Signed Consent Form
Filename: 072014DM_radAC968.TIF
Extension:.TIF
Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: Prowse First Names: LauraAnne

Date of Birth: 01/09/1987 Male/Female: Female

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):
REMOVAL AND RE-INSERTION OF CONTRACEPTIVE IMPLANT

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted]

Signature of NURSE: Anne Marie Pink Date: 30 January 2014

Name of NURSE completing the procedure: [redacted] PINK

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted] / [redacted]

1 [redacted] the patient / parent [redacted] (delete as necessary)

2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y N

3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. Y N

4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y N

5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

6 I have notified the doctor of the following allergies which may be relevant to my treatment:

Signature of Patient / [redacted] / [redacted]

Address (if not the patient):

Full Name of Patient / [redacted] / [redacted]

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Patient letter
30-Jan-2014 Mrs Anne-Marie Pink (AMP3735)
Additional: Patient letter
CONSENT

Filename: 00F5C02N.DOC
Extension:.tif
Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **LauraAnne**

Date of Birth: **01/09/1987** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):
REMOVAL AND RE-INSERTION OF CONTRACEPTIVE IMPLANT

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted] / [redacted]

Signature of NURSE: _____ Date: **30 January 2014**

Name of NURSE completing the procedure: [redacted] **PINK**

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted]

1	I am the patient / [redacted] / [redacted] (delete as necessary)		
2	I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me.	Y	N
3	I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me.	Y	N
4	I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.	Y	N
5	I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:		
6	I have notified the doctor of the following allergies which may be relevant to my treatment:		

Signature of Patient / [redacted] _____

Full Name of Patient / [redacted]

Address (if not the patient):

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

THIRD PARTY COPY

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Document Image letter
21-Jan-2014 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Gynaecology (Description:) Discharge Summary/Report
Filename: 072013DM_rad79CD9.TIF
Extension:.TIF
Pages:

RealTime

North Cumbria NHS University Hospitals NHS Trust

Discharge Summary

22/01/14 · 01946 592611 ·

Personal Details		Admission Details	
Name:	Miss LAURA PROWSE	Admission date:	20-01-2014
Hospital No.:	W284220	Discharge date:	21-01-2014
NHS Number:	633 003 6306	Consultant:	Moukarram, H
Date of Birth:	01-09-1987	Specialty:	Gynaecology
Address:	11 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA	Location:	Kirkstone 1 Elective
		Contact Number:	4052
		Discharge Destination:	Home
Postcode:	CA28 9JE		
Contact Number:	H:01946 430004, W:07759967960		

GP Details			
Registered GP:	[redacted]	Address:	LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA
Preferred GP:			
Practice code:	A82041		
		Postcode:	CA28 7RG
		Contact Number:	01946 692241

Diagnosis at Discharge

Primary Diagnosis: Pelvic pain on unknown cause

Comments:

Palliative Care

Palliative Care:

Preferred Place:

Complications

Complications during episode of care?

Details of Complications:

THIRD PARTY COPY

Tue, 21 Jan 2014 16:55 Submitted by [redacted] chaudhry

Tue, 21 Jan 2014 16:59 Printed by bilal chaudhry

Patient name:	Miss LAURA PROWSE	Hospital Number:	W284220
Date of Birth:	01-09-1987	NHS Number:	633 003 6306

Relevant Past Medical History

Clinical Narrative

Admitted with LIF pain. bloods - nad. USS - NAD. given that all the preliminary investigations have not shown any pathology, she has been discharged with analgesia. If the pain persists than please refer her to gynae o/p where further investigations can be discussed.

Relevant Investigations and Results

Information given to patient and/or authorised representative

Discharging Doctor

Discharging clinician:	[redacted] chaudhry
Grade:	ST < 3
Date:	21-01-2014 04:55:49 PM

THIRD PARTY COPY

[redacted]
W284220 01/09/1987
Prowse
Laura [redacted]
11 Dalegarth Avenue
CA28 9JE Dr N J [redacted]
NHS: 6330036306 Female

North Cumbria University Hospitals NHS
NHS Trust

Cumberland Infirmary: 01228 523444
West Cumberland Hospital: 01946 693181

DISCHARGE MEDICATION SUMMARY

Ward: K1	Consultant: All	Admission Date:	Pharmaceutical Needs (if a requirement): ☐ Plain lids
Hospital: W CH		Discharge Date: 21/1/14	☐ Compliance Chart ☐ Other .....
DRUG ALLERGIES/SENSITIVITIES (Specify drug and reaction. If none known, write 'NONE')		Community Pharmacy: ☐ Patient Authorisation	Pharmacy Contact & bleep no:

Medication on discharge (maximum of 14 days supplied unless otherwise stated)

New/ Altered	Name of Medication on Discharge	Dose	Regimen/Frequency	Stop (S)/ Continue (C)/ GP Review	Indication and Comments	Hospital Pharmacy Use Only
NEW	Paracetamol	1g	4-6 hourly as required	5 days		798A
NEW	~~Codeine OR (delete one as routine)~~ Tramadol	~~30-60mg~~ 50-100mg	~~4-6 hourly as required~~ 4-6 hourly as required	5 days		9A18 1/3
	~~Ondansetron~~	~~4mg~~	~~3 times daily as required~~ ~~5 days~~			
	Ibuprofen	400mg	3 times daily as required	5 days	Declined.	

Prescriber's Signature: [redacted] 21/1/14 Print Name and Bleep No. [redacted] Chandler Check [redacted] Date 21.1.14

Medication Stopped	Date	Reason	Medication Stopped	Date	Reason

Additional Information and Monitoring:

for Information only.

THIRD PARTY COPY

NOTICE OF CONFIDENTIALITY: The information in this form is intended for the named addressee only. It is likely to be confidential and any unauthorised disclosure of the contents is strictly prohibited. If you have received it in error please notify sender immediately.

Pink – To file in Notes Yellow – To be sent to Pharmacy Blue – To be sent to GP via Patient White – To be sent to GP

PET-NCA0006: 10/13 [redacted]

Document Image letter
20-Jan-2014 Ms Louise Bacon (LB_)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E Form
Filename: 072014DM_rad44B28.TIF
Extension:.TIF
Pages:

WED-14-001398-1

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria NHS
University Hospitals
NHS Trust

ED No.	Hospital No.	Prev ED No.	No. Prev visits
WED-14-001398-1	W284220	WED-12-018664-2	3

Consultant In Charge	Clinician	Patient Group
Hayton, J	[redacted] Bateman	Other

Surname:	Prowse	Title:	Miss
Names:	Laura	Gender:	Female
Address:	11 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA	Age:	26 Years
		D.O.B:	01 Sep 1987
		Religion:	
		Ethnicity:	White British
		Occupation:	
Postcode:	CA28 9JE	Date Attended:	20 Jan 2014
Tel:	01946 430004	Time Attended:	10:32
		Time since incident:	1-3 days
		Mode of Arrival:	Own Transport

PRESENTING COMPLAINT Abdominal pain, left side

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	[redacted]	Gavin Relph 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 7RG
Telephone:	01946 692241	Relationship	[redacted]
		Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS

Temp	36.8
Pulse	70
Resp	18
Blood pressure	Syst: 129 , Dias: 82
Verbal response	Oriented, converses normally - 5
Motor response	Obeys commands - 6
Eye response	Opens eyes spontaneously - 4
BM stix	
Pre Neb	
Post Neb	
O2 Sat	100
VA.R	
VA.L	
EMEWS	
Comments	Preg = neg. RUT = blood (menstruating). nil else.

TRIAGE COMMENTS/HISTORY OF EVENTS:
right side lower abdo. pain. started yesterday morning . getting worse. menstruating at present. stinging when pass urine

PAST MEDICAL HISTORY :
meds: contrasceptive implant. no known allergies

MEDICATION TAKEN PRIOR TO ATTENDING ED:
cocodamol this morning

TRIAGE TREATMENT:
Oral advice

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE 8
SPECIAL NEEDS THIS ATTENDANCE:		

THIRD PARTY COPY SCANNED

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 6330036306 ED Num: WED-14-001398-1 Attendance Date: 20 Jan 2014 Time: 10:32

PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time
Tramadol	50 mg	PO	ES.	[signature]	11:20

CLINICAL NOTES

Clinicians Name	[redacted] Bateman	Time Seen	11:10
Referred to Speciality		Left Department	

PC Severe left sided lower abdo pain for 1/7, co-inciding with menstruation. Has had similar episodes previously, but on this occasion also has irregular bleeding. Now on 2nd period of the month & bleeding is heavier than usual. Previously periods every ~21 days. Now [redacted] at rest & worse on P/u & defecation. Has had no relief from Co-codamol. Previously treated with ABx for PID but problem persisted. Episodes of Pain began ~7/12 ago. No obvious trigger. ↑frequency of urine & smelly urine. Bowels = NAD. EtD as usual. Has vomited x1 post analgesia. Pain radiating in to left suprapubic area.

PMHx ?PID, Has contraceptive implant. 3 pregnancies (2 live births +1 medical termination 2006)

DHx Contraceptive implant. NKDA.

O/E  Tender +++ in LIF, no rebound tend. Soft abdomen. BS = (N). No renal angle tenderness.

PR/PV exams not performed.

Imp Exacerbation of PID / ?? endometr[redacted]

Plan Analgesia ✓

INVESTIGATIONS & RESULTS

D/W Gynae ✓ → Transfer to treatment room @ overwater ward.
Obs please ✓

DISCHARGE SUMMARY

Discharge Date:	Outcome:	Comments given to GP:
Signature:		

574). 12⁰⁰ D/W Dr Ido (Gynae Reg) → Please send patient to Overwater for triple swabs & clinic booking. Contact SHO to arrange this.

THIRD PARTY COPY

Document Image letter
20-Jan-2014 Ms Louise Bacon (LB_)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) treat as PID
Filename: 072013DM_rad78898.TIF
Extension: .TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details
Name: Dr NJ [redacted]
Address: LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: W284220
NHS No: 6330036306
ED Episode No: WED-14-001398-1

Patient Details
Name: Laura Prowse
DoB: 01 Sep 1987
Address: 11 DALEGARTH AVENUE
MIREHOUSE
WHITEHAVEN
CUMBRIA
CA28 9JE
Home Tel: 01946 430004
Mobile :

Date & Time of Presentation: 20 Jan 2014 10:32
Presentation Type: New
Patient Group: Other
Presenting Complaint:
Abdominal pain, left side
Incident Type: Home
ED Clinician: [redacted] Bateman

Previous Attendances: 3

Time Seen by Clinician: 11:10

Triage:
Presenting Complaint: Abdominal Pain,Recent problem
Treatment: Oral advice
Comments: right side lower abdo. pain. started yesterday morning . getting worse. menstruating at present. stinging when pass urine

First Nursing Obs:
Pulse: 70
Temperature: 36.8
Oxygen Saturation%: 100
Comments:

BP: 129/82
Resps(per min): 18
GCS Total: 15

Investigations:
1. None **Test:** None

Diagnosis:
1. Pelvic Inflammatory Disease **Comments** treat as

Treatment:
1. Parenteral analgesia
2. Parenteral analgesia **Comments:** gynae to see

Prescribed Drugs:
1. Tramadol 50mg **Dose** 2 **Frequency** Four times per day **Quantity** 1 Pack

Nursing Comments:

Doctors Comments:

Discharge Details:
Admitted, Overwater Joints/Gynae
Discharge Date & Time:
20 Jan 2014 12:10

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Document Image letter
01-May-2013 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Physiotherapy (Description:) Admin Letter (Notes:) No contact
Filename: 072013DM_radFC07F.TIF
Extension:.TIF
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

DATE 01/05/2013

Dr NJ [redacted]
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG

Dear Dr NJ [redacted]

Re: Ms Laura [redacted] Prowse
11 Dalegarth Avenue
Whitehaven
CA28 9JE

Patient DOB: 01/09/1987

NHS Number :- 6330036306

Thank you for referring the above patient.

A letter has been sent requesting them to contact the department to arrange an appointment.

As no contact has been made by your patient, he/she has been discharged accordingly.

Yours sincerely,

Department of Physiotherapy
West Cumberland Hospital
Hensingham
Whitehaven
CA28 8JG

Tel Number:- 01946 523636

THIRD PARTY COPY

Other Attachment letter
18-Mar-2013 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Additional: Other Attachment letter
Request for physiotherapy.
Filename: 00F5C02I.tif
Extension:.tif
Pages:

NHS Cumbria

REQUEST FOR PHYSIOTHERAPY ASSESSMENT

Name [redacted] Lauren Prowse.
Address 11 [redacted] garth Av, Whitehaven
Post Code CA28 9JE Tel-Home 07969329353
D.O.B 1/9/87 Work
G.P. Practice Lowther Date 15/3/13

REASON FOR REFERRAL (Out-Patient / In-Patient / Home Visit)
Thoracic + lumbar spine back ache, (R) Sciatica.

Date of Onset 0-2 2-4 4-6 6-8 8+ Weeks. Able to Work Yes / No / NA. Transport Required Yes / No

ADDITIONAL INFORMATION
Drugs ..... Naproxen .....
X-Ray Results ..... — .....
P.M.H ..... Common Peroneal nerve Palsy .....

REFERRING PRACTITIONER ..... Fidalgo ..... SIGNATURE .....
WOB350. 03/09 REV 4

THIRD PARTY COPY

Document Image letter
22-Oct-2012 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): Manchester Cytology Centre, Cytology (Description:) Result
Filename: 072013DM_rad95FFC.TIF
Extension:.TIF
Pages:

Patient PROWSE
Laura
15 DALEGARTH AVENUE
WHITEHAVEN
CUMBRIA
CA28 9JE
D.O.B. 01 Sep 1987
NHS No. 633 003 6306
Serial No.
Sender PIA4

Dr N.J. [redacted]
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
* CA28 7RG

G.P.

THE MANCHESTER CYTOLOGY CENTRE, M13 9WL Slide No.104140.12

LMP: Test Date: 22 Oct 2012

Specimen Type: LBC (SurePath)

Reason for Smear: Routine call

Condition: Taking hormones

Clinical Details: Cx vis 360x5,cx appears normal
Imb.Nexplanon in situ.Irregular bleeding ? implant.

Cytology Report:
No abnormal cells seen. Suggest routine recall

Pattern: 2

Infection:

QDK

Action code: [A]

Authoriser: JPM Date authorised: 25 Oct 2012
1st print date: 25 Oct 2012 Date: 25 Oct 2012

THIRD PARTY COPY

Document Image letter
06-Sept-2012 Ms Louise Bacon (LB_)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Orthopaedics (Description:) Clinical Letter
Filename: 072012DM_rad531F4.TIF
Extension:.TIF
Pages:

North Cumbria University Hospitals NHS

NHS Trust

DEPARTMENT OF ORTHOPAEDICS:
Mr N S Rao, Mr M I Dhebar, Mr P Fismer, Mr P M [redacted] Mr A M Naguib, Mr S Allcock

West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 693181

Our Ref: PA/KD/W284220

Date: 10/09/2012
Clinic Date: 06/09/2012

Dr NJ [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Direct Tel: (01946) 523197
Fax: (01946) 523195

Dear Dr [redacted]

Re: MISS LAURA [redacted] PROWSE 01/09/1987 (NHS: 633 003 6306)
11 Dalegarth Avenue Mirehouse Whitehaven Cumbria CA28 9JE

I reviewed this young lady today four weeks since she sat on her leg and she developed common peroneal nerve palsy affecting her left leg.

She has started to see some improvement in that she can dorsiflex her foot but not her big toe. She is still very numb around her ankle and foot.

I think this will go on to settle and improve but obviously the nerve has to regenerate down its tract which takes a considerable period of time. She is swimming and doing her own exercises but I think some advice from physio would be appropriate. I have referred her to them and I will allow them to keep an eye on her. However, if she is not improving or she has any concerns then she can get back in touch.

Yours sincerely

K. Dunbar

MR P [redacted]
Consultant Orthopaedic Surgeon

(Dictated but not signed)

THIRD PARTY COPY

Document Image letter
16-Aug-2012 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Orthopaedics (Description:) Clinical Letter
Filename: 072012DM_rad7B064.TIF
Extension:.TIF
Pages:

North Cumbria University Hospitals NHS
NHS Trust

Our Ref: AB/GW/W284220

Date: 21/08/2012
Clinic Date: 16/08/2012

West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 693181

Direct Tel: (01946) 523198

Dr NJ [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr [redacted]

Re: MISS LAURA [redacted] PROWSE 01/09/1987 (NHS: 633 003 6306)
11 Dalegarth Avenue Mirehouse Whitehaven Cumbria CA28 9JE

Diagnosis: Common peroneal nerve palsy; possibly due to neuropraxia.

I saw this lady in the clinic today who was sitting on the sofa with her ankle tucked below her bum on the right side with the knee fully flexed. When she tried to get up she could not feel the leg below the knee and fell down.

On examination she has a weak dorsiflexion of foot and toes with a decreased sensation on the lateral aspect of the leg and the foot. She does not have any lower back pain or straight leg raising pain. Her hip abductors are normal which excludes L5 root lesion clinically. Clinically I think she has developed a common peroneal nerve palsy probably due to the stretching of the nerve.

I have explained the situation to her and that this could possibly go back to normal within three weeks time. We have agreed to review her in three to four weeks before we proceed with any nerve conduction studies. For the time being I have requested a foot splint, if this is not available we can give her a below knee walking cast to prevent the foot drop gait. We will see her in three weeks.

Yours sincerely

Mr A Bhaskaran
Speciality Doctor in Orthopaedics to -
Mr P [redacted]
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

Document Image letter
14-Aug-2012 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form

Filename: 072012DM_rad3559B.TIF
Extension:.TIF
Pages:

WED-12-018664-2

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria University Hospitals NHS Trust

ED No.	WED-12-018664-2	Hospital No.	W284220	Prev ED No.	WED-12-018664-1	No. Prev visits	2

Consultant In Charge	Summers, C	Clinician	[redacted] Ouda	Patient Group	Other

Surname:	Prowse	Title:	Miss	Date Attended:	14 Aug 2012
Names:	Laura	Gender:	Female	Time Attended:	21:38
Address:	15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA	Age:	24 Years	Time since incident:	12-24hrs
		D.O.B:	01 Sep 1987	Mode of Arrival:	Own Transport
		Religion:			
Postcode:	CA28 9JE	Ethnicity:	White British		
Tel:	01946 694984	Occupation:			

PRESENTING COMPLAINT Limb Lower

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	[redacted]	Gavin Relph 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 7RG
		Relationship	[redacted]
Telephone:	01946 692241	Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
VA.R	
VA.L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:

PAST MEDICAL HISTORY :

MEDICATION TAKEN PRIOR TO ATTENDING ED:

TRIAGE TREATMENT:

SCANNED ED WCH

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 6330036306 ED Num: WED-12-018664-2 Attendance Date: 14 Aug 2012 Time: 21:38

THIRD PARTY COPY

PRESCRIPTION					
Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES

Clinicians Name	[redacted] Ouda	Time Seen	21:54
Referred to Speciality		Left Department	

C/O left foot drop
was sitting on her left foot yesterday for about 15 minutes. felt her foot numb, and unable to walk on it. had recent some throat attended A+E earlier today ⇒ had Xray which was OK. given crutches & orthopaedic clinic booked 2/7. tonight felt the symptoms extend more proximally to her thigh. no pain. No history of trauma. ⇒ Advised to keep fracture clinic appointment.
O/E patient [redacted] to move each, however I can able to move it passively without pain. Sensation ok but feel tingling. ⇒ Team back if further problem

* Pulse ✓ DPA Popliteal ✓ ok
* calf muscle no pain, no tenderness
no swelling
[redacted] signs of inflammation
[redacted] DVT neg
? drop foot syndrome

INVESTIGATIONS & RESULTS

DISCHARGE SUMMARY		
Discharge Date: 14/8/12	Outcome: referred to fracture clinic	Comments given to GP:
Signature: Nadia		

THIRD PARTY COPY

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 6330036306 ED Num: WED-12-018664-2 Attendance Date: 14 Aug 2012 Time: 21:38

Document Image letter
14-Aug-2012 Mrs Janet Procter (JPR)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) Full A&E form
Filename: 072012DM_radD5B89.TIF
Extension:.TIF
Pages:

Mr Armstrong ✗ clinic
Thursday 16.8.12 @ 2.20.

WED-12-018664-1

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria University Hospitals NHS Trust

ED No.	WED-12-018664-1	Hospital No.	W284220	Prev ED No.	WED-11-020491-1	No. Prev visits	1

Consultant In Charge	Summers, C	Clinician	[redacted]	Patient Group	Other

Surname:	Prowse	Title:	Miss	Date Attended:	14 Aug 2012
Names:	Laura	Gender:	Female	Time Attended:	10:22
Address:	15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA	Age:	24 Years	Time since incident:	12-24hrs
		D.O.B:	01 Sep 1987		
		Religion:		Mode of Arrival:	Own Transport
		Ethnicity:	White British		
		Occupation:			
Postcode:	CA28 9JE				
Tel:	01946 694984 / 07969324353				

PRESENTING COMPLAINT Limb Lower

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	[redacted]	Gavin Relph 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 7RG
		Relationship	[redacted]
Telephone:	01946 692241	Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
VA.R	
VA.L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:

PAST MEDICAL HISTORY :

MEDICATION TAKEN PRIOR TO ATTENDING ED:

SCANNED ED WCH

TRIAGE TREATMENT:

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

THIRD PARTY COPY

PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES

Clinicians Name	[redacted]	Time Seen	10:24
Referred to Speciality		Left Department	

PCu Loss of sensation below knee (L) HPCu [redacted] night around 12:00 AM when sitting on sofa for 10 mins with flexed (L) leg underneath her when she tried to get up she couldn't feel her leg below knee. She went to bed, this morning after getting up still can't feel her leg. She tripped over (L) foot as well.

Normally fit & [redacted]

O/E: (L) leg

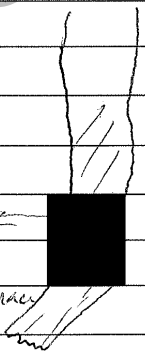
→ can't dorsi / plantar flex the (L) foot

→ can't invert foot + can't extend toes.

(L) pulses ↑ DP ++ PT ++

- Decreased sensation along sup. peroneal n. area

- No sensation at 1st web space on web.



S/S. Ms Summers Cons.

- X-ray (L) [redacted] requested.

(P) (L) Foot splint.

INVESTIGATIONS & RESULTS

- X-ray (L) knee - No #

Summers - this is acute pt dgs

- Orthotics from hr splint done.

DISCHARGE SUMMARY

Discharge Date: 14/8/12	Outcome: # clinic	Comments given to GP:
Signature:		

crutches

clinic fu.

THIRD PARTY COPY

Document Image letter
14-Aug-2012 Mrs Debbie Todd (DJT)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) left drop foot syndrome
Filename: 072011DM_radA4612.TIF
Extension: .TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details
Name: *Dr NJ* [redacted]
Address: *LOWTHER MEDICAL CENTRE*
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: *W284220*
NHS No: *6330036306*
ED Episode No: *WED-12-018664-2*

Patient Details
Name: *Laura Prowse*
DoB: *01 Sep 1987*
Address: *15 DALEGARTH AVENUE*
MIREHOUSE
WHITEHAVEN
CUMBRIA
CA28 9JE
Home Tel: *01946 694984*
Mobile :

Date & Time of Presentation: *14 Aug 2012 21:38*
Presentation Type: *Unplanned*
Patient Group: *Other*
Presenting Complaint:
Limb Lower
Incident Type: *Home*
ED Clinician: [redacted] *Ouda*

Previous Attendances: *2*

Time Seen by Clinician: *21:54*

Triage:
Presenting Complaint: *Limb problems*
Treatment:
Comments: *Reattend with numbness to leg. seen by Dr on arrival.*

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:
BP:
Resps(per min):
GCS Total:

Investigations:
1. *None* **Test:** *None*

Comments *left drop foot syndrome*

Treatment:
1. *Crutches (pair)* **Comments:** *fracture clinic refearral*

Nursing Comments:

Doctors Comments:

Discharge Details:
A&E Dept Review
Discharge Date & Time:
14 Aug 2012 22:21

Contact the Emergency Department if you have any further queries about his attendance.

THIRD PARTY COPY

Document Image letter
14-Aug-2012 Mrs Debbie Todd (DJT)
Additional: Document Image letter
Docman Attachment (From): West Cumberland Hospital, Accident & Emergency (Description:) Clinical Letter (Notes:) acute (L) foot drop
Filename: 072011DM_rad64EA7.TIF
Extension:.TIF
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria NHS
University Hospitals
NHS Trust

THIRD PARTY COPY

GP Details
Name: *Dr NJ [redacted]*
Address: *LOWTHER MEDICAL CENTRE*
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: *W284220*
NHS No: *6330036306*
ED Episode No: *WED-12-018664-1*

Patient Details
Name: *Laura Prowse*
DoB: *01 Sep 1987*
Address: *15 DALEGARTH AVENUE*
MIREHOUSE
WHITEHAVEN
CUMBRIA
CA28 9JE
Home Tel: *01946 694984*
Mobile :

Date & Time of Presentation: *14 Aug 2012 10:22*
Presentation Type: *New*
Patient Group: *Other*
Presenting Complaint:
Limb Lower
Incident Type: *Home*
ED Clinician: *[redacted]*

Previous Attendances: *2*

Time Seen by Clinician: *10:24*

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:

BP:
Resps(per min):
GCS Total:

Investigations:
1. *None*

Radiology:
1. *X-Ray* **Site:** *Knee* **Side:** *Left* **Outcome:** *Normal*

Diagnosis:
1. *Orthopaedic - Other* **Comments** *Acute left footdrop*

Treatment:
1. *Crutches (pair)*

Nursing Comments:

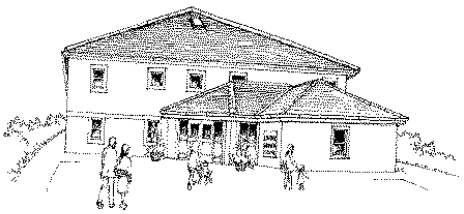
Doctors Comments:

Discharge Details:
Outpatient Clinic
Discharge Date & Time:
14 Aug 2012 11:38

Comments for GP: (including any future patient management identified:
Also referred to orthotics for a footdrop splint.This has happened when sat on her leg for a few minutes.I have explained that this will come right but will take a long time so we have arranged orthopaedic followup due to the length of recovery

Patient letter
26-July-2012 Sister Diana Morgan (DXM_)
Additional: Patient letter
The recent urine taken shows an infection. A prescription for a different antibiotics is enclosed.
Filename: 00F5C02A.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

26 July 2012

Ms Laura Prowse
15 Dalegarth Avenue
Whitehaven
Cumbria
CA28 9JE

Dear Ms Prowse,

The recent urine taken shows an infection. A prescription for a different antibiotics is enclosed.
Please contact the surgery for further details if you wish.
Please provide reception with a contact number.

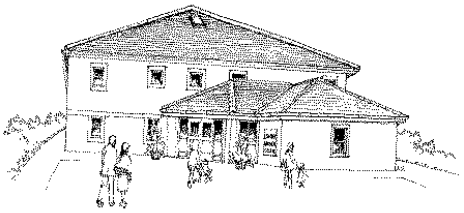
Yours sincerely
[redacted]

Nurse Practitioner to Lowther Medical Centre

THIRD PARTY COPY

Patient letter
28-Mar-2012 Dr A Hosp (HOSP_)
Additional: Patient letter
to patient re: DNA appts.
Filename: 00F5C029.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

28 March 2012

Ms Laura Prowse
15 Dalegarth Avenue
Whitehaven
Cumbria
CA28 9JE

Dear Ms Prowse

It has come to our attention that you have failed to attend a number of appointments in the last few weeks, resulting in clinical time being wasted that could have been offered to other patients.

We would ask that you tell us you are unable to attend in advance of any appointment in the future.

We have been advised by Cumbria Primary Care Trust that we are able to seek someone's removal from our list for repeated non-attendance in this way. If you continue to fail to keep your appointments, we will be forced to consider this course of action.

We hope to see some improvement over the next few weeks and months.

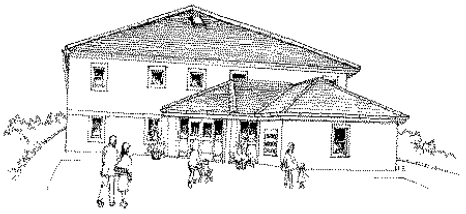
Yours sincerely

Gillian [redacted]
Practice Manager

THIRD PARTY COPY

Referral letter
08-Nov-2011 Ms A Reception (RECEP_)
Additional: Referral letter
see gp re: swab result. do
Filename: 00F5C028.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

08 November 2011

Ms Laura Prowse
15 Dalegarth Avenue
Whitehaven
CA28 9JE

Dear Ms Prowse

We now have the results of your recent swab. Could you please contact this surgery to arrange an appointment to see a GP or Nurse Practioner in the next 2 weeks so we can discuss things further.

Our phone lines are open from 8 a.m. Monday to Friday.

Yours sincerely

Receptionist

THIRD PARTY COPY

Other Attachment letter
07-Nov-2011 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Additional: Other Attachment letter
Request for abdominal uss.
Filename: 00F5C027.tif
Extension:.tif
Pages:

NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST: WEST CUMBERLAND HOSPITAL

REQUEST FOR RADIOLOGICAL OPINION

APPOINTMENT

SURNAME Prowse HOSP. NO.
FIRST NAME laura
D.O.B. 1/9/87
ADDRESS: 15 Dalegarth Av. Whitehaven
POSTCODE CA 28 9JE

WARD/DEPT/PRACTICE
DR. JOSE . FIDALGO
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
REFERRING CONSULTANT/GP WHITEHAVEN
CUMBRIA CA28 7RG

DIABETIC Y / (N) Office Signature:
METFORMIN Y (N)
PREVIOUS IV CONTRACT ALLERGY? Y / N
I don't know
INFECTION RISK? 4

NHS / [redacted] PP

PHONE: HOME
WORK

NOT URGENT / URGENT

IN-PATIENTS Walking Chair Trolley Bed Portable
OUT-PATIENTS TRANSPORT? Car Ambulance Escort

EXAMINATION REQUESTED
(see back of form for dose equivalent) U/S Abd[redacted]n. (Uterus, Tubes, ovaries)

What information do you want from the examination? To find out

State relevant clinical history / treatment / surgery / radiology
previous PID, persistent pain in lower abdomen.

BARIUM STUDIES: Please prescribe bowel preparation.
ROUTINELY PICOLAX SACHETS OR EQUIVALENT
BA ENEMA (usually x 2) SBE (x 1)
PLEASE TICK BOX BELOW

X 1	X 2	SIGNATURE

REFERRER'S NAME (BLOCK CAPITALS) Fidalgo
DESIGNATION (Dr) Dentist Nurse Pract. Nurse Other

BLEEP

PREVIOUS RADIOLOGY?
State hospital & year

SIGNATURE

DATE 4/11/11

SFT-WQG101: 09/08 REV4

INCORRECTLY COMPLETED FORMS WILL BE RETURNED,
This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000

JUSTIFIED BY:

THIRD PARTY COPY

Other Attachment letter
19-Sept-2011 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Full A&E Report from 09.09.11
Filename: 00F5C026.tif
Extension:.tif
Pages:

4

WED-11-020491-1

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG

North Cumbria University Hospitals NHS Trust

ED No.	WED-11-020491-1	Hospital No.	W284220	Prev ED No.		No. Prev visits	0

Consultant In Charge	Greene, MK	Clinician	[redacted] Newlove	Patient Group	Fall Accident

Surname:	Prowse	Title:	Miss	Date Attended:	09 Sep 2011
Names:	Laura	Gender:	Female	Time Attended:	20:41
Address:	15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA	Age: D.O.B: Religion: Ethnicity: Occupation:	24 Years 01 Sep 1987 White British	Time since incident: Mode of Arrival:	1-2hrs Own Transport
Postcode:	CA28 9JE				
Tel:	01946 694984				

PRESENTING COMPLAINT Limb Upper, wrist inj

GP's Details	NJ [redacted] LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG	[redacted]	Gavin Relph 15 DALEGARTH AVENUE MIREHOUSE WHITEHAVEN CUMBRIA CA28 7RG
		Relationship	[redacted]
Telephone:	01946 692241	Telephone	01946 694984

TRIAGE NOTES

OBSERVATIONS	
Temp	
Pulse	
Resp	
Blood pressure	
Verbal response	
Motor response	
Eye response	
BM stix	
Pre Neb	
Post Neb	
O2 Sat	
VA.R	
VA.L	
EMEWS	
Comments	

TRIAGE COMMENTS/HISTORY OF EVENTS:

PAST MEDICAL HISTORY :

MEDICATION TAKEN PRIOR TO ATTENDING ED:

TRIAGE TREATMENT:

SCANNED ED

SPECIAL CASE

ALERTS	PRIORITY	REVISED PRIORITY / TIME
SPECIAL NEEDS PERMANENT :		PAIN SCORE
SPECIAL NEEDS THIS ATTENDANCE:		

Patient Name: Laura Prowse D.O.B: 01 Sep 1987 Hosp Num: W284220 NHS Num: 6330036306 ED Num: WED-11-020491-1 Attendance Date: 09 Sep 2011 Time: 20:41

THIRD PARTY COPY

PRESCRIPTION

Drug	Dose	Route	Prescriber	Given by	Time

CLINICAL NOTES

Clinicians Name	[redacted] Newlove	Time Seen	20:43
Referred to Speciality		Left Department	

24 F

Painful Right wrist.

Tender after fall. Allegedly tripped and a raised paving stone & put Right forearm against the door.

O/E - GCS 15/15

→ tender distal ulna

→ small contusion overlying

→ Xray of wrist

Xray (sprain)

Rx - I advise analgesia

[redacted] Newlove

INVESTIGATIONS & RESULTS

(R) WRIST

DISCHARGE SUMMARY

Discharge Date: 09/09/11	Outcome:	Comments given to GP:
Signature: [redacted] Newlove		

THIRD PARTY COPY

Other Attachment letter
13-Sept-2011 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A & E Form
Filename: 00F5C025.tif
Extension: .tif
Pages:

ED Attendance Summary

EMERGENCY DEPARTMENT
WEST CUMBERLAND HOSPITAL
WHITEHAVEN
CA28 8JG
Tel 01946 693181

North Cumbria University Hospitals NHS Trust

GP Details
Name: *Dr NJ [redacted]*
Address: *LOWTHER MEDICAL CENTRE*
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Hospital No: *W284220*
NHS No: *6330036306*
ED Episode No: *WED-11-020491-1*

Patient Details
Name: *Laura Prowse*
DoB: *01 Sep 1987*
Address: *15 DALEGARTH AVENUE*
MIREHOUSE
WHITEHAVEN
CUMBRIA
CA28 9JE
Home Tel: *01946 694984*
Mobile :

Date & Time of Presentation: *09 Sep 2011 20:41*
Presentation Type: *New*
Patient Group: *Fall Accident*
Presenting Complaint:
Limb Upper, wrist inj
Incident Type: *Other*
ED Clinician: *[redacted] Newlove*

Previous Attendances: *0*

Time Seen by Clinician: *20:43*

Triage:
Presenting Complaint:
Treatment:
Comments:

First Nursing Obs:
Pulse:
Temperature:
Oxygen Saturation%:
Comments:

BP:
Resps(per min):
GCS Total:

Investigations:
1. *None* **Test:** *None*

Radiology:
1. *X-Ray* **Site:** *Wrist* **Side:** *Right*

Diagnosis:
1. *Bruise/Contusion/Haematoma* **Site:** *Wrist* **Side** *Right* **Comments** .

Treatment:
1. *Verbal advice*

Nursing Comments:

Doctors Comments:

Discharge Details:
Discharged - no follow up, Home
Discharge Date & Time:
09 Sep 2011 20:57

Comments for GP: (including any future patient management identified:

THIRD PARTY COPY

Other Attachment letter
01-Aug-2011 Dr Gemma Kirby (GK_)
Additional: Other Attachment letter
Request for chest x-ray.
Filename: 00F5C024.tif
Extension:.tif
Pages:

NORTH CUMBRIA UNIVERSITY HOSPITALS NHST TRUST:
WEST CUMBERLAND HOSPITAL

REQUEST FOR RADIOLOGICAL OPINION

Faxed 1.8.11

APPOINTMENT

SURNAME ROWSE HOSP. NO.
FIRST NAME LAURA
D.O.B. 01/09/87
ADDRESS: 15 DALEGARTH AVE
LLWYNDAFAD
POSTCODE CA28 9JE

WARD/DEPT/PRACTICE: LMC
REFERRING CONSULTANT/GP: KIRBY
NHS: X PP:

DIABETIC? Y / N (N)
Office signature:
METFORMIN Y / N (N)
PREVIOUS IV CONTRAST ALLERGY? Y / N (N)
INFECTION RISK?

PHONE: HOME
WORK

NOT URGENT
URGENT X

IN PATIENTS Walking Chair Trolley Bed Portable
OUTPATIENT TRANSPORT? Car Ambulance Escort

EXAMINATION REQUESTED
(see back of form for dose equivalent) CXR

What information do you want from the examination?
Cough 3w Smoker

State relevant clinical history / treatment / surgery / radiology
? Pertussis
See SOS
Please try to appoint before 05/08/11 due to holiday

BARIUM STUDIES: Please prescribe bowel preparation.
ROUTINELY PICOLAX SACHETS OR EQUIVALENT
BA ENEMA (usually x 2) SBE (x1)
PLEASE TICK BOX BELOW

X1	X 2	SIGNATURE

REFERRER'S NAME (BLOCK CAPITALS) KIRBY
DESIGNATION (Dr) Dentist Nurse Pract. Nurse Other
BLEEP
SIGNATURE
DATE 29/07/11

PREVIOUS RADIOLOGY?
State hospital & year

INCORRECTLY COMPLETED FORMS WILL BE RETURNED,
This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000
WQG101: 09/08 REV 4

JUSTIFIED BY:

THIRD PARTY COPY

Other Attachment letter
13-May-2011 Dr Chike Nwamadu (CXN_)
Additional: Other Attachment letter
Request for pelvic ultrasound
Filename: 00F5C023.tif
Extension:.tif
Pages:

NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST:
WEST CUMBERLAND HOSPITAL

REQUEST FOR RADIOLOGICAL OPINION

APPOINTMENT

SURNAME PROWSE
HOSP. NO.
FIRST NAME Laura
D.O.B. 01/09/87
ADDRESS 15 Dalegarth Ave
Whitehaven
POSTCODE CA28 9SE

WARD / DEPT / PRACTICE Haughey Hill Whitehaven
REFERRING CONSULTANT/GP
DIABETIC? Y / N
Office Signature:
METFORMIN? Y / N
PREVIOUS IV CONTRAST ALLERGY? Y / N
NHS | CAT II | PP
INFECTION RISK?

PHONE: HOME
WORK
NOT URGENT
URGENT
IN PATIENTS Walking Chair Trolley Bed Portable
OUTPATIENT TRANSPORT? Car Ambulance Escort

EXAMINATION REQUESTED
(see back of form for dose equivalent) Pelvic USS

~~What~~ information do you want from the examination?
Suprapubic pain since childbirth, no PV d/c, no bleeds, dyspareunia (+)

~~State~~ relevant clinical history / treatment / surgery / radiology
Uterus/adnexae, other viscera
Kidneys

BARIUM STUDIES: Please prescribe bowel preparation.
ROUTINELY PICOLAX SACHETS OR EQUIVALENT
BA ENEMA (usually x 2) SBE (x 1)
PLEASE TICK BOX BELOW

X 1	X 2	SIGNATURE

REFERRER'S NAME (BLOCK CAPITALS)
DESIGNATION (Dr) Dentist Nurse Pract. Nurse Other
BLEEP
SIGNATURE
DATE 12/05/11

PREVIOUS RADIOLOGY?
State hospital & year

JUSTIFIED BY:

INCORRECTLY COMPLETED FORMS WILL BE RETURNED,
This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000

WQG101: 2/03 REV 2 *Harlow Healthcare 0191 455 4286 13637 dlp*

THIRD PARTY COPY

Other Attachment letter
05-May-2011 Dr N Stevenson (NJS_)
Additional: Other Attachment letter
Signed Consent Form
Filename: 00F5C022.tif
Extension:.tif
Pages:

17

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **LauraAnne**

Date of Birth: **01/09/1987** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):
Insertion of
Nexplanon implant
I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted]

Signature of GP: [redacted] Date: **28 April 2011**

Name of GP completing the procedure: **Dr** [redacted]

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted] **/** [redacted]

1 [redacted] the patient / [redacted] / [redacted] (delete as necessary)

2 I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me. Y / N

3 I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me. Y / N

4 I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons. Y / N

5 I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

6 I have notified the doctor of the following allergies which may be relevant to my treatment:
NIK

Signature of Patient / [redacted] / [redacted]

Address (if not the patient):

Full Name of Patient / [redacted] / [redacted]

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Referral letter
28-Apr-2011 Mrs Louise Maudling (LM_)
Additional: Referral letter

Filename: 00F5C021.DOC
Extension:.tif
Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **LauraAnne**

Date of Birth: **01/09/1987** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):
Insertion of
Nexplanon implant
I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted]

Signature of GP: _____ Date: **28 April 2011**

Name of GP completing the procedure: **Dr** [redacted]

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted]

1	I am the patient / [redacted] (delete as necessary)		
2	I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me.	Y	N
3	I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me.	Y	N
4	I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.	Y	N
5	I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:		
6	I have notified the doctor of the following allergies which may be relevant to my treatment:		

Signature of Patient / [redacted] _____

Full Name of Patient / [redacted]

Address (if not the patient):

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Other Attachment letter
23-Mar-2011 Sister Louise Cartmell (MW)
Additional: Other Attachment letter
*Summary of Birth/***** Discharge Summary from Midwifery Care*
Filename: 00F5C020.tif
Extension: .tif
Pages:

SUMMARY of BIRTH

To be completed by midwife present at birth

Para 1 + 1

Name
Address
Postcode
Unit No. NHS No.

W284220 01/09/1987 10
Prowse
Laura [redacted]
15 Dalegarth Avenue
CA28 9JE Dr N J [redacted]
NHS: Female

Unit /Place of birth: WCH

GP:

Health visitor: Ann Cenicay

	Baby 1	Baby 2
Name	ATALYAH	
Unit no.	W69100 3	
NHS no.	709 599 9775	
DOB	27/2/11	
Time	0839	
Sex	F	
Gestation	39+	
Birth weight	3.19	
Mode of delivery	SVD	
Outcome	live	
Apgars	5,9	
Duration of labour	2 h 44 m	

Third stage management: Active
EBL: 400
Perineum: epis

Comments e.g.labour onset, prolonged rupture of membranes
SVD re epistomy
Fetal bradycardia 2nd Stage

Date 27/2/11 Signature* [redacted] Title Midwife

MATERNAL DISCHARGE SUMMARY from Midwifery Care

To be completed by midwife at discharge to Health Visitor/ GP

Perineum healed well.

Contraception Not discussed ☐ Leaflet given ☑
Chosen method has condoms - then icd.
Appointment date/time Where

Blood test results
Blood group O POS Last Hb 12.4 27-10-10

Investigations / immunisations

	Date	BN	Site	Signed*
Anti D				
MMR				

Mental health
During the last month have you often been bothered by:

	No	Yes
Feeling down, depressed or hopeless?	☑	☐
Having little interest or pleasure in doing things?	☑	☐
Are these something you feel you need or want help with?	☑	☐

Details of any postnatal problems
to be sent out

6-8 week postnatal check arranged ☐ Yes ☐ No

	1	2
Method of feeding at discharge	Br/AF	
Discharge weight (g)		

Smoke free household ☐ Yes ☒ No

Comments On antibiotics ? retained products - for review by GP when finished course of antibiotics.

Date 17/03/11 Signature* L Cart Title [redacted]

Top copy to HEALTH VISITOR; second copy to GP

* Signatures must be listed on page 18 for identification

page 16

THIRD PARTY COPY

Discharge Summary letter
17-Mar-2011 Dr A Hosp (HOSP_)
Additional: Discharge Summary letter
Gynae
Filename: 00F5C01V.tif
Extension: .tif
Pages:

5

North Cumbria University Hospitals NHS
NHS Trust

1. G.P. (White)
2. Pharmacy (Pink)
3. Patient Records (Yellow)

DETAILS OF PATIENT DISCHARGE

W284220 01/09/1987
Prowse
Laura [redacted]
15 Dalegarth Avenue
CA28 9JE Dr N J [redacted]
NHS: Female

Address

Large Address (if different from above)

Prescription Number 262248
Unit No.
Admission date
Discharge date 15/3/11
Ward O-L
Hospital City.

Date of birth	General Practitioner	Consultant
		Mr Burban

Prescription form - if not used please write NIL & *do not sign prescription*

MEDICATION (APPROVED NAME)	DOSE	DIRECTIONS FOR USE	QUANTITY/ DURATION	PHARMACY USE ONLY: Quant.suppl.	Suppl code	Manu/batch
Metronidazole	400mg	PO tds - (Pkt) 6 days			1M	
Clarithromycin	500mg	PO ~~Od~~ Bd (Pkt) 6 days			1M	
[redacted]	[redacted]	PO tds - (Pkt) 6 days			1M	

Signature of Doctor	Doctor's name PRINTED	Date	D'sed by	Checked by	Date	Items
	Dantzhenyan					

Diagnosis: [redacted]

In Patient management & investigations (if necessary attach supplementary sheet)

Recommended continuing care by GP practice (including duration)

Out Patient follow-up arranged: Hospital/clinic _____ Date _____ Time _____
Consultant _____ Transport booked YES/NO

Signature (HO;SHO;REG;Cons) [signature] Date: 15/03/11

Continuing care - community arranged : YES/NO Name of [redacted] [redacted] if applicable :

Specific advice to Patient: _____

Discharge policy followed - signature _____ (Ward Named Nurse)

NCA6197: 12/08 REV 3

NB - All items to be completed in black [redacted] point pen.

THIRD PARTY COPY

Other Attachment letter
02-Mar-2011 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Notification of Birth
Filename: 00F5C01U.tif

Extension:.tif
Pages:

NOTIFICATION OF BIRTH

[redacted] details

Forenames	LAURA	[redacted] NHS Number	
Surname	PROWSE	[redacted] Date of Birth	01/09/1987

[redacted] details

Forenames	[redacted]		
Surname	RELPH	[redacted] NHS Number	709 599 9775
Usual address	15 DALEGARTH AVENUE	[redacted] Date of Birth	27/02/2011
	WHITEHAVEN	Time of Birth (24h)	08:39
	CUMBRIA	Sex	Female
		Live or Still Birth	Live
		Birth Weight (grams)	3190
Postcode	CA28 9JE	Gestation Length (wks)	39
Discharge Address		No. of Births	1
		Birth Order	1
		Suspected Congenital Anomaly	No
Post Code		[redacted] Ethnic Category	White,British

GP details

Forename			
Surname	[redacted] NJ A82041	GP Code	G9209217
Practice Name	LOWTHER MEDICAL CENTRE	Practice Code	
Address	1 CASTLE MEADOWS		
	WHITEHAVEN		
	CUMBRIA		
Post Code	CA28 7RG		

Child Health Unit details

Organisation Code	5D600

Place of birth details

Organisation Name	NCUH NHST-WCH	Organisation Code	RNL01
Place of Delivery	NHS midwife ward delivery		

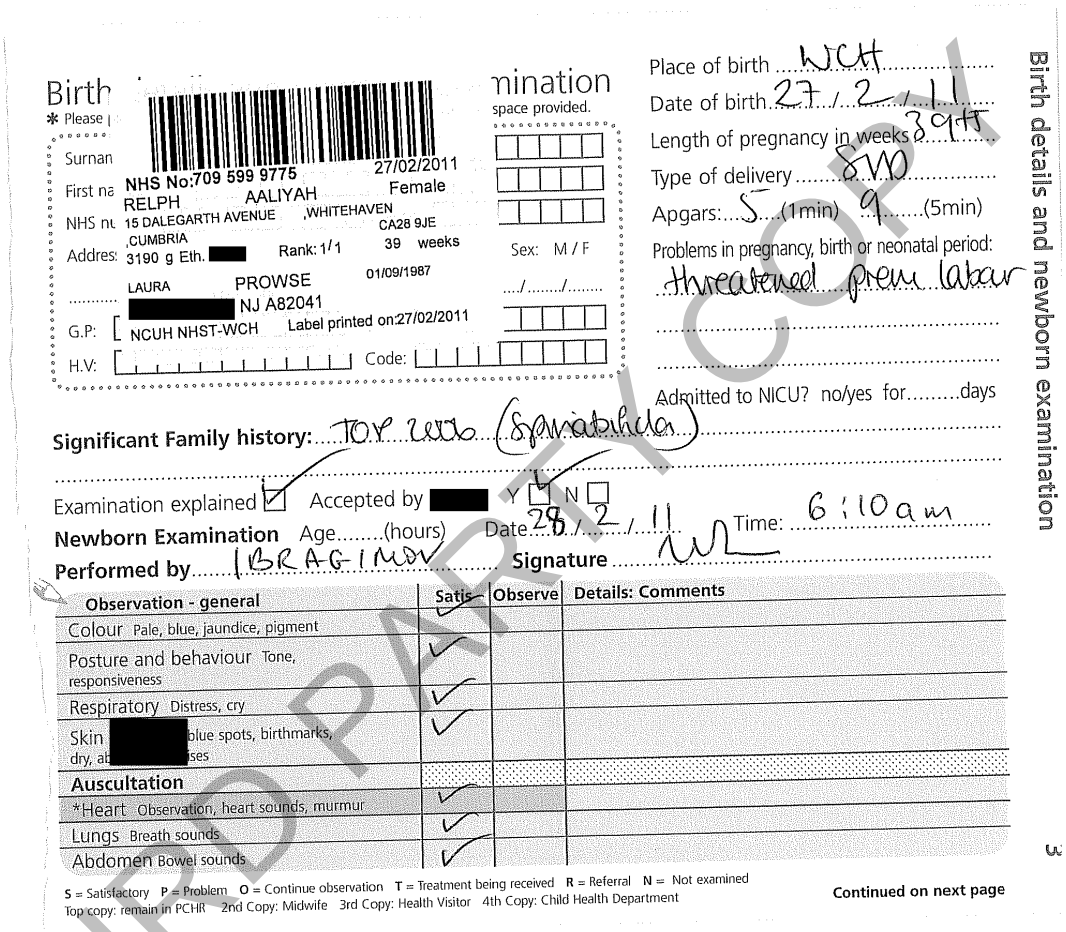
Notifying person

Forename [redacted]

Surname [redacted]

Signed _____ Date _____

THIRD PARTY COPY



Birth
* Please
Surnan
First na
NHS nu
Addres

NHS No:709 599 9775 27/02/2011
RELPH AALIYAH Female
15 DALEGARTH AVENUE ,WHITEHAVEN
,CUMBRIA CA28 9JE
3190 g Eth. [redacted] Rank: 1/1 39 weeks
LAURA PROWSE 01/09/1987
[redacted] NJ A82041
G.P: NCUH NHST-WCH Label printed on:27/02/2011
H.V: Code:

mination
space provided.
Sex: M / F
.../...../.....

Place of birth WCH
Date of birth 27 / 2 / 11
Length of pregnancy in weeks 39+5
Type of delivery SVD
Apgars: 5 (1min) 9 (5min)
Problems in pregnancy, birth or neonatal period:
threatened prem labour
Admitted to NICU? no/yes for.....days

Significant Family history: TOP 2006 (Spina bifida)

Examination explained ☑ Accepted by [redacted] Y ☑ N ☐
Newborn Examination Age.....(hours) Date 29 / 2 / 11 Time: 6:10 am
Performed by IBRAG-IMOV **Signature**

Observation - general	Satis	Observe	Details: Comments
Colour Pale, blue, jaundice, pigment	✓		
Posture and behaviour Tone, responsiveness	✓		
Respiratory Distress, cry	✓		
Skin [redacted] blue spots, birthmarks, dry, ab [redacted] ses	✓		
Auscultation			
*Heart Observation, heart sounds, murmur	✓		
Lungs Breath sounds	✓		
Abdomen Bowel sounds	✓		

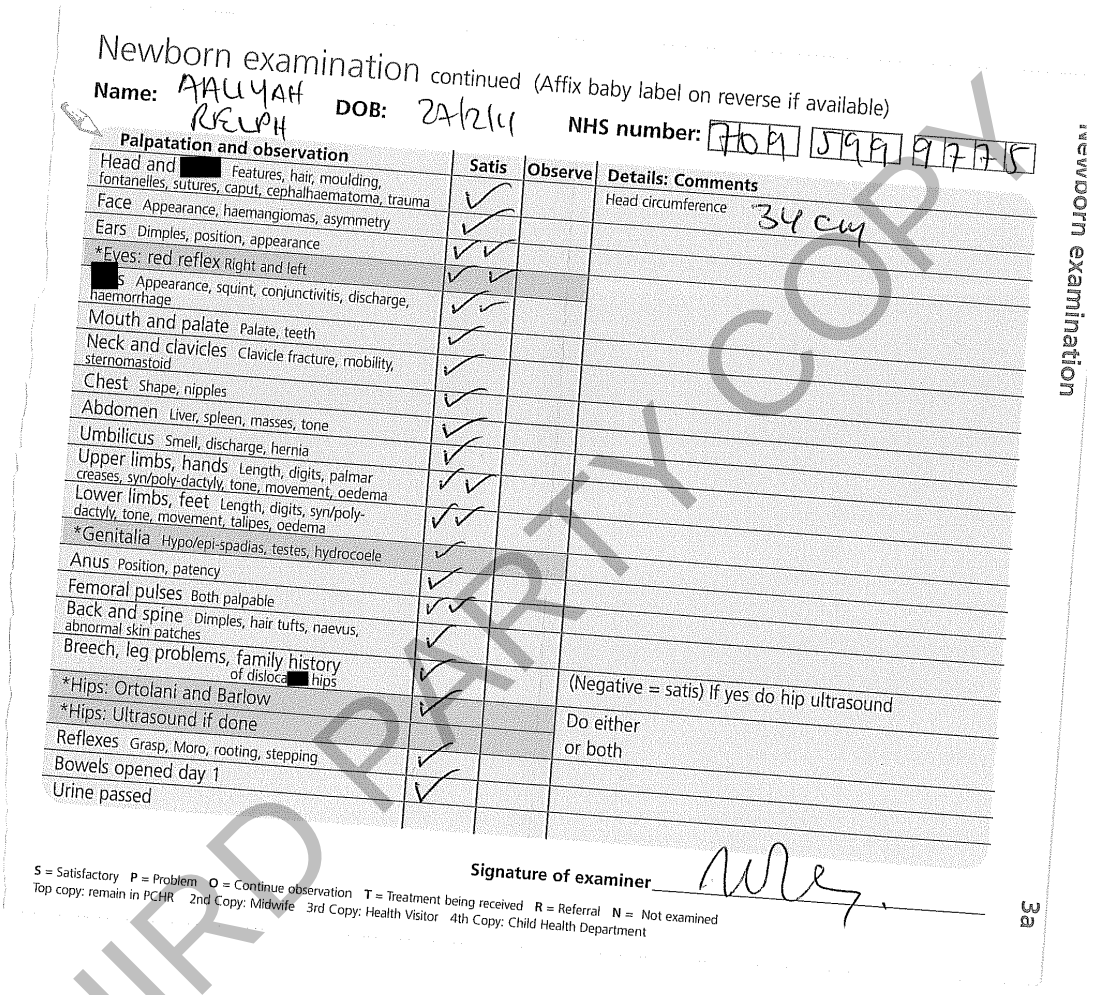
S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined
Top copy: remain in PCHR 2nd Copy: Midwife 3rd Copy: Health Visitor 4th Copy: Child Health Department

Continued on next page

Birth details and newborn examination

3

THIRD PARTY COPY



Newborn examination continued (Affix baby label on reverse if available)

Name: AALIYAH RELPH DOB: 24/12/14 NHS number: 704 599 9775

Palpatation and observation	Satis	Observe	Details: Comments
Head and [redacted] Features, hair, moulding, fontanelles, sutures, caput, cephalhaematoma, trauma	✓		Head circumference 34 cm
Face Appearance, haemangiomas, asymmetry	✓		
Ears Dimples, position, appearance	✓		
*Eyes: red reflex Right and left	✓	✓	
[redacted]s Appearance, squint, conjunctivitis, discharge, haemorrhage	✓	✓	
Mouth and palate Palate, teeth	✓		
Neck and clavicles Clavicle fracture, mobility, sternomastoid	✓		
Chest Shape, nipples	✓		
Abdomen Liver, spleen, masses, tone	✓		
Umbilicus Smell, discharge, hernia	✓		
Upper limbs, hands Length, digits, palmar creases, syn/poly-dactyly, tone, movement, oedema	✓	✓	
Lower limbs, feet Length, digits, syn/poly-dactyly, tone, movement, talipes, oedema	✓	✓	
*Genitalia Hypo/epi-spadias, testes, hydrocoele	✓		
Anus Position, patency	✓		
Femoral pulses Both palpable	✓	✓	
Back and spine Dimples, hair tufts, naevus, abnormal skin patches	✓		
Breech, leg problems, family history of disloca[redacted] hips	✓		
*Hips: Ortolani and Barlow	✓		(Negative = satis) If yes do hip ultrasound
*Hips: Ultrasound if done			Do either or both
Reflexes Grasp, Moro, rooting, stepping	✓		
Bowels opened day 1	✓		
Urine passed			

Signature of examiner

S = Satisfactory P = Problem O = Continue observation T = Treatment being received R = Referral N = Not examined
Top copy: remain in PCHR 2nd Copy: Midwife 3rd Copy: Health Visitor 4th Copy: Child Health Department

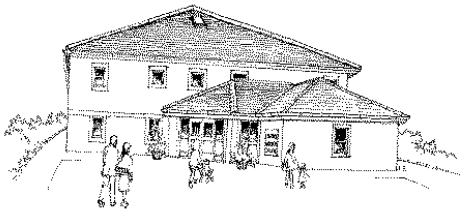
Newborn examination 3a

THIRD PARTY COPY

Referral letter
10-Feb-2011 Sister Louise Cartmell (MW)
Additional: Referral letter

Filename: 00F5C01T.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

10 February 2011

Ms Laura Prowse
15 Dalegarth Avenue
Whitehaven
Cumbria
CA28 9JE

Dear Ms Prowse,

This letter is to advise you that an appointment has been made for you to see our midwife in surgery. The appointment has been made for Thursday 17th February at 12 :10pm. If this in inconvenient for you please call the surgey to re-arrange.

Many Thanks

Reception

Yours sincerely

THIRD PARTY COPY

Other Attachment letter
01-Nov-2010 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Institute of Human Genetics, Newcastle

Filename: 00F5C01S.tif
Extension:.tif
Pages:

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Direct line: 0191 2418700

Institute of Human Genetics
International Centre for Life
Central Parkway
Newcastle upon Tyne
NE1 3BZ

Tel: 0191 241 8600
Fax: 0191 241 8799

Our ref: AH/TS/GC50241 *(please quote on all correspondence)*

Dictated: 28/10/2010
Typed: 29/10/2010

Ms Laura Prowse
15 Dalegarth Avenue
Whitehaven
CUMBRIA
CA28 9JE

Dear Ms Prowse

I am just writing to you as I have received the result back from the genetic test that I arranged after seeing you with [redacted] recently. I have tried to telephone you with these but have not been able to get through on the number that we have.

I am pleased to let you know that the test shows that the chromosome abnormality that was identified in [redacted] is not present in your sample and therefore the chance that you were to have other children with similar problems is extremely low. It would still be possible to arrange a test on samples from the [redacted] although I think this is unlikely to be necessary. Please do let me know if you would like to discuss this or have questions regarding these matters.

The other thing that I think we can conclude from the tests in you and [redacted] is that the abnormality picked up in [redacted] is indeed the cause of his difficulties. It may be helpful for us to discuss this again with the family and I will arrange for [redacted] to be seen again in clinic early next year. As I have said, I am happy to answer any questions in the meantime and please do let me know if I can be of further assistance.

With best wishes.

Yours sincerely

Dr [redacted]
Consultant Clinical Geneticist
GMC no: 4674421

cc: Dr J L F Fidalgo
Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbria
CA28 7RG

cont.....

THIRD PARTY COPY

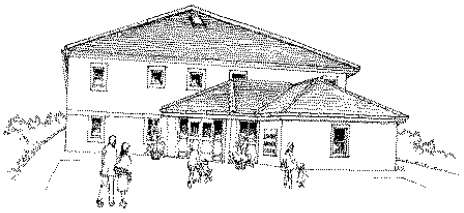
Re: Master [redacted] AGNEW, dob 24/10/2007
(NHS number: 702 178 2527)

Dr M [redacted]
Consultant Paediatrician
West Cumberland General Hospital
Hensingham
WHITEHAVEN
Cumbria
CA28 8JG

THIRD PARTY COPY

Patient letter
20-May-2010 Ms Andrea Krefft (AK_)
Additional: Patient letter
dna letter dna'd x5 in 2 months
Filename: 00F5C01R.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

20 May 2010

Ms Laura Prowse
87 Fell View Avenue
Whitehaven
Cumbria
CA28 9LH

Dear Ms Prowse

It has come to our attention that you have failed to attend a number of appointments in the last few weeks, resulting in clinical time being wasted that could have been offered to other patients.

We would ask that you tell us you are unable to attend in advance of any appointment in the future.

We have been advised by Cumbria Primary Care Trust that we are able to seek someone's removal from our list for repeated non-attendance in this way. If you continue to fail to keep your appointments, we will be forced to consider this course of action.

We hope to see some improvement over the next few weeks and months.

Yours sincerely

Gillian [redacted]
Practice Manager

THIRD PARTY COPY

Other Attachment letter
22-Feb-2010 Ms A Secretary (SECRE_)
Additional: Other Attachment letter
Letter from Bleasdale & Co re cost of DNA testing
Filename: 00F5C01Q.tif
Extension: .tif
Pages:

BLEASDALE & CO.

Solicitors

[redacted]
R.J. [redacted] BA
* N.R. Pilling, LLB
** [redacted] R. Crisp, LLB
*** Pam [redacted] LLB
Associates:
[redacted] Coyles, LLB
[redacted] Milburn, LLB
[redacted] Lister, LLB
[redacted] Dunbavan, **Office Manager**

14 Scotch Street
WHITEHAVEN
Cumbria CA28 7NQ
DX 62901
Whitehaven

Tel:- 01946 692165
Fax:- 01946 691128
www.bleasdales.com
[redacted]
(Not for Service)

Your Ref:

Our Ref: CEL/CR/PRO0301

19 February 2010

Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbria
CA28 7RG

Dear Sirs

REF: OUR CLIENT LAURA PROWSE

Thank you for your letter dated the 16th February 2010. We can confirm that our client is requesting a drug test sample to be taken, not DNA test. We would be grateful if you could confirm whether the fee of £25.00 is still the same.

We believe that you may have received the testing [redacted] from Trichotech and therefore we will now ask our client to arrange an appointment.

We look forward to receiving confirmation of the fee upon which we will forward you a cheque.

Yours faithfully
BLEASDALE & CO

THIRD PARTY COPY

Other Attachment letter
16-Feb-2010 Ms A Secretary (SECRE_)
Additional: Other Attachment letter
Letter from Bleasdale and Co Solicitors re DNA testing.
Filename: 00F5C01P.tif
Extension:.tif
Pages:

BLEASDALE & CO.

Solicitors

[redacted]

R.J. [redacted] BA
* N.R. Pilling, LLB
** [redacted] R. Crisp, LLB
*** Pam [redacted] LLB
Associates:
[redacted] Coyles, LLB
[redacted] Milburn, LLB
[redacted] Lister, LLB
[redacted] Dunbavan, **Office Manager**

14 Scotch Street
WHITEHAVEN
Cumbria CA28 7NQ
DX 62901
Whitehaven

Tel:- 01946 692165
Fax:- 01946 691128
www.bleasdales.com
[redacted]
(Not for Service)

Your Ref:

Our Ref: CEL/AH/PRO0301

15 February 2010

Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Sirs

RE: Our Client, Laura Prowse

We are instructed by the above named client in respect of private law children matters.

The Court has ordered that our client provides drug test results and we would be grateful if you could confirm whether you are agreeable to obtaining the hair strand sample for Tricho Tech to carry out the testing. We understand that there will be a fee for this; we can confirm that this will be paid through our client's Public Funding.

We look forward to hearing from you.

Yours Faithfully
[redacted] **E LISTER**

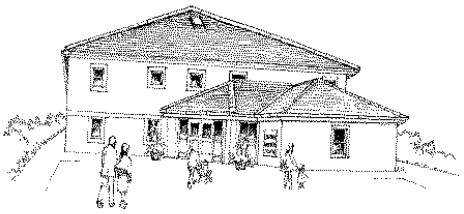
THIRD PARTY COPY

* Member of APIL
** Solicitor Advocate (Criminal Proceedings)
*** Member of the SRA Family Law Panel and Child Care Panel Resolution Specialist

Regulated by The Solicitors Regulation Authority
SRA Number 47722

Medical Report letter
16-Feb-2010 Ms A Secretary (SECRE_)
Additional: Medical Report letter
To Bleasdale and Co Solicitors re dna testing.
Filename: 00F5C01O.DOC
Extension: .tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

16 February 2010

Ms [redacted] E Lister
Bleasdale and Co Solicitors
14 Scotch Street
Whitehaven
Cumbria
CA28 7NQ

Dear Ms Lister

Re: Laura Prowse DOB 01/09/1987
87 Fell View Avenue Whitehaven
Cumbria CA28 9LH

Your ref: CEL/AH/PROO301

Thank you for your letter enquiring about DNA testing for this lady.

We would be happy to carry this out should we be provided with the necessary testing [redacted] and pre-payment of £25.00. Please could you advise Laura that we will require photographic ID on her attendance for the DNA test and ask her to check we have received the testing [redacted] before she makes her appointment.

I have enclosed an invoice for you in case you wish to proceed to arranging this test.

Yours sincerely

Mrs A [redacted]

THIRD PARTY COPY

Referral letter
03-Dec-2009 Dr Joyce Woffindin (JW3735)
Additional: Referral letter
03/12/2009 Refer for Refer to physiotherapist at West Cumberland Hospital department of Physiotherapy Dept with UBRN: 000168795898 by: Dr J Woffindin
Filename: 00F5C01M.DOC
Extension:.tif
Pages:

West Cumbria NHS
Primary Care Trust

REQUEST FOR PHYSIOTHERAPY ASSESSMENT

Name Laura Prowse.
Address 87 Fell View Avenue.
Post Code CA28 9LH. Tel-Home 07871858058
D.O.B 1.9.1987 Work
G.P. Practice Lme. Date 2.12.09.

REASON FOR REFERRAL (Out-Patient / In-Patient / Home Visit)

Pain in right upper arm. Arm trapped in door and was very bruised and [redacted] has weakness difficulty lifting 2 year old son.

Date of Onset 0-2 2-4 4-6 6-8 8+ Weeks. Able to Work Yes / No / NA Transport Required Yes / No.

ADDITIONAL INFORMATION
Drugs co-codamol.
X-Ray Results
P.M.H

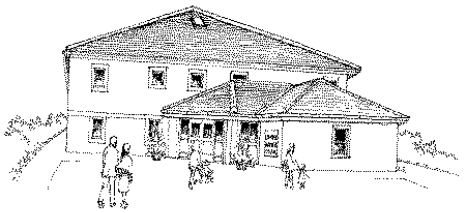
REFERRING PRACTITIONER Woffindin SIGNATURE

WCG350: 08/04 REV 2

THIRD PARTY COPY

Patient letter
03-Dec-2009 Ms A Secretary (SECRE_)
Additional: Patient letter
To patient with choose and book details to arrange physio appt.
Filename: 00F5C01N.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 592611



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

03 December 2009

Ms Laura Prowse
87 Fell View Avenue
Whitehaven
Cumbria
CA28 9LH

Dear Ms Prowse,

You have recently been referred for physiotherapy. This referral comes within the government's new "choose and book" facility for hospital appointments and a list of possible local hospitals/centres you can attend are on the attached paperwork. To arrange your appointment please call the telephone number below. You will be asked for your **UBRN** reference number and your **password** which are attached to this letter.

Telephone Number: 0845 658 3131 Local Booking Centre
Open Mon- Fri, 10.00 a.m. – 6.00 p.m. (for the quickest service please avoid Mondays)
Or Telephone Number: 0845 6088888 – National Booking Centre
Open daily 7.00 a.m. to 10.00 p.m.

Please note: You do however have a wider choice of hospitals/centres you can attend some of which I can book for you and some of which you need to contact yourself. An information booklet regarding the choices available to you is available from our reception area. You may find if you broaden your choice of hospital you can receive an earlier appointment although this is not always possible. If you wish to discuss this please contact me on 01946 518292.

If you do not make a hospital choice within 10 days they will assume that you do not wish to make an appointment.

Yours sincerely

Mrs A [redacted]
Secretary

THIRD PARTY COPY

Other Attachment letter
16-Nov-2009 Mr A Other (OTHER_)
Additional: Other Attachment letter
First Step - Did not respond to invitation to book appointment
Filename: 00F5C01L.tif
Extension:.tif
Pages:

16

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347

Date: 03/11/2009

Dr. NJ [redacted]
LOWTHER MEDICAL CENTRE
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr. NJ [redacted]

Ref: 4453
NHS No: 6330036306
Client Name: Laura Prowse
Client DoB: 01/09/1987
Client Address: 87 Fell View Avenue, Whitehaven, Cumbria, CA28 9LH

You recently referred the above named client to First Step. We invited her to book an initial appointment with this service but she has not responded.

As the client has chosen not to access the services of the team this referral has now been closed, however please do not hesitate to re-refer her again if she wishes to see us in the future.

Yours sincerely

Shirley Rowlands
First Step Operational Manager

CC: Laura Prowse

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Other Attachment letter
26-Oct-2009 Mr A Other (OTHER_)
Additional: Other Attachment letter
First Step
Filename: 00F5C01K.tif
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

First Step
to a healthier state of mind

Elmwood
2A Tynefield Drive
Penrith
Cumbria
CA11 8JA
Tel: 0300 1239122
Fax: 01768 245347

Date: 19/10/2009

Confidential
Laura Prowse
87 Fell View Avenue
Whitehaven
Cumbria
CA28 9LH

REF: 4453
NHS No: 6330036306

Dear Ms Prowse,

First Step has received a referral for you from your GP. Please contact our Appointment Booking Staff on 0300 1239122 to arrange an appointment.

We would appreciate it if you could contact us within 14 days, if we do not hear from you, we will assume you no longer wish to be seen and will let your GP know.

We look forward to hearing from you.

Yours sincerely,

Shirley Rowlands
First Step Operational Manager

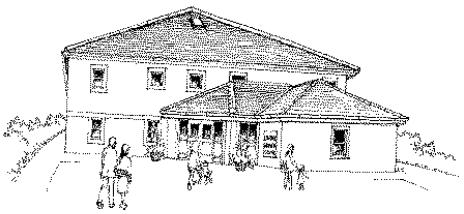
CC: Dr. NJ [redacted] LOWTHER MEDICAL CENTRE, 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG

THIRD PARTY COPY

This letter is also available in larger text, or in different languages. Please contact the above number.

Patient letter
12-Oct-2009 Mrs Anne-Marie Pink (AMP3735)
Additional: Patient letter
re swab result
Filename: 00F5C01J.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

12 October 2009

Ms Laura Prowse
87 Fell View Avenue
Whitehaven
Cumbria
CA28 9LH

Dear Ms Prowse,

The recent swab taken shows an infection. A prescription for antibiotics is enclosed. Please contact the surgery for further details if you wish.

Yours sincerely

Nurse Pink
Lowther Medical Centre

THIRD PARTY COPY

Referral letter
06-Oct-2009 Sister Diana Morgan (DXM_)
Additional: Referral letter
06/10/2009 Refer for Low mood at Commuinty Mental Health Team department of with by: ***** ***** *****

Filename: 00F5C01I.DOC
Extension:.tif
Pages:

Cumbria Partnership NHS
NHS Foundation Trust

Cumbria Primary Mental Health Service Referral Form

If you prefer to submit this referral in letter form we would be happy to accept it, but please ensure you include all the information on this form

THIRD PARTY COPY

Client Details

Name & Title: Ms Laura Prowse Date of birth: 01/09/1987	Address: 87 Fell View Avenue Whitehaven Post Code CA28 9LH
GP/Surgery Lowther Medical Centre Whitehaven CA28 7RG	**NHS NUMBER** 633 003 6306
Telephone: Mobile ☎	Landline ☎
Permission to contact client via: Landline ☐ Mobile ☒ Letter ☐ Text Message ☐	Can we identify ourselves to family members: Yes ☐ No ☐

Reason for referral
Please describe presenting symptoms and/or mental health diagnosis. Please detail duration of problem and any specific issues that affect the client. Please include previous history of mental health issues including involved services and treatments (whether useful or not) and relevant personal circumstances e.g. children.

It would be useful to us to know what kind of help the client is looking for or expecting to receive.

Low mood after recent breakup from [redacted] of 3 years, after finding out he was seeing someone. Has [redacted] 23 months and shares custody with [redacted] insomnia, no thoughts of self harm. Feels unhappy and asking to see counsellor.

HAD score 19 showing severe depression and anxiety score of 20

Previous interventions (e.g. medication, psychological therapy)

Current medication

Risk Profile - Past history and evidence of risk (please circle)

Current No **Past** No	**Examples of risk include harm to self, harm to others including staff, self-neglect, child protection issues and substance misuse.**

If current or past risk identified, please provide further details

Completed by

Name: [redacted]
Contact address including postcode: Lowther Medical Centre
1 Castle Meadows, Whitehaven CA28 7RG
Phone: Business: 01946 692241/518299-Prescriptions

Signature & date

06 October 2009

Thank you for completing this form, please return to

Cumbria Primary Mental Health Service

Elmwood, 2a Tynefield Drive,

Penrith, Cumbria, CA11 8JA.

Who we can help

The Primary Mental Health Service can provide up to 7 sessions of psychological therapy (e.g. guided self-help, brief CBT, counselling) for individuals with mild to moderate mental health problems such as

- Depression
- Anxiety Disorders (e.g., PTSD, OCD, Health Anxiety, Panic, Generalised Anxiety Disorder)

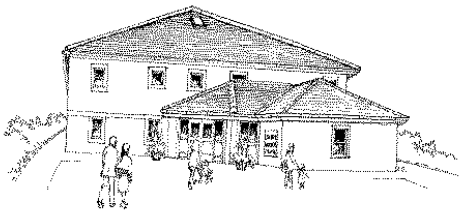
Exclusion criteria would include

- Individuals presenting with high risk or requiring a multi-disciplinary mental health team approach
- Individuals currently open to secondary care
- Individuals for whom a brief intervention would increase risk or be detrimental.

THIRD PARTY COPY

Referral letter
08-Apr-2009 Dr Deepali Mahajani (DEEPA_)
Additional: Referral letter
08/04/2009 Refer for Refer to physiotherapist at West Cumberland Hospital department of Physiotherapy Dept with UBRN: N by: Dr J Fidalgo
Filename: 00F5C01G.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

DM/AT

08 April 2009

The Physiotherapy Dept

Dear Colleagues

Re: Laura Prowse DOB 01/09/1987
NHS No. 633 003 6306 Hosp No.
87 Fell View Avenue Whitehaven
Cumbria CA28 9LH

Patient came with h/o lower backpain gait normal, no difficulty in walking pain on bending. Simple analgesia has not helped her resolve her symptoms.

On examination straight leg raise is painful in left leg.

I advised to continue with analgesia and wonder if there is anything you can offer her.

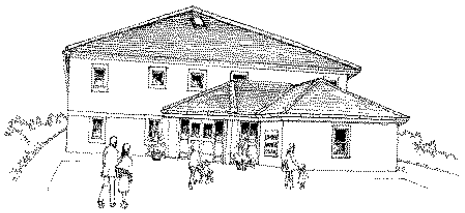
Yours sincerely

Dr J Fidalgo

THIRD PARTY COPY

Patient letter
08-Apr-2009
Additional: Patient letter
To patient with details of physio appt.
Filename: 00F5C01H.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

08 April 2009

Ms Laura Prowse
87 Fell View Avenue
Whitehaven
Cumbria
CA28 9LH

Dear Ms Prowse

As you will be aware Dr Mahajani has referred you to the physiotherapy outpatient.

Appointments for this physiotherapy can now be booked directly from this surgery and I have therefore booked the next available appointment at the West Cumberland Hospital for you the details of which are enclosed.

You do however have a choice of centres you can attend and an information booklet regarding the centres available to you can be obtained at our Reception. If you wish to discuss this please contact me on 01946 518292.

I hope the enclosed appointment is convenient for you however if you wish to change it yourself the telephone number to do this along with a password and UBRN number are also enclosed.

Yours sincerely

Mrs A [redacted]
Secretary

THIRD PARTY COPY

Patient letter
17-Nov-2008 Mrs Lesley Hull (LJH_)
Additional: Patient letter

Filename: 00F5C01E.DOC
Extension:.tif
Pages:

CONSENT FORM
(For medical treatment, investigation or operation)

PATIENT'S DETAILS:

Surname: **Prowse** First Names: **LauraAnne**

Date of Birth: **01/09/1987** Male/Female: **Female**

THIS SECTION FOR COMPLETION BY THE GP:

This form has been prepared for the treatment, investigation or operation detailed below:
(Click here and type in details):

I confirm that I have explained the above treatment, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to the patient / [redacted] / [redacted]

Signature of GP: _____ Date: **17 November 2008**

Name of GP completing the procedure: **Dr** _____

THIS SECTION FOR COMPLETION BY THE PATIENT / [redacted]

1	I am the patient / [redacted] / [redacted] (delete as necessary)		
2	I agree to the procedure(s) proposed on this form and the doctor named on this form has explained this to me.	Y	N
3	I agree to have the type of anaesthetic (general / local / sedation) that has been explained to me.	Y	N
4	I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.	Y	N
5	I have explained to the doctor about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:		
6	I have notified the doctor of the following allergies which may be relevant to my treatment:		

Signature of Patient / [redacted] _____

Full Name of Patient / [redacted]

Address (if not the patient):

Note to GP: A patient has the legal right to [redacted] or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

THIRD PARTY COPY

Note to Patient: The doctor should explain the proposed treatment and any alternatives. You can ask questions and seek further information. You have the right to refuse this treatment. You may ask for a relative, friend or nurse to be present.

THIRD PARTY COPY

Referral letter
22-May-2008 Dr N Stevenson (NJS_)
Additional: Referral letter
HAD
Filename: 00F5C01D.DOC
Extension:.tif
Pages:

HOSPITAL ANXIETY AND DEPRESSION SCALE

Ms Laura Prowse
01/09/1987

Please indicate how you are feeling now, or how you have been feeling in the last day or two, by ticking "✓" a column to the right of each of the following statements:

		Yes definitely	Yes sometimes	No not much	No not at all
1	I wake early and then sleep badly for the rest of the night.				
2	I get very frightened or have panic attacks for apparently no reason at all.				
3	I feel miserable and sad.				
4	I feel anxious when I go out of the house on my own.				
5	I have lost interest in things.				
6	I get palpitations or a sensation of 'butterflies' in my stomach or chest.				
7	I have a good appetite.				
8	I feel scared or frightened.				
9	I feel life is not worth living.				
10	I still enjoy the things I used to.				
11	I am restless and can't keep still.				
12	I am more irritable than usual.				
13	I feel as if I have slowed down.				
14	Worrying thoughts constantly go through my mind.				

Once you have completed the above, please return the form to your GP at your next appointment.

General Practitioner Use Only:

Total Anxiety Score ☐ Total Depression Score ☐

THIRD PARTY COPY

Other Attachment letter
11-Mar-2008 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Physiotherapy - No contact
Filename: 00F5C01C.tif
Extension:.tif
Pages:

5

Cumbria NHS
Primary Care Trust

DATE 05/03/2008

Dr JLF Fidalgo
LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG

Dear Dr JLF Fidalgo .

Re: Ms Laura Prowse
87 Fell View Avenue
Whitehaven
CA28 9LH

Patient DOB: 01/09/1987

NHS Number :- 6330036306

Thank you for referring the above patient.

A letter has been sent requesting them to contact the department to arrange an appointment.

As no contact has been made by your patient, he/she has been discharged accordingly.

Yours sincerely,

Department of Physiotherapy
West Cumberland Hospital
Hensingham
Whitehaven
CA28 8JG

Tel Number:- 01946 523636

THIRD PARTY COPY

Other Attachment letter
02-Jan-2008 Dr T White (TCW_)
Additional: Other Attachment letter
Request for physio.
Filename: 00F5C01B.tif
Extension: .tif
Pages:

West Cumbria NHS
Primary Care Trust

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CA23 7RG

REQUEST FOR PHYSIOTHERAPY ASSESSMENT

Name Laura Prowse
Address 87 Feelhow Avenue Whitehaven
Post Code CA28 9LH Tel-Home
D.O.B 1/9/87 ~~Work~~ 696087
G.P. Practice LOWTHER Date 31/12/07

REASON FOR REFERRAL (Out-Patient / In-Patient / Home Visit)
mechanical LBP since Age 16 — feels stress
pain + sore numbness & leg more since baby

Date of Onset 0-2 2-4 4-6 6-8 ~~8+~~ Weeks. Able to Work Yes / No / NA. Transport Required Yes / No

ADDITIONAL INFORMATION Nil
Drugs .....
X-Ray Results N/A
P.M.H Sick 7.00

REFERRING PRACTITIONER ..... SIGNATURE .....

WQG350: 08/04 REV 2

THIRD PARTY COPY

Other Attachment letter
30-Oct-2007 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Notification of Birth
Filename: 00F5C01A.tif
Extension:.tif
Pages:

8

NOTIFICATION OF BIRTH

[redacted] details

Forenames	LAURA [redacted]	[redacted] NHS Number	
Surname	PROWSE	[redacted] Date of Birth	01/09/1987

[redacted] details

Forenames	KYRAN [redacted]	[redacted] NHS Number	702 178 2527
Surname	AGNEW	[redacted] Date of Birth	24/10/2007
Usual address	87 FELL VIEW AVENUE	Time of Birth (24h)	03:13
	WHITEHAVEN	Sex	Male
	CUMBRIA	Live or Still Birth	Live
		Birth Weight (grams)	2530
		Gestation Length (wks)	36
Postcode	CA28 9LH	No. of Births	1
Discharge Address		Birth Order	1
		Suspected Congenital Anomaly	No
		[redacted] Ethnic Category	White,British
Post Code	—		

GP details

Forename		GP Code	G9209217
Surname	[redacted] NJ		
Practice Name	LOWTHER MEDICAL CENTRE	Practice Code	
Address	1 CASTLE MEADOWS		
	WHITEHAVEN		
	CUMBRIA		
Post Code	CA28 7RG		

Child Health Unit details

Organisation Code	5D600

Place of birth details

Organisation Name	North Cumbria Acute Hospitals NHST	Organisation Code	RNL01
Place of Delivery	NHS midwife ward delivery		

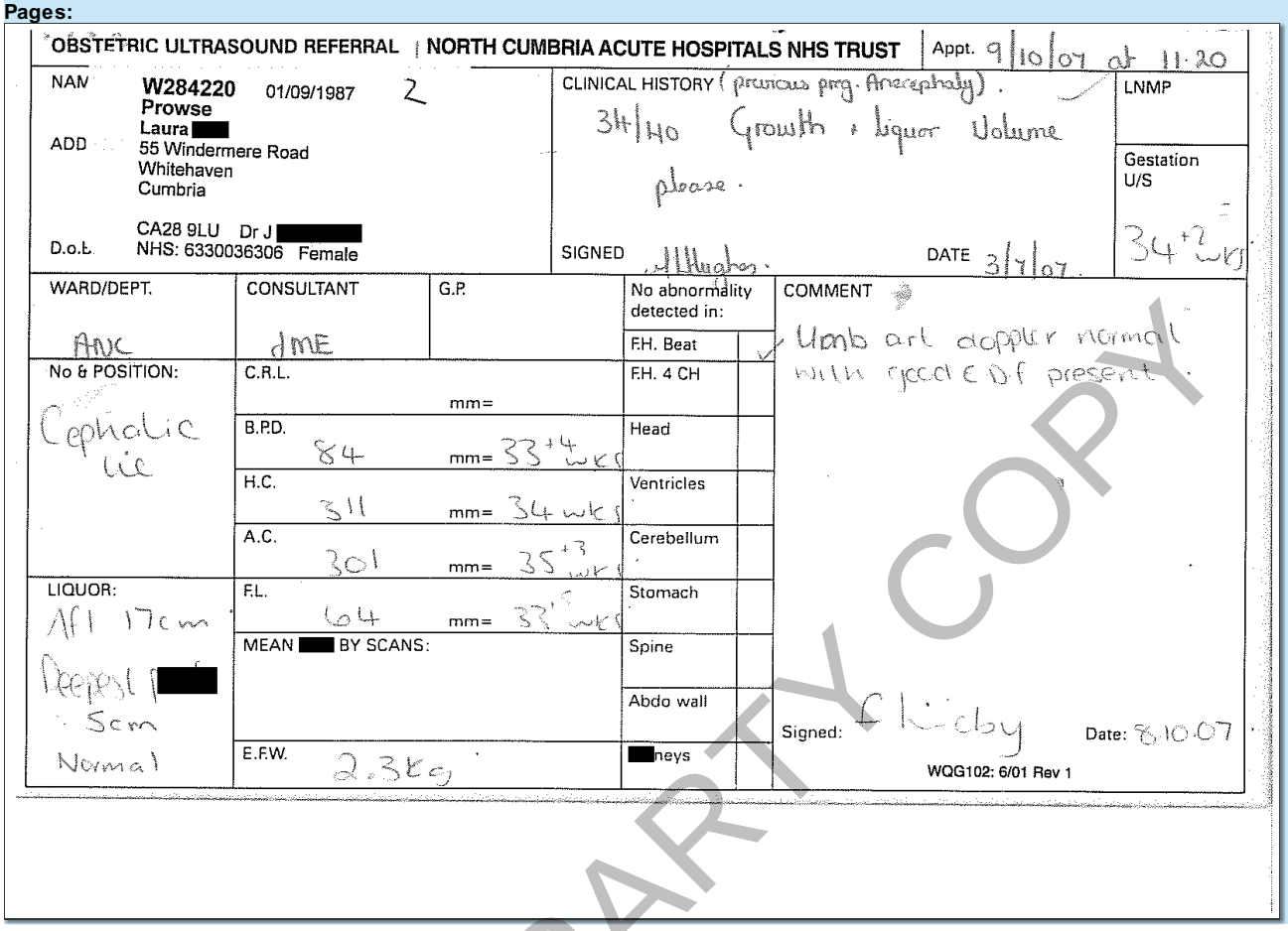
Notifying person

Forename	[redacted]
Surname	[redacted]

Signed _____ Date _____

THIRD PARTY COPY

Ultrasound letter
12-Oct-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetric
Filename: 00F5C019.tif
Extension: .tif
Pages:



OBSTETRIC ULTRASOUND REFERRAL | NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST | Appt. 9/10/07 at 11.20

NAM: **W284220** 01/09/1987 2
Prowse
Laura [redacted]
ADD: 55 Windermere Road
Whitehaven
Cumbria
CA28 9LU Dr J [redacted]
D.o.B. NHS: 6330036306 Female

CLINICAL HISTORY (previous prg. Anencephaly).
34/40 Growth + liquor Volume please.

SIGNED AHughes. DATE 3/7/07

LNMP

Gestation U/S 34+2 wks

WARD/DEPT.	CONSULTANT	G.P.	No abnormality detected in:	COMMENT
ANC	dME		F.H. Beat ✓	Umb art doppler normal with reversed E.D.F present.

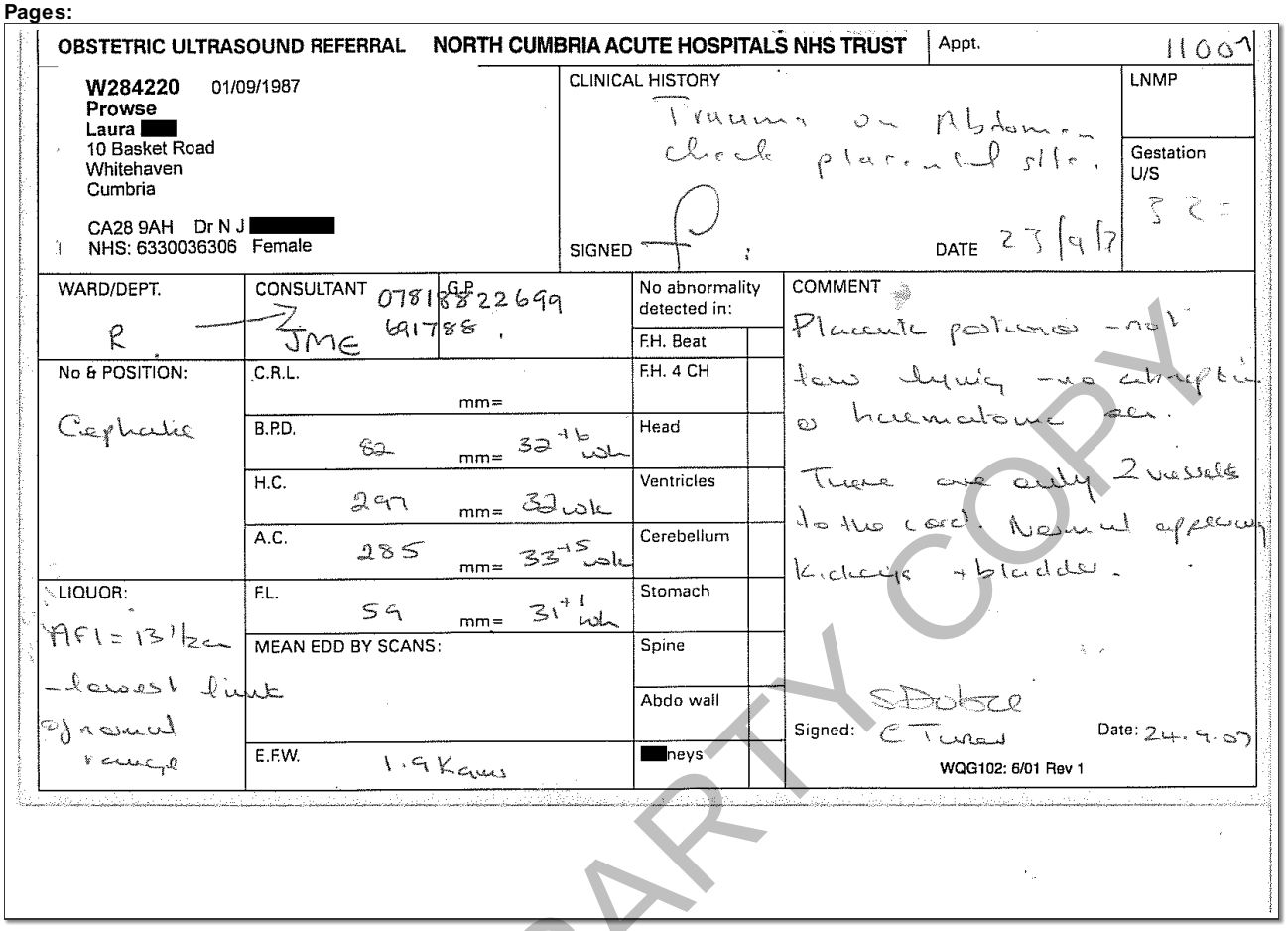
No & POSITION:	C.R.L. mm=	F.H. 4 CH	
Cephalic lie	B.P.D. 84 mm= 33+4 wks	Head	
	H.C. 311 mm= 34 wks	Ventricles	
	A.C. 301 mm= 35+3 wks	Cerebellum	
LIQUOR: AFI 17cm	F.L. 64 mm= 33+5 wks	Stomach	
Deepest [redacted] 5cm Normal	MEAN [redacted] BY SCANS:	Spine	
		Abdo wall	
	E.F.W. 2.3kg	[redacted]neys	

Signed: C Lidby Date: 8.10.07

WQG102: 6/01 Rev 1

THIRD PARTY COPY

Ultrasound letter
28-Sept-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetric
Filename: 00F5C018.tif
Extension: .tif
Pages:



OBSTETRIC ULTRASOUND REFERRAL — NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST — Appt. 11007

W284220 01/09/1987
Prowse
Laura [redacted]
10 Basket Road
Whitehaven
Cumbria

CA28 9AH Dr N J [redacted]
NHS: 6330036306 Female

CLINICAL HISTORY: Trauma on Abdomen - check placental site.

SIGNED [signature] DATE 23/9/7

LNMP

Gestation U/S 32+

WARD/DEPT.: R

CONSULTANT: JME

GP: 07818822699 691788.

No abnormality detected in:

No & POSITION: Cephalic	C.R.L. mm=	F.H. Beat	
	B.P.D. 82 mm= 32+6 wks	F.H. 4 CH	
	H.C. 297 mm= 32 wks	Head	
	A.C. 285 mm= 33+5 wks	Ventricles	
LIQUOR: AFI = 13.1cm - lowest limit of normal range	F.L. 59 mm= 31+1 wks	Cerebellum	
	MEAN EDD BY SCANS:	Stomach	
	E.F.W. 1.9 Kgms	Spine	
		Abdo wall	
		[redacted]neys	

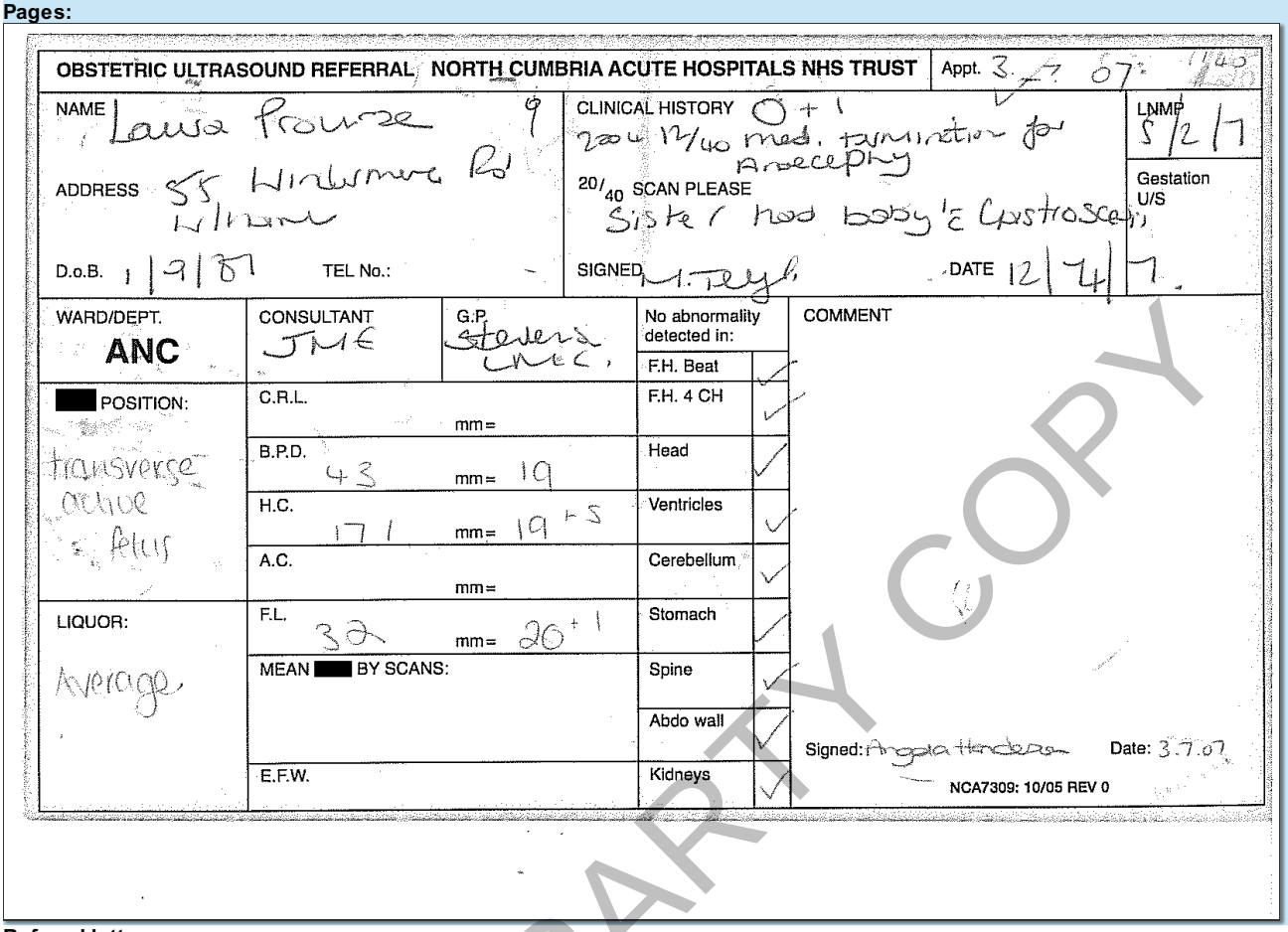
COMMENT: Placenta posterior - no previa. Low lying - no abruption or haematoma seen. There are only 2 vessels in the cord. Normal appearing kidneys + bladder.

Signed: C Turner Date: 24.9.07

WQG102: 6/01 Rev 1

THIRD PARTY COPY

Ultrasound letter
09-July-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetric
Filename: 00F5C017.tif
Extension:.tif
Pages:



OBSTETRIC ULTRASOUND REFERRAL NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST

Appt. 3.7.07 11.40

NAME Laura Prowse 9

ADDRESS 55 Windermere Rd Wigton

D.o.B. 1/9/87 TEL No.:

CLINICAL HISTORY O + 1
2004 M/40 med. termination for Anencephaly

20/40 SCAN PLEASE
Sister had baby ? Gastroschisis

SIGNED M. Teyh DATE 12/4/7

LNMP 5/2/7

Gestation U/S

WARD/DEPT. ANC

CONSULTANT JME

G.P. Stevens UHCC

POSITION: transverse active ? fetus

LIQUOR: Average

C.R.L.	mm=	F.H. Beat	✓
B.P.D. 43	mm= 19	F.H. 4 CH	✓
H.C. 171	mm= 19+5	Head	✓
A.C.	mm=	Ventricles	✓
F.L. 32	mm= 20+1	Cerebellum	✓
MEAN [redacted] BY SCANS:		Stomach	✓
E.F.W.		Spine	✓
		Abdo wall	✓
		Kidneys	✓

No abnormality detected in:

COMMENT

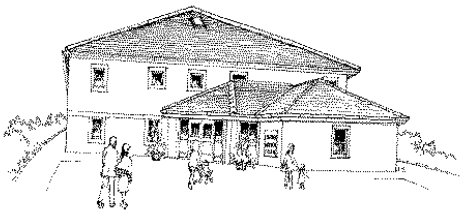
Signed: Angela Henderson Date: 3.7.07

NCA7309: 10/05 REV 0

Referral letter
15-Jun-2007 Ms A Reception (RECEP_)
Additional: Referral letter
Letter asking for repeat urine test ad
Filename: 00F5C016.DOC
Extension:.tif
Pages:

THIRD PARTY COPY

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

15 June 2007

Ms Laura Prowse
55 Windermere Road
Whitehaven
Cumbria
CA28 9LU

Dear Ms Prowse

Your recent urine test needs repeated. Please could you collect the appropriate specimen bottle from our reception and return another specimen to us as soon as is convenient.

In order to keep your records up to date and for ease of correspondence, if you think we do not have a contact telephone number for you please could you provide us with this.

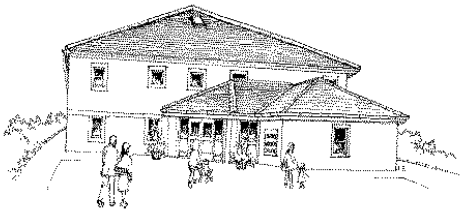
Yours sincerely

Receptionist

THIRD PARTY COPY

Referral letter
24-May-2007 Ms Andrea Krefft (AK_)
Additional: Referral letter
Letter asking for repeat urine test for midwife.
Filename: 00F5C015.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

24 May 2007

Ms Laura Prowse
55 Windermere Road
Whitehaven
Cumbria
CA28 9LU

Dear Ms Prowse,

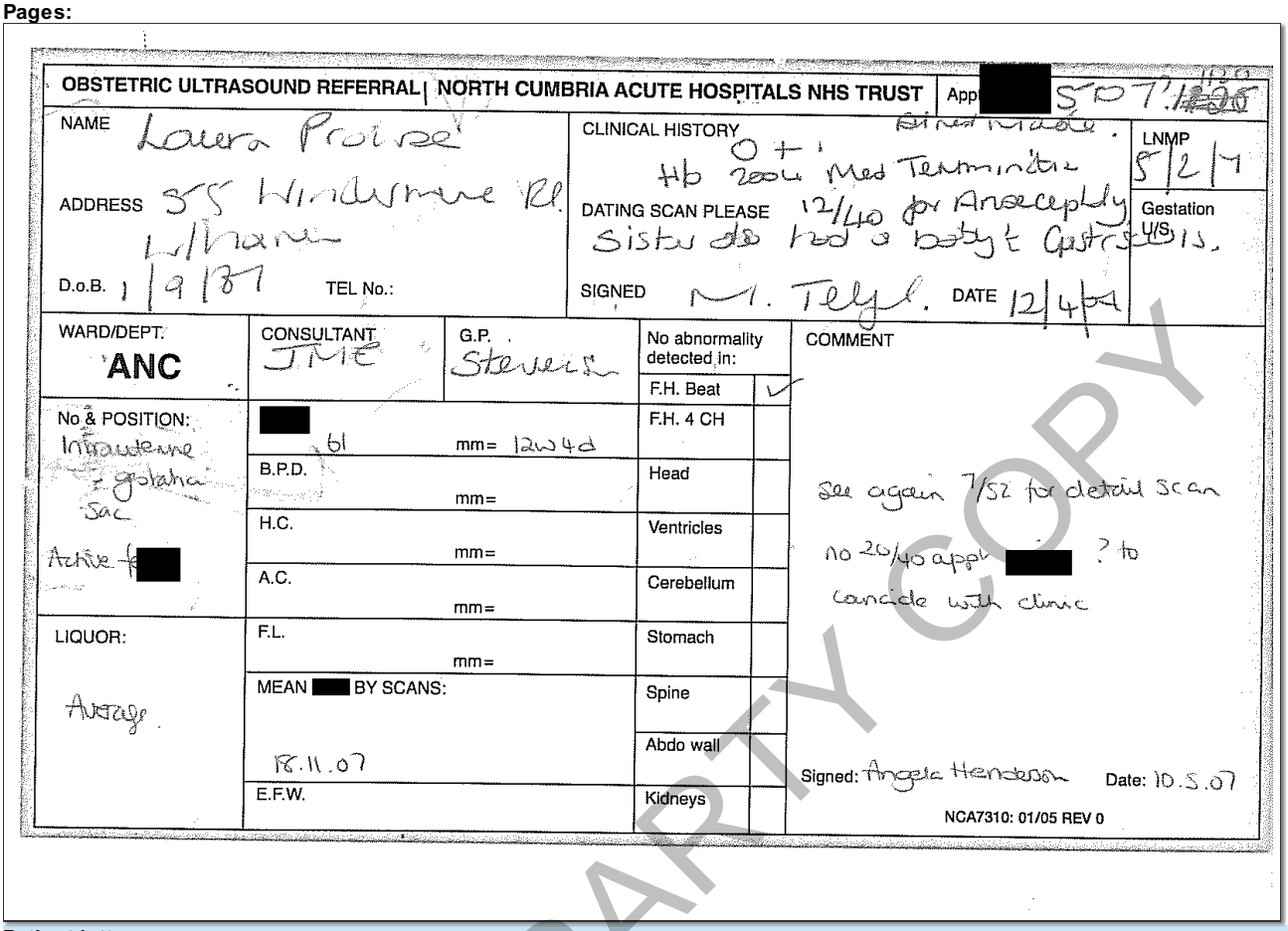
Your midwife has requested a urine sample. Please could you collect the appropriate specimen bottle from our reception and return specimen to us as soon as is convenient.

Yours sincerely

Receptionist

THIRD PARTY COPY

Ultrasound letter
14-May-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetrics
Filename: 00F5C014.tif
Extension:.tif
Pages:



OBSTETRIC ULTRASOUND REFERRAL | NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST | App [redacted] 5707

NAME Laura Proise
ADDRESS 55 Windermere Rd. Workington
D.o.B. 1/9/87 TEL No.:
CLINICAL HISTORY O+ Hb 200+ Med Termination
DATING SCAN PLEASE 12/40 for Anxiety Sister died had a baby + Gastroschisis.
SIGNED M. Telford. DATE 12/4/07
LNMP 5/2/07
Gestation U/S

WARD/DEPT: ANC
CONSULTANT JME
G.P. Stevenson

No & POSITION: Intrauterine + gestation Sac
Active f[redacted]
LIQUOR: Average

[redacted] 61 mm= 12w4d
B.P.D. mm=
H.C. mm=
A.C. mm=
F.L. mm=
MEAN [redacted] BY SCANS: 18.11.07
E.F.W.

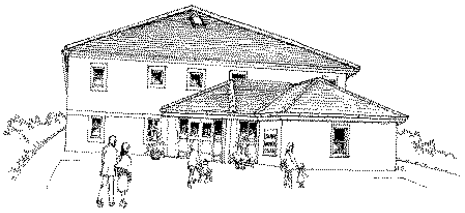
No abnormality detected in:
F.H. Beat ✓
F.H. 4 CH
Head
Ventricles
Cerebellum
Stomach
Spine
Abdo wall
Kidneys

COMMENT
See again 7/52 for detail scan
No 20/40 appt [redacted] ? to coincide with clinic
Signed: Angela Henderson Date: 10.5.07
NCA7310: 01/05 REV 0

Patient letter
10-May-2007 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Additional: Patient letter
Letter to patient.
Filename: 00F5C013.DOC
Extension:.tif
Pages:

THIRD PARTY COPY

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

JLF/AT

10 May 2007

Ms Laura Prowse
55 Windermere Road
Whitehaven
Cumbria
CA28 9LU

Dear Ms Prowse,

We have received a letter from your gynaecologist regarding the urine infection for which you were taking Amoxicillin. I am not sure if the treatment was changed when you attended the hospital on the 4th of May.

Please could you get in touch with us to discuss your treatment and any follow up as soon as you can.

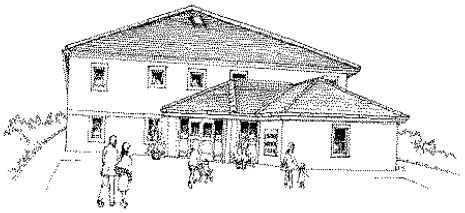
Yours sincerely

Dr J L F Fidalgo

THIRD PARTY COPY

Patient letter
30-Apr-2007 Ms A Reception (RECEP_)
Additional: Patient letter
Letter asking for repeat urine test ma
Filename: 00F5C012.DOC
Extension:.tif
Pages:

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr NJ [redacted]
Dr JLF Fidalgo
Dr J Woffindin
Dr JG Telford
Dr ADF Black
Dr T C White

www.lowthermedical.co.uk

30 April 2007

Ms Laura Prowse
55 Windermere Road
Whitehaven
Cumbria
CA28 9LU

Dear Ms Prowse

Your recent urine test needs repeated. Please could you collect the appropriate specimen bottle from our reception and return another specimen to us as soon as is convenient.

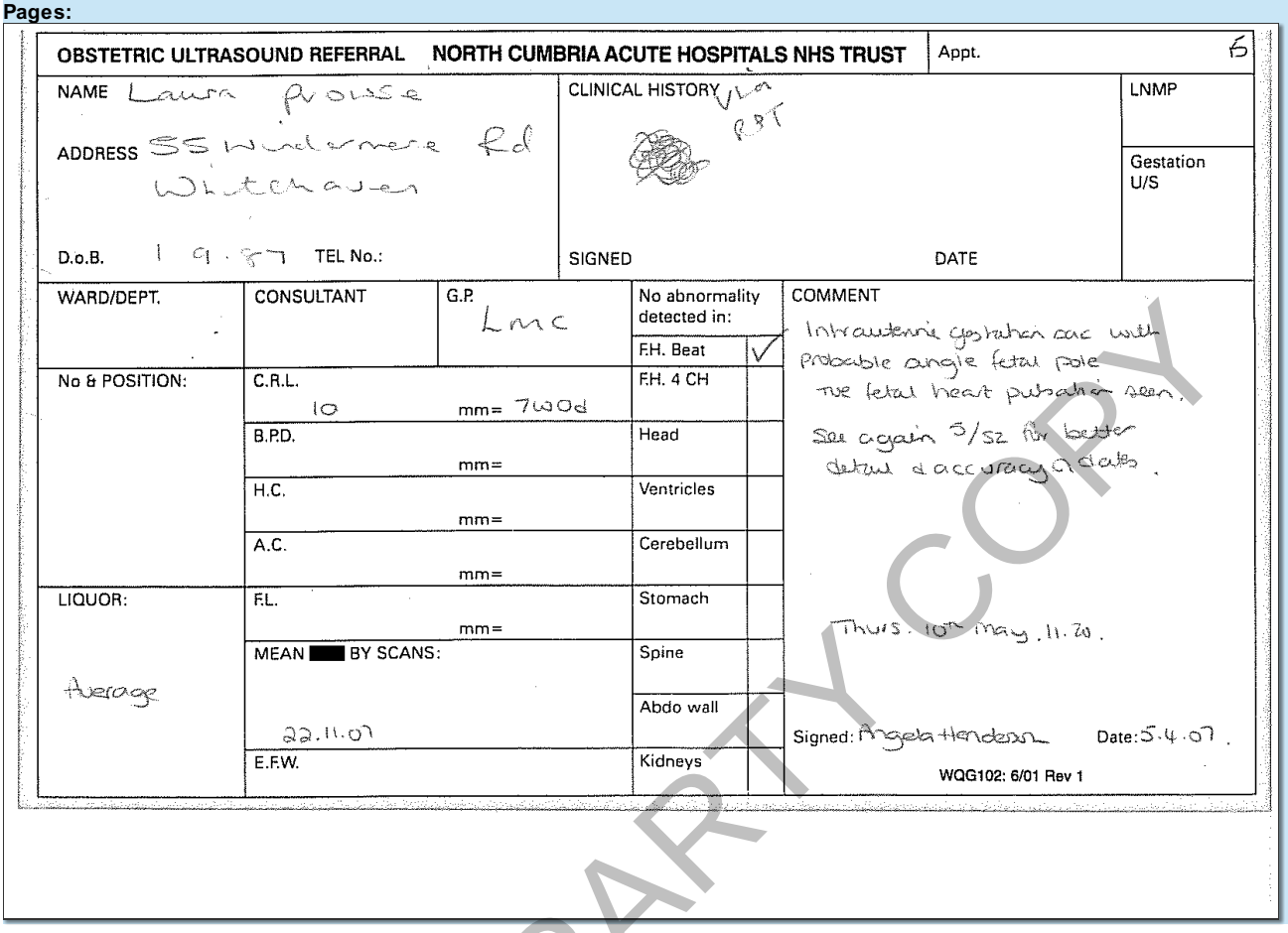
In order to keep your records up to date and for ease of correspondence, if you think we do not have a contact telephone number for you please could you provide us with this.

Yours sincerely

Receptionist

THIRD PARTY COPY

Ultrasound letter
20-Apr-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetric
Filename: 00F5C011.tif
Extension: .tif
Pages:



OBSTETRIC ULTRASOUND REFERRAL — NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST — Appt. 6

NAME Laura Prouse
ADDRESS 55 Windermere Rd Whitehaven
D.o.B. 1.9.87 TEL No.:

CLINICAL HISTORY VLA PBT
SIGNED DATE

LNMP
Gestation U/S

WARD/DEPT.	CONSULTANT	G.P. Lmc	No abnormality detected in:	
			F.H. Beat	✓
No & POSITION:	C.R.L. 10 mm= 7w0d		F.H. 4 CH	
	B.P.D. mm=		Head	
	H.C. mm=		Ventricles	
	A.C. mm=		Cerebellum	
LIQUOR: Average	F.L. mm=		Stomach	
	MEAN [redacted] BY SCANS: 22.11.07		Spine	
			Abdo wall	
	E.F.W.		Kidneys	

COMMENT
Intrauterine gestation sac with probable angle fetal pole
+ve fetal heart pulsation seen.
See again 5/52 for better detail & accuracy of dates.
Thurs. 10th May. 11.20.

Signed: Angela Henderson Date: 5.4.07.

WQG102: 6/01 Rev 1

THIRD PARTY COPY

Ultrasound letter
02-Apr-2007 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Obstetric
Filename: 00F5C010.tif
Extension:.tif
Pages:

OBSTETRIC ULTRASOUND REFERRAL NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST Appt. 6

NAME PROWES Laura
ADDRESS 55 Windermere Rd Whitehaven
D.o.B. 01.09.87 TEL No.:

CLINICAL HISTORY: See GP. Request
SIGNED DATE

LNMP 22.
Gestation U/S

WARD/DEPT.	CONSULTANT	G.P.	No abnormality detected in:
			F.H. Beat
No & POSITION:	C.R.L. mm=		F.H. 4 CH
	B.P.D. mm=		Head
	H.C. mm=		Ventricles
	A.C. mm=		Cerebellum
LIQUOR:	F.L. mm=		Stomach
	MEAN [redacted] BY SCANS: Thurs 5.4.07 12.15.		Spine
			Abdo wall
	E.F.W.		Kidneys

COMMENT: There is a very small, 7-5mm fluid filled area within the uterus. This may represent an early gestation sac. No fetal pole seen. No fetal heart motion seen. Probably just too early. Referred to Dalegarth but an appt for 4/52 made.
Signed: Childs Date: 23.3.07
WQG102: 6/01 Rev 1

Other Attachment letter
20-Mar-2007 Dr Joyce Woffindin (JW3735)
Additional: Other Attachment letter
Request for pregnancy scan.
Filename: 00F5C00V.tif
Extension:.tif
Pages:

THIRD PARTY COPY

NORTH CUMBRIA ACUTE HOSPITALS NHST TRUST:
WEST CUMBERLAND HOSPITAL

REQUEST FOR RADIOLOGICAL OPINION

APPOINTMENT

SURNAME PROWSE HOSP. NO.

FIRST NAME Laura

D.O.B. 1/9/87

ADDRESS:
55 windermere Rd
whitehaven

POSTCODE CA28 9LU.

WARD/DEPT/PRACTICE
LMC

REFERRING CONSULTANT/GP
WOFFINDIN

NHS ✓ | CAT II | PP

DIABETIC? Y (N) Office signature:

METFORMIN Y (N)

PREVIOUS IV CONTRAST ALLERGY? Y (N)

INFECTION RISK? NO.

PHONE: HOME

WORK

NOT URGENT ✓

URGENT

IN PATIENTS Walking Chair Trolley Bed Portable

OUTPATIENT TRANSPORT? Car Ambulance Escort

EXAMINATION REQUESTED
(see back of form for dose equivalent) Pt pregnant. Scan for dates please

What information do you want from the examination?
NB * very anxious last preg terminated as had skull & brain deformities *
? gestation of pregnancy.

State relevant clinical history / treatment / surgery / radiology
LMP ? February. had contraceptive implant removed in October, preg test positive.

BARIUM STUDIES: Please prescribe bowel preparation.

ROUTINELY PICOLAX SACHETS OR EQUIVALENT
BA ENEMA (usually x 2) SBE (x1)
PLEASE TICK BOX BELOW

X1	X 2	SIGNATURE

REFERRER'S NAME (BLOCK CAPITALS) WOFFINDIN
DESIGNATION Dr Dentist Nurse Pract. Nurse Other

BLEEP 692241.

SIGNATURE Joyce Woffindin.

DATE 19.3.07

PREVIOUS RADIOLOGY?
State hospital & year

JUSTIFIED BY:

INCORRECTLY COMPLETED FORMS WILL BE RETURNED,
This is to ensure compliance with the Ionising Radiation (Medical Exposures) Regulations 2000

WQG101: 09/03 REV 3

THIRD PARTY COPY

Other Attachment letter
05-Dec-2006 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A&E Form
Filename: 00F5C00U.tif
Extension: .tif
Pages:

NHS **ACCIDENT & EMERGENCY DEPARTMENT**

North Cumbria Acute Hospitals NHS Trust
Examined by ... Sarah Smith ... Site ... A+E
Time Seen ... 14:40 pm ... Grade ... SHO

Triage Nurse ... S Sarah
Initial Assessment Time ... 1334
PRIORITY R O Y G B

BP / Pulse / Resp. / Temp. / GCS / O_2 Sat / Wt.
Pre Neb. / Post Neb. / P.F. / B.M. / VA.R. / VA.L.
URINALYSIS (6)
X-Ray ordered at Triage (X) ankle

PAIN ASSESSMENT
Initial: (X) 3 Severe
Re-assessment:
0 None 1 Mild 2 Moderate 3 Severe 4 V.Severe

Tpg walking the dog yesterday when I she fell over & tripped and sustained an inversion to her right ankle. Was hopping back [redacted] and NWB since.

O/e → swelling ++ over right lat. malleolus and tender+++ over post lat. malleolus.
No tenderness over med. malleolus.
Minimal movement of toes
Sensation – (N)
CRT < 2secs
[redacted] [redacted] When attempted

Action taken for pain
None / To examine please Rx chest (0 1cm)

History of Event
Yesterday. Fell over dog. Inverted right ankle.
Says N.W.B. Yesterday.
Now :- Refuses to weight bear

Past Medical History: French at 1st. malleolus tip
Medications: NKH
Allergies: NKA

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal
Clean Other (Specify) ...
Mobility: Mobile Immobile N.W.B. P.W.B Other ...
Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) ...
Does patient live alone? Yes/No If No, who does patient live with? ... Tel ...
Relative Informed? Yes/No Relative Present? Yes/No Property given to patient or relative? Yes/No
Next of Kin: Tel No:

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given In A&E	Dose	Route	Doctor	Nurse	Time
Co-dydramol tabs	1	PO		SJS	14:15
Ibuprofen	400mg	PO		SJS	14:15

Male/Female/Unknown Surname: Attn No. 055345

Name	LAURA PROWSE	DOB/Age	01/09/1987 / 19.3
A&E Number	0000071042 PAS Number	W284220	
Date/time of Attendance	Sunday 3 December 2006 12:47	When Happened	Between 1 and 3 days
Permanent Address	86 GRASMERE AVENUE WHITEHAVEN CA28 9QB Telephone: 07926526012	GP Details	Dr TELFORD LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG
[redacted]	Female	Temporary Address Relation	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	Arrival Mode	OTHER - PRIVATE TRANSPORT
Patient Group	Other Accident - Fall	Source of Referral	Self Referral
Occupation or S[redacted]		Attended before this Year	Yes
Incident Location	Public Place	Site of Attendance	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	INJURY TO RIGHT ANKLE		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox		120	Intravenous Cannula		063	Sling	
231	Anaesthesia - General		150	Intubation		041	Steristrips	
232	Anaesthesia - Local		091	Manipulation		030	Sutures	
233	Anaesthesia - Regional Block		200	Minor Surgery		243	Tetanus - Dip Booster	
235	Anaesthesia - Sedation		250	Nebuliser		242	Tetanus - Dip Course	
130	Central Line		062	[redacted] Strap		241	Tetanus - Immune	
160	Chest Drain		210	Observation		244	Tetanus - Immunoglobulin	
064	Collar & Cuff		272	Oxygen Mask		061	Thumb Spica	
273	Crutches		290	Parenteral Drugs - Other		021	Tubigrip	✓
274	C Spine Immobilisation		280	Parenteral Thrombolysis		170	Urinary Catheter	
180	Defibrillation/Pacing		141	Peritoneal Lavage		043	Wound Closure - other	
010	Dressing		050	Plaster of Paris		042	Wound Glue	
271	Eye Patch		070	Prescription		275	Wound Toilet	
222	Guidance - Verbal	✓	100	Reduction		065	Wrist Brace	
221	Guidance - Written	✓	080	Removal Foreign Body		990	None	
110	Incision & Drainage		190	Resuscitation		270	Other	

Specify Other(s) ...

OTHER INFORMATION/SPECIAL INSTRUCTIONS

Investigations
CT MRI X-Ray [redacted] Match Hist. US ECG Haem. Bio. Urine Bact. Other
RESULTS
Right ankle ⇒ NOF seen

Referral To Specialty ...
Time Referral Made: ... Time of Arrival: ...

Diagnosis
Right ankle sprain

DIAGNOSIS CODES	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

Treatment Nurse Signature:

DISCHARGE - Please circle appropriate code: Hospital No: 7254220
01 Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept → 1/52
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic ...
07 Transferred to other Health Care Provider ...
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other ...
15 Brought in Dead
Ward Name: ward 13/12
Appointment: 10-10
Attendance Conclusion Time/ Time decision made to admit: 1500
Time patient left department:
Was the attendance classified as a Trauma? Yes/No

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other
Transport Own/Taxi/Ambulance Time Ordered ... Return Ambulance Booked? Yes/No

THIRD PARTY COPY

Other Attachment letter
31-Oct-2006 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Surgical
Filename: 00F5C00T.tif
Extension:.tif
Pages:

2

North Cumbria Acute Hospitals NHS
NHS Trust

West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 693181

Our Ref: JEHE\GW\W284220

Date: 27 October 2006

Tel. Number: (01946) 523041

Dr NJ [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr [redacted]

Re: MISS LAURA [redacted] PROWSE 01/09/1987 (NHS: 633 003 6306)
86 Grasmere Avenue Whitehaven Cumbria CA28 9QB

This lady presented with a history of pain in the lower abdomen and RIF of a few days duration. She also complained of diarrhoea and vomiting. She also gave a history of dysuria.

On examination, she was tender in the lower abdomen and right iliac fossa. All her blood investigations were satisfactory. Her urine dipstick was positive for blood and she was treated for a UTI. Her pain settled down on conservative management. No further follow up is required.

Yours sincerely

Mr. R. GOEL,
SHO TO MR. JEHANGIR

THIRD PARTY COPY

Discharge Summary letter
06-Oct-2006 Dr A Hosp (HOSP_)
Additional: Discharge Summary letter
Surgical
Filename: 00F5C00S.tif
Extension: .tif
Pages:

PATTERDALE ASSESS Fax:01946523208 5 Oct 2006 13:58 P.01

North Cumbria Acute Hospitals NHS
NHS Trust

1. G.P. (White)
2. Pharmacy (Pink)
3. Patient Records (Yellow)

DETAILS OF PATIENT DISCHARGE

W284220 01/09/1987
Prowse
Laura [redacted]
86 Grasmere Avenue
Whitehaven
Cumbria
CA28 9QB Dr N J Stevenson
NHS: 6330036306 Female

Address

Discharge Address (if different from above)

Prescription Number: 196119
Unit No.
Admission date: 3/10/06
Discharge date: 4/10/06
Ward: Pillar
Hospital: WCH

Date of birth	General Practitioner	Consultant
		Mr Jehangir

Prescription form - if not used please write NIL & *do not sign prescription*

MEDICATION (APPROVED NAME)	DOSE	DIRECTIONS FOR USE	QUANTITY/ DURATION	PHARMACY USE ONLY Quant.suppl.	Suppl code	Manu/batch
Trimetoprim	200mgs	BD	6days	12 tabs		

Signature of Doctor	Doctor's name PRINTED	Date	D'sed by	Checked by	Date	Items
	I. Tetlay	04/10/06		NMac	4/10	1.

Diagnosis: UTI.

In Patient management & investigations (if necessary attach supplementary sheet)
Routine bloods → NAD except Hb 12.7 and total bilirubin 22.
U/S pelvis → NAD.

Recommended continuing care by GP practice (including duration)

Out Patient follow-up arranged: Hospital/clinic _____ Date _____ Time _____
Consultant _____ Transport booked YES/NO

Signature (HO;SHO;REG;Cons) _____ Date: 04/10/06.

Continuing care - community arranged : YES/NO Name of [redacted] [redacted] if applicable :

Specific advice to Patient: _____

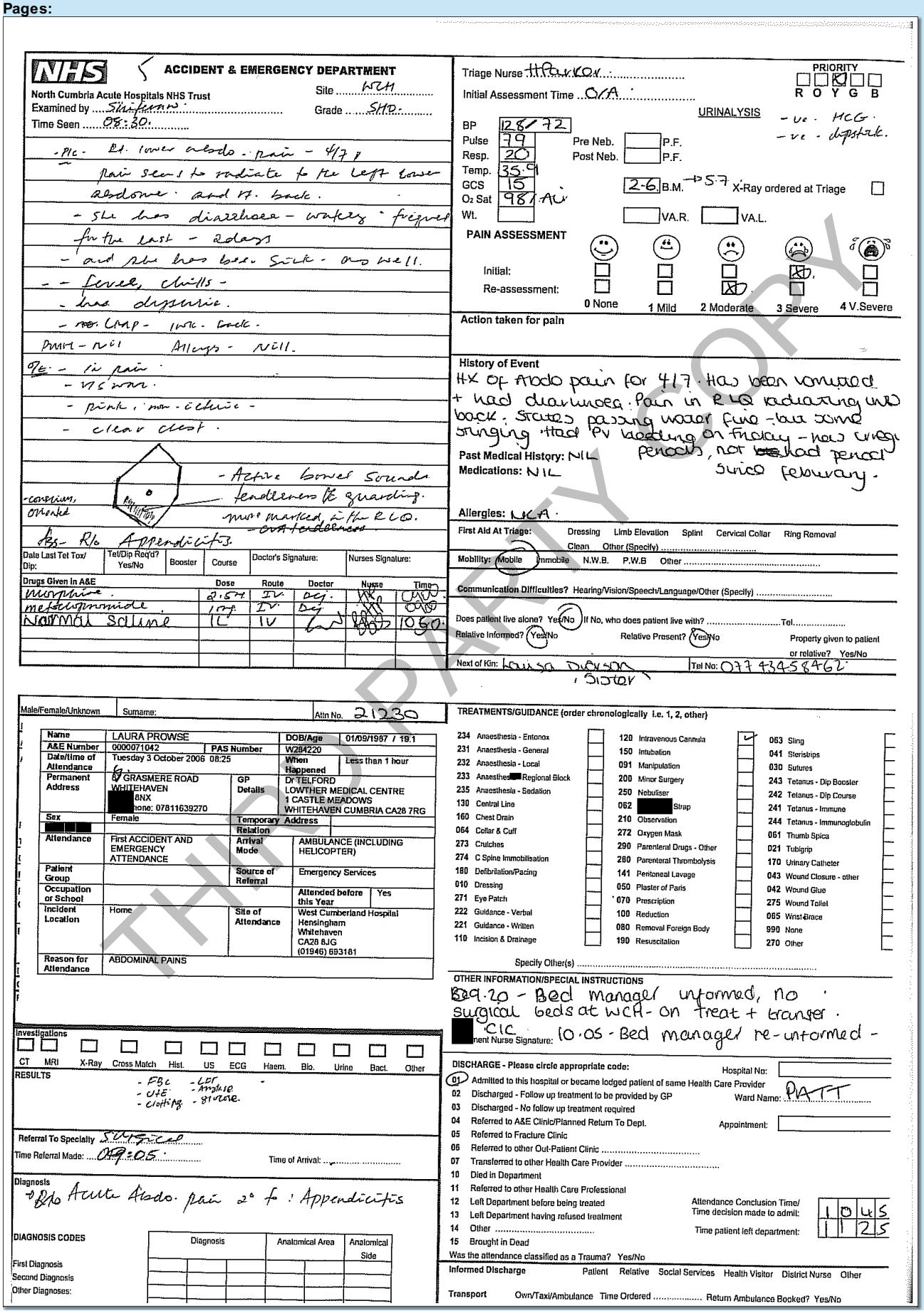
Discharge policy followed - signature _____ (Ward Named Nurse

NCA6197 09/04 REV 7

NB - All items to be completed in black [redacted] point pen.

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Other Attachment letter
05-Oct-2006 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A&E form
Filename: 00F5C00R.tif
Extension: .tif
Pages:



NHS
ACCIDENT & EMERGENCY DEPARTMENT
North Cumbria Acute Hospitals NHS Trust
Site ..... WCH
Examined by ..... Shufflebotham
Grade ..... SHO
Time Seen 08:30

- Plc - R1. lower abdo - pain - 4/7
- pain seems to radiate to the left lower abdomen and R. back.
- She has diarrhoea - watery + frequent for the last - 2 days
- and she has been sick - not well.
- - fever, chills -
- has dysuria.
- no. LMP - 1wk. back -

PMH - Nil Allergy - Nill.

O/E - in pain
- HS wnl.
- pink, warm - cyanosis -
- clear chest.

- Active bowel sounds
- tenderness & guarding.
- most marked in the RLQ.
- CVA tenderness

-conversion, ORemoved

Dx - R/o Appendicitis.

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given in A&E	Dose	Route	Doctor	Nurse	Time
Morphine	2.5mg	IV	DG	[redacted]	0950
Metoclopramide	10mg	IV	DG	[redacted]	0950
Normal Saline	1L	IV	[redacted]	[redacted]	1050

Triage Nurse ..... HParker .....
Initial Assessment Time ..... O/A .....
PRIORITY R O Y G B

BP	128/72		
Pulse	79	Pre Neb.	P.F.
Resp.	20	Post Neb.	P.F.
Temp.	35.9		
GCS	15		
O2 Sat	98%	2-6 B.M.	→ 5.7 X-Ray ordered at Triage
Wt.		VA.R.	VA.L.

URINALYSIS - ve. HCG. - ve. dipstick.

PAIN ASSESSMENT

	0 None	1 Mild	2 Moderate	3 Severe	4 V.Severe
Initial:					
Re-assessment:					

Action taken for pain

History of Event
Hx of Rlodo pain for 4/7. Has been vomiting + had diarrhoea. Pain in R LQ radiating into back. States passing water fine - has some stinging. Had PV bleeding on Friday - has irreg periods, not had period since February.

Past Medical History: NIL
Medications: NIL

Allergies: NKA

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal Clean Other (Specify) .....

Mobility: Mobile Immobile N.W.B. P.W.B Other .....

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) .....

Does patient live alone? Yes/No If No, who does patient live with? ..... Tel. .....
Relative Informed? Yes/No Relative Present? Yes/No Property given to patient or relative? Yes/No

Next of Kin: Louisa Dickson, Sister Tel No: 07743458462

Male/Female/Unknown | Surname: | Attn No. 21230

Name	LAURA PROWSE	DOB/Age	01/09/1987 / 19.1
A&E Number	0000071042 PAS Number	W284220	
Date/time of Attendance	Tuesday 3 October 2006 08:25	When Happened	Less than 1 hour
Permanent Address	6 GRASMERE ROAD WHITEHAVEN [redacted] 8NX Phone: 07811639270	GP Details	Dr TELFORD LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG
Sex	Female	Temporary Address	
[redacted]		Relation	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	Arrival Mode	AMBULANCE (INCLUDING HELICOPTER)
Patient Group		Source of Referral	Emergency Services
Occupation or School		Attended before this Year	Yes
Incident Location	Home	Site of Attendance	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	ABDOMINAL PAINS		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox	120	Intravenous Cannula	✓	063 Sling
231	Anaesthesia - General	150	Intubation		041 Steristrips
232	Anaesthesia - Local	091	Manipulation		030 Sutures
233	Anaesthesia - Regional Block	200	Minor Surgery		243 Tetanus - Dip Booster
235	Anaesthesia - Sedation	250	Nebuliser		242 Tetanus - Dip Course
130	Central Line	062	[redacted] Strap		241 Tetanus - Immune
160	Chest Drain	210	Observation		244 Tetanus - Immunoglobulin
064	Collar & Cuff	272	Oxygen Mask		061 Thumb Spica
273	Crutches	290	Parenteral Drugs - Other		021 Tubigrip
274	C Spine Immobilisation	280	Parenteral Thrombolysis		170 Urinary Catheter
180	Defibrillation/Pacing	141	Peritoneal Lavage		043 Wound Closure - other
010	Dressing	050	Plaster of Paris		042 Wound Glue
271	Eye Patch	070	Prescription		275 Wound Toilet
222	Guidance - Verbal	100	Reduction		065 Wrist Brace
221	Guidance - Written	080	Removal Foreign Body		990 None
110	Incision & Drainage	190	Resuscitation		270 Other

Specify Other(s) .....

OTHER INFORMATION/SPECIAL INSTRUCTIONS
0829.20 - Bed manager informed, no surgical beds at WCH - on treat + transfer.
[redacted] CIC
Treatment Nurse Signature: 10.05 - Bed manager re-informed -

Investigations

CT	MRI	X-Ray	Cross Match	Hist.	US	ECG	Haem.	Bio.	Urine	Bact.	Other

RESULTS
- FBC - LFT
- U+E - Amylase
- Clotting - Glucose.

Referral To Specialty Surgical
Time Referral Made: 0829.05 Time of Arrival: .....

Diagnosis
R/o Acute Rlodo. pain 2° to ? Appendicitis

DIAGNOSIS CODES

	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

DISCHARGE - Please circle appropriate code:
Hospital No:
(01) Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept.
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic .....
07 Transferred to other Health Care Provider .....
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other .....
15 Brought in Dead
Ward Name: PATT
Appointment:
Attendance Conclusion Time/ Time decision made to admit: 1045
Time patient left department: 1125
Was the attendance classified as a Trauma? Yes/No

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other

Transport Own/Taxi/Ambulance Time Ordered ..... Return Ambulance Booked? Yes/No

THIRD PARTY COPY

Other Attachment letter
02-Oct-2006 Mr A Other (OTHER_)
Additional: Other Attachment letter
Primary Care Mental Health Teams Manager
Filename: 00F5C00Q.tif
Extension:.tif
Pages:

North Cumbria Mental Health and Learning Disabilities NHS
NHS Trust
MENTAL HEALTH DIRECTORATE

Primary Care Mental Health Team
Headquarters
[redacted] Burrow [redacted] Health Centre
South [redacted] Street
WORKINGTON
CA14 2EW

Tel 09100 324249
Fax 01900324221

SR/ES

28 September 2006

Dr A Black
Lowther Medical Centre
1 Castle Meadows
Whitehaven
CA28 7RG

Dear Dr Black

RE: LAURA PROWSE DOB 01/09/1987
7 CAMBRIDGE ROAD, HENSINGHAM, WHITEHAVEN, CA28 8NX

Many thanks for referring the above named client to the Primary Care Mental Health Team. On this occasion your client has declined contact, we will therefore discharge them from our waiting list.

Yours sincerely

Shirley Rowlands

SHIRLEY ROWLANDS
Primary Care Mental Health Teams Manager

THIRD PARTY COPY

CHAIRMAN: [redacted] Betterton *CHIEF EXECUTIVE:* [redacted] Dalton

POSITIVE ABOUT DISABLED PEOPLE

WQG519: 02/04 REV 0

Other Attachment letter
04-Aug-2006 Mr Greg Matteini (GM_)
Additional: Other Attachment letter
Greg Matteini - DNA
Filename: 00F5C00P.tif
Extension:.tif
Pages:

MENTAL HEALTH DIRECTORATE

PRIMARY CARE MENTAL HEALTH TEAM
Headquarters
[redacted] Health Centre
South [redacted] Street
WORKINGTON
CA14 2EW

Tel: 01900 324249
Fax: 01900 324221

REF: SR/GM /ES

2 August 2006

Confidential

Ms Laura Prowse
7 Cambridge Road
Hensingham
Whitehaven
CA28 8NX

Dear Ms Prowse

I am sorry that you were unable to attend your last appointment on Monday 31st July 2006, at Lowther Medical Centre, Castle Meadows, Whitehaven.

Should you require a further appointment please contact me at the above address and telephone number.

If I do not hear from you in the next 14 days I will take it that you no longer wish to have any further contact and will discharge you from my case load.

Yours sincerely

G Matteini

GREG MATTEINI
Counsellor Primary Care Mental Health Team

CC Dr A Black, Lowther Medical Centre, Castle Meadows, Whitehaven.

THIRD PARTY COPY

Other Attachment letter
06-July-2006 Mr Greg Matteini (GM_)
Additional: Other Attachment letter
Appointment with Greg Matteini

Filename: 00F5C00O.tif
Extension:.tif
Pages:

North Cumbria Mental Health and Learning Disabilities NHS
NHS Trust

MENTAL HEALTH DIRECTORATE

PRIMARY CARE MENTAL HEALTH TEAM
Headquarters
[redacted] Health Centre
South [redacted] Street
WORKINGTON
CA14 2EW

Tel: 01900 324249
Fax: 01900 324221

REF: SR/GM/LG

4 July 2007

Confidential

Ms Laura Prowse
7 Cambridge Road
Hensingham
WHITEHAVEN

Dear Ms Prowse

Your G.P has referred you to the Primary Care Mental Health Team to help you address your problems; I would like to provide you with some basic information which you may find helpful.

The first appointment would usually last about an hour and involves us sharing information, planning any future sessions and how best we can work together to help you through your difficulties.

In general, counselling sessions are confidential. There are strict guidelines for sharing information and only in exceptional circumstances would information be shared with out your consent. I will discuss these guidelines with you in more detail during our first session.

Your appointment has been arranged for:

Time	11.00 a.m.
Date	Monday, 3lst July, 2006
At	Lowther Medical Centre, I Castle Meadows, Whitehaven

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If this is not convenient then please ring Workington 01900 324249, to arrange a further appointment.

In order to keep waiting times low it is our policy that no further appointments are sent out to those who do not attend without informing us.

Yours sincerely

G Matteini

GREG MATTEINI
COUNSELLOR

CC Dr A Black, Lowther Medical Centre, I castle Meadows, Whitehaven

THIRD PARTY COPY

CHAIRMAN [redacted] **Betterton** **CHIEF EXECUTIVE** [redacted] **Dalton**

Other Attachment letter
09-Jun-2006 Dr Jose Fidalgo - DO NOT SEND TASKS (JLF3735)
Additional: Other Attachment letter
Insurance questionaire completed for Bright Grey.
Filename: 00F5C00N.tif
Extension:.tif
Pages:

bright grey®

date
25 May 2006

application number
6975988

Dr Jose [redacted] Fidalgo
Lowther Medical Centre, Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Mental health questionnaire

for Miss Laura [redacted] Prowse

date of birth 1 September 1987

address 4 Cumberland Road
Whitehaven, Cumbria
CA28 8NY

I understand that Laura [redacted] Prowse consulted you about her mental health disorder.

I would be grateful if you could complete and return the questionnaire so that we can make a decision on her application for a protection plan. I have enclosed a copy of her signed Access to Medical Reports Act declaration.

The fee for providing this information is £18.00.

Thank you for your help.

Dr [redacted] D C Finlayson, OBE, *Chief Medical Officer*
PhD, MBChB, FRCP (Lond.), FRCP (Edin.)

Here to help you

phone
0845 6094 500
Monday - Friday 8 till 6

email
help@brightgrey.com

website
www.brightgrey.com

fax
0845 6094 523

address
Bright Grey
2 Queen Street
Edinburgh
EH2 1BG

a division of **Royal London**

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UW023G.0105

6975988/UW023G/9678542

Mental health questionnaire

bright grey®

date
25 May 2006

person to be covered
Laura [redacted] Prowse

date of birth
1 September 1987

address
4 Cumberland Road
Whitehaven, Cumbria
CA28 8NY

application number
6975988

What is the diagnosis of the disorder?

Depression.

What was the date, or dates, of the onset?

date 28/2/06
date / /
date / /

What were the presenting symptoms?

low mood, insomnia, poor concentration irritable, poor appetite, etc.

What is the patient's current mental state?

last Time seen for Depression 2/5/06 Feeling better, sleeping better, still irritable but not anxious, concentration and appetite improving, no ideas of self harm.

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UW023G.0105
6975988/UW023G/9678542

Mental health questionnaire *continued*

bright grey®

Did the illness develop as a reaction to a particular set of circumstances?

☐ No
☑ Yes

please give details

Recurrent multiple childhood problems

date
25 May 2006

application number
6975988

Have there been any suicidal tendencies, or actual suicide attempts?

☑ No
☐ Yes

please give details

as far I know.

Please give details of any drugs that are being prescribed now or were prescribed in the past?

~~Sertraline~~ S.F.
Mirtazapine 15mg o.d.

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JW023G.0105

6975988/JW/023G/9678542

Mental health questionnaire *continued*

bright grey®

Has the patient ever been referred to a specialist?

☐ No
☑ Yes

please give details including dates

to the community Mental Health team for counselling.

date
25 May 2006

application number
6975988

Has in-patient therapy or electro-convulsive therapy ever been necessary?

☑ No
☐ Yes

please give details including the date, number of treatments and their duration

Are there any other relevant features, for example a family history of mental illness, criticism of habits etc?

☐ No
☐ Yes

please give details

I don't know, please ask her.

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a division of [redacted]*al London*

Bright [redacted] is a division of the Royal London Group which consists of The Royal London Mutual Insurance Society Ltd and its subsidiaries. The Royal London Mutual Insurance Society Ltd provides life and pension products, is a member of the Association of British Insurers, is authorised and regulated by the Financial Services Authority No.117672 and is registered in England and Wales No.99064. Royal London Marketing Ltd acts as an insurance intermediary for general insurance products, is authorised and regulated by the Financial Services Authority No.302391 and is registered in England and Wales No.4414137. The registered office for both of these companies is 55 Gracechurch Street, London, EC3V 0RL. Bright [redacted] is a member of IFA Promotion Ltd.

JW023G.0105

6975988/I JW023G/9678542

Mental health questionnaire *continued*

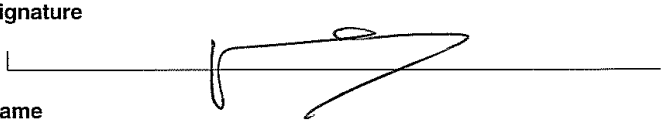
bright grey®

Doctor

date
25 May 2006

application number
6975988

Signature



Name

JOSE F. FIDALGO

Qualifications

Address

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a division of [redacted] London

Bright Grey is a division of the Royal London Group which consists of The Royal London Mutual Insurance Society Ltd and its subsidiaries. The Royal London Mutual Insurance Society Ltd provides life and pension products, is a member of the Association of British Insurers, is authorised and regulated by the Financial Services Authority No.117672 and is registered in England and Wales No.99064. Royal London Marketing Ltd acts as an insurance intermediary for general insurance products, is authorised and regulated by the Financial Services Authority No.302391 and is registered in England and Wales No.4414137. The registered office for both of these companies is 55 Gracechurch Street, London, EC3V 0RL. Bright [redacted] is a member of IFA Promotion Ltd.

6975988/LIW023G/9678542

LIW023G.0105

Other Attachment letter
22-May-2006 Mr A Other (OTHER_)
Additional: Other Attachment letter
Jobcentre Plus - Patient is capable of work
Filename: 00F5C00M.tif
Extension:.tif
Pages:

jobcentreplus

Incapacity for work

Part of the Department for Work and Pensions

JOBCENTRE PLUS
SIMON HOUSE
197-199 VULCANS LANE
WORKINGTON
CUMBRIA
CA14 2BW
Tel: 01900 608800

DR [redacted]
1 CASTLE MEADOWS
WHITEHAVEN
CA28 7RG

Our direct dial number is
Code 01900 Number 323869

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number
JR292869B

Date
19 / 05 / 06

Personal Capability Assessment

Dear Doctor

Patient's name LAURA [redacted] PROWSE

Date of birth 01 / 09 / 87

This patient has been claiming

☐ Incapacity Benefit

☐ Severe Disablement Allowance

☑ National Insurance credits

because they have been incapable of work. We recently assessed their ability to work using the Personal Capability Assessment.

We have decided that your patient is capable of work from and including
19 / 05 / 06 .

This is based on

☑ the medical examination we arranged that your patient went to on 16 / 5 / 6 .

☑ medical information you provided.

☑ information that your patient gave us.

This means that you do not have to give your patient any more medical certificates for Incapacity Benefit purposes. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Personal Capability Assessment to your patient.

Yours sincerely

for Manager

IB65B 10/05

THIRD PARTY COPY

Other Attachment letter
03-Apr-2006 Dr John Telford (JGT_)
Additional: Other Attachment letter
Incapacity benefit form completed.

Filename: 00F5C00L.tif
Extension:.tif
Pages:

IB113 01/04

Fast track ref.

Incapacity for work

Office stamp

JOBCENTRE PLUS
[redacted] HOUSE
197-199 VULCANS LANE
WORKINGTON
CUMBRIA
CA14 2BW
Tel: 01900 608800

DR. BLACK.
LOWTHER Medical Centre,
Castle Meadows,
WHITEHAVEN.

Our phone number is
Code 01900 Number 323816. Ext

If you have textphone, you can call on
Code Number

If you get in touch with us, tell us this reference number

Date
29 / 03 2006

About your patient

Surname PROWSE
Other names LAURA
NI number JR 29 28 69 B.
Date of birth 01.09.87.

Address 4 CAMBRIDGE Road,
MENSINGHAM,
WHITEHAVEN.
CUMBRIA
Postcode CA28-8NX.

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners* available at **www.dwp.gov.uk/medical**.

Thank you for your help.

Yours sincerely

On behalf of the Manager
For the Medical Officer

Social Security Office
Part of the Jobcentre Plus network,
Department for Work and Pensions

For official use

DO	Ref type
46601	CM

First day of incapacity
28 / 02 2006

THIRD PARTY COPY

About your patient – continued

Your reply

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

8/3/06

2 Diagnosis of all relevant conditions and date(s) of onset.

28/2/06 Depression

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

– Referral CMHT
– Rx Zispin 15mg nocte

THIRD PARTY COPY

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

?

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

NO

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

NO

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name IN CAPITALS Dr

Date 3 / 3106

Practice stamp

Dr J G Telford
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria CA28 7RG
Tel: 01946 692241
[redacted] 01946 590617

THIRD PARTY COPY

Other Attachment letter
17-Mar-2006 Mr A Other (OTHER_)
Additional: Other Attachment letter
Mental Health Team
Filename: 00F5C00K.tif
Extension:.tif
Pages:

3

Headquarters
[redacted] Health Centre
South [redacted] Street
WORKINGTON
CA14 2EW

Tel 09100 324249
Fax 01900324221

SR/LG

16 March 2006

CONFIDENTIAL

Ms Laura Prowse
7 Cambridge Road
Hensingham
WHITEHAVEN

Dear Ms Prowse

You have been referred to the Primary Care Mental Health Team for short term counselling, unfortunately, due to the heavy demand on this Service, there is a delay of some months before you will be seen.

We will however continue to review the situation and will contact you in due course to see if your situation has changed prior to offering an appointment.

Yours sincerely

S Rowlands

SHIRLEY ROWLANDS
PRIMARY CARE MENTAL HEALTH TEAMS MANAGER

CC Dr A Black, Lowther Medical Centre, l Castle Meadows, Whitehaven

THIRD PARTY COPY

Other Attachment letter
16-Mar-2006 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
CCMHT

Filename: 00F5C00J.tif
Extension:.tif
Pages:

North Cumbria Mental Health & Learning Disabilities
NHS Trust

Copeland Community
Mental Health Team
Richmond House
[redacted] Street
Whitehaven
Cumbria
CA28 7QY
Tel: 01946 852985
Fax: 01946 852986

14/3/06

Dear [redacted]

RE Laura Prowse DOB 01/09/1987
NHS Number 6330036306
7 Cambridge Road, Hensingham, CA28 8NX

Thank you for referring the above lady to our team.

I had a conversation with [redacted] Gourley from the Care Pathways Team in Ayrshire and got a little background information from her.

The Care Pathways team [redacted] people [redacted] and leaving care. Laura moved to the area and [redacted] her [redacted] for a while and now has a place of her own.

She lost a child at birth last year.

According to [redacted] Laura is quite a strong person generally and feels that the first port of call should be some counselling.

I have therefore forwarded this referral onto the primary care team.

[redacted] said that she would be speaking to Laura and letting her know that I spoke to her.

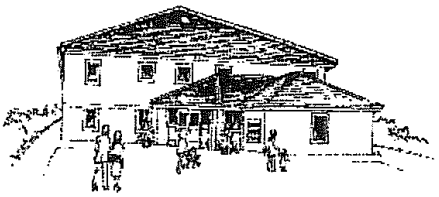
Yours truly,

[redacted]
Community Psychiatric Nurse
Cc Primary Care

THIRD PARTY COPY

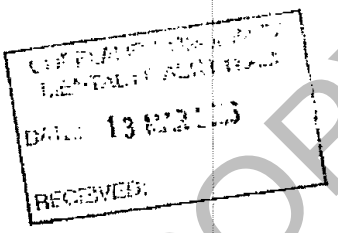
Chairman: [redacted] Betterton *Chief Executive:* [redacted] Dalton

LOWTHER MEDICAL CENTRE
1 CASTLE MEADOWS
WHITEHAVEN
CUMBRIA
CA28 7RG
Tel: (01946) 692241
Fax: (01946) 590617



Dr ADF Black
Dr JLF Fidalgo
Dr P [redacted]
Dr GM [redacted]
Dr NJ Stevenson
Dr JG Telford
Dr J Woffindin

www.lowthermedical.co.uk



09 March 2006

Community Mental Health Team
Richmond House
Whitehaven
CA28 7QY

Dear Team,

Re: Laura Prowse DOB 01/09/1987
NHS No. 633 003 6306 Hosp No.
7 Cambridge Road Hensingham Whitehaven
Cumbria CA28 8NX

I see Laura regularly in surgery. Currently she [redacted] her [redacted] away from her [redacted] I have signed her off work for the moment with depressive symptoms and started her on some medicine.

She has moved down to this area from Ayrshire where I am told she was on a "care pathway" orchestrated by the Social Work Department. The contacts for this were as follows:

[redacted] Gourlay and [redacted] Fitzsimmons Tel. 01294602527

Based at Irvine, North Ayrshire.

I wonder if you could kindly follow this up please.

Thank you

Yours sincerely

[redacted] Black

THIRD PARTY COPY

Other Attachment letter
14-Mar-2006 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A & E Form
Filename: 00F5C00I.tif
Extension:.tif
Pages:

NHS **ACCIDENT & EMERGENCY DEPARTMENT**

North Cumbria Acute Hospitals NHS Trust
Site ..WCH..
Examined by ..YAN..
Grade ..SHO..
Time Seen ..23:11..

PC: Back pain

HPC: Slipped when going downstairs, fell 2-3 steps, hit middle back against wooden door. Was very painful, can't move, but much better now. Can walk. Pain worse when back straightened. No neck pain / anywhere else. No numbness/tingling, No incontinence. No headache / vomiting.

O/E: A-Speaking B-Chests clear RR 18 C-HS1+1140
O-GCS15 Abdo soft & non tender
PERLA, Sensation fine, Power 5/5
CN I-XII intact, No ataxia
Back - No bruise
Moderate tenderness over T10 – [redacted] region

Impression: Backache 2° contission
Plan: Adv analgesia PRN

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given In A&E	Dose	Route	Doctor	Nurse	Time
paracetamol	1T	PO		KScott	23 10
ibrufen	400mg	PO			23-10

Triage Nurse ..K Scott..
Initial Assessment Time ..0/A..
PRIORITY R O Y G B

URINALYSIS 15

BP	120 / 78	Pre Neb.	P.F.
Pulse	95	Post Neb.	P.F.
Resp.	18		
Temp.			
GCS	15		B.M.
O2 Sat	99%		X-Ray ordered at Triage
Wt.			VA.R. VA.L.

PAIN ASSESSMENT

	0 None	1 Mild	2 Moderate	3 Severe	4 V.Severe
Initial:					
Re-assessment:					

Action taken for pain

History of Event
fall downstairs - tripped hitting lower back. mobilising slowly ° pins + needles.

Past Medical History: none
Medications:
none.

Allergies: none

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal Clean Other (Specify) .....

Mobility: Mobile Immobile N.W.B. P.W.B Other .....

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) .....

Does patient live alone? Yes/No If No, who does patient live with? .....Tel.....
Relative Informed? Yes/No Relative Present? Yes/No Property given to patient or relative? Yes/No
[redacted] Tel No:

Male/Female/Unknown | Surname: | Attn No. 4914

Name	LAURA PROWSE	DOB/Age	01/09/1987 / 18.5
A&E Number	0000071042	PAS Number	
Date/time of Attendance	Friday 10 March 2006 23:05	When Happened	Less than 1 hour
Permanent Address	7 CAMBRIDGE ROAD HENSINGHAM WHITEHAVEN CA28 6NX Telephone: 07811639270	GP Details	Dr TELFORD LOWTHER MEDICAL CENTRE 1 CASTLE MEADOWS WHITEHAVEN CUMBRIA CA28 7RG
Sex	Female	Temporary Address	
Next of [redacted]		Relation	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	Arrival Mode	AMBULANCE (INCLUDING HELICOPTER)
Patient Group	Other Accident - Fall	Source of Referral	Emergency Services
Occupation or [redacted]		Attended before this Year	No
Incident Location	Home	Site of Attendance	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	BACK INJ		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox		120	Intravenous Cannula	063	Sling
231	Anaesthesia - General		150	Intubation	041	Steristrips
232	Anaesthesia - Local		091	Manipulation	030	Sutures
233	Anaesthesia - Regional Block		200	Minor Surgery	243	Tetanus - Dip Booster
235	Anaesthesia - Sedation		250	Nebuliser	242	Tetanus - Dip Course
130	Central Line		062	Neighbour Strap	241	Tetanus - Immune
160	Chest Drain		210	Observation	244	Tetanus - Immunoglobulin
064	Collar & Cuff		272	Oxygen Mask	061	Thumb Spica
273	Crutches		290	Parenteral Drugs - Other	021	Tubigrip
274	C Spine Immobilisation		280	Parenteral Thrombolysis	170	Urinary Catheter
180	Defibrillation/Pacing		141	Peritoneal Lavage	043	Wound Closure - other
010	Dressing		050	Plaster of [redacted]	042	Wound Glue
271	Eye Patch		070	Prescription	275	Wound Toilet
222	Guidance - Verbal	I	100	Reduction	065	Wrist Brace
221	Guidance - Written		080	Removal Foreign Body	990	None
110	Incision & Drainage		190	Resuscitation	270	Other

Specify Other(s) .....

OTHER INFORMATION/SPECIAL INSTRUCTIONS

Treatment Nurse Signature:

Investigations

CT	MRI	X-Ray	Cross Match	Hist.	US	ECG	Haem.	Blo.	Urine	Bact.	Other

RESULTS

Referral To Specialty .....
Time Referral Made: ..... Time of Arrival: .....

Diagnosis
Back pain

DIAGNOSIS CODES	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

DISCHARGE - Please circle appropriate code: Hospital No:
01 Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP Ward Name: .....
(03) Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept. Appointment:
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic .....
07 Transferred to other Health Care Provider .....
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other .....
15 Brought in Dead
Was the attendance classified as a Trauma? Yes/No

Attendance Conclusion Time/ Time decision made to admit: [redacted]
Time patient left department: 2321

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other

Transport Own/Taxi/Ambulance Time Ordered ..... Return Ambulance Booked? Yes/No

THIRD PARTY COPY

Referral letter
09-Mar-2006 Dr A Black (ADFB_)
Additional: Referral letter
09/03/2006 Refer for Endogenous depression - recurrent at Commuinty Mental Health Team department of with by: Dr A Black
Filename: 00F5C00H.DOC
Extension:.tif
Pages:

09 March 2006

Commuinty Mental Health Team
Richmond House
Whitehaven
CA28 7QY

Dear Team,

Re: Laura Prowse DOB 01/09/1987
NHS No. 633 003 6306 Hosp No.
7 Cambridge Road Hensingham Whitehaven
Cumbria CA28 8NX

I see Laura regularly in surgery. Currently she [redacted] her [redacted] away from her [redacted] I have signed her off work for the moment with depressive symptoms and started her on some medicine.

She has moved down to this area from Ayrshire where I am told she was on a "care pathway" orchestrated by the Social Work Department. The contacts for this were as follows:

[redacted] Gourlay and [redacted] Fitzsimmons Tel. 01294602527

Based at Irvine, North Ayrshire.

I wonder if you could kindly follow this up please.

Thank you

Yours sincerely

[redacted] Black

THIRD PARTY COPY

Ultrasound letter
14-Nov-2005 Dr P Howarth (PH_)
Additional: Ultrasound letter
Pelvis
Filename: 00F5C00G.tif
Extension: .tif
Pages:

NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST -RADIOLOGICAL OPINION

Surname	: **PROWSE**	Consultant/GP	: **DR P** [redacted]
First Name	: LAURA	Address	: LOWTHER MEDICAL CENTRE
Address	: 7 CAMBRIDGE ROAD		: 1 CASTLE MEADOWS
	: HENSINGHAM		: WHITEHAVEN
	: WHITEHAVEN, CUMBRIA	Category	: N.H.S
Postcode	: CA28 8NX Sex : F	Hospital No.	: Exam No. : 1147586
D.O.B.	: 01/09/1987	Source	: LOWTHER MEDICAL CENTRE W5/01119

Page 1 of 1

US. PELVIS:
The uterus appears normal in size and shape with an endometrial thickness of 10mm. The right ovary and adnexal area appears normal. No adnexal mass or cyst identified. The left ovary contains a 2.5cms fluid area which may be a dominant follicle or a simple cyst. There is no free pelvic fluid. If clinical relevant it may be worth repeating the scan after an interval of 6-8weeks.

Confirmed by Dr Huntley.

ANGELA [redacted] / AH

Reported : 10/11/2005 16:57

RADIOLOGY	**US. PELVIS:**	Exam Date: 10/11/2005

THIRD PARTY COPY

Referral letter
31-Oct-2005 Dr P Howarth (PH_)
Additional: Referral letter
*31/10/2005 Refer for Refer for imaging at West Cumberland Hospital department of X-ray Dept with by: Dr P ******
Filename: 00F5C00F.DOC
Extension: .tif
Pages:

Prowse
Laura
01/09/1987
7 Cambridge Road
HensinghamWhitehaven
CA28 8NX
Tel:

LOWTHER MEDICAL
CENTRE 01946 692241

GP: P [redacted]

FOR: Pelvis U/S scan

WANT TO FIND OUT?: ? any pelvic abnormality

PMH: irregular periods for some weeks
Has Left iliac fossa pain
Miscarriage due to foetal abnormality (anencephaly) at 10 weeks of gestation in January 2005

31 October 2005

THIRD PARTY COPY

Other Attachment letter
15-Sept-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A&E Form
Filename: 00F5C00E.tif
Extension: .tif
Pages:

THIRD PARTY COPY

NHS **ACCIDENT & EMERGENCY DEPARTMENT**

North Cumbria Acute Hospitals NHS Trust
Site: WCH
Examined by: Ann M. Thimmiah
Grade: SHO
Time Seen: 12:30 hrs

Triage Nurse: K Scott
Initial Assessment Time: 12.24
PRIORITY R O Y G B: 4

BP / Pulse / Resp. / Temp. / GCS / O_2 Sat / Wt.
Pre Neb. / Post Neb. / B.M. / V.A.R. / V.A.L. / P.F. / P.F.
URINALYSIS
X-Ray ordered at Triage ☐

PAIN ASSESSMENT

	0 None	1 Mild	2 Moderate	3 Severe	4 V.Severe
Initial:	☐	☒	☑	☐	☐
Re-assessment:	☐	☐	☐	☐	☐

Action taken for pain
Paracetamol at 7.30 am - declined.

History of Event
Fell on down concrete steps 1/2 ago and landed onto Right knee - weight bearing ↓ R.O.M.

Hx o Running on some concrete steps yesterday slipped and landed on Right knee. c/o Severe pain over Right knee. No Swelling.

On Examination :-

Right knee appears normal - No obvious swelling or deformity. Tenderness @ over Right Patella. Movement at Right knee painful but possible.

Imp: ? Fracture of Right Patella. — No # Seen

Plan:
1. Double Tubigrip to Right Knee.
2. Follow up by GP.

Past Medical History: nare
Medications: none
Allergies: nare

First Aid At Triage: Dressing / Limb Elevation / Splint / Cervical Collar / Ring Removal / Clean / Other (Specify) .....

Mobility: Mobile / Immobile / N.W.B. / P.W.B / Other .....

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) .....

Does patient live alone? Yes/No If No, who does patient [redacted] ..... Tel. .....
Relative Informed? Yes/No Relative Present? Yes/No Property given to patient or relative? Yes/No
[redacted] Tel No:

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given In A&E	Dose	Route	Doctor	Nurse	Time

Male/Female/Unknown | Surname: PROWSE. | Attn No. 19892

Name	LAURA PROWSE	**DOB/Age**	01/09/1987 / 18.0
A&E Number	0000071042 **PAS Number**		
Date/time of Attendance	Tuesday 13 September 2005 12:11	**When Happened**	Between 12 and 24 hours
Permanent Address	7 CAMBRIDGE ROAD HENSINGHAM WHITEHAVEN CA28 8NX Telephone: 07811639270	**GP Details**	Dr TELFORD 1 CASTLE MEADOWS WHITEHAVEN
Sex	Female	**Temporary Address**	
Next of Kin		**Relation**	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	**Arrival Mode**	OTHER - WALKING
Patient Group	Other Accident - Fall	**Source of Referral**	Self Referral
Occupation	STUDENT	**Attended before this Year**	Yes
Incident Location	Home	**Site of Attendance**	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	RT KNEE INJUR.		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox		120	Intravenous Cannula		063	Sling	
231	Anaesthesia - General		150	Intubation		041	Steristrips	
232	Anaesthesia - Local		091	Manipulation		030	Sutures	
233	Anaesthesia - Regional Block		200	Minor Surgery		243	Tetanus - Dip Booster	
235	Anaesthesia - Sedation		250	Nebuliser		242	Tetanus - Dip Course	
130	Central Line		062	[redacted] Strap		241	Tetanus - Immune	
160	Chest Drain		210	Observation		244	Tetanus - Immunoglobulin	
064	Collar & Cuff		272	Oxygen Mask		061	Thumb Spica	
273	Crutches		290	Parenteral Drugs - Other		021	Tubigrip	1
274	C Spine Immobilisation		280	Parenteral Thrombolysis		170	Urinary Catheter	
180	Defibrillation/Pacing		141	Peritoneal Lavage		043	Wound Closure - other	
010	Dressing		050	Plaster of Paris		042	Wound Glue	
271	Eye Patch		070	Prescription		275	Wound Toilet	
222	Guidance - Verbal	3	100	Reduction		065	Wristbrace	
221	Guidance - Written	2	080	Removal Foreign Body		990	None	
110	Incision & Drainage		190	Resuscitation		270	Other	

Specify Other(s) .....

OTHER INFORMATION/SPECIAL INSTRUCTIONS

Investigations
CT ☐ MRI ☐ X-Ray ☑ Cross Match ☐ Hist. ☐ US ☐ ECG ☐ Haem. ☐ Bio. ☐ Urine ☐ Bact. ☐ Other ☐

RESULTS
No bony injury noted

Referral To Specialty .....
Time Referral Made: ..... Time of Arrival: .....

Diagnosis Soft Tissue Injury to Right Knee

DIAGNOSIS CODES	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

Treatment Nurse Signature: L. Maclaren (STN).

DISCHARGE - Please circle appropriate code: Hospital No:
01 Admitted to this hospital or became lodged patient of same Health Care Provider
(02) Discharged - Follow up treatment to be provided by GP — Ward Name: .....
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept. — Appointment:
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic .....
07 Transferred to other Health Care Provider .....
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other .....
15 Brought in Dead

Attendance Conclusion Time/ Time decision made to admit: 1310
Time patient left department: 1320

Was the attendance classified as a Trauma? Yes/No

Informed Discharge Patient / Relative / Social Services / Health Visitor / District Nurse / Other

Transport Own/Taxi/Ambulance Time Ordered ..... Return Ambulance Booked? Yes/No

Other Attachment letter
10-Aug-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Genitourinary Medicine, Workington
Filename: 00F5C00D.tif
Extension:.tif
Pages:

(2)

North Cumbria Acute Hospitals NHS
NHS Trust

Dept. of Genitourinary Medicine
Workington Community Hospital
Park Lane
Workington
Cumbria
CA14 2RW

Tel: 01900 705050
Fax: 01900 606010

AJR/DHM/NHS NO:6330036306

3 August 2005
(Dictated 2 August 2005)

Dr N J [redacted]
Lowther Medical Centre
1 Castle Meadows
WHITEHAVEN
Cumbira
CA28 7RG

Dear Dr [redacted]

RE: Laura Prowse. D.O.B. 01.09.1987.
7 Cambridge Road, Whitehaven CA28 8NX.

Thank you for asking this young woman to attend our clinc.

I can confirm that she has genital wart virus infection, which was treated using Warticon cream topical bd for 3 days repeated on a weekly basis. She also had a full screen for sexually transmissible infections, which I can report as negative.

Yours sincerely

Dr [redacted] J Rea BSc MPH FRCP
Consultant Physician

THIRD PARTY COPY

Other Attachment letter
14-Jun-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A&E form
Filename: 00F5C00C.tif
Extension: .tif
Pages:

NHS 20 **ACCIDENT & EMERGENCY DEPARTMENT**

North Cumbria Acute Hospitals NHS Trust

Site .....

Examined by ..... Grade .....

Time Seen .....

Patient will attend Mon

Triage Nurse ..... A Williams

Initial Assessment Time 0322

PRIORITY R O Y G B

URINALYSIS

BP /

Pulse

Resp.

Temp.

GCS 15

O_2 Sat

Wt.

Pre Neb. P.F.

Post Neb. P.F.

B.M.

VA.R. VA.L.

Pupils equal

X-Ray ordered at Triage ☐

PAIN ASSESSMENT

	0 None	1 Mild	2 Moderate	3 Severe	4 V.Severe
Initial:	☐	☐	☐	☐	☐
Re-assessment:	☐	☐	☐	☐	☐

Action taken for pain

History of Event

Assaulted outside Nightclub tonight. Punched Single blow to her nose - No LOC no vomiting alert not intoxicated. No obvious swelling

Past Medical History: currently not bleeding

Medications: but nose feels congested - no other injuries -

Allergies:

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal Clean Other (Specify) .....

Mobility: Mobile Immobile N.W.B. P.W.B Other .....

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) .....

Does patient live alone? Yes/No If No, who does patient live with? ..... Tel.....

Relative Informed? Yes/No Relative Present? Yes/No Property given to patient or relative? Yes/No

[redacted] Tel No:

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given In A&E	Dose	Route	Doctor	Nurse	Time

Male/Female/Unknown Surname: Attn No. 1205

First Names: DOB

Name	LAURA PROWSE	**DOB/Age**	01/09/1987 / 17.8
A&E Number	0000071042 **PAS Number**		
Date/time of Attendance	Saturday 11 June 2005 03:23	**When Happened**	Less than 1 hour
Permanent Address	7 CAMBRIDGE ROAD HENSINGHAM WHITEHAVEN CA28 8NX Telephone: 07811639270	**GP Details**	Dr TELFORD 1 CASTLE MEADOWS WHITEHAVEN
Sex	Female	**Temporary Address**	
Next of Kin		**Relation**	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	**Arrival Mode**	OTHER PUBLIC TRANSPORT
Patient Group	Assault	**Source of Referral**	Self Referral
Occupation or School		**Attended before this Year**	Yes
Incident Location	Public Place	**Site of Attendance**	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	NOSE INJURY		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox	120	Intravenous Cannula	063	Sling
231	Anaesthesia - General	150	Intubation	041	Steristrips
232	Anaesthesia - Local	091	Manipulation	030	Sutures
233	Anaesthesia - Regional Block	200	Minor Surgery	243	Tetanus - Dip Booster
235	Anaesthesia - Sedation	250	Nebuliser	242	Tetanus - Dip Course
130	Central [redacted]	062	[redacted]r Strap	241	Tetanus - Immune
160	Chest Drain	210	Observation	244	Tetanus - Immunoglobulin
064	Collar & Cuff	272	Oxygen Mask	061	Thumb Spica
273	Crutches	290	Parenteral Drugs - Other	021	Tubigrip
274	C Spine Immobilisation	280	Parenteral Thrombolysis	170	Urinary Catheter
180	Defibrillation/Pacing	141	Peritoneal Lavage	043	Wound Closure - other
010	Dressing	050	Plaster of [redacted]	042	Wound Glue
271	Eye Patch	070	Prescription	275	Wound Toilet
222	Guidance - Verbal	100	Reduction	065	Wrist Brace
221	Guidance - Written	080	Removal Foreign Body	990	None
110	Incision & Drainage	190	Resuscitation	270	Other

Specify Other(s) .....

OTHER INFORMATION/SPECIAL INSTRUCTIONS

Treatment Nurse Signature:

CT MRI X-Ray Cross Match Hist. US ECG Haem. Bio. Urine Bact. Other

RESULTS

Referral To Specialty .....

Time Referral Made: ..... Time of Arrival: .....

Diagnosis

DIAGNOSIS CODES

	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

DISCHARGE - Please circle appropriate code: Hospital No:

01 Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP Ward Name: .....
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept. Appointment:
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic .....
07 Transferred to other Health Care Provider .....
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other .....
15 Brought in Dead

Attendance Conclusion Time/ Time decision made to admit:

Time patient left department: 0330

Was the attendance classified as a Trauma? Yes/No

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other

Transport Own/Taxi/Ambulance Time Ordered ..... Return Ambulance Booked? Yes/No

THIRD PARTY COPY

Referral letter
13-Apr-2005 Dr N Stevenson (NJS_)
Additional: Referral letter
*13/04/2005 Refer for Genital warts at Workington Community Hospital department of Genito-Urinary Medicine Clinic with by: Dr N ******
Filename: 00F5C00B.DOC
Extension:.tif
Pages:

NJS/AT

13 April 2005

Genito-Urinary Medicine Clinic
Workington Community Hospital
Park Lane
Workington
CA14 2RW

Dear Colleagues

Re: Laura Prowse DOB 01/09/1987
NHS No. 633 003 6306 Hosp No.
7 Cambridge Road Hensingham Whitehaven
Cumbria CA28 8NX

This young woman came to see me because of "lumps". On examination she has external genital warts. I have not proceeded on to speculum examination. She tells me that her current [redacted] of one years standing as previously had warts which have been treated. I will be grateful if you could see her in due course to initiate treatment although Laura would be very happy to be transferred to the Flatt Walks Service when this is up and running.

Yours sincerely

Dr N [redacted]

THIRD PARTY COPY

Other Attachment letter
31-Mar-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Dermatology
Filename: 00F5C00A.tif
Extension:.tif
Pages:

2

North Cumbria Acute Hospitals NHS

NHS Trust

DEPARTMENT OF DERMATOLOGY

Dr N H [redacted] Bsc FRCP (Lond & Edin)
Dr G Dawn MD MRCP
[redacted] Bowman RGN MBE (Nurse Manager)

Cumberland Infirmary
Carlisle
Cumbria
CA2 7HY

Tel: 01228 523444

Direct Line 01228 814152
Fax 01228 814849
Please ask for [redacted] Downie
Our ref: WDP/MD/W284220
Clinic Date: 22/03/2005
Date: 24/03/2005

Dr J [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr J [redacted]

Re: Laura [redacted] Prowse (01/09/1987), 27 Monkcaster Road, Richmond, Hensingham, CA28 8RR
Hospital Number: W284220, NHS Number:

This is to let you know that your patient did not attend for the above clinic appointment. No further appointment has been arranged and I have discharged your patient.

Yours sincerely

Dr W D [redacted] MB, FRCP FRCPE
Consultant Dermatologist

Cc Mr Eldred Obstetrics and Gynaecology CIC

THIRD PARTY COPY

WQB 1588

POSITIVE ABOUT DISABLED PEOPLE

Other Attachment letter
21-Feb-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Community Dental Service
Filename: 00F5C009.tif
Extension:.tif
Pages:

hmc

D19(a)

West Cumbria NHS
Primary Care Trust

COMMUNITY DENTAL SERVICE

Dental Clinic
Outpatient Department
West Cumberland Hospital
Hensingham
Whitehaven
CA28 8JG

Dear Doctor,

NAME lawa Prowse D.O.B 1-9-87

ADDRESS 55 Windermere Rd
Whitehaven
.....

DATE OF GA: 15/2/05

The above named patient recently underwent a general anaesthetic here for the purpose of receiving dental treatment. Please pass this information on to your Health Visitor.

Yours Faithfully

DENTAL SURGEON

PCT3372: 04/04 REV 3

POSITIVE ABOUT DISABLED PEOPLE

THIRD PARTY COPY

Other Attachment letter
11-Feb-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Gynae
Filename: 00F5C008.tif
Extension:.tif
Pages:

North Cumbria Acute Hospitals NHS Trust

West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 693181

Our Ref: ELDJM.SAK.VWS.W284220

Date: 09 February 2005

Tel. Number: (01946) 523222

Dr NJ [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

Dear Dr [redacted]

Re: MISS LAURA [redacted] PROWSE 01/09/1987 (NHS:)
55 Windermere Road Whitehaven Cumbria CA28 9LU

This lady had a termination of pregnancy because of lethal congenital malformation. She had a scan performed in the Fetal Medicine Unit at the Royal Victoria Infirmary, which showed anencaphalic baby. A medical termination was performed on the 20 January 2005 without any complications.

Yours sincerely

DR S [redacted]
SpR in Obstetrics & Gynaecology

THIRD PARTY COPY

Discharge Summary letter
26-Jan-2005 Dr A Hosp (HOSP_)
Additional: Discharge Summary letter
Gynae
Filename: 00F5C007.tif
Extension: .tif
Pages:

1. G.P. (White)
2. Pharmacy (Pink)
3. Patient Records (Yellow)

North Cumbria Acute Hospitals NHS
NHS Trust

14

DETAILS OF PATIENT DISCHARGE

Sur **W284220** 01/09/1987 **Prowse** **Laura Ann** 55 Windermere Road Fo Whitehaven Cumbria CA28 9LU Dr J Stevenson NHS: Date of birth	Home Address :harge Address (if different from above)	Prescription Number 165295 Unit No. Admission date 20/1/05 Discharge date 20/1/05 Ward Dalegarth Hospital WCH
	Consultant mr. GUPTA	

Prescription form - if not used please write NIL & *do not sign prescription*

MEDICATION (APPROVED NAME)	DOSE	DIRECTIONS FOR USE	QUANTITY/ DURATION	PHARMACY USE ONLY		
				Quant.suppl.	Suppl code	Manu/batch
Signature of Doctor	Doctor's name PRINTED	Date	D'sed by	Checked by	Date	Items

Diagnosis:
medical termination of pregnancy @ 10/40 - indication
foetal anomaly (anencephaly)

In Patient management & investigations (if necessary attach supplementary sheet)
Rash in left axilla. Referral sent for dermatology
out patient appointment [redacted]

Recommended continuing care by GP practice (including duration)

Out Patient follow-up arranged: Hospital/clinic _____ Date _____ Time _____
Consultant _____ Transport booked YES/NO

Signature (HO;SHO;REG;Cons) [signature] Date: 20/1/05

Continuing care - community arranged : YES/NO Name of [redacted] [redacted] if applicable :

Specific advice to Patient: _____

Discharge policy followed - signature _____ (Ward Named Nurse)

NCA6197: 09/04 REV 2

NB - All items to be completed in black [redacted] point pen.

THIRD PARTY COPY

Other Attachment letter
24-Jan-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Fetal Medicine, RVI
Filename: 00F5C006.tif
Extension:.tif
Pages:

22

The Newcastle upon Tyne Hospitals NHS

NHS Trust

FETAL MEDICINE DEPARTMENT, LEAZES WING
Dr. S. Macphail, BM PhD MRCOG
Clinical Director/Consultant in Obstetrics and Fetal Medicine

Direct Line: **0191 2825867 - Secretary (Fax: 0191 2825873)**
0191 2825836 - Midwives
0191 2825837 – Appointments (Fax 0191 2825455)

Royal [redacted] Infirmary
Queen [redacted] Road
Newcastle upon Tyne
NE1 4LP

Tel: 0191 233 6161
Fax: 0191 201 0155

SM\BY\0617438T
NHS No

Clinic Date 14.1.05

20th January 2005

Mr. [redacted] Eldred
Consultant Obstetrician
West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA278 8JG

Dear [redacted]

Laure Prowse dob 1.9.87
55 Windermere Road, Whitehaven

Problem: **Anencephaly**
Gestation: **12 weeks + 1 day**

Just to confirm the conversation we had by telephone. Laura's [redacted] sadly shows the features of anencephaly. This is often a difficult diagnosis to make before 11 or 12 weeks and the suspicion of your sonographers was entirely right. I have explained the findings to the [redacted] and suggested that it would be entirely reasonable to consider a termination of pregnancy. The family were grateful to you for agreeing to see them the following day.

I did have a preliminary discussion about a neural tube defect increasing the risks in future pregnancy and the potential benefits to be had from an increased dose of folic acid. However, I suspect Laura was so distressed that very little of the information was absorbed and it may well need to be re-visited with her.

I have not arranged any further follow-up but if I can be of any further assistance please do not hesitate to contact me.

Yours sincerely

Dr Sheila Macphail BM PhD MRCOG
Consultant In Obstetrics and Fetal Medicine

Cc
Dr. [redacted]
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

FAS

THIRD PARTY COPY

Other Attachment letter
13-Jan-2005 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
Obs/Gynae
Filename: 00F5C005.tif
Extension: .tif
Pages:

1|

North Cumbria Acute Hospitals NHS
NHS Trust

Our Ref: ELDJM.VWS.W284220

Date: 11 January 2005

Tel. Number: (01946) 523222

West Cumberland Hospital
Hensingham
Whitehaven
Cumbria
CA28 8JG

Tel: 01946 693181

Dr S Sturgiss
Consultant in Fetal Medicine
Royal [redacted] Infirmary
NEWCASTLE UPON TYNE

Dear [redacted]

Re: MISS LAURA [redacted] PROWSE 01/09/1987 (NHS:)
55 Windermere Road Whitehaven Cumbria CA28 9LU

This 17-year-old primip presented yesterday evening with vaginal spotting at 10 weeks' amenorrhoea.

A routine viability scan was performed by [redacted] [redacted] our experienced radiologist, and I enclose a copy of her report. I am unable to send you any pictures but you can see that she is suspicious that the fetal skull does not appear normal and I assume she is questioning the presence of either anencephaly or an encephalocele. She would be extremely grateful for a second opinion here and I wondered whether it is a reasonable use of your time to offer her an appointment for a further detailed scan. The family can be contacted on telephone 01946 64169, 07714105594 or 07883058175.

Your help would, as always, be greatly appreciated. Kind regards,

Yours sincerely

J M ELDRED MA MB BChir FRCOG
Consultant Obstetrician & Gynaecologist

Enc

Blood group: O Rhesus positive
Antibody screen: Negative

cc Dr [redacted]
Lowther Medical Centre
1 Castle Meadows
Whitehaven
Cumbria
CA28 7RG

THIRD PARTY COPY

Other Attachment letter
11-Jan-2005 Dr A Gp (GP_)
Additional: Other Attachment letter
cuedoc
Filename: 00F5C004.tif
Extension:.tif
Pages:

CueDoc PATIENT CONTACT

Date:	09/01/2005	Time of Call:	22:23:04	Call Number:	593203
Patient's Name:	LAURA PROWSE	DOB:		Age:	17 Y
Address Today:	49 QUEENS STREET	Home Address: (if different)			
Postcode:	WHITEHAVEN	Postcode:			
Phone No. Today:	07771 410 5594	Home Tel. (if different):			
Caller's Name:		Relationship to Patient:			
Name of G.P.:	LMC.	Urgency:	9		
Address:	Coming to Base	Special Patient ID:			

History: PC/

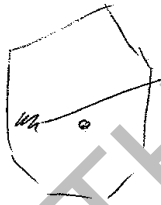
PT 12 WKS PREG AND BLEEDING - ETC LMC

HPC/. 12/40 pregnant - not had scan.
stated 1/c slight spotting today.

O/E
BP 128/70 P 84. → GP 2/40 Jade.

P.M.H.:	Nil.	Telephone Start Time:	Consultation Start Time: 2230
Medication:	penicillin	Allergies:	NIK

Examination:



small area of pressure pain
normal peristalsis. ↓pressure.
small abdomen.

Treatment Plan/ Advice: to contact own SP for epac referral.

Signature:

Read Code: NA 19

Centre Code:

Own G.P. to F/UP When:

Patient to Arrange F/UP:

Diagnosis: MUST COMPLETE: pv bleeding in pregnancy.

Seen by Dr/Nurse: PiM.

Triage by Dr/Nurse:

Visit Type: Telephone Advice ☐ Home ☐ Base ☐ Night Visit ☐

POST ☐ FAX ☐

THIRD PARTY COPY

Ultrasound letter
20-Oct-2004 Dr A Hosp (HOSP_)
Additional: Ultrasound letter
Urinary System
Filename: 00F5C003.tif
Extension: .tif
Pages:

NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST -RADIOLOGICAL OPINION

Surname	: **PROWSE**	Consultant/GP	: **DR.J FIDALGO**
First Name	: LAURA	Address	: LOWTHER MEDICAL CENTRE
Address	: 55 WINDERMERE RD,		: 1 CASTLE MEADOWS
	: WOODHOUSE.		: WHITEHAVEN
	: CUMBRIA	Category	: N.H.S
Postcode	: CA28 9LU Sex : F	Hospital No.	: Exam No. : 1049740
D.O.B.	: 01/09/1987	Source	: LOWTHER MEDICAL CENTRE W4/23832

US.URINARY SYS:

Page 1 of 1

Both kidneys appear normal in size, outline and position.There is no hydronephrosis. No stones are seen. Normal bladder.

[redacted] MAGUIRE / DD

RADIOLOGY	US.URINARY SYS:	Reported : 19/10/2004 12:56
		Exam Date: 19/10/2004

THIRD PARTY COPY

Referral letter
08-Oct-2004 Dr P Howarth (PH_)
Additional: Referral letter
*08/10/2004 Refer for Refer for imaging at West Cumberland Hospital department of X-ray Dept with by: Dr ***** *****
Filename: 00F5C002.DOC
Extension:.tif
Pages:

Prowse
Laura
01/09/1987
55 Windermere Road
Whitehaven
CA28 9LU
Tel:

LOWTHER MEDICAL
CENTRE 01946 692241

GP: P [redacted]

FOR: Renal Ultrasound Scan

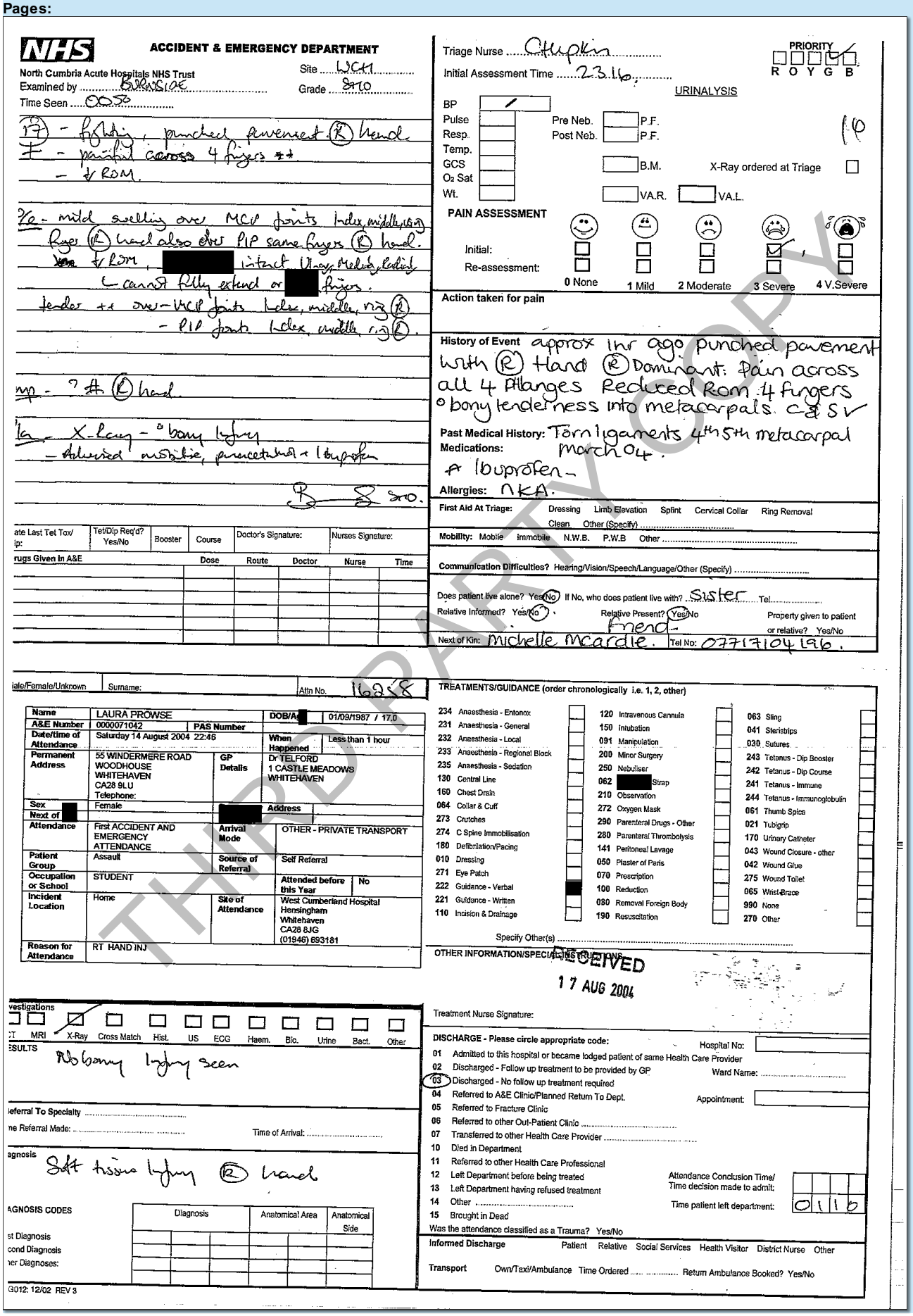
WANT TO FIND OUT?: ? any renal abnormality

PMH:Left Loin pain recently, for 2 weeks, associated with burning on micturition
Poor response to antibiotics
? any evidence of kidney abnormality

08 October 2004

THIRD PARTY COPY

Other Attachment letter
17-Aug-2004 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A & E Form
Filename: 00F5C001.tif
Extension: .tif
Pages:



NHS **ACCIDENT & EMERGENCY DEPARTMENT**

North Cumbria Acute Hospitals NHS Trust
Site: WCH
Examined by: BARNSLEY
Grade: SHO
Time Seen: 0058

Triage Nurse: Chapkin
Initial Assessment Time: 23.16
PRIORITY R O Y G B

URINALYSIS
BP
Pulse
Resp.
Temp.
GCS
O_2 Sat
Wt.
Pre Neb. P.F.
Post Neb. P.F.
B.M.
VA.R. VA.L.
X-Ray ordered at Triage

PAIN ASSESSMENT
Initial:
Re-assessment:
0 None 1 Mild 2 Moderate 3 Severe 4 V.Severe

Action taken for pain

History of Event: approx 1hr ago punched pavement with (R) Hand (R) Dominant. Pain across all 4 PHanges Reduced Rom 4 fingers ° bony tenderness into metacarpals. c+s v

Past Medical History: Torn ligaments 4th 5th metacarpal
Medications: march 04. + Ibuprofen -
Allergies: NKA.

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal Clean Other (Specify)

Mobility: Mobile Immobile N.W.B. P.W.B Other

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify)

Does patient live alone? Yes/No If No, who does patient live with? Sister Tel:
Relative Informed? Yes/No Relative Present? Yes/No Friend
Property given to patient or relative? Yes/No
Next of Kin: Michelle Mcardle. Tel No: 07717104196.

(17) - fell, punched pavement (R) hand.
- pain across 4 fingers ++
- ↓ ROM.

Ex - mild swelling over MCP joints index, middle, ring fingers (R) hand also over PIP same fingers (R) hand.
↓ ROM, [redacted] intact. Ulnar, Median, Radial
- cannot fully extend or [redacted] fingers.
tender ++ over - MCP joints Index, middle, ring (R)
- PIP joints Index, middle, ring (R).

Inv - ? # (R) hand.

Tx - X-Ray - ° bony injury
- Advised mobilise, paracetamol + Ibuprofen

B S SHO.

ate Last Tet Tox/ ip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

rugs Given In A&E	Dose	Route	Doctor	Nurse	Time

ale/Female/Unknown Surname: Attn No. 16258

Name	LAURA PROWSE	DOB/A[redacted]	01/09/1987 / 17.0
A&E Number	0000071042	PAS Number	
Date/time of Attendance	Saturday 14 August 2004 22:46	When Happened	Less than 1 hour
Permanent Address	55 WINDERMERE ROAD WOODHOUSE WHITEHAVEN CA28 9LU Telephone:	GP Details	Dr TELFORD 1 CASTLE MEADOWS WHITEHAVEN
Sex	Female	[redacted]	Address
Next of			
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	Arrival Mode	OTHER - PRIVATE TRANSPORT
Patient Group	Assault	Source of Referral	Self Referral
Occupation or School	STUDENT	Attended before this Year	No
Incident Location	Home	Site of Attendance	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	RT HAND INJ		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox	120	Intravenous Cannula	063	Sling
231	Anaesthesia - General	150	Intubation	041	Steristrips
232	Anaesthesia - Local	091	Manipulation	030	Sutures
233	Anaesthesia - Regional Block	200	Minor Surgery	243	Tetanus - Dip Booster
235	Anaesthesia - Sedation	250	Nebuliser	242	Tetanus - Dip Course
130	Central Line	062	[redacted] Strap	241	Tetanus - Immune
160	Chest Drain	210	Observation	244	Tetanus - Immunoglobulin
064	Collar & Cuff	272	Oxygen Mask	061	Thumb Spica
273	Crutches	290	Parenteral Drugs - Other	021	Tubigrip
274	C Spine Immobilisation	280	Parenteral Thrombolysis	170	Urinary Catheter
180	Defibrilation/Pacing	141	Peritoneal Lavage	043	Wound Closure - other
010	Dressing	050	Plaster of Paris	042	Wound Glue
271	Eye Patch	070	Prescription	275	Wound Toilet
222	Guidance - Verbal	100	Reduction	065	Wrist-Brace
221	Guidance - Written	080	Removal Foreign Body	990	None
110	Incision & Drainage	190	Resuscitation	270	Other

Specify Other(s)

OTHER INFORMATION/SPECIAL INSTRUCTIONS

RECEIVED
17 AUG 2004

Treatment Nurse Signature:

vestigations
CT MRI X-Ray Cross Match Hist. US ECG Haem. Bio. Urine Bact. Other

ESULTS No bony injury seen

eferral To Specialty
ne Referral Made: Time of Arrival:

agnosis Soft tissue injury (R) hand.

AGNOSIS CODES

	Diagnosis	Anatomical Area	Anatomical Side
st Diagnosis			
cond Diagnosis			
ner Diagnoses:			

DISCHARGE - Please circle appropriate code:
Hospital No:
01 Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP
Ward Name:
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept.
Appointment:
05 Referred to Fracture Clinic
06 Referred to other Out-Patient Clinic
07 Transferred to other Health Care Provider
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other
15 Brought in Dead
Attendance Conclusion Time/ Time decision made to admit:
Time patient left department: 0116
Was the attendance classified as a Trauma? Yes/No

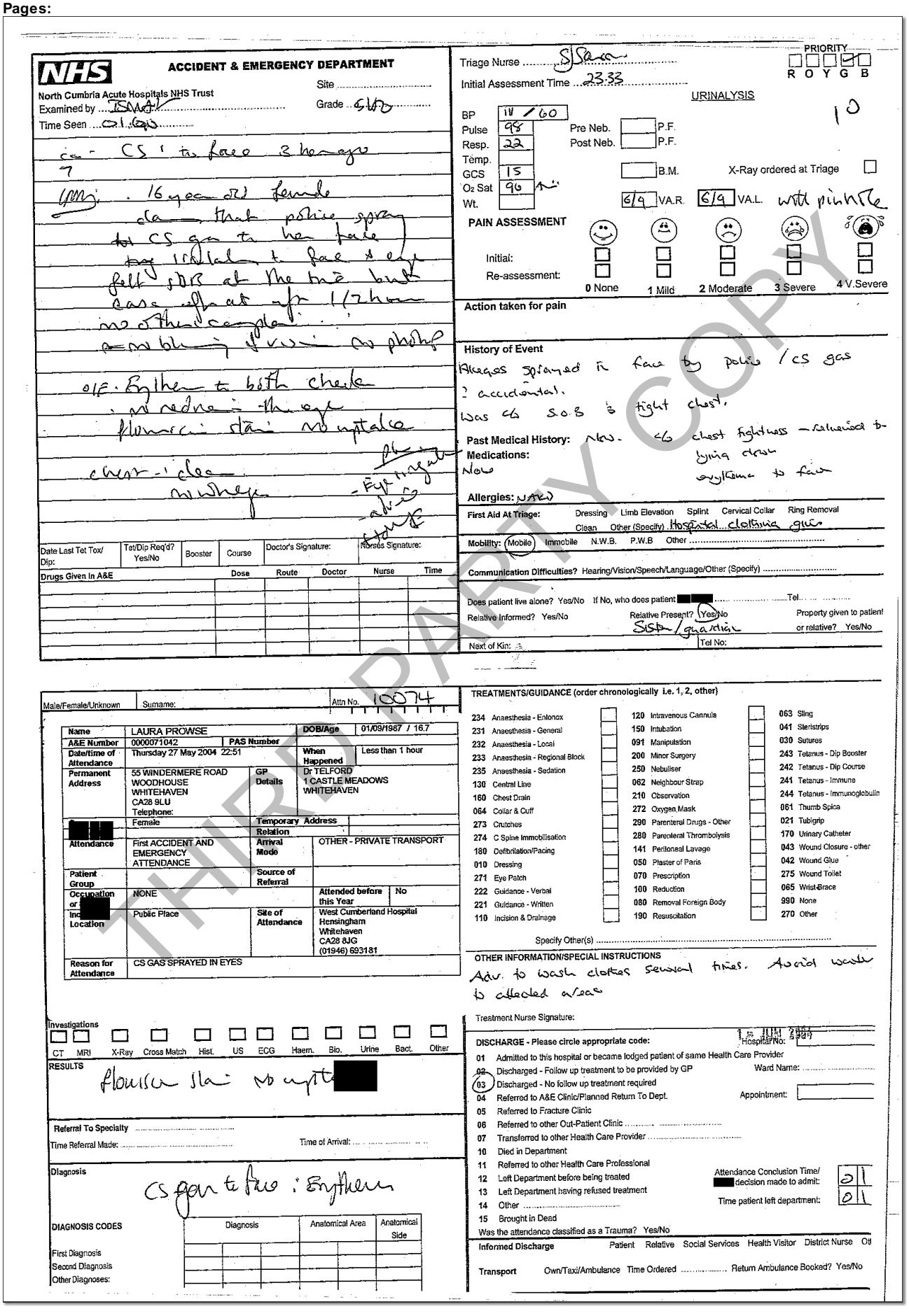
Informed Discharge Patient Relative Social Services Health Visitor District Nurse Other

Transport Own/Taxi/Ambulance Time Ordered Return Ambulance Booked? Yes/No

G012: 12/02 REV 3

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Other Attachment letter
01-Jun-2004 Dr A Hosp (HOSP_)
Additional: Other Attachment letter
A & E Form
Filename: 00F5C000.tif
Extension:.tif
Pages:



ACCIDENT & EMERGENCY DEPARTMENT

NHS
North Cumbria Acute Hospitals NHS Trust
Examined by ... ENA
Time Seen ... 01.05
Site ...
Grade ... SHO

Triage Nurse ... S Shaw
Initial Assessment Time ... 23.35
PRIORITY R O Y G B

URINALYSIS 10

BP 111 / 60
Pulse 98
Resp. 22
Temp.
GCS 15
O2 Sat 96
Wt.
Pre Neb. P.F.
Post Neb. P.F.
B.M.
X-Ray ordered at Triage
6/9 VA.R. 6/9 VA.L. with pinhole

PAIN ASSESSMENT
Initial:
Re-assessment:
0 None 1 Mild 2 Moderate 3 Severe 4 V.Severe

Action taken for pain

History of Event
Alkagas sprayed in face by police / CS gas
? accidental.
Was c/o S.O.B & tight chest.

Past Medical History: NKH. c/o chest tightness - relieved by lying down
Medications: Now
eyedrops to face

Allergies: NKA

First Aid At Triage: Dressing Limb Elevation Splint Cervical Collar Ring Removal
Clean Other (Specify) Hospital clothing given

Mobility: (Mobile) Immobile N.W.B. P.W.B Other ...

Communication Difficulties? Hearing/Vision/Speech/Language/Other (Specify) ...

Does patient live alone? Yes/No If No, who does patient [redacted] ... Tel ...
Relative Informed? Yes/No
Relative Present? (Yes/No) Sister / guardian
Property given to patient or relative? Yes/No
Next of Kin: Tel No:

Date Last Tet Tox/ Dip:	Tet/Dip Req'd? Yes/No	Booster	Course	Doctor's Signature:	Nurses Signature:

Drugs Given In A&E	Dose	Route	Doctor	Nurse	Time

Male/Female/Unknown | Surname: | Attn No. 10074

Name	LAURA PROWSE	DOB/Age	01/09/1987 / 16.7
A&E Number	0000071042	PAS Number	
Date/time of Attendance	Thursday 27 May 2004 22:51	When Happened	Less than 1 hour
Permanent Address	55 WINDERMERE ROAD WOODHOUSE WHITEHAVEN CA28 9LU Telephone:	GP Details	Dr TELFORD 1 CASTLE MEADOWS WHITEHAVEN
[redacted]	Female	Temporary Address	
		Relation	
Attendance	First ACCIDENT AND EMERGENCY ATTENDANCE	Arrival Mode	OTHER - PRIVATE TRANSPORT
Patient Group		Source of Referral	
Occupation or [redacted]	NONE	Attended before this Year	No
Incident Location	Public Place	Site of Attendance	West Cumberland Hospital Hensingham Whitehaven CA28 8JG (01946) 693181
Reason for Attendance	CS GAS SPRAYED IN EYES		

TREATMENTS/GUIDANCE (order chronologically i.e. 1, 2, other)

234	Anaesthesia - Entonox	120	Intravenous Cannula	063	Sling
231	Anaesthesia - General	150	Intubation	041	Steristrips
232	Anaesthesia - Local	091	Manipulation	030	Sutures
233	Anaesthesia - Regional Block	200	Minor Surgery	243	Tetanus - Dip Booster
235	Anaesthesia - Sedation	250	Nebuliser	242	Tetanus - Dip Course
130	Central Line	062	Neighbour Strap	241	Tetanus - Immune
160	Chest Drain	210	Observation	244	Tetanus - Immunoglobulin
064	Collar & Cuff	272	Oxygen Mask	061	Thumb Spica
273	Crutches	290	Parenteral Drugs - Other	021	Tubigrip
274	C Spine Immobilisation	280	Parenteral Thrombolysis	170	Urinary Catheter
180	Defibrillation/Pacing	141	Peritoneal Lavage	043	Wound Closure - other
010	Dressing	050	Plaster of Paris	042	Wound Glue
271	Eye Patch	070	Prescription	275	Wound Toilet
222	Guidance - Verbal	100	Reduction	065	Wrist Brace
221	Guidance - Written	080	Removal Foreign Body	990	None
110	Incision & Drainage	190	Resuscitation	270	Other

Specify Other(s) ...

OTHER INFORMATION/SPECIAL INSTRUCTIONS
Adv. to wash clothes several times. Avoid wash to affected area

Investigations
CT MRI X-Ray Cross Match Hist. US ECG Haem. Bio. Urine Bact. Other

RESULTS
flourescein stain NO uptake [redacted]

Treatment Nurse Signature:

DISCHARGE - Please circle appropriate code:
Hospital No: [redacted]
01 Admitted to this hospital or became lodged patient of same Health Care Provider
02 Discharged - Follow up treatment to be provided by GP
03 Discharged - No follow up treatment required
04 Referred to A&E Clinic/Planned Return To Dept.
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06 Referred to other Out-Patient Clinic ...
07 Transferred to other Health Care Provider ...
10 Died in Department
11 Referred to other Health Care Professional
12 Left Department before being treated
13 Left Department having refused treatment
14 Other ...
15 Brought in Dead
Ward Name: ...
Appointment: ...
Attendance Conclusion Time/ [redacted] decision made to admit: 01
Time patient left department: 01
Was the attendance classified as a Trauma? Yes/No

Referral To Specialty ...
Time Referral Made: ... Time of Arrival: ...

Diagnosis
CS gas to face : Erythema

DIAGNOSIS CODES	Diagnosis	Anatomical Area	Anatomical Side
First Diagnosis			
Second Diagnosis			
Other Diagnoses:			

Informed Discharge Patient Relative Social Services Health Visitor District Nurse Ot
Transport Own/Taxi/Ambulance Time Ordered ... Return Ambulance Booked? Yes/No

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