Subject Access Request

Patient	Mrs Tanya Darling
Date of birth	21-May-1984 (age 42)
Gender	F
NHS number	6340815871
Patient's address	7 Buckholmburn Court Galashiels Scottish Borders TD12FH
Date range selected	Full record
Organisation	MMA Legal
Reference	100939

Problems

Active

12-Jan-2026 Dr Phillippa Bowyer (PB1)
Acute cholecystitis

09-Jan-2026 Dr Phillippa Bowyer (PB1)
Laparoscopic cholecystectomy

07-Feb-2025 Ms Kat Lowrie (KL)
[X]Fract of other and unspec parts of lumbar spine & pelvis
stable right L2 transverse process fracture

19-Jun-2024 Mrs Sandra Davidson (SD1)
Migraine

08-Nov-2022 Mrs Karin Quinn (KARIN_18675)
Replacement of Nexplanon

03-Sept-2021 Mrs Mary Cockburn (MARYC_18675)
***** report received - action required

25-Oct-2019 Dr Helen Treliving (TRE)
Piles - haemorrhoids

06-Sept-2012 Dr Robert R Smith (RSMITH_18675)
Postnatal visits

22-July-2012 Mrs Mary Cockburn (MARYC_18675)
Spontaneous vaginal delivery
*****

31-Jan-2006 Dr David J Owen (DOWEN_18675)
Current smoker
Disease: SPICE Basic Health Values,

Significant Past

This section is empty.

Minor Past

30-Apr-2026 Mrs Natalie Nisbet (NNES)
Medication requested

14-Jan-2026 Dr Rachel Mollart (RM2)
Constipation

14-Jan-2026 Mrs Natalie Nisbet (NNES)
Medication requested

24-Nov-2025 Mr Alastair (Ally) Lang (ALAN)
Gallstones

27-Mar-2025 Mrs Pauline Douglas (PD)
Sciatica

24-Mar-2025 Ms Lisa Hume (LH1)
Failed encounter
Duty. Call back request. - going to EE answerphone x 3

22-Jan-2025 Mrs Jane Greene (JG)
Medication requested

16-Dec-2024 Mr Ross Brydon (RB)
Medication requested

06-Nov-2024 Miss Fiona Sims (FS1)
Medication requested

24-Sept-2024 Mr Ross Brydon (RB)
Medication requested

29-Aug-2024 DR Emad Elhaj (EE1)
Low back pain

10-May-2023 Dr Helen Treliving (TRE)
Anxiety states

07-Apr-2023 Dr Helen Treliving (TRE)
Failed encounter - message left on answer machine

08-Feb-2023 Dr Scott Ferguson (SF)
Medication requested

26-Jan-2023 Dr Ruaraidh Mackessack-Leitch (RML)
Ingrowing great toe nail

22-Dec-2022 Dr Scott Ferguson (SF)
Medication requested

17-Aug-2022 Mrs Mary Cockburn (MARYC_18675)
Failed encounter NOS
Renew appt

11-Aug-2022 Mrs Mary Cockburn (MARYC_18675)
Did not attend

02-Aug-2022 Dr Gordon Sim (SIM)
Medication requested

28-Jun-2022 Dr Scott Ferguson (SF)
Anxiety states

02-Mar-2022 Dr Katie Nicolson (KN)
Blepharitis (Left)

15-Feb-2022 Dr Toby Waterhouse (TW)
Medication requested

13-Jan-2022 Dr Helen Treliving (TRE)
Tongue symptoms

13-Jan-2022 Dr Helen Treliving (TRE)
Migraine

20-Oct-2021 Dr Helen Treliving (TRE)
Bereavement

26-Aug-2021 Dr Helen Treliving (TRE)
Blepharitis (Left)

20-Aug-2021 Dr Helen Treliving (TRE)
Forms - miscellaneous

05-July-2021 Dr Toby Waterhouse (TW)
Medication requested

15-Jun-2021 Mrs Mary Cockburn (MARYC_18675)
DNA hospital appointment

06-Apr-2021 Dr Gordon Sim (SIM)
Medication requested

06-Apr-2021 Mrs Mary Cockburn (MARYC_18675)
DNA hospital appointment

01-Mar-2021 Dr Ruaraidh Mackessack-Leitch (RML)
Low back pain

26-Nov-2020 Dr Gordon Sim (SIM)
Failed encounter - message left on answer machine

16-Sept-2020 Dr Out Of Hours (DR OUT HOU18675)
Patient given advice

29-May-2020 Any A&E Attendance (AE)
Cervicalgia - pain in neck
following RTA

19-Mar-2020 Dr Helen Treliving (TRE)
Eye symptom NOS

19-Mar-2020 Dr Helen Treliving (TRE)
Conjunctivitis (Right)

04-Mar-2020 Dr Terni Jhooti (TJ1)
Medication requested

02-Mar-2020 Dr Aaron Graham (AG)
Domestic problems

22-Nov-2019 Dr Terni Jhooti (TJ1)
Migraine

11-Jun-2018 Dr Stroma Beattie (SB1)
Did not attend - no reason

10-Jan-2018 Dr Gordon Sim (SIM)
Did not attend - no reason

27-Nov-2017 Dr Gordon Sim (SIM)
Failed encounter - no answer when rang back

24-Nov-2017 Dr Joanne Topalian (JT)
Did not attend - no reason

21-Apr-2017 Dr Anne V Johnstone (DR ANNE V 18675)
Panic attack

21-Apr-2017 Dr Anne V Johnstone (DR ANNE V 18675)
Breast soreness

20-Mar-2017 Dr Gordon Sim (SIM)
Did not attend - no reason

10-Aug-2016 Dr Anne V Johnstone (DR ANNE V 18675)
Did not attend - no reason

10-Aug-2016 Dr Robert R Smith (RSMITH_18675)
Failed encounter - no answer when rang back

30-Sept-2015 Dr Gordon Sim (SIM)
Depressive disorder NEC

19-Aug-2015 Dr Gordon Sim (SIM)
Did not attend - no reason

26-May-2015 Dr Robert R Smith (RSMITH_18675)
Did not attend - no reason

12-May-2015 Dr Robert R Smith (RSMITH_18675)
Depressive disorder NEC

06-Mar-2015 Dr Gordon Sim (SIM)
Failed encounter - message left on answer machine

26-Jan-2015 Dr Gordon Sim (SIM)
Low mood

08-Dec-2014 Dr Gordon Sim (SIM)
Did not attend - no reason

18-July-2014 Dr Gordon Sim (SIM)
Dental symptoms

12-Jun-2014 Ms Carol Smith (CSMITH_18675)
Failed encounter

27-Mar-2014 Dr Gordon Sim (SIM)
Did not attend - no reason

12-Mar-2014 Dr Gordon Sim (SIM)
Depressive disorder NEC

12-Mar-2014 Dr Gordon Sim (SIM)
Migraine

23-Jan-2014 Dr Robert R Smith (RSMITH_18675)
Did not attend - no reason

13-Sept-2013 Dr Gordon Sim (SIM)
Did not attend - no reason

15-Aug-2013 Dr Gordon Sim (SIM)
Did not attend - no reason

15-July-2013 Dr Gordon Sim (SIM)
Postnatal depression

14-July-2013 Dr Out Of Hours (DR OUT HOU18675)
Toothache

13-May-2013 Dr Gordon Sim (SIM)
Postnatal depression

07-May-2013 Dr Gordon Sim (SIM)
Did not attend - no reason

10-Jan-2013 Dr David J Owen (DOWEN_18675)
Postnatal depression
post

24-Aug-2012 Dr David J Owen (DOWEN_18675)
Postnatal depression

27-July-2012 Dr David J Owen (DOWEN_18675)
Suspected UTI

07-Jun-2012 Dr David J Owen (DOWEN_18675)
Productive cough -green sputum

10-May-2012 Dr David J Owen (DOWEN_18675)
Housing unsatifactory

05-Jan-2012 Dr Robert R Smith (RSMITH_18675)
Upper respiratory infection NOS

14-Dec-2011 Dr David J Owen (DOWEN_18675)
Pregnancy confirmed

06-Oct-2006 Mrs Maureen Grant (MAUREEN_18675)
Nondependent amphetamine or other psychostimulant abuse

06-Oct-2006 Mrs Maureen Grant (MAUREEN_18675)
Nondependent alcohol abuse

04-Dec-2004 Mrs Mary Cockburn (MARYC_18675)
Termination of pregnancy NEC

23-Apr-2004 Mrs Mary Cockburn (MARYC_18675)
Spontaneous vaginal delivery
*****

19-July-1999 * Not In Use UnknownUser *** (UNKNOWNUSE18675)**
Metatarsal bone fracture
Left

03-July-1992 * Not In Use UnknownUser *** (UNKNOWNUSE18675)**
Myringotomy

03-July-1992 * Not In Use UnknownUser *** (UNKNOWNUSE18675)**
Tonsillectomy and adenoidectomy

Consultations

05-May-2026 Dr Kirsty Robinson (KR) Acute Medication Request

History History SR. Co-Dydramol issued

30-Apr-2026 Mrs Natalie Nisbet (NNES) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment Drug Name - Co-Dydromol
Drug Dosage - 10/500
Quantity Requested - 60
Reason for taking medication -

05-Mar-2026 Dr Tim Young (TY) Mairches Medical PracticeMain Surgery

Problem Problem co-dyd was for gb probs -has had removed - amount reduced
Medication Medication Co-Dydramol 10/500 Tablets 60 tablet TWO TO BE TAKEN FOUR TIMES A DAY PRN

04-Mar-2026 Mrs Christine Cantwell (CCAN) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment Drug Name - Co-dydromol
Drug Dosage -
Quantity Requested -
Reason for taking medication -

15-Jan-2026 Dr Rachel Mollart (RM2) Mairches Medical PracticeMain Surgery

History History sr co-dydramol. post op.

14-Jan-2026 Dr Rachel Mollart (RM2) Mairches Medical PracticeMain Surgery

Problem	Laparoscopic cholecystectomy
History	History post op- can manage pass urine bit passing stool difficult. last BO since 5/7. normal would be daily - soft stool. no blood. passing wind and does not feel need sot go jkust concenred as not passed yet, not eating much. using codeine.
Comment	Comment likely constipation. took senna post op but not helped yet. push fluids/ fibre in diet and if no BOP in next 24 - 48 hour or feeling incomfortable ass laxido 2 sachet a day t start- titrate to bowels. if develops severe abdo poains for review.
Medication	Medication Macrogol Compound Oral Powder (sachets) NPF Sugar Free 30 sachet TAKE ONE-TWO SACHETS DAILY
Medication	Medication Senna Tablets 7.5 mg 60 TABLET ONE OR TWO TO BE TAKEN AT NIGHT
Problem	Constipation
History	History post op- comb codeine for analgesia/ op and less movile/ less food

14-Jan-2026 Mrs Natalie Nisbet (NNES) Mairches Medical PracticeMain Surgery

Problem	Medication requested
Comment	Comment Drug Name - Co-Dydramol Tabs Drug Dosage - 10/500 Quantity Requested - 100 Reason for taking medication -

01-Dec-2025 Dr Rachel Mollart (RM2) Mairches Medical PracticeMain Surgery

Problem	Problem biliary colic symptoms due to missed prescription
History	History known gallstones, attended hospital a few weeks ago diagnosed with ultrasound scan. prescribed buscopan and co-dydramol. 1 week without buscopan so presented to GP for prescription to control symptoms. pain and other symptoms well controlled with this combination.
Comment	Comment patient directed to nhs inform for further information on managing colic whilst waiting for cholecystectomy. provided ED letter to reassure.
Medication	Medication Hyoscine Butylbromide Tablets 10 mg 112 tablet TAKE ONE-TWO TABLETS FOUR TIMES DAILY WHEN REQUIRED

24-Nov-2025 Mr Alastair (Ally) Lang (ALAN) Mairches Medical PracticeMain Surgery

Problem	Gallstones
History	History D/c from ED on Wednesday last week with CoDydramol - running out , has known Gallstonaes , awaiting AUSS . Ongoing RUQ pain , nil fever , nil N+V , E+D ok , not feeling hungry.
Examination	Examination F2f , looks well, undistressed, walked in easily, talking easily, nil fever systemically well, NEWS - 0 , Abdo tender RUQ , BS present , obese lady , ABdo-Soft , nil distensio
Examination	Examination of abdomen
Comment	Comment Imp: Agree issue fiurther co dydramol tolerating well, nil constipation , advise attend ED if worsening pin / fever / N+V , happy with plan, NHS111 if OOh.
Comment	Consultation
Comment	New appointment
Medication	Medication Co-Dydramol 10/500 Tablets 100 tablet ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Read Code	Prescription by nurse practitioner
Read Code	Reviewed by advanced primary nurse
Read Code	Patient given advice

01-Aug-2025 Mrs Nicola Sutherland (NS) Mairches Medical PracticeMain Surgery

Problem	Problem DOB confirmed
History	History back pain- looking for further analgesia- advisd needs to attend for F2F assesemnt- declned off er of this- avdvised I cnat safely prescribed over the telephone - also mentinewd meds for headaches- desnt feel propanolol working- advised needs to attend for F2F assessment- offered again a F2F appt today but she has decined- patient has capacity to make decisions- advised of safety netting and must attend so we can examine and prescibe safely.

23-July-2025 Ms Joanne McGowan (JMCG) General Practice Surgery

Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/10/2029. Reason: Defaulter

22-Apr-2025 Mr Andrew Tyler (AT) Mairches Medical PracticeMain Surgery

History	Failed encounter - phone off - tried to call twice
Comment	Did not attend - no reason DNA - FCP Appt
Read Code	Consultation Face to Face

14-Apr-2025 Dr Rachel Mollart (RM2) Mairches Medical PracticeMain Surgery

History	Did not attend - no reason

27-Mar-2025 Ms Lisa Hume (LH1) Mairches Medical PracticeMain Surgery

Problem	Problem Duty - request for analgesia. Tel rv. DOB confirmed
History	History Stable R L2 trasverse process - seen in ED 7th Feb (6 weeks ago) DC with DHC prn , reg paracetamol and naproxen. pain R side lower back, radiates `up spine`, much worse than when had fall, states difficult to walk about but mobile in house, states also new urinary `incontinenance` for last week, no other red flags : denies numbness / weakness/ paraesthesia , no bowel issues.
Comment	Comment Last eGFR 55 in 2022. Has physio appointment 22nd April . Given worsening pain since fall and new incontinence - needs urgent F2F rv - happy to attend surgery today.

27-Mar-2025 Mrs Pauline Douglas (PD) Mairches Medical PracticeMain Surgery

Problem	Sciatica	
History	History 7 weeks ago suffered Spinal Trauma - Stable # of Right L2 transverse process. Today returns due to increased Left sided Sciatica Pain symptoms and increased Incontinence past 7 days. Left sided Buttock pain travelling down back of left leg. Able to raise left leg slightly to 45degrees before acute pain. Good power in both legs. Gate normal albeit slow due to pain.	
Examination	Examination RSOU- negative.	
Examination	Neurological examination	
Examination	O/E - tympanic temperature	37 C
Examination	O/E - rate of respiration	14 /min
Examination	O/E - pulse rate	103 beats/minute
Examination	Examination Red flag symptom checker. No Genital, groin or inner thigh numbness or altered sensation. Incontinence is intermittent made worse by coughiing, sneezing laughing etc. Manged to PU on demand for sample. No Feacal incontinence or Bowel issues able to control flatulance also. No leg weakness or Saddle parathesia.	
Comment	Consultation	
Comment	New appointment	
Comment	Comment No clinical symptoms of Cord Equina. Intermittent Incontinence can be explained as Urinary stress Incontenence. Also Reassured Patient that # likely fully healed given 7 week history. Reassured that sciatica not related to # as oppopsite side to given Sciatica symptoms. No infective cause as systemically well and no obvious noted skin changes, swelling or colour. Patient has Physio appnt 22nd April. TToday optomised Analgesia regime - switching from Dihydrocodein to Cocodamol with Cautions regarding admoinistration and SE discussed. Patient happy with explabation and Plan . WSG reiterated.	
Result	Blood oxygen saturation	99 %
Result	Collection of specimen	
Medication	Medication Co-Codamol 30/500 Caplets 100 tablet ONE OR TWO TO BE TAKEN FOUR TIMES DAILY	
Medication	Medication Ibuprofen Gel 5 % 50 GRAM APPLY UP TO THREE TIMES DAILY	
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY	
Medication	Medication Naproxen Tablets 500 mg 56 tablet TAKE ONE TABLET TWICE DAILY	
Read Code	Prescription by nurse practitioner	
Read Code	Reviewed by advanced primary nurse	

24-Mar-2025 Ms Lisa Hume (LH1) Mairches Medical PracticeMain Surgery

Problem	Failed encounter Duty. Call back request. - going to EE answerphone x 3
History	History PMH: 7th Feb (6 weeks ago) fall - stable fracture to R transverse process - slot note - request for analgesia

20-Feb-2025 DR Emad Elhaj (EE1) Mairches Medical PracticeMain Surgery

History	History Duty doc ,tele call , see ED letter , stable Rt L2 transverse process fracture , still in pain taking DHC QDS , but not helping , advice to start on Naproxen with ppi (explained possible S/Es), prn DHC .
Medication	Medication Naproxen Tablets 500 mg 56 tablet TAKE ONE TABLET TWICE DAILY
Medication	Medication Dihydrocodeine Tablets 30 mg 60 tablet 1-2 TABS QID PRN

11-Feb-2025 Mrs Elaine Hancock (EH) Mairches Medical PracticeMain Surgery

Comment	Comment SR fluoxetine - on paroxetine , omep and fexofenadine (not had for years) . Call - clarified meds
Comment	Telephone encounter
Comment	Medication requested
Comment	Repeated prescription
Medication	Medication Paroxetine Hydrochloride Tablets 10 mg 28 tablet ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Read Code	Prescription by supplementary prescriber

10-Feb-2025 Miss Shannon Gobby (SG1) Mairches Medical PracticeMain Surgery

Problem — Medication requested

Comment — Comment 1) Drug Name - Fluoxetine
1) Drug Dosage - 20mg
1) Quantity Requested - 28
1) Reason for taking medication - depression

2) Drug Name - Omperazole
2) Drug Dosage - 20mg
2) Quantity Requested - 28
2) Reason for taking medication - low back pain

3) Drug Name - Fexofenadine
3) Drug Dosage - 120mg
3) Quantity Requested - 28
3) Reason for taking medication - migraines

23-Jan-2025 DR Emad Elhaj (EE1) Mairches Medical PracticeMain Surgery

Medication — Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

22-Jan-2025 Mrs Jane Greene (JG) Mairches Medical PracticeMain Surgery

Problem — Medication requested

Comment — Comment Drug Name - Omeprazole
Drug Dosage - 20mg
Quantity Requested -28
Reason for taking medication -

18-Dec-2024 Dr Kirsty Robinson (KR) Data Entry

History — History SR. As per EE's recent review. Diazepam was only for a short course so not repeated.

Medication — Medication Paroxetine Hydrochloride Tablets 10 mg 28 tablet ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

18-Dec-2024 Dr Rodger Glenfield (RG) Admin

Medication — Medication Naproxen Tablets 500 mg 28 TABLET TAKE ONE TABLET TWICE DAILY

Medication — Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

Medication — Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED

Medication — Medication Paroxetine Hydrochloride Tablets 10 mg 28 tablet ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

Medication — Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING

16-Dec-2024 Mr Ross Brydon (RB) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment 1) Drug Name - Omeprazole
1) Drug Dosage - 20 mg
1) Quantity Requested - 28 tabs
1) Reason for taking medication -

2) Drug Name - Naproxen
2) Drug Dosage - 500mg
2) Quantity Requested - 28 tabs
2) Reason for taking medication -

16-Dec-2024 Mr Ross Brydon (RB) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment 1) Drug Name - Diazepam
1) Drug Dosage - 2mg
1) Quantity Requested - 14 tabs
1) Reason for taking medication -

2) Drug Name - Paroxetine
2) Drug Dosage - 10mg
2) Quantity Requested - 28 tabs
2) Reason for taking medication -

29-Nov-2024 DR Emad Elhaj (EE1) Mairches Medical PracticeMain Surgery

History History Stress , anxiety and depression on paroxetrine 40 mg od , not helping , still feeling low mood most of days , no clear trigger , non smoker , , insomnia , no sucidal or delf harm thought , ***** her own , good support ***** , in tear , discussed options , happy to increase paroxetine to 50 mg Max dfose , Diazepam for short course , self treferral to Wellbeing , TC review in 2 weeks , worsening statement and TCB if any sucidal or worsening symptoms
Medication Medication Paroxetine Hydrochloride Tablets 10 mg 28 tablet ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG
Medication Medication Diazepam Tablets 2 mg 14 tablet ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED

08-Nov-2024 Dr Kirsty Robinson (KR) Mairches Medical PracticeMain Surgery

History History SR - Naproxen and PPI issued.

06-Nov-2024 Miss Fiona Sims (FS1) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment 1) Drug Name - Omeprazole
1) Drug Dosage - 20mg
1) Quantity Requested - 28 tabs
1) Reason for taking medication -

2) Drug Name - Naproxen
2) Drug Dosage - 500mg
2) Quantity Requested - 28 tabs
2) Reason for taking medication -

04-Oct-2024 Mr Jean-Pierre DeBattista (JPD) Mairches Medical PracticeMain Surgery

Problem Problem dna for fcp appt today

26-Sept-2024 DR Emad Elhaj (EE1) Mairches Medical PracticeMain Surgery

Medication Medication Naproxen Tablets 500 mg 28 TABLET TAKE ONE TABLET TWICE DAILY

24-Sept-2024 Mr Ross Brydon (RB) Mairches Medical PracticeMain Surgery

Problem Medication requested
Comment Comment 1) Drug Name - Omeprazole
1) Drug Dosage - 20mg
1) Quantity Requested - 28 tabs
1) Reason for taking medication -

2) Drug Name - Naproxen
2) Drug Dosage - 500mg
2) Quantity Requested - 28 tas
2) Reason for taking medication -

29-Aug-2024 DR Emad Elhaj (EE1) Mairches Medical PracticeMain Surgery

Problem Low back pain
History History worseining back pain extended to back of Lt LL for 3 weeks , no trauma, no alarm symptoms or cauda equina symptoms , taking paracetamol , not helping . other migraine headache frequent attachk on propanolol ,
Examination Examination in pain , limping , mild tenderness lower spin and Lt buttock , +ve raied leg sign in Lt side , 40 degree
Comment Comment impression sciatica pain , happy to try exercise , NSAIDs with PPI , worseining statement , review if not better.
Medication Medication Naproxen Tablets 500 mg 28 TABLET TAKE ONE TABLET TWICE DAILY
Medication Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

22-May-2024 Nurse Fiona Cook (FC) Mairches Medical PracticeMain Surgery

Comment Did not attend - no reason

08-May-2024 Nurse Fiona Cook (FC) Mairches Medical PracticeMain Surgery

History History Small abcess/cyst noted to under aspect of left breast. Tender to touch patient thought it was spot so squeezed it, she tells me dischsrge +++came out. she informred me that the area of redness and hard to touch was worse than it now is but still oozing yellow coloured discharge and tender. nil fevers well within herself
Examination Examination Looks well NEWS 0 Consent to examine Obvious abcess to under side of left breast slight erythema tender to touch obvious punctuant area where discharge oozing nil other abnormal lumps or lesion. treat and will return in 2 weeks for revew Aware fif area of redness is worsening needs to seek medical advice
Medication Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

11-Oct-2023 Dr Helen Treliving (TRE) Script Request

Problem Anxiety states
Comment Comment SR propranolol and paroxetine

03-Oct-2023 Dr Rodger Glenfield (RG) Mairches Medical PracticeMain Surgery

History History Mairches Medical Practice

*****: Dr K Buchan, Dr R Michie, Dr L Buchan, Dr R ***** & Dr N Lowdon

Practice Manager: Kat Lowrie

Heath Centre, Galashiels, Selkirkshire TD1 2UA
Tel: 01896 661355

3rd October 2023

Re Mrs Tanya Darling 7 Buckholmside Court Galashiels TD1 2FH

This patient suffers from severe anxiety and depression and has been unable to work.She is on anti-depresants .

Many thanks

Dr Rodger Glenfield

22-Sept-2023 Dr Helen Treliving (TRE) Mairches Medical PracticeMain Surgery

Problem Anxiety states
History History asking for medical letter for PIP. States been told needs one and when asked RG at last appt was told could have one. Has appt next week. Discussed letters like this make little difference. If medical information is required then DWP will write out to the practice directly. Not a problem to fill these forms in and then we can address the questions they actually want answered. If an issue can as PIP worker to call the practice and a GP can speak to them and answer any specific questions they have though ideally it would be better as a written request.
Comment Comment Accepting of this. Tanya has given permission for a GP to speak to benefits/PIP worker about her current mental health issues if required

14-Aug-2023 Dr Rodger Glenfield (RG) Mairches Medical PracticeMain Surgery

History History ***** died - tragic accident 18mths No bereavement. sleep poor, waking with nightmares, appetite fair.Stays at home , difficulty getting out . very close to *****. no friends. has kept away from everyonbe, doesn't wash everyday . Has 2 ***** aged 11 and 19 yrs, not at home. ***** of 11 ***** ok. 3yrs ago divorce, lost ***** 1 yr ago died dementia and lost friend 8 mths ago with overdose. Refer psychs. (fluoxetine - caused anger)
Medication Medication Zopiclone Tablets 7.5 mg 21 tablet TAKE ONE AT NIGHT IF REQUIRED
Allergy Adverse reaction to Fluoxetine Hydrochloride *cxaused anger*

07-Aug-2023 Dr Lynn Buchan (LYNN) Phone Encounter

History History Looking to access an appointment to discuss mental health / seek referral. Previously defaulted RENEW (no good at keeping appointmetns). Nil acute today, advise routine GP appointmetn.

06-July-2023 Dr Helen Treliving (TRE) Script Request

Problem Anxiety states
Comment Comment SR
Medication Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING

18-May-2023 Ms Lisa Hume (LH1) Mairches Medical PracticeMain Surgery

Problem	Problem Bruising to back - attended with *****
History	History PMh & hx noted: not on any anticoagulation, no trauma. 1/12 Hx of bruising to mid thoracic area, 5 small 1cm bruises, blanching. No other unexplained bleeding or bruising. Not painfull to touch . Nil on full systemic enquiry
Examination	Examination NEWS 0 ; sats 98%, RR 18, HR 80 reg, T 36.1, BP 120/80. 5 small &lt1cm bruises to mid thoracic area, non-tender to palpation.
Comment	Comment Discussion around causes - reassured likely trauma related but just unaware of what caused this at the time. Reasured no other unexplained bruising / bleeding. Bloods and Coag . WSG

12-May-2023 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

Problem	Anxiety states
History	History Review of Paroxetine and Propranolol - Anxiety is really bad and barely gets out of house. Never got over loss of *****. Dreaming of him. No support from any family as hiding away and isolated herself. Grief counsellor last year not much help, has missed a number of RENEW referrals.
Comment	Comment Imp: Grief reaction. Plan: Signposted to Cruse and continue current medication. Review if not improving.
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

10-May-2023 Dr Helen Treliving (TRE) Script Request

Problem	Anxiety states
Comment	Comment asked to make appt for r/v. Short supply issued
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 30 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 14 capsule ONE TO BE TAKEN EACH DAY

07-Apr-2023 Dr Helen Treliving (TRE) Telephone Consultation

Problem	Failed encounter - message left on answer machine
History	History telephone appt. No reply when called - 14.54. Message left

28-Mar-2023 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

History	History asked to make appt for med rv
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

08-Feb-2023 Dr Scott Ferguson (SF) Mairches Medical PracticeMain Surgery

Problem	Medication requested
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

26-Jan-2023 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

Problem	Ingrowing great toe nail
History	History Struggling with pain due to her big toenails both ingrowing. Getting worse over the last 2m. Not pussy, but quite swollen. Tried cutting them but made worse.
Comment	Comment Advised on self referral to podiatry, number given.

22-Dec-2022 Dr Scott Ferguson (SF) Mairches Medical PracticeMain Surgery

Problem	Medication requested
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

26-Oct-2022 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

17-Aug-2022 Mrs Mary Cockburn (MARYC_18675) Data Entry

Problem	Failed encounter NOS Renew appt
Comment	Comment No response to pre-course appt, discharged.

11-Aug-2022 Mrs Mary Cockburn (MARYC_18675) Data Entry

Problem	Did not attend
Comment	Comment Wellbeing Service appt, 1 further appt will be offered within the next 4 weeks otherwise she will be discharged.

02-Aug-2022 Dr Gordon Sim (SIM) Data Entry

Problem	Medication requested
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

28-Jun-2022 Dr Scott Ferguson (SF) Mairches Medical PracticeMain Surgery

Problem	Anxiety states
History	History "Im not coping right now". Social phobia. Still grieving her ***** death. Anxious all the time. Does not feel as if the paroxetine and propranolol are working. Comfort eating. Disturbed sleep.
Social	Social No children. Not working. No alcohol or drug use.
Comment	Comment Refer RENEW service to look at her coping mechanisms and to strengthen her ways of dealing with anxiety.

27-Jun-2022 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

05-May-2022 Dr Katie Nicolson (KN) Script Request

Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

27-Apr-2022 Dr Katie Nicolson (KN) Telephone Consultation

History	History Tel consult due to covid-19. Called to attend court on 7/6/22 as a witness. Anxious/stressed. Court case involves *****/assualts. Also ***** and ***** died in past 6/12 and relationship breakdown. Requesting letter to excuse from court attendance
Comment	Comment Discussed difficulty giving letter, anxiety expected, advised to call prosecution team on letter to discuss option/support through court process.

27-Apr-2022 Dr Katie Nicolson (KN) Data Entry

History	History No reply on mobile, message left, I will try again later

02-Mar-2022 Dr Katie Nicolson (KN) Telephone Consultation

Problem	Blepharitis (Left)
History	History Tel consult due to covid-19. Left eye swollen again today, same as in August 21. Gross swelling/redness to L upper eyelid. No trauma. Eyeball feels ok, vision normal. Settled with fluclox and fexofenadine last time, for rpt. Worsening statement given, r/v if not settling
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Fexofenadine Hydrochloride Tablets 120 mg 30 TABLET ONE TO BE TAKEN ONCE OR TWICE DAILY

15-Feb-2022 Dr Toby Waterhouse (TW) Data Entry

Problem	Medication requested
History	History Note bit late ordering paroxetine. 1 month supply last ordered 21st Dec
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING

19-Jan-2022 Dr Katie Nicolson (KN) Data Entry

History	Did not attend - no reason

13-Jan-2022 Dr Helen Treliving (TRE) Telephone Consultation

Problem	Tongue symptoms
History	History appt by telephone during covid 19. Had a lesion on R side of tongue for several months. Painful. Reports causing discomfort when eating and sense of taste is slightly altered. Denies mouth ulcers or other mouth lesions. No neck swelling. Not seen a dentist recently.
Social	Social smoker - 15/day, alcohol - binge drinks a half a bottle of vodka a few times a week.
Comment	Comment needs examined - discussed could be reviewed by a dentist but prefers to see GP. Cannot come this week. Given routine appt next week.
Medication	Medication Propranolol Hydrochloride M/R capsules 160 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY
Problem	Migraine
History	History started on propranolol last yr for anxiety and migraine. Also on paroxetine. Since then ***** died in traumatic circumstances. Getting a migraine most days. Will tend to just go to bed and pain will settle. Recent optician r/v was normal. Finding it is taking over her life. Describes mood as up and down. Discussed possibility that this might be impacting on symptoms. Note ***** letters of concern.
Comment	Comment Discussed mood impacting on physical symptoms. Suggest alcohol consumption won't be helping as will act as a depressant and stop medication from working. Acute migraine advice given. Trial 160mg MR propranolol. If this doesn't help could switch to candesartan. Given also on SSRI I would be reluctact to try amitriptyline for example.

21-Dec-2021 Mrs Elaine Hancock (EH) Mairches Medical PracticeMain Surgery

History	Medication requested
History	Prescription by supplementary prescriber
Comment	Comment Sr propranolol and Paroxetine as prev

01-Nov-2021 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Problem	Bereavement
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Bereavement; Duration: 01/11/2021 - 08/11/2021)*

20-Oct-2021 Dr Helen Treliving (TRE) Telephone Consultation

Problem	Bereavement
History	History appt by telephone during covid 19. ***** died in last few weeks. Traumatic death after falling from a 1st floor window. She was involved in the decision to turn off life support. Overwhelmed. Getting flash backs. Asking for someone to talk to.
Comment	EMIS attachment reference code *dbi referral.doc dbi referral*
Comment	Comment Supportive chat. Refer DBI

18-Oct-2021 Dr Vikas Das Mahesh (VDM) Mairches Medical PracticeMain Surgery

History	History SR paroxetine and propranolol as before for depression and anxiety.

30-Aug-2021 Dr Gordon Sim (SIM) Data Entry

Problem	Depressive disorder NEC
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 30/08/2021 - 30/10/2021)*

26-Aug-2021 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

History	History Telephone Triage during COVID19 Pandemic. No answer to phone call, message left asking to call back practice at 1226.
Examination	Examination Photo shows swollen upper eyelid, probable stye related. Await call back.

26-Aug-2021 Dr Helen Treliving (TRE) Telephone Consultation

Problem	Blepharitis (Left)
History	History appt by telephone during covid 19. Swelling of L upper eyelid over last few days. Poked herself with her mascara brush, started with small amount of swelling which has just been worsening. Itchy but OTC antihistamines not helping. Eye itself not affected.
Comment	Comment Given trauma for antibx nad add antihistamine. Also talked about cold compresses
Medication	Medication Flucloxacillin Capsules 250 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY
Medication	Medication Fexofenadine Hydrochloride Tablets 180 mg 30 TABLET ONE TO BE TAKEN UP TO TWICE DAILY

20-Aug-2021 Dr Helen Treliving (TRE) Data Entry

Problem	Forms - miscellaneous
History	History Universal Credit form completed.

11-Aug-2021 Dr Helen Treliving (TRE) Script Request

Problem	Medication requested
Medication	Medication Propranolol Hydrochloride M/R capsules 80 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

29-July-2021 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

History	History requests fitnote. note valid till end august

20-July-2021 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Problem	Medication requested
Medication	Medication Propranolol Hydrochloride M/R capsules 80 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

05-July-2021 Dr Toby Waterhouse (TW) Data Entry

Problem	Medication requested
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING

30-Jun-2021 Dr Helen Treliving (TRE) Telephone Consultation

Problem	Depressive disorder NEC
History	History requesting further fit note. Issues as below. Note did not engage with Renew. Finding it difficult to engage with anyone but knows she needs to. Ongoing issues with self esteem. Mentioned her teeth as a source of embarrassment. Has dentist appt in July. Avoidant behaviours. little routine to day. Just feels "not myself". Note current and previous medication doses
Comment	Comment Supportive chat. Does not seem like medication alone is going to help here. Not for further changes today. Keen to be referred back to Renew. Talked about simple goal setting and building a routine to her day. Also talked abou challenging some of her thought processed. Encourage to talk to dentist about concerns. Extend fit note
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 30/06/2021 - 30/08/2021)*

15-Jun-2021 Mrs Mary Cockburn (MARYC_18675) Data Entry

Problem	DNA hospital appointment
Comment	Comment Did not response to Renew within 14 days therefore has been discharged.

15-Jun-2021 Mr Anonymous User (ANON)

14-Jun-2021	Vaccination	Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By J *****) *EY5456/ PF/IM/RUA//C-19 Pifzer (By J *****)*

27-May-2021 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

Problem	Depressive disorder NEC
History	History Telephone Triage during COVID19 Pandemic. Head all over the place, not able to sleep or function properly. Struggling with everyday task, esp going out of the house - gets very flustered. Wakes often through the night and then exhausted during the day; no daytime naps. Not sure why is waking so much. Also been getting constant headache, start in back of ear and then through the head. Will getting shooitn pains round th tmeple. Prone to headahces.
Social	Social Lives alone. Does not talk to any friends. Two boys currently ***** *****, are doing well. Sees often when comes to the house - is a difficult time since split from ***** 2y ago. Sometimes feels like failure as a ***** as not able to care properly for them. Sometimes thinks it is best that boys do not see her like this - explained that children need to see their *****, even in not at their best as not seeing their ***** is potentially more damaging.
Comment	Comment Imp: Deteriorating anxiety. Plan: Refer back RENEW face to face. Increase paroxetine to 40mg. Trial propranolol for anxiety and headache, other options might be amitriptyline nocte??
New Referral	New Referral 8H7T.: Refer to psychologist (SCI Gateway Referral)
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/04/2021 - 29/06/2021)*
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 56 tablet TWO TO BE TAKEN EACH MORNING
Medication	Medication Propranolol Hydrochloride M/R capsules 80 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

25-May-2021 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

History	History Request for Fit Note for another 4wk, note did not attend CBT course. No answer to phone call, message left asking to call back practice at 1143.

04-May-2021 Dr Ruaraidh Mackessack-Leitch (RML) Acute Medication Request

History	History Request for co-codamol and paroxetine. Message added to prescription to call for review prior to next request.
Medication	Medication Paroxetine Hydrochloride Tablets 30 mg 28 TABLET ONE TO BE TAKEN EACH MORNING
Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN

06-Apr-2021 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History Paroxetine and cocodamol to Farren
Problem	Medication requested

06-Apr-2021 Mrs Mary Cockburn (MARYC_18675) Data Entry

Problem	DNA hospital appointment
Comment	Comment CBT skills course. No response to letter asking if she still wished to access the service. Discharged.

29-Mar-2021 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Problem	Depressive disorder NEC
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/03/2021 - 29/04/2021)*

01-Mar-2021 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

Problem	Depressive disorder NEC
History	History Telephone Triage during COVID19 Pandemic. Feeling really low, poor sleep (early wakening) and negative thoughts. Feels does not fit in anywhere and that is not good enough. Can't be bothered. Has been through DBI, but was a bit overwhelming. Not yet been in contact with Wellbeing. Gets angry very easily.
Social	Social Busy home schooling 8y *****. Stressful.
Comment	Comment Imp: Mood status quo, but not really getting anywhere. Plan: Agreed to increase Paroxetine 30mg and refer RENEW.
New Referral	New Referral 8H7T.: Refer to psychologist (SCI Gateway Referral)
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 28/02/2021 - 01/04/2021)*
Problem	Low back pain
History	History Back also a bother. Struggles with walking at times, varies. Pain felt in back, R hip and R leg. No neurological features. No injury. Has not seen physio for it. Ibuprofen gives some help.
Comment	Comment Plan: Advised to keep active. Refer FCP.
Medication	Medication Paroxetine Hydrochloride Tablets 30 mg 28 TABLET ONE TO BE TAKEN EACH MORNING

27-Jan-2021 Dr Helen Treliving (TRE) Script Request

Problem	Depressive disorder NEC
History	History appt by telephone during covid 19. Request for fit note. Not had for a month. Reporting due to low mood. Going through a difficult divorce. Little motivation. No structure to days. Note contact with DBI team in Nov '20, found this a lot of pressure. Feels speaking to someone would help but not contacted Wellbeing yet.
Comment	Comment Supportive chat. Need to build routine, try simple goal setting. Encourage to contact Wellbeing team for support. C/w paroxetine.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 27/01/2021 - 28/02/2021)*

08-Jan-2021 Dr Helen Treliving (TRE) Script Request

Problem	Depressive disorder NEC
Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH MORNING

11-Dec-2020 Mrs Mary Cockburn (MARYC_18675) General Practice Surgery

Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/09/2024. Reason: Defaulter
Comment	Comment Text message sent & delivered

26-Nov-2020 Dr Gordon Sim (SIM) Telephone Consultation

Problem	Failed encounter - message left on answer machine

26-Nov-2020 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History See above, been changing tablets. line is for UC
Problem	Depressive disorder NEC
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 26/11/2020 - 24/12/2020)*

16-Nov-2020 Dr Ruaraidh Mackessack-Leitch (RML) Data Entry

Problem	Depressive disorder NEC
History	History Took part in a few DBI sessions which she then requested to stop as she said she was feeling better.

02-Nov-2020 Dr Ruaraidh Mackessack-Leitch (RML) Telephone Consultation

Problem	Depressive disorder NEC	
History	History Telephone Triage during COVID19 Pandemic. Not coping right now feeling really unwell and overwhelmed. Not making an effort to do anything and emotions all over the places. Took ***** quietapine once in September, but no other suicidal thoughts. A lot has been ging on in life - not happy but did not want to explain more. Off Venlafaxine for 2m as did no find the increased dose helpful. No sleep and weight biggest problem - eating loads.	
Social	Social Not working.	
Comment	Comment Imp: Worsening mood and distress. Plan: Refer to DBI and commence paroxetine (prev been on sertraline, citalopram and fluoxetine). Explained mood dip and need to persist on for a few weeks-months. Call back if any distress and to review after DBI complete. Self referral to Wellbeing for healthy eating advice.	
Comment	EMIS attachment reference code *DBI Referral.doc DBI Referral*	
Medication	Medication Paroxetine Hydrochloride Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH MORNING	

21-Sept-2020 Any A&E Attendance (AE) Mairches Medical PracticeMain Surgery

Problem	Problem Self care advice	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Comment	Comment Covid 19 advice. Cough 4 weeks.Covid swab done.-given amoxicillan.	

16-Sept-2020 Dr Out Of Hours (DR OUT HOU18675) Telephone Consultation

Problem	Patient given advice	
Examination	O/E - BP reading	
Examination	Systolic blood pressure	131 mm Hg
Examination	Diastolic blood pressure	89 mm Hg
Comment	ECG ***** had called an Ambulance as he had difficulty waking her and concerned she may have taken overdose of Quetiapine. Paramedics found Tanya was easily woken. Dinies overdose. Obs and normal. Tanya does not wish to attend hospital. Ambulance crew state Tanya has capacity. ***** will be with her tonight. Contact back if any concerns.	

11-Jun-2020 Dr Helen Treliving (TRE) Script Request

Problem	Cervicalgia - pain in neck
Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN

29-May-2020 Any A&E Attendance (AE) Mairches Medical PracticeMain Surgery

Problem	Cervicalgia - pain in neck following RTA
Comment	Comment BIBA, X-ray - patient feels comfortable, claims pain free. Discharged with strong worsening advice

19-Mar-2020 Dr Helen Treliving (TRE) Phone Encounter

Problem	Eye symptom NOS
History	History triaged during covid 19. eye has been sore for a week but now painful when blinking. Getting a d/c from R eye but also reporting "bubbles" in her vision that she cannot get rid of. Unable to descrbie more than this. Eye is red. Thins vision has reduced on this side. No temp or other infective symptoms.
Comment	Comment Odd, need to see ?something more serious than conjunctivitis. Appt given.

19-Mar-2020 Dr Helen Treliving (TRE) Mairches Medical PracticeMain Surgery

Problem	Conjunctivitis (Right)
History	History as below
Examination	Examination R eye appears injected. Some watery discharge. *****, FROEM without nystagmus or diplopia. Eyeball soft on palpation of a closed eyelid. Acuity 6/9 R side, 6/6 L side. No foreign bodies seen. No abraisions on fluroscein staining. Fundoscopy normal
Comment	Comment Treat as conjunctivitis. Supportive and worsening advice.
Medication	Medication Chloramphenicol Eye ointment 1 % 4 GRAM APPLY TO THE AFFECTED EYE(S) FOUR TIMES A DAY
Read Code	Medication review done by doctor

04-Mar-2020 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

Problem	Medication requested

02-Mar-2020 Dr Aaron Graham (AG) Mairches Medical PracticeMain Surgery

Problem	Domestic problems
History	History Has finally broken up with ***** , very controlling and emotionally abusive. Denies any physical assault. Has left her two children , 7 & 14 with him. Says no concerns regarding their welfare. Has declared herself homeless with Eildon , hoping to get accomodation. At the moment is sofa surfing with friends. Currently unemployed but doesn't feel able to even look for ***** the moment. Says domestic abuse support ongoing.
Examination	Examination Kempt , good rapport , good eye contact , no active thoughts of sh or suicide.
Comment	Comment Imp - Acute domestic stress P/ Supportive discussion , already receiving support via domestic abuse groups. Making progress to secure accomodation. Signed off for 4 weeks - did discuss that this would not be a long term option , but just enough time to let things settle and organise. Suggested staying with family as opposed to sofa surfing.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Acute stress; Duration: 02/03/2020 - 30/03/2020)*

22-Nov-2019 Dr Terni Jhooti (TJ1) Telephone Consultation

Problem	Migraine
History	History getting dizzy spells and feeling sick., sore heads. worse when leans forward. not feverish. no earache. history of migraines. like previous migraines. normally helped by co-codamol. not had for few years. taking brufen nil relief
Comment	Comment cocodamol and buccastem for nausea. rv inb
Medication	Medication Prochlorperazine Maleate Buccal tablets 3 mg 8 tablet ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN
Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN

25-Oct-2019 Dr Helen Treliving (TRE) Phone Encounter

Problem	Piles - haemorrhoids
Comment	Comment hx as yesterday. Significant discomfort using suppository - cannot get in. Very sore. Thinks maybe another pile now. Does not want to open bowels - not been for 3/7.
Comment	Comment Try ointment instead and laxative to help open bowels
Medication	Medication Scheriproct Ointment 30 GRAM AS DIRECTED
Medication	Medication Lactulose Solution 3.1-3.7 g/5 ml 200 ml 10MLS TWICE DAILY IF REQUIRED FOR CONSTIPATION

24-Oct-2019 Dr Terni Jhooti (TJ1) Mairches Medical PracticeMain Surgery

History	History haemorrhoids few days. thought improving then ain ++ post defecation. not firm hard stools, ot constipated
Examination	Examination large thrombosed pile smaller non tender adjacent
Comment	Comment Sx measures discussed. analgesia. avoid straing. rv inb/worsening
Medication	Medication Scheriproct Suppositories 12 SUPPOSITORY ONE SUPPOSITORY TO BE INSERTED DAILY AFTER A BOWEL MOVEMENT FOR 5-7 DAYS

17-Oct-2018 Dr Stroma Beattie (SB1) Mairches Medical PracticeMain Surgery

History	History attending for medication review with ***** -says she is better on venlafaxine; also mentioning 10/7 hx of headaches mainly forehead and base of skull - has been using analgesia - low dose ibuprofen and paracetamol but little relief; no prior URTI, worse when bending down/walking, feels she is straining her eyes and has made an appt with an optician, no temp
Medication	Medication Ibuprofen Tablets 400 mg 20 tablet ONE TO BE TAKEN THREE TIMES A DAY
Examination	Examination A&O, apyrexial, tender over occipital trapezius insertion, some tenderness on movement of neck, no temporal artery or sinus tenderness, PERL
Comment	Comment headache ?referred from neck - advice re neck care, exercises, simple analgesia; red flags also outlined, review if any worsening

25-July-2018 Dr Bruce Auld (BA) Mairches Medical PracticeMain Surgery

Problem	Problem has not taken any medications for 2/52
History	History ***** very controlling not a good situation
Comment	Comment needs to go back on meds
Medication	Medication Venlafaxine M/R capsules 75 mg 56 CAPSULE TWO TO BE TAKEN DAILY

18-July-2018 Dr Bruce Auld (BA) Mairches Medical PracticeMain Surgery

Problem	Problem call requested
Comment	Comment phoned both mobile and land line at 13.37 no answer

26-Jun-2018 Dr Terni Jhooti (TJ1) Telephone Consultation

History	History asked to call pt - no answer

11-Jun-2018 Dr Stroma Beattie (SB1) Mairches Medical PracticeMain Surgery

Problem	Did not attend - no reason

04-Apr-2018 Dr Robert R Smith (RSMITH_18675) Mairches Medical PracticeMain Surgery

Problem	Depressive disorder NEC
History	History General review. Feels that venlafaxine has helped depressive symptoms but still gets significant anxiety including social anxiety. Demonstrated Moodjuice site, seemed keen to try this, review 2-3 weeks to see how she has found it.
Medication	Medication Venlafaxine M/R capsules 75 mg 56 CAPSULE TWO TO BE TAKEN DAILY
Read Code	Medication review done

20-Mar-2018 Mrs Mary Cockburn (MARYC_18675) Data Entry

Comment	Comment Note added to presc re appt for review

23-Jan-2018 Dr Gordon Sim (SIM) Data Entry

Problem	Did not attend - no reason

10-Jan-2018 Dr Gordon Sim (SIM) Data Entry

Problem	Did not attend - no reason

28-Nov-2017 Dr Robert R Smith (RSMITH_18675) Mairches Medical PracticeMain Surgery

Problem	Depressive disorder NEC
History	History Emergency appt: reports doesn't feel that venlafaxine is helping - but does not appear to have been taking as regularly as she should - advised twice daily every day and book appt for 2 weeks.
Comment	Comment Advised should not get emergency appt when DNA'd a few days previously.
Medication	Medication Venlafaxine M/R capsules 75 mg 56 CAPSULE TWO TO BE TAKEN DAILY

27-Nov-2017 Dr Gordon Sim (SIM) Telephone Consultation

History	History Request for phone back rang out
Problem	Failed encounter - no answer when rang back

24-Nov-2017 Dr Fiona Struthers (FS) Mairches Medical PracticeMain Surgery

History	History Contacted patient on phone back list-***** answered saying ***** had 'popped to shops'. Surgery closed. Missed appt this am. Can contact NHS 24 if required or wait for review on Monday

24-Nov-2017 Dr Joanne Topalian (JT) Mairches Medical PracticeMain Surgery

Problem	Did not attend - no reason

31-Oct-2017 Dr Robert R Smith (RSMITH_18675) Phone Encounter

Problem	Depressive disorder NEC
History	History ***** phoned, ***** had been called re domestic dispute, feels she needs to be seen re her medication - advised has failed to attend appts in the past but happy to see her if she would like to make an appt.

07-July-2017 Mrs Mary Cockburn (MARYC_18675) Data Entry

25-July-2017	Medication	Medication Venlafaxine M/R capsules 75 mg 56 CAPSULE TWO TO BE TAKEN DAILY
	Comment	Comment Cancelling presc of 29.6.17 for Venlafaxine that had not been collected. Re-entering details of presc issue on this date

29-May-2017 Mrs Mary Cockburn (MARYC_18675) Externally Entered

	Attachment	EMIS attachment reference code *Smear defaulter*

26-May-2017 Mrs Mary Cockburn (MARYC_18675) Data Entry

	Comment	Comment Smear defaulter - text sent - delivery failed - letter sent

21-Apr-2017 Dr Anne V Johnstone (DR ANNE V 18675) Mairches Medical PracticeMain Surgery

	Problem	Panic attack
	History	History Started having panic attacks ~ 6 wks ago. Not related to anything in particular. Having ~ 3/wk. Says she doesn't generally feel anxious, just depressed. Stopped cannabis 5 mths ago. Not using anything else.
	Comment	Comment Try increasing venlafaxine to 2 daily & review 10 days.
	Problem	Breast soreness
	History	History Tender area rt breast. Has implant, still has light periods.
	Examination	Examination No redness. No palpable lump. Tender superficially localised area 2 o'clock position.
	Comment	Comment Definitely no lump. Review 2wks or sooner if anything new.

20-Mar-2017 Dr Gordon Sim (SIM) Data Entry

	Problem	Did not attend - no reason

10-Aug-2016 Dr Anne V Johnstone (DR ANNE V 18675) Mairches Medical PracticeMain Surgery

	Problem	Did not attend - no reason

10-Aug-2016 Dr Robert R Smith (RSMITH_18675) Data Entry

	Problem	Failed encounter - no answer when rang back
	History	History Had requested phone back regarding medication - no answer when I phoned, DNA'd appointment earlier today.

03-May-2016 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

	History	History EM: Trying to come off cannabis, sent by Addaction for treatment. Angry and withdrawal type Sx. No h/o asthma. trial of propranolol
	Problem	Depressive disorder NEC
	Medication	Medication Propranolol Hydrochloride Tablets 10 mg 56 tablet ONE TO BE TAKEN THREE TIMES A DAY

02-Dec-2015 Mrs Mary Cockburn (MARYC_18675) Data Entry

	Comment	Comment Letter attached to prescription
	Attachment	EMIS attachment reference code *Smoking cessation*
	Read Code	Smoking cessation advice

30-Sept-2015 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

	History	History Much better in self,
	Problem	Depressive disorder NEC
	Medication	Medication Venlafaxine M/R capsules 75 mg 28 CAPSULE ONE TO BE TAKEN DAILY
	Read Code	Depression medication review
	Read Code	Depression interim review

30-Sept-2015 Mrs Mary Cockburn (MARYC_18675) Data Entry

	Comment	Comment No longer has mobile number therefore number removed 075 39 44 2644

19-Aug-2015 Dr Gordon Sim (SIM) Data Entry

	Problem	Did not attend - no reason

16-Jun-2015 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History Mood no better on Mirtazapine, trial of venlafaxine, see 2w eeks
Problem	Depressive disorder NEC
Medication	Medication Venlafaxine Tablets 37.5 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Read Code	Depression medication review
Read Code	Depression interim review

26-May-2015 Dr Robert R Smith (RSMITH_18675) Data Entry

Problem	Did not attend - no reason

12-May-2015 Dr Robert R Smith (RSMITH_18675) Mairches Medical PracticeMain Surgery

Problem	Depressive disorder NEC
History	History Recurrent low mood, poor sleep pattern with EMW, poor appetite and concentration. Regular cannabis use for years - advised re potential long term effects on mood. Trying to reduce.
Comment	Comment Switch from sertraline, review 2 weeks.
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

06-Mar-2015 Dr Gordon Sim (SIM) Telephone Consultation

Problem	Failed encounter - message left on answer machine

29-Jan-2015 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History Better in self today, initial nausea on 200mg.Much more positive,
Problem	Low mood
Comment	Comment Same dose and see next week

26-Jan-2015 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History Low mood , not helped by Sertraline taken regularly since October. Angry mood dipping over festive, no cannabis, some alcohol. No other drugs. worse in am, diff icult to motivate in am. General anger towards all things, sleep a problem bothing early wakening and diff getting to sleep. Thoughts of DSH no plans
Problem	Low mood
Comment	Comment Increase to 200mg Sertraline and review Thursday
Medication	Medication Zopiclone Tablets 3.75 mg 7 TABLET TAKE ONE AT NIGHT IF REQUIRED

08-Dec-2014 Dr Gordon Sim (SIM) Data Entry

Problem	Did not attend - no reason

11-Aug-2014 Dr Robert R Smith (RSMITH_18675) Mairches Medical PracticeMain Surgery

Problem	Migraine
History	History Needs more analgesia to take PRN for migraines.
Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN
Medication	Medication Cyclizine Tablets 50 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY PRN

18-July-2014 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History having a good day today, not taking antidepressants regularly, ran away to Wales at weekend, drinking at weekends. Cannabis again, smoking a lot. Only just restarted sertraline, mood dipped after stopping for few days. Craves to have a *****.
Problem	Depressive disorder NEC
History	History Worried by teeth.
Problem	Dental symptoms

15-July-2014 Dr Robert R Smith (RSMITH_18675) Phone Encounter

Problem	Depressive disorder NEC
History	History Spoke to *****, has not been taking antidepressants regularly, reports that she is "addicted" to cannabis, did not attend Addaction when had the chance - advised needs to make further appt to discuss situation.

12-Jun-2014 Ms Carol Smith (CSMITH_18675) Data Entry

Problem	Failed encounter
Comment	Comment DNA

04-Jun-2014 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

	History	History Better on 150mg Sertraline, dis=cussed smoking and cannabis, still using although trying to stop has decreased energy drinks to 4 per day. ***** for smoking cessation thank you
	Problem	Depressive disorder NEC
	Medication	Medication Sertraline Hydrochloride Tablets 100 mg 28 TABLET ONE TO BE TAKEN EACH DAY
	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY
	Read Code	Depression medication review
	Read Code	Depression interim review

04-Jun-2014 Mrs Mary Cockburn (MARYC_18675) Mairches Medical PracticeMain Surgery

01-July-2014	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY
	Comment	Comment Re Recording prescription issued that had been taken off to cancel presc issued on 30.5.14

27-Mar-2014 Dr Gordon Sim (SIM) Data Entry

	Problem	Did not attend - no reason

12-Mar-2014 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

	History	History Depression worsening last few months, angry and upset, uses cannibis, has contacted addaction, sleep variable, using energy drinks 8 per day,
	Problem	Depressive disorder NEC
	Medication	Medication Sertraline Hydrochloride Tablets 50 mg 56 tablet 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY
	History	History Worsening migraines
	Problem	Migraine
	Medication	Medication Cyclizine Tablets 50 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY PRN
	Medication	Medication Co-Codamol 8/500 Tablets 30 TABLET TWO TO BE TAKEN FOUR TIMES A DAY PRN

23-Jan-2014 Dr Robert R Smith (RSMITH_18675) Data Entry

	Problem	Did not attend - no reason

02-Oct-2013 Mrs Marie Barton (MB) Mairches Medical PracticeMain Surgery

	Comment	Comment DNA first appointment with LASS - no reason

13-Sept-2013 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

	Problem	Did not attend - no reason

10-Sept-2013 Mrs Amanda Irvine (AI) Mairches Medical PracticeMain Surgery

	Comment	Comment Low mood, recent ***** involvement due to domestic incident that Tanya was the cause of the argument. Financial problems and about to move home. Weekly support re offered from health visitor as a number of missed appointments with health visitor over a few months. ***** aware of Tanya's low mood as older ***** attends Clovenfords *****.

03-Sept-2013 Ms Carol Smith (CSMITH_18675) Mairches Medical PracticeMain Surgery

	History	Well woman health check	
	Examination	O/E - height	167 cm
	Examination	O/E - weight	89.7 Kg
	Examination	Body Mass Index	32.16
	Examination	Cervical smear taken	
	Examination	O/E-vaginal speculum exam. NAD	
	Examination	O/E - no vaginal discharge	
	Social	Alcohol units per week	0 U/week
	Social	Enjoys light exercise	
	Social	Current smoker	
	Comment	Advice to patient - subject niqitin CQ clear 14mg given, also refer to lifestyle isor for weight managesment, support. Appt made to see GP re profuse sweating, BO, flushing sensations	
	Comment	Smoking cessation advice	
	Read Code	Health ed. - exercise	
	Read Code	Smoking cessation advice	
	Read Code	O/E Cervix: transitional zone seen	

03-Sept-2013 Mrs Mary Cockburn (MARYC_18675) General Practice Surgery

Result	**Cervical Cytology**: Cervical smear: negative Routine Recall -	(No range available)

15-Aug-2013 Dr Gordon Sim (SIM) Data Entry

Problem	Did not attend - no reason

23-July-2013 Mrs Maureen Grant (MAUREEN_18675) General Practice Surgery

Comment	Cervical smear defaulter Exclusion From SCCRS Until 23/10/2015. Reason: Defaulter

15-July-2013 Dr Gordon Sim (SIM) Telephone Consultation

History	History Angry on Fluoxetine so stopped 2 months ago, started Citalopram 40mg again feels this is better. Mood improving since started remaining supply from prev script, restart at 40mg.
Problem	Postnatal depression
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 56 tablet 2 Tabs Daily

14-July-2013 Dr Out Of Hours (DR OUT HOU18675) Co-op

Problem	Toothache	
Examination	Systolic blood pressure	103 mm Hg
Examination	Diastolic blood pressure	62 mm Hg

11-July-2013 Mrs Amanda Irvine (AI) Mairches Medical PracticeMain Surgery

Result	Result Low mood, feels of self harm, stopped anti depressants as were not working. Cancelled emergency appt yesterday. Social issues as ***** 1 bedroom flat has priority pass and housinf officer contacted by myself last week.

10-July-2013 Mrs Mary Cockburn (MARYC_18675) Data Entry

Comment	Telephone invite to screening cervical smear overdue - will arrange appt

13-May-2013 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

History	History Been taking 60mg Citaopram to good effect, explained why not able to take that dose, suggest change to Fluoxetine, decrease to 40mg 2 days 20mg 2 days 1 day nil then start Fluoxetine, review next week for probable early increase in fluoixetine
Problem	Postnatal depression
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 CAPSULE ONE TO BE TAKEN EACH MORNING

07-May-2013 Dr Gordon Sim (SIM) Mairches Medical PracticeMain Surgery

Problem	Did not attend - no reason

28-Mar-2013 Dr Anne V Johnstone (DR ANNE V 18675) Mairches Medical PracticeMain Surgery

Problem	Postnatal depression
History	History Feels more depressed, largely because unable to lose wt. Was size 12 before children, now 16. Exercises. Drinks a lot of Red *****. Has some facial hair, no other hirsutism. Has implant.
Comment	Comment Check TSH, gluc., FSH LH, oest. & see after. Try to stop energy drinks & ^ citalopram to 40mg daily.
Medication	Medication Citalopram Hydrobromide Tablets 20 mg 28 TABS 1 Tab In the morning

10-Jan-2013 Dr David J Owen (DOWEN_18675) Mairches Medical PracticeMain Surgery

Problem	Postnatal depression post	
Examination	Patient health questionnaire (PHQ-9) score	3 /27
Comment	Comment seems to be improving now	
Read Code	Depression screening using questions	

18-Sept-2012 Mrs Amanda Irvine (AI) Mairches Medical PracticeMain Surgery

Problem	Postnatal depression	
Comment	Comment mood very low EPDS increased to 21/30. Low self esteem and body image. feels like running away. DW Dr ***** and citalopram to be increased top 20mg daily with immediate effect. referred to PND project refuses childminding scheme. Discussed socailisation at toddlers and getting exercise. Hv seeing weekly at moment.	
Examination	Patient health questionnaire (PHQ-9) score	21 /27
Read Code	Depression screening using questions	

18-Sept-2012 Mrs Mary Cockburn (MARYC_18675) Data Entry

Comment	Comment Presc for Citalopram changed by hand to 10mg 2 daily x 56	

06-Sept-2012 Dr Robert R Smith (RSMITH_18675) Mairches Medical PracticeMain Surgery

Problem	Postnatal visits	
History	History All OK, going today for implant for contraception.	

24-Aug-2012 Dr David J Owen (DOWEN_18675) Mairches Medical PracticeMain Surgery

Problem	Postnatal depression	
Examination	Patient health questionnaire (PHQ-9) score	11 /27
Medication	Medication Citalopram Hydrobromide Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH MORNING	
Read Code	Depression screening using questions	

27-July-2012 Dr David J Owen (DOWEN_18675) Phone Encounter

Problem	Suspected UTI	
Medication	Medication Trimethoprim Tablets 200 mg 6 TABLET ONE TO BE TAKEN TWICE A DAY	

07-Jun-2012 Dr David J Owen (DOWEN_18675) Phone Encounter

Problem	Productive cough -green sputum	
Medication	Medication Amoxicillin Capsules 250 mg 21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY	

10-May-2012 Dr David J Owen (DOWEN_18675) Mairches Medical PracticeMain Surgery

Problem	Housing unsatifactory	
History	History damp problem due to lack of heating	
Comment	Comment 1 child already and another on the way(33 weeks) contact mid-*****	

05-Jan-2012 Dr Robert R Smith (RSMITH_18675) Phone Encounter

Problem	Upper respiratory infection NOS	
History	History 14 weeks pregnant, resp infection symptoms not settling with symptomatic measures.	
Medication	Medication Amoxicillin Capsules 250 mg 21 CAPSULE ONE TO BE TAKEN THREE TIMES A DAY	

16-Dec-2011 Mrs Mary Cockburn (MARYC_18675) General Practice Surgery

Comment	Cervical smear - suspend recall Exclusion From SCCRS Until 16/09/2012. Reason: Pregnant	

14-Dec-2011 Dr David J Owen (DOWEN_18675) Mairches Medical PracticeMain Surgery

Problem	Pregnancy confirmed	
Examination	O/E - BP reading	
Examination	Systolic blood pressure	120 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Comment	Comment to book appointment with mid-*****	
Medication	Medication Folic Acid Tablets 400 micrograms 28 TABLET ONE TO BE TAKEN EACH MORNING	

26-Sept-2011 Mrs Mary Cockburn (MARYC_18675) Mairches Medical PracticeMain Surgery

Comment	Comment Summary sheet from previous registrations in gpass filed in docman x 2	

24-Sept-2010 Dr David J Owen (DOWEN_18675) The Health Centre

27-Sept-2010	History	Computer summary updated priority=2	
	History	History tension type headache cns normal CVS normal advice priority=2	
	History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
	History	[D]Headache 1st priority=2	
	History	Systolic blood pressure Disease: SPICE Basic Health Values	110
	History	Diastolic blood pressure Disease: SPICE Basic Health Values	70
	History	Systolic blood pressure	110
	History	Diastolic blood pressure	70

20-Aug-2010 Dr David J Owen (DOWEN_18675) The Health Centre

	History	History possible miscarriage refer PAU for assessment priority=2	
	History	Spontaneous abortion 1st priority=2	
	History	Computer summary updated priority=2	

13-Aug-2010 Dr David J Owen (DOWEN_18675) The Health Centre

16-Aug-2010	History	Computer summary updated priority=2	
	History	History vaginal itch ?candida try diflucan priority=2	
	History	Advice about long acting reversible contraception priority=2	
	History	Candidiasis 1st priority=2	

02-Jun-2010 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	History Irregular periods since having Implanon. Inserted 5 yrs ago so won't be active now, still in situ. Last period lasted 4 wks. No discharge. No change of *****. Hopes to conceive in near future. Try M-30 for 3 mths to regulate cycles & review after. priority=2	
	History	Irregular menstrual cycle 1st priority=2	
	History	Computer summary updated priority=2	

25-May-2010 Dr David J Owen (DOWEN_18675) The Health CentrePhone Encounter

	History	History heavy period to attend for review priority=2	

29-Jan-2010 Dr David J Owen (DOWEN_18675) The Health CentrePhone Encounter

	History	History conjunctivitis priority=2	

30-Oct-2009 Dr David J Owen (DOWEN_18675) The Health Centre

	History	History white vaginal discharge VE ? thrush check swab try diflucan priority=2	
	History	Leukorrhoea unspecified 1st priority=2	
	History	Computer summary updated priority=2	

23-Oct-2009 Dr David J Owen (DOWEN_18675) The Health Centre

	History	History acute tonsillitis priority=2	
	History	Acute tonsillitis NOS 1st priority=2	
	History	Computer summary updated priority=2	

01-Jun-2009 Dr David J Owen (DOWEN_18675) The Health CentrePhone Encounter

	History	History eye infection priority=2	

18-Feb-2009 Dr David J Owen (DOWEN_18675) The Health Centre

	History	History mennorharia for last few months check FBC has implant and needs to have it renewed advised to attend FPC priority=2	

21-Nov-2008 Dr David J Owen (DOWEN_18675) The Health Centre

	History	History chest wall pain pallor menorrhagia check FBC priority=2	
	History	Current smoker priority=2	
	History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
	History	[D]Anterior chest wall pain 1st priority=2	
	History	Pediculus capitis - head lice 1st priority=2	
	History	Computer summary updated priority=2	
	History	Systolic blood pressure Disease: SPICE Basic Health Values	110
	History	Diastolic blood pressure Disease: SPICE Basic Health Values	70
	History	Systolic blood pressure	110
	History	Diastolic blood pressure	70

18-Jan-2008 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	History Left earache 3 days. URTI & cough. O/e Well. Th NAD. No glands. Ears NAD. Chest clear. Dx - viral . Ear should settle soon. Has analgesia. priority=2
	History	Acute respiratory infection NOS 1st priority=2
	History	Computer summary updated priority=2

27-Nov-2007 Dr David J Owen (DOWEN_18675) The Health Centre

	History	Otitis media NOS 1st priority=2
	History	Computer summary updated priority=2

07-Nov-2007 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

	History	History Message from ***** *****, LASS Counsellor. DNA appt 25.10.07 priority=2

02-Oct-2007 Dr David J Owen (DOWEN_18675) The Health Centre

	History	Dental abscess 1st priority=2
	History	Computer summary updated priority=2

01-Aug-2007 Dr Robert R Smith (RSMITH_18675) The Health Centre

	History	Depressed mood 1st priority=2
	History	Computer summary updated priority=2

02-Mar-2007 Mrs Maureen Grant (MAUREEN_18675) The Health CentreData Entry

	History	Computer summary updated priority=2

16-Feb-2007 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	Upper respiratory infection NOS 1st priority=2
	History	Computer summary updated priority=2

25-Jan-2007 admin (admin_18675) The Health CentreData Entry

20-Nov-2006	History	Urea and electrolytes Disease: SPICE Lab Results, priority=2	
20-Nov-2006	History	Systolic blood pressure Disease: SPICE Basic Health Values	139
20-Nov-2006	History	Diastolic blood pressure Disease: SPICE Basic Health Values	60
20-Nov-2006	History	Systolic blood pressure	139
20-Nov-2006	History	Diastolic blood pressure	60
20-Nov-2006	History	Creatinine date Value text: 20 Nov 2006 00:00	
20-Nov-2006	History	Na+	144
20-Nov-2006	History	K+	4
20-Nov-2006	History	Urea	2.8
20-Nov-2006	History	Creat	88
20-Nov-2006	History	Glucose	5.7

02-Jan-2007 Dr Dr O Hours (Dr O Hours18675) The Health CentreCo-op

03-Jan-2007	History	Computer summary updated priority=2
	History	Influenza 1st priority=2

12-Dec-2006 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

01-July-2006	History	Ca cervix screen -not attended Cervical Screening$$.clm - Repeat after an Interval In GP care

27-Oct-2006 Mrs Maureen Grant (MAUREEN_18675) The Health CentreData Entry

06-Oct-2006	Problem	Nondependent amphetamine or other psychostimulant abuse
06-Oct-2006	Problem	Nondependent alcohol abuse

12-Jun-2006 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	[X]Depressive episode, unspecified Persistent priority=2

12-May-2006 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	[X]Depressive episode, unspecified Recurrence priority=2

31-Jan-2006 Dr David J Owen (DOWEN_18675) The Health Centre

	Problem	Current smoker Disease: SPICE Basic Health Values,	
	History	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2	
	History	[D]State of emotional shock and stress, unspecified 1st priority=2	
	History	Systolic blood pressure Disease: SPICE Basic Health Values	110
	History	Diastolic blood pressure Disease: SPICE Basic Health Values	70
	History	Systolic blood pressure	110
	History	Diastolic blood pressure	70

25-Oct-2005 Dr David J Owen (DOWEN_18675) The Health Centre

	History	Chalazion (meibomian cyst) 1st priority=2	

07-Jun-2005 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

	History	Ca cervix screen -not attended Cervical Screening$$.clm - Repeat after an Interval In GP care	

13-May-2005 Dr Anne V Johnstone (DR ANNE V 18675) The Health Centre

	History	[X]Depressive episode, unspecified Persistent priority=2	

11-Jan-2005 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

04-Dec-2004	Problem	Termination of pregnancy NEC	

08-Dec-2004 Dr Dr Night (Dr Night_18675) The Health CentreCo-op

	History	Haemorrhage of vagina 1st priority=2	
	History	[D]Abdominal pain NOS 1st priority=2	
	History	Systolic blood pressure	108
	History	Diastolic blood pressure	84
	History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval	

22-Nov-2004 Dr Robert R Smith (RSMITH_18675) The Health Centre

	History	Unwanted pregnancy Recurrence priority=2	

14-Oct-2004 Dr Robert R Smith (RSMITH_18675) The Health Centre

	History	[X]Depressive episode, unspecified Recurrence priority=2	

10-Sept-2004 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

02-Sept-2004	History	Systolic blood pressure	121
02-Sept-2004	History	Diastolic blood pressure	72
02-Sept-2004	History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval	

18-Aug-2004 Dr Dr A V Johnstone (Dr A V Joh18675) The Health Centre

	History	Patient pregnant 1st priority=2	

18-Aug-2004 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

	History	Referral for further care *Refered To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.. Referral Type: Unknown (0)*	

27-July-2004 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

	History	Letter invite to screening Cervical Screening$$.clm - Call for screening	

14-July-2004 Dr Robert R Smith (RSMITH_18675) The Health Centre

	History	[V]Mental and behavioural problems 1st priority=2	

27-Apr-2004 Mrs Mary Cockburn (MARYC_18675) The Health CentreData Entry

23-Apr-2004	Problem	Spontaneous vaginal delivery *****	

29-Mar-2004 Dr Robert R Smith (RSMITH_18675) The Health Centre

	History	Pregnancy advice Persistent priority=2	
	History	Systolic blood pressure	110
	History	Diastolic blood pressure	74
	History	O/E - BP reading normal B P Screening$$.clm - Repeat after an Interval	

02-Feb-2004 Dr David J Owen (DOWEN_18675) The Health Centre

History Patient pregnant Persistent priority=2

16-Dec-2003 Dr Robert R Smith (RSMITH_18675) The Health Centre

History Candidiasis of vagina 1st priority=2

09-Dec-2003 Dr David J Owen (DOWEN_18675) The Health Centre

History Dental abscess 1st priority=2

17-Nov-2003 Dr Robert R Smith (RSMITH_18675) The Health Centre

History [X]Depressive episode, unspecified Persistent priority=2
History Pregnancy advice Persistent priority=2

29-Oct-2003 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

21-Oct-2003 History Hep B surface antigen level Microbiology Results.clm - No Action Required
21-Oct-2003 History HIV antibody level Microbiology Results.clm - No Action Required
21-Oct-2003 History Rubella antibody level Microbiology Results.clm - No Action Required
21-Oct-2003 History Trepon pallidum ***** negative Microbiology Results.clm - No Action Required
21-Oct-2003 History Varicella zoster antibody lev Microbiology Results.clm - No Action Required

21-Oct-2003 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

History GP24 signed by patient priority=2

25-Sept-2003 Dr David J Owen (DOWEN_18675) The Health Centre

History Patient ? pregnant 1st priority=2

23-Sept-2003 Mrs Karin Quinn (KARIN_18675) The Health CentreData Entry

22-Sept-2003 History Urine pregnancy test positive Clinical Chemistry Results.clm - No Action Required

12-Sept-2003 Dr David J Owen (DOWEN_18675) The Health Centre

History Amenorrhoea NOS 1st priority=2

18-Aug-2003 Dr Robert R Smith (RSMITH_18675) The Health Centre

History [X]Depressive episode, unspecified Persistent priority=2

14-July-2003 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

08-July-2003 History Urine pregnancy test negative Clinical Chemistry Results.clm - No Action Required

12-Jun-2003 Dr Robert R Smith (RSMITH_18675) The Health Centre

History [D]State of emotional shock and stress, unspecified Persistent priority=2

14-Apr-2003 Dr Dr Johnstone (AJohnstone18675) The Health Centre

History [D]State of emotional shock and stress, unspecified 1st priority=2

18-Mar-2003 Dr David J Owen (DOWEN_18675) The Health Centre

History Tendinitis NOS 1st priority=2

06-Dec-2002 Dr David J Owen (DOWEN_18675) The Health Centre

History Pain in lumbar spine 1st priority=2

15-Aug-2002 Dr Locum (Dr Locum_18675) The Health Centre

History Acute pharyngitis NOS 1st priority=2

21-Feb-2002 Dr David J Owen (DOWEN_18675) The Health Centre

History Otitis media NOS 1st priority=2

23-Jan-2002 Dr David J Owen (DOWEN_18675) The Health Centre

History [D]Abdominal pain NOS 1st priority=2

04-Dec-2001 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

History Clin chemistry report received priority=2

15-Nov-2001 Dr David J Owen (DOWEN_18675) The Health Centre

History Sinus headache 1st priority=2

22-Oct-2001 Dr Robert R Smith (RSMITH_18675) The Health Centre

History Oral contraception NOS Recurrence priority=2

09-Oct-2001 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

19-July-1999 Problem Metatarsal bone fracture Left
03-July-1992 Problem Myringotomy
03-July-1992 Problem Tonsillectomy and adenoidectomy

06-Oct-2001 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

22-Sept-2001 History Contraceptive claims priority=2

27-Aug-2001 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

History History Automatically generated by transaction priority=2
Problem Pat. GP7B/GP8B card from HB priority=1

24-Aug-2001 * Not In Use UnknownUser *** (UNKNOWNUSE18675) The Health CentreData Entry**

History History Automatically generated by transaction priority=2
Problem Patient reg. form sent to HB priority=1

23-Aug-2001 Dr Robert R Smith (RSMITH_18675) The Health Centre

History General contraceptive advice Recurrence priority=2

Medications (inc. issues)

Acute

18-Dec-2024 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

29-Nov-2024 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

Repeat

30-Apr-2026 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

30-Apr-2026 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

13-Mar-2026 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

13-Mar-2026 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Mar-2026 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

14-Jan-2026 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

14-Jan-2026 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

06-Nov-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

06-Nov-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

04-Sept-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

04-Sept-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

04-Sept-2025 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

01-Aug-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

01-Aug-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

27-May-2025 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-May-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

27-May-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

03-Apr-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

03-Apr-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

11-Feb-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

11-Feb-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

11-Feb-2025 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Jan-2025 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

22-Jan-2025 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Jan-2025 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

18-Dec-2024 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

18-Dec-2024 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

18-Dec-2024 Paroxetine Hydrochloride Tablets 20 mg
56 tablet - TWO TO BE TAKEN EACH MORNING

29-Nov-2024 Paroxetine Hydrochloride Tablets 10 mg
28 tablet - ONE TO BE TAKEN DAILY TOTAL DOSE 50 MG

10-Oct-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Aug-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

24-Jun-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

30-May-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-Apr-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Feb-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Jan-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Jan-2024 Propranolol Hydrochloride M/R capsules 160 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

Past

05-May-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY PRN

05-May-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY PRN

05-Mar-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY PRN

05-Mar-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
60 tablet - TWO TO BE TAKEN FOUR TIMES A DAY PRN

15-Jan-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

15-Jan-2026 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

14-Jan-2026 Senna Tablets 7.5 mg Acute Medication (Past)
60 TABLET - ONE OR TWO TO BE TAKEN AT NIGHT

14-Jan-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - TAKE ONE-TWO SACHETS DAILY

14-Jan-2026 Macrogol Compound Oral Powder (sachets) NPF Sugar Free Acute Medication (Past)
30 sachet - TAKE ONE-TWO SACHETS DAILY

14-Jan-2026 Senna Tablets 7.5 mg Acute Medication (Past)
60 TABLET - ONE OR TWO TO BE TAKEN AT NIGHT

01-Dec-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - TAKE ONE-TWO TABLETS FOUR TIMES DAILY WHEN REQUIRED

01-Dec-2025 Hyoscine Butylbromide Tablets 10 mg Acute Medication (Past)
112 tablet - TAKE ONE-TWO TABLETS FOUR TIMES DAILY WHEN REQUIRED

24-Nov-2025 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

24-Nov-2025 Co-Dydramol 10/500 Tablets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

27-Mar-2025 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM - APPLY UP TO THREE TIMES DAILY

27-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Mar-2025 Ibuprofen Gel 5 % Acute Medication (Past)
50 GRAM - APPLY UP TO THREE TIMES DAILY

27-Mar-2025 Co-Codamol 30/500 Caplets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES DAILY

27-Mar-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Mar-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY

27-Mar-2025 Co-Codamol 30/500 Caplets Acute Medication (Past)
100 tablet - ONE OR TWO TO BE TAKEN FOUR TIMES DAILY

20-Feb-2025 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
60 tablet - 1-2 TABS QID PRN

20-Feb-2025 Dihydrocodeine Tablets 30 mg Acute Medication (Past)
60 tablet - 1-2 TABS QID PRN

20-Feb-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY

20-Feb-2025 Naproxen Tablets 500 mg Acute Medication (Past)
56 tablet - TAKE ONE TABLET TWICE DAILY

11-Feb-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

23-Jan-2025 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

18-Dec-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED

18-Dec-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

18-Dec-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED

29-Nov-2024 Diazepam Tablets 2 mg Acute Medication (Past)
14 tablet - ONE TO BE TAKEN UP TO THREE TIMES A DAY IF NEEDED

20-Nov-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

08-Nov-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

08-Nov-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

08-Nov-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Nov-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

06-Nov-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

10-Oct-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

26-Sept-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

26-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Sept-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

29-Aug-2024 Naproxen Tablets 500 mg Acute Medication (Past)
28 TABLET - TAKE ONE TABLET TWICE DAILY

29-Aug-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Aug-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

24-Jun-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

30-May-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

08-May-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

08-May-2024 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

15-Apr-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

26-Feb-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

23-Jan-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

23-Jan-2024 Paroxetine Hydrochloride Tablets 20 mg Repeat Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

29-Nov-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

29-Nov-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

29-Nov-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

11-Oct-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

11-Oct-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Oct-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Oct-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

14-Aug-2023 Zopiclone Tablets 7.5 mg Acute Medication (Past)
21 tablet - TAKE ONE AT NIGHT IF REQUIRED

14-Aug-2023 Zopiclone Tablets 7.5 mg Acute Medication (Past)
21 tablet - TAKE ONE AT NIGHT IF REQUIRED

08-Aug-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Aug-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Aug-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

06-July-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

06-July-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

12-May-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

12-May-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

12-May-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

12-May-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

10-May-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

10-May-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
30 tablet - TWO TO BE TAKEN EACH MORNING

10-May-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
30 tablet - TWO TO BE TAKEN EACH MORNING

10-May-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
14 capsule - ONE TO BE TAKEN EACH DAY

28-Mar-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

28-Mar-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Mar-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Mar-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

08-Feb-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Feb-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

08-Feb-2023 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

08-Feb-2023 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

22-Dec-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

22-Dec-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

18-Nov-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

18-Nov-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Oct-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

26-Oct-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

26-Oct-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

26-Oct-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Sept-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Sept-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Sept-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

13-Sept-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

02-Aug-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Aug-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

27-Jun-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

27-Jun-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-Jun-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

27-Jun-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

05-May-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

05-May-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Mar-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

28-Mar-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Mar-2022 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

02-Mar-2022 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 TABLET - ONE TO BE TAKEN ONCE OR TWICE DAILY

02-Mar-2022 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

02-Mar-2022 Fexofenadine Hydrochloride Tablets 120 mg Acute Medication (Past)
30 TABLET - ONE TO BE TAKEN ONCE OR TWICE DAILY

15-Feb-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-Feb-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

15-Feb-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

15-Feb-2022 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

13-Jan-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Jan-2022 Propranolol Hydrochloride M/R capsules 160 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Dec-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

21-Dec-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

22-Nov-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-Nov-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

18-Oct-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

18-Oct-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Sept-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

13-Sept-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

26-Aug-2021 Flucloxacillin Capsules 250 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

26-Aug-2021 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 TABLET - ONE TO BE TAKEN UP TO TWICE DAILY

26-Aug-2021 Flucloxacillin Capsules 250 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

26-Aug-2021 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 TABLET - ONE TO BE TAKEN UP TO TWICE DAILY

11-Aug-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

11-Aug-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

20-July-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-July-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

05-July-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

05-July-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

22-Jun-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-May-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-May-2021 Propranolol Hydrochloride M/R capsules 80 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

27-May-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

27-May-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
56 tablet - TWO TO BE TAKEN EACH MORNING

04-May-2021 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

04-May-2021 Paroxetine Hydrochloride Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

06-Apr-2021 Paroxetine Hydrochloride Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

06-Apr-2021 Paroxetine Hydrochloride Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

06-Apr-2021 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

06-Apr-2021 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

01-Mar-2021 Paroxetine Hydrochloride Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

01-Mar-2021 Paroxetine Hydrochloride Tablets 30 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

08-Jan-2021 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

08-Jan-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

08-Jan-2021 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

08-Jan-2021 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

02-Nov-2020 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

02-Nov-2020 Paroxetine Hydrochloride Tablets 20 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

13-July-2020 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

11-Jun-2020 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

11-Jun-2020 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

19-Mar-2020 Chloramphenicol Eye ointment 1 % Acute Medication (Past)
4 GRAM - APPLY TO THE AFFECTED EYE(S) FOUR TIMES A DAY

19-Mar-2020 Chloramphenicol Eye ointment 1 % Acute Medication (Past)
4 GRAM - APPLY TO THE AFFECTED EYE(S) FOUR TIMES A DAY

04-Mar-2020 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

21-Jan-2020 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

16-Dec-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

22-Nov-2019 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

22-Nov-2019 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN

22-Nov-2019 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

22-Nov-2019 Prochlorperazine Maleate Buccal tablets 3 mg Acute Medication (Past)
8 tablet - ONE TO BE DISSOLVED BETWEEN UPPER LIP AND GUM THREE TIMES A DAY PRN

15-Nov-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

25-Oct-2019 Scheriproct Ointment Acute Medication (Past)
30 GRAM - AS DIRECTED

25-Oct-2019 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
200 ml - 10MLS TWICE DAILY IF REQUIRED FOR CONSTIPATION

25-Oct-2019 Scheriproct Ointment Acute Medication (Past)
30 GRAM - AS DIRECTED

25-Oct-2019 Lactulose Solution 3.1-3.7 g/5 ml Acute Medication (Past)
200 ml - 10MLS TWICE DAILY IF REQUIRED FOR CONSTIPATION

24-Oct-2019 Scheriproct Suppositories Acute Medication (Past)
12 SUPPOSITORY - ONE SUPPOSITORY TO BE INSERTED DAILY AFTER A BOWEL MOVEMENT FOR 5-7 DAYS

24-Oct-2019 Scheriproct Suppositories Acute Medication (Past)
12 SUPPOSITORY - ONE SUPPOSITORY TO BE INSERTED DAILY AFTER A BOWEL MOVEMENT FOR 5-7 DAYS

11-Oct-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

10-Sept-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

09-Aug-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

05-July-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

03-Jun-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

29-Apr-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

15-Mar-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

08-Feb-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

09-Jan-2019 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

12-Dec-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

07-Nov-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

17-Oct-2018 Ibuprofen Tablets 400 mg Acute Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY

17-Oct-2018 Ibuprofen Tablets 400 mg Acute Medication (Past)
20 tablet - ONE TO BE TAKEN THREE TIMES A DAY

10-Oct-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

05-Sept-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

10-Aug-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

25-July-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

29-May-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

09-May-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

04-Apr-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

20-Mar-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

16-Feb-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

16-Jan-2018 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

21-Dec-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

28-Nov-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

08-Sept-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

06-Sept-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

17-Aug-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

07-July-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

15-Jun-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

12-May-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

12-May-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

12-Apr-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

06-Mar-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

07-Feb-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

04-Jan-2017 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

14-Dec-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

02-Dec-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

01-Nov-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

29-Sept-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

06-Sept-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

29-July-2016 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

29-July-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

29-July-2016 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

24-Jun-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

20-May-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

03-May-2016 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-May-2016 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN THREE TIMES A DAY

05-Apr-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

10-Mar-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

03-Feb-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

05-Jan-2016 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

09-Dec-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

09-Dec-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

01-Dec-2015 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

23-Oct-2015 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

30-Sept-2015 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
56 CAPSULE - TWO TO BE TAKEN DAILY

30-Sept-2015 Venlafaxine M/R capsules 75 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN DAILY

16-Jun-2015 Venlafaxine Tablets 37.5 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

16-Jun-2015 Venlafaxine Tablets 37.5 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

28-May-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN DAILY

12-May-2015 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

12-May-2015 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

16-Apr-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN DAILY

16-Apr-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

09-Mar-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN DAILY

09-Mar-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

09-Mar-2015 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

13-Feb-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

26-Jan-2015 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - TAKE ONE AT NIGHT IF REQUIRED

26-Jan-2015 Zopiclone Tablets 3.75 mg Acute Medication (Past)
7 TABLET - TAKE ONE AT NIGHT IF REQUIRED

19-Jan-2015 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

19-Jan-2015 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

22-Dec-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

22-Dec-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

22-Dec-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

17-Nov-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

17-Nov-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

17-Nov-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

17-Nov-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Oct-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

01-Oct-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-Oct-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

01-Oct-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

13-Aug-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

13-Aug-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

11-Aug-2014 Cyclizine Tablets 50 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY PRN

11-Aug-2014 Cyclizine Tablets 50 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY PRN

11-Aug-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

11-Aug-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

15-July-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

15-July-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jun-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jun-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
56 TABLET - TWO TO BE TAKEN DAILY

04-Jun-2014 Sertraline Hydrochloride Tablets 100 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

04-Jun-2014 Sertraline Hydrochloride Tablets 50 mg Repeat Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY

01-May-2014 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY

01-May-2014 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY

04-Apr-2014 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY

12-Mar-2014 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY

12-Mar-2014 Cyclizine Tablets 50 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY PRN

12-Mar-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

12-Mar-2014 Cyclizine Tablets 50 mg Acute Medication (Past)
21 TABLET - ONE TO BE TAKEN THREE TIMES A DAY PRN

12-Mar-2014 Co-Codamol 8/500 Tablets Acute Medication (Past)
30 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY PRN

12-Mar-2014 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 tablet - 1 DAILY 3 DAYS THEN 2 DAILY 3 DAYS THEN 3 DAILY

13-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

13-Feb-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

17-Jan-2014 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

06-Dec-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

06-Dec-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

04-Nov-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

25-Sept-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

25-Sept-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

23-Aug-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

15-July-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

15-July-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
56 tablet - 2 Tabs Daily

13-May-2013 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH MORNING

13-May-2013 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH MORNING

15-Apr-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

15-Apr-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

28-Mar-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

22-Feb-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

22-Feb-2013 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

22-Feb-2013 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

22-Feb-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

10-Jan-2013 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

10-Jan-2013 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

10-Jan-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

10-Jan-2013 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

14-Dec-2012 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

13-Nov-2012 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

13-Nov-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

13-Nov-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

13-Nov-2012 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

13-Nov-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

13-Nov-2012 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

09-Oct-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

24-Sept-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
56 TABLET - TWO TO BE TAKEN DAILY

24-Sept-2012 Citalopram Hydrobromide Tablets 10 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

27-July-2012 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - ONE TO BE TAKEN TWICE A DAY

27-July-2012 Trimethoprim Tablets 200 mg Acute Medication (Past)
6 TABLET - ONE TO BE TAKEN TWICE A DAY

07-Jun-2012 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

07-Jun-2012 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

05-Jan-2012 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

05-Jan-2012 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPSULE - ONE TO BE TAKEN THREE TIMES A DAY

14-Dec-2011 Folic Acid Tablets 400 micrograms Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

14-Dec-2011 Folic Acid Tablets 400 micrograms Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH MORNING

24-Sept-2010 Amitriptyline Hydrochloride TABS 10MG Acute Medication (Past)
14 TABS - 1 Tab At night

24-Sept-2010 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
14 TABS - 1 Tab At night

13-Aug-2010 Fluconazole CAPS 150MG Acute Medication (Past)
1 CAPS - 1 Cap 1

13-Aug-2010 Fluconazole Capsules 150 mg Acute Medication (Past)
1 CAPS - 1 Cap 1

02-Jun-2010 Microgynon 30 TABS Acute Medication (Past)
63 TABS - 1 Tab As directed

02-Jun-2010 Microgynon 30 Tablets Acute Medication (Past)
63 TABS - 1 Tab As directed

29-Jan-2010 Fucithalmic Eye DROPS 1% Acute Medication (Past)
5 DROPS - use morning and night

29-Jan-2010 Fucithalmic M/R Eye Drops 1 % Acute Medication (Past)
5 DROPS - use morning and night

30-Oct-2009 Fluconazole CAPS 150MG Acute Medication (Past)
1 CAPS - 1 Cap once

30-Oct-2009 Fluconazole Capsules 150 mg Acute Medication (Past)
1 CAPS - 1 Cap once

23-Oct-2009 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

23-Oct-2009 Penicillin V TABS 250MG Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

01-Jun-2009 Fucithalmic Eye DROPS 1% Acute Medication (Past)
5 DROPS - 1 Drop morning and night

01-Jun-2009 Fucithalmic M/R Eye Drops 1 % Acute Medication (Past)
5 DROPS - 1 Drop morning and night

21-Nov-2008 Permethrin Cream Rinse Twin Pack 1% Acute Medication (Past)
1 INVAL - use Daily

21-Nov-2008 Permethrin Cream rinse 1 % Acute Medication (Past)
1 INVAL - use Daily

27-Nov-2007 Otosporin Ear DROPS Acute Medication (Past)
5 DROPS - 1 Drop 3 times daily

27-Nov-2007 Amoxicillin CAPS 250MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

27-Nov-2007 Otosporin Ear-drops Acute Medication (Past)
5 DROPS - 1 Drop 3 times daily

27-Nov-2007 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

02-Oct-2007 Metronidazole Tablets 400 mg Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

02-Oct-2007 Co-Dydramol 10mg/500mg TABS Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

02-Oct-2007 Co-Dydramol 10/500 Tablets Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

02-Oct-2007 Metronidazole TABS 400MG Acute Medication (Past)
21 TABS - 1 Tab 3 times daily

16-Oct-2006 Chloramphenicol Eye DROPS 0.5% Acute Medication (Past)
10 DROPS - 1 Drop 4 times daily

16-Oct-2006 Chloramphenicol Eye drops 0.5 % Acute Medication (Past)
10 DROPS - 1 Drop 4 times daily

12-Jun-2006 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
28 CAPS - 1 Cap Daily

12-Jun-2006 Fluoxetine CAPS 20MG Repeat Medication (Past)
28 CAPS - 1 Cap Daily

12-May-2006 Fluoxetine CAPS 20MG Repeat Medication (Past)
28 CAPS - 1 Cap Daily

25-Oct-2005 Fusidic Acid M/R Eye Drops 1 % Acute Medication (Past)
5 DROPS - 1 Drop morning and night

25-Oct-2005 Fusidic Acid Eye DROPS 1% Acute Medication (Past)
5 DROPS - 1 Drop morning and night

18-July-2005 Fluoxetine CAPS 20MG Repeat Medication (Past)
28 CAPS - 1 Cap Daily

13-May-2005 Fluoxetine CAPS 20MG Repeat Medication (Past)
28 CAPS - 1 Cap Daily

17-Mar-2005 Citalopram Hydrobromide Tablets 20 mg Acute Medication (Past)
28 TABS - 1 Tab In the morning

17-Mar-2005 Citalopram TABS 20MG Acute Medication (Past)
28 TABS - 1 Tab In the morning

14-Oct-2004 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPS - 1 Cap Daily

14-Oct-2004 Fluoxetine CAPS 20MG Acute Medication (Past)
30 CAPS - 1 Cap Daily

16-Dec-2003 Clotrimazole Pessary 500 mg Acute Medication (Past)
1 TABS - 1 Tab As directed

16-Dec-2003 Clotrimazole Vaginal TABS 500MG Acute Medication (Past)
1 TABS - 1 Tab As directed

09-Dec-2003 Penicillin V TABS 250MG Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

09-Dec-2003 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

25-Sept-2003 Folic Acid TABS 400MICROGRAMS Acute Medication (Past)
28 TABS - 1 Tab Daily

25-Sept-2003 Folic Acid Tablets 400 micrograms Acute Medication (Past)
28 TABS - 1 Tab Daily

12-Jun-2003 Permethrin Cream Rinse 1% Acute Medication (Past)
59 INVAL - Apply As directed

12-Jun-2003 Permethrin Cream rinse 1 % Acute Medication (Past)
59 INVAL - Apply As directed

18-Mar-2003 Ibuprofen Tablets 400 mg Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

18-Mar-2003 Ibuprofen TABS 400MG Acute Medication (Past)
48 TABS - 1 Tab 3 times daily

06-Dec-2002 Ibuprofen TABS 400MG Acute Medication (Past)
48 TABS - 1 Tab tds prn pc

06-Dec-2002 Ibuprofen Tablets 400 mg Acute Medication (Past)
48 TABS - 1 Tab tds prn pc

15-Aug-2002 Penicillin V TABS 250MG Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

15-Aug-2002 Paracetamol Tablets 500 mg Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

15-Aug-2002 Phenoxymethylpenicillin Tablets 250 mg Acute Medication (Past)
28 TABS - 1 Tab 4 times daily

15-Aug-2002 Paracetamol TABS 500MG Acute Medication (Past)
56 TABS - 2 Tabs 4 times daily

21-Feb-2002 Amoxicillin CAPS 250MG Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

21-Feb-2002 Co-Codamol 12.8/500 Tablets Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

21-Feb-2002 Co-Codamol 12.8mg/500mg TABS Acute Medication (Past)
56 TABS - 1 or 2 Tabs 4 times daily

21-Feb-2002 Amoxicillin Capsules 250 mg Acute Medication (Past)
21 CAPS - 1 Cap 3 times daily

15-Nov-2001 Microgynon 30 TABS Repeat Medication (Past)
63 TABS - 1 Tab In the morning

15-Nov-2001 Beclometasone Dipropionate 200 Dose Aqueous Nasal SPRAY 50MCG/DOSE Acute Medication (Past)
1 SPRAY - use morning and night

15-Nov-2001 Beclometasone Aqueous nasal spray 50 micrograms/actuation Acute Medication (Past)
1 SPRAY - use morning and night

15-Nov-2001 Microgynon 30 Tablets Repeat Medication (Past)
63 TABS - 1 Tab In the morning

Allergies

14-Aug-2023 Dr Rodger Glenfield (RG)
Adverse reaction to Fluoxetine Hydrochloride
cxaused anger
Both drug name and constituent allergy
Episodicity - None

Vaccinations

14-Jun-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Pifzer (By J *****)
*EY5456/ PF/IM/RUA//C-19 Pifzer (By J *****)*

22-Feb-2012 Mrs Maureen Grant (MAUREEN_18675)
PANDEMRIX - 1st flu A (H1N1v) 2009 vac by othr hlth provider

Referrals

15-Aug-2023 Dr Rodger Glenfield (RG)
8HHn.: Referral to non NHS mental health community service (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Jun-2022 Dr Terni Jhooti (TJ1)
JHCRE4: Referral to mental health service (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

27-May-2021 Dr Ruaraidh Mackessack-Leitch (RML)
8H7T.: Refer to psychologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

01-Mar-2021 Dr Ruaraidh Mackessack-Leitch (RML)
8H7T.: Refer to psychologist (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Aug-2004 Dr Dr A V Johnstone (Dr A V Joh18675)
Referral for further care
Refered To: Borders General Hospital, NHS. Referral Type: Out Patient. Speciality Type: Gynaecology. Referral Nature: Treat.. Referral Type: Unknown (0)

Test Requests

This section is empty.

Test Results

03-Sept-2013 Mrs Mary Cockburn (MARYC_18675)
Result: Cervical Cytology
Cervical smear: negative Routine Recall - (No range available)

Other Items

30-Jan-2026	Read Code	Short message service text message sent to patient (procedure) Summary of ***** message sent to patient / For the attention of all patients: Mairches GPs, in consultation the Pharmacotherapy Hub are currently undertaking a medication review for all patients. This may result in appropriate changes being made to your prescription. If you have any questions, please do not hesitate to contact us.
12-Jan-2026	Read Code	Acute cholecystitis
09-Jan-2026	Read Code	Laparoscopic cholecystectomy
02-Dec-2025	Read Code	Short message service text message sent (situation) Summary of ***** message sent to patient / MrsTanyaDarling, Please ensure that you are using this correct telephone number 01896 661355 when contacting Mairches Medical Practice Galashiels. Other historic numbers may appear to ring but may not connect you. Many Thanks, Mairches Medical Practice / MMP Gala correct telephone number text message

07-Feb-2025	Read Code	[X]Fract of other and unspec parts of lumbar spine & pelvis stable right L2 transverse process fracture
23-Jan-2025	Recall	Medication review
28-Nov-2024	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.
19-Jun-2024	Read Code	Migraine
21-May-2024	Read Code	SMS text sent to patient Summary of text message sent to patient / Dear Tanya Darling, You have an appointment with ***** ***** on the 22nd May at 9am,Unfortunately we need to change the time of the appointment to 1.30pm. If there is a problem with the change of time please call 01896 661355 to rearrange. Mairches Medical Practice
21-Sept-2023	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.
13-Aug-2023	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.
18-May-2023	Read Code	SMS (short message service) text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: See MJog for ***** Message Details.
18-May-2023	Read Code	SMS (short message service) text message received from patient Type: Appointment Reminder Status: Reply Received Message: See MJog for ***** Response Details.
08-Nov-2022	Read Code	Replacement of Nexplanon
03-Sept-2021	Read Code	***** report received - action required
09-Sept-2019	Read Code	Removal of Nexplanon
09-Sept-2019	Read Code	Replacement of Nexplanon
23-May-2017	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 23/08/2019. Reason: Defaulter
25-Aug-2015	Read Code	Child affected by domestic abuse No longer on register - 12.05.21
21-Apr-2015	Read Code	Medication review done
22-July-2012	Read Code	Spontaneous vaginal delivery *****
15-Nov-2011	Read Code	Ex-smoker - amount unknown
01-Jan-1899	Read Code	Marital Status: Single

Attachments

eMED3 (2010) new statement issued, not fit for work
01-Nov-2021 Dr Terni Jhooti (TJ1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Bereavement; Duration: 01/11/2021 - 08/11/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 01 /11 / 2021

and, because of the following condition(s): Bereavement

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 01 /11 / 2021 **to** 08 /11 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 01 /11 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 16E43E01-A0D4-4852-A7EB-FCD38BC8A37B

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
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'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

EMIS attachment reference code
20-Oct-2021 Dr Helen Treliving (TRE)
Additional:EMIS attachment reference code
dbi referral.doc dbi referral
Filename: dbi referral.doc
Extension:.tif
Pages:

Distress Brief Intervention
Connected Compassionate Support

DBI
Urgen
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1. DETAILS

Name of Referred Person:Mrs Tanya Darling	Date of Birth: 21/05/1984	CHI number:2105849709
Address:31 Elm Row Galashiels Scottish Borders TD1 3JR	Contact Telephone number(s): 07484656544	
Email Address (optional):	GP Details: Dr Terni Jhooti	
Other Professionals involved (if relevant):	Advise phone call or text within 24hrs is default contact method. Alternative instructions for contact (method, 2nd named contact etc; optional):	

Best time to contact: Anytime X Morning ☐ Afternoon ☐

2. REFERRER'S DETAILS

Name of Referrer: Helen Treliving	Job Designation: G.P.

Address & Contact Number of Referrer:
Galashiels Heath Centre
Currie Road
Galashiels
Scottish Borders
TD1 2UA
01896 661355

Email Address:

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.
Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):

Distressed +++ Father died recently traumatically. Fell from 1st floor window. Catastrophic injuries – transferred to BGH and then Edinburgh. In ITU but could not manage injuries and involved in decision to turn to life support off. In shock from all of this. Flashbacks. Feels overwhelmed and looking for someone to talk to. Feels friends and family do not understand. Mental health not good prior to this – on paroxetine and propranolol.

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):

As above

Are there any known **risks to self** (e.g. suicidal thoughts, self harm etc), **from others** (e.g. physical, sexual, emotional etc), or related to substance use:

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 7 8 **(9)** 10
(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of

V11 18/12/2020

referral? Yes ☐ No X Refused to answer ☐

Has the Information Sheet been given to the person in distress? Yes ☐ No X

4. TO BE COMPLETED BY REFERRER; Risks to others

Information may be disclosed to the level two provider under Data Protection Act 2018 Schedule 2, Part 1, Section 2, subject to considerations of relevancy and proportionality, if this person is known to be **violent**, and it is likely that the **safety** of the level two provider will be compromised. Please provide relevant information below.

Signed (referrer): Helen Treliving **Date & Time (when seen): 20.10.21 17:34**

Please email this referral form to SAMH.DBIBorders@nhs.scot.

V11 18/12/2020

EMIS attachment reference code
20-Oct-2021 Dr Helen Treliving (TRE)
Additional: EMIS attachment reference code
dbi referral
Filename: dbi referral.doc
Extension: .tif
Pages:

Distress Brief Intervention
Connected Compassionate Support

DBI
Urgen
be us

1. DETAILS

Name of Referred Person:Mrs Tanya Darling	Date of Birth: 21/05/1984	CHI number:2105849709
Address:31 Elm Row Galashiels Scottish Borders TD1 3JR	Contact Telephone number(s): 07484656544	
Email Address (optional):	GP Details: Dr Terni Jhooti	
Other Professionals involved (if relevant):	Advise phone call or text within 24hrs is default contact method. Alternative instructions for contact (method, 2nd named contact etc; optional):	

Best time to contact: Anytime X Morning ☐ Afternoon ☐

2. REFERRER'S DETAILS

Name of Referrer: Helen Treliving	Job Designation: G.P.

Address & Contact Number of Referrer:
Galashiels Heath Centre
Currie Road
Galashiels
Scottish Borders
TD1 2UA
01896 661355

Email Address:

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.
Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):

Distressed +++ Father died recently traumatically. Fell from 1st floor window. Catastrophic injuries – transferred to BGH and then Edinburgh. In ITU but could not manage injuries and involved in decision to turn to life support off. In shock from all of this. Flashbacks. Feels overwhelmed and looking for someone to talk to. Feels friends and family do not understand. Mental health not good prior to this – on paroxetine and propranolol.

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):

As above

Are there any known **risks to self** (e.g. suicidal thoughts, self harm etc), **from others** (e.g. physical, sexual, emotional etc), or related to substance use:

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 7 8 **(9)** 10
(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of

V11 18/12/2020

referral? Yes ☐ No X Refused to answer ☐

Has the Information Sheet been given to the person in distress? Yes ☐ No X

4. TO BE COMPLETED BY REFERRER; Risks to others

Information may be disclosed to the level two provider under Data Protection Act 2018 Schedule 2, Part 1, Section 2, subject to considerations of relevancy and proportionality, if this person is known to be **violent**, and it is likely that the **safety** of the level two provider will be compromised. Please provide relevant information below.

Signed (referrer): Helen Treliving **Date & Time (when seen): 20.10.21 17:34**

Please email this referral form to SAMH.DBIBorders@nhs.scot.

V11 18/12/2020

eMED3 (2010) new statement issued, not fit for work
30-Aug-2021 Dr Gordon Sim (SIM)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 30/08/2021 - 30/10/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 30 /08 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 2 Month(s)
or from / / **to** / /

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 30 /08 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 4BC9AE58-97BD-49FF-9F71-F100C8766C5D

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
30-Jun-2021 Dr Helen Treliving (TRE)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 30/06/2021 - 30/08/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr, Mrs, Miss, Ms~~ Tanya Darling

I assessed your case on: 30 /06 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 30 /06 / 2021 **to** 30 /08 / 2021

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 30 /06 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17
C516346A-708C-49E8-9F53-93EFB5508131

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Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
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'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
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Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs, Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

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eMED3 (2010) new statement issued, not fit for work
27-May-2021 Dr Ruaraidh Mackessack-Leitch (RML)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/04/2021 - 29/06/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 27 /05 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for [ ]
or from 29 /04 / 2021 **to** 29 /06 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 27 /05 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 B73DBD02-4141-4D87-A04B-99350BBFA647

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Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

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- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
29-Mar-2021 Dr Terni Jhooti (TJ1)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 29/03/2021 - 29/04/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 29 /03 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 1 Month(s)
or from / / **to** / /

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 29 /03 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 47382D98-E7F5-4842-B3F2-BE7474154EDF

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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
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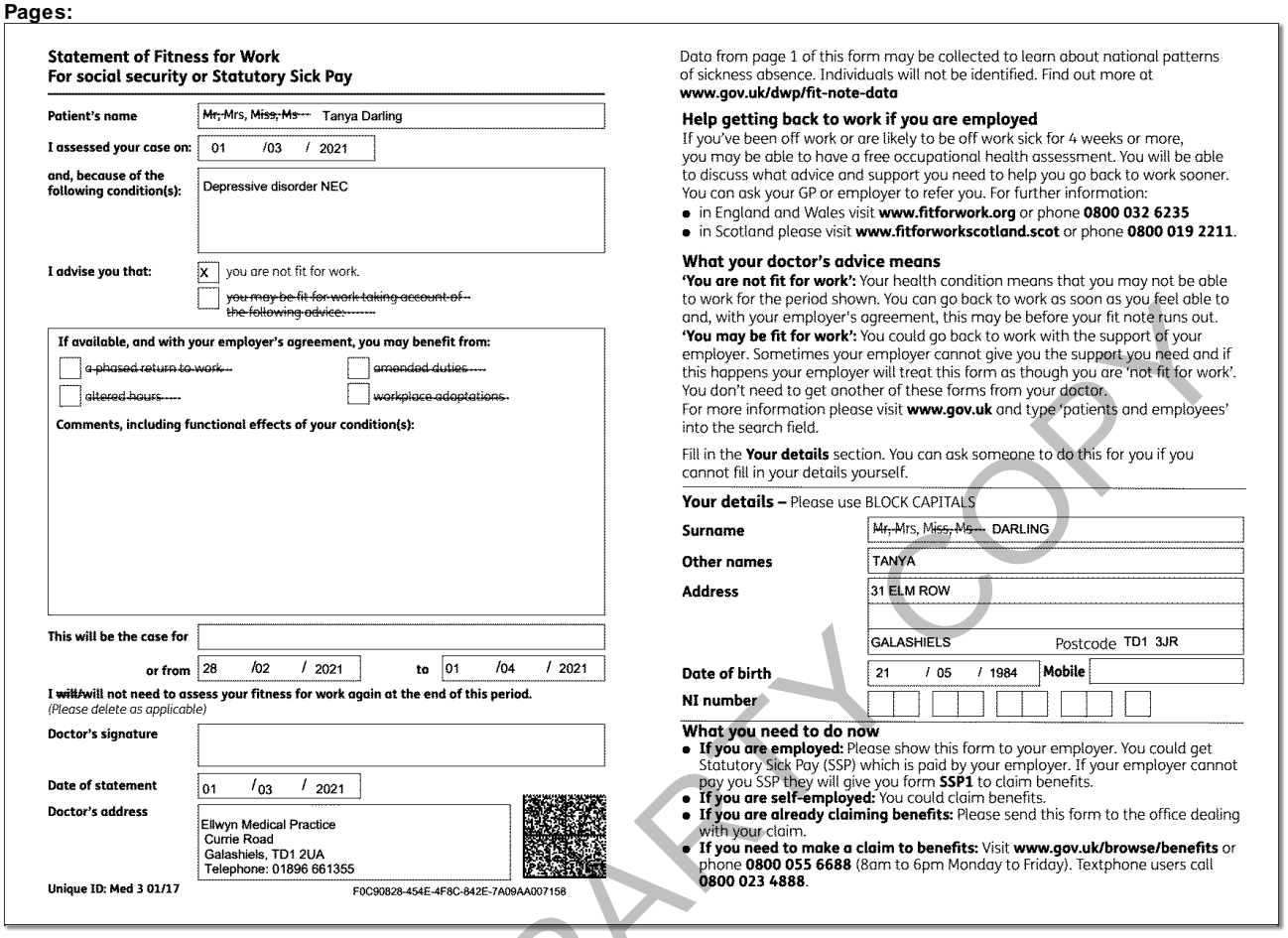
eMED3 (2010) new statement issued, not fit for work
01-Mar-2021 Dr Ruaraidh Mackessack-Leitch (RML)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 28/02/2021 - 01/04/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:



Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 01 /03 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 28 /02 / 2021 **to** 01 /04 / 2021

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 01 /03 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17

F0C90828-454E-4F8C-842E-7A09AA007158

Data from page 1 of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Help getting back to work if you are employed
If you've been off work or are likely to be off work sick for 4 weeks or more, you may be able to have a free occupational health assessment. You will be able to discuss what advice and support you need to help you go back to work sooner. You can ask your GP or employer to refer you. For further information:
- in England and Wales visit **www.fitforwork.org** or phone **0800 032 6235**
- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

What your doctor's advice means
'You are not fit for work': Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.
'You may be fit for work': You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are 'not fit for work'. You don't need to get another of these forms from your doctor.
For more information please visit **www.gov.uk** and type 'patients and employees' into the search field.

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

eMED3 (2010) new statement issued, not fit for work
27-Jan-2021 Dr Helen Treliving (TRE)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 27/01/2021 - 28/02/2021)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr, Mrs, Miss, Ms~~ Tanya Darling

I assessed your case on: 27 /01 / 2021

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 27 /01 / 2021 **to** 28 /02 / 2021

I ~~will/will~~ not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 27 /01 / 2021

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 5032CAA6-83B7-4AFB-9018-1263D621450F

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs, Miss, Ms~~ DARLING

Other names TANYA

Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR

Date of birth 21 / 05 / 1984 **Mobile**

NI number

What you need to do now
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eMED3 (2010) new statement issued, not fit for work
26-Nov-2020 Dr Gordon Sim (SIM)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Depressive disorder NEC; Duration: 26/11/2020 - 24/12/2020)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Tanya Darling

I assessed your case on: 26 /11 / 2020

and, because of the following condition(s): Depressive disorder NEC

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 4 Week(s)
or from / / **to** / /

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 26 /11 / 2020

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 14098DE8-F406-4B2C-8D2A-72B918015BD6

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- in Scotland please visit **www.fitforworkscotland.scot** or phone **0800 019 2211**.

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Surname ~~Mr, Mrs, Miss, Ms~~ DARLING
Other names TANYA
Address 31 ELM ROW
GALASHIELS Postcode TD1 3JR
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
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EMIS attachment reference code
02-Nov-2020 Dr Ruaraidh Mackessack-Leitch (RML)
Additional:EMIS attachment reference code
DBI Referral.doc DBI Referral
Filename: DBI Referral.doc
Extension:.tif
Pages:

Distress Brief Intervention
Connected Compassionate Support

Distress Brief Intervention Level Two Referral Form

1. DETAILS		
Name of Referred Person: Tanya Darling	Date of Birth: 21/05/1984	CHI number: 2105849709
Address: 31 Elm Row Galashiels Scottish Borders TD1 3JR	Contact Telephone number(s): 07484656544	
Email Address (optional):	GP Details: Dr Dr A V Johnstone	
Other Professionals involved (if relevant):	Phone call within 24hrs is default contact method. Please specify any alternative instructions (contact method, 2nd named contact, email, etc; optional):	
Best time to contact: Anytime ☒ Morning ☐ Afternoon ☐		

2. REFERRER'S DETAILS	
Name of Referrer: R MacKessack-Leitch	Job Designation: Locum GP
Address & Contact Number of Referrer: Galashiels Heath Centre, Currie Road, Galashiels, Scottish Borders, TD1 2UA	
Email Address: ellwyn.reception@borders.scot.nhs.uk	

3. FURTHER INFORMATION

Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service.

Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):
Low mood and no motivation. Emotions all over the place. Overeating and disgusted with her weight.

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):
None specifically.

Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use:
Single episode of OD in September, but no ongoing thoughts/plasn.

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 1 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 7 8 9 **10**
(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes ☐ No ☒ Refused to answer ☐

Has the referred person given you consent to make this referral? Yes ☒ No ☐
(We cannot process the referral without this consent)
Has the referred person given you consent to share the above information? Yes ☒ No ☐
Has the Information Sheet been given to the person in distress? Yes ☐ No ☒

4.OFFICIAL USE ONLY:

Information may be disclosed to the level two provider under Section 29(3) of the Data Protection Act 1998

V.5 Final: 11/10/2017

if this person is known to be violent, and it is likely that the safety of the level two provider will be compromised. Please provide relevant information below.

Signed (referrer): RMI **Date & Time: 2/11/2020 1200**

[redacted]

Please email this referral form to SAMH.DBIBorders@nhs.net.

V.5 Final: 11/10/2017

EMIS attachment reference code
02-Nov-2020 Dr Ruaraidh Mackessack-Leitch (RML)
Additional:EMIS attachment reference code
DBI Referral
Filename: DBI Referral.doc
Extension:.tif
Pages:

Distress Brief Intervention
Connected Compassionate Support

Distress Brief Intervention Level Two Referral Form

1. DETAILS		
Name of Referred Person: Tanya Darling	Date of Birth: 21/05/1984	CHI number: 2105849709
Address: 31 Elm Row Galashiels Scottish Borders TD1 3JR	Contact Telephone number(s): 07484656544	
Email Address (optional):	GP Details: Dr Dr A V Johnstone	
Other Professionals involved (if relevant):	Phone call within 24hrs is default contact method. Please specify any alternative instructions (contact method, 2nd named contact, email, etc; optional):	
Best time to contact: Anytime ☒ Morning ☐ Afternoon ☐		

2. REFERRER'S DETAILS	
Name of Referrer: R MacKessack-Leitch	Job Designation: Locum GP
Address & Contact Number of Referrer: Galashiels Heath Centre, Currie Road, Galashiels, Scottish Borders, TD1 2UA	
Email Address: ellwyn.reception@borders.scot.nhs.uk	

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Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):
Low mood and no motivation. Emotions all over the place. Overeating and disgusted with her weight.

Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):
None specifically.

Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use:
Single episode of OD in September, but no ongoing thoughts/plasn.

Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 1 (No Distress) and 10 (Extreme Distress)

0 1 2 3 4 5 6 7 8 9 **10**
(No Distress) **(Extreme Distress)**

Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes ☐ No ☒ Refused to answer ☐

Has the referred person given you consent to make this referral? Yes ☒ No ☐
(We cannot process the referral without this consent)
Has the referred person given you consent to share the above information? Yes ☒ No ☐
Has the Information Sheet been given to the person in distress? Yes ☐ No ☒

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V.5 Final: 11/10/2017

if this person is known to be violent, and it is likely that the safety of the level two provider will be compromised. Please provide relevant information below.

Signed (referrer): KMI **Date & Time: 2/11/2020 1200**

[redacted]

Please email this referral form to SAMH.DBIBorders@nhs.net.

V.5 Final: 11/10/2017

EMIS attachment reference code
05-Oct-2020 Mrs Toni Johnstone (TONI_18675)
Additional: EMIS attachment reference code
Change of name and address
Filename: Change of name and address.doc
Extension: .tif
Pages:

ELLWYN MEDICAL PRACTICE

Dr G Sim
Dr T Jhooti
Dr H Treliving

The Health Centre
Currie Road
GALASHIELS
TD1 2UA
Tel: 01896 661355
Fax: 01896 661357
www.ellwynmedicalpractice.co.uk

Monday, 05 October 2020

To: Medical Records Department, Borders General Hospital

Tanya Darling 2105849709

Old Address: 11 Queen Elizabeth Square
Galashiels
TD1 2QJ

New Name: Tanya Darling

New Address:

31 Elm Row
Galashiels
Scottish Borders
TD1 3JR

New Telephone number:

I would be most grateful if you could alter your records.

eMED3 (2010) new statement issued, not fit for work
02-Mar-2020 Dr Aaron Graham (AG)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Acute stress; Duration: 02/03/2020 - 30/03/2020)
Filename: FitNote.pdf
Extension:.tif
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr, Mrs, Miss, Ms~~ Tanya Fogarity

I assessed your case on: 02 /03 / 2020

and, because of the following condition(s): Acute stress

I advise you that:
[X] you are not fit for work.
[ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
[ ] ~~a phased return to work~~ [ ] ~~amended duties~~
[ ] ~~altered hours~~ [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 02 /03 / 2020 **to** 30 /03 / 2020

I ~~will/~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 02 /03 / 2020

Doctor's address
Ellwyn Medical Practice
Currie Road
Galashiels, TD1 2UA
Telephone: 01896 661355

Unique ID: Med 3 01/17 EE40BBB6-0B4A-409A-A188-E2644A3FE273

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Your details – Please use BLOCK CAPITALS

Surname ~~Mr, Mrs, Miss, Ms~~ FOGARITY
Other names TANYA
Address 11 QUEEN ELIZABETH SQUARE
GALASHIELS Postcode TD1 2QJ
Date of birth 21 / 05 / 1984 **Mobile**
NI number

What you need to do now
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EMIS attachment reference code
29-May-2017 Mrs Mary Cockburn (MARYC_18675)
Additional:EMIS attachment reference code
Smear defaulter
Filename: Smear defaulter.doc
Extension:.tif
Pages:

ELLWYN MEDICAL PRACTICE

Dr R R Smith
Dr G Sim
Dr J Topalian

The Health Centre
Currie Road
GALASHIELS
TD1 2UA
Tel: 01896 661355
Fax: 01896 661357

Monday, 29 May 2017

Mrs Tanya Fogarity
11 Queen Elizabeth Square
Galashiels
Scottish Borders
TD1 2QJ

Dear Mrs Fogarity

Re: Cervical Smear

Your records show that your routine cervical smear is overdue. This is an important test that can detect early changes in the cervix and allow early treatment. **Regular smear testing prevents 8 out of 10 cervical cancers from developing. It's the best way to reduce your risk of cervical cancer.**

Some women are embarrassed and anxious about having a smear taken. This is understandable but remember the doctor or nurse who takes your smear is trained in taking smears and will try to make it as easy as possible. Most women say that having a smear does not hurt but it can be uncomfortable.

We would like to encourage you to attend for this important test, to arrange an appointment with either the Practice Nurse or Dr Topalian please telephone 01896 661355. Alternatively you can attend the Sexual Health based at the Health Centre who hold evening surgeries. To arrange an appointment with them please telephone (01896) 663700.

Yours sincerely

Ellwyn Medical Practice

P.S. Eligible age changed from 60 to 64 years

EMIS attachment reference code
02-Dec-2015 Mrs Mary Cockburn (MARYC_18675)
Additional:EMIS attachment reference code
Smoking cessation
Filename: Smoking cessation.doc
Extension:.tif
Pages:

ELLWYN MEDICAL PRACTICE

Dr R R Smith
Dr G Sim
Dr A V Johnstone (Assistant)

The Health Centre
Currie Road
GALASHIELS
TD1 2UA
Tel: 01896 661355
Fax: 01896 661357

Wednesday, 02 December 2015

Mrs Tanya Fogarity
11 Queen Elizabeth Square
Galashiels
Scottish Borders
TD12QJ

Dear Mrs Fogarity

We are currently offering smoking cessation advice to our patients who smoke. Our records indicate that you are a current smoker and I have therefore enclosed an information leaflet. If you would like any further help to stop smoking please contact Quit4Good on 0844 811 8180, further advice available from smokingcessation@borders.scot.nhs.uk or contact your local Pharmacy.

If you are no longer a smoker please advise us and we will update your records.

Yours sincerely

Drs Smith, Sim & Johnstone

Enc