

## Subject Access Request



<b>Patient</b>	Mrs Margaret Donnelly
<b>Date of birth</b>	18-Jan-1968 (age 58)
<b>Gender</b>	F
<b>NHS number</b>	1801685169
<b>Patient's address</b>	1 Budshaw Avenue Chapelhall Airdrie Lanarkshire ML6 8TZ
<b>Date range selected</b>	Full record
<b>Organisation</b>	MMA Legla
<b>Reference</b>	100350

## Problems

### Active

**16-Dec-2008 Dr S Lawson**  
+Med: Infection

### Significant Past

This section is empty.

### Minor Past

This section is empty.

## Consultations

### 07-Apr-2026 Dr Maureen Ferrie Telephone call to a patient

Administration Telephone encounter (P3) Phoned at pre arranged time No connection Retried and appeared to connect but no sound other side of line Tried again using a different phone rang out but no reply No facility to leave message

Administration Consultation (P3) Margaret then arrived in surgery as had received calls but couldnt hear me Advised all bloods satisfactory and no signs of any CT disorder as cause of pain and fatigue Suggest OTC multi vitamin supplement and return if ongoing symptoms

### 27-Mar-2026 Mrs Jackie Mulvaney Administration

Administration Administration NOS (P3) patient told to arrange triage appt reg meds

### 27-Mar-2026 Mrs Jackie Mulvaney Administration

Administration Administration NOS (P3) message left per Dr Ferrie comments in daybook

### 26-Mar-2026 Dr Maureen Ferrie Administration

Administration Administration NOS (P3) Rx request propranolol as recurrence palpitations Should be advised to contact triage for appointment

### 20-Mar-2026 Ms Shona Gill Other

Administration Administration NOS (P3) Message has been sent to patient to arrange appt via accurx.

### 20-Mar-2026 Dr Maureen Ferrie Administration

Administration Administration NOS (P3) Further serology back and all negative Arrange routine TC with myself to discuss results

**20-Mar-2026 Dr Maureen Ferrie Results recording**

16-Mar-2026	Examination	Antimitochondrial autoantibod. Anti-Mito Ab - Negative	
16-Mar-2026	Examination	Anti smooth muscle autoantibod joint pains fatigue	
16-Mar-2026	Examination	Anti smooth muscle autoantibod Negative	
16-Mar-2026	Examination	Anti-nuclear antibody level joint pains fatigue	
16-Mar-2026	Examination	Anti-nuclear antibody level Negative	
16-Mar-2026	Examination	Anti nuclear factor titre N/A	
16-Mar-2026	Examination	Anti liver kidney microsomal antibody level Negative	
16-Mar-2026	Administration (P3)	Comment note Negative	
16-Mar-2026	Examination	<b>Antimitochondrial autoantibod.</b> Anti-Mito Ab - Negative:	(No range available)
16-Mar-2026	Examination	Antimitochondrial autoantibod. Anti-Mito Ab - Negative	
16-Mar-2026	Examination	<b>Anti smooth muscle autoantibod</b> joint pains fatigue:	(No range available)
16-Mar-2026	Examination	Anti smooth muscle autoantibod joint pains fatigue	
16-Mar-2026	Examination	<b>Anti smooth muscle autoantibod</b> Negative:	(No range available)
16-Mar-2026	Examination	Anti smooth muscle autoantibod Negative	
16-Mar-2026	Examination	<b>Anti-nuclear antibody level</b> joint pains fatigue:	(No range available)
16-Mar-2026	Examination	Anti-nuclear antibody level joint pains fatigue	
16-Mar-2026	Examination	<b>Anti-nuclear antibody level</b> Negative:	(No range available)
16-Mar-2026	Examination	Anti-nuclear antibody level Negative	
16-Mar-2026	Examination	<b>Anti nuclear factor titre</b> N/A:	(No range available)
16-Mar-2026	Examination	Anti nuclear factor titre N/A	
16-Mar-2026	Examination	<b>Anti liver kidney microsomal antibody level</b> Negative:	(No range available)
16-Mar-2026	Examination	Anti liver kidney microsomal antibody level Negative	

**20-Mar-2026 Dr Federated Locum Data Transferred from other system**

Administration Patient mobile telephone number +447809359177  
Administration SMS text message sent to patient Dear MRS DONNELLY, Dr has reviewed your test results. Please click the link to books a routine telephone appointment with us to discuss them.To book: <https://accurx.nhs.uk/c/p-gqwx6gp5>(Expires in 7 days)Reception TeamChapelhall PracticeSent on 20/03/2026 at 15:16  
Administration Externally entered note AccuRx Desktop: Seen by (P3) Clinician: accurx.3rd.lanarkshire at on 20-Mar-2026

**19-Mar-2026 Dr Maureen Ferrie Administration**

Administration Administration NOS Bloods back so far show minimally raised RhF of no clinical significance only .Other serology awaited (P3)

**17-Mar-2026 Dr Maureen Ferrie Results recording**

16-Mar-2026	Examination	Rheumatoid factor joint pains fatigue	IU/mL	
16-Mar-2026	Examination	Rheumatoid factor	15.1 IU/mL	
16-Mar-2026	Administration (P3)	Comment note In the absence of features of inflammatory joint disease, a Rheumatoid factor of under 20 is unlikely to be clinically significant.		
16-Mar-2026	Examination	<b>Rheumatoid factor</b> joint pains fatigue:		(No range available)
16-Mar-2026	Examination	Rheumatoid factor joint pains fatigue	IU/mL	
16-Mar-2026	Examination	<b>Rheumatoid factor: High</b>	15.1 IU/mL	(No range available)
16-Mar-2026	Examination	Rheumatoid factor		

## 17-Mar-2026 Dr Maureen Ferrie Results recording

16-Mar-2026	Examination	Serum albumin	45 g/L	
16-Mar-2026	Examination	Serum alkaline phosphatase U/L	83 U/L	
16-Mar-2026	Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	24 U/L	
16-Mar-2026	Examination	Serum bilirubin level	11 umol/L	
16-Mar-2026	Examination	Serum chloride	102 mmol/L	
16-Mar-2026	Examination	CK - creatine kinase level joint pains fatigue	IU/L	
16-Mar-2026	Examination	Serum creatine kinase level U/L	93 U/L	
16-Mar-2026	Examination	Serum creatinine	<b>54 umol/L</b>	
16-Mar-2026	Examination	Serum potassium	4.2 mmol/L	
16-Mar-2026	Examination	Serum sodium	140 mmol/L	
16-Mar-2026	Examination	Serum urea level	4.9 mmol/L	
16-Mar-2026	Examination	Liver function test joint pains fatigue		
16-Mar-2026	Examination	Urea and electrolytes joint pains fatigue		
16-Mar-2026	Examination	GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	
16-Mar-2026	Examination	<b>Serum albumin:</b> Serum albumin	45 g/L	(Range: 35 - 50)
16-Mar-2026	Examination	<b>Serum alkaline phosphatase U/L:</b> Serum alkaline phosphatase U/L	83 U/L	(Range: 30 - 130)
16-Mar-2026	Examination	<b>Serum alanine aminotransferase level</b> serum alanine aminotransferase level - U/L: Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	24 U/L	(Range: 10 - 35)
16-Mar-2026	Examination	<b>Serum bilirubin level:</b> Serum bilirubin level	11 umol/L	(No range available)
16-Mar-2026	Examination	<b>Serum chloride:</b> Serum chloride	102 mmol/L	(Range: 95 - 108)
16-Mar-2026	Examination	<b>CK - creatine kinase level</b> joint pains fatigue: CK - creatine kinase level joint pains fatigue	IU/L	(No range available)
16-Mar-2026	Examination	<b>Serum creatine kinase level</b> IU/L: Serum creatine kinase level U/L	93 U/L	(Range: 25 - 200)
16-Mar-2026	Examination	<b>Serum creatinine: Low</b> Serum creatinine	<b>54 umol/L</b>	<b>(Range: 60 - 110)</b>
16-Mar-2026	Examination	<b>Serum potassium:</b> Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
16-Mar-2026	Examination	<b>Serum sodium:</b> Serum sodium	140 mmol/L	(Range: 133 - 146)
16-Mar-2026	Examination	<b>Serum urea level:</b> Serum urea level	4.9 mmol/L	(Range: 2.5 - 7.8)
16-Mar-2026	Examination	<b>Liver function test</b> joint pains fatigue: Liver function test joint pains fatigue		(No range available)
16-Mar-2026	Examination	<b>Urea and electrolytes</b> joint pains fatigue: Urea and electrolytes joint pains fatigue		(No range available)
16-Mar-2026	Examination	<b>GFR calculated abbreviated MDRD</b> Estimated EGFR - ml/mn/1.73m <sup>2</sup> : GFR calculated abbreviated MDRD Estimated EGFR - ml/min/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	(No range available)

## 17-Mar-2026 Dr Maureen Ferrie Results recording

16-Mar-2026	Examination	Eosinophil count x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Haemoglobin estimation	141 g/L	
16-Mar-2026	Examination	Mean corpusc. haemoglobin(MCH)	30.1 pg	
16-Mar-2026	Examination	Mean corpusc. Hb. conc. (MCHC)	<b>318 g/L</b>	
16-Mar-2026	Examination	Mean corpuscular volume (MCV)	94.5 fL	
16-Mar-2026	Examination	Monocyte count x 10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Neutrophil count x 10 <sup>9</sup> /L	5.5 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Platelet count x 10 <sup>9</sup> /L	295 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.69 10 <sup>12</sup> /L	
16-Mar-2026	Examination	Total white blood count x 10 <sup>9</sup> /L	8.2 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Full blood count - FBC joint pains fatigue		
16-Mar-2026	Examination	Erythrocyte sedimentation rate joint pains fatigue	mm/h	
16-Mar-2026	Examination	Erythrocyte sedimentation rate mm/hr	2 mm/h	
16-Mar-2026	Examination	Haematocrit	0.443 L/L	
16-Mar-2026	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
16-Mar-2026	Examination	Red blood cell distribution width	13.6 %	
16-Mar-2026	Examination	Differential white cell count Differential whitecell count -		
16-Mar-2026	Examination	<b>Eosinophil countx 10<sup>9</sup>/L:</b>		
		Eosinophil count x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
16-Mar-2026	Examination	<b>Haemoglobin estimation:</b>		
		Haemoglobin estimation	141 g/L	(Range: 115 - 165)
16-Mar-2026	Examination	<b>Mean corpusc. haemoglobin(MCH):</b>		
		Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
16-Mar-2026	Examination	<b>Mean corpusc. Hb. conc. (MCHC): Low</b>		
		Mean corpusc. Hb. conc. (MCHC)	<b>318 g/L</b>	<b>(Range: 320 - 360)</b>
16-Mar-2026	Examination	<b>Mean corpuscular volume (MCV):</b>		
		Mean corpuscular volume (MCV)	94.5 fL	(Range: 80 - 100)
16-Mar-2026	Examination	<b>Monocyte countx 10<sup>9</sup>/L:</b>		
		Monocyte count x 10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
16-Mar-2026	Examination	<b>Neutrophil countx 10<sup>9</sup>/L:</b>		
		Neutrophil count x 10 <sup>9</sup> /L	5.5 10 <sup>9</sup> /L	(Range: 2 - 7.5)
16-Mar-2026	Examination	<b>Platelet countx 10<sup>9</sup>/L:</b>		
		Platelet count x 10 <sup>9</sup> /L	295 10 <sup>9</sup> /L	(Range: 140 - 450)
16-Mar-2026	Examination	<b>Red blood cell (RBC) countx 10<sup>12</sup>/L:</b>		
		Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.69 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
16-Mar-2026	Examination	<b>Total white blood countx 10<sup>9</sup>/L:</b>		
		Total white blood count x 10 <sup>9</sup> /L	8.2 10 <sup>9</sup> /L	(Range: 4 - 11)
16-Mar-2026	Examination	<b>Percentage lymphocytesx 10<sup>9</sup>/L:</b>		
		Percentage lymphocytes x 10 <sup>9</sup> /L	2 10 <sup>9</sup> /L	(Range: 1 - 4)
16-Mar-2026	Examination	<b>Full blood count - FBC</b> joint pains fatigue:		
		Full blood count - FBC joint pains fatigue		(No range available)
16-Mar-2026	Examination	<b>Erythrocyte sedimentation rate</b> joint pains fatigue:		
		Erythrocyte sedimentation rate joint pains fatigue	mm/h	(No range available)
16-Mar-2026	Examination	<b>Erythrocyte sedimentation rate</b> mm/hr:		
		Erythrocyte sedimentation rate mm/hr	2 mm/h	(Range: 1 - 35)
16-Mar-2026	Examination	<b>Haematocrit:</b>		
		Haematocrit	0.443 L/L	(Range: 0.37 - 0.47)
16-Mar-2026	Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
		Basophil count Basophils - x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
16-Mar-2026	Examination	<b>Red blood cell distribution width:</b>		
		Red blood cell distribution width	13.6 %	(Range: 11 - 16)
16-Mar-2026	Examination	<b>Differential white cell count</b> Differential whitecell count -:		
		Differential white cell count Differential whitecell count -		(No range available)

## 16-Mar-2026 Ms Kaylee McArthur Other

Examination	Blood sample -> Lab NOS Bloods obtained with consent and sent to labs as per GPOC 24/2/26, patient attended appointment alone. Patient well on leaving. No complaints offered.	
Examination	<b>Blood sample -&gt; Lab NOS</b> Bloods obtained with consent and sent to labs as per GPOC 24/2/26, patient attended appointment alone. Patient well on leaving. No complaints offered.: Blood sample -> Lab NOS Bloods obtained with consent and sent to labs as per GPOC 24/2/26, patient attended appointment alone. Patient well on leaving. No complaints offered.	(No range available)

## 24-Feb-2026 Dr Maureen Ferrie Surgery consultation

Administration (P3)	Consultation Chat re ENT letter Fatigued joint pains base thumbs and knees nil elsewhere Sleep an be poor too Feels rash over malar area not immediately obvious Wt gain No GI GU upset Has coil in situexam looks well neck nad HS pure Chest clear PA nad Mild tenderness base thumbs and bilateral PF crepitus in keeping with OA Advice mild tenderness over CEO R elbow too AdviceCheck bloods including CT screen
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**16-Feb-2026 Mrs Elizabeth Devine Administration**

Administration SMS text message sent to patient Our Practice will be closed for Protected Learning Time for all staff on Wednesday 25th February between 2pm - 6pm. If you require acute or urgent medical attention during this time call the practice as usual and you will be diverted to our dedicated call handlers who will triage you to the most appropriate person. For routine enquires such as blood results or repeat prescriptions please call when the practice reopens on Thursday 26th February. Chapelhall Medical Practice {Active Patients List}

**12-Feb-2026 Ms Lorriane Weir Other**

Administration Administration NOS f2f with dr ferrie on 24/02 to discuss ent letter task in daybook complete

**12-Feb-2026 Mrs Christine Smith Third Party Consultation**

07-Jan-2026 Administration Administrators - top Sur Clinic Letter NHS Lanarkshire ENT \*\*\*\*\* WauchopeLAT in ENT

**24-Nov-2025 Mrs Elizabeth Devine Administration**

23-Oct-2025 Administration SMS text message sent to patient Our Practice will be closed for Protected Learning Time for all staff on Wednesday 29th October 2pm - 6pm. If you require acute or urgent medical attention during this time call the practice as usual and you will be diverted to our dedicated call handlers who will triage you to the most appropriate person. For routine enquires such as blood results or repeat prescriptions please call when the practice reopens on Thursday 30th October. Chapelhall Medical Practice {Active Patients List}

**18-Nov-2025 Ms Lorriane Weir Third Party Consultation**

Administration Administrators - top Sur Patient NHS Lanarkshire ENT \*\*\*\*\* CrosbieConsultant Head & Neck Surgeon

## 08-Sept-2025 Dr Murray Will Results recording

05-Sept-2025 Examination	Serum albumin	47 g/L	
05-Sept-2025 Examination	Serum albumin	47 g/L	
05-Sept-2025 Examination	Serum alkaline phosphatase U/L	87 U/L	
05-Sept-2025 Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	18 U/L	
05-Sept-2025 Examination	Serum bilirubin level	9 umol/L	
05-Sept-2025 Examination	Serum calcium TATT	mmol/L	
05-Sept-2025 Examination	Corrected serum calcium level	2.4 mmol/L	
05-Sept-2025 Examination	Serum chloride	100 mmol/L	
05-Sept-2025 Examination	Serum creatinine	66 umol/L	
05-Sept-2025 Examination	Serum iron level TATT	umol/L	
05-Sept-2025 Examination	Serum iron level	<b>6 umol/L</b>	
05-Sept-2025 Examination	Serum potassium	4.2 mmol/L	
05-Sept-2025 Examination	Serum sodium	138 mmol/L	
05-Sept-2025 Examination	Serum TSH level mU/L	2.17 mU/L	
05-Sept-2025 Examination	Serum urea level	4 mmol/L	
05-Sept-2025 Examination	Liver function test TATT		
05-Sept-2025 Examination	Thyroid hormone tests TATT		
05-Sept-2025 Examination	Urea and electrolytes TATT		
05-Sept-2025 Examination	Plasma C reactive protein TATT	mg/L	
05-Sept-2025 Examination	Plasma C reactive protein	11 mg/L	
05-Sept-2025 Examination	Transferrin saturation index	10.3 %	
05-Sept-2025 Examination	Free T4 level	16.5 pmol/L	
05-Sept-2025 Examination	Serum transferrin	2.6 g/L	
05-Sept-2025 Examination	GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	
05-Sept-2025 Examination	<b>Serum albumin:</b>		
	Serum albumin	47 g/L	(Range: 35 - 50)
05-Sept-2025 Examination	<b>Serum albumin:</b>		
	Serum albumin	47 g/L	(Range: 35 - 50)
05-Sept-2025 Examination	<b>Serum alkaline phosphataseU/L:</b>		
	Serum alkaline phosphatase U/L	87 U/L	(Range: 30 - 130)
05-Sept-2025 Examination	<b>Serum alanine aminotransferase level</b> serum alanine aminotransferase level - U/L:		
	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	18 U/L	(Range: 10 - 35)
05-Sept-2025 Examination	<b>Serum bilirubin level:</b>		
	Serum bilirubin level	9 umol/L	(No range available)
05-Sept-2025 Examination	<b>Serum calciumTATT:</b>		
	Serum calcium TATT	mmol/L	(No range available)
05-Sept-2025 Examination	<b>Corrected serum calcium level:</b>		
	Corrected serum calcium level	2.4 mmol/L	(Range: 2.2 - 2.6)
05-Sept-2025 Examination	<b>Serum chloride:</b>		
	Serum chloride	100 mmol/L	(Range: 95 - 108)
05-Sept-2025 Examination	<b>Serum creatinine:</b>		
	Serum creatinine	66 umol/L	(Range: 60 - 110)
05-Sept-2025 Examination	<b>Serum iron levelTATT:</b>		
	Serum iron level TATT	umol/L	(No range available)
05-Sept-2025 Examination	<b>Serum iron level: Low</b>		
	Serum iron level	<b>6 umol/L</b>	<b>(Range: 9 - 30)</b>
05-Sept-2025 Examination	<b>Serum potassium:</b>		
	Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
05-Sept-2025 Examination	<b>Serum sodium:</b>		
	Serum sodium	138 mmol/L	(Range: 133 - 146)
05-Sept-2025 Examination	<b>Serum TSH levelmU/L:</b>		
	Serum TSH level mU/L	2.17 mU/L	(Range: 0.27 - 4.2)
05-Sept-2025 Examination	<b>Serum urea level:</b>		
	Serum urea level	4 mmol/L	(Range: 2.5 - 7.8)
05-Sept-2025 Examination	<b>Liver function testTATT:</b>		
	Liver function test TATT		(No range available)
05-Sept-2025 Examination	<b>Thyroid hormone testsTATT:</b>		
	Thyroid hormone tests TATT		(No range available)
05-Sept-2025 Examination	<b>Urea and electrolytesTATT:</b>		
	Urea and electrolytes TATT		(No range available)
05-Sept-2025 Examination	<b>Plasma C reactive proteinTATT:</b>		
	Plasma C reactive protein TATT	mg/L	(No range available)
05-Sept-2025 Examination	<b>Plasma C reactive protein: High</b>		
	Plasma C reactive protein	11 mg/L	(No range available)
05-Sept-2025 Examination	<b>Transferrin saturation index:</b>		
	Transferrin saturation index	10.3 %	(No range available)
05-Sept-2025 Examination	<b>Free T4 level:</b>		
	Free T4 level	16.5 pmol/L	(Range: 12 - 22)
05-Sept-2025 Examination	<b>Serum transferrin:</b>		
	Serum transferrin	2.6 g/L	(Range: 2 - 4)
05-Sept-2025 Examination	<b>GFR calculated abbreviated MDRDEstimated EGFR - ml/mn/1.73m<sup>2</sup>:</b>		
	GFR calculated abbreviated MDRD Estimated EGFR - ml/min/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	(No range available)

## 08-Sept-2025 Dr Murray Will Results recording

05-Sept-2025 Examination	Serum vitamin B12	B12 deficiency unlikely.	496 pg/mL	
05-Sept-2025 Examination	Eosinophil count	x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Serum ferritin	TATT	ug/L	
05-Sept-2025 Examination	Serum ferritin	Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	131 ng/mL	
05-Sept-2025 Examination	Serum folate		7.6 ng/mL	
05-Sept-2025 Examination	Haemoglobin estimation		140 g/L	
05-Sept-2025 Examination	Mean corpusc. haemoglobin(MCH)		30.6 pg	
05-Sept-2025 Examination	Mean corpusc. Hb. conc. (MCHC)		323 g/L	
05-Sept-2025 Examination	Mean corpuscular volume (MCV)		94.7 fL	
05-Sept-2025 Examination	Monocyte count	x 10 <sup>9</sup> /L	0.7 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Neutrophil count	x 10 <sup>9</sup> /L	2.4 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Platelet count	x 10 <sup>9</sup> /L	276 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Red blood cell (RBC) count	x 10 <sup>12</sup> /L	4.57 10 <sup>12</sup> /L	
05-Sept-2025 Examination	Total white blood count	x 10 <sup>9</sup> /L	5.1 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Percentage lymphocytes	x 10 <sup>9</sup> /L	1.9 10 <sup>9</sup> /L	
05-Sept-2025 Examination	B12/folate level	TATT		
05-Sept-2025 Examination	Full blood count - FBC	TATT		
05-Sept-2025 Examination	Erythrocyte sedimentation rate	TATT	mm/h	
05-Sept-2025 Examination	Erythrocyte sedimentation rate	mm/hr	5 mm/h	
05-Sept-2025 Examination	Haematocrit		0.433 L/L	
05-Sept-2025 Examination	Basophil count	Basophils - x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
05-Sept-2025 Examination	Red blood cell distribution width		13.1 %	
05-Sept-2025 Examination	Differential white cell count	Differential whitecell count -		
05-Sept-2025 Examination	<b>Serum vitamin B12</b>	B12 deficiency unlikely.	496 pg/mL	(Range: 197 - 771)
05-Sept-2025 Examination	<b>Eosinophil count</b>	x 10 <sup>9</sup> /L:	0 10 <sup>9</sup> /L	(No range available)
05-Sept-2025 Examination	<b>Serum ferritin</b>	TATT:	ug/L	(No range available)
05-Sept-2025 Examination	<b>Serum ferritin</b>	Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.:	131 ng/mL	(Range: 14 - 186)
05-Sept-2025 Examination	<b>Serum ferritin</b>	Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.		
05-Sept-2025 Examination	<b>Serum folate</b> :		7.6 ng/mL	(Range: 3.9 - 26.8)
05-Sept-2025 Examination	<b>Haemoglobin estimation</b> :		140 g/L	(Range: 115 - 165)
05-Sept-2025 Examination	<b>Mean corpusc. haemoglobin(MCH)</b> :		30.6 pg	(Range: 27 - 32)
05-Sept-2025 Examination	<b>Mean corpusc. Hb. conc. (MCHC)</b> :		323 g/L	(Range: 320 - 360)
05-Sept-2025 Examination	<b>Mean corpuscular volume (MCV)</b> :		94.7 fL	(Range: 80 - 100)
05-Sept-2025 Examination	<b>Monocyte count</b>	x 10 <sup>9</sup> /L:	0.7 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
05-Sept-2025 Examination	<b>Neutrophil count</b>	x 10 <sup>9</sup> /L:	2.4 10 <sup>9</sup> /L	(Range: 2 - 7.5)
05-Sept-2025 Examination	<b>Platelet count</b>	x 10 <sup>9</sup> /L:	276 10 <sup>9</sup> /L	(Range: 140 - 450)
05-Sept-2025 Examination	<b>Red blood cell (RBC) count</b>	x 10 <sup>12</sup> /L:	4.57 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
05-Sept-2025 Examination	<b>Total white blood count</b>	x 10 <sup>9</sup> /L:	5.1 10 <sup>9</sup> /L	(Range: 4 - 11)
05-Sept-2025 Examination	<b>Percentage lymphocytes</b>	x 10 <sup>9</sup> /L:	1.9 10 <sup>9</sup> /L	(Range: 1 - 4)
05-Sept-2025 Examination	<b>B12/folate level</b>	TATT:		(No range available)
05-Sept-2025 Examination	<b>Full blood count - FBC</b>	TATT:		(No range available)
05-Sept-2025 Examination	<b>Erythrocyte sedimentation rate</b>	TATT:	mm/h	(No range available)
05-Sept-2025 Examination	<b>Erythrocyte sedimentation rate</b>	mm/hr:	5 mm/h	(Range: 1 - 35)
05-Sept-2025 Examination	<b>Haematocrit</b> :		0.433 L/L	(Range: 0.37 - 0.47)
05-Sept-2025 Examination	<b>Basophil count</b>	Basophils - x 10 <sup>9</sup> /L:	0 10 <sup>9</sup> /L	(No range available)
05-Sept-2025 Examination	<b>Red blood cell distribution width</b> :		13.1 %	(Range: 11 - 16)
05-Sept-2025 Examination	<b>Differential white cell count</b>	Differential whitecell count -:		(No range available)

## 05-Sept-2025 Ms Lisa Mclaughlin Other

Examination	Blood sample -> Lab NOS	Bloods obtained with consent, as per gpoc	
Examination	<b>Blood sample -&gt; Lab NOS</b>	Bloods obtained with consent, as per gpoc:	
	Blood sample -> Lab NOS	Bloods obtained with consent, as per gpoc	(No range available)

**27-Aug-2025 Dr Murray Will Surgery consultation**

Administration Consultation Feeling tired, putting on weight - ongoing (P3) for some time - possibly even pre-dating surgery. Feels a bit anxious also - not sleeping very well - tends to wake up at 3am, and just gets up. TFT normal 25/6. Last FBC longer ago than that. Repeat bloods, and PRN Propranolol for anxiety to see if helps a little. Review with results.

**13-Aug-2025 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter Issues with anxiety (P3) recentlyNote h/o thyroid cancer and hemithyroidectomy - says had TFT bloods 5w ago at hospital and they were normal - letter in docman confirms this - struggling with anxiety, says feels like she did prior to her operation. Propranolol helped earlier in the year. F2F appt with GP.

**24-July-2025 Mrs Elizabeth Devine Administration**

Administration SMS text message sent to patient Our Practice will be (P3) closed for Protected Learning Time for all staff on Wednesday 30th July 2pm - 6pm. If you require acute or urgent medical attention during this time call the practice as usual and you will be diverted to our dedicated call handlers who will triage you to the most appropriate person. For routine enquires such as blood results or repeat prescriptions please call when the practice reopens on Thursday 31st July. Chapelhall Medical Practice {Active Patients List}

**04-July-2025 Mrs Christine Smith Third Party Consultation**

03-July-2025 Administration Administrators - top Sur Misc NHS Lanarkshire ENT \*\*\*\*\* (P3) CrosbieConsultant Head & Neck Surgeon

**04-July-2025 Mrs Christine Smith Third Party Consultation**

25-Jun-2025 Administration Administrators - top Sur Clinic Letter NHS Lanarkshire (P3) ENT \*\*\*\*\* CrosbieConsultant Head & Neck Surgeon

**04-Jun-2025 Dr Ewan Thomson Results recording**

11-Nov-2024 Administration No response to bowel cancer screening programme (P3) invitation

**29-May-2025 Mrs Mareet Cairns Third Party Consultation**

15-May-2025 Administration Administrators - top Sur Discharge NHS Lanarkshire ENT (P3) \*\*\*\*\* CrosbieConsultant Head & Neck Surgeon

**22-May-2025 Dr S Lawson Administration**

Administration Administration NOS Rx request dihydrocodeine - (P3) ibuprofen adn zopiclone issued further small supply DHC adn ibuprofen but zopiclone was only issued 3/7 ago adn not for long term use

**19-May-2025 Mrs Mareet Cairns Administration**

Intervention Hemithyroidectomy extended left (GA) (P1)

**19-May-2025 Mrs Jackie Mulvaney Third Party Consultation**

Administration Administrators - top \*\*\*\*\* Lanarkshire Health Board

**19-May-2025 Dr Maureen Ferrie Surgery consultation**

Administration Consultation Attended with \*\*\*\*\* Recovering well (P3) from op that took place just 5 days ago Going on planned family holiday then review thereafter by ENT team Says have talked about further scan before deciding if needs further surgery or radio iodine treatment Not sleeping Try low dose zopiclone for 1 week Warned not to take DHC at same time.Chat re local cancer support networks Fully aware of same but no current need .Med 3 issued

Intervention Cancer care review (P3)

Administration eMED3 (2010) new statement issued, not fit for work Fit (P3) Note (Diagnosis: Malignant neoplasm of thyroid gland; Duration 19-May-2025 - 30-Jun-2025)

**16-May-2025 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter Spoke to \*\*\*\*\* KarenHad  
(P3) hemi-thyroidectomy yesterday for thyroid cancerHas a bit of mucus today which she was told to expect post-op, no RTI Sx prior to surgeryReason for call is advice re pain reliefUsing max dose paracetamol and ibuprofen, and has used 30mg DHC last night and one 30mg tab DHC this morning - advised this dose can be increased to 60mg up to QDS and that she may need to use DNC regularly over w/e then try weaning off beginning next weekKaren happy with this plan and will collect script DHC today from receptionWAG call back Monday if pain still not controlled, sooner to GP/OOH if any deterioration/new Sx or concerns. Also advised to watch bowels to ensure doesn't become constipated and that otc medications are available to help if this occurs.\*\*\*\*\* then informed me her \*\*\*\*\* already has F2F appt Dr Ferrie in place on Monday for cancer care review so advised her to keep this appt.

**16-May-2025 Ms Linzi White Other**

Administration Seen by pharmacist - Clinically checked in pharmacy  
(P3) hub- LW

**16-May-2025 Ms Nicole Robertson Medicine Management**

Intervention Post hospital dischrge med reconciliation with medical  
(P3) notes From UHM Day surgery. 15/05/25Discharged with  
;- Dihydrocodeine 30mg QDS PRN for 7 days- Ibuprofen  
400mg TDS for 14 days- Paracetamol 1G QDS for 14  
days  
Administration Site of encounter NOS HUB-NR PSW  
(P3)

**16-May-2025 Ms Lorriane Weir Third Party Consultation**

15-May-2025 Administration Administrators - top Discharge Monklands DG

**06-May-2025 Ms Ann Rossi Administration**

Administration Administration NOS F2F appointment arranged with Dr  
(P3) Ferrie re daybook message for cancer care review.  
daybook message completed.

**06-May-2025 Mrs Christine Smith Administration**

23-Apr-2025 Diagnosis Malignant neoplasm of thyroid gland - papillary thyroid  
(P1) cancer - arising from thyroid isthmus TR4 nodule arising  
from left lobe

**01-May-2025 Dr Maureen Ferrie Administration**

Administration Administration NOS Has been diagnosed with papillary  
(P3) thyroid cancer To have surgical excision Arrange TC for  
cancer care review

**28-Apr-2025 Dr S Lawson Surgery consultation**

Examination O/E - pulse rate regular 88 bpm  
Examination O/E - blood pressure reading 173 / 104 mm Hg  
Administration Consultation feeling as though all on the go all the time.  
(P3) Heart racing , palpitations adn anxious Been diagnosed  
with thyroid cancer and awaiting date to have  
thyroidectomy hopefully either before her upcoming  
holiday or after.Pulse 88 regular HS I+II +0TFT were  
normal in December- trial of propranolol for sympoms.

**28-Apr-2025 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter Not sleeping well 2 weeks,  
(P3) overly fatigued, doesn't feel well, very anxious recently,  
HR jumping all over the place from 130bpm to 72bpm,  
palpitations, wonders if coming off thyroid - diagnosed with  
thyroid cancer, waiting to have thyroidectomy. ?new AF  
secondary to this - GP F2F appt this pm to further assess

**10-Mar-2025 Mrs Elizabeth Devine Administration**

Administration SMS text message sent to patient Our Practice will be closed for Protected Learning Time for all staff on Wednesday 12th March 2pm - 6pm. If you require acute or urgent medical attention during this time call the practice as usual and you will be diverted to our dedicated call handlers who will triage you to the most appropriate person. For routine enquires such as blood results or repeat prescriptions please call when the practice reopens on Thursday 13th March. Chapelhall Medical Practice {Active Patients List}

**26-Feb-2025 Mrs Christine Smith Administration**

Administration Scanned Document  
SCI Referral Letter :

**25-Feb-2025 Ms Ann Rossi Third Party Consultation**

05-Feb-2025 Administration Administrators - top Result Monklands DG X-ray

**24-Feb-2025 Dr Maureen Ferrie Telephone call to a patient**

Administration Telephone encounter Advised Margaret scan has shown a nodule in middle of thyroid gland that they are unsure what it is and have recommended referral for consideration of a biopsy Advised also small benign cyst in other part of thyroid and some reactive nodes in neck which appear simple Advised I will refer her urgently to head and neck team for assessment

**21-Feb-2025 Mrs Elizabeth Devine Other**

Administration Administration NOS Urgent TC appt booked in with Dr Ferrie on the 24/2 to discuss US Results

**21-Feb-2025 Mrs Elizabeth Devine Other**

Administration Administration NOS LM to call back. See Dr Ferrie's comments regarding Radiology results.

**20-Feb-2025 Dr Maureen Ferrie Administration**

Administration Administration NOS Radiology report flagged Note findings Arrange urgent TC to discuss and make onward OP referral

**20-Feb-2025 Ms Lorriane Weir Third Party Consultation**

05-Feb-2025 Administration Administrators - top Result Other Lanarkshire Units Radiology

**05-Feb-2025 Mrs Mareet Cairns Administration**

Examination Ultrasound scan  
Examination **Ultrasound scan:**  
Ultrasound scan (No range available)

**05-Feb-2025 Mrs Mareet Cairns Administration**

Symptom Swelling cystic neck ultrasound - isthmus measuring 1.2 x 1.6 x 1.4 and demonstrated internal echogenic foci - well defined isoechoic nodule calcification seen left lobe

**31-Dec-2024 Mrs Christine Smith Third Party Consultation**

30-Dec-2024 Administration Administrators - top Clinic NHS Lanarkshire Obstetrics / Gynaecology Dr Ihab Abou-Zeid Associate Specialist in Obstetrics & Gynaecology GMC No. 4465041

**27-Dec-2024 Dr Maureen Ferrie Administration**

Administration Administration NOS TFT normal (P3)

**23-Dec-2024 Dr Maureen Ferrie Results recording**

20-Dec-2024	Examination	Serum TSH level mU/L	1.2 mU/L	
20-Dec-2024	Examination	Thyroid hormone tests neck swelling		
20-Dec-2024	Examination	Free T4 level	15.8 pmol/L	
20-Dec-2024	Examination	<b>Serum TSH level</b> mU/L:		
		Serum TSH level mU/L	1.2 mU/L	(Range: 0.27 - 4.2)
20-Dec-2024	Examination	<b>Thyroid hormone tests</b> neck swelling:		
		Thyroid hormone tests neck swelling		(No range available)
20-Dec-2024	Examination	<b>Free T4 level:</b>		
		Free T4 level	15.8 pmol/L	(Range: 12 - 22)

20-Dec-2024 Ms Elizabeth Harty Other

Examination O/E - blood pressure reading 140 / 80 mm Hg  
 Examination Blood sample -> Lab NOS vb sent to lab  
 Examination **Blood sample -> Lab NOS** vb sent to lab:  
 Blood sample -> Lab NOS vb sent to lab

(No range available)

**06-Dec-2024 Dr Maureen Ferrie Administration**

Administration Scanned Document  
*SCI Referral Letter :*

**04-Dec-2024 Dr Maureen Ferrie Surgery consultation**

Administration Consultation Feels as if cough in upper airway wheezy at  
 (P3) times breathing in /out No weight loss No pain chest  
 Palpitations in neck not chest exam well BP 174/90 P 75 -  
 just finished work as chef > repeat 2weeksNeck no lymph  
 nodes but mobile fir cystic lesion midline one inch above  
 sternal notch Not typically thyroid or thyroglossal cystHS  
 pure Chest clear > CXR > check TFT> refer USS  
 neckAsking if results in for previous gynae scan and  
 biopsy nil in file Advised contact secretary directly

**26-Nov-2024 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter Cough since August that is  
 (P3) non productive but sounds chesty Not all the time comes  
 and goes ex smoker 11 years Can sometimes take her  
 breath away Yesterday noticed a swelling in ant neck  
 when pointed out by work colleague ? thyroid  
 swellingArrange GP assessment

**22-Nov-2024 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter no answer, went to vm -  
 (P3) message left.

**21-Nov-2024 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter Returned call @ 15:02  
 (P3) Rang out No reply Automated message stating 'call  
 cannot be completed at this time' No facility to leave  
 message

**05-Nov-2024 Dr S Lawson Triage**

Administration Telephone triage encounter Called for triage - no reply -  
 (P3) message left 10.21

**26-Sept-2024 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter no answer, rang for while  
 (P3) then went to automated message "call cannot be  
 completed at this time" - no vm option to leave message.

**12-July-2024 Mrs Christine Smith Administration**

Diagnosis [V]Coil insertion - mirena  
 (P1)

**19-Jun-2024 Mrs Elizabeth Devine Administration**

Administration SMS text message sent to patient Our Practice will be  
 (P3) closed for Protected Learning Time for all staff on  
 Wednesday 26th June 2pm - 6pm. If you require acute or  
 urgent medical attention during this time call the practice  
 as usual and you will be diverted to our dedicated call  
 handlers who will triage you to the most appropriate  
 person. For routine enquires such as blood results or  
 repeat prescriptions please call when the practice reopens  
 on Thursday 27th June. Chapelhall Medical Practice  
 {Active Patients List}

**06-Jun-2024 Dr S Lawson Surgery consultation**

Administration Scanned Document  
*SCI Referral Letter :*

Administration Consultation ongoing issues with periods - was seen by  
 (P3) gyn in nov 22 and was for hysteroscopy but this never  
 happenedbleeding was better on POP but worse since  
 stopping wirh flooding cramps adn clotsd. provera did  
 help but bleeding again and going on holiday on  
 saturday- issued further course of provera and then  
 restart POP but needs seen by gyn ASAP.

**15-May-2024 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter Ongoing issue with periods  
(P3) Bleeding every 18 days Worse since stopping POP  
Flooding ++Rx provera and review with Dr \*\*\*\*\* arranged  
as she had been attending with this complaint in past

**09-May-2024 Dr Graeme Brough Results recording**

11-Nov-2022 Administration No response to bowel cancer screening programme  
(P3) invitation

**27-Mar-2024 Ms Lorriane Weir Other**

Administration Administration NOS patient informed of results  
(P3)

**23-Mar-2024 Dr S Lawson Results recording**

21-Mar-2024	Examination	Serum iron level	raised ferritin	umol/L	
21-Mar-2024	Examination	Serum iron level		9 umol/L	
21-Mar-2024	Examination	Transferrin saturation index		15.5 %	
21-Mar-2024	Examination	Serum transferrin		2.6 g/L	
21-Mar-2024	Examination	<b>Serum iron level</b>	raised ferritin:		
21-Mar-2024	Examination	Serum iron level	raised ferritin	umol/L	(No range available)
21-Mar-2024	Examination	<b>Serum iron level:</b>			
21-Mar-2024	Examination	Serum iron level		9 umol/L	(Range: 9 - 30)
21-Mar-2024	Examination	<b>Transferrin saturation index:</b>			
21-Mar-2024	Examination	Transferrin saturation index		15.5 %	(No range available)
21-Mar-2024	Examination	<b>Serum transferrin:</b>			
21-Mar-2024	Examination	Serum transferrin		2.6 g/L	(Range: 2 - 4)

**21-Mar-2024 Ms Lisa McLaughlin Other**

Examination	Blood sample -> Lab NOS	Bloods obtained as per gpoc		
Examination	<b>Blood sample -&gt; Lab NOS</b>	Bloods obtained as per gpoc:		
	Blood sample -> Lab NOS	Bloods obtained as per gpoc		(No range available)

**12-Mar-2024 Dr S Lawson Administration**

Administration Administration NOS Low titre \*\*\*\*\* not felt to be clinically  
(P3) significant

**12-Mar-2024 Dr S Lawson Results recording**

07-Mar-2024	Examination	Anti-nuclear antibody level	Joint pain		
07-Mar-2024	Examination	Anti-nuclear antibody level	Positive		
07-Mar-2024	Examination	Anti nuclear factor titre	1/80 Speckled		
07-Mar-2024	Administration (P3)	Comment note	Low Titre ***** - unlikely to be of direct clinical significance.		
07-Mar-2024	Examination	<b>Anti-nuclear antibody level</b>	Joint pain:		
07-Mar-2024	Examination	Anti-nuclear antibody level	Joint pain		(No range available)
07-Mar-2024	Examination	<b>Anti-nuclear antibody level</b>	Positive:		
07-Mar-2024	Examination	Anti-nuclear antibody level	Positive		(No range available)
07-Mar-2024	Examination	<b>Anti nuclear factor titre</b>	1/80 Speckled:		
07-Mar-2024	Examination	Anti nuclear factor titre	1/80 Speckled		(No range available)

**11-Mar-2024 Mrs Jackie Mulvaney Administration**

Administration Administration NOS told result  
(P3)

**11-Mar-2024 Dr S Lawson Administration**

Administration Administration NOS Raised T4 with normal TSH repeat  
(P3) TFT in 3/12.

**09-Mar-2024 Dr S Lawson Results recording**

07-Mar-2024	Examination	Serum TSH level	mU/L	1.38 mU/L	
07-Mar-2024	Examination	Thyroid hormone tests	Joint pain		
07-Mar-2024	Examination	Free T4 level		<b>26.9 pmol/L</b>	
07-Mar-2024	Administration (P3)	Comment note	Normal TSH suggests patient euthyroid. Raised T4 could be due to non-thyroidal illness, drug therapy, or normal variant. Duty biochemist available for advice on 01698 751990.		
07-Mar-2024	Examination	<b>Serum TSH level</b>	mU/L:		
07-Mar-2024	Examination	Serum TSH level	mU/L	1.38 mU/L	(Range: 0.27 - 4.2)
07-Mar-2024	Examination	<b>Thyroid hormone tests</b>	Joint pain:		
07-Mar-2024	Examination	Thyroid hormone tests	Joint pain		(No range available)
07-Mar-2024	Examination	<b>Free T4 level: Significantly High</b>			
07-Mar-2024	Examination	Free T4 level		<b>26.9 pmol/L</b>	(Range: 12 - 22)

**08-Mar-2024 Ms Suzanne Russell Other**

Administration Administration NOS pt informed of results, bloods 21/3  
(P3)

## 08-Mar-2024 Dr S Lawson Administration

Administration Administration NOS Ferritin slightly raised check iron studiesFSH slightly riased but not in menopausal range at present so may well still bleed if stops POP

## 08-Mar-2024 Dr S Lawson Results recording

07-Mar-2024	Examination	Serum vitamin B12	B12 deficiency unlikely.	389 pg/mL	
07-Mar-2024	Examination	Serum ferritin	Joint pain	ug/L	
07-Mar-2024	Examination	Serum ferritin	Possible iron overload. Check serum iron and transferrin saturation.	<b>208 ng/mL</b>	
07-Mar-2024	Examination	Serum folate		7.65 ng/mL	
07-Mar-2024	Examination	B12/folate level	Joint pain		
07-Mar-2024	Examination	<b>Serum vitamin B12</b>	B12 deficiency unlikely.:		
07-Mar-2024	Examination	Serum vitamin B12	B12 deficiency unlikely.	389 pg/mL	(Range: 197 - 771)
07-Mar-2024	Examination	<b>Serum ferritin</b>	Joint pain:		
07-Mar-2024	Examination	Serum ferritin	Joint pain	ug/L	(No range available)
07-Mar-2024	Examination	<b>Serum ferritin</b>	Possible iron overload. Check serum iron and transferrin saturation.:	<b>High</b>	
07-Mar-2024	Examination	Serum ferritin	Possible iron overload. Check serum iron and transferrin saturation.	<b>208 ng/mL</b>	<b>(Range: 14 - 186)</b>
07-Mar-2024	Examination	<b>Serum folate:</b>			
07-Mar-2024	Examination	Serum folate		7.65 ng/mL	(Range: 3.9 - 26.8)
07-Mar-2024	Examination	<b>B12/folate level</b>	Joint pain:		
07-Mar-2024	Examination	B12/folate level	Joint pain		(No range available)

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## 08-Mar-2024 Dr S Lawson Results recording

07-Mar-2024	Examination	Serum albumin	42 g/L	
07-Mar-2024	Examination	Serum alkaline phosphatase U/L	83 U/L	
07-Mar-2024	Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	40 U/L	
07-Mar-2024	Examination	Serum bilirubin level	4 umol/L	
07-Mar-2024	Examination	Serum chloride	105 mmol/L	
07-Mar-2024	Examination	Serum creatinine	66 umol/L	
07-Mar-2024	Examination	Serum FSH level Joint pain	IU/L	
07-Mar-2024	Examination	Serum FSH level U/L	<b>14.8 U/L</b>	
07-Mar-2024	Examination	Serum potassium	4.6 mmol/L	
07-Mar-2024	Examination	Serum sodium	138 mmol/L	
07-Mar-2024	Examination	Serum urea level	<b>9.8 mmol/L</b>	
07-Mar-2024	Examination	Liver function test Joint pain		
07-Mar-2024	Examination	Urea and electrolytes Joint pain		
07-Mar-2024	Examination	Plasma C reactive protein Joint pain	mg/L	
07-Mar-2024	Examination	Plasma C reactive protein	16 mg/L	
07-Mar-2024	Examination	Serum vitamin D Joint pain	pmol/L	
07-Mar-2024	Examination	Serum vitamin D Adequate Vitamin D	152 nmol/L	
07-Mar-2024	Administration (P3)	Comment note ? Menopausal		
07-Mar-2024	Administration (P3)	Comment note NICE guidelines (NG23) confirms menopause should be diagnosed based on age, menstrual history and clinical symptoms. In this context measurement of FSH, LH or Oestradiol in women >45 years should be considered inappropriate. See guidance on firstport.		
07-Mar-2024	Examination	GFR calculated abbreviated MDRD Estimated EGFR - 59 ml/min/1.73m <sup>2</sup>		
07-Mar-2024	Examination	<b>Serum albumin:</b>		
07-Mar-2024	Examination	Serum albumin	42 g/L	(Range: 35 - 50)
07-Mar-2024	Examination	<b>Serum alkaline phosphatase U/L:</b>		
07-Mar-2024	Examination	Serum alkaline phosphatase U/L	83 U/L	(Range: 30 - 130)
07-Mar-2024	Examination	<b>Serum alanine aminotransferase level:</b> serum alanine aminotransferase level - U/L:		
07-Mar-2024	Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	40 U/L	(Range: 5 - 55)
07-Mar-2024	Examination	<b>Serum bilirubin level:</b>		
07-Mar-2024	Examination	Serum bilirubin level	4 umol/L	(No range available)
07-Mar-2024	Examination	<b>Serum chloride:</b>		
07-Mar-2024	Examination	Serum chloride	105 mmol/L	(Range: 95 - 108)
07-Mar-2024	Examination	<b>Serum creatinine:</b>		
07-Mar-2024	Examination	Serum creatinine	66 umol/L	(Range: 60 - 110)
07-Mar-2024	Examination	<b>Serum FSH level:</b> Joint pain:		
07-Mar-2024	Examination	Serum FSH level Joint pain	IU/L	(No range available)
07-Mar-2024	Examination	<b>Serum FSH level:</b> U/L: <b>Low</b>		
07-Mar-2024	Examination	Serum FSH level U/L	<b>14.8 U/L</b>	<b>(Range: 25.8 - 134.8)</b>
07-Mar-2024	Examination	<b>Serum potassium:</b>		
07-Mar-2024	Examination	Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
07-Mar-2024	Examination	<b>Serum sodium:</b>		
07-Mar-2024	Examination	Serum sodium	138 mmol/L	(Range: 133 - 146)
07-Mar-2024	Examination	<b>Serum urea level: High</b>		
07-Mar-2024	Examination	Serum urea level	<b>9.8 mmol/L</b>	<b>(Range: 2.5 - 7.8)</b>
07-Mar-2024	Examination	<b>Liver function test:</b> Joint pain:		
07-Mar-2024	Examination	Liver function test Joint pain		(No range available)
07-Mar-2024	Examination	<b>Urea and electrolytes:</b> Joint pain:		
07-Mar-2024	Examination	Urea and electrolytes Joint pain		(No range available)
07-Mar-2024	Examination	<b>Plasma C reactive protein:</b> Joint pain:		
07-Mar-2024	Examination	Plasma C reactive protein Joint pain	mg/L	(No range available)
07-Mar-2024	Examination	<b>Plasma C reactive protein: High</b>		
07-Mar-2024	Examination	Plasma C reactive protein	16 mg/L	(No range available)
07-Mar-2024	Examination	<b>Serum vitamin D:</b> Joint pain:		
07-Mar-2024	Examination	Serum vitamin D Joint pain	pmol/L	(No range available)
07-Mar-2024	Examination	<b>Serum vitamin D:</b> Adequate Vitamin D:		
07-Mar-2024	Examination	Serum vitamin D Adequate Vitamin D	152 nmol/L	(Range: 30 - 170)
07-Mar-2024	Examination	<b>GFR calculated abbreviated MDRD:</b> Estimated EGFR - ml/mn/1.73m <sup>2</sup> :		
07-Mar-2024	Examination	GFR calculated abbreviated MDRD Estimated EGFR - 59 ml/min/1.73m <sup>2</sup>		(No range available)

## 08-Mar-2024 Dr S Lawson Results recording

07-Mar-2024	Examination	Rheumatoid factor Joint pain	IU/mL	
07-Mar-2024	Examination	Rheumatoid factor	10 IU/mL	
07-Mar-2024	Examination	<b>Rheumatoid factor:</b> Joint pain:		
07-Mar-2024	Examination	Rheumatoid factor Joint pain	IU/mL	(No range available)
07-Mar-2024	Examination	<b>Rheumatoid factor:</b>		
07-Mar-2024	Examination	Rheumatoid factor	10 IU/mL	(No range available)

## 08-Mar-2024 Dr S Lawson Results recording

07-Mar-2024	Examination	Erythrocyte sedimentation rate Joint pain	mm/h	
07-Mar-2024	Examination	Erythrocyte sedimentation rate	21 mm/h	
07-Mar-2024	Examination	<b>Erythrocyte sedimentation rate:</b> Joint pain:		
07-Mar-2024	Examination	Erythrocyte sedimentation rate Joint pain	mm/h	(No range available)
07-Mar-2024	Examination	<b>Erythrocyte sedimentation rate:</b> mm/hr:		
07-Mar-2024	Examination	Erythrocyte sedimentation rate	21 mm/h	(Range: 1 - 35)

## 07-Mar-2024 Dr S Lawson Results recording

Examination	Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
Examination	Haemoglobin estimation	125 g/L	
Examination	Mean corpusc. haemoglobin(MCH)	29.6 pg	
Examination	Mean corpusc. Hb. conc. (MCHC)	328 g/L	
Examination	Mean corpuscular volume (MCV)	90.1 fL	
Examination	Monocyte count x 10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	
Examination	Neutrophil count x 10 <sup>9</sup> /L	4.1 10 <sup>9</sup> /L	
Examination	Platelet count x 10 <sup>9</sup> /L	293 10 <sup>9</sup> /L	
Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.23 10 <sup>12</sup> /L	
Examination	Total white blood count x 10 <sup>9</sup> /L	6 10 <sup>9</sup> /L	
Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	1.3 10 <sup>9</sup> /L	
Examination	Full blood count - FBC Joint pain		
Examination	Haemoglobin A1c level - IFCC standardised Joint pain	mmol/mol	
Examination	Haemoglobin A1c level - IFCC standardised HbA1c	41 mmol/mol	
	Reference Range: Normal Results =<42, Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48.		
Examination	Haematocrit	0.381 L/L	
Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
Examination	Red blood cell distribution width	13.1 %	
Examination	Differential white cell count Differential whitecell count -		
Examination	<b>Eosinophil countx 10<sup>9</sup>/L:</b>		
Examination	Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
Examination	<b>Haemoglobin estimation:</b>		
Examination	Haemoglobin estimation	125 g/L	(Range: 115 - 165)
Examination	<b>Mean corpusc. haemoglobin(MCH):</b>		
Examination	Mean corpusc. haemoglobin(MCH)	29.6 pg	(Range: 27 - 32)
Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
Examination	Mean corpusc. Hb. conc. (MCHC)	328 g/L	(Range: 320 - 360)
Examination	<b>Mean corpuscular volume (MCV):</b>		
Examination	Mean corpuscular volume (MCV)	90.1 fL	(Range: 80 - 100)
Examination	<b>Monocyte countx 10<sup>9</sup>/L:</b>		
Examination	Monocyte count x 10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
Examination	<b>Neutrophil countx 10<sup>9</sup>/L:</b>		
Examination	Neutrophil count x 10 <sup>9</sup> /L	4.1 10 <sup>9</sup> /L	(Range: 2 - 7.5)
Examination	<b>Platelet countx 10<sup>9</sup>/L:</b>		
Examination	Platelet count x 10 <sup>9</sup> /L	293 10 <sup>9</sup> /L	(Range: 140 - 450)
Examination	<b>Red blood cell (RBC) countx 10<sup>12</sup>/L:</b>		
Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.23 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
Examination	<b>Total white blood countx 10<sup>9</sup>/L:</b>		
Examination	Total white blood count x 10 <sup>9</sup> /L	6 10 <sup>9</sup> /L	(Range: 4 - 11)
Examination	<b>Percentage lymphocytesx 10<sup>9</sup>/L:</b>		
Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	1.3 10 <sup>9</sup> /L	(Range: 1 - 4)
Examination	<b>Full blood count - FBC</b> Joint pain:		
Examination	Full blood count - FBC Joint pain		(No range available)
Examination	<b>Haemoglobin A1c level - IFCC standardised</b> Joint pain:		
Examination	Haemoglobin A1c level - IFCC standardised Joint pain	mmol/mol	(No range available)
Examination	<b>Haemoglobin A1c level - IFCC standardised</b> HbA1c Reference Range: Normal Results =		
	<42, Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48.:		
Examination	Haemoglobin A1c level - IFCC standardised HbA1c	41 mmol/mol	(Range: 20 - 42)
	Reference Range: Normal Results =<42, Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48.		
Examination	<b>Haematocrit:</b>		
Examination	Haematocrit	0.381 L/L	(Range: 0.37 - 0.47)
Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
Examination	<b>Red blood cell distribution width:</b>		
Examination	Red blood cell distribution width	13.1 %	(Range: 11 - 16)
Examination	<b>Differential white cell count</b> Differential whitecell count -:		
Examination	Differential white cell count Differential whitecell count -		(No range available)

## 07-Mar-2024 Ms Heather McLaren Other

Examination	Blood sample -> Lab NOS Bloods obtained and sent to lab as per GP OC		
Examination	<b>Blood sample -&gt; Lab NOS</b> Bloods obtained and sent to lab as per GP OC:		
	Blood sample -> Lab NOS Bloods obtained and sent to lab as per GP OC		(No range available)

## 06-Mar-2024 Dr S Lawson Surgery consultation

Administration Consultation joint pain past 6-7 weeks Started with (P3) shoulder but now affecting her knees wrists and shoulder takes about an hour to get going in morning but once up and about not too bad but then by later in day really sore O/E no joint swelling good ROM both knees no heat or sign of inflammation restriction in movement left shoulder Arrange bloods ? meopause ? arthritis still on POP because bleeds when stops it.

## 28-Feb-2024 Dr Maureen Ferrie Triage

Administration Telephone triage encounter Polyarthralgia constantly (P3) tired and having headaches Ongoing last couple of months but getting worse Mainly large joints knees elbows shoulder Worse as day goes on Arranged routine GP assessment

**12-Jan-2024 Dr Ewan Thomson Surgery consultation**

Administration Administration NOS Called patient from waiting room and (P3) Lorraine at reception advised she couldn't wait and needed to leave but has booked another GP appt instead - I have asked Lorraine at reception to contact patient to pass on my apologies for running late this morning and my advice to make an urgent optician appt within 24 hours for full eye exam.

**12-Jan-2024 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter 2 nights ago when sitting in (P3) chair experienced bilaterasl visual upset with flashing and \*\*\*\*\* along with like a ripple effect when one places finger ina pouddle of water .Felt a bit dizzy and had mild headache Similar episode yesterday Denies any eye pain Worried about a stroke Bilateral so unnlikely also retinal detachment less likely too Arrange GP assessment today

**07-Dec-2023 Dr Ewan Thomson Surgery consultation**

THIRD PARTY COPY

## 06-Sept-2023 Dr Louise Smy Results recording

05-Sept-2023 Examination	Serum albumin	44 g/L	
05-Sept-2023 Examination	Serum alkaline phosphatase U/L	78 U/L	
05-Sept-2023 Examination	Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	20 U/L	
05-Sept-2023 Examination	Serum bilirubin level	8 umol/L	
05-Sept-2023 Examination	Serum chloride	104 mmol/L	
05-Sept-2023 Examination	Serum creatinine	66 umol/L	
05-Sept-2023 Examination	Serum potassium	4 mmol/L	
05-Sept-2023 Examination	Serum sodium	140 mmol/L	
05-Sept-2023 Examination	Serum TSH level mU/L	1.57 mU/L	
05-Sept-2023 Examination	Serum urea level	5.9 mmol/L	
05-Sept-2023 Examination	Liver function test paraesthesia		
05-Sept-2023 Examination	Thyroid hormone tests paraesthesia		
05-Sept-2023 Examination	Urea and electrolytes paraesthesia		
05-Sept-2023 Examination	Plasma C reactive protein paraesthesia	mg/L	
05-Sept-2023 Examination	Plasma C reactive protein	6 mg/L	
05-Sept-2023 Examination	Free T4 level	15.5 pmol/L	
05-Sept-2023 Examination	Carbohydrate antigen 125 level paraesthesia	mmol/L	
05-Sept-2023 Examination	CA125 level Tumour marker(s) analysed using the Roche Cobas analyser.	10 kU/L	
05-Sept-2023 Administration (P3)	Comment note CA125 within reference interval. This does not exclude malignancy. See SIGN 135 for further information.		
05-Sept-2023 Examination	GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	
05-Sept-2023 Examination	<b>Serum albumin:</b> Serum albumin	44 g/L	(Range: 35 - 50)
05-Sept-2023 Examination	<b>Serum alkaline phosphatase U/L:</b> Serum alkaline phosphatase U/L	78 U/L	(Range: 30 - 130)
05-Sept-2023 Examination	<b>Serum alanine aminotransferase level:</b> serum alanine aminotransferase level - U/L: Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	20 U/L	(Range: 5 - 55)
05-Sept-2023 Examination	<b>Serum bilirubin level:</b> Serum bilirubin level	8 umol/L	(No range available)
05-Sept-2023 Examination	<b>Serum chloride:</b> Serum chloride	104 mmol/L	(Range: 95 - 108)
05-Sept-2023 Examination	<b>Serum creatinine:</b> Serum creatinine	66 umol/L	(Range: 60 - 110)
05-Sept-2023 Examination	<b>Serum potassium:</b> Serum potassium	4 mmol/L	(Range: 3.5 - 5.3)
05-Sept-2023 Examination	<b>Serum sodium:</b> Serum sodium	140 mmol/L	(Range: 133 - 146)
05-Sept-2023 Examination	<b>Serum TSH level mU/L:</b> Serum TSH level mU/L	1.57 mU/L	(Range: 0.27 - 4.2)
05-Sept-2023 Examination	<b>Serum urea level:</b> Serum urea level	5.9 mmol/L	(Range: 2.5 - 7.8)
05-Sept-2023 Examination	<b>Liver function test paraesthesia:</b> Liver function test paraesthesia		(No range available)
05-Sept-2023 Examination	<b>Thyroid hormone tests paraesthesia:</b> Thyroid hormone tests paraesthesia		(No range available)
05-Sept-2023 Examination	<b>Urea and electrolytes paraesthesia:</b> Urea and electrolytes paraesthesia		(No range available)
05-Sept-2023 Examination	<b>Plasma C reactive protein paraesthesia:</b> Plasma C reactive protein paraesthesia	mg/L	(No range available)
05-Sept-2023 Examination	<b>Plasma C reactive protein:</b> Plasma C reactive protein	6 mg/L	(No range available)
05-Sept-2023 Examination	<b>Free T4 level:</b> Free T4 level	15.5 pmol/L	(Range: 12 - 22)
05-Sept-2023 Examination	<b>Carbohydrate antigen 125 level paraesthesia:</b> Carbohydrate antigen 125 level paraesthesia	mmol/L	(No range available)
05-Sept-2023 Examination	<b>CA125 level:</b> Tumour marker(s) analysed using the Roche Cobas analyser.: CA125 level Tumour marker(s) analysed using the Roche Cobas analyser.	10 kU/L	(No range available)
05-Sept-2023 Examination	<b>GFR calculated abbreviated MDRD:</b> Estimated EGFR - ml/mn/1.73m <sup>2</sup> : GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m <sup>2</sup>	59 ml/min/1.73m <sup>2</sup>	(No range available)

## 06-Sept-2023 Dr Louise Smy Results recording

05-Sept-2023 Examination	Serum vitamin B12 B12 deficiency unlikely.	366 pg/mL	
05-Sept-2023 Examination	Eosinophil count x 10 <sup>9</sup> /L	0.2 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Serum ferritin paraesthesia	ug/L	
05-Sept-2023 Examination	Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	81.8 ng/mL	
05-Sept-2023 Examination	Serum folate	4.28 ng/mL	
05-Sept-2023 Examination	Haemoglobin estimation	134 g/L	
05-Sept-2023 Examination	Mean corpusc. haemoglobin(MCH)	29.9 pg	
05-Sept-2023 Examination	Mean corpusc. Hb. conc. (MCHC)	326 g/L	
05-Sept-2023 Examination	Mean corpuscular volume (MCV)	91.7 fL	
05-Sept-2023 Examination	Monocyte count x 10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Neutrophil count x 10 <sup>9</sup> /L	5.5 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Platelet count x 10 <sup>9</sup> /L	318 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.48 10 <sup>12</sup> /L	
05-Sept-2023 Examination	Total white blood count x 10 <sup>9</sup> /L	8.8 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.5 10 <sup>9</sup> /L	
05-Sept-2023 Examination	B12/folate level paraesthesia		
05-Sept-2023 Examination	Full blood count - FBC paraesthesia		
05-Sept-2023 Examination	Haematocrit	0.411 L/L	
05-Sept-2023 Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
05-Sept-2023 Examination	Red blood cell distribution width	14.5 %	
05-Sept-2023 Examination	Differential white cell count Differential whitecell count -		
05-Sept-2023 Examination	<b>Serum vitamin B12</b> B12 deficiency unlikely.:		
05-Sept-2023 Examination	Serum vitamin B12 B12 deficiency unlikely.	366 pg/mL	(Range: 197 - 771)
05-Sept-2023 Examination	<b>Eosinophil count</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Eosinophil count x 10 <sup>9</sup> /L	0.2 10 <sup>9</sup> /L	(No range available)
05-Sept-2023 Examination	<b>Serum ferritin</b> paraesthesia:		
05-Sept-2023 Examination	Serum ferritin paraesthesia	ug/L	(No range available)
05-Sept-2023 Examination	<b>Serum ferritin</b> Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.:		
05-Sept-2023 Examination	Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	81.8 ng/mL	(Range: 14 - 186)
05-Sept-2023 Examination	<b>Serum folate</b> :		
05-Sept-2023 Examination	Serum folate	4.28 ng/mL	(Range: 3.9 - 26.8)
05-Sept-2023 Examination	<b>Haemoglobin estimation</b> :		
05-Sept-2023 Examination	Haemoglobin estimation	134 g/L	(Range: 115 - 165)
05-Sept-2023 Examination	<b>Mean corpusc. haemoglobin(MCH)</b> :		
05-Sept-2023 Examination	Mean corpusc. haemoglobin(MCH)	29.9 pg	(Range: 27 - 32)
05-Sept-2023 Examination	<b>Mean corpusc. Hb. conc. (MCHC)</b> :		
05-Sept-2023 Examination	Mean corpusc. Hb. conc. (MCHC)	326 g/L	(Range: 320 - 360)
05-Sept-2023 Examination	<b>Mean corpuscular volume (MCV)</b> :		
05-Sept-2023 Examination	Mean corpuscular volume (MCV)	91.7 fL	(Range: 80 - 100)
05-Sept-2023 Examination	<b>Monocyte count</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Monocyte count x 10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
05-Sept-2023 Examination	<b>Neutrophil count</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Neutrophil count x 10 <sup>9</sup> /L	5.5 10 <sup>9</sup> /L	(Range: 2 - 7.5)
05-Sept-2023 Examination	<b>Platelet count</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Platelet count x 10 <sup>9</sup> /L	318 10 <sup>9</sup> /L	(Range: 140 - 450)
05-Sept-2023 Examination	<b>Red blood cell (RBC) count</b> x 10 <sup>12</sup> /L:		
05-Sept-2023 Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.48 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
05-Sept-2023 Examination	<b>Total white blood count</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Total white blood count x 10 <sup>9</sup> /L	8.8 10 <sup>9</sup> /L	(Range: 4 - 11)
05-Sept-2023 Examination	<b>Percentage lymphocytes</b> x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.5 10 <sup>9</sup> /L	(Range: 1 - 4)
05-Sept-2023 Examination	<b>B12/folate level</b> paraesthesia:		
05-Sept-2023 Examination	B12/folate level paraesthesia		(No range available)
05-Sept-2023 Examination	<b>Full blood count - FBC</b> paraesthesia:		
05-Sept-2023 Examination	Full blood count - FBC paraesthesia		(No range available)
05-Sept-2023 Examination	<b>Haematocrit</b> :		
05-Sept-2023 Examination	Haematocrit	0.411 L/L	(Range: 0.37 - 0.47)
05-Sept-2023 Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
05-Sept-2023 Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
05-Sept-2023 Examination	<b>Red blood cell distribution width</b> :		
05-Sept-2023 Examination	Red blood cell distribution width	14.5 %	(Range: 11 - 16)
05-Sept-2023 Examination	<b>Differential white cell count</b> Differential whitecell count -:		
05-Sept-2023 Examination	Differential white cell count Differential whitecell count -		(No range available)

## 05-Sept-2023 Ms Heather McLaren Other

Examination	Blood sample -> Lab NOS Bloods obtained. *****	
Examination	<b>Blood sample -&gt; Lab NOS</b> Bloods obtained. *****:	
	Blood sample -> Lab NOS Bloods obtained. *****	(No range available)

**23-Aug-2023 Dr Louise Smy Other**

Administration Consultation f2f - see triage notes tingling lat border of left thigh can be burning and painful and can feel itchy no obvious cause worse when lies down, can niggle when walking no leg weakness no hx of any surgery. otherwise well appetite okay bowels - vary - hx of diverticulitis, no blood PR had uss - march 23 fr menorrhagia - nad - is on pop now - periods now very light o/e altered sensation lateral border left thigh, well demarcated area normal power through both lower limbs abdo soft, no obvious masses full rom of hips and no pain on movement discussed likely meralgia paraesthetica, should improve over next 4-6/52, tca if does not get better or if any worse check CA125 (note normal uss in March)

**02-Aug-2023 Dr Maureen Ferrie Triage**

Administration Telephone encounter Has been experiencing pins and needles top thigh L leg last 3 weeks Says itchy here too Side of thigh In addition in last few days discomfort back of knee R side no swelling not hot or red Some swelling ant knee No Hx injury ? meralgia paraesthetica for thigh and ?? hamstring pain R side Advice and appointment made for assessment -offered next week but away on holiday so booked for return

**08-Jun-2023 Dr Maureen Ferrie Administration**

Administration Administration NOS Rx request desogestrel .BP 2 m ago (P3) ok Rx issued

**13-Apr-2023 Mrs Elizabeth Devine Third Party Consultation**

30-Mar-2023 Administration Administrators - top Result Monklands DG X-ray

**03-Apr-2023 Mrs Rebecca Barrowman Clinic**

Examination O/E - blood pressure reading 144 / 86 mm Hg  
Administration Consultation BP raised but better than last check. H+L factors discussed. No issues on POP , bleeding has become lighter but not stopped completely. Asking for scan results - no results sitting only had this 10 days ago advised allow more time for results to come through.  
Examination Never smoked tobacco // cigarettes / cigars / tobacco units per week  
Examination Teetotaler

**24-Mar-2023 Dr Maureen Ferrie Administration**

Administration Administration NOS Rx request OCP has appointment for (P3) BP check booked

**27-Feb-2023 Mrs Christine Smith Third Party Consultation**

24-Feb-2023 Administration Administrators - top Emergency Discharge Letter NHS Lanarkshire Emergency Department Senior Consultant

**23-Feb-2023 Mr Sys System Supervisor Third Party Consultation**

17-Feb-2023 Administration Administrators - top Sur Clinic Letter NHS Lanarkshire Ophthalmology Dr \*\*\*\*\* YounusST3 in Ophthalmology

**16-Feb-2023 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter PMH recurrent shinglesHad (P3) previously on faceOn this occasion tingling last week intermittently LHS nose sh wasn't sure until usual rash appeared LHS nose yesterday, has nasal tip erythema and tingling, no eye Sx at all acuity ok, d/w \*\*\*\*\* at ophthalmic CDU UHH who will see pt tomorrow ? ophthalmic involvement and asked me to prescribe aciclovir meantime. Appt 0945 eye clinic UHH - pt informed and will attend.

**16-Feb-2023 Dr S Lawson Triage**

Administration Telephone triage encounter called for triage- no reply (P3) message left 11.32

**02-Feb-2023 Ms Suzanne Russell Other**

Administration Administration NOS pt informed of results (P3)

## 25-Jan-2023 Mrs Gillian Moor Results recording

24-Jan-2023	Examination	Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Haemoglobin estimation	126 g/L	
24-Jan-2023	Examination	Mean corpusc. haemoglobin(MCH)	28.7 pg	
24-Jan-2023	Examination	Mean corpusc. Hb. conc. (MCHC)	321 g/L	
24-Jan-2023	Examination	Mean corpuscular volume (MCV)	89.5 fL	
24-Jan-2023	Examination	Monocyte count x 10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Neutrophil count x 10 <sup>9</sup> /L	4.5 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Platelet count x 10 <sup>9</sup> /L	371 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.39 10 <sup>12</sup> /L	
24-Jan-2023	Examination	Total white blood count x 10 <sup>9</sup> /L	7.4 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.2 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Full blood count - FBC elevated WBC		
24-Jan-2023	Examination	Haematocrit	0.393 L/L	
24-Jan-2023	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
24-Jan-2023	Examination	Red blood cell distribution width	13.9 %	
24-Jan-2023	Examination	Differential white cell count Differential whitecell count -		
24-Jan-2023	Examination	<b>Eosinophil count</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
24-Jan-2023	Examination	<b>Haemoglobin estimation:</b>		
24-Jan-2023	Examination	Haemoglobin estimation	126 g/L	(Range: 115 - 165)
24-Jan-2023	Examination	<b>Mean corpusc. haemoglobin(MCH):</b>		
24-Jan-2023	Examination	Mean corpusc. haemoglobin(MCH)	28.7 pg	(Range: 27 - 32)
24-Jan-2023	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
24-Jan-2023	Examination	Mean corpusc. Hb. conc. (MCHC)	321 g/L	(Range: 320 - 360)
24-Jan-2023	Examination	<b>Mean corpuscular volume (MCV):</b>		
24-Jan-2023	Examination	Mean corpuscular volume (MCV)	89.5 fL	(Range: 80 - 100)
24-Jan-2023	Examination	<b>Monocyte count</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Monocyte count x 10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
24-Jan-2023	Examination	<b>Neutrophil count</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Neutrophil count x 10 <sup>9</sup> /L	4.5 10 <sup>9</sup> /L	(Range: 2 - 7.5)
24-Jan-2023	Examination	<b>Platelet count</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Platelet count x 10 <sup>9</sup> /L	371 10 <sup>9</sup> /L	(Range: 140 - 450)
24-Jan-2023	Examination	<b>Red blood cell (RBC) count</b> x 10 <sup>12</sup> /L:		
24-Jan-2023	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.39 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
24-Jan-2023	Examination	<b>Total white blood count</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Total white blood count x 10 <sup>9</sup> /L	7.4 10 <sup>9</sup> /L	(Range: 4 - 11)
24-Jan-2023	Examination	<b>Percentage lymphocytes</b> x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.2 10 <sup>9</sup> /L	(Range: 1 - 4)
24-Jan-2023	Examination	<b>Full blood count - FBC</b> elevated WBC:		
24-Jan-2023	Examination	Full blood count - FBC elevated WBC		(No range available)
24-Jan-2023	Examination	<b>Haematocrit:</b>		
24-Jan-2023	Examination	Haematocrit	0.393 L/L	(Range: 0.37 - 0.47)
24-Jan-2023	Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
24-Jan-2023	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
24-Jan-2023	Examination	<b>Red blood cell distribution width:</b>		
24-Jan-2023	Examination	Red blood cell distribution width	13.9 %	(Range: 11 - 16)
24-Jan-2023	Examination	<b>Differential white cell count</b> Differential whitecell count -:		
24-Jan-2023	Examination	Differential white cell count Differential whitecell count -		(No range available)

## 25-Jan-2023 Mrs Gillian Moor Clinic

Administration Administration NOS FBC now normal  
(P3)

## 24-Jan-2023 Ms Heather McLaren Other

Examination	O/E - blood pressure reading	160 / 86 mm Hg	
Examination	Blood sample -> Lab NOS vb sent to lab *****		
Examination	<b>Blood sample -&gt; Lab NOS</b> vb sent to lab *****:		
	Blood sample -> Lab NOS vb sent to lab *****		(No range available)

## 10-Jan-2023 Mrs Mareet Cairns Administration

Administration Administration NOS told results no sign of infection  
(P3)

## 10-Jan-2023 Mrs Gillian Moor Clinic

Administration Administration NOS WBC nad neutrophils elevated- ?  
(P3) due to viral upset- please check to see if any sx Repeat  
bloods in 2/52

**07-Jan-2023 Mrs Gillian Moor Results recording**

06-Jan-2023	Examination	Eosinophil count x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
06-Jan-2023	Examination	Haemoglobin estimation	128 g/L	
06-Jan-2023	Examination	Mean corpusc. haemoglobin(MCH)	29 pg	
06-Jan-2023	Examination	Mean corpusc. Hb. conc. (MCHC)	322 g/L	
06-Jan-2023	Examination	Mean corpuscular volume (MCV)	90.2 fL	
06-Jan-2023	Examination	Monocyte count x 10 <sup>9</sup> /L	0.8 10 <sup>9</sup> /L	
06-Jan-2023	Examination	Neutrophil count x 10 <sup>9</sup> /L	<b>8.7 10<sup>9</sup>/L</b>	
06-Jan-2023	Examination	Platelet count x 10 <sup>9</sup> /L	332 10 <sup>9</sup> /L	
06-Jan-2023	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.41 10 <sup>12</sup> /L	
06-Jan-2023	Examination	Total white blood count x 10 <sup>9</sup> /L	<b>11.8 10<sup>9</sup>/L</b>	
06-Jan-2023	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.2 10 <sup>9</sup> /L	
06-Jan-2023	Examination	Full blood count - FBC Heavy menses- as per Gyn		
06-Jan-2023	Examination	Haematocrit	0.398 L/L	
06-Jan-2023	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
06-Jan-2023	Examination	Red blood cell distribution width	14.1 %	
06-Jan-2023	Examination	Differential white cell count Differential whitecell count -		
06-Jan-2023	Examination	<b>Eosinophil count</b> x 10 <sup>9</sup> /L:		
06-Jan-2023	Examination	Eosinophil count x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
06-Jan-2023	Examination	<b>Haemoglobin estimation:</b>		
06-Jan-2023	Examination	Haemoglobin estimation	128 g/L	(Range: 115 - 165)
06-Jan-2023	Examination	<b>Mean corpusc. haemoglobin(MCH):</b>		
06-Jan-2023	Examination	Mean corpusc. haemoglobin(MCH)	29 pg	(Range: 27 - 32)
06-Jan-2023	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
06-Jan-2023	Examination	Mean corpusc. Hb. conc. (MCHC)	322 g/L	(Range: 320 - 360)
06-Jan-2023	Examination	<b>Mean corpuscular volume (MCV):</b>		
06-Jan-2023	Examination	Mean corpuscular volume (MCV)	90.2 fL	(Range: 80 - 100)
06-Jan-2023	Examination	<b>Monocyte count</b> x 10 <sup>9</sup> /L:		
06-Jan-2023	Examination	Monocyte count x 10 <sup>9</sup> /L	0.8 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
06-Jan-2023	Examination	<b>Neutrophil count</b> x 10 <sup>9</sup> /L: <b>High</b>		
06-Jan-2023	Examination	Neutrophil count x 10 <sup>9</sup> /L	<b>8.7 10<sup>9</sup>/L</b>	<b>(Range: 2 - 7.5)</b>
06-Jan-2023	Examination	<b>Platelet count</b> x 10 <sup>9</sup> /L:		
06-Jan-2023	Examination	Platelet count x 10 <sup>9</sup> /L	332 10 <sup>9</sup> /L	(Range: 140 - 450)
06-Jan-2023	Examination	<b>Red blood cell (RBC) count</b> x 10 <sup>12</sup> /L:		
06-Jan-2023	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.41 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
06-Jan-2023	Examination	<b>Total white blood count</b> x 10 <sup>9</sup> /L: <b>High</b>		
06-Jan-2023	Examination	Total white blood count x 10 <sup>9</sup> /L	<b>11.8 10<sup>9</sup>/L</b>	<b>(Range: 4 - 11)</b>
06-Jan-2023	Examination	<b>Percentage lymphocytes</b> x 10 <sup>9</sup> /L:		
06-Jan-2023	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.2 10 <sup>9</sup> /L	(Range: 1 - 4)
06-Jan-2023	Examination	<b>Full blood count - FBC</b> Heavy menses- as per Gyn:		
06-Jan-2023	Examination	Full blood count - FBC Heavy menses- as per Gyn		(No range available)
06-Jan-2023	Examination	<b>Haematocrit:</b>		
06-Jan-2023	Examination	Haematocrit	0.398 L/L	(Range: 0.37 - 0.47)
06-Jan-2023	Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
06-Jan-2023	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
06-Jan-2023	Examination	<b>Red blood cell distribution width:</b>		
06-Jan-2023	Examination	Red blood cell distribution width	14.1 %	(Range: 11 - 16)
06-Jan-2023	Examination	<b>Differential white cell count</b> Differential whitecell count -:		
06-Jan-2023	Examination	Differential white cell count Differential whitecell count -		(No range available)

**06-Jan-2023 Mrs Gillian Moor Clinic**

Examination O/E - blood pressure reading 135 / 82 mm Hg  
 Administration Consultation - FBC and BP checked as per Gyn To start  
 (P3) POP for HMB- no C/I, BP stable Counselled on how to use  
 and reminded to take 7 days to be effective so barrier  
 methods until then review 3/12

**22-Nov-2022 Mr John Collington Other**

Administration Seen by pharmacist JC- request for desogestrel - Task  
 (P3) issued to admin via docman: please arrange PN review as  
 last BP high at 161/96 earlier this year; - op letter  
 requesting FBC too

**22-Nov-2022 Ms Kim Sleith Other**

Administration Site of encounter NOS FAO Practice pharmacist HUB KS  
 (P3) (PSW)

**22-Nov-2022 Mrs Mareet Cairns Third Party Consultation**

09-Nov-2022 Administration Administrators - top Clinic NHS Lanarkshire Obstetrics /  
 Gynaecology Dr Ihab Abou-Zeid Associate Specialist in  
 Obstetrics & Gynaecology GMC No. 4465041

**05-Oct-2022 Dr S Lawson Administration**

Administration Scanned Document  
 SCI Referral Letter :  
 Administration Scanned Document  
 SCI Referral Letter :

**05-Oct-2022 Dr S Lawson Surgery consultation**

Administration Consultation right sided low abdop pain on and off for a  
(P3) while but been worse since June 21 was seen by gyn but nil happened. Now realises is associated with peridos which are still regulr and very heavy. Sterilised many years ago so no hormonal contraception. O/E abdo soft some RIF tenderness nomasses. PV exam some right adnexal tenderness Cervix normal smear taken as very well overdue. Refer gyn adn for USS

Examination Ca cervix - screen done

**03-Oct-2022 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter Ongoing lower L side  
(P3) abdominal pains and HMB Has been tracking pain and now seeing direct link with when period due and when menstruating Arrange assessment for pv exam this week before period starts

**24-Aug-2022 Dr Ewan Thomson Surgery consultation**

Administration Telephone triage encounter RIF pains intermrittently and  
(P3) relieved always by paraceatmol, some nausea, appetite off, no urine Sx, no blood in stools but quite mucusy, lots of stress recently at home and work, note assessment last month where pains were LIF and thought diverticulitis flare, pt tells me she is systemically well, bowel moving freely no problems, but concerned pains are ongoing - F2F appt to assess with GP and WAG if any deterioration/new Sx between now and appt to call back sooner.

**06-July-2022 Dr Maureen Ferrie Surgery consultation**

Examination	O/E - pulse rate	SR	87 bpm	
Examination	Blood oxygen saturation		97	
Examination	O/E - blood pressure reading		161 / 96 mm Hg	
Examination	O/E - temperature level		36.6 degC	

Administration Consultation 2 day hx of pain lower L side abdomen  
(P3) constant but eased a little by paracetamol Bowels moving and wind pr Vomitted once today nil before No urine upset Still having regular periods 6/28 heavy clots LMP 2 weeks ago Sterilised exam looks well Obs as recorded PA soft freely moving tenderr down whole L colon max LIF No G/R No masses /organomegaly BS normal Imp Possivble flare diverticulitosis Diet advice Rx buscopan and strong WSG Review PRNtry tranexamic acid for HMB

Examination	<b>Blood oxygen saturation:</b>			
	Blood oxygen saturation	97		(No range available)
Examination	<b>O/E - temperature level:</b>			
	O/E - temperature level	36.6 degC		(No range available)

**06-July-2022 Dr S Lawson Triage**

Administration Telephone triage encounter thinks diverticulitis may be  
(P3) flaring up hasa pain low down in abdomen and feels terrible had fever last night but not this am vomited this morning. Bowels moving OK and no diarrhoea - appt to asses.

**01-Jun-2022 Dr Maureen Ferrie Triage**

Administration Telephone triage encounter Painful ear over 1 week  
(P3) Swollen gland behind ear some d/c Flying abropad this weekend Rx amoxicillin Also heavy periods ongoing Will arrange reveeiw when returns from holiday

**14-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to forearm nearly healed acticool  
(P3) applied remain in place for 2/7 days pt will self care discussed signs of infection review if needed

**13-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn nearly healed will self care over the  
(P3) weekedn review as planned

**12-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to forearm continues to heal review  
(P3) daily as planned

**11-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to forearm healing well improving  
(P3) review daily redressed as before continue with ABX

**08-Apr-2022 Mrs Gillian Moor Clinic**

Administration Consultation Wound leaking slightly today- started abx  
(P3) yesterday- cleansd and dressed as previous- will self care  
over w/end- dressing provided and review Monday-  
advsiel S/S worsening infection and advsiel OOH ovre  
w/end if concerned

**07-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to forearm looking inflamed today  
(P3) blistering noted dressed as before ABX given review friday  
pt will self care over W/E given scriot for flamazine/jelonet  
only needs foam adhesive review mon or if worse needs  
seen W/E in OOH

**06-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to forearm redressed no break/blisters  
(P3) no sings of infection dressed with flamazine jelonet review  
tomorrow

**05-Apr-2022 Sister Elizabeth Holtz Clinic**

Administration Consultation Burn to R forearm in work off a cooker  
(P3) works as chef area red skin intact flamazine jelonet  
applied review am

**11-Feb-2022 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine C-19 Booster Moderna ( Ravenscraig Covid  
Vaccinations )

**11-Feb-2022 Data Transferred from other system**

Administration Immunisation course maintain protection against SARS-  
CoV-2 MAINT C-19 Booster Moderna (L \*\*\*\*\* )

**24-Jan-2022 Mrs Elizabeth Devine Other**

06-Jan-2022	Examination	2019-nCoV (novel coronavirus) RNA detected	
06-Jan-2022	Examination	<b>2019-nCoV (novel coronavirus) RNA detected:</b>	
		2019-nCoV (novel coronavirus) RNA detected	(No range available)

**24-Jan-2022 Mrs Janet Dalziel Third Party Consultation**

19-Jan-2022 Administration Administrators - top UK Covid Results UK Covid Results  
Results Unknown

**25-Sept-2021 Dr Graeme Brough Results recording**

07-Sept-2021 Diagnosis Breast neoplasm screen normal Routine Recall  
(P3)

**21-July-2021 Dr Graeme Brough Results recording**

Administration Cervical smear defaulter  
(P3)

**12-July-2021 Ms Ann Rossi Third Party Consultation**

11-July-2021 Administration Administrators - top UK Covid Results UK Covid Results  
Results Unknown

**24-Jun-2021 Mrs Jackie Mulvaney Third Party Consultation**

09-Jun-2021 Administration Administrators - top Discharge NHS Lanarkshire  
Obstetrics / Gynaecology Dr \*\*\*\*\* HendersonGPST

**13-Jun-2021 Dr Graeme Brough Data Transferred from other system**

Intervention Administration of second dose of SARS-CoV-2 vacc C-19 AstraZeneca (By B Starkey )

**09-Jun-2021 Dr Maureen Ferrie Surgery consultation**

Administration Consultation (P3) Had crampy low abdominal pain for 2 days last week which then settled Flared however yesterday and been excutiating since No radiation of pain No bowels upset although not moved today No urinary symptomsK still monthly due next week Previous sterilisationexam appears to be in pain although not overly distressed Temp 36.4 o2 sat 99% P 114 BP 155/98PA soft freely moving tender lower L side and suprapubically no G/R no obvious masss no organomegaly BS present Urinalysis negative PV tender over uterus which appeared enlarged deviated to L and appeared very tender ? acute gynae issue> ? torsion fibroid/ ovarian cyst > refer on call gynae. >D/W on call \*\*\*\*\* Dr will get back in touch re arrangements for patient to be seen

**09-Jun-2021 Dr S Lawson Triage**

Administration SMS text message sent to patient (P3) 07562737327  
Administration Telephone triage encounter (P3) beenhaving problems with abdo pain really bad last night no diarrhoea but pain excruciating Hx diverticulitis in past - appt to assess

**07-May-2021 Dr S Lawson Triage**

Administration Telephone triage encounter (P3) has had pain between thumb and forefinger on back of hand for months but over past few days ahs got really painful. Canmove thumb OK but feels a bit stiff. Says very painful if presses area will cause pain to shoot up into arm. Has tried paracetamol but not helped , no history of injury not red or swollen. Works as chef but is right handed adn this is her left hand.- try naproxen but review SOS

**28-Mar-2021 Dr Graeme Brough Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine (P3) C-19 AstraZeneca (By M \*\*\*\*\*)

**06-Jan-2021 Mrs Jackie Mulvaney Administration**

Examination 2019-nCoV (novel coronavirus) RNA not detected negative  
Examination **2019-nCoV (novel coronavirus) RNA not detected** negative: (No range available)  
2019-nCoV (novel coronavirus) RNA not detected negative

**05-Jan-2021 Mrs Jackie Mulvaney Third Party Consultation**

01-Jan-2021 Administration Administrators - top (P3) UK Covid Results UK Covid Results Results Unknown

**21-July-2020 Dr S Lawson Triage**

Administration Telephone triage encounter (P3) developed swelling of eye yesterday assocaited with somepain. COuldn't get a pharmacy so went to A&E adn was given antihistamines and told was hayfever but if things didn;t improve to ccall us. Now affecting both eyes adn very sore says like a pressure - vision also a bit blurred - advised to go to optician for assessment.

**25-May-2020 Dr S Lawson Administration**

Administration Administration NOS (P3) Bloods all normal - not anaemic and ferritin OK.

**23-May-2020 Dr S Lawson Results recording**

22-May-2020	Examination	Serum TSH level mU/L	1.35 mU/L	
22-May-2020	Examination	Thyroid hormone tests HEAVY PV BLEEDING		
22-May-2020	Examination	Free T4 level	16.2 pmol/L	
22-May-2020	Examination	<b>Serum TSH level</b> mU/L:		
		Serum TSH level mU/L	1.35 mU/L	(Range: 0.27 - 4.2)
22-May-2020	Examination	<b>Thyroid hormone tests</b> HEAVY PV BLEEDING:		
		Thyroid hormone tests HEAVY PV BLEEDING		(No range available)
22-May-2020	Examination	<b>Free T4 level:</b>		
		Free T4 level	16.2 pmol/L	(Range: 12 - 22)

## 23-May-2020 Dr S Lawson Results recording

22-May-2020	Examination	Serum vitamin B12	374 pg/mL	
22-May-2020	Examination	Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
22-May-2020	Examination	Serum ferritin HEAVY PV BLEEDING	ug/L	
22-May-2020	Examination	Serum ferritin	52.1 ng/mL	
22-May-2020	Examination	Serum folate	5.4 ng/mL	
22-May-2020	Examination	Haemoglobin estimation	13.1 g/dL	
22-May-2020	Examination	Mean corpusc. haemoglobin(MCH)	29.1 pg	
22-May-2020	Examination	Mean corpusc. Hb. conc. (MCHC)	32 g/dL	
22-May-2020	Examination	Mean corpuscular volume (MCV)	90.9 fL	
22-May-2020	Examination	Monocyte count x 10 <sup>9</sup> /L	0.7 10 <sup>9</sup> /L	
22-May-2020	Examination	Neutrophil count x 10 <sup>9</sup> /L	6.7 10 <sup>9</sup> /L	
22-May-2020	Examination	Platelet count x 10 <sup>9</sup> /L	338 10 <sup>9</sup> /L	
22-May-2020	Examination	Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.5 10 <sup>12</sup> /L	
22-May-2020	Examination	Total white blood count x 10 <sup>9</sup> /L	9.9 10 <sup>9</sup> /L	
22-May-2020	Examination	Percentage lymphocytes x 10 <sup>9</sup> /L	2.4 10 <sup>9</sup> /L	
22-May-2020	Examination	B12/folate level HEAVY PV BLEEDING		
22-May-2020	Examination	Full blood count - FBC HEAVY PV BLEEDING		
22-May-2020	Examination	Haematocrit	0.409 L/L	
22-May-2020	Examination	Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
22-May-2020	Examination	Red blood cell distribution width	13.3 %	
22-May-2020	Examination	Differential white cell count Differential whitecell count -		
22-May-2020	Examination	<b>Serum vitamin B12:</b>		
		Serum vitamin B12	374 pg/mL	(Range: 197 - 771)
22-May-2020	Examination	<b>Eosinophil countx</b> 10 <sup>9</sup> /L:		
		Eosinophil count x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
22-May-2020	Examination	<b>Serum ferritin</b> HEAVY PV BLEEDING:		
		Serum ferritin HEAVY PV BLEEDING	ug/L	(No range available)
22-May-2020	Examination	<b>Serum ferritin:</b>		
		Serum ferritin	52.1 ng/mL	(Range: 14 - 186)
22-May-2020	Examination	<b>Serum folate:</b>		
		Serum folate	5.4 ng/mL	(Range: 3.9 - 26.8)
22-May-2020	Examination	<b>Haemoglobin estimation:</b>		
		Haemoglobin estimation	13.1 g/dL	(Range: 11.5 - 16.5)
22-May-2020	Examination	<b>Mean corpusc. haemoglobin(MCH):</b>		
		Mean corpusc. haemoglobin(MCH)	29.1 pg	(Range: 27 - 32)
22-May-2020	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
		Mean corpusc. Hb. conc. (MCHC)	32 g/dL	(Range: 32 - 36)
22-May-2020	Examination	<b>Mean corpuscular volume (MCV):</b>		
		Mean corpuscular volume (MCV)	90.9 fL	(Range: 80 - 100)
22-May-2020	Examination	<b>Monocyte countx</b> 10 <sup>9</sup> /L:		
		Monocyte count x 10 <sup>9</sup> /L	0.7 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
22-May-2020	Examination	<b>Neutrophil countx</b> 10 <sup>9</sup> /L:		
		Neutrophil count x 10 <sup>9</sup> /L	6.7 10 <sup>9</sup> /L	(Range: 2 - 7.5)
22-May-2020	Examination	<b>Platelet countx</b> 10 <sup>9</sup> /L:		
		Platelet count x 10 <sup>9</sup> /L	338 10 <sup>9</sup> /L	(Range: 140 - 450)
22-May-2020	Examination	<b>Red blood cell (RBC) countx</b> 10 <sup>12</sup> /L:		
		Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.5 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
22-May-2020	Examination	<b>Total white blood countx</b> 10 <sup>9</sup> /L:		
		Total white blood count x 10 <sup>9</sup> /L	9.9 10 <sup>9</sup> /L	(Range: 4 - 11)
22-May-2020	Examination	<b>Percentage lymphocytesx</b> 10 <sup>9</sup> /L:		
		Percentage lymphocytes x 10 <sup>9</sup> /L	2.4 10 <sup>9</sup> /L	(Range: 1 - 4)
22-May-2020	Examination	<b>B12/folate level</b> HEAVY PV BLEEDING:		
		B12/folate level HEAVY PV BLEEDING		(No range available)
22-May-2020	Examination	<b>Full blood count - FBC</b> HEAVY PV BLEEDING:		
		Full blood count - FBC HEAVY PV BLEEDING		(No range available)
22-May-2020	Examination	<b>Haematocrit:</b>		
		Haematocrit	0.409 L/L	(Range: 0.37 - 0.47)
22-May-2020	Examination	<b>Basophil count</b> Basophils - x 10 <sup>9</sup> /L:		
		Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
22-May-2020	Examination	<b>Red blood cell distribution width:</b>		
		Red blood cell distribution width	13.3 %	(Range: 11 - 16)
22-May-2020	Examination	<b>Differential white cell count</b> Differential whitecell count -:		
		Differential white cell count Differential whitecell count -		(No range available)

## 22-May-2020 Ms Elizabeth Harty Other

Symptom Regular blood donor fbc, haematinics,tft, sent to lab \*\*\*\*\*  
(P3)

## 20-May-2020 Dr S Lawson Triage

Administration Telephone triage encounter thinks is going through  
(P3) menopause - having heavy bleeding every 2 weeks for past 8 weeks or so.Now exhausted with it - appt for bloods - FBC haematinics TFT and tranaexamic acid for bleeding - advised very overdue for smear and advised once things go back to normal after COVID needs to make appt to have this done. If things don't settle will get back to us.

Administration Medication review

## 18-Apr-2020 Dr Graeme Brough Results recording

17-Apr-2020 Administration No response to bowel cancer screening programme  
(P3) invitation

**15-Nov-2019 Dr Graeme Brough Administration**

Administration Medication review

**12-Jun-2019 Dr S Lawson Triage**

Administration Telephone triage encounter since yesterday has had a  
(P3) biot of a sore throat and today coughing up some green sputum- advised likley viral and if only started yesterday no need to be seen today. Goignon holiday on monday- advised that if viral nothing we can give to help it clear any quicker will have to let it run its course advised if becomes more unwell can call back towards end of week but at present - advice.

**29-May-2019 Dr Margaret Angus Administration**Administration Administration NOS wishing to delay menses script  
(P3) issued**15-May-2019 Dr Margaret Angus Administration**

Administration Medication review

**07-May-2019 Dr Maureen Ferrie Surgery consultation**Administration Consultation 24 hr hx tingling L side nose Looks swollen  
(P3) and possible early blistered lesion Feels pain going up nose Rx aciclovir. Advice and WSG**07-May-2019 Dr S Lawson Triage**Administration Telephone triage encounter thinks may be getting  
(P3) shingles again- tingling around nose - had it here last january, tends to come out when stressed and stressed ++ just now - appt this afternoon to assess**30-Oct-2018 Dr Margaret Angus Administration**

Administration Medication review

**05-Sept-2018 Mrs Christine Smith Third Party Consultation**04-Sept-2018 Administration Administrators - top Breast Screen Letter Breast  
Screening General Surgery Unknown**04-Sept-2018 Dr Graeme Brough Results recording**14-Aug-2018 Diagnosis Breast neoplasm screen normal Routine Recall  
(P3)**27-Apr-2018 Dr S Lawson Administration**

Administration Medication review

**19-Apr-2018 Ms Ann Rossi Other**Administration Administration NOS letter sent as per daybook message,  
(P3) no contact phone number available**19-Apr-2018 Dr Graeme Brough Results recording**18-Apr-2018 Administration No response to bowel cancer screening programme  
(P3) invitation**01-Mar-2018 Mrs Jackie Mulvaney Third Party Consultation**19-Feb-2018 Administration Administrators - top Sur Clinic Letter Monklands Hospital  
Ophthalmology**15-Feb-2018 Mrs Angela Mcgeechan Third Party Consultation**12-Feb-2018 Administration Administrators - top Discharge Monklands DG Accident  
Emergency**16-Jan-2018 Mrs Christine Smith Third Party Consultation**15-Jan-2018 Administration Administrators - top Sur Clinic Letter Monklands Hospital  
Ophthalmology**15-Jan-2018 Mrs Angela Mcgeechan Third Party Consultation**08-Jan-2018 Administration Administrators - top Sur Clinic Letter Monklands Hospital  
Ophthalmology

**03-Jan-2018 Dr Margaret Angus Surgery consultation**

Administration Consultation shingles face start aciclovir  
(P3)  
Administration eMED3 (2010) new statement issued, not fit for work Fit  
Note (Diagnosis: Shingles; Duration 03-Jan-2018 - 16-Jan-2018)

**18-Dec-2017 Dr Graeme Brough Results recording**

Administration Cervical smear defaulter  
(P3)

**31-Oct-2017 Dr Graeme Brough Surgery consultation**

Symptom (P3) Knee pain  
Administration Consultation no word re excision eyelid cyst , given  
(P3) number to check with eye secretary.ongoing knee pain ,  
no time for physio , shown quads excercises  
Administration Medication review  
Administration Medication review

**16-Aug-2017 Mrs Jackie Mulvaney Administration**

Administration Total notes on computer  
(P3)

**31-July-2017 Dr Margaret Angus Surgery consultation**

Administration Consultation knee pain again++ O/E tender medial  
(P3) ligament try naproxen number given for physio advised re  
smear

**23-May-2017 Dr S Lawson Surgery consultation**

Administration Consultation jknown diverticulitis - developed low abdo  
(P3) pain last night - thought just needed to open bowels.  
Bowels have moved but apin not easing. Feels like when  
had diverticulitis in past. Felt had a temp earlier but  
settled with paracetamol O/e apyrexial abdo  
generallytender but no rebound or guarding. BS active  
although quiet. Co-amoxiclav given but if gets any worse  
will come back for review.

**31-Mar-2017 Mrs Christine Smith Administration**

Administration Administration NOS left message to tell patient spoke  
(P3) with referral managment mrs donnelly is still on waiting list  
but there is a 48 week wait - but she is definately on a  
waiting

**28-Mar-2017 Dr Maureen Ferrie Surgery consultation**

Administration Consultation Chronic eye irritation burning tears ++  
(P3) sticky in mornings Currently look clear but suggestive of  
blepharitis and dry eyes Rx carbomer and xailin Advised  
re lid hygiene warm compressesReminded smear overdue  
and risks cervical cancer if not screened

**29-Sept-2016 Dr Margaret Angus Referral Letter**

Administration Scanned Document  
SCI Referral Letter :

**22-Sept-2016 Dr Margaret Angus Surgery consultation**

Administration Consultation 1. cystic lesion corner right eye refer oph2.  
(P3) knee pain number given for physio3. advised appt smear

**22-Aug-2016 Mrs Christine Smith Administration**

18-Aug-2016 Examination Diagnostic colonoscopy  
18-Aug-2016 Examination **Diagnostic colonoscopy:**  
Diagnostic colonoscopy

(No range available)

## 19-Jun-2016 Dr Margaret Angus Results recording

17-Jun-2016	Examination	Serum vitamin B12	426.9 pg/mL	
17-Jun-2016	Examination	Eosinophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Serum ferritin <none>	ug/L	
17-Jun-2016	Examination	Serum ferritin	95 ng/mL	
17-Jun-2016	Examination	Serum folate	6 ng/mL	
17-Jun-2016	Examination	Haemoglobin estimation	13.6 g/dL	
17-Jun-2016	Examination	Mean corpusc. haemoglobin(MCH) pg	29.2 pg/mL	
17-Jun-2016	Examination	Mean corpusc. Hb. conc. (MCHC)	33.6 g/dL	
17-Jun-2016	Examination	Mean corpuscular volume (MCV)	86.9 fL	
17-Jun-2016	Examination	Monocyte count x10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Neutrophil count x10 <sup>9</sup> /L	4.3 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Platelet count x10 <sup>9</sup> /L	314 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Red blood cell (RBC) count x10 <sup>12</sup> /L	4.66 10 <sup>-2</sup>	
17-Jun-2016	Examination	Nucleated red blood cell count x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Total white blood count x10 <sup>9</sup> /L	7.3 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Lymphocyte count x10 <sup>9</sup> /L	2.4 10 <sup>9</sup> /L	
17-Jun-2016	Examination	B12/folate level <none>		
17-Jun-2016	Examination	Full blood count - FBC B12 and Folate results to follow		
17-Jun-2016	Examination	Haematology Please note the reference range for Haematinic Assays has changed		
17-Jun-2016	Examination	Haematocrit	0.405 L/L	
17-Jun-2016	Examination	Basophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
17-Jun-2016	Examination	Red blood cell distribution width	13.2 %	
17-Jun-2016	Examination	<b>Serum vitamin B12:</b>		
17-Jun-2016	Examination	Serum vitamin B12	426.9 pg/mL	(Range: 197 - 771)
17-Jun-2016	Examination	<b>Eosinophil count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Eosinophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
17-Jun-2016	Examination	<b>Serum ferritin</b> <none>:		
17-Jun-2016	Examination	Serum ferritin <none>	ug/L	(No range available)
17-Jun-2016	Examination	<b>Serum ferritin:</b>		
17-Jun-2016	Examination	Serum ferritin	95 ng/mL	(Range: 14 - 186)
17-Jun-2016	Examination	<b>Serum folate:</b>		
17-Jun-2016	Examination	Serum folate	6 ng/mL	(Range: 4.6 - 18.7)
17-Jun-2016	Examination	<b>Haemoglobin estimation:</b>		
17-Jun-2016	Examination	Haemoglobin estimation	13.6 g/dL	(Range: 11.5 - 16.5)
17-Jun-2016	Examination	<b>Mean corpusc. haemoglobin(MCH)</b> pg:		
17-Jun-2016	Examination	Mean corpusc. haemoglobin(MCH) pg	29.2 pg/mL	(Range: 27 - 32)
17-Jun-2016	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
17-Jun-2016	Examination	Mean corpusc. Hb. conc. (MCHC)	33.6 g/dL	(Range: 32 - 36)
17-Jun-2016	Examination	<b>Mean corpuscular volume (MCV):</b>		
17-Jun-2016	Examination	Mean corpuscular volume (MCV)	86.9 fL	(Range: 80 - 100)
17-Jun-2016	Examination	<b>Monocyte count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Monocyte count x10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
17-Jun-2016	Examination	<b>Neutrophil count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Neutrophil count x10 <sup>9</sup> /L	4.3 10 <sup>9</sup> /L	(Range: 2 - 7.5)
17-Jun-2016	Examination	<b>Platelet count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Platelet count x10 <sup>9</sup> /L	314 10 <sup>9</sup> /L	(Range: 140 - 450)
17-Jun-2016	Examination	<b>Red blood cell (RBC) count</b> x10 <sup>12</sup> /L:		
17-Jun-2016	Examination	Red blood cell (RBC) count x10 <sup>12</sup> /L	4.66 10 <sup>-2</sup>	(Range: 3.9 - 5.6)
17-Jun-2016	Examination	<b>Nucleated red blood cell count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Nucleated red blood cell count x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
17-Jun-2016	Examination	<b>Total white blood count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Total white blood count x10 <sup>9</sup> /L	7.3 10 <sup>9</sup> /L	(Range: 4 - 11)
17-Jun-2016	Examination	<b>Lymphocyte count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Lymphocyte count x10 <sup>9</sup> /L	2.4 10 <sup>9</sup> /L	(Range: 1 - 4)
17-Jun-2016	Examination	<b>B12/folate level</b> <none>:		
17-Jun-2016	Examination	B12/folate level <none>		(No range available)
17-Jun-2016	Examination	<b>Full blood count - FBC</b> B12 and Folate results to follow:		
17-Jun-2016	Examination	Full blood count - FBC B12 and Folate results to follow		(No range available)
17-Jun-2016	Examination	<b>Haematology</b> Please note the reference range for Haematinic Assays has changed:		
17-Jun-2016	Examination	Haematology Please note the reference range for Haematinic Assays has changed		(No range available)
17-Jun-2016	Examination	<b>Haematocrit:</b>		
17-Jun-2016	Examination	Haematocrit	0.405 L/L	(Range: 0.37 - 0.47)
17-Jun-2016	Examination	<b>Basophil count</b> x10 <sup>9</sup> /L:		
17-Jun-2016	Examination	Basophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
17-Jun-2016	Examination	<b>Red blood cell distribution width:</b>		
17-Jun-2016	Examination	Red blood cell distribution width	13.2 %	(Range: 11 - 16)

**19-Jun-2016 Dr Margaret Angus Results recording**

17-Jun-2016	Examination	Serum chloride	96 mmol/L	
17-Jun-2016	Examination	Serum creatinine	<b>51 umol/L</b>	
17-Jun-2016	Examination	Serum potassium	3.9 mmol/L	
17-Jun-2016	Examination	Serum sodium	133 mmol/L	
17-Jun-2016	Examination	Serum TSH level mU/L	1.5 mU/L	
17-Jun-2016	Examination	Serum urea level	5.2 mmol/L	
17-Jun-2016	Examination	Thyroid hormone tests <none>		
17-Jun-2016	Examination	Urea and electrolytes <none>		
17-Jun-2016	Examination	Serum bicarbonate	26 mmol/L	
17-Jun-2016	Examination	Free T4 level	14.3 pmol/L	
17-Jun-2016	Examination	GFR calculated abbreviated MDRD Estimated EGFR - >59	mL/min	
17-Jun-2016	Examination	<b>Serum chloride:</b> Serum chloride	96 mmol/L	(Range: 95 - 108)
17-Jun-2016	Examination	<b>Serum creatinine: Below low reference limit</b> Serum creatinine	<b>51 umol/L</b>	<b>(Range: 60 - 100)</b>
17-Jun-2016	Examination	<b>Serum potassium:</b> Serum potassium	3.9 mmol/L	(Range: 3.5 - 5.3)
17-Jun-2016	Examination	<b>Serum sodium:</b> Serum sodium	133 mmol/L	(Range: 133 - 146)
17-Jun-2016	Examination	<b>Serum TSH level</b> mU/L: Serum TSH level mU/L	1.5 mU/L	(Range: 0.2 - 5)
17-Jun-2016	Examination	<b>Serum urea level:</b> Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
17-Jun-2016	Examination	<b>Thyroid hormone tests</b> <none>: Thyroid hormone tests <none>		(No range available)
17-Jun-2016	Examination	<b>Urea and electrolytes</b> <none>: Urea and electrolytes <none>		(No range available)
17-Jun-2016	Examination	<b>Serum bicarbonate:</b> Serum bicarbonate	26 mmol/L	(Range: 22 - 29)
17-Jun-2016	Examination	<b>Free T4 level:</b> Free T4 level	14.3 pmol/L	(Range: 9 - 21)
17-Jun-2016	Examination	<b>GFR calculated abbreviated MDRD</b> Estimated EGFR - >59: GFR calculated abbreviated MDRD Estimated EGFR - >59	mL/min	(No range available)

**17-Jun-2016 Ms Shirley Herriot Surgery consultation**

Examination	Blood sample -> Lab NOS fbc u&e haematinics tft taken today		
Examination	<b>Blood sample -&gt; Lab NOS</b> fbc u&e haematinics tft taken today: Blood sample -> Lab NOS fbc u&e haematinics tft taken today		(No range available)

**16-Jun-2016 Dr Graeme Brough Surgery consultation**

Administration Consultation going for colonoscopy 5 years after last , (P3) doesnt remember being told , phoned unit and had tubular adenoma with low grade dysplasia and needs 5 years survellance, explained , coming for UEs tomorrow but frequent periods and TATT , check TFT FBC haematinics as well

**20-Jan-2016 Dr S Lawson Surgery consultation**

Administration Consultation facial pain with earache past 5 days - not (P3) able to get anything down nose but very painful Ears NAD facial tenderness- amoxicillin and review SOS

**30-Apr-2015 Dr Margaret Angus Results recording**

29-Apr-2015	Examination	Serum TSH level mU/L	1.7 mU/L	
29-Apr-2015	Examination	Thyroid hormone tests <none>		
29-Apr-2015	Examination	Free T4 level	16.9 pmol/L	
29-Apr-2015	Examination	<b>Serum TSH level</b> mU/L: Serum TSH level mU/L	1.7 mU/L	(Range: 0.2 - 5)
29-Apr-2015	Examination	<b>Thyroid hormone tests</b> <none>: Thyroid hormone tests <none>		(No range available)
29-Apr-2015	Examination	<b>Free T4 level:</b> Free T4 level	16.9 pmol/L	(Range: 9 - 21)

## 30-Apr-2015 Dr Margaret Angus Results recording

29-Apr-2015	Examination	Eosinophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Haemoglobin estimation	13.2 g/dL	
29-Apr-2015	Examination	Mean corpusc. haemoglobin(MCH) pg	28.6 pg/mL	
29-Apr-2015	Examination	Mean corpusc. Hb. conc. (MCHC)	34 g/dL	
29-Apr-2015	Examination	Mean corpuscular volume (MCV)	84.2 fL	
29-Apr-2015	Examination	Monocyte count x10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Neutrophil count x10 <sup>9</sup> /L	3.9 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Platelet count x10 <sup>9</sup> /L	336 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Red blood cell (RBC) count x10 <sup>12</sup> /L	4.61 10 <sup>-2</sup>	
29-Apr-2015	Examination	Nucleated red blood cell count x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Total white blood count x10 <sup>9</sup> /L	6.9 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Lymphocyte count x10 <sup>9</sup> /L	2.3 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Full blood count - FBC <none>		
29-Apr-2015	Examination	Haematocrit	0.388 L/L	
29-Apr-2015	Examination	Basophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
29-Apr-2015	Examination	Red blood cell distribution width	13.5 %	
29-Apr-2015	Examination	<b>Eosinophil count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Eosinophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
29-Apr-2015	Examination	<b>Haemoglobin estimation:</b>		
29-Apr-2015	Examination	Haemoglobin estimation	13.2 g/dL	(Range: 11.5 - 16.5)
29-Apr-2015	Examination	<b>Mean corpusc. haemoglobin(MCH)</b> pg:		
29-Apr-2015	Examination	Mean corpusc. haemoglobin(MCH) pg	28.6 pg/mL	(Range: 27 - 32)
29-Apr-2015	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>		
29-Apr-2015	Examination	Mean corpusc. Hb. conc. (MCHC)	34 g/dL	(Range: 32 - 36)
29-Apr-2015	Examination	<b>Mean corpuscular volume (MCV):</b>		
29-Apr-2015	Examination	Mean corpuscular volume (MCV)	84.2 fL	(Range: 80 - 100)
29-Apr-2015	Examination	<b>Monocyte count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Monocyte count x10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
29-Apr-2015	Examination	<b>Neutrophil count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Neutrophil count x10 <sup>9</sup> /L	3.9 10 <sup>9</sup> /L	(Range: 2 - 7.5)
29-Apr-2015	Examination	<b>Platelet count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Platelet count x10 <sup>9</sup> /L	336 10 <sup>9</sup> /L	(Range: 140 - 450)
29-Apr-2015	Examination	<b>Red blood cell (RBC) count</b> x10 <sup>12</sup> /L:		
29-Apr-2015	Examination	Red blood cell (RBC) count x10 <sup>12</sup> /L	4.61 10 <sup>-2</sup>	(Range: 3.9 - 5.6)
29-Apr-2015	Examination	<b>Nucleated red blood cell count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Nucleated red blood cell count x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
29-Apr-2015	Examination	<b>Total white blood count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Total white blood count x10 <sup>9</sup> /L	6.9 10 <sup>9</sup> /L	(Range: 4 - 11)
29-Apr-2015	Examination	<b>Lymphocyte count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Lymphocyte count x10 <sup>9</sup> /L	2.3 10 <sup>9</sup> /L	(Range: 1 - 4)
29-Apr-2015	Examination	<b>Full blood count - FBC</b> <none>:		
29-Apr-2015	Examination	Full blood count - FBC <none>		(No range available)
29-Apr-2015	Examination	<b>Haematocrit:</b>		
29-Apr-2015	Examination	Haematocrit	0.388 L/L	(Range: 0.37 - 0.47)
29-Apr-2015	Examination	<b>Basophil count</b> x10 <sup>9</sup> /L:		
29-Apr-2015	Examination	Basophil count x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
29-Apr-2015	Examination	<b>Red blood cell distribution width:</b>		
29-Apr-2015	Examination	Red blood cell distribution width	13.5 %	(Range: 11 - 16)

## 29-Apr-2015 Mrs Janet Dalziel Other

Examination	Blood sample -> Lab NOS	Bloods taken FBC TFT.	
Examination	<b>Blood sample -&gt; Lab NOS</b>	Bloods taken FBC TFT.:	
	Blood sample -> Lab NOS	Bloods taken FBC TFT.	(No range available)

## 22-Apr-2015 Dr Maureen Ferrie Surgery consultation

Administration Consultation (P3) Recent palpitations can make her feel sob and tired No specific trigger. exam well P 88 SR BP 131/84 HS pure no gross anaemia and no thyroid mass Check FBC TFT then review If persists may need 24 hr tape Advice re caffeine Watering eyes but red and sore at times Try artificial tears but see optician

## 18-Mar-2015 Dr S Lawson Surgery consultation

Administration Consultation (P3) cough runny nose headaches, aching bones past week O/E chest clear Tender over sinuses Temp 37 Sats 99% stopped smoking 3 weeks shy of 1 year ago. amoxicillin and review SOS

Examination Ex smoker // cigarettes / cigars / tobacco

## 18-Nov-2014 Dr Graeme Brough Results recording

Administration Cervical smear defaulter (P3)

## 01-July-2014 Dr Maureen Ferrie Surgery consultation

Administration Consultation (P3) Irritable spots over neck area and a few upper chest and a few on arm blanching Unaware if whether had chickenpox before but has had aciclovir for ? shingles last year has started aciclovir left over Says tingly pain Looks more like bites than shingles but cover for same

**30-Jun-2014 Dr Margaret Angus Administration**

Administration Administration NOS requesting Rx shingles no see Dr  
(P3)

**30-Dec-2013 Dr Margaret Angus Surgery consultation**

Administration Consultation earlt shingles left side neck start aciclovir  
(P3)  
Administration Medication review

**03-Sept-2013 Dr Maureen Ferrie Surgery consultation**

Examination O/E - blood pressure reading 136 / 89 mm Hg  
Administration Consultation Blistered rash L side neck Inflamed  
(P3) Tender to touch ? shingles Rx aciclovirBP checked  
Advised over due Cx smear and risks of cervical cancer if  
not screened  
Diagnosis Herpes zoster  
(P3)

**11-Oct-2012 Dr Graeme Brough Surgery consultation**

Administration Consultation chloramphenicol for conjunctivitisflare abdo  
(P3) pain with diverticular disease after eating nuts , fybogel  
and paracetamol , increase fluidsreminded again smear  
due

**24-Aug-2012 Dr Graeme Brough Surgery consultation**

Intervention Smoking cessation advice  
Administration Declined consent for follow-up by smoking cessation team  
(P3)  
Administration Consultation inflamed burn right hand , fluclox and  
(P3) flamazine with dressings  
Examination Current smoker // cigarettes / cigars /  
tobacco  
Administration Medication review

**23-July-2012 Mrs Nan Ross Administration****03-Nov-2011 Sister Elizabeth Holtz Other**

Administration Consultation patient attended with bruising following  
(P3) bloods reassured and advice given

## 01-Nov-2011 Dr Margaret Angus Results recording

31-Oct-2011	Examination	Serum albumin g/l	45 g/L	
31-Oct-2011	Examination	Serum alkaline phosphatase Serum Alkaline phosphatase - IU/l	77 IU/L	
31-Oct-2011	Examination	Serum alanine aminotransferase level IU/l	19 IU/L	
31-Oct-2011	Examination	Serum bilirubin level Serum Bilirubin - umol/l	10 umol/L	
31-Oct-2011	Examination	Serum chloride mmol/l	105 mmol/L	
31-Oct-2011	Examination	Serum creatinine umol/l	<b>56 umol/L</b>	
31-Oct-2011	Examination	Serum potassium mmol/l	4.2 mmol/L	
31-Oct-2011	Examination	Serum sodium mmol/l	141 mmol/L	
31-Oct-2011	Examination	Serum TSH level [ TFT REQUESTED: NO THERAPY ]	MicroU/L	
31-Oct-2011	Examination	Serum TSH level mIU/l	2.83 mIU/L	
31-Oct-2011	Examination	Serum urea level mmol/l	3.4 mmol/L	
31-Oct-2011	Examination	Liver function test Liver function tests		
31-Oct-2011	Examination	Serum fasting glucose level mmol/l	4.9 mmol/L	
31-Oct-2011	Examination	Blood urea/renal function Serum electrolytes		
31-Oct-2011	Examination	Serum bicarbonate mmol/l	<b>20 mmol/L</b>	
31-Oct-2011	Examination	Serum free T4 level pmol/l	18.6 pmol/L	
31-Oct-2011	Examination	GFR calculated abbreviated MDRD Estimated GFR - Greater than 59ml/min/1.73m <sup>2</sup>	mL/min	
31-Oct-2011	Examination	<b>Serum albumin</b> g/l:		
		Serum albumin g/l	45 g/L	(Range: 36 - 52)
31-Oct-2011	Examination	<b>Serum alkaline phosphatase</b> Serum Alkaline phosphatase - IU/l:		
		Serum alkaline phosphatase Serum Alkaline phosphatase - IU/l	77 IU/L	(Range: 25 - 110)
31-Oct-2011	Examination	<b>Serum alanine aminotransferase level</b> IU/l:		
		Serum alanine aminotransferase level IU/l	19 IU/L	(No range available)
31-Oct-2011	Examination	<b>Serum bilirubin level</b> Serum Bilirubin - umol/l:		
		Serum bilirubin level Serum Bilirubin - umol/l	10 umol/L	(No range available)
31-Oct-2011	Examination	<b>Serum chloride</b> mmol/l:		
		Serum chloride mmol/l	105 mmol/L	(Range: 95 - 105)
31-Oct-2011	Examination	<b>Serum creatinine</b> umol/l: <b>Below low reference limit</b>		
		Serum creatinine umol/l	<b>56 umol/L</b>	<b>(Range: 60 - 110)</b>
31-Oct-2011	Examination	<b>Serum potassium</b> mmol/l:		
		Serum potassium mmol/l	4.2 mmol/L	(Range: 3.5 - 5)
31-Oct-2011	Examination	<b>Serum sodium</b> mmol/l:		
		Serum sodium mmol/l	141 mmol/L	(Range: 135 - 145)
31-Oct-2011	Examination	<b>Serum TSH level</b> [ TFT REQUESTED: NO THERAPY ]:		
		Serum TSH level [ TFT REQUESTED: NO THERAPY ]	MicroU/L	(No range available)
31-Oct-2011	Examination	<b>Serum TSH level</b> mIU/l:		
		Serum TSH level mIU/l	2.83 mIU/L	(Range: 0.2 - 5)
31-Oct-2011	Examination	<b>Serum urea level</b> mmol/l:		
		Serum urea level mmol/l	3.4 mmol/L	(Range: 2.5 - 7.5)
31-Oct-2011	Examination	<b>Liver function test</b> Liver function tests:		
		Liver function test Liver function tests		(No range available)
31-Oct-2011	Examination	<b>Serum fasting glucose level</b> mmol/l:		
		Serum fasting glucose level mmol/l	4.9 mmol/L	(Range: 3 - 6)
31-Oct-2011	Examination	<b>Blood urea/renal function</b> Serum electrolytes:		
		Blood urea/renal function Serum electrolytes		(No range available)
31-Oct-2011	Examination	<b>Serum bicarbonate</b> mmol/l: <b>Below low reference limit</b>		
		Serum bicarbonate mmol/l	<b>20 mmol/L</b>	<b>(Range: 21 - 28)</b>
31-Oct-2011	Examination	<b>Serum free T4 level</b> pmol/l:		
		Serum free T4 level pmol/l	18.6 pmol/L	(Range: 9 - 21)
31-Oct-2011	Examination	<b>GFR calculated abbreviated MDRD</b> Estimated GFR - Greater than 59ml/min/1.73m <sup>2</sup> :		
		GFR calculated abbreviated MDRD Estimated GFR - Greater than 59ml/min/1.73m <sup>2</sup>	mL/min	(No range available)

## 01-Nov-2011 Dr Margaret Angus Results recording

31-Oct-2011	Examination	Eosinophil count	x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Haemoglobin estimation		14.4 g/dL	
31-Oct-2011	Examination	Mean corpusc. haemoglobin(MCH)	pg	30.8 pg/mL	
31-Oct-2011	Examination	Mean corpusc. Hb. conc. (MCHC)		34 g/dL	
31-Oct-2011	Examination	Mean corpuscular volume (MCV)		90.8 fL	
31-Oct-2011	Examination	Monocyte count	x10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Neutrophil count	x10 <sup>9</sup> /L	4 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Platelet count	x10 <sup>9</sup> /L	359 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Red blood cell (RBC) count	Red blood count - x10 <sup>12</sup> /L	4.67 10 <sup>-2</sup>	
31-Oct-2011	Examination	Total white cell count	x10 <sup>9</sup> /L	8.1 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Lymphocyte count	x10 <sup>9</sup> /L	3.3 10 <sup>9</sup> /L	
31-Oct-2011	Examination	Full blood count - FBC	<none>		
31-Oct-2011	Examination	Haematocrit		0.424 L/L	
31-Oct-2011	Examination	Basophil count	x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	
31-Oct-2011	Examination	<b>Eosinophil count</b> x10 <sup>9</sup> /L:			
		Eosinophil count	x10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
31-Oct-2011	Examination	<b>Haemoglobin estimation:</b>			
		Haemoglobin estimation		14.4 g/dL	(Range: 11.5 - 16.5)
31-Oct-2011	Examination	<b>Mean corpusc. haemoglobin(MCH)</b> pg:			
		Mean corpusc. haemoglobin(MCH)	pg	30.8 pg/mL	(Range: 27 - 32)
31-Oct-2011	Examination	<b>Mean corpusc. Hb. conc. (MCHC):</b>			
		Mean corpusc. Hb. conc. (MCHC)		34 g/dL	(Range: 30 - 36)
31-Oct-2011	Examination	<b>Mean corpuscular volume (MCV):</b>			
		Mean corpuscular volume (MCV)		90.8 fL	(Range: 80 - 100)
31-Oct-2011	Examination	<b>Monocyte count</b> x10 <sup>9</sup> /L:			
		Monocyte count	x10 <sup>9</sup> /L	0.6 10 <sup>9</sup> /L	(No range available)
31-Oct-2011	Examination	<b>Neutrophil count</b> x10 <sup>9</sup> /L:			
		Neutrophil count	x10 <sup>9</sup> /L	4 10 <sup>9</sup> /L	(Range: 2 - 8)
31-Oct-2011	Examination	<b>Platelet count</b> x10 <sup>9</sup> /L:			
		Platelet count	x10 <sup>9</sup> /L	359 10 <sup>9</sup> /L	(Range: 150 - 450)
31-Oct-2011	Examination	<b>Red blood cell (RBC) count</b> Red blood count - x10 <sup>12</sup> /L:			
		Red blood cell (RBC) count	Red blood count - x10 <sup>12</sup> /L	4.67 10 <sup>-2</sup>	(Range: 3.9 - 5.6)
31-Oct-2011	Examination	<b>Total white cell count</b> x10 <sup>9</sup> /L:			
		Total white cell count	x10 <sup>9</sup> /L	8.1 10 <sup>9</sup> /L	(Range: 4 - 11)
31-Oct-2011	Examination	<b>Lymphocyte count</b> x10 <sup>9</sup> /L:			
		Lymphocyte count	x10 <sup>9</sup> /L	3.3 10 <sup>9</sup> /L	(Range: 0.8 - 4.5)
31-Oct-2011	Examination	<b>Full blood count - FBC</b> <none>:			
		Full blood count - FBC	<none>		(No range available)
31-Oct-2011	Examination	<b>Haematocrit:</b>			
		Haematocrit		0.424 L/L	(Range: 0.37 - 0.47)
31-Oct-2011	Examination	<b>Basophil count</b> x10 <sup>9</sup> /L:			
		Basophil count	x10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)

## 31-Oct-2011 Mrs Janet Dalziel Other

Examination	Blood sample -> Lab NOS	Bloods taken FBC U&E LFT FBG TFT.	
Examination	<b>Blood sample -&gt; Lab NOS</b>	Bloods taken FBC U&E LFT FBG TFT.:	
	Blood sample -> Lab NOS	Bloods taken FBC U&E LFT FBG TFT.	(No range available)

## 25-Oct-2011 Dr Maureen Ferrie Surgery consultation

Administration Consultation TATT no specific features Periods heavy (P3) but regular Exam nad Check FBC U+E LFT TFT FBG Review if any abnormality.Reminded smear test long overdue

## 15-Feb-2011 Mrs Elizabeth Devine Administration

10-Feb-2011	Examination	Diagnostic colonoscopy	diverticulosis and rectal polyps	
10-Feb-2011	Intervention (P2)	Polypectomy	(1 polyp Excised)	
10-Feb-2011	Examination	<b>Diagnostic colonoscopy</b>	diverticulosis and rectal polyps:	
		Diagnostic colonoscopy	diverticulosis and rectal polyps	(No range available)

## 23-Dec-2010 Mrs Elizabeth Devine Administration

10-Nov-2010 Diagnosis (P2) [M]Tubular adenoma NOS 5mm polyp

## 15-Dec-2010 Mrs Christine Smith Administration

29-Nov-2010	Examination	Barium enema	moderate diverticular disease	
29-Nov-2010	Examination	<b>Barium enema</b>	moderate diverticular disease:	
		Barium enema	moderate diverticular disease	(No range available)

## 17-Nov-2010 Mrs Elizabeth Devine Administration

10-Nov-2010	Examination	Sigmoidoscopy NEC	Diverticulosis and colonic polyps	
10-Nov-2010	Diagnosis (P2)	Diverticulosis		
10-Nov-2010	Examination	<b>Sigmoidoscopy NEC</b>	Diverticulosis and colonic polyps:	
		Sigmoidoscopy NEC	Diverticulosis and colonic polyps	(No range available)

**07-Oct-2010 Dr Graeme Brough Results recording**

20-Sept-2010 Examination	Sample culture <none>	
20-Sept-2010 Examination	Sample culture No intestinal pathogens isolated.	
20-Sept-2010 Examination	<b>Sample culture</b> <none>:	
	Sample culture <none>	(No range available)
20-Sept-2010 Examination	<b>Sample culture</b> No intestinal pathogens isolated.:	
	Sample culture No intestinal pathogens isolated.	(No range available)

**24-Sept-2010 Dr S Lawson Administration**

Administration Administration NOS handed un further stool samples -  
(P3) called lab - negative wants to get back to work feels well  
med 3 till 28/9/10 salmonella.

**17-Sept-2010 Dr Graeme Brough Surgery consultation**

Administration Seen in GP's surgery 1 clear sample , ask for another as  
(P3) chef, med 3 for 1 week salmonella

**13-Sept-2010 Dr S Lawson Surgery consultation**

Examination	Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 15/09/2010 ; Outcome=File : DateSent=13/09/2010 : DateReceived=13/09/2010 : SampleLabID=FP804241	0	
Examination	Sample culture No intestinal pathogens isolated. : Faeces culture	0	
Examination	<b>Sample culture</b> *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 15/09/2010 ; Outcome=File : DateSent=13/09/2010 : DateReceived=13/09/2010 : SampleLabID=FP804241	0	(No range available)
	Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 15/09/2010 ; Outcome=File : DateSent=13/09/2010 : DateReceived=13/09/2010 : SampleLabID=FP804241	0	
Examination	<b>Sample culture</b> No intestinal pathogens isolated. : Faeces culture: Sample culture No intestinal pathogens isolated. : Faeces culture	0	(No range available)

**10-Sept-2010 Dr S Lawson Surgery consultation**

Administration Seen in GP's surgery Feeling a bit better over past  
(P3) couple of days but stool still positive for salmonella works  
as chef so cannot return till clear - further stool sample on  
monday adn Med 3 1 week salmonellosis.

**06-Sept-2010 Dr Graeme Brough Surgery consultation**

Examination	Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 09/09/2010 ; Outcome=File : DateSent=03/09/2010 : DateReceived=06/09/2010 : SampleLabID=FP804024 : DATE_RECORDED=03/09/2010	0	
Examination	Sample culture 1) GROWTH of Salmonella species : Faeces culture : DATE_RECORDED=03/09/2010	0	
Examination	<b>Sample culture</b> *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 09/09/2010 ; Outcome=File : DateSent=03/09/2010 : DateReceived=06/09/2010 : SampleLabID=FP804024 : DATE_RECORDED=03/09/2010:	0	(No range available)
	Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.* : Faeces culture: - Received 09/09/2010 ; Outcome=File : DateSent=03/09/2010 : DateReceived=06/09/2010 : SampleLabID=FP804024 : DATE_RECORDED=03/09/2010	0	
Examination	<b>Sample culture</b> 1) GROWTH of Salmonella species : Faeces culture : DATE_RECORDED=03/09/2010:	0	
	Sample culture 1) GROWTH of Salmonella species : Faeces culture : DATE_RECORDED=03/09/2010	0	(No range available)

**03-Sept-2010 Dr Graeme Brough Surgery consultation**

Diagnosis (P2)	Salmonella gastroenteritis
Administration (P3)	Seen in GP's surgery still intermittent symptoms including sweats , ciprofloxacin 500mg bd and then replace with lactobacillus med 3 for 1 week salmonellosis
Diagnosis (P3)	Medication review done
Diagnosis (P3)	Medication review

**02-Sept-2010 Dr Graeme Brough Surgery consultation**

Administration Patient encounter data NOS sample positive salmonella ,  
(P3) known

**30-Aug-2010 Dr Maureen Ferrie Surgery consultation**

Examination Sample culture \*SPECIMEN EXAMINED FOR 0  
CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\* : Faeces  
culture: - Received 02/09/2010 ; Outcome=File :  
DateSent=30/08/2010 : DateReceived=30/08/2010 :  
SampleLabID=FP803807

Examination Sample culture 1) GROWTH of Salmonella species : 0  
Faeces culture

Examination **Sample culture**\*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\* : Faeces culture: - Received 02/09/2010 ;  
Outcome=File : DateSent=30/08/2010 : DateReceived=30/08/2010 : SampleLabID=FP803807:  
Sample culture \*SPECIMEN EXAMINED FOR 0 (No range available)  
CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\* : Faeces  
culture: - Received 02/09/2010 ; Outcome=File :  
DateSent=30/08/2010 : DateReceived=30/08/2010 :  
SampleLabID=FP803807

Examination **Sample culture** 1) GROWTH of Salmonella species : Faeces culture:  
Sample culture 1) GROWTH of Salmonella species : 0 (No range available)  
Faeces culture

**27-Aug-2010 Dr Maureen Ferrie Surgery consultation**

Administration Seen in GP's surgery Proven salmonellosis Diarrhoea  
(P3) settling but cramps Rx buscopan Repeat stool culture next  
week med 3 1 week 'salmonellosis'

**24-Aug-2010 Dr Margaret Angus Surgery consultation**

Examination Sample culture \*SPECIMEN EXAMINED FOR 0  
CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\*Phoned  
to PUBLIC HEALTH at 09:51 by jsl : Faeces culture: -  
Received 26/08/2010 ; Outcome=File :  
DateSent=24/08/2010 : DateReceived=24/08/2010 :  
SampleLabID=FP803613

Examination Sample culture 1) First isolation of Salmonella species : 0  
Faeces culture

Examination **Sample culture**\*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\*Phoned to PUBLIC HEALTH at 09:51 by jsl : Faeces  
culture: - Received 26/08/2010 ; Outcome=File : DateSent=24/08/2010 : DateReceived=24/08/2010 :  
SampleLabID=FP803613:  
Sample culture \*SPECIMEN EXAMINED FOR 0 (No range available)  
CRYPTOSPORIDIUM CYSTS,E.COLI (0157),  
SALMONELLA, SHIGELLA, CAMPYLOBACTER.\*Phoned  
to PUBLIC HEALTH at 09:51 by jsl : Faeces culture: -  
Received 26/08/2010 ; Outcome=File :  
DateSent=24/08/2010 : DateReceived=24/08/2010 :  
SampleLabID=FP803613

Examination **Sample culture** 1) First isolation of Salmonella species : Faeces culture:  
Sample culture 1) First isolation of Salmonella species : 0 (No range available)  
Faeces culture

**23-Aug-2010 Sister Elizabeth Holtz Surgery consultation**

Administration Telephone encounter Phoned triage for advice has had  
(P3) diahorrea since thursday not being sick but has diahorrea  
since thursday managing to keep some fluids down  
advised to hand in stool samples & need to adhere to  
strict handwashing works as chef so off work just now To  
take loperamide but if cannot keep fluids down to call back

**22-Jun-2010 Dr Graeme Brough Surgery consultation**

Administration Seen in GP's surgery med 3 final 28/6/10 ,  
(P3) stress/bereavement , \*\*\*\*\* died , had cancer but still  
sudden

Diagnosis Medication review  
(P3)

Diagnosis Medication review  
(P3)

**26-Jan-2010 Dr S Lawson Surgery consultation**

Administration Seen in GP's surgery left plantar fasciitis - been using  
(P3) ibuprofen, heel pads and ice but not helping given info on  
exercises to try but if nto settling come back.

**29-Dec-2009 Dr S Lawson Surgery consultation**

**21-Aug-2009 Dr Graeme Brough Surgery consultation**

Diagnosis Medication review  
(P3)

**18-May-2009 Dr Margaret Angus Surgery consultation**

Administration Seen in GP's surgery SCI Electronic Referral  
(P3)

**15-May-2009 Dr Margaret Angus Surgery consultation**

Administration Seen in GP's surgery still knee pain intermittent giving  
(P3) way O/E clicking lateral joint line @menisceal tear refer  
ortho

**05-Feb-2009 Mrs Ann Boyle Surgery consultation**

Administration Seen in GP's surgery attended wire from mouse trap  
(P3) went slightly into finger no signs of infection area dressed  
with bactigras & mepore keep on fo 2 days any problems  
to return TETANUS Booster given Revaxis in L arm  
bnb5955-1 exp 09/2010  
Intervention Booster tetanus vaccination *ACTION=Repeat after an Interval*

**16-Dec-2008 Dr S Lawson Surgery consultation**

Intervention +Med: Infection Skin  
(P3)  
Administration Seen in GP's surgery Been feeling unwell for past 3  
(P3) weeks initially thought it was a cold but then face broke  
out with ? shingles - has had it there before, now feeling  
tired and unwell. O/E remnants of rash on left cheek-  
dried up now so too late for antivirals - will settle with time.  
review SOS.

**26-Sept-2008 Mrs Christine Smith Surgery consultation**

Administration Patient encounter data NOS told x-ray fine  
(P3)

**08-Sept-2008 Dr S Lawson Surgery consultation**

Administration Seen in GP's surgery Sore right knee been ongoing for  
(P3) months, saw Dr at work who said she had phlebitis but  
knee sore on movment O/E tende rover medial joint line,  
good ROM, on feet 10 hours per day - Arrange X-ray adn  
review with results meantime ibuprofen.

**29-Jan-2008 Dr S Lawson Surgery consultation**

Administration Seen in GP's surgery pain in back since last night  
(P3) associated with cough with purulent bloodstained sputum.  
O/E temp 37.4, a few creps right base - amoxicillin and  
review SOS

**01-Feb-2007 Dr Graeme Brough Surgery consultation**

Administration Seen in GP's surgery lif pain , loaded des colon , has  
(P3) lactulose , review if not settling

**04-Dec-2006 Dr Maureen Ferrie Surgery consultation**

Administration Seen in GP's surgery Probable early H Zoster L 2nd  
(P3) ophthalmic division No eye involvement Rx famir and  
diclofenac Advice Med CF 12/12/06. 'shingles'

## 09-May-2006 Dr Margaret Angus Surgery consultation

Examination	Serum vitamin B12 Received 10/05/2006 - Result : File - 361 - Sent 09/05/2006 - SampleLabID: CK589663		
Examination	Eosinophils	0.2	
Examination	Serum ferritin Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	85	
Examination	Serum folate Received 10/05/2006 - Result : File -- Sent 6.1 09/05/2006 - SampleLabID: CK589663		
Examination	HAEMOGLOBIN	14.9	
Examination	MCH	30.1	
Examination	MCHC	33	
Examination	MCV	91.1	
Examination	Monocytes	0.8	
Examination	Neutrophils	<b>10.2</b>	
Examination	PLATELETS	350	
Examination	Red Cell Count	4.95	
Examination	TSH - thyroid stim. hormone Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: AK044650	1.7	
Examination	WHITE BLOOD COUNT	<b>14.9</b>	
Examination	Lymphocytes	3.7	
Examination	Full blood count - FBC Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	0	
Examination	Infectious mononucleosis test Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	0	
Examination	Haematocrit	0.45	
Examination	Basophils	0.1	
Administration (P3)	Seen in GP's surgery Bloods taken TFT FBC Monospot B12/Folate Ferritin.		
Examination	<b>Serum vitamin B12</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663: <b>Normal</b>		
	Serum vitamin B12 Received 10/05/2006 - Result : File - 361 - Sent 09/05/2006 - SampleLabID: CK589663		(Range: 155 - 1100)
Examination	<b>Eosinophils: Normal</b>		
	Eosinophils	0.2	(No range available)
Examination	<b>Serum ferritin</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663: <b>Normal</b>		
	Serum ferritin Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	85	(Range: 14 - 186)
Examination	<b>Serum folate</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663: <b>Normal</b>		
	Serum folate Received 10/05/2006 - Result : File -- Sent 6.1 09/05/2006 - SampleLabID: CK589663		(Range: 2.8 - 12.4)
Examination	<b>HAEMOGLOBIN: Normal</b>		
	HAEMOGLOBIN	14.9	(Range: 11.5 - 16.5)
Examination	<b>MCH: Normal</b>		
	MCH	30.1	(Range: 27 - 32)
Examination	<b>MCHC: Normal</b>		
	MCHC	33	(Range: 30 - 36)
Examination	<b>MCV: Normal</b>		
	MCV	91.1	(Range: 80 - 100)
Examination	<b>Monocytes: Normal</b>		
	Monocytes	0.8	(No range available)
Examination	<b>Neutrophils: Abnormal</b>		
	Neutrophils	<b>10.2</b>	<b>(Range: 2 - 8)</b>
Examination	<b>PLATELETS: Normal</b>		
	PLATELETS	350	(Range: 150 - 450)
Examination	<b>Red Cell Count: Normal</b>		
	Red Cell Count	4.95	(Range: 3.9 - 5.6)
Examination	<b>TSH - thyroid stim. hormone</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: AK044650: <b>Normal</b>		
	TSH - thyroid stim. hormone Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: AK044650	1.7	(Range: 0.3 - 4.2)
Examination	<b>WHITE BLOOD COUNT: Abnormal</b>		
	WHITE BLOOD COUNT	<b>14.9</b>	<b>(Range: 4 - 11)</b>
Examination	<b>Lymphocytes: Normal</b>		
	Lymphocytes	3.7	(Range: 0.8 - 4.5)
Examination	<b>Full blood count - FBC</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663:		
	Full blood count - FBC Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	0	(No range available)
Examination	<b>Infectious mononucleosis test</b> Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663:		
	Infectious mononucleosis test Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663	0	(No range available)
Examination	<b>Haematocrit: Normal</b>		
	Haematocrit	0.45	(Range: 0.4 - 0.5)
Examination	<b>Basophils: Normal</b>		
	Basophils	0.1	(No range available)

**04-May-2006 Dr Graeme Brough Surgery consultation**

Administration Seen in GP's surgery tatt , frequent sore throats check  
(P3) fbc ferritin monospot tfts

**30-Sept-2005 Dr Maureen Ferrie Surgery consultation**

Diagnosis Herpes zoster ophthalmic division L trigeminal nerve  
(P3)  
Administration Seen in GP's surgery ?early herpes zoster LHs of nose  
(P3) with secondary cellulitis Pain spreading to below eye -like  
an itch Eye clear Advice Rx Famvir and flucloxacillin Self  
cetify for 1/52

**20-July-2005 Mrs Janet Dalziel Surgery consultation**

Administration Patient encounter data NOS letter re Soul and  
(P3) Conscience.

**19-July-2005 Dr Margaret Angus Surgery consultation**

Administration Seen in GP's surgery lot family problems anxious and  
(P3) uptight seen lawyer recently was brought up Nazareth  
house thinking about prosecution called jury duty unfit for  
S&C

**24-Jun-2005 Dr Maureen Ferrie Surgery consultation**

Administration Seen in GP's surgery Infected boil R anterior abdominal  
(P3) wall Rx flucloxacillin Advice.

**16-Dec-2004 Dr Staff Unknown Member of Staff Surgery consultation**

Administration Notes summary on computer  
(P3)

**21-Jun-2004 Dr Maureen Ferrie Surgery consultation****10-Jun-2004 Dr Margaret Angus Surgery consultation**

Intervention Removal mole skin by excision  
(P3)

**19-Apr-2004 Dr Staff Unknown Member of Staff Surgery consultation**

Administration Referral letter DOCUMENT=Documents\Dr Margaret  
(P3) \*\*\*\*\*Donnelly, Margaret 2004 04 19 #1.doc

**14-Apr-2004 Dr Margaret Angus Surgery consultation**

Diagnosis Hirsutism - hypertrichosis  
(P2)

**17-Feb-2004 Dr Maureen Ferrie Surgery consultation****23-Oct-2003 Dr Margaret Angus Surgery consultation**

Intervention Smoking cessation advice ACTION=Repeat after an  
(P3) Interval  
Diagnosis Upper resp. tract infect. NOS  
(P3)

**15-Sept-2003 Dr Staff Unknown Member of Staff Surgery consultation**

Examination O/E - blood pressure reading ACTION=Repeat after an 0 / 0 mm Hg  
(P3) Interval  
Examination Cervical smear: negative ACTION=Repeat after an  
(P3) Interval

**24-Jun-2003 Dr Margaret Angus Surgery consultation**

**16-May-2003 Dr Marion Campbell Surgery consultation**

Intervention (P3)	SPICE Smoking: Smoke oral advice	Yes	
Intervention (P3)	SPICE Smoking: Smoke written advice	Yes	
Intervention (P3)	SPICE Smoking: Smoke indiv follow-up	Yes	
Intervention (P3)	SPICE Smoking: Smoke Psych support	Yes	
Intervention (P3)	SPICE Smoking: NRT	Yes	
Examination (P3)	Current smoker		0 // cigarettes / cigars / tobacco
Examination (P3)	SPICE Smoking: Smoke stop motiv	Wishes to stop now	0 // cigarettes / cigars / tobacco

**08-Apr-2003 Dr Margot McLaughlin Surgery consultation****04-July-2002 Dr Margaret Angus Surgery consultation****18-Sept-2001 Dr Staff Unknown Member of Staff Surgery consultation**

Intervention (P2)	Endosc bil female sterilisatn	
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**06-Sept-2001 Dr Treatment Room 1 Ch Surgery consultation**

Administration (P3)	GP102 signed for 08.01
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**07-Aug-2001 Dr Graeme Brough Surgery consultation**

Administration (P3)	Seen in GP's surgery Acute Consultation
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**22-Sept-2000 Dr Margaret Angus Surgery consultation****11-July-2000 Mrs Margaret Ford Surgery consultation**

Administration (P3)	GP102 status GP102 - contraception claim for 8/00
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**27-Jun-2000 Dr Margaret Angus Surgery consultation****04-Apr-2000 Dr Staff Unknown Member of Staff Surgery consultation**

Examination (P3)	Unilateral mastalgia Left ; ultrasound normal
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**17-Dec-1999 Mrs Margaret Ford Surgery consultation**

Examination (P3)	O/E - blood pressure reading	122 / 72 mm Hg
Examination (P3)	O/E - BP reading normal	122 / 72 mm Hg
Diagnosis (P3)	Medication review	

**14-Sept-1999 Dr Staff Unknown Member of Staff Surgery consultation**

Administration (P3)	GP102 signed signed for 8/99
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**09-Jun-1999 Dr Maureen Ferrie Surgery consultation****13-May-1999 Mrs Margaret Ford Surgery consultation**

Examination (P3)	O/E - blood pressure reading	125 / 85 mm Hg
Examination (P3)	O/E - BP reading normal	125 / 85 mm Hg

**20-Apr-1999 Dr Treatment Room 2 Ch Surgery consultation**

Examination (P3)	O/E - blood pressure reading	145 / 90 mm Hg
Examination (P3)	O/E - blood pressure reading	145 / 90 mm Hg

15-Jan-1999 Mrs Margaret Ford Surgery consultation

Administration GP102 signed  
(P3)

19-Oct-1998 Dr Graeme Brough Surgery consultation

09-Oct-1998 Dr Graeme Brough Surgery consultation

09-Sept-1998 Dr Maureen Ferrie Surgery consultation

23-Apr-1998 Dr Margaret Angus Surgery consultation

11-Mar-1998 Dr Margaret Angus Surgery consultation

14-Feb-1998 Dr Graeme Brough Surgery consultation

12-Nov-1997 Dr Margaret Angus Surgery consultation

22-Aug-1997 Dr Anne Mackie Surgery consultation

Administration GP102 signed GP102 signed for 8/97  
(P3)

05-Jun-1997 Dr Margaret Angus Surgery consultation

03-Jun-1997 Dr Anne Mackie Surgery consultation

Examination O/E - blood pressure reading 120 / 80 mm Hg  
(P3)  
Examination O/E - BP reading normal 120 / 80 mm Hg  
(P3)  
Examination Cervical smear due Cx cytology normal recall due  
(P3)  
Examination Cervical smear: negative ACTION=No Action Required  
(P3)

12-May-1997 Dr Margaret Angus Surgery consultation

29-Jan-1997 Dr Graeme Brough Surgery consultation

02-Dec-1996 Dr Margaret Angus Surgery consultation

22-Nov-1996 Dr Margaret Angus Surgery consultation

09-July-1996 Dr Anne Mackie Surgery consultation

Administration GP102 sent to Health Board  
(P3)

19-Jun-1996 Dr Anne Mackie Surgery consultation

Administration GP102 signed GP102 signed for 8/96  
(P3)  
Administration GP102 signed GP102 signed for 8/96  
(P3)

18-Jun-1996 Dr Anne Mackie Surgery consultation

Examination O/E - blood pressure reading 116 / 70 mm Hg  
(P3)  
Examination O/E - BP reading normal 116 / 70 mm Hg  
(P3)

15-Apr-1996 Dr Margaret Angus Surgery consultation

25-Mar-1996 Dr Graeme Brough Surgery consultation

23-Jan-1996 Dr Margaret Angus Surgery consultation

Diagnosis Acute respiratory infections Upper respiratory tract infec  
(P3) : First episode

15-Jan-1996 Dr Margaret Angus Surgery consultation

28-Nov-1995 Dr Graeme Brough Surgery consultation

25-Oct-1995 Dr Margaret Angus Surgery consultation

28-Sept-1995 Dr Anne Mackie Surgery consultation

Examination (P3)	O/E - blood pressure reading	105 / 70 mm Hg
Examination (P3)	O/E - BP reading normal	105 / 70 mm Hg

22-Aug-1995 Dr Anne Mackie Surgery consultation

Examination (P3)	O/E - blood pressure reading	130 / 70 mm Hg
Examination (P3)	O/E - BP reading normal	130 / 70 mm Hg
Examination (P3)	Cervical smear: negative	ACTION=No Action Required

13-July-1995 Dr Anne Mackie Surgery consultation

Administration GP102 sent to Health Board (P3)

07-July-1995 Dr Anne Mackie Surgery consultation

Diagnosis (P3)	Sterilisation counselling Sterilisation counsel DORMANT	
Intervention (P3)	Gynaecological referral 00083595 Rf 070795 Cn 020296 Referred 07/07/1995 000835/95 Cancelled 02/02/1996	

06-July-1995 Dr Anne Mackie Surgery consultation

Administration GP102 signed (P3)

08-Jun-1995 Dr Margaret Angus Surgery consultation

10-May-1995 Dr Staff Unknown Member of Staff Surgery consultation

Diagnosis (P2)	Spontaneous vaginal delivery
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13-Apr-1995 Dr Margaret Angus Surgery consultation

Intervention (P3)	Antenatal care: primigravida DORMANT : ***** 1\5\95 : ? diagnosis On going episode
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22-Mar-1995 Dr Margaret Angus Surgery consultation

09-Feb-1995 Dr Margaret Angus Surgery consultation

25-Jan-1995 Dr Margaret Angus Surgery consultation

15-Dec-1994 Dr Margaret Angus Surgery consultation

28-Oct-1994 Dr Margaret Angus Surgery consultation

Symptom (P3)	Constipated
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02-Aug-1994 Dr Anne Mackie Surgery consultation

Examination (P3)	BMI 25-29 - overweight	25.97 kg/m2 {25.97}
Examination (P3)	Trivial drinker - <1u/day	0 units per week
Examination (P3)	O/E - weight	64 Kg
Examination (P3)	Body Mass Index	25.9
Examination (P3)	O/E - height	1.57 m

**20-July-1994 Dr Anne Mackie Surgery consultation**

Administration GP102 signed  
(P3)

**19-July-1994 Dr Anne Mackie Surgery consultation**

Examination O/E - blood pressure reading 110 / 70 mm Hg  
(P3)  
Examination O/E - BP reading normal 110 / 70 mm Hg  
(P3)  
Administration Hypertension screen admin. BP screen administration  
(P3)  
Examination Cervical smear: negative ACTION=No Action Required  
(P3)

**02-Jun-1994 Dr Anne Mackie Surgery consultation**

Intervention General surgical referral 00025494 Rf 020694 Cm  
(P3) 210694 Cp xxxxx Referred 02/06/1994 000254/94  
Complete 21/06/1994

**06-May-1994 Dr Staff Unknown Member of Staff Surgery consultation**

Diagnosis Thyroid cyst Simple ; aspirated  
(P2)

**31-Jan-1994 Dr Anne Mackie Surgery consultation**

Diagnosis Acute sinusitis Sinusitis - acute  
(P3)

**21-Jan-1994 Dr Staff Unknown Member of Staff Surgery consultation**

Intervention [SO]Septum of nose fracture  
(P2)

**07-Jan-1994 Dr Margaret Angus Surgery consultation**

Diagnosis [D]Rash/nonspec.skin erupt.NOS Rash/nonsp.skin  
(P3) erupt.NOS DORMANT : D : First episode

**20-Dec-1993 Dr Anne Mackie Surgery consultation**

Intervention \*\*\*\*\* self-referral Casualty self-referral mdgh referred to  
(P3) oral surgery dept

**08-Dec-1993 Dr Anne Mackie Surgery consultation**

Intervention General surgical referral 00255993 Rf 081293 Cm  
(P3) 010194 Cp 010194 Referred 08/12/1993 002559/93  
Commenced 01/01/1994

**13-Oct-1993 Dr Anne Mackie Surgery consultation**

Intervention Trying to conceive  
(P3)

**27-Sept-1993 Dr Anne Mackie Surgery consultation**

Examination Cytology - general First episode 0  
Examination Moderate smoker - 10-19 cigs/d 0 // cigarettes /  
(P3) cigars / tobacco  
Examination **Cytology - general**First episode:  
Cytology - general First episode 0 (No range available)

**01-Aug-1993 Dr Anne Mackie Surgery consultation**

Intervention Contraception  
(P3)

**24-Jun-1993 Dr Anne Mackie Surgery consultation**

Examination Cervical neoplasia screening Smear - cervical-screen  
(P3)  
Examination Cervical smear: negative ACTION=No Action Required  
(P3)

**06-May-1993 Dr Margaret Angus Surgery consultation**

**23-Mar-1993 Dr Anne Mackie Surgery consultation**

Administration Patient admin. data NOS Not eligible for deprivation  
(P3) payments  
Administration Patient admin. data NOS Not eligible for deprivation  
(P3) payments  
Administration Patient registered by HB  
(P3)

**15-Jan-1993 Dr Staff Unknown Member of Staff Surgery consultation**

Intervention Cold coagulation lesion cervix  
(P2)

**11-Dec-1992 Dr Staff Unknown Member of Staff Surgery consultation**

Examination Cervical smear - inflam.change ACTION=No Action 0  
Required  
Examination Cervical smear - inflam.change ACTION=No Action 0  
Required  
Examination \*\*\*\*\* II - moderate dyskaryosis  
(P3)  
Examination **Cervical smear - inflam.change**ACTION=No Action Required:  
Cervical smear - inflam.change ACTION=No Action 0 (No range available)  
Required  
Examination **Cervical smear - inflam.change**ACTION=No Action Required:  
Cervical smear - inflam.change ACTION=No Action 0 (No range available)  
Required

**07-Dec-1992 Dr Anne Mackie Surgery consultation**

Examination Cervical smear result Cervical smear - Suspicious  
(P3)  
Examination Cerv.smear: severe dyskaryosis ACTION=No Action  
(P3) Required

**17-July-1992 Dr Calum Macinnes Do No Surgery consultation**

Diagnosis Screening not needed ACTION=No Action Required  
(P3)

**05-Jun-1992 Dr Calum Macinnes Do No Surgery consultation**

Intervention Colposcopy of cervix Colposcopy First episode  
(P2)

**25-Mar-1992 Dr Calum Macinnes Do No Surgery consultation**

Diagnosis Screened - no result yet ACTION=No Action Required  
(P3)  
Examination Cerv.smear: severe dyskaryosis ACTION=No Action  
(P3) Required

**12-Sept-1991 Dr Calum Macinnes Do No Surgery consultation**

Examination Cervical smear - inflam.change ACTION=No Action 0  
Required  
Diagnosis Special examination - general Other consultation done  
(P3)  
Diagnosis Screened - no result yet ACTION=No Action Required  
(P3)  
Diagnosis Screened - no result yet ACTION=No Action Required  
(P3)  
Examination Cerv.smear: severe dyskaryosis ACTION=No Action  
(P3) Required  
Examination **Cervical smear - inflam.change**ACTION=No Action Required:  
Cervical smear - inflam.change ACTION=No Action 0 (No range available)  
Required

**01-Apr-1991 Dr Calum Macinnes Do No Surgery consultation**

Examination Cervical smear - inflam.change ACTION=No Action 0  
Required  
Diagnosis Screened - no result yet ACTION=No Action Required  
(P3)  
Examination Cerv.smear: severe dyskaryosis ACTION=No Action  
(P3) Required  
Examination **Cervical smear - inflam.change**ACTION=No Action Required:  
Cervical smear - inflam.change ACTION=No Action 0 (No range available)  
Required

**09-Aug-1990 Dr Anne Mackie Surgery consultation**

Administration Contraceptive status NOS Contraceptive Review Due  
(P3)

**09-Aug-1989 Dr Anne Mackie Surgery consultation**

Administration Contraceptive status NOS Contraceptive Review Done  
(P3)

**21-Nov-1988 Dr Staff Unknown Member of Staff Surgery consultation**

Diagnosis Spontaneous vaginal delivery  
(P2)

**24-Mar-1988 Dr Calum Macinnes Do No Surgery consultation**

Examination Cervical smear: negative ACTION=No Action Required  
(P3)

## Medications (inc. issues)

### Acute

**07-Apr-2026 Propranolol 40mg tablets**  
56 tablet - 1 THREE TIMES A DAY WHEN REQUIRED

### Repeat

### Past

**27-Aug-2025 Propranolol 40mg tablets Acute Medication (Past)**  
56 tablet - 1 THREE TIMES A DAY WHEN REQUIRED

**22-May-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)**  
28 tablet - ONE OR TWO TABLETS TO BE TAKEN UP TO FOUR TIMES DAILY WHEN REQUIRED FOR PAIN Notes for patient: Please note that Dihydrocodeine belongs to a group of medicines called OPIOIDS. Whilst this medication can be beneficial in the SHORT-TERM, it is NOT recommended for LONG-TERM use as the evidence shows that it becomes less effective and may actually increase pain symptoms and can cause addiction. As a practice, we will review this medication regularly with view to balancing the benefits versus the risks. Should you wish to review this medication, an appointment can be made with the practice pharmacist.

**22-May-2025 Ibuprofen 400mg tablets Acute Medication (Past)**  
24 tablet - ONE TO BE TAKEN THREE TIMES DAILY AFTER FOOD WHEN REQUIRED Notes for patient: This medication belongs to a group of medicines called anti-inflammatories (NSAIDs). It is important to take this medication with or after food in order to minimise the risk of gastro-intestinal (stomach) upset. Therefore we advise that you: 1. Always take this medication WITH or AFTER FOOD 2. Report any side effects such as heartburn, indigestion, reflux etc 3. Do not take more than prescribed 4. Always speak to a member of the healthcare team in the pharmacy when purchasing over the counter medicines 5. STOP taking this medication if you become dehydrated through sickness or diarrhoea until you are eating and drinking normally If you wish to discuss this medicine or inquire about reducing the risk of side-effects, please contact the pharmacist at the surgery to discuss.

**19-May-2025 Zopiclone 3.75mg tablets Acute Medication (Past)**  
7 tablet - ONE TO BE TAKEN AT NIGHT WHEN REQUIRED

**16-May-2025 Dihydrocodeine 30mg tablets Acute Medication (Past)**  
28 tablet - ONE OR TWO TABLETS TO BE TAKEN UP TO FOUR TIMES DAILY WHEN REQUIRED FOR PAIN Notes for patient: Please note that Dihydrocodeine belongs to a group of medicines called OPIOIDS. Whilst this medication can be beneficial in the SHORT-TERM, it is NOT recommended for LONG-TERM use as the evidence shows that it becomes less effective and may actually increase pain symptoms and can cause addiction. As a practice, we will review this medication regularly with view to balancing the benefits versus the risks. Should you wish to review this medication, an appointment can be made with the practice pharmacist.

**28-Apr-2025 Propranolol 80mg modified-release capsules Acute Medication (Past)**  
28 capsule - 1 CAPSULE ONCE A DAY

**06-Jun-2024 Medroxyprogesterone 5mg tablets Acute Medication (Past)**  
30 tablet - 1 TABLET THREE TIMES A DAY

**06-Jun-2024 Desogestrel 75microgram tablets Acute Medication (Past)**  
168 tablet - ONE TO BE TAKEN EVERY DAY

**15-May-2024 Medroxyprogesterone 5mg tablets Acute Medication (Past)**  
30 tablet - 1 TABLET THREE TIMES A DAY

**06-Mar-2024 Naproxen 250mg tablets Acute Medication (Past)**  
56 tablet - ONE TO BE TAKEN TWICE DAILY AFTER FOOD WHEN REQUIRED Notes for patient: This medication belongs to a group of medicines called anti-inflammatories (NSAIDs). It is important to take this medication with or after food in order to minimise the risk of gastro-intestinal (stomach) upset. Therefore we advise that you: 1. Always take this medication WITH or AFTER FOOD 2. Report any side effects such as heartburn, indigestion, reflux etc 3. Do not take more than prescribed 4. Always speak to a member of the healthcare team in the pharmacy when purchasing over the counter medicines 5. STOP taking this medication if you become dehydrated through sickness or diarrhoea until you are eating and drinking normally If you wish to discuss this medicine or inquire about reducing the risk of side-effects, please contact the pharmacist at the surgery to discuss.

**06-Mar-2024 Co-codamol 15mg/500mg tablets Acute Medication (Past)**  
30 tablet - ONE OR TWO TO BE TAKEN UP TO FOUR TIMES DAILY WHEN REQUIRED Notes for patient: Please note that Co-codamol belongs to a group of medicines called OPIOIDS. Whilst this medication can be beneficial in the SHORT-TERM, it is NOT recommended for LONG-TERM use as the evidence shows that it becomes less effective and may actually increase pain symptoms and can cause addiction. As a practice, we will review this medication regularly with view to balancing the benefits versus the risks. Should you wish to review this medication, an appointment can be made with the practice pharmacist.

**07-Dec-2023 Desogestrel 75microgram tablets Acute Medication (Past)**  
168 tablet - ONE TO BE TAKEN EVERY DAY

08-Jun-2023 Desogestrel 75microgram tablets Acute Medication (Past)  
168 tablet - ONE TO BE TAKEN EVERY DAY

24-Mar-2023 Desogestrel 75microgram tablets Acute Medication (Past)  
84 tablet - ONE TO BE TAKEN EVERY DAY

16-Feb-2023 Aciclovir 800mg tablets Acute Medication (Past)  
35 tablet - TAKE ONE TABLETS FIVE TIMES DAILY

06-Jan-2023 Desogestrel 75microgram tablets Acute Medication (Past)  
84 tablet - ONE TO BE TAKEN EVERY DAY

06-July-2022 Hyoscine butylbromide 10mg tablets Acute Medication (Past)  
56 tablet - 1OR 2 TABLETS 4 TIMES A DAY

06-July-2022 Tranexamic acid 500mg tablets Acute Medication (Past)  
60 tablet - 1 OR 2 TABLET(S) THREE TIMES A DAY FOR FIRST 3 DAYS OF PERIOD

01-Jun-2022 Amoxicillin 500mg capsules Acute Medication (Past)  
15 capsule - 1 THREE TIMES A DAY

07-Apr-2022 Flamazine 1%cream (Smith & Nephew Healthcare Ltd) Acute Medication (Past)  
50 gram - APPLY AS DIRECTED

07-Apr-2022 Jelonet dressing 10cm x 10cm (Smith & Nephew Healthcare Ltd) Acute Medication (Past)  
10 dressing - APPLY AS DIRECTED

07-Apr-2022 Flucloxacillin 500mg capsules Acute Medication (Past)  
28 capsule - 1 CAPSULE FOUR TIMES A DAY

20-May-2020 Tranexamic acid 500mg tablets Acute Medication (Past)  
60 tablet - 1 TABLET(S) THREE TIMES A DAY FOR FIRST 3 DAYS OF PERIOD

29-May-2019 Medroxyprogesterone 10mg tablets Acute Medication (Past)  
60 tablet - START 3 DAYS BEFORE PERIOD DUE STOP ON RETURN FROM HOLIDAY

07-May-2019 Aciclovir 800mg tablets Acute Medication (Past)  
35 tablet - TAKE ONE TABLETS FIVE TIMES DAILY

07-May-2019 Naproxen 250mg tablets Acute Medication (Past)  
112 tablet - 1-2 TABLET TWICE DAILY

03-Jan-2018 Aciclovir 800mg tablets Acute Medication (Past)  
35 tablet - TAKE ONE TABLETS FIVE TIMES DAILY

07-May-2019 Naproxen 250mg tablets Repeat Medication (Past)  
112 tablet - 1-2 TABLET TWICE DAILY

31-Oct-2017 Naproxen 250mg tablets Acute Medication (Past)  
112 tablet - 1-2 TABLET TWICE DAILY

31-July-2017 Naproxen 250mg tablets Acute Medication (Past)  
56 tablet - 1-2 TABLET TWICE DAILY

23-May-2017 Co-amoxiclav 250mg/125mg tablets Acute Medication (Past)  
21 tablet - 1 TABLET THREE TIMES A DAY

28-Mar-2017 Clinitas Carbomer 0.2%eye gel (Altacor Ltd) Acute Medication (Past)  
10 gram - APPLY THREE TO FOUR TIMES A DAY

28-Mar-2017 Xailin Night eye ointment preservative free (Nicox Pharma) Acute Medication (Past)  
5 gram - APPLY AS REQUIRED

20-Jan-2016 Amoxicillin 500mg capsules Acute Medication (Past)  
15 capsule - 1 THREE TIMES A DAY

22-Apr-2015 Hypromellose 0.3%eye drops Acute Medication (Past)  
10 ml - INSTIL ONE DROP UP TO ONCE EVERY HOUR

18-Mar-2015 Amoxicillin 500mg capsules Acute Medication (Past)  
15 capsule - 1 THREE TIMES A DAY

01-July-2014 Aciclovir 800mg tablets Acute Medication (Past)  
35 tablet - TAKE ONE TABLETS FIVE TIMES DAILY

30-Dec-2013 Aciclovir 800mg tablets Acute Medication (Past)  
35 tablet - TAKE ONE TABLETS FIVE TIMES DAILY

03-Sept-2013 Aciclovir 800mg dispersible tablets Acute Medication (Past)  
35 tablet - ONE TABLET TO BE TAKEN FIVE TIMES A DAY

11-Oct-2012 Chloramphenicol 0.5%eye drops Acute Medication (Past)  
10 ml - 1 OR 2 DROPS EVERY 4 HOURS EACH EYE

11-Oct-2012 Fybogel 3.5g effervescent granules sachets plain SF (Foru... Acute Medication (Past)  
30 sachet - 1 SACHET DAILY

24-Aug-2012 Flucloxacillin 250mg capsules Acute Medication (Past)  
28 capsule - 1 CAPSULE FOUR TIMES A DAY

24-Aug-2012 Mepore Film dressing 10cm x 12cm (Molnlycke Health Care Ltd) Acute Medication (Past)  
5 dressing - APPLY DAILY

24-Aug-2012 Flamazine 1%cream (Smith & Nephew Healthcare Ltd) Acute Medication (Past)  
50 gram - APPLY DAILY

23-July-2012 ACICLOVIR crm 5% Acute Medication (Past)  
1 2g pump - APPLY 5 TIMES/DAY

03-Sept-2010 Ciprofloxacin TABS 500MG Acute Medication (Past)  
10 - 1 Tab Twice daily

**03-Sept-2010 Aciclovir Cold Sore Pump CREAM 5% Acute Medication (Past)**  
2 - Apply As directed

**27-Aug-2010 Hyoscine Butylbromide TABS 10MG Acute Medication (Past)**  
56 - 1 or 2 Tabs 4 times daily

**23-Aug-2010 Loperamide Hydrochloride CAPS 2MG Acute Medication (Past)**  
30 - 2 stat and 1 after each loose stool

**29-Dec-2009 Aciclovir Cold Sore Pump CREAM 5% Acute Medication (Past)**  
2 - Apply As directed

**16-Dec-2008 Aciclovir Cold Sore Pump CREAM 5% Acute Medication (Past)**  
2 - Apply As directed

**16-Dec-2008 Aciclovir Cold Sore Pump CREAM 5% Acute Medication (Past)**  
2 - Apply As directed

**23-July-2012 ACICLOVIR crm 5% Repeat Medication (Past)**  
1 2g pump - APPLY 5 TIMES/DAY

**08-Sept-2008 Ibuprofen TABS 400MG Acute Medication (Past)**  
84 - 1 Tab 3 times daily

**29-Jan-2008 Amoxicillin CAPS 500MG Acute Medication (Past)**  
21 - 1 Cap 3 times daily

**04-Dec-2006 Famciclovir TABS 750MG Acute Medication (Past)**  
7 - 1 Tab Daily

**04-Dec-2006 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)**  
84 - 1 Tab 3 times daily

**30-Sept-2005 Famciclovir TABS 750MG Acute Medication (Past)**  
7 - 1 Tab Daily

**30-Sept-2005 Flucloxacillin CAPS 500MG Acute Medication (Past)**  
28 - 1 Cap 4 times daily

**24-Jun-2005 Flucloxacillin CAPS 500MG Acute Medication (Past)**  
28 - 1 Cap 4 times daily

**21-Jun-2004 Cefalexin CAPS 500MG Acute Medication (Past)**  
21 - 1 Cap 3 times daily

**17-Feb-2004 Aciclovir TABS 200MG Acute Medication (Past)**  
25 - 1 Tab 5 times daily

**23-Oct-2003 Amoxicillin CAPS 250MG Acute Medication (Past)**  
21 - 1 Cap 3 times daily

**24-Jun-2003 Co-Codamol 8mg/500mg TABS Acute Medication (Past)**  
100 - 1 or 2 Tabs 4 times daily

**08-Apr-2003 Co-Amoxiclav 250mg/125mg TABS Acute Medication (Past)**  
15 - 1 Tab 3 times daily

**04-July-2002 Amoxicillin CAPS 250MG Acute Medication (Past)**  
21 - 1 Cap 3 times daily

**04-July-2002 Ibuprofen TABS 400MG Acute Medication (Past)**  
84 - 1 Tab 3 times daily

**07-Aug-2001 Augmentin 250mg/125mg TABS Acute Medication (Past)**  
21 - take one 3 times/day

**22-Sept-2000 Loestrin 20 TABS Acute Medication (Past)**  
126 - take one daily

**27-Jun-2000 Loestrin 20 TABS Acute Medication (Past)**  
126 - take one daily

**17-Dec-1999 Loestrin 20 TABS Acute Medication (Past)**  
126 - take one daily

**17-Dec-1999 Loestrin 20 TABS Acute Medication (Past)**  
126 - take one daily

**09-Jun-1999 Flucloxacillin CAPS 250MG Acute Medication (Past)**  
28 - take one 4 times/day

**09-Jun-1999 Flucloxacillin CAPS 250MG Acute Medication (Past)**  
28 - take one 4 times/day

**09-Jun-1999 Fucidin CREAM 2% Acute Medication (Past)**  
30 - apply 3 times/day

**13-May-1999 Cimetidine TABS 400MG Acute Medication (Past)**  
60 - take one twice daily

**13-May-1999 Hydrocortisone CREAM 1% Acute Medication (Past)**  
30 - apply twice daily

**20-Apr-1999 Gentisone Hc Ear DROPS Acute Medication (Past)**  
10 - two drops every 3 hrs

**20-Apr-1999 Microgynon 30 Ed TABS Acute Medication (Past)**  
168 - take one daily

**15-Jan-1999 Amoxicillin CAPS 250MG Acute Medication (Past)**  
15 - take one 3 times/day

**19-Oct-1998 Microgynon 30 TABS Acute Medication (Past)**  
 21 - take one daily

**09-Oct-1998 Microgynon 30 TABS Acute Medication (Past)**  
 21 - take one daily

**09-Sept-1998 Amoxicillin CAPS 250MG Acute Medication (Past)**  
 15 - take one 3 times/day

**23-Apr-1998 Amoxicillin CAPS 250MG Acute Medication (Past)**  
 15 - take one 3 times/day

**11-Mar-1998 Penciclovir Cold Sore CREAM 1% Acute Medication (Past)**  
 2 - use as directed

**11-Mar-1998 Penciclovir Cold Sore CREAM 1% Acute Medication (Past)**  
 2 - use as directed

**14-Feb-1998 Buccastem Buccal TABS 3MG Acute Medication (Past)**  
 12 - use twice daily

**14-Feb-1998 Buccastem Buccal TABS 3MG Acute Medication (Past)**  
 12 - use twice daily

**12-Nov-1997 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**12-Nov-1997 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**22-Aug-1997 Diclofenac Sodium Ec TABS 50MG Acute Medication (Past)**  
 60 - take one 3 times/day

**05-Jun-1997 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**12-May-1997 Microgynon 30 TABS Acute Medication (Past)**  
 21 - take one daily

**29-Jan-1997 Amoxicillin CAPS 250MG Acute Medication (Past)**  
 15 - take one 3 times/day

**29-Jan-1997 Penciclovir Cold Sore CREAM 1% Acute Medication (Past)**  
 2 - use as directed

**02-Dec-1996 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**22-Nov-1996 Penicillin V TABS 250MG Acute Medication (Past)**  
 20 - take one 4 times/day

**22-Nov-1996 Penicillin V TABS 250MG Acute Medication (Past)**  
 20 - take one 4 times/day

**18-Jun-1996 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**15-Apr-1996 Penicillin V TABS 250MG Acute Medication (Past)**  
 28 - take one 4 times/day

**25-Mar-1996 Amoxicillin CAPS 250MG Acute Medication (Past)**  
 15 - take one 3 times/day

**23-Jan-1996 Amoxicillin CAPS 250MG Acute Medication (Past)**  
 21 - take one 3 times/day

**15-Jan-1996 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**28-Nov-1995 Buccastem Buccal TABS 3MG Acute Medication (Past)**  
 12 - use twice daily

**25-Oct-1995 Microgynon 30 TABS Acute Medication (Past)**  
 126 - take one daily

**28-Sept-1995 Femodene TABS Acute Medication (Past)**  
 126 - take one daily

**06-July-1995 Femodene TABS Acute Medication (Past)**  
 63 - take one daily

**06-July-1995 Sudocrem CREAM Acute Medication (Past)**  
 125 - use as directed

**08-Jun-1995 Chlorphenamine Maleate TABS 4MG Acute Medication (Past)**  
 24 - take one 3 times/day

**22-Mar-1995 Clotrimazole Vaginal CREAM 10% Acute Medication (Past)**  
 5 - insert one at night

**22-Mar-1995 Canesten CREAM 1% Acute Medication (Past)**  
 20 - apply twice daily

**09-Feb-1995 Prochlorperazine Maleate TABS 5MG Acute Medication (Past)**  
 20 - take one 4 times/day

**25-Jan-1995 Lactugal Oral SOLN 3.35G/5ML Acute Medication (Past)**  
 500 - 2x5ml spoon twice daily

**25-Jan-1995 GAVISCON SUGAR FREE LIQUID -P42 0 ml Acute Medication (Past)**  
 500 - 20ml 3 times/day

**15-Dec-1994 Mucogel Sf SUSP Acute Medication (Past)**  
300 - 2x5ml spoon 3 times/day

**15-Dec-1994 Mucogel Sf SUSP Acute Medication (Past)**  
300 - 2x5ml spoon 3 times/day

**28-Oct-1994 Lactugal Oral SOLN 3.35G/5ML Acute Medication (Past)**  
500 - 2x5ml spoon twice daily

**28-Oct-1994 Lactugal Oral SOLN 3.35G/5ML Acute Medication (Past)**  
500 - 2x5ml spoon twice daily

**06-May-1993 Femodene TABS Acute Medication (Past)**  
63 - take one daily

## Allergies

This section is empty.

## Vaccinations

**11-Feb-2022**

Administration of first dose of SARS-CoV-2 vaccine  
C-19 Booster Moderna ( Ravenscraig Covid Vaccinations )  
Intervention  
COVODERNA

**13-Jun-2021 Dr Graeme Brough**

Administration of second dose of SARS-CoV-2 vacc  
C-19 AstraZeneca (By B Starkey )  
Intervention  
COVOXFORD

**28-Mar-2021 Dr Graeme Brough**

Administration of first dose of SARS-CoV-2 vaccine  
C-19 AstraZeneca (By M \*\*\*\*\*)  
Intervention  
COVOXFORD

**05-Feb-2009 Mrs Ann Boyle**

Booster tetanus vaccination  
ACTION=Repeat after an Interval  
Intervention  
TETANUS

## Referrals

This section is empty.

## Test Requests

**13-Mar-2026 Dr Maureen Ferrie**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 13/03/2026Test: Urea & Electrolytes, Status: Complete, Updated: 13/03/2026Test: LFT, Status: Complete, Updated: 13/03/2026Test: Rheumatoid Factor, Status: Complete, Updated: 13/03/2026Test: Anti-Nuclear Ab, Status: Complete, Updated: 13/03/2026Test: AMSM Ab, Status: Complete, Updated: 13/03/2026Test: CK, Status: Complete, Updated: 13/03/2026Test: ESR, Status: Complete, Updated: 13/03/2026

**Status**

**Innoculation Risk** False

**Priority** Routine

**Has Fasted?** False

**Is Pregnant?** False

**04-Sept-2025 Dr Murray Will**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 04/09/2025Test: B12/ Folate, Status: Complete, Updated: 04/09/2025Test: Ferritin, Status: Complete, Updated: 04/09/2025Test: Urea & Electrolytes, Status: Complete, Updated: 04/09/2025Test: LFT, Status: Complete, Updated: 04/09/2025Test: Calcium, Status: Complete, Updated: 04/09/2025Test: CRP, Status: Complete, Updated: 04/09/2025Test: TFTs, Status: Complete, Updated: 04/09/2025Test: No therapy, Status: Complete, Updated: 04/09/2025Test: Iron, Status: Complete, Updated: 04/09/2025Test: ESR, Status: Complete, Updated: 04/09/2025

**Status**

**Innoculation Risk** False

**Priority** Routine

**Has Fasted?** False

**Is Pregnant?** False

**20-Dec-2024 Dr Maureen Ferrie**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: TFTs, Status: Complete, Updated: 20/12/2024Test: No therapy, Status: Complete, Updated: 20/12/2024

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

**21-Mar-2024 Dr S Lawson**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Iron, Status: Complete, Updated: 21/03/2024

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

**07-Mar-2024 Dr S Lawson**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 07/03/2024Test: IFCC HbA1C, Status: Complete, Updated: 07/03/2024Test: B12/ Folate, Status: Complete, Updated: 07/03/2024Test: Ferritin, Status: Complete, Updated: 07/03/2024Test: Urea &amp; Electrolytes, Status: Complete, Updated: 07/03/2024Test: LFT, Status: Complete, Updated: 07/03/2024Test: CRP, Status: Complete, Updated: 07/03/2024Test: TFTs, Status: Complete, Updated: 07/03/2024Test: No therapy, Status: Complete, Updated: 07/03/2024Test: Menopause(FSH), Status: Complete, Updated: 07/03/2024Test: 25 OH Vitamin D , Status: Complete, Updated: 07/03/2024Test: ESR, Status: Complete, Updated: 07/03/2024Test: Rheumatoid Factor, Status: Complete, Updated: 07/03/2024Test: Anti-Nuclear Ab, Status: Complete, Updated: 07/03/2024

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

**23-Aug-2023 Dr Louise Smy**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 23/08/2023Test: Urea &amp; Electrolytes, Status: Complete, Updated: 23/08/2023Test: LFT, Status: Complete, Updated: 23/08/2023Test: CRP, Status: Complete, Updated: 23/08/2023Test: TFTs, Status: Complete, Updated: 23/08/2023Test: No therapy, Status: Complete, Updated: 23/08/2023Test: CA 125, Status: Complete, Updated: 23/08/2023Test: Ferritin, Status: Complete, Updated: 23/08/2023Test: B12/ Folate, Status: Complete, Updated: 23/08/2023

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

**31-Dec-9999 Mrs Gillian Moor**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, No samples collectedTest: Full Blood Count, Status: Requested, Updated: 10/01/2023

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

**06-Jan-2023 Mrs Gillian Moor**

Laboratory test requested

Remote Test request from Technidata system: NHSL-Blood scienceClinical Information: Priority: non-urgent, Ordered from: AHSL Labs, All samples collectedTest: Full Blood Count, Status: Complete, Updated: 06/01/2023

**Status**

**Innoculation Risk** False  
**Priority** Routine  
**Has Fasted?** False  
**Is Pregnant?** False

## Test Results

**16-Mar-2026 Dr Maureen Ferrie**

**Result:**Antimitochondrial autoantibod.*Anti-Mito Ab - Negative*  
 Antimitochondrial autoantibod. Anti-Mito Ab - Negative

(No range available)

**16-Mar-2026 Dr Maureen Ferrie**

**Result:**Anti smooth muscle autoantibod*joint pains fatigue*  
 Anti smooth muscle autoantibod joint pains fatigue

(No range available)

**16-Mar-2026 Dr Maureen Ferrie**

**Result:**Anti smooth muscle autoantibod*Negative*  
 Anti smooth muscle autoantibod Negative

(No range available)

**16-Mar-2026 Dr Maureen Ferrie**

**Result:**Anti-nuclear antibody level*joint pains fatigue*  
 Anti-nuclear antibody level joint pains fatigue

(No range available)

16-Mar-2026 Dr Maureen Ferrie	Result: Anti-nuclear antibody level <i>Negative</i> Anti-nuclear antibody level Negative		(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Anti nuclear factor titre <i>N/A</i> Anti nuclear factor titre N/A		(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Anti liver kidney microsomal antibody level <i>Negative</i> Anti liver kidney microsomal antibody level Negative		(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Rheumatoid factor <i>joint pains fatigue</i> Rheumatoid factor joint pains fatigue	IU/mL	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Rheumatoid factor High Rheumatoid factor	15.1 IU/mL	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum albumin Serum albumin	45 g/L	(Range: 35 - 50)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum alkaline phosphatase <i>U/L</i> Serum alkaline phosphatase U/L	83 U/L	(Range: 30 - 130)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum alanine aminotransferase level <i>serum alanine aminotransferase level - U/L</i> Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	24 U/L	(Range: 10 - 35)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum bilirubin level Serum bilirubin level	11 umol/L	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum chloride Serum chloride	102 mmol/L	(Range: 95 - 108)
16-Mar-2026 Dr Maureen Ferrie	Result: CK - creatine kinase level <i>joint pains fatigue</i> CK - creatine kinase level joint pains fatigue	IU/L	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum creatine kinase level <i>U/L</i> Serum creatine kinase level U/L	93 U/L	(Range: 25 - 200)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum creatinine Low Serum creatinine	54 umol/L	(Range: 60 - 110)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum potassium Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum sodium Serum sodium	140 mmol/L	(Range: 133 - 146)
16-Mar-2026 Dr Maureen Ferrie	Result: Serum urea level Serum urea level	4.9 mmol/L	(Range: 2.5 - 7.8)
16-Mar-2026 Dr Maureen Ferrie	Result: Liver function test <i>joint pains fatigue</i> Liver function test joint pains fatigue		(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Urea and electrolytes <i>joint pains fatigue</i> Urea and electrolytes joint pains fatigue		(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: GFR calculated abbreviated MDRD <i>Estimated EGFR - ml/mn/1.73m2</i> GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m <sup>2</sup>	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Eosinophil count <i>x 10<sup>9</sup>/L</i> Eosinophil count x 10 <sup>9</sup> /L	0 10 <sup>9</sup> /L	(No range available)
16-Mar-2026 Dr Maureen Ferrie	Result: Haemoglobin estimation Haemoglobin estimation	141 g/L	(Range: 115 - 165)

<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	30.1 pg	(Range: 27 - 32)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Mean corpusc. Hb. conc. (MCHC) Low Mean corpusc. Hb. conc. (MCHC)	<b>318 g/L</b>	<b>(Range: 320 - 360)</b>
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	94.5 fL	(Range: 80 - 100)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Monocyte countx $10^9/L$ Monocyte count x $10^9/L$	0.6 $10^9/L$	(Range: 0.2 - 0.8)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Neutrophil countx $10^9/L$ Neutrophil count x $10^9/L$	5.5 $10^9/L$	(Range: 2 - 7.5)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Platelet countx $10^9/L$ Platelet count x $10^9/L$	295 $10^9/L$	(Range: 140 - 450)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Red blood cell (RBC) countx $10^{12}/L$ Red blood cell (RBC) count x $10^{12}/L$	4.69 $10^{12}/L$	(Range: 3.9 - 5.6)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Total white blood countx $10^9/L$ Total white blood count x $10^9/L$	8.2 $10^9/L$	(Range: 4 - 11)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Percentage lymphocytesx $10^9/L$ Percentage lymphocytes x $10^9/L$	2 $10^9/L$	(Range: 1 - 4)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Full blood count - FBC <i>joint pains fatigue</i> Full blood count - FBC joint pains fatigue		(No range available)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Erythrocyte sedimentation rate <i>joint pains fatigue</i> Erythrocyte sedimentation rate joint pains fatigue	mm/h	(No range available)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Erythrocyte sedimentation rate <i>mm/hr</i> Erythrocyte sedimentation rate mm/hr	2 mm/h	(Range: 1 - 35)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Haematocrit Haematocrit	0.443 L/L	(Range: 0.37 - 0.47)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Basophil count <i>Basophils - x <math>10^9/L</math></i> Basophil count Basophils - x $10^9/L$	0 $10^9/L$	(No range available)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Red blood cell distribution width Red blood cell distribution width	13.6 %	(Range: 11 - 16)
<b>16-Mar-2026 Dr Maureen Ferrie</b> Result: Differential white cell count <i>Differential whitecell count -</i> Differential white cell count Differential whitecell count -		(No range available)
<b>16-Mar-2026 Ms Kaylee Mcarthur</b> Result: Blood sample -> Lab NOS <i>Bloods obtained with consent and sent to labs as per GPOC 24/2/26, patient attended appointment alone. Patient well on leaving. No complaints offered.</i> Blood sample -> Lab NOS Bloods obtained with consent and sent to labs as per GPOC 24/2/26, patient attended appointment alone. Patient well on leaving. No complaints offered.		(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum albumin Serum albumin	47 g/L	(Range: 35 - 50)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum albumin Serum albumin	47 g/L	(Range: 35 - 50)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum alkaline phosphatase <i>U/L</i> Serum alkaline phosphatase U/L	87 U/L	(Range: 30 - 130)

05-Sept-2025 Dr Murray Will

Result: Serum alanine aminotransferase level serum alanine aminotransferase level - U/L

Serum alanine aminotransferase level serum alanine aminotransferase level - 18 U/L

(Range: 10 - 35)

05-Sept-2025 Dr Murray Will

Result: Serum bilirubin level

Serum bilirubin level

9 umol/L

(No range available)

05-Sept-2025 Dr Murray Will

Result: Serum calcium TATT

Serum calcium TATT

mmol/L

(No range available)

05-Sept-2025 Dr Murray Will

Result: Corrected serum calcium level

Corrected serum calcium level

2.4 mmol/L

(Range: 2.2 - 2.6)

05-Sept-2025 Dr Murray Will

Result: Serum chloride

Serum chloride

100 mmol/L

(Range: 95 - 108)

05-Sept-2025 Dr Murray Will

Result: Serum creatinine

Serum creatinine

66 umol/L

(Range: 60 - 110)

05-Sept-2025 Dr Murray Will

Result: Serum iron level TATT

Serum iron level TATT

umol/L

(No range available)

05-Sept-2025 Dr Murray Will

Result: Serum iron level

Low

Serum iron level

6 umol/L

(Range: 9 - 30)

05-Sept-2025 Dr Murray Will

Result: Serum potassium

Serum potassium

4.2 mmol/L

(Range: 3.5 - 5.3)

05-Sept-2025 Dr Murray Will

Result: Serum sodium

Serum sodium

138 mmol/L

(Range: 133 - 146)

05-Sept-2025 Dr Murray Will

Result: Serum TSH level mU/L

Serum TSH level mU/L

2.17 mU/L

(Range: 0.27 - 4.2)

05-Sept-2025 Dr Murray Will

Result: Serum urea level

Serum urea level

4 mmol/L

(Range: 2.5 - 7.8)

05-Sept-2025 Dr Murray Will

Result: Liver function test TATT

Liver function test TATT

(No range available)

05-Sept-2025 Dr Murray Will

Result: Thyroid hormone tests TATT

Thyroid hormone tests TATT

(No range available)

05-Sept-2025 Dr Murray Will

Result: Urea and electrolytes TATT

Urea and electrolytes TATT

(No range available)

05-Sept-2025 Dr Murray Will

Result: Plasma C reactive protein TATT

Plasma C reactive protein TATT

mg/L

(No range available)

05-Sept-2025 Dr Murray Will

Result: Plasma C reactive protein

High

Plasma C reactive protein

11 mg/L

(No range available)

05-Sept-2025 Dr Murray Will

Result: Transferrin saturation index

Transferrin saturation index

10.3 %

(No range available)

05-Sept-2025 Dr Murray Will

Result: Free T4 level

Free T4 level

16.5 pmol/L

(Range: 12 - 22)

05-Sept-2025 Dr Murray Will

Result: Serum transferrin

Serum transferrin

2.6 g/L

(Range: 2 - 4)

05-Sept-2025 Dr Murray Will

Result: GFR calculated abbreviated MDRD Estimated EGFR - ml/min/1.73m<sup>2</sup>GFR calculated abbreviated MDRD Estimated EGFR - ml/min/1.73m<sup>2</sup>59 ml/min/1.73m<sup>2</sup>

(No range available)

<b>05-Sept-2025 Dr Murray Will</b> Result: Serum vitamin B12 <i>B12 deficiency unlikely.</i> Serum vitamin B12 B12 deficiency unlikely.	496 pg/mL	(Range: 197 - 771)
<b>05-Sept-2025 Dr Murray Will</b> Result: Eosinophil count $10^9/L$ Eosinophil count $\times 10^9/L$	0 $10^9/L$	(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum ferritin <i>TATT</i> Serum ferritin TATT	ug/L	(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum ferritin <i>Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.</i> Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	131 ng/mL	(Range: 14 - 186)
<b>05-Sept-2025 Dr Murray Will</b> Result: Serum folate Serum folate	7.6 ng/mL	(Range: 3.9 - 26.8)
<b>05-Sept-2025 Dr Murray Will</b> Result: Haemoglobin estimation Haemoglobin estimation	140 g/L	(Range: 115 - 165)
<b>05-Sept-2025 Dr Murray Will</b> Result: Mean corpusc. haemoglobin (MCH) Mean corpusc. haemoglobin (MCH)	30.6 pg	(Range: 27 - 32)
<b>05-Sept-2025 Dr Murray Will</b> Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 320 - 360)
<b>05-Sept-2025 Dr Murray Will</b> Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	94.7 fL	(Range: 80 - 100)
<b>05-Sept-2025 Dr Murray Will</b> Result: Monocyte count $10^9/L$ Monocyte count $\times 10^9/L$	0.7 $10^9/L$	(Range: 0.2 - 0.8)
<b>05-Sept-2025 Dr Murray Will</b> Result: Neutrophil count $10^9/L$ Neutrophil count $\times 10^9/L$	2.4 $10^9/L$	(Range: 2 - 7.5)
<b>05-Sept-2025 Dr Murray Will</b> Result: Platelet count $10^9/L$ Platelet count $\times 10^9/L$	276 $10^9/L$	(Range: 140 - 450)
<b>05-Sept-2025 Dr Murray Will</b> Result: Red blood cell (RBC) count $10^{12}/L$ Red blood cell (RBC) count $\times 10^{12}/L$	4.57 $10^{12}/L$	(Range: 3.9 - 5.6)
<b>05-Sept-2025 Dr Murray Will</b> Result: Total white blood count $10^9/L$ Total white blood count $\times 10^9/L$	5.1 $10^9/L$	(Range: 4 - 11)
<b>05-Sept-2025 Dr Murray Will</b> Result: Percentage lymphocytes $10^9/L$ Percentage lymphocytes $\times 10^9/L$	1.9 $10^9/L$	(Range: 1 - 4)
<b>05-Sept-2025 Dr Murray Will</b> Result: B12/folate level <i>TATT</i> B12/folate level TATT		(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Full blood count - <i>FBC TATT</i> Full blood count - FBC TATT		(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Erythrocyte sedimentation rate <i>TATT</i> Erythrocyte sedimentation rate TATT	mm/h	(No range available)
<b>05-Sept-2025 Dr Murray Will</b> Result: Erythrocyte sedimentation rate <i>mm/hr</i> Erythrocyte sedimentation rate mm/hr	5 mm/h	(Range: 1 - 35)
<b>05-Sept-2025 Dr Murray Will</b> Result: Haematocrit Haematocrit	0.433 L/L	(Range: 0.37 - 0.47)
<b>05-Sept-2025 Dr Murray Will</b> Result: Basophil count <i>Basophils - <math>\times 10^9/L</math></i> Basophil count Basophils - $\times 10^9/L$	0 $10^9/L$	(No range available)

05-Sept-2025 Dr Murray Will

Result: Red blood cell distribution width  
 Red blood cell distribution width 13.1 % (Range: 11 - 16)

05-Sept-2025 Dr Murray Will

Result: Differential white cell count *Differential whitecell count -*  
 Differential white cell count Differential whitecell count - (No range available)

05-Sept-2025 Ms Lisa Mclaughlin

Result: Blood sample -> Lab NOS *Bloods obtained with consent, as per gpoc*  
 Blood sample -> Lab NOS Bloods obtained with consent, as per gpoc (No range available)

05-Feb-2025 Mrs Mareet Cairns

Result: Ultrasound scan  
 Ultrasound scan (No range available)

20-Dec-2024 Dr Maureen Ferrie

Result: Serum TSH level *mU/L*  
 Serum TSH level mU/L 1.2 mU/L (Range: 0.27 - 4.2)

20-Dec-2024 Dr Maureen Ferrie

Result: Thyroid hormone tests *neck swelling*  
 Thyroid hormone tests neck swelling (No range available)

20-Dec-2024 Dr Maureen Ferrie

Result: Free T4 level  
 Free T4 level 15.8 pmol/L (Range: 12 - 22)

20-Dec-2024 Ms Elizabeth Harty

Result: Blood sample -> Lab NOS *vb sent to lab*  
 Blood sample -> Lab NOS vb sent to lab (No range available)

21-Mar-2024 Dr S Lawson

Result: Serum iron level *raised ferritin*  
 Serum iron level raised ferritin umol/L (No range available)

21-Mar-2024 Dr S Lawson

Result: Serum iron level  
 Serum iron level 9 umol/L (Range: 9 - 30)

21-Mar-2024 Dr S Lawson

Result: Transferrin saturation index  
 Transferrin saturation index 15.5 % (No range available)

21-Mar-2024 Dr S Lawson

Result: Serum transferrin  
 Serum transferrin 2.6 g/L (Range: 2 - 4)

21-Mar-2024 Ms Lisa Mclaughlin

Result: Blood sample -> Lab NOS *Bloods obtained as per gpoc*  
 Blood sample -> Lab NOS Bloods obtained as per gpoc (No range available)

07-Mar-2024 Dr S Lawson

Result: Anti-nuclear antibody level *Joint pain*  
 Anti-nuclear antibody level Joint pain (No range available)

07-Mar-2024 Dr S Lawson

Result: Anti-nuclear antibody level *Positive*  
 Anti-nuclear antibody level Positive (No range available)

07-Mar-2024 Dr S Lawson

Result: Anti nuclear factor titre *1/80 Speckled*  
 Anti nuclear factor titre 1/80 Speckled (No range available)

07-Mar-2024 Dr S Lawson

Result: Serum TSH level *mU/L*  
 Serum TSH level mU/L 1.38 mU/L (Range: 0.27 - 4.2)

07-Mar-2024 Dr S Lawson

Result: Thyroid hormone tests *Joint pain*  
 Thyroid hormone tests Joint pain (No range available)

07-Mar-2024 Dr S Lawson

Result: Free T4 level  
 Significantly High  
 Free T4 level 26.9 pmol/L (Range: 12 - 22)

07-Mar-2024 Dr S Lawson

Result: Serum vitamin B12 *B12 deficiency unlikely.*  
 Serum vitamin B12 B12 deficiency unlikely. 389 pg/mL (Range: 197 - 771)

07-Mar-2024 Dr S Lawson

Result: Serum ferritin *Joint pain*  
 Serum ferritin Joint pain ug/L (No range available)

<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum ferritin Possible iron overload. Check serum iron and transferrin saturation. High Serum ferritin Possible iron overload. Check serum iron and transferrin saturation.	<b>208 ng/mL</b>	<b>(Range: 14 - 186)</b>
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum folate Serum folate	7.65 ng/mL	(Range: 3.9 - 26.8)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> B12/folate level Joint pain B12/folate level Joint pain		(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum albumin Serum albumin	42 g/L	(Range: 35 - 50)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	83 U/L	(Range: 30 - 130)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum alanine aminotransferase level serum alanine aminotransferase level - U/L Serum alanine aminotransferase level serum alanine aminotransferase level - U/L	40 U/L	(Range: 5 - 55)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum bilirubin level Serum bilirubin level	4 umol/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum chloride Serum chloride	105 mmol/L	(Range: 95 - 108)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum creatinine Serum creatinine	66 umol/L	(Range: 60 - 110)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum FSH level Joint pain Serum FSH level Joint pain	IU/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum FSH level U/L Low Serum FSH level U/L	<b>14.8 U/L</b>	<b>(Range: 25.8 - 134.8)</b>
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum potassium Serum potassium	4.6 mmol/L	(Range: 3.5 - 5.3)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum sodium Serum sodium	138 mmol/L	(Range: 133 - 146)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum urea level High Serum urea level	<b>9.8 mmol/L</b>	<b>(Range: 2.5 - 7.8)</b>
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Liver function test Joint pain Liver function test Joint pain		(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Urea and electrolytes Joint pain Urea and electrolytes Joint pain		(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Plasma C reactive protein Joint pain Plasma C reactive protein Joint pain	mg/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Plasma C reactive protein High Plasma C reactive protein	16 mg/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum vitamin D Joint pain Serum vitamin D Joint pain	pmol/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Serum vitamin D Adequate Vitamin D Serum vitamin D Adequate Vitamin D	152 nmol/L	(Range: 30 - 170)

<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> GFR calculated abbreviated MDRDEstimated EGFR - ml/mn/1.73m2 GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m*2	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Rheumatoid factorJoint pain Rheumatoid factor Joint pain	IU/mL	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Rheumatoid factor Rheumatoid factor	10 IU/mL	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Erythrocyte sedimentation rateJoint pain Erythrocyte sedimentation rate Joint pain	mm/h	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Erythrocyte sedimentation ratemm/hr Erythrocyte sedimentation rate mm/hr	21 mm/h	(Range: 1 - 35)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Eosinophil countx 10*9/L Eosinophil count x 10*9/L	0.1 10*9/L	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Haemoglobin estimation Haemoglobin estimation	125 g/L	(Range: 115 - 165)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29.6 pg	(Range: 27 - 32)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	328 g/L	(Range: 320 - 360)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	90.1 fL	(Range: 80 - 100)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Monocyte countx 10*9/L Monocyte count x 10*9/L	0.5 10*9/L	(Range: 0.2 - 0.8)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Neutrophil countx 10*9/L Neutrophil count x 10*9/L	4.1 10*9/L	(Range: 2 - 7.5)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Platelet countx 10*9/L Platelet count x 10*9/L	293 10*9/L	(Range: 140 - 450)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Red blood cell (RBC) countx 10*12/L Red blood cell (RBC) count x 10*12/L	4.23 10*12/L	(Range: 3.9 - 5.6)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Total white blood countx 10*9/L Total white blood count x 10*9/L	6 10*9/L	(Range: 4 - 11)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Percentage lymphocytesx 10*9/L Percentage lymphocytes x 10*9/L	1.3 10*9/L	(Range: 1 - 4)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Full blood count - FBCJoint pain Full blood count - FBC Joint pain		(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Haemoglobin A1c level - IFCC standardisedJoint pain Haemoglobin A1c level - IFCC standardised Joint pain	mmol/mol	(No range available)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Haemoglobin A1c level - IFCC standardisedHbA1c Reference Range: Normal Results =<42,Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48. Haemoglobin A1c level - IFCC standardised HbA1c Reference Range: Normal Results =<42,Increased risk of Developing Diabetes 43-47, Diabetes Mellitus =>48.	41 mmol/mol	(Range: 20 - 42)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Haematocrit Haematocrit	0.381 L/L	(Range: 0.37 - 0.47)
<b>07-Mar-2024 Dr S Lawson</b> <b>Result:</b> Basophil countBasophils - x 10*9/L Basophil count Basophils - x 10*9/L	0.1 10*9/L	(No range available)

07-Mar-2024 Dr S Lawson

**Result:** Red blood cell distribution width  
 Red blood cell distribution width 13.1 % (Range: 11 - 16)

07-Mar-2024 Dr S Lawson

**Result:** Differential white cell count *Differential whitecell count -*  
 Differential white cell count Differential whitecell count - (No range available)

07-Mar-2024 Ms Heather McLaren

**Result:** Blood sample -> Lab NOS *Bloods obtained and sent to lab as per GP OC*  
 Blood sample -> Lab NOS Bloods obtained and sent to lab as per GP OC (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Serum albumin  
 Serum albumin 44 g/L (Range: 35 - 50)

05-Sept-2023 Dr Louise Smy

**Result:** Serum alkaline phosphatase *U/L*  
 Serum alkaline phosphatase U/L 78 U/L (Range: 30 - 130)

05-Sept-2023 Dr Louise Smy

**Result:** Serum alanine aminotransferase level *serum alanine aminotransferase level - U/L*  
 Serum alanine aminotransferase level serum alanine aminotransferase level - 20 U/L (Range: 5 - 55)  
 U/L

05-Sept-2023 Dr Louise Smy

**Result:** Serum bilirubin level  
 Serum bilirubin level 8 umol/L (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Serum chloride  
 Serum chloride 104 mmol/L (Range: 95 - 108)

05-Sept-2023 Dr Louise Smy

**Result:** Serum creatinine  
 Serum creatinine 66 umol/L (Range: 60 - 110)

05-Sept-2023 Dr Louise Smy

**Result:** Serum potassium  
 Serum potassium 4 mmol/L (Range: 3.5 - 5.3)

05-Sept-2023 Dr Louise Smy

**Result:** Serum sodium  
 Serum sodium 140 mmol/L (Range: 133 - 146)

05-Sept-2023 Dr Louise Smy

**Result:** Serum TSH level *mU/L*  
 Serum TSH level mU/L 1.57 mU/L (Range: 0.27 - 4.2)

05-Sept-2023 Dr Louise Smy

**Result:** Serum urea level  
 Serum urea level 5.9 mmol/L (Range: 2.5 - 7.8)

05-Sept-2023 Dr Louise Smy

**Result:** Liver function test *paraesthesia*  
 Liver function test paraesthesia (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Thyroid hormone tests *paraesthesia*  
 Thyroid hormone tests paraesthesia (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Urea and electrolytes *paraesthesia*  
 Urea and electrolytes paraesthesia (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Plasma C reactive protein *paraesthesia*  
 Plasma C reactive protein paraesthesia mg/L (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Plasma C reactive protein  
 Plasma C reactive protein 6 mg/L (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** Free T4 level  
 Free T4 level 15.5 pmol/L (Range: 12 - 22)

05-Sept-2023 Dr Louise Smy

**Result:** Carbohydrate antigen 125 level *paraesthesia*  
 Carbohydrate antigen 125 level paraesthesia mmol/L (No range available)

05-Sept-2023 Dr Louise Smy

**Result:** CA125 level *Tumour marker(s) analysed using the Roche Cobas analyser.*  
 CA125 level Tumour marker(s) analysed using the Roche Cobas analyser. 10 kU/L (No range available)

<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> GFR calculated abbreviated MDRD <i>Estimated EGFR - ml/mn/1.73m2</i> GFR calculated abbreviated MDRD Estimated EGFR - ml/mn/1.73m2	59 ml/min/1.73m <sup>2</sup>	(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Serum vitamin B12 <i>B12 deficiency unlikely.</i> Serum vitamin B12 B12 deficiency unlikely.	366 pg/mL	(Range: 197 - 771)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Eosinophil countx <i>10<sup>9</sup>/L</i> Eosinophil count x 10 <sup>9</sup> /L	0.2 10 <sup>9</sup> /L	(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Serum ferritin <i>paraesthesia</i> Serum ferritin paraesthesia	ug/L	(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Serum ferritin <i>Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.</i> Serum ferritin Iron deficiency unlikely but in the presence of inflammation, infection, liver disease, consider checking serum iron/Transferrin saturation if any anaemia.	81.8 ng/mL	(Range: 14 - 186)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Serum folate Serum folate	4.28 ng/mL	(Range: 3.9 - 26.8)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Haemoglobin estimation Haemoglobin estimation	134 g/L	(Range: 115 - 165)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29.9 pg	(Range: 27 - 32)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	326 g/L	(Range: 320 - 360)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	91.7 fL	(Range: 80 - 100)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Monocyte countx <i>10<sup>9</sup>/L</i> Monocyte count x 10 <sup>9</sup> /L	0.5 10 <sup>9</sup> /L	(Range: 0.2 - 0.8)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Neutrophil countx <i>10<sup>9</sup>/L</i> Neutrophil count x 10 <sup>9</sup> /L	5.5 10 <sup>9</sup> /L	(Range: 2 - 7.5)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Platelet countx <i>10<sup>9</sup>/L</i> Platelet count x 10 <sup>9</sup> /L	318 10 <sup>9</sup> /L	(Range: 140 - 450)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Red blood cell (RBC) countx <i>10<sup>12</sup>/L</i> Red blood cell (RBC) count x 10 <sup>12</sup> /L	4.48 10 <sup>12</sup> /L	(Range: 3.9 - 5.6)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Total white blood countx <i>10<sup>9</sup>/L</i> Total white blood count x 10 <sup>9</sup> /L	8.8 10 <sup>9</sup> /L	(Range: 4 - 11)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Percentage lymphocytesx <i>10<sup>9</sup>/L</i> Percentage lymphocytes x 10 <sup>9</sup> /L	2.5 10 <sup>9</sup> /L	(Range: 1 - 4)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> B12/folate level <i>paraesthesia</i> B12/folate level paraesthesia		(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Full blood count - FBC <i>paraesthesia</i> Full blood count - FBC paraesthesia		(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Haematocrit Haematocrit	0.411 L/L	(Range: 0.37 - 0.47)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Basophil count <i>Basophils - x 10<sup>9</sup>/L</i> Basophil count Basophils - x 10 <sup>9</sup> /L	0.1 10 <sup>9</sup> /L	(No range available)
<b>05-Sept-2023 Dr Louise Smy</b> <b>Result:</b> Red blood cell distribution width Red blood cell distribution width	14.5 %	(Range: 11 - 16)

05-Sept-2023 Dr Louise Smy

Result: Differential white cell count *Differential whitecell count -*  
 Differential white cell count Differential whitecell count -

(No range available)

05-Sept-2023 Ms Heather McLaren

Result: Blood sample -> Lab NOS *Bloods obtained. \*\*\*\**  
 Blood sample -> Lab NOS Bloods obtained. \*\*\*\*

(No range available)

24-Jan-2023 Mrs Gillian Moor

Result: Eosinophil count  $10^9/L$   
 Eosinophil count  $\times 10^9/L$

0.1  $10^9/L$ 

(No range available)

24-Jan-2023 Mrs Gillian Moor

Result: Haemoglobin estimation  
 Haemoglobin estimation

126 g/L

(Range: 115 - 165)

24-Jan-2023 Mrs Gillian Moor

Result: Mean corpusc. haemoglobin (MCH)  
 Mean corpusc. haemoglobin (MCH)

28.7 pg

(Range: 27 - 32)

24-Jan-2023 Mrs Gillian Moor

Result: Mean corpusc. Hb. conc. (MCHC)  
 Mean corpusc. Hb. conc. (MCHC)

321 g/L

(Range: 320 - 360)

24-Jan-2023 Mrs Gillian Moor

Result: Mean corpuscular volume (MCV)  
 Mean corpuscular volume (MCV)

89.5 fL

(Range: 80 - 100)

24-Jan-2023 Mrs Gillian Moor

Result: Monocyte count  $10^9/L$   
 Monocyte count  $\times 10^9/L$

0.6  $10^9/L$ 

(Range: 0.2 - 0.8)

24-Jan-2023 Mrs Gillian Moor

Result: Neutrophil count  $10^9/L$   
 Neutrophil count  $\times 10^9/L$

4.5  $10^9/L$ 

(Range: 2 - 7.5)

24-Jan-2023 Mrs Gillian Moor

Result: Platelet count  $10^9/L$   
 Platelet count  $\times 10^9/L$

371  $10^9/L$ 

(Range: 140 - 450)

24-Jan-2023 Mrs Gillian Moor

Result: Red blood cell (RBC) count  $10^{12}/L$   
 Red blood cell (RBC) count  $\times 10^{12}/L$

4.39  $10^{12}/L$ 

(Range: 3.9 - 5.6)

24-Jan-2023 Mrs Gillian Moor

Result: Total white blood count  $10^9/L$   
 Total white blood count  $\times 10^9/L$

7.4  $10^9/L$ 

(Range: 4 - 11)

24-Jan-2023 Mrs Gillian Moor

Result: Percentage lymphocytes  $10^9/L$   
 Percentage lymphocytes  $\times 10^9/L$

2.2  $10^9/L$ 

(Range: 1 - 4)

24-Jan-2023 Mrs Gillian Moor

Result: Full blood count - FBC *elevated WBC*  
 Full blood count - FBC elevated WBC

(No range available)

24-Jan-2023 Mrs Gillian Moor

Result: Haematocrit  
 Haematocrit

0.393 L/L

(Range: 0.37 - 0.47)

24-Jan-2023 Mrs Gillian Moor

Result: Basophil count *Basophils -*  $10^9/L$   
 Basophil count Basophils -  $10^9/L$

0.1  $10^9/L$ 

(No range available)

24-Jan-2023 Mrs Gillian Moor

Result: Red blood cell distribution width  
 Red blood cell distribution width

13.9 %

(Range: 11 - 16)

24-Jan-2023 Mrs Gillian Moor

Result: Differential white cell count *Differential whitecell count -*  
 Differential white cell count Differential whitecell count -

(No range available)

24-Jan-2023 Ms Heather McLaren

Result: Blood sample -> Lab NOS *vb sent to lab \*\*\*\**  
 Blood sample -> Lab NOS vb sent to lab \*\*\*\*

(No range available)

06-Jan-2023 Mrs Gillian Moor

Result: Eosinophil count  $10^9/L$   
 Eosinophil count  $\times 10^9/L$

0  $10^9/L$ 

(No range available)

06-Jan-2023 Mrs Gillian Moor

Result: Haemoglobin estimation  
 Haemoglobin estimation

128 g/L

(Range: 115 - 165)

<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29 pg	(Range: 27 - 32)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	322 g/L	(Range: 320 - 360)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	90.2 fL	(Range: 80 - 100)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Monocyte countx $10^9/L$ Monocyte count x $10^9/L$	0.8 $10^9/L$	(Range: 0.2 - 0.8)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Neutrophil countx $10^9/L$ High Neutrophil count x $10^9/L$	<b>8.7 <math>10^9/L</math></b>	<b>(Range: 2 - 7.5)</b>
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Platelet countx $10^9/L$ Platelet count x $10^9/L$	332 $10^9/L$	(Range: 140 - 450)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Red blood cell (RBC) countx $10^{12}/L$ Red blood cell (RBC) count x $10^{12}/L$	4.41 $10^{12}/L$	(Range: 3.9 - 5.6)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Total white blood countx $10^9/L$ High Total white blood count x $10^9/L$	<b>11.8 <math>10^9/L</math></b>	<b>(Range: 4 - 11)</b>
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Percentage lymphocytesx $10^9/L$ Percentage lymphocytes x $10^9/L$	2.2 $10^9/L$	(Range: 1 - 4)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Full blood count - FBC <i>Heavy menses- as per Gyn</i> Full blood count - FBC <i>Heavy menses- as per Gyn</i>		(No range available)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Haematocrit Haematocrit	0.398 L/L	(Range: 0.37 - 0.47)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Basophil count <i>Basophils - x <math>10^9/L</math></i> Basophil count <i>Basophils - x <math>10^9/L</math></i>	0.1 $10^9/L$	(No range available)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Red blood cell distribution width Red blood cell distribution width	14.1 %	(Range: 11 - 16)
<b>06-Jan-2023 Mrs Gillian Moor</b> <b>Result:</b> Differential white cell count <i>Differential whitecell count -</i> Differential white cell count <i>Differential whitecell count -</i>		(No range available)
<b>06-July-2022 Dr Maureen Ferrie</b> <b>Result:</b> Blood oxygen saturation Blood oxygen saturation	97	(No range available)
<b>06-July-2022 Dr Maureen Ferrie</b> <b>Result:</b> O/E - temperature level O/E - temperature level	36.6 degC	(No range available)
<b>06-Jan-2022 Mrs Elizabeth Devine</b> <b>Result:</b> 2019-nCoV (novel coronavirus) RNA detected 2019-nCoV (novel coronavirus) RNA detected		(No range available)
<b>06-Jan-2021 Mrs Jackie Mulvaney</b> <b>Result:</b> 2019-nCoV (novel coronavirus) RNA not detected <i>negative</i> 2019-nCoV (novel coronavirus) RNA not detected <i>negative</i>		(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Serum TSH level <i>mU/L</i> Serum TSH level <i>mU/L</i>	1.35 mU/L	(Range: 0.27 - 4.2)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Thyroid hormone tests <i>HEAVY PV BLEEDING</i> Thyroid hormone tests <i>HEAVY PV BLEEDING</i>		(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Free T4 level Free T4 level	16.2 pmol/L	(Range: 12 - 22)

<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Serum vitamin B12 Serum vitamin B12	374 pg/mL	(Range: 197 - 771)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Eosinophil countx $10^9/L$ Eosinophil count x $10^9/L$	0.1 $10^9/L$	(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Serum ferritinHEAVY PV BLEEDING Serum ferritin HEAVY PV BLEEDING	ug/L	(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Serum ferritin Serum ferritin	52.1 ng/mL	(Range: 14 - 186)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Serum folate Serum folate	5.4 ng/mL	(Range: 3.9 - 26.8)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Haemoglobin estimation Haemoglobin estimation	13.1 g/dL	(Range: 11.5 - 16.5)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29.1 pg	(Range: 27 - 32)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	32 g/dL	(Range: 32 - 36)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	90.9 fL	(Range: 80 - 100)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Monocyte countx $10^9/L$ Monocyte count x $10^9/L$	0.7 $10^9/L$	(Range: 0.2 - 0.8)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Neutrophil countx $10^9/L$ Neutrophil count x $10^9/L$	6.7 $10^9/L$	(Range: 2 - 7.5)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Platelet countx $10^9/L$ Platelet count x $10^9/L$	338 $10^9/L$	(Range: 140 - 450)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Red blood cell (RBC) countx $10^{12}/L$ Red blood cell (RBC) count x $10^{12}/L$	4.5 $10^{12}/L$	(Range: 3.9 - 5.6)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Total white blood countx $10^9/L$ Total white blood count x $10^9/L$	9.9 $10^9/L$	(Range: 4 - 11)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Percentage lymphocytesx $10^9/L$ Percentage lymphocytes x $10^9/L$	2.4 $10^9/L$	(Range: 1 - 4)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> B12/folate levelHEAVY PV BLEEDING B12/folate level HEAVY PV BLEEDING		(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Full blood count - FBCHEAVY PV BLEEDING Full blood count - FBC HEAVY PV BLEEDING		(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Haematocrit Haematocrit	0.409 L/L	(Range: 0.37 - 0.47)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Basophil countBasophils - x $10^9/L$ Basophil count Basophils - x $10^9/L$	0.1 $10^9/L$	(No range available)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Red blood cell distribution width Red blood cell distribution width	13.3 %	(Range: 11 - 16)
<b>22-May-2020 Dr S Lawson</b> <b>Result:</b> Differential white cell countDifferential whitecell count - Differential white cell count Differential whitecell count -		(No range available)

<b>18-Aug-2016 Mrs Christine Smith</b> Result: Diagnostic colonoscopy Diagnostic colonoscopy		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum vitamin B12 Serum vitamin B12	426.9 pg/mL	(Range: 197 - 771)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Eosinophil count $\times 10^9/L$ Eosinophil count $\times 10^9/L$	0.1 $10^9/L$	(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum ferritin<none> Serum ferritin <none>	ug/L	(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum ferritin Serum ferritin	95 ng/mL	(Range: 14 - 186)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum folate Serum folate	6 ng/mL	(Range: 4.6 - 18.7)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Haemoglobin estimation Haemoglobin estimation	13.6 g/dL	(Range: 11.5 - 16.5)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Mean corpusc. haemoglobin(MCH)pg Mean corpusc. haemoglobin(MCH) pg	29.2 pg/mL	(Range: 27 - 32)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	33.6 g/dL	(Range: 32 - 36)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	86.9 fL	(Range: 80 - 100)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Monocyte count $\times 10^9/L$ Monocyte count $\times 10^9/L$	0.5 $10^9/L$	(Range: 0.2 - 0.8)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Neutrophil count $\times 10^9/L$ Neutrophil count $\times 10^9/L$	4.3 $10^9/L$	(Range: 2 - 7.5)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Platelet count $\times 10^9/L$ Platelet count $\times 10^9/L$	314 $10^9/L$	(Range: 140 - 450)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Red blood cell (RBC) count $\times 10^{12}/L$ Red blood cell (RBC) count $\times 10^{12}/L$	4.66 $10^*2$	(Range: 3.9 - 5.6)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Nucleated red blood cell count $\times 10^9/L$ Nucleated red blood cell count $\times 10^9/L$	0 $10^9/L$	(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Total white blood count $\times 10^9/L$ Total white blood count $\times 10^9/L$	7.3 $10^9/L$	(Range: 4 - 11)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Lymphocyte count $\times 10^9/L$ Lymphocyte count $\times 10^9/L$	2.4 $10^9/L$	(Range: 1 - 4)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: B12/folate level<none> B12/folate level <none>		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Full blood count - FBCB12 and Folate results to follow Full blood count - FBC B12 and Folate results to follow		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Haematology>Please note the reference range for Haematinic Assays has changed Haematology Please note the reference range for Haematinic Assays has changed		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Haematocrit Haematocrit	0.405 L/L	(Range: 0.37 - 0.47)

<b>17-Jun-2016 Dr Margaret Angus</b> Result: Basophil count $\times 10^9/L$ Basophil count $\times 10^9/L$	0.1 $10^9/L$	(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Red blood cell distribution width Red blood cell distribution width	13.2 %	(Range: 11 - 16)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum chloride Serum chloride	96 mmol/L	(Range: 95 - 108)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum creatinine Below low reference limit Serum creatinine	<b>51 <math>\mu\text{mol/L}</math></b>	<b>(Range: 60 - 100)</b>
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum potassium Serum potassium	3.9 mmol/L	(Range: 3.5 - 5.3)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum sodium Serum sodium	133 mmol/L	(Range: 133 - 146)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum TSH level $\text{mU/L}$ Serum TSH level $\text{mU/L}$	1.5 $\text{mU/L}$	(Range: 0.2 - 5)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum urea level Serum urea level	5.2 mmol/L	(Range: 2.5 - 7.8)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Thyroid hormone tests <none> Thyroid hormone tests <none>		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Urea and electrolytes <none> Urea and electrolytes <none>		(No range available)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Serum bicarbonate Serum bicarbonate	26 mmol/L	(Range: 22 - 29)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: Free T4 level Free T4 level	14.3 pmol/L	(Range: 9 - 21)
<b>17-Jun-2016 Dr Margaret Angus</b> Result: GFR calculated abbreviated MDRD Estimated EGFR - >59 GFR calculated abbreviated MDRD Estimated EGFR - >59	$\text{mL/min}$	(No range available)
<b>17-Jun-2016 Ms Shirley Herriot</b> Result: Blood sample -> Lab NOS fbc u&e haematinics tft taken today Blood sample -> Lab NOS fbc u&e haematinics tft taken today		(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Serum TSH level $\text{mU/L}$ Serum TSH level $\text{mU/L}$	1.7 $\text{mU/L}$	(Range: 0.2 - 5)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Thyroid hormone tests <none> Thyroid hormone tests <none>		(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Free T4 level Free T4 level	16.9 pmol/L	(Range: 9 - 21)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Eosinophil count $\times 10^9/L$ Eosinophil count $\times 10^9/L$	0.1 $10^9/L$	(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Haemoglobin estimation Haemoglobin estimation	13.2 g/dL	(Range: 11.5 - 16.5)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Mean corpusc. haemoglobin (MCH) $\text{pg}$ Mean corpusc. haemoglobin (MCH) $\text{pg}$	28.6 $\text{pg/mL}$	(Range: 27 - 32)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	34 g/dL	(Range: 32 - 36)

<b>29-Apr-2015 Dr Margaret Angus</b> Result: Mean corpuscular volume (MCV) Mean corpuscular volume (MCV)	84.2 fL	(Range: 80 - 100)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Monocyte count $\times 10^9/L$ Monocyte count $\times 10^9/L$	0.5 $10^9/L$	(Range: 0.2 - 0.8)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Neutrophil count $\times 10^9/L$ Neutrophil count $\times 10^9/L$	3.9 $10^9/L$	(Range: 2 - 7.5)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Platelet count $\times 10^9/L$ Platelet count $\times 10^9/L$	336 $10^9/L$	(Range: 140 - 450)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Red blood cell (RBC) count $\times 10^{12}/L$ Red blood cell (RBC) count $\times 10^{12}/L$	4.61 $10^{12}/L$	(Range: 3.9 - 5.6)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Nucleated red blood cell count $\times 10^9/L$ Nucleated red blood cell count $\times 10^9/L$	0 $10^9/L$	(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Total white blood count $\times 10^9/L$ Total white blood count $\times 10^9/L$	6.9 $10^9/L$	(Range: 4 - 11)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Lymphocyte count $\times 10^9/L$ Lymphocyte count $\times 10^9/L$	2.3 $10^9/L$	(Range: 1 - 4)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Full blood count - FBC <none> Full blood count - FBC <none>		(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Haematocrit Haematocrit	0.388 L/L	(Range: 0.37 - 0.47)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Basophil count $\times 10^9/L$ Basophil count $\times 10^9/L$	0.1 $10^9/L$	(No range available)
<b>29-Apr-2015 Dr Margaret Angus</b> Result: Red blood cell distribution width Red blood cell distribution width	13.5 %	(Range: 11 - 16)
<b>29-Apr-2015 Mrs Janet Dalziel</b> Result: Blood sample -> Lab NOS Bloods taken FBC TFT. Blood sample -> Lab NOS Bloods taken FBC TFT.		(No range available)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum albumin g/l Serum albumin g/l	45 g/L	(Range: 36 - 52)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum alkaline phosphatase Serum Alkaline phosphatase - IU/l Serum alkaline phosphatase Serum Alkaline phosphatase - IU/l	77 IU/L	(Range: 25 - 110)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum alanine aminotransferase level IU/l Serum alanine aminotransferase level IU/l	19 IU/L	(No range available)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum bilirubin level Serum Bilirubin - umol/l Serum bilirubin level Serum Bilirubin - umol/l	10 umol/L	(No range available)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum chloride mmol/l Serum chloride mmol/l	105 mmol/L	(Range: 95 - 105)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum creatinine umol/l Below low reference limit Serum creatinine umol/l	56 umol/L	(Range: 60 - 110)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum potassium mmol/l Serum potassium mmol/l	4.2 mmol/L	(Range: 3.5 - 5)
<b>31-Oct-2011 Dr Margaret Angus</b> Result: Serum sodium mmol/l Serum sodium mmol/l	141 mmol/L	(Range: 135 - 145)

31-Oct-2011 Dr Margaret Angus

Result: Serum TSH level [ TFT REQUESTED: NO THERAPY ]

Serum TSH level [ TFT REQUESTED: NO THERAPY ]

MicroU/L

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Serum TSH level mIU/l

Serum TSH level mIU/l

2.83 mIU/L

(Range: 0.2 - 5)

31-Oct-2011 Dr Margaret Angus

Result: Serum urea level mmol/l

Serum urea level mmol/l

3.4 mmol/L

(Range: 2.5 - 7.5)

31-Oct-2011 Dr Margaret Angus

Result: Liver function test Liver function tests

Liver function test Liver function tests

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Serum fasting glucose level mmol/l

Serum fasting glucose level mmol/l

4.9 mmol/L

(Range: 3 - 6)

31-Oct-2011 Dr Margaret Angus

Result: Blood urea/renal function Serum electrolytes

Blood urea/renal function Serum electrolytes

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Serum bicarbonate mmol/l

Below low reference limit

Serum bicarbonate mmol/l

20 mmol/L

(Range: 21 - 28)

31-Oct-2011 Dr Margaret Angus

Result: Serum free T4 level pmol/l

Serum free T4 level pmol/l

18.6 pmol/L

(Range: 9 - 21)

31-Oct-2011 Dr Margaret Angus

Result: GFR calculated abbreviated MDRD Estimated GFR - Greater than 59ml/min/1.73m<sup>2</sup>GFR calculated abbreviated MDRD Estimated GFR - Greater than  
59ml/min/1.73m<sup>2</sup>

mL/min

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Eosinophil count x10<sup>9</sup>/LEosinophil count x10<sup>9</sup>/L0.1 10<sup>9</sup>/L

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Haemoglobin estimation

Haemoglobin estimation

14.4 g/dL

(Range: 11.5 - 16.5)

31-Oct-2011 Dr Margaret Angus

Result: Mean corpusc. haemoglobin (MCH) pg

Mean corpusc. haemoglobin (MCH) pg

30.8 pg/mL

(Range: 27 - 32)

31-Oct-2011 Dr Margaret Angus

Result: Mean corpusc. Hb. conc. (MCHC)

Mean corpusc. Hb. conc. (MCHC)

34 g/dL

(Range: 30 - 36)

31-Oct-2011 Dr Margaret Angus

Result: Mean corpuscular volume (MCV)

Mean corpuscular volume (MCV)

90.8 fL

(Range: 80 - 100)

31-Oct-2011 Dr Margaret Angus

Result: Monocyte count x10<sup>9</sup>/LMonocyte count x10<sup>9</sup>/L0.6 10<sup>9</sup>/L

(No range available)

31-Oct-2011 Dr Margaret Angus

Result: Neutrophil count x10<sup>9</sup>/LNeutrophil count x10<sup>9</sup>/L4 10<sup>9</sup>/L

(Range: 2 - 8)

31-Oct-2011 Dr Margaret Angus

Result: Platelet count x10<sup>9</sup>/LPlatelet count x10<sup>9</sup>/L359 10<sup>9</sup>/L

(Range: 150 - 450)

31-Oct-2011 Dr Margaret Angus

Result: Red blood cell (RBC) count Red blood count - x10<sup>12</sup>/LRed blood cell (RBC) count Red blood count - x10<sup>12</sup>/L4.67 10<sup>12</sup>/L

(Range: 3.9 - 5.6)

31-Oct-2011 Dr Margaret Angus

Result: Total white cell count x10<sup>9</sup>/LTotal white cell count x10<sup>9</sup>/L8.1 10<sup>9</sup>/L

(Range: 4 - 11)

31-Oct-2011 Dr Margaret Angus

Result: Lymphocyte count x10<sup>9</sup>/LLymphocyte count x10<sup>9</sup>/L3.3 10<sup>9</sup>/L

(Range: 0.8 - 4.5)

31-Oct-2011 Dr Margaret Angus

Result: Full blood count - FBC &lt;none&gt;

Full blood count - FBC &lt;none&gt;

(No range available)

<b>31-Oct-2011 Dr Margaret Angus</b> <b>Result:</b> Haematocrit Haematocrit	0.424 L/L	(Range: 0.37 - 0.47)
<b>31-Oct-2011 Dr Margaret Angus</b> <b>Result:</b> Basophil countx10^9/L Basophil count x10^9/L	0 10^9/L	(No range available)
<b>31-Oct-2011 Mrs Janet Dalziel</b> <b>Result:</b> Blood sample -> Lab NOSBloods taken FBC U&E LFT FBG TFT. Blood sample -> Lab NOS Bloods taken FBC U&E LFT FBG TFT.		(No range available)
<b>10-Feb-2011 Mrs Elizabeth Devine</b> <b>Result:</b> Diagnostic colonoscopydiverticulosis and rectal polyps Diagnostic colonoscopy diverticulosis and rectal polyps		(No range available)
<b>29-Nov-2010 Mrs Christine Smith</b> <b>Result:</b> Barium enemamoderate diverticular disease Barium enema moderate diverticular disease		(No range available)
<b>10-Nov-2010 Mrs Elizabeth Devine</b> <b>Result:</b> Sigmoidoscopy NECDiverticulosis and colonic polyps Sigmoidoscopy NEC Diverticulosis and colonic polyps		(No range available)
<b>20-Sept-2010 Dr Graeme Brough</b> <b>Result:</b> Sample culture<none> Sample culture <none>		(No range available)
<b>20-Sept-2010 Dr Graeme Brough</b> <b>Result:</b> Sample cultureNo intestinal pathogens isolated. Sample culture No intestinal pathogens isolated.		(No range available)
<b>13-Sept-2010 Dr S Lawson</b> <b>Result:</b> Sample culture*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 15/09/2010 ; Outcome=File : DateSent=13/09/2010 : DateReceived=13/09/2010 : SampleLabID=FP804241 Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 15/09/2010 ; Outcome=File : DateSent=13/09/2010 : DateReceived=13/09/2010 : SampleLabID=FP804241	0	(No range available)
<b>13-Sept-2010 Dr S Lawson</b> <b>Result:</b> Sample cultureNo intestinal pathogens isolated. : Faeces culture Sample culture No intestinal pathogens isolated. : Faeces culture	0	(No range available)
<b>06-Sept-2010 Dr Graeme Brough</b> <b>Result:</b> Sample culture*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 09/09/2010 ; Outcome=File : DateSent=03/09/2010 : DateReceived=06/09/2010 : SampleLabID=FP804024 : DATE_RECORDED=03/09/2010 Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 09/09/2010 ; Outcome=File : DateSent=03/09/2010 : DateReceived=06/09/2010 : SampleLabID=FP804024 : DATE_RECORDED=03/09/2010	0	(No range available)
<b>06-Sept-2010 Dr Graeme Brough</b> <b>Result:</b> Sample culture1) GROWTH of Salmonella species : Faeces culture : DATE_RECORDED=03/09/2010 Sample culture 1) GROWTH of Salmonella species : Faeces culture : DATE_RECORDED=03/09/2010	0	(No range available)
<b>30-Aug-2010 Dr Maureen Ferrie</b> <b>Result:</b> Sample culture*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 02/09/2010 ; Outcome=File : DateSent=30/08/2010 : DateReceived=30/08/2010 : SampleLabID=FP803807 Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*: Faeces culture: - Received 02/09/2010 ; Outcome=File : DateSent=30/08/2010 : DateReceived=30/08/2010 : SampleLabID=FP803807	0	(No range available)
<b>30-Aug-2010 Dr Maureen Ferrie</b> <b>Result:</b> Sample culture1) GROWTH of Salmonella species : Faeces culture Sample culture 1) GROWTH of Salmonella species : Faeces culture	0	(No range available)
<b>24-Aug-2010 Dr Margaret Angus</b> <b>Result:</b> Sample culture*SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*Phoned to PUBLIC HEALTH at 09:51 by jsl : Faeces culture: - Received 26/08/2010 ; Outcome=File : DateSent=24/08/2010 : DateReceived=24/08/2010 : SampleLabID=FP803613 Sample culture *SPECIMEN EXAMINED FOR CRYPTOSPORIDIUM CYSTS,E.COLI (0157), SALMONELLA, SHIGELLA, CAMPYLOBACTER.*Phoned to PUBLIC HEALTH at 09:51 by jsl : Faeces culture: - Received 26/08/2010 ; Outcome=File : DateSent=24/08/2010 : DateReceived=24/08/2010 : SampleLabID=FP803613	0	(No range available)
<b>24-Aug-2010 Dr Margaret Angus</b> <b>Result:</b> Sample culture1) First isolation of Salmonella species : Faeces culture Sample culture 1) First isolation of Salmonella species : Faeces culture	0	(No range available)

**09-May-2006 Dr Margaret Angus****Result:** Serum vitamin B12 Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663

Normal

Serum vitamin B12 Received 10/05/2006 - Result : File -- Sent 09/05/2006 - 361 (Range: 155 - 1100)  
SampleLabID: CK589663**09-May-2006 Dr Margaret Angus****Result:** Eosinophils

Normal

Eosinophils 0.2 (No range available)

**09-May-2006 Dr Margaret Angus****Result:** Serum ferritin Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663

Normal

Serum ferritin Received 10/05/2006 - Result : File -- Sent 09/05/2006 - 85 (Range: 14 - 186)  
SampleLabID: CK589663**09-May-2006 Dr Margaret Angus****Result:** Serum folate Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663

Normal

Serum folate Received 10/05/2006 - Result : File -- Sent 09/05/2006 - 6.1 (Range: 2.8 - 12.4)  
SampleLabID: CK589663**09-May-2006 Dr Margaret Angus****Result:** HAEMOGLOBIN

Normal

HAEMOGLOBIN 14.9 (Range: 11.5 - 16.5)

**09-May-2006 Dr Margaret Angus****Result:** MCH

Normal

MCH 30.1 (Range: 27 - 32)

**09-May-2006 Dr Margaret Angus****Result:** MCHC

Normal

MCHC 33 (Range: 30 - 36)

**09-May-2006 Dr Margaret Angus****Result:** MCV

Normal

MCV 91.1 (Range: 80 - 100)

**09-May-2006 Dr Margaret Angus****Result:** Monocytes

Normal

Monocytes 0.8 (No range available)

**09-May-2006 Dr Margaret Angus****Result:** Neutrophils

Abnormal

Neutrophils 10.2 (Range: 2 - 8)

**09-May-2006 Dr Margaret Angus****Result:** PLATELETS

Normal

PLATELETS 350 (Range: 150 - 450)

**09-May-2006 Dr Margaret Angus****Result:** Red Cell Count

Normal

Red Cell Count 4.95 (Range: 3.9 - 5.6)

**09-May-2006 Dr Margaret Angus****Result:** TSH - thyroid stim. hormone Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: AK044650

Normal

TSH - thyroid stim. hormone Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: AK044650 1.7 (Range: 0.3 - 4.2)

**09-May-2006 Dr Margaret Angus****Result:** WHITE BLOOD COUNT

Abnormal

WHITE BLOOD COUNT 14.9 (Range: 4 - 11)

**09-May-2006 Dr Margaret Angus****Result:** Lymphocytes

Normal

Lymphocytes 3.7 (Range: 0.8 - 4.5)

**09-May-2006 Dr Margaret Angus****Result:** Full blood count - FBC Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663

Full blood count - FBC Received 10/05/2006 - Result : File -- Sent 09/05/2006 0

- SampleLabID: CK589663 (No range available)

**09-May-2006 Dr Margaret Angus****Result:** Infectious mononucleosis test Received 10/05/2006 - Result : File -- Sent 09/05/2006 - SampleLabID: CK589663Infectious mononucleosis test Received 10/05/2006 - Result : File -- Sent 0 (No range available)  
09/05/2006 - SampleLabID: CK589663**09-May-2006 Dr Margaret Angus****Result:** Haematocrit

Normal

Haematocrit

0.45

(Range: 0.4 - 0.5)

**09-May-2006 Dr Margaret Angus****Result:** Basophils

Normal

Basophils

0.1

(No range available)

**27-Sept-1993 Dr Anne Mackie****Result:** Cytology - general First episode

Cytology - general First episode

0

(No range available)

**11-Dec-1992 Dr Anne Mackie****Result:** Cervical smear - inflam.change ACTION=No Action Required

Cervical smear - inflam.change ACTION=No Action Required

0

(No range available)

**11-Dec-1992 Dr Anne Mackie****Result:** Cervical smear - inflam.change ACTION=No Action Required

Cervical smear - inflam.change ACTION=No Action Required

0

(No range available)

**12-Sept-1991 Dr Calum Macinnes Do No****Result:** Cervical smear - inflam.change ACTION=No Action Required

Cervical smear - inflam.change ACTION=No Action Required

0

(No range available)

**01-Apr-1991 Dr Calum Macinnes Do No****Result:** Cervical smear - inflam.change ACTION=No Action Required

Cervical smear - inflam.change ACTION=No Action Required

0

(No range available)

## Other Items

This section is empty.

## Attachments

**Scanned Document**

06-May-2026 SMITH

**Additional:** Scanned Document**Filename:** m\_donnelly.pdf**Extension:** .tif**Pages:**

Dr M. FERRIE MBCHB MRCGP DRCOG  
Dr S. LAWSON MBCHB MRCGP  
Dr E. THOMSON MBCHB MRCGP  
Dr M. WILL MBCHB MRCGP  
Dr O. Oyebisi MBCHB MRCGP

CHAPELHALL PRACTICE  
30 LAUCHOPE STREET  
CHAPELHALL  
AIRDRIE  
ML6 8SR  
TELE No: 01236 762144

SL/CS

6<sup>TH</sup> May 2026

MMA Legal Limited Stok  
43-59 Princes Street  
Stockport  
SK11RY

Dear Sirs.

MARGARET DONNELLY DOB 18-01-68  
1 BUDSHAW AVENUE CHAPELHALL AIRDRIE ML6 8TZ  
REF NO: 100350

Thank you for your request for copy of records on the above named patient.

Please find these attached in email provided with [evidence@mmalegal.co.uk](mailto:evidence@mmalegal.co.uk)

Yours Sincerely

*S Lawson*

Dr S Lawson  
Electronically Signed

NHS Confidential: Personal data about a patient

**MMA**  
LEGAL

**Chapelhall Surgery**

30 Lauchope Street  
Airdrie  
ML68SR

Date 24/04/2026

Ref: 100350

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Miss Margaret Donnelly  
Client Reference: 100350  
Client Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ  
Date of Birth: 18/01/1968  
Also Known As:  
Name in Care:  
NHS Number:  
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.

Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

**This specifically includes:**

Full GP records (not a summary printout)  
Consultation notes and free-text entries  
Historical paper records (including Lloyd George records where applicable)  
Coded clinical data  
Correspondence to and from hospitals, specialists, and external providers  
Mental health records held within the GP file  
Safeguarding concerns or alerts  
Referral records and outcomes  
Medication and prescription history

MMA Legal Limited, a company registered in England and Wales with registered number 13900519  
Authorised and regulated by the Solicitors Regulation Authority number 8000579  
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street., Stockport, SK11RY

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Any scanned documents or attachments

**Format Requirement**

We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

**Historical Records**

Please ensure searches include:

- Archived and legacy systems
- Paper and scanned records
- Records transferred from previous GP practices

**Enclosures**

We enclose:  
Signed authority  
Proof of identity

Should you require any further information to process this request, please advise promptly.

**Statutory Timeframe**

We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

**Non-Holding of Data**

If you do not hold a complete record, please confirm:

- The dates of records held
- Details of any previous GP practices

**Service of Documents**

We only accept service of documents via email at [evidence@mmalegal.co.uk](mailto:evidence@mmalegal.co.uk). Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team  
MMA Legal  
E: [evidence@mmalegal.co.uk](mailto:evidence@mmalegal.co.uk)  
T: 0161 563 0816

MMA Legal Limited, a company registered in England and Wales with registered number 13900519  
Authorised and regulated by the Solicitors Regulation Authority number 8000579  
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street., Stockport, SK11RY

NHS Confidential: Personal data about a patient

**DEED OF AUTHORITY & CONSENT**

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Margaret Donnelly
Date of Birth:	18/01/1968
Previous Names (if any):	
Current Address:	1 Budshaw Avenue Chapelhall, Airdrie ML6 8TZ
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal
Address	SToK, 43-59 Princes Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

**1. STATUS AND CONSTRUCTION**

- 1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:
  - 1.1.1. UK GDPR
  - 1.1.2. Data Protection Act 2018
  - 1.1.3. Common law confidentiality
  - 1.1.4. Any related statutory, regulatory or supervisory framework
- 1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.
- 1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

**2. APPOINTMENT**

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at <http://www.sra.org.uk/solicitors/handbook/welcome.aspx>  
SRA Number: 6000579

NHS Confidential: Personal data about a patient

- 2.1. The Client appoints the Representative to act fully on their behalf in connection with:
  - 2.1.1. An application to Redress Scotland;
  - 2.1.2. Any review, reconsideration or appeal;
  - 2.1.3. Evidence gathering and submission;
  - 2.1.4. Any associated advisory, compensatory or restorative process.
- 2.2. Requests made by the Representative shall be treated as made personally by the Client.

### **3. SCOPE OF AUTHORITY**

- 3.1. This Authority applies to all public and private bodies including (without limitation):
  - 3.1.1. Local Authorities and Councils
  - 3.1.2. NHS Boards and GP Practices
  - 3.1.3. Health & Social Care Partnerships
  - 3.1.4. Integration Joint Boards
  - 3.1.5. Religious bodies and orders
  - 3.1.6. Residential and foster care providers
  - 3.1.7. Education authorities and schools
  - 3.1.8. Government departments
  - 3.1.9. Archive services
  - 3.1.10. Insurers holding historical liability files
  - 3.1.11. Successor, merged or restructured public bodies
- 3.2. The Authority applies whether Records are:
  - 3.2.1. Archived, microfiche, digitised or handwritten;
  - 3.2.2. Stored off-site by contractors;
  - 3.2.3. Held by dissolved or reconstituted institutions;
  - 3.2.4. Transferred following statutory reorganisation.
- 3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
  - 3.3.1. The institution has closed or restructured;
  - 3.3.2. Records are archived or require manual retrieval;
  - 3.3.3. Records are held by insurers or successor bodies;
  - 3.3.4. Retrieval involves time or administrative burden.

### **4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT**

- 4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
  - 4.1.1. Physical and mental health records
  - 4.1.2. Psychiatric and psychological reports
  - 4.1.3. Therapy and counselling notes
  - 4.1.4. CAMHS records
  - 4.1.5. Social work and safeguarding files
  - 4.1.6. Ethnicity or religious data where recorded
 This includes all NHS and private medical providers.

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SRA Number: 8000579

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This explicit consent may be withdrawn at any time by written notice.

#### **5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT**

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- 5.1.1. Criminal offence data
- 5.1.2. Police investigation material
- 5.1.3. Child protection investigations
- 5.1.4. Statements and intelligence logs
- 5.1.5. Outcome decisions

including records held by:

- 5.1.6. Police Scotland
- 5.1.7. Any predecessor Scottish police force
- 5.1.8. Prosecuting authorities.

#### **6. THIRD-PARTY DATA AND REDACTION**

- 6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
- 6.2. Where necessary, redaction shall be limited strictly to third-party information.
- 6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

#### **7. PROPORTIONALITY AND REASONED DECISION-MAKING**

- 7.1. Any refusal, limitation or redaction must:
  - 7.1.1. Identify the specific statutory exemption relied upon;
  - 7.1.2. Explain how that exemption applies to the particular Record;
  - 7.1.3. Confirm why partial disclosure is not possible;
  - 7.1.4. Be communicated in writing.
- 7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
- 7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

#### **8. VALIDITY AND FORMAL REQUIREMENTS**

- 8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
- 8.2. Disclosure shall not be refused because:
  - 8.2.1. An internal template form has not been used;
  - 8.2.2. The Authority is considered "out of date" within internal policy;
  - 8.2.3. Additional consent is sought beyond reasonable identity verification.
- 8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

#### **9. REGULATORY AND STATUTORY RIGHTS**

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In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

**EXECUTION AS A DEED**

Signed and delivered as a Deed by the Client:	
Signature	
Print Name	Margaret Donnelly
Date	23/03/2026

Witness	
Name	James Ryan
Address	SToK, 43-59 Princes Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	James Ryan
Date	23/03/2026

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### Completion Certificate

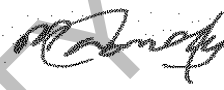
Reference ID: a7cd6b6d-3218-4568-abe1-384a3e77d25c

#### Document Details

Document Name(s): part-1, part-3, cfa, loa, fee-clarity  
 Total Pages: 4  
 Sent By: James Ryan (195.21.72.3)  
 Completed Date: Mar 23, 2026 17:59:16 UTC

#### Signer Information

Name: Miss Margaret Donnelly  
 Email: margaretdonnelly1962@icloud.com  
 Telephone: 07809359177  
 IP Address: 92.238.180.83



Verified Electronic Signature

#### Audit Trail

Action	Timestamp	IP Address
Created	2026-03-23 17:57:50	System
Document link sent to client by email	2026-03-23 17:57:50	System
Document link sent to client by sms	2026-03-23 17:57:51	System
Document link opened by client	2026-03-23 17:58:11	92.238.180.83
Document electronically signed	2026-03-23 17:59:19	92.238.180.83

#### Security Verification

SHA-256 Checksum: 47583aa3c338f59b05e746e4743a56ad29214be980ea7bc91559f7124d0ba8e02

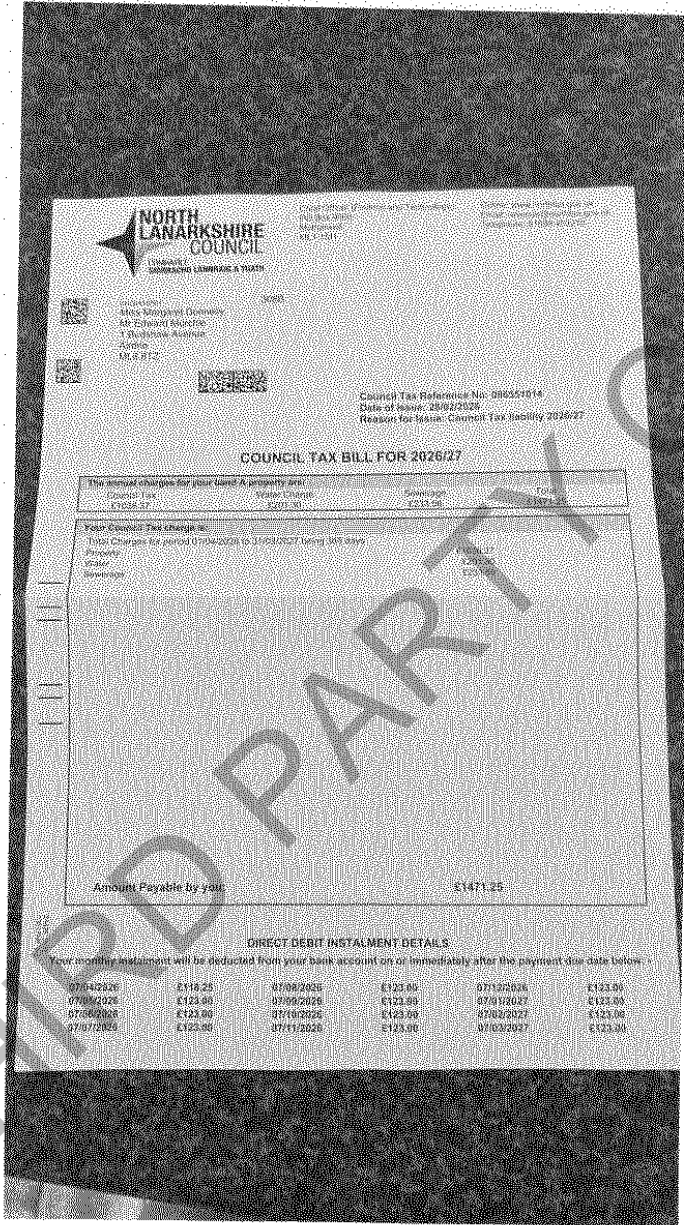
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 Airdrie  
 ML6 0JS



Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Date Dictated: 07/01/2026  
 Date Typed: 06/02/2026  
 Ref: 4340539  
 Letter Ref: EW/SG  
 Clinic Date: 07/01/2026  
 CHI Barcode:



Consultant: Mr Robin Alexander Crosbie

Dear Dr Lawson

Patient Name: Margaret Donnelly  
 Patient date of birth: 18/01/1968  
 Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

#### Diagnosis

T1b follicular variant papillary thyroid carcinoma – left hemithyroidectomy May 2025.

#### Management

Review in 6 months' time, bloods today.

It was a pleasure to review Margaret of behalf of Mr Crosbie today. She has done well following the above procedure. Thyroid MDT post operatively has advised surveillance only. She does not require any further treatment. She had a repeat ultrasound in November which showed a normal looking thyroid bed with no signs of adenopathy or recurrence.

On review Margaret tells me that she has been really symptomatic over the past couple of months. She has significant fatigue, poor sleep, hair thinning, brittle nails and in the past few weeks she has noticed a malar rash on her face. She has never had any issues with her thyroid function or calcium, however I have taken the opportunity to repeat these today just to ensure this, certainly we would not expect them to be abnormal following a hemithyroidectomy and therefore I have advised her to get in touch with you to investigate any potential other causes for this.

We will review Margaret in 6 months' time or sooner if there are any new significant thyroid symptoms.

Kind regards.

\*\*\*NB: Blood tests were normal, no action taken

Yours sincerely

Emma Wauchope  
 LAT in ENT

Authorised on 11/02/2026 16:14:34 by Miss Emma Wauchope.

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ML6 0JS



Margaret Donnelly  
1 Budshaw Avenue  
Chapelhall  
Airdrie  
ML6 8TZ

Date Dictated: 10/11/2025  
Date Typed: 17/11/2025  
Ref: 4289405  
Letter Ref: RC/HL  
CHI Barcode:



Consultant:

Dear Margaret Donnelly

Patient Name: Margaret Donnelly  
Patient date of birth: 18/01/1968  
Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

I have the result of your recent ultrasound and I am pleased to say this is very reassuring. I will see you back in clinic as planned.

There is nothing to see within the thyroid bed, neck or residual right side of your thyroid gland.

Yours sincerely

Robin Crosbie  
Consultant Head & Neck Surgeon

Authorised on 18/11/2025 07:23:31 by Robin Crosbie.

(D) Dr SJ Lawson  
Chapelhall Practice  
30 Lauchope Street  
Chapelhall  
Airdrie  
ML6 8SR

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ML6 0JS



Margaret Donnelly  
1 Budshaw Avenue  
Chapelhall  
Airdrie  
ML6 8TZ

Date Dictated: 30/06/2025  
Date Typed: 02/07/2025  
Ref: 4165964  
Letter Ref: RM  
CHI Barcode:



Consultant:

Dear Margaret Donnelly

Patient Name: Margaret Donnelly  
Patient date of birth: 18/01/1968  
Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

I have the results of your recent thyroid function test taken in clinic and I am pleased to say these were normal.

Yours sincerely

Robin Crosbie  
Consultant Head & Neck Surgeon

Authorised on 03/07/2025 14:07:44 by Robin Crosbie.

(D) Dr SJ Lawson  
Chapelhall Practice  
30 Lauchope Street  
Chapelhall  
Airdrie  
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Dr SJ Lawson  
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Chapelhall  
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Date Dictated: 25/06/2025  
Date Typed: 01/07/2025  
Ref: 4162059  
Letter Ref: SD  
Clinic Date: 25/06/2025  
CHI Barcode:



Consultant: Mr Robin Alexander Crosbie

Dear Dr Lawson

Patient Name: Margaret Donnelly  
Patient date of birth: 18/01/1968  
Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

Diagnosis Left hemithyroidectomy – pT1b follicular variant of papillary thyroid carcinoma

I reviewed the above 57 year old following a left hemithyroidectomy which included the isthmus nodule which has come back as a follicular variant papillary thyroid carcinoma measuring 17mm with a single focus of capsular invasion and two foci of angio invasion. We are awaiting genetics and discussion at the Thyroid MDT, but I explained to Margaret today, along with Melanie Rose, Clinical Nurse Specialist. She is feeling quite tired, although her TFTs a week after her surgery were within normal range. I have updated these today. Her wound has healed up nicely and her voice is normal, confirmed on laryngoscopy. I have explained that there is nothing definitive on my reading of her pathology to suggest that we need to pursue a low dose radio iodine and so hopefully if the MDT consensus is the same, we will simply follow up with interval ultrasound and clinical assessment. I am going to telephone her with the outcome of the MDT next week in case there is a differing opinion, including when we have our genetic results back. I will keep you informed.

Yours sincerely

Robin Crosbie  
Consultant Head & Neck Surgeon

Authorised on 03/07/2025 14:07:23 by Robin Crosbie.

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<b>Monklands Hospital</b> <b>Monkscourt Avenue</b> <b>Airdrie</b> <b>ML6 0JS</b>	<b>Discharge Letter</b> <b>&amp;</b> <b>Prescription</b>
---	--

page 1 of 1

<b>To:</b> S J LAWSON CHAPELHALL PRACTICE	<b>Re:</b> MARGARET DONNELLY 1 BUDSHAW AVENUE , CHAPELHALL , AIRDRIE , LANARKSHIRE , ML6 8TZ DOB: 18/01/1968 Hosp. No.: CHI No.: 1801685169
--	--

**Date of Admission:** 15/05/2025      **Ward:** ML Day Surgery

**Mode of Admission:**      **Consultant:** Mr Robin Crosbie ( EAR, NOSE AND THROAT-C5Z14 )

**Admission Reason:** Elective procedure

**Discharge Date:** 19/05/2025      **Follow Up:**

**Clinical Progress**      DIAGNOSIS: Extended left hemithyroidectomy (GA)

This 57-year old lady underwent the above procedure without immediate complication. She is fit for discharge with follow-up as listed.

Yours sincerely,

Mr Matt Donachie  
 ENT LAT ST3

**Follow-up**      - ROS in 7/7 on Ward 9 Treatment Room  
 - OPD clinic with Mr Crosbie in 6/6Z

**Medication Changes**      - Analgaesia

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Duration	GP to continue
DIHYDROCODEINE 30 mg Tablets	30 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm PRN For pain relief	7 day(s)	N
IBUPROFEN 400 mg Tablets	400 mg	Oral	THREE times daily - 7am;1pm;10pm	14 day(s)	N
PARACETAMOL 500 mg Tablets	1000 mg	Oral	FOUR times daily - 7am;1pm;6pm;10pm	14 day(s)	N

L/T = Long-term - Please note a minimum 7 day supply of medicines will be dispensed by the hospital pharmacy unless otherwise stated.

**Discharged by:** Dr Matthew Donachie

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ENT Department

01698 752136

Dr SJ Lawson  
Chapelhall Practice  
30 Lauchope Street  
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ML6 8SR

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Monkscourt Avenue  
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**NHS**  
Lanarkshire

Date Dictated: 15/05/2025  
Date Typed: 27/05/2025  
Ref: 4124668  
Letter Ref: RC/SD  
CHI Barcode:



Consultant: Mr Robin A Crosbie

Dear Dr Lawson,

Discharge Summary

Patient Name: Margaret Donnelly  
Patient date of birth: 18/01/1968  
Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ  
Date of admission: 15/05/2025  
Date of discharge: 15/05/2025

Procedure:  
Extended left hemithyroidectomy

Follow up:  
Suture removal Ward 9 Treatment Room in one week  
Outpatient clinic appointment in six weeks

The above patient attended for this elective procedure for a papillary thyroid cancer of the isthmus but also an indeterminate nodule in the left lobe. The procedure was uncomplicated and the wound was closed in the usual fashion. She will be seen back in the treatment room for suture removal in one week and I will see her in six weeks. I will keep an eye out for the pathology in the meantime.

Yours sincerely

Robin Crosbie  
Consultant Head & Neck Surgeon

Authorised on 29/05/2025 14:18:27 by Robin Crosbie.

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University Hospital Monklands, Monkscourt Avenue, Airdrie, ML6 0JS  
Tel: 01236 748748

Page 1 of 1

**DISCHARGE LETTER AND PRESCRIPTION**

Serial No: 8316e753-772e-4765-a30e-c9ce5f75df33

Date: 15-May-2025 @ 17:24 REPRINT

G.P.: S J LAWSON, CHAPEL HALL PRACTICE, 30 LAUCHOPE STREET, CHAPEL HALL, AIRDRIE, ML6 8SR Fax:

Patient: MARGARET DONNELLY Hosp. No.: 1801685169 Nat. No.: 180 168 5169

Address: 1 BUDSHAW AVENUE, CHAPEL HALL, AIRDRIE, LANARKSHIRE, ML6 8TZ DOB: 18/01/1968

Admission Date: 15/05/2025 Planned Admission: Ward: ML Day Surgery

Planned Discharge Date: 15/05/2025 Consultant: Mr Robin Crosbie

Admission Reason: Elective procedure Outpatient Appointment:

Allergy Reaction

Allergy Status: \*\*\*No known drug allergies\*\*\*

Diagnoses:

Patient aware of Diagnoses: Yes

**Discharge Letter Notes**

**Clinical Progress** DIAGNOSIS: Extended left hemithyroidectomy (GA)

This 57-year old lady underwent the above procedure without immediate complication. She is fit for discharge with follow-up as listed.

Yours sincerely,

Mr Matt Donachie  
ENT LAT ST3

**Follow-up** - ROS in 7/7 on Ward 9 Treatment Room  
- OPD clinic with Mr Crosbie in 6/52

**Medication Changes** - Analgaesia

**Discharge Medication**

Drug	Dose/Route/Frequency	Duration	GP to continue	Quantity, Strength, Brand
DIHYDROCODEINE 30 mg Tablets	30 mg Oral FOUR times daily - 7am; 1pm; 6pm; 10pm PRN For pain relief	7	No	28
IBUPROFEN 400 mg Tablets	400 mg Oral THREE times daily - 7am; 1pm; 10pm	14	No	24
PARACETAMOL 500 mg Tablets	1000 mg Oral FOUR times daily - 7am; 1pm; 6pm; 10pm	14	No	32

*Anytime*  
*after 21:30*  
*after 19:30*

Discharged by: Dr Matthew Donachie Bleep: LOCUM APPOINTMENT TRAINING

Dispensed By: *[Signature]* Checked By: *[Signature]* Date: 15/5/25

Originally Printed: 15/05/2025 @ 17:01 Post-discharge Reprint

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Dictated: 23/04/2025  
 Date Typed: 30/04/2025  
 Ref: 4101742  
 Letter Ref: AR/SD  
 Clinic Date: 23/04/2025  
 CHI Barcode:



Consultant: Mr Robin Alexander Crosbie

Dear Dr Lawson

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

**Diagnosis**

Papillary thyroid cancer – arising from thyroid isthmus  
 TR4 nodule arising from left lobe

**Plan**

Left sided extended hemithyroidectomy.<4weeks

Margaret has a new diagnosis of papillary thyroid cancer, arising from the thyroid isthmus. She also has a small TR4 nodule on the left lobe. She initially also had reactive lymph nodes level 3 for neck but with repeat ultrasound on the 7<sup>th</sup> April 2025 demonstrated these were not present with no cervical lymph nodes.

The diagnosis was discussed today and that this is a treatable malignancy with no signs of spread. We also discussed management with removal with an extended left hemithyroidectomy including the risks such as injury to the recurrent laryngeal nerve and voice change, hypothyroidism and the need for lifelong T4 replacement, pain, infection and bleeding. Finally, that there may be a need for radio-iodine or further surgery.

Margaret was keen to proceed, however she is going abroad on the second week of June so a date for surgery would need to be avoid this and be confirmed with her. She has therefore been listed for an urgent left extended hemithyroidectomy to be done as a day case.

Yours sincerely

Alexander Curran  
 CDF in ENT

*Authorised on 30/04/2025 13:52:52 by Alexander Curran.*

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 30 Lauchope Street  
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Date Dictated: 12/03/2025  
 Date Typed: 19/03/2025  
 Ref: 4064776  
 Letter Ref: MD/EW  
 Clinic Date: 04/02/2025  
 CHI Barcode:



Consultant:

Dear Dr Lawson

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

**Diagnosis:** Thyroid isthmus 1.6cm TR5 nodule.  
 Left thyroid lobe 0.6cm TR4 nodule (not for further investigation).  
 Left level 3/4 0.7cm lymph node, query reactive.  
 Euthyroid.

**Plan:** Urgent ultrasound fine needle aspiration.  
 Contact patient with results for further follow up.

Thank you for your referral of this fit and well 57-year-old catering manager, who was reviewed in the neck lump clinic with her daughter today. She presents with a 3-month history of rapid onset anterior midline neck lump, with associated feeling of something in the throat. She has noticed the lump has increased in size gradually overtime. Otherwise she has no other head and neck red flag symptoms including no sore throat, odynophagia, hoarseness, haemoptysis, referred otalgia or weight loss.

Ms Donnelly takes no regular medications and has no allergies. Of note she describes that she has a strong family history of throat cancer: her four brothers and both parents all had throat cancer, although they were all smokers. Ms Donnelly has a performance status of 0, is a non-smoker and drinks minimal alcohol.

On examination today she had a smooth mobile, approximately 2cm midline thyroid lump consistent with the ultrasound findings, which elevated on swallowing. There were no overlying skin changes and I could not detect any other palpable neck lymphadenopathy.

Oral examination revealed a partial denture and mild dental decay but no other gross findings and the oropharynx was unremarkable. Flexible nasal endoscopy demonstrated a normal pharynx and larynx with bilateral vocal cord movement. I know recent thyroid function tests in December were normal.

I have explained the results of the ultrasound and flexible nasal endoscopy to the patient today. She is aware of the potential concern that this could represent a thyroid cancer, but we require a fine needle aspirate to identify this. I have arranged for an urgent ultrasound guided FNA and we will contact the patient with the results to arrange further follow up, which may involve hemi or total thyroidectomy.

Yours sincerely

Mr Matthew Donachie  
 LAT ST3 Registrar in ENT

Authorised on 19/03/2025 17:08:15 by Matthew Donachie.

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EMAILED 19/12/25

<b>NHS Lanarkshire,</b>		<b>RADIOLOGY REPORT</b>	
		Page 1 of 2	
Name:	<b>MARGARET DONNELLY</b>	Consultant:	<b>GP REFERRED</b>
Address:	<b>1 Budshaw Avenue Chapelhall Airdrie Lanarkshire</b>	Address:	<b>FERRIE MAUREEN 30 LAUCHOPE STREET CHAPELHALL ML6 8SR</b>
Postcode:	<b>ML6 8TZ</b>	CHI No.:	<b>1801683169</b>
D.O.B.:	<b>18/01/1968</b>	Referrer:	<b>GP Referral</b>
Sex:	<b>Female</b>		

48267273 05/02/2025 US Neck

**Clinical History:**

Clinical Indication: Presents with firm mobile cystic swelling midline anterior neck about 1-2 cm above sternal notch but does not appear thyroid gland related  
 Report: Correlating to palpable lump, a well defined solid/predominantly isoechoic nodule demonstrating rim calcification is seen arising from isthmus measuring 1.2 x 1.6 x 1.4 cm and demonstrates internal echogenic foci. Appearance is suspicious of TR 5 triads classification nodule. Sampling is advised however this may be difficult due to peripheral calcification. A 0.6 cm maximum diameter well defined isoechoic nodule demonstrating rim calcification is seen left lobe. Appearance is suggestive of TR4 (no follow-up is required for a nodule of this size and classification)  
 A ovoid reactive node is noted left level III/IV, short axis diameter is 0.7 cm. While appearance may simply reflect reactive looking lymph node, an abnormal node cannot be excluded entirely. Nil else of note.  
 Urgent action required - see report UHM  
 Static images discussed

Name: MARGARET DONNELLY Book No: 48267273	Reported Date: 19/02/2025
Examination: US Neck	Current Pat Location: Monklands MKAE
Examination Date: 05/02/2025	

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NHS Lanarkshire,		RADIOLOGY REPORT	
		Page 2 of 2	
Name:	MARGARET DONNELLY	Consultant:	GP REFERRED
Address:	1 Budshaw Avenue Chapelhall Airdrie Lanarkshire	Address:	FERRIE MAUREEN 30 LAUCHOPE STREET CHAPELHALL ML6 8SR
Postcode:	ML6 8TZ	CHI No.:	1801685169
D.O.B.:	18/01/1968	Referrer:	GP Referral
Sex:	Female		

and reviewed with Dr. Kamalasan, Consultant Radiologist. Verified by: Jennifer Maxwell, Sonographer  
RA 60347

Name: MARGARET DONNELLY Book No: 48267273	Reported Date: 19/02/2025
Examination: US Neck	Current Pat Location: Monklands MKAE
Examination Date: 05/02/2025	

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**Conference Notification Form**

**\*\*FAO Referrer – Please view Radiology Patient Reports on  
Clinical Portal, TrakCare or SCI Store\*\***

**Cancer Track / Follow-Up / Urgent / Highlight**

<b>Patient Name</b>	Margaret Donnelly
<b>Patient CHI Number</b>	1801685169
<b>Date of Investigation</b>	05.02.2025
<b>Investigation Type</b>	US Neck
<b>Initial Requester</b>	Dr Maureen Ferrie
<b>Radiology Contact</b>	Siobhan – 401721 (External: 01698 752120)
<b>Any Other Comments</b>	Urgent – As per report

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**SCI Store - Patient Result Report**

Sample Collected: 06/12/2024 11:28:00

Report ID: L104826727301  
Lanarkshire SCI Store Live

Patient	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
Margaret DONNELLY	1801685169	18/01/1968	57	LAWSON, SUSAN	Chapelhall Practice		

**Report Details**

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
N/A	(GP001225) FERRIE MAUREEN	L104826727301	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
US	06/12/2024 11:28:00	06/12/2024 11:28:00	19/02/2025 16:42:25	Active

**Report**

**US**

Clinical Indication: Presents with firm mobile cystic swelling midline anterior neck about 1-2 cm above sternal notch but does not appear thyroid gland related  
 Report: Correlating to palpable lump, a well defined solid/predominantly isoechoic nodule demonstrating rim calcification is seen arising from isthmus measuring 1.2 x 1.6 x 1.4 cm and demonstrates internal echogenic foci. Appearances are suspicious of TR 5 triads classification nodule. Sampling is advised however this may be difficult due to peripheral calcification. A 0.6 cm maximum diameter well defined isoechoic nodule demonstrating rim calcification is seen left lobe. Appearances are suggestive of TR4 (no follow-up is required for a nodule of this size and classification).  
 A ovoid reactive node is noted left level III/IV, short axis diameter is 0.7 cm. While appearances may simply reflect reactive looking lymph node, an abnormal node cannot be excluded entirely.  
 Nil else of note.  
 Urgent action required - see report IHM.  
 Static images discussed and reviewed with Dr. Kamalasan, Consultant Radiologist.  
 Verified by: Jennifer Maxwell, Sonographer RA 60347

Printed By: Elizabeth Devine on 20/02/2025 11:11:09

*Dr Ferrie Referred*

NHS Confidential: Personal data about a patient

www.nhs.uk  
 Department of Gynaecology  
 01698 752025  
 Gynaecology

Margaret Donnelly  
 1 Budshaw Avenue  
 Chapelhall  
 Airdrie  
 ML6 8TZ

University Hospital  
 Monklands  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS



Date Dictated: 19/12/2024  
 Date Typed: 20/12/2024  
 Ref: 3340769  
 Letter Ref: IAZ/AG  
 CHI Barcode:



Consultant: Dr Ihab Abou-Zeid  
 Associate Specialist in Gynaecology

Dear Margaret Donnelly

Patient Name: Margaret Donnelly  
 Patient date of birth: 18/01/1968  
 Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

I was pleased to learn your attendance at the Hysteroscopy clinic did not reveal any abnormalities. I now have the report of the sample obtained from the lining of the womb which was only limited material, but no abnormalities seen. We can be reassured by this in view of the normal hysteroscopy.

Please allow up to 6 months for the full effect of the Mirena coil and any possible side effects to settle. Please let my secretary know on the above number if you have problems after this.

Otherwise, the coil will need removed after 5-6 years.

Yours sincerely

Dr Ihab Abou-Zeid  
 Associate Specialist in Obstetrics & Gynaecology  
 GMC No. 4465041

Authorised on 30/12/2024 11:25:01 by Ihab Abou-Zeid.

(D) Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

NHS Confidential: Personal data about a patient

[www.nhs.uk](http://www.nhs.uk)  
 Department of Gynaecology

Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

University Hospital Wishaw  
 50 Netherton Street  
 Wishaw  
 ML2 0DP



Date Dictated: 12/07/2024  
 Date Typed: 15/07/2024  
 Ref: 3319978  
 Letter Ref: KD  
 CHI Barcode:



Consultant: Dr Mihai Valentin Cherghe

Dear Dr Lawson

Patient Name: Margaret Donnelly  
 Patient date of birth: 18/01/1968  
 Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

This 55 year old attended the hysteroscopy clinic at Wishaw General Hospital today. She had two children both delivered vaginally, she is up to date with her smears. She has been troubled with heavy irregular periods for many years. According to her, her periods are very heavy and are soaking through her clothes and bed sheets. I note that she has recently been commenced on Provera and a pill and it has helped with her periods. She has never been on HRT, she is generally fit and well. I note an ultrasound scan in March 2023 was unremarkable.

An outpatient hysteroscopy in the clinic was suggestive of a normal looking endometrial cavity with no obvious polyp or fibroid seen. A pipelle endometrial biopsy has been taken.

I had a detailed discussion with her about Mirena insertion in the clinic today and she has agreed to it therefore, a Mirena coil has been inserted. She is well aware of the intermittent spotting which can be take up to 6 months to settle down. I have advised her to get in touch with her practice nurse in 4-6 weeks for a thread check and we will be in touch with her pipelle results.

Yours sincerely

Farzana Noor  
 Locum Consultant Gynaecologist

Authorised on 16/07/2024 11:52:49 by Farzana Noor.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent **2025-02-26**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101035720767C\*  
Unique Care Pathway Number: 101035720767C

\*1801685169\*  
CHI No: 1801685169

<b>REFERRAL TO</b>	
Head and Neck CancerC1T LAN Monklands ENT Cancer Refer	— Consultant / receiving practitioner and/or specialty clinic
Lanarkshire Cancer Referral Centre SCI Virtual location code	— Hospital and hospital address
	Hospital unit no. L002G
	Email address
<b>Urgency of referral</b> Urgent Suspicion of Cancer	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) Voice: 07809359177

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr. Maureen Ferrie	30 Lauchope Street Chapelhall Airdrie
GMC code	3315293 GP code 10286	
Practice name	Chapelhall Practice (62596)	
Practice code	62596	
		Contact number(s) Voice: 01236 762144

<b>Additional Administrative Information</b>
ECOG/WHO Score:0 – Asymptomatic
This is a referral pathway for suspicion of cancer - it is helpful if your patient is aware of this, what has the patient been told?:patient aware of above
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

**CLINICAL INFORMATION**

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

**Presenting complaint**

Main presenting Complaint: swelling in her anterior neck

Reason for Referral: Dear Doctor

Thank you for seeing this lady who presented in late November with an acute swelling in her anterior neck. It had been pointed out to her by work colleagues. Over the preceding few months she had been troubled with a persisting cough.

When seen she appeared well her chest was clear but she had a firm cystic lesion in the midline of her anterior neck about an inch above the sternal notch. It did not feel typically of thyroid or a thyroglossal cyst.

Chest x-ray was arranged thyroid function was checked both of which were normal and she was referred for an ultrasound scan of her neck.

Please find attached a copy of that scan raising concerns regarding this nodule which appears to be in the isthmus of her thyroid and they have recommended urgent onward referral.

I am grateful to you for seeing her.

Kind Regards

Yours Sincerely

**Examinations and Investigations**

Oral swelling present > 3 weeks:	Not Recorded
Head or neck swelling > 3 weeks:	Not Recorded
Orbital swelling or mass:	Not Recorded
Persistent hoarseness (not intermittent) > 3 weeks :	Not Recorded
Pain on swallowing > 3 weeks:	Not Recorded
Persistent throat discomfort:	Not Recorded
Tooth mobility not assoc with periodontal disease:	Not Recorded
Unilateral obstruction with bloodstained discharge and/or cheek/nose or eye swelling, or visible tumour in nose :	Not Recorded
Ulceration or visual lesion in oral cavity > 3 weeks:	Not Recorded
Palpable lump in head or neck:	Not Recorded
Palpable lump in parotid or submandibular gland:	Not Recorded
Facial Palsy:	Not Recorded
FBC and ESR sent:	Not Recorded

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**High and Medium Priority Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date Recorded</u>
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[V]Coil insertion	-	-	- mirena	12-Jul-2024
[M]Tubular adenoma NOS	-	-	5mm polyp	10-Nov-2010
Diverticulosis	-	-	-	10-Nov-2010
Salmonella gastroenteritis	-	-	-	03-Sep-2010
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Spontaneous vaginal delivery	-	-	-	10-May-1995
Thyroid cyst	-	-	Simple ; aspirated	06-May-1994
Spontaneous vaginal delivery	-	-	-	21-Nov-1988

---

**Current medication (Active Repeat medication issued within the last 12 months)**  
 No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**  
 No recent medications recorded

---

<b>Clinical warnings</b>	<b>Smoking status</b>	<b>Alcohol consumption</b>
<b>Lifestyle risks</b>	Number per day	Units per day
Exercise status: Not Known	0 (never smoked tobacco)	0 (teetotaler)

---

**Additional Clinical information**

---

Signature of referring doctor (or other professional) \_\_\_\_\_ Date \_\_\_\_\_

NHS Confidential: Personal data about a patient

[www.nhs.uk](http://www.nhs.uk)  
 Department of Gynaecology

Laura Schofield - Vetting Secretary  
 01698 361100 (Ext. 5752)

Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

University Hospital Wishaw  
 50 Netherton Street  
 Wishaw  
 ML2 0DP



Date Dictated: 11/06/2024  
 Date Typed: 11/06/2024  
 Ref: 3315778  
 Letter Ref: LS/MJ  
 CHI Barcode:



Vetting Letter

Consultant: Dr Megha Jani

Dear Dr Lawson

Patient Name: Margaret Donnelly  
 Patient date of birth: 18/01/1968  
 Patient Address: 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

Many thanks for your referral with regards to Margaret Donnelly. She remains on our waiting list to be appointed to our out-patient Hysteroscopy see and treat clinic for further assessment. Please note that she has now been appointed to the clinic on 21<sup>st</sup> June 2024.

I have copied this letter to Dr Abou-Zeid for his reference. As she has already been appointed to the clinic, I have clinically cancelled this new referral.

Yours sincerely

Dr Megha Jani  
 Consultant in Obstetrics & Gynaecology  
 GMC No 6089378

Authorised on 11/06/2024 22:31:27 by Megha Jani.

(P) Dr Ihab Abou-Zeid  
 Associate Specialist in Obstetrics and Gynaecology  
 University Hospital Monklands  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS

NHS Confidential Personal Data Only

NHS Lanarkshire,		RADIOLOGY REPORT	
		Page 1 of 1	
Name:	MARGARET DONNELLY	Consultant:	GP REFERRER
Address:	1 Budshaw Avenue Chapelhall Airdrie Lanarkshire	Address:	LAWSON SUSAN CHAPELHALL PRACTICE 30 LAUCHOPE STREET LANARKSHIRE ML6 8SR
Postcode:	ML6 8TZ	CHI No.:	1801685169
D.O.B.:	18/01/1968	Referrer:	GP Referral
Sex:	Female		

**45509315 24/03/2023 US Pelvis (Transabdominal)****Clinical History:**

Study Date 24/03/2023 Clinical Indication: Accession: L104550931501 Examination: US Pelvis (Transabdominal) Report: Clinical Reason: 54 year old still having regular but very heavy periods. Getting RIF pain around the time of her period and also around midcycle. ?ovarian cyst. US Pelvis (Transabdominal) Normal anteverted uterus. Both ovaries are unremarkable No adnexal cyst or mass seen. No free fluid. Both kidneys outline normally, with no evidence of hydronephrosis. The full bladder outlines normally. Impression: Normal examination. Scanned and reported by Christa Mackenzie (trainee sonographer) and supervised by Morag Stout (consultant sonographer). Verified by: Morag Stout Consultant Sonographer RA31518 Reported Created: 24/03/2023 13:21:03

Name: MARGARET DONNELLY Book No: 45509315	Reported Date: 30/03/2023
Examination: US Pelvis (Transabdominal)	Current Pat Location: Monklands MKAE
Examination Date: 24/03/2023	

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Date Referral Sent **2024-12-06**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101035001201E\*

Unique Care Pathway Number: 101035001201E

\*1801685169\*

CHI No: 1801685169

<b>REFERRAL TO</b>	
Clinical RadiologyH1 LAN Ultrasound Request	— Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	— Hospital and hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> <b>Urgent</b> new neck lump ? cause	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) -

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr. Maureen Ferrie	30 Lauchope Street Chapelhall Airdrie
GMC code	3315293 GP code 10286	
Practice name	Chapelhall Practice (62596)	
Practice code	62596	
		Contact number(s) Voice: 01236 762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00004000/00874139.HTM 06/05/2026

**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**

Main presenting Complaint: neck swelling  
 Reason for Referral: Presents with a firm mobile cystic swelling midline anterior neck about 1-2cm above sternal notch but doesn't appear thyroid related  
 Does not move with sticking tongue out  
 Ex smoker  
 No obvious other neck pathology  
 ? nature of lesion

**Examinations and Investigations**

Ultrasound Site : Other -  
 Ultrasound Site Other: neck -

**Reason for referral**

Care type requested: Out Patient  
 Expected outcome: Not Specified

**Past medical history**

**High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
[V]Coil insertion	-	-	- mirena	12-Jul-2024
[M]Tubular adenoma NOS	-	-	5mm polyp	10-Nov-2010
Diverticulosis	-	-	-	10-Nov-2010
Salmonella gastroenteritis	-	-	-	03-Sep-2010
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Spontaneous vaginal delivery	-	-	-	10-May-1995
Thyroid cyst	-	-	Simple ; aspirated	06-May-1994
Spontaneous vaginal delivery	-	-	-	21-Nov-1988

**Current medication (Active Repeat medication issued within the last 12 months)**

No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day  
 0 (never smoked tobacco)

**Alcohol consumption**

Units per day  
 0 (teetotaler)

**Additional Clinical Information**

\_\_\_\_\_  
 Signature of referring doctor (or other professional) Date

NHS Confidential Personal data about a patient

## Emergency Discharge Summary University Hospital Monklands

SJ Lawson  
Chapelhall Practice, 30 Lauchope Street, Chapelhall, Airdrie  
ML6 8SR

**NHS**  
**Lanarkshire**  
Emergency Department  
University Hospital Monklands  
Monkscourt Avenue  
ML6 0JS  
Telephone : 01236712186

RE: DONNELLY, Margaret, 1 Budshaw Avenue , , Airdrie ML6 8TZ

CHI: 1801685169

Dear Doctor SJ Lawson ,

Your patient attended University Hospital Monklands on 24/02/2023 at 12:53

**The presenting complaint was:** eta 1230 ed; left shoulder pain, lump evident at joint unable to lift arm above head

**Diagnosis:** Injury of Unspecified Muscle and Tendon At Shoulder and Upper Arm Level

**Diagnosis Notes:**

**Investigations:**

**Radiology Exams:**

**Procedures:**

**Medications:**

**Follow up:**

**Notes:**

**Additional Information:** Lifting heavy boxes tues/wed. Woke with painful left shoulder Thursday, worse today. Examination in keeping with tendonitis. X-ray - no calcification. Discharged with polysling for 2 days

Yours faithfully  
Matthew Oldroyd

NHS Confidential: Personal data about a patient

[www.nhs.uk](http://www.nhs.uk)  
 Department of Ophthalmology  
 01355 584783  
 Ophthalmology Secretary

University Hospital Hairmyres  
 Eaglesham Road  
 East Kilbride  
 G75 8RG



Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Date Dictated: 17/02/2023  
 Date Typed: 22/02/2023  
 Ref: 3414350  
 Letter Ref: QY/FS  
 Clinic Date: 17/02/2023  
 CHI Barcode:



Consultant:

Dear Dr Lawson

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

Ms Donnelly was referred for a baseline ocular examination following initiation of treatment for left herpes zoster ophthalmicus. She is Hutchinson's sign positive, however her ocular examination was entirely normal. I have explained to her that she is at higher risk of immune-related ocular events which may occur weeks after initial infection. Should she notice new ocular discomfort or reduction in her visual acuity, she should seek a review with her optician who may then forward her to the eye casualty if there is any concern.

Yours sincerely

**Dr Osman Younus**  
 ST3 in Ophthalmology

*Authorised on 23/02/2023 13:32:37 by Dr Osman Younus.*

NHS Confidential: Personal data about a patient

www.nhslanarkshire.org.uk  
 Department of Gynaecology  
 01698 752025  
 Gynaecology

Dr SJ Lawson  
 Chapelhall Practice  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

University Hospital Monklands  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS



Date Dictated: 09/11/2022  
 Date Typed: 14/11/2022  
 Ref: 528082  
 Letter Ref: IAZ/AG  
 CHI Barcode:



Consultant: Dr Ihab Abou-Zeid  
 Associate Specialist in Gynaecology

Dear Dr Lawson

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

Thank you for referring this 54 years old para 2 lady (SVDs) who attended with her daughter today. She said her periods are still regular every 28 days and last about 6-7 days, but have become particularly painful and heavy with flooding over the last 6-7 months. There is no intermenstrual or post coital bleeding. She has been sterilised in the past and her smears are negative. She is generally fit. She said she did not have previous surgery, but examination revealed a Pfannenstiel incision which apparently was from her sterilisation.

Ms Donnelly's BMI is 31. She was not relaxed during the examination and abdominal palpation was uninformative. She seemed to have mild tenderness in the right lower abdomen. There were no obvious masses. Speculum revealed normal cervix, but I was not able to pass a pipelle. She was unable to tolerate bimanual examination so I stopped.

I am referring her to the outpatient Hysteroscopy See & Treat MDC clinic. I explained the need to exclude pathology such as fibroids/polyps or even a small chance of cancer. Unfortunately, Ms Donnelly did not respond to Tranexamic acid 1gm tds during the first three days of her period. I explained as non-hormonal treatment has failed, management could be by hormonal treatment (mini pill, Implant or Mirena coil), endometrial ablation, uterine artery embolization (if fibroid) or the ultimate treatment would be Hysterectomy.

I would appreciate if you would check her full blood count. She did not seem keen on the Mirena coil today, but I gave her the information leaflets for Mirena, uterine embolization and endometrial ablation. If she changes her mind about the Mirena coil, it can be fitted during her Hysteroscopy. Meanwhile, I would appreciate if you could commence her on Desogestrel or Noriday 1 tablet daily and she may continue on it if finds it beneficial. Any further follow up would be according to the results from her investigations.

Yours sincerely

Dr Ihab Abou-Zeid  
 Associate Specialist in Obstetrics & Gynaecology  
 GMC No. 4465041

Authorised on 22/11/2022 08:59:51 by Ihab Abou-Zeid.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent **2024-06-06**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101033263017T\*  
Unique Care Pathway Number: 101033263017T

\*1801685169\*  
CHI No: 1801685169

<b>REFERRAL TO</b>	
GynaecologyF2 LAN General Referral	— Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	— Hospital and hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> <b>Urgent</b> heavy PV bleeding	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) -

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr. Susan Lawson	30 Lauchope Street Chapelhall Airdrie
GMC code	4705237 GP code 10472	
Practice name	Chapelhall Practice (62596)	
Practice code	62596	
		Contact number(s) Voice: 01236 762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00004000/00847780.HTM 06/05/2026

**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**

Main presenting Complaint: Heavy PV bleeding

Reason for Referral: this now 56 year old lady is having real trouble with her periods They are very heavy and painful and she is flooding. They are now coming almost every 2 weeks. She was seen by Dr Abou-Zeid in November 2022 and he was going to arrange an out patient hysteroscopy, however this never happened. She was commenced on POP as per his suggestion which made things a bit more manageable but she came off this in light of her age and she is worse now than she was then. I feel she really needs an urgent hysteroscopy as per plan in 2022 to further investigate - she has subsequently had a pelvic USS that I had arranged at time of last referral and this was normal. I have given her some provera to settle the bleeding as she is going on holiday at the weekend and advised her to go back on the POP in the interim but would be grateful for your urgent assessment

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
[M]Tubular adenoma NOS	-	-	5mm polyp	-
Diverticulosis	-	-	-	-
Salmonella gastroenteritis	-	-	-	-
Hirsutism - hypertrichosis	-	-	-	-
Spontaneous vaginal delivery	-	-	-	-
Thyroid cyst	-	-	Simple ; aspirated	-
Spontaneous vaginal delivery	-	-	-	-

**Current medication (Active Repeat medication issued within the last 12 months)**

No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Medroxyprogesterone 5mg tablets	64343020	tablet	1 TABLET THREE TIMES A DAY	-	06-Jun-2024	-
Desogestrel 75microgram tablets	81169020	tablet	ONE TO BE TAKEN EVERY DAY	-	06-Jun-2024	-
Medroxyprogesterone 5mg tablets	64343020	tablet	1 TABLET THREE TIMES A DAY	-	15-May-2024	-

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**Number per day  
0 (never smoked tobacco)**Alcohol consumption**Units per day  
0 (teetotaler)**Additional Clinical information**

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

UK Confidential Personal data report content

## UK Covid-19 Test Report

### Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

### Patient Details

Surname	Donnelly
Forename	Margaret
CHI	1801685169
Date of birth	1968-01-18
Sex	Female
Address	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE ML6 8TZ

### Specimen Details

Specimen Processed Date	06-01-2022 12:06
Test Start Date	04-01-2022 08:05
Test End Date	04-01-2022 21:57
GP Practice	82596
Specimen Number	KNG02892603
Administration Method	

### End of Report

Report Date: 19/01/2022

NHS Confidential: Personal data about a patient

**UK Covid-19 Test Report****Result**SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative****Patient Details**

Surname	Donnelly
Forename	Margaret
CHI	1801885169
Date of birth	1968-01-18
Sex	Female
Address	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE ML6 8TZ

**Specimen Details**

Specimen Processed Date	10-07-2021 22:07
Test Start Date	09-07-2021 11:00
Test End Date	09-07-2021 11:44
GP Practice	62596
Specimen Number	AAL01492228
Administration Method	

**End of Report****Report Date:** 11/07/2021

NHS Confidential: Personal data about a patient

**NHS Lanarkshire**  
[www.nhs.uk/lanarkshire](http://www.nhs.uk/lanarkshire)  
 Department of Gynaecology  
 sDeptinfo  
 sAdddeptinfo  
 sPrefPhoneNo

Dr GD Brough  
 Dr Gd Brough & Partners  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Wishaw General Hospital  
 50 Netherton Street  
 Wishaw  
 ML2 0DP

**NHS**  
 Lanarkshire

Date Dictated: 23/06/2021  
 Date Typed: 23/06/2021  
 Ref: 109851856  
 Letter Ref: CH0208905022  
 CHI Barcode:



Consultant: Nurse Shona Gracie

Dear Dr Brough,

#### Discharge Summary

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ  
**Date of admission:** 09/06/2021  
**Date of discharge:**

Margaret was referred to the on-call gynaecology team in UHW by her GP. She presented with 1 week of suprapubic pain which had become worse in the previous 24 hours. It was crampy in nature, radiated to the back and was worse on movement. She had no urine symptoms. She had not opened her bowels today but was usually regular. She had no PV bleeding or discharge.

Her abdomen was soft with some mild tenderness over her lower abdomen. Her NEWS was 1. A speculum and VE was done with the presence of a chaperone and these exams were both normal. A HVS was taken.

It was thought that her pain may be due to constipation or diverticulosis.

Bloods were taken but these were unfortunately muddled up with another patient's. Medical staff were tied up with an emergency and unfortunately she was discharged without the bloods being rectified. I called her the next day to explain the situation and apologise for this. She told me that she was feeling better and the pain was resolving. I advised that if she began to feel unwell she should contact her GP immediately and have her bloods re-checked.

Yours sincerely

**Dr Chloe Henderson**  
 GPST

*Authorised on 23/06/2021 14:19:29 by Chloe Henderson.*

(P) Dr Surindra Maharaj  
 Consultant Gynaecologist  
 University Hospitals Wishaw  
 50 Netherton Street  
 Wishaw  
 ML2 0DP

NHS Confidential: Personal data about a patient

**UK Covid-19 Test Report****Result**SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative****Patient Details**

Surname	Donnelly
Forename	Margaret
CHI	1801685189
Date of birth	1968-01-18
Sex	Female
Address	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE ML68TZ

**Specimen Details**

Specimen Processed Date	01-01-2021 14:51
Test Start Date	31-12-2020 15:03
Test End Date	31-12-2020 15:03
GP Practice	62596
Specimen Number	AAG63526836
Administration Method	self

**End of Report****Report Date:** 01/01/2021

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Scottish Breast Screening Programme  
West of Scotland Breast Screening Centre  
Part of NHS Greater Glasgow and Clyde  
Stock Exchange Court  
77 Nelson Mandela Place  
Glasgow  
G2 1QT  
0141 800 8866  
GG-UHB.wosbs@nhs.net

Dear Doctor,

**Margaret Donnelly 1801685169**

Attended for Breast Screening on 14-08-2018. Result was normal.

Yours sincerely,

Dr Marzi Davies  
Clinical Director

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent **2022-10-05**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101027603173U\*

Unique Care Pathway Number: 101027603173U

\*1801685169\*

CHI No:1801685169

<b>REFERRAL TO</b>	
GynaecologyF2 LAN General Referral	— Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	— Hospital and hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> <b>Urgent</b>	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) Voice:07809359177

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr S Lawson	30 LAUCHOPE STREET CHAPLEHALL LANARKSHIRE
GMC code	4705237 GP code 10472	
Practice name	Chapelhall Practice	
Practice code	62596	
		Contact number(s) Voice:01236762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

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**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**

Main presenting Complaint: RIF pain with heavy periods

Reason for Referral: this 54 year old lady is still having regular but now very heavy periods associated with RIF pain  
The pain tends to be cyclical and can occur around the time of her period or mid cycle.  
O/E she has some RIF tenderness and some right adnexal tenderness  
She has been sterilised and so has not used hormonal contraception for many years.  
her smear was very overdue and I have done this for her today and her cervix looked normal.  
In light of her age her very heavy periods and pain I would be grateful for your assessment as to whether she requires pipelle biopsy to exclude any endometrial pathology. I have referred her on for an USS to assess her ovaries also.

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
[M]Tubular adenoma NOS	-	-	5mm polyp	10-Nov-2010
Diverticulosis	-	-	-	10-Nov-2010
Salmonella gastroenteritis	-	-	-	03-Sep-2010
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Spontaneous vaginal delivery	-	-	-	10-May-1995
Thyroid cyst	-	-	Simple ; aspirated	06-May-1994
Spontaneous vaginal delivery	-	-	-	21-Nov-1988

**Current medication (Active Repeat medication issued within the last 12 months)**

No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**

No recent medications recorded

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day ? (not known)
---------------------------------

**Alcohol consumption**

Units per day ? (not known)
--------------------------------

**Additional Clinical information**

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent **2022-10-05**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101027603135U\*

Unique Care Pathway Number: 101027603135U

\*1801685169\*

CHI No:1801685169

<b>REFERRAL TO</b>	
Clinical RadiologyH1 LAN Ultrasound Request	— Consultant / receiving practitionerand/orspecialty clinic
University Hospital Monklands Monks court Avenue Airdrie ML6 0JS	— Hospitaland hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> Routine	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) Voice:07809359177

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr S Lawson	30 LAUCHOPE STREET CHAPLEHALL LANARKSHIRE
GMC code	4705237 GP code 10472	
Practice name	Chapelhall Practice	
Practice code	62596	
		Contact number(s) Voice:01236762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

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**CLINICAL INFORMATION**

History of presenting complaint / examination findings / investigation results

**Presenting complaint**Main presenting  
Complaint: RIF painReason for Referral: This 54 year old lady who is still having regular but very heavy periods is getting RIF pain around the time of her period and also around midcycle.  
Initially she didn't realise this was cyclical but has now realised it tends to occur at the same point in her cycle.  
She has some RIF tenderness and some right adnexal tenderness.  
? ovarian cyst**Examinations and Investigations**

Ultrasound Site : Abdomen: Below umbilicus -

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Investigate

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
[M]Tubular adenoma NOS	-	-	5mm polyp	10-Nov-2010
Diverticulosis	-	-	-	10-Nov-2010
Salmonella gastroenteritis	-	-	-	03-Sep-2010
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Spontaneous vaginal delivery	-	-	-	10-May-1995
Thyroid cyst	-	-	Simple ; aspirated	06-May-1994
Spontaneous vaginal delivery	-	-	-	21-Nov-1988

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Clinical warnings

Smoking status

Alcohol consumption

**Lifestyle risks**

Exercise status: Not Known

Number per day  
? (not known)Units per day  
? (not known)

Additional Clinical information

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

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 Department of Ophthalmology  
 01236 712590

Monklands Hospital  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS



Dr GD Brough  
 Dr Gd Brough & Partners  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Date Dictated: 19/02/2018  
 Date Typed: 20/02/2018  
 Ref: 1909204  
 Letter Ref: CM/SH  
 Clinic Date: 19/02/2018  
 CHI Barcode:



Consultant: Doctor Claire Murphy

Dear Dr Brough

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

Diagnosis

Right lower lid excisional biopsy confirms cyst of Moll, lid satisfactory post biopsy  
 Dry eyes

Vision

Right eye: 6/6 unaided, 6/6 with pinhole  
 Left eye: 6/18 unaided, 6/9 with pinhole

Management

Hyo-Forte two hourly long term  
 Xailin nocte long term  
 Patient discharged

Many thanks.

Yours sincerely

**Dr Claire Murphy**  
 Consultant Ophthalmologist

Authorised on 28/02/2018 11:49:00 by Dr Claire Murphy.

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**Emergency Discharge Summary**  
**Monklands District General Hospital**



**Emergency Department**  
 Monklands District General Hospital  
 Monkscourt Avenue  
 ML6 0JS  
 Telephone : 01236712186

GD Brough  
 Dr Gd Brough & Partners, 30 Lauchopie Street, Chapelhall, Airdrie  
 ML6 8SR

**RE:** DONNELLY, Margaret, 1 Budshaw Avenue , , Airdrie ML6 8TZ

**CHI:** 1801685169

Dear Doctor Dear Doctor GD Brough ,

Your patient attended Monklands District General Hospital on 12/02/2018 at 10:32

**The presenting complaint was:** S&T- laceration to 3 finger (R) hand

**Diagnosis:**

**Diagnosis Notes:**

**Investigations:**

**Radiology Exams:**

**Procedures:**

**Medications:**

**Follow up:**

**Notes:**

**Additional Information:** PATIENS SUSTAINED WOUNDS TO RIGHT DIGITS FROM SHARP EDGE OF CAN, COVERED FOR TETANUS, WOUNDS CLEANED DRESSED WITH STERISTRIPPS AND FINGER DRESSING, ADVICE GIVEN

Yours faithfully  
 Pauline Brodigan

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 Department of Ophthalmology  
 01236 71 2509

Monklands Hospital  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS



Dr GD Brough  
 Dr Gd Brough & Partners  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Date Dictated: 15/01/2018  
 Date Typed: 15/01/2018  
 Ref: 1875136  
 Letter Ref: CDS/AM  
 Clinic Date: 15/01/2018  
 CHI Barcode:



Consultant: Doctor Alasdair Iain Fern

Dear Dr Brough

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

**Diagnosis** Excision biopsy of right lower lid lesion today

**Management**  
 Post-op pad for 24 hours  
 Ice packs for 48 hours  
 Chloramphenicol 3 times a day for one week  
 Removal of sutures one week  
 Review at Monklands Clinic 3-4 weeks

Yours sincerely

Dr Claire Murphy  
 Consultant Ophthalmologist

Authorised on 16/01/2018 09:48:13 by Dr Claire Murphy.

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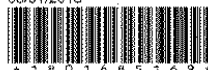
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Monklands Hospital  
 Monkscourt Avenue  
 Airdrie  
 ML6 0JS



Dr GD Brough  
 Dr Gd Brough & Partners  
 30 Lauchope Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Date Dictated: 08/01/2018  
 Date Typed: 09/01/2018  
 Ref: 1867823  
 Letter Ref: CM/AM  
 Clinic Date: 08/01/2018  
 CHI Barcode:



Consultant: Doctor Claire Murphy

Dear Dr Brough

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

**Diagnosis** Right lateral lower lid lesion clinically suggestive of cyst

**Visual acuity** 6/6 both eyes with pinhole

**Management** For excision of cyst or biopsy of lesion depending on consistency, one week.

Yours sincerely

Dr Claire Murphy  
 Consultant Ophthalmologist

Authorised on 15/01/2018 08:58:39 by Dr Claire Murphy.

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SURNAME			CHRISTIAN NAMES			OCCUPATION <small>(Note changes and insert year of change)</small>
National Health Service Number	Date of Birth	Single Married Widowed	CHRISTIAN NAMES	Date	19.....	
CONSTRUCTED. DONNELLY	18	1	MARGARET B	68		
Address (1) 19101A Balaclava Rd Phapshane, Bladney			Name of Practitioner D. O. O. Mac James	Health Board Ciphb? - Date L		
97-120 1/2 Wiggan				28 JAN 1982	Died	
(3)	(3)	(3)		(3)	CAUSE OF DEATH	
(4)	(4)	(4)		(4)	1.	
					2.	

Signature of Practitioner

Form G.P.6B (Scotland) -- FEMALE

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MAJOR ALLERGIES											
Date/Noted											
BLOOD GROUP	RH		ANTIBODIES								
	Date	Date									
DIP VAC	Per VAC	TET VAC	POL VAC	SMALLPOX	TAB VAC	MEAS VAC					
	1										
	2										
	3										
Boost											
Boost											
Boost											
TUBERCULIN TEST		Result	B.C.G.			Result					
		Date				Date					
OTHER INOCULATIONS		Type									
		Date									
M.M.R. (Date)											
CERVICAL SMEAR (Date)											

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FEMALE		SURNAME		Date of Birth	
		D O'Connell		25/2/81	
ADDRESS		14 Bellside Rd. Bhopaluk 18		1 68	
DATE	*C *F	CLINICAL NOTES	DIAGNOSIS		
25/7/80		Infraorbital abscess	abscess		
23/3/81		Impracin + methylcellulose			
20.4.81			RTI		
20.5.81		Bilateral mycotic eye infection			
2.7.81			Measles		
15/7/81		keep on with aspirin!	(B) side		
17/5/82		H <sub>2</sub> O <sub>2</sub>	Ts		
9.6.81		Infraorbital	Tonsil		
15/12/82		(D) index finger injured 2 1/2 ago	D. O'Connell		
		o/e sprain n.l. else			
12/1/83					
17/9/83		Abscess 68 carb			
10/5/83		fat tax stress increased	1cc? h(e) index finger		
23.12.83		Painful - heavy period			
30/3/84		Fluoride 15 1/2 yrs			
		Fusion 30 hrs	Menstruation		
29/5/84		Quinoid			
10/7/84		New fast full on number 1000000			
1/10/84		Loss to 3/10			
9/1/85		Sore throat - splitting blood!			
		o/e small bl. point R. Tonsil			
		Pen V (20)	Refused		
24/7/85		at Gairloch with cyst over (R) clavicle			

\* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

MEDICAL RECORD CARD FORM G.P. 8 (Scotland)

L.L.Ltd. Dd. 8048728. 9/79

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DATE	C F	CLINICAL NOTES	DIAGNOSIS
18/11/85		Kan V sore throat	
6/12/85		3 systems on L	
12/3/86		Lower labial gland Dental check Amalgam dentals	
5/2/87		Further test / Pater bronch	
25/1/87		10-10	Cough
22/10/87		120/85 menses now	
2		Wants OC. No CI logyuan X. TCL smear	
25/11/87		vomiting, abdominal pain & diarrhoea	OR NAD
7/1/88		UHP. end Nov. for test. re. Pen V.	
27/1/88		Dinton on rank.	itch? allergic
24/2/88		HC visit.	rank - eczema
12/4/88		5-10/100 SA (10)	C. F. L
23/4/88	V	Diff central chest ache + backache Cough green sputum 9E test Chest Creps Amal (21) Paracetamol 40	
17/6/88		6-12/1000 : end 5/10/88 570 P's markers	
28/6/88		Sinus preq. ache (R) again no systemic upset.	MSU and see

\* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.

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<b>FEMALE</b>		SURNAME DONNELLY	CHRISTIAN I ES MARGARET
ADDRESS c/o 1A Bellside Rd., Chapelhall, Airdrie.		Date of Birth 18   1   68	
DATE	*C *F	CLINICAL NOTES	DIAGNOSIS
13/1/80		pregnancy sickness, normally. Social security ask for a certificate for the insurance Maternity Certificate given	antepartal debility
4/4/80		4/52. Stood on new foot Droptail. Had Feb 1987 Keule Hin 5007 DIV	
24/1/80		4/52. DNA	
16/9/80			
13/10/80			*
01/12/80	C		see boat
14/1/81		PNC Confined SVD 2/10/88 5/3/14 12/80 85L 922 overweight. SGL lead IV. 1st Depo Plasma in B7M PU NAD ? PU (SVD)	
Dr. D.C. MacInnes			
This person has been placed on your list in accordance with your acceptance and this card should be used until her medical record envelope is sent to you. It should then be placed in the envelope.			
Date <b>11 MAR 1981</b>			
* In C.F. Column, which is for cases of certified incapacity only, practitioners should enter C for first certificate, and F for final certificate.			
MEDICAL RECORD CARD		FORM G.P. 8a (Scotland)	
591247 300M 2/78 J&GI 259			



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		National Health Service Number							
IMMUNISATIONS AND SCREENING INVESTIGATIONS		Surname (Block Letters)		Forenames (Block Letters)					
		Address		Date of Birth					
		1234567890		18/1/68					
IMMUNISATIONS (insert date where appropriate)									
	Diphtheria	Pertussis	Tetanus	Polio	Measles	Rubella	TAB	Smallpox	
1									
2									
3									
Boost									
Boost									
Boost									
Tuberculin Test			BCG						
Result				Date					
Date									
Other Inoculations									
Type									
Date									
Type									
Date									
Type									
Date									
SCREENING INVESTIGATIONS									
Chest X-Ray (Date)	Cervical Smear (Date)	Blood Pressure		Urine		Miscellaneous			
		Date		Date	Albumen	Sugar	Date	Weight	Other (Specify)
	1.4.91	102/98	110/70				1.2.92	10-1	5'2"
	25.3.92						19/2/94	10.5k	
	3.6.97	3.6.97	120/80				12.3.96	10.5k	
							2/8.96	10.27	
							2.6.97	10.3	

SCREENING INVESTIGATIONS CONTINUED OVERLEAF

FORM GP111H

Do 8037861 500M 1187 McC

NHS Confidential: Personal data about a patient

		National Health Service Number 5644168-133	
CLINICAL NOTES		Surname (Block Letters) Doreen	Forenames (Block Letters) Margaret S
		Address 1 Sandman Ave	Date of Birth 18/1/62

Date	Notes
3/5/87	wt gain 4lb in 4/12 now 8st 13lb on depo provera 150, 104 (2) buttock Review 3/12. cocoderm (100)
21/7/89	Wants IUCD.
2/5/89	Mucopol.
9/8/89	On Depo Provera no bleeding in 1st 2 months ↑ wt Baby 8 1/2 months V/U A/U locum uterus Noragard fitted *
14/9/89	No teraculum No trauma No smears Cough + green spit 2/52. ? RTI Chest clear Amoxicil 250mg (2) Stop smoking
29/9/89	Bleeding since IUCD. Rx Ponstan 600mg Heavy
5/3/90	Augmentin cellulitis neck. Nurses.
17/6/90	T.A.T. advice.
28/2/90	X.
1/4/91	Smear taken - Cerv. Check. Throat exam Breast examination advised.
5/6/91	Submandibular lymph node. Pen V (20) Teeth look OK but advised → dentist
5/9/91	lets re repeat smear.
12/9/91	Repeat smear taken
3/12/91	Small submandibular tender lump ? lymph node ? salivary gland advise.
25/2/92	Refer 1st smear
25/3/92	Repeat smear taken. Breast examination advised
27/6/92	Col 3 smear → Gyn. M. S. M. M. V ✓ Pen V 250mg (2)

\* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

wishes alternative. To come for cont. - X, removal contraception.

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Date	
28/09/92	Cholelithic swelling Rx: Cefidifac. (Uddig)
10.9.93	BP 110/70 Wishes coil out. Discussed in doctor. Wait till cervical treatment is finished.
3.10.93	C/o Cramps prior to Period Rx Panstan Advise re no smoking
6.5.93	Cholelithiasis + C coil wishes removed Wishes off. Rx: Fenproporex 3. (Uddig)
6.5.93	BP 120/80 Coil out ✓
14.6.93	Swollen on both thighs - Flange cream applied
15.6.93	Rx Johnson to broms. improved
13/10/93	Wish to conceive
22/10/93	Imp midline neck below larynx. Thyroglossal cyst Refer Surgical. ✓ signed
24.12.93	stitches removed from forehead.
4.1.94	Prochlorperazine 5mg Rash on neck bite
7.1.94	Rx: 1% HC.
31/1/94	Doxycycline
23/3/94	Caroten I Dental abscess on anterior
24/3/94	sutures (Phleg) / some blood stains
14.6.94	Qe Phlegm 0 per → Pen V 230g (2) 5 Letter re smear.
19.7.94	Smear taken ✓ BP 110/70
5/8/94	white eyes of eye congenital trauma. ✗ diaper, dry emesis → abnormal eye dev. (2) 13
10/8/94	666i rash all over body of multiple tiny papules - viral exanthem to calicis
28/09/94	Pregnant 14 weeks Prog bleeding after intercourse - new setting of 2nd. Advice - Rx: Lactogen.

\* This column has been provided for doctors to enter A, V or C at their discretion

912685 750M 060 27210

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		National Health Service Number	5644-68-133
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	DONNELLY		MARGARET
	Address 1 BUDSHAW AVE, CHAPELHALL		Date of Birth 18/1/68

Date		
2/12/94	R	Paracetamol x 100 - newer collected @ from chemist
20/1/95	R	hormone - E.P. 15620 LLOYD
27/3/95		Contra - <span style="float:right">Thurs</span>
8/4/95		No sym - pubic tenderness weeks ago symphysis pubis -> advise Paracetamol
18/4/95		Fogwey + Tinel - MISO required Tinel 200 bd. M7 Dobfacort 30 bd. <span style="border:1px solid black; border-radius:50%; padding:2px;">38/02</span>
12.5.95		EX BELTHER SND NO PROBLEM
21.6.95		Letter re smear <span style="float:right">X 8/95</span>
6/2/95		R.O. check
22.8.95		Repeat smear B.P. 130/70
13.9.95		Wishing N complaint, cervico re bleeding does not wish smear used on present
		Advised
28/9/95		blies to Fenodone <span style="border:1px solid black; border-radius:50%; padding:2px;">60</span>
29/10/95		11c sym 20 6/11
29.11.95	R	Buccastem 12
15/1/96	R	Murogynon 30 x 6 PACKS
23.1.96		UTI DIEZCROSTOLIN Ex: Amoxicillin 30
29/1/97		glauk Swollen @ Subconjunctival area <span style="border:1px solid black; border-radius:50%; padding:2px;">21</span>

\*This column has been provided for doctors to enter A, V or C at their discretion

Procy 250 15 has left  
Penciclovir 26

FORM GP111F  
355 2095

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Date		
25/3/96	R	Amoxycillin 250g (15) T.I.D.
15/4/96	R	Penicillin V 250 mg (28) T.I.D.
18/11/96	R	Microgynon 30 x 126 tabs. B.P 116/70 X-8/96
3/4/96		Letter re smear.
12/8/96		Wc & Discharge advice. Told re Smear
2/11/96	R	Pen V 250mg x (20) qds
2-12-96	R	Microgynon (126)
14/1/97		Letter sent re smear.
12/5/97	R	Microgynon 30 x (2) - told B.P Check due
2/6/97		Re-Jill smear taken Self Breast Exam B.P 120/80 Wc Check.
5/6/97	R	Microgynon 30 (176)
22/8/97		90 L sided chest pain. worse breathing/moving L arm Chest clear sweat rash legs 90°NVT. WVS under 1/2 dick for Alice x 9/11
12/1/97	R	microgynon 30 x 126
13/2/98	R	Lofexamide X12. TI start then one after each locomotion
14/2/98	R	Buccastem 3mg x (12)
11/02/98		SILY CHAMBERED ROBBER RX: STAY 500 x 3 MORPHINE 10 (30)
3-3-98		Notified - campylobacter
11/3/98	R	Peniclovir Cream 2g
13/4/98		Amoxycillin 250 Newby 3-6/11
9/9/98		RTI. cross h base re amoxycillin
9/10/98	R	Microgynon 30 X 126 (21) B.P app Wed
19/10/98		B.P 126/70
15/1/99		Cough 3/2 for sending specimen DET CHAS 0221 1/2 Amoxycillin (15) Conna 1/2 Zentracam 1/2 (10) Microgynon (10) B.P 110 Redhead 1/12

\*This column has been provided for doctors to enter A, V or C at their discretion

NHS Confidential: Personal data about a patient

National Health Service Number					
<b>CLINICAL NOTES</b>	<table border="1"> <tr> <td>Surname</td> <td>Donnelly</td> </tr> <tr> <td>Address</td> <td>Mrs Margaret D.O.B.: 15/1/48 1 Budsnow Ave Chapelhall NL681Z Tel:..... NHS:8644169 133 986 Fam GP AM</td> </tr> </table>	Surname	Donnelly	Address	Mrs Margaret D.O.B.: 15/1/48 1 Budsnow Ave Chapelhall NL681Z Tel:..... NHS:8644169 133 986 Fam GP AM
Surname	Donnelly				
Address	Mrs Margaret D.O.B.: 15/1/48 1 Budsnow Ave Chapelhall NL681Z Tel:..... NHS:8644169 133 986 Fam GP AM				
Date					
12/5/99	BP 15/9.5 Hydrocort (20) ? Proctolytic Cimetidine (20) <del>antibiotic</del>				
9/6/99	Spots neck - impetigo & furuncle 250 (25) Recurrent of sc. Fradin 290 X 8/99				
23/9/99	scap abdominal bloating scanty period <del>Microgyna</del> Mestran 30 Claimed				
18/10/99	Caesura I fasc (2) Fresh				
23/11/99	URT & ROM (U) (X) Western Int ✓ Amoxicillin On oc. Para 2 <sup>10</sup>				
7/12/99	Mestran 30 12/72				
17/1/00	No period of pill → Progesterone only				
26/6/00	with				
27/10/00	Rx Mestran 30 x 3op. X 8/00				
28/9/00	BP 109/78. claimed.				
2/3/01	Dull R sided headache. several upset NIV. BP 130/100 ON internet (molin NAB ? related to COCP Stop for 3/12. use condoms. wishes referral sterilisation ✓ (fully aware NSKs)				
1/1/01	TATT, Missse feel ABC TTTs if not settling <del>Cocumexival (21)</del> Submandibular - bilateral gland infection				

\*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F  
355 2095

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Date	
6/9/01	For sterilisation about 10 day URTI. Amoxicillin
4/7/02	Shoulder neck pain. - cough + chills + sputum Rx: Amox 250mg (2) IDupaten 100mg (2) 3x15. X 8/01 Claimed.
8/1/03	catarrh + throat → untidy cough at night w-amen
16/6/03	Attended smoking cessation
20.05.03	Attended smoking cessation
6/6/03	Attended smoking cessation
24.6.03	Co-Cod 8/500. 100
18/7/03	Has completed 10 week smoking cessation course
15/1/03	Cervical smear obtained.
23/003	Cough + chills + sputum Rx: Amox 250mg (2)
17/2/04	Recurring cold sores. topical Kalmint no use.
	Current lesions works food industry acidosis 200 x 5 dy 5 days
10/4/04	Hiccuping since 100 getting worse - sterilized Kalmint
	Mde @ leg - amoxicillin
10/6/04	Mild Surgery Mde removed @ leg under LA Sms 26. Klorano + Adrenaline C/Hydrocort x2 Mersite sutured removed 10/7
	x2 sutures removed. wound clean, healed well.
21/6/04	No pain passing urine. ? infection.
	*This column has been provided for doctors to enter A, V or C at their discretion nurse at work → unanaly's + protein/blood mssu sent p x cephalixin given.



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<b>CLINICAL NOTES</b>		National Health Service Number	5644168-133
		Surname (Block Letters)	Doreen
		Forenames (Block Letters)	Margaret S
		Address	1 Sandway Ave
		Date of Birth	18/1/68

Date	Notes
3/5/87	wt gain 4lb in 4/12 now 8st 13lb on depo provera 150, 104 (2) buttock review 3/12. cocodrenal (100)
21/7/89	Wants IUCD.
2/8/89	Mucosal.
9/8/89	On Depo Provera no bleeding in last 6mt ↑ wt. Baby 8 1/2 months. V/U A/U Gen. uterus Mucosal fitted * No teraculum No trauma No smegma
14/9/89	concomitant + green spit 2/52. ? RTI chest clear. Amoxicil 250mg (2) Stop Smoking
29/9/89	Bleeding since IUCD. Rx Ponstan even Heavy
5/3/90	Aggravation cellulitis neck. NBWSES.
17/6/90	T.A.T. advice.
28/2/90	X.
1/4/91	Smear taken - Col. Clack. Throat exam. Breast Examination advice.
5/6/91	Submandibular lymph node. Pen V (20) Teeth look OK but advised → dentist
5/9/91	lets re repeat smear.
12/9/91	Repeat smear taken *
3/12/91	Small submandibular tender lump ? lymph node ? salivary gland advice.
25/2/92	Refer for smear
25/3/92	Repeat smear taken. Breast examination advice
27/4/92	Cod 3 smear → Gyn. MCA was ✓ ✓ Pen V 250mg (2)
16/10/92	wishes alternative. To come for con- traception. Penicillin

\* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

NHS Confidential: Personal data about a patient

Date	
28/02	Cholelithiasis & swelling Rx: Colofac. (LNUg)
10.9.93	BP 110/70 Wishes coil out. Discussed in doctor. Wait till cervical treatment is finished.
3.3.93	Gr Cramps prior to Period Rx: Panstan Advised re no problems
6.5.93	Cholelithiasis + C coil (removed) Wishes off. Rx: Panstan x3. (LNUg)
6.5.93	BP 120/80 Coil out ✓
14.6.93	Swollen on both thighs - Flomazine cream applied
15.6.93	Rx: Johnson to bromo. improved
17.10.93	Wish to conceive
24/11/93	Lump midline neck below thyroid. Thyroglossal cyst Refer Surgical. ✓ seen
04.12.93	Sutures removed from forehead.
4.11.94	Prochlorperazine 500mg
7.1.94	Rash on neck "bite" Rx: 1% HC.
21/1/94	Doxycycline
25/3/94	Carsten I Dental abscess on anterior
26/3/94	swollen / inflamed / some blood streaks
14.4.94	of pharynx area → Pen V 200 (2)
19-7-94	Letter re smear. Smear taken ✓ BP 110/70
5/8/94	white eyes of eye conjunctival thalaxy darker, dry, enlarged → thymoma eyes (2)
10/8/94	skin rash all over body of multiple tiny papules - not excised by calves
28/6/94	Pregnant 14 weeks Prog bleeding after intercourse - new setting AEZHW. Advice - Rx: Lactogen.

\*This column has been provided for doctors to enter A, V or C at their discretion

912865 750M 069 27219

NHS Confidential: Personal data about a patient

		National Health Service Number	5644-68-133
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	DONNELLY		MARGARET
	Address 1 BUDSHAW AVE, CHAPELHAUL		Date of Birth 18/1/68

Date		
21/2/94	R	Paracetamol x 100 - newer collected & from chemist
21/1/95	R	hormonal - 500 11000 11000
21/3/95		Contraception
8/4/95		No supra-pubic tenderness weeks on symphysis pubis => advise Paracetamol
18/4/95		Fogwey + Tincture meso requested
		Tincture 200 bd. M7
		Dobifacort 30 bd. (38/92)
12.5.95		EX BELENOW STD NOT PRESENT
21.6.95		Letter re smear X 8/95
6/2/95		PN. check
22.8.95		Repeat smear BSL 130/70
13.9.95		Wishing Neoplant, Adenico re bleeding does not wish sterilised cur present
		Adenico
28/9/95		6/100/70 Fenodene (60)
27/10/95		Micogynon 30 6/11
28.11.95	R	Buccastem (2)
15/1/96	R	Murogynon 30 x 6 PACKS
23.1.96		UTI O/E = CRISTALIN Ex: Amoxicillin 30
22/1/97		glauk Swollen @ Sclera/Cheloid am (2)

\*This column has been provided for doctors to enter A, V or C at their discretion

Procy 250 (15) has act

Penicillin (20)

FORM GP111F  
355 2095

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Date		
25/9/96	R	Amoxycillin 250g (15) T.I.D.
15/4/96	R	Penicillin V 250 mg (28) T.I.D.
18/11/96	R	Microgynon 30 x 126 tabs. BP 116/70 X-8/96
3/4/96		Letter re smear.
12/8/96		Wc & Dietary advice. Told on Smear
2/11/96	R	Pen V 250mg x (20) i.q.d.s
2-12-96	R	Microgynon (126)
14.1.97		Letter sent re smear.
12/5/97	R	Microgynon 30 x (20) - told BP check due...
2.6.97		Re-Jub smear taken. Self Breast Exam BP 120/80 Wt Check.
5/6/97	R	Microgynon 30 (126)
22/8/97.		90 L sided chest pain. worse breathing/moving L arm Chest clear sweat rash legs °NVT. WVS ulcer & dick for Alice x 9/97
12/1/97	R	microgynon 30 x 126
13/2/98	R	Lofexamide x 12. TI start then one after each locomotion
14/2/98	R	Buccastem 3mg x (12)
11/2/98		SIL CHAMBERED NOBODIA RX: Jost 500 x 3 Molibdeno tid (30)
3-3-98		Not. Fico - campylobacter
11.3.98	R	Penciclovir Cream 2g
23/4/97		Amoxy 120 Newy 10 6/11 - Central
9/9/98		RTI. cross h base R amoxycillin
9/10/98	R	Microgynon 30 x 126 21 BP app Wed
19.10.98		BP 126/70
15/1/99		Card 3/2 for sending specimen DET Cross clear Rx Amox 250 (5) Conca Gentamicin He (10) Microgynon (60) BP 140/80 Redhead 1/12

\*This column has been provided for doctors to enter A, V or C at their discretion

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National Health Service Number	
Sumamr	Donnelly Mrs Margaret D.O.B.: 18/1/68 1 Budeham Ave Chapelhall NL68TZ Tel:..... NHS:5544168 133 985 Fax GP AM
Address	inh

Date	Notes
13/5/99	BP 15/9.5 Hydrocort (20) ? Pridly heat Cimetidine (20) Gastritis
9/6/99	Spots neck - impetigo & furlex 250 (25) Recurrent of sc. Fradin 290 X 8/99
23/9/99	scap abdominal bralio. scanty period Mucogymn. Mestrin 30 Claimed
13/10/99	Caesten I for (2) Arush
23/11/99	URT from U X Western Int ✓ Amoxycillin On OC Para 2 <sup>10</sup>
17/12/99	Mestrin 30 12/72
17/1/00	19 period of pill → pregnancy test
26/6/00	with
27/6/00	Loestrin 30 x 3p. X 8/00
28/9/00	BP 109/78. claimed.
2/3/01	Dull R sided headache. several upset NIV. BP 130/90 on intest (uric NAs ? related to COCP Stop for 3/12. use condoms. wishes referral sterilisation ✓ (fully aware rskd)
1/1/01	TATT, miss feet ABC TTS of not setting Cocumexial (21) Submandibular - bilateral gland infection

\*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F  
355 2095

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Date	
6/9/01	for sterilisation about 10 day URTI. Amoxicillin
14/7/02	strabed neck pain. Cough + edema + SOB Rx: Amox 250mg (2) - Ibuprofen 400mg (2) 2x15.
8/1/03	catarrh + Throat → untidy cough at night Lo-amen
16/5/03	Attended smoking cessation
30.05.03	Attended smoking cessation
6/6/03	Attended smoking cessation
24.6.03	Co-Cod 8/500 100
18/7/03	Has completed 10 week smoking cessation course.
15/9/03	Cervical smear obtained.
23/10/03	Cough + edema + SOB Rx: Amox 250mg (2)
17/2/04	Recurring cold sores. topical treatment no use.
	Current lesions worse food industry
	Aciclovir 200 x 5 dy 5 days
11/4/04	Hiccuping since then getting worse -sterilized -ster Demov
	Mde @ leg - amoxicillin
10/6/04	Mild Surgery <span style="float: right;">Consent ✓</span>
	Mde removed @ leg Under LA
	5mls Zb Klorano + Adrenaline
	Ct Hydrocort
	x2 Morsite sutured removed 10/7
21/6/04	x2 sutures removed. wound clean, healed well.
	c/o pain passing urine. ? infection.
	*This column has been provided for doctors to enter A, V or C at their discretion
	nurse at work → unanaly's + protein/blood
	mssu sent
	Px cephalaxin given.

Printed for TSO, Dd J17460, 03/06, R.P.(53791)

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www.nhs.uk  
 Department of Ophthalmology  
 01698 366417

Wishaw General Hospital  
 50 Netherton Street  
 Wishaw  
 ML2 0DP



Dr S Nabili  
 Consultant Ophthalmologist  
 Hairmyres Hospital  
 Eaglesham Road  
 East Kilbride  
 G75 8RG

Date Dictated: 26/05/2017  
 Date Typed: 31/05/2017  
 Ref: 1668760  
 Letter Ref: MM  
 Clinic Date: 26/05/2017  
 CHI Barcode:



Consultant: Dr Andrew Brown

Dear Shahria,

**Patient Name:** Margaret Donnelly  
**Patient date of birth:** 18/01/1968  
**Patient Address:** 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ

**Diagnosis:** Right lower lid cyst located laterally  
 Blepharitis symptoms with reflex watering

**Visual acuity:** 6/7.5 right eye,  
 6/12 left eye, correcting to 6/6 with pinhole

I would be very grateful for your opinion on this lady. She has a 1 year history of a cyst lesion located laterally in her right lower lid / outer canthus. This fluctuates in size.

On examination it is firm and non tender. It does seem to be lateral to the tarsal plate and therefore although there are features in keeping with chalazion, I was not convinced that this is the case. Certainly the location suggests that this would need intervention other than an I and C.

In addition she describes a burning sensation in both eyes with watering. She certainly has significant blepharitis for which I have given her instructions on lid hygiene and ocular lubricants in the form of G Hylo-tears.

Many thanks

Best Wishes

Yours sincerely

Andrew

Dr Andrew Brown  
 Consultant Ophthalmologist

Authorised on 14/06/2017 14:09:34 by Dr Andrew Brown.

(D) Dr MM Angus  
 Dr Gd Brough & Partners  
 30 Lauchoppe Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

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Endoscopy Unit, Monklands Hospital  
**COLONOSCOPY REPORT**

Name:	<b>Margaret DONNELLY, 18/01/1968 (F)</b>	Address:	<b>1 Budshaw Avenue Chapelhall Airdrie Lanarkshire ML6 8TZ</b>
CHI No:	<b>1801685169</b>		
Case note no.:	<b>1801685169</b>		
GP:	<b>Dr MM Angus Dr Gd Brough &amp; Partners 30 Lauchope Street Chapelhall Airdrie ML6 8SR</b>	Priority:	<b>Elective</b>
		Status:	<b>Outpatient/NHS</b>
		Hospital:	<b>Monklands Hospital</b>
		Referring Cons:	<b>Mr Angus MacDonald (Monklands surgeons)</b>
		Procedure date:	<b>18th August 2016</b>

**Indications**

Clinically important comments: Polyp follow-up.

**Consultant/Endoscopist**  
 Mr Angus Macdonald

**Report**

The colonoscope was inserted via the anus to the caecum, which was identified by ileal intubation.  
 The rest of the examination to the limit of insertion was normal.

**Instrument**  
 CF H 260 DL 2000479

**Diagnosis**

Diverticulosis.

**Premedication**  
 Midazolam (IV) 3 mg  
 Pethidine (IV) 30 mg

**Follow up**

No further follow up.

**Bowel Preparation**  
 Moviprep  
 Boston Bowel Prep Total Score 9

**Advice/comments**

I have discharged this patient back to the care of her GP

Mr Angus Macdonald  
 Consultant Surgeon  
 c.c. Mr Angus MacDonald (Monklands surgeons)  
 Donnelly, Margaret

NHS Confidential: Personal data about a patient

## NHS Lanarkshire

## COLONOSCOPY REPORT

Name: **Margaret DONNELLY, 18/01/1968 (F)** Address: 1 Budshaw Avenue  
 CHI No: **1801685169** Chapelhall  
 Case note no.: **8389974** Airdrie  
 Lanarkshire  
 ML6 8TZ

GP: **Dr MM Angus**  
 The Community Centre  
 Salsburgh  
 Lanarkshire  
 ML7 4LR

**Procedure date**  
 10th February 2011

**Priority:** Elective  
**Status:** Outpatient/NHS  
**Hospital:** Monklands Hospital

**Referring Cons:** Mr T Salem  
 (Monklands surgeons)

**Consultant/Endoscopist**  
 List consultant: Mr A Macdonald  
 Endoscopist No1: Mr A Macdonald  
 Endoscopist No2: Mr S Fergusson  
 Nurse: L Marshall

**Indications**

Completion colonoscopy following polyp on flexible sigmoidoscopy.

**Report**

Bowel preparation with Moviprep was satisfactory. A digital rectal examination was performed. The colonoscope was inserted via the anus to the caecum, which was identified by the ileocaecal valve, the appendicular orifice and ileal intubation. Diverticula: a few scattered at (a). Lesions: 1 pedunculated polyp excised, retrieved and sent to labs from (b).

**Instrument**

MK - CF Q260DL 2310058

**Premedication**

Midazolam (IV) 3 mg  
 Pethidine (IV) 50 mg

**Diagnoses**

Diverticulosis and rectal polyps.

**Therapeutic procedures**

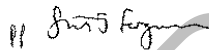
Polypectomy: 1 excised (site b)

**Follow up**

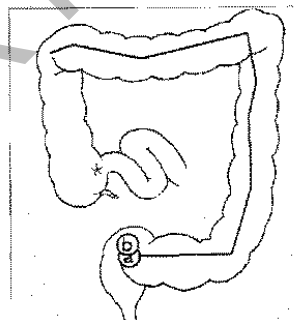
Awaiting pathology results.

**Advice/comments**

Return to referring surgeon to determine follow-up.



Mr A Macdonald  
 Consultant Surgeon  
 c.c. Mr T Salem (Monklands surgeons)



a: An area extending from the distal sigmoid to the hepatic flexure  
 b: Distal sigmoid

**Specimens taken**

Polyps (x1 site b)

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Date Referral Sent **2016-09-29**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*1010122009306\*

Unique Care Pathway Number: 1010122009306

\*1801685169\*

CHI No:1801685169

<b>REFERRAL TO</b>	
OphthalmologyC7 LAN Ophthalmology -GP Use Only	— Consultant / receiving practitioner and/or specialty clinic
Monklands District General Hospital Monkscourt Avenue Airdrie ML6 0JS	— Hospital and hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> Routine	

<b>PATIENT DETAILS</b>		Patient's address
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s) -

<b>REFERRING PRACTITIONER DETAILS</b>		Practice address
Name	Dr. Margaret Angus	30 Lauchope Street Chapelhall Airdrie
GMC code	3204481 GP code 12033	
Practice name	Dr GD Brough & Partners (62596)	
Practice code	62596	
		Contact number(s) Voice:01236 762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

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**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Main presenting  
Complaint: cystic lesion

Reason for Referral: Thank you for seeing the above lady.

She has a cystic lesion at the outer corner of her right eye which is gradually increasing in size. I would be grateful if you could see and arrange excision.

Your help in this matter is appreciated.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
Diverticulosis	-	-	-	18-Aug-2016
Rectal polyp	-	-	-	10-Feb-2011
Diverticular disease	-	-	moderate	29-Nov-2010
[M]Tubular adenoma NOS	-	-	5mm polyp	10-Nov-2010
Colonic polyp	-	-	-	10-Nov-2010
Diverticulosis	-	-	-	10-Nov-2010
Salmonella gastroenteritis	-	-	-	03-Sep-2010
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Spontaneous vaginal delivery	-	-	-	10-May-1995
Thyroid cyst	-	-	Simple ; aspirated	06-May-1994
Spontaneous vaginal delivery	-	-	-	21-Nov-1988

**Current medication (Active Repeat medication issued within the last 12 months)**

No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**

No recent medications recorded

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day  
? (not known)

**Alcohol consumption**

Units per day  
? (not known)

**Additional Clinical information**

Signature of referring doctor (or other professional) Date

NHS Confidential: Personal data about a patient

8389974

NHS Lanarkshire, Monklands Hospital		RADIOLOGY REPORT	
Name:	MARGARET DONNELLY	Consultant:	Mr Tarek Salem (Gen Surgery)
Address:	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE	Address:	MS SURGICAL CLINIC MONKLANDS HOSPITAL MONKS COURT AVENUE AIRDRIE ML6 0AS
Postcode:	ML6 8TZ	Book No.:	31125156
D.O.B.:	18/01/1968	CHI No.:	1891685169
Sex:	Female		

31125156 29/11/2010 Barium Enema  
Clinical History: LIF pain

Barium passed freely from the rectum round the colon to the caecum. No strictures or mucosal lesions seen. There is moderate diverticular disease of the sigmoid and descending colon.

Verified by: Dr A McGhee, Consultant Radiologist

COPY 6/1

RECEIVED

13 DEC

Name: MARGARET DONNELLY Book No: 31125156	Reported Date: 01/12/2010
Examination: Barium Enema	Reported By: Dr A McGhee, Consultant Radiologist
Examination Date: 29/11/2010	Typed By: None

NHS Confidential: Personal data about a patient

**MONKLANDS HOSPITAL**  
Monkscourt Avenue  
Airdrie  
Lanarkshire ML6 0JS

**NHS**  
Lanarkshire

Department of General Surgery  
Consultant: Mr Tarek Salem  
Direct Line to Secretary: 01236 713169  
Direct Fax: 01236 712547

TS/GR/8389974  
CHI: 1801685169

Dictated: 19.11.10  
Typed: 19.11.10

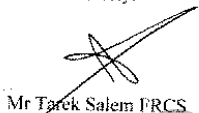
Dr MM Angus  
The Community Centre  
Salsburgh  
ML7 4LR

Dear Dr Angus,

**Margaret Donnelly D.O.B 18.01.68**  
**1 Budshaw Avenue, Chapelhall, Airdrie**

This lady had an abdominal ultrasound scan which was normal. She had a flexible sigmoidoscopy following her recent admission with clinical diverticulitis. This showed the presence of diverticular disease but there was also a 5 mm polyp that was shown to be a tubular adenoma. As such, she will need a complete colonoscopy which I have arranged for her today.

Yours sincerely,

  
Mr Tarek Salem FRCS  
Consultant Surgeon

LAT100

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**NHS Lanarkshire**  
Endoscopy Unit, Monklands Hospital  
**SIGMOIDOSCOPY REPORT**

Name: **Margaret DONNELLY, 18/01/1968 (F)**  
CHI No: **1801685169**  
Case note no.: **8389974**

Address: **1 Budshaw Avenue  
Chapelhall  
Airdrie  
Lanarkshire  
ML6 8TZ**

GP: **Dr MM Angus  
The Community Centre  
Salsburgh  
Lanarkshire  
ML7 4LR**

**Procedure date**  
10th November 2010

**Priority:** Elective  
**Status:** Outpatient/NHS  
**Hospital:** Not specified

**Referring Cons:** Mr T Salem  
(Monklands surgeons)

**Indications**  
Abdominal pain.

**Consultant/Endoscopist**  
List consultant: Mr A Nassar  
Endoscopist No1: Ms Vivienne Gough  
Endoscopist No2: Mr A Nassar

**Report**  
Bowel preparation with Moviprep was satisfactory.

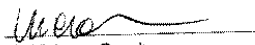
**Instrument**  
MK - PCF Q260AL 2510150

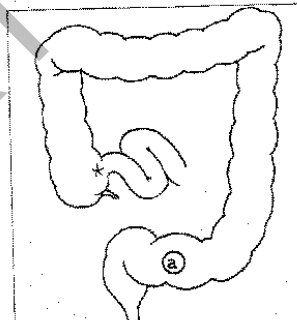
The sigmoidoscope was inserted via the anus to the distal sigmoid, insertion limited by Bowel looping and patient discomfort. Difficulties encountered: fixed sigmoid colon.  
Lesions: 1 pedunculated polyp (5mm) at (a).

**Premedication**  
No medication given

**Diagnoses**  
Diverticulosis and colonic polyps.

**Follow up**  
Awaiting pathology results. Return to the referring surgeon, requested.

  
Ms Vivienne Gough  
Specialist Registrar  
c.c. Mr T Salem (Monklands surgeons)



a: Distal sigmoid

**Specimens taken**  
Biopsy (x2)

**From:** oohfailedemail@lanarkshire.scot.nhs.uk  
**Sent:** 20 February 2012 00:00  
**To:** ooh62596@lanarkshire.scot.nhs.uk  
**Subject:** Call #79194 19-Feb-2012

-----  
 NHS Lanarkshire Primary Care Operating Division Date: 19-Feb-2012 19:21  
 -----

Call No.: 79194 Call Category: PCC Priority: Within 2 Hours  
 -----

Patients Name: Margaret Donnelly  
 Age: 18-Jan-1968 (Age: 44 years)

Current Location: 1 Budshaw Avenue  
 Chapelhall

Airdrie  
 Lanarkshire ML6 8TZ  
 Tel. No.: 01236 752087

Home Address: 1 Budshaw Avenue  
 Chapelhall

Airdrie  
 Lanarkshire ML6 8TZ  
 Tel.No.: 01236 752087

-----  
 Caller Origin: NHS24 Caller Name:  
 Tel. No.: Gender: Female

Community Health Index: 1801685169  
 -----

Temporary Resident:  
 Surgery: Chapelhall Surgery  
 GP: Brough, G

Reported Condition:  
 HAS DIVERTICULITIS. HAS TAKEN PARACETAMOL, IBUPROFEN AND BUSCOPAN. SORE TO  
 TOUCH SIDE ( (Non-Clinical User) (Cardonald))

---  
 CB STOMACH PAINS SINCE FRI NIGHT SEE A/V

-----  
 NHS24 Ref.No.: 11281728 NHS24 Date/Time: 19-Feb-2012 18:45

NHS24 Consultation Start: 19-Feb-2012 18:47  
 NHS24 Consultation Complete: 19-Feb-2012 19:18  
 NHS24 Outcome: PCEC within 2 Hrs

NHS24 Clinical Summary:  
 Clinical summary created: 19-Feb-2012  
 dvisor) (Ayrshire (& Arran)) [19/02/2012 19:18:25]  
 LOWER LT SIDED ABDO PAINS FOR 3 DAYS AND . NOW TRAVELLED ABOVE UMBILICUS  
 LEVEL. TENDER. WORSE TO TOUCH. SLIGHT RELIEF FROM PARACETAMOL, BRUFEN AND  
 BUSCOPAN. ONGOING.  
 PMH DIVERTICULITIS.

PCEC 2 HOURS, HUB TO ARRANGE

-----  
 Consulting Doctor: Howie, D.A

-----  
 History:  
 3/7 hx of lif pain taken pcm Brufen and Buscopan which has taken the edge off

file:///N:/PCTI/Docman7/Data\_S1/Document/DMEDOC01/00004000/00190809.HTM 06/05/2026

it described as crampy pain some low grade fever no vomiting eating and drinking opening bowels no bloody diarrhoea no mucus passing urine with no symptoms PMHx of diverticulitis confirmed on scope NKDA no reg meds smoker works as a chef admits diet poor

Examination:

well mobile temp 37.4 spo2 98% bp 149/98 pulse 97 mobilising pain free tender lff but no rebound no rigidity and no guarding active bs urine drip trace blood only

Diagnosis:

?diverticular flare

Treatment:

chat with pt NOT keen for admission so given broad spectrum abx et analgesia if gets worse vomits high fever cant take meds MUST return and refer surgeons pt happy with plan  
Doctor Howie,D.A

co-amoxiclav (amoxicillin and clavulanic acid) tablets 500mg+125mg  
(21) tablet(s)

take one three times a day

Doctor Howie,D.A

BUSCOPAN tablets 10mg [BOEH INGL]  
(20) tablet(s)

take one four times a day

-----  
follow up message (Return To Gp Only if Condition Not Resolved)  
-----

-----  
Call No.: 79194 Patient Name: Margaret Donnelly  
-----

NHS Confidential: Personal data about a patient

Monklands Hospital  
Monkscourt Avenue  
Airdrie  
Lanarkshire



Department of General Surgery  
Consultant: Mr Tarek Salem Hany  
Direct Line to Secretary: 01236 713150

SM/CP

**MR TAREK SALEM HANY'S DISCHARGE SUMMARY**

Dictated: 15.10.10  
Typed: 21.10.10

Dr M Angus  
MacInnes Practice  
30 Lauchope Street  
Chapelhall  
By Airdrie


Dear Dr Angus

MARGARET DONNELLY D.O.B. 18.01.68 8389974 CHI NO: 1801685169  
1 BUDSHAW AVENUE CHAPELHALL

DATE OF ADMISSION: 09.10.10  
DATE OF DISCHARGE: 11.10.10  
DIAGNOSIS: Presumed diverticulitis  
MANAGEMENT: Conservative.  
FOLLOW UP: Out-patient flexible sigmoidoscopy in 8 weeks and  
Out-patient ultrasound scan.

This 42 year old woman was admitted as an emergency with a several day history of aching lower abdominal pain associated with some constipation. At the time of admission she had a sinus tachycardia and was generally tender across her lower abdomen. Her blood tests revealed an elevated CRP of 188 and a white count of 15000. She was started on a course of intravenous antibiotics with an expected diagnosis of diverticulitis and improved significantly over the course of 24 - 48 hours. Her condition improved sufficiently that she wished to be discharged by 11.10.10 and we plan the above Out-patient investigations to further diagnose the cause of her symptoms.

Yours sincerely

  
S MONTGOMERY  
ST5 in General Surgery

LAT100

NHS Confidential: Personal data about a patient

Emergency Department  
Monklands Hospital  
Monkscourt Ave  
Airdrie ML6 0JS

Dr M Angus  
30 Lauchope Street  
Chapelhall  
Airdrie  
Airdrie  
ML6 8SR

10 October 2010

Re: MARGARET DONNELLY, 1 BUDSHAW AVENUE, CHAPELHALL, AIRDRIE, ML6 8TZ  
Date of Birth: 18.01.68 Hospital Number: 8389974 CHI Number: 1801685169

Your patient attended Monklands Hospital on the 9 OCT 2010 at 11:06 am.

The presenting complaint was:	Surg Ref
Triage information:	Nil
The following investigations were carried out:	Coagulation Screen Full Blood Count Amylase Urea And Electrolytes Liver Profile
The A&E diagnosis was:	Direct Specialty Referral - General Surgical
The following treatment was given:	None
At the conclusion of treatment the patient was:	Admitted
Follow-up:	None
Additional Information:	Nil

Yours sincerely,

F

Specialty In-Patient


Consultants

11 OCT 2010

NHS Confidential: Personal data about a patient

**HAIRMYRES HOSPITAL**

**HOSPITAL INTERIM DISCHARGE DOCUMENT**



---

**PATIENT DETAILS:**

Name: **DR ANGUS**

Address: **CHAPPELHALL**

Tel No: \_\_\_\_\_

Hosp: **MY**

Consultant: **SALOM**

Ward: **6**

Date of Admission: **9/10/10**

Date of Discharge: **11/10/10**

**PATIENT DETAILS (Address only)**

Name: **F 18/01/1968** Mr / Mrs / Ms

Address: **DONNELLY MARGARET**

**1 BUDSHAW AVENUE**

**CHAPELHALL**

**AIRDRIE ML6 8TZ**

D.O.B: **CHI 180168S169**

Unit No: \_\_\_\_\_

---

**PRINCIPAL DIAGNOSIS**

Code: **? DIVERTICULITIS**

Other: \_\_\_\_\_

**DISCUSSED WITH**

Patient Yes / No / NA

Carer / Advocate Yes / No / NA

---

**IMMEDIATE TREATMENT AIMS / COMMENTS**

Code: \_\_\_\_\_

**OPERATIONS / PROCEDURES**

Code: \_\_\_\_\_

Follow-up appointment Yes / No / To be sent

Appt with: **O.P. USS B** Date: **1/1**

Venue: **PLEXI-SOUND** Time: **10050PM**

---

**CARE MANAGEMENT PLAN**

DISCHARGE  Planned  Against Medical Advice  Leave of Absence

DISCHARGED TO  Home  Supported Accommodation  Other / Hosp / Specify: \_\_\_\_\_

CARE PROG. APPROACH  Yes  No

SUPPORT SERVICES ARRANGED  Yes  No  Not Applicable

Home Help  Meals on Wheels  District Nurse  Other: \_\_\_\_\_

CONTACT PERSON / AGENCY & TEL NO (must specify): \_\_\_\_\_

DRUG ALLERGIES Yes / **No** If Yes, specify: \_\_\_\_\_

MEDICATION EXPLAINED TO PATIENT Yes / No

---

**DRUGS ON DISCHARGE** (To be printed in BLOCK CAPITALS in ball point pen)

Only one drug per line

Medicine Name	Dose	Route	Times of Administration					Duration of Treatment (L = Longterm)	Strength	No	Manufacturer
			0500	1200	1800	2000	Other				
AMOXICILLIN	500mg	O	✓	✓	✓	✓	5 DAYS	500mg	15	Kevit	
METRONIDAZOLE	400mg	O	✓	✓	✓	✓	5 DAYS	400mg	15	Milparan	

**PHARMACY USE ONLY**

Pharmacy Clinical Check:  Dispensed by: **SD** Checked by: **V** Date: **11/10/10**

Compliance Aid  Non CRC  Medication Chart  Other

Comments / Additional Information: \_\_\_\_\_

---

Discontinued Medication: \_\_\_\_\_

Doctor: **C. BISSSETT** Signature: *[Signature]* Status: **SRS** Page No: **217** Date: **11/10/10**

( White Copy to GP / Yellow Copy to be retained in Pharmacy / Pink Copy to be filed in notes )

Collected by: \_\_\_\_\_

NHS Confidential: Personal data about a patient



Physiotherapy Department  
Tel : 01236 712136/7

17<sup>th</sup> September 2009

Dr M Angus  
The Chapelhall Practice  
30 Lauchope street  
Chapelhall  
Airdrie  
ML6 8SR

Dear Dr Angus

**Re:** Margaret Donnelly, 1 Budshaw Avenue, Chapelhall, Airdrie, ML6 8TZ  
**D.O.B:** 18/01/68

In a bid to reduce the number of Consultant failed to attends, we have sent letters to patients requesting they contact the Department to arrange an appointment.

As the above patient has failed to reply they have been discharged.

Yours sincerely

A handwritten signature in black ink that reads 'Barbara D. Cummings'.

Ms D Cummings  
Superintendent Physiotherapist

16 SEP 2009

LAT100

CONFIDENTIAL & LEGISLATION 14 03/01/2009 (01/01/2009)

NHS Confidential: Personal data about a patient



**Orthopaedic Department  
Monklands Hospital  
Monkscourt Avenue  
AIRDRIE ML6 0JS**

**Telephone: 01236 712787**

Ref: JB/LP/8389974  
CHI: 1801685169

Clinic: 07.07.09  
Typed: 20.07.09

Dr M Angus  
The Chapelhall Practice  
30 Lauchope Street  
Chapelhall  
AIRDRIE ML6 8SR

c.c. Physiotherapy Department  
Monklands Hospital

Dear Dr Angus

**RE: Margaret Donnelly (18.01.1968), 1 Budshaw Avenue, Chapelhall,  
Airdrie ML6 8TZ**

**Diagnosis: Left Patellofemoral Joint Dysfunction, Probably Early  
Degenerative Component**  
**Outcome: Referral to Physiotherapy Monklands**

Thank you for referring this lady. Mrs Donnelly tells me her left knee has bothered her for the past year or so, describing a pain at the lateral aspect of the left patella, present in particular on getting up from a squatting position. She describes an intermittent localised swelling at this point, and describes also one episode of pseudo-locking. She tells me the knee can give way, but she has not fallen. She is not woken by these symptoms. Mrs Donnelly is a Chef, and can be on her feet for twelve hours at a time.

On examination, Mrs Donnelly stands with her knees hyperextended. There is no pain on overpressure of hyperextension in either knee, and flexion is full range and painfree. Ligament and meniscus testing is negative. On palpation, there is no effusion, but there is crepitus and clicking in the patellofemoral joints bilaterally, especially in the left knee, especially laterally. There is also tenderness under the lateral border of the left patella. Quadriceps muscles are weak bilaterally, especially on the left, but with no pain on resistance. Other findings of note are that gluteus medius muscles are weak bilaterally, especially on the left, and rectus femoris and anterior hip structures are tight bilaterally, again especially on the left.

22 JUL 2009

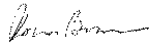
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**Margaret Donnelly - 8389974**

I note that an x-ray of the left knee was carried out and reported as normal.

The current presentation suggests the patellofemoral joint as the source of Mrs Donnelly's symptoms, and notwithstanding the radiological findings, the clinical presentation suggests an element of early degeneration. I have instructed her on exercises and other self care measures, but she may benefit from a short course of Physiotherapy. She has agreed to try this, and I will therefore refer her to the Physiotherapy Department here at Monklands.

Yours sincerely



**John Brannan**  
Advanced Physiotherapist Practitioner

2/2

THIRD PARTY COPY

22 JUL 2009

**From:** oohfailedemail@lanarkshire.scot.nhs.uk  
**Sent:** 10 October 2010 01:00  
**To:** ooh62596@lanarkshire.scot.nhs.uk  
**Subject:** Call #54522 09-Oct-2010

-----  
 NHS Lanarkshire Primary Care Operating Division Date:09-Oct-2010 09:40  
 -----

Call No.:54522 Call Category: PCC Priority: Within 4 Hours  
 -----

Patients Name: Margaret Donnelly  
 Age: 18-Jan-1968 (Age: 42 years)

Current Location: 1 Budshaw Avenue  
 Chapelhall

Airdrie  
 Lanarkshire ML6 8TZ  
 Tel. No.: 01236 752087

Home Address: 1 Budshaw Avenue  
 Chapelhall

Airdrie  
 Lanarkshire ML6 8TZ  
 Tel.No.: 01236 752087

-----  
 Caller Origin: NHS24 Caller Name:  
 Tel. No.: Gender: Female

Community Health Index: 1801685169  
 -----

Temporary Resident:  
 Surgery: Chapelhall Surgery  
 GP: Brough, G

Reported Condition:  
 LOWER ABDO PAIN, THOUGHT SHE WAS CONSTIPATED, TOOK LACTULOSE YESTERDAY HAD  
 SMALL BOWEL MOVEMENT, HAS TAKEN IBROPROFEAN/PARACETAL LAST TAKEN X2 OF EACH AT  
 0400HRS, ( (Non-Clinical User) (Glasgow))

---  
 CB ABDO PAIN 1DAY SEE A/V

-----  
 NHS24 Ref.No.: 9313056 NHS24 Date/Time: 09-Oct-2010 09:17

NHS24 Consultation Start: 09-Oct-2010 09:20  
 NHS24 Consultation Complete: 09-Oct-2010 09:38  
 NHS24 Outcome: PCEC within 4 Hrs

NHS24 Clinical Summary:  
 Clinical summary created: 09-Oct-2010  
 dvisor) (Cardonald) [09/10/2010 09:38:12]  
 ABDOMINAL PAIN FOR 24 HRS AND SEVERE - PAIN WORSENING WHEN COUGHING - COLD AND  
 CLAMMY - VERY PAINFULL TO TOUCH - HAS BEEN TAKING LACTULOSE THINKING  
 CONSTIPATION BUT HAVING NORMAL BOWEL MOVEMENT - REGULAR ANALGESIA WITH NO  
 EFFECT - PCEC 4 HRS HUB TO ARRANGE APPT

-----  
 Consulting Doctor: Bawa, SS

History:  
 Lower central abdominal pain since Thursday evening. Thought it was  
 constipation and took Lactulose, bran flakes Fresh orange etc. Pain has not

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settled, worse when coughs and when sitting or walking. Has taken regular Paracetamol and Ibuprofen with little effect. No urinary symptoms 2 weeks no p/v discharge not sick no diarrhoea

Examination:

tender rif with guarding and rebound

O/E - pulse rate: 102

O/E - bowel sounds normal

O/E - abdo. pain on palpation

Urine ketone test = ++

Urine leucocyte test = negative

O/E - guarding on palpation

O/E - level of fever: 37.6

O/E - rebound tenderness

O/E - Diastolic BP reading: 83

Urine protein test negative

Urine blood test = negative

O/E - Systolic BP reading: 120

Urine nitrite negative

Diagnosis:

?acute appendicitis

Treatment:

admit surgical

-----  
follow up message (Admitted To Hospital)  
-----

-----  
Call No.: 54522 Patient Name: Margaret Donnelly  
-----

NHS Confidential: Personal data about a patient

NHS Lanarkshire, Monklands Hospital		RADIOLOGY REPORT	
		Page 1 of 1	
Name:	MARGARET DONNELLY	Consultant:	GP REFERRER
Address:	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE	Address:	LAWSON S DR CHAPELHALL PRACTICE 30 LAUCHOPE STREET LANARKSHIRE ML6 8SR
Postcode:	ML6 8TZ	Book No.:	30100060
D.O.B.:	18/01/1968	CHI No.:	1801685169
Sex:	Female		

**Clinical History:** Pain and intermittent swelling right knee

**30100060 15/09/2008 XR Knee Rt**

Normal alignment of bones of the knee joint with preservation of both the medial and lateral compartment of the knee joint space. No significant bone abnormality demonstrated.

**Verified by: Dr K. Nwafor, Consultant Radiologist**

23 SEP 2008

Name: MARGARET DONNELLY	Book No: 30100060	Reported Date: 16/09/2008
Examination: XR Knee Rt		Reported By: Dr K. Nwafor, Consultant Radiologist
Examination Date: 15/09/2008		Tend Re: DENICE RUSSELL

THIRD PARTY COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

Date Referral Sent **2009-05-18**

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

**\*1801685169\***

CHI No: 1801685169

<b>REFERRAL TO</b>	
Trauma and Orthopaedic Surgery C8 LAN General Referral	— Consultant / receiving practitioner and/or specialty clinic
Monklands District General Hospital	— Hospital and hospital address
	Hospital unit no. L106H
	Email address
<b>Urgency of referral</b> Routine	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
Surname	Donnelly	1 Budshaw Avenue Chapelhall AIRDRIE Lanarkshire ML6 8TZ
Forename(s)	Margaret	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	Contact number(s)

<b>REFERRING PRACTITIONER DETAILS</b>		<b>Practice address</b>
Name	Dr Margaret Angus	30 Lauchope Street Chapelhall ML6 8SR
GMC code	3204481 GP code L1203-3	
Practice name	The Chapelhall Practice	
Practice code	62596	Contact number(s)
		Voice: 01236 762144 Facsimile: 01236 765411

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No

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**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Main presenting Complaint: Left knee pain, swelling and giving way.  
Reason for Referral: Thank you for seeing this lady.  
She has had problems with her left knee now for approximately 6 months.  
The main problem is pain associated with intermittent giving way and swelling.  
Examination of the knee shows clicking at the lateral joint line and X-ray was normal.  
I think this lady has a meniscal tear and I would be grateful if you see and advise on her further management.  
Your help in this matter is appreciated.

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Investigate

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date Recorded
Hirsutism - hypertrichosis	-	-	-	14-Apr-2004
Unilateral mastalgia	-	Left	ultrasound normal	04-Apr-2000
Thyroid cyst	-	Simple	aspirated	06-May-1994

**Current medication (Active Repeat medication issued within the last 12 months)**

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Aciclovir	13.10.03.0	Cold Sore Pump CREAM 5%	Apply	As directed	16-Dec-2008	-

**Recent medication (Any medication issued within last 90 days not shown above)**

No recent medications recorded

**Clinical warnings**

Smoking status

Alcohol consumption

**Lifestyle risks**

Exercise status: Not Known

Number per day ? (not known)
---------------------------------

Units per day ? (not known)
--------------------------------

**Additional Clinical Information**

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

**From:** oohfailedemail@lanarkshire.scot.nhs.uk  
**Sent:** 07 September 2007 01:00  
**To:** ooh62596@lanarkshire.scot.nhs.uk  
**Subject:** Call #47731 06-Sep-2007

Call #: 47731 Received NHS24: 06-Sep-2007 20:11  
 Full cover

Patient's Name: Margaret Donnelly CHI Number: 1801685169  
 Date of birth: 18-Jan-1968 (Age: 39 years)  
 Sex: Female Received PCES: 20:22  
 Home Address: 1 Budshaw Avenue Chapelhall Passed : 20:23  
 Airdrie ML6 8TZ () Advised : \_\_: \_\_  
 Current Address:  
 ()  
 Tel No: 01236 752087 Origin: NHS24 Arrived : 22:00  
 Urgency: Within 2 Hours Type: PCC Departed : 22:22  
 Consulted by: Sethuraman, J Own Doctor: Brough, G

Message received:

TRACK FROM INFLAMATION ON WRIST 10 MINS SEE A/V

NHS24 Consultation Begin: 06-Sep-2007 20:19  
 NHS24 Consultation End: 06-Sep-2007 20:20  
 NHS24 Consultation by: Triage Nurse (Nurse Advisor) (Ayrshire (&

NHS24 Clinical Summary:

Clinical summary created: 06-Sep-2007  
 WOUND INFECTION FOR 2 DAYS AND BURNT WRIST TUESDAY, REDNESS SURROUNDING AREA  
 WITH INCREASED WARMTH/TENDERNESS, ARM FEELS HEAVY AND SHE IS GENERALLY  
 UNWELL. RED LINE UP TO ELBOW TONIGHT. GP 2 HRS, HUB TO CALL WITH TIME AND  
 PLACE

NHS24 Outcome : Attend PCEC within 2 Hrs

Advised: 20:19 Advised by: Triage Nurse (Nurse Advisor)

Time of Visit/Base: 22:00 Consulting Doctor: Sethuraman, J

Past Medical History:

Burnt left wrist 3/7 ago, started on ? Flucloxacillin this morning, arm  
 becoming red and painful .

Examination:

o/E - T 37.8 , P- 100/min, 2 cm diameter wound left wrist, infected .  
 ascending lymphangitis.

Outcome:

Wound infection with ascending lymphangitis.

Final Treatment:

Refer Orthopaedic - Monklands hospital .

Prescriptions:

UCS Outcome:

Wound infection with ascending lymphangitis.

Followups:

follow up message (Monklands Acute Admission Ortho)

Call #: 47731

Patient's Name: Margaret Donnelly

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Emergency Department  
Monklands Hospital  
Monkscourt Ave  
Airdrie ML6 0JS

Dr BROUGH  
30 LAUCHOPE STREET  
CHAPELHALL  
AIRDRIE  
ML6 8SR

September 7,  
2007

Dear Dr Brough,

Re, **MARGARET DONNELLY, 1 BUDSHAW AVENUE, CHAPELHALL, AIRDRIE, ML6 8TZ. Date of Birth 18.01.68 Hospital Number: 1088283, CHI No. 1801685169**

Your patient attended the Monklands Hospital on the 6 SEP 2007 22:13.

The presenting complaint was: **ORTHO REF**

The following investigations were carried out:

The A&E diagnosis was: **DIRECT SPECIALTY REFERRAL - ORTHOPAEDIC**

The following treatment was given:

At the conclusion of treatment the patient was: **ADMITTED. Departure Ready Date/Time: 6 SEP 2007 22:50, Actual Departure Date/Time: 6 SEP 2007 22:50**

Follow-up: **NONE**

Additional information:

Yours sincerely,  
SPECIALTY IN-PATIENT  
STAFF GRADE

Consultants:

07 SEP 2007

NHS Confidential: Personal data about a patient

**Monklands Hospital**

Monkscourt Avenue  
Airdrie ML6 0JS  
Telephone 01236 748 748



AMMS/EH/FH  
CLINIC 09 09 04  
TYPED 22 09 04  
Kathryn White - 01236 713060  
Secretary to Dr A M M Strong and Dr N J Wainwright

**DERMATOLOGY DEPARTMENT**

Dr Angus  
The Chapelhall Practice  
30 Lauchope Street  
Chapelhall  
Airdrie  
ML6 8SR

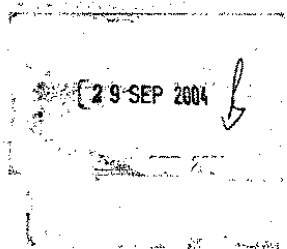
Dear Dr Angus

MARGARET DONNELLY 18 01 68 - 1088283  
1 BUDSHAW AVENUE, CHAPELHALL

This patient failed to attend the dermatology clinic on 9<sup>th</sup> September and, to my knowledge, did not contact us. No further appointment has been sent out.

Yours sincerely

Dr E A Hamill  
Associate Specialist in Dermatology



THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Emergency Department  
 Monklands Hospital  
 Monkscourt Ave  
 Airdrie

**NHS**  
 Lanarkshire

Dr BROUGH  
 MACINNES PRACTICE  
 30 LAUCHOPE STREET  
 CHAPELHALL  
 ML6 8SR

August 3, 2004

Dear Dr Brough,

Re. MARGARET DONNELLY, 1 BUDSHAW AVENUE, CHAPELHALL, AIRDRIE, ML6 8TZ. Date of Birth 18.01.68 Hospital Number: 1088283

Your patient attended the Monklands Hospital on the 2 AUG 2004 09:11.

The presenting complaint was: (R) THUMB INJURY RECENT INJURY?

The following investigations were carried out: THUMB

The A&E diagnosis was: SPRAIN - THUMB - RIGHT

The following treatment was given: THUMB SPICA  
 CODYDRAMOL 2 TABS QDS  
 IBUPROFEN 400MG TDS  
 ISSUE PRESCRIPTION

At the conclusion of treatment the patient was: DISCHARGED. Departure Ready Date/Time: 2 AUG 2004 10:06,  
 Actual Departure Date/Time: 2 AUG 2004 16:06

Follow-up: NONE

Additional Information:

Yours sincerely,  
 CLARE FLORENCE  
 SENIOR HOUSE OFFICER

Consultants:

LA

6 4 AUG 2004

NHS Confidential: Personal data about a patient

MONKLANDS & BELLISHILL NHS TRUST			
MICROBIOLOGY DEPARTMENT: CPA ACCREDITED			
TELEPHONE (01236) 746103, FAX (01236) 746123			
Source	Lab No: PB11169	Unit No:	Surname: DONNELLY
Dr A.N. MACINNIS	Sex: F	D.O.B: 18 Jan 1968	Forename: Margaret
30 Leuchope Street			Address: 1 BUSHAM AVE
Chapelhall			CHAPELHALL
			AIRDRIE
Clinical Details: DIARRHOEA	Specimen: FACES	Test:	Culture & Sensitivity
Antibiotics:			
Microscopy		Sensitivity	S=SENSITIVE R=RESISTANT
CRYPTOSPORIDIUM CYSTS NOT SEEN			
Culture			
1) GROWTH of <i>Campylobacter</i> species			
2) Salmonella/Shigella NOT isolated			
2) <i>Escherichia coli</i> (O157) NOT isolated			
Comments			
Collected: 17 Feb 1998	Received: 19 Feb 1998	Authorised: 23 Feb 1998	By KSL
			Consultants: Dr WJ Morgan/Dr DR Baird


NHS Confidential: Personal data about a patient

MORRISLANDS & BELLSHILL NHS TRUST			
MICROBIOLOGY DEPARTMENT: CFA ACCREDITED			
TELEPHONE (01236) 746103. FAX (01236) 746123			
Source Dr A.N. MACINNES 30 Lauchage Street Chapelhall	Lab No: P821698 Sex: F	Unit No: D.O.B: 18 Jan 1968	Surname: DONNELLY Forename: Margaret Address: : BUNSHAW LANE CHAPELHALL AIRDRIE
Clinical Details: DIARRHOEA Antibiotics:	Specimen: FALCES	Test:	Culture & Sensitivity
Microscopy CRYPTOSPORIDIUM CYSTS NOT SEEN	Sensitivity	S=SENSITIVE	R=RESISTANT
Culture 1) GROWTH of <i>Campylobacter</i> species 2) <i>Salmonella</i> / <i>Shigella</i> NOT isolated 3) <i>Escherichia coli</i> (0157) NOT isolated			
Comments			
Collected: 16 Feb 1998	Received: 19 Feb 1998	Authorised: 23 Feb 1998	By KGL Consultants: Dr NS Morgan/Dr DR Baird

NHS Confidential: Personal data about a patient

MONKLANDS & BELLSHILL NHS TRUST MICROBIOLOGY DEPARTMENT: CQA ACCREDITED TELEPHONE (01236) 746103, FAX (01236) 746123			
Source Dr A.N. MACINNIS 38 Lauchoppe Street Chapelhall	Lab No: FB811670 Sex: F	Unit No: D.O.B: 18 Jan 1968	Surname: DONNELLY Forename: Margaret Address: 1 KINGSWAY AVE CHAPELHALL AIRDRIE
Clinical Details: DIARRHOEA Antibiotics:	Specimen: STACES	Test: Culture & Sensitivity	
Microscopy CRYPTOSPORIDIUM CYSTS NOT SEEN	Sensitivity	S-SENSITIVE R-RESISTANT	
Culture 1) GROWTH of <i>Campylobacter</i> species 2) <i>Salmonella</i> / <i>Shigella</i> NOT isolated 3) <i>Escherichia coli</i> (0157) NOT isolated			
Comments			
Collected: 16 Feb 1998	Received: 19 Feb 1998	Authorised: 23 Feb 1998	By: KSL Consultants: Dr MG Morgan/Dr DR Baird

NHS Confidential: Personal data about a patient

Microbiology Department Telephone: (01236) 712803 Fax: (01236) 712637 Mon613		MONKLANDS HOSPITAL Monkscourt Avenue Airdrie ML6 0JS C.P.A. (U.K.) Accredited			
Source Dr M.M. ANGUS Chapelball Practice 62596 30 Lauchhope Street Chapelball Airdrie Clinical Details: Antibiotics:		D.O.B: 18 JAN 1968    URINE NO: 1801685169 Sex: F    Lab No: FI014983 Test: Culture and Sensitivity		Surname: DONNELLY Forename: Margaret Address: 1 BUDSHAW AVENUE CHAPELHALL AIRDRIE	
Microscopy WBC: 0 RBC: 0 CASTS: 0 ORGANISMS: 0 SQUAMES: Present		Sensitivity S=SENSITIVE R=RESISTANT		Culture No Significant Growth	
Comments		M		23 JUN 2004	
Collected: 22 Jun 2004    Received: 22 Jun 2004    Authorised: 23 Jun 2004    By		Consultants: Dr AT Leazor/Dr T Gillespie		Specimen: URINE	

THIRD PARTY COPY

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**MONKLANDS & BELLSHILL HOSPITALS NHS TRUST**  
**MONKLANDS LABORATORY** LAB No. 003259

Nature of Specimen: MSSU. Date: 19/6/95

Tests Required: CFS.

Relevant History: ?UTI.

HOSPITAL No. [ ] SURNAME: DONNELLY FORENAME: MARGARET ADDRESS: 1 BUDSHAW AVE CHAPELHALL D.O.B. 18 01 68 Sex: F

Ward: GP Tel No: 762104

Previous Report No. [ ] Hepatitis Risk

Consultant: DR MITCHELL 30 LAUCHOPE ST CHAPELHALL. Practitioner: [ ] Address: [ ]

ANTIMICROBIAL THERAPY

Requesting Doctor's Signature: [Signature]

Organism	Microscopic Examination			Organism	Antibiotic Sensitivity		
	N - Numerous	M - Moderate	S - Scanty		1	2	3
Red Cells	0	0	0	Staphylococcus			
White Cells	0	0	0	Streptococcus			
Organism	1	2	3	Enterococcus			
Amox/Amoxycillin				Neisseria			
Amox/Clavulanic				Moraxella			
Cefuroxime				Neisseria			
Ceftriaxone				Neisseria			
Clarithromycin				Neisseria			
Clindamycin				Neisseria			
Cotrimoxazole				Neisseria			
Erythromycin				Neisseria			
Flucloxacillin				Neisseria			
Fusidic Acid				Neisseria			

For LAB use only: NO GROWTH

Microbiology MOR 129 Date Received: 20/6 Date Reported: 21/6 Laboratory Signature: [Signature]

NHS Confidential: Personal data about a patient

752087 Mrs

MONKLANDS HOSPITAL  
DEPARTMENT OF PATHOLOGY - HISTOLOGY REPORT

Margaret DONNELLY

DOB: 18 Jan 1968

Unit No: 1801685169

MP0404346

Sender: Dr M.M. ANGUS

CHAPELHALL PRACTICE 62596

Date of Biopsy: 10 Jun 2004

Date Received: 10 Jun 2004

Date Issued: 15 Jun 2004

CLINICAL HISTORY

Mole right leg. Raised and itchy. Clinically benign.

MACROSCOPIC REPORT

'Mole excision right leg' - skin ellipse 8 x 6 mm, the skin surface is irregular.

MICROSCOPIC REPORT

Microscopy shows skin with a small amount of subcutaneous tissue.

In the centre of the biopsy the epidermis is thickened and acanthotic with overlying parakeratosis. Keratinocytes within this area have a moderate amount of clear cytoplasm which contains abundant glycogen.

The features are those of a clear cell acanthoma. The lesion is completely excised.

15 JUN 2004 B

Reported by: Dr Kate Wilson

Authorised by: Dr Kate Wilson

Enquiries to Pathology Office 01236 712080 or 712091

NHS Confidential: Personal data about a patient

*(computer)*

LANARKSHIRE HEALTH BOARD  
DEPARTMENT OF CYTOLOGY  
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC031977/2003  
page : 1

Name : MARGARET DONNELLY  
Address: 1 BUDSHAW AVENUE  
CHAPELHALL  
AIRDRIE

Maiden Name :  
D of B : 18-JAN-1968  
NHS No :  
PAS/CHI : 1801685169

Sender : M CAMPBELL PN  
Address: 30 LAUCHOPE STREET  
CHAPELHALL

G.P. : DR G D BROUGH  
Address : 30 LAUCHOPE STREET  
CHAPELHALL

Date Taken : 15-SEP-2003 Date Received : 16-SEP-2003

History Previous CIN: 3 years overdue smear

Result NEGATIVE-NO TRANSFORMATION ZONE Inflamm. *26 SEP 2003*

Recommendation NORMAL RECALL

Report

Reported By KAREN PURVES Date 25-SEP-2003

NHS Confidential: Personal data about a patient

LANARKSHIRE HEALTH BOARD		Smear No. :	UCO21111/97
DEPARTMENT OF CYTOLOGY		page :	1
MONKLANDS DISTRICT GENERAL HOSPITAL			
Name :	MARGARET DONNELLY	Maiden Name :	
Address:	1 BUDSHAW AVENUE	D of B :	18-JAN-1968
	CHAPELHALL	NHS No :	
	AIRDRIE	PAS/CHI :	
Sender :	DR N MACINNES	G.P. :	DR N MACINNES
Address:	30 LAUCHOPE STREET	Address :	30 LAUCHOPE STREET
	CHAPELHALL		CHAPELHALL
Date Taken :	03-JUN-1997	Date Received :	04-JUN-1997
History	Routine smear		
Result	NEGATIVE	Inflamm.	
Recommendation	NORMAL RECALL		
Report	Routine recall.		
Reported By	Elizabeth Cushley	Date	17-JUN-97

18 JUN 1997

DOC	<input checked="" type="checkbox"/>
BOOK	<input checked="" type="checkbox"/>
COMP	<input checked="" type="checkbox"/>
PLATE	<input type="checkbox"/>

THIRD PARTY COPY

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LANARKSHIRE HEALTH BOARD  
 DEPARTMENT OF CYTOLOGY  
 MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC031986/95  
 page : 1

Name : MARGARET DONNELLY  
 Address: 1 BUDSHAW AVE  
 CHAPELHALL  
 AIRDRIE

Maiden Name :  
 D of B : 18-JAN-1968  
 NHS No :  
 PAS/CHI :

Sender : DR MACINNES  
 address: NEWARTHILL

S.P. : DR D.C. MACINNES  
 address : NEWARTHILL

Date Taken : 22-AUG-1995 Date Received : 23-AUG-1995

History COLPOSCOPY 1993 CIN 2

Result NEGATIVE Inflamm

Recommendation ANNUAL RECALL

Report  
 reported By Dr J.E.A. Imrie Date 01-SEP-95

*Repeat Smear Aug '96*

DOC	<input checked="" type="checkbox"/>	Dr
BOOK	<input checked="" type="checkbox"/>	
COMP	<input checked="" type="checkbox"/>	R
NAME	<input checked="" type="checkbox"/>	C

THIRD PARTY COPY

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LANSHIRE HEALTH BOARD  
 DEPARTMENT OF CYTOLOGY  
 MANCHESTER DISTRICT GENERAL HOSPITAL

Smear No. : 2002002/94  
 Page : 1

Name : MARGARET DUNNELLY  
 Address : 1 BUDSHAW AVE  
 CHADWICK

Referral Name :  
 D.C. No. : 10 000 000  
 Ref. No. :  
 Path. No. :

Sender : DR A N MCINNES  
 Address : NEWBURN HILL

S. No. : DR A N MCINNES  
 Address : NEWBURN HILL

Date taken : 17-JUL-1994 Date Received : 20-JUL-1994

History HISTORY OF COLPOSCOPY 1993 Done

Result NEGATIVE Inflamm.

Recommendation ANNUAL RECALL

Report

Reported By Dr J.E.A. Lewis Date 27-JUL-94

DGC	<input checked="" type="checkbox"/>
BOOK	<input checked="" type="checkbox"/>
COMP	<input checked="" type="checkbox"/>
NAME	

Repeat Smear  
July 195

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

LANARKSHIRE HEALTH BOARD  
DEPARTMENT OF CYTOLOGY  
MONKLANDS DISTRICT GENERAL HOSPITAL

Smear No. : UC023356/93  
page : 1

Name MARGARET DONNELLY.  
Address: 1 BUDSHAW AVE  
CHAPELHALL

Maiden Name :  
D of B : 18-JAN-1968  
NHS No :  
PAS/CHI : 1801688168

Sender: DR GALLOWAY  
Address: COLP CLINIC  
MONKLANDS DGH  
AIRDRIE  
ML6 0SJ

G.P. : DR MACINNES  
Address : NEWARTHILL

**Copy for G.P.**

Date Taken : 24-JUN-1993 Date Received : 28-JUN-1993

History CC 1/93 FOR CIN2. NO CIN SEEN.

Result NEGATIVE Inflamm.

Recommendation REPEAT AT FOLLOW UP

Report PLEASE REPEAT AT FOLLOW-UP.

Reported By DR STEWART Date 02-JUL-93

NHS Confidential: Personal data about a patient

WILTSHIRE HEALTH BOARD DEPARTMENT OF CYTOLOGY MONKLANDS DISTRICT GENERAL HOSPITAL		Smear No. : UC043522/92 page 1 of 1 11.8.21.685.109
Name : MARGARET DONNELLY Address : 1 BUDSHAW AVE CHAPELHALL	Maiden Name : D of B : 18-JAN-1968 NHS No : PAS/CHI : 1801688168	
Gen : DR GALLOWAY Ass : MONKLANDS DGH	G.P. : DR MACINNES Address :	
<b>Copy for G.P.</b>		
Date Taken : 11-DEC-1992		Date Received : 14-DEC-1992
History: FU OF HPV. COLP. CIN 1.		
Result BORDERLINE CHANGES		Inflamm.
Recommendation OTHER		
Report BORDERLINE NUCLEAR CHANGES IN SQUAMES. GRADE 2R. FOR YOUR ATTENTION.		
Reported By DR. R. GOPINATHAN		Date 18-DEC-92

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**SMOKING CESSATION CLINIC RECORD**

PRODUCT: 21mg/24hr CQ patch

STOP SMOKING DATE:

GROUP SUPPORT: ▶

ONE TO ONE: ▶ ✓

DATE	NOTES	CO
16/5/03	info session - discussed previous quit attempts, programme + products explained motivated to stop strong family history CA-throat. RSO satisfactory.	32
23/5/03	Quit date today has planned well, 1 box 21mg/24hr patch supplied	36
30.05.03	① Completely abstinent. Feels a little run down cold sore, advised part of withdrawn - No	1
	② problem with patch - 1 box 21mg CQ patch given	2
6/6/03	Abstinent this week, no problems night out tonight coping mechanisms discussed 1 box mow-tabs discussed	
13/6/03	③ Remains completely abstinent, 1 box 21mg/24hr patch supplied	4
20/6/03	④ Remains abstinent, no problems get active info supplied	1
27/6/03	⑤ Remains abstinent no problems 1 box 21mg & box 14mgs supplied nr	1
18/7/03	⑥ Remained abstinent 2 week step 3 supplied relapse prevention discussed	2

CP UPDATE

6WKS ▶

3MTHS ▶

6MTHS ▶

1YR ▶

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20+. First within 1/2hr.

**SMOKING CESSATION ASSESSMENT PRIOR TO NICOTINE REPLACEMENT THERAPY**

NAME: Mgt Donnelly MRS  MS  MISS  OTHER

ADDRESS: T. Budenaw

Chapelhall

TOWN: Kilrane

POSTCODE: \_\_\_\_\_

TEL. NO. \_\_\_\_\_

DATE OF BIRTH: 18/1/68

GP: Dr Brough

PRACTICE: \_\_\_\_\_

RECENT MI/STROKE		PREGNANT/BREASTFEEDING		< 18 YRS	
YES ▶	NO ▶ <input checked="" type="checkbox"/>	YES ▶	NO ▶ <input checked="" type="checkbox"/>	YES ▶ <input checked="" type="checkbox"/>	NO ▶
UNSTABLE DIABETES		UNSTABLE ANGINA		CONTRA INDICATIONS	
YES ▶	NO ▶ <input checked="" type="checkbox"/>	YES ▶	NO ▶ <input checked="" type="checkbox"/>	YES ▶	NO ▶ <input checked="" type="checkbox"/>
GP REFERRAL ▶					
P.G.D ▶		SATISFACTORY <input checked="" type="checkbox"/>		UNSATISFACTORY ▶ (REFER TO GP)	
PATCH 24HR ▶	GUM ▶	NASAL SPRAY ▶	INHALATOR ▶		
PATCH 16 HR ▶	LOZENGE ▶	MICROTABS ▶	ZYBAN ▶		

Client consent to importance of attendance and follow up with shared information for audit purposes and updates. YES  NO

CLIENTS SIGNATURE: M Donnelly DATE: \_\_\_\_\_

ASSESSED BY: MCampbell TITLE: p/w

DATE: \_\_\_\_\_

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MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST  
MONKLANDS HOSPITAL  
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE  
DR I McLAREN AND DR M T BROOKES

12/ 1/02 226

DR BROUGH  
30 LAUCHOPE STREET  
CHAPELHALL  
BY AIRDRIE  
ML6 8SW

FILE  
NOTES  
COMP

14 JAN 2002

Dear DR BROUGH

RE: MARGARET DONNELLY DOB: 18/ 1/68  
1 BUDSHAW AVE  
CHAPELHALL  
ML681Z

This patient attended the A/E Department on 12/ 1/02 at  
0008 with the initial complaint INJURY R FOOT

A/E Number : 22001852  
Diagnosis : STI R FOOT  
Diagnosis Two :  
X-Ray Result : NBI  
Treatment : TUSTGRIP  
Prescription : ANALGESIA  
Disposal : GP  
Tetanus Status :  
Certification :

If you have any enquiries regarding this attendance or  
require further details, please contact the A/E Depart-  
ment on 01236 748748, Ext 2209, quoting the A/E number  
of the patient.

Yours Sincerely

DR DR I. McLAREN / DR M. T. BROOKES

NHS Confidential: Personal data about a patient

**Monklands Hospital**

Copies To:

DR MCLAUGH  
30 : AINHOPE ST  
CH : ELHALL  
A15 2R1E

DAY SURGERY DEPARTMENT  
PROCEDURE DATE: 18/ 9/2001  
CONSULTANT  
GAUDOIN Dr. M  
TYPE OF ADMISSION  
WAITING LIST/DIARY/BOOKED  
ADMISSION: 18/ 9/2001  
DISCHARGE: 18/ 9/2001 TIME: 0.00

PATIENT DETAILS  
MARGARET  
DONNELLY  
1 BUDSHAW AVE  
CHAPELHALL  
1801688168

PROCEDURES Q352 ENDOSCOPIC BILATERAL CLIPPING OF FALLOPIAN TUBES

DIAGNOSIS

Laparoscopic sterilisation

2302

COMPLICATIONS

INVESTIGATION PENDING

FOLLOW UP: NO

DISCHARGED:  Home  Other/Specify \_\_\_\_\_

SERVICES;  
DRUG ALLERGY:

DRUGS ON DISCHARGE

Medicine Name	Dose or Site	Times of Admin	Duration of Treat.	Strength	No	Brand Name
COCODAMOL RP TAB MAX 8/DY	2 TABS	4-6HRLY	1 DOSE			

PRESCRIBER'S SIGNATURE: \_\_\_\_\_

DISPENSED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INFORMATION TO PATIENT  FULL DIAGNOSIS  PRINTED INFO  PENDING

Normal pelvis. Sterilisation performed with Filshie clips.  
Margaret is aware of the small failure rate and irreversibility of the procedure.

20 SEP 2001

MEDICAL RECORDS  
18 SEP 2001  
MONKLANDS HOSPITAL

INFORMATION TO FOLLOW: NO

DOCTOR GAUDOIN Dr. M

SIGNED \_\_\_\_\_

DATE: 18/ 9/2001

Mon 608-981

Day Surgery Discharge Summary

NHS Confidential: Personal data about a patient



**Monklands Hospital**  
Monkscourt Avenue, Airdrie ML6 0JS  
Telephone 01236-748748  
Facsimile 01236-760015

Our Ref:- MG/MHS/1801688168

If phoning *Mrs Mary Helen Sneddon - Tel : 01236 713133*  
ask for :-

**DR. M. GAUDOIN**  
**DEPARTMENT OF GYNAECOLOGY**

Dictated : 17.8.01  
Typed : 23.8.01

FILE  
NOTES  
COMP

24 AUG 2001

Dr. M. Ferrie  
30 Lauchope Street  
Chapelhall

Dear Dr. Ferrie

**Margaret Donnelly - d.o.b. 18.1.68**  
**1 Budshaw Avenue, Chapelhall**

Thank you for referring this 33 year old para 2 who requests sterilisation. Her partner is the father of her two children but he would not countenance vasectomy.

She is aware of the small failure rate and irreversibility of the procedure and also aware of alternatives such as the Mirena I.U.S. which interestingly actually has a lower failure rate than sterilisation with regard to subsequent pregnancy. Nevertheless, she wishes something permanent to be done and we will perform a laparoscopic sterilisation as a day case on the 18<sup>th</sup> of September.

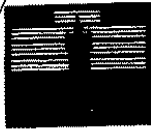
Yours sincerely

M. Gaudoin  
Locum Consultant Gynaecologist



Bellshill Hairmyres Law Monklands Stonehouse Hospitals  
GEN 002

NHS Confidential: Personal data about a patient



**West Glasgow Hospitals**  
 Level 10 Surgical Department  
 Western Infirmary, Dumbarton Road, Glasgow, G11 6NT  
PROFESSOR W D GEORGE'S BREAST CLINIC - 03.04.00

Direct Line: 0141 211 2122/2175  
 Fax No: 0141 211 8562

CW/CL

4th April 2000

Dr M McLaughlin  
 The Surgery  
 30 Lauchope Street  
 CHAPELHALL  
 Lanarkshire  
 ML6 8SW

Dear Dr McLaughlin


**MARGARET DONNELLY, DOB: 18.01.68, HOSPITAL NO: 712886  
 1 BUDSHAW AVENUE, CHAPELHALL, AIRDRIE, ML6 8TZ**

I reviewed this pleasant 32 year old lady at the Breast Clinic today. As you know, she presented to us recently with a left sided tender breast lump. Examination and an ultrasound scan was normal then.

When seen today, she told me the lump still appears on an intermittent basis but the lump has completely resolved. Examination of her breasts did not reveal any palpable abnormality.

I have reassured her all is well and have discharged her back to your care.


Yours sincerely

  
**CHRIS WILSON  
 SURGICAL REGISTRAR**

17 APR 2000

DATE	17 APR 2000
LOCAL	
CLINIC	
NAME	

Incorporating the Western Infirmary, Gartnavel General Hospital,  
 The Glasgow Homoeopathic Hospital, Drumchapel Hospital and Blawarthill Hospital



Accredited by the  
 King's Fund Organisation App

NHS Confidential: Personal data about a patient


**West Glasgow Hospitals**
**MISS JULIE DOUGHTY'S BREAST CLINIC 9/12/99**

Direct Line: 0141 211 2175  
 Fax No: 0141 211 8562

14th December 1999

CS/LH

Dr M McLaughlin  
 30 Lauchopce Street  
 Chapelhall  
 Airdrie  
 ML6 8SR

Dear Dr McLaughlin

**MARGARET DONNELLY DOB 18/1/68**  
**1 BUDSHAW AVENUE CHAPELHALL AIRDRIE**  
**HOSPITAL NO. 712886**

Many thanks for referring this pleasant 31 year old lady to Miss Doughty's breast clinic. She presented to us with a six week history of left sided tender breast lump.

She started her menarche at the age of 13. Family history of breast cancer was unremarkable.

She is a para 2 and is on combined oral contraceptive pill.

She was seen initially by Dr Caryn Simms who arranged an ultrasound for her. The ultrasound scan was reported to have shown no demonstrable abnormalities.

Repeat examination by myself did not reveal any palpable discrete lesion. The area of concern appeared to lie within the lower inner quadrant of her left breast. Mrs Donnelly could not feel anything on this occasion either.

I have re-assured her that all is well. As I could not feel any palpable lesions, I do not feel it is necessary to do an FNA.

I have arranged for her to come back to the clinic in three months time for possible final review.

Yours sincerely

*e seal*  
**CHOON SEOW**  
**RESEARCH FELLOW**

30 DEC 1999

DOC	D
BOOK	
COMP	

Incorporating the Western Infirmary, Gartnavel General Hospital,  
 The Glasgow Homoeopathic Hospital, Drumchapel Hospital and Blawarthill Hospital



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MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST  
MONKLANDS HOSPITAL  
A/E DEPARTMENT

CONSULTANTS IN ACCIDENT AND EMERGENCY MEDICINE  
DR I MCLAREN AND DR M T BROOKES

28/ 6/98 1517

DR MACINNES  
30 LAUCHHOPE STREET  
CHAPELHALL  
BY AIRDRIE  
ML6 6SW

Dear DR MACINNES

RE: MARGARET DONNELLY DOB: 18/ 1/68  
1 BUDSMAN AVE  
CHAPELHALL

ML68TZ

This patient attended the A/E Department on 28/ 6/98 at  
1230 with the initial complaint INJURY R HAND

A/E Number : 98030370  
Diagnosis : CONTUSION R HAND  
Diagnosis Two :  
X-Ray Result : MRI  
Treatment : STICKING TUBIGRIP  
Prescription : COPROLOXOL  
Disposal : GP  
Tetanus Status :  
Certification :

29 JUN 1998

If you have any enquiries regarding this attendance or  
require further details, please contact the A/E Depart-  
ment on 01236 748748, Ext 2209, quoting the A/E number  
of the patient.

Yours Sincerely

PP DR I. MCLAREN / DR M.T. BROOKES

APPT. NURSE	APPT. DR.
PREScription	RESULTS BY PHONE
MEDICATION CHANGES	REFS INVESTIGATED
G.P. READ <input checked="" type="checkbox"/>	COMPLETED <input checked="" type="checkbox"/>
FUND HOLDING	

NHS Confidential: Personal data about a patient

# Larv

HOSPITAL  
NHS Trust

Carlisle  
Lanarkshire  
ML8 5ER

Our Ref.: ICA/EJ/378711R

If phoning  
ask for :- Ext 2147

Tel: (01698) 361100  
Fax: (01698) 376671

6th November, 1995

Dr. MacInnes  
The Surgery  
30 Lauchopie Street  
CHAPELHALL  
Airdrie  
ML6 8SR

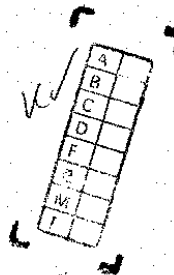
Dear Dr MacInnes

**MARGARET DONNELLY (18.01.68) 1 BUDSHAW AVENUE, CHAPELHALL**

You will recollect referring this patient with a request for sterilisation. She cancelled her first appointment on the 14th September and failed to attend on the 2nd November without contacting us. I take it that she has changed her mind and I am not sending her any further appointments.

Yours sincerely,

Dr. I.C. Allen  
Consultant Gynaecologist



NHS Confidential: Personal data about a patient

*Larv*  
HOSPITAL  
NHS Trust

Our Ref.:- ICA/EJ/378711R

If phoning  
ask for :- ext 2147

18th September, 1995

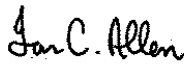
Dr. MacInnes  
The Surgery  
30 Lauchope Street  
CHAPELHALL  
Airdrie  
ML6 8SR

Dear Dr MacInnes

**MARGARET DONNELLY (18.01.68) 1 BUDSHAW AVENUE, CHAPELHALL**

You may recollect referring this patient to the gynaecological clinic for consideration of sterilisation. Unfortunately, she canceled her appointment on the 14th September, 1995. A further appointment has been arranged on a non urgent basis.

Yours sincerely,



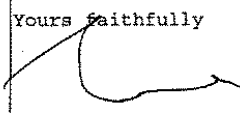
*Dr. I.C. Allen*  
Consultant Gynaecologist

Carlisle  
Lanarkshire  
ML8 5ER

Tel: (01698) 361100  
Fax: (01698) 376671

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NHS Confidential: Personal data about a patient

Hospital use Only		Clinic	Day Date	Time	Hospital No.	GPFH12B
Ambulance Transport Required: Yes/No		REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED			Appointment Category Routine <input type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/>	
Sitting/Stretchers		Hospital <u>LAW</u> Date <u>27/15</u>			CHI No. <u>18 01 6 8 5 1 6 9</u>	
Please arrange for this patient to attend the <u>GYNÆCOLOGY</u> clinic of Dr/Mr						
Patient's Surname <u>CONNELL</u> Maiden Surname						
First Names <u>MARGARET</u> Single/Married/Widowed/Other						
Address <u>1 BULLING FIVE</u> Date of Birth <u>18/1/68</u>						
<u>CHAPELHALL</u> Patient's Occupation						
Postal Code Contact telephone number HB of residence						
Has the patient attended hospital before? YES/NO If "YES" please state:						
Name of Hospital Hospital No.						
Year of Attendance						
If the patient's name and/or address has/have changed since then please give details:						
Can patient attend at short notice? YES/NO						
If YES, minimum notice required days						
Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER DR. MICHAEL J. MCGILL CHAPELHALL, BIRMINGHAM B15 2EP TEL: 0202 700148 FAX: 0202 700111 Please use rubber stamp						
<b>G.P. FUNDHOLDER</b>						
GP's Code Practice Code						
Contract Number						
I would be grateful for your (1) diagnosis and advice on <input type="checkbox"/> (2) diagnosis and treatment of <input type="checkbox"/> the above named patient. A brief outline of history, symptoms and signs is given below: Dear Doctor						
I would be grateful if you could arrange for this girl to be sterilised as a Day Case. She is Para 2+0 with SVD 10/5/95. She and her partner feel their family is complete and she has requested sterilisation.  Your help in this matter would be appreciated.  Yours faithfully    A N MacInnes						
Diagnosis/provisional diagnosis:						
Present drug treatment and potential special hazards:						
X-ray (women of childbearing age). Date of first day of L.M.P.:						
Relevant X-rays available from: No. (if known)						
Signature						

NHS Confidential: Personal data about a patient

**USE BALL POINT PEN & PRESS FIRMLY**

**MIDWIFERY TRANSFER REPORT  
BELLSHILL HOSPITAL**

18/01/88  
1 BUDSHAW AVENUE  
CHAPELHALL  
AIRDRIE ML68TZ  
DONNELLY MARGARET  
107767

GP: DR. MACINNES  
30 LAUCHOPE ST.  
CHAPELHALL

Discharged on 11.5.95 at 1330 hrs.  
Delivered on 10.5.95 at 07.30 hrs.

Hospital BMH  MMH  WSMH  OTHER \_\_\_\_\_

Type Delivery: S.V.D.  Breech  Apgar Score @ 5 mins 8

C.S.  F.D.  Other \_\_\_\_\_

Reason for operative delivery \_\_\_\_\_

Manual removal placenta  Episiotomy  Transfusion \_\_\_\_\_ units

Laceration 1°  2nd°  3rd°  Sutures — Yes  No

Hb 12.8 Day taken 2nd

Medication supplied at time of discharge — None  or specify \_\_\_\_\_

INFANT Live  S.B.  P.N.D.

Sex FEMALE Birth Weight 3.2K Discharge Weight 2.889KGS O.F.C. 35cm

Discharged with mother  Retained in Nursery  Other hospital  Specify \_\_\_\_\_

Reason: \_\_\_\_\_ Reason: \_\_\_\_\_

Feeding: Breast  Artificial  Infant Medication No  Yes  Specify \_\_\_\_\_

**BREAST FEEDS** — Present frequency: \_\_\_\_\_

Other details: \_\_\_\_\_

good brand of baby food will be satisfactory.  
feeding times can be as baby demands — be flexible and you will find a fairly regular time table becomes established.  
Remember the need for careful hand washing and cleanliness in feed preparation. Most important of all pick up your  
give plenty of cuddles and talk to him/her. Consult your midwife and Health Visitor about feeding changes or  
res.

GP copy to accept 24hr discharge

Signature J.C. Smith Midwife  
Ward SA Date 11.5.95

A	
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M	<input checked="" type="checkbox"/>
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S	
T	

Notes goes to your family doctor. Please keep this copy for the midwife who will visit you at home.  
Details for your own future reference.

NHS Confidential: Personal data about a patient

MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST

DC/CG/107767

15 November 1994

Dr A MacInnes  
30 Lauchoppe Street  
Chapelhall  
AIRDRIE

Dear Dr MacInnes

MARGARET DONNELLY (18/01/68) 1 BUDSHAW AVENUE CHAPELHALL.

Thank you for your letter about this lady who is approximately 14 weeks pregnant by size, by dates and by scan. All seems well. Please continue to share care in the usual way.

Yours sincerely

*Dal*

D CONWAY  
Consultant in Obstetrics & Gynaecology

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BELLSHILL HOSPITAL

NORTH ROAD BELLSHILL LANARKSHIRE ML4 3JN TELEPHONE 0698 747292 FACSIMILE 0698 841259

Department of Obstetrics. Consultants: Dr. R K Calloway Dr. J L Frice Dr. T C R Dow Dr. R Castle

Dr. J M Grant Dr. D I Conway Dr. G R Osborne Dr. Helen K Gordon

B186/950

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Bellshill Maternity Hospital North Road, Bellshill. Tel.: 747292		Antenatal Serology Service <i>Dr MacGinnis Hall</i>																					
Surname <b>DONNELLY</b>		First Name MGT	Received 29/09/94																				
Address 1 BUDSHAW AVE CHAPELHALL		DOB 18/01/68	Computer No. 9166																				
GCI Date	Unit No. E180168	Consultant C'HALL GP	Parity Pregnancies:1																				
BLOOD GROUP <b>O Rh (D) POSITIVE</b> <b>NO ATYPICAL ANTIBODIES DETECTED</b>																							
Previous Results																							
<table border="1"> <tr><td>A</td><td></td></tr> <tr><td>B</td><td></td></tr> <tr><td>C</td><td></td></tr> <tr><td>D</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>F</td><td></td></tr> <tr><td>G</td><td></td></tr> <tr><td>H</td><td></td></tr> <tr><td>I</td><td></td></tr> <tr><td>J</td><td></td></tr> </table>				A		B		C		D		E		F		G		H		I		J	
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PLEASE USE ATTACHED SLIP AS YOUR NEXT QUEST FORM.		Reported by <i>[Signature]</i>	Date 30-09-94																				

Bellshill Maternity Hospital North Road, Bellshill. Tel.: 747292		Antenatal Serology Service	
Surname <b>DONNELLY</b>		First Name MGT	Computer No. 9166
Address 1 BUDSHAW AVE CHAPELHALL		DOB 18/01/68	Parity
GCI Date	Unit No. E180168	Consultant C'HALL GP	Pregnancies:
BLOOD GROUP AND ANTIBODIES <b>O Rh (D) POSITIVE</b> <b>NO ATYPICAL ANTIBODIES DETECTED</b>			
History			
Prophylactic anti-D has been administered during this pregnancy		YES	NO
Blood sample		<input type="checkbox"/>	<input type="checkbox"/>
I certify that above details are correct.			
GP/Clinic/Hospital	Signed	Date	

RHS Confidential: Personal data about a patient

**PRENATAL SCREENING ASSAY REPORT**

FROM: DUNCAN GUTHRIE INST. OF MEDICAL GENETICS  
YORKHILL, GLASGOW G3 8SJ  
Tel: 0141-201 0372

Date Sample Taken  
30-11-94

Lab. Ref. No.  
425379

Surname: DONNELLY  
Forename: MARGARET  
Address: 1 HUDSHAW AVE  
CHAPELHALL,  
AIRDRIE  
Weight: 61.0 Kg Height: 1.60 m.  
Date of Birth: 18-01-68

Hospital: THE SURGERY  
Address: 30 LAUCHOPE STREET  
CHAPELHALL  
BY AIRDRIE  
Hospital No.:  
Clinic/Ward:  
Consultant: MACINNES

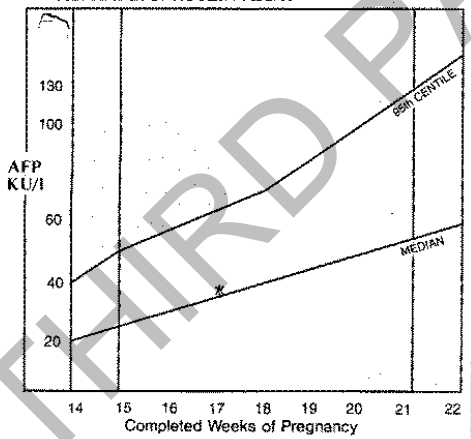
Previous Serum Report Number None  
By Dates Exam<sup>n</sup> Ultrasound  
L.M.P. Certain 27-07-94 Gestation (completed weeks): 18 17 17  
Previous History of Neural Tube Defect No  
Complication of this Pregnancy None

Remarks

Serum AFP result: 41.3 KU/I Equivalent to 0.96 multiples of median  
Serum hCG result: 16 IU/ml Equivalent to 0.69 multiples of median  
Comment: AFP value not elevated for stated gestation.

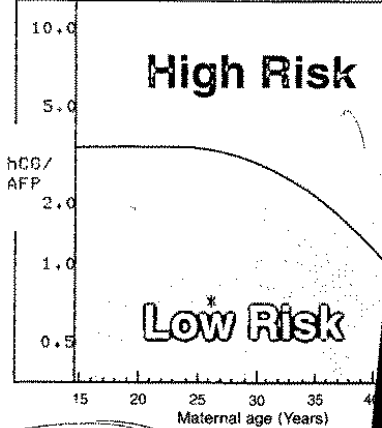
The AFP and hCG results at maternal age 26 give a combined risk of Down's syndrome at mid trimester of less than 1:220, which falls within the LOW RISK group (see graph).

**ALPHAFETOPROTEIN ASSAY**




RECOMMENDED ACTION ON FIRST SERUM AFP LEVEL:  
ABOVE 95th CENTILE: CHECK GESTATION BY ULTRASOUND, EXCLUDE TWINS, THREATENED AND MISSED ABORTION, REPEAT SRAFP  
BETWEEN 90-95th CENTILE: VALIDATE GESTATION  
BELOW 90th CENTILE: NO ACTION INDICATED IF GESTATION VALID

**DOWN'S RISK (hCG/AFP)**



DOWN'S RISK ESTIMATE ONLY VALID IF GESTATION AND DATE OF BIRTH CORRECT  
Date 06-12-  
Signature

NHS Confidential: Personal data about a patient



**BELLSHILL HOSPITAL  
LANARKSHIRE**

18/01/68  
1 RUDSHAW AVENUE  
CHAPELHALL  
AIRDRIE ML68TZ  
DONNELLY MARGARET  
107767

To be handed to patient  
on 1st Post Partum Day.

A routine blood test has shown that you are immune to Rubella (German measles).

Please hand this card into your family doctor so that it can be included in your personal case record.

BMH 110

THIRD PARTY COPY


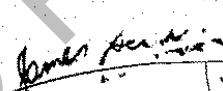

NHS Confidential: Personal data about a patient

**2180**

**MONKLANDS & BELLSHILL HOSPITALS NHS TRUST**  
**MONKLANDS LABORATORY** LAB No.

Nature of Specimen <b>VB</b>		Date <b>29/9/04</b>	HOSPITAL No.																																																																																															
Tests Required <b>Rubella Screening</b>			SURNAME <b>DONNELLY</b>																																																																																															
Relevant History <b>Patient Request 1st Visit.</b>			FORENAME <b>MARGARET</b>																																																																																															
Previous Report No.		Hepatitis Risk <input type="checkbox"/>	ADDRESS <b>1 BUDSHAW AVE CHAPELHALL</b>																																																																																															
Consultant <b>Dr MacInnes 30 Auchhope St Chapelhall</b>		Address	D.O.B. <b>18 01 68</b>	Sex <b>F</b>																																																																																														
ANTIMICROBIAL THERAPY		Hospital	Ward <b>GP</b>	Tel. No. <b>762144</b>																																																																																														
Requesting Doctor's Signature		Microscopic Examination N - Numerous M - Moderate S - Scarce																																																																																																
For LAB use only <b>3</b> UREA TEST <b>NEGATIVE</b> UREA <b>3.5</b> mmol/L (REF. RANGE 2 - 1.5 - 8) RUBELLA SCREEN TEST: <b>IMMUNE</b>		Red Cells      Organisms Organism      1   2   3      Organism      1   2   3																																																																																																
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Amoxy/Amoxicillin</td><td></td><td></td><td></td><td>Gentamicin</td><td></td><td></td><td></td></tr> <tr><td>Amoxy/Clavulanic</td><td></td><td></td><td></td><td>Methylenedazole</td><td></td><td></td><td></td></tr> <tr><td>Adoxitin</td><td></td><td></td><td></td><td>Metronidazole</td><td></td><td></td><td></td></tr> <tr><td>Calcitriol</td><td></td><td></td><td></td><td>Nitrofurantoin</td><td></td><td></td><td></td></tr> <tr><td>Cefazolin</td><td></td><td></td><td></td><td>Neomycin</td><td></td><td></td><td></td></tr> <tr><td>Cefuroxime</td><td></td><td></td><td></td><td>Nitrofurantoin</td><td></td><td></td><td></td></tr> <tr><td>Cephalexin</td><td></td><td></td><td></td><td>Penicillin</td><td></td><td></td><td></td></tr> <tr><td>Chloramphenicol</td><td></td><td></td><td></td><td>Pipercillin</td><td></td><td></td><td></td></tr> <tr><td>Ciprofloxacin</td><td></td><td></td><td></td><td>Sulphonamide</td><td></td><td></td><td></td></tr> <tr><td>Erythromycin</td><td></td><td></td><td></td><td>Tetracycline</td><td></td><td></td><td></td></tr> <tr><td>Flu/Cloxacillin</td><td></td><td></td><td></td><td>Trimethoprim</td><td></td><td></td><td></td></tr> <tr><td>Fusidic Acid</td><td></td><td></td><td></td><td>Vancomycin</td><td></td><td></td><td></td></tr> </table>			Amoxy/Amoxicillin				Gentamicin				Amoxy/Clavulanic				Methylenedazole				Adoxitin				Metronidazole				Calcitriol				Nitrofurantoin				Cefazolin				Neomycin				Cefuroxime				Nitrofurantoin				Cephalexin				Penicillin				Chloramphenicol				Pipercillin				Ciprofloxacin				Sulphonamide				Erythromycin				Tetracycline				Flu/Cloxacillin				Trimethoprim				Fusidic Acid				Vancomycin	
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PLEASE USE BALL POINT PEN MICROBIOLOGY MON 120		Date Received <b>28/9</b>	Date Reported <b>5/10</b>	Laboratory Signature <b>ESD</b>																																																																																														

NHS Confidential: Personal data about a patient

Date/time received <b>SEP 28 '94 AM 9:09</b>		<b>Monklands &amp; Bellshill Hos</b> Unit Laboratory				Patient No. <b>027871</b>																		
Required <b>FBC</b>	Date <b>28/9/94</b>	Time		DONNELLY MARGARET 25 BISHAW AVE CHAPELHALL		GPs GP																		
Patient Pregnant 1st Visit.				Report Yes/No <input type="checkbox"/> Biohazard risk <input type="checkbox"/>																				
W/GP ACINES	Doctor's signature 		Doctor's name (print)		Hospital/address for Report 30 LAUCHOP ST CHAPELHALL		Tel. No. -162144																	
Date	Lab No.	WBC	RBC	Hb	Hct	MCV	MCH	MCHC	PLAT	RETIC	ESR													
10/9/94	027871	9.0	4.33	13.1	.394	88.7	30.3	34.1	284	%														
										<table border="1"> <tr><td>B</td><td></td></tr> <tr><td>C</td><td></td></tr> <tr><td>D</td><td></td></tr> <tr><td>F</td><td>✓</td></tr> <tr><td>G</td><td></td></tr> <tr><td>M</td><td></td></tr> <tr><td>T</td><td></td></tr> </table>	B		C		D		F	✓	G		M		T	
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F	✓																							
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Signature 						Validated by <b>HAEMATOLOGY</b>																		



NHS Confidential: Personal data about a patient

NATIONAL HEALTH SERVICE, SCOTLAND  
MATERNITY SERVICES RECORD CARD

Health Board for HANNOCK-HAUG  
12/1/68  
PATIENT'S NAME MARGARET DENKLELL Age  
ADDRESS 1 LADYHAW AVE CHILL Tel. No  
Para LMP 24/1/64 EDD

PRACTITIONER Tel. No  
MIDWIFE Tel. No  
ADDRESS Tel. No

GENERAL MEDICAL HISTORY:

PREVIOUS PREGNANCIES (if applicable):  
first + 5th 1964

PRESENT PREGNANCY:

Breast Lungs  
Heart Vaginoe Vena  
Teeth

CONFINEMENT AND PUERPERIUM

DATE OF CONFINEMENT  
PLACE Belshaw  
Notes: well no puerperium

NOTES ON PUERPERIUM:  
some lochia  
breasts OK  
lochia OK

INFANT:  
Sex well no puerperium  
Weight  
Condition Feeding Date

POST-NATAL EXAMINATION:

GENERAL SUMMARY  
(with reference to future Pregnancies)

Signature  
Address  
Date

HMSO Ed Rep 15m 782 (103978) 355-2072

Form GP 34 R1 (Scotland)

NHS Confidential: Personal data about a patient

Islands & Belshill Hospitals NHS Trust  
Islands Laboratory 0236 748748

Laboratory Number: 100909  
Quote MON 171 for ordering  
Please do not use the Forms

Volume of Specimen	Time	Date	D.O.B.	Hosp. No.
1		31/8/94	18	11/68
Ordered	2		Surname	DONNELLY
Order	3		Forename	MARGARET
Relevant history	LMP 26/7/94		Address	
DR MANNIE McLAUGHLIN BROUGH, ANGUS. 99 LAUCHOPE STREET BELLINGHAM, BANGOR, BT1 5JH TEL: 0286 762144 FAX: 0286 762111			Sex: F Please print relevant information etc with ballpoint pen	
Representing Physician PRACTICE CODE 00700			Source: 7 Tel. no.	
Tick if fee is charged for these analyses <input type="checkbox"/> Invoice 00700 Please use this form for high risk specimens must be double bagged and clearly labelled. Please contact Laboratory before sending High Risk specimens.				

DATE: 01/09/94 09:17  
3 DONNELLY MARGARET C'HAL 100909 18/01/68

**PREGNANCY TEST POSITIVE**

The test is a measure of urinary hCG level.  
Dilute urine in early pregnancy may give a negative result.  
Positive results may be obtained 5-10 days post miscarriage.  
Diagnosis of pregnancy should not be based solely on a "Pregnancy test" result.

A	✓
B	
C	
D	
E	
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G	
H	

BIOCHEMISTRY ext. 2106 Date received Date reported 1 SEP 1994 Authorised by

NHS Confidential. Personal data about a patient



Strathclyde Out Patients Department  
(Part of Law Hospital NHS Trust)

Our Ref. HC/RB/154743  
Your Ref.

Strathclyde Hospital  
Motherwell  
ML1 3BW  
Telephone : 258800

If Phoning ask for:-

22 July 1994  
Clinic 20.07.94

Dr G Brough  
30 Lauchope Street  
CHAPELHALL

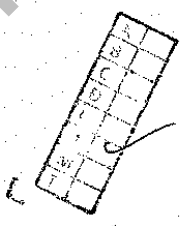
Dear Dr Brough

MARGARET DONNELLY (18.01.68) 1 BUDSHAW AVENUE CHAPELHALL

This patient returned to clinic today. The small thyroid cyst has recurred, but is not giving her any trouble and she does not wish to have anything further done about it. There would be little point in repeating the aspiration and if she changes her mind at some time in the future excision would be the best plan. I have made no further arrangement to see her in clinic for the moment.

Yours sincerely

I. CAMPBELL  
Consultant Surgeon



STP 0436

NHS Confidential: Personal data about a patient

No. 0025



Consultant: MR H. CAMPBELL

Telephone No. Wishaw 351100  
Extension:-

HC/LS 26th May 1994

Admitted	Discharged	Ward	Age	Hospital Number
6.5.94	6.5.94	DBU	18.01.68	378711R
Patient:- Margaret Donnelly 1 Budshaw Avenue CHAPELHALL Airdrie ML6 8TZ		Discharge to:- HOME		
Principal Diagnosis and any other complicating illness		I.C.D. Code	Distribution of Letter Dr G Brough 30 Lauchope Street CHAPELHALL Airdrie	
1. Simple thyroid cyst			Poisoning - Substances taken	
2.				
3.				
4.			Operation.	Code
			1. Aspiration subcutaneous cyst of neck	
5.			2. 5069	
6.			3.	
Histology	Tumour	Type	External cause of injury	

Dear Dr Brough

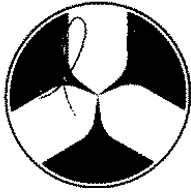
This patient came to the Day Bed Unit on 6.5.94 when I aspirated the small thyroid cyst. The fluid was sent for cytology and the appearances are in keeping with a simple thyroid cyst. I will see her back in my out-patient clinic at Strathclyde Hospital.

Yours sincerely

MR H. CAMPBELL  
Consultant Surgeon

IP 0454

NHS Confidential: Personal data about a patient



# LANARKSHIRE HEALTH BOARD

MOTHERWELL AND CLYDESDALE UNIT

Our ref: HC/RB/154743  
Your ref:-

OUT PATIENTS DEPT.  
STRATHCLYDE HOSPITAL  
MOTHERWELL ML1 3BW  
Telephone: 58800

If telephoning, ask for:  
3 March 1994  
Clinic 16.02.94

Dr G Brough  
30 Lauchope Street  
CHAPELHALL

Dear Dr Brough

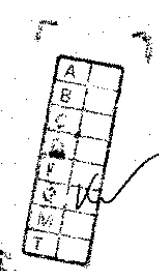
MARGARET DONNELLY (18.01.68) 1 BUDSHAW AVENUE CHAPELHALL

This patient returned to clinic for review. The recent ultra-sound scan of her neck identifies the palpable nodule lying immediately subcutaneously, but it was not possible for the Radiologists to say whether it was arising from the right lobe of the thyroid or not, nor indeed whether it was cystic or solid. Both the right and left lobes of the thyroid appear to be normal. I think initially we should try aspiration of this, but I would prefer to do it in the Day Bed Unit at Law Hospital and I will make arrangements for that.

Yours sincerely

H CAMPBELL  
Consultant Surgeon

cc Law Notes.



THIRD PARTY COPY

w/c wait

NHS Confidential: Personal data about a patient

MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST

Ref. DK/ES

21st January, 1994

Dr. A. MacInnes,  
The Community Centre,  
SALSBURGH.

Dear Dr. MacInnes,

MARGARET DONNELLY - d.o.b. 18.1.68  
1 Budshaw Avenue, CHAPEL HALL

I reviewed Mrs. Donnelly in the clinic today following her facial injury.  
She fell and received bruising to her nose.

On examination today I think there is evidence of septal fracture but  
as this is not causing undue nasal blockage I have suggested that we  
do nothing about this at present. I have arranged to see her one more  
time in three months' time and we will keep you informed of her progress.

Kind regards,

Yours sincerely,



DAVID KOPPEL  
REGISTRAR IN ORAL AND MAXILLOFACIAL SURGERY



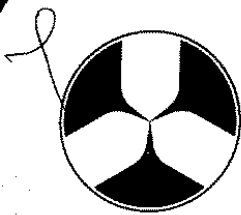
MONKLANDS HOSPITAL

MONKSCOURT AVENUE AIRDRIE ML6 0JS TELEPHONE 0238 748748 FACSIMILE 0238 760015

Department of Oral and Maxillofacial Surgery. Consultants: Mr. N. Hammettley

M278-93D

NHS Confidential: Personal data about a patient



# LANARKSHIRE HEALTH BOARD

MOTHERWELL AND CLYDESDALE UNIT

Our ref:- HC/RB/154743  
Your ref:-

OUT PATIENTS DEPT.  
STRATHCLYDE HOSPITAL  
MOTHERWELL ML1 3BW  
Telephone: 58800

If telephoning, ask for:

11 January 1994  
Clinic 05.01.94

Dr G Brough  
30 Lauchope Street  
CHAPELHALL

Dear Dr Brough

MARGARET DONNELLY (18.01.68) 1 BUDSHAW AVENUE CHAPELHALL

Thank you for your letter about this patient who attended clinic today with a discrete, mobile lump in the anterior part of the neck just to the right of the mid-line. It moves with swallowing, but not with protrusion of the tongue. I think it is probably related to the thyroid gland rather than a thyroglossal cyst. I have arranged an ultra-sound scan of the neck and once that has been done I might try to aspirate it although she is effectively asymptomatic from it. At this stage I would not expect to have to deal with it surgically.

Yours sincerely

  
H CAMPBELL  
Consultant Surgeon

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NHS Confidential: Personal data about a patient

MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST

Ref. RM/ES

22nd December, 1993

Dr. MacInnes,  
30 Lauchope Street,  
CHAPELHALL.

Dear Dr. MacInnes,

MARGARET DONNELLY - d.o.b. 18.1.68  
1 Budshaw Avenue, CHAPELHALL

This patient was referred to the Oral Surgery Department by the Accident and Emergency Department following trauma to the face two days ago. She sustained a laceration to her forehead and abrasion over the bridge of her nose. In the past day of so she has noticed a puffiness under her eyes although this has reduced today.

On examination she had no tenderness or pain over her cheeks and there was no crepitus. I also noted no paraesthesia. From radiographic examination, there was no fracture of her mid-face, other than a possible crack in the nasal septum. There was no septal haematoma.

I have advised her to continue with antibiotics and to avoid nose-blowing for a week. We will see her in the Oral Surgery outpatient clinic in three weeks' time.

Yours sincerely,



RORY MORRISON  
S.H.O. IN ORAL AND MAXILLOFACIAL SURGERY

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MONKLANDS HOSPITAL

MONKSCOURT AVENUE AIRDRIE ML6 0JS TELEPHONE 0236 748748 FACSIMILE 0236 760015

Department of Oral and Maxillofacial Surgery. Consultant: Mr. N. Hampersley

M278-95D

NHS Confidential: Personal data about a patient

X

MONKLANDS & BELLSHILL  
HOSPITALS NHS TRUST

Our ref: RKG/AM/1801688168

Secretary extension 2285

14th July 1993

COLPGSCOPY CLINIC

Dr McLaughlin  
30 Lauchope Street  
CHAPELHALL

Dear Dr McLaughlin

MARGARET DONNELLY - D.O.B. 18.1.68  
1 BUDSHAW AVE CHAPELHALL

This patient had a follow up colposcopy on the 24th of June. No CIN was seen. A smear has been reported as negative and I would be glad if you would repeat it in a years time and then annually for a further 4 years.

Yours sincerely

R K GALEOWAY  
CONSULTANT GYNAECOLOGIST

CC Cytology lab

Dictated 5.7.93

THIRD PARTY COPY

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MONKLANDS HOSPITAL

MONKSCOURT AVENUE AIRDRIE ML6 0JS TELEPHONE 0236 748748 FACSIMILE 0236 760015  
Department of Gynaecology. Consultants: Dr. R K Galeoway Dr. T G B Dow Dr. R Cassie Dr. D J Conroy

M291-93D

NHS Confidential: Personal data about a patient



LANARKSHIRE HEALTH BOARD

### Monklands District General Hospital

DEPARTMENT OF GYNAECOLOGY

Dr. R. K. Galloway  
Dr. R. Cassie

Dr. T. G. B. Dow  
Dr. D. I. Conway

MONKSCOURT AVENUE  
AIRDRIE, ML6 0JS  
Tel: 0236-748748

OUR REF. | RKG/AM/1801688168  
YOUR REF. |

If telephoning, ask for: Unit Secretary Extension 2285

19th January 1993

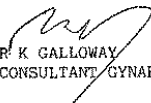
Dr McLaughlin  
30 Lauchope Street  
CHAPELHALL

Dear Dr McLaughlin

MARGARET DONNELLY - D.O.B. 18.1.68  
1 BUDSHAW AVE CHAPELHALL

This patient had her cervix treated by coagulation on the 15th of January and we will see her in 6 months for a check colposcopy.

Yours sincerely

  
R K GALLOWAY  
CONSULTANT GYNAECOLOGIST

CC Cytology lab

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THIRD PARTY COPY

NHS Confidential: Personal data about a patient



LANARKSHIRE HEALTH BOARD

## Monklands District General Hospital

DEPARTMENT OF GYNAECOLOGY

MONKSCOURT AVENUE  
AIRDRIE, ML6 0JS  
Tel: 0236 769344OUR REF | RKG/AM/1801688168  
YOUR REF. |

If telephoning, ask for:

29th December 1992

## COLPOSCOPY CLINIC

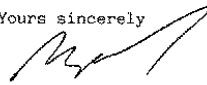
Dr M McLaughlin  
30 Lauchope Street  
CHAPELHALL

Dear Dr McLaughlin

MARGARET DONNELLY - D.O.B. 18.1.68  
1 BUDSHAW AVE CHAPELHALL

This patient had a repeat colposcopy on the 11th of December. Appearances did not look substantially different from her last examination but these have been assessed again as CIN 1 to 2 and on this occasion the punch biopsy has shown changes compatible with CIN 2 as well as viral infection and we will bring her back to the clinic for this to be treated.

Yours sincerely

  
R K GALLOWAY  
CONSULTANT GYNAECOLOGIST

CC Cytology lab

Dictated 17.12.92

NHS Confidential: Personal data about a patient

**LANARKSHIRE HEALTH BOARD  
MONKLANDS AND CUMBERNAULD UNIT**

**MONKLANDS DISTRICT GENERAL HOSPITAL - ACCIDENT & EMERGENCY DEPARTMENT**

To: Doctor **DR MACINNES**  
Address **LAUCHOPE ST  
CHAPELHALL  
AIRDRIE**

Patient Name **DONNELLY MARGARET**  
**1 BUDSHAW AVE  
CHAPELHALL  
AIRDRIE  
ML687Z NONE  
FEMALE  
18/01/1968**

Date of Attendance:

Complaint:

Clinical Examination:

*breast 10 @ 10  
swollen, tender, yellow weal*

Ray: *?? # of spread 1<sup>st</sup> degree*

Laboratory/Other:

AGNOSIS/PROBLEM:

*# 1<sup>st</sup> degree  
strain*

Fit for work Y/N

Self Certificate Y/N

Med. Cert. issued for \_\_\_\_\_ weeks

Further appointment

If YES

Details

A	Y/N
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TREATMENT GIVEN:

*ibuprofen  
paracetamol*

The undernoted medication should cease on completion of the specified course(s) below  
(To be printed in BLOCK CAPITALS)

Name, Strength and Dose of Drug	Times of Administration							End of treatment Date	PHARMACY USE ONLY		
	06	10	14	18	22	26	24		Strength	Number	Brand Name (for information only)
<i>Co-codamol 30/500</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>	<i>6</i>				

MEDICINE SENSITIVITY

ANY UNCERTAINTY ABOUT THE PRESCRIPTION(S) SHOULD BE REFERRED TO THE PRESCRIBER

Signature *P Outhie* Status *810* Pharmacist's Signature \_\_\_\_\_  
Name *P OUTHIE* Date *15/8/92* Date \_\_\_\_\_

410 89E

NHS Confidential: Personal data about a patient



LANARKSHIRE HEALTH BOARD

### Monklands District General Hospital

DEPARTMENT OF GYNAECOLOGY

Dr. R. K. Galloway  
Dr. R. Cassie

Dr. T. G. B. Dow  
Dr. D. I. Conway

MONKSCOURT AVENUE  
AIRDRIE ML6 0JS  
Tel: AIRDRIE 799344

OUR REF. RKG/AM/1801688168  
YOUR REF.

If telephoning, ask for: Unit Secretary Extension 200

26th June 1992

#### COLPOSCOPY CLINIC

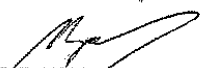
Dr M McLaughlin  
30 Lauchope Street  
CHAPELHALL

Dear Dr McLaughlin

MARGARET DONNELLY - D.O.B. 18.1.68  
1 BUDSHAW AVE CHAPELHALL

This patient had a colposcopy on the 5th of June because of a smear showing mild dyskaryosis. Appearances suggested viral infection with possibly mild dysplasia CIN 1. Biopsy in fact has shown mainly viral change with possibly a very mild degree of CIN and I do not think this requires any treatment and I suggest we just repeat her examination in 6 months time.

Yours sincerely

  
R. K. GALLOWAY  
CONSULTANT GYNAECOLOGIST

CC Cytology lab

Dictated 9.6.92

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NHS Confidential: Personal data about a patient

Mrs Margaret DONNELLY Printed on: 26/06/1991

1 BUDSHAW AVE CHAPELHALL  
CHAPELHALL, ML68TZ D.O.B. 18/01/1968 CHI. 5169

Tel. Status: Not known

Reg. with DR ~~XXXXXXXXXX~~ *A. J. MacLachlan* *01/06/88*

---

**BASIC HEALTH**

Height 5 ft. 2 in. Weight 10 st. 2 lb. E.M.I. ?  
Blood Pressure : 100/90 (0/2/93)  
Parity : 10 Gravida : ?

---

**PROBLEMS**

1 // Moderate smoker - 10-15 cigs/d

---

**PROCEDURES**

1 01/04/1991 Cervical smear - inflas.change (GP Care)

---

**LAST CONSULTATION DATE**

Last Consultation date : 18/04/1991

---

**REPEAT SCRIPTS** Interval 0 days Consult Interval 0 Weeks

NO DATA STORED

---

**SCREENING**

1 Cervical Screening 10/09/1991 Inflammatory/Infectious Smear  
Review after 3 Months (Review : 28/09/1991) Result Letter on Queue Location: GP Care  
2 C acceptive Review 09/08/1989 IUD fitted  
Repeat after 12 Months (Review : 09/08/1990) No Letter(s) Sent

---

**ADMINISTRATION**

NO DATA STORED

---

**USER MARKERS**

NO DATA STORED

NHS Confidential: Personal data about a patient

DEPARTMENT OF PATHOLOGY Monklands General Hospital		Smear No. : UCD13386/91
Name : MARGARET DONNELLY	Address : 1 BUDSHAW AVE CHAPELHALL	Date Taken : 01-APR-1991
D of B : 18-JAN-1968	Maiden :	Date Received : 08-APR-1991
NHS NO :	PAS/CHI :	LMP : 8-MAR-91
GP : DR MACINNES	Sender : DR DUNCAN MACINNES	Parity : 1/
Source : 60 HIGH ST		Contraception : IUD
		Symptoms : No symptoms
		Indication : Routine
		Cervix : Erosion
		Specimen : Cervical
		Other Infrm :

---

CYTOPATHOLOGY REPORT

<p>OCCASIONAL BORDERLINE NUCLEAR ABNORMALITY PRESENT IN SQUAMOUS CELLS. PLEASE REPEAT SMEAR IN 6 MONTHS. GRADE 2R</p> <p>10/92</p>	RESULT : BORDERLINE CHANGES
	Inflammation :
	RECOMMENDATION : REPEAT IN 6 MONTHS
	Reported by : DR PRABHU KHANOLKA
	Date : 22-APR-91

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USE BALL POINT PEN & PRESS FIRMLY

SPACE FOR PATIENT'S LABEL

### MIDWIFERY TRANSFER REPORT BELLSHILL MATERNITY HOSPITAL

G.P. \_\_\_\_\_

Discharged on ..... at ..... hrs.

Delivered on ..... at ..... hrs.

Hospital BMH  MMH  WSMH  OTHER

Type Delivery : S.V.D.  Breech

C.S.  F.D.  Other .....

Reason for operative delivery .....

Manual removal placenta  Episiotomy  Transfusion  units

Laceration 1<sup>o</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Sutures - Yes  No

Hb ..... Day taken .....

Medication supplied at time of discharge - None  or specify .....

**INFANT** Live  S.B.  P.N.D.

Sex ..... Birth Weight ..... Discharge Weight .....

Discharged with mother  Retained in Nursery  Other hospital  Specify .....

Reason: ..... Reason: .....

Feeding: Breast  Artificial  Infant Medication No  Yes  Specify .....

**BREAST FEEDS** - Present frequency: .....

Other details: .....

Any good brand of baby food will be satisfactory. Feeding times can be as baby demands - be flexible and you will find a fairly regular time table becomes established. Remember the need for careful hand washing and cleanliness in feed preparation. Most important of all pick up your baby, give plenty of cuddles and talk to him/her. Consult your midwife and Health Visitor about feeding changes or difficulties.

**REMARKS** .....

Signature ..... Midwife

Ward ..... Date .....

A copy of these notes goes to your family doctor. Please keep this copy for the midwife who will visit you at home. Take a note of the details for your own future reference.

*PNV 28/4/88*

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ANTE-NATAL EXAMINATIONS															
Date	Next Appointment	Examination	B.P.	Urine		Weight	Oedema	Height of Fundus	Present: station and position	Fœtal Heart	Drugs	REMARKS	Rh. Factor		Initials of M/W.
				Alb.	Sugar								Initial Test	If negative Test at 34/36th Week	
Date:		Initial Visit		Date:		Hæmoglobin		Date:		Date:		Antibodies: (if applicable)		Antibodies: (if applicable)	
Finding: 13.9		Finding:		Finding:		Finding:		Finding:		Finding:		Finding:		Finding:	
24/1/18		142/80	N	Tr	9.4	72		12	●		Reg. S	None at 1/18			
2/6/18		142/80	N	Tr	9.4	72		12	●		Reg. S	None at 1/18			
2/7/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
13/6/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
25/6/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
21/7/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
10/8/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
13/8/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
19/8/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
15/1/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
2/10/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
7/1/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
3/11/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
10/11/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			
2/12/18		132/60	N	Tr	9.0	72		12	●		Reg. S	None at 1/18			

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NATIONAL HEALTH SERVICE, SCOTLAND

MATERNITY SERVICES RECORD CARD

DATE OF CONFINEMENT 21.11.88

PLACE SMH

Notes:

SVD

Health Board for LEITH DISTRICT

DOB 18.01.68

PATIENT'S NAME MARGARET DEANBALLY

Age 20

ADDRESS 6, BRASSGATE RD, SCAPEHILL, LEITH

Para. PRIM L.M.P. 29.1.88 EDD 5.11.88

PRACTITIONER DR. MARGARET POWER

AND CAIRNEY

MIDWIFE DR. LAUCHLIN EDWARDS

ADDRESS ... TELE. NO. ...

GENERAL MEDICAL HISTORY:

fit teeth  
wt fully ...

GENERAL SUMMARY

(with reference to future Pregnancies)

PREVIOUS PREGNANCIES (if applicable):

PRESENT PREGNANCY:

Signature

Address

Date

Breasts

Lungs

Heart

Varicose Veins

Teeth

Form GP 24 R1 (Scotland)

SE 2564 (2/8/87) 20/206 483 A.P. (5/8/7) H.B.S.G.

NHS Confidential: Personal data about a patient



LANARKSHIRE HEALTH BOARD - UNIT ONE

## Bellshill Maternity Hospital

OUR REF. | JRS/ML/107767  
YOUR REF. |

North Road,  
Bellshill,  
Lanarkshire ML4 3JN  
Tel: Bellshill 747292

*If telephoning, ask for:*

11th May, 1988

Dr. MacInnes,  
60, High St.,  
NEWARTHILL

Dear Dr. MacInnes,

Re. Mrs. Margt. Donnell, C/O 1-A, Bellside Rd., Chapelhall

Thank you for referring this patient to Dr. Conway's Ante-natal Clinic. She is currently at 14 weeks gestation by dates, 12+ weeks by ultrasound. She is well with no problems.

Examination today was normal and a booking blood pressure of 130/70. We shall see the lady, as usual, in 20 weeks time.

Yours sincerely,

  
J. Richard Smith  
REGISTRAR.

NHS Confidential: Personal data about a patient

<b>Bellshill Maternity Hospital</b>		<b>Antenatal Serology Service</b>		<i>MacGinnis</i> <i>N'Hill</i>
North Road, Bellshill. Tel.: 747292				
Surname <b>DONNELLY</b>		First Name <b>MARGARET</b>		Received <b>25/03/88</b>
Address <b>C/O 1A BELLSIDE ROAD CHAPEL HALL</b>		DOB <b>18/01/68</b>		Computer No. <b>9190</b>
		EDD <b>06/11/88</b>		
GCI Date	Unit No. <b>E180168</b>	Consultant <b>GP N'HILL</b>	Parity <b>Primigravida</b>	
<b>BLOOD GROUP</b> <b>O Rh (D) POSITIVE</b> <b>NO ATYPICAL ANTIBODIES DETECTED</b>				
Previous Results				
PLEASE USE ATTACHED SLIP AS YOUR NEXT REQUEST FORM.		Reported by <i>J. Woods</i>	Date <b>29-03-88</b>	

<b>Bellshill Maternity Hospital</b>		<b>Antenatal Serology Service</b>						
North Road, Bellshill. Tel.: 747292								
Surname <b>DONNELLY</b>		First Name <b>MARGARET</b>		Computer No. <b>9190</b>				
Address <b>C/O 1A BELLSIDE ROAD CHAPEL HALL</b>		DOB <b>18/01/68</b>		Parity <b>Primigravida</b>				
		EDD <b>06/11/88</b>						
GP	Unit No. <b>E180168</b>	Consultant <b>GP N'HILL</b>						
<b>BLOOD GROUP AND ANTIBODIES</b> <b>O Rh (D) POSITIVE</b> <b>NO ATYPICAL ANTIBODIES DETECTED</b>								
Clinical History								
If Rh Negative has prophylactic anti-D been administered during this pregnancy <table style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO							
<input type="checkbox"/>	<input type="checkbox"/>							
Tick if hazardous sample <table style="float: right;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>							
Please ensure that above details are correct.								
Sending Ward/Clinic/Hospital		Signed		Date				

NHS Confidential: Personal data about a patient

**ALPHAFETOPROTEIN ASSAY REPORT**

From: DUNCAN GUTHRIE INST. OF MEDICAL GENETICS,  
YORKHILL, GLASGOW G3 8SJ  
Tel: 041-338 8688 ext 393

Date Sample Taken

23-06-88

Lab. Ref. No.

815681K

Surname: DONNELLY  
Forename: MARG  
Address: 1A BELLSIDE ROAD  
CHAPELHALL  
Weight: 53.5 Kg. Height: 1.52 m.  
Date of Birth: 18-01-68

Hospital: 102 LAUCHOPE STREET  
Address: CHAPELHALL  
AIRDRIE  
ML6 8SW  
Hospital No.:  
Clinic/Ward:  
Consultant: RAEBURN

Previous Serum A.F.P. Report Number None

L.M.P. Certain 29-01-88

Weeks Gestation: 20

By Dates

Exam<sup>D</sup>

Ultrasound

20

18

Previous History of Neural Tube Defect No

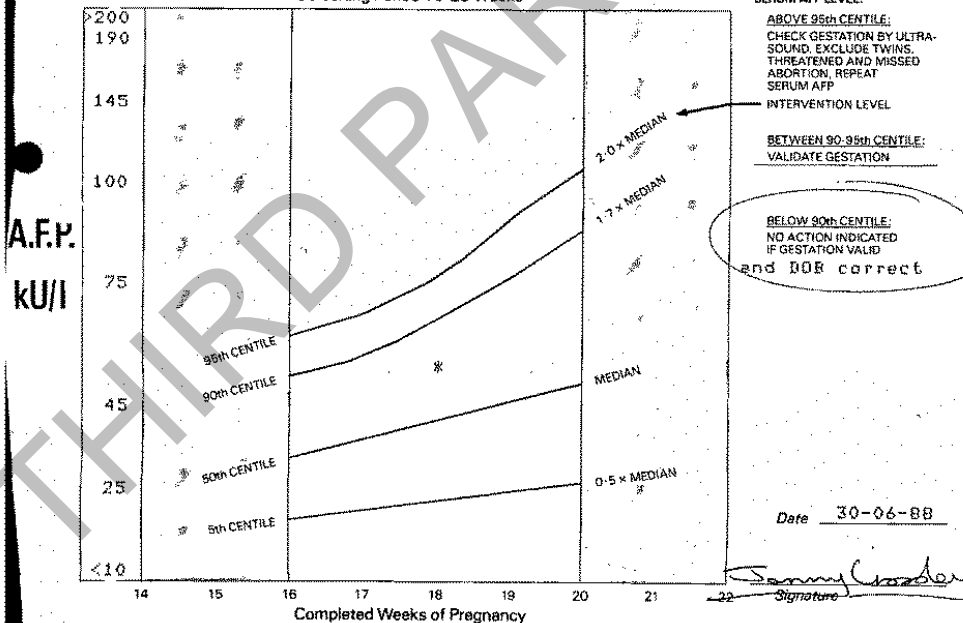
Complication of this Pregnancy None

Remarks  
[-]

Serum A.F.P. Result 58 KU/l Weight adjusted AFP = 0.94 multiples of median

Comments Value not elevated for stated gestation.

Please amend graph if gestation is corrected after sampling.  
Screening Period 16-20 Weeks



NHS Confidential: Personal data about a patient

<b>MICROBIOLOGY</b>		<b>LANARKSHIRE HEALTH BOARD</b>		<b>LAB No. 05414</b>	
Nature of Specimen <b>VB</b>		Date <b>24/9/88</b>		Hospital No.	
Is Required		SURNAME <b>DONNELLY</b>		Forensic	
Relevant History <b>RUBELLA SCREEN TEST</b>		FORENAME <b>MARGARET</b>		Address	
<b>PATIENT REGONANS</b>		ADDRESS <b>RD CHAPELHALL</b>		D.O.B <b>18 01 68</b>	
Previous Report No.		Hepatitis Risk <input type="checkbox"/>		Sex <b>F</b>	
Consultant / Practitioner <b>Dr A. N. Mac INNES</b>		Address <b>102 LAUCHOPE ST CHAPELHALL</b>		Ward <b>GP</b>	
For LAB use only		ANTIMICROBIAL THERAPY		Tel. No. <b>860246</b>	
<b>RUBELLA SCREEN TEST IMMUNE</b>		Requesting Doctor's Signature		Microscopic Examination N=Numerous M=Moderate S=Scanty	
Date Received <b>25-3</b>		Date Reported <b>30-3</b>		Organisms	
<b>MICROBIOLOGY</b> M120 85E		Laboratory Signature <i>[Signature]</i>		Casts	

Organism	1	2	R=Resistant
Amoxy/Amoxycillin			Organism
Amoxy/Clavulanic			Gentamicin
Azithromycin			Metronidazole
Cefuroxime			Nelidic Acid
Cefotaxime			Netilmicin
Cefsulodin			Neomycin
Chloramphenicol			Nitrofurantoin
Colimoxazole			Penicillin
Erythromycin			Piperacillin
FlurChloracillin			Sulphonamide
Fusidic Acid			Tetracycline
			Trimethoprim

PLEASE USE BALL-POINT PEN

NHS Confidential: Personal data about a patient

M122 86E		<b>LANARKSHIRE HEALTH BOARD MONKLANDS UNIT LABORATORIES</b>		Lab. No. <b>108103</b>							
Tests Required <b>FBC</b>		Date <b>24/3/88</b>									
Relx History <b>PATIENT PREGNANT</b>		<b>DONNELLY</b> <b>MARGARET E</b> <b>61 to BELLSTOE RD</b> <b>CHARLETTON</b>		<b>18 1 68</b> <b>F</b> <b>10 6 P 1988</b>							
Therapy		Previous Report Yes/No		Hepatitis Risk <input type="checkbox"/>							
Consultant/Practitioner <b>Dr A. W. MacSween</b>		Hospital/Address for Report <b>60 HIGH ST</b> <b>NEWBARN</b>		Tel. No. <b>860246</b>							
Signature of Doctor											
<b>Date</b>	<b>Lab No.</b>	<b>WBC</b>	<b>RBC</b>	<b>Hb</b>	<b>Hct</b>	<b>MCV</b>	<b>MCH</b>	<b>MCHC</b>	<b>PLAT</b>	<b>RETIC</b>	<b>ES</b>
25/03/88	B108103	10.8	4.31	13.9	40.3	93.3	32.4	34.6	357	%	
MAR 25 13:33		25 MAR 1988		Signature <i>James Scott</i>		HAEMATOLOGY					
Date Received		Date Reported		Signature							

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Quote M121 76E2 on re-ordering		LANARKSHIRE HEALTH BOARD MONKLANDS LABORATORY		Lab. No. <b>150396</b>	PLEASE PRINT RELEVANT INFORMATION IN CAPITAL LETTERS		1 BALLPOINT PEN																
Nature of Specimen <b>URINE</b>	Time <b>22/3/88</b>	Date <b>22/3/88</b>																					
Tests Required <b>PREGNANCY TEST PLEASE</b>																							
Request History <b>LMP 29/1/88</b>																							
Previous Report No.	Hepatitis Risk <input type="checkbox"/>																						
Consultant/Practitioner <b>DR. MACINNIS</b>	Requesting Physician																						
Sodium m.mol/l (133-145)			Potassium m.mol/l (3.5-5.0)			Chloride m.mol/l (95-105)			Bicarbonate m.mol/l (25-29)			Urea m.mol/l (2.5-6.5)			Creatinine u.mol/l (62-124)								
DATE: -22/03/88												MARGARET CHAL 150396 18/01/68											
PREGNANCY TEST POSITIVE																							
Please note increased sensitivity of Pregnancy Test (now ICON2) which detects HCG at levels below 50mIU/ml																							
Note however that positive results below this level will be reported as DOUBTFUL																							
BIOCHEMISTRY				Date Received				Date Reported <b>22 MAR 1988</b>				Signature <i>[Signature]</i>											

NHS Confidential: Personal data about a patient

LANARKSHIRE HEALTH BOARD MONKLANDS DISTRICT GENERAL HOSPITAL, AIRDRIE ML6 0JS Tel. 69344		Gynaecological Cytology		Laboratory No. 880509914	
Surname DONNELLY		N.B. IF USED - AFFIX PATIENT LABELS TO BOTH COPIES.			
Christian Name MARGARET		If Married Maiden Surname			
Address 10 BELLSIDE RD CHAPELHALL		Date of Birth 19 6 8 0 1 1 8		Date of Examination 198 8 0 3 2 4	
Name and Address of G.P. DR D. C. MACINDRES 1219 102 LAUCHMOIR ST CHAPELHALL		Sent by Doctor G.P. Clinic:			
Previous Smear: Never 3A More than 1 Year Ago 3B Within Last Year 3C		LAST Smear Report No.			
Single 4A	Total No. of Pregnancies 0/1	Post-menopausal 8A		Radiation 11A Hormones 12A	
Married 4B	Pregnant Now Yes 6A No 6B	Date of L.M.P. 29/1/88		Smear: Cervical 13A Vaginal 13B Other 13C	
Widowed 4C	Post-Natal Now Yes 7A No 7B	Oral Contraception: None 9A Past 9B Current 9C		Cervix: Healthy 14A Suspicious 14B Benign 14C Malignant 14D	
Divorced 4D	No. of Weeks Post-Natal	Intra-uterine Device 10A		Results: Negative	
Clinical Diagnosis and Comments: Routine A.G. test		Advice: Repeat 15A Repeat and Refer to Gyn. 15C Repeat for Confirmation 15D			
Gynaecologist's Report (880509914) -14/04/88- GRADE 2, DR RENNIE, 12.4.88		M296 B1E			

NHS Confidential: Personal data about a patient

## GARTNAVEL GENERAL HOSPITAL, GLASGOW G12 0YN

Telephone: 041-334 8122

ROQ/JM

FROM MR R.O. QUIN

DEPT. SURGICAL

PATIENT Margaret DONNELLY(18.1.68) HOSP. No. 712886 DATE 28.8.85  
 ADDRESS 6a Bellsyde Road  
 CHAPELHALL

Dr well  
 102 Lauchope St.,  
 CHAPELHALL.

Dear Dr Powell,

Thank you for referring this patient for a surgical opinion.

She appears to have had 2 cysts removed from the right sternoclavicular joint which appear to have been typical of ganglion and herniation of the synovial lining of this joint.

Recently I think she complained of some prominence of this area, but when examined I thought all the swelling visible was prominence of the clavicle itself rather than any herniation of any cyst development.

Certainly when examined today I could find no evidence of a cyst and she did not complain of any fluctuation in size of the lesion. If the current swelling is the lesion of which she complains then I think this is bony and not a cyst and I have therefore reassured her.

Yours sincerely,



R.O. Quin  
 CONSULTANT SURGEON.

Scanned Document  
 26-Feb-2025 Mrs Christine Smith  
 Additional: Scanned Document  
 SCI Referral Letter :  
 Filename: 000O200P.html  
 Extension: .tif  
 Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2025-02-26

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101035720767C\*  
Unique Care Pathway Number: 101035720767C

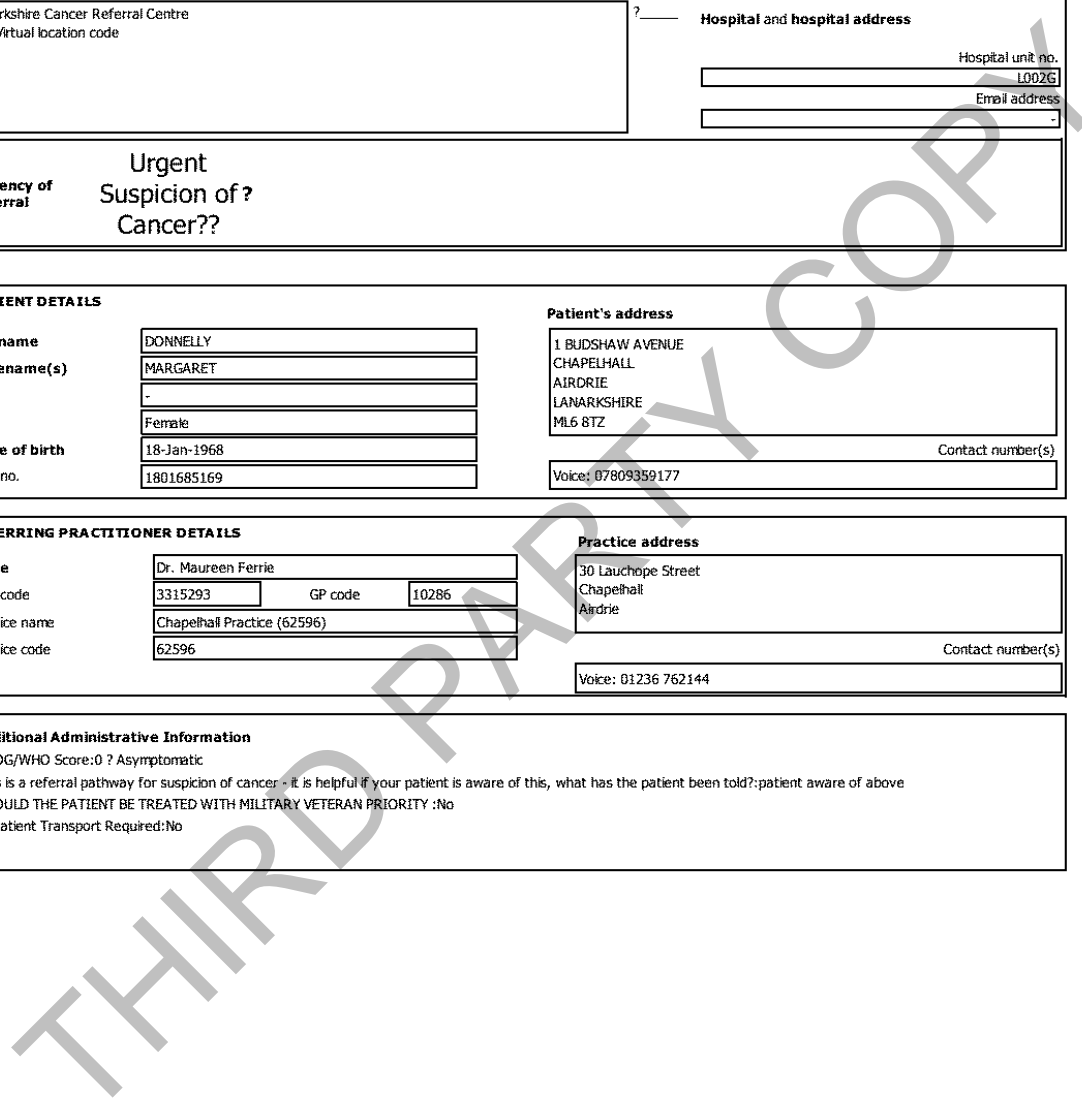
\*1801685169\*  
CHI No: 1801685169

<b>REFERRAL TO</b>	
Head and Neck CancerC1T LAN Monklands ENT Cancer Refer	? — Consultant / receiving practitioner and/or specialty clinic
Lanarkshire Cancer Referral Centre SCI Virtual location code	? — Hospital and hospital address
	Hospital unit no. 10026
	Email address -
<b>Urgency of referral</b>	Urgent Suspicion of? Cancer??

<b>PATIENT DETAILS</b>	
<b>Surname</b>	DONNELLY
<b>Forename(s)</b>	MARGARET
<b>Title</b>	-
<b>Sex</b>	Female
<b>Date of birth</b>	18-Jan-1968
<b>CHI no.</b>	1801685169
<b>Patient's address</b>	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
	Contact number(s) Voice: 07809359177

<b>REFERRING PRACTITIONER DETAILS</b>	
<b>Name</b>	Dr. Maureen Ferrie
<b>GMC code</b>	3315293 GP code 10286
<b>Practice name</b>	Chapelhall Practice (62596)
<b>Practice code</b>	62596
<b>Practice address</b>	30 Lauchope Street Chapelhall Airdrie
	Contact number(s) Voice: 01236 762144

<b>Additional Administrative Information</b>
ECOG/WHO Score:0 ? Asymptomatic
This is a referral pathway for suspicion of cancer - it is helpful if your patient is aware of this, what has the patient been told?:patient aware of above
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No
?



**CLINICAL INFORMATION**

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

**Presenting complaint**

Main presenting Complaint: swelling in her anterior neck  
 Reason for Referral: Dear Doctor  
 Thank you for seeing this lady who presented in late November with an acute swelling in her anterior neck. It had been pointed out to her by work colleagues. Over the preceding few months she had been troubled with a persisting cough.  
 When seen she appeared well her chest was clear but she had a firm cystic lesion in the midline of her anterior neck about an inch above the sternal notch. It did not feel typically of thyroid or a thyroglossal cyst.  
 Chest x-ray was arranged thyroid function was checked both of which were normal and she was referred for an ultrasound scan of her neck.  
 Please find attached a copy of that scan raising concerns regarding this nodule which appears to be in the isthmus of her thyroid and they have recommended urgent onward referral.  
 I am grateful to you for seeing her.  
 Kind Regards  
 Yours Sincerely

**Examinations and Investigations**

Oral swelling present > 3 weeks:	Not Recorded -
Head or neck swelling > 3 weeks:	Not Recorded -
Orbital swelling or mass:	Not Recorded -
Persistent hoarseness (not intermittent) > 3 weeks :	Not Recorded -
Pain on swallowing > 3 weeks:	Not Recorded -
Persistent throat discomfort:	Not Recorded -
Tooth mobility not assoc with periodontal disease:	Not Recorded -
Unilateral obstruction with bloodstained discharge and/or cheek/nose or eye swelling, or visible tumour in nose :	Not Recorded -
Ulceration or visual lesion in oral cavity > 3 weeks:	Not Recorded -
Palpable lump in head or neck:	Not Recorded -
Palpable lump in parotid or submandibular gland:	Not Recorded -
Facial Palsy:	Not Recorded -
FBC and ESR sent:	Not Recorded -

**Reason for referral**

Care type requested: Out Patient  
 Expected outcome: Not Specified

**Past medical history**

**High and Medium Priority Pre-existing conditions**

Description	?? Laterality	?? Modifier	?? Extension	?? Date Recorded
[V]Coil insertion	?? -	?? -	?? - mirena	?? 12-Jul-2024
[M]Tubular adenoma NOS	?? -	?? -	?? 5mm polyp	?? 10-Nov-2010
Diverticulosis	?? -	?? -	?? -	?? 10-Nov-2010
Salmonella gastroenteritis	?? -	?? -	?? -	?? 03-Sep-2010
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? 14-Apr-2004
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 10-May-1995
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? 06-May-1994
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 21-Nov-1988

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day  
 0 ?(never smoked tobacco)

Alcohol consumption

Units per day  
 0 ?(teetotaler)

**Additional Clinical information**

}}>

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2024-12-06

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101035001201E\*  
Unique Care Pathway Number: 101035001201E

\*1801685169\*  
CHI No: 1801685169

<b>REFERRAL TO</b>	
Clinical RadiologyH1 LAN Ultrasound Request	? — Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	? — Hospital and hospital address
	Hospital unit no. L106H
	Email address -
<b>Urgency of referral</b>	<b>Urgent??</b> ?new neck lump ? cause

<b>PATIENT DETAILS</b>	
<b>Surname</b>	DONNELLY
<b>Forename(s)</b>	MARGARET
<b>Title</b>	-
<b>Sex</b>	Female
<b>Date of birth</b>	18-Jan-1968
<b>CHI no.</b>	1801685169
<b>Patient's address</b>	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
	Contact number(s) -

<b>REFERRING PRACTITIONER DETAILS</b>	
<b>Name</b>	Dr. Maureen Ferrie
<b>GMC code</b>	3315293
<b>GP code</b>	10286
<b>Practice name</b>	Chapelhall Practice (62596)
<b>Practice code</b>	62596
<b>Practice address</b>	30 Lauchope Street Chapelhall Airdrie
	Contact number(s) Voice: 01236 762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY:No
Is Patient Transport Required:No
?

THIRD PARTY COPY

**CLINICAL INFORMATION**

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

**Presenting complaint**

Main presenting Complaint: neck swelling

Reason for Referral: Presents with a firm mobile cystic swelling midline anterior neck about 1-2cm above sternal notch but doesn't appear thyroid related  
Does not move with sticking tongue out  
Ex smoker  
No obvious other neck pathology  
? nature of lesion

**Examinations and Investigations**

Ultrasound Site : Other -  
Ultrasound Site Other: neck -

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history**

**High and Medium Priority Pre-existing conditions**

Description	?? Laterality	?? Modifier	?? Extension	?? Date Recorded
[V]Coil insertion	?? -	?? -	?? - mirena	?? 12-Jul-2024
[M]Tubular adenoma NOS	?? -	?? -	?? 5mm polyp	?? 10-Nov-2010
Diverticulosis	?? -	?? -	?? -	?? 10-Nov-2010
Salmonella gastroenteritis	?? -	?? -	?? -	?? 03-Sep-2010
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? 14-Apr-2004
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 10-May-1995
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? 06-May-1994
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 21-Nov-1988

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Clinical warnings**

**Lifestyle risks**

Exercise status: Not Known

Smoking status

Alcohol consumption

Number per day  
0 ?(never smoked tobacco)

Units per day  
0 ?(teetotaler)

**Additional Clinical information**

}}>

<b>Signature of referring doctor (or other professional)</b>	<b>Date</b>

THIRD PARTY COPY

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06-Jun-2024 Dr S Lawson  
Additional:Scanned Document  
SCI Referral Letter :  
Filename: 000O200J.html  
Extension:.tif  
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2024-06-06

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101033263017T\*  
Unique Care Pathway Number: 101033263017T

\*1801685169\*  
CHI No: 1801685169

<b>REFERRAL TO</b>	
Gynaecology F2 LAN General Referral	? — Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	? — Hospital and hospital address
	Hospital unit no. L106H
	Email address -
<b>Urgency of referral</b>	<b>Urgent?? ?heavy PV bleeding</b>

<b>PATIENT DETAILS</b>	
Surname DONNELLY	Patient's address 1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ Contact number(s) -
Forename(s) MARGARET	
Title -	
Sex Female	
Date of birth 18-Jan-1968	
CHI no. 1801685169	

<b>REFERRING PRACTITIONER DETAILS</b>		
Name Dr. Susan Lawson	Practice address 30 Lauchope Street Chapelhall Airdrie Contact number(s) Voice: 01236 762144	
GMC code 4705237		GP code 10472
Practice name Chapelhall Practice (62596)		
Practice code 62596		

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY: No
Is Patient Transport Required: No
?

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Main presenting  
Complaint: Heavy PV bleeding

Reason for Referral: this now 56 year old lady is having real trouble with her periods  
They are very heavy and painful and she is flooding.  
They are now coming almost every 2 weeks.

She was seen by Dr Abou-Zeid in November 2022 and he was going to arrange an out patient hysteroscopy, however this never happened.  
She was commenced on POP as per his suggestion which made things a bit more manageable but she came off this in light of her age and she is worse now than she was then.

I feel she really needs an urgent hysteroscopy as per plan in 2022 to further investigate - she has subsequently had a pelvic USS that I had arranged at time of last referral and this was normal.

I have given her some provera to settle the bleeding as she is going on holiday at the weekend and advised her to go back on the POP in the interim but would be grateful for your urgent assessment

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	?? Laterality	?? Modifier	?? Extension	?? Date Recorded
[M]Tubular adenoma NOS	?? -	?? -	?? 5mm polyp	?? -
Diverticulosis	?? -	?? -	?? -	?? -
Salmonella gastroenteritis	?? -	?? -	?? -	?? -
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? -
Spontaneous vaginal delivery	?? -	?? -	?? -	?? -
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? -
Spontaneous vaginal delivery	?? -	?? -	?? -	?? -

**Current medication (Active Repeat medication issued within the last 12 months)**

No current medications recorded

**Recent medication (Any medication issued within last 90 days not shown above)**

Drug name	?? BNF code	?? Formulation	?? Dosage	?? Frequency	?? Course started	?? Duration
Medroxyprogesterone 5mg tablets	?? 64343020	?? tablet	?? 1 TABLET THREE TIMES A DAY	?? -	?? 06-Jun-2024	?? -
Desogestrel 75microgram tablets	?? 81169020	?? tablet	?? ONE TO BE TAKEN EVERY DAY	?? -	?? 06-Jun-2024	?? -
Medroxyprogesterone 5mg tablets	?? 64343020	?? tablet	?? 1 TABLET THREE TIMES A DAY	?? -	?? 15-May-2024	?? -

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day  
0 ?(never smoked tobacco)

**Alcohol consumption**

Units per day  
0 ?(teetotaler)

**Additional Clinical information**

]]>

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

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05-Oct-2022 Dr S Lawson

Additional:Scanned Document

SCI Referral Letter :

File name: 000O200D.html

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2022-10-05

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101027603135U\*  
Unique Care Pathway Number: 101027603135U

\*1801685169\*  
CHI No:1801685169

<b>REFERRAL TO</b>	
Clinical RadiologyH1 LAN Ultrasound Request	? — Consultant / receiving practitionerand/orspecialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	? — Hospitaland hospital address
	Hospital unit no. L106H
	Email address -
Urgency of referral: Routine???	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
Surname: DONNELLY		1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ
Forename(s): MARGARET		
Title: -		
Sex: Female		
Date of birth: 18-Jan-1968		Contact number(s)
CHI no: 1801685169		Voice:07809359177

<b>REFERRING PRACTITIONER DETAILS</b>		<b>Practice address</b>
Name: Dr S Lawson		30 LAUCHOPE STREET CHAPLEHALL LANARKSHIRE
GMC code: 4705237	GP code: 10472	
Practice name: Chapelhall Practice		
Practice code: 62596		Contact number(s)
		Voice:01236762144

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No
?

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Main presenting Complaint: RIF pain

Reason for Referral: This 54 year old lady who is still having regular but very heavy periods is getting RIF pain around the time of her period and also around midcycle. Initially she didn't realise this was cyclical but has now realised it tends to occur at the same point in her cycle. She has some RIF tenderness and some right adnexal tenderness.  
? ovarian cyst

**Examinations and Investigations**

Ultrasound Site : Abdomen: Below umbilicus -

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Investigate

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	?? Laterality	?? Modifier	?? Extension	?? Date Recorded
[M]Tubular adenoma NOS	?? -	?? -	?? 5mm polyp	?? 10-Nov-2010
Diverticulosis	?? -	?? -	?? -	?? 10-Nov-2010
Salmonella gastroenteritis	?? -	?? -	?? -	?? 03-Sep-2010
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? 14-Apr-2004
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 10-May-1995
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? 06-May-1994
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 21-Nov-1988

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**Number per day  
??(not known)**Alcohol consumption**Units per day  
??(not known)**Additional Clinical information**

}}&gt;

\_\_\_\_\_  
Signature of referring doctor (or other professional) Date

Scanned Document

05-Oct-2022 Dr S Lawson

Additional:Scanned Document

SCI Referral Letter :

Filename: 000O200E.html

Extension:.tif

Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2022-10-05

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*101027603173U\*  
Unique Care Pathway Number: 101027603173U

\*1801685169\*  
CHI No:1801685169

<b>REFERRAL TO</b>	
Gynaecology F2 LAN General Referral	? — Consultant / receiving practitioner and/or specialty clinic
University Hospital Monklands Monkscourt Avenue Airdrie ML6 0JS	? — Hospital and hospital address
	Hospital unit no. L106H
	Email address -
<b>Urgency of referral</b> Urgent?? ?	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ  Contact number(s) Voice:07809359177
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	

<b>REFERRING PRACTITIONER DETAILS</b>		<b>Practice address</b>
Name	Dr S Lawson	30 LAUCHOPE STREET CHAPELHALL LANARKSHIRE  Contact number(s) Voice:01236762144
GMC code	4705237 GP code 10472	
Practice name	Chapelhall Practice	
Practice code	62596	

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No
?

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**

Main presenting  
Complaint: RIF pain with heavy periods

Reason for  
Referral: this 54 year old lady is still having regular but now very heavy periods associated with RIF pain  
The pain tends to be cyclical and can occur around the time of her period or mid cycle.  
Q/E she has some RIF tenderness and some right adnexal tenderness  
She has been sterilised and so has not used hormonal contraception for many years.  
her smear was very overdue and I have done this for her today and her cervix looked normal.  
In light of her age her very heavy periods and pain I would be grateful for your assessment as to whether she requires pipelle biopsy to exclude any endometrial pathology. I have referred her on for an USS to assess her ovaries also.

**Reason for referral**

Care type requested: Out Patient  
Expected outcome: Not Specified

**Past medical history****High and Medium Priority Pre-existing conditions**

Description	?? Laterality	?? Modifier	?? Extension	?? Date Recorded
[M]Tubular adenoma NOS	?? -	?? -	?? 5mm polyp	?? 10-Nov-2010
Diverticulosis	?? -	?? -	?? -	?? 10-Nov-2010
Salmonella gastroenteritis	?? -	?? -	?? -	?? 03-Sep-2010
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? 14-Apr-2004
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 10-May-1995
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? 06-May-1994
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 21-Nov-1988

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day  
??(not known)

**Alcohol consumption**

Units per day  
??(not known)

**Additional Clinical information**

}}>

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

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Date Referral Sent ??2016-09-29

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

\*1010122009306\*  
Unique Care Pathway Number: 1010122009306

\*1801685169\*  
CHI No:1801685169

<b>REFERRAL TO</b>	
OphthalmologyC7 LAN Ophthalmology -GP Use Only	? — Consultant / receiving practitionerand/orspecialty clinic
Monklands District General Hospital Monkscourt Avenue Airdrie ML6 0JS	? — Hospitaland hospital address
	Hospital unit no. L106H
	Email address -
Urgency of referral: Routine?? ?	

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
Surname	DONNELLY	1 BUDSHAW AVENUE CHAPELHALL AIRDRIE LANARKSHIRE ML6 8TZ  Contact number(s) -
Forename(s)	MARGARET	
Title	-	
Sex	Female	
Date of birth	18-Jan-1968	
CHI no.	1801685169	

<b>REFERRING PRACTITIONER DETAILS</b>		<b>Practice address</b>
Name	Dr. Margaret Angus	30 Lauchope Street Chapelhall Airdrie  Contact number(s) Voice:01236 762144
GMC code	3204481 GP code 12033	
Practice name	Dr GD Brough & Partners (62596)	
Practice code	62596	

<b>Additional Administrative Information</b>
SHOULD THE PATIENT BE TREATED WITH MILITARY VETERAN PRIORITY :No
Is Patient Transport Required:No
?

THIRD PARTY COPY

**CLINICAL INFORMATION****History of presenting complaint / examination findings / investigation results****Presenting complaint**Main presenting  
Complaint: cystic lesion

Reason for Referral: Thank you for seeing the above lady.

She has a cystic lesion at the outer corner of her right eye which is gradually increasing in size. I would be grateful if you could see and arrange excision.

Your help in this matter is appreciated.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history****High and Medium Priority Pre-existing conditions**

<u>Description</u>	<u>?? Laterality</u>	<u>?? Modifier</u>	<u>?? Extension</u>	<u>?? Date Recorded</u>
Diverticulosis	?? -	?? -	?? -	?? 18-Aug-2016
Rectal polyp	?? -	?? -	?? -	?? 10-Feb-2011
Diverticular disease	?? -	?? -	?? moderate	?? 29-Nov-2010
[M]Tubular adenoma NOS	?? -	?? -	?? Smm polyp	?? 10-Nov-2010
Colonic polyp	?? -	?? -	?? -	?? 10-Nov-2010
Diverticulosis	?? -	?? -	?? -	?? 10-Nov-2010
Salmonella gastroenteritis	?? -	?? -	?? -	?? 03-Sep-2010
Hirsutism - hypertrichosis	?? -	?? -	?? -	?? 14-Apr-2004
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 10-May-1995
Thyroid cyst	?? -	?? -	?? Simple ; aspirated	?? 06-May-1994
Spontaneous vaginal delivery	?? -	?? -	?? -	?? 21-Nov-1988

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Clinical warnings****Lifestyle risks**

Exercise status: Not Known

**Smoking status**

Number per day ??(not known)
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**Alcohol consumption**

Units per day ??(not known)
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**Additional Clinical information**

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