Subject Access Request

Patient	Mrs Kellyanne Haymarch
Date of birth	28-Aug-1985 (age 40)
Gender	F
NHS number	980/93/056
Patient's address	31 Glenmuir Road Ayr KA8 9RG
Date range selected	28-Aug-1985 - 17-Jun-2026
Organisation	
Policy number	

Problems

Active

28-Apr-2026 Ms Jane Graham (JG3)
Heavy periods (Same)

03-Nov-2025 Dr Linda Evans (LE)
Patient pregnant

07-Nov-2024 Dr Linda Evans (LE)
Dysmenorrhoea

22-Oct-2024 Mr Grant Patterson (Mhp) (GP1)
Anxiety with depression

26-Feb-2021 Dr Junaid Ilyas (JBI)
Confirmed 2019-nCoV (novel coronavirus) infection

09-Jan-2019 Dr Preetha Manoharan (PM2)
Insertion of Nexplanon

07-May-2002 Ms Carol Eyley (CE)
Asthma

31-Oct-2000 Ms Carol Eyley (CE)
Cat allergy

31-Oct-2000 Ms Carol Eyley (CE)
House dust mite allergy

Significant Past

19-Apr-2010 Ms Carol Eyley (CE)
Repair of epigastric hernia, unspecified

Minor Past

08-May-2026 Dr David Stevenson (DS)
Vaginal discharge symptom

29-Dec-2025 Dr David Stevenson (DS)
Miscarriage

05-Aug-2025 Mr Grant Patterson (Mhp) (GP1)
Failed encounter - message left on answer machine

29-July-2025 Dr David Stevenson (DS)
Bruxism (teeth grinding)

03-Jun-2025 Dr Sharayu Sakpal (SS1)
Shingles

29-Jan-2025 Dr Anna Blake (AB2)
Finger trigger

15-Aug-2024 Dr David Stevenson (DS)
Screening

19-July-2024 Dr David Stevenson (DS)
Coccygodynia

18-Apr-2024 Dr David Stevenson (DS)
Miscarriage

09-Apr-2024 Dr Sharayu Sakpal (SS1)
Patient pregnant

09-Apr-2024 Dr Sharayu Sakpal (SS1)
Knee joint pain

02-Aug-2023 Dr David Stevenson (DS)
Spontaneous bruising

18-May-2023 Dr Junaid Ilyas (JBI)
Shingles

21-Mar-2023 Dr David Stevenson (DS)
[D]Light-headedness

24-Jan-2023 Dr Junaid Ilyas (JBI)
[D]Light-headedness

01-Dec-2022 Dr David Stevenson (DS)
Patient pregnant

18-Aug-2022 Dr David Stevenson (DS)
Contraception

27-Jun-2022 Dr Alisha Dosumu (AD)
[D]Musculoskeletal chest pain

20-Jun-2022 Mr John McHarg (Clinical Pharmacist) (JMCH)
Backache

25-Mar-2021 Dr Junaid Ilyas (JBI)
Acne vulgaris

25-Jan-2021 Dr David Stevenson (DS)
Contraception

09-Apr-2020 Dr Junaid Ilyas (JBI)
Backache

06-Feb-2019 Dr Linda Evans (LE)
[X]Depression NOS

03-July-2018 Dr David Stevenson (DS)
Wishes to postpone menstruatn.

15-Sept-2017 Dr David Stevenson (DS)
C/O - a chest wall symptom

22-Mar-2017 Dr Alisha Dosumu (AD)
Wishes to postpone menstruatn.

09-Nov-2016 Ms Jan McCulloch (JMCC)
Wishes to postpone menstruatn.

03-Oct-2016 Dr David Stevenson (DS)
Wishes to postpone menstruatn.

19-Jan-2016 Dr Linda Evans (LE)
Postnatal visits

19-Jan-2016 Dr Linda Evans (LE)
Contraception

13-Nov-2015 Ms Karen McKenzie (KMCK)
Antenatal care

29-Oct-2015 Dr Alisha Dosumu (AD)
Vaccinations

04-Sept-2015 Ms Karen McKenzie (KMCK)
Antenatal care

31-July-2015 Ms Karen McKenzie (KMCK)
Antenatal care

19-Jun-2015 Ms Karen McKenzie (KMCK)
Antenatal care

31-Mar-2015 Dr Linda Evans (LE)
Patient pregnant

30-Jan-2015 Dr David Stevenson (DS)
Lump in breast (Right)

12-Nov-2014 Dr Sophie Johnston (SJ)
Contraception

02-Jun-2014 Dr Omowunmi Bada (OB)
Contraception

29-Nov-2013 Dr Alisha Dosumu (AD)
Skin lesion

25-Sept-2013 Dr Linda Evans (LE)
Contraception

20-Aug-2013 Dr Linda Evans (LE)
Upper abdominal pain

18-Dec-2012 Dr David Stevenson (DS)
[D]Lump in head or neck

30-Oct-2012 Ms Lorna Stewart (LS)
Contraception

29-Oct-2012 Dr Alisha Dosumu (AD)
Contraceptive administration

23-Oct-2012 Ms Lorna Stewart (LS)
Attended new patient screen

23-Oct-2012 Dr David Stevenson (DS)
Musculoskeletal pain mild

01-Jan-2011 Ms Carol Eyley (CE)
Excision of sebaceous cyst NEC

19-Apr-2005 Ms Carol Eyley (CE)
Spontaneous vaginal delivery

11-Feb-2004 Ms Carol Eyley (CE)
Termination of pregnancy NEC

31-July-2003 Ms Carol Eyley (CE)
Spontaneous vaginal delivery

07-May-2002 Ms Carol Eyley (CE)
Query Asthma

02-Nov-1989 Ms Carol Eyley (CE)
[D]Heart murmur, innocent

Consultations

11-Jun-2026 Dr Linda Evans (LE) Telephone Consultation

Problem	Heavy periods
History	History informed result, IDA. Started on iron. Not any better. Still passing large clots. To refer to gyn
New Referral	New Referral 8H58.: Gynaecological referral (SCI Gateway Referral)
Medication	Medication Ferrous Fumarate Tablets 210 mg 84 tablet ONE TO BE TAKEN DAILY

04-Jun-2026 Ms Nicola Reid (NR1) Bankfield Medical PracticeBranch Surgery

Problem	Heavy periods (Same)
Comment	Blood sample -***** Lab NOS

02-Jun-2026 Dr Linda Evans (LE) Bankfield Medical PracticeBranch Surgery

Problem	Heavy periods
History	History heavy period since Feb. Using adult incontinence pad instead of normal sanitory towel. Daytime using tampon and pad. Passing large clots. Miscarriage 3 times in January. Prior to this, period not heavy. Noted USS findings. Given trial of combined tranexamic and mefenamic acid. To see nurse for up to date blood test. Currently on desogestrel. Review 2 to 3 weeks
Medication	Medication Tranexamic Acid Tablets 500 mg 60 TABLET TWO TO BE TAKEN THREE TIMES A DAY
Medication	Medication Mefenamic Acid Capsules 250 mg 100 CAPSULE TWO TO BE TAKEN THREE TIMES A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

19-May-2026 Dr David Stevenson (DS) Telephone Consultation

Problem	Heavy periods (Same)
History	History chat re scan result - a fibroid might explain her bleeding. Also ovarian cyst, recmmend repeat USS in 3 onths. If she's happy with this then I reocmmend that this is out corus of action - she's content for me to do this - will speak to her therafter.
Comment	Comment Uterine Fibroid, Ovarian Cyst.*****Requesting repeat scan as per comments on USS dated 18 May 2026*****Please schedule for 3 months post 18 May 2026.*****Many thanks.

08-May-2026 Dr David Stevenson (DS) Telephone Consultation

Problem	Vaginal discharge symptom
History	History she tellsme that she was at the hsopital recently (we have a AE sheet dated 06 may 2026) and that she was told by the doctgor there that she needed a vaginal swab, but they did not have the facilities to do this, and she should cotnact her GP and get a swab to self administer. I will leave a form, and a swab at the front desk for her to collect.

28-Apr-2026 Ms Jane Graham (JG3) Bankfield Medical PracticeBranch Surgery

Problem	Heavy periods (Same)	
Comment	Blood sample -***** Lab NOS Attended as wishes to restart pill due to heavy clotty periods bleeding almost everyday since miscarriage in december discussed same No contra indications noted happy to try POP Desogestrel 75mcg discussed how and when to take possible side effects spoke with Dr CMcK prescription alos issued for tranexamic acid due to bleeding since december Dr will order ultrasound also Kelly happy with plan	
Examination	Systolic blood pressure	122 mm Hg
Examination	Diastolic blood pressure	70 mm Hg
Examination	O/E - height	166 cm
Examination	O/E - weight	95 Kg
Examination	Body Mass Index	34.48
Examination	Heart rate	68 beats/minute
Social	Alcohol consumption	0 units/week
Social	Ex smoker	
Social	Less than 30 mins/day of at least mod int physc act *****=5 week 3	
Read Code	Health ed. - alcohol	
Read Code	Lifestyle counselling	
Read Code	Health ed. - diet	
Read Code	Patient advised re exercise	
Read Code	Smoking cessation advice	
Read Code	Progestagen only oral contrac.	
Read Code	Advice about long acting reversible contraception	

15-Apr-2026 Dr Dibaal Oghu (DO) Telephone Consultaion

Problem	Anxiety with depression
History	History worried about weight gain with Mirtazapine , mood is better, no suicidal ideation, sleep is improved, I exlained improved sleep and weight gain atre known SE of Mirtazapine, patient keen to come off Mirtazaine. She tells me Fluoxetine was not improving mood, Sertraline agreed on, and accepts that switching antidepressants would cause a mood dip till things would get better later.
Comment	Comment Reduce Mirtazapine to 15mg for next 1 week (own supply of 15mg tabs), start Sertraline at 50mg ODand STOP mirtazapine, review for dose increase after 1 week of Sertraline
Medication	Medication Sertraline Hydrochloride Tablets 50 mg 28 TABLET ONE TO BE TAKEN EACH DAY AFTER 1 WEEK OF 15MG MIRTAZAPINE

17-Feb-2026 Mr John McHarg (Clinical Pharmacist) (JMCH) Bankfield Medical PracticeBranch Surgery

Comment	Comment Propranolol commenced 10/25 - 84 tabs has lasted approx 4 months. Note recent MH review - mirtazapine recently inc. Further supply of propranolol reasonable.
Comment	Repeated prescription
Comment	Medication requested
Medication	Medication Propranolol Hydrochloride Tablets 10 mg 84 TABLET ONE OR TWO TO BE TAKEN THREE TIMES A DAY
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIUMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.
Read Code	Prescription by supplementary prescriber

16-Feb-2026 Dr Junaid Ilyas (JBI) eConsultation via online application

Problem	Anxiety with depression
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 16/02/2026 - 23/03/2026)*

28-Jan-2026 Dr David Stevenson (DS) Telephone Consultation

Problem	Anxiety with depression
History	History having a terrible time of it right now. misscarriages, most recnetly in December. She desribes emotional lability, poor sleep, wakening throughout the night. Mood describes as *****low*****. no thoughts or plans of self harm.
Comment	Comment she would accept change in medicaton - mIRTAZIPINE from 15mg ON to 30mg ON. Will use the supply she has firt (2 x 15mg). knows to contact us for reivew. knows we're happy to speak to her anytime. knows she has access to MHP at any point.
Problem	Miscarriage
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Miscarriage; Duration: 28/01/2026 - 18/02/2026)*
Medication	Medication Mirtazapine Tablets 30 mg 56 tablet ONE TO BE TAKEN AT NIGHT

16-Jan-2026 Dr David Stevenson (DS) Telephone Consultation

Problem	Miscarriage
History	History hans't had a period yet. It's been just over 4 weeks since she was at EPAS, It may just be worthwhile waiting another month to see if things come back to normal, and if not, then would be a good time to inveestigate. she's happy with this advice. However, she has halsso had what she describes as af unny smell down below. She was concerned about retained products, phonedd EPAS, who advised to see u s. For that reason I'll book her in for F2F next week.

29-Dec-2025 Dr David Stevenson (DS) eConsultation via online application

Problem	Miscarriage
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Miscarriage; Duration: 29/12/2025 - 31/01/2026)*

24-Nov-2025 Dr Linda Evans (LE) eConsultation via online application

Problem	Patient pregnant
History	History Thank you for your recent eConsult request. Your sick note is ready to collect from the surgery.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: High risk pregnancy; Duration: 24/11/2025 - 05/01/2026)*

10-Nov-2025 Dr Linda Evans (LE) Telephone Consultation

Problem	Patient pregnant
History	History LVS negative. She had since contacted mid wife and her consultant. Has appt

04-Nov-2025 Dr Linda Evans (LE) Telephone Consultation

Problem	Patient pregnant
History	History see econsult. She had handed in LVS . After discussion, decided to wait for result before getting treatment. Booked for phone call Monday

03-Nov-2025 Dr Linda Evans (LE) Telephone Consultation

Problem	Patient pregnant
History	History last menstrual period end of September / early October. Home pregnancy test positive on Friday. Noted letter from obstetrician, for LVS to detect any BV early. Given cahrcoal swab and form for this. She has started taking folic acid, she would try to come off her medications. Suggested she also get in touch with her consultant and book with midwife , letter mentioned about progesterone, best to discuss with this with her midwife / consultant

28-Oct-2025 Dr Linda Evans (LE) eConsultation via online application

Problem	Anxiety with depression
History	History Thank you for your recent eConsult request. Your sick note is ready to collect from the surgery.
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 28/10/2025 - 24/11/2025)*

15-Oct-2025 Dr Junaid Ilyas (JBI) Telephone Consultation

Problem	Anxiety with depression
History	History troubled with anxiety- work not supportive. gfets diarrhoea and tummy rumbling when at work- says even waiting for the TC today- her tummy was in knots- mirtazapine seems to be helping with sleep at night- needs 1-2 weeks off work and asking if she can get something for the anxiety symptoms during the day
Comment	Comment med 3 issued- discussed adding propranolol PRN during the day. she is willing ot try this . rv as needed
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 15/10/2025 - 29/10/2025)*
Medication	Medication Propranolol Hydrochloride Tablets 10 mg 84 TABLET ONE OR TWO TO BE TAKEN THREE TIMES A DAY

05-Aug-2025 Mr Grant Patterson (Mhp) (GP1) Bankfield Medical PracticeBranch Surgery

Problem	Failed encounter - message left on answer machine
Comment	Comment The writer attempted to make contact with Kelly on her mobile telephone (as above) shortly before 09:30. The writer was unable to establish contact with Kelly at this time however left her a discreet voicemail reminding her of today's appointment and advising her that he would phone her again a short while later.*****The writer attempted to contact Kelly on a further two occasions at 09:33 and 09:40 however there was no answer during these times either. The writer has left Kelly a further voicemail message encouraging her to make a further MHP appointment if required. No other immediate clinical issues and/or concerns identified at time of writing.
Problem	Anxiety with depression

29-July-2025 Dr David Stevenson (DS) Bankfield Medical PracticeBranch Surgery

Problem	Anxiety with depression
History	History She's recently become a *****. Whilst she is delighted for her family, and whilst the baby is lovely, she is under a huge amount of stress as the circumstances keep reminding her of the loss of her own baby last year. She is finding this very stressful every time she sees the baby. She is not sleeping, she is stressed and tense all the time, and she is grinding her teeth all the time, and can wake up with pains in this area.
Comment	Comment [1] offered MHP input - accepted - found this very helpful last year.*****[2] chat re medication. she feels she is getting some benefit from the fluoxetine, but it's not great, and she might reposd better to something which helps her get through the nigth with a mild ***** effect - start mirtazipine.*****[3] advised to speak to her dnetist re the tooth griniding. Ideally we would eliminate the cause of the bruxism, e.g. if she were not stressed and not grindsing her teeth then there would be no need for a dentist. However, in the meantims she may care to consult her dentist, or, try an over the counter mouth splint.
Problem	Bruxism (teeth grinding)
Medication	Medication Mirtazapine Tablets 15 mg 28 TABLET ONE TO BE TAKEN AT NIGHT

03-Jun-2025 Dr Sharayu Sakpal (SS1) Telephone Consultation

Problem	Shingles
History	History says she has shingles again. says she has a rash on the left side on her hip area. says the rash is red and bumpy. says she notivced this last night. this is not itchy. says this is not senitive. has had shingles in the past. says this st=arts likethis. says she feels a bit run down. says she similar symptoms before developing a rash last time.
Comment	Comment adv to send in pictures - if looks like shingles - for aciclovir.

29-Jan-2025 Dr Anna Blake (AB2) Bankfield Medical PracticeBranch Surgery

New Referral	New Referral 8HTP.: Referral to musculoskeletal clinic (SCI Gateway Referral)

29-Jan-2025 Dr Anna Blake (AB2) Bankfield Medical PracticeBranch Surgery

Problem	Finger trigger	
History	History had a tendon rupture last year and treated with splint. for the past few weeks - getting stiffness and pain in right middle finger. works as a cleaner and thinks she may have caught it again. also getting pain in discomfort in PIP and DIP joints and cracking of skin at DIP joint. finger locks and gets 'stuck'	
Examination	Examination finger not straight, bent at DIP. tender DIP and PIP, skin on DIP red and slightly warm to touch*****cannot fully flex finger	
Comment	Comment impression: ongoing mallet injury to right middle finger and resulting skin damage due to that*****-referall back to MSK*****- finger splint from pharmacy*****-fucidin H and emollient for skin*****- avoid aggrevating activities	
Medication	Medication Fucidin H Cream 30 GRAM APPLY THINLY ONCE A DAY AS DIRECTED	

17-Dec-2024 Dr Linda Evans (LE) Telephone Consultation

Problem	Anxiety with depression	
History	History doing much better, started feeling better 3 weeks into taking treatment. No side effects reported. TC review in 6 months	
Comment	Comment noted on naproxen but taking this regularly, Has PPI cover	

12-Nov-2024 Dr David Stevenson (DS) Telephone Consultation

Problem	Dysmenorrhoea	
History	History bloods are all reassuring - very slightly low Hb, which is what we might expaect, based on her history. I can Rx iron, or she may prefer to buy over the counter dietary suppl,ment / mult vit.	

07-Nov-2024 Ms Kirsty Barrie (Nahc) (KB) Bankfield Medical PracticeBranch Surgery

Comment	Comment BP stable and within normal range. Pt reports headaches at present. declines blurred vision. has f/u apt with gp.	
Problem	Dysmenorrhoea	
Examination	Blood sample taken	
Comment	Comment Bloods taken with consent as per consult from right arm - FBC, U+E, LFT, TFT, ferritin	
Examination	Systolic blood pressure	128 mm Hg
Examination	Diastolic blood pressure	80 mm Hg

07-Nov-2024 Dr Linda Evans (LE) Bankfield Medical PracticeBranch Surgery

Problem	Dysmenorrhoea	
History	History ill before her period. Cold sweats, loose stools. Lasted for about 3 to 5 days, better when her period start. Period was a lot heavier since last miscarriage, changing pad every 2 hours, soaked through the night, clots, lasted for 2 to 3 days. Period cramp. Given the cyclical symptoms, ? PMS ? *****. Given appt for blood test and BP check, then TC review	

22-Oct-2024 Mr Grant Patterson (Mhp) (GP1) Telephone Call To Patient

Problem	Anxiety with depression
Examination	Examination Kelly answered her mobile telephone without incident. Kelly appeared bright and reactive, with rapport being readily and easily established. Kelly expressed herself and her needs without incident and spoke about her presenting concerns in a very matter-of-fact way. She discussed feeling *****low all of the time*****. Subjectively, rating her mood as a 3/10 everyday. She denied any DSH but discussed fleeting *****, voicing that she'd be quite happy if she never woke up. She denied any specific plan and/or intention.*****She discussed feeling as if she is in a *****rut***** and spoke about how she has experienced an escalation of her symptoms since she lost her ***** at 21 weeks. She described anhedonia, a general lethargy and lack of motivation to engage in any meaningful and/or purposeful activity, voicing that she feels as if she is only doing the bare minimum. She voiced that she is over-thinking, over-analysing and ruminating on the slightest of things which is affecting her sleep hygiene. She also voiced an increase in her impulsivity and making *****rash***** decisions ie. throwing her long-term ***** of 3 years out approx. 6 weeks ago. Worsening advice provide and made aware of the Emergency and OOH services' contact details if required.
Social	Social Kelly recently decided to request her ***** Files - *****. She is being supported by same by her *****. *****Kelly voiced that ***** have told her that it is now their *****legal obligation***** to ensure her mental health and well-being after disclosing the contents of her files. She has a meeting with them this week whereupon they are going to discuss groups and on-going support. *****She has been made aware of the importance of this and encouraged to engage with same - previously dismissive of counselling services - however made aware that she can make a return appointment with the MHP service and can be sign-posted to other services if required.*****She also discussed some work related stress - currently a manager for a local cleaning company.
Comment	Comment As above, Kelly attended today without incident complaining of a deterioration in her MH since April on wards. She feels as if she is in a rut as she put it, and has been encouraged by her family to seek help. She acknowledges this herself. Supportive discussion with Kelly today re; her options and how it may be that her needs can't be met by just one service. She has previously been px Fluoxetine and voiced she would consider another AD medication. It was mutually agreed that this seemed appropriate as well as accessing the services offered by *****. Kelly has agreed to the plan as below.
Result	Result PLAN*****1. The writer will task the GPs to ask them to consider Kelly for a px of AD medication. *****2. Kelly has been advised to phone into the practice later on today regarding same - information and advice given on this should she commence an AD today - she is aware that she can make a return appointment with the writer in 4/6 weeks to review same.*****3. Kelly was made aware that she can make a return appointment to explore alternative treatment options - ?local counselling services/Ayrshire Baby Loss services/Moving On etc.*****4. The writer has agreed to refer Kelly back to the ***** service as discussed.*****5. Kelly has been made aware of the Emergency and OOH services' contact details if required.

20-Aug-2024 Ms Kirsty Barrie (Nahc) (KB) Bankfield Medical PracticeBranch Surgery

Problem	Screening
Examination	Blood sample taken
Comment	Comment Bloods taken with consent as per consult from right arm - FBC, ESR, U+E, LFT, TFT, hba1c, B12, folate, iron studies, ferritin

20-Aug-2024 Dr Linda Evans (LE) General Practice Surgery

Result	**Serum ferritin**:		
	Ferritin	21 ug/L	(Range: 13 - 150)
Result	**Serum vitamin B12**:		
	Vitamin B12	364 ng/L	(Range: 197 - 771)
Result	**Serum iron tests**:		
	Iron	16.7 µmol/L	(Range: 9 - 34.5)
	TIBC	72.7 µmol/L	(Range: 45 - 80)
	% Saturation	23 %	(Range: 20 - 45)
Result	**Serum folate**:		
	Folate	**2 ug/L**	**(Range: 3.9 - 26.8)**
Result	**Thyroid function test**:		
	TSH	0.63 mU/L	(Range: 0.27 - 4.2)
	Free T4	18.7 pmol/L	(Range: 10 - 22)
Result	**Liver function test**:		
	Globulin	30 g/L	(Range: 21 - 35)
	Albumin	43 g/L	(Range: 35 - 50)
	Total Protein	73 g/L	(Range: 60 - 80)
	ALT	15 U/L	(Range: 5 - 55)
	AST	17 U/L	(Range: 10 - 45)
	ALP	56 U/L	(Range: 30 - 130)
	Bilirubin	6 µmol/L	(No range available)
Result	**Urea and electrolytes**:		
	eGFR result/1.73m2 *****60		(No range available)
	Chloride	103 mmol/L	(Range: 95 - 108)
	Potassium	4 mmol/L	(Range: 3.5 - 5.3)
	Sodium	138 mmol/L	(Range: 133 - 146)
	Creatinine	65 µmol/L	(Range: 50 - 100)
	Urea	4.5 mmol/L	(Range: 2.5 - 7.8)
Result	**Erythrocyte sedimentation rate**:		
	ESR	5 mm/hour	(No range available)
Result	**Haemoglobin A1c (monitoring ranges)**:		
	Haemoglobin A1c (IFCC)	37 mmol/mol	(Range: 20 - 41)
	Haemoglobin A1c	5.5 %	(Range: 4 - 5.9)
Result	**Full blood count - FBC**:		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	0.4 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	1.6 10*9/L	(Range: 1.1 - 5)
	Neutrophils	4.8 10*9/L	(Range: 1.8 - 7.4)
	Platelets	296 10*9/L	(Range: 150 - 400)
	MCHC	329 g/L	(Range: 316 - 349)
	MCH	**25.7 pg**	**(Range: 27.3 - 32.6)**
	MCV	**78 fL**	**(Range: 82 - 98)**
	Haematocrit	0.36 %	(Range: 0.36 - 0.48)
	RBC	4.63 10*12/L	(Range: 3.88 - 4.99)
	White Cell Count	6.9 10*9/L	(Range: 3.9 - 11.1)
	Haemoglobin	**119 g/L**	**(Range: 122 - 165)**

15-Aug-2024 Dr David Stevenson (DS) Telephone Consultation

Problem	Coccygodynia
History	History not settling at all, now wiehs to accept MSK referral. c hat re analgesia meantime - would accept more naproxen (plus Proton Pump Inhibitor). Offered to bring her, in, but she's hpapy to just accept referral straight away.
Comment	Comment This lady presented in July with coccygodynia*****She had no *****.*****She sadly had an intra-uterine death in April this year with manual removal of placenta, and dates the onset of her symptoms to that occasion.*****She has had some time of NSAIDs, and analgesia, and her pain in her coccyx is not settling at all. She would welcome your input. Many thanks.
New Referral	New Referral 8HTP.: Referral to musculoskeletal clinic (SCI Gateway Referral)
Problem	Screening
History	History she was under the impression from her gynaecologist that they were writing to us to as for TFTs. No such letter ahs been received. Please attend for FBC, U&E, TFT, LFT, HbA1c, B12, Folate, Iron and ferritin, ESR and then speak to us re results.

23-July-2024 Dr David Stevenson (DS) Bankfield Medical PracticeBranch Surgery

Problem	Coccygodynia
History	History cofirmed history. no history of MSK trauma. Does have a history of prgenancy, which sadly ended with IUD at 19 weeks, in April this year. She had to have manual removal of placenta. The pain seems to date from around then. *****Mostly brought on by sitting. if she's actively working it's not at all bad. Sitting still can be problematic. Takes occasional cocodmaol, and ibuprofen.
Examination	Examination sitting on the right buttock only. Tender coxxyx.
Comment	Comment Given informaiton leaflet*****https://www.nhsggc.org.uk/media/255476/information-about-coccydynia.pdf*****offere dMSK referral = declined for now - she'll try the self help measures, and let us know if she wants referral.*****Analagesia*****See any time.
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

19-July-2024 Dr David Stevenson (DS) Telephone Consultation

Problem	Coccygodynia
History	History She has a throbbing pain in the tailbone. Present for about three months, since coming out of hospital n April/ there can be times when it's not too bad but when it's brought on, usually by sitting, then it is painful the whole rest of the day. This can interfere with her ability to do her work - e.g. if expected to sit in a meeting.
Comment	Comment given appointment to assess.

21-May-2024 Mr Grant Patterson (Mhp) (GP1) Telephone Call To Patient

Problem	Miscarriage
Examination	Examination The writer contacted Kelly on her mobile telephoner as planned; Kelly answered without incident. She appeared relatively bright and reactive, rapport was readily and easily established and she expressed herself and her needs without incident. Subjectively, she rated her mood as a 5/10. She denied any DSH and/or suicidal thoughts, plans and/or intentions; worsening advice given if required. There was no evidence of any thought disorder, delusional ideation and/or psychotic type symptomatology noted and her cognition appeared grossly intact.
Comment	Comment As above, Kelly answered her mobile telephone without incident. She advised that she unfortunately experienced a misscarriage and lost her Baby at 21 weeks. Her mental state appeared appropriate and proportionate to same; she advised that she has been off work, but is still managing to function for the sake of her ***** but is ***** and sleeping excessively. She denied any problematic substance use. The writer listened and empathised providing help and advice when he could; the writer discussed the value in keeping mood diaries and discussed some basic behavioural activation work which Kelly appeared to appreciate and acknowledge; she advised that she spoke to her work yesterday and feels as if going back to work would be good for her. She does not feel like she would like counselling at this time however was made aware of Ayrshire Baby Loss Support, SANDS, CRUSE and Glasgow Preganancy Choices should she change her mind. It was mutually agreed that she may benefit from being referred to the ***** service and she was made aware that she can make a return appointment with the writer and/or his colleagues at any time if required.
Result	Result The writer has referred Kelly to the ***** service. No other immediate clinical issues and/or concerns identified at time of writing.

15-May-2024 Dr Sharayu Sakpal (SS1) Telephone Consultation

Problem	Miscarriage
History	History recent miscarriage -offered condolence. discussed blood results. Hb 106. iron 9.9, rest bloods nad. noted idl, hb was 91 in april post miscarriage. patient fgeels tired. states she is unsure if thisis due to her iron levels or because of her recnt miscarriage. understandably sad about this and states her sleep is affected. struggles with browken disturbed sleep at night and feels tired during the day - more sleepy.
Comment	Comment long chat re above -rx issued foriron tablets for 2 months./ for repeat bloods in 6 weeks - if hb and iron levels normal to stop this. signposted to mhp for further support. review as needed
Medication	Medication Ferrous Fumarate Tablets 210 mg 56 tablet ONE TO BE TAKEN EACH DAY

10-May-2024 Ms Leigh Wylde (Nahc) (LW4) Bankfield Medical PracticeBranch Surgery

Problem	Miscarriage
Comment	Nursing care blood sample taken from right arm with verbal consent. U&E,LFT,TFTs,HBA1C,B12,Folate,Iron Studies,Ferritin,FBC,ESR

10-May-2024 Dr David Stevenson (DS) Telephone Consultation

Problem	Miscarriage
History	History just recently finished iron therapy, but still feeling weak and out of sorts - please attend for FBC, U&E, TFT, LFT, HbA1c, B12, Folate, Iron and ferritin, ESR .

18-Apr-2024 Dr David Stevenson (DS) Data Entry

Problem	Miscarriage
History	History see task - maternity unit call to let us know about this.

09-Apr-2024 Dr Sharayu Sakpal (SS1) Bankfield Medical PracticeBranch Surgery

Problem	Patient pregnant
History	History 18 weeks gestation. 4th pregnancy
Problem	Knee joint pain
History	History knee pain for over a year. - left knee pain- unsure what causes it. usually lasts for a couple of days and goes away. this is the first time it has been continuous for the last 3 weeks. pain bearable through the day. pain has been worse at night - feels this is secondary to sleeping position as lying on her left with leg bent. knee gets stiff and feels tight over the knee joint - this is relivied by flexing and clickinh
Examination	Examination gait normal. walked in independently. hips b/l nad. from. knees b/l nad. from. Left knee - nil swelling, redness or heat. ankles b/l nad. pwer and tone intact. FROM. neurovasc intact lower limbs
Comment	Comment Advised likely msk - Patient workswith a cleaning company as a manager but does help out with cleaning - advised to discuss with worek about less jobs which involve bending all the time and being on her knees. as she is pregnant - talk to midwife and ask for referral to antenatal physios. take co-codamol prn - at night as pain worse then . happy with plan

10-Aug-2023 Ms Julie Lawrie (JL) Bankfield Medical PracticeBranch Surgery

Problem	Spontaneous bruising	
Examination	O/E - blood pressure blood	
Comment	Blood sample -***** Lab NOS Attended for	
Examination	Systolic blood pressure	113 mm Hg
Examination	Diastolic blood pressure	88 mm Hg

08-Aug-2023 Ms Nicola Wilson (Nahc) (NW) Bankfield Medical PracticeBranch Surgery

Comment	Nursing care blood sample taken Bloods as below, Taken from left arm with verbal concent given. Advised to call 1/52 for results.

08-Aug-2023 Dr Junaid Ilyas (JBI) General Practice Surgery

Result	**(Non Coded Event - Folate Comment)**:		
	Folate Comment		(No range available)
Result	**Serum iron tests**:		
	Iron	20.3 µmol/L	(Range: 9 - 34.5)
	TIBC	68.2 µmol/L	(Range: 45 - 80)
	% Saturation	29.8 %	(Range: 20 - 45)
Result	**Serum ferritin**:		
	Ferritin	21 ug/L	(Range: 13 - 150)
Result	**Serum folate**:		
	Folate	**2.2 ug/L**	**(Range: 3.9 - 26.8)**
Result	**Serum vitamin B12**:		
	Vitamin B12	332 ng/L	(Range: 197 - 771)
Result	**Thyroid function test**:		
	TSH	0.88 mU/L	(Range: 0.27 - 4.2)
	Free T4	14.4 pmol/L	(Range: 10 - 22)
Result	**Liver function test**:		
	Globulin	26 g/L	(Range: 21 - 35)
	Albumin	45 g/L	(Range: 35 - 50)
	Total Protein	71 g/L	(Range: 60 - 80)
	ALT	10 U/L	(Range: 5 - 55)
	AST	18 U/L	(Range: 10 - 45)
	ALP	57 U/L	(Range: 30 - 130)
	Bilirubin	7 µmol/L	(No range available)
Result	**Urea and electrolytes**:		
	eGFR result/1.73m2 *****60		(No range available)
	Chloride	101 mmol/L	(Range: 95 - 108)
	Potassium	3.8 mmol/L	(Range: 3.5 - 5.3)
	Sodium	138 mmol/L	(Range: 133 - 146)
	Creatinine	62 µmol/L	(Range: 50 - 100)
	Urea	3.8 mmol/L	(Range: 2.5 - 7.8)
Result	**Erythrocyte sedimentation rate**:		
	ESR	2 mm/hour	(No range available)
Result	**Haemoglobin A1c (monitoring ranges)**:		
	Haemoglobin A1c (IFCC)	32 mmol/mol	(Range: 20 - 41)
	Haemoglobin A1c	5.1 %	(Range: 4 - 5.9)
Result	**Full blood count - FBC**:		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	0.7 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	1.9 10*9/L	(Range: 1.1 - 5)
	Neutrophils	7 10*9/L	(Range: 1.8 - 7.4)
	Platelets	243 10*9/L	(Range: 150 - 400)
	MCHC	332 g/L	(Range: 316 - 349)
	MCH	28.3 pg	(Range: 27.3 - 32.6)
	MCV	85 fL	(Range: 82 - 98)
	Haematocrit	0.38 %	(Range: 0.36 - 0.48)
	RBC	4.48 10*12/L	(Range: 3.88 - 4.99)
	White Cell Count	9.7 10*9/L	(Range: 3.9 - 11.1)
	Haemoglobin	127 g/L	(Range: 122 - 165)
Result	**Coagulation tests**:		
	Coagulation Comment		(No range available)
Result	**Clotting screen**:		
	Thrombin time NA		(No range available)
	Prothrombin time NA		(No range available)
	Fibrinogen NA		(No range available)
	APTT NA		(No range available)

02-Aug-2023 Dr David Stevenson (DS) Telephone Consultation

Problem	Spontaneous bruising
History	Spontaneous bruising or brusiing with minimal trauma. wonders if we can check some bloods? please attend for clotting screen, and FBC, U&E, TFT, LFT, HbA1c, B12, Folate, Iron and ferritin, ESR and then we can speak to her re result.s

18-May-2023 Dr Junaid Ilyas (JBI) Telephone Consultation

Problem	Shingles
History	History picture noted- rash on ther side appeared 2 days ago- itchy nad sensitive- bumpy- feels under the weather since yesterday- not had shingles in the past
Comment	Comment looks and sounds like shingles- prescroption done
Medication	Medication Aciclovir Tablets 800 mg 35 TABLET ONE TO BE TAKEN FIVE TIMES A DAY

29-Mar-2023 Dr David Stevenson (DS) Telephone Consultation

Problem	[D]Light-headedness
History	History Discussed test results - no concerns. Encouraged to return for review if needed .

23-Mar-2023 Ms Julie Lawrie (JL) Bankfield Medical PracticeBranch Surgery

Problem	[D]Light-headedness
Comment	Blood sample -***** Lab NOS attended for

21-Mar-2023 Dr David Stevenson (DS) Telephone Consultation

Problem	[D]Light-headedness
History	History still feels lighheaded from time to time. FH of DM, she tells me - worried tre this. Would be reasonable thceck bloods. please attend for HbA1c and randome blood glucose. Thanks.

31-Jan-2023 Dr David Stevenson (DS) Telephone Consultation

Problem	[D]Light-headedness
History	History Discussed test results - no concerns. Encouraged to return for review if needed

25-Jan-2023 Ms Tracey Gallagher (Nahc) (TG) Bankfield Medical PracticeBranch Surgery

Examination	O/E - BP reading	
Comment	Blood sample taken	
Problem	[D]Light-headedness	
Examination	Systolic blood pressure	114 mm Hg
Examination	Diastolic blood pressure	80 mm Hg

24-Jan-2023 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem	[D]Light-headedness
History	History medical management of miscarriage about 10 days ago- was bleeidgn PV from hogmany and bleeding stopped 3 daya go- has felt a bit light headed and palpitation in the past 2-3 days - nil nausea- eating and drinking well-
Comment	Comment apnt bood for blood and bp cvheck

01-Dec-2022 Dr David Stevenson (DS) Telephone Consultation

Problem	Backache
Problem	Patient pregnant
History	History asking about amitriptyline and cocodamol in pregnancy. she has stopped taking the amitriptyline altogether. I think this is reasonable - she feels she can probably stay off it if she continues with the cocodmaol. She uses the cocodmaol only sparingly. talked about the risks / benefit of this, with referrence to the BNF advice fro both drugs. advised to bring this to the attention of her midweife at her booking appointment.

18-Aug-2022 Dr David Stevenson (DS) Telephone Consultation

Problem	Contraception
History	History wisehs to chagne her contraceptice pill . Currently on NOrgeston (levonorgestrel), and was previously on Cerazette (desogestrel). feels that both her current pill and the ast were causing her skin to break out and she wishes to change.*****has preiovusly been to the FP clinic, and had the implant, which she then had out, does not wish to go back. was told by FP professional that unsuitable for COC due to age and smoking.
Social	Current smoker
Comment	Comment She has never had norethistrone that I can see. I've found a list of the various brand names of the norethisterone POP products, and she doesn't recognise any of these. Try this, and reivew.
Medication	Medication Noriday Tablets 350 micrograms 84 TABLET ONE TO BE TAKEN EVERY DAY

27-Jun-2022 Dr Alisha Dosumu (AD) Telephone Consultation

Problem	[D]Musculoskeletal chest pain
History	History ***** about 9 days ago - occureda bout 2-3 days later- left sided anterior chest wall pain - sore to touch and with inspiration - no visible brusises
Examination	Examination speaking easily in sentences
Comment	Comment continue tih cocdamol to maxi***** tolerated dose - can increase AMT to 20-30mg at night - it will take some weeks to settle - Review as needed

20-Jun-2022 Mr John McHarg (Clinical Pharmacist) (JMCH) Externally Entered

Problem	Backache
Comment	Comment Admin tasked to print
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-Dec-2021 Mr Anonymous User (ANON)

20-Dec-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Ayr Racecourse) *FN3543/ PF/IM/Right Arm//C-19 Booster Pfizer (Ayr Racecourse)*

21-Dec-2021 Mr Anonymous User (ANON)

20-Dec-2021 Vaccination Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (K Eeles) *FN3543/ PF/IM/Right Arm//C-19 Booster Pfizer (K Eeles)*

17-Nov-2021 Dr Alisha Dosumu (AD) Telephone Consultation

Problem Backache
History History reqeust rx for above - using nightly AMT and Cocodamol as required
Comment Comment rx issued and amended accoprdingly

17-Aug-2021 Mr Anonymous User (ANON)

13-Aug-2021 Vaccination Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By A Reid) *FE3380/ PF/IM/LUA//C-19 Pfizer (By A Reid)*

18-Jun-2021 Mr Anonymous User (ANON)

17-Jun-2021 Vaccination Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By M Clive) *FA1027/ PF/IM/LUA//C-19 Pifzer (By M Clive)*

25-Mar-2021 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem Acne vulgaris
History History POP has helped to stop the bleeding- hwever hwee acne has flared up- affecting the jaw line and chin -
Comment Comment add adapalene and see how this helps
Medication Medication Adapalene And Benzoyl Peroxide Gel 0.1 % + 2.5 % 45 GRAM(S) APPLY THINLY ONCE DAILY IN THE EVENING

25-Jan-2021 Dr David Stevenson (DS) Video Consultation

Problem Contraception
History History has the implant in situ - due to get it out later this year, at FP clininc. Howeve,r having more or less constant spotting. Preiovusly she was on Implant + hormoanl contracetpion, she telsl me, and she'd like to try soemthing else for now if possible.
Comment Comment given the Covid pandemic we are dealignw tih thigns differently rigthto now, and getting her seen earlier at the FP clinci is problagby not an option, I'm sosry. she is happy to try a pill for now, and will let us know hwo she get *****., If works well then she can stay on this for af ew montsh until she gets the rod out. If not workign well then she will call us back. she's happy with this plan.
Medication Medication Desogestrel Tablets 75 micrograms 84 tablet ONE TO BE TAKEN EACH DAY

21-Apr-2020 Dr David Stevenson (DS) Telephone Consultation

Problem Backache
History History amitriptyline working well overnight, but still has pain during the day, which is poorly controlle.d She had both cocodamol and naproxezn a few years back for a rib injury, with no adverse effects from either, so issue these, and review as needed.

09-Apr-2020 Dr Junaid Ilyas (JBI) Bankfield Medical PracticeBranch Surgery

Problem Backache
History History 3 day hx of left sided buttock pain - running down left leg to the back fo the knee- burning in nature- nil rash- cocodamol does not help- slight relief when walkijng- nil hx of truam- nil weakness in the leg- nil bowel or bladder concerns - was up all lasdt night bc of the pain- had similar a few years ago when she had a baby- was given amitriptylline
Comment Comment sounds like sciatica- trial of AMT- worsening sympotom advie given
Medication Medication Amitriptyline Hydrochloride Tablets 10 mg 28 tablet ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

25-Mar-2019 Dr Junaid Ilyas (JBI) Bankfield Medical Practice

Problem	[X]Depression NOS
History	History feel tablets helping- not as emotional- has two jobs- managing better
Examination	Examination good eye contact- smiling- looks calm- nil dsh thoughts
Comment	Comment ssri issued- rv in 2.12
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 56 capsule ONE TO BE TAKEN EACH DAY

07-Feb-2019 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	[X]Depression NOS
History	History came for review as planned, worried about her *****, *****. Juggling with 2 jobs, part time taxi driver for the school, night shift carer at *****, working extra night shift during the weekend for financial reason. Tearful, anxious, disturbed sleep. SW involved, school trying to help. ADvised to sepak to her main employer about cutting down her hours, patient agreed that she was overworked and stretching herself. Discussed on starting SSRI, patient in agreement to start. MED3 issued. Review one month
Attachment	eMED3 (2010) new statement issued, not fit for work *FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 07/02/2019 - 21/02/2019)*
Medication	Medication Fluoxetine Hydrochloride Capsules 20 mg 30 CAPSULE ONE TO BE TAKEN EACH DAY

06-Feb-2019 Dr Linda Evans (LE) Telephone Consultation

Problem	[X]Depression NOS
History	History problem with her child, SW involved, under a lot of stress, working on 2 jobs, things getting on top of her. Given appt tomorrow, working this afternoon

03-July-2018 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Wishes to postpone menstruatn.
History	History goin on holiday next week, wishes to postpone menstruation

15-Sept-2017 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	C/O - a chest wall symptom
History	History at the start of the week she hurt her right chest wall in an accident involving a wheelie bin. She was attempting to retreive a mobile phone which had been accidentally put into the bin, when she slipped and her entire body weght went onto the edge of the bin, via the right lower hemithorax. This area is still painful, especially when trying to take a deep breath. She's due to return to work this weekend, but not sure if she can.
Examination	Examination in some slight discomfort. Chest is slighlty tender around the right costal margin. Good air entiry, will nil added in all chest areas. Impaired expansion.
Comment	Comment analgeisa, self certify, see if not settling.
Medication	Medication Co-Codamol 30/500 Tablets 100 TABLET TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED
Medication	Medication Naproxen Tablets 500 mg 56 TABLET ONE TO BE TAKEN TWICE A DAY

22-Mar-2017 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Wishes to postpone menstruatn.
History	History going on honeymoon an dstill spotting with implant in-situ - ha scompleted falmily with 3 children
Comment	Comment rx issued as before but advise most likley will need implant removed - also chat re: larc and vasectomy

22-Mar-2017 Dr Alisha Dosumu (AD) General Practice Surgery

Read Code	WML document Contraceptive Choices Printed

22-Mar-2017 Dr Alisha Dosumu (AD) General Practice Surgery

Read Code	WML document Vasectomy Printed

09-Nov-2016 Ms Jan McCulloch (JMCC) Bankfield Medical Practice

Problem	Wishes to postpone menstruatn.
Examination	Blood sample taken

03-Oct-2016 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Wishes to postpone menstruatn.	
History	History has the implant in-situ, but haivng spotting all the time. she gets married next week, and wishes this sorted out before then. She is not averse to going on the pill also if needed.	
Comment	Comment Short term Rx right now, but she is to come back and discuss longer term solutions after her wedding. Also worried she might be anaemic with all the bleeding - please book in for FBC	
Medication	Medication Norethisterone Tablets 5 mg 90 tablet ONE TO BE TAKEN THREE TIMES A DAY	

25-Sept-2016 Dr Alisha Dosumu (AD) General Practice Surgery

Comment	Cervical smear defaulter Exclusion From SCCRS Until 25/12/2018. Reason: Defaulter	

19-Jan-2016 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Postnatal visits	
History	History doing well . Keen to go back to her pill	
Problem	Contraception	
Examination	Systolic blood pressure	126 mm Hg
Examination	Diastolic blood pressure	74 mm Hg
Examination	O/E - height	166 cm
Examination	O/E - weight	77 Kg
Examination	Body Mass Index	27.94
Social	Current smoker	
Social	Current smoker	
Medication	Medication Rigevidon Tablets 63 TABLET ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.	
Read Code	Smoking cessation advice	
Read Code	General contraceptive advice patient has been asked if there has been any significatn change to the medical history in the last 12 months	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	
Examination	Examination abdo soft	
History	History Thinking of trying out the implant again. Restart on COP for now	

14-Dec-2015 Ms Ruth Picken (RP) Bankfield Medical PracticeGeneral Practice Surgery

04-Dec-2015	Read Code	Asthma monitor 2nd letter

04-Dec-2015 Ms Tracy Walker (TW) Bankfield Medical Practice

Comment	Comment 40weeks. Feeling well, fmf. iol 16/12. see next week for membrane sweep.	

13-Nov-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Problem	Antenatal care	
Comment	Comment 37 weeks FHH FMF. ?SFD - referred for USS	

29-Oct-2015 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Vaccinations	
Examination	Examination flu vac given left deltoid	
Vaccination	Seasonal influenza vaccination *Influvac Batch No - J27R Exp - 06/16*	
Vaccination	Influenza vacc consent given	

23-Oct-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Comment	Patient pregnant 34 wks well today FMF FHH Bloods obtained R/V 38wks	

07-Oct-2015 Ms Ruth Picken (RP) Bankfield Medical PracticeGeneral Practice Surgery

25-Sept-2015	Read Code	Asthma monitor 1st letter

14-Sept-2015 Ms Lesley Wilson (LW1) Bankfield Medical Practice

Problem	Antenatal care	
Comment	Comment 28 weeks pregnant. Boostrix given	
Vaccination	Low dose diphth, tet, acellular pert and inactiv polio vacc (Right arm) *Batch No AC39B053AH exp 02/16*	
Vaccination	Full consent for immunisation *Pertussis Vaccination*	
Read Code	Seen by practice nurse	
Read Code	Patient pregnant	

04-Sept-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Problem	Antenatal care
Comment	Comment 27 weeks. Bloods obtained. FHH FMF

31-July-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Problem	Antenatal care
Comment	Comment 22 weeks. Mat B1 given. FHH FMF

19-Jun-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Problem	Antenatal care
Comment	Comment 16 weeks. FHH. No concerns

24-Apr-2015 Ms Karen McKenzie (KMCK) Bankfield Medical Practice

Problem	Patient pregnant
Comment	Comment 8+4 by LMP. Bloods obtained. Will check vz as well. Referred for maternity care

21-Apr-2015 Dr Linda Evans (LE) Telephone Consultation

Problem	Patient pregnant
History	History cleaned house for a family. The ***** phoned her to say 2 of her ***** have the chicken pox. She thought she might have as a child but could not be sure *****. She informed me the children had the rash only today. To play it safe, avoid contact for a week. But if she is sure she had previous chicken pox then she should be immune.

31-Mar-2015 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Patient pregnant
History	History LMP 24/2/2015. 2 previous pregnancies, children *****. Slight nausea but other wise fine. GIven general dietary and lifestyle advice. Has stopped drinking alcohol since she found out she was pregnant. To make appt with midwife
Social	Smoker
Social	Smoking cessation counselling
Comment	Comment Background asthma but keeping well, did get some flare up when she was pregnant.

30-Jan-2015 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Lump in breast (Right)
History	History History, examination, and referral as below.
Comment	Comment This lady attends with painful breast lump which has developed over the last three days.*****She is otherwise well. She does not report any rashes, skin problems, nipples changes, or discharge.*****Examination reveals a tender mass in the upper part of the right breast. The other breast, and the axillae are normal. There are no skin or nipple changes. She was systemically well, with a temperature of 37.0*****Given the history of sudden onset and pain we have given her flucloxacillin for ? abscess?*****Many thanks for seeing her.
Medication	Medication Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY
New Referral	New Referral 8HgQ.: Discharge from cancer primary healthcare MDT (SCI Gateway Referral)

12-Nov-2014 Dr Sophie Johnston (SJ) Bankfield Medical Practice

Problem	Contraception	
History	History Feels microgynon giving her spots on back. Keen to try different OCP. Bn on dianette in past- looking at her back she has very few spots so I probably wouldn't advice going back on this due to increased dvt risk/ Going to try marvelon instead. Will let us know if problems	
Examination	Systolic blood pressure	127 mm Hg
Examination	Diastolic blood pressure	98 mm Hg
Examination	O/E - height	166 cm
Examination	O/E - weight	70 Kg
Examination	Body Mass Index	25.4
Social	Ex smoker	
Medication	Medication Ethinylestradiol And Desogestrel Tablets 30 micrograms + 150 micrograms 126 tablet ONE TO BE TAKEN EACH DAY	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	

02-Jun-2014 Dr Omowunmi Bada (OB) Bankfield Medical Practice

Problem	Contraception	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	75 mm Hg
Examination	O/E - height	163 cm
Examination	O/E - weight	74 Kg
Examination	Body Mass Index	27.85
Social	Current smoker	
Social	Current smoker	
Comment	Smoking cessation advice declined specilist help. she tells me that she has tried before and she is going to try again by herself.	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	

02-Jun-2014 Dr Omowunmi Bada (OB16990) Bankfield Medical PracticeGeneral Practice Surgery

Problem	Asthma not limiting activities
Problem	Asthma never causes day symps
Problem	Asthma not disturbing sleep
Problem	RCP asthma assessment 0

03-Jan-2014 Dr David Stevenson (DS16990) Bankfield Medical Practice

Read Code	Excep asthma qual ind: Inf dis 3 letters but has not attended for review. CHECKED BY DOCTOR

31-Dec-2013 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	Contraception	
Examination	Systolic blood pressure	129 mm Hg
Examination	Diastolic blood pressure	78 mm Hg
Examination	O/E - height	163.5 cm
Examination	O/E - weight	72.2 Kg
Examination	Body Mass Index	27.01
Social	Current smoker	
Comment	Comment happy to continue with cocp,does not want larc. advised re increased risks with cocp,smoker, says will think about stopping soon, advised re different groups available to help. does not check bse discussed and shown. taking at the same time and has not forgotten.	
Read Code	Smoking cessation advice	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	

04-Dec-2013 Ms Gail Dunlop (GD16990) Bankfield Medical PracticeGeneral Practice Surgery

Read Code	Asthma monitor 3rd letter \\80842PCS\NetworkShare\80842\Letters\ASTHMA _04122013121411075.doc

29-Nov-2013 Dr Alisha Dosumu (AD) Bankfield Medical Practice

Problem	Skin lesion
History	History This 28 year old smoker has had a small painless lump in the in left side of her mouth for about 4 months. She cannot recall any trauma.Examiantion revealed a small smooth pink pea sized lump in the buccal mucosa just inside the right angle of the mouth. There were no palapbable neck nodes. I would be grateful if you could see her for consideration of excision.
Comment	Comment Refer maxfax

05-Nov-2013 Ms Gail Dunlop (GD16990) Bankfield Medical Practice

Read Code	Asthma monitor 2nd letter \\80842PCS\NetworkShare\80842\Letters\ASTHMA _05112013102439854.doc

25-Sept-2013 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Contraception	
History	History keen to restart on the pill. No contraindications.	
Examination	Systolic blood pressure	130 mm Hg
Examination	Diastolic blood pressure	84 mm Hg
Examination	O/E - height	163.5 cm
Examination	O/E - weight	73 Kg
Examination	Body Mass Index	27.31
Social	Current smoker	
Medication	Medication Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms 63 tablet ONE TO BE TAKEN AS DIRECTED	
Read Code	Smoking cessation advice	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	

16-Sept-2013 Ms Gail Dunlop (GD16990) Bankfield Medical Practice

Read Code	Asthma monitor 1st letter \\80842PCS\NetworkShare\80842\Letters\ASTHMA_16092013163402375.doc

20-Aug-2013 Dr Linda Evans (LE) Bankfield Medical Practice

Problem	Upper abdominal pain
History	History associated with nausea. Worse after food. Had previous hernia operation, no recurrence of swelling. No change in bowel hibit. Apin for 2 weeks
Examination	Examination Abdo: mildly tender epigastric
Comment	Comment Given lifestyle advice. Cut down alcohol and cigarette, Avoid aspirin and NSAIDs. Trial with PPI
Medication	Medication Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN EACH DAY

22-May-2013 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Asthma
History	History RTI symtposm for 3-4 days. she feels realatively well, but her work insisted she see a doctor (she works with old people). has a diagnosis of asthma,b ut hasn't troubled her for some years, and doesn't currently have an inhaler at home. Gave up smoking 3 months ago.
Examination	Examination looks well, good colour, undistressed, threoat slighlty red, no LN - chest - mild insp wheeze only - nil focal.
Social	Ex smoker
Comment	Comment she should have an inhaler to use. no indication for antibiotics currently, happy to see anytiem fi worsening, but otherwise to expect gradual resolution.
Medication	Medication Salbutamol Cfc-free inhaler 100 micrograms/puff 1 INHALER TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

18-Dec-2012 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	[D]Lump in head or neck
History	History referral as below.
Comment	Comment This lady tells me (she was not a patient at the time) that she had a neck lump last year which was thought to be a cyst, and which required excision, proving to be a necrotic lymph node.*****She attends today, telling me that she has a new lesion, about 2 cm anterior to the scar of the old lesion, which has a similar presentation, in that it swells up over a period of time and then discharges matter.*****o/e today the site of the lesion is quiescent and I cannot comment on any possible neck lump.*****Given her history, many thanks for seeing her.

30-Oct-2012 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	Contraception	
Examination	Systolic blood pressure	134 mm Hg
Examination	Diastolic blood pressure	79 mm Hg
Examination	O/E - height	159 cm
Examination	O/E - weight	67.9 Kg
Examination	Body Mass Index	26.86
Social	Current smoker	
Social	Current smoker	
Comment	Comment has been on dianette for 1yr as skin was so bad, skin has now improved but patient does not want to change, advised 3month supply only and re side effects, leaflet downloaded and given, has used the implant before does not want this, happy to continue with cocp. advised re changing to another cocp.	
Read Code	Smoking cessation advice	
Read Code	Oral contraception	
Read Code	Advice about long acting reversible contraception	
Read Code	General contraceptive advice	

29-Oct-2012 Dr Alisha Dosumu (AD) Data Entry

Problem	Contraceptive administration
History	History requesting Rx for dianette
Comment	Comment *****PLEASE ADVISE PATIENT OF RISKS OF DIANETTE - INFORMATION LEAFLET ON DOCMAN UNDER DIANETTE - ONLY PRESCRIBE IF SKIN CONDITION HAS NT SETTLED - 3 MOTNHS SUPPLIED ONLY*****
Medication	Medication Co-Cyprindiol Tablets 63 TABLET ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.

23-Oct-2012 Ms Lorna Stewart (LS) Bankfield Medical Practice

Problem	Attended new patient screen	
Examination	O/E - Systolic BP reading	132 mm Hg
Examination	O/E - Diastolic BP reading	88 mm Hg
Examination	O/E - height	159 cm
Examination	O/E - weight	67.9 Kg
Examination	Body Mass Index	26.86
Social	Aerobic exercise 3+ times/week	
Social	Alcohol consumption	3 units/week
Social	Cigarette smoker	10 Cigarettes/day
Comment	Comment Npmed; pmh; asthma; medication; salbutamol; contraception; dianette; allergies; none known; has apt with dr later today.	
Read Code	Health ed. - alcohol	
Read Code	Health ed. - exercise	

23-Oct-2012 Dr David Stevenson (DS) Bankfield Medical Practice

Problem	Musculoskeletal pain mild
History	History tells me that she was bitten by a dog at the weekend. The wound itself is not causing any problems and was looked over by A&E and the appropriate treatment give. However, during the dog attack she was curled up in a ball, trying her best to fit off the dog and ***** herself. She now has muscular aches and pains in the badck and the abdominal muscles which she attributes to this. Seems a reasonably likely cause.
Examination	Examination declines any examination as there is nothing to see she tells me.
Comment	Comment suggest a period of nsaids might be appropriate. She should expect this to settle, and we will happily review if not.
Medication	Medication Diclofenac Sodium E/c tablets 50 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

01-Jan-2000 Ms Docman *do Not Delete* Docman *do Not Delete* (DOC1) Docman

01-Jan-2000 Ms Docman *do Not Delete* Docman *do Not Delete* (DOC1) Docman

01-Jan-2000 Ms Docman *do Not Delete* Docman *do Not Delete* (DOC1) Docman

01-Jan-2000 Ms Docman *do Not Delete* Docman *do Not Delete* (DOC1) Docman

Medications (inc. issues)

Acute

11-Jun-2026 Ferrous Fumarate Tablets 210 mg
84 tablet - ONE TO BE TAKEN DAILY

11-Jun-2026 Ferrous Fumarate Tablets 210 mg
84 tablet - ONE TO BE TAKEN DAILY

02-Jun-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

02-Jun-2026 Omeprazole Capsules (Gastro-Resistant) 20 mg
28 CAPSULE - ONE TO BE TAKEN EACH DAY

28-Apr-2026 Desogestrel Tablets 75 micrograms
84 tablet - ONE TO BE TAKEN EACH DAY

28-Apr-2026 Desogestrel Tablets 75 micrograms
84 tablet - ONE TO BE TAKEN EACH DAY

20-Oct-2020 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

22-Sept-2020 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

Repeat

28-May-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

05-May-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

20-Mar-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

17-Feb-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

20-Jan-2026 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

22-Dec-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

08-Dec-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

28-Oct-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

17-Sept-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

12-Aug-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

10-July-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

02-Jun-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

06-May-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

08-Apr-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

24-Feb-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

03-Feb-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

13-Jan-2025 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

02-Dec-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

06-Nov-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

10-Oct-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

12-Sept-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

13-Aug-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

17-July-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

06-Jun-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

26-Feb-2024 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

14-Nov-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

19-Sept-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

10-Aug-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

13-Jun-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

27-Apr-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

03-Apr-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

13-Mar-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

16-Feb-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

25-Jan-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

05-Jan-2023 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

16-Nov-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

17-Oct-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

29-Sept-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

05-Sept-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

14-July-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

20-Jun-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

19-May-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

19-Apr-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

08-Mar-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

31-Jan-2022 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-Dec-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

17-Nov-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

22-Sept-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

10-Aug-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

01-July-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

24-May-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

14-Apr-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

15-Mar-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

17-Feb-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

14-Jan-2021 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

24-Nov-2020 Co-Codamol 30/500 Tablets
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

22-Sept-2020 Co-Codamol 30/500 Tablets
100 TABLET - ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIUMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY.

Past

02-Jun-2026 Mefenamic Acid Capsules 250 mg Acute Medication (Past)
100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

02-Jun-2026 Mefenamic Acid Capsules 250 mg Acute Medication (Past)
100 CAPSULE - TWO TO BE TAKEN THREE TIMES A DAY

02-Jun-2026 Tranexamic Acid Tablets 500 mg Acute Medication (Past)
60 TABLET - TWO TO BE TAKEN THREE TIMES A DAY

02-Jun-2026 Tranexamic Acid Tablets 500 mg Acute Medication (Past)
60 TABLET - TWO TO BE TAKEN THREE TIMES A DAY

20-May-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

28-Apr-2026 Tranexamic Acid Tablets 500 mg Acute Medication (Past)
60 TABLET - TWO TO BE TAKEN THREE TIMES A DAY WITH MENSES FOR UP TO 4 DAYS

28-Apr-2026 Tranexamic Acid Tablets 500 mg Acute Medication (Past)
60 TABLET - TWO TO BE TAKEN THREE TIMES A DAY WITH MENSES FOR UP TO 4 DAYS

15-Apr-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN EACH DAY

15-Apr-2026 Sertraline Hydrochloride Tablets 50 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN EACH DAY AFTER 1 WEEK OF 15MG MIRTAZAPINE

20-Mar-2026 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

17-Feb-2026 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 TABLET - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

17-Feb-2026 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 TABLET - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

28-Jan-2026 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

28-Jan-2026 Mirtazapine Tablets 30 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

20-Jan-2026 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

29-Oct-2025 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

29-Oct-2025 Mirtazapine Tablets 15 mg Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

15-Oct-2025 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 TABLET - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

15-Oct-2025 Propranolol Hydrochloride Tablets 10 mg Acute Medication (Past)
84 TABLET - ONE OR TWO TO BE TAKEN THREE TIMES A DAY

17-Sept-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

17-Sept-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

20-Aug-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-July-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

29-July-2025 Mirtazapine Tablets 15 mg Acute Medication (Past)
28 TABLET - ONE TO BE TAKEN AT NIGHT

02-Jun-2025 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

24-Feb-2025 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

29-Jan-2025 Fucidin H Cream Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

29-Jan-2025 Fucidin H Cream Acute Medication (Past)
30 GRAM - APPLY THINLY ONCE A DAY AS DIRECTED

17-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

17-Dec-2024 Fluoxetine Hydrochloride Capsules 20 mg Repeat Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

22-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

22-Oct-2024 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

21-Aug-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

21-Aug-2024 Folic Acid Tablets 5 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

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

15-Aug-2024 Naproxen Tablets 500 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

05-Aug-2024 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

05-Aug-2024 Fexofenadine Hydrochloride Tablets 180 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN EACH DAY

23-July-2024 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

23-July-2024 Omeprazole Capsules (Gastro-Resistant) 20 mg Repeat Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

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

23-July-2024 Naproxen Tablets 500 mg Repeat Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

15-May-2024 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

15-May-2024 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
56 tablet - ONE TO BE TAKEN EACH DAY

17-Aug-2023 Noriday Tablets 350 micrograms Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN EVERY DAY

17-Aug-2023 Noriday Tablets 350 micrograms Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN EVERY DAY

10-Aug-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

14-July-2023 Noriday Tablets 350 micrograms Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY DAY

14-July-2023 Noriday Tablets 350 micrograms Acute Medication (Past)
28 tablet - ONE TO BE TAKEN EVERY DAY

13-Jun-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

18-May-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - ONE TO BE TAKEN FIVE TIMES A DAY

18-May-2023 Aciclovir Tablets 800 mg Acute Medication (Past)
35 TABLET - ONE TO BE TAKEN FIVE TIMES A DAY

27-Apr-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

13-Mar-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

05-Jan-2023 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

29-Sept-2022 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

18-Aug-2022 Noriday Tablets 350 micrograms Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN EVERY DAY

18-Aug-2022 Noriday Tablets 350 micrograms Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN EVERY DAY

14-July-2022 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

27-Jun-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

27-Jun-2022 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

16-Jun-2022 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

19-Apr-2022 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

08-Mar-2022 Norgeston Tablets 30 micrograms Acute Medication (Past)
105 TABLET - ONE TO BE TAKEN EACH DAY

08-Mar-2022 Norgeston Tablets 30 micrograms Acute Medication (Past)
105 TABLET - ONE TO BE TAKEN EACH DAY

31-Jan-2022 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

17-Nov-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

22-Sept-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

10-Aug-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

01-July-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

24-May-2021 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 GRAM(S) - APPLY THINLY ONCE DAILY IN THE EVENING

24-May-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

24-May-2021 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 GRAM(S) - APPLY THINLY ONCE DAILY IN THE EVENING

14-Apr-2021 Desogestrel Tablets 75 micrograms Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

14-Apr-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

25-Mar-2021 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 GRAM(S) - APPLY THINLY ONCE DAILY IN THE EVENING

25-Mar-2021 Adapalene And Benzoyl Peroxide Gel 0.1 %+ 2.5 % Acute Medication (Past)
45 GRAM(S) - APPLY THINLY ONCE DAILY IN THE EVENING

15-Mar-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

17-Feb-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

25-Jan-2021 Desogestrel Tablets 75 micrograms Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

25-Jan-2021 Desogestrel Tablets 75 micrograms Repeat Medication (Past)
84 tablet - ONE TO BE TAKEN EACH DAY

14-Jan-2021 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

24-Nov-2020 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

20-Oct-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

22-Sept-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

22-Sept-2020 Amitriptyline Hydrochloride Tablets 10 mg Repeat Medication (Past)
56 TABLET - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

11-May-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-Apr-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-Apr-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

21-Apr-2020 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

21-Apr-2020 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

09-Apr-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

09-Apr-2020 Amitriptyline Hydrochloride Tablets 10 mg Acute Medication (Past)
28 tablet - ONE OR TWO TABLETS TO BE TAKEN AT NIGHT

25-Mar-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

25-Mar-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
56 capsule - ONE TO BE TAKEN EACH DAY

20-Mar-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
7 capsule - ONE TO BE TAKEN EACH DAY

20-Mar-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
7 capsule - ONE TO BE TAKEN EACH DAY

07-Feb-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

07-Feb-2019 Fluoxetine Hydrochloride Capsules 20 mg Acute Medication (Past)
30 CAPSULE - ONE TO BE TAKEN EACH DAY

03-July-2018 Norethisterone Tablets 5 mg Acute Medication (Past)
90 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-July-2018 Norethisterone Tablets 5 mg Acute Medication (Past)
90 tablet - ONE TO BE TAKEN THREE TIMES A DAY

15-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

15-Sept-2017 Co-Codamol 30/500 Tablets Acute Medication (Past)
100 TABLET - TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED

15-Sept-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

15-Sept-2017 Naproxen Tablets 500 mg Acute Medication (Past)
56 TABLET - ONE TO BE TAKEN TWICE A DAY

22-Mar-2017 Norethisterone Tablets 5 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

22-Mar-2017 Norethisterone Tablets 5 mg Acute Medication (Past)
30 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Oct-2016 Norethisterone Tablets 5 mg Acute Medication (Past)
90 tablet - ONE TO BE TAKEN THREE TIMES A DAY

03-Oct-2016 Norethisterone Tablets 5 mg Acute Medication (Past)
90 tablet - ONE TO BE TAKEN THREE TIMES A DAY

19-Jan-2016 Rigevidon Tablets Acute Medication (Past)
63 TABLET - ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.

19-Jan-2016 Rigevidon Tablets Acute Medication (Past)
63 TABLET - ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.

30-Oct-2015 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

30-Oct-2015 Ferrous Fumarate Tablets 210 mg Acute Medication (Past)
84 TABLET - ONE TO BE TAKEN THREE TIMES A DAY

31-Mar-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

31-Mar-2015 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

30-Jan-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

30-Jan-2015 Flucloxacillin Capsules 500 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN FOUR TIMES A DAY

12-Nov-2014 Ethinylestradiol And Desogestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN EACH DAY

12-Nov-2014 Ethinylestradiol And Desogestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN EACH DAY

02-Jun-2014 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN AS DIRECTED

02-Jun-2014 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN AS DIRECTED

30-Dec-2013 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN AS DIRECTED

30-Dec-2013 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
126 tablet - ONE TO BE TAKEN AS DIRECTED

25-Sept-2013 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
63 tablet - ONE TO BE TAKEN AS DIRECTED

25-Sept-2013 Ethinylestradiol And Levonorgestrel Tablets 30 micrograms + 150 micrograms Acute Medication (Past)
63 tablet - ONE TO BE TAKEN AS DIRECTED

20-Aug-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

20-Aug-2013 Omeprazole Capsules (Gastro-Resistant) 20 mg Acute Medication (Past)
28 CAPSULE - ONE TO BE TAKEN EACH DAY

22-May-2013 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

22-May-2013 Salbutamol Cfc-free inhaler 100 micrograms/puff Acute Medication (Past)
1 INHALER - TWO PUFFS TO BE INHALED UP TO FOUR TIMES A DAY WHEN REQUIRED

29-Oct-2012 Co-Cyprindiol Tablets 2,000 micrograms + 35 micrograms Acute Medication (Past)
63 TABLET - ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.

29-Oct-2012 Co-Cyprindiol Tablets Acute Medication (Past)
63 TABLET - ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.

23-Oct-2012 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

23-Oct-2012 Diclofenac Sodium E/c tablets 50 mg Acute Medication (Past)
84 tablet - ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

Allergies

This section is empty.

Vaccinations

20-Dec-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Right Arm) C-19 Booster Pfizer (Ayr Racecourse)
FN3543/ PF/IM/Right Arm//C-19 Booster Pfizer (Ayr Racecourse)

20-Dec-2021 Mr Anonymous User (ANON)
Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (Right Arm) C-19 Booster Pfizer (K Eeles)
FN3543/ PF/IM/Right Arm//C-19 Booster Pfizer (K Eeles)

13-Aug-2021 Mr Anonymous User (ANON)
Administration of second dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pfizer (By A Reid)
FE3380/ PF/IM/LUA//C-19 Pfizer (By A Reid)

17-Jun-2021 Mr Anonymous User (ANON)
Administration of first dose of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) vaccine (Left Arm) C-19 Pifzer (By M Clive)
FA1027/ PF/IM/LUA//C-19 Pifzer (By M Clive)

29-Oct-2015 Dr Alisha Dosumu (AD)
Vaccinations
Problem

29-Oct-2015 Dr Alisha Dosumu (AD)
Seasonal influenza vaccination
Influvac Batch No - J27R Exp - 06/16

29-Oct-2015 Dr Alisha Dosumu (AD)
Influenza vacc consent given

14-Sept-2015 Ms Lesley Wilson (LW1)
Low dose diphth, tet, acellular pert and inactiv polio vacc (Right arm)
Batch No AC39B053AH exp 02/16

14-Sept-2015 Ms Lesley Wilson (LW1)
Full consent for immunisation
Pertussis Vaccination

30-Oct-2000 Ms Carol Eyley (CE)
DT (double)+polio vaccination

20-Apr-2000 Ms Carol Eyley (CE)
Single meningitis C vaccination

09-Feb-1998 Ms Carol Eyley (CE)
Tuberculosis (BCG) vaccination

01-Jan-1994 Ms Carol Eyley (CE)
MR - Measles/rubella vaccination

17-Nov-1989 Ms Carol Eyley (CE)
Measles/*****ps/rubella vaccn.

26-Oct-1989 Ms Carol Eyley (CE)
DT (double)+polio vaccination

04-Jun-1987 Ms Carol Eyley (CE)
DT (double)+polio vaccination

Referrals

11-Jun-2026 Dr Linda Evans (LE)
8H58.: Gynaecological referral (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Jan-2025 Dr Anna Blake (AB2)
8HTP.: Referral to musculoskeletal clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

15-Aug-2024 Dr David Stevenson (DS)
8HTP.: Referral to musculoskeletal clinic (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

30-Jan-2015 Dr David Stevenson (DS)
8HgQ.: Discharge from cancer primary healthcare MDT (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

29-Nov-2013 Dr Alisha Dosumu (AD)
8H5F.: Refer to maxillofacial surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

18-Dec-2012 Dr David Stevenson (DS)
8H5F.: Refer to maxillofacial surgeon (SCI Gateway Referral)
. Referral Type: Self Referral; Reason: Out Patient

Test Requests

30-Dec-1899 Ms Nicola Reid (NR1)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Linda Evans (LE)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Jane Graham (JG3)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Linda Evans (LE)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Sharayu Sakpal (SS1)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Julie Lawrie (JL)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Nicola Wilson (Nahc) (NW)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Julie Lawrie (JL)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Tracey Gallagher (Nahc) (TG)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Dr Junaid Ilyas (JBI)
Status Requested
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

30-Dec-1899 Ms Jan McCulloch (JMCC)
Status Sampled
Innoculation Risk True
Priority Normal
Has Fasted? True
Is Pregnant? True

Test Results

20-Aug-2024 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	21 ug/L	(Range: 13 - 150)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Serum vitamin B12

Vitamin B12	364 ng/L	(Range: 197 - 771)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Serum iron tests

Iron	16.7 µmol/L	(Range: 9 - 34.5)
TIBC	72.7 µmol/L	(Range: 45 - 80)
% Saturation	23 %	(Range: 20 - 45)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Serum folate

Folate	**2 ug/L**	**(Range: 3.9 - 26.8)**

20-Aug-2024 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	0.63 mU/L	(Range: 0.27 - 4.2)
Free T4	18.7 pmol/L	(Range: 10 - 22)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	73 g/L	(Range: 60 - 80)
ALT	15 U/L	(Range: 5 - 55)
AST	17 U/L	(Range: 10 - 45)
ALP	56 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(No range available)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 *****60		(No range available)
Chloride	103 mmol/L	(Range: 95 - 108)
Potassium	4 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	65 µmol/L	(Range: 50 - 100)
Urea	4.5 mmol/L	(Range: 2.5 - 7.8)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	5 mm/hour	(No range available)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Haemoglobin A1c (monitoring ranges)

Haemoglobin A1c (IFCC)	37 mmol/mol	(Range: 20 - 41)
Haemoglobin A1c	5.5 %	(Range: 4 - 5.9)

20-Aug-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.1 10*9/L	(No range available)
Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
Monocytes	0.4 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.6 10*9/L	(Range: 1.1 - 5)
Neutrophils	4.8 10*9/L	(Range: 1.8 - 7.4)
Platelets	296 10*9/L	(Range: 150 - 400)
MCHC	329 g/L	(Range: 316 - 349)
MCH	**25.7 pg**	**(Range: 27.3 - 32.6)**
MCV	**78 fL**	**(Range: 82 - 98)**
Haematocrit	0.36 %	(Range: 0.36 - 0.48)
RBC	4.63 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	6.9 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	**119 g/L**	**(Range: 122 - 165)**

08-Aug-2023 Mr Anonymous User (ANON)
Result: (Non Coded Event - Folate Comment)

Folate Comment		(No range available)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Serum iron tests

Iron	20.3 µmol/L	(Range: 9 - 34.5)
TIBC	68.2 µmol/L	(Range: 45 - 80)
% Saturation	29.8 %	(Range: 20 - 45)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	21 ug/L	(Range: 13 - 150)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Serum folate

Folate	**2.2 ug/L**	**(Range: 3.9 - 26.8)**

08-Aug-2023 Mr Anonymous User (ANON)
Result: Serum vitamin B12

Vitamin B12	332 ng/L	(Range: 197 - 771)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	0.88 mU/L	(Range: 0.27 - 4.2)
Free T4	14.4 pmol/L	(Range: 10 - 22)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	26 g/L	(Range: 21 - 35)
Albumin	45 g/L	(Range: 35 - 50)
Total Protein	71 g/L	(Range: 60 - 80)
ALT	10 U/L	(Range: 5 - 55)
AST	18 U/L	(Range: 10 - 45)
ALP	57 U/L	(Range: 30 - 130)
Bilirubin	7 µmol/L	(No range available)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 *****60		(No range available)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	3.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	138 mmol/L	(Range: 133 - 146)
Creatinine	62 µmol/L	(Range: 50 - 100)
Urea	3.8 mmol/L	(Range: 2.5 - 7.8)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Erythrocyte sedimentation rate

ESR	2 mm/hour	(No range available)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Haemoglobin A1c (monitoring ranges)

Haemoglobin A1c (IFCC)	32 mmol/mol	(Range: 20 - 41)
Haemoglobin A1c	5.1 %	(Range: 4 - 5.9)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.1 10*9/L	(No range available)
Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
Monocytes	0.7 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.9 10*9/L	(Range: 1.1 - 5)
Neutrophils	7 10*9/L	(Range: 1.8 - 7.4)
Platelets	243 10*9/L	(Range: 150 - 400)
MCHC	332 g/L	(Range: 316 - 349)
MCH	28.3 pg	(Range: 27.3 - 32.6)
MCV	85 fL	(Range: 82 - 98)
Haematocrit	0.38 %	(Range: 0.36 - 0.48)
RBC	4.48 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	9.7 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	127 g/L	(Range: 122 - 165)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Coagulation tests

Coagulation Comment	(No range available)

08-Aug-2023 Mr Anonymous User (ANON)
Result: Clotting screen

Thrombin time NA	(No range available)
Prothrombin time NA	(No range available)
Fibrinogen NA	(No range available)
APTT NA	(No range available)

04-Jun-2026 Mr Anonymous User (ANON)
Result: Biochemical test

Biochemistry comment	(No range available)

04-Jun-2026 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	(No range available)

04-Jun-2026 Mr Anonymous User (ANON)
Result: Haematology test

Haematology Comment	(No range available)

04-Jun-2026 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils		(No range available)
Eosinophils		(No range available)
Monocytes		(No range available)
Lymphocytes		(No range available)
Neutrophils		(No range available)
Platelets NA		(No range available)
MCHC NA		(No range available)
MCH NA		(No range available)
MCV NA		(No range available)
Haematocrit NA		(No range available)
RBC NA		(No range available)
White Cell Count NA		(No range available)
Haemoglobin NA		(No range available)

04-Jun-2026 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	**12 ug/L**	**(Range: 13 - 250)**

04-Jun-2026 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils, 0	0 10*9/L	(No range available)
Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
Monocytes	0.5 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.9 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.9 10*9/L	(Range: 1.8 - 7.4)
Platelets	**459 10*9/L**	**(Range: 150 - 400)**
MCHC	327 g/L	(Range: 316 - 349)
MCH	**24.9 pg**	**(Range: 27.3 - 32.6)**
MCV	**76 fL**	**(Range: 82 - 98)**
Haematocrit	**0.32 %**	**(Range: 0.36 - 0.48)**
RBC	4.17 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	8.4 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	**104 g/L**	**(Range: 122 - 165)**

08-May-2026 Mr Anonymous User (ANON)
Result: Lab. test - general

Specimen not processed		(No range available)

28-Apr-2026 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	0.69 mU/L	(Range: 0.27 - 4.2)
Free T4	14.7 pmol/L	(Range: 10 - 22)

28-Apr-2026 Mr Anonymous User (ANON)
Result: Serum iron tests

Iron	9.9 µmol/L	(Range: 9 - 34.5)
TIBC	75.1 µmol/L	(Range: 45 - 80)
% Saturation	**13.2 %**	**(Range: 20 - 45)**

28-Apr-2026 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	19 ug/L	(Range: 13 - 250)

28-Apr-2026 Mr Anonymous User (ANON)
Result: Serum folate

Folate	8.4 ug/L	(Range: 3.9 - 26.8)

28-Apr-2026 Mr Anonymous User (ANON)
Result: Serum vitamin B12

Vitamin B12	**1116 ng/L**	**(Range: 197 - 771)**

28-Apr-2026 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	43 g/L	(Range: 35 - 50)
Total Protein	73 g/L	(Range: 60 - 80)
ALT	14 U/L	(Range: 5 - 55)
AST	18 U/L	(Range: 10 - 45)
ALP	81 U/L	(Range: 30 - 130)
Bilirubin	6 µmol/L	(No range available)

28-Apr-2026 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 *****60		(No range available)
Chloride	101 mmol/L	(Range: 95 - 108)
Potassium	3.6 mmol/L	(Range: 3.5 - 5.3)
Sodium	137 mmol/L	(Range: 133 - 146)
Creatinine	61 µmol/L	(Range: 50 - 100)
Urea	3.2 mmol/L	(Range: 2.5 - 7.8)

28-Apr-2026 Mr Anonymous User (ANON)

Result:			
	Haemoglobin A1c (monitoring ranges)		
	Haemoglobin A1c (IFCC)	35 mmol/mol	(Range: 20 - 41)

28-Apr-2026 Mr Anonymous User (ANON)

Result:			
	Full blood count - FBC		
	Basophils, 0	0 10*9/L	(No range available)
	Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	0.5 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	2.1 10*9/L	(Range: 1.1 - 5)
	Neutrophils	5.8 10*9/L	(Range: 1.8 - 7.4)
	Platelets	399 10*9/L	(Range: 150 - 400)
	MCHC	330 g/L	(Range: 316 - 349)
	MCH	**25.3 pg**	**(Range: 27.3 - 32.6)**
	MCV	**77 fL**	**(Range: 82 - 98)**
	Haematocrit	**0.35 %**	**(Range: 0.36 - 0.48)**
	RBC	4.5 10*12/L	(Range: 3.88 - 4.99)
	White Cell Count	8.5 10*9/L	(Range: 3.9 - 11.1)
	Haemoglobin	**114 g/L**	**(Range: 122 - 165)**

04-Nov-2025 Mr Anonymous User (ANON)

Result:			
	Genital microscopy, culture and sensitivities		
	Culture		(No range available)
	Bacterial vaginosis Not seen		(No range available)
	Trichomonas vaginalis Not seen		(No range available)
	Candida Culture		(No range available)
	Pus cells Seen +		(No range available)

07-Nov-2024 Mr Anonymous User (ANON)

Result:			
	Serum ferritin		
	Ferritin	21 ug/L	(Range: 13 - 150)

07-Nov-2024 Mr Anonymous User (ANON)

Result:			
	Thyroid function test		
	TSH	1.01 mU/L	(Range: 0.27 - 4.2)
	Free T4	17.4 pmol/L	(Range: 10 - 22)

07-Nov-2024 Mr Anonymous User (ANON)

Result:			
	Liver function test		
	Globulin	31 g/L	(Range: 21 - 35)
	Albumin	45 g/L	(Range: 35 - 50)
	Total Protein	76 g/L	(Range: 60 - 80)
	ALT	13 U/L	(Range: 5 - 55)
	AST	18 U/L	(Range: 10 - 45)
	ALP	66 U/L	(Range: 30 - 130)
	Bilirubin	5 µmol/L	(No range available)

07-Nov-2024 Mr Anonymous User (ANON)

Result:			
	Urea and electrolytes		
	eGFR result/1.73m2 *****60		(No range available)
	Chloride	103 mmol/L	(Range: 95 - 108)
	Potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
	Sodium	139 mmol/L	(Range: 133 - 146)
	Creatinine	57 µmol/L	(Range: 50 - 100)
	Urea	3.2 mmol/L	(Range: 2.5 - 7.8)

07-Nov-2024 Mr Anonymous User (ANON)

Result:			
	Full blood count - FBC		
	Basophils	0.1 10*9/L	(No range available)
	Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
	Monocytes	0.4 10*9/L	(Range: 0.2 - 0.9)
	Lymphocytes	1.6 10*9/L	(Range: 1.1 - 5)
	Neutrophils	3.6 10*9/L	(Range: 1.8 - 7.4)
	Platelets	252 10*9/L	(Range: 150 - 400)
	MCHC	338 g/L	(Range: 316 - 349)
	MCH	**26.8 pg**	**(Range: 27.3 - 32.6)**
	MCV	**79 fL**	**(Range: 82 - 98)**
	Haematocrit	**0.35 %**	**(Range: 0.36 - 0.48)**
	RBC	4.41 10*12/L	(Range: 3.88 - 4.99)
	White Cell Count	5.7 10*9/L	(Range: 3.9 - 11.1)
	Haemoglobin	**118 g/L**	**(Range: 122 - 165)**

10-May-2024 Mr Anonymous User (ANON)

Result:			
	Haemoglobin A1c (monitoring ranges)		
	Haemoglobin A1c (IFCC)	25 mmol/mol	(Range: 20 - 41)
	Haemoglobin A1c	4.4 %	(Range: 4 - 5.9)

10-May-2024 Mr Anonymous User (ANON)

Result:			
	Erythrocyte sedimentation rate		
	ESR	9 mm/hour	(No range available)

10-May-2024 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	27 ug/L	(Range: 13 - 150)

10-May-2024 Mr Anonymous User (ANON)
Result: Serum folate

Folate	4.2 ug/L	(Range: 3.9 - 26.8)

10-May-2024 Mr Anonymous User (ANON)
Result: Serum vitamin B12

Vitamin B12	522 ng/L	(Range: 197 - 771)

10-May-2024 Mr Anonymous User (ANON)
Result: Thyroid function test

TSH	1.54 mU/L	(Range: 0.27 - 4.2)
Free T4	16.7 pmol/L	(Range: 10 - 22)

10-May-2024 Mr Anonymous User (ANON)
Result: Serum iron tests

Iron	9.9 µmol/L	(Range: 9 - 34.5)
TIBC	72.6 µmol/L	(Range: 45 - 80)
% Saturation	**13.6 %**	**(Range: 20 - 45)**

10-May-2024 Mr Anonymous User (ANON)
Result: Liver function test

Globulin	30 g/L	(Range: 21 - 35)
Albumin	44 g/L	(Range: 35 - 50)
Total Protein	74 g/L	(Range: 60 - 80)
ALT	18 U/L	(Range: 5 - 55)
AST	27 U/L	(Range: 10 - 45)
ALP	67 U/L	(Range: 30 - 130)
Bilirubin	8 µmol/L	(No range available)

10-May-2024 Mr Anonymous User (ANON)
Result: Urea and electrolytes

eGFR result/1.73m2 *****60		(No range available)
Chloride	102 mmol/L	(Range: 95 - 108)
Potassium	3.8 mmol/L	(Range: 3.5 - 5.3)
Sodium	139 mmol/L	(Range: 133 - 146)
Creatinine	61 µmol/L	(Range: 50 - 100)
Urea	2.7 mmol/L	(Range: 2.5 - 7.8)

10-May-2024 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils, 0	0 10*9/L	(No range available)
Eosinophils, 0	**0 10*9/L**	**(Range: 0.1 - 0.7)**
Monocytes	0.7 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	2.3 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.3 10*9/L	(Range: 1.8 - 7.4)
Platelets	317 10*9/L	(Range: 150 - 400)
MCHC	321 g/L	(Range: 316 - 349)
MCH	27.6 pg	(Range: 27.3 - 32.6)
MCV	86 fL	(Range: 82 - 98)
Haematocrit	**0.33 %**	**(Range: 0.36 - 0.48)**
RBC	**3.84 10*12/L**	**(Range: 3.88 - 4.99)**
White Cell Count	8.4 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	**106 g/L**	**(Range: 122 - 165)**

10-Aug-2023 Mr Anonymous User (ANON)
Result: Clotting screen

Prothrombin time	10 Seconds	(Range: 9 - 12)
Fibrinogen	3.25 g/L	(Range: 1.8 - 3.6)
APTT	25 Seconds	(Range: 22 - 28)

23-Mar-2023 Mr Anonymous User (ANON)
Result: Haemoglobin A1c (monitoring ranges)

Haemoglobin A1c (IFCC)	31 mmol/mol	(Range: 29 - 42)
Haemoglobin A1c	5 %	(Range: 4.8 - 6)

23-Mar-2023 Mr Anonymous User (ANON)
Result: Plasma glucose level

Glucose	4.8 mmol/L	(Range: 3.3 - 6)

25-Jan-2023 Mr Anonymous User (ANON)
Result: Serum iron tests

Iron	13.2 µmol/L	(Range: 9 - 34.5)
TIBC	60.7 µmol/L	(Range: 45 - 80)
% Saturation	21.7 %	(Range: 20 - 45)

25-Jan-2023 Mr Anonymous User (ANON)
Result: Serum ferritin

Ferritin	45 ug/L	(Range: 13 - 150)

25-Jan-2023 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.1 10*9/L	(No range available)
Eosinophils	0.1 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.3 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.8 10*9/L	(Range: 1.1 - 5)
Neutrophils	3.7 10*9/L	(Range: 1.8 - 7.4)
Platelets	264 10*9/L	(Range: 150 - 400)
MCHC	331 g/L	(Range: 316 - 349)
MCH	28 pg	(Range: 27.3 - 32.6)
MCV	85 fL	(Range: 82 - 98)
Haematocrit	0.36 %	(Range: 0.36 - 0.48)
RBC	4.25 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	5.9 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	**119 g/L**	**(Range: 122 - 165)**

09-Nov-2016 Mr Anonymous User (ANON)
Result: Full blood count - FBC

Basophils	0.1 10*9/L	(No range available)
Eosinophils	0.4 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.6 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	3 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.5 10*9/L	(Range: 1.8 - 7.4)
Platelets	247 10*9/L	(Range: 150 - 400)
MCHC	331 g/L	(Range: 316 - 349)
MCH	27.8 pg	(Range: 27.3 - 32.6)
MCV	84 fl	(Range: 82 - 98)
Haematocrit	0.39 %	(Range: 0.36 - 0.48)
RBC	4.64 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	9.5 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	129 g/L	(Range: 122 - 165)

23-Oct-2015 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.1 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.9 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	2.1 10*9/L	(Range: 1.1 - 5)
Neutrophils	**8.9 10*9/L**	**(Range: 1.8 - 7.4)**
Platelets	261 10*9/L	(Range: 150 - 400)
MCHC	334 g/L	(Range: 316 - 349)
MCH	29.1 pg	(Range: 27.3 - 32.6)
MCV	87 fl	(Range: 82 - 98)
Haematocrit	**0.32 %**	**(Range: 0.36 - 0.48)**
RBC	**3.71 10*12/L**	**(Range: 3.88 - 4.99)**
White Cell Count	**12.1 10*9/L**	**(Range: 3.9 - 11.1)**
Haemoglobin	**108 g/L**	**(Range: 122 - 165)**

04-Sept-2015 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.7 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	2.2 10*9/L	(Range: 1.1 - 5)
Neutrophils	**8.4 10*9/L**	**(Range: 1.8 - 7.4)**
Platelets	254 10*9/L	(Range: 150 - 400)
MCHC	333 g/L	(Range: 316 - 349)
MCH	28.9 pg	(Range: 27.3 - 32.6)
MCV	87 fl	(Range: 82 - 98)
Haematocrit	**0.32 %**	**(Range: 0.36 - 0.48)**
RBC	**3.63 10*12/L**	**(Range: 3.88 - 4.99)**
White Cell Count	**11.6 10*9/L**	**(Range: 3.9 - 11.1)**
Haemoglobin	**105 g/L**	**(Range: 122 - 165)**

24-Apr-2015 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.6 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.9 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.1 10*9/L	(Range: 1.8 - 7.4)
Platelets	225 10*9/L	(Range: 150 - 400)
MCHC	343 g/L	(Range: 316 - 349)
MCH	28.3 pg	(Range: 27.3 - 32.6)
MCV	82 fl	(Range: 82 - 98)
Haematocrit	0.36 %	(Range: 0.36 - 0.48)
RBC	4.38 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	8 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	124 g/L	(Range: 122 - 165)

24-Apr-2015 Mr Anonymous User (ANON)
Result: Blood group antibody screening test

Syphilis Antibody Negative	(No range available)
HIV 1 and 2 Antibody/Antigen Negative	(No range available)
Hepatitis B Surface Antigen Negative	(No range available)
Rubella IgG Antibody Detected	(No range available)

24-Apr-2015 Mr Anonymous User (ANON)
Result: Varicella-zoster IgG level

Comment	(No range available)
Varicella zoster IgG antibody Detected	(No range available)

24-Apr-2015 Mr Anonymous User (ANON)
Result: Haemoglobin electrophoresis

HPLC	(No range available)

24-Apr-2015 Mr Anonymous User (ANON)
Result: (Non Coded Event - FULL BLOOD COUNT)

Basophils, 0	0 10*9/L	(No range available)
Eosinophils	0.3 10*9/L	(Range: 0.1 - 0.7)
Monocytes	0.6 10*9/L	(Range: 0.2 - 0.9)
Lymphocytes	1.9 10*9/L	(Range: 1.1 - 5)
Neutrophils	5.1 10*9/L	(Range: 1.8 - 7.4)
Platelets	225 10*9/L	(Range: 150 - 400)
MCHC	343 g/L	(Range: 316 - 349)
MCH	28.3 pg	(Range: 27.3 - 32.6)
MCV	82 fl	(Range: 82 - 98)
Haematocrit	0.36 %	(Range: 0.36 - 0.48)
RBC	4.38 10*12/L	(Range: 3.88 - 4.99)
White Cell Count	8 10*9/L	(Range: 3.9 - 11.1)
Haemoglobin	124 g/L	(Range: 122 - 165)

Other Items

03-Jun-2026	Read Code	SMS text message sent to patient *****: Appointment Reminder: At Bankfield Medical Practice On: 04/06/2026 14:50 With: Ms Nicola Reid Text CANCEL to ***** or contact the surgery to cancel.
03-Jun-2026	Read Code	Total notes on computer on site scanning
02-Jun-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 04/06/2026 14:50 With: Ms Nicola Reid Text CANCEL to ***** or contact the surgery to cancel
02-Jun-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 02/06/2026 11:30 With: Dr Linda Evans Text CANCEL to ***** or contact the surgery to cancel
27-Apr-2026	Read Code	SMS text message sent to patient *****: Appointment Reminder: At Bankfield Medical Practice On: 28/04/2026 14:30 With: Ms Jane Graham Text CANCEL to ***** or contact the surgery to cancel.
15-Apr-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 28/04/2026 14:30 With: Ms Jane Graham Text CANCEL to ***** or contact the surgery to cancel
19-Jan-2026	Read Code	Appointment cancelled by service 2026/01/20 15:45 with Dr Evans
16-Jan-2026	Read Code	SMS text message sent to patient *****: Appointment Confirmations: At Bankfield Medical Practice On: 20/01/2026 15:45 With: Dr Linda Evans Text CANCEL to ***** or contact the surgery to cancel
29-Dec-2025	Read Code	SMS text message sent to patient *****: Bankfield Medical Practice will be closed on Thursday 1st January 2026 and Friday 2nd January 2026 for the festive holidays. Please contact NHS24 on 111 for medical attention which cannot wait until we open again on Monday 5th January 2026. We wish all of our patients a very happy New Year.
05-Aug-2025	Read Code	Did not attend - no reason MHP appointment
17-July-2025	Recall	Medication review
22-Oct-2024	Read Code	SMS text message sent to patient *****: A prescription has been issued for you and will be available for collection at the surgery/nominated Pharmacy. Please allow the usual 4 working days. Bankfield Medical Practice
17-July-2024	Read Code	Medication review done
19-Mar-2024	Read Code	Ex Patients of Dr Dosumu
25-May-2023	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/08/2027. Reason: Defaulter

05-Jan-2023	Read Code	Medication review done
17-Nov-2021	Read Code	Medication review done
24-May-2021	Read Code	Medication review done
26-Feb-2021	Read Code	Confirmed 2019-nCoV (novel coronavirus) infection
25-Oct-2019	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/01/2022. Reason: Defaulter
09-Jan-2019	Read Code	Insertion of Nexplanon
25-Aug-2013	Read Code	Cervical smear defaulter Exclusion From SCCRS Until 25/11/2015. Reason: Defaulter
19-Nov-2012	Read Code	Notes summary on computer
19-Nov-2012	Read Code	Notes summary on computer
23-Oct-2012	Read Code	Scottish - ethnic category 2001 census
01-Jan-2011	Read Code	Excision of sebaceous cyst NEC
19-Apr-2010	Read Code	Repair of epigastric hernia, unspecified
19-Apr-2005	Read Code	Spontaneous vaginal delivery
11-Feb-2004	Read Code	Termination of pregnancy NEC
31-July-2003	Read Code	Spontaneous vaginal delivery
07-May-2002	Read Code	Query Asthma
07-May-2002	Read Code	Asthma
31-Oct-2000	Read Code	Cat allergy
31-Oct-2000	Read Code	House dust mite allergy
02-Nov-1989	Read Code	[D]Heart murmur, innocent

Attachments

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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Ayrshire & Arran Acute Hospitals NHS Trust — Area Laboratory — Microbiology

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. 2808650123
Unit No.
DOB 28/08/1965
Sex F

Clinician: Mr Biju Nair
Request Location: Ayr Hosp Urology Clinic

This report to Dr C Lau-Ching-Hung — GP, Maybole: Dr Lau et al

Microscopy			
White blood cells	30	/uL	(normal range 0-41)
Red blood cells	0	/uL	(normal range 0-45)
Bacteria	Not seen		
Epithelial Cells	Seen		
Culture	No growth		

LabNo 10M245323
Printed 28/05/10 13:01

Date coll 26/05/10
Sample: Mid-stream urine

Authorised by SYSTEM
Page 1 of 1
Telephone [redacted]

If you have received this report in error, please return to the Microbiology Laboratory

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NHS Ayrshire & Arran — Area Laboratory — Haematology

MACINTYRE,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Unknown Clinician
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Unknown Clinician , GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Haemoglobin	Low	105	g/L	122 - 165
White Cell Count	High	11.6	10*9/L	3.9 - 11.1
Platelets		254	10*9/L	150 - 400
RBC	Low	3.63	10*12/L	3.88 - 4.99
Haematocrit	Low	0.32	%	0.36 - 0.46
MCV		87	fl	82 - 98
MCH		28.9	pg	27.3 - 32.6
MCHC		333	g/L	316 - 349
Neutrophils	High	8.4	10*9/L	1.6 - 7.4
Lymphocytes		2.2	10*9/L	1.1 - 5.0
Monocytes		0.7	10*9/L	0.2 - 0.9
Eosinophils		0.3	10*9/L	0.1 - 0.7
Basophils		0.0	10*9/L	0.0 - 0.1

JB-50006

Lab No 15B401589 — Date Collected 04/09/15 10:00 — Authorised By BHI W7AUQPRO Service Account
Printed 05/09/15 07:06 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Confidential - Clinical Information

Oral & Maxillofacial Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: [redacted]
Fax: [redacted]
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: LL/MM
Hospital No:
Clinic Date: 21/02/2014
Date Dictated: 21/02/2014
Date Typed: 26/02/2014
Enquiries to Mr Halsnad's secretary
Direct Line:
Ext. Number: 27488
Email: [redacted]

Dear Dr Dosumu,

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

Following your recent referral of the above patient to the Oral & Maxillofacial Clinic, arrangements have been made for the patient to return for excisional biopsy of the soft tissue swelling on the left buccal mucosa at the angle of the mouth. A provisional diagnosis of a fibro epithelial polyp has been made and we will keep you informed of the patient's progress.

Yours sincerely

Authorised on 27/02/2014 09:18:37 by Elizabeth Leggate.

Mrs Elizabeth Leggate
Specialty Doctor Oral & Maxillofacial Surgery
GDC 50028

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MENTAL HEALTH SERVICES

South Kyle & Carrick CMHT
'Seafield' Base
Doonfoot Road
AYR
KA7 4BW
www.nhs-ayrshire.org

FIRST CLASS
Personal In Confidence

Ms. Kellyanne MacIntyre,
69 Murray Gardens,
Maybole
KA19 7AZ

Date Typed: 18 July 2008
Your Ref:
Our Ref: SMcC/MD/
CHI No. [redacted]
Enquiries to: Serena McCulloch
Direct Line: [redacted]

Fax No: [redacted]
Email [redacted]

Dear Ms. MacIntyre,

You were sent an appointment letter on 2 July 2008 and as you have not confirmed that you will attend the appointment offered for 18 August 2008, this has now been allocated to someone else.

Your GP has been informed by a copy of this letter, therefore should you require re-referral in the future, please contact your GP.

Yours sincerely,

Serena McCulloch
Primary Mental Health Nurse

c.c. Dr. Lau, Health Centre, 6 High Street, Maybole

Additional document
06-July-2026
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NHS Confidential: Personal data about a patient

Oral & Maxillofacial Dept
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

Date: 17th February 2011
Your Ref: Diagnostic & Review Clinic
Our Ref: VS/2017916
CHI: 2808850123
Enquiries to: Mr Hislops Secretary
Extension: 27488
Direct line: [redacted]
Fax:
E-mail: [redacted]

Dr Sheward
Maybole Health Centre
8 High Street
KA17 9BY

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE, DOB 28.08.85

Your patient failed to attend her Out Patient appointment in Mr Hislops clinic. We shall be sending no further appointments unless you specifically request us to do so.

Kind regards.

Yours sincerely

V Sood
Specialist Registrar Oral & Maxillofacial Surgery

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

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NHS Ayrshire & Arran General Hospital Division **Area Laboratory** **Clinical Biochemistry**

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr J C Sheward
Request Location: GP, Maybole: Dr Lau et al

This report to : Dr J C Sheward , GP, Maybole: Dr Lau et al

	Result	Units	Normal Range
Urea	3.3	mmol/L	2.5 - 7.5
Creatinine	61	µmol/L	50 - 125
Sodium	140	mmol/L	135 - 145
Potassium	3.9	mmol/L	3.5 - 5.0
Chloride	103	mmol/L	95 - 108
Bicarbonate	23	mmol/L	22 - 28
Total Bilirubin	7	µmol/L	3.0 - 15
ALP	87	U/L	33 - 129
AST	22	U/L	10.0 - 40
ALT	18	U/L	10.0 - 50
Calcium	2.38	mmol/L	2.2 - 2.6
Adjusted Calcium	2.18	mmol/L	2.1-2.5
Phosphate	1.16	mmol/L	0.8 - 1.3
Total Protein	78	g/L	63 - 83
Albumin	50	g/L	39 - 51
Globulin	28	g/L	21 - 35

Lab No 10B539715
Printed 18/12/10 06:47

Date Collected 17/12/10 15:00
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

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University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: [redacted]	Immediate Discharge Letter & Prescription

To:	Re:
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	KELLYANNE HAYMARCH 31 GLENMUIR ROAD , , AYR , , KA8 9RG DOB: 28/08/1985 Hosp. No.: 2808850123 CHI No.: 2808850123

Date of Admission: 18/04/2024
Mode of Admission: Emergency
Admission Reason: IUD at 19 weeks pregnant
Discharge Date: 20/04/2024

Ward: AMU LABOUR WARD
Consultant: DR MICHELLE CURRIE (Gynaecology)
Follow Up:

Diagnoses

Admitted to labour ward with mild APH at 19 weeks pregnant. IUD confirmed
Mifepristone administered on 17/04/24 then x2 doses misoprostol
Delivered 19/04/24. Required to go to theatre for manual removal of placenta. EBL 1000mls,
HB 91 post procedure. Will continue with oral iron at home

-

( )

Allergy/Intolerance	Reaction
***No Known Drug Allergies	

Allergy records are as recorded at time and date of printing.

Drug	Dose	Route	Frequency	Note	GP to continu	POD	Days Supply
~DALTEPARIN 5000 units in 0.2mL Pre-Filled Syringe TTO PACK	**5000 unit**	Subcutaneous Bolus Injection	ONCE daily at 8am		No	N	9

Discharged by: NURSE EMILY MCFADZEAN

Page: 1 of 2
Report generated on: 20/04/2024 20:00

NHS Confidential: Personal data about a patient

University Hospital Crosshouse Kilmarnock Road Kilmarnock KA2 0BE Phone: [redacted]	Immediate Discharge Letter & Prescription

To:	Re:
Bankfield Medical Practice 148 Dalmellington Road Ayr Ayrshire KA7 3PR	KELLYANNE HAYMARCH 31 GLENMUIR ROAD , , AYR , , KA8 9RG DOB: 28/08/1985 Hosp. No.: 2808850123 CHI No.: 2808850123

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug	Discontinued / Modified reason
**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.**** *****Information here may be incomplete and is for guidance only.*****	

Discharged by: NURSE EMILY MCFADZEAN

Page: 2 of 2
Report generated on: 20/04/2024 20:00

Additional document
06-July-2026
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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran

UNIT NO:

CHI NO: 2808850123

SITE: Physiotherapy Out-Patients
Maybole Health Centre

PHYSIOTHERAPY DISCHARGE REPORT

PHYSIOTHERAPY NO: M0271/11

NAME	Kellyanne MacIntyre	**DISCHARGE REASON**	
ADDRESS	69 Murray Gardens		
	Maybole	*Treatment complete*	
	KA19 7AZ	Did not attend	
DOB	28/08/85	Failed to continue	
CONSULTANT	Oral&Maxillo Facial		
G.P.	Dr Sheward		
		TREATMENT OUTCOME	
Diagnosis	Left shoulder weakness	All Treatment Goals Achieved	
	Following surgery	Not All Treatment Goals Achieved	
REFERRAL DATE	29/09/11	No Treatment Goals Achieved	
		Number of Treatments	1
START DATE	12/10/11	Outcome Measure used:	
DISCHARGE DATE	07/12/11	Score – Pre	
		Score – Post	

Summary:

Attended with mostly constant Left sided neck pain following surgery to remove necrotic lymph node on 26/08/11.
At assessment, reduced movement in cervical spine, reduced control of scapula and reduced strength around scapula. Active GH joint movements – flexion 110 degrees abduction 70 degrees. Resisted tests strength 4 out of 5 with no pain reproduced.
Instructed in active ROM exercises for the neck and shoulder and light resistance *exercises with theraband.*
Unfortunately Mrs MacIntyre failed to attend her review appointment on 26/10/11 and has not been in contact with our department since. I have now discharged her from Physiotherapy.

Physiotherapist: Moira Paton Date: 07/12/11

Moira Paton

G:\Maybole\Forms, Letters\NEW Discharge Summary.doc

Additional document
06-July-2026
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NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory Haematology

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr J C Sheward
Request Location: GP, Maybole: Dr Lau et al

This report to : Dr J C Sheward , GP, Maybole: Dr Lau et al

		Result	Units	Normal Range
Haemoglobin		14.6	g/dL	11.8 - 14.8
White Cell Count	High	12.2	10*9/L	3.9 - 11.1
Platelets		252	10*9/L	150 - 400
RBC	High	5.15	10*12/L	3.88 - 4.99
Haematocrit		0.43	%	0.36 - 0.44
MCV		84	fl	82 - 98
MCH		28.3	pg	27.3 - 32.6
MCHC		33.9	g/dL	31.6 - 34.9
Neutrophils	High	7.9	10*9/L	1.8 - 7.4
Lymphocytes		3.1	10*9/L	1.1 - 5.0
Monocytes		0.8	10*9/L	0.2 - 0.9
Eosinophils		0.3	10*9/L	0.1 - 0.7
Basophils		0.1	10*9/L	0.0 - 0.1
ESR		7	mm/hour	1.0 - 15

Lab No 10B539715 Date Collected 17/12/10 15:00 Authorised By SYSTEM
Printed 18/12/10 06:47 Sample Type Blood Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

Additional document
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NHS Confidential: Personal data about a patient

Department of Trauma and Orthopaedics
The Ayr Hospital,
Dalmellington Road
AYR. KA6 6DX
[redacted]

NHS
Ayrshire & Arran

Date	16th February 2009
Clinic Date	13th February 2009
Our Ref	JMcGlynn/as/100-725565
CHI Number	2808850123
Enquiries to	Mrs A Stewart
Extension	14349
Fax	[redacted]
E-mail	[redacted]

MR D F LARGE

Dr Lau
The Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

Re: Kelly McIntyre, 69 Murray Gardens, Maybole
Dob: 28.08.85

Your patient was seen in the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

J McGLYNN
Specialist Registrar (Orthopaedics)

Awarded for excellence

REVIEW CLINIC – MR D F LARGE

KELLY MCINTYRE - 725565

13/02/09 **EXAMINATION:** This lady's CT and bone scan were completely normal. I am pleased to say her symptoms have improved and as such I have reassured and discharged her from clinic. Copy to the GP. JMCGLYNN/as. SpR.

Additional document
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NHS
Ayrshire
& Arran

Sexual & Reproductive Health Care
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS
Tel: 01294 323226/8

DR CHAPE
SURGERY
RACECOURSE RD
AYR

Clinic: Family Planning-Miller Rd
Date: 13.6.05

Dear Doctor

Your Patient Name: KELLYANNE MACINTYRE

Address 2C OAKWOOD AVE AYR KA8 0NX

DOB: 28.8.85.

Attended the clinic on 13/6/05 and expressed a desire to use IMPLANON. I could find no contra-indications in her medical history and after appropriate check-ups and counselling IMPLANON was inserted in her LEFT upper arm.

Implanon last three years.

If any problems arise or if you have any queries please do not hesitate to contact us.

Yours sincerely

Clinical Medical Officer
Implan/GP

17 JUN 2005

AM	RX
BD	APPT
JK	NOTES
CC	COMP
DM	N
HP	CIRC
PS	SEC
DN	PM
HV	

CONTACT PATIENT
DR WILL SPEAK

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Ayrshire & Arran Acute Hospitals NHS Trust Area Laboratory Microbiology

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. 2608850123
Unit No.
DOB 26/08/1985
Sex F

Clinician: Dr C Lau-Ching-Hung
Request Location: GP, Maybole: Dr Lau et al

This report to **Dr C Lau-Ching-Hung** **GP, Maybole: Dr Lau et al**

Culture	No growth

LabNo 10M271590
Printed 31/08/10 13:04

Date coll 30/08/10 10:00
Sample: Mid-stream urine

Authorised by SYSTEM
Page 1 of 1
Telephone [redacted]

[redacted] you have received this report in error, please return to the Microbiology Laboratory

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Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

IMMEDIATE DISCHARGE LETTER M 055450

Ball Point Pen and Pressure when completing this form

Your Patient
(Use addressograph label, if available, on all four copies)

Write or attach label
HCR N
CHI: 2808850123
CHI N
Haymanch, Kellyanne
Sumar
31 Glenmuir Road
Ayr
Foren
KA8 9RG
Addre
28/08/1985
Dr A Dosumu
MRN: AM-M078796
Date of Birth

HOSPITAL

WARD

DATE

Admitted on 06/02/23 in the care of Dr/Mr Anderson

was discharged on 06/02/23 with a diagnosis of Miscarriage

KNOWN DRUG SENSITIVITY:

Pharmacy Use Only

MEDICINE (IN BLOCK CAPITALS)	FORM	DOSE	ROUTE	FREQ./TIME OF ADMIN.	CONTINUE OR STOP*	Quantity & Strength Dispensed	Pharmacy Notes
Misoprostol	2x Tab	400 micrograms	SL PR	STAT	STOP	2x200mcg.	

NUMBER OF DAYS SUPPLY IF MORE THAN 5

DATE 06/02/23 Dispensed by R Smith Checked by JF

* When the medication is to continue write CONT in the column indicated. When the medication is to stop write the date of the last full day on treatment and STOP. A follow-up appointment will/will not be made.

Other comments and treatments:

Detailed discharge letter will follow within two weeks.

Yours sincerely R Smith Dr's Name (IN BLOCK CAPITALS) RACHEL SMITH

STA0273

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WHITE - General Practitioner YELLOW - Medical Record BLUE - Patient PINK - Pharmacy

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Bankfield Medical Practice

Dr David Stevenson — Dr Alisha Dosumu

GD/ASTHMA

16 Sep 2013

Miss Kellyanne MacIntyre
31 Glenmuir Road
Ayr
Ayrshire
KA8 9RG

Dear Miss MacIntyre

According to our records you are due an Asthma review.

I would be grateful if you could make an appointment with our Practice Nurse.

Please bring any inhalers with you.

It may be that you are also due an annual review for some other condition. If you think that this is the case then please ask our reception staff to look into this. It may be possible to do more than one checkup at one visit, which would save you a trip.

If you believe that you have recently had this check and do not need seen again then please contact us and let us know.

Yours sincerely

Dr David Stevenson

Dr Alisha Dosumu

Bankfield Medical Practice,
148 Dalmellington Road,
Ayr, KA7 3PR
Tel: [redacted]
Fax: [redacted]

Alloway Village Hall,
Alloway KA7 4PY
Tel: [redacted]

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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran — Area Laboratory — Haematology

MACINTYRE,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

	Result	Units	Normal Range
Haemoglobin	124	g/L	122 - 165
White Cell Count	8.0	10*9/L	3.9 - 11.1
Platelets	225	10*9/L	150 - 400
RBC	4.38	10*12/L	3.88 - 4.99
Haematocrit	0.36	%	0.36 - 0.48
MCV	82	fl	82 - 98
MCH	28.3	pg	27.3 - 32.6
MCHC	343	g/L	316 - 349
Neutrophils	5.1	10*9/L	1.8 - 7.4
Lymphocytes	1.9	10*9/L	1.1 - 5.0
Monocytes	0.6	10*9/L	0.2 - 0.9
Eosinophils	0.3	10*9/L	0.1 - 0.7
Basophils	0.0	10*9/L	0.0 - 0.1

JB-53005

Lab No 15B186264 — Date Collected 24/04/15 — Authorised By BHI W7AUQPRO Service Account
Printed 24/04/15 16:38 — Sample Type Blood — Page 1 of 1

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WRITE, IMPRINT OR ...
AM M078796
Surn MACINTYRE KELLY
Fore 2C OAKWOOD AVE
Addr AYR KA8 0NX 28/08/1985
DR.C CHAPE
3 RACECOURSE RI
AYR
Ward CHI 280885D123

General Hospitals Division

POSTNATAL DISCHARGE LETTER

Consultant DR GIBSON

Date of admission 18.4.05 **Ward** 5.	**Date of discharge** 20/4/05
Mode of admission Elective ☐ Emergency ☐	**Liaison with Community Midwife** Verbal ☐ Answerphone ☑
Source of admission Midwife ☐ Self ☐ Obstetrician ☐ GP ☑	**Base** Date 20/4/05 Time 7.30 CMW visit required Yes ☐ No ☐
Discharge address A/A.	[redacted]

MATERNAL INFORMATION: Age 19 Parity 1+1 Gestation 41 5/7

REASON FOR CURRENT ANTENATAL ADMISSION: I.O.L.

Type of delivery SVD ☑ ABD ☐ Forceps ☐ Ventouse ☐ LUSCS ☐ — Date 19.4.05 Time 22.04

Reason for LUSCS Or instrumental deliveries

Placenta Complete ☑ Incomplete ☐ **Membranes** complete ☑ Incomplete ☐ Ragged ☐

Perineum Intact ☑ Tears ☐ Episiotomy ☐ Suture material Suture removal Yes ☐ No ☐

Abdominal wound Suture material Date of Suture removed if appropriate

Blood loss 200mls	**Transfusion** Yes ☐ No ☑	Amount transfused	**Postpartum Hb**
Blood group A pos.	**Anti D** Yes ☐ No ☑	Amount Anti D given	Date
Rubella Susceptible	Yes ☐ No ☑	**MMR** given Yes ☐ No ☐	Date

Postnatal complications / remarks Postnatally well breastfeeding suitable for midwife

Laboratory results awaited on discharge No ☑ Yes ☐ specify

Discharge medication —

Postnatal examination / follow up 6/52 GP.

BABY INFORMATION

Alive ☑ Stillborn ☐ NND ☐	**Sex** : Male ☐ Female ☑	**Apgar** 1 min 9	5 min 10
Birth weight 3320g	**Discharge weight** birth weight	**OFC** 34.8	
Konakion: Date 19/4/05	Route I/M ☐ Oral ☐ Date repeat due	**Blood spot test date:**	
Feeding method at birth Breast ☑ Formula ☐	**Feeding method at discharge**	Breast ☐	Formula ☐
Hearing screening Yes ☐ No ☐	Clear response ☑ No clear response ☐		

Baby / Remarks / progress to date breast feeding on demand. Post natally well passed fit for home.

Laboratory results awaited on discharge No ☐ Yes ☐ Specify

Discharge medication —

Follow up including Hearing Screening if applicable —

Midwives Signature SM SWright. **Date** 20/4/05.

STA 0711

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NHS
Ayrshire & Arran

GYNAECOLOGY DEPARTMENT
Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE

Our Ref: EBM/MG 2017916
CHI No: 2808850123
Date: 24 May 2010

Dr E Wilson
Health Centre
6 High Street
Maybole KA19 7BY

Enquiries: Michele Garrett
Extension: 27875
Direct: [redacted]
Fax: [redacted]
Email: [redacted]

Dear Dr Wilson

KELLY ANNE MCINTYRE, 69 MURRAY GARDENS, MAYBOLE DOB 28/08/1985

You wrote in December seeking an appointment for this young lady to attend the Gynaecology Clinic. She has been offered 2 appointments now on the 9th and 23rd March neither of which she has kept. I do not propose to send a further appointment unless I hear from you to the contrary. However on reviewing her problem I feel she would probably be better referred to Dr Holman, Consultant in Sexual and Reproductive Health who would be able to deal with her problem as a whole. Historically the gynaecological department has had nothing whatsoever to do with Implanon therapy and none of the members of the team have the appropriate skills or certification to permit either Implanon insertion or its removal.

Yours sincerely

EBMelrose

E B MELROSE
CONSULTANT GYNAECOLOGIST
GMC NO: 1345498

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From: Adastra system communications server account [redacted]
Sent: 08 December 2008 04:17
To: Clinical_Practice_DrLau&Partners_80491
Subject: Call #19858 07-Dec-2008

Call #: 19858 Received NHS24: 07-Dec-2008 16:48
Full cover

Patient's Name:Kellyanne Macintyre
Date of birth:28-Aug-1985 (Age: 23 yearsSex:Female | Received ADOC:18:06
69 Murray Gardens | Passed :__:__
Maybole KA19 7AZ (NS:300 094) | Advised :__:__
Tel No: [redacted] Origin: NHS24 | Arrived :__:__
Urgency: NHS24 Advised Type: NHS24 Advice| Departed :__:__
Consulted by: Own Doctor: Sheward, Jonathan

NHS24 Triage Begin 07-Dec-2008 18:05 NHS24 Triage End 07-Dec-2008 18:09
NHS24 Triaged by : Triage Nurse (Nurse Advisor) (Ayrshire

Triage - Diagnosis
PT WAS AT A & E ON THURS - PT HAS FRACTURED THE CLAVICAL BONE IN NECK - SINCE LAST NIGHT THE PAIN HAS INCREASED - PT IS IN A SLING (
(Non-Clinical User) (Edinburgh))

PT BEEN TAKING NEUROFEN ((Non-Clinical User) (Edinburgh))

Pt advised to go to A&E - For Information Only
Clinical summary created: 07-Dec-2008
dvisor) (Ayrshire (& Arran)) [07/12/2008 18:07:46]
NECK PAIN FOR ONE WEEK AND WORSENING. ATTENDED A&E ON THURSDAY. FRACTURED RIGHT CLAVICLE. PAIN AND SWELLING WORSENED OVER 24 HOURS. REG IBUPROFEN. ADVISED ALSO RE PARACETAMOL. TO RE ATTEND A&E WITHIN 4 HOURS
Current Medication:
AS PER ECS
Allergies:
AS PER ECS
Previous Medical History:
IAS PER ECS

Time Adoc Advised : 18:05 Advised by : Triage Nurse (Nurse Ad

---

Time of Visit/Base __:__ Consulting Doctor :

Final Outcome - Diagnosis

Prescribed Medications

Followups:

Additional document
06-July-2026
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Extension:
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NHS Confidential: Personal data about a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on [redacted] quoting account number [redacted]

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

KELLY MCINTYRE DOB 28/08/85
69 MURRAY GARDENS X

MAYBOLE;;KA197AZ
CHI 2808850123

Your patient attended the Ayr Hospital on 04/12/08 at 16:21.

Triage nurse described problem as:

right clavicle,shoulder pain from fall

Investigations ordered:

RADIOLOGY: sc joint - ? dislocation

Procedures

LIMB IMMOBILISATION: polysling

Diagnosis

[redacted]^SC JOINT DISLOC

Outcome of attendance was:

DCH WITH REFERRAL

Nursing remarks were:

-sb jmccann enp

Additional remarks were:

shoulder immobiliser, advice re analgesia

Follow up plans were:

FRACTURE CLINIC

Yours Sincerely,

A&E Department.

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IMMEDIATE DISCHARGE LETTER M 62795

Pen and Pressure when completing this form

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
ADDR KA7 3PR

Dear Dr

HOSPITAL CRAIGHOUSE

WARD EPAS

DATE 08/12/2025

Your Patient
(Use addressograph label, if available, on all four copies)

Write or attach label
HC CHI: 2608850123
Cl Haymarch, Kellyanne
St 31 Glenmuir Road
Ayr
Pr KA8 9RG
A 26/08/1985
DR LM Evans
MRN: AM-M078796
Date of Birth

Admitted on 08/12/25 in the care of Dr/Mr ANDERSON

was discharged on 08/12/25 with a diagnosis of INCOMPLETE MISCARRIAGE

KNOWN DRUG SENSITIVITY:

MEDICINE (IN BLOCK CAPITALS)	FORM	DOSE	ROUTE	FREQ./TIME OF ADMIN.	CONTINUE OR STOP*	Pharmacy Use Only: Quantity & Strength Dispensed	Pharmacy Notes
MISOPROSTOL	TAB	400mg	P.O	STAT	STOP		
NUMBER OF DAYS SUPPLY IF MORE THAN 5							

DATE 08/12/25 Dispensed by [illegible] Checked by [illegible]

* When the medication is to continue write CONT in the column indicated. When the medication is to stop write the date of the last full day on treatment and STOP. A follow-up appointment will/will not be made.

Other comments and treatments:

Detailed discharge letter will follow within two weeks.

Yours sincerely [signature] Dr's Name (IN BLOCK CAPITALS) PETER AGIUS FREMPONG

STAC273

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NHS Confidential: Personal data about a patient

MACINTYRE, Kellyanne
2808850123
65 Murray Gardens
MAYBOLE
KA19 7AZ
Dr E C Wilson
6 High St, Maybole
patient

IMPLANON REMOVAL

Ayrshire Central Hospital
TSSU Irvine KA12 8SS
STORE IN A CLEAN DRY AREA
OPEN AT POINT OF USE ONLY
DO NOT USE 12 mths from DOM
In accordance with Article 12
Item: W341*GP03
Indicator conforms to ISO11140-1:2005
STEAM
Dark = processed
ACHU02025454

Name: **Date:** 19.08.11. **Cli**

Reason for removal: Prolonged irregular periods

Implanon palpated prior to removal: (YES) / NO

Explanation of procedure to client: (YES) / NO

2....mls LOCAL ANAESTHETIC 1% plain Lidocaine. Lot No. 1190260.. Expiry Date .10/2012.

Using aseptic technique, implanon removed from LEFT/(RIGHT) arm according to manufacturers instruction YES/NO

If no, follow-up management plan _____

_____

Implanon complete: (YES) / NO

If no, follow-up management plan _____

_____

28.01 11 03
27774
CYCLE NUMBER
MEDITRAX Re-order code TT83 Tel: 01454 318373
Implanon Removal Dr Lau Prac2 Maybole 03
STEAM
Dark = processed
HWD GYN
ACHU02025454

Name of Doctor/Nurse removing implant: DR E WILSON

BP 138/78 P.76.
123/65 P.80.
WGT: 64.65Kg.

Wound instructions given:

Future contraception:

Signature: _____

Designation: GP

In event of failed or incomplete removal refer to Dr Ruth Evans for removal

Prescription
2mls LIDOCAINE 1% subcutaneous to implant site.

Signature of Prescriber ..... Date .....

W:\Policies & Procedures\Implanon information\Implanon Removal 07.03.05.doc

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STA0849

NHS AYRSHIRE & ARRAN

Crosshouse Hospital Discharge

225400

G.P.

* PLEASE PRINT HEAVILY USING BALL POINT PEN

H CHI: 2808850123
Cl MacIntyre, Kellyanne
S 69 Murray Gardens
KA19 7AZ
F 28/08/1985
A Dr JC Sheward
MRN: XHI2017916

Ward: 6A
Consultant: Mr Hislop
Date of Admission: 24/8/11
Date of Discharge:
(or date of death)
Clinic Appointment:

Services Arranged: ☐ Home help ___ times week ☐ Meals on wheels ☐ District Nurse ☐ Other
Discharged to: ☐ Home ☐ Stay with relatives ☐ Other hospital ☐ Nursing home ☐ Other ☐ Died

Discharge Diagnosis (If admitted due to an injury, include place of accident & site of injury)

1 BRANCHIAL CYST (L) NECK
2
3
4
5

If multiple Day Case admissions, list dates of admission

Operations / Procedures

1 EXCISION BRANCHIAL CYST (L) NECK
2
3
4

Discharge Medication (7 days supply will be dispensed unless otherwise stated by doctor)

For Pharmacy use

Drug Name and formulation	Dose	Frequency	Route	Duration (cont/stop)	Quantity and strength	Notes
CO-CODAMOL	30/500mg x2	4x/day	O	7/7	56x30/500	
IBUPROFEN	400mg	3x/day	O	7/7	24x400mg	
CHLORAMPHENICOL OINTMENT		4x/day	TOPICAL	7/7		DO NOT RECYCLE SLW AHB

pharmacy date 27/8/11 dispensed by NW checked by AHB

Additional Information (e.g. awaiting histology or other results, patients progress)

A finished consultant episode letter will follow.

Signature _____

PRINT NAME EMMA BARKER Date 24/8/2011

N.B. DISCHARGE MEDICATION IS FOR INFORMATION ONLY. FAXED COPY HAS NOT BEEN CHECKED BY DOCTOR. ON RECEIPT OF HARD COPY, FAXED COPY CAN BE DESTROYED.

Ward Clerkess : _____ / Dictated : _____ / Typed : _____ / Signed : _____ / Mailed : _____

Additional document
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PATIENT SERVICES
Department of Oral & Maxillofacial Surgery
Mr Stuart Hislop, Consultant Oral &
Maxillofacial/Head & Neck Surgeon
Direct Line: ☎ [redacted]
Fax No: [redacted]
Secretary: Miss Denise Fagan
Email: [redacted]

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: [redacted]

www.show.scot.nhs.uk/aaaht

NHS
Ayrshire
& Arran

Our Ref: WSH/MM/XH-2017916
CHI No: 2808850123

Clinic Date: 13 January 2011
Date typed: 24 January 2011

Dr Jonathan Sheward
General Medical Practitioner
Maybole Health Centre
6 High Street
Maybole
KA19 7BY

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE KA19 7AZ DOB 28.08.1985

This girl, who had a recurrent neck swelling, failed to return for follow up today following repeated aspiration of her neck. I am assuming all is well and she has no recurrence of the swelling. She does have an MRI scan appointment on 26 January 2011, and I will arrange for an appointment to be sent to her, at Ayr, two weeks' following this.

With kind regards.

Yours sincerely

W S Hislop FRCS FDSRCS FDSRCPS
Consultant Oral & Maxillofacial/Head & Neck Surgeon

Awarded for excellence

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NHS Confidential: Personal data about a patient

Oral and Maxillofacial Departme
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS Ayrshire & Arran

Dr Sheward
Maybole Medical Practice
6 High Street
MAYBOLE
KA19 7BY

Date: 28TH October 2011
Your Ref: Diagnostic Clinic 29.09.2011
Our Ref: EEB/KPG/x/2808850123
Enq to: Mr Hislop's Secretary
Denise Fagan
Extension: 27488
Direct line: 01563 827488
Fax:
E-mail: [redacted]

Dear Dr Sheward

RE: KELLY MACINTYRE 69 MURRAY GARDENS MAYBOLE KA19 7AZ 28/08/1985

Your patient was reviewed today by Mr Hislop following the excision of what was suspected to be a brancial cyst from her left neck. The actual lesion appeared to be a necrotic lymph node. She is complaining today of numbness of her left earlobe and left jaw and weakness of her left shoulder.

On examination today, the excision site has healed well and there was no infection. There was weakness of the left shoulder in the distribution of the accessory nerve. She did have a fairly good range of movement however she did find the movements difficult and painful.

We have arranged a physiotherapy referral for her. We will review her in one months time and will keep you informed of her progress.

Kind regards

Yours sincerely

Elizabeth Emery-Barker
SHO IN ORAL AND MAXILLOFACIAL SURGERY

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

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NHS Confidential: Personal data about a patient

UNIT NO:

CHI NO: 25 08 85 0125

NHS Ayrshire & Arran

PHYSIOTHERAPY DISCHARGE REPORT

14 JAN 2007
AM
BD
JK
CC
DM
HP
NURSE
JMCG

SITE: Physiotherapy Out-Patients
Ayr Hospital

PHYSIOTHERAPY NO: 5480 / 06

NAME	Kelly Anne Macintyre	**DISCHARGE REASON**	
ADDRESS	2c Oakwood Avenue	Treatment complete	
	Ayr	Did not attend	
	KA8 0NX	Failed to ~~attend~~ - Cancelled	
DOB	25.8.85		
CONSULTANT	—		
G.P.	Dr Kennedy		
	Racecastle Road	**TREATMENT OUTCOME**	
Diagnosis	Mid Thoracic pain	All Treatment Goals Achieved	
REFERRAL DATE	9.8.06	Not All Treatment Goals Achieved	✓
START DATE	22.11.06	No Treatment Goals Achieved	
DISCHARGE DATE	17.1.07	Number of Treatments	2

Summary:

Ms Macintyre was assessed + given exercises. She was to attend the Postural Restoration Programme but failed to attend for this.

Physiotherapist: [signature]

Date: 17.1.07

Additional document
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NHS Confidential: Personal data about a patient

Oral & Maxillofacial Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel: [redacted]
Fax: [redacted]
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: AB/MM
Hospital No:
Clinic Date: 15/04/2014
Date Dictated: 15/04/2014
Date Typed: 16/04/2014
Enquiries to Mr Currie's secretary
Direct Line:
Ext. Number: 27293
Email: [redacted]

Dear Dr Dosumu,

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

Further to previous correspondence, the above patient attended the Maxillofacial Out Patient Department for excision of the soft tissue swelling of her left buccal mucosa under local anaesthetic. This was completely excised without complication. We have arranged follow up appointment for Kellyanne in six to eight weeks' time and we will of course keep you informed of her progress.

Yours sincerely

Authorised on 29/04/2014 13:18:21 by Alison Brownlie.

Alison Brownlie
DF2 in Oral & Maxillofacial Surgery
GDC: 209970

Additional document
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Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS Ayrshire & Arran

Obstetric Referral - 19 Jan 24 at 14:44

Haymarch, Kellyanne (CHI: 2808850123 | PMS Number: 2808850123)
28 Aug 85 (Current Age: 38) | 31 Glenmuir Road, Ayr, KA8 9RG | [redacted] (mobile)
G5 P3+1 | LMP: 25 Nov 23 | Booked: 19 Jan 24 at 14:05 | EDD (Dates): 31 Aug 24 | Current Gest: 7+6 | Babies on scan: ? | Booking BMI: ? | Blood Group: ?

Obstetric 1

Date	19 Jan 24 at 14:44	**Gestation at Referral**	Gestation 7Weeks, 6Days
Referred by	Julie Harvey	**Role of Referrer**	Midwife
Referral Accepted by Woman	Yes	**Referral required as**	Pregnant
Current Risk	Normal Low	**Date of Risk Assessment**	19 Jan 24
Reason for Referral	Booking for delivery	**Additional Notes**	Amber Pathway Para 3+1 SVD 2003 SVD 2005 SVD 2015 All normal deliveries no problems. Non Smoker History of back problems takes occasional co-codamol aware not to take nearer delivery. Slight Asthma in the past but hasn't used inhalers in years. [redacted] has type 2 diabetes so ?? may require OGTT.

General Information

1st preference tel.	[redacted] (mobile)	**2nd preference tel.**	Not Recorded
3rd preference tel.	Not Recorded	**Email address**	[redacted]
Primary language	English	**Mobility needs**	None
Learning difficulties	None	**Special needs**	None
Speech or hearing problems	None	**Sight problems**	None
Specific information format required	No	**Age at Booking**	38
Smoker at Booking	No	**Ethnicity**	1A, Scottish

Circle of Care

Delivery plan	Midwife Unit	**Intended Location of Birth**	Ayrshire Maternity Unit
Named Midwife	Julie Harvey	**Named Consultant**	(Not Recorded)
Team	Purple Team	**Hospital Contacts**	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	Dosumu, A	**GP Practice**	Bankfield Medical Practice
GP Address	148 Dalmellington Road, Ayr, Ayrshire, KA7 3PR		

Latest Care Plan

Recorded: 19 Jan 24 at 14:01

Update Type	At Booking
Delivery Plan (SMR02)	Midwife Unit
Delivery Management (SMR02)	Inpatient
Intended Location of Birth	Ayrshire Maternity Unit
Lead Professional Type	Midwife - Trust
Named Midwife	Julie Harvey
Hospital Community Midwife is Attached To	Ayrshire Maternity Unit
Named Midwife's telephone	[redacted]
Team	Purple Team

Risk Assessment

Recorded: 19 Jan 24 at 14:01

Risk	Normal Low	**Family History**	Diabetes (first degree relative)
Antenatal PBR Risk	STANDARD		

Scans Offered

19 Jan 24 at 14:01

Offered	None	**Accepted**	None
Declined	None		

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The Ayr Hospital
Dalmellington Road
Ayr
KA6 6DX

Tel: [redacted]

NHS Ayrshire & Arran

MR B NAIR
GIRVAN COMMUNITY HOSPITAL

BN/CIK/100-725565
CHI NO: 2808850123

Date Attended: 31.12.10
Date Dictated: 31.12.10
Date Typed: 05.01.10

Dr Lau
The Surgery
The Health Centre
6 High Street
MAYBOLE
KA17 9BY

Dear Dr Lau

KELLY MCINTYRE 49 MURRAY GARDENS MAYBOLE (DOB 28.08.85)

This patient of yours has failed to attend the Urology Out-patient Clinic today.

I have made no arrangements to see her back in the Clinic unless necessary.

With Kind Regards

Yours sincerely

B NAIR
ASSOCIATE SPECIALIST IN UROLOGY

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101004650805K

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Oral and Maxillofacial SurgeryC13
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Dec-2012
Date submitted	18-Dec-2012

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

108 Wilson Stree
Ayr
KA8 9LR

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Dalmellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Neck lump

Comment: This lady tells me (she was not a patient at the time) that she had a neck lump last year which was thought to be a cyst, and which required excision, proving to be a necrotic lymph node.
She attends today, telling me that she has a new lesion, about 2 cm anterior to the scar of the old lesion, which has a similar presentation, in that it swells up over a period of time and then discharges matter.
o/e today the site of the lesion is quiescent and I cannot comment on any possible neck lump.
Given her history, many thanks for seeing her.

[redacted]

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NHS Ayrshire & Arran — **Area Laboratory** — **Haematology**

MACINTYRE,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

		Result	Units	Normal Range
Haemoglobin	Low	108	g/L	122 - 165
White Cell Count	High	12.1	10*9/L	3.9 - 11.1
Platelets		261	10*9/L	150 - 400
RBC	Low	3.71	10*12/L	3.88 - 4.99
Haematocrit	Low	0.32	%	0.36 - 0.48
MCV		87	fl	82 - 98
MCH		29.1	pg	27.3 - 32.5
MCHC		334	g/L	316 - 349
Neutrophils	High	8.9	10*9/L	1.8 - 7.4
Lymphocytes		2.1	10*9/L	1.1 - 5.0
Monocytes		0.9	10*9/L	0.2 - 0.9
Eosinophils		0.1	10*9/L	0.1 - 0.7
Basophils		0.0	10*9/L	0.0 - 0.1

Lab No 15B478733 — Date Collected 23/10/15 09.30 — Authorised By BHI W7AUQPRO Service Account

Printed 24/10/15 07.21 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Kelly Macintyre 28/08/1985 980/93/056 **Leavers Report**

ℝ Leavers Report

Contact Details

2c Oakwood Avenue Ayr KA8 0NX

Significant Medical History

01/11/2006 Asthma resolved Mrs Carol Simpson
01/01/2004 Asthma Ms Administration Entry

Current Repeat Medication

No data recorded.

Recorded Drug & Non Drug Allergies

No data recorded.
No data recorded.

Issued Medication

27/12/2006 Salmeterol 120 Dose Cfc Free INHAL 25MCG/DOSE Supply: (2) OP 1 Puff Twice daily Dr A J Kennedy
27/12/2006 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Supply: (2) 2 Puffs Take as required Dr A J Kennedy
27/12/2006 Beclometasone Dipropionate 200 Dose INHAL 100MCG/DOSE Supply: (2) OP 2 Puffs Twice daily Dr A J Kennedy
27/12/2006 Co-Codamol 30/500mg CAPS Supply: (100) 1 or 2 Caps 4 times daily Dr A J Kennedy
13/09/2006 Nicorette 10mg/16 Hours PATCH Supply: (28) apply 1 patch daily dispense weekly use one 15mg (high strength) patch each day for 8 weeks, after which there is a weaning off period of 2 weeks of use of 10mg (middle strength) patch and the final two weeks with 5 mg (low strength) patch Dr D Matthewson
09/08/2006 Co-Codamol 8/500mg TABS Supply: (100) 1 or 2 Tabs 6 hourly PRN Dr A J Kennedy
09/08/2006 Amitriptyline Hydrochloride TABS 10MG Supply: (100) 1 or 2 Tabs At night Dr A J Kennedy
23/09/2005 Fluoxetine CAPS 20MG Supply: (30) 1 Cap In the morning Dr A Martin
25/05/2005 issue 2 Salmeterol 120 Dose INHAL 25MCG/DOSE Supply: (2) OP 2 Puffs Twice daily Dr Unknown Doctor
25/05/2005 issue 1 Salmeterol 120 Dose INHAL 25MCG/DOSE Supply: (2) OP 2 Puffs Twice daily Dr Unknown Doctor
17/05/2005 Loratadine TABS 10mg Supply: (30) 1 Tab Daily Dr B Dunne
17/05/2005 issue 2 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Supply: (1) 2 Puffs Take as required Dr B Dunne
17/05/2005 issue 1 Salbutamol 200 Dose Cfc Free INHAL 100MCG/DOSE Supply: (1) 2 Puffs Take as required Dr B Dunne
17/05/2005 issue 2 Beclometasone Dipropionate 200 Dose INHAL 100MCG/DOSE Supply: (2) OP 2 Puffs Twice daily Dr B Dunne
17/05/2005 issue 1 Beclometasone Dipropionate 200 Dose INHAL 100MCG/DOSE Supply: (2) OP 2 Puffs Twice daily Dr B Dunne
10/02/2005 Amoxicillin CAPS 250MG Supply: (15) 1 Cap 3 times daily Dr D Matthewson
17/01/2005 Gaviscon Sf Peppermint LIQ Supply: (500) 10 ml 4 times daily Dr C Chape
17/01/2005 Co-Codamol 30/500mg CAPS Supply: (100) 1 or 2 Caps 4 times daily Dr C Chape
25/11/2003 issue 2 Beclometasone Dipropionate 100 Dose Dry Powder INHAL 100MCG/ Supply: (2) 2 Puffs Twice daily Dr H Pieper
25/11/2003 issue 1 Beclometasone Dipropionate 100 Dose Dry Powder INHAL 100MCG/ Supply: (2) 2 Puffs Twice daily Dr Unknown Doctor
25/11/2003 issue 2 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Supply: (1) to be injected As directed Dr H Pieper
25/11/2003 issue 1 Medroxyprogesterone Acetate Contraceptive Prefilled Syringe Supply: (1) to be injected As directed Dr Unknown Doctor
25/11/2003 issue 2 Salbutamol 200 Dose Breath Actuated INHAL 100MCG/DOSE Supply: (1) 2 Puffs Take as required Dr H Pieper
25/11/2003 issue 1 Salbutamol 200 Dose Breath Actuated INHAL 100MCG/DOSE Supply: (1) 2 Puffs Take as required Dr Unknown Doctor

Immunisations

No data recorded.
No data recorded.
No data recorded.
No data recorded.

Medication Reviews

23/09/2005 Medication review Due: 23/09/2006 by: Dr A Martin Dr A Martin
23/09/2005 Medication review Due: 23/09/2006 Complete: 23/09/2005 by: Dr A Martin Next review: 23/09/2006 Dr A Martin
25/05/2005 Asthma medication review Due: 25/05/2006 Complete: 25/05/2005 by: Mrs Carol Simpson Next review: 25/05/2006 Mrs Carol Simpson
25/11/2003 Medication review Due: 24/11/2004 Complete: 25/11/2003 by: Mrs E Mccreath Next review: 24/11/2004 Mrs E Mccreath

Referral & Requests

No data recorded.
No data recorded.

All Other Clinical Data

27/12/2006 Seen in GP's surgery LBP again. Not improving with Paracetamol/Nurofen. Scheduled for back classes after New Year. Rx Cocodamol 30/500. Usual advice re mobilisation.PMH asthma with use of Becotide/Serevent and Ventoioln PRN. Scripts issued and for asthma review. Dr A J Kennedy
01/11/2006 Patient encounter data NOS Past asthma No longer on inhalers Mrs Carol Simpson
01/11/2006 Asthma resolved Mrs Carol Simpson
13/09/2006 Smoking cessation advice Smoking cessation advice Smoking cessation advice Dr D Matthewson
13/09/2006 13/09/2006 Cigarettes: 13/09/2006 Cigars: 13/09/2006 Ozs Tobacco: 13/09/2006 Moderate smoker - 10-19 cigs/d PROTOCOL=Smoker$$ Status Dr D Matthewson
13/09/2006 Seen in GP's surgery Smoking cessation advice Dr D Matthewson
09/08/2006 Seen in GP's surgery See entry Aug 2005 re back pain. Attended osteopath with benefit so Physio refused to Rx and no longer can afford.Rx. Pain escalated and disturbs sleep. Rx as shown and refer back to Physio. Dr A J Kennedy
31/05/2006 Seen in other clinic Asthma review letter sent to patient Mrs Carol Simpson
31/05/2006 ASTHMA REVIEW APPT SENT Mrs Carol Simpson
06/03/2006 Excep asthma qual ind: Inf dis Mrs Carol Simpson
02/02/2006 ASTHMA REVIEW APPT SENT Ms Administration Entry
01/12/2005 smear normal 3 yearly repeat letter sent 1st letter Ms Administration Entry
21/11/2005 ASTHMA REVIEW APPT SENT Ms Administration Entry
23/09/2005 Medication review Due: by: Dr A Martin
23/09/2005 Medication review Due: by: Dr A Martin

Kelly Macintyre 28/08/1985 980/93/056 **Leavers Report**

23/09/2005 Seen in GP's surgery Seen by Liz - appears depressed - Breast feeding - 1/12 post natal - appetite down sleep broken - tends to be emotional - Rx as shown - see 3/52 Dr A Martin
22/09/2005 Home visit strugggling with things at present [redacted] working long shifts, mood low,feels weepy & bachache troublesome, [redacted] advised GP review, ongoing Hv support Mrs E Mccreath
18/08/2005 ASTHMA REVIEW APPT SENT Ms Administration Entry
16/08/2005 Seen in GP's surgery Chronic mid thoracic backache since birth of second child 2/12 ago. Causing practical difficulties with lifting baby, carrying buggy up to house etc. Otherwise well. Has Paracetamol. Refer Physio (soon). Dr A J Kennedy
25/05/2005 Asthma medication review Due: by: Mrs Carol Simpson
25/05/2005 Asthma annual review Seen by: Asthma annual review Clinician: Mrs Carol Simpson
25/05/2005 Inhaler technique - good ability: Inhaler technique - good Mrs Carol Simpson
25/05/2005 Smoking cessation advice Smoking cessation advice Smoking cessation advice Mrs Carol Simpson
25/05/2005 Height: 25 May 2005 metres O/E - height : UNIT=cm Mrs Carol Simpson
25/05/2005 Weight: 25/05/2005 kgs BMI: 25/05/2005 Centile: 25/05/2005 O/E - weight : UNIT=kg Mrs Carol Simpson
25/05/2005 25/05/2005 Cigarettes: 25/05/2005 Cigars: 25/05/2005 Ozs Tobacco: 25/05/2005 Current smoker Mrs Carol Simpson
25/05/2005 Seen in GP's surgery attended asthma clinic Mrs Carol Simpson
25/05/2005 Seen in GP's surgery %/52 post natal. Bottle feeding. Arranging for implanon. BP 127/77. No problems Dr B Dunne
25/05/2005 Asthma not limiting activities Mrs Carol Simpson
25/05/2005 Asthma disturbing sleep Mrs Carol Simpson
25/05/2005 H/O: eczema Mrs Carol Simpson
25/05/2005 Asthma management plan given Mrs Carol Simpson
25/05/2005 Body Mass Index high K/M2 26.83 : UNIT=kg/m2 Mrs Carol Simpson
25/05/2005 No respiratory symptoms Mrs Carol Simpson
25/05/2005 25/05/2005 BP 25/05/2005 / 25/05/2005 taken 25/05/2005 from 25/05/2005 Cuff: 25/05/2005 recall due: 30/05/2005 O/E - BP reading normal PROTOCOL=B P Screening$$ Dr B Dunne
17/05/2005 Seen in GP's surgery Salbutamol + BCM 100mcg/puff x 2puffs bd - both MDILoratadine 10mg x 30 for hayfeverRequesting implanon - advised FPC Dr B Dunne
25/01/2005 Asthma resolved Ms Administration Entry
17/01/2005 Health ed. - smoking for Smoking Dr C Chape
17/01/2005 17/01/2005 Cigarettes: 17/01/2005 Cigars: 17/01/2005 Ozs Tobacco: 17/01/2005 Current smoker PROTOCOL=Smoker$$ Status Dr C Chape
17/01/2005 17/01/2005 BP 17/01/2005 / 17/01/2005 taken 17/01/2005 from 17/01/2005 Cuff: 17/01/2005 recall due: O/E - blood pressure reading Dr C Chape
17/01/2005 17/01/2005 BP 17/01/2005 / 17/01/2005 taken 17/01/2005 from 17/01/2005 Cuff: 17/01/2005 recall due: 17/01/2010 O/E - BP reading normal PROTOCOL=B P Screening$$ Dr C Chape
24/08/2004 Referral letter DOCUMENT=documents\Dr C Chape\MacIntyre, Kelly Anne 2004 08 24 #1.doc Ms Administration Entry
16/06/2004 Smoking cessation advice Smoking cessation advice Smoking cessation advice Ms Administration Entry
16/06/2004 16/06/2004 Cigarettes: 16/06/2004 Cigars: 16/06/2004 Ozs Tobacco: 16/06/2004 Current smoker Ms Administration Entry
Asthma Placed on register: 01/01/2004
01/01/2004 Asthma Ms Administration Entry
15/12/2003 Patient MRE received from HB Ms Administration Entry
25/11/2003 Medication review Due: by: Mrs E Mccreath
10/11/2003 Pat. GP7B/GP8B card from HB Ms Administration Entry
06/11/2003 Patient reg. form sent to HB Ms Administration Entry
01/01/2003 Normal delivery in normal case Ms Administration Entry

Test Results

25/05/2005 Peak exp. flow rate: PEFR/PFR : = 410 Mrs Carol Simpson
24/02/2005 Leucocytosis -high white count = 17.4 : UNIT=10*9/l Ms Administration Entry
24/02/2005 Thrombocythaemia = 435 : UNIT=10*9/l Ms Administration Entry
24/02/2005 Haemoglobin low = 10.3 : UNIT=g/dl Ms Administration Entry
14/01/2005 Leucocytosis -high white count = 15.8 : UNIT=10*9/l Ms Administration Entry
14/01/2005 Platelet count normal = 377 : UNIT=10*9/l Ms Administration Entry
14/01/2005 Haemoglobin low = 11.2 : UNIT=g/dl Ms Administration Entry
02/09/2004 Leucocytosis -high white count = 14.9 : UNIT=10*9/l Ms Administration Entry
02/09/2004 Platelet count normal = 329 : UNIT=10*9/l Ms Administration Entry
02/09/2004 Haemoglobin normal = 12.5 : UNIT=g/dl Ms Administration Entry

Macintyre, Kelly Anne Dr Martin and F
DoB: 28/08/1985 **Report Valid On 16/06/04 11:45** Page num

Registration

Miss Kelly Anne Macintyre
28 Anderson Crescent
AYR

Service Code: Permanent
DoB: 28/08/1985
Age: 18

KA7 3RN

Telephone:
Contact: ? ContactRelship: ?

CHI Number: 2808850123
Registered GP: Dr B Dunne
BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review
Salbutamol 200 Dose Breath Actuated INH	1 2 Puffs Take as required	25/11/20	25/11/20	56	39
Beclomethasone Dipropionate 100 Dose I	2 2 Puffs Twice daily	25/11/20	25/11/20	56	39
Medroxyprogesterone Acetate Contracept	1 to be injected As directed	25/11/20	25/11/20	56	39

Clinical / User Marker

01/01/2004	High	Asthma
16/06/2004	Medium	Current smoker
16/06/2004	Medium	Smoking cessation advice
10/11/2003	Medium	Pat. GP7B/GP8B card from HB
06/11/2003	Medium	Patient reg. form sent to HB
01/01/2003	Medium	Normal delivery in a completely normal case

Summary Sheet: Practice Summary Sheet Printed at 16/06/2004 11:45:47

Macintyre, Kelly
DoB: 28/08/1985

Report Valid On 18/11/03 17:00

Pittenweem Surgery
Page number 1

Registration

Miss Kelly Macintyre
34 Gourlay Crescent
St Monans
Anstruther
FIFE
KY10 2AZ

Telephone: [redacted]
Contact: ?
ContactRelship: ?

Service Code: Permanent
DoB: 28/08/1985
Age: 18

CHI Number: 2808850123
NHS Number: 980 93 056

Marital Status: Single

Registered GP: Dr JOHN MARSTON

Registered: 19/01/1993

BMI: 0.0
Height: 0 m
Weight: 0 kg
BP: 0/0

Priority Clinical / User Marker

02/07/2001 High Allergic rhinitis due to other allergens
Dust mite & cats

01/01/1995 High [D]Pain in head NOS
blurred vision

10/01/1989 High [D]Heart murmur, functional

01/01/1988 High Social problem
? [redacted]

01/09/1985 High [D]Feeding problem

[redacted]

Adverse Reactions

Read Code	Description
H171.	Allergic rhinitis due to other allergens

Clinical / User Marker

04/11/2003 Low GPM claim sent to HB

04/08/2003 Low Contraception Review August

04/08/2003 Low GP102 sent to Health Board

30/10/2000 Low Polio vaccination
: Priority= 4

30/10/2000 Low Tetanus/low dose diphtheria vaccination
: Priority= 4

27/09/2000 Low Failed encounter
DNA appointment : Priority= 8

Summary Sheet: Medium Report

Printed at 18/11/2003 17:00:04

Macintyre, Kelly
DoB: 28/08/1985 **Report Valid On 18/11/03 17:00**

11/07/2000 Low GP102 sent to Health Board : Priority= 8
11/07/2000 Low GP102 signed : Priority= 8
20/04/2000 Low Meningitis vaccination At School : Priority= 5
09/02/1998 Low Tuberculosis (BCG) vaccination : Priority= 5
05/12/1994 Low Other viral vaccinations NOS MR done at school : Priority= 4
19/01/1993 Low Patient registered by HB
20/10/1989 Low DT (double)+polio vaccination : Priority= 4
04/06/1987 Low DT (double)+polio vaccination : Priority= 4

Screening

04/03/03 **Contraception$$** Oral contraceptive started
Repeat after an Interval - 12 Months Do not send recall letter Do not send result letter
17/11/89 **Mmr Immunis.$$** Measles/mumps/rubella vaccn.
17/11/89 **Rubella Screening$$** Rubella vaccination

Last Encounter

Dr JOHN MARSTON Date: Sep 30 2003 2:30PM
PN check

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Disease Protocol Sessions:

Pittenweem Surgery

Macintyre, Kelly
DoB: 28/08/1985

Report Valid On 22/09/03 15:48

Registration

Miss Kelly Macintyre

Service Code: Permanent
DoB: 28/08/1985

CHI Number: 2808850123

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0
Parity: 0 Gravida: 0

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Review

Adverse Reactions

Read Code	Description
H171.	Allergic rhinitis due to other allergens

Clinical / User Marker

02/07/2001 High Allergic rhinitis due to other allergens
Dust mite & cats

01/01/1995 High [D]Pain in head NOS
blurred vision

10/01/1989 High [D]Heart murmur, functional

01/01/1988 High Social problem
[redacted]

01/09/1985 High [D]Feeding problem
[redacted]

Summary Sheet: Notes Summary

Printed at 22/09/2003 15:48:38

Additional document
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NHS
Ayrshire & Arran

Department of Sexual Health
Ayrshire Central Hospital
IRVINE KA12 8SS

Dr Law
The Health Centre
6 High St
Maybole
KA19 7BY

Date 4/2/08.

Direct Line [redacted]
Fax

Clinic: **Family Planning – Whitletts**

Dear Doctor

SEXUAL & REPRODUCTIVE HEALTH CARE SERVICES

Your patient Name: KerryAnne · MacIntyre

Address: 69 Murray Gdns Maybole.

DOB: 28/08/85 ·

Attended the clinic today and chose to have **IMPLANON** for contraception. I could find no contra-indications in her medical history and after appropriate assessment and counselling **IMPLANON** was inserted in her Right upper arm.

Her blood pressure was: **b/p =** 116/68

Implanon lasts three years and should be removed by 4/2/2011 (date)

If any problems arise, or if you have any queries please do not hesitate to contact us.

Yours sincerely

Grant.

FP3/Impl/0207

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NHS
Ayrshire & Arran

THE BALLOCHMYLE SUITE
Ayr Hospital
Dalmellington Road
AYR
KA6 6DX

Tel: [redacted]
Fax:

HK /JMCG/100725565
CHI: 2808850123

MR B NAIR – ASSOCIATE SPECIALIST IN UROLOGY

DATE ATTENDED: **26 May 2010**
DATE DICTATED: **26 May 2010**
DATE TYPED: **27 May 2010**

Dr C Lau
6 High Street
MAYBOLE

Dear Dr Lau

KELLY MCINTYRE, 69 MURRAY GARDENS, MAYBOLE DOB 28/8/85

Your patient attended the clinic today. She has had an episode of urinary retention following her hernia repair. At present her waterworks are stable. She had a Qmax of 25mls and post void residual of 46mls today.

At present I have simply arranged another routine appointment for her in six months' time. If she is well at that time she will be discharged.

Yours sincerely

H KHAN
ST5 IN UROLOGY

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Extension:
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NHS Confidential: Personal data about a patient

Hi

I's this shingles

Kelly haymarch
28 08 85
[redacted]
Sent from Outlook for Android

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Maternity Unit
University Hospital, Crosshouse,, Kilmarnock, KA2 0ES.

NHS Ayrshire & Arran

GP A/N Referral - 22 Feb 24 at 11:02

Haymarch, Kellyanne (CHI: 2808850123 | PMS Number: 2808850123)
26 Aug 85 (Current Age: 38) | 31 Glenmuir Road, Ayr, KA8 0RG [redacted] (mobile)
GS P3+1 | LMP: 25 Nov 23 | Booked: 15 Jan 24 at 14:05 | EDD (Final): 09 Sep 24 | Current GA: 11+3 | Babies on scan: 1 | Booking BMI: 30.52 | Current BMI: 30.52 | Blood Group: ?

GP A/N Referral

Date	22 Feb 24 at 11:02	Gestation at Referral	Gestation 11Weeks, 3Days
Referred by	Sonal Anderson	Role of Referrer	Consultant
Referral Accepted by Woman	Yes		

General Information

1st preference tel.	[redacted]	2nd preference tel.	Not Recorded
3rd preference tel.	Not Recorded	Email address	[redacted]
Primary language	English	Mobility needs	None
Learning difficulties	None	Special needs	None
Speech or hearing problems	None	Sight problems	None
Specific information format required	No	Age at Booking	38
Smoker at Booking	No	Booking BMI	30.52
Ethnicity	1A. Scottish		

Circle of Care

Delivery plan	Midwife Unit	Intended Location of Birth	Ayrshire Maternity Unit
Named Midwife	Julie Harvey	Named Consultant	(Not Recorded)
Team	Purple Team	Hospital Contacts	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	Dosumu, A	GP Practice	Bankfield Medical Practice
GP Address	148 Dalmellington Road, Ayr, Ayrshire, KA7 3PR		

[redacted]

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Ayrshire Maternity Unit
University Hospital, Crosshouse,, Kilmarnock, KA2 0ES.

NHS Ayrshire

[redacted]

2023 (?) Miscarriage

Gestation of the miscarriage	7+?

Obstetric History Summary

Gravida/Parity:	G5 P3+1	Livebirths	3
Total registerable babies	3	Total registerable pregnancies	3
Miscarriages	1	Total Non-Registerable Births	1
Caesarean Sections	0		
Unknown Current Status	0	Neonatal, Infant and child deaths	0

Antenatal Management Plan

Recorded 22 Feb 24 at 10:16
Actual Management Plan
Saved By Julie Harvey

Blood Tests and Results

Blood Tests and Results: 19 Jan 24 at 14:30

Location:	Antenatal Clinic	Offered:	Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes

Blood Tests and Results: 19 Jan 24 at 14:31

Location:	Antenatal Phlebotomy	Offered:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Haemoglobinopathy - Mother, HbA1C, Hepatitis B, HIV, Syphilis
Accepted:	Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Haemoglobinopathy - Mother, HbA1C, Hepatitis B, HIV, Syphilis	Ferritin:	28
HbA1C:	5.2	HbA1C:	33.0
Results Outstanding:	Antibodies, Blood Group and Rhesus Factor, Haemoglobin, Haemoglobinopathy (Mother), Hep B, HIV, Syphilis		

Microbiological Tests and Results

Microbiological: 22 Feb 24 at 10:15 - Gestation 11weeks, 3days

Location	Antenatal Clinic	Test offered and explained	MSU
Test(s) Performed	MSU		
Results Outstanding	M		

Microbiological: 22 Feb 24 at 10:39 - Gestation 11weeks, 3days

Location	Antenatal Clinic	Test offered and explained	MSU
Test(s) Performed	MSU		
Results Outstanding	M		

Risk Assessment

Recorded: 22 Feb 24 at 10:16

Risk	Normal Low	Family History	Diabetes (first degree relative)

Medication

Recorded: 22 Feb 24 at 10:43
Drugs Given Ferrous Sulphate
Clinical Notes Prophylactic iron as per PRAMs Three times a week. MON, WED and FRIDAY.

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Adult Disability Payment: Supporting information request

You have received this request because someone applying for Adult Disability Payment£has asked Social Security Scotland to contact you on their behalf. We need you to confirm the applicant£s conditions, disability or needs. You do not need to include a diagnosis. We would like you to provide this supporting information within 28 days of receiving it. The quicker you respond, the sooner we can provide disability assistance if the applicant is entitled to it. If you cannot provide this information within 28 days, call us free on [redacted]

For the attention of: Name: Organisation:

The applicant has authorised us to approach you to provide supporting information for their case.

The applicant has also given permission for another person in your organisation to complete this request if they hold the information to do so.

Claimant / Patient:

CHI: 2808850123
Kellyanne Haymarch
Date of Birth: 28-Aug-1985

31 GLENMUIR ROAD
KA8 9RG

Applicant (if different from subject):

Name: Kellyanne Haymarch
Relationship: Client

Is this patient known to you?

Patient is [X] Known to me [ ] NOT known to me

Your Details

Fill in your details if you are the professional completing this form.

Your name:	Dr. David Stevenson
Registration Code:	4147796
Registration Scheme:	GmcCode
Organisation name:	Bankfield Medical Practice (80842)
Organisation adress:	148 Dalmellington Road Ayr Ayrshire KA7 3PR

Supporting Information

Please answer the following questions. Use the box below to tell us what you know. Please confirm the clients conditions or disability (if they do not have a diagnosis, please confirm their needs or symptoms). Please tell us what medications or treatments, if any, they are prescribed. Could you please advise on any input from or referrals to specialists regarding mental health problems? Could you please advise on any concerns regarding the client's ability to safely engage with others?

Please answer in the box below.

I have appended below a complete list of this patient's known problems and medication.

I cannot see any record of input from or referrals to specialists regarding mental health problems in recent years. However, she has made an appointment with our mental health practitioner in the practice, and seen the doctors in this practice several times for matters of this nature. I do not see any specific record of any discussion regarding her ability to safely engage with others. However she has described how attending her work was causing a great many anxiety symptoms.

Problems

Active
22/10/2024 Anxiety with depression
26/02/2021 Confirmed 2019-nCoV (novel coronavirus) infection
09/01/2019 Insertion of Nexplanon
07/05/2002 Asthma
31/10/2000 House dust mite allergy
31/10/2000 Cat allergy
03/11/2025 Patient pregnant
07/11/2024 Dysmenorrhoea

Significant Past
19/04/2010 Repair of epigastric hernia, unspecified

Medication - From 3M Ago To Present

Current Acute
20/03/2026P Mirtazapine Tablets 30 mg ONE TO BE TAKEN AT NIGHT, 56 tablet

Current Repeat
20/03/2026P Co-Codamol 30/500 Tablets ONE OR TWO TABLETS TO BE TAKEN ONLY IF NECESSARY THREE OR FOUR TIMES PER DAY. MAXIUMUM 8 TABLETS PER DAY. SHORT TERM USE ONLY., 100 TABLET

Harmful Information

If you are aware of potentially harmful information You should tell us any information that might be harmful to the applicant or appointee. For example, a prognosis that the applicant has not been told about or test results that have not been discussed yet. For Social Security Scotland to be able to withhold the information, a registered medical practitioner or a registered nurse would have to certify that the information would be likely to cause serious harm to the health of the applicant. Anything you write in this box will not be shared with the applicant, even if they ask for a copy of this form.

Please answer in the box below.

none

Completing this form

How to complete a supporting information request

The applicant has identified you as a professional who can provide information to support their application for Adult Disability Payment. We have used information the applicant gave us to decide which questions to ask you. We need you to answer these questions with as much detail as you can. We do not expect you to answer questions outside of your area of expertise. Please provide this supporting information within 28 days of receiving it. If you cannot provide this information within 28 days, call us free on [redacted] as soon as possible. Our opening times are Monday to Friday, 8am to 6pm.

How your supporting information helps us

We use the supporting information you provide to: confirm what the applicant has told us in their application understand the impact their conditions or disability have on their daily life We will review the supporting information you provide, together with any other supporting documents. Once we have made a decision, we£ll contact the applicant to let them know.

If you cannot complete this form

If you are unable to provide this information, but there is someone else at your practice who is involved in the care or support of the applicant, you can ask them to complete this form.

Harmful information

You should use the Harmful Information section to tell us any information about their health that the applicant is not aware of. This protects the applicant from discovering information that could have a harmful effect. For example, a prognosis that the applicant has not been told about or test results that have not been discussed yet. Withholding harmful information from the applicant will only be possible if a registered medical practitioner or a registered nurse certifies that the information would be likely to cause serious harm to the health of the applicant.

Information governance

We have an information-sharing agreement with your organisation. This enables us to legally share information about applications to Social Security Scotland. You can find out more at socialsecurity.gov.scot. We are looking for information to support an application for Adult Disability Payment. We have the applicant£s authorisation to contact you about their application.

Contact us

Contact us

If you have any questions or concerns about this supporting information request, call us free on [redacted] Our opening times are Monday to Friday, 8am to 5pm.

If you cannot complete this form

If you do not have enough information to complete this form, you can tell us about someone else who can help.

Add the name, role and organisation of another professional involved in the client's care below. Any information you can give us is helpful, even if you cannot complete the full details.

We phone the applicant to confirm before we approach any new contacts.

Name:

Role:

Organisation:

Contact Details:	
Name:	
Role:	
Organisation:	
Contact Details:	
Name:	
Role:	
Organisation:	
Contact Details:	

Fee

Fee payable:	£33.50

Fee claim:	[X] I am claiming the fee above	[ ] I am NOT claiming the fee above

Confirm and sign

I declare that the information on this form is correct, complete and up to date as far as I know and believe.	[X]
Your signature:	Dr. David Stevenson
Date:	09-Apr-2026

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The Ayr Hospital
Dalmellington Road
Ayr KA6 7DX
Telephone: [redacted]
Ext 14468
www.nhsayrshireandarran.com

NHS Ayrshire & Arran

The Bruce Day Surgery Suite

A100-725565
KELLY
MCINTYRE
69 MURRAY GARDENS
2808850123
MAYBOLE
KA197AZ
28/08/1985
LAU,C (GP)
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
F/N

Dear Colleague

The above patient attended The Bruce Day Surgery Suite on Monday 19.4.10.

The procedure carried out was lap mesh repair epigastric hernia
under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you could:-

~~a) Remove sutures in ..... days time.~~ dissolvable

~~b) Remove the theatre dressing in ..... days and dress thereafter as required.~~

c) Reduce the theatre dressing in 24 hours / 48 hours / 72 hours.

~~d) Dressing to remain intact until clinic appointment.~~

Comments .....

✓ District Nurse visit requested by ansaphone / telephone on 01655 883921 D

~~Patient will contact surgery to make an appointment with Practice Nurse.~~

The patient has / has not a review appointment.

✓ A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,

DRS 036

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Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. C LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: [redacted]
Fax: [redacted]

Duty Consultant

Kelly Mcintyre
69 MURRAY GARDENS
MAYBOLE, KA197AZ

DOB: 28/08/1985
A/E No: AYR-10-044500
CHI No: 2808850123

Date and Time of Attendance: 28 Dec 2010 12:00

Diagnosis Abscess / boil (any skin site) , Neck , Left

Treatment Advice

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: known to max-facs. due to be seen on 30th in max facs clinic

Shu Jeng Ting

If you have any queries about this patient, please contact one of the staff at the above number.

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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Maybole H/C (Dr Lau)

Patient : Kellyanne Macintyre
(Gender: Female) (DOB: 28/08/1985) (Age: 25 years) (CHI: 2808850123)

Case No 96132 **Case Date** 28/08/2011 00:55
Own Dr Sheward, Jonathan

Emergency Care Summary viewed on case

Current Address
69 Murray Gardens

Maybole
KA19 7AZ
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type Home Visit
Priority On Reception Within 2 Hours

NHS 24 Advice by (Nurse Advisor) (Cardonald) **Triage Start** 00:59 **Triage End** 01:17

Clinical summary created by: (Nurse Advisor) (Cardonald) [28/08/2011 01:16:54]
VOMITING FOR 5HRS AND DISCHARGED FROM CROSSHOUSE HOSPITAL YESTERDAY FOLLOWING CYST REMOVED FROM NECK BELOW LEFT EAR 26/08/ DRAIN REMOVED YESTERDAY/ COLOUR PALE/FEELS WARM/ PAIN BELOW BELLY BUTTON/ ABDOMEN NOT DISTENED/ VOMITING FOODSTUFFS&FLUIDS/ NOT TOLERATING WATER/ COCODAMOL&IBUPROFEN GIVEN FOR PAIN RELIEF/ UNABLE TO TAKE DUE TO NAUSEA &VOMITING/ NO OTHER SYMPTOMS/ HOME VISIT 2HRS/

Case Questions

Adastra Consult by Wilson, Eileen C **Consult Start** 02:17
Start Type Home Visit **End Type** Home Visit **Consult End** 02:27

History
has had branchial cyst removed from the neck on friday am, out of hospital on cocodamol 30/500 nauseated since the operation and vomiting all day today, abdominal pain, no allergies

Examination
temp 36.6 bp 121/80 pulse 83/min wound appears satisfactory no evidence of infection tender epigastrium

Diagnosis

Treatment
stemetil 12.5mg im lot A0030 exp 9/15
omeprazole 20mg od x 28

Clinical Code(s)
R0701 [D]Vomiting

Prescriptions

Report Statistics: Report produced by Adastra Version 3 - 28/08/2011 03:42:36

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Informational Outcome(s)
Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 28/08/2011 03:42:36

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MSK Musculoskeletal Service

MSK Centre
Biggart Hospital
Biggart Road
Prestwick
KA9 2HQ
[redacted]

NHS Ayrshire & Arran

Kellyanne Haymarch
31 Glenmuir Road
Ayr
Ayrshire
KA8 9RG

Our Ref: DYRTR/DM
Date Typed: 18/11/2024
Enquiries to MSK Centre
Direct Line: [redacted]

Dear Kellyanne Haymarch

Kellyanne Haymarch **DOB: 28/08/1985** **CHI NO: 2808850123**

31 Glenmuir Road, Ayr, Ayrshire, KA8 9RG

Musculoskeletal (MSK) Services – NHS Ayrshire & Arran

We sent you a letter a few weeks ago advising that you have been on the **MSK Physiotherapy** outpatient waiting list for some time.

We asked that you contact us to book your initial appointment.

According to our records we have not received any response. Please note that you will now be removed from the waiting list.

If you have any queries in relation to this letter please contact the MSK Centre on [redacted]

Further advice on musculoskeletal problems and management can be found at:

https://www.nhsaaa.net/musculoskeletal-service-msk/

Yours sincerely
MSK SERVICES

Copy to Referrer:
Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
KA7 3PR

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010004124842

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

General Surgery (excl Vascular)C11
AA Gen Ref - PMH Med & High

Ayr Hospital
Dalmellington Road
Ayr
KA6 6DX

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	20-Apr-2010
Date submitted	20-Apr-2010

laparoscopic repair of epigastric hernia 19/4/2010 - abdominal pain, difficulty passing urine

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

69 Murray Gardens
MAYBOLE
KA19 7AZ

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr Jonathan Sheward		
GMC code	3108327	GP code	24295
Practice name	Maybole Health Centre (16879)		
Practice code	80491		

Practice address

Maybole Health Centre
6 High Street
Maybole

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Ching Lau		
GMC code	2340803	GP code	22632
Practice name	MAYBOLE HEALTH CENTRE (80491)		
Practice code	80491		

Practice address

6 HIGH STREET
MAYBOLE
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description:	laparoscopic repair of epigastric hernia 19/4/2010 - abdominal pain, difficulty passing urine
Date of onset:	20-Apr-2010
Comment:	20 April 2010

Dear Receiving Surgeon,

This lady had laparoscopic repair of epigastric hernia yesterday. unfortunately she is complaining of abdominal pain and difficulty passing urine. I saw her earlier. Her abdomen was soft, voluntary guarding no rebound, no bladder palpable. She is again complaining od abdominal pain "in agony"

Thank you for seeing er and for your help in her future management

Dr C Lau

[redacted]

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Oral & Maxillofacial Dept
Out Patient Clinic
Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE

NHS
Ayrshire
& Arran

Dr Jonathan Sheward
General Medical Practitioner
The Surgery
The Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date	11 August 2011
Date Typed	12 September 2011
Our Ref	WSH/MM/X/2808850123
Enquiries to	Mr Hislop's Secretary
Extension	27488
Direct line	[redacted]
Fax	[redacted]
E-mail	[redacted]

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE KA19 7AZ
DOB 28.08.1985

Further to our last letter, I reviewed Kelly again today. She attended the Clinic again because the branchial cyst appears to be increasing in size again. In view of this and in view of her past history, I have arranged for her to come in, in two weeks' time, for excision of this under endotracheal anaesthesia as an In Patient. I will keep you informed of future developments.

With kind regards.

Yours sincerely

W S Hislop FRCS FDSRCS FDSRCPS
Consultant Oral & Maxillofacial/Head & Neck Surgeon

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

STA 9000

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NHS Ayrshire & Arran — **Area Laboratory** — **Haematology**

HAYMARCH,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr David Stevenson
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr David Stevenson , GP, Ayr: Bankfield Medical Practice

	Result	Units	Normal Range
Haemoglobin	129	g/L	122 - 165
White Cell Count	9.5	10*9/L	3.9 - 11.1
Platelets	247	10*9/L	150 - 400
RBC	4.64	10*12/L	3.88 - 4.99
Haematocrit	0.39	%	0.36 - 0.48
MCV	84	fl	82 - 98
MCH	27.8	pg	27.3 - 32.6
MCHC	331	g/L	316 - 349
Neutrophils	5.5	10*9/L	1.8 - 7.4
Lymphocytes	3.0	10*9/L	1.1 - 5.0
Monocytes	0.6	10*9/L	0.2 - 0.9
Eosinophils	0.4	10*9/L	0.1 - 0.7
Basophils	0.1	10*9/L	0.0 - 0.1

JB-53005

Lab No 16B507312 — Date Collected 09/11/16 10:50 — Authorised By BHI W7AUOPRO Service Account
Printed 10/11/16 07:46 — Sample Type Blood — Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

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Confidential - Clinical Information

Gynaecology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

www.nhsaaa.net

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: SA/AMCB
Hospital No:
Clinic Date: 22/02/2024
Date Dictated: 23/02/2024
Date Typed: 05/04/2024
Enquiries to Alanna McBride
Direct Line: [redacted]
Ext. Number: 25426
Email: [redacted]

Dear Dr Evans,

KELLYANNE HAYMARCH DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

This 38 year old lady attended the antenatal clinic on 22.02.24.

Gestation at booking:	**11+3**
Parity:	**3+1**
Estimated date of delivery:	**09.09.24**
BMI:	**30.52**
Blood pressure:	**110/70**
Urinalysis:	**Leukocytes – MSSU sent**
Trisomy 13:	**Completed**
Trisomy 18:	**Completed**
Trisomy 21 (Down's):	**Completed**
Second trimester scan:	**Accepted**
Care:	**Green pathway**

Issues:
Gross varicose veins, age and parity indicate Fragmin from 28 weeks. I would be grateful if you could prescribe this.

Previous laparoscopic umbilical hernia repair with mesh before third pregnancy – no issues

This patient is for Community Midwife Care.

As your patient is eligible, we have provided a 9 week supply of **Ferrous Sulphate 200mg to be taken once daily three times per week**. I would be grateful if you would continue to prescribe this on repeat prescription until 23.09.24.

Cont....

Cont....

CHI No: 2808850123

Yours sincerely

Authorised on 08/04/2024 14:52:29 by Dr Sonal Anderson.

Dr Sonal Anderson
Consultant Obstetrician and Gynaecologist
GMC No 4092573

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NHS Confidential: Personal data about a patient

To: A.DOSUMU

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR E OFEI

PATIENT DETAILS

Patient Name	Kellyanne Haymarch
CHI Number	2808850123
DOB	28/08/1985
Address	31 GLENMUIR ROAD,AYR,,, KA8 9RG
Previous Attendances	No Attendances in Last 12 months: 1Total Number of Attendances:9

ATTENDANCE DETAILS

Arrival Date & Time	05/08/2024 09:28
Presenting Complaint	allergic reaction?
Diagnosis	
Treatment	
Investigations	
Additional Information	

DISCHARGE DETAILS

Discharge Date & Time	05/08/2024 10:01
Left Department Date & Time	
	Discharge, Primary Care follow up Usual place of residence Redirected to GP
Child Protection	
Adult Protection /Concern Referral?	
Clinician Seen	,

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Ayrshire & Arran Acute Hospitals NHS Trust **Area Laboratory** **Microbiology**

MCINTYRE,KELLYANNE
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. **2808850123**
Unit No.
DOB **28/08/1985**
Sex **F**

Clinician: **Dr E C Wilson**
Request Location: **GP, Maybole: Dr Lau et al**

This report to **Dr E C Wilson** **GP, Maybole: Dr Lau et al**

Culture	No growth

LabNo **11M230143**
Printed **18/04/11 16:05**

Date coll **13/04/11**
Sample: Mid-stream urine

Authorised by SYSTEM
Page 1 of 1
Telephone 01563 827420

If you have received this report in error, please return to the Microbiology Laboratory

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NHS Confidential: Personal data about a patient

The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX
Tel: [redacted] ext 4691
Fax: 01292 616451
Email: [redacted]

NHS Ayrshire & Arran

BN/TG/100725565 CHI: 2808850123

UROLOGY CLINIC
MR B NAIR

DATE OF ADMISSION: 20/04/10
DATE OF DISCHARGE: 22/04/10
DATE DICTATED: 26/04/10
DATE TYPED: 27/04/10

Dr C Lau
6 High Street
MAYBOLE

Dear Dr Lau

RE: KELLY MCINTYRE 69 MURRAY GARDENS MAYBOLE DOB 28/08/85

DIAGNOSIS: Acute retention of urine, post laparoscopic epigastric hernia repair
PROCEDURE: Nil
COMPLICATIONS: Nil
FOLLOW-UP: Urology Out-patient review with a post void residual scan in a month's time

This patient was admitted with a history of acute retention of urine. She had a subsequent successful trial without catheter. She will be reviewed back in the Urology Out-patient Clinic in a month's time with a post residual scan on arrival.

Yours sincerely

B NAIR
LOCUM CONSULTANT UROLOGIST

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Confidential - Clinical Information

Accident & Emergency Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]

www.nhsaaa.net

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: AK/JB
Clinic Date: 25/09/2024
Date Dictated: 25/09/2024
Date Typed: 27/09/2024
Enquiries to Jen Brown
Direct Line: 14578
Ext. Number: 14578
Email: [redacted]

Dear Dr Evans,

KELLYANNE HAYMARCH DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

DIAGNOSIS: **RIGHT MIDDLE FINGER MALLET DEFORMITY**

TREATMENT: **SPLINT TO BE MAINTAINED IN POSSITION FOR 5 WEEKS**

OUTCOME: **ED CLINIC 5 WEEKS**

This lady sustained a snagging injury to her right middle finger one week ago. X-rays reveal no fracture. She had a mallet deformity and was unable to actively extend her DIPJ on the day. Today in clinic the skin is in good condition and I have re-iterated that at no point must the DIPJ be allowed to flex. I have given her further advice regarding hand hygiene. She has a fit note for 5 weeks from her job as a cleaner. We will see her again in 5 week's time when hopefully the tendon has re-attached.

Yours sincerely

Authorised on 01/10/2024 11:59:13 by Emie Ofei.

DR ALAN KRICHELL
CONSULTANT IN EMERGENCY MEDICINE
G.M.C. No: 4024693

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

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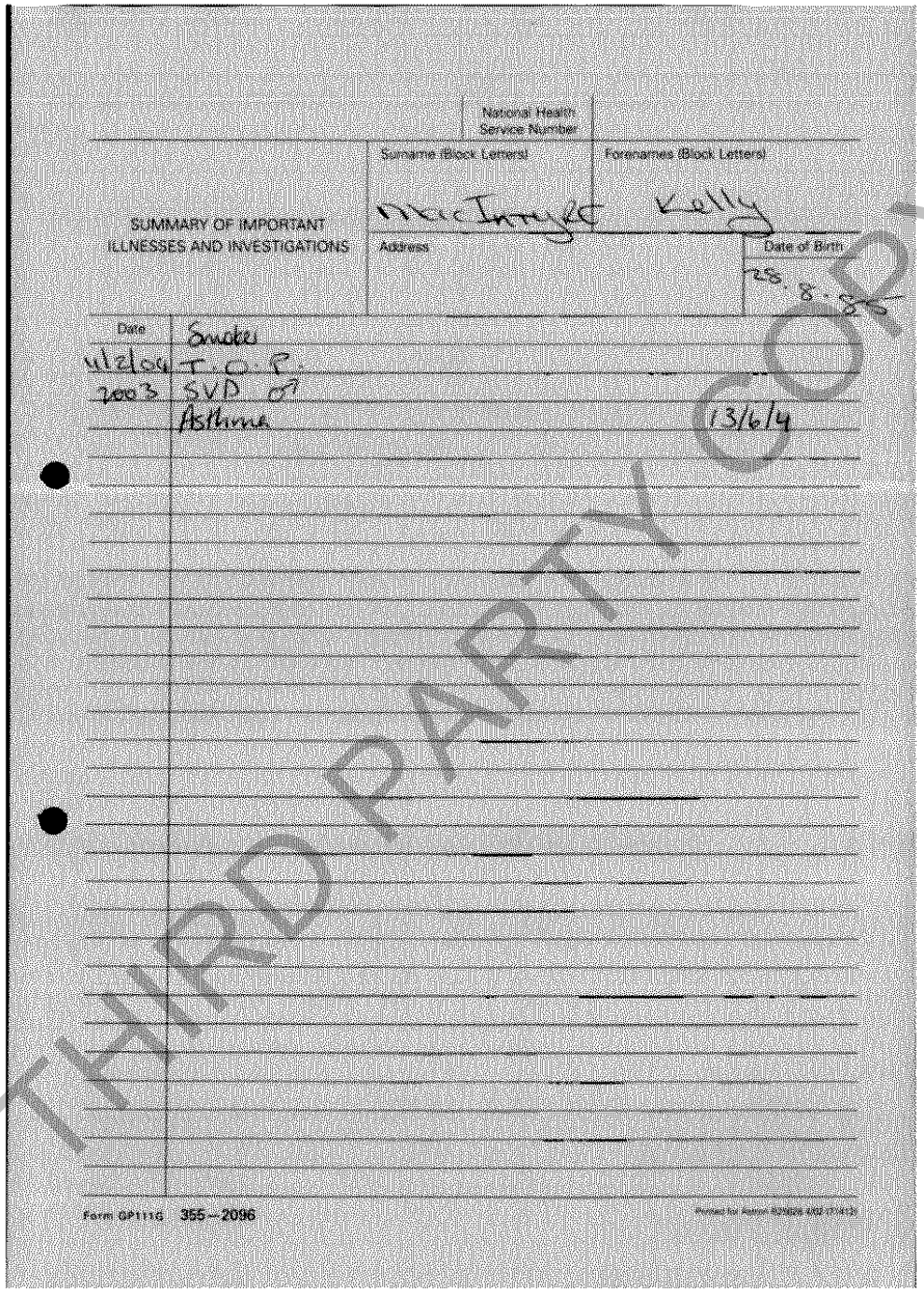

National Health Service Number

Surname (Block Letters) Forenames (Block Letters)

Mrs Imrie Kelly

SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS

Address

Date of Birth

23.8.55

Date

Smoker

11/2004 T.C.P.

2003 SVD ♂

Asthma

13/6/14

Form GP111G 355 – 2096

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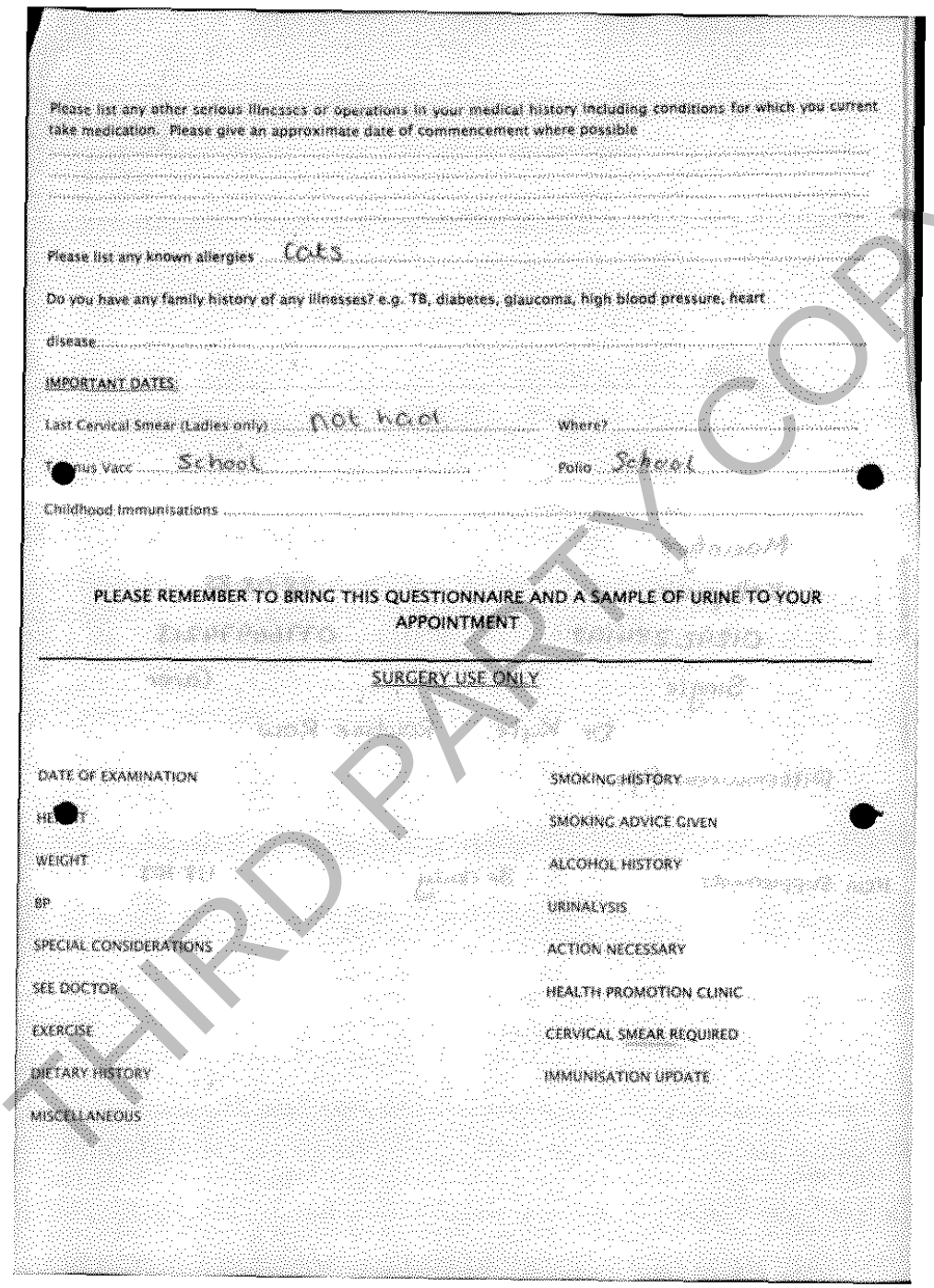

Please list any other serious illnesses or operations in your medical history including conditions for which you current take medication. Please give an approximate date of commencement where possible

Please list any known allergies Cats

Do you have any family history of any illnesses? e.g. TB, diabetes, glaucoma, high blood pressure, heart disease

IMPORTANT DATES

Last Cervical Smear (Ladies only) not recd Where?

Tetanus Vacc School Polio School

Childhood Immunisations

PLEASE REMEMBER TO BRING THIS QUESTIONNAIRE AND A SAMPLE OF URINE TO YOUR APPOINTMENT

SURGERY USE ONLY

DATE OF EXAMINATION

HEIGHT

WEIGHT

BP

SPECIAL CONSIDERATIONS

SEE DOCTOR

EXERCISE

DIETARY HISTORY

MISCELLANEOUS

SMOKING HISTORY

SMOKING ADVICE GIVEN

ALCOHOL HISTORY

URINALYSIS

ACTION NECESSARY

HEALTH PROMOTION CLINIC

CERVICAL SMEAR REQUIRED

IMMUNISATION UPDATE

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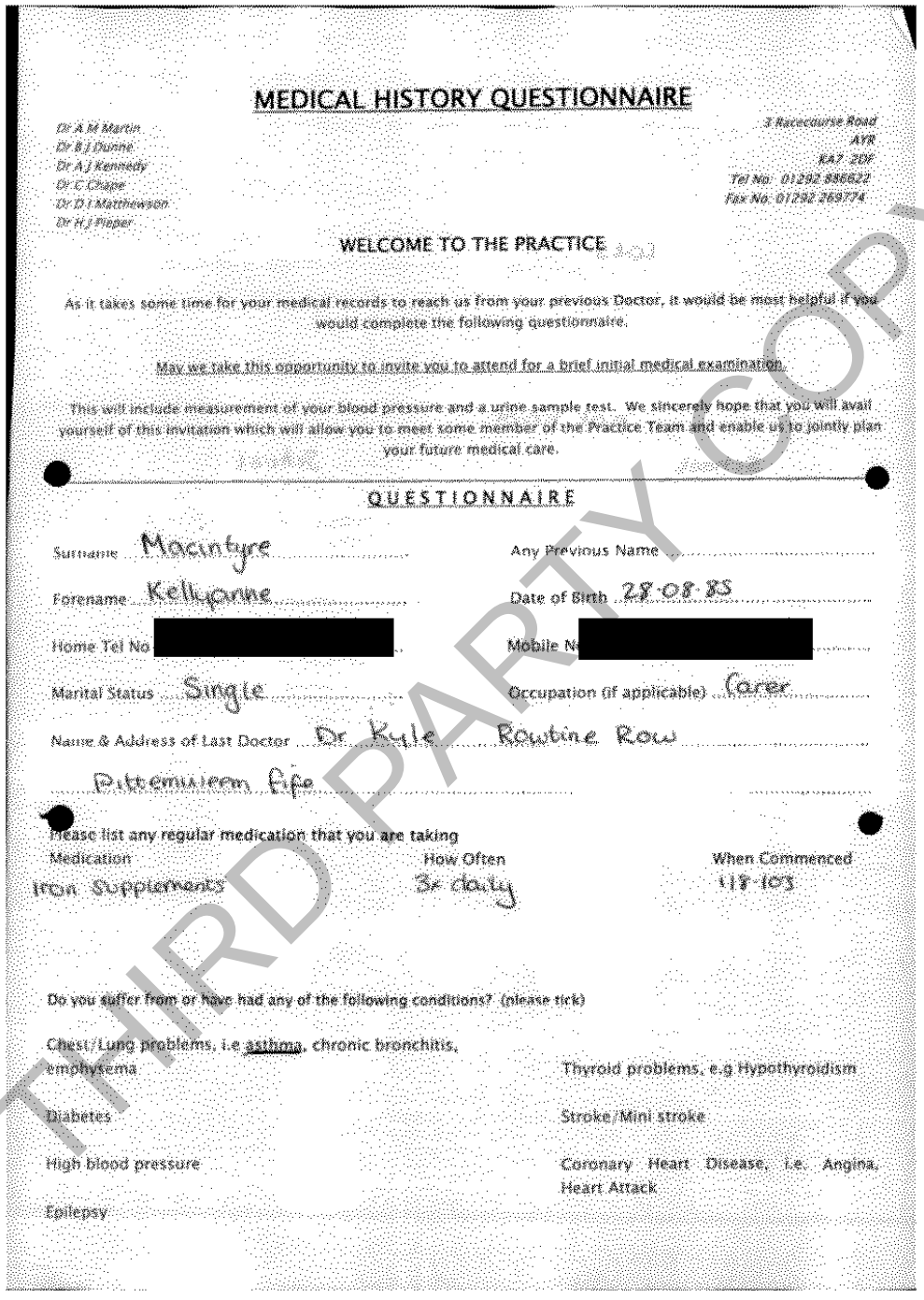

MEDICAL HISTORY QUESTIONNAIRE

Dr A M Martin
Dr B J Dunne
Dr A J Kennedy
Dr C Chapo
Dr D I Matthewson
Dr H J Pieper

3 Racecourse Road
AYR
KA7 2DF
Tel No: 01292 886622
Fax No: 01292 269774

WELCOME TO THE PRACTICE

As it takes some time for your medical records to reach us from your previous Doctor, it would be most helpful if you would complete the following questionnaire.

May we take this opportunity to invite you to attend for a brief initial medical examination.

This will include measurement of your blood pressure and a urine sample test. We sincerely hope that you will avail yourself of this invitation which will allow you to meet some member of the Practice Team and enable us to jointly plan your future medical care.

QUESTIONNAIRE

Surname Macintyre

Any Previous Name

Forename Kellyanne

Date of Birth 28-08-85

Home Tel No [redacted]

Mobile No [redacted]

Marital Status Single

Occupation (if applicable) Carer

Name & Address of Last Doctor Dr Kyle Rawbine Row Pittenweem Fife

Please list any regular medication that you are taking

Medication	How Often	When Commenced
Iron Supplements	3x daily	1/8-10/3

Do you suffer from or have had any of the following conditions? (please tick)

Chest/Lung problems, i.e asthma, chronic bronchitis, emphysema

Thyroid problems, e.g Hypothyroidism

Diabetes

Stroke/Mini stroke

High blood pressure

Coronary Heart Disease, i.e. Angina, Heart Attack

Epilepsy

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fife healthcare
NHS TRUST

KENNOWAY HEALTH CENTRE
JORDAN LANE
KENNOWAY

CHILD HEALTH SERVICE

NOTIFICATION OF IMMUNISATION TO GP

Dear Doctor McASTON

Your patient Kelly Anne McIntyre DOB [illegible]

Address [illegible]

has attended [redacted] ~~*clinic~~ * school

for immunisation. [illegible]

* He / She has * completed an initial course * had a reinforcing dose

against: B.C.G. IMMUNISATION ON 9.2.98

This notification is forwarded for inclusion in the appropriate medical record envelope if you so wish.

Yours sincerely,

JENNIFER FUSARO

School Medical Officer

* Delete as appropriate

PCD/CHS 24
Revised July 1995

MS463

FIFE HEALTHCARE IS AN NHS TRUST PROVIDING COMMUNITY AND PRIORITY CARE SERVICES THROUGHOUT FIFE AND ACUTE SERVICES IN NORTH EAST FIFE

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TAYSIDE HEALTH BOARD — DUNDEE

IMMUNISATION [illegible]NFORMATION TRANSFER SHEET — SINGLE D[illegible]/BOOSTER ANTIGEN

Notes: 1. Tear-off slip should be sent immediately after each dose of Antigen to the appropriate Health Visitor.

2. On completion of course of Antigen, the card should be sent to the Community Health Services Records Office, 4 Dudhope Terrace, Dundee DD3 6HG.

CHILD	CHI NUMBER	G.P.	ANTIGEN	DATE GIVEN	CLINIC
Name: Kelly Ann [redacted] Address: c/o Urquhart Monifieth Road. Post Code:	280565 0183	Dr Motwani Strathmartine Rd.	3rd DPT O	20/10/[illegible] [illegible]	[illegible]

Health Visitor: Please enter details in child's records — then pass to G.P.

542A

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8. When were you last immunized against tetanus ?

Women only: have you been immunized against rubella ?

Please give dates of any other immunisations eg. polio,typhoid,hepatitis.

9. Do you smoke ? yes/no/never How many a week When given up

10. Do you drink alcohol ? yes/no

How many units* of alcohol do you drink a week?
* one unit of alcohol = ½ pint beer, one short, one glass wine.

11. Do you have a healthy diet ? Yes

12. Do you exercise ? Yes/no How many days a week school/play
Is the activity light/moderate/athletic

ooooooOOOOOOoooooo

FOR OFFICIAL USE.

ENQUIRE INTO THE FOLLOWING –

Immunisation status, especially children.

Diet

Exercise

HEIGHT

WEIGHT

BLOOD PRESSURE **DATE**

URINALYSIS

RECOMMENDATIONS :

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PATIENT QUESTIONNAIRE

NAME Kelly Ann [redacted] Macintyre
DATE OF BIRTH 28.8.85
ADDRESS Damside Farm
Crail Fife
SEX Female
MARITAL STATUS single
TELEPHONE No. [redacted]
OCCUPATION - child
NEXT OF KIN AND CONTACT No.

1. Have you ever suffered from the following? (tick and give approx. year)

High blood pressure	Pneumonia	Severe Indigestion
Rheumatic fever	Chronic Bronchitis	Stomach ulcer
Heart Attack	Asthma	Hiatus hernia
Angina	TB	Jaundice
Severe anxiety	Diabetes	Other ________
Depression	Thyroid disease	

2. Operations: give approx. year.

3. Other significant illnesses eg. tropical disease ?

4. Do any illnesses run in YOUR family eg. Diabetes,asthma,heart disease ?

5. Do you take any regular medications ? – please list name and dose.

6. Do you have any allergies eg. penicillin ?

7. WOMEN ONLY Last cervical smear:

month/year GP/FPC/gynae clinic result: normal/abnormal

Contraception: Do you..... use the contraceptive pill/have a coil/are you sterilized ?

Do you have any children ? – please give ages and sex.

Have you had any miscarriages/stillbirths ?

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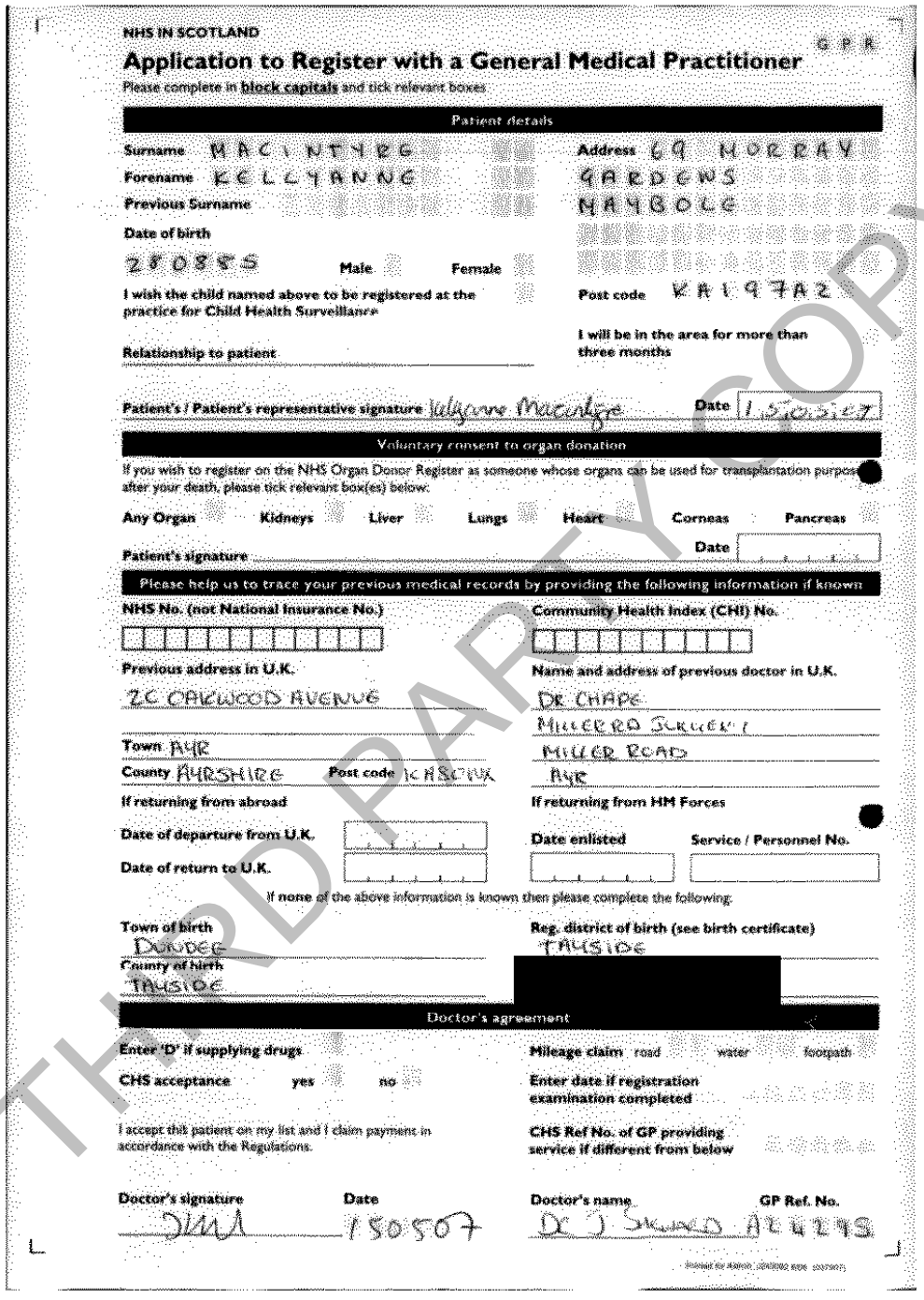

NHS IN SCOTLAND

GPR

Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

Patient details

Surname MACINTYRE
Forename KELLYANNE
Previous Surname
Date of birth 280885
Male Female
I wish the child named above to be registered at the practice for Child Health Surveillance
Relationship to patient

Address 69 MURRAY GARDENS MAYBOLE
Post code KA19 7AZ
I will be in the area for more than three months

Patient's / Patient's representative signature [redacted] Date 150507

Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ Kidneys Liver Lungs Heart Corneas Pancreas

Patient's signature Date

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.)
Community Health Index (CHI) No.
Previous address in U.K.
22 OAKWOOD AVENUE
Town AYR
County AYRSHIRE Post code KA8 9DW
Name and address of previous doctor in U.K.
DR CHAPE
MILLERD SURGERY
MILLER ROAD
AYR
If returning from abroad
Date of departure from U.K.
Date of return to U.K.
If returning from HM Forces
Date enlisted Service / Personnel No.

If none of the above information is known then please complete the following.

Town of birth DUNDEE
County of birth TAYSIDE
Reg. district of birth (see birth certificate) TAYSIDE

Doctor's agreement

Enter 'D' if supplying drugs
CHS acceptance yes no
I accept this patient on my list and I claim payments in accordance with the Regulations.
Mileage claim road water footpath
Enter date if registration examination completed
CHS Ref No. of GP providing service if different from below

Doctor's signature [redacted] Date 150507
Doctor's name DR J SKINNER GP Ref. No. AL4295

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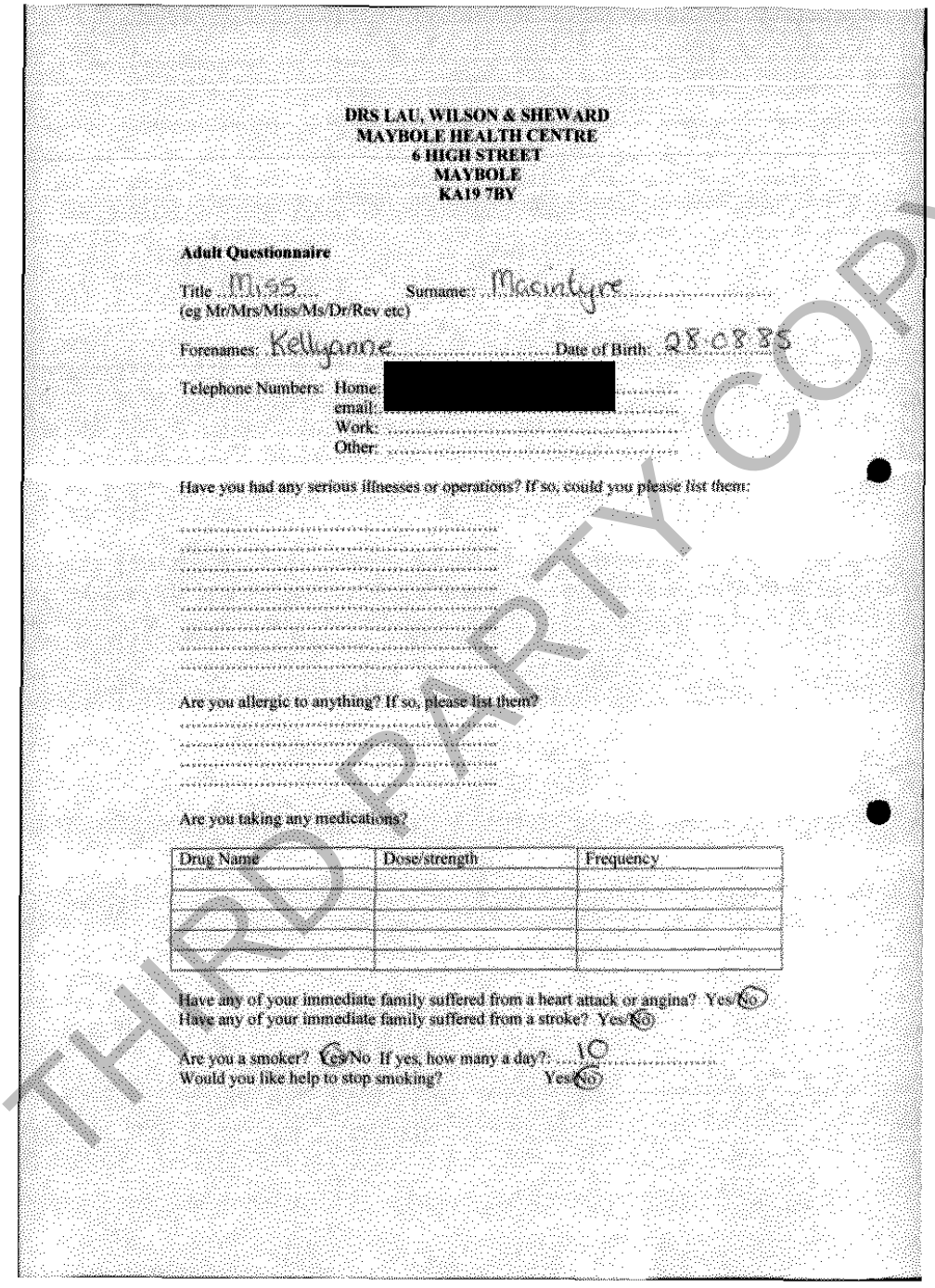

DRS LAU, WILSON & SHEWARD
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Adult Questionnaire

Title: Miss Surname: Macintyre
(eg Mr/Mrs/Miss/Ms/Dr/Rev etc)

Forenames: Kellyanne Date of Birth: 28.08.85

Telephone Numbers: Home: [redacted]
email:
Work:
Other:

Have you had any serious illnesses or operations? If so, could you please list them:

Are you allergic to anything? If so, please list them?

Are you taking any medications?

Drug Name	Dose/strength	Frequency

Have any of your immediate family suffered from a heart attack or angina? Yes/No
Have any of your immediate family suffered from a stroke? Yes/No

Are you a smoker? Yes/No If yes, how many a day?: 10
Would you like help to stop smoking? Yes/No

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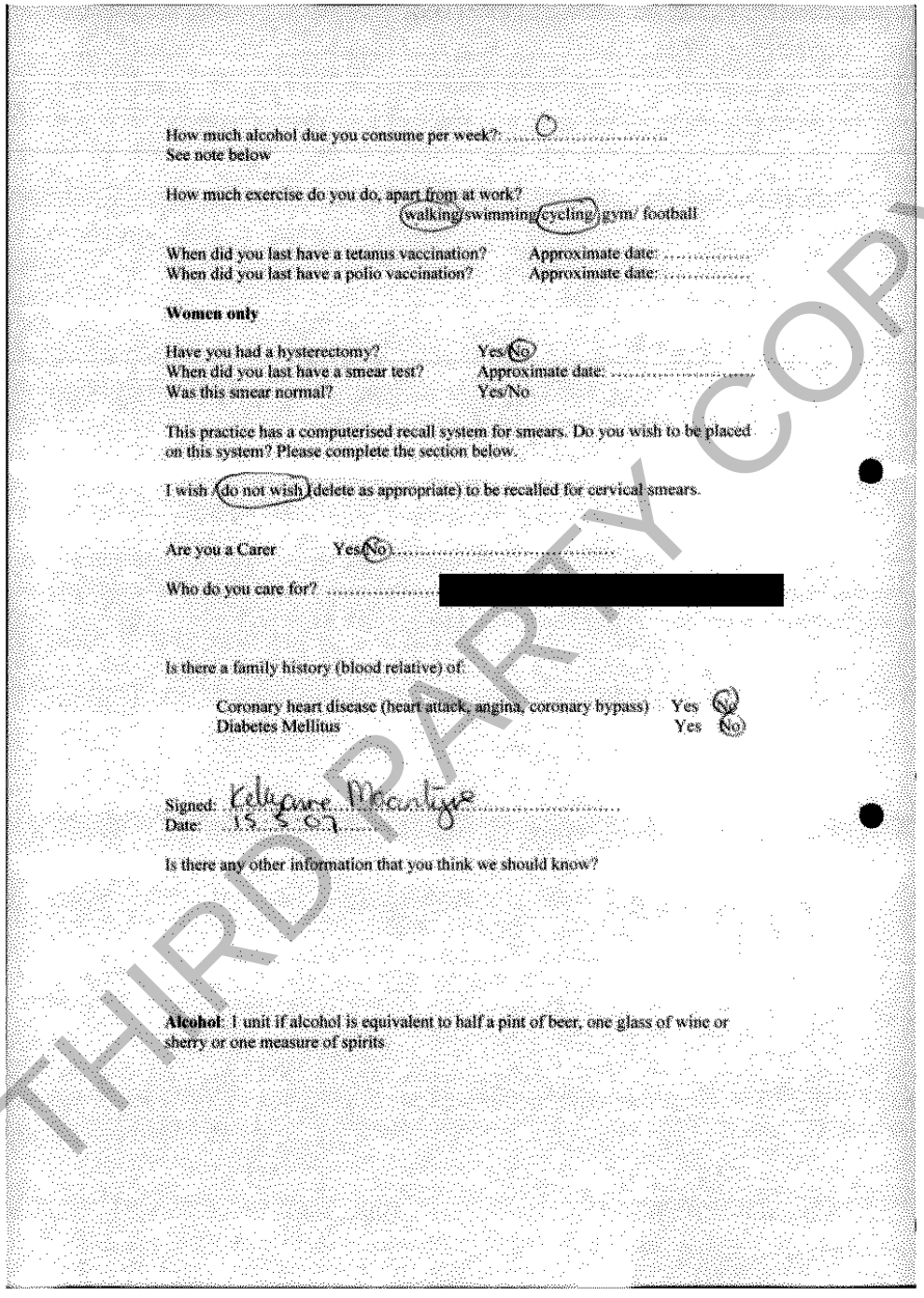

How much alcohol due you consume per week?: ..0.....
See note below

How much exercise do you do, apart from at work?
(walking/swimming/cycling/gym/ football

When did you last have a tetanus vaccination? Approximate date: .....
When did you last have a polio vaccination? Approximate date: .....

Women only

Have you had a hysterectomy? Yes/No
When did you last have a smear test? Approximate date: .....
Was this smear normal? Yes/No

This practice has a computerised recall system for smears. Do you wish to be placed on this system? Please complete the section below.

I wish (do not wish) (delete as appropriate) to be recalled for cervical smears.

Are you a Carer Yes/No.....

Who do you care for? .....[redacted]

Is there a family history (blood relative) of:

Coronary heart disease (heart attack, angina, coronary bypass) Yes (No)
Diabetes Mellitus Yes (No)

Signed: Katherine Mcintyre.....
Date: 15.5.07.....

Is there any other information that you think we should know?

Alcohol: 1 unit if alcohol is equivalent to half a pint of beer, one glass of wine or sherry or one measure of spirits

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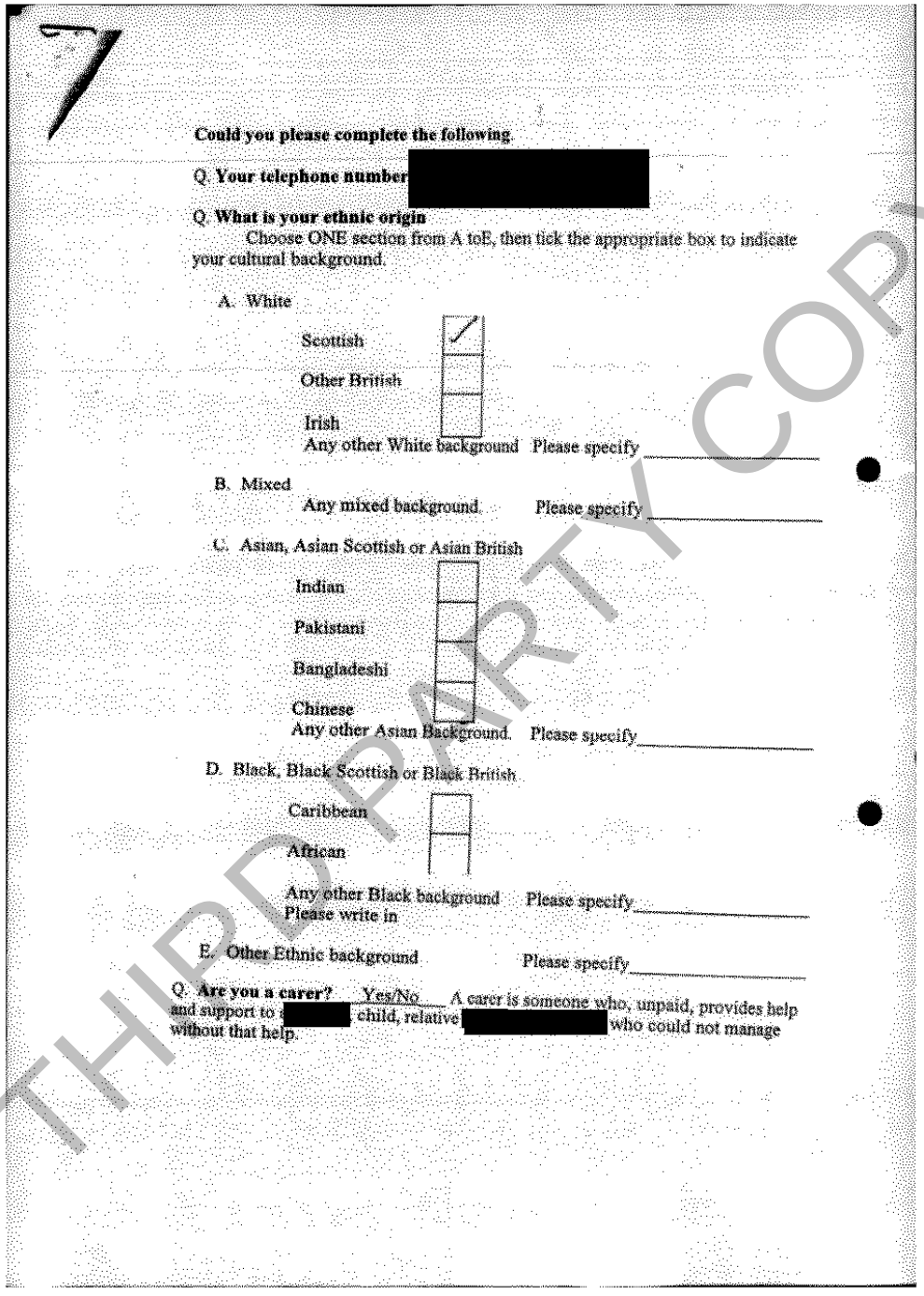

Could you please complete the following.

Q. **Your telephone number** [redacted]

Q. **What is your ethnic origin**

Choose ONE section from A toE, then tick the appropriate box to indicate your cultural background.

A. White

Scottish ✓

Other British

Irish

Any other White background Please specify _____

B. Mixed

Any mixed background. Please specify _____

C. Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian Background. Please specify _____

D. Black, Black Scottish or Black British

Caribbean

African

Any other Black background Please specify _____
Please write in

E. Other Ethnic background Please specify _____

Q. **Are you a carer?** Yes/No A carer is someone who, unpaid, provides help and support to [redacted] child, relative [redacted] who could not manage without that help.

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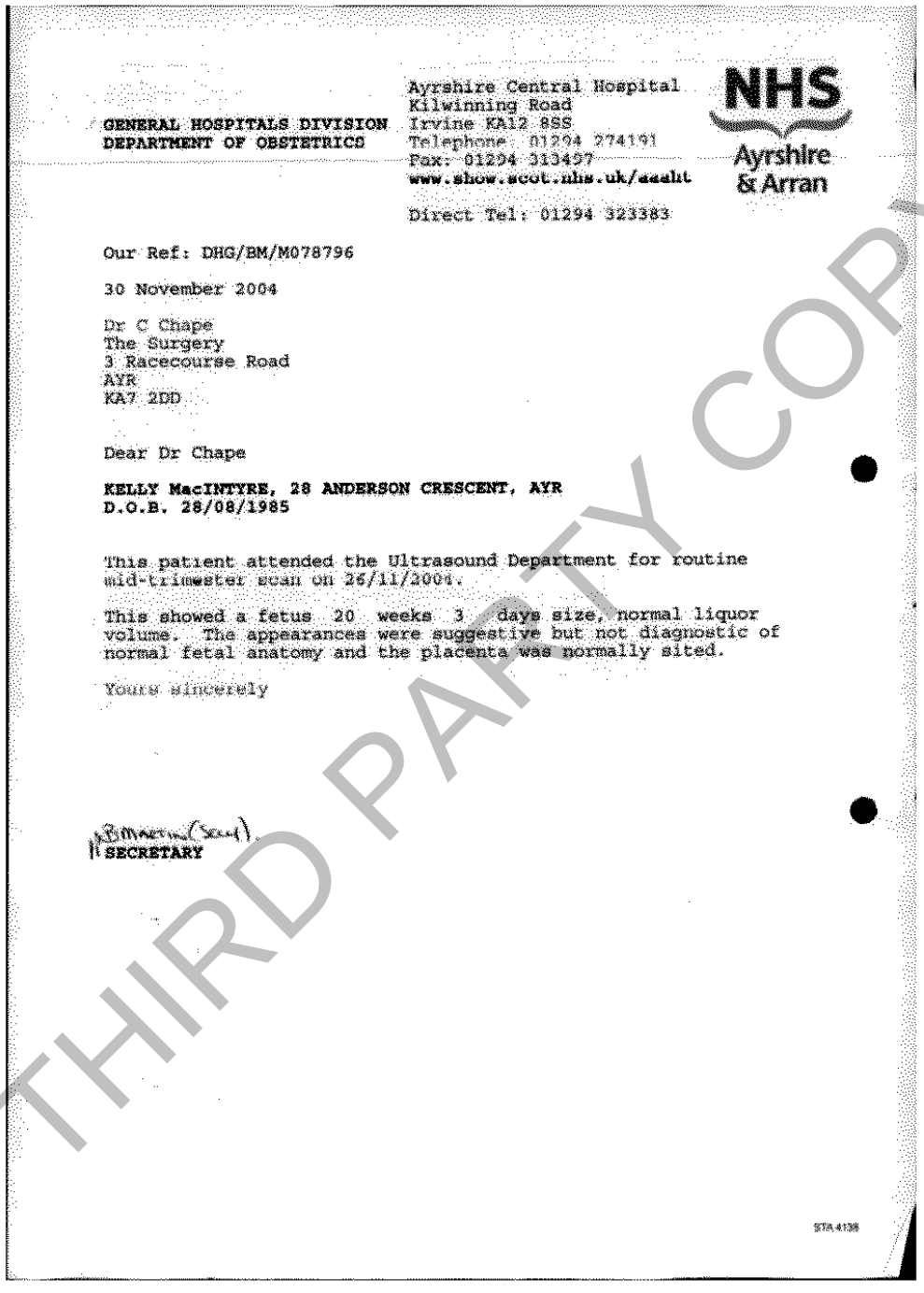

GENERAL HOSPITALS DIVISION
DEPARTMENT OF OBSTETRICS

Ayrshire Central Hospital
Kilwinning Road
Irvine KA12 8SS
Telephone 01294 274191
Fax: 01294 313497
www.show.scot.nhs.uk/aaalut

Direct Tel: 01294 323383

NHS Ayrshire & Arran

Our Ref: DHG/BM/M078796

30 November 2004

Dr C Chape
The Surgery
3 Racecourse Road
AYR
KA7 2DD

Dear Dr Chape

KELLY MacINTYRE, 28 ANDERSON CRESCENT, AYR
D.O.B. 28/08/1985

This patient attended the Ultrasound Department for routine mid-trimester scan on 26/11/2004.

This showed a fetus 20 weeks 3 days size, normal liquor volume. The appearances were suggestive but not diagnostic of normal fetal anatomy and the placenta was normally sited.

Yours sincerely

SECRETARY

STA 4138

Additional document
06-July-2026
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NHS Ayrshire & Arran — Area Laboratory — Microbiology

MACINTYRE
KELLY
28 ANDERSON CRESC
AYR KA7 3RN

Patient No. 2808860123
Unit No. ACM078796
DOB 28/08/1985
Sex F

Clinician Dr D H Gibson
Request Location Ante-natal Clinic
Ayrshire Central Hospital

This Report To **Unknown Clinician GP, Ayr: Racecourse Road**

D i B D

Result

White blood cells 0 / cubic mm.
Culture yields : No significant growth

Lab No M.05.211799.1 *Date/Time Coll* 10/02/2005 14:44 *Authorised By* A M Lees
Printed 12/02/2005 09:48 *Sample* Mid stream urine *Page* 1 OF 1 *Date* 12/02/2005

If you have received this report in error, please return to the Microbiology Laboratory

Additional document
06-July-2026
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Filename:
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Pages:

University Hospital Ayr
Medical Imaging Department
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

Diagnostic Imaging Report

CHI No.	: 2808850123	Referrer Clinician	: Catriona McKinnon (GP Bankfield)
		Specialty	: General Practice
Patient Name	: Haymarch, Kellyanne	Address	: Bankfield Medical Practice
Patient Address	: 31 Glenmuir Road		148 Dalmelligton Road,
	Ayr		Ayr
	KA8 9RG		KA7 3PR
DOB	: 28/08/1985	Ward/Clinic	: GP
Gender	: Female	Attendance No.	: 51703588

Examination(s) : **US Pelvis** Exam Date : **18 May 2026**
Accession(s) : **A105170358801** Report Date : **18 May 2026**

Authorised

Patient Name: Kellyanne, Haymarch
Patient Address: 31 Glenmuir Road, KA8 9RG
DOB: 28/08/1985
Patient ID: 2808850123
Accession Number: A105170358801
Referring Cons: Catriona McKinnon (GP Bankfield)
Referring Dept: GP
Visit Type: GP
Site: University Hospital Ayr

51703588 18/05/2026 US Pelvis

–

Clinical Indications
Miscarriage in December, ongoing bleeding almost every day since. Can be heavy and clots. Crampy abdominal pain. ? pathology. Many thanks Bloods awaited

Report
Grossly limited transabdominal scan due to an underfilled urinary bladder. Therefore, transvaginal ultrasound performed with witnessed patient consent.

The anteverted uterus appears slightly bulky, measuring 9.4 x 4 x 3.9cm. Towards the cervix, within the anterior myometium, there is the subtle impression of a homogenous focal lesion. It measures 2.5 x 1.7 x 3.8cm and the appearances are suggestive of an intramural fibroid.
Where visualised, the endometrium is thin and uniform, measuring 4.3mm. No overt focal pathology identified.
A 14mm simple nabotahin cyst is noted towads the cervix, within the posterior myometrium; however please note, the cervix cannot be fully examined by ultrasound.

Within the left adnexa, thought to be ovarian in origin, there is a 3.7cm simple cyst identified. As there is a clinical history of pain, a review ultrasoud in 12 weeks is advised - please request.
The right ovary appears normal.
No further cysts, pelvic masses or free fluid identified.

Millar, R (Sonographer RA70820)

Reported by Millar, R (Sonographer RA70820)
Authorised by Millar, R (Sonographer RA70820)

Page 1 of 2

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University Hospital Ayr
Medical Imaging Department
Dalmellington Road
Ayr
KA6 6DX

NHS Ayrshire & Arran

Diagnostic Imaging Report

CHI No.	: 2808850123	Referrer Clinician	: Catriona McKinnon (GP Bankfield)
		Specialty	: General Practice
Patient Name	: Haymarch, Kellyanne	Address	: Bankfield Medical Practice
Patient Address	: 31 Glenmuir Road		148 Dalmelligton Road,
	Ayr		Ayr
	KA8 9RG		KA7 3PR
DOB	: 28/08/1985	Ward/Clinic	: GP
Gender	: Female	Attendance No.	: 51703588

Examination(s) : US Pelvis — Exam Date : 18 May 2026
Accession(s) : A105170358801 — Report Date : 18 May 2026

Authorised

[END REPORT]

Reported by: Millar, R (Sonographer RA70820)
Authorised by: Millar, R (Sonographer RA70820)

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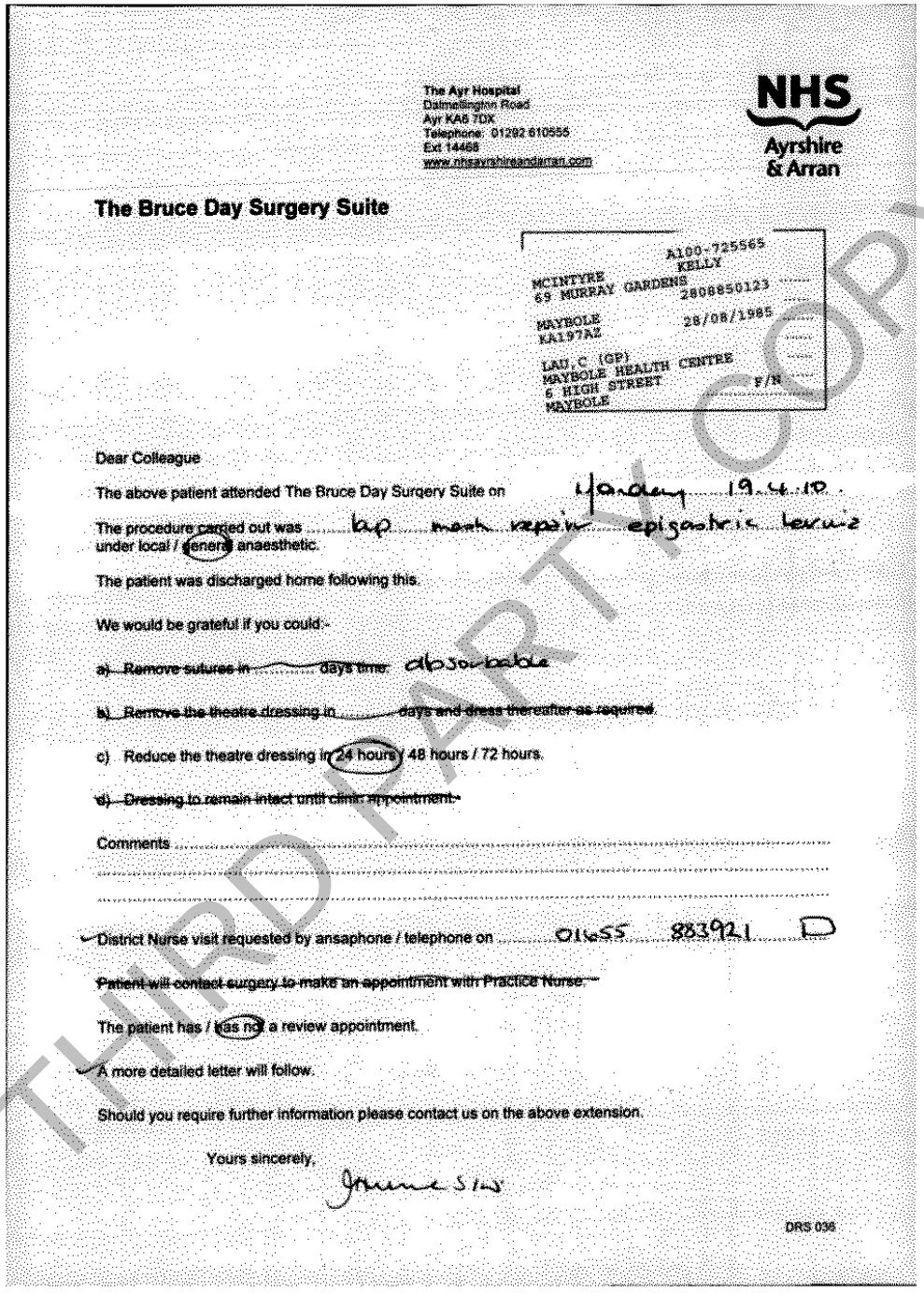

The Ayr Hospital
Dalmellington Road
Ayr KA6 7DX
Telephone: 01292 610555
Ext 14468
www.nhsayrshireandarran.com

NHS
Ayrshire & Arran

The Bruce Day Surgery Suite

A100-725565
KELLY
MCINTYRE
69 MURRAY GARDENS 2808850123
MAYBOLE
KA197AZ 28/08/1985
LAU, C (GP)
MAYBOLE HEALTH CENTRE
6 HIGH STREET F/N
MAYBOLE

Dear Colleague

The above patient attended The Bruce Day Surgery Suite on Monday 19.4.10.

The procedure carried out was lap mesh repair epigastric hernia under local / general anaesthetic.

The patient was discharged home following this.

We would be grateful if you could:-

a) ~~Remove sutures in ..... days time.~~ dissolvable

b) ~~Remove the theatre dressing in ..... days and dress thereafter as required.~~

c) Reduce the theatre dressing in (24 hours) / 48 hours / 72 hours.

d) ~~Dressing to remain intact until clinic appointment.~~

Comments .....

.....

.....

District Nurse visit requested by ansaphone / telephone on 01655 883921 D

~~Patient will contact surgery to make an appointment with Practice Nurse.~~

The patient has / (has not) a review appointment.

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,

DRS 036

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2808850123, KELLY MCINTYRE, DOB: 28/08/1985, Sex: F (sample 0010B539715) Page 1 of 2

Radiology Results displayed are **verified reports only**

All results from Occupational Health and GUM clinics **are suppressed.**
All Gonorrhoea, Chlamydia and Pertussis results **are suppressed.**
Samples requesting the following will have **all results from that sample suppressed** - HIV, HepB, HepC and Syphilis.

DEPARTMENT OF BIOCHEMISTRY/HAEMATOLOGY

Name: **Kelly MCINTYRE** D.o.B: **28/08/1985** Sex: **F**
CHI No.: **2808850123**
Patient ID: **2808850123**
Address: **69 Murray Gardens,, MAYBOLE,, Ayrshire, , KA19 7AZ**
Laboratory Number: **0010B539715** Sample Site: **Blood**
Requester: **Dr J C Sheward** Sample Date: **17/12/2010 15:00**
Location: **GP, Maybole: Dr Lau et al**
Coded Sample Comments:

This Investigation Contains ABNORMAL Results

Description	Value	Normal Range	Units	H/L	Comment
Investigation: CBC		**Auth. Date:** 17/12/2010 20:43			
Haemoglobin	14.6	11.8 - 14.8	g/dl		
White Cell Count	12.2	3.9 - 11.1	10*9/L	Hi	
Platelets	252	150 - 400	10*9/L		
Haematocrit	0.43	0.36 - 0.44	%		
MCV	84	82 - 98	fl		
MCH	28.3	27.3 - 32.6	pg		
MCHC	33.9	31.6 - 34.9	g/dL		
RBC	5.15	3.88 - 4.99	10*12/L	Hi	

This Investigation Contains ABNORMAL Results

Description	Value	Normal Range	Units	H/L	Comment
Investigation: DIFF COUNT		**Auth. Date:** 17/12/2010 20:43			
Neutrophils	7.9	1.8 - 7.4	10*9/L	Hi	
Lymphocytes	3.1	1.1 - 5	10*9/L		
Eosinophils	0.3	0.1 - 0.7	10*9/L		
Basophils	0.1	0 - 0.1	10*9/L		
Monocytes	0.8	0.2 - 0.9	10*9/L		

Description	Value	Normal Range	Units	H/L	Comment
Investigation: ESR		**Auth. Date:** 17/12/2010 21:11			
ESR	7	1 - 15	mm/hour		

Description	Value	Normal Range	Units	H/L	Comment
Investigation: BONE PROFILE		**Auth. Date:** 17/12/2010 20:49			
Calcium	2.38	2.2 - 2.6	mmol/L		
Adjusted Calcium	2.18	2.1 - 2.5	mmol/L		
Phosphate	1.16	0.8 - 1.3	mmol/L		

http://2.1.1.227/results/patient/dreport.asp 21/12/2010

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Description	Value	Normal Range	Units	H/L	Comment
Investigation: GLANDULAR FEVER SCREEN					**Auth. Date:** 20/12/2010 11:10
Glandular fever screen					Negative

Description	Value	Normal Range	Units	H/L	Comment
Investigation: LIVER FUNCTION TEST					**Auth. Date:** 17/12/2010 20:49
Total Bilirubin	7	3 - 15	umol/L		
ALP	67	33 - 129	U/L		
AST	22	10 - 40	U/L		
ALT	18	10 - 50	U/L		
Total Protein	78	63 - 83	g/L		
Albumin	50	39 - 51	g/L		
Globulin	28	21 - 35	g/L		

Description	Value	Normal Range	Units	H/L	Comment
Investigation: UREA AND ELECTROLYTES					***Auth. Date:** 17/12/2010 20:49*
Urea	3.3	2.5 - 7.5	mmol/L		
Creatinine	61	50 - 125	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	3.9	3.5 - 5	mmol/L		
Chloride	103	95 - 108	mmol/L		
Bicarbonate	23	22 - 28	mmol/L		

BIOCHEM/HAEM REPORT

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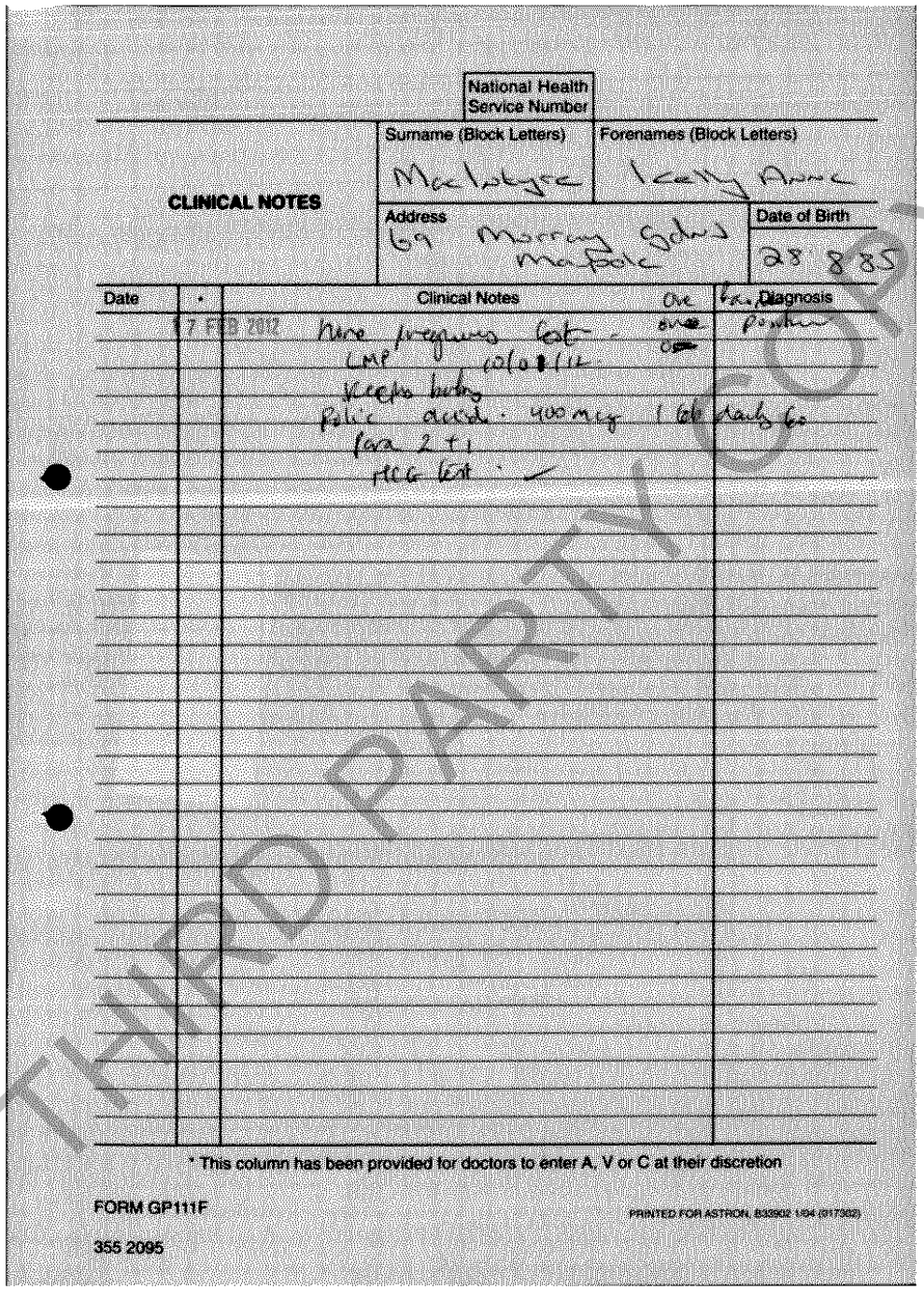

National Health Service Number

CLINICAL NOTES

Surname (Block Letters): Mackintyre

Forenames (Block Letters): Tracey Anne

Address: 69 Morven Gdns Maybole

Date of Birth: 28 8 85

Date	*	Clinical Notes	Cve	Rx, Diagnosis
17 FEB 2012		Nice pregnancy test -	ove	Positive
		LMP 10/8/11	cs	
		Weeks being		
		folic acid: 400 mcg 1 tab daily to		
		four 2 to		
		ttcg test: ✓		

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

PRINTED FOR ASTRON B30902 1/04 (917382)

355 2095

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National Health Service Number	CHI 0123.
Surname (Block Letters)	MACINTYRE
Forenames (Block Letters)	Kelly Anne.
Address	69 Murray Gdns. Maybole
Date of Birth	28.8.85.

CLINICAL NOTES

Date	*	Clinical Notes	Diagnosis
24 JUN 2008		Problem sleeping 2 children	[redacted]
		Life stressful [redacted]	
		Gran Money problem - aunt	afford council
		Tearful	tax. rent arrears
		depressed - not keen on anti	depressants before
		[redacted] stays in F/t	
		working part-time carer	
		Citalopram 10mg 1 tab daily	at night (28)
		Refer CMHT	
		Salbutamol CFC free inhaler	2 puffs PRN (1)
		Review 1 wk	

[redacted]

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

PRINTED FOR ASTRON. 851051 3/07 (017302)

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		National Health Service Number	CHI 0123
CLINICAL NOTES	Surname (Block Letters) MACINTYRE	Forenames (Block Letters) Kelly Anne	
	Address 69 [illegible] Gardens Maybole		Date of Birth 28.8.85

Date	•	Clinical Notes	Diagnosis
11 DEC 2001		Stye on (R) upper lid	
		Acne -	
		Erythromycin EC 250mg 1 tab bd (56)	
		Has cold, salbutamol inhaler has ran out	
		for Asthma clinic -	
		Cocodamol 30/500 - causes light headedness	
		Rx Paracetamol 500mg 2 tabs 4hly Max 8	
		Rx tabs (100)	
28 JAN 2008		Irregular - periods 3 weeks to 5 wks	
		and lasts upto 3½ weeks for [illegible]	
		Has Implanon - to be due to be changed	
		May 2008 -	
		Periods regular before contraception	
29 FEB 2008		Problem with left knee - started 4 ys	
		ago settled after 2 wks - come back	
		last night - [illegible] knees a lot -	
		Patellofemoral crepitus and [illegible]	
		No effusion ligaments intact	
		Δ CHONDROMALACIA PATELLAE.	
		[redacted]	
		Rx Diclofenac EC 50mg 1 tab with food	
		TDS (84)	
		Stye in left eye again,	

[redacted]

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National Health Service Number

CLINICAL NOTES

Surname (Block Letters)	Forenames (Block Letters)
MACINTYRE	KELLYANNE.

Address	Date of Birth
69 MURRAY GARDENS MAYBOLE	28.8.85

Date	*	Clinical Notes	Diagnosis
15 MAY 2007 10 OCT 2007		chesty for a while pain on swallowing	
		No fever green sputum	
		Smoker 10 cig daily	
		E Throat normal	Afebrile
		No cervical lymphadenopathy	
		Temp 36.6	URTI ? LRTF
		Fresh Ayrshire leaflet	
		Does not need antibiotics	
		co-codamol 30/500 2 tab qds (60)	warned
		reg constipation	
05 NOV 2007		3 days in left eye a pulse - lasting	
		Headache (R) temple does not wear glasses 2-3 days	
		smokes 10 cig daily	? cold 2 lays
		BP 138/79 P 79.	
		Driving test next week	- nervous
19 NOV 2007		bother with back again	
		had physio	
		had to come home from work on 16/11/07 - disturbing	
		sleep	
		O/E pain in paravertebral (R) + (L)	
		regions	
		good range at lumbar spine	
		Care assistant Fair Knowe	Nursing Home
		Asthma - on inhalers	
		Rx Cocodamol 30/500 2 tab qds (224)	
		Amitriptyline 20mg 1 tab at night (28)	
		Back exercises leaflet - 10 reps of	
		each exercise	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

PRINTED FOR ASTRON, 843522 9/05 (017302)

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	National Health Service Number	
CLINICAL NOTES	Surname (Block Letters): MACINTYRE	Forenames (Block Letters): KELLY ANNE
	Address: 28 ANDERSON CRES. Ayr	Date of Birth: 28/08/85

Date	*	Clinical Notes	Diagnosis
23/10/03		[illegible] questionnaire completed NV Appt?	
25/11/03		Period for 1/12 as usual (right time), suddenly	
		1/12 late heavy bleed, clots, now settled	
		31/7/2003 SVD. Was breast feeding 2-3/12	
		On [illegible] at present.	
		Now wants injection.	
		→ FN P/S	
		– Smear (Post natal)	
		– Depo injection	
		Also Repeat Rx	
		VENTOLIN } inhalers	
		BECOTIDE }	[illegible]
6/11/03		Pregnant	P 1+0.
		LMP 2½ [illegible]	SVD. 5/12
		On [illegible] – off [illegible] Depo	
		[illegible]	
		Asthma – well controlled.	
		[illegible] NAD.	
23/2/04		DNA	
15/6/04		1st Asthma letter sent [illegible]	
16/7/04	N.	Asthma letter sent	
23/8/04		Para 1+0. LMP - Beg June Positive Preg Test	
		Vomiting ++ Now 10+ wks Due - 18/3/05	
		Refer ANC.	
28/10/04		16+/52 APP ✓	
3/1/05		26/52 FHH.	

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

PRINTED FOR ASTRON. B32004 8/03 (017302)

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Date	*	Clinical Notes	Diagnosis
17/01/05		Headache Not relieved by Paracetamol	
		28/52 Pregnant. Urine satisfactory	
		Dip bloods	
		Rx Co-codamol (100)	
19/1/05.		29/52 MSU to lab	
2/2/05.		30/52 FHH	
16/2/05		UTI symptoms Rx Amox 250 (21)	
23/2/05		33/52 Hb + AB's.	
9/3/05	Rx	Fe SO4 200mg BD x 100 as per Mes	
11/3/05	Rx	Lactulose x 500 mls	
		10-15 mls bd	
23/3/05		37/52 well	
6/4/05		39/52 FMH [illegible]	
11/5/05		See comp note	
25/5/05			
25/5/05	N	See comp [illegible]	

* This column has been provided for doctors to enter A, V or C at their discretion

5/2000 204722

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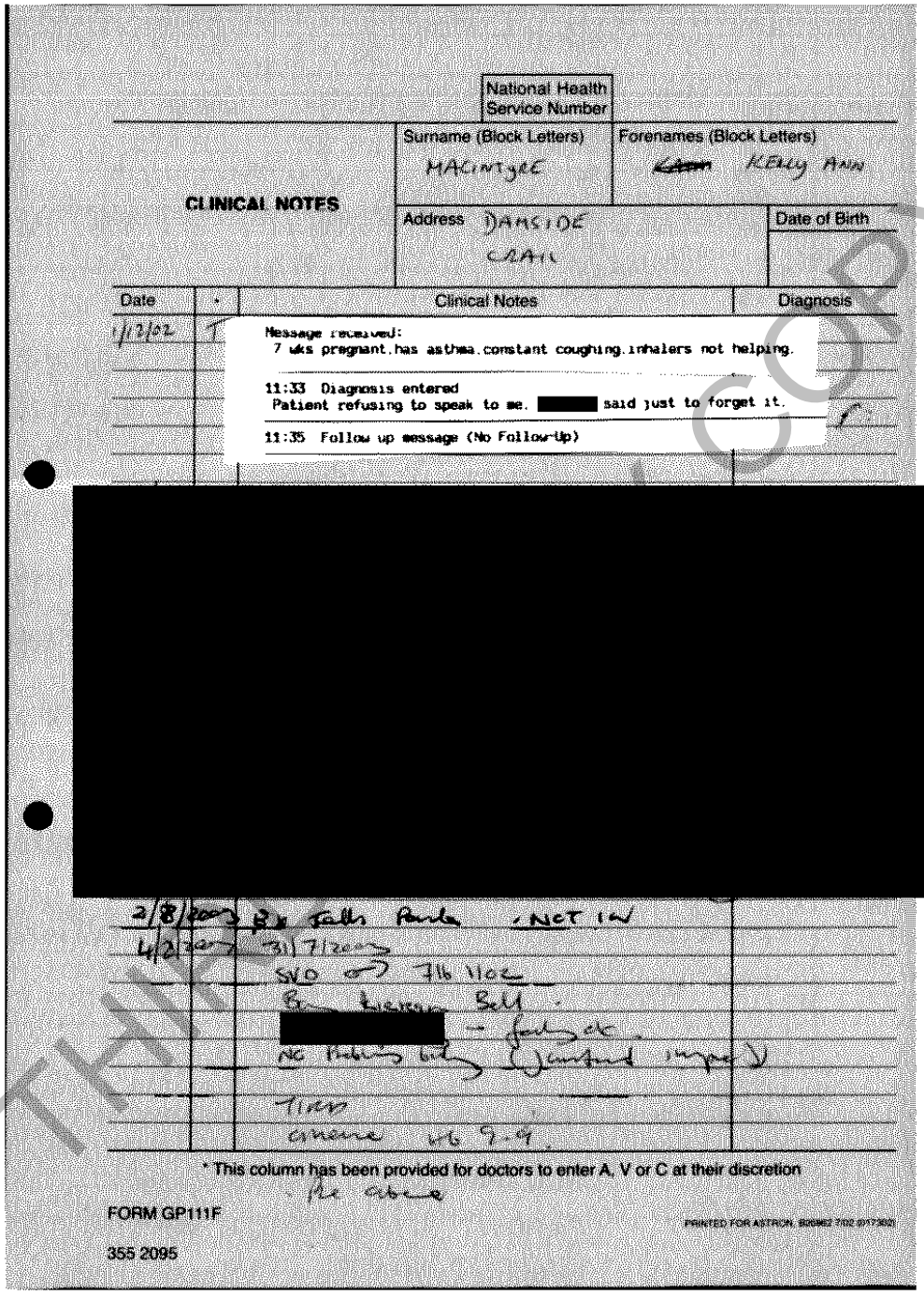

National Health Service Number

Surname (Block Letters): MACINTYRE

Forenames (Block Letters): ~~Glenn~~ KELLY ANN

CLINICAL NOTES

Address: DAMSIDE CRAIG

Date of Birth

Date	*	Clinical Notes	Diagnosis
1/12/02	T	Message received: 7 wks pregnant.has asthma.constant coughing.inhalers not helping. 11:33 Diagnosis entered Patient refusing to speak to me. [redacted] said just to forget it. 11:35 Follow up message (No Follow-Up)	
[redacted]			
2/8/[redacted]			
4/2/[redacted]			

* This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

355 2095

PRINTED FOR ASTRON, [redacted]

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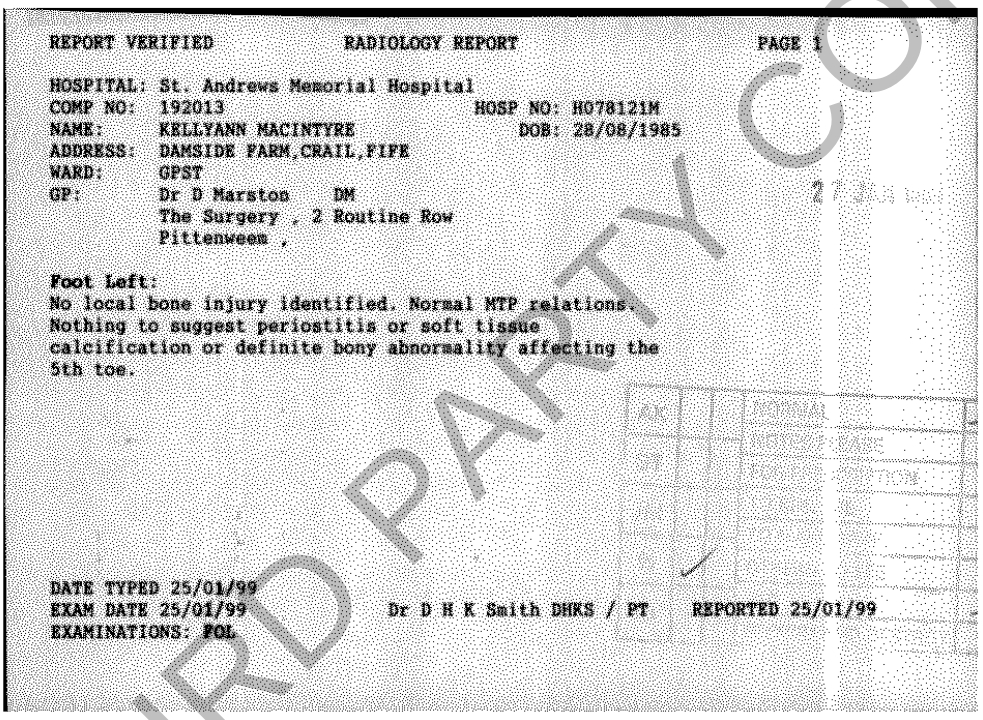

REPORT VERIFIED RADIOLOGY REPORT PAGE 1

HOSPITAL: St. Andrews Memorial Hospital
COMP NO: 192013 HOSP NO: H078121M
NAME: KELLYANN MACINTYRE DOB: 28/08/1985
ADDRESS: DAMSIDE FARM,CRAIL,FIFE
WARD: GPST
GP: Dr D Marston DM
The Surgery , 2 Routine Row
Pittenweem ,

Foot Left:
No local bone injury identified. Normal MTP relations. Nothing to suggest periostitis or soft tissue calcification or definite bony abnormality affecting the 5th toe.

DATE TYPED 25/01/99
EXAM DATE 25/01/99 Dr D H K Smith DHKS / PT REPORTED 25/01/99
EXAMINATIONS: FOL

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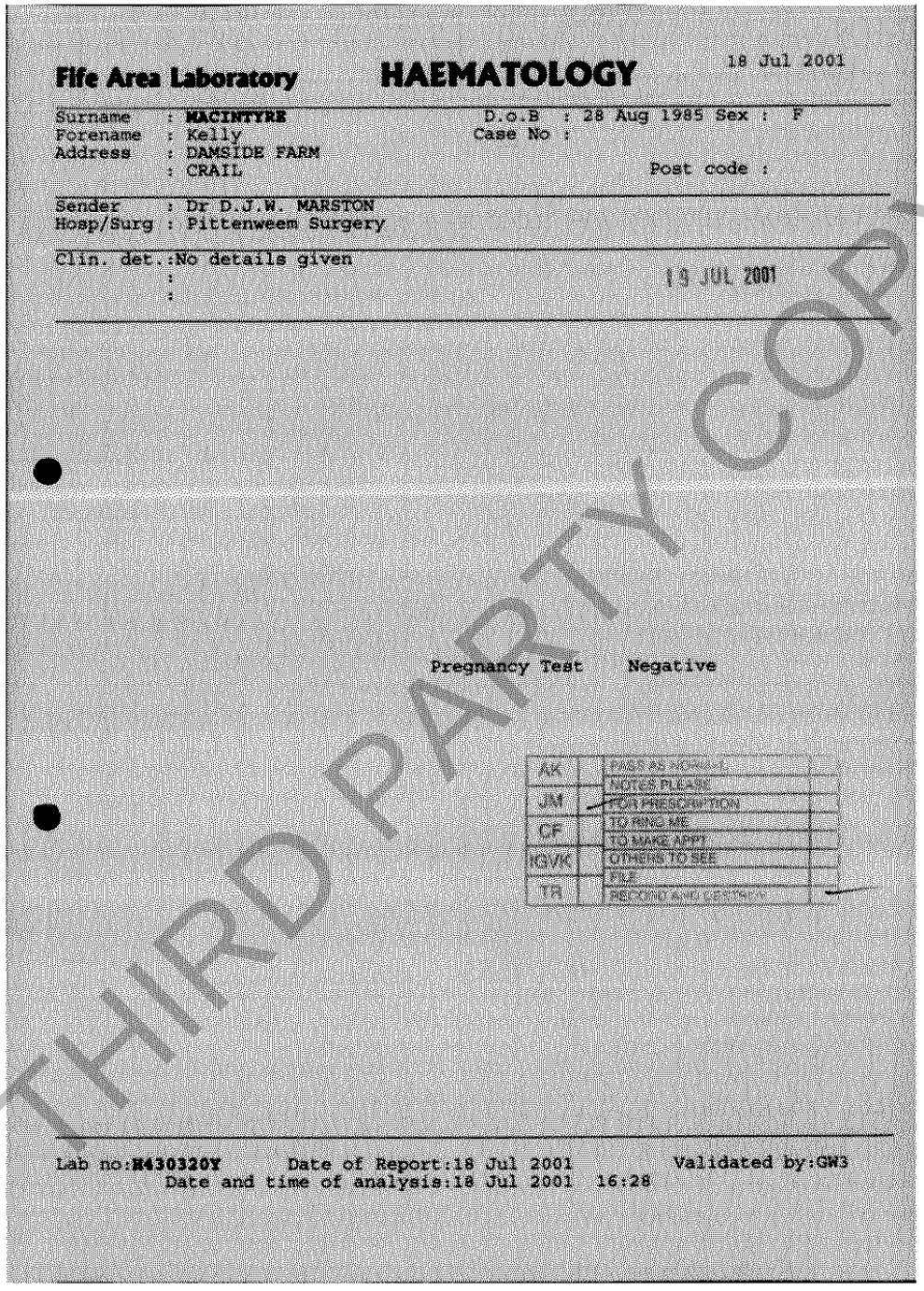

Fife Area Laboratory **HAEMATOLOGY** 18 Jul 2001

Surname : **MACINTYRE** D.o.B : 28 Aug 1985 Sex : F
Forename : Kelly Case No :
Address : DAMSIDE FARM
: CRAIL Post code :

Sender : Dr D.J.W. MARSTON
Hosp/Surg : Pittenweem Surgery

Clin. det.:No details given
:
: 19 JUL 2001

Pregnancy Test Negative

AK	PLEASE SEE WORKUP
JM	NOTES PLEASE
CF	FOR PRESCRIPTION
RJVK	TO RING ME
TR	TO MAKE APPT
	OTHERS TO SEE
	FILE
	RECOND AND DESTROY

Lab no:**H430320Y** Date of Report:18 Jul 2001 Validated by:GW3
Date and time of analysis:18 Jul 2001 16:28

Additional document
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Ayrshire Doctors On Call

adastra

1 Patient Contacts for Bankfield Medical Practice

Patient : Kellyanne Haymarch

(Gender: Female) (DOB: 28/08/1985) (Age: 40 years) (CHI: 2808850123)

Case No 55716 **Case Date** 21/04/2026 22:21
Own Dr

Emergency Care Summary viewed on case

Current Address
31 Glenmuir Road Ayr

KA8 9RG

Home Address (If Different)

Current Phone [redacted] **Home Phone (If Different)**

Case Type Attend OOH Appointment
Priority On Reception within 4 hours

NHS 24 Advice by **Triage Start**
Triage End

Case Questions
NHS 24 Feedback
Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -
Did you perform a lookup on the A&A Clinical Portal? - No

Pocked Aremote Consult by: **Consult Start**
Start Type **End Type** **Consult End**

Adastra Consult by Moeen, Mohammad Hashir (Registrar) **Consult Start** 23:09
Start Type Attend OOH Appointment **End Type** Attend OOH Appointment **Consult End** 23:30

History
Since saturday heavy menstrual period with clots. Had a period earlier this month. Miscarriage in December 2025 and since then has had 3 periods all of them heavy, no UPSI since miscarriage, patient sure of that.
Normal period cramps, denies abdominal pain, vomiting or nausea or diarrhea, denies dysuria or cold sweats or fever spikes. Going through a pack of menstrual pads every day since Saturday.
Eating and drinking. C/O headaches but thinks might be due to switch from Mirtazapine to Sertraline.
Denies dizziness, chest pain, double vision.
Appointment booked with GP for discussion of starting medications for heavy periods.

Examination
BP: 120/80, HR: 72bpm, Sats: 99%, temp: 36.2

Urine Dip: Blood +++, Leucs +, nitrates negative. urine mixed with period blood.

Diagnosis
Heavy periods?

Report Statistics: Report produced by Adastra Version 3 - 21/04/2026 23:46:51

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Patient : Kellyanne Haymarch

(Gender: Female) (DOB: 28/08/1985) (Age: 40 years) (CHI: 2808850123)

Treatment

Discussed with Dr Ilyas. Advised short course of tranexamic acid. Patient in agreement for the trial and can stop after being started on medications by GP.
Worsening statement given.

Clinical Code(s)

K5920 Heavy periods

Prescriptions

Tranexamic acid 500mg tablets 2 tablets - THREE times a DAY - oral - start at onset of menstruation 18.00

Informational Outcome(s)

Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 21/04/2026 23:46:51

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Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS Ayrshire & Arran

Discharge letter - 08 Feb 23 at 12:55

Dr DOSUMU, ALISHA
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

HAYMARCH, KELLY (CHI: 2808850123 | PMS Number: 2808850123)
28 Aug 85 (Current Age: 37) | 31 GLENMUIR ROAD, AYR, KA8 9RG | [redacted] (mobile)
G4 P3+0 | LMP: 01 Nov 22 | Booked: 19 Dec 22 at 10:08 | Episode Closed: 12 Jan 23 | Gest at Close: 10+2/40 | Babies on scan: 1 | Booking BMI: 30.22 | Current BMI: 30.22 | Blood Group: A+ | Hb at 10+2: 121g/L

Dear Dr DOSUMU, ALISHA

Kellyanne attended the unit following episodes of bleeding from the medical management of miscarriage.
Opted for surgical management. Went to theatre and had an uneventful recovery.
Fitnote provided along with pregnancy test. Asked to repeat in 3 weeks.
Has contact numbers if any concerns.

Visit Details

Gestation at Visit:	10+2/40	**Date and Time EPAGU started**	08 Feb 23
Referral Source	Midwife	**Seen by**	Ann Allan
Current symptoms	Bleeding	**Final Diagnosis**	Incomplete miscarriage
Discharge Plan	Surgical management of miscarriage under GA		

Antenatal Management Plan

Recorded 19 Dec 22 at 09:45
Actual Management Plan
Saved By Sharlene McKinlay

Ann Allan
Midwife

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Oral & Maxillofacial Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]
Fax: [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: MH/JN
Hospital No: XHI-2017916
Clinic Date: 03/06/2014
Date Dictated: 03/06/2014
Date Typed: 03/06/2014
Enquiries to Mrs Caroline Walton
Direct Line:
Ext. Number: 14181
Email: [redacted]uk

Dear Dr Dosumu

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

The above mentioned patient failed to attend her outpatient appointment with us this morning. As you are aware she underwent an excision of a lesion which has been reported as completely benign. I presume things are settling well with her therefore I have not made any further arrangements to review her in our clinic.

Kind regards.

Yours sincerely

Authorised on 03/06/2014 21:37:23 by Mr Moorthy Halsnad.

Mr Moorthy Halsnad MDS FFD FRCS(OMFS)
Consultant Oral & Maxillofacial Surgeon
GMC 6154590

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NHS Ayrshire & Arran — Area Laboratory — Microbiology

MACINTYRE	*Patient No.*	2808850123	*Clinician*	Dr D H Gibson
KELLY	*Unit No.*	AC/M076796	*Request Location*	Ante-natal Clinic
28 ANDERSON CRESC	*DOB*	28/08/1985		Ayrshire Central Hospital
AYR KA7 3RN	*Sex*	F		

This Report To **GP, Ayr: Racecourse Road**

Result

White blood cells	0 / cubic mm.
Culture yields :	No significant growth

BD

Lab No	M.05.205046.3	*Date/Time Coll*	19/01/2005	*Authorised By*	G Collins
Printed	21/01/2005 10:33	*Sample*	Mid stream urine	*Page*	1 OF 1
				Date	21/01/2005

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Oral & Maxillofacial Surgery
University Hospital Ayr
Dalmellington Road
AYR KA6 6DX

Tel: [redacted]

NHS
Ayrshire
& Arran

MR S. HISLOP
Consultant Oral & Maxillofacial
Head & Neck Surgeon

Date of clinic: 12.03.13
Date typed: 18.03.13
CHI: 2808850123
Our ref: AN/CW/xhi 2017918

Enquiries to: Mrs Caroline Walton
Extension: 14181
Fax:
E-mail: [redacted]

Dr D.J. Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR

Dear Dr. Stevenson,

Re: Kelly MacIntyre, 108 Wilson Street, Ayr, KA8 9LR. 28.08.85.

The above patient failed to attend her clinic appointment this morning. I presume therefore all is well and have not arranged to see her again.

Kind regards.

Yours sincerely,

AINSLEY NESS
STAFF GRADE IN ORAL AND MAXILLOFACIAL SURGERY

www.nhsayrshireandarran.com

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To: A.DOSUMU

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR ALASTAIR STEVENSON

PATIENT DETAILS

Patient Name	Kellyanne Haymarch
CHI Number	2808850123
DOB	28/08/1985
Address	31 GLENMUIR ROAD,AYR,,, KA8 9RG

ATTENDANCE DETAILS

Arrival Date & Time	01/01/2023 20:49
Attendance Number	AYR-23-000060-1
Diagnosis	Bleeding in early pregnancy
Treatment	Assessed and referred Advice
Investigations	
Additional Information	attended with 1 day history of PV bleed followed by spotting. LMP around 9 weeks ago with postive pregnancy tests. no abdominal pain or adverse features. is to contact EPAS at crosshouse hospital first thing in the morning for assessment. advised if pain or worsening bleeding to return for review.

DISCHARGE DETAILS

Discharge Date & Time	02/01/2023 00:43
Left Department Date & Time	
	Discharge, follow up arranged Other Clinic Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Jack Armstrong,Jack Armstrong

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NHS Confidential: Personal data [redacted] a patient

A&E Department, Ayr Hospital, Dalmellington Road, Ayr KA6 6DX

If you require further information, phone A&E Clinical Area on [redacted] quoting account number [redacted]

To Dr.: C (GP) LAU
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA197BY

KELLY MCINTYRE DOB 28/08/85
69 MURRAY GARDENS X

MAYBOLE;;KA197AZ
CHI 2808850123

Your patient attended the Ayr Hospital on 27/03/08
at 18:07.

Triage nurse described problem as:

abdo.pain 2/7

Investigations ordered:

NONE

Procedures

NO PROCEDURE

Diagnosis

GASTROINTESTINAL^ABDO PAIN 2/7

Outcome of attendance was:

DISCHARGED NO F/U

Nursing remarks were:

d/c home

Additional remarks were:

s/b surgeon d/c home

Follow up plans were:

(None recorded)

Yours Sincerely,

A&E Department.

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NHS Confidential: Personal data about a patient

MACINTYRE, Kellyanne
2808850123
69 Murray Gardens
MAYBOLE
KA19 7AZ
Dr J C Sheward
6 High St, Maybole
DATE

Inserting Implanon

INSERTION

Site ☐ cm above medical epicondyle of ***LEFT/RIGHT*** *arm under* LOCAL ANAESTHETIC ☑ mls 1% plain lidocaine. *Lot No.* 001504 Expiry Date 01/2013

Implant seen in inserter before insertion	☑
Inserted according to manufacturers instruction	☑
Implanon palpated	☑
Confirmed *implanon not in* needle at end of procedure	☑
Wound instructions given	☑
Advised to use contraception for 1st week	☑

Name of person inserting device: DR E MILSOM

Documentation

☑ Client has written information about method, including documentation of date of insertion and date implant due to be changed

☑ Client has appointment for next visit and phone number for clinic queries

☑ *GP has documentation of date of insertion* and date to be changed.

Follow up

☐ Appointment given – date –.....

☐ Will make own appointment

Follow up appointment Date..... *Implanon palpated* Yes ☐ No

Any problems .....

Signature .....

Re/eam/300305/w /guidelines/implanonfp

BP 1st - 143/81 P.69
2nd - 124/78 P.71.
Wgt : 63.15Kg.

Implanon®
Lot: 648033/759214
For patient file

44849.100

Inserting Implanon

Name _____ Date 22/10/10 Clinic No _____

Client assessment
- [x] Commitment to long term contraception
- [x] Willing to accept an Implant
- [ ] Other, specify

HISTORY

Medical - contraindications

• High risk for serious arterial disease	Yes	(No)
• Undiagnosed vaginal bleeding	Yes	(No)
• Active venous thrombo-embolic disease	Yes	(No)
• hormone dependent tumour	Yes	(No)
• Severe hepatic disease	Yes	(No)
• Enzyme enducing medication	Yes	(No)

Pregnancy risk assessed: Yes No

LMP Date 20/10/10

Current contraceptive method Microgynon

Menstrual cycle: No. of days of bleeding 5 days BP _____
Cycle length _____ days Weight 63.15Kg

Menstrual loss Light [x] Moderate [ ] Heavy [ ] Varies [ ]

Checklist completed (Yes)/No
Side effects discussed
- [ ]
- Bleeding [x]
- Mood [x]

Drugs: Allergies:

Prescription:
1. 2 mls LIDOCAINE 1% subcutaneous to implant site
2. 1 X 68mg ETONORGESTREL (Implanon) implant subcutaneous as per manufacturers instruction

Signature of prescriber: _____ date 22/10/10

Implanon®
Lot: 646033/759214
For physician file

44849.100

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NHS Ayrshire & Arran — **Microbiology**

MACINTYRE,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to Dr Alisha Dosumu GP, Ayr: Bankfield Medical Practice

Rubella IgG Antibody	Detected
Syphilis Antibody	Negative
Hepatitis B Surface Antigen	Negative
HIV 1 and 2 Antibody/Antigen	Negative
Varicella zoster IgG antibody	Detected
Comment	Indicates past infection with Varicella zoster

LabNo 15M801334 Date coll 24/04/15 10:00 Authorised by Shona Ling
Printed 25/04/15 06:31 Page 1 of 1
Sample: Serum Telephone [redacted]
Internal Extension 27420

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Department of Trauma and Orthopaedics
The Ayr Hospital,
Dalmellington Road
AYR.
KA6 6DX
[redacted]

NHS
Ayrshire & Arran

Date	9th December 2008
Clinic Date	9th December 2008
Our Ref	DFL/as/100-725565
CHI Number	2808850123
Enquiries to	Mrs A Stewart
Extension	14349
Fax	[redacted]
E-mail	[redacted]

MR D F LARGE

Dr Lau
The Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

Re: Kelly McIntyre, 69 Murray Gardens, Maybole
Dob: 28.08.85

Your patient was seen in the Orthopaedic Clinic today.

Please find overleaf a copy of my clinical findings made at the time of examination.

Yours sincerely

D F LARGE, MBChB FRCS Ed (Orth)
CONSULTANT ORTHOPAEDIC SURGEON

Awarded for excellence

FILE	DR PATON
SCRIPT	DR STEELE
SPEAK	DR MUDUNURI
ATTEND	
VISIT	DAWN

Received
16 DEC 2008

CASUALTY RETURN – MR D F LARGE

KELLY MCINTYRE – 725565

DIAGNOSIS: **PAIN RIGHT STERNOCLAVICULAR JOINT**

09/12/08 **HISTORY:** This 23 year old nursing assistant presents with a short history of spontaneous onset of pain in the region of the right sternoclavicular joint. Although she did fall this was after the onset of the pain.

EXAMINATION: There is no obvious swelling, discoloration or deformity in relation to the medial end of the right clavicle. She is quite locally tender in that area.

X-rays are normal.

TREATMENT: I have checked her bloods today and ordered a bone scan and CT scan to exclude any local pathology. See again when the results of these tests are available. Copy to the GP. DFL/as.

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PATIENT SERVICES
Department of Oral & Maxillofacial Surgery
Mr W S Hislop
Consultant Oral & Maxillofacial/Head & Neck Surgeon
Direct Line: ☎ [redacted]
Fax No: [redacted]
Secretary to Mr Hislop: Ms Denise Fagan [redacted]

Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE
Telephone: [redacted]

www.show.scot.nhs.uk/aaaht

NHS Ayrshire & Arran

Our Ref: FRM/MM/XH-2017916
CHI No: 2808850123

Clinic date: 6 January 2011
Date typed: 19 January 2011

Dr Jonathan Sheward
General Medical Practitioner
The Surgery
The Health Centre
6 High Street
Maybole
KA19 7BY

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE KA19 7AZ dob 28.06.1985

Further to previous correspondence, I recently reviewed your patient on behalf of Mr Hislop. You will recall that we are seeing her with regard to a left sided neck swelling. Mr Hislop has arranged for a CT scan of this and the swelling has been drained. I reviewed her today and although it had improved, it has not resolved. I further aspirated the cyst's contents and we will review her in one week's time if it requires further aspiration. If not, we will see her two weeks after her scan has been carried out. We will of course keep you informed.

Yours sincerely

Fiona R Mackenzie
Associate Specialist

Awarded for excellence

Additional document
06-July-2026
Additional: Additional document

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Pages:

NHS Confidential: Personal data about a patient

Department of General Surgery
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX
☎ [redacted]

NHS Ayrshire & Arran

GENERAL SURGICAL CLINIC

MR M CHUDY
CONSULTANT SURGEON

Date Attended	16.02.10
Date Dictated	16.02.10
Date Typed	18.02.10
Our Ref	MC/FS/100-725565
CHI	2808850123
Enquiries to	Frances Scott
Direct Line	[redacted]
Fax	[redacted]
E-mail : Secretary	[redacted]

Dr J Sheward
Maybole Health Centre
6 High Street
MAYBOLE

Dear Dr Sheward

KELLYANNE MacINTYRE, 69 MURRAY GARDENS, MAYBOLE : DOB 28.08.85

Many thanks for sending Kelly MacIntyre who presented with six months history of a lump in her epigastric region. She is known to have asthma, for which she is on inhalers. She is also a smoker (10 cigarettes a day), who lives with her [redacted] and is not aware of any allergies.

On examination, she is a slim lady, with BMI 24. Her abdomen is soft, with no organomegaly felt. There is a small, soft, fully reducible lump above her navel, which is an epigastric hernia.

I went at length through the details and complications of conservative versus surgical treatment with her and offered her keyhole surgery today. She is quite happy to have it done as soon as possible and I have put her name on my waiting list for this procedure.

Kind regards

Yours sincerely

Mich Chudy

MR MICHAL CHUDY
CONSULTANT SURGEON

W/L

Additional document
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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101008632481M

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Cancer SuspectedC1A1
AA Breast Disease UCS

University Hospital Ayr
Daimellington Road
Ayr
KA6 6DX

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	URGENT - CANCER IS SUSPECTED
Date of referral	30-Jan-2015
Date submitted	30-Jan-2015

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

31 Glenmuir Road
Ayr
KA8 9RG

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Breast lump

Comment: This lady attends with painful breast lump which has developed over the last three days.
She is otherwise well. She does not report any rashes, skin problems, nipples changes, or discharge.
Examination reveals a tender mass in the upper part of the right breast. The other breast, and the axillae are normal. There are no skin or nipple changes. She was systemically well, with a temperature of 37.0
Given the history of sudden onset and pain we have given her flucloxacillin for ? abscess?
Many thanks for seeing her.

[redacted]

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NHS Confidential: Personal data about a patient

UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **positive**

Patient Details

Surname	Haymarch
Forename	Kelly
CHI	2808850123
Date of birth	1985-08-28
Sex	Female
Address	31 GLENMUIR ROAD AYR KA89RG

Specimen Details

Specimen Processed Date	25-02-2021 21:25
Test Start Date	25-02-2021 08:01
Test End Date	25-02-2021 08:02
GP Practice	80842
Specimen Number	AAK40990755
Administration Method	health_care_professional

End of Report

Report Date: 25/02/2021

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NHS Confidential: Personal data about a patient

Department of Obstetrics
Ayrshire Maternity Unit
Crosshouse
Kilmarnock
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr M A MacLean

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: SR/JH
Hospital No:
Clinic Date: 26/05/2015
Date Dictated: 02/06/2015
Date Typed: 02/06/2015
Enquiries to Julie
Direct Line: [redacted]
Ext. Number: 25428
Email: [redacted]

Dear Dr Dosumu

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

Your patient attended the Maternity Services in the Heathfield clinic on 26 May 2015.

Parity:	2+0
Gestation by ultrasound scan:	12+4
Estimated date of delivery:	4 December 2015
BP:	120/70
BMI:	26.7
Urinalysis:	trace of protein
Nuchal translucency blood test:	Accepts
Second trimester scan:	Accepts
Care:	Red Pathway

Comments:
I saw Kellyanne at Dr MacLean's antenatal clinic for her booking visit. She is a 29 year old para 2 at 12+ weeks into her third pregnancy. She previously had two uncomplicated vaginal deliveries. I note that she suffers from asthma, which is well controlled. She under went umbilical hernia repair about 4 years ago and, more recently, lymph node removal from her neck.

Today, her observations were normal, urine dip test was clear and first trimester scan was satisfactory.

I have requested her medical notes to find out more about her operation and plan to review her at 28 weeks. Until then, she has been asked to attend yourself and the community midwife.

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

Should any concerns arise, we would be happy to see her back at the antenatal clinic.

Yours sincerely

Authorised on 04/06/2015 14:23:09 by Sreedevi Ragi.

Dr Sreedevi Ragi
LAT4 - Gynaecology & Obstetrics
GMC: 6153230

cc CMW

Additional document
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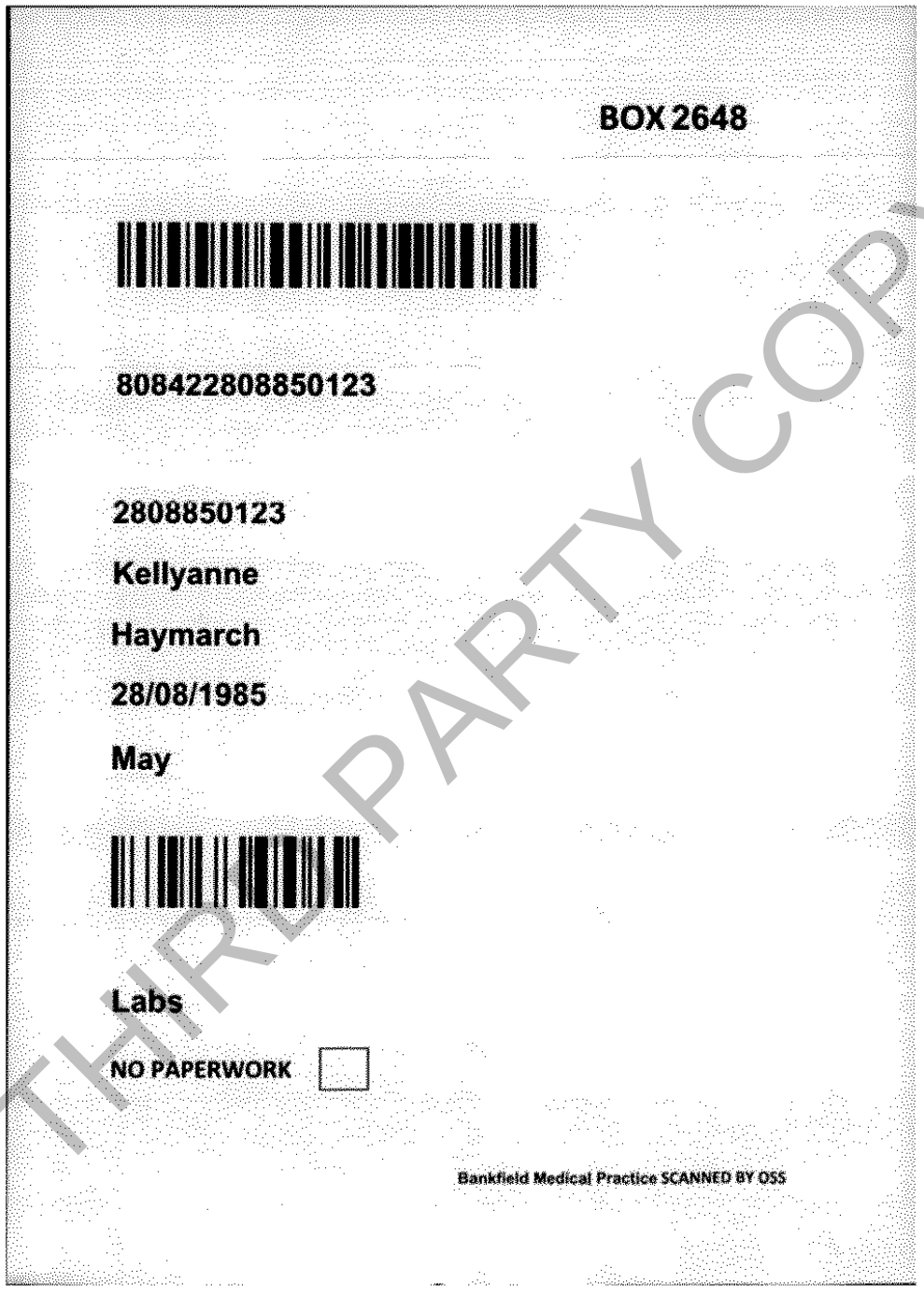
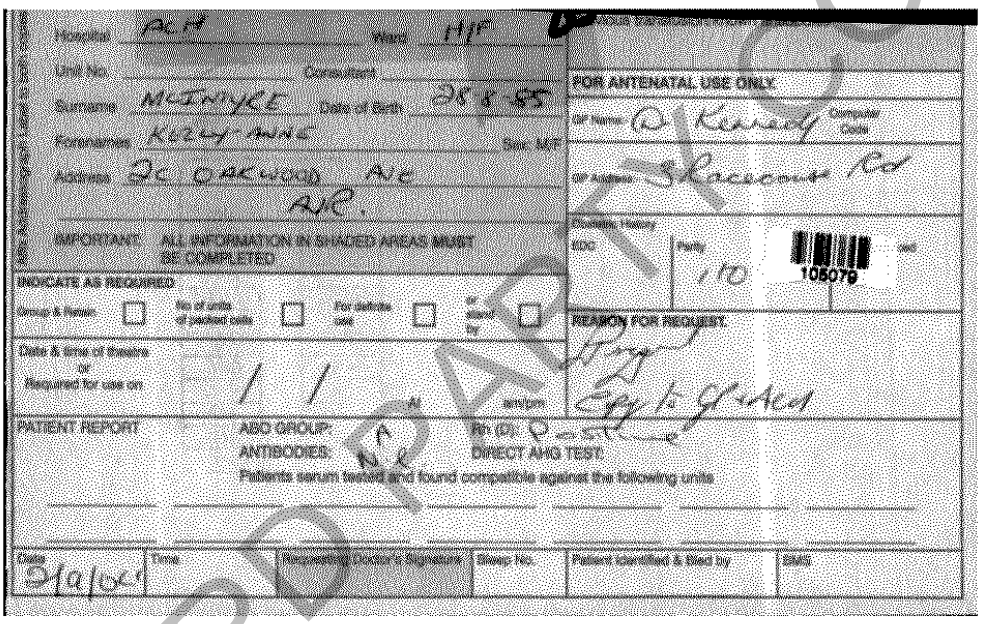
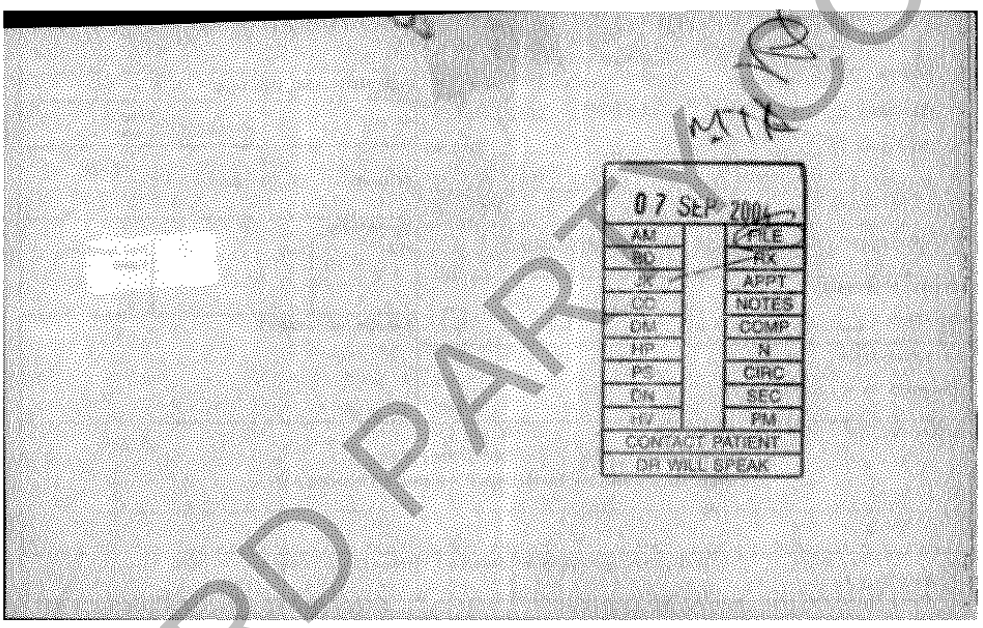


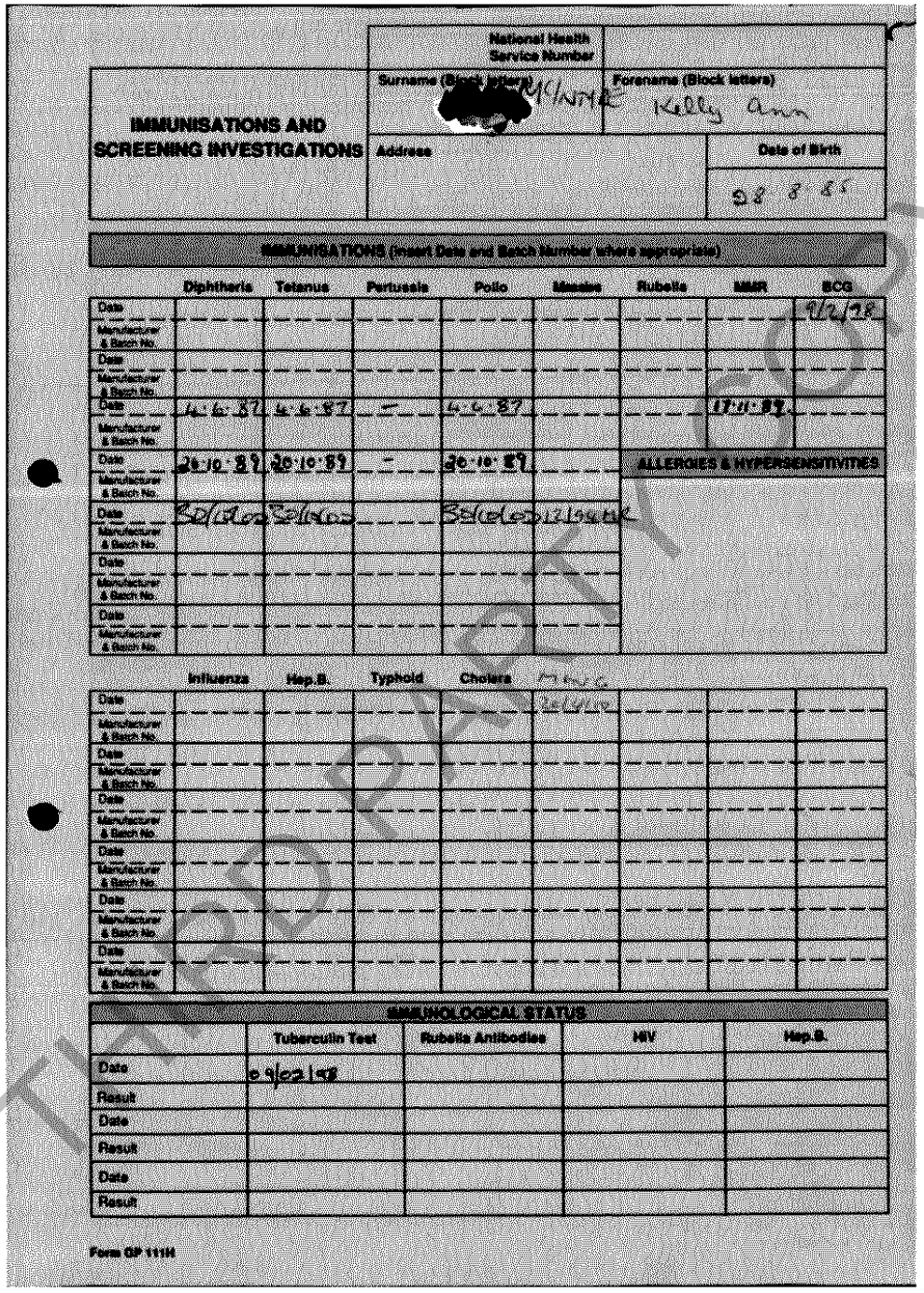
NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



NHS Confidential: Personal data about a patient



IMMUNISATIONS AND SCREENING INVESTIGATIONS

National Health Service Number

Surname (Block letters) [redacted] MCINNES

Forename (Block letters) KELLY ANN

Address

Date of Birth 28 8 65

IMMUNISATIONS (Insert Date and Batch Number where appropriate)

	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	MMR	BCG
Date								9/2/78
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date	4.6.87	4.6.87	-	4.6.87			17.11.87	
Manufacturer & Batch No.								
Date	20.10.87	20.10.87	-	20.10.87				
Manufacturer & Batch No.								
Date	Solvay	Solvay		Solvay				
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								
Date								
Manufacturer & Batch No.								

ALLERGIES & HYPERSENSITIVITIES

	Influenza	Hep.B.	Typhoid	Cholera
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				
Date				
Manufacturer & Batch No.				

SEROLOGICAL STATUS

	Tuberculin Test	Rubella Antibodies	HIV	Hep.B.
Date	6/02/87			
Result				
Date				
Result				
Date				
Result				

Form GP 111H

Additional document
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NHS Confidential: Personal data about a patient

To: A.DOSUMU

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: DR ALAN KRICHELL

PATIENT DETAILS

Patient Name	Kellyanne Haymarch
CHI Number	2808850123
DOB	28/08/1985
Address	31 GLENMUIR ROAD,AYR,,, KA8 9RG
Previous Attendances	No Attendances in Last 12 months:2Total Number of Attendances:10

ATTENDANCE DETAILS

Arrival Date & Time	20/09/2024 12:03
Presenting Complaint	R finger inj
Diagnosis	Mallet finger Middle finger Right
Treatment	Mallet splint
Investigations	X-Ray,Middle Finger Right
Additional Information	Presented due to right middle finger mallet injury. Discharged with mallet splint and ED clinic appointment in 1 week

DISCHARGE DETAILS

Discharge Date & Time	20/09/2024 14:51
Left Department Date & Time	20/09/2024 14:50
	Discharge, follow up arranged ED Clinic Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Tanyaradzwa Tom,T Tom

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NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr E C Wilson
Request Location: GP, Maybole: Dr Lau et al

This report to : Dr E C Wilson , GP, Maybole: Dr Lau et al

		Result	Units	Normal Range
Urea		2.7	mmol/L	2.5 - 7.5
Creatinine		66	µmol/L	50 - 125
Sodium		143	mmol/L	135 - 145
Potassium		4.1	mmol/L	3.5 - 5.0
Chloride		106	mmol/L	95 - 108
Bicarbonate		27	mmol/L	22 - 28
Total Bilirubin		7	µmol/L	3.0 - 15
ALP		59	U/L	34 - 126
AST		20	U/L	10.0 - 40
ALT		28	U/L	10.0 - 50
Total Protein		73	g/L	63 - 83
Albumin		44	g/L	39 - 51
Globulin		29	g/L	21 - 35
CRP	H	12	mg/L	2.0 - 10

Lab No 10B852502 Date Collected 30/04/10 09:30 Authorised By SYSTEM
Printed 30/04/10 16:20 Sample Type Blood Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

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NHS Confidential: Personal data about a patient

NHS
Ayrshire & Arran

Department of Sexual Health
Ayrshire Central Hospital
IRVINE KA12 8SS

Date 7/4/2010
Your Ref
Our Ref RH/EAM/BD
Enquires to B Dickson/Ann McGinn
Extension 3226/8
Direct Line [redacted]
Fax [redacted]
Email [redacted]

Clinic: Family Planning – NAHC, Whitletts
Clinic Tel No: [redacted]

DR LAW
MAYBOLE HEALTH CENTRE
MAYBOLE

Dear Doctor

SEXUAL & REPRODUCTIVE HEALTH CARE SERVICES

Your Patient: KELLYANNE MACINTYRE **DOB** 23/08/85

Address: 69 MURRAY GARDENS MAYBOLE

Your patient attended this clinic today. She had **IMPLANON** in situ and this **has been removed** for the following reasons:

IRREG BLEEDING

WILL CONTINUE ON MICROGYNON 30

Yours sincerely

C Grant

FPB/ImpiRem/ 0905

Additional document
06-July-2026
Additional: Additional document

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101033919004X

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Multiple/Other JointR5A3
AA Multiple - Other Joint

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	15-Aug-2024
Date submitted	15-Aug-2024

PATIENT DETAILS

Surname	Haymarch
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

31 Glenmuir Road
Ayr
KA8 9RG

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Linda Evans		
GMC code	4540966	GP code	20184
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. David Stevenson		
GMC code	4147796	GP code	24937
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Coccygodynia

Comment: This lady presented in July with coccygodynia
She had no history of trauma.
She sadly had an intra-uterine death in April this year with manual removal of placenta, and dates the onset of her symptoms to that occasion.
She has had some time of NSAIDs, and analgesia, and her pain in her coccyx is not settling at all. She would welcome your input. Many thanks.

[redacted]

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NHS Confidential: Personal data about a patient

Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS
Ayrshire & Arran

Discharge letter - 08 Feb 23 at 12:55

Dr DOSUMU, ALISHA
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

HAYMARCH, KELLY (CHI: 2808850123 | PMS Number: 2808850123)
28 Aug 85 (Current Age: 37) | 31 GLENMUIR ROAD, AYR, KA8 9RG | [redacted] (mobile)
G4 P3+0 | LMP: 01 Nov 22 | Booked: 19 Dec 22 at 10:08 | Episode Closed: 12 Jan 23 | Gest at Close: 10+2/40 | Babies on scan: 1 | Booking BMI: 30.22 | Current BMI: 30.22 | Blood Group: A+ | Hb at 10+2: 121g/L

Dear Dr DOSUMU, ALISHA

Kellyanne attended the unit following episodes of bleeding from the medical management of miscarriage.
Opted for surgical management. Went to theatre and had an uneventful recovery.
Fitnote provided along with pregnancy test. Asked to repeat in 3 weeks.
Has contact numbers if any concerns.

Visit Details

Gestation at Visit:	10+2/40	**Date and Time EPAGU started**	08 Feb 23
Referral Source	Midwife		
Current symptoms	Bleeding	**Seen by**	Ann Allan
Discharge Plan	Surgical management of miscarriage under GA	**Final Diagnosis**	Incomplete miscarriage

Antenatal Management Plan

Recorded 19 Dec 22 at 09:45
Actual Management Plan
Saved By Sharlene McKinlay

Ann Allan
Midwife

Patient: KELLY HAYMARCH, CHI: 2808850123
NHS Confidential: Personal Data about a patient

Requested by Allan, [redacted] at 09/02/23 16:36
Page 1 of 1

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NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Maybole H/C (Dr Lau)

Patient : Kellyanne Macintyre
(Gender: Female) (DOB: 28/08/1985) (Age: 27 years) (CHI: 2808850123)

Case No 12164 **Case Date** 08/09/2012 12:12
Own Dr Sheward, Jonathan

Current Address
69 Murray Gardens MAYBOLE

KA19 7AZ
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type SPOC
Priority On Reception Routine

NHS 24 Advice by

Triage Start
Triage End

Case Questions

Pocked Aremote Consult by:
Start Type **End Type**

Consult Start
Consult End

Adastra Consult by Montgomery, Stuart **Consult Start** 15:28
Start Type SPOC **End Type** SPOC **Consult End** 15:37

History
27 yrs female. States was asthmatic when she was younger but hasn't had any probs for a long time and not written up for any inhalers. Felt chest tight last night and recognised this herself as asthma. Went to pharmacy today to request an inh but they refused to dispense as no recent scripts and advised she was clinically assessed. Social smoker. Feels better at present but states her symptoms are worse at night.

Examination
T 36.6, looks well, no dyspnoea and chatting normally, O2 sats 99% (air), P 90 reg, HS 1+2+0, RR satis, lungs clear all zones

Diagnosis
Imp suspected asthma recurrence.

Treatment
Script salamol EB inh. Advise see own GP for follow up.

Clinical Code(s)
H33z. Asthma unspecified

Prescriptions
SALAMOL EASI-BREATHE cfc free breath actuated inhaler 100micrograms/actuation [IVAX] 1 or 2 puffs as reqd 1.00

Report Statistics: Report produced by Adastra Version 3 - 08/09/2012 16:38:36

Informational Outcome(s)
Patient Told To Contact GP -

Report Statistics: Report produced by Adastra Version 3 - 08/09/2012 16:38:36

Additional document
06-July-2026
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Extension:
Pages:

NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Miss Tovey
General Surgical Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Tel [redacted]
Fax [redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Dr DJ Stevenson
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref:	CG/LG
Hospital No:	
Clinic Date:	12/02/2015
Date Dictated:	12/02/2015
Date Typed:	17/02/2015
Enquiries to	Lee Gracie
Direct Line:	Tel [redacted]
Ext. Number:	26792
Email:	[redacted]

Dear Dr Stevenson ,

KELLYANNE MACINTYRE DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

This 29 year old lady was reviewed in the Crosshouse breast clinic today after she had noticed a quickly growing lump in her right breast at the end of January. This swelling was tender to touch and was about 8cm in diameter superior to the nipple area. She was given flucloxacillin by yourselves and this quickly settled the breast pain and swelling. Since then she has not been able to locate any lumps or tenderness within either breast. She is otherwise fit and well with no known family history of breast cancer [redacted]

On examination today both breasts were completely normal and there were no abnormalities within the axilla or supraclavicular regions.

It was felt her breast swelling was due to a breast abscess which has resolved quickly and fully prior to review today. We have discharged her from the clinic and advised her to return to see you if the swelling recurs and advised her to try and cut down on cigarette smoking as this increases her risk of breast abscess formation.

Yours sincerely

Authorised on 18/02/2015 14:01:15 by Colette Gillespie.

Colette Gillespie
GPST1 in General Surgery

Additional document
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NHS Confidential: Personal data about a patient

Oral and Maxillofacial Departme
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS
Ayrshire
& Arran

Dr Sheward
Maybole Medical Practice
6 High Street
MAYBOLE
KA19 7BY

Date: 13th May 2011
Clinic Date 7th April 2011
Our Ref: FRM/KPG/2017916
CHI: 2808850123
Enquiries to: Mr Hislop's Secretary
Extension: 27488
Direct line: [redacted]
Fax: [redacted]
E-mail: [redacted]

Dear Dr Sheward

RE: KELLY MACINTYRE 69 MURRAY GARDENS MAYBOLE KA19 7AZ 28/08/1985

Further to previous correspondence, I recently reviewed Kelly following the CT scan of her neck. This was carried on 28th February 2011. It confirms a 15mm cystic lesion at the left sternocleidomastoid muscle at the level of C2-3. It has all the appearances of a branchial cleft cyst with no lymphadenopathy or other associated pathology.

I saw Mrs MacIntyre with Mr Sood, our Specialist Registrar this morning and there is nothing to feel on palpation. We have explained to Kelly what has caused the cyst and what is involved in it's removal.

At the moment, as there is nothing to feel, we have arranged to review her in 3 months time. We will, of course, keep you informed.

Kind regards

Yours sincerely

Fiona R MacKenzie
ASSOCIATE SPECIALIST

INVESTING IN YOU

www.nhsayrshireandarran.com

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NHS Confidential: Personal data about a patient

Confidential - Clinical Information

Gynaecology Department
Ayrshire Maternity Unit
Crosshouse
Kilmarnock
KA2 0BE

NHS Ayrshire & Arran

www.nhsaaa.net

Kellyanne Haymarch
31 Glenmuir Road
Ayr
Ayrshire
KA8 9RG

Our Ref: SVA/JH/
Hospital No:

Date Dictated: 06/06/2024
Date Typed: 08/08/2024
Enquiries to Alanna
Direct Line: [redacted]
Ext. Number: 25426
Email: [redacted]

Dear Kellyanne

CHI No: 2808850123

Thank you for agreeing to a telephone consultation. My apologies for the late call. Our telephone consultation centred on results from blood tests and examination of the placenta.

You delivered your baby on 19 April 2024 at 19 weeks + 2 days gestation. Following this, we did specific blood tests, microbiology tests and pathology tests to see if we could find a cause.

The blood tests that have been done:
Full blood count – normal for pregnancy
Kidney and liver tests – also normal
Infection screen – normal
Blood grouping and check for antibodies – normal
Thyroid function – borderline at just over 4
This is sometimes seen in women that are pregnancy as a natural increase due to the pregnancy. In order to establish whether there is an ongoing thyroid problem, I would be grateful if you could attend your GP practice to have your thyroid function retested. If it is still over 4, our current guidelines are to recommend treatment with Thyroxine starting at 25mcg.

Swabs from the placenta and baby were normal
However, a high vaginal swab from yourself that had been collected on 17th showed bacterial vaginosis. I explained that this is a collection of different bacteria that outwith pregnancy causes no harm, with the exception of watery discharge, occasionally an itch and smell, however, in pregnancy, bacterial vaginosis has been showed to cause weakening of the membranes leading to the membranes breaking or an infection within the uterus, resulting in an early delivery. I note that when you came in to see us, you had symptoms of feeling unwell with shivering. It would be difficult at this date to know if the bacterial vaginosis had caused the loss of your baby or it was a coincidental finding during this time. **In future pregnancies, we would aim to swab you earlier and treat any bacterial vaginosis that was found**. Your swabs would be repeated over the pregnancy.

You declined a post-mortem of the baby and we would support you on this decision.

CHI No: 2808850123

Placental pathology showed a clot of blood on the placental surface that is between your womb and the placenta. Occasionally this can occur prior to a baby passing but mostly it is due to delivery. A second finding was the absence of a specific type of embedding structure and the pathologist has queried whether there was a fetal anomaly. There was certainly nothing reported by the midwife to show that there were any obvious external or structural abnormalities that could be seen with the naked eye, however, this does not exclude any internal or more subtle changes.

In the future, I would offer you a detailed scan by my consultant colleague. The absence of any structural change seen on the ultrasound scan would, unfortunately, not be the absence of a fetal anomaly.

In addition, we also have a new protocol and we would consider offering you progesterone or cervical length scan in a subsequent pregnancy to pick up any early change of the cervix which may hint at an early delivery. The progesterone has been shown to reduce the risk of baby loss in a selected group of women.

You currently have no questions, therefore, I have discharged you back to your GP care.

Yours sincerely

Authorised on 28/08/2024 09:13:57 by Dr Sonal Anderson.

Dr Sonal Anderson
Consultant Obstetrician and Gynaecologist
GMC No: 4092573

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Additional document
06-July-2026
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Pages:

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Confidential - Clinical Information

Accident & Emergency Department
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
[redacted]

www.nhsaaa.net

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: EO/JB
Clinic Date: 30/10/2024
Date Dictated: 30/10/2024
Date Typed: 30/10/2024
Enquiries to Jen Brown
Direct Line: 14578
Ext. Number: 14578
Email: [redacted]

Dear Dr Evans,

KELLYANNE HAYMARCH DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

DIAGNOSIS: **MALLET DEFORMITY RIGHT MIDDLE FINGER**

OUTCOME: **DISCHARGED**

Further to Dr. Krichell's letter of 25.09.24 I reviewed this lady in the Emerrgency Department review clinic. She has been in here mallet splint for the last 5 weeks and has kept it on for the most part apart from one morning when she woke up and the splint was off her finger. I assessed her out of her splint and she seems to have slight fixed flexion at the DIP joint but she is able to flex further and then extend back to this position. I feel that in terms of healing the tendon has healed as much as it will. I have explained this to the patient and she is satisfied with the result. I have advised that we wean her off the mallet splint in the coming days as she has kept on working as a cleaner. I have discharged her from the clinic but we would be happy to review her should this be deemed necessary.

Yours sincerely

Authorised on 30/10/2024 14:35:58 by Ernie Ofei.

DR ERNIE OFEI MBChB FRCS (Ed)
CONSULTANT IN ACCIDENT & EMERGENCY CARE
G.M.C. No: 4649913

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Department of General Surgery
The Ayr Hospital
Dalmellington Road
AYR
KA6 6DX
☎ [redacted]

NHS
Ayrshire & Arran

GENERAL SURGERY

MR M CHUDY
CONSULTANT SURGEON

Date Admitted	19.04.10
Date Discharged	19.04.10
Date Dictated	10.05.10
Date Typed	11.05.10
Our Ref	MC/FS/100-725565
CHI	2808850123
Enquiries to	Frances Scott
Direct Line	[redacted]
Fax	[redacted]
E-mail : Secretary	[redacted]

Dr C Lau
Maybole Health Centre
6 High Street
MAYBOLE

Dear Dr Lau

KELLY McINTYRE, 69 MURRAY GARDENS, MAYBOLE : DOB 28.08.85

Diagnosis : Epigastric hernia
Treatment : Laparoscopic mesh repair epigastric hernia
Follow up : None planned

Kelly McIntyre attended our Day Surgery Unit and underwent laparoscopic mesh repair of her epigastric hernia. The procedure went uneventfully, she made a quick recovery and was discharged back home later the same day.

Her port wounds were closed with absorbable stitches and they do not require any further attention.

There are no plans for routine follow up unless you request this.

Kind regards

Yours sincerely

MR MICHAL CHUDY
CONSULTANT SURGEON

Additional document
06-July-2026
Additional: Additional document

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101035443402U

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Elbow, Wrist and Hand R5A2
AA Elbow, Wrist and Hand

Musculoskeletal Triage and Treatment
NHS Ayrshire & Arran

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	29-Jan-2025
Date submitted	29-Jan-2025

PATIENT DETAILS

Surname	Haymarch
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

31 Glenmuir Road
Ayr
KA8 9RG

Contact number(s)

-

REGISTERED GP DETAILS

Name	Dr Linda Evans		
GMC code	4540966	GP code	20184
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Anna Blake		
GMC code	7838440	GP code	99999
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]

CLINICAL INFORMATION

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

Description: Mallet finger

Comment: Dear MSK

This 39 year-old lady had a tendon rupture and mallet finger in her right middle finger after catching it at work; she works as a cleaner. This was managed with a splint. However over the last few weeks, she has been getting pain, stiffness and locking of both PIP joints on that finger. The joints are slightly swollen and tender, with some resultant skin damage over the DIP joint. Her finger is locked in a 20 degree flexion DIPJ and she cannot straighten the finger.
I think she requires further assessment and management of this please.

Many thanks

[redacted]

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Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101006355605I

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Oral and Maxillofacial SurgeryC13
AA Gen Ref - PMH Med & High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	(White) Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	29-Nov-2013
Date submitted	29-Nov-2013

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

31 Glenmuir Road
Ayr
KA8 9RG

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisha Dosumu		
GMC code	5200942	GP code	20567
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Lesion in oral mucosa

Comment: This 28 year old smoker has had a small painless lump in the in left side of her mouth for about 4 months. She cannot recall any rcecent trauma. Examination revealed a small smooth pink pea sized lump in the buccal mucosa just inside the right angle of the mouth. There were no palpable neck nodes. I would be grateful if you could see her for consideration of excision.

[redacted]

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Confidential - Clinical Information

Department of Trauma and Orthopaedics
University Hospital Ayr
Dalmellington Road
Ayr
KA6 6DX
01292 610555

www.nhsaaa.net

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref:	SG/KMcG
Hospital No:	
Clinic Date:	27/02/2025
Date Dictated:	27/02/2025
Date Typed:	05/03/2025
Enquiries to	Mrs K McGregor
Direct Line:	01292 616021
Ext. Number:	16021
Email:	[redacted]

Dear Dr Evans,

KELLYANNE HAYMARCH DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

Thanks for referring this lady to clinic. She sustained a mallet injury to her right middle finger last September. This was managed in the emergency department and she had a period of splintage in a mallet splint.

You had referred her with concerns of locking in her PIP joint, however, when we saw the patient today she denied this and actually had approached you regarding breakdown of her skin around the DIP joint. She tells me that the skin is quite sensitive and thin and cracks readily.

On examination this patient had a slight flexion deformity of the DIP joint, this was manageable. There was no evidence of swan necking and she was able to make a full fist without any problem. Clinically the extensor tendon had healed but with some lengthening.

An X-ray today shows satisfactory appearances at this stage with no evidence of underlying infection.

I have explained to the patient that often after wearing a mallet splint for a prolonged period the skin does thin. Her skin was intact today and I think with time this will harden up and become less friable.

I have suggested that she does not use the steroid cream that you supplied as I would be concerned that it may thin the skin further but if the skin does become dry she could apply a simple emollient or E45 cream. I have discharged her in the meantime but she knows she can get in touch if she has any further concerns.

Yours sincerely

Authorised on 05/03/2025 10:43:06 by Suzy Gibson.

Suzy Gibson FRCS (Glas) (Tr & Orth), PG Cert Med Ed
Consultant Orthopaedic Surgeon & Honorary Clinical Senior Lecturer GMC: 4087997

www.nhsayrshireandarran.com

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Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS Ayrshire & Arran

Transferred to Postnatal Community Care - PATIENT COPY

Haymarch, Kellyanne (CHI: 2808850123 | PMS Number: 2808850123)
28 Aug 85 (Age at Birth: 38) | 31 Glenmuir Road, Ayr, KA8 9RG | [redacted] (mobile)
G5 P3+2 | Baby 1 DOB: 19 Apr 24 at 19:35 (19+4) | No. of Babies: 1 | Booking BMI: 3[redacted] BMI: 30.52 | Blood Group: A+ | Hb at 8+0: 116g/L | PN 13hrs | Current Care: Hospital

Postnatal Key Details

Date/time gave birth	19 Apr 24 at 19:35
Fetus 1 Birthweight	60
Primary Language Spoken	English
Interpreter/Communication Professional Required	No
Hb (g/dL)	11.8 (19 Jan 24 at 14:31)
FGM	None
Smoking Status	Current Smoker (20 Apr 24 at 09:27)
Mental Health (recorded 20 Apr 24 at 01:40)	
Past month - Have you felt down, depressed or hopeless?	Unknown
Past month - Have you had little interest or pleasure in doing things?	Unknown
Is this something you feel you need or want help with?	(Not Recorded)
Past month - Have you been feeling nervous, anxious or on edge?	(Not Recorded)
Past month - Have you not been able to stop or control worrying?	(Not Recorded)

Circle of Care

Delivery plan	Midwife Unit	**Intended Location of Birth**	Ayrshire Maternity Unit
Lead Professional	(Not Recorded)	**Lead Professional's telephone**	(Not Recorded)
Named Midwife	Julie Harvey	**Named Consultant**	(Not Recorded)
Team	Purple Team	**Hospital Contacts**	Maternity Unit Contact numbers can be found in the main menu of the app or website.
GP Name	Dosumu, A	**GP Practice**	Bankfield Medical Practice
GP Address	148 Dalmellington Road, Ayr, Ayrshire, KA7 3PR	**GP Practice Code**	80842

Transfer of Care Details

Date of Discharge	20 Apr 24	**Transferred By**	Gillian White
How was Transfer done	Face to face	**Discharged From**	Delivery Suite
Discharge Destination	Home (usual residence)	**Telephone**	(Not Recorded)
Mobile Telephone	[redacted]		

Risk Assessment

Recorded: 17 Apr 24 at 22:28

Risk	Normal Low	**Medical**	BMI more than 30
Family History	Diabetes (first degree relative)		

Secondary PPH

No blood loss has been recorded

Labour and Birth Summary

Number of Babies	1	**Date and Time of Birth**	19 Apr 24 at 19:35
Gestation at Birth	19+4/40	**Onset of Labour**	Induced - Successful
Final Type of Birth	Vaginal Birth	**Date and Time Placenta Birthed**	19 Apr 24 at 22:25
Placental Birth Method	Manual Removal	**Placenta Complete**	Unsure
Placenta Appearance	Normal	**Sent to Pathology**	Yes
Membranes Complete	Appears incomplete	**Episiotomy**	No

Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS Ayrshire & Arran

Tear	No	**Other Trauma to Vaginal Tract**	No
Estimated Blood Loss (mls)	1000	**Analgesia/Anaesthetic**	General Anaesthetic
Duration of third stage	2 hrs 50 mins	**Third Stage Notes**	Placenta not delivered in room, manual removal in theatre

Medical History

Asthma Intermittent (no more than 2 days a week)
Back Disorders Yes
Additional Medical Notes Back pain in the past (Sciatica)

Recorded Appointment Notes

29 May 24 at 09:00 (Cancelled)
Location Midwife N Dunnachie Oral Glucose Tolerance Test Clinic AMU

Additional Information

Additional Notes KellyAnne discharged home from labour suite following sad loss of her [redacted] at 19 weeks. Had a 1L PPH and MROP, post natal Hb 97 - has plenty of iron at home as had been supplied with enough to last pregnancy. To continue for 6 weeks. Worsening advice given if feels unwell. For CMW call on 22/4/24 please to check in and see if Kellyanne wishes visit, feels she will be unlikely to. For individual cremation and no PM.

Blood Tests and Results

Blood Tests and Results: 19 Jan 24 at 14:30
Location: Antenatal Clinic
Offered: Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Accepted: Down's Syndrome (T21), Edwards (T18) and Patau's (T13) Syndromes
Down's Trimester: 1st
Down's Results Available: Yes
Baby 1 Down's Risk - 1 in: 3125
Edwards and Patau's Results Available: Yes
Baby 1 Edwards and Patau's Risk - 1 in: 5000
Baby 1 Edwards and Patau's Risk: Low
Blood Tests and Results: 19 Jan 24 at 14:31
Location: Antenatal Phlebotomy
Offered: Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Haemoglobinopathy - Mother, HbA1C, Hepatitis B, HIV, Syphilis
Accepted: Antibodies, Blood Group and Rhesus Factor, FBC, Ferritin, Haemoglobinopathy - Mother, HbA1C, Hepatitis B, HIV, Syphilis
Blood Group and Rhesus Factor: A+
Ferritin: 28
Mother's Haemoglobinopathy: Normal
Hb (g/dL): 11.8
WCC: 7.30
Platelets: 259.00
HbA1C: 5.2
HbA1C: 33.0

Medication TTOs

TTOs Given Yes

Surgical Interventions

20 Apr 24 at 01:59
Procedure Manual removal of placenta (MROP)
Performed By Alan Kennedy
Additional Notes GA/lithotomy/cleaned+draped
PV examination, small amount clot removed from vagina
Placenta felt within cavity, cervix 2cm dilated, and separated digitally
Placenta then removed with rampley forceps and gentle traction in 1 piece
Minimal blood loss during procedure
x1 dose co-amoxiclav

Procedure complete
EBL 1000mls in total
For FBC in AM

Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS
Ayrshire & Arran

Perinatal Mortality

Fetus 1

Date/time of Death 19 Apr 24 at 19:35
Postmortem Consent No consent
Postmortem Offered Yes
Birthweight Centile

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06-July-2026
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Extension:
Pages:

Dr C Lau
Dr E C Wilson
Dr J Sheward

Appointments: [redacted]
Prescriptions: [redacted]
Fax: [redacted]
Ref: 80491

Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Our Ref: CL/CL
Your Ref:

Community Mental Health Team
(Adult Services)
Seafield Base
Doonfoot Road
Ayr
KA7 4DW

25 June 2008

Dear sir/ms

Miss Kellyanne Macintyre, 69 Murray Gardens, Maybole, KA19 7AZ
D.O.B. 28.08.1985, CHI: 2808850123, Telephone: [redacted]

This lady is complaining of being tearful and difficulty sleeping. She works part-time as a carer. She has two children, [redacted] Her [redacted] has left. She cannot afford the council house rent and is in arrears. [redacted] She does not have any friends in the area [redacted]. She has not been on antidepressant before. I have started her on Citalopram 10mg nocte.

[redacted]

I would be most grateful for your assessment and for your help in her future management

Yours sincerely,

Dr C Lau

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UNIT NO:

General Hospital Division

NHS Ayrshire & Arran

PHYSIOTHERAPY DISCHARGE REPORT

06 SEP 2005

AM | BD | JK | CC | DH | HF | PS | DN | HV | CONTACT PATIENT OR WILL SPEAK

FILE | RX | APPT | NOTES | COMP | N | CIRC | SEC | PM

SITE: Physiotherapy Out-Patients
Ayr Hospital

PHYSIOTHERAPY NO:

NAME	Kelly-Anne MacIntyre	**DISCHARGE REASON**	
ADDRESS	2c Dalrymple Ave, Ayr. KA7 3NX.	Treatment complete	
		Did not attend	
DOB	28/8/85	Failed to attend	
CONSULTANT			
G.P.	Kennedy.		
		TREATMENT OUTCOME	
Diagnosis	Mx Pain.		
		All Treatment Goals Achieved	
REFERRAL DATE	16/8/05.	Not All Treatment Goals Achieved	
START DATE	31/8/05	No Treatment Goals Achieved	
DISCHARGE DATE	31/8/05.		
		Number of Treatments	1

Summary:

Ms MacIntyre attended the physiotherapy department today for Assessment. As she has been attending an osteopath over the past week with a future appointment planned I was unable to assess today.
It was explained to the patient that while attending another profession she would be unable to attend physiotherapy & A happy to vont with the other form of R. A Dc from physio with no follow up indicated at this time.

Physiotherapist: [signature] Date: 31/8/05

NHS Confidential: Personal data about a patient

Date	Treatment Record	Signature

NHS AYRSHIRE & ARRAN

Ayr. Hospital **Referral and Treatment Record** **Physiotherapy Department**

Name MACINTYRE, Kelly Anne 2808850123
Address 2c Oakwood Avenue AYR KA8 0NX Dr J Kennedy 3 Racecourse Road, Ayr

Date of Birth ...... Physiotherapy No. ......

Tel. No. 290369 Hospital Case Record No.

Male/Female (Female circled)

DIAGNOSIS AND RELEVANT MEDICAL HISTORY

Chronic mid thoracic back ache since birth of second child [redacted] causing practical difficulties, including mobility & lifting buggy up + down from flat (second floor). Please can you see soon.

I confirm that the above patient is ~~not a~~ Private Patient.

Ambulance Transport is*/is not required. (*please ✓ box)

1 Man/2 Men ☐ Walking ☐ Chair ☐ Stretcher ☐

Office Use
Appt. Date and Time

Doctor's Signature	Date	Source of Referral	Ambulance arranged
[illegible signature]	16/8/05	3RRD.	☐ (✓)

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Ayrshire Maternity Unit
University Hospital, Crosshouse,. Kilmarnock, KA2 0ES.

NHS
Ayrshire & Arran

Discharge letter - 12 Jan 23 at 10:34

Dr DOSUMU, ALISHA
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

HAYMARCH, KELLY (CHI: 2808850123 | PMS Number: 2808850123)
28 Aug 85 (Current Age: 37) | 31 GLENMUIR ROAD, AYR, KA8 9RG | [redacted] (mobile)
G4 P3+0 | LMP: 01 Nov 22 | Booked: 19 Dec 22 at 10:08 | EDD (Dates): 08 Aug 23 | Current Gest: 10+2 | Babies on scan: 1 | Booking BMI: ? | Blood Group: ?

Dear Dr DOSUMU, ALISHA

Kelly attended EPAS 11/01/23 and scan sadly confirmed a non-continuing pregnancy. Kelly opted for medical management of miscarriage and attended today for this. Asked to repeat pregnancy test in 3 weeks. Worsening advice given.

Visit Details

Gestation at Visit: 10+2/40
Referral Source Midwife
Discharge Plan Discharge

Date and Time 12 Jan 23
EPAGU started
Final Diagnosis Incomplete miscarriage

Antenatal Management Plan

Recorded 19 Dec 22 at 09:45
Actual Management Plan
Saved By Sharlene McKinlay

Upcoming Appointments

26 Jan 23 at 09:00 (Cancelled)
Location Dr S Anderson Ante Natal Clinic Ayr

Ann Allan
Midwife.

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06-July-2026
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NHS Confidential: Personal data about a patient

Mental Health Services
North Kyle & Carrick CMHT
"Seafield Base"
Doonfoot Road
AYR
KA7 4BW

Date 02 July 2008

Our Ref **SM/AM/**
CHI: 0808850123
Enquiries to [redacted]

Fax [redacted]

First Class
Personal In Confidence

Ms Kellyanne MacIntyre
69 Murray Gardens
Maybole
KA19 7AZ

PLEASE READ THIS LETTER CAREFULLY

Dear Ms MacIntyre

Dr Lau, GP, has referred you to our service.

I am pleased to offer you an appointment with me on **Monday 18 August 2008 at 1.30pm within Maybole Health Centre, 6 High Street, Maybole.** Please note this appointment may last up to 45 minutes.

Due to the high rate of non attendance and cancelled appointments, it is essential that you confirm whether you will be attending this appointment before **14 July 2008** by telephoning [redacted] or returning the tear-off slip below.

PLEASE NOTE: Failure to confirm your attendance will result in this appointment being cancelled and allocated to someone else.

As we are an approved area for student training, the nurse may have a student with them during the *appointment.* If you do not wish a student present, please inform the named person in this letter when you telephone to confirm/cancel your appointment.

I look forward to meeting you.

Yours sincerely,

Serena McCulloch
Primary Mental Health Nurse

c.c Dr Lau, The Health Centre, 6 High Street, Maybole

.....PLEASE TEAR HERE.....

Ref: **SM/AM** **Appointment Date: 18 August 2008**
CHI: **0808850123**
Please tick appropriate box

I WILL ATTEND ☐ *I WILL NOT ATTEND* ☐

Signed:_____ **Print Name:**_____

Date:_____ *Daytime Tel No:*_____

PLEASE RETURN TO NORTH KYLE & CARRICK CMHT, SEAFIELD BASE, DOONFOOT ROAD, AYR KA7 4BW

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06-July-2026
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NHS Confidential: Personal data about a patient

Ayrshire & Arran Acute Hospitals NHS Trust — Area Laboratory — Microbiology

MCINTYRE,KELLY
69 MURRAY GARDENS
AYR
MAYBOLE
KA19 7AZ

CHI No. 2808650123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr E C Wilson
Request Location: GP, Maybole: Dr Lau et al

This report to **Dr E C Wilson** **GP, Maybole: Dr Lau et al**

Neisseria gonorrhoeae	Not isolated
Culture	No growth

W | S | PM | PC | Rec | Fa
Co:

ACTION: CON.

FILE:

LabNo 09M063108
Printed 14/12/09 16:04

Date coll 09/12/09
Sample: Endocervical swab

Authorised by SYSTEM
Page 1 of 1
Telephone [redacted]

If you have received this report in error, please return to the Microbiology Laboratory

Additional document
06-July-2026
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Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Fax sent by : 01292 6145722 AYR HOSPITAL ST.4 22-04-10 05:44 Pg: 1/1

Ayr Hospital,
Dalmellington Road, Ayr,
KA6 6DX
Phone: 01292 610 555

Immediate Discharge Letter & Prescription

NHS Ayrshire & Arran

Date : 22-Apr-2010 @ 09:53 REPRINT *** Non-verified Orders Exist *** Page 1 of 1

To: LAU, Dr. C,
MAYBOLE HEALTH CENTRE,
6 HIGH STREET,
MAYBOLE,
KA197BY

Re: KELLY MCINTYRE
69 MURRAY GARDENS ,MAYBOLE,KA19 7AZ

DOB: 28/08/1985
Hosp. No.: 100725565
CHI No.: 2808850123

Date of Admission: 20/04/2010
Mode of Admission: Planned Admission
Admission Reason: Urinary retention
Discharge Date: 22/04/2010

Ward: STATION 4-AYR
Consultant: MR BIJU NAIR (Urology)
Follow-up:

Primary Diagnosis: urinary retention related to recent surgery.

Clinical Progress: Background of laparoscopic hernia repair 19/4/2010. Following discharge, difficulty passing urine, only passing dribbles. Also complaining of suprapubic pain.

Bladder scan showed retention of >1000 mls, catheterised. Pain improved. Positive urinalysis.

Treated for UTI with trimethoprim. Catheter removed, voiding urine. Last post void scan 8 mls.

Ready for home will be reviewed by Mr.Nair as OP in 1/12.

Formal discharge letter to follow. *last updated 22/04/2010; 9:53 am by DR VIVIENNE BLACKHALL*

Further patient/drug notes:

Allergy/Intolerance	Reaction
Drug allergy status undetermined	

Allergy records are as recorded on the Ayr Hospital HEPMA system at time and date of printing (see above).

Drug	Dose	Route	Frequency	Days Supply	GP to continue
TRIMETHOPRIM 200 mg Tablets	200 mg	Oral	TWICE daily - 7am;10pm	2	No

4 x 200mg

*** Non-verified Orders Exist ***

Additional Medicines Information:

Medicines discontinued during admission (medicines that patient was recorded as admitted on only)

Drug	Date	Discontinued by	Discontinue reason
None recorded			

**** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system. ****
*****Information here may be incomplete and is for guidance only.*****

Discharged by : DR VIVIENNE BLACKHALL
Grade: Junior House Officer
Dispensed by: **Checked by:**
Date: 22/4

Originally Printed: 22/04/2010 @ 09:52 Revised : 22/04/2010 @ 09:53 Page 1 of 1

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NHS Ayrshire & Arran — **Area Laboratory** — **Haematology**

MACINTYRE,KELLYANNE
31 GLENMUIR ROAD

AYR
KA8 9RG

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr Alisha Dosumu
Request Location: GP, Ayr: Bankfield Medical Practice

This report to : Dr Alisha Dosumu , GP, Ayr: Bankfield Medical Practice

Result

HPLC	MCH = 28.3 1 No evidence of Thalassaemia 2 Not tested for Haemoglobin Variants as Mother an [redacted] from Low Risk Area on FOQ [redacted] TESTING NOT REQUIRED

Lab No 15B186264
Printed 27/04/15 16:52

Date Collected 24/04/15
Sample Type Blood

Authorised By [redacted] McGovern
Page 1 of 1

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Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory **Haematology**

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE,
Ayrshire
KA19 7AZ

CHI No. **2808850123**
Unit No.
DOB **28/08/1985**
Sex **F**

Clinician: **Dr E C Wilson**
Request Location: **GP, Maybole: Dr Lau et al**

This report to : Dr E C Wilson , GP, Maybole: Dr Lau et al

	Result	Units	Normal Range
Haemoglobin	12.8	g/dL	11.8 - 14.8
White Cell Count	10.4	10*9/L	3.9 - 11.1
Platelets	275	10*9/L	150 - 400
RBC	4.53	10*12/L	3.88 - 4.99
Haematocrit	0.38	%	0.36 - 0.44
MCV	83	fl	82 - 98
MCH	28.3	pg	27.3 - 32.6
MCHC	34.0	g/dL	31.6 - 34.9
Neutrophils	NA		
Lymphocytes	NA		
Monocytes	NA		
Eosinophils	NA		
Basophils	NA		
ESR	7	mm/hour	1.0 - 15

Lab No 108852502
Printed 30/04/10 16:20

Date Collected 30/04/10 09:30
Sample Type Blood

Authorised By SYSTEM
Page 1 of 1

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Ayrshire & Arran Acute Hospitals NHS Trust

Area Laboratory Microbiology

MCINTYRE,KELLY
69 MURRAY GARDENS
AYR
MAYBOLE
KA19 7AZ

CHI No. 2808850123
Unit No.
DOB 28/08/1985
Sex F

Clinician: Dr E C Wilson
Request Location: GP, Maybole: Dr Lau et al

This report to **Dr E C Wilson** **GP, Maybole: Dr Lau et al**

Chlamydia trachomatis NOT detected by PCR

LabNo 09M063114
Printed 11/12/09 16:06

Date coll 09/12/09
Sample: Cervical swab

Authorised by Mary Scott
Page 1 of 1
Telephone 01563 [redacted]

If you have received this report in error, please return to the Microbiology Laboratory

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UK Covid-19 Test Report

Result

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result **negative**

Patient Details

Surname	Haymarch
Forename	Kelly
CHI	2808850123
Date of birth	1985-08-28
Sex	Female
Address	31 GLENMUIR ROAD AYR KA8 9RG

Specimen Details

Specimen Processed Date	06-01-2022 21:35
Test Start Date	05-01-2022 14:58
Test End Date	05-01-2022 14:58
GP Practice	80842
Specimen Number	AA64422500
Administration Method	self

End of Report

Report Date: 20/01/2022

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Dr AT Hand Dr E Ofei Dr A Stevenson Dr A Krichell Dr S Learmonth Dr F Gibson

Dr. CHING C LAU
THE SURGERY
MAYBOLE HEALTH CENTRE
6 HIGH STREET
MAYBOLE
KA19 7BY

Accident and Emergency
Ayr Hospital
Dalmellington Road, Ayr, KA6 6DX
Phone: [redacted]
Fax: [redacted]

Duty Consultant Dr TERESA HAND

Kelly Mcintyre
108 WILSON STREET
AYR, KA8 9LR

DOB: 28/08/1985
A/E No: AYR-12-037290
CHI No: 2808850123

Date and Time of Attendance: 20 Oct 2012 18:22
Total A&E Attendances = 6 , attendances in last year = 0

Diagnosis Animal bite , Skin of back , Right

Treatment Advice, Wound toilet, Wound dressing

Drugs:

Investigations

Follow up: Discharge, no follow up

Usual place of residence

Additional Information: bitten by german shepherd dog 1 hr ago, 10cm superficial abrasion to rt side of lower back, advice given re infection, ibuprofen and cocodamol 8/500 given for pain

Mrs Margaret Palmer
ENP

If you have any queries about this patient, please contact one of the staff at the above number.

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8626

GPR

NHS IN SCOTLAND

NHS SCOTLAND

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes

PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?* YES ☑ NO ☐

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?* YES ☐ NO ☑

SURNAME * MACINTYRE

TITLE # MISS

MALE * ☐ FEMALE * ☑

FORENAME * KELLYANNE

MIDDLE NAME *

PREVIOUS SURNAME *

DATE OF BIRTH *

ADDRESS * 108 WILSON STREET AYR

POSTCODE * KA8 9LR

TOWN & COUNTRY OF BIRTH * DUNDEE SCOTLAND

[redacted]

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK * 69 MURRAY GARDENS MAYBOLE

POSTCODE KA19 7AZ

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK *

DR WILSON
MAYBOLE HEALTH CENTER MAYBOLE

POSTCODE *

COMMUNITY HEALTH INDEX NUMBER

NHS NUMBER

NATIONAL INSURANCE NUMBER JX356021B

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the [redacted] Practice's system

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? * YES ☐ NO ☑

DATE OF DEPARTURE FROM UK

DATE OF ENTRY/RETURN TO UK

IF RETURNING FROM H M FORCES DATE ENLISTED

SERVICE/PERSONNEL NO.

COUNTER FRAUD DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE K Macintyre DATE 27/09/12

IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

YOUR RELATIONSHIP TO THE PATIENT

VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue ☐ or my

B. kidneys ☐ heart ☐ liver ☐ small bowel ☐

eyes ☐ lungs ☐ pancreas ☐ tissue ☐

for transplantation after my death

PATIENT SIGNATURE DATE

PRACTICE ACCEPTANCE AGREEMENT - for GP Practice use only

PRACTICE CODE

GP NAME

GP REFERENCE NUMBER

IDENTIFICATION SEEN

MEDICAL CARD ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER - SPECIFY

I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE DATE 23/10/12

OFFICIAL USE ONLY		
Input By:	Date:	Checked By:

NHS Confidential: Personal data about a patient

Bankfield Medical Practice

Dr David Stevenson  Dr Alisha Dosumu

NEW PATIENT QUESTIONNAIRE: ADULT

First name KELLYANNE Title MISS

Surname MACINTYRE Date of Birth 28/08/85

Telephone Home ..... Work .....

Other ..... e-mail .....

PAST MEDICAL HISTORY

Have you had any illnesses or operations? Please tell us about them, with the approximate date.

Hernia repair	04/10
Cyst removed from neck	08/11

MEDICATIONS

Please let us know about all medications you may be taking, prescribed or bought over the counter. We need to know the **exact** name and dose etc.

Name	Dose	How often you take it
Co-Cyprindiol		1 per day
Salamol reliever		as required

FAMILY

Some diseases can run in families. Please let us know if you are aware of any of the following diseases in your immediate family:

Heart attack ☐ Angina ☐ Stroke ☐ Asthma ☐ Cancer ☐ Glaucoma ☐ Diabetes ☐

Other - Please specify .....

SOCIAL

Smoker? Yes ☑ No ☐ How many? 10

Units of alcohol per week? 0

One unit of alcohol = ½ pint beer, 1 glass wine or sherry, 1 measure spirits (pub measures – add 50% if at home)

VACCINATIONS

Approximate date of last tetanus vaccination .....

Approximate date of last polio vaccination .....

ALLERGIES

Please tell us about any allergies you have:

.....

CARERS

I am a carer (I look after someone) Yes ☐ No ☐ Carer's Name .....

I have a carer (someone looks after me) Yes ☐ No ☐ Carer's Tel. Number

C:\Documents and Settings\carol.cyley\My Documents\New Patient Adult.doc

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Page 2

FOR WOMEN ONLY

Have you had a hysterectomy?

Yes ☐ No ☑ Date .....

Date of last smear test? 2010

Please let us know whether or not you wish to be recalled for smear tests:

I **do/do not** wish to be recalled for cervical smears *(delete as appropriate)*

Signed Kmoodyo Date 27/09/12

NEXT OF KIN

Name ..... Address .....

Tel No.....

IF THERE IS ANY FURTHER INFORMATION YOU THINK WE SHOULD KNOW, PLEASE CONTINUE OVERLEAF

Q. What is your ethnic origin

Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

- Scottish ☑
- Other British ☐
- Irish ☐
- Any other White background Please specify .....

B. Mixed

- Any mixed background. Please specify .....

C. Asian, Asian Scottish or Asian British

- Indian ☐
- Pakistani ☐
- Bangladeshi ☐
- Chinese ☐
- Any other Asian Background. Please specify .....

D. Black, Black Scottish or Black British

- Caribbean ☐
- African ☐
- Any other Black background Please specify ..... Please write in

E. Other Ethnic background Please specify .....

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Additional document
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Registration Details - Patient No: 7773

Personal details...		Address details...	
Date of birth	28/08/1985	Post Code	KA19 7AZ
Sex	F	House Name Flat No	
Surname	MacIntyre	No and Street	69 Murray Gardens
Previous Surname		Village	
Forenames	Kellyanne	Town	MAYBOLE
Calling Name	Kellyanne	County	
Title	Miss		
Birth Surname			
Marital Status	Single		
Ethnic Origin			

HA/HB Details...		Contact details...	
Trading partner	Ayrshire & Arran	Home Tel No	[redacted]
Registered GP	Dr Jonathan Sheward	Work Tel No	
Usual GP	Dr Jonathan Sheward	Mobile Tel No	
Residential Inst		E Mail Address	
Branch Surgery			
CHI Number	2808850123		
NHS Number	980/93/056		

Practice Information...		Distances	
Dispensing	N	Rural Mileage	
Hospital Number		Blocked Special	
Records At		Walking Quarters	

Further Information		Upload Consent	
Long/Short stay or Dead		SCI-DC Consent	Implied Consent (default)
Date of registration	31/07/2012		

AMS\CMS Details		ECS (GP Summary) Consent	
AMS Consent	Yes	Patient Consent	Implied Consent (default)
CMS Status	Not Registered		
Pharmacy Details			
Compliance Check	No		

Medical Record

Problems

Active Problems		Authorised By	Code
24/08/2011	Excision of branchial cyst Left - Neck	Mrs Lawrence	7H672
28/02/2011	Computerised tomograph scan Neck - Brachial Cyst	Mrs Lawrence	567-3
21/04/2010	[D]Post operative retention of urine	Dr Lau	R0821
19/04/2010	Repair of epigastric hernia, unspecified	Mrs Galloway	7H184
07/02/2008	Insertion of subcutaneous contraceptive Implanon Fitted	Mrs Mullen	61KA
13/06/2005	Insertion of subcutaneous contraceptive Implanon Inserted	records	61KA

Past Problems		Authorised By	Code
08/09/2012	**[D]Chest tightness**	Dr Ooh	R0658
21/02/2012	**Late period**	Dr Sheward	K5940-1
17/02/2012	**Patient ? pregnant**	Dr Lau	6219
08/02/2012	**Anxiety states**	Dr Wilson	E200
07/10/2011	**[D]Lump in head or neck**	Dr Wilson	R0422
20/09/2011	**Acne, unspecified**	Dr Sheward	M261X
30/08/2011	**Has numbness**	Dr Sheward	1B44
28/08/2011	**Vomiting**	Dr Ooh	1992

19/08/2011	**Removal of Implanon** Implanon Removal	Mrs Thomson	7G2HA
19/08/2011	**Contraception**	Dr Wilson	61
13/07/2011	**Contraception**	Dr Wilson	61
13/04/2011	**Suspected UTI**	Dr Wilson	1J4
16/12/2010	**Swollen glands**	Dr Sheward	1692
22/10/2010	**Contraception**	Dr Wilson	61
22/10/2010	**Insertion of Implanon** Implanon Insertion Removal date 22/10/2013	Mrs Thomson	7G2AG
24/09/2010	**Combined oral contraceptive**	Ms McPherson	6147
24/09/2010	**Combined oral contraceptive**	Ms McPherson	6147
30/08/2010	**Suspected UTI**	Dr Lau	1J4
30/04/2010	**Abdominal pain**	Dr Wilson	1969
26/04/2010	**Eustachian tube dysfunction**	Dr Sheward	F51y0
20/04/2010	**Difficulty with micturition**	Dr Lau	1AZ3
02/07/2007	**Notes summary on computer** priority=1	records	9344
19/04/2005	**Normal delivery in a completely normal case** [redacted] priority=1	records	L20
11/02/2004	**Legally induced abortion** priority=1	records	L05
31/07/2003	**Normal delivery in a completely normal case** [redacted] priority=1	records	L20
02/11/1989	**[D]Heart murmur, innocent** cardiac ultrasound with doppler - innocent priority=1	records	R0523

Health Admin Problems	Authorised By	Code

Investigations		Authorised By	Code
17/02/2012	**Urine pregnancy test** (Source: LAB) .		465..
13/04/2011	**(Non Coded Event - URINE CULTURE)** (Source: LAB) .		
17/12/2010	**Full blood count - FBC** (Source: LAB) .		424..
17/12/2010	**Differential white cell count** (Source: LAB) .		42I..
17/12/2010	**Urea and electrolytes** (Source: LAB) .		44JB.
17/12/2010	**Liver function tests - general** (Source: LAB) .		44D..
17/12/2010	**Bone profile** (Source: LAB) .		44Z2.
17/12/2010	**Erythrocyte sedimentation rate** (Source: LAB) .		42B6.
17/12/2010	**Glandular fever screening test** (Source: LAB) .		4JR5.
30/08/2010	**Urine culture** (Source: LAB) .		46U..
30/04/2010	**Full blood count - FBC** (Source: LAB) .		424..
30/04/2010	**Differential white cell count** (Source: LAB) .		42I..
30/04/2010	**Urea and electrolytes** (Source: LAB) .		44JB.
30/04/2010	**Liver function tests - general** (Source: LAB) .		44D..
30/04/2010	**Plasma C reactive protein** (Source: LAB) .		44CC.
30/04/2010	**Erythrocyte sedimentation rate** (Source: LAB) .		42B6.
09/12/2009	**(Non Coded Event - GENITAL CULTURE)** (Source: LAB) .		
30/11/2009	**Cervical Cytology** (Source: Manually filed) . Routine Recall -		4K22.

Values			
Date	Last Entry	Normal Range Indicator	Normal Range
17/02/2012	**Urine pregnancy test Negative**		
19/08/2011	**O/E - weight 64.65 Kg**		
19/08/2011	**O/E - BP reading**		
19/08/2011	**Blood pressure reading 123/65 mm Hg**		
13/04/2011	**(Non Coded Event - Culture) No growth**		
28/02/2011	**Computerised tomograph scan Neck - Brachial Cyst**		
17/12/2010	**Haemoglobin estimation 14.6 g/dL**	.....|.	11.8-14.8
17/12/2010	**Total white cell count 12.2 10*9/L**	..... |	3.9-11.1
17/12/2010	**Red blood cell (RBC) count 5.15 10*12/L**	.....|	3.88-4.99
17/12/2010	**Haematocrit - PCV 0.43 %**	.....|.	0.36-0.44
17/12/2010	**Mean corpuscular volume (MCV) 84 fl**	|.....	82-98
17/12/2010	**Mean corpusc. haemoglobin(MCH) 28.3 pg**	..|.....	27.3-32.6
17/12/2010	**Mean corpusc. Hb. conc. (MCHC) 33.9 g/dL**	.....|...	31.6-34.9
17/12/2010	**Platelet count 252 10*9/L**	....|.....	150-400
17/12/2010	**Neutrophil count 7.9 10*9/L**	.....|	1.8-7.4
17/12/2010	**Lymphocyte count 3.1 10*9/L**	.....|.....	1.1-5
17/12/2010	**Monocyte count 0.8 10*9/L**	.....|.	0.2-0.9
17/12/2010	**Eosinophil count 0.3 10*9/L**	...|.....	0.1-0.7
17/12/2010	**Basophil count 0.1 10*9/L**	.....|	0-0.1
17/12/2010	**Serum urea level 3.3 mmol/L**	..|.....	2.5-7.5
17/12/2010	**Serum creatinine 61 µmol/L**	|.....	50-125
17/12/2010	**Serum sodium 140 mmol/L**	.....|.....	135-145
17/12/2010	**Serum potassium 3.9 mmol/L**	...|.....	3.5-5
17/12/2010	**Serum chloride 103 mmol/L**	.....|....	95-108
17/12/2010	**Serum bicarbonate 23 mmol/L**	..|.....	22-28
17/12/2010	**Serum total bilirubin level 7 µmol/L**	...|.....	3-15

17/12/2010	**Serum alkaline phosphatase 67 U/L**	....|.....	33-129
17/12/2010	**AST serum level 22 U/L**	....|.....	10-40
17/12/2010	**Serum alanine aminotransferase level 18 U/L**	..|.....	10-50
17/12/2010	**Serum total protein 78 g/L**	.....|..	63-83
17/12/2010	**Serum albumin 50 g/L**	.....|.	39-51
17/12/2010	**Serum globulin 28 g/L**	.....|.....	21-35
17/12/2010	**Serum calcium 2.38 mmol/L**	....|.....	2.2-2.6
17/12/2010	**Corrected serum calcium level 2.18 mmol/L**	..|.....	2.1-2.5
17/12/2010	**Serum inorganic phosphate 1.16 mmol/L**	.....|...	0.8-1.3
17/12/2010	**Erythrocyte sedimentation rate 7 mm/hour**	....|.....	1-15
17/12/2010	**Glandular fever screening test Negative**		
24/09/2010	**Cigarette smoker 10 cigarettes/day**		
30/08/2010	**Urine culture No growth**		
30/04/2010	**O/E - pulse rate 90 beats/minute abdomen soft , abdomen generally tender soft, no guarding no rebound, no masses bowel sounds present**		
30/04/2010	**O/E - temperature level 37.6 C**	.....|	36-37.5
30/04/2010	**Plasma total bilirubin level 7 µmol/L**	...|.....	3-15
30/04/2010	**Plasma C reactive protein 12 mg/L**	..... |	2-10
20/04/2010	**Blood oxygen saturation (calculated) 98 %**		
30/11/2009	**Cervical smear: negative Routine Recall -**		
18/05/2007	**O/E - height 161**	.....|....	10-250

Attachments			**Authorised By**	**Code**
18/05/2012	**Letter sent to patient** Smoking Letter	Kellyanne MacIntyre.doc	Mrs Thomson	9NC3
18/05/2012	**Letter sent to patient** BP letter	Kellyanne MacIntyre.doc	Mrs Thomson	9NC3
14/09/2010	**Letter sent to patient** Blood Pressure Letter	Kellyanne macintyre.doc	Mrs Coleman	9NC3

Due Diary Entries		**Authorised By**	**Code**
21/10/2013	**Removal of Implanon**	Mrs Thomson	7G2HA
30/11/2012	**Cervical smear due** SCCRS Recall	Mrs Welsh	685F.

Overdue Diary Entries		**Authorised By**	**Code**
	None		

Alerts		**Authorised By**	**Code**
	None		

Drug Allergies		**Authorised By**	**Code**
31/10/2000	**Cat allergy**	Dr Lau	H171
31/10/2000	**House dust mite allergy**	Dr Lau	H171
31/10/2000	**Allergic rhinitis** referred for skin testing	Dr Lau	H17

Non Drug Allergies		**Authorised By**	**Code**
	None		

Family History		**Authorised By**	**Code**
	None		

Referrals		**Authorised By**	**Code**
17/12/2010	**8H5F.: Refer to maxillofacial surgeon (SCI Gateway Referral)**	Dr Sheward	8H5F
20/04/2010	**8H22.: Admit surgical emergency unsp. (SCI Gateway Referral)**	Dr Lau	8H22
01/12/2009	**Referral for further care** Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Investigate. , Referral Reason: intermittent lump in epigastrium	Dr Lau	8H

Immunisations		**Authorised By**	**Code**
17/11/1989	**Measles/mumps/rubella vaccn.** Mmr Immunis.$$.clm	Dr Lau	65M1
26/10/1989	**Booster DT(double)+polio vacc.** Preschool Immunis.$$.clm	Dr Lau	65K4
04/06/1987	**Third DT (double)+polio vacc.** 3rd Primary Immunis.$$.clm	Dr Lau	65K3

Health Status	
02/07/2007	**Notes summary on computer**
30/11/2009	**Cervical smear**

	result Cervical smear: negative	
18/05/2007	**Height 161 cm**	
19/08/2011	**Weight 64.65 Kg**	
19/08/2011	**Blood pressure reading O/E - BP reading**	
19/08/2011	**Blood pressure reading 123/65 mm Hg**	
24/09/2010	**Smoking Status Cigarette smoker, 10 cigarettes/day**	
30/11/2009	**Exercise grading Enjoys light exercise**	

Other Observations		Authorised By	Code
17/05/2012	**Advice about long acting reversible contraception**	Mrs Galloway	8CAw
15/12/2011	**Advice about long acting reversible contraception**	Mrs Galloway	8CAw
07/10/2011	**Acne, unspecified (REVIEW)**	Dr Wilson	M261X
22/09/2011	**Computer summary updated**	Mrs Lawrence	9348
18/05/2011	**Computer summary updated**	Mrs Lawrence	9348
27/04/2011	**Suspected UTI (REVIEW)**	Dr Sheward	1J4
22/12/2010	**Swollen glands (REVIEW)**	Dr Wilson	1692
17/12/2010	**Swollen glands (REVIEW)**	Dr Sheward	1692
25/11/2010	**Insertion of Implanon (REVIEW)**	Mrs Smaller	7G2AG
20/10/2010	**Combined oral contraceptive (REVIEW)**	Dr Wilson	6147
20/10/2010	**Adv abt long act revers contra**		8CAw
03/09/2010	**Suspected UTI (REVIEW)**	Dr Lau	1J4
07/01/2010	**Removal of Implanon** Removed at Family Planning Clinic	Mrs Thomson	7G2HA
09/12/2009	**Bleeding - vaginal NOS** priority=2	Dr Wilson	K56y1
09/12/2009	**Encounter** [ETK0]: chlamydia and ec swab sent priority=2	Dr Wilson	PCSDT16879_3
04/12/2009	**Tel Encounter** [ETK2]: advised heavy bleeding after smear can indicate an erosion or chlamydia tci nast week and a+e if bleeding increases priority=2	Dr Wilson	9N31
01/12/2009	**Data Entry** [ETK1]: SCI Electronic Referral priority=2	Dr Lau	PCSDT16879_5
30/11/2009	**Cervical smear screen** priority=2	Mrs Lawrence	685
30/11/2009	**Enjoys light exercise** Disease: SPICE Basic Health Values, priority=2	locumnurse	1383
30/11/2009	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	locumnurse	1361
30/11/2009	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	locumnurse	8CAL
30/11/2009	**Current smoker** Disease: SPICE Basic Health Values, priority=2	locumnurse	137R
30/11/2009	**Encounter** [ETK0]: cervical smear taken. lmp 01/04/2009. no iud or hrt jan priority=2	locumnurse	PCSDT16879_3
24/11/2009	**Ex smoker** Disease: SPICE Smoking, priority=2	Dr Lau	137S
24/11/2009	**Ventral hernia** priority=2	Dr Lau	J33
24/11/2009	**Encounter** [ETK0]: lump in epigastrium after eating lasting one hour for past month, 3cm in diameter, uncomfortable to bend, can push it back in bowels regular daily, soft O/E abdo soft no masses no hernia detected refer surgical clinic priority=2	Dr Lau	PCSDT16879_3
11/11/2009	**Advice about long acting reversible contraception** Disease: SPICE Sexual Health and Contraception, priority=2	Dr Sheward	8CAw
11/11/2009	**Encounter** [ETK0]: microgynon 30 1 tab daily bt chem laura priority=2	Dr Sheward	PCSDT16879_3
22/10/2009	**Scratched by cat** priority=2	Dr Sheward	TE6y8
22/10/2009	**Encounter** [ETK0]: foot scratched by cat quite deep had a tetanus in 2000 priority=2	Dr Sheward	PCSDT16879_3
08/09/2009	**Oral contraceptive** Disease: Contraception, priority=2	Dr Lau	614
08/09/2009	**GP102 signed** Disease: Contraception, priority=2	Dr Lau	9611
08/09/2009	**[V]Contraceptive management** priority=2	Dr Lau	ZV25
08/09/2009	**Encounter** [ETK0]: has Implanon, Family planning Whitletts did not want to remove Implanon, gave microgynon 30 for irregular bleeding with Implanon O/E BP 128/74 P 75 RTF to go back to Family planning clinic for next supply priority=2	Dr Lau	PCSDT16879_3
18/06/2009	**Encounter** [ETK0]: wishes implanon removed no side effect, wishes pregnancy priority=2	Dr Wilson	PCSDT16879_3
07/12/2008	**Co op Encounter** [ETK3]: Adoc Contact, Please see attached sheet. Tracey priority=2	Mrs Malone	PCSDT16879_4
24/06/2008	**Encounter** [ETK0]: problem sleeping, tearful, , depressed 2 children [redacted] has left, money problems- cannot afford council house, part time carer, rent arrears not been on antidepressant in the past [redacted] refer CMHT review 1 wk priority=2	Dr Lau	PCSDT16879_3
	Encounter [ETK0]: pain in neck since yesterday, midline, base of skull to T2 vertebra level no hx of injury had to come home fronm work -carer , cannot		

29/05/2008	drive today O/E good range of necka nd shoulder movements MUSCULOSKELETAL PAIN advised on mobilisation warned reg dyspepsia 2) had Implanon from FPC, Ayr in 2008 -irritable advised to make appt with Family planning clinic priority=2	Dr Lau	PCSDT16879_3
28/03/2008	**Encounter** [ETK0]: priority=2	Healthvisitor	PCSDT16879_3
27/03/2008	**Encounter** [ETK0]: pain in tummy since tueday no voimting or diarhoa bowels moved no urinary symtos temp 37.7 bs normal central epigastric above umbilicus pain no rebound or guarding advised could still be appx to take solpadolmssu priority=2	Dr Sheward	PCSDT16879_3
27/03/2008	**Tel Encounter** [ETK2]: has taken omeprazole and pain in abdomen getting worse advised gaviscon 20ml and phone back 1 hr or so if does not appear to be settling priority=2	Dr Wilson	9N31
27/03/2008	**Encounter** [ETK0]: has had abdominal pain for the past 2 days , no dv no discharge no dysuria o/e tender epigastrium no rebound no guardine bp 145/84 pulse 88 temp 36.8 priority=2	Dr Wilson	PCSDT16879_3
29/02/2008	**Encounter** [ETK0]: problem with left knee started 4 wks ago settled after 2 wks re-started yesterday feels bones grinding. Carer, kneels a lot. O/E patello-femoral crepitus ad pain no effusion ligaments intact CHONDROMALACIA PATELLAE- advised quadriceps exercises 20reps BDto avoid kneeling . 2) stye in left eye again priority=2	Dr Lau	PCSDT16879_3
13/02/2008	**Data Entry** [ETK1]: priority=2	Mrs Mullen	PCSDT16879_5
28/01/2008	**Encounter** [ETK0]: has Implanon - due to be changed NMay 2008, periods used to be regular but for past 3 mths periods irregular- every 3 to 8 wks can last up to 3.5wks- advised already on hormone cannot add another one priority=2	Dr Lau	PCSDT16879_3
14/12/2007	**Encounter** [ETK0]: WAS AT A/E HAD BLOW TO RT EYE SAYS VISION LESS RT EYE ? NOT REFERRED TO OPTHALMOLOGY NO HYPHAEMA NO FUNDAL CHANGE VIS 6/12 6/9 BOTH SIDES IMPROVE 1 LINE WITH PIN HOLEWEARS DISTANCE GLASSES TO TRY THEM AND IF VIS NOT PERFECT TO SEE OPTICIAN priority=2	Dr Sheward	PCSDT16879_3
11/12/2007	**Encounter** [ETK0]: stye on right upper lid, acne for Erythromycin, has cold, Salbutamol has run out for Asthma clinic appt, Cocodamol 30/500 causes lightheadedness, wishes somethig weaker for back paintry Paracetamol priority=2	Dr Lau	PCSDT16879_3
19/11/2007	**Encounter** [ETK0]: bother with back again referred to physio on 2 occasions by previous GP, had to come home from work on 16/11, disturbing sleep O/E c/o pain in para-thoracic musles regions- right and left good range of lumbar spine movements care assistant Fairknowe nursing home- advised back exercises leaflets X 2 -10 reps each warned reg constipation, asthma on 3 inhalers priority=2	Dr Lau	PCSDT16879_3
05/11/2007	**Encounter** [ETK0]: 3 styes in left eye in 2 wks each lasts 2-3 days , headache right temple, driving test next week nervous does not wear glasses/contact lens still smoking no motivation to stop O/E BP 138/79 P 79 RTF mebomian cyst left medial upper lid priority=2	Dr Lau	PCSDT16879_3
10/10/2007	**Encounter** [ETK0]: chesty cough for a while, pain on swallowing, no fever green sputum smoker 10cig daily O/E Temp 36.6oC, throat normal no cervical lymphadenopathy chest clear VIRAL URTI To stop smoking-given FreshAyrshire leaflet, does not need antibiotic, warned reg constipation priority=2	Dr Lau	PCSDT16879_3
10/07/2007	**Data Entry** [ETK1]: priority=2	records	PCSDT16879_5
10/07/2007	**Data Entry** [ETK1]: priority=2	records	PCSDT16879_5
02/07/2007	**Data Entry** [ETK1]: priority=2	records	PCSDT16879_5
25/06/2007	**Patient MRE received from HB** priority=2	records	9125
25/06/2007	**Data Entry** [ETK1]: Automatically generated by transaction priority=2	records	PCSDT16879_5
04/06/2007	**Pat. GP7B/GP8B card from HB** priority=2	records	9124
04/06/2007	**Data Entry** [ETK1]: Automatically generated by transaction priority=2	records	PCSDT16879_5
31/05/2007	**Patient reg. form sent to HB** priority=2	records	9123
31/05/2007	**Data Entry** [ETK1]: Automatically generated by transaction priority=2	records	PCSDT16879_5
31/05/2007	**White Scottish** priority=2	Mrs Malone	9S13
31/05/2007	**Data Entry** [ETK1]: priority=2	Mrs Malone	PCSDT16879_5
18/05/2007	**Enjoys moderate exercise** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	1384
18/05/2007	**Teetotaller** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	1361
18/05/2007	**No family history diabetes** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	1228
18/05/2007	**No FH: Ischaemic heart disease** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	1226
18/05/2007	**Smoking cessation advice** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	8CAL
18/05/2007	**Ex smoker** Disease: SPICE Basic Health Values, priority=2	Mrs McLaughlin	137S
18/05/2007	**Encounter** [ETK0]: NPR - see spice screenFH- adopted.MH - Asthma 2003SH - Lives with partner Colin Bell and 2 children. Occupation - housewife since last weekMedications - Not sure, will bring them in when coming for Asthma r/v.Allergies - Hay fever.Smear - Never had, discussed. priority=2	Mrs McLaughlin	PCSDT16879_3
07/05/2002	**Asthma NOS**	Dr Lau	H33zz
30/10/2000	**Booster DT(double)+polio vacc.** priority=2	records	65K4
20/04/2000	**First Meningitis C Vaccination** Meningitis C Imm.clm	Dr Lau	657E
09/02/1998	**BCG vaccination** priority=2	records	653

Consultations

08/09/2012 12:12	Dr Adoc Ooh at Out of Hours PCTC
Comment	ADOC contact please see attached sheet - nicole

Problem (FIRST)	**[D]Chest tightness**
21/02/2012 11:00	Dr Jonathan Sheward at Telephone Consultation
Problem (FIRST)	**Late period**
Comment	neg test is on ocp
17/02/2012 09:01	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
Problem (FIRST)	**Patient ? pregnant**
History	LMP 10/1/12 one home pregnacy test equivocal, another one positive, keeping baby, Para 2 + 1
Medication	Folic Acid Tablets 400 micrograms *60 tablet ONE TO BE TAKEN EACH DAY*
Test Request	Pregnancy Test
17/02/2012	Mrs Karen Lawrence at General Practice Surgery
Result	Urine pregnancy test
08/02/2012 10:04	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	anxiety cannot sleep
Problem (FIRST)	**Anxiety states**
Medication	Citalopram Hydrobromide Tablets 20 mg *28 TABLET ONE TO BE TAKEN EACH DAY*
07/10/2011 10:48	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	had neck lump removed, apparently was reacrive lymph node, having shooting pain and paraesthesia ronud the scar
Problem (FIRST)	**[D]Lump in head or neck**
Comment	advised to stop e/mycin
Medication	Amitriptyline Hydrochloride Tablets 10 mg 28 TABLET ONE TO BE TAKEN AT NIGHT
History	on microgynon and acne getting worse despite e/mycin
Problem (REVIEW)	**Acne, unspecified**
Comment	change to co-cyprindiol
Medication	Co-Cyprindiol Tablets 63 TABLET ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL.
20/09/2011 09:31	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
Problem (FIRST)	**Acne, unspecified**
Comment	deep boils both cheeks . warned re pill . not really bothered in the past ? stress of recennt problems
Medication	Erythromycin E/c tablets 250 mg 112 tablet 2 TABS BD Benzoyl Peroxide Aquagel 2.5 % 40 GRAM APPLY EACH DAY AFTER WASHING WITH SOAP AND WATER
11/09/2011 09:33	Dr Adoc Ooh at Out of Hours PCTC
Comment	Adoc contact please see attached sheet -aileen
30/08/2011 10:59	Dr Jonathan Sheward at Telephone Consultation
Problem (FIRST)	**Has numbness**
Comment	LEFT EAR, DUUE TO POST OPERATIVE EFFECT OF INCISION. TCI IF PERSISTS
28/08/2011 00:55	Dr Adoc Ooh at Out of hours Home Visit
Comment	Adoc contact please see attached sheet -aileen
Problem (FIRST)	**Vomiting**
19/08/2011 10:16	Ms Kirsty McPherson at Dr Lau Dr Wilson Dr Sheward
Examination	O/E - BP reading Blood pressure reading 123/65 mm Hg O/E - weight 64.65 Kg
Comment	Assist Dr Wilson with implanon removal.
19/08/2011	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
	wishes implanon removed and started on pill , no longer wants mirena,

History	implanon removes easily and sheet scanned into docman warned that she is not covered for the next week
Problem (NEW)	**Contraception**
Medication	Microgynon 30 Tablets 126 TABLET 1 Tab As directed

13/07/2011 17:20	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	constantly bleeding with the implanon, advised mirena is a better option, FPC have microgynon but that is adding on hormones that she does not need, happy to consider mirena and will make appt , insert mirena and remove implanon once happy mirena suiting
Problem (NEW)	**Contraception**

27/04/2011 10:58	Dr Jonathan Sheward at Telephone Consultation
Problem (REVIEW)	**Suspected UTI**
Comment	advised all clear and on future management

13/04/2011 12:25	Dr Eileen Wilson at Telephone Consultation
History	possible uti
Problem (NEW)	**Suspected UTI**
Medication	Trimethoprim Tablets 200 mg 6 TABLET ONE TO BE TAKEN TWICE A DAY
Test Request	Urine

13/04/2011	Mrs Aileen Galloway at General Practice Surgery
Result	(Non Coded Event - URINE CULTURE)

22/12/2010 16:45	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	swelling in the left side neck getting larger and more painful
Problem (REVIEW)	**Swollen glands**
Comment	mobile[redacted]
Medication	Ibuprofen Tablets 600 mg 21 TABLET ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD

21/12/2010 11:37	Dr Charles Lau at Telephone Consultation
Comment	blood tests 17/12 WCC 12.2 raised- ESR 7, glandular fever screen test negative advised patient - Dr sheward has referred her to Head and Neck clinic

17/12/2010 15:15	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
Problem (REVIEW)	**Swollen glands**
New Referral	Outpatient (NHS), Routine, , ,

17/12/2010	Mrs Laura Coleman at General Practice Surgery
Result	Glandular fever screening test Erythrocyte sedimentation rate Bone profile Liver function tests - general Urea and electrolytes Differential white cell count Full blood count - FBC

17/12/2010	Mrs Jean Thomson at General Practice Surgery
Result	

16/12/2010 16:46	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
Problem (FIRST)	**Swollen glands**
Medication	Flucloxacillin Capsules 500 mg 28 CAPSULE ONE TO BE TAKEN FOUR TIMES A DAY

25/11/2010 09:47	Mrs Vicki Smaller at Dr Lau Dr Wilson Dr Sheward
Problem (REVIEW)	**Insertion of implanon**
Examination	Blood pressure reading 120/60 mm Hg
Comment	O/E - BP reading implant check, felt by myself, no problems, no bleed yet.

22/10/2010 09:48	Ms Kirsty McPherson at Dr Lau Dr Wilson Dr Sheward
Examination	Blood pressure reading 124/78 mm Hg

Result	O/E - weight 63.15 Kg assist with Dr Wilson for implanon in, . O/E - BP reading
22/10/2010 09:33	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	Imp 20/10/10 implanon inserted as per manufacturers instruction review in surgery in 4 weeks
Problem (FIRST)	**Contraception**
20/10/2010 09:24	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	wishes another implanon , keeps forgetting the pill, period due advised we will fit within 5 days 1st day next period
Problem (REVIEW)	**Combined oral contraceptive**
20/10/2010	at Maybole Health Centre (16879)
Additional	Adv abt long act revers contra
24/09/2010 11:46	Ms Kirsty McPherson at Dr Lau Dr Wilson Dr Sheward
Problem (REVIEW)	**Combined oral contraceptive**
Examination	O/E - weight, 62.9 Kg
Social	Cigarette smoker, 10 cigarettes/day
03/09/2010 12:15	Dr Charles Lau at Telephone Consultation
Problem (REVIEW)	**Suspected UTI**
Comment	MSSU 30/8/100 clear can stop Trimethoprim
30/08/2010 10:39	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
Problem (FIRST)	**Suspected UTI**
Comment	mssu sent
Medication	Trimethoprim Tablets 200 mg 14 tablet ONE TO BE TAKEN TWICE A DAY
30/08/2010	Ms Nicole Currie at General Practice Surgery
Result	Urine culture
04/05/2010	Mrs Rhonda McLaughlan at Dr Lau Dr Wilson Dr Sheward
Comment	Complaining of disolving suture still evident at upper wound. Tail end of suture felt but too small to catch and trim. Advised will eventualy disolve, not to worry. To apply plaster over site if catching on clothing.
30/04/2010 16:34	Dr Eileen Wilson at Telephone Consultation
History	bloods do not show evidence of infection advised if pain worsens to attend a+e , diclofenac appears to be helping
30/04/2010 09:26	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	had a hernia repair 19/4/10 still in a lot of pain all over abdomen, bowels and bladder working well
Problem (FIRST)	**Abdominal pain**
Examination	O/E - temperature level, 37.6 C Blood pressure reading 133/74 mm Hg O/E - pulse rate 90 beats/minute abdomen soft , abdomen generally tender soft, no guarding no rebound, no masses bowel sounds present
Medication	Diclofenac Sodium E/c tablets 50 mg 42 tablet ONE TO BE TAKEN THREE TIMES A DAY
Test Request	U and E, LFTs, ESR, FBC, CRP
30/04/2010	Mrs Aileen Galloway at General Practice Surgery
Result	Erythrocyte sedimentation rate Plasma C reactive protein Liver function tests - general Urea and electrolytes Differential white cell count Full blood count - FBC
26/04/2010 17:01	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
Problem (FIRST)	**Eustachian tube dysfunction**

History	PAIN LEFT EAR MILD CATARHAL
Medication	Xylometazoline Hydrochloride Nasal spray 0.1 % 1 spray ONE SPRAYS TO BE USED IN EACH NOSTRIL THREE TIMES A DAY

20/04/2010 16:23 Dr Charles Lau at Telephone Consultation
History [redacted] phoned- in agony, cannot pass urine
Comment refer receiving surgeon

20/04/2010 13:35 Dr Charles Lau at Home visit
Problem (FIRST) **Difficulty with micturition**
History laparoscopic repair of epigastric hernia yesterday, passing dribbles of urine, no dysuria no haematuria no bowel movement since Sunday 18/4, bowels normally move every 2 days
Examination Blood pressure reading 135/85 mm Hg
O/E - temperature level, 37.1 C
O/E - pulse rate, 78 beats/minute
Blood oxygen saturation (calculated), 98 %
abdo soft, volontary guarding, gaseous distention, no rebound no bladder palpable
Comment for MSSU, reasured no bladder palpable, for laxative if bowels have not moved on 22/4

09/12/2009 Mrs Tracey Malone at General Practice Surgery
Result (Non Coded Event - GENITAL CULTURE)

09/12/2009 Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History Encounter [ETK0]: chlamydia and ec swab sent priority=2
Bleeding - vaginal NOS priority=2

04/12/2009 Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History Tel Encounter [ETK2]: advised heavy bleeding after smear can indicate an erosion or chlamydia tci nast week and a+e if bleeding increases priority=2

01/12/2009 Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History Data Entry [ETK1]: SCI Electronic Referral priority=2
Referral for further care Refered To: Ayr Hospital, NHS. Referral Type: Out Patient. Speciality Type: General Surgery. Referral Nature: Investigate. , Referral Reason: intermittent lump in epigastrium

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30/11/2009 00:00 Mrs Elaine Welsh at General Practice Surgery
Result Cervical Cytology
Follow up Cervical smear due (30/11/2012) SCCRS Recall

30/11/2009 Locum Nurse at Dr Lau Dr Wilson Dr Sheward
History Encounter [ETK0]: cervical smear taken. lmp 01/04/2009. no iud or hrt jan priority=2
Current smoker Disease: SPICE Basic Health Values, priority=2
Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
Teetotaller Disease: SPICE Basic Health Values, priority=2
Enjoys light exercise Disease: SPICE Basic Health Values, priority=2
Cervical smear screen priority=2
Systolic blood pressure
Diastolic blood pressure
Systolic blood pressure Disease: SPICE Basic Health Values
Diastolic blood pressure Disease: SPICE Basic Health Values
Systolic blood pressure
Diastolic blood pressure

24/11/2009 Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History Encounter [ETK0]: lump in epigastrium after eating lasting one hour for past month, 3cm in diameter, uncomfortable to bend, can push it back in bowels regular daily, soft O/E abdo soft no masses no hernia detected refer surgical clinic priority=2
Ventral hernia priority=2
Ex smoker Disease: SPICE Smoking, priority=2

11/11/2009 Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward

History	Encounter [ETK0]: microgynon 30 1 tab daily bt chem laura priority=2 Advice about long acting reversible contraception Disease: SPICE Sexual Health and Contraception, priority=2
22/10/2009	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: foot scratched by cat quite deep had a tetanus in 2000 priority=2 Scratched by cat priority=2
08/09/2009	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: has Implanon, Family planning Whitletts did not want to remove Implanon, gave microgynon 30 for irregular bleeding with Implanon O/E BP 128/74 P 75 RTF to go back to Family planning clinic for next supply priority=2 [V]Contraceptive management priority=2 GP102 signed Disease: Contraception, priority=2 Oral contraceptive Disease: Contraception, priority=2 Systolic blood pressure Disease: Contraception Diastolic blood pressure Disease: Contraception Systolic blood pressure Diastolic blood pressure
18/06/2009	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: wishes implanon removed no side effect, wishes pregnancy priority=2
07/12/2008	Nurse OOH at Dr Lau Dr Wilson Dr Sheward
History	Co op Encounter [ETK3]: Adoc Contact, Please see attached sheet. Tracey priority=2
24/06/2008	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: problem sleeping, tearful, , depressed 2 childrer[redacted] has left, money problems- cannot afford council house, part time carer, rent arrears not been on antidepressant in the past [redacted] refer CMHT review 1 wk priority=2
29/05/2008	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: pain in neck since yesterday, midline, base of skull to T2 vertebra level no hx of injury had to come home fronm work -carer , cannot drive today O/E good range of necka nd shoulder movements MUSCULOSKELETAL PAIN advised on mobilisation warned reg dyspepsia 2) had Implanon from FPC, Ayr in 2008 -irritable advised to make appt with Family planning clinic priority=2
28/03/2008	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: priority=2
27/03/2008	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: pain in tummy since tueday no voimting or diarhoa bowels moved no urinary symtos temp 37.7 bs normal central epigastric above umbilicus pain no rebound or guarding advised could still be appx to take solpadolmssu priority=2
27/03/2008	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	Tel Encounter [ETK2]: has taken omeprazole and pain in abdomen getting worse advised gaviscon 20ml and phone back 1 hr or so if does not appear to be settling priority=2
27/03/2008	Dr Eileen Wilson at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: has had abdominal pain for the past 2 days , no dv no discharge no dysuria o/e tender epigastrium no rebound no guardine bp 145/84 pulse 88 temp 36.8 priority=2
29/02/2008	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: problem with left knee started 4 wks ago settled after 2 wks re-started yesterday feels bones grinding. Carer, kneels a lot. O/E patello-femoral crepitus ad pain no effusion ligaments intact CHONDROMALACIA PATELLAE- advised quadriceps exercises 20reps BDto avoid kneeling . 2) stye

	in left eye again priority=2
13/02/2008	Mrs Zoe Mullen at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: priority=2
Problem	**Insertion of subcutaneous contraceptive** Implanon Fitted
28/01/2008	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: has Implanon - due to be changed NMay 2008, periods used to be regular but for past 3 mths periods irregular- every 3 to 8 wks can last up to 3.5wks- advised already on hormone cannot add another one priority=2
14/12/2007	Dr Jonathan Sheward at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: WAS AT A/E HAD BLOW TO RT EYE SAYS VISION LESS RT EYE ? NOT REFERRED TO OPTHALMOLOGY NO HYPHAEMA NO FUNDAL CHANGE VIS 6/12 6/9 BOTH SIDES IMPROVE 1 LINE WITH PIN HOLEWEARS DISTANCE GLASSES TO TRY THEM AND IF VIS NOT PERFECT TO SEE OPTICIAN priority=2
11/12/2007	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: stye on right upper lid, acne for Erythromycin, has cold, Salbutamol has run out for Asthma clinic appt, Cocodamol 30/500 causes lightheadedness, wishes somethig weaker for back paintry Paracetamol priority=2
19/11/2007	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: bother with back again referred to physio on 2 occasions by previous GP, had to come home from work on 16/11, disturbing sleep O/E c/o pain in para-thoracic musles regions- right and left good range of lumbar spine movements care assistant Fairknowe nursing home- advised back exercises leaflets X 2 -10 reps each warned reg constipation, asthma on 3 inhalers priority=2
05/11/2007	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: 3 styes in left eye in 2 wks each lasts 2-3 days , headache right temple, driving test next week nervous does not wear glasses/contact lens still smoking no motivation to stop O/E BP 138/79 P 79 RTF meibomian cyst left medial upper lid priority=2 Systolic blood pressure Diastolic blood pressure
10/10/2007	Dr Charles Lau at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: chesty cough for a while, pain on swallowing, no fever green sputum smoker 10cig daily O/E Temp 36.6oC, throat normal no cervical lymphadenopathy chest clear VIRAL URTI To stop smoking-given FreshAyrshire leaflet, does not need antibiotic, warned reg constipation priority=2
10/07/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: priority=2
10/07/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: priority=2
Problem	**Insertion of subcutaneous contraceptive** Implanon Inserted
02/07/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: priority=2
25/06/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: Automatically generated by transaction priority=2 Patient MRE received from HB priority=2
04/06/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: Automatically generated by transaction priority=2 Pat. GP7B/GP8B card from HB priority=2

31/05/2007	records at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: Automatically generated by transaction priority=2
	Patient reg. form sent to HB priority=2
	BCG vaccination priority=2
	Booster DT(double)+polio vacc. priority=2
Problem	**[D]Heart murmur, innocent** cardiac ultrasound with doppler - innocent priority=1
Allergy	Allergic rhinitis referred for skin testing
	House dust mite allergy
	Cat allergy
	Asthma NOS
Problem	**Normal delivery in a completely normal case** [redacted] priority=1
Problem	**Legally induced abortion** priority=1
Problem	**Normal delivery in a completely normal case** [redacted] priority=1
Problem	**Notes summary on computer** priority=1
History	Third DT (double)+polio vacc. 3rd Primary Immunis.$$.clm
	(diary entry deleted) (Not Known)
	Booster DT(double)+polio vacc. Preschool Immunis.$$.clm
	Measles/mumps/rubella vaccn. Mmr Immunis.$$.clm
	First Meningitis C Vaccination Meningitis C Imm.clm
31/05/2007	Mrs Tracey Malone at Dr Lau Dr Wilson Dr Sheward
History	Data Entry [ETK1]: priority=2
	White Scottish priority=2
18/05/2007	Mrs Rhonda McLaughlan at Dr Lau Dr Wilson Dr Sheward
History	Encounter [ETK0]: NPR - see spice screenFH- [redacted] - Asthma 2003SH - Lives with [redacted] and 2 children. Occupation - housewife since last weekMedications - Not sure, will bring them in when coming for Asthma r/v.Allergies - Hay fever.Smear - Never had, discussed. priority=2
	Ex smoker Disease: SPICE Basic Health Values, priority=2
	Smoking cessation advice Disease: SPICE Basic Health Values, priority=2
	No FH: Ischaemic heart disease Disease: SPICE Basic Health Values, priority=2
	No family history diabetes Disease: SPICE Basic Health Values, priority=2
	Teetotaller Disease: SPICE Basic Health Values, priority=2
	Enjoys moderate exercise Disease: SPICE Basic Health Values, priority=2
	O/E - height Disease: SPICE Basic Health Values
	O/E - weight Disease: SPICE Basic Health Values
	Systolic blood pressure Disease: SPICE Basic Health Values
	Diastolic blood pressure Disease: SPICE Basic Health Values
	O/E - height
	O/E - weight
	Systolic blood pressure

Medication

Current

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type

None

Past

Date Commenced	Drug Details	Date Last Issue	Authorised By	Type
31/07/2012	**Co-Cyprindiol Tablets** ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL. 63 TABLET	31/07/2012P	Dr Jonathan Sheward	ACUTE
17/05/2012	**Co-Cyprindiol Tablets** ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL. 63 TABLET	17/05/2012P	Dr Jonathan Sheward	ACUTE
12/03/2012	**Co-Cyprindiol Tablets** ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL. 63 TABLET	12/03/2012P	Dr Jonathan Sheward	ACUTE
12/03/2012	**Benzoyl Peroxide Aquagel 2.5 %** APPLY EACH DAY AFTER WASHING WITH SOAP AND WATER 40 GRAM	12/03/2012P	Dr Jonathan Sheward	ACUTE
12/03/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	12/03/2012P	Dr Jonathan Sheward	ACUTE
17/02/2012	**Folic Acid Tablets 400 micrograms** ONE TO BE TAKEN EACH DAY 60 tablet	17/02/2012P	Dr Charles Lau	ACUTE

08/02/2012	**Citalopram Hydrobromide Tablets 20 mg** ONE TO BE TAKEN EACH DAY 28 TABLET	08/02/2012P	Dr Eileen Wilson	ACUTE
15/12/2011	**Co-Cyprindiol Tablets** ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL. 63 TABLET	15/12/2011P	Dr Jonathan Sheward	ACUTE
07/10/2011	**Amitriptyline Hydrochloride Tablets 10 mg** ONE TO BE TAKEN AT NIGHT 28 TABLET	07/10/2011P	Dr Eileen Wilson	ACUTE
07/10/2011	**Co-Cyprindiol Tablets** ONE TO BE TAKEN EACH DAY FOR 21 DAYS FOLLOWED BY A 7 DAY PILL FREE INTERVAL. 63 TABLET	07/10/2011P	Dr Eileen Wilson	ACUTE
20/09/2011	**Erythromycin E/c tablets 250 mg** 2 TABS BD 112 tablet	20/09/2011P	Dr Jonathan Sheward	ACUTE
20/09/2011	**Benzoyl Peroxide Aquagel 2.5 %** APPLY EACH DAY AFTER WASHING WITH SOAP AND WATER 40 GRAM	20/09/2011P	Dr Jonathan Sheward	ACUTE
19/08/2011	**Microgynon 30 Tablets** 1 Tab As directed 126 TABLET	19/08/2011P	Dr Eileen Wilson	ACUTE
13/04/2011	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 6 TABLET	13/04/2011P	Dr Eileen Wilson	ACUTE
22/12/2010	**Ibuprofen Tablets 600 mg** ONE TO BE TAKEN THREE TIMES A DAY WITH OR AFTER FOOD 21 TABLET	22/12/2010P	Dr Eileen Wilson	ACUTE
16/12/2010	**Flucloxacillin Capsules 500 mg** ONE TO BE TAKEN FOUR TIMES A DAY 28 CAPSULE	16/12/2010P	Dr Jonathan Sheward	ACUTE
14/09/2010	**Microgynon 30 Tablets** 1 Tab As directed 126 TABLET	14/09/2010P	Dr Jonathan Sheward	ACUTE
30/08/2010	**Trimethoprim Tablets 200 mg** ONE TO BE TAKEN TWICE A DAY 14 tablet	30/08/2010P	Dr Charles Lau	ACUTE
30/04/2010	**Diclofenac Sodium E/c tablets 50 mg** ONE TO BE TAKEN THREE TIMES A DAY 42 tablet	30/04/2010P	Dr Eileen Wilson	ACUTE
26/04/2010	**Xylometazoline Hydrochloride Nasal spray 0.1 %** ONE SPRAYS TO BE USED IN EACH NOSTRIL THREE TIMES A DAY 1 spray	26/04/2010P	Dr Jonathan Sheward	ACUTE
23/04/2010	**Lactulose Solution 3.1-3.7 g/5 ml** 10ML BD 300 ml	23/04/2010P	Dr Jonathan Sheward	ACUTE
24/03/2010	**Microgynon 30 Tablets** 1 Tab As directed 126 TABLET	24/03/2010P	Dr Jonathan Sheward	ACUTE
11/11/2009	**Microgynon 30 Tablets** 1 Tab As directed 63 TABS	11/11/2009P	Dr Jonathan Sheward	ACUTE
22/10/2009	**Flucloxacillin Capsules 250 mg** 1 Cap 4 times daily 28 CAPS	22/10/2009P	Dr Jonathan Sheward	ACUTE
08/09/2009	**Microgynon 30 Tablets** 1 Tab As directed 63 TABS	08/09/2009P	Dr Charles Lau	ACUTE
24/06/2008	**Citalopram Hydrobromide Tablets 10 mg** 1 Tab At night 28 TABS	24/06/2008P	Dr Charles Lau	ACUTE
24/06/2008	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs as req 1 op INHAL	24/06/2008P	Dr Charles Lau	ACUTE
29/05/2008	**Diclofenac Sodium E/c tablets 50 mg** 1 TAB with food THREE TIMES DAILY 84 tabs	29/05/2008P	Dr Charles Lau	ACUTE
27/03/2008	**Omeprazole Capsules (Gastro-Resistant) 20 mg** 1 Cap Daily 14 CAPS	27/03/2008P	Dr Eileen Wilson	ACUTE
29/02/2008	**Chloramphenicol Eye ointment 1 %** Apply to left eye QDS for 7 days 4g OINT	29/02/2008P	Dr Charles Lau	ACUTE
29/02/2008	**Diclofenac Sodium E/c tablets 50 mg** 1 TAB with food THREE TIMES DAILY 84 tabs	29/02/2008P	Dr Charles Lau	ACUTE
11/12/2007	**Salbutamol Cfc-free inhaler 100 micrograms/puff** 2 Puffs as req 1 op INHAL	11/12/2007P	Dr Charles Lau	ACUTE
11/12/2007	**Paracetamol Tablets 500 mg** 2 TABS 4 HRLY PRN MAX 8 PER 24 HOURS 200 TABS	11/12/2007P	Dr Charles Lau	ACUTE
11/12/2007	**Erythromycin E/c tablets 250 mg** 1 TAB Twice daily 56 TABS	11/12/2007P	Dr Charles Lau	ACUTE
19/11/2007	**Amitriptyline Hydrochloride Tablets 25 mg** 1 TAB AT NIGHT 28 tabs	19/11/2007P	Dr Charles Lau	ACUTE
19/11/2007	**Co-Codamol 30/500 Tablets** 2 Tabs 4 times daily 224 TABS	19/11/2007P	Dr Charles Lau	ACUTE
05/11/2007	**Chloramphenicol Eye ointment 1 %** Apply to left eye QDS for 7 days 4g OINT	05/11/2007P	Dr Charles Lau	ACUTE
10/10/2007	**Co-Codamol 30/500 Tablets** 2 Tabs 4 times daily 60 TABS	10/10/2007P	Dr Charles Lau	ACUTE

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Ayrshire & Arran Acute Hospitals NHS Trust — Area Laboratory — Haematology

MCINTYRE,KELLY
69 Murray Gardens,
MAYBOLE.
Ayrshire
KA19 7AZ

CHI No. 2608550123
Unit No.
DOB 26/08/1985
Sex F

Clinician: Dr J C Sheward
Request Location: GP, Maybole: Dr Lau et al

This report to : Dr J C Sheward , GP, Maybole: Dr Lau et al

	Result	Units	Normal Range
Glandular fever screen	Negative		

Lab No 10B539715 — Date Collected 17/12/10 15:00 — Authorised By SYSTEM
Printed 20/12/10 13:10 — Sample Type Blood — Page 1 of 1

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SCCRS Smear Taking Page 1 of 1

NHS SCOTLAND sccrs smear taking logged on user: nurse rhonda mclaughlin logged on organisation: 8049 - dr c
expires in: -844 days)

home person results practice requests

2808850123 MACINTYRE, KELLYANNE ANNE 28 Aug 1985 69 MURRAY GARDENS, MAYBOl

summary

Name	MACINTYRE, KELLYANNE ANNE
Correspondence	
CHI Address	69 MURRAY GARDENS, MAYBOLE, KA19 7AZ
Telecoms	
Sex	Female
Date of Birth	28 Aug 1985
Health Board	NHS Ayrshire & Arran
Excluded	No
Legacy Cytology	

current management

Status	Routine
Recall Date	30 Nov 2012
Most Recent Exam	30 Nov 2009
Most Recent Result	Negative
Most Recent Advice	Routine Recall
Last Event	Routine Result Mailer

cervical cytopathology request

New

Total	1
Open	0
Complete	1

https://sccrs.nds.scot.nhs.uk/sccrs/SmearTakers/Forms/PersonSummary.aspx?encryptChi... 07/01/2010

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010000266408

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

General SurgeryC1
AA Gen Ref - PMH Med & High

Ayr Hospital
Daimellington Road
Ayr
KA6 6DX

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	24-Nov-2009
Date submitted	01-Dec-2009

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

69 Murray Gardens
MAYBOLE
KA19 7AZ

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr J SHEWARD		
GMC code	3108327	GP code	A24295
Practice name	Dr Lau Dr Wilson Dr Sheward		
Practice code	80491		

Practice address

6 High Street
Maybole
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

REFERRING PRACTITIONER DETAILS

Name	Dr. Ching Lau		
GMC code	2340803	GP code	22632
Practice name	MAYBOLE HEALTH CENTRE (80491)		
Practice code	80491		

Practice address

6 HIGH STREET
MAYBOLE
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

CLINICAL INFORMATION

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

Description: intermittent lump in epigastrium

Comment: This lady complains of an intermittent lump in her epigastrium after eating, lasting one hour for past month. The lump is three centimetres in diameter and is uncomfortable when she bends. She can push it back in. Her bowels are regular and open daily, soft. On examination, her abdomen is soft and no masses or hernia detected. Her history suggests that she has an intermittent ventral hernia.

PMH: innocent cardiac murmur 1989, allergic rhinitis 2000, asthma 2002, TOP 2004, anxiety depression Jun 2008.

I would be most grateful for your assessment and if you would consider further investigations.

[redacted]

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SURNAME (BLOCK LETTERS) | FEMALE

TITLE MacINTYRE

[redacted]

FORENAMES (BLOCK LETTERS)

KELLY ANNE

DATE OF BIRTH	SINGLE		N.H.S. NUMBER
28/8/85	MARRIED (DATE)		980/93/056
	DIVORCED (DATE)		C.H.I. NUMBER
	WIDOWED (DATE)		0123

ALLERGIES | SPECIAL HAZARDS

ADDRESS	D	M	DOCTOR'S NAME	CIPHER & DATE
1. 69 MURRAY GARDENS MAYBOLE KA19 7AZ			DR J. SHEWARD	
2. 108 WILSON ST AYR KA8 9LR			DR A [illegible]	A 23/10/[illegible]
3.				
4.	20 84		MBG	
5.				

Cause of Death

(1) ....

(2) ....

355—2090

Form GP 111A (Rev. 5/87)

Printed for Admin B30/09 1/05 (71412)

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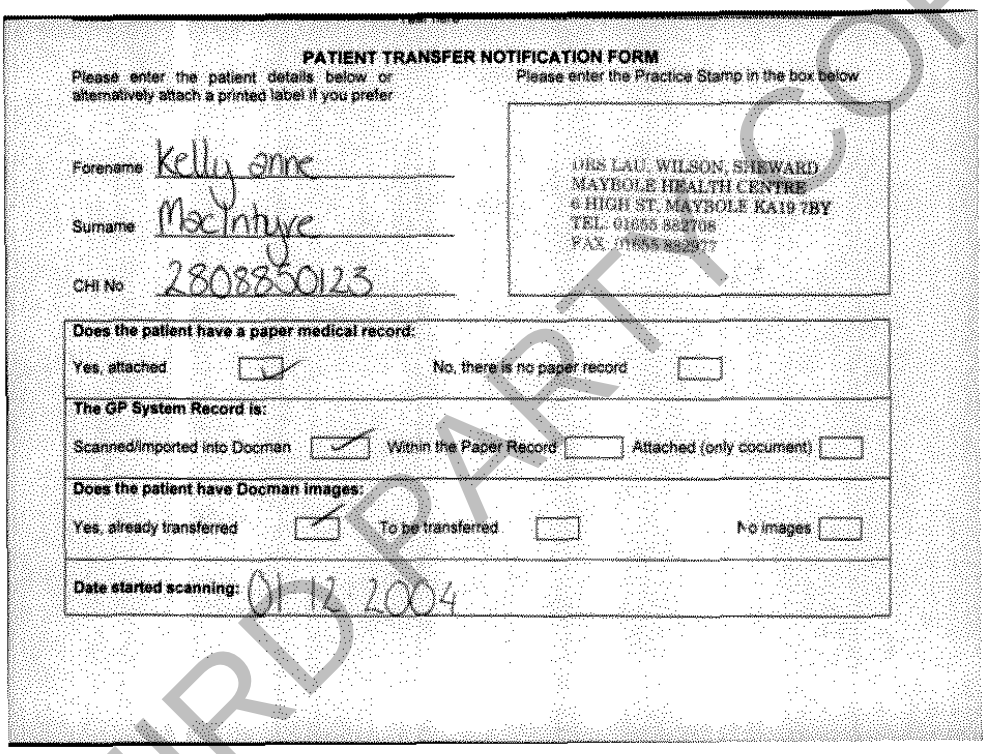

PATIENT TRANSFER NOTIFICATION FORM

Please enter the patient details below or alternatively attach a printed label if you prefer

Please enter the Practice Stamp in the box below

Forename: Kelly anne

Surname: MacIntyre

CHI No: 2808850123

DRS LAU, WILSON, SHEWARD
MAYBOLE HEALTH CENTRE
6 HIGH ST, MAYBOLE KA19 7BY
TEL: 01655 882708
FAX: 01655 882977

Does the patient have a paper medical record:

Yes, attached ☑ No, there is no paper record ☐

The GP System Record is:

Scanned/imported into Docman ☑ Within the Paper Record ☐ Attached (only document) ☐

Does the patient have Docman images:

Yes, already transferred ☑ To be transferred ☐ No images ☐

Date started scanning: 01-12-2004

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ASTHMA CLINIC

NAME Kenny MACINTYRE
DOB/CHI 25/8/85
OCCUPATION

ASTHMATIC HISTORY 2002
ASTHMA DIAGNOSIS
ONSET OF SYMPTOMS
FAMILY HISTORY NOT KNOWN
OCCUPATIONAL HISTORY
HISTORY RESP DIS IN PAST
HISTORY OF: ALLERGY CATS
ECZEMA Yes
HAYFEVER Yes
RHINITIS Yes
CARDIAC HISTORY

SMOKING HISTORY
NON SMOKER - LIFELONG
EX SMOKER - PACK YEARS 4-5 DAY
SMOKER - PACK YEARS for 3yrs
PASSIVE SMOKER
HOSPITAL ATTENDANCE
CHEST X-RAY

INVESTIGATIONS
HEIGHT 161.5 CMS
WEIGHT 70 KGS
BLOOD PRESSURE
URINE (if patient taking steroids)

PRESENT SYMPTOMS
RESPIRATORY INFECTION
SPUTUM
COUGH
WHEEZE Night
BREATHLESSNESS

TRIGGERS
EXERCISE Yes
COLD AIR Yes
INFECTION Yes
EMOTION Yes
SEASONAL

ASTHMA STATE
PERSISTENT
EPISODIC

PEAKFLOW

PREDICTED PEAK FLOW

CURRENT THERAPY

OTHER DRUG THERAPY

ASTHMA	2503					
INACTIVE ASTHMA						
PRACTICE ASTHMA REVIEW	23-10-X					
DISTURBING SLEEP						
DAYTIME SYMPTOMS						
LIMITING ACTIVITIES						
UNSCHEDULED CONSULTATIONS						
HEIGHT						
WEIGHT						
PEAKFLOW METER AT HOME						
PEAKFLOW SURGERY						
SPIROMETRY SURGERY						
INHALER TECHNIQUE						
SELF-MANAGEMENT PLAN						
DISEASE COUNSELLING						
SMOKING HISTORY						
HEALTH EDUCATION SMOKING						
INHALER TECHNIQUE LEAFLET						
LIFESTYLE - ADVICE						
DATE OF MEDICATION REVIEW						
SEL B2 ADRENOCEPTOR STIMULANTS						
INHALED CORTICOSTEROIDS						
LONGACTING B2 AGONISTS						
LEUKOTRIENE ANTAGONISTS						
COMPOUND PREPARATIONS						
PNEUMOCOCCAL VACCINATION						
INFLUENZA VACCINATION						
COMMENTS						
REVIEW DATE						

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UC113

UC Universal Credit
HEALTH ASSESSMENT ADVISORY SERVICE

Dr Linda Evans
Bankfield medical prac
Ayr
Ayr
KA7 3PR

06900/4 40340

Our phone number is: [redacted]

If you have a textphone, you can call on: 18001 [redacted]

If you get in touch with us, tell us this reference number: JX350621B

Date: 15th February 2026

About your patient

Address
31, Glenmuir Road, Ayr, KA8 9RG

Full Name Miss Kelly Haymarch

NINo JX350621B
Date of birth 28th August 1985

Dear Doctor,

If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note
- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:
- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.
Thank you for your help.
Yours sincerely

[redacted]

NHS Confidential. Personal data about a patient

UC113

Patient Name:
Miss Kelly Haymarch

Patient NINo: JX350621B
Patient Date of Birth: 28.08.1985

Freepost RUGX-LXHK-UKEG
Glasgow BSC UC
Mail Handling Site A
Wolverhampton
WV98 2HG

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

28/01/26

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete ***both sides*** *of this form,*
and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Anxiety / Depression 22/10/24	Poor sleep, low mood Emotional lability Recent miscarriage has triggered worsening symptoms	mirtazapine 30mg nocte

P30622973/D01384/2/2

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Universal Credit is operated by the Department for Work and Pensions
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Version 02/24

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UC113

About your patient - continued

NINo: JX350621B

3 **Current conditions not affecting ability to work**
Please list any other relevant conditions that do not affect the ability to work.

4 **If known from your knowledge of the patient,** please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	
Transferring between seats	
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☑ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☑

Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

UC113

Signature

Name IN CAPITALS: DR JUNAID ILYAS

Profession IN CAPITALS: GP

Date: 20 / 02 / 2026

Practice stamp
Dr Junaid Ilyas
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR
GMC 7113937 A22489

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NHS Ayrshire & Arran General Hospital Division Area Laboratory Haematology

MACINTYRE
KELLY
28 ANDERSON CRESC
AYR KA7 3RN

Patient No. : 2808850123
Unit No. : ACM078796
DOB : 28/08/1985
Sex : F

Clinician : Unknown Clinician
Location : 3 Racecourse Road
Ayr

This Report To : **Unknown Clinician GP, Ayr: Racecourse Road**

		Result	Units	Normal Range
Hb		10.3	g/dl	10.0-16.4
WBC	Hi	17.4	x 10^9/l	4.0-15.0
Plts		435	x 10^9/l	100-500
RBC		3.77	x 10^12/l	3.00-5.60
Hct		0.320		0.300-0.500
MCV		85	fl	79-100
MCH		27.3	pg	25.0-32.0
MCHC		32.1	g/dl	30.0-36.0
Neutrophils	Hi	13.9	x 10^9/l	1.5-7.5
Lymphocytes		2.6	x 10^9/l	1.5-3.5
Monocytes		0.9	x 10^9/l	0.2-1.0
Eosinophils	Lo	0.0	x 10^9/l	0.0-0.5
Basophils		0.0	x 10^9/l	0.0-0.1

CasMod #9972

Date Collected : 23/02/2005
Time Collected :
Sample Type : Blood
Lab No. : B.05.821545
Printed : 24/02/2005 14:37

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To: A.DOSUMU

University Hospital Ayr Emergency Department
Dalmellington Road
Ayr
KA6 6DX
Tel: 01292 614578

DUTY CONSULTANT: RITA DAS

PATIENT DETAILS

Patient Name	Kellyanne Haymarch
CHI Number	2808850123
DOB	28/08/1985
Address	31 GLENMUIR ROAD,AYR,,, KA8 9RG
Previous Attendances	No Attendances in Last 12 months: 1Total Number of Attendances:11

ATTENDANCE DETAILS

Arrival Date & Time	06/05/2026 11:07
Presenting Complaint	swollen abdo pain
Diagnosis	Abdominal pain
Treatment	Assessed and referred
Investigations	
Additional Information	40F. Abdo pain on background improving chronic PV bleeding. Discharged with analgesia and follow-up gyn appointment.

DISCHARGE DETAILS

Discharge Date & Time	06/05/2026 15:10
Left Department Date & Time	06/05/2026 14:45
	Discharge, follow up arranged Other Clinic Usual place of residence
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	Michael Ferguson,M Ferguson

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Confidential - Clinical Information

Gynaecology Department
University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE

www.nhsaaa.net

NHS Ayrshire & Arran

Dr LM Evans
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Our Ref: SA/AMCB
Hospital No:
Clinic Date: 22/02/2024
Date Dictated: 23/02/2024
Date Typed: 08/04/2024
Enquiries to Alanna McBride
Direct Line: [redacted]
Ext. Number: 25426
Email: [redacted]

Dear Dr Evans,

KELLYANNE HAYMARCH DOB: 28/08/1985 CHI No: 2808850123
31 GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RG

This 38 year old lady attended the antenatal clinic on 22.02.24.

Gestation at booking:	**11+3**
Parity:	**3+1**
Estimated date of delivery:	**09.09.24**
BMI:	**30.52**
Blood pressure:	**110/70**
Urinalysis:	**Leukocytes – MSSU sent**
Trisomy 13:	**Completed**
Trisomy 18:	**Completed**
Trisomy 21 (Down's):	**Completed**
Second trimester scan:	**Accepted**
Care:	**Amber pathway**

Issues:
Gross varicose veins - mobilisation
Age, varicosities, and Parity indicate Fragmin from 28 weeks
Previous laparoscopic umbilical hernia repair with mesh before 3rd pregnancy - no issues.

This patient is suitable for Community Midwife care.

As your patient is eligible, we have provided a 9 week supply of **Ferrous Sulphate 200mg to be taken once daily three times per week**. I would be grateful if you would continue to prescribe this on repeat prescription until 23.09.24.

Cont....

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Cont....

CHI No: 2808850123

Yours sincerely

Authorised on 20/05/2024 15:47:42 by Dr Sonal Anderson.

Dr Sonal Anderson
Consultant Obstetrician and Gynaecologist
GMC No 4092573

www.nhsaaa.net

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Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 101000071728N

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

ELAINE MELROSE(Consultant)
GynaecologyF2
AA Gen Ref - PMH Med & High

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	-
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	Routine
Date of referral	18-Dec-2009
Date submitted	18-Dec-2009

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

69 Murray Gardens
MAYBOLE
KA19 7AZ

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr J SHEWARD		
GMC code	3108327	GP code	A24295
Practice name	Dr Lau Dr Wilson Dr Sheward		
Practice code	80491		

Practice address

6 High Street
Maybole
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

REFERRING PRACTITIONER DETAILS

Name	Dr. Eileen Wilson		
GMC code	2336345	GP code	23701
Practice name	MAYBOLE HEALTH CENTRE (80491)		
Practice code	80491		

Practice address

6 HIGH STREET
MAYBOLE
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: persistent vaginal bleeding

Comment: This girl had a smear test 3 weeks ago and has been bleeding since, I saw her 2 weeks ago and noted a small erosion , EC swab and Chlamydia antigen were both negative. She is still bleeding and I would be grateful if would see her for your opinion on whether the erosion is the likely cause of her symptoms and whether cautery would be indicated. The smear result is not available yet. Also she has an Implanon in situ and is also on the combined oral contraceptive, which the family planning clinic advised, She is not sure if the Implant should be removed and would be grateful for your opinion on that.

[redacted]

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

From: Ayrshire Doctors To: [redacted] Page 5 of 7 04:36:56, 10 March 200

Call #: 34393 Received NHS24: 09-Mar-2005 22:24
Full cover

Patient's Name: Kelly Macintyre
Date of birth: 28-Aug-1985 (Age: 19 years) Sex: Female
2C Oakwood Avenue Ayr
KA8 0NX (NS:362 226)
Tel No: [redacted] Origin: NHS24
Urgency: NHS24 Advised Type: NHS24 Advice
Consulted by: Own Doctor: Dunne, Brendan J

Received ADOC: 22:24
Passed : __:__
Advised : __:__
Arrived : __:__
Departed : __:__

NHS24 Triage Begin 09-Mar-2005 22:29 NHS24 Triage End 09-Mar-2005 22:32
NHS24 Triaged by : Triage Nurse Angela, Fallen

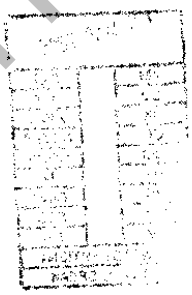
Pt given self care advice - Coop to forward to Practice
Clinical summary created: 09-Mar-2005
37 WEEKS PREGNANT, CONSTIPATED, BOWELS MOVED DURING CALL. THINKS FEELS BETTER NOW. WORSENING STATEMENT GIVEN.
Current Medication:
NIL
Allergies:
Previous Medical History:
NIL

Time Adoc Advised : 22:29 Advised by : Triage Nurse Angela, Fallen

Time of Visit/Base __:__ Consulting Doctor :

Outcome :

Followups:



Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Department of Obstetrics
Ayrshire Maternity Unit
Crosshouse
Kilmarnock
[redacted]
www.nhsaaa.net

NHS Ayrshire & Arran

Confidential - Clinical Information

Dr M A MacLean

Kellyanne MacIntyre
31 Glenmuir Road
Ayr
Ayrshire
KA8 9RG

Our Ref:	/JH/
Hospital No:	
Ref Date:	01/06/2015
Date Dictated:	01/06/2015
Date Typed:	01/06/2015
Enquiries to	Julie
Direct Line:	[redacted]
Ext. Number:	25428
Email:	[redacted]

Dear Kellyanne

CHI No: 2808850123

You will be pleased to know that the result of your recent test shows that you are at LOW RISK of your baby having Down's syndrome. Please note, this does not mean no risk, it merely says that the risk of your baby being affected is very small and that no further testing is indicated.

It would be helpful to the doctors and midwives looking after you during your pregnancy if you could now place this letter inside your midwifery profile (Care Plan).

Please note, if you already have an appointment for another scan, please keep this.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 01/06/2015 10:54:31 by Typist Julie Howie, not verified by Consultant.

On Behalf of Maternity Section

Dr A Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
Ayrshire
KA7 3PR

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

NHS Ayrshire & Arran General Hospital Division Area Laboratory Clinical Biochemistry

MACINTYRE,KELLYANNE
69 Murray Gardens
Maybole
Ayrshire
KA19 7AZ

CHI No. 2806850123
Unit No.
DOB 28/06/1985
Sex F

Clinician: Dr C Lau-Ching-Hung
Request Location: GP, Maybole: Dr Lau et al

This report to : Dr C Lau-Ching-Hung , GP, Maybole: Dr Lau et al

	Result	Units	Normal Range
Urine pregnancy test	Negative		

Lab No 12B073673
Printed 18/02/12 07:04

Date Collected 17/02/12 07:00
Sample Type Urine

Authorised By SYSTEM
Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Ayrshire Doctors On Call

adastra

1 Patient Contacts for Maybole H/C (Dr Lau)

Patient : Kellyanne Macintyre
(Gender: Female) (DOB: 28/08/1985) (Age: 26 years) (CHI: 2808850123)

Case No 99329 **Case Date** 11/09/2011 09:33
Own Dr Sheward, Jonathan

Emergency Care Summary viewed on case

Current Address
69 Murray Gardens

Maybole
KA19 7AZ
Current Phone [redacted]

Home Address (If Different)

Home Phone (If Different)

Case Type PCTC (Doctor)
Priority On Reception Within 4 Hours

NHS 24 Advice by (Nurse Advisor) (Edinburgh) **Triage Start** 09:34
Clinical summary created by: (Nurse Advisor) (Edinburgh) [11/09/2011 09:47:33] **Triage End** 09:47
LEFT FACIAL PAIN FOR OMGOING AND WORSENING LAST 2 DAYS. SURGERY 2/52 TO DRAIN NECK CYST AT CROSSHOUSE. NUMBNESS HAS RETURNED. DISCOMFORT FORM ALONG JAW LINE TO EAR INCREASED. FEELS LUMPS UMDER SKIN. WOUND APPEARS COMPLETELY HEALED. SOME RELIEF FROM PARACETAMOL / IBUPROFEN. PCEC 4 HRS. HUB TO PHONE.

Case Questions

Adastra Consult by Matthewson David **Consult Start** 11:07
Start Type PCTC (Doctor) **End Type** PCTC (Doctor) **Consult End** 11:17

History
2/52 post neck op Lt side - drained abscess. Had been healing well. Over last few days has developed pain Lt sdie face incl earlobe & jawline. Increased facial spots.

Examination
T=37.1, Not unwell.
Wound Lt neck NAD, ears NAD, mouth appears normal
Tender Lt angle jaw
?recurring small abscess

Diagnosis

Treatment
Retreat with A/B due to returning pain symptoms
Review own GP

Clinical Code(s)
M0... Skin/subcutaneous infections

Report Statistics: Report produced by Adastra Version 3 - 11/09/2011 12:20:03

NHS Confidential: Personal data about a patient

Patient : Kellyanne Macintyre

(Gender: Female) (DOB: 28/08/1985) (Age: 26 years) (CHI: 2808850123)

Prescriptions

flucloxacillin capsules 500mg 1 cap four times a day 28.00

Informational Outcome(s)

No Follow-Up Required -

Report Statistics: Report produced by Adastra Version 3 - 11/09/2011 12:20:03

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Oral and Maxillofacial Department
Crosshouse Hospital
KILMARNOCK
KA2 0BE

NHS Ayrshire & Arran

Dr Sheward
Maybole Health Centre
6 High Street
MAYBOLE
KA19 7BY

Date: 31/8/2011
Your Ref: DISCHARGE SUMMARY
Our Ref: EEB/EMCK/X
CHI: 2808850123
Enquiries to: Mr Hislop's Secretary
Extension: 27488
Direct line: [redacted]
Fax: [redacted]
E-mail: [redacted]

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE, KA19 7AZ. 28/8/85

Date of Admission:	26/8/11
Date of Operation:	26/8/11
Date of Discharge:	27/8/11
Diagnosis:	Branchial cyst left neck.
Procedure:	Excision branchial cyst.
Investigations:	-
Complications:	-
Drugs on Discharge:	Co-codamol 30/500mg, Ibuprofen 400mg, Chloramphenicol.
Follow Up:	Mr Hislop Out Patient Clinic – 29/9/11

The above patient was admitted to Ward 5A under the care of **Mr Hislop** and had the above mentioned procedure carried out. Her post-operative recovery was uneventful. We shall review her in the clinic as above, and shall of course keep you informed of her progress.

Kind regards.

Yours sincerely

Elizabeth Emery-Barker
Senior House Officer in Oral and Maxillofacial Surgery

INVESTING IN VOLUNTEERS

www.nhsayrshireandarran.com

STA 5000

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

NHS Confidential: Personal data about a patient

Oral & Maxillofacial Dept
Out Patient Clinic
Crosshouse Hospital
Crosshouse
Kilmarnock KA2 0BE

NHS Ayrshire & Arran

Dr Jonathan Sheward
General Medical Practitioner
Maybole Health Centre
6 High Street
Maybole
KA19 7BY

Clinic Date	22 December 2011
Date Typed	17 January 2012
Our Ref	FRM/MM/X/2808850123
Enquiries to	Mr Hislop's Secretary
Extension	27488
Direct line	[redacted]
Fax	[redacted]
E-mail	[redacted]

Dear Dr Sheward

KELLY MACINTYRE, 69 MURRAY GARDENS, MAYBOLE KA19 7AZ
DOB 28.08.1985

Further to previous correspondence, your patient was due to be reviewed on Mr Hislop's Out Patient Clinic following the excision of a necrotic lymph node from her left neck. Following this she had left sided neck pain following the surgery and a course of physiotherapy was arranged for her. She completed this and was due to be reviewed at today's Clinic. Unfortunately she has failed to attend this morning's Clinic. From this I can only presume that she is no longer having any problems and I have discharged her from our care.

Thank you once again for this referral.

With kind regards.

Yours sincerely

Fiona Mackenzie
Associate Specialist

INVESTING IN VOLUNTEERS

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STA 5000

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Department of Sexual Health
The Gatehouse
Ayrshire Central Hospital
Kilwinning Road
IRVINE KA12 8SS

Tel: [redacted]

Date: 09/01/2019

Dr. Dosumu
Bankfield Medical Practice
148 Dalmellington Road
Ayr
KA7 3PR

Dear Dr. Dosumu

Re: Kellyanne Haymarch
Dob & CHI: 28/08/1985 2808850123
Address: 31 Glenmuir Road, Ayr,

The above named patient attended the clinic today. She had a Nexplanon in situ and this **has been removed** for the following reasons:

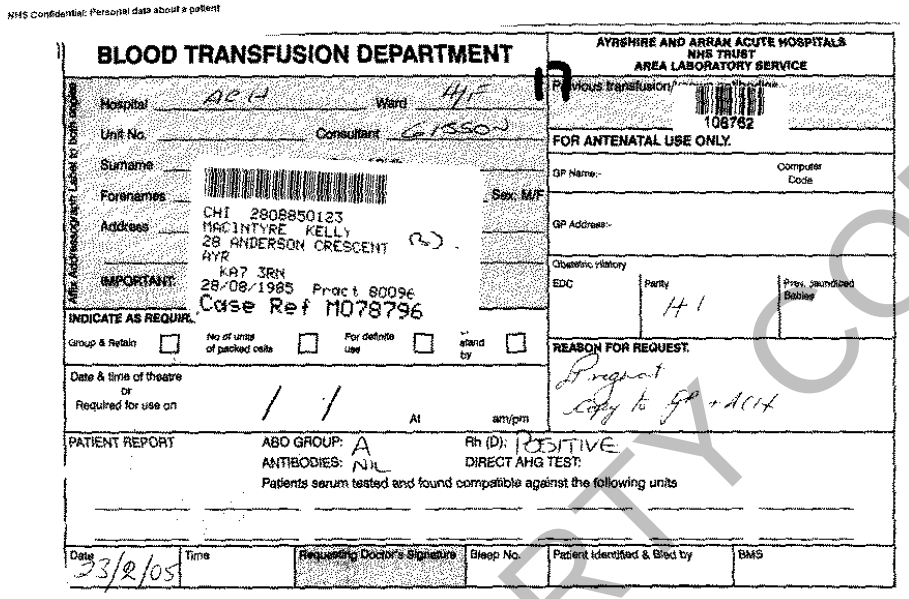
Licence limit . She wished to continue using this method of contraception, after appropriate counselling Nexplanon was inserted into her left arm, this is due for removal in 3 years.

Yours sincerely

Dr Ruth Holman MSc FRCOG MFFP
Consultant in Reproductive & Sexual Health Care

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:



NHS Confidential: Personal data about a patient

BLOOD TRANSFUSION DEPARTMENT

AYRSHIRE AND ARRAN ACUTE HOSPITALS NHS TRUST
AREA LABORATORY SERVICE

Affix Addressograph Label to both copies

Hospital: ACH Ward: 4/F
Unit No. Consultant: GIBSON
Surname
Forenames Sex: M/F
Address: CHI 2808850123
MACINTYRE KELLY
28 ANDERSON CRESCENT
AYR
KA7 3RN
IMPORTANT: 28/08/1985 Pract 80096
Case Ref M078796

Previous transfusion: 108762

FOR ANTENATAL USE ONLY.

GP Name:- Computer Code

GP Address:-

Obstetric History
EDC | Parity 1/1 | Prev. Jaundiced Babies

INDICATE AS REQUIRED
Group & Retain ☐ No of units of packed cells ☐ For definite use ☐ Stand by ☐

REASON FOR REQUEST.
Pregnant
Copy to GP + ACH

Date & time of theatre or Required for use on / / At am/pm

PATIENT REPORT
ABO GROUP: A Rh (D): POSITIVE
ANTIBODIES: NIL DIRECT AHG TEST:
Patients serum tested and found compatible against the following units

Date	Time	Requesting Doctor's Signature	Bleep No.	Patient Identified & Bled by	BMS
23/2/05					

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

Unique Care Pathway Number: 1010013841411

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:2808850123

REFERRAL TO

Oral and Maxillofacial Surgery C13
AA Head and Neck

Crosshouse Hospital
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin	White Scottish
Language interpreter req'd	-
Religion	-
Religious Observance	-
Vision impairment	-
Hearing impairment	-
Sign language interpreter req'd.	-

Urgency of referral	**Urgent**
Date of referral	17-Dec-2010
Date submitted	17-Dec-2010

? lymhpoma

PATIENT DETAILS

Surname	MacIntyre
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

69 Murray Gardens
MAYBOLE
KA19 7AZ

Contact number(s)

[redacted]

REGISTERED GP DETAILS

Name	Dr Jonathan Sheward		
GMC code	3108327	GP code	24295
Practice name	Maybole Health Centre (16879)		
Practice code	80491		

Practice address

Maybole Health Centre
6 High Street
Maybole

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

REFERRING PRACTITIONER DETAILS

Name	Dr. Jonathan Sheward		
GMC code	3108327	GP code	24295
Practice name	MAYBOLE HEALTH CENTRE (80491)		
Practice code	80491		

Practice address

6 HIGH STREET
MAYBOLE
KA19 7BY

Contact number(s)

Voice: [redacted]
Facsimile: 01655 882977

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description:	large lymph node left neck
Date of onset:	16-Dec-2010
Comment:	This lady presented on the 16 th December 2010 with a very large 7 x 5 cm soft rubbery gland in the left side of her neck. She says it has developed overnight. She is well and apyrexial and there is no obvious sign of infection No splenomegaly or any other nodes. I have taken fbc esr and routine biochemistry and started her on antibiotics. I feel that if it is not resolved it will need biopsied. I would be grateful for your urgent assistance.

[redacted]

Additional document
06-July-2026
Additional: Additional document

Filename:
Extension:
Pages:

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

GynaecologyF2
AA Gen Ref - PMH Med & High

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

University Hospital Ayr
Daimellington Road
Ayr
KA6 6DX

Hospital and **hospital address**

Hospital unit no.: A210H

Email address: -

Urgency of referral **Urgent**

PATIENT DETAILS

Surname	Haymarch
Forename(s)	Kellyanne
Title	-
Sex	Female
Date of birth	28-Aug-1985
CHI no.	2808850123

Patient's address

31 Glenmuir Road
Ayr
KA8 9RG

Contact number(s)

Voice: [redacted]

REGISTERED GP DETAILS

Name	Dr Linda Evans		
GMC code	4540966	GP code	20184
Practice name	Bankfield Medical Practice		
Practice code	80842		

Practice address

148 Daimellington Road
Bankfield Medical Practice
Ayr
Ayr

Contact number(s)

Voice: [redacted]
Facsimile: [redacted]

REFERRING PRACTITIONER DETAILS

Name	Dr. Linda Evans		
GMC code	4540966	GP code	20184
Practice name	Bankfield Medical Practice (80842)		
Practice code	80842		

Practice address

148 Daimellington Road
Ayr
Ayrshire
KA7 3PR

Contact number(s)

Voice: [redacted]

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: menorragia, IDA, ffibroid on ultrasound scan

Comment: This 40 year old female presented with persistent heavy PV bleeding. She is using incontinence pad and passing clots. Blood test showing IDA picture. Ultrasound scan showing intramural fibroid. She has been tried on desogestrel, combination of tranexamic and mefenamic acid. None have helped.

I would be grateful for your further assessment and management.

[redacted]

eMED3 (2010) new statement issued, not fit for work
16-Feb-2026 Dr Junaid Ilyas (JBI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 16/02/2026 - 23/03/2026)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Kellyanne Haymarch

I assessed your case on: 16 /02 / 2026

and, because of the following condition(s): Anxiety with depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 16 /02 / 2026 **to** 23 /03 / 2026

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Junaid Ilyas

Issuer's profession Doctor

Date of statement 16 /02 / 2026

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22

8FA8F8DA-898A-4011-B48D-E81E29C0FC80

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD

AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
28-Jan-2026 Dr David Stevenson (DS)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Miscarriage; Duration: 28/01/2026 - 18/02/2026)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Kellyanne Haymarch

I assessed your case on: 28 /01 / 2026

and, because of the following condition(s): Miscarriage

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for 3 Week(s)

or from / / **to** / /

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [redacted]

Issuer's profession Doctor

Date of statement 28 /01 / 2026

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22

06E8603B-B332-4C57-9D0C-EABCFD514BEA

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD

AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
29-Dec-2025 Dr David Stevenson (DS)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Miscarriage; Duration: 29/12/2025 - 31/01/2026)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ Kellyanne Haymarch

I assessed your case on: 29 /12 / 2025

and, because of the following condition(s): Miscarriage

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 29 /12 / 2025 **to** 31 /01 / 2026

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr [redacted]

Issuer's profession Doctor

Date of statement 29 /12 / 2025

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22 [redacted]702F-2BC2-4365-BE43-B7944F4E9A7F

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

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Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD
AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
24-Nov-2025 Dr Linda Evans (LE)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: High risk pregnancy; Duration: 24/11/2025 - 05/01/2026)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Kellyanne Haymarch

I assessed your case on: 24 /11 / 2025

and, because of the following condition(s): High risk pregnancy

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 24 /11 / 2025 **to** 05 /01 / 2026

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Linda Evans

Issuer's profession Doctor

Date of statement 24 /11 / 2025

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22

37543DEA-B2DF-4AFF-8295-B6F2F3EC09C7

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD

AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
28-Oct-2025 Dr Linda Evans (LE)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 28/10/2025 - 24/11/2025)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss, Ms~~ Kellyanne Haymarch

I assessed your case on: 28 /10 / 2025

and, because of the following condition(s): Anxiety with depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 28 /10 / 2025 **to** 24 /11 / 2025

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Linda Evans

Issuer's profession Doctor

Date of statement 28 /10 / 2025

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22

FB9D481F-9BCE-4D28-A0C6-8766FB3059B4

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss, Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD

AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
15-Oct-2025 Dr Junaid Ilyas (JBI)
Additional: eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: Anxiety with depression; Duration: 15/10/2025 - 29/10/2025)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ Kellyanne Haymarch

I assessed your case on: 15 /10 / 2025

and, because of the following condition(s): Anxiety with depression

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for

or from 15 /10 / 2025 **to** 29 /10 / 2025

I ~~will~~/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Issuer's name Dr Junaid Ilyas

Issuer's profession Doctor

Date of statement 15 /10 / 2025

Issuer's address
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/22

8A2F06F1-DE09-4488-B97A-FC0B43933B86

What your advice means

'You are not fit for work'
Your health condition means that you may not be able to work for the period shown. You can go back to work as soon as you feel able to and, with your employer's agreement, this may be before your fit note runs out.

'You may be fit for work'
You could go back to work with the support of your employer. Sometimes your employer cannot give you the support you need and if this happens your employer will treat this form as though you are '**not fit for work**'. You do not need to get another of these forms.

For more information please visit **www.gov.uk** and type '**fit note guidance for patients and employees**' into the search field. Fit note guidance for employers is also available.

Data from **page 1** of this form may be collected to learn about national patterns of sickness absence. Individuals will not be identified. Find out more at **www.gov.uk/dwp/fit-note-data**

Fill in the **Your details** section. You can ask someone to do this for you if you cannot fill in your details yourself.

Your details – Please use BLOCK CAPITALS

Surname ~~Mr,~~ Mrs, ~~Miss,~~ ~~Ms~~ HAYMARCH

Other names KELLYANNE

Address 31 GLENMUIR ROAD
AYR **Postcode** KA8 9RG

Date of birth 28 / 08 / 1985 **Mobile**

NI number

What you need to do now

- **If you are employed:** Please show this form to your employer. You could get Statutory Sick Pay (SSP) which is paid by your employer. If your employer cannot pay you SSP they will give you form **SSP1** to claim benefits.
- **If you are self-employed:** You could claim benefits.
- **If you are already claiming benefits:** Please send this form to the office dealing with your claim.
- **If you need to make a claim to benefits:** Visit **www.gov.uk/browse/benefits** or phone [redacted] (8am to 6pm Monday to Friday). Textphone users call [redacted]

eMED3 (2010) new statement issued, not fit for work
07-Feb-2019 Dr Linda Evans (LE)
Additional:eMED3 (2010) new statement issued, not fit for work
FitNote.pdf, (Diagnosis: [X]Depression NOS; Duration: 07/02/2019 - 21/02/2019)
Filename:
Extension:
Pages:

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: ~~Mr,~~ Mrs, ~~Miss, Ms~~ Kellyanne Haymarch

I assessed your case on: 07 / 02 / 2019

and, because of the following condition(s): [X]Depression NOS

I advise you that:
- [X] you are not fit for work.
- [ ] ~~you may be fit for work taking account of the following advice:~~

If available, and with your employer's agreement, you may benefit from:
- [ ] ~~a phased return to work~~
- [ ] ~~amended duties~~
- [ ] ~~altered hours~~
- [ ] ~~workplace adaptations~~

Comments, including functional effects of your condition(s):

This will be the case for
or from 07 / 02 / 2019 to 21 / 02 / 2019

I ~~will~~will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

Date of statement 07 / 02 / 2019

Doctor's address:
Bankfield Medical Practice
Bankfield Medical Practice, Ayr
Ayr, KA7 3PR
Telephone: [redacted]

Unique ID: Med 3 04/10- 4F500D39-3582-4199-8D5E-30220A68E64A

For the patient – what to do now

Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means

Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.

May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further Statement from your doctor to confirm this.

If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying Statutory Sick Pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.

Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.

If you want to make a new claim to social security benefits you can:
- download a claim form at **www.direct.gov.uk/benefits**, or
- phone **0800 055 6688** (8am to 6pm Monday to Friday). Textphone users call **0800 023 4888**.

Your details – Please use BLOCK CAPITALS

Surname: ~~Mr,~~ Mrs, ~~Miss, Ms~~ HAYMARCH
Other names: KELLYANNE
Address: 31 GLENMUIR ROAD
AYR Postcode KA8 9RG
Date of birth: 28 / 08 / 1985
National Insurance (NI) number:

Declaration – for social security benefit claimants only

I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
Date / /

If you have signed this form for someone else, please tick here: [ ]