

Subject Access Request



Patient	Mr Philip Scott
Date of birth	14-July-1969 (age 56)
Gender	M
NHS number	1407690396
Patient's address	16 Carlochie Place Dundee DD4 7LY
Date range selected	Full record
Organisation	
Reference	

Problems

Active

This section is empty.

Significant Past

This section is empty.

Minor Past

This section is empty.

Consultations

28-Apr-2026 Mrs Caroline Burnett Administration

19-Feb-2026 Dr Sally Bright Results recording

18-Feb-2026	Examination	BCSP faecal occult blood test normal	No action required	
18-Feb-2026	Examination	BCSP faecal occult blood test normal	No action required: Negative	
		BCSP faecal occult blood test normal	No action required	(No range available)

10-Dec-2025 Mrs Jillian Muirhead Administration

Administration Administration NOS px dated 25.06.25 - destroyed JM (P3)

04-Nov-2025 Mrs Jackie Forbes (Senior Nurse) Administration

13-Oct-2025 Mrs Caroline Burnett Administration

Administration SMS text message sent to patient The Mill Practice would like to invite you for a heart health check. Please phone our reception 01382 456700 to book a CVD Prevention check with our Practice Nurse. {Patient Group Cvd Prevension 1501-1600} (P3)

22-Sept-2025 Miss Kelsey Denney Administration

12-Aug-2025 Miss Kelsey Denney Third Party Consultation

Administration Administration NOS Letter to Patient from Mill Practice letter to housing assoc (P3)

12-Aug-2025 Miss Kelsey Denney Administration

11-Aug-2025 Dr Morag Levison Surgery consultation

Administration Dictated on tape:letter to housing dept COMPLETED (P3)

11-Aug-2025 Dr Morag Levison Surgery consultation

Diagnosis (P3) Patient reviewed requesting letter to housing for a bath, has neuralgia, gets muscle spasms, ***** Did have a bath but removed 4 yrs ago. In tears today - very much affected by spasms affects quality of life. Would happily refit a bath himself but needs approval form housing dept plan happy to do a letter requesting this, no charge in view of circumstances- aware there is usually a charge for Non NHS work

11-Aug-2025 Mrs Caroline Reid Administration

Administration Administration NOS Neuralgia related concerns. CR (P3)

25-Jun-2025 Miss Denise Maxfield Administration**20-Jun-2025 Dr Eilidh O'Neil Surgery consultation****20-Jun-2025 Mrs Caroline Reid Administration****23-May-2025 Dr Eilidh O'Neil Surgery consultation**

Examination O/E - blood pressure reading 125 / 91 mm Hg
 Diagnosis Assessing cardiovascular risk using SIGN score
 Symptom C/O erectile dysfunction many years, not bloods 2019 (P3) (similar) was then in an abusive relationship, ***** but still not able to get erection, no morning erections either sildenafil causes headaches, last time tried only worked for 10-15m, doesn't like having to plan ahead has gained some wt last few years as eating regular, sensible diet cholesterol 7.63- NOT keen on statins, believes cholesterol to be good for brain, explained cause heart disease smoker has cut down from 40 to 20 and plans to stop near future testosterone ok, glucose etc ok trial tadalafil on daily dose, refer uro inb for genetics cholesterol test, has children, in care as child ***** given paper form and will book when able

Examination O/E - weight 80 Kg
 Examination Body Mass Index 24.4
 Examination O/E - height 1.81 m

23-May-2025 Dr Eilidh O'Neil Surgery consultation**23-May-2025 Dr Eilidh O'Neil Surgery consultation**

Diagnosis Assessing cardiovascular risk using SIGN score

23-May-2025 Ms Grace Horton Administration**20-May-2025 Miss Aimee Hume Administration****20-May-2025 Mrs Jillian Muirhead Administration**

Administration SMS text message sent to patient We need to arrange (P3) for you to be reviewed by a clinician to discuss your recent test results. Please contact The Mill Practice on 01382 456700 any weekday at 08:00 am. Thanks Jill Muirhead Receptionist

20-May-2025 Mr S System Supervisor Third Party Consultation

Administration Administration NOS Admin Letter Mill Practice Summary Sheet (P3)

20-May-2025 Miss Aimee Hume Administration

Symptom (P1) Anger issues towards mates/childhood physical/ sexual abuse chronic pain in neck, elbow, lower back, thighs, knees, feet- refereed pain clinic
 Administration Notes summary on computer (P5)

03-May-2019 Diagnosis (P1) Erectile dysfunction
 21-Aug-2013 Diagnosis (P1) Iron deficiency anaemias
 08-Mar-2013 Diagnosis (P1) Anxiety with depression
 05-Aug-2009 Diagnosis (P1) Peripheral neuropathy

20-May-2025 Miss Aimee Hume Administration

19-May-2025 Dr Sally Bright Surgery consultation

19-May-2025 Dr Sally Bright Results recording

16-May-2025	Examination	Serum albumin	34 g/L	
16-May-2025	Examination	Serum alkaline phosphatase U/L	91 U/L	
16-May-2025	Examination	Serum alanine aminotransferase level	Serum ALT level - 26 U/L	
16-May-2025	Examination	Serum total bilirubin level	5 umol/L	
16-May-2025	Examination	Serum cholesterol	7.63 mmol/L	
16-May-2025	Examination	Serum creatinine	74 umol/L	
16-May-2025	Examination	Serum HDL cholesterol level	1.25 mmol/L	
16-May-2025	Examination	Serum potassium	5.2 mmol/L	
16-May-2025	Examination	Serum sodium	139 mmol/L	
16-May-2025	Examination	Serum testosterone	15.8 nmol/L	
16-May-2025	Examination	Liver function test <none>		
16-May-2025	Examination	Plasma fasting glucose level	5.4 mmol/L	
16-May-2025	Examination	Plasma C reactive protein	0.5 mg/L	
16-May-2025	Examination	Biochemical test <none>		
16-May-2025	Examination	Acute kidney injury warning stage	AKI warning stage - NOT AVAILABLE	
16-May-2025	Examination	Total cholesterol:HDL ratio <none>	ratio	
16-May-2025	Examination	Total cholesterol:HDL ratio .	6.1 ratio	
16-May-2025	Examination	GFR calculated abbreviated MDRD	GFR calculated 60 mL/min	
		abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.		
16-May-2025	Examination	GFR calculated abbreviated MDRD adj for African Americ orign	GFR calctd abbt MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA	
16-May-2025	Examination	Serum albumin: Below low reference limit		
		Serum albumin	34 g/L	(Range: 35 - 50)
16-May-2025	Examination	Serum alkaline phosphatase U/L:		
		Serum alkaline phosphatase U/L	91 U/L	(Range: 30 - 130)
16-May-2025	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
		Serum alanine aminotransferase level	Serum ALT level - 26 U/L	(Range: 5 - 55)
		U/L		
16-May-2025	Examination	Serum total bilirubin level:		
		Serum total bilirubin level	5 umol/L	(No range available)
16-May-2025	Examination	Serum cholesterol: Above high reference limit		
		Serum cholesterol	7.63 mmol/L	(No range available)
16-May-2025	Examination	Serum creatinine:		
		Serum creatinine	74 umol/L	(Range: 62 - 106)
16-May-2025	Examination	Serum HDL cholesterol level:		
		Serum HDL cholesterol level	1.25 mmol/L	(Range: 0.6 - 2.5)
16-May-2025	Examination	Serum potassium:		
		Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
16-May-2025	Examination	Serum sodium:		
		Serum sodium	139 mmol/L	(Range: 133 - 146)
16-May-2025	Examination	Serum testosterone:		
		Serum testosterone	15.8 nmol/L	(Range: 8 - 27.4)
16-May-2025	Examination	Liver function test<none>:		
		Liver function test <none>		(No range available)
16-May-2025	Examination	Plasma fasting glucose level:		
		Plasma fasting glucose level	5.4 mmol/L	(Range: 3.3 - 5.8)
16-May-2025	Examination	Plasma C reactive protein:		
		Plasma C reactive protein	0.5 mg/L	(No range available)
16-May-2025	Examination	Biochemical test<none>:		
		Biochemical test <none>		(No range available)
16-May-2025	Examination	Acute kidney injury warning stage	AKI warning stage - NOT AVAILABLE:	
		Acute kidney injury warning stage	AKI warning stage - NOT AVAILABLE	(No range available)
16-May-2025	Examination	Total cholesterol:HDL ratio<none>:		
		Total cholesterol:HDL ratio <none>	ratio	(No range available)
16-May-2025	Examination	Total cholesterol:HDL ratio.:		
		Total cholesterol:HDL ratio .	6.1 ratio	(No range available)
16-May-2025	Examination	GFR calculated abbreviated MDRD	GFR calculated 60 mL/min	
		abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.:		(No range available)
		GFR calculated abbreviated MDRD	GFR calculated 60 mL/min	
		abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.		

16-May-2025 Examination **GFR calculated abbreviated MDRD adj for African Americ** GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:
GFR calculated abbreviated MDRD adj for African Americ mL/min (No range available)
origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA

19-May-2025 Dr Sally Bright Results recording

16-May-2025 Examination	Eosinophil count x10 ⁹ /L	0.12 10 ⁹ /L	
16-May-2025 Examination	Haemoglobin estimation	152 g/L	
16-May-2025 Examination	Mean corpusc. haemoglobin(MCH)	32.9 pg	
16-May-2025 Examination	Mean corpusc. Hb. conc. (MCHC)	319 g/L	
16-May-2025 Examination	Mean corpuscular volume (MCV) fl	103.2 fl	
16-May-2025 Examination	Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	
16-May-2025 Examination	Neutrophil count x10 ⁹ /L	5.5 10 ⁹ /L	
16-May-2025 Examination	Platelet count x10 ⁹ /L	272 10 ⁹ /L	
16-May-2025 Examination	Red blood cell (RBC) count x10 ¹² /L	4.61 10 ¹² /L	
16-May-2025 Examination	Total white cell count x10 ⁹ /L	8.3 10 ⁹ /L	
16-May-2025 Examination	Lymphocyte count x10 ⁹ /L	2 10 ⁹ /L	
16-May-2025 Examination	Full blood count - FBC <none>		
16-May-2025 Examination	Haematocrit	0.476 ratio	
16-May-2025 Examination	Basophil count x10 ⁹ /L	0 10 ⁹ /L	
16-May-2025 Examination	Eosinophil count x10 ⁹ /L:		
	Eosinophil count x10 ⁹ /L	0.12 10 ⁹ /L	(No range available)
16-May-2025 Examination	Haemoglobin estimation:		
	Haemoglobin estimation	152 g/L	(Range: 130 - 180)
16-May-2025 Examination	Mean corpusc. haemoglobin(MCH): Above high reference limit		
	Mean corpusc. haemoglobin(MCH)	32.9 pg	(Range: 27 - 32)
16-May-2025 Examination	Mean corpusc. Hb. conc. (MCHC): Below low reference limit		
	Mean corpusc. Hb. conc. (MCHC)	319 g/L	(Range: 320 - 360)
16-May-2025 Examination	Mean corpuscular volume (MCV)fl:		
	Mean corpuscular volume (MCV) fl	103.2 fl	(Range: 85 - 105)
16-May-2025 Examination	Monocyte count x10 ⁹ /L:		
	Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	(Range: 0.2 - 0.8)
16-May-2025 Examination	Neutrophil count x10 ⁹ /L:		
	Neutrophil count x10 ⁹ /L	5.5 10 ⁹ /L	(Range: 2 - 7.5)
16-May-2025 Examination	Platelet count x10 ⁹ /L:		
	Platelet count x10 ⁹ /L	272 10 ⁹ /L	(Range: 150 - 400)
16-May-2025 Examination	Red blood cell (RBC) count x10 ¹² /L:		
	Red blood cell (RBC) count x10 ¹² /L	4.61 10 ¹² /L	(Range: 4.5 - 6)
16-May-2025 Examination	Total white cell count x10 ⁹ /L:		
	Total white cell count x10 ⁹ /L	8.3 10 ⁹ /L	(Range: 4 - 11)
16-May-2025 Examination	Lymphocyte count x10 ⁹ /L:		
	Lymphocyte count x10 ⁹ /L	2 10 ⁹ /L	(Range: 1.5 - 4)
16-May-2025 Examination	Full blood count - FBC <none>:		
	Full blood count - FBC <none>		(No range available)
16-May-2025 Examination	Haematocrit:		
	Haematocrit	0.476 ratio	(Range: 0.4 - 0.52)
16-May-2025 Examination	Basophil count x10 ⁹ /L:		
	Basophil count x10 ⁹ /L	0 10 ⁹ /L	(No range available)

19-May-2025 Ms Grace Horton Third Party Consultation

16-May-2025 Examination	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Biochemistry	
16-May-2025 Examination	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Biochemistry:	
	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Biochemistry	(No range available)

19-May-2025 Ms Grace Horton Third Party Consultation

16-May-2025 Examination	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Haematology	
16-May-2025 Examination	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Haematology:	
	Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services Haematology	(No range available)

16-May-2025 Miss Beverly Duffy (Practice Nurse) Surgery consultation

Administration Notes summary on computer (P5)

16-May-2025 Miss Beverly Duffy (Practice Nurse) Surgery consultation

15-May-2025 Mrs Caroline Reid Administration

15-May-2025 Mrs Caroline Reid Administration

15-May-2025 Mrs Caroline Reid Administration

14-May-2025 Mrs Caroline Burnett Administration

14-May-2025 Dr Claire Moir Administration

14-May-2025 Mrs Caroline Reid Administration

14-May-2025 Mrs Caroline Reid Administration

13-May-2025 Administration Patient MRE received from HB 50 documents imported.
(P5) Historical patient record noted, 92 pages dated 14/05/14.
No KIS, no ECS, no ePCS. GP2GP repeat medication and recalls noted. Complete

14-May-2025 Mrs Caroline Reid Administration

14-May-2025 Mrs Caroline Reid Administration

14-May-2025 Dr Sally Bright Administration

Administration Patient registration by transfer of GP to GP electronic
(P3) record

14-May-2025 Dr Sally Bright Surgery consultation

13-May-2025 Ms Grace Horton Administration

12-May-2025 Dr Sally Bright Surgery consultation

09-May-2025 Dr Sally Bright Surgery consultation

09-May-2025 Dr Mark Snowden GP to GP communication transaction

08-May-2025 Ms Heather Milligan Administration

08-May-2025 Miss Denise Maxfield Administration

08-May-2025 Miss Denise Maxfield Third Party Consultation

Administration Administration NOS DocMan Transfer Summary The Mill
(P3) Practice Clinical Summary

08-May-2025 Miss Denise Maxfield Administration

07-May-2025 Ms Maureen Campbell Administration

07-May-2025 Mrs Caroline Reid Administration

07-May-2025 Mrs Caroline Reid Administration

06-May-2025 Miss Denise Maxfield Administration

02-May-2025 Dr Sally Bright Surgery consultation

Symptom C/O erectile dysfunction years but sildenafil giving
(P3) severe shooting headache so stopped keen for bloods
and not ?alternative. prev migraines and sister died
aneurysm. was meant to get MRI but looks like did not.
tegetrol for facial pain. helps. longterm smoker now down
to 20 a day. cough better with amox but lingering. no
blood. some weight gain. no sputum. sats 97% pulse 68
apyrexial clear chest. asking for further amox. can try but
needs cr and plans smoking cessation. for fasting bloods,
cxr and review with notes.

02-May-2025 Miss Kelsey Denney Administration

Administration Administration NOS discuss meds
(P3)

28-Apr-2025 Miss Kerry Ramsay Administration

25-Apr-2025 Miss Linda Scott Third Party Consultation

Administration Administration NOS Admin Letter Mill Practice Application
(P3) for Online Access

25-Apr-2025 Miss Linda Scott Administration**25-Apr-2025 Miss Linda Scott Administration**

Administration Patient registration data verified
(P3)
Administration Consent given for communication by SMS text messaging
(P3)
Administration Consent given for communication by email
(P3)

25-Apr-2025 Miss Linda Scott Third Party Consultation

18-Apr-2025 Administration Administration NOS Admin Letter Mill Practice
(P3) Registration

23-Apr-2025 Mrs Caroline Burnett Administration**22-Apr-2025 Miss Kelsey Denney Administration**

Administration Carer
(P3)
Examination Cigarette smoker // cigarettes / cigars /
tobacco
Examination Alcohol consumption 4 units per week
Administration White Scottish

18-Apr-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient Do you have pain which has
(P3) been ongoing for more than 6 months? If so, we are running a
program which we hope will be helpful for your pain. There will
be an online introductory event on Thursday 24th of April at
6pm)<https://msteams.link/7MOS>. Find out more on our website
[https://www.douglasmedicalcentre.co.uk/programme-for-
chronic-pain-management/](https://www.douglasmedicalcentre.co.uk/programme-for-chronic-pain-management/) {Patient Group Very Final Pain
Group}

04-Apr-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient Do you have pain which has
(P3) been ongoing for more than 6 months? If so, we are running a
program which we hope will be helpful for your pain. There will
be an online introductory event on Thursday 24th of April at
6pm)<https://msteams.link/7MOS>. Find out more on our website
[https://www.douglasmedicalcentre.co.uk/programme-for-
chronic-pain-management/](https://www.douglasmedicalcentre.co.uk/programme-for-chronic-pain-management/) {Patient Group Very Final Pain
Group}

26-Feb-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient The surgery will be
(P3) closed this afternoon, Wed 26th February from 12.30 for
training. Please only call the surgery on 01382 459519 for
an urgent medical issue on this afternoon. Thank you.
{Patient Group Plt 26/02/25}

24-Feb-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient From the 3 March
(P3) 2025 our practice will no longer be taking prescription
requests over the phone or via our dedicated prescription
phone line due to the risk of medication errors. You can
still order your repeat prescriptions through our online
service, our new dedicated email address
Tay.fmgprescriptions@nhs.scot or by handing in your
repeat requests to your preferred pharmacy or into
Douglas Medical Centre. Please see our website for more
details [www.douglasmedicalcentre.co.uk/repeat-
prescriptions](http://www.douglasmedicalcentre.co.uk/repeat-prescriptions). {Patient Group Mobile Linked To Patient Or
Address For Script Tex}

29-Jan-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient We are trialling a new
(P3) system called eConsult. We have information on our
website introducing a new way to contact your GP.
<https://www.douglasmedicalcentre.co.uk/> {Patient Group
Pts 18+ For Econsult Text}

24-Jan-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient Family Medical Group (P3) will be open for urgent enquiries only today - Friday 24th January due to the amber weather warning. Please only call the surgery if absolutely necessary. We will be open as usual on Monday 27th January. Stay safe everyone. Thank you. {Patient Group Severe Weather Text}

06-Jan-2025 Ms Heather Milligan Administration

Administration SMS text message sent to patient Planning on prioritising your health in 2025? Check out the health and wellbeing section of our website - <https://www.douglasmedicalcentre.co.uk/help-support/health-and-wellbeing/> {Patient Group 18+ Health & Wellbeing For Text}

28-Nov-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient Our phone system has recently changed. If you need to see or speak to a GP on the same day, please phone before 10am. You need to listen to the full message before selecting an option. We have put a full description of our new phone system on our website. Please visit - www.douglasmedicalcentre.co.uk/appointments-with-the-doctors/new-telephone-message/ {Patient Group Text Re New Phone System}

26-Nov-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient The surgery will be closed Wed 26th November from 12.30 for training. Please only call the surgery on 01382 459519 for an urgent medical issue on this afternoon. Thank you. {Patient Group Mobile Linked To Patient Or Address For Plt}

26-Nov-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient Please note - we are closed for training Wed 27/11/24 from 12.30pm. Sorry for last text stating wrong date. {Patient Group Mobile Linked To Patient Or Address For Plt}

09-Oct-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient Apologies, we sent the wrong link for stopping smoking please visit: <https://www.douglasmedicalcentre.co.uk/help-support/health-and-wellbeing/stopping-smoking/> {Patient Group Smokers For Text}

04-Oct-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient Smoking? Would you like to stop? For more information please visit: <https://www.douglasmedicalcentre.co.uk/quit-your-way-12-week-countdown-to-a-merry-quitmas/> {Patient Group Smokers For Text}

19-Sept-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient Please see our website for prescription processes - www.douglasmedicalcentre.co.uk/repeat-prescriptions. Please allow a minimum of 7 days for any requests. {Patient Group Text To Pt Re Website For Scripts Info}

16-Sept-2024 Ms Maureen Campbell Administration**02-Sept-2024 Ms Heather Milligan Administration**

Administration SMS text message sent to patient The surgery will be closed Wed 4th September from 12.30 for training. Please only call the surgery on 01382 459519 for an urgent medical issue on this afternoon. Thank you. {Patient Group Pts With Mobiles For Plt Message 04/09/24}

15-Aug-2024 Miss Debbie Phillips Administration

10-July-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient (P3) There will be no access to the surgery car park from 15/7/24 for 6 days due to road resurfacing. Find out about public transport options here <https://www.douglasmedicalcentre.co.uk/contact/public-transport-to-the-surgery/> {Patient Group Group For Car Park Text}

26-Jun-2024 Miss Kelsey Denney Telephone call from a patient**26-Jun-2024 Ms Maureen Campbell Administration****11-Jun-2024 Ms Heather Milligan Administration**

Administration SMS text message sent to patient (P3) It's Big Green Week! Find out what Family Medical Group have been doing and what you can do at www.douglasmedicalcentre.co.uk/about-us/green-and-sustainable/ {Patient Group Group For Big Green Week Text}

04-Jun-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient (P3) The surgery will be closed Wed 5th June from 12.30 for training. Please only call the surgery if a medical emergency tomorrow afternoon. Thank you. {Patient Group Pit Text Message}

07-May-2024 Dr Mark Snowden Results recording

06-May-2024 Administration No response to bowel cancer screening programme (P3) invitation

07-May-2024 Mrs Allison Fox Third Party Consultation

06-May-2024 Administration Scanned document (P3) Results Ninewells Hospital Bowel Screening

24-Apr-2024 Ms Heather Milligan Administration

Administration SMS text message sent to patient (P3) Please visit our website for information on how air pollution impacts our bodies. <https://www.douglasmedicalcentre.co.uk/about-us/green-and-sustainable/> {Patient Group Patients With A Mobile Number For Pollution Text}

04-Apr-2024 Ms Jordan Lloyd Administration**22-Feb-2024 Ms Heather Milligan Administration**

Administration SMS text message sent to patient (P3) The surgery will be closed Wed 28th Feb from 12.30 for training. Please only call the surgery if a medical emergency that afternoon. Thank you. {Patient Group All Pts With Mobile Phone Over 16}

05-Feb-2024 Ms Siannon Finnegan Administration**16-Jan-2024 Ms Maureen Campbell Administration****18-Dec-2023 Ms Heather Milligan Administration**

Administration SMS text message sent to patient (P3) Please find the festive closure dates on our website - <https://www.douglasmedicalcentre.co.uk/festive-period-closing-times/> {Patient Group Mobile Linked To Patient Or Address 2023}

05-Dec-2023 Ms Siannon Finnegan Administration**04-Dec-2023 Ms Maureen Campbell Administration****01-Dec-2023 Dr Caroline Sloss Administration**

Administration Medication review

29-Nov-2023 Mrs Allison Fox Administration

27-Nov-2023 Mrs Allison Fox Administration

23-Nov-2023 Mrs Shona Adam Administration

22-Nov-2023 Dr Caroline Sloss Telephone call to a patient

Administration Telephone encounter Ongoing cough. Slightly better
(P3) than last week. Still some white/yellow phlegm. Advised to
submit sputum sample

22-Nov-2023 Miss Kirsty Mclean Administration

Administration Administration NOS 07762 507 349... pt had antibiotics
(P3) for chest infection, has finished the course however its not
cleared the infection kmc

17-Nov-2023 Dr Caroline Sloss Telephone call to a patient

Administration Telephone encounter Cough for 3 weeks, getting worse
(P3) and now SOB and coughing up phlegm. For abx
Examination Cigarette smoker 15 / / cigarettes /
cigars / tobacco
Intervention Smoking cessation advice

17-Nov-2023 Miss Kelsey Denney Administration

Administration Administration NOS 07762507349 - chest inf KD
(P3)

28-Jun-2023 Ms Heather Milligan Administration

Administration Keep well programme Added by Keep Well Team
(P3)

19-Jun-2023 Ms Heather Milligan Administration

Administration SMS text message sent to patient GP Surgery text. Our
(P3) new permanent address is - Family Medical Group,
Douglas Medical Centre, Balunie Avenue, Dundee DD4
8XZ. Please use this when dealing with any outside
agency. {Patient Group Pts Over 16 For Dmc Address
Message}

13-Jun-2023 Ms Lynne Sinclair Administration

29-Mar-2023 Miss Zoe Ibbotson Administration

28-Mar-2023 Ms Heather Milligan Administration

Administration SMS text message sent to patient GP Message - We are
(P3) moving to Douglas Medical Centre from Tuesday 2nd of
May. For more information please see:
<https://familymedicalgroup.gp.scot/our-practice> {Patient
Group Pts With Mobile For Move Text}

16-Mar-2023 Mrs Claire Coleman Administration

23-Feb-2023 Ms Nicola Leahy Administration

19-Jan-2023 Ms Lynne Sinclair Administration

07-Dec-2022 Ms Lynne Sinclair Administration

22-Nov-2022 Ms Heather Milligan Administration

21-Nov-2022 Administration Personal financial circumstances reviewed Text sent re
(P3) fuel poverty information

21-Nov-2022 Ms Heather Milligan Administration

Administration SMS text message sent to patient From Family Medical
(P3) Group: We are aware you may be concerned about rising
energy prices as there can be health consequences from
living in a cold home. Please visit our website
[https://familymedicalgroup.gp.scot/our-practice/practice-](https://familymedicalgroup.gp.scot/our-practice/practice-updates)
updates for energy saving advice. {Patient Group Pts 17
And Over For Energy Text}

07-Nov-2022 Mr Gavin Macdougall Administration**24-Oct-2022 Ms Heather Milligan Administration**

Administration SMS text message sent to patient Please visit the surgery website - familymedicalgroup.gp.scot go to the Practice Services for information on proposed changes to the services we provide. {Patient Group All Pts Minus Nh, Refused & No Mob}

17-Oct-2022 Ms Elizabeth Wilson Administration**17-Oct-2022 Ms Elizabeth Wilson Administration****11-Oct-2022 Miss Rebecca Ellis Administration****15-Sept-2022 Ms Heather Milligan Administration**

Administration SMS text message sent to patient Please check your prescription is correct and required before you leave the Pharmacy. Medicines which leave pharmacy cannot be re issued so have to be destroyed {Patient Group All Pts 16+ With Mobile Phone}

15-Sept-2022 Ms Heather Milligan Administration

Administration SMS text message sent to patient Please note the previous text received regarding prescriptions was from your GP Surgery, not your Pharmacy. This was to try to cut down on medicine waste. Sorry for any confusion or alarm caused. {Patient Group All Pts 16+ With Mobile Phone}

17-Aug-2022 Ms Stephanie Mitchell Administration

Administration Administration NOS Letter received again from Kerr Brown solicitors asking for records from past 3 years. Note patient contact also on 20th July. I had sent these back in May. Spoke to Clare Breen who I had emailed them to. She looked back her emails while I was on the phone and found them. I will send password and destroy latest letter. SM

02-Aug-2022 Dr Caroline Sloss Medicine Management

Administration Medication review

01-Aug-2022 Ms Maureen Campbell Administration**20-July-2022 Mrs Claire Coleman Administration**

Administration Administration NOS pt wanting medical report sent to Kerr Brown resent as they have not got this. advised him to ask kerr brown to call us direct, he said he wanting it noted we can discuss and send documents regarding this to Kerr Brown cc

14-Jun-2022 Ms Stephanie Mitchell Administration**10-Jun-2022 Mrs Claire Coleman Administration**

Administration Administration NOS script request for Tegretol but not due until 06/07/2022 so not done cc

30-May-2022 Dr Alec Aitchison Surgery consultation

Diagnosis Patient reviewed pains right and left arm - whiplash injury on 8th Feb - symptoms had been improving from there but further RTC on 11th May and exacerbated. symptoms of right arm pain - c6/c7 distribution of ?neuropathic pain. worse with certain neck positions. left arm pains base of thumb and deltoid - clinically tendonitis. power 5/5 throughout bilaterally. sensation intact but gets P&Ns into c6 dermatome. no muscle wasting. neck ROM ok. imp - cervical radiculopathy right and tendonitis left. discussed analgesia and exercises - works as taxi driver so not keen on strong meds. review inb

26-May-2022 Dr Alison Mactavish Telephone call to a patient

Intervention (P3) Had a chat to patient re ongoing shoulder pain with pain going down into arm and hand physio suggested when she was a fare in his taxi may have been due to seatbelt causing nerve damage agreed surgery review

25-May-2022 Ms Stephanie Mitchell Third Party Consultation

Administration (P3) Medical report sent Subject Access Request sent to third party (Kerr Brown Solicitors, Ref: CB/LEG/3/2210)

25-May-2022 Ms Stephanie Mitchell Administration**25-May-2022 Ms Stephanie Mitchell Third Party Consultation**

Administration (P3) Medical report requested Subject Access Request requested by third party (Kerr Brown Solicitors, Ref: CB/LEG/3/2210)

13-May-2022 Ms Stephanie Mitchell Administration

Administration (P3) Administration NOS Request for full records from Kerr Brown solicitors. Put in IGPR folder and will be done in due course. SM

12-May-2022 Dr Alison Mactavish Telephone call to a patient

Diagnosis (P3) Other road vehicle accidents driver wearing seatbelt travelling 20mph and had to perform emergency stop and hit wing mirror and side door now sore neck and shoulder again (also had accident in Feb) was having pins and needles and seemed to be settling down has physio exercises from last time agreed review after holiday if still an issue driving today but off thereafter

11-May-2022 Mr Gavin Macdougall Administration**09-May-2022 Mrs Jacklyn Milne Third Party Consultation**

08-May-2022 Administration (P3) Clinical letter Results Ninewells Hospital Bowel Screening Exclusion

09-May-2022 Dr Mark Snowden Results recording

07-May-2022 Administration (P3) No response to bowel cancer screening programme invitation

04-Mar-2022 Mrs Gail Vanderdeyl Administration**24-Feb-2022 Dr Alec Aitchison Telephone call to a patient**

Administration (P3) Telephone encounter had booked call for referral to physio but has already spoken with them. pain has now subsided - P&Ns continuing but has plan from physio for this

23-Feb-2022 Dr Federated User Surgery consultation

Diagnosis Neck pain Verbal consent to tele AxRTA 5/02/22, driving, side impact. No immediate pain, Started next day, stiffness. No dizziness/drop attacks/speech/swallow/headaches/visual disturbance/motor loss. Improved, no long in pain, but intermittent p+n in right arm, right upper trap into thumb/index finger. Agg: unsure Eases; last few secs. Sleep: ok am: static. No Ix/Rx. Was taking codiene and paracetamol. PMH: fit and well, no heart/diab/resp/weight loss/fever/thyroid DH: nil Sh: taxi, working OE: Reports C/x: FROM reported but inc p+n with flex and R Rot. Gh Jt: FROM Imp: Whiplash injury Improving, less pain and inc movement

Intervention Advised to self care Advice, reassurance, emailed PIL on Whiplash. Active exercises and posture. Worsening statement given re: cord compression signs and signs of upper c/x instability. Aware can contact FCP again if no better 6-8 weeks. Agreed to plan

Administration Attended extended hours clinic - ESA Dundee - FCP/MSK Service: Seen by Clinician: O'BRIEN, Moira at 08:40:54 on 23-Feb-2022

17-Feb-2022 Miss Alex Dalrymple Other

07-Feb-2022 Dr Caroline Sloss Telephone call to a patient

Administration Telephone encounter RTC on Saturday. Was driving taxi (P3) when care drove into middle of passenger side. Didn't feel pain that day but next day pain in neck and lower back. Some pins and needles into right arm also. Discussed. Imp: Muscular, whiplash. For co-codamol

25-Jan-2022 Ms Maureen Campbell Administration**10-Dec-2021 Ms Lynda Kidd Administration****08-Dec-2021 Data Transferred from other system**

Intervention Administration of first dose of SARS-CoV-2 vaccine *C-19 Booster Pfizer (Dundee Central Mass Vax Clinic)*

08-Dec-2021 Data Transferred from other system

Administration Immunisation course maintain protection against SARS-CoV-2 MAINT C-19 Booster Pfizer (L Charlton)

09-Nov-2021 Ms Bethany Cathcart Administration**03-Nov-2021 Mrs Pamela Reid Administration****21-Oct-2021 Ms Bethany Cathcart Administration****16-Sept-2021 Ms Claire Stevens Administration****18-Aug-2021 Mrs Gail Vanderdeyl Administration****29-July-2021 Dr Mark Snowden Data Transferred from other system**

Intervention Administration of second dose of SARS-CoV-2 vacc *C-19 Pfizer (By L McAfee)*

27-July-2021 Dr Mark Snowden Medicine Management

Administration Medication review

27-July-2021 Ms Nicola Leahy Administration**06-July-2021 Mrs Pamela Reid Administration****21-Jun-2021 Ms Maureen Campbell Administration****28-May-2021 Dr Mark Snowden Data Transferred from other system**

Intervention Admin first dose SARS-CoV-2 vac *C-19 Pfizer (By Y Taylor)*

26-May-2021 Mrs Gail Vanderdeyl Administration**26-Apr-2021 Ms Stephanie Mitchell Administration****29-Mar-2021 Ms Bethany Cathcart Administration****23-Feb-2021 Ms Rachael Paton Administration****22-Jan-2021 Ms Dorothy Houston Administration****21-Dec-2020 Ms Bethany Cathcart Administration****26-Nov-2020 Mrs Jacklyn Milne Administration****10-Nov-2020 Ms Maureen Campbell Administration**

04-Nov-2020 Mrs Gail Vanderdeyl Administration

26-Oct-2020 Ms Nicola Leahy Administration

12-Oct-2020 Ms Bethany Cathcart Administration

07-Oct-2020 Ms Dorothy Houston Administration

28-Sept-2020 Ms Bethany Cathcart Administration

14-Sept-2020 Miss Megan Scott Administration

03-Sept-2020 Ms Lynda Kidd Administration

18-Aug-2020 Miss Megan Scott Administration

03-Aug-2020 Ms Claire Stevens Administration

17-July-2020 Ms Maureen Campbell Administration

10-July-2020 Ms Claire Stevens Administration

Administration Medication review

09-July-2020 Dr Alec Aitchison Medicine Management

09-July-2020 Mrs Jacklyn Milne Administration

16-Jun-2020 Mrs Pamela Reid Administration

12-May-2020 Miss Alex Fox Administration

25-Mar-2020 Mrs Angela Logie Administration

06-Mar-2020 Ms Vicki Conway Administration

24-Feb-2020 Ms Vicki Conway Third Party Consultation

31-Aug-2019 Administration Clinical letter Clinical Letter Ninewells Hospital
(P3) Dermatology

04-Feb-2020 Miss Alex Fox Administration

23-Jan-2020 Dr Alec Aitchison Surgery consultation

Intervention	Smoking cessation advice	
Examination	O/E - blood pressure reading	103 / 76 mm Hg
Diagnosis (P3)	Patient reviewed Looking for increase of sildenafil dose - using 100mg to good effect lately. Some psychological effect - **** *.Smoking "only" 20/day - down from 40. adv reduce further.Tegretol working well for neuralgia	
Examination	Current smoker	20 // cigarettes / cigars / tobacco

21-Jan-2020 Miss Amber Heggie Administration

16-Jan-2020 Mrs Allison Fox Administration

06-Jan-2020 Mrs Angela Logie Administration

19-Dec-2019 Mrs Gail Vanderdeyl Administration

09-Dec-2019 Dr Alison Mactavish Telephone call to a patient

Administration Failed encounter tried to phone 3 times over 2 hour
(P3) period phone constantly engaged unable to leave
message

05-Dec-2019 Mrs Angela Logie Administration**03-Dec-2019 Mrs Gail Vanderdeyl Administration****21-Nov-2019 Mrs Gail Vanderdeyl Administration****13-Nov-2019 Ms Maureen Campbell Administration****01-Nov-2019 Mrs Allison Fox Administration****16-Oct-2019 Mrs Pamela Reid Administration****02-Oct-2019 Mrs Gail Vanderdeyl Administration****23-Sept-2019 Dr Elizabeth Brown Administration****17-Sept-2019 Mrs Allison Fox Administration****03-Sept-2019 Mrs Angela Logie Administration****31-Aug-2019 Ms Rhonda Robertson Letter from Outpatients**

23-Sept-2019 Administration Computer summary updated
(P3)
Diagnosis Trigeminal neuralgia NOS left sided
(P2)

20-Aug-2019 Mrs Allison Fox Administration**26-July-2019 Miss Alex Fox Administration****23-July-2019 Dr Mark Snowden Results recording**

22-July-2019 Examination	BCSP faecal occult blood test normal	No action required	
22-July-2019 Examination	BCSP faecal occult blood test normal	No action required: Negative	
	BCSP faecal occult blood test normal	No action required	(No range available)

24-Jun-2019 Dr Alison Mactavish Telephone call to a patient

Intervention Had a chat to patient sildenafil really helped likely to be
(P3) on tegretol for some time
Administration Medication review

06-Jun-2019 Ms Maureen Campbell Administration**06-Jun-2019 Dr Alison Mactavish Telephone call to a patient****06-Jun-2019 Dr Alison Mactavish Telephone call to a patient**

Diagnosis Assessing cardiovascular risk using SIGN score
Intervention Had a chat to patient re bloods given dietary advice re
(P3) chol try sildenafil - counselled how to use ie 1 hour before
sexual activity max 1 dose /24 hours

06-Jun-2019 Dr Mark Snowden Results recording

04-Jun-2019 Examination	Serum testosterone nmol/L	14 nmol/L	
04-Jun-2019 Examination	Serum testosterone nmol/L:		
	Serum testosterone nmol/L	14 nmol/L	(Range: 8 - 27.4)

05-Jun-2019 Dr Mark Snowden Results recording

04-Jun-2019	Examination	Serum albumin	31 g/L	
04-Jun-2019	Examination	Serum alkaline phosphatase U/L	84 U/L	
04-Jun-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 26 U/L	
04-Jun-2019	Examination	Serum total bilirubin level	3 umol/L	
04-Jun-2019	Examination	Serum calcium	2.09 mmol/L	
04-Jun-2019	Examination	Corrected serum calcium level	2.19 mmol/L	
04-Jun-2019	Examination	Serum cholesterol	7.15 mmol/L	
04-Jun-2019	Examination	Serum creatinine	79 umol/L	
04-Jun-2019	Examination	Serum HDL cholesterol level	1.04 mmol/L	
04-Jun-2019	Examination	Serum potassium	4.2 mmol/L	
04-Jun-2019	Examination	Serum sodium	139 mmol/L	
04-Jun-2019	Examination	Plasma glucose level	5.3 mmol/L	
04-Jun-2019	Examination	Bone profile <none>		
04-Jun-2019	Examination	Liver function test <none>		
04-Jun-2019	Examination	Biochemical test <none>		
04-Jun-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		
04-Jun-2019	Examination	Total cholesterol:HDL ratio <none>		
04-Jun-2019	Examination	Total cholesterol:HDL ratio	6.8 ratio	
04-Jun-2019	Examination	Sample appearance (FASTING)		
04-Jun-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	
04-Jun-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
04-Jun-2019	Examination	Serum albumin: Below low reference limit		
04-Jun-2019	Examination	Serum albumin	31 g/L	(Range: 35 - 50)
04-Jun-2019	Examination	Serum alkaline phosphatase U/L:		
04-Jun-2019	Examination	Serum alkaline phosphatase U/L	84 U/L	(Range: 30 - 130)
04-Jun-2019	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
04-Jun-2019	Examination	Serum alanine aminotransferase level Serum ALT level - 26 U/L U/L		(Range: 5 - 55)
04-Jun-2019	Examination	Serum total bilirubin level:		
04-Jun-2019	Examination	Serum total bilirubin level	3 umol/L	(No range available)
04-Jun-2019	Examination	Serum calcium: Below low reference limit		
04-Jun-2019	Examination	Serum calcium	2.09 mmol/L	(Range: 2.1 - 2.55)
04-Jun-2019	Examination	Corrected serum calcium level:		
04-Jun-2019	Examination	Corrected serum calcium level	2.19 mmol/L	(Range: 2.1 - 2.55)
04-Jun-2019	Examination	Serum cholesterol: Above high reference limit		
04-Jun-2019	Examination	Serum cholesterol	7.15 mmol/L	(No range available)
04-Jun-2019	Examination	Serum creatinine:		
04-Jun-2019	Examination	Serum creatinine	79 umol/L	(Range: 62 - 106)
04-Jun-2019	Examination	Serum HDL cholesterol level:		
04-Jun-2019	Examination	Serum HDL cholesterol level	1.04 mmol/L	(Range: 0.6 - 2.5)
04-Jun-2019	Examination	Serum potassium:		
04-Jun-2019	Examination	Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
04-Jun-2019	Examination	Serum sodium:		
04-Jun-2019	Examination	Serum sodium	139 mmol/L	(Range: 133 - 146)
04-Jun-2019	Examination	Plasma glucose level:		
04-Jun-2019	Examination	Plasma glucose level	5.3 mmol/L	(Range: 3.3 - 5.8)
04-Jun-2019	Examination	Bone profile <none>:		
04-Jun-2019	Examination	Bone profile <none>		(No range available)
04-Jun-2019	Examination	Liver function test <none>:		
04-Jun-2019	Examination	Liver function test <none>		(No range available)
04-Jun-2019	Examination	Biochemical test <none>:		
04-Jun-2019	Examination	Biochemical test <none>		(No range available)
04-Jun-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases:		
04-Jun-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		(No range available)
04-Jun-2019	Examination	Total cholesterol:HDL ratio <none>:		
04-Jun-2019	Examination	Total cholesterol:HDL ratio <none>		(No range available)
04-Jun-2019	Examination	Total cholesterol:HDL ratio.:		
04-Jun-2019	Examination	Total cholesterol:HDL ratio	6.8 ratio	(No range available)
04-Jun-2019	Examination	Sample appearance (FASTING):		
04-Jun-2019	Examination	Sample appearance (FASTING)		(No range available)
04-Jun-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -:		
04-Jun-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)
04-Jun-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:		
04-Jun-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)

05-Jun-2019 Dr Mark Snowden Results recording

04-Jun-2019	Examination	Eosinophil count x10 ⁹ /L	0.17 10 ⁹ /L	
04-Jun-2019	Examination	Haemoglobin estimation	148 g/L	
04-Jun-2019	Examination	Mean corpusc. haemoglobin(MCH)	32 pg	
04-Jun-2019	Examination	Mean corpusc. Hb. conc. (MCHC)	321 g/L	
04-Jun-2019	Examination	Mean corpuscular volume (MCV) fl	99.8 fl	
04-Jun-2019	Examination	Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	
04-Jun-2019	Examination	Neutrophil count x10 ⁹ /L	6 10 ⁹ /L	
04-Jun-2019	Examination	Platelet count x10 ⁹ /L	260 10 ⁹ /L	
04-Jun-2019	Examination	Red blood cell (RBC) count x10 ¹² /L	4.61 10 ¹² /L	
04-Jun-2019	Examination	Total white cell count x10 ⁹ /L	9.9 10 ⁹ /L	
04-Jun-2019	Examination	Lymphocyte count x10 ⁹ /L	2.9 10 ⁹ /L	
04-Jun-2019	Examination	Full blood count - FBC <none>		
04-Jun-2019	Examination	Haematocrit	0.46 ratio	
04-Jun-2019	Examination	Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	
04-Jun-2019	Examination	Eosinophil count x10 ⁹ /L:		
		Eosinophil count x10 ⁹ /L	0.17 10 ⁹ /L	(No range available)
04-Jun-2019	Examination	Haemoglobin estimation:		
		Haemoglobin estimation	148 g/L	(Range: 130 - 180)
04-Jun-2019	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	32 pg	(Range: 27 - 32)
04-Jun-2019	Examination	Mean corpusc. Hb. conc. (MCHC):		
		Mean corpusc. Hb. conc. (MCHC)	321 g/L	(Range: 320 - 360)
04-Jun-2019	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	99.8 fl	(Range: 85 - 105)
04-Jun-2019	Examination	Monocyte count x10 ⁹ /L:		
		Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	(Range: 0.2 - 0.8)
04-Jun-2019	Examination	Neutrophil count x10 ⁹ /L:		
		Neutrophil count x10 ⁹ /L	6 10 ⁹ /L	(Range: 2 - 7.5)
04-Jun-2019	Examination	Platelet count x10 ⁹ /L:		
		Platelet count x10 ⁹ /L	260 10 ⁹ /L	(Range: 150 - 400)
04-Jun-2019	Examination	Red blood cell (RBC) count x10 ¹² /L:		
		Red blood cell (RBC) count x10 ¹² /L	4.61 10 ¹² /L	(Range: 4.5 - 6)
04-Jun-2019	Examination	Total white cell count x10 ⁹ /L:		
		Total white cell count x10 ⁹ /L	9.9 10 ⁹ /L	(Range: 4 - 11)
04-Jun-2019	Examination	Lymphocyte count x10 ⁹ /L:		
		Lymphocyte count x10 ⁹ /L	2.9 10 ⁹ /L	(Range: 1.5 - 4)
04-Jun-2019	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
04-Jun-2019	Examination	Haematocrit:		
		Haematocrit	0.46 ratio	(Range: 0.4 - 0.52)
04-Jun-2019	Examination	Basophil count x10 ⁹ /L:		
		Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)

05-Jun-2019 Dr. Locum1 Administration

Administration Well adult monitor.admin.NOS Added by the Keep Well
(P3) Team

04-Jun-2019 Mrs Pat Brown Surgery consultation**31-May-2019 Dr Alison Mactavish Surgery consultation**

Diagnosis Erectile dysfunction chat rethings finds it difficult to
(P3) sustain erection no anatomical change etc in newish
relationship chat rethings for bloods recent BP Ok phone
next week if bloods ok for sildenafil

30-May-2019 Dr Masoud Behravesh Surgery consultation

Diagnosis Patient reviewed unsure if tegretol had much change -
(P3) states he is still aware of the altered sensation along his
jaw and pain - c/o pain in back of his neck and scapular
region since age 18 and now a headache - some stiffness
with neck movements - likely cervicogenic - but patient
has his own opinions. states he was getting assessed for
fibromyalgia. can increase tegratol to 2 tablets and
request more once he runs out

17-May-2019 Mrs Pamela Reid Administration**03-May-2019 Ms Yvonne Houston Administration****03-May-2019 Ms Heather Milligan Third Party Consultation**

02-May-2019 Administration Clinical letter ENSEMBLE2 NHS Tayside Referral
(P3) Cancellation

02-May-2019 Ms Yvonne Houston Administration**01-May-2019 Dr Elizabeth Brown Administration**

26-Apr-2019 Dr Elizabeth Brown Results recording

25-Apr-2019	Examination	Eosinophil count x10 ⁹ /L	0.17 10 ⁹ /L	
25-Apr-2019	Examination	Haemoglobin estimation	144 g/L	
25-Apr-2019	Examination	Mean corpusc. haemoglobin(MCH)	32.4 pg	
25-Apr-2019	Examination	Mean corpusc. Hb. conc. (MCHC)	323 g/L	
25-Apr-2019	Examination	Mean corpuscular volume (MCV) fl	100.2 fl	
25-Apr-2019	Examination	Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	
25-Apr-2019	Examination	Neutrophil count x10 ⁹ /L	7.2 10 ⁹ /L	
25-Apr-2019	Examination	Platelet count x10 ⁹ /L	255 10 ⁹ /L	
25-Apr-2019	Examination	Red blood cell (RBC) count x10 ¹² /L	4.46 10¹²/L	
25-Apr-2019	Examination	Total white cell count x10 ⁹ /L	10.7 10 ⁹ /L	
25-Apr-2019	Examination	Lymphocyte count x10 ⁹ /L	2.5 10 ⁹ /L	
25-Apr-2019	Examination	Full blood count - FBC <none>		
25-Apr-2019	Examination	Haematocrit	0.447 ratio	
25-Apr-2019	Examination	Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	
25-Apr-2019	Examination	Eosinophil count x10 ⁹ /L:		
		Eosinophil count x10 ⁹ /L	0.17 10 ⁹ /L	(No range available)
25-Apr-2019	Examination	Haemoglobin estimation:		
		Haemoglobin estimation	144 g/L	(Range: 130 - 180)
25-Apr-2019	Examination	Mean corpusc. haemoglobin(MCH): Above high reference limit		
		Mean corpusc. haemoglobin(MCH)	32.4 pg	(Range: 27 - 32)
25-Apr-2019	Examination	Mean corpusc. Hb. conc. (MCHC):		
		Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 320 - 360)
25-Apr-2019	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	100.2 fl	(Range: 85 - 105)
25-Apr-2019	Examination	Monocyte count x10 ⁹ /L:		
		Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	(Range: 0.2 - 0.8)
25-Apr-2019	Examination	Neutrophil count x10 ⁹ /L:		
		Neutrophil count x10 ⁹ /L	7.2 10 ⁹ /L	(Range: 2 - 7.5)
25-Apr-2019	Examination	Platelet count x10 ⁹ /L:		
		Platelet count x10 ⁹ /L	255 10 ⁹ /L	(Range: 150 - 400)
25-Apr-2019	Examination	Red blood cell (RBC) count x10 ¹² /L: Below low reference limit		
		Red blood cell (RBC) count x10 ¹² /L	4.46 10¹²/L	(Range: 4.5 - 6)
25-Apr-2019	Examination	Total white cell count x10 ⁹ /L:		
		Total white cell count x10 ⁹ /L	10.7 10 ⁹ /L	(Range: 4 - 11)
25-Apr-2019	Examination	Lymphocyte count x10 ⁹ /L:		
		Lymphocyte count x10 ⁹ /L	2.5 10 ⁹ /L	(Range: 1.5 - 4)
25-Apr-2019	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
25-Apr-2019	Examination	Haematocrit:		
		Haematocrit	0.447 ratio	(Range: 0.4 - 0.52)
25-Apr-2019	Examination	Basophil count x10 ⁹ /L:		
		Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)

26-Apr-2019 Dr Elizabeth Brown Results recording

25-Apr-2019	Examination	Serum albumin	34 g/L	
25-Apr-2019	Examination	Serum alkaline phosphatase U/L	73 U/L	
25-Apr-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 16 U/L	
25-Apr-2019	Examination	Serum total bilirubin level	7 umol/L	
25-Apr-2019	Examination	Serum calcium	2.27 mmol/L	
25-Apr-2019	Examination	Corrected serum calcium level	2.34 mmol/L	
25-Apr-2019	Examination	Serum creatinine	77 umol/L	
25-Apr-2019	Examination	Serum potassium	4.4 mmol/L	
25-Apr-2019	Examination	Serum sodium	138 mmol/L	
25-Apr-2019	Examination	Serum TSH level mU/L	4.04 mU/L	
25-Apr-2019	Examination	Plasma glucose level	4.6 mmol/L	
25-Apr-2019	Examination	Bone profile <none>		
25-Apr-2019	Examination	Liver function test <none>		
25-Apr-2019	Examination	Biochemical test <none>		
25-Apr-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		
25-Apr-2019	Examination	Serum free T4 level	11.3 pmol/L	
25-Apr-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	
25-Apr-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
25-Apr-2019	Examination	Serum albumin: Below low reference limit		
25-Apr-2019	Examination	Serum albumin	34 g/L	(Range: 35 - 50)
25-Apr-2019	Examination	Serum alkaline phosphatase U/L:		
25-Apr-2019	Examination	Serum alkaline phosphatase U/L	73 U/L	(Range: 30 - 130)
25-Apr-2019	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
25-Apr-2019	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 16 U/L	(Range: 5 - 55)
25-Apr-2019	Examination	Serum total bilirubin level:		
25-Apr-2019	Examination	Serum total bilirubin level	7 umol/L	(No range available)
25-Apr-2019	Examination	Serum calcium:		
25-Apr-2019	Examination	Serum calcium	2.27 mmol/L	(Range: 2.1 - 2.55)
25-Apr-2019	Examination	Corrected serum calcium level:		
25-Apr-2019	Examination	Corrected serum calcium level	2.34 mmol/L	(Range: 2.1 - 2.55)
25-Apr-2019	Examination	Serum creatinine:		
25-Apr-2019	Examination	Serum creatinine	77 umol/L	(Range: 62 - 106)
25-Apr-2019	Examination	Serum potassium:		
25-Apr-2019	Examination	Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
25-Apr-2019	Examination	Serum sodium:		
25-Apr-2019	Examination	Serum sodium	138 mmol/L	(Range: 133 - 146)
25-Apr-2019	Examination	Serum TSH level mU/L: Above high reference limit		
25-Apr-2019	Examination	Serum TSH level mU/L	4.04 mU/L	(Range: 0.4 - 4)
25-Apr-2019	Examination	Plasma glucose level:		
25-Apr-2019	Examination	Plasma glucose level	4.6 mmol/L	(Range: 3.3 - 5.8)
25-Apr-2019	Examination	Bone profile <none>:		
25-Apr-2019	Examination	Bone profile <none>		(No range available)
25-Apr-2019	Examination	Liver function test <none>:		
25-Apr-2019	Examination	Liver function test <none>		(No range available)
25-Apr-2019	Examination	Biochemical test <none>:		
25-Apr-2019	Examination	Biochemical test <none>		(No range available)
25-Apr-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases:		
25-Apr-2019	Examination	Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		(No range available)
25-Apr-2019	Examination	Serum free T4 level:		
25-Apr-2019	Examination	Serum free T4 level	11.3 pmol/L	(Range: 9.8 - 18.8)
25-Apr-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -:		
25-Apr-2019	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)
25-Apr-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:		
25-Apr-2019	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)

25-Apr-2019 Mrs Shona Adam Surgery consultation

25-Apr-2019 Dr Elizabeth Brown Surgery consultation

Examination	O/E - pulse rate	79 bpm
Examination	O/E - blood pressure reading	109 / 85 mm Hg
Diagnosis (P3)	Patient reviewed past 3-4 years : sided facial pain. Been to dentist 3 times and had x-ray- told all ok. Constantly taking otc meds. Denies other meds. Prev didn't tolerate pregabalin/gabapentin. ot wanting amitrypt. ? neuralgia-try caramazepine and ref on check bloods too	

11-Apr-2019 Miss Alex Fox Administration

11-Apr-2019 Mrs Gail Vanderdeyl Administration

16-Aug-2018 Ms Vicki Conway Administration

20-Jun-2018 Ms Pauleene Johnson Third Party Consultation

11-Jun-2018 Administration Clinical letter Results Kings Cross Hospital X-Ray (P3)

11-Jun-2018 Dr Mark Snowden Surgery consultation

Intervention	Smoking cessation advice	ph scheme		
Examination	O/E - pulse rate		97 bpm	
Examination	O/E - temperature level		36.2 degC	
Diagnosis	Fast alcohol screening test 8u once a week			
Symptom (P3)	Cough 3/12, nasal congestion. Worried associated with cat bite - seen in A&E. Cellulitis all clear now (wrist). O/E RR16, chest clear. Plan CXR, nasal steroid for chronic sinusitis			
Administration	Well adult monitor. verbal inv. by Dr (P3)			
Administration	Alcohol consumption counselling advice given (P3)			
Examination	Current smoker		20 // cigarettes / cigars / tobacco	
Administration	Medication review			
Administration	Medication review			
Examination	Oxygen saturation at periphery		95 %	
Examination	O/E - temperature level:		36.2 degC	(No range available)
Examination	O/E - temperature level			
Examination	Oxygen saturation at periphery:		95 %	(No range available)
Examination	Oxygen saturation at periphery			

30-May-2018 Mrs Valerie Chalmers Clinic

Administration Administration NOS this guy came to blood clinic today (P3) but no requests will come back to see Dr

08-Mar-2018 Dr Elaine S Thomson Surgery consultation

Diagnosis Patient reviewed ***** booked appt worried re ongoing (P3) infection re cat bite C/o numbness and pain in sinus and phlegm on chest Wound looks fine Advised to come back for bloods and rev

26-Feb-2018 Ms Heather Milligan Third Party Consultation

Administration Clinical letter ENSEMBLE2 NHS Tayside Emergency (P3) Department

27-Sept-2017 Dr. Locum2 Administration

Administration Well adult monitor.admin.NOS added by Keep Well Team (P3)

06-Jun-2017 Mrs Heather Mcinally Third Party Consultation

01-Jun-2017 Administration Clinical letter Clinical Letter Dudhope House (P3) Psychological Therapies Service

25-May-2017 Dr Graeme Harrison Referral Letter

23-May-2017 Dr Graeme Harrison Other

Diagnosis	Patient reviewed low mood anhedonia, states low self (P3) esteem, ***** prev childhood abuse.chronic low mood.some self neglect, eating erratic, no weight loss.no thoughts dsh.smoking cannabis daily for sleep, no other substances.nil psychotic phenomenon.wishing ref psychology.agreed, trial mirtazapine and review 3w		
Examination	O/E - weight		65 Kg
Examination	Body Mass Index		19.8

09-Feb-2016 Ms Pauleene Johnson Other

13-Jan-2016 Dr Alison Mactavish Surgery consultation

Intervention	Smoking cessation advice	feels could stop if he wanted	
Examination	Current smoker		// cigarettes / cigars / tobacco

04-Dec-2015 Dr . Locum2 Administration

Administration Well adult monitor.admin.NOS Added by Keep Well
(P3) Team

14-July-2014 Ms Heather Milligan Administration

Administration Well adult monitor.admin.NOS Added by the Keep Well
(P3) Team

14-May-2014 Ms Heather Milligan Third Party Consultation

Administration Scanned document Historical Patient Record
(P3)

04-Mar-2014 Ms Maureen Campbell Administration**14-Feb-2014 Mrs Gail Vanderdeyl Administration****05-Dec-2013 Dr Elizabeth Brown Surgery consultation**

Diagnosis Patient reviewed when computers off- sorry I wasn't able
(P3) to address letter from pain clinic. Feeling better- says
been to Dudhope
Administration MED3 - doctor's statement 4/52 depression and pain
(P3)

22-Nov-2013 Dr Mark Snowden Surgery consultation

Administration Failed encounter no answer 0944
(P3)

08-Nov-2013 Ms Lynda Kidd Administration**08-Nov-2013 Dr Mark Snowden Surgery consultation**

Administration Administration NOS TMA GP re pain clinic suggestions -
(P3) bloods & trial low dose pregab

09-Oct-2013 Dr Mark Snowden Surgery consultation

Administration MED3 - doctor's statement 8/52 pain/ depression
(P3)
Administration Telephone encounter med req. Sleeping better, modd
(P3) slightly improved. Nausea with gabapentin so stopepd.
Thinks tried pregablin previously (not prescribed). Await
pain clinic on 30/10

06-Sept-2013 Dr Alison Mactavish Surgery consultation

Diagnosis Patient reviewed has appt for pain clinic been taking 2
(P3) mirtazpein discussed can't do that agreed to increase to
45 rpt bloods beginning october

02-Sept-2013 Dr Mark Snowden Referral Letter**23-Aug-2013 Dr Mark Snowden Surgery consultation**

Intervention Smoking cessation advice ph scheme
Symptom Pain character NOS chronic pain in neck, elbows, lwoer
(P3) back, thighs, knees, balls of feet. severe sharp pain
lasting 1-2/52 then almost asymptomatic. Discussed
anger issues towards males, childhood sexual abuse. Has
been referred to psychology. refer pain clinic. Only 3/18
on fibromyalgia scale today
Administration MED3 - doctor's statement 8/52 chronic pain/ depression
(P3)
Examination Current smoker 20 // cigarettes /
cigars / tobacco

22-Aug-2013 Dr Alison Mactavish Surgery consultation

Diagnosis Patient reviewed diet terrible doesn't eat no GI Sx trial Fe
(P3) then rpt bloods refer if not coming up or drops again
mood so so pain bad last week bit better this review 2
weeks

21-Aug-2013 Dr Alison Mactavish Surgery consultation

Examination Lab. test result abnormal iron deficiency anaemia
(P3)

21-Aug-2013 Dr Mark Snowden Results recording

20-Aug-2013	Examination	Serum vitamin B12	ng/l	363 ng/L	
20-Aug-2013	Examination	Eosinophil count	x10 ⁹ /L	0.18 10 ⁹ /L	
20-Aug-2013	Examination	Serum folate	ug/l	4.4 ug/L	
20-Aug-2013	Examination	Haemoglobin estimation		12.5 g/dL	
20-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH)		28.5 pg	
20-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC)		31.4 g/dL	
20-Aug-2013	Examination	Mean corpuscular volume (MCV)	fl	90.6 fl	
20-Aug-2013	Examination	Monocyte count	x10 ⁹ /L	0.8 10 ⁹ /L	
20-Aug-2013	Examination	Neutrophil count	x10 ⁹ /L	6.5 10 ⁹ /L	
20-Aug-2013	Examination	Platelet count	x10 ⁹ /L	212 10 ⁹ /L	
20-Aug-2013	Examination	Red blood cell (RBC) count	x10 ¹² /L	4.38 10¹²/L	
20-Aug-2013	Examination	Total white cell count	x10 ⁹ /L	10.2 10 ⁹ /L	
20-Aug-2013	Examination	Lymphocyte count	x10 ⁹ /L	2.6 10 ⁹ /L	
20-Aug-2013	Examination	B12/folate level	<none>		
20-Aug-2013	Examination	Full blood count - FBC	<none>		
20-Aug-2013	Examination	Haematocrit		0.397 ratio	
20-Aug-2013	Examination	Basophil count	x10 ⁹ /L	0.1 10 ⁹ /L	
20-Aug-2013	Examination	Serum vitamin B12	ng/l:	363 ng/L	(Range: 200 - 940)
20-Aug-2013	Examination	Eosinophil count	x10 ⁹ /L:	0.18 10 ⁹ /L	(No range available)
20-Aug-2013	Examination	Serum folate	ug/l:	4.4 ug/L	(Range: 3.1 - 17.5)
20-Aug-2013	Examination	Haemoglobin estimation: Below low reference limit		12.5 g/dL	(Range: 13 - 18)
20-Aug-2013	Examination	Haemoglobin estimation			
20-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH):		28.5 pg	(Range: 27 - 32)
20-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH)			
20-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC): Below low reference limit		31.4 g/dL	(Range: 32 - 36)
20-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC)			
20-Aug-2013	Examination	Mean corpuscular volume (MCV)fl:		90.6 fl	(Range: 85 - 105)
20-Aug-2013	Examination	Mean corpuscular volume (MCV)	fl		
20-Aug-2013	Examination	Monocyte count	x10 ⁹ /L:	0.8 10 ⁹ /L	(Range: 0.2 - 0.8)
20-Aug-2013	Examination	Monocyte count	x10 ⁹ /L		
20-Aug-2013	Examination	Neutrophil count	x10 ⁹ /L:	6.5 10 ⁹ /L	(Range: 2 - 7.5)
20-Aug-2013	Examination	Neutrophil count	x10 ⁹ /L		
20-Aug-2013	Examination	Platelet count	x10 ⁹ /L:	212 10 ⁹ /L	(Range: 150 - 400)
20-Aug-2013	Examination	Platelet count	x10 ⁹ /L		
20-Aug-2013	Examination	Red blood cell (RBC) count	x10 ¹² /L: Below low reference limit	4.38 10¹²/L	(Range: 4.5 - 6)
20-Aug-2013	Examination	Red blood cell (RBC) count	x10 ¹² /L		
20-Aug-2013	Examination	Total white cell count	x10 ⁹ /L:	10.2 10 ⁹ /L	(Range: 4 - 11)
20-Aug-2013	Examination	Total white cell count	x10 ⁹ /L		
20-Aug-2013	Examination	Lymphocyte count	x10 ⁹ /L:	2.6 10 ⁹ /L	(Range: 1.5 - 4)
20-Aug-2013	Examination	Lymphocyte count	x10 ⁹ /L		
20-Aug-2013	Examination	B12/folate level	<none>:		(No range available)
20-Aug-2013	Examination	B12/folate level	<none>		
20-Aug-2013	Examination	Full blood count - FBC	<none>:		(No range available)
20-Aug-2013	Examination	Full blood count - FBC	<none>		
20-Aug-2013	Examination	Haematocrit: Below low reference limit		0.397 ratio	(Range: 0.4 - 0.52)
20-Aug-2013	Examination	Haematocrit			
20-Aug-2013	Examination	Basophil count	x10 ⁹ /L:	0.1 10 ⁹ /L	(No range available)
20-Aug-2013	Examination	Basophil count	x10 ⁹ /L		

21-Aug-2013 Dr Mark Snowden Results recording

20-Aug-2013	Examination	Serum iron level		6 umol/L	
20-Aug-2013	Examination	Transferrin saturation index	Interpretation: Below low reference limit%	7 %	
20-Aug-2013	Examination	Serum ferritin		8 ug/L	
20-Aug-2013	Examination	Serum transferrin		3.45 g/L	
20-Aug-2013	Examination	Serum iron level: Below low reference limit		6 umol/L	(Range: 7 - 35)
20-Aug-2013	Examination	Serum iron level			
20-Aug-2013	Examination	Transferrin saturation index	Interpretation: Below low reference limit%: Below low reference limit	7 %	(Range: 22 - 55)
20-Aug-2013	Examination	Transferrin saturation index	Interpretation: Below low reference limit%		
20-Aug-2013	Examination	Serum ferritin: Below low reference limit		8 ug/L	(Range: 30 - 400)
20-Aug-2013	Examination	Serum ferritin			
20-Aug-2013	Examination	Serum transferrin:		3.45 g/L	(Range: 2 - 4)
20-Aug-2013	Examination	Serum transferrin			

20-Aug-2013 Ms Rhonda Robertson Surgery consultation

07-Aug-2013 Dr Mark Snowden Results recording

02-Aug-2013	Examination	Tissue transglutaminase IgA level	Tissu transglutaminase IgA lev - u/ml	0.1 U/mL	
02-Aug-2013	Examination	Tissue transglutaminase IgA level	Tissu transglutaminase IgA lev - u/ml:	0.1 U/mL	(No range available)
02-Aug-2013	Examination	Tissue transglutaminase IgA level	Tissu transglutaminase IgA lev - u/ml		

05-Aug-2013 Dr Alison Mactavish Surgery consultation

Intervention (P3) Had a chat to patient better chat today re things main issue is not sleeping low mood and pain try add in gaba tail off citalopram as taking 30 some days then none for 3 days 20mg for 3 days then 10 for 1 week then start mirtazapine not to esclaate gaba till reviewed will phone any problems

03-Aug-2013 Dr Mark Snowden Results recording

02-Aug-2013	Examination	Serum albumin	34 g/L	
02-Aug-2013	Examination	Serum alkaline phosphatase U/L	66 U/L	
02-Aug-2013	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 14 U/L	
02-Aug-2013	Examination	Serum total bilirubin level	2 umol/L	
02-Aug-2013	Examination	Serum calcium	2.19 mmol/L	
02-Aug-2013	Examination	Corrected serum calcium level	2.26 mmol/L	
02-Aug-2013	Examination	Serum creatinine	69 umol/L	
02-Aug-2013	Examination	Serum potassium	4.3 mmol/L	
02-Aug-2013	Examination	Serum sodium	140 mmol/L	
02-Aug-2013	Examination	Serum TSH level mU/L	2.92 mU/L	
02-Aug-2013	Examination	Serum urea level	4 mmol/L	
02-Aug-2013	Examination	Plasma glucose level	4 mmol/L	
02-Aug-2013	Examination	Plasma C reactive protein	4 mg/L	
02-Aug-2013	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
02-Aug-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	
02-Aug-2013	Examination	Serum albumin: Below low reference limit		
02-Aug-2013	Examination	Serum albumin	34 g/L	(Range: 35 - 50)
02-Aug-2013	Examination	Serum alkaline phosphatase U/L:		
02-Aug-2013	Examination	Serum alkaline phosphatase U/L	66 U/L	(Range: 30 - 130)
02-Aug-2013	Examination	Serum alanine aminotransferase level U/L:		
02-Aug-2013	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 14 U/L	(Range: 5 - 55)
02-Aug-2013	Examination	Serum total bilirubin level:		
02-Aug-2013	Examination	Serum total bilirubin level	2 umol/L	(No range available)
02-Aug-2013	Examination	Serum calcium:		
02-Aug-2013	Examination	Serum calcium	2.19 mmol/L	(Range: 2.1 - 2.55)
02-Aug-2013	Examination	Corrected serum calcium level:		
02-Aug-2013	Examination	Corrected serum calcium level	2.26 mmol/L	(Range: 2.1 - 2.55)
02-Aug-2013	Examination	Serum creatinine:		
02-Aug-2013	Examination	Serum creatinine	69 umol/L	(Range: 62 - 106)
02-Aug-2013	Examination	Serum potassium:		
02-Aug-2013	Examination	Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
02-Aug-2013	Examination	Serum sodium:		
02-Aug-2013	Examination	Serum sodium	140 mmol/L	(Range: 133 - 146)
02-Aug-2013	Examination	Serum TSH level mU/L:		
02-Aug-2013	Examination	Serum TSH level mU/L	2.92 mU/L	(Range: 0.4 - 4)
02-Aug-2013	Examination	Serum urea level:		
02-Aug-2013	Examination	Serum urea level	4 mmol/L	(Range: 2.5 - 7.8)
02-Aug-2013	Examination	Plasma glucose level:		
02-Aug-2013	Examination	Plasma glucose level	4 mmol/L	(Range: 3.3 - 5.8)
02-Aug-2013	Examination	Plasma C reactive protein:		
02-Aug-2013	Examination	Plasma C reactive protein	4 mg/L	(No range available)
02-Aug-2013	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:		
02-Aug-2013	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)
02-Aug-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -:		
02-Aug-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)

03-Aug-2013 Dr Mark Snowden Results recording

02-Aug-2013	Examination	Eosinophil count x10 ⁹ /L	0.14 10 ⁹ /L	
02-Aug-2013	Examination	Haemoglobin estimation	12.3 g/dL	
02-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH)	29 pg	
02-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC)	32.2 g/dL	
02-Aug-2013	Examination	Mean corpuscular volume (MCV) fl	90.1 fL	
02-Aug-2013	Examination	Monocyte count x10 ⁹ /L	0.5 10 ⁹ /L	
02-Aug-2013	Examination	Neutrophil count x10 ⁹ /L	2.9 10 ⁹ /L	
02-Aug-2013	Examination	Platelet count x10 ⁹ /L	216 10 ⁹ /L	
02-Aug-2013	Examination	Red blood cell (RBC) count x10 ¹² /L	4.25 10¹²/L	
02-Aug-2013	Examination	Total white cell count x10 ⁹ /L	6.2 10 ⁹ /L	
02-Aug-2013	Examination	Lymphocyte count x10 ⁹ /L	2.7 10 ⁹ /L	
02-Aug-2013	Examination	Full blood count - FBC <none>		
02-Aug-2013	Examination	Plasma viscosity mPa.s.	1.56 mPa.s	
02-Aug-2013	Examination	Haematocrit	0.383 ratio	
02-Aug-2013	Examination	Basophil count x10 ⁹ /L	0 10 ⁹ /L	
02-Aug-2013	Examination	Eosinophil count x10 ⁹ /L:		
02-Aug-2013	Examination	Eosinophil count x10 ⁹ /L	0.14 10 ⁹ /L	(No range available)
02-Aug-2013	Examination	Haemoglobin estimation: Below low reference limit		
02-Aug-2013	Examination	Haemoglobin estimation	12.3 g/dL	(Range: 13 - 18)
02-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH):		
02-Aug-2013	Examination	Mean corpusc. haemoglobin(MCH)	29 pg	(Range: 27 - 32)
02-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC):		
02-Aug-2013	Examination	Mean corpusc. Hb. conc. (MCHC)	32.2 g/dL	(Range: 32 - 36)
02-Aug-2013	Examination	Mean corpuscular volume (MCV)fl:		
02-Aug-2013	Examination	Mean corpuscular volume (MCV) fl	90.1 fL	(Range: 85 - 105)
02-Aug-2013	Examination	Monocyte count x10 ⁹ /L:		
02-Aug-2013	Examination	Monocyte count x10 ⁹ /L	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
02-Aug-2013	Examination	Neutrophil count x10 ⁹ /L:		
02-Aug-2013	Examination	Neutrophil count x10 ⁹ /L	2.9 10 ⁹ /L	(Range: 2 - 7.5)
02-Aug-2013	Examination	Platelet count x10 ⁹ /L:		
02-Aug-2013	Examination	Platelet count x10 ⁹ /L	216 10 ⁹ /L	(Range: 150 - 400)
02-Aug-2013	Examination	Red blood cell (RBC) count x10 ¹² /L: Below low reference limit		
02-Aug-2013	Examination	Red blood cell (RBC) count x10 ¹² /L	4.25 10¹²/L	(Range: 4.5 - 6)
02-Aug-2013	Examination	Total white cell count x10 ⁹ /L:		
02-Aug-2013	Examination	Total white cell count x10 ⁹ /L	6.2 10 ⁹ /L	(Range: 4 - 11)
02-Aug-2013	Examination	Lymphocyte count x10 ⁹ /L:		
02-Aug-2013	Examination	Lymphocyte count x10 ⁹ /L	2.7 10 ⁹ /L	(Range: 1.5 - 4)
02-Aug-2013	Examination	Full blood count - FBC <none>:		
02-Aug-2013	Examination	Full blood count - FBC <none>		(No range available)
02-Aug-2013	Examination	Plasma viscosity mPa.s.:		
02-Aug-2013	Examination	Plasma viscosity mPa.s.	1.56 mPa.s	(Range: 1.5 - 1.72)
02-Aug-2013	Examination	Haematocrit: Below low reference limit		
02-Aug-2013	Examination	Haematocrit	0.383 ratio	(Range: 0.4 - 0.52)
02-Aug-2013	Examination	Basophil count x10 ⁹ /L:		
02-Aug-2013	Examination	Basophil count x10 ⁹ /L	0 10 ⁹ /L	(No range available)

02-Aug-2013 Mrs Pat Brown Surgery consultation

31-July-2013 Dr Alison Mactavish Surgery consultation

Diagnosis (P3) Patient reviewed turned up 5 minutes late with lots of issues far too many to tackle in 10 min appt far less 5 minutes wants me to fill out appeal form for benefits suggest we try and reduce citalopram and switch to different antidepressants rpt bloods and see citizens advice re benefits pain everywhere sob low mood no specific intent of self harm

19-July-2013 Dr Akolisa Anyaduba Referral Letter

15-July-2013 Mrs . Reception3 Administration

Administration Did not attend - no reason Dr's pre-bookable appt (P3)

01-July-2013 Dr Akolisa Anyaduba Surgery consultation

Diagnosis (P3) Seen by doctor Strongly believes he has fibromyalgi and ME and demanding rheumatology referral. He feels no one is listening to him, he wants scans for fibromyalgia, cortisol levels and everyother tests.He also wants skull xray as he thinks he has fractured skull.He has continous pain in his scalp. right back, right thigh and legs. Does not believe the result of his clotting screenSays he was abused as a child and needs psychology referral.has been falling out with people and has anger problemsPlan Psychology referralThere is really no scans fot fibromyalgia and ME and no indication for skull xrayI have given him patient.co.uk leaflet for fibromyalgia and mentioned pain relief, antidepressant and CBT as rx when we make the diagnosis

28-Jun-2013 Mrs Pat Brown Surgery consultation

Administration Computer summary updated
(P2)

25-Jun-2013 Diagnosis Rupture tendon of finger - left middle finger- mallet
(P2) deformity after minor trauma

28-Jun-2013 Dr Elizabeth Brown Surgery consultation

Administration MED3 - doctor's statement 4/52 depression and chronic
(P3) pain. Feels not 'in head' and feels he has ME. Further medication and review

18-Jun-2013 Ms . Receptiond2 Administration

17-Jun-2013 Administration Did not attend - no reason pre-booked appt
(P3)

04-Jun-2013 Dr Mark Snowden Results recording

03-Jun-2013	Examination	Eosinophil count x10 ⁹ /L	0.18 10 ⁹ /L	
03-Jun-2013	Examination	Haemoglobin estimation	13.4 g/dL	
03-Jun-2013	Examination	Mean corpusc. haemoglobin(MCH)	29.2 pg	
03-Jun-2013	Examination	Mean corpusc. Hb. conc. (MCHC)	32.1 g/dL	
03-Jun-2013	Examination	Mean corpuscular volume (MCV) fl	91.1 fL	
03-Jun-2013	Examination	Monocyte count x10 ⁹ /L	0.4 10 ⁹ /L	
03-Jun-2013	Examination	Neutrophil count x10 ⁹ /L	3.6 10 ⁹ /L	
03-Jun-2013	Examination	Platelet count x10 ⁹ /L	290 10 ⁹ /L	
03-Jun-2013	Examination	Red blood cell (RBC) count x10 ¹² /L	4.6 10 ¹² /L	
03-Jun-2013	Examination	Total white cell count x10 ⁹ /L	7.2 10 ⁹ /L	
03-Jun-2013	Examination	Lymphocyte count x10 ⁹ /L	2.8 10 ⁹ /L	
03-Jun-2013	Examination	Clotting screening test <none>		
03-Jun-2013	Examination	APTT secs.	32.2 s	
03-Jun-2013	Examination	Full blood count - FBC <none>		
03-Jun-2013	Examination	Haematocrit	0.419 ratio	
03-Jun-2013	Examination	Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	
03-Jun-2013	Examination	Prothrombin time secs.	10.2 s	
03-Jun-2013	Examination	Activated partial thromboplastin time ratio APTT ratio	1.1 s	
03-Jun-2013	Examination	International normalised ratio	0.9 ratio	
03-Jun-2013	Examination	Eosinophil count x10 ⁹ /L:		
		Eosinophil count x10 ⁹ /L	0.18 10 ⁹ /L	(No range available)
03-Jun-2013	Examination	Haemoglobin estimation:		
		Haemoglobin estimation	13.4 g/dL	(Range: 13 - 18)
03-Jun-2013	Examination	Mean corpusc. haemoglobin(MCH):		
		Mean corpusc. haemoglobin(MCH)	29.2 pg	(Range: 27 - 32)
03-Jun-2013	Examination	Mean corpusc. Hb. conc. (MCHC):		
		Mean corpusc. Hb. conc. (MCHC)	32.1 g/dL	(Range: 32 - 36)
03-Jun-2013	Examination	Mean corpuscular volume (MCV)fl:		
		Mean corpuscular volume (MCV) fl	91.1 fL	(Range: 85 - 105)
03-Jun-2013	Examination	Monocyte count x10 ⁹ /L:		
		Monocyte count x10 ⁹ /L	0.4 10 ⁹ /L	(Range: 0.2 - 0.8)
03-Jun-2013	Examination	Neutrophil count x10 ⁹ /L:		
		Neutrophil count x10 ⁹ /L	3.6 10 ⁹ /L	(Range: 2 - 7.5)
03-Jun-2013	Examination	Platelet count x10 ⁹ /L:		
		Platelet count x10 ⁹ /L	290 10 ⁹ /L	(Range: 150 - 400)
03-Jun-2013	Examination	Red blood cell (RBC) count x10 ¹² /L:		
		Red blood cell (RBC) count x10 ¹² /L	4.6 10 ¹² /L	(Range: 4.5 - 6)
03-Jun-2013	Examination	Total white cell count x10 ⁹ /L:		
		Total white cell count x10 ⁹ /L	7.2 10 ⁹ /L	(Range: 4 - 11)
03-Jun-2013	Examination	Lymphocyte count x10 ⁹ /L:		
		Lymphocyte count x10 ⁹ /L	2.8 10 ⁹ /L	(Range: 1.5 - 4)
03-Jun-2013	Examination	Clotting screening test <none>:		
		Clotting screening test <none>		(No range available)
03-Jun-2013	Examination	APTT secs.:		
		APTT secs.	32.2 s	(Range: 22.9 - 34.4)
03-Jun-2013	Examination	Full blood count - FBC <none>:		
		Full blood count - FBC <none>		(No range available)
03-Jun-2013	Examination	Haematocrit:		
		Haematocrit	0.419 ratio	(Range: 0.4 - 0.52)
03-Jun-2013	Examination	Basophil count x10 ⁹ /L:		
		Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)
03-Jun-2013	Examination	Prothrombin time secs.:		
		Prothrombin time secs.	10.2 s	(Range: 9.5 - 14)
03-Jun-2013	Examination	Activated partial thromboplastin time ratio APTT ratio:		
		Activated partial thromboplastin time ratio APTT ratio	1.1 s	(No range available)
03-Jun-2013	Examination	International normalised ratio:		
		International normalised ratio	0.9 ratio	(No range available)

03-Jun-2013 Mrs Shona Adam Surgery consultation**29-May-2013 Dr Mark Snowden Surgery consultation**

Administration MED3 - doctor's statement 4/52 depression, chronic pain
(P3)

Administration Telephone encounter Didn't make appointment. Rx &
(P3) med 3. Keen for bloods for easy bruising on legs. Will do web CBT

21-May-2013 Ms . Receptiond2 Administration

Administration Did not attend - no reason pre-booked appt
(P3)

30-Apr-2013 Dr Mark Snowden Surgery consultation

Diagnosis (P3) Patient reviewed Mood not imptoved. ?Lost citalopram & has been off for 1/52. Various health concerns, musculoskeletal pain oower back & neck - seen by physio. no letter in yet. Try citalopram 30 & rev in 3-4/52
Administration (P3) MED3 - doctor's statement depression, chronic pain start 8/4/13, 8/52

10-Apr-2013 Dr Alison Mactavish Surgery consultation

09-Apr-2013 Administration Depression interim review
(P3)

09-Apr-2013 Dr Elaine S Thomson Surgery consultation

Diagnosis (P3) Patient reviewed Not feeling any better yet rev 3 weeks
Administration (P3) MED3 - doctor's statement 4 weeks nerve pain/depression

12-Mar-2013 Dr Mark Snowden Results recording

08-Mar-2013	Examination	Serum creatinine	75 umol/L	
08-Mar-2013	Examination	Serum potassium	4.1 mmol/L	
08-Mar-2013	Examination	Serum sodium	140 mmol/L	
08-Mar-2013	Examination	Serum urea level	4.3 mmol/L	
08-Mar-2013	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtbd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
08-Mar-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	
08-Mar-2013	Examination	Serum creatinine: Serum creatinine	75 umol/L	(Range: 62 - 106)
08-Mar-2013	Examination	Serum potassium: Serum potassium	4.1 mmol/L	(Range: 3.5 - 5.3)
08-Mar-2013	Examination	Serum sodium: Serum sodium	140 mmol/L	(Range: 133 - 146)
08-Mar-2013	Examination	Serum urea level: Serum urea level	4.3 mmol/L	(Range: 2.5 - 7.8)
08-Mar-2013	Examination	GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtbd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA: GFR calculated abbreviated MDRD adj for African Americ orign GFR calctd abtbd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)
08-Mar-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -: GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)

08-Mar-2013 Mrs Pat Brown Surgery consultation**08-Mar-2013 Dr Mark Snowden Surgery consultation**

Diagnosis (P3) Patient health questionnaire (PHQ-9) score [X]Depressive episode low past 1/12. Not actively suicidal. No thoughts DSH. Start ssri, rev in 2-4/52

04-Mar-2013 Mrs Pat Brown Surgery consultation**01-Mar-2013 Dr Alison Mactavish Surgery consultation**

Intervention (P3) Had a chat to patient turned up 30 minutes late and loads of issues insists on referral for CT scan as sister has had bleed in brain doesn't want to discuss amitriptyline/ gaba for ongoing nerve pain

18-Feb-2013 Mrs Pat Brown Surgery consultation**11-Feb-2013 Dr Theo Morrocco Surgery consultation**

Diagnosis (P3) Patient reviewed cough continues. green spit. says he knows he needs an Abx. chest clear. discussed. given up-prescribe Abx

06-Feb-2013 Dr Mark Snowden Surgery consultation

Administration Telephone encounter Discussed bloods - repeat U&E. X-
(P3) ray NAD. Self refer physio using dundee working health
services hotline

04-Feb-2013 Ms Rhonda Robertson Mail to patient

04-Feb-2013 Dr Mark Snowden Surgery consultation

Diagnosis ASSIGN score

02-Feb-2013 Dr Mark Snowden Results recording

01-Feb-2013	Examination	Eosinophil count x10 ⁹ /L	0.22 10 ⁹ /L	
01-Feb-2013	Examination	Haemoglobin estimation	14.1 g/dL	
01-Feb-2013	Examination	Mean corpusc. haemoglobin(MCH)	29.5 pg	
01-Feb-2013	Examination	Mean corpusc. Hb. conc. (MCHC)	32 g/dL	
01-Feb-2013	Examination	Mean corpuscular volume (MCV) fl	92.2 fL	
01-Feb-2013	Examination	Monocyte count x10 ⁹ /L	0.5 10 ⁹ /L	
01-Feb-2013	Examination	Neutrophil count x10 ⁹ /L	4.6 10 ⁹ /L	
01-Feb-2013	Examination	Platelet count x10 ⁹ /L	255 10 ⁹ /L	
01-Feb-2013	Examination	Red blood cell (RBC) count x10 ¹² /L	4.78 10 ¹² /L	
01-Feb-2013	Examination	Total white cell count x10 ⁹ /L	8.4 10 ⁹ /L	
01-Feb-2013	Examination	Lymphocyte count x10 ⁹ /L	3 10 ⁹ /L	
01-Feb-2013	Examination	Full blood count - FBC <none>		
01-Feb-2013	Examination	Haematocrit	0.44 ratio	
01-Feb-2013	Examination	Basophil count x10 ⁹ /L	0 10 ⁹ /L	
01-Feb-2013	Examination	Eosinophil count x10 ⁹ /L:		
01-Feb-2013	Examination	Eosinophil count x10 ⁹ /L	0.22 10 ⁹ /L	(No range available)
01-Feb-2013	Examination	Haemoglobin estimation:		
01-Feb-2013	Examination	Haemoglobin estimation	14.1 g/dL	(Range: 13 - 18)
01-Feb-2013	Examination	Mean corpusc. haemoglobin(MCH):		
01-Feb-2013	Examination	Mean corpusc. haemoglobin(MCH)	29.5 pg	(Range: 27 - 32)
01-Feb-2013	Examination	Mean corpusc. Hb. conc. (MCHC):		
01-Feb-2013	Examination	Mean corpusc. Hb. conc. (MCHC)	32 g/dL	(Range: 32 - 36)
01-Feb-2013	Examination	Mean corpuscular volume (MCV)fl:		
01-Feb-2013	Examination	Mean corpuscular volume (MCV) fl	92.2 fL	(Range: 85 - 105)
01-Feb-2013	Examination	Monocyte count x10 ⁹ /L:		
01-Feb-2013	Examination	Monocyte count x10 ⁹ /L	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
01-Feb-2013	Examination	Neutrophil count x10 ⁹ /L:		
01-Feb-2013	Examination	Neutrophil count x10 ⁹ /L	4.6 10 ⁹ /L	(Range: 2 - 7.5)
01-Feb-2013	Examination	Platelet count x10 ⁹ /L:		
01-Feb-2013	Examination	Platelet count x10 ⁹ /L	255 10 ⁹ /L	(Range: 150 - 400)
01-Feb-2013	Examination	Red blood cell (RBC) count x10 ¹² /L:		
01-Feb-2013	Examination	Red blood cell (RBC) count x10 ¹² /L	4.78 10 ¹² /L	(Range: 4.5 - 6)
01-Feb-2013	Examination	Total white cell count x10 ⁹ /L:		
01-Feb-2013	Examination	Total white cell count x10 ⁹ /L	8.4 10 ⁹ /L	(Range: 4 - 11)
01-Feb-2013	Examination	Lymphocyte count x10 ⁹ /L:		
01-Feb-2013	Examination	Lymphocyte count x10 ⁹ /L	3 10 ⁹ /L	(Range: 1.5 - 4)
01-Feb-2013	Examination	Full blood count - FBC <none>:		
01-Feb-2013	Examination	Full blood count - FBC <none>		(No range available)
01-Feb-2013	Examination	Haematocrit:		
01-Feb-2013	Examination	Haematocrit	0.44 ratio	(Range: 0.4 - 0.52)
01-Feb-2013	Examination	Basophil count x10 ⁹ /L:		
01-Feb-2013	Examination	Basophil count x10 ⁹ /L	0 10 ⁹ /L	(No range available)

02-Feb-2013 Dr Mark Snowden Results recording

01-Feb-2013	Examination	Serum albumin	31 g/L	
01-Feb-2013	Examination	Serum alkaline phosphatase U/L	67 U/L	
01-Feb-2013	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 12 U/L	
01-Feb-2013	Examination	Serum total bilirubin level	4 umol/L	
01-Feb-2013	Examination	Serum calcium	2.24 mmol/L	
01-Feb-2013	Examination	Corrected serum calcium level	2.34 mmol/L	
01-Feb-2013	Examination	Serum cholesterol	5.89 mmol/L	
01-Feb-2013	Examination	Serum creatinine	70 umol/L	
01-Feb-2013	Examination	Serum HDL cholesterol level	1.23 mmol/L	
01-Feb-2013	Examination	Serum potassium	5.4 mmol/L	
01-Feb-2013	Examination	Serum sodium	142 mmol/L	
01-Feb-2013	Examination	Serum TSH level mU/L	4.1 mU/L	
01-Feb-2013	Examination	Serum urea level	5.1 mmol/L	
01-Feb-2013	Examination	Plasma glucose level	4 mmol/L	
01-Feb-2013	Examination	GFR calculated abbreviated MDRD adj for African American origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
01-Feb-2013	Examination	Total cholesterol:HDL ratio <none>		
01-Feb-2013	Examination	Total cholesterol:HDL ratio .	4.7 ratio	
01-Feb-2013	Examination	Serum free T4 level	11.1 pmol/L	
01-Feb-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD -		
01-Feb-2013	Examination	Serum albumin: Below low reference limit		
01-Feb-2013	Examination	Serum albumin	31 g/L	(Range: 35 - 50)
01-Feb-2013	Examination	Serum alkaline phosphatase U/L:		
01-Feb-2013	Examination	Serum alkaline phosphatase U/L	67 U/L	(Range: 30 - 130)
01-Feb-2013	Examination	Serum alanine aminotransferase level Serum ALT level - U/L:		
01-Feb-2013	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 12 U/L	(Range: 5 - 55)
01-Feb-2013	Examination	Serum total bilirubin level:		
01-Feb-2013	Examination	Serum total bilirubin level	4 umol/L	(No range available)
01-Feb-2013	Examination	Serum calcium:		
01-Feb-2013	Examination	Serum calcium	2.24 mmol/L	(Range: 2.1 - 2.55)
01-Feb-2013	Examination	Corrected serum calcium level:		
01-Feb-2013	Examination	Corrected serum calcium level	2.34 mmol/L	(Range: 2.1 - 2.55)
01-Feb-2013	Examination	Serum cholesterol: Above high reference limit		
01-Feb-2013	Examination	Serum cholesterol	5.89 mmol/L	(No range available)
01-Feb-2013	Examination	Serum creatinine:		
01-Feb-2013	Examination	Serum creatinine	70 umol/L	(Range: 62 - 106)
01-Feb-2013	Examination	Serum HDL cholesterol level:		
01-Feb-2013	Examination	Serum HDL cholesterol level	1.23 mmol/L	(Range: 0.6 - 2.5)
01-Feb-2013	Examination	Serum potassium: Above high reference limit		
01-Feb-2013	Examination	Serum potassium	5.4 mmol/L	(Range: 3.5 - 5.3)
01-Feb-2013	Examination	Serum sodium:		
01-Feb-2013	Examination	Serum sodium	142 mmol/L	(Range: 133 - 146)
01-Feb-2013	Examination	Serum TSH level mU/L: Above high reference limit		
01-Feb-2013	Examination	Serum TSH level mU/L	4.1 mU/L	(Range: 0.4 - 4)
01-Feb-2013	Examination	Serum urea level:		
01-Feb-2013	Examination	Serum urea level	5.1 mmol/L	(Range: 2.5 - 7.8)
01-Feb-2013	Examination	Plasma glucose level:		
01-Feb-2013	Examination	Plasma glucose level	4 mmol/L	(Range: 3.3 - 5.8)
01-Feb-2013	Examination	GFR calculated abbreviated MDRD adj for African American origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:		
01-Feb-2013	Examination	GFR calculated abbreviated MDRD adj for African American origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
01-Feb-2013	Examination	Total cholesterol:HDL ratio <none>:		
01-Feb-2013	Examination	Total cholesterol:HDL ratio <none>		(No range available)
01-Feb-2013	Examination	Total cholesterol:HDL ratio.:		
01-Feb-2013	Examination	Total cholesterol:HDL ratio .	4.7 ratio	(No range available)
01-Feb-2013	Examination	Serum free T4 level:		
01-Feb-2013	Examination	Serum free T4 level	11.1 pmol/L	(Range: 9.8 - 18.8)
01-Feb-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD -:		
01-Feb-2013	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD -	60 mL/min	(No range available)

01-Feb-2013 Mrs Pat Brown Surgery consultation

31-Jan-2013 Dr Alison Mactavish Surgery consultation

Intervention (P3)	Had a chat to patient re neck pain asking for collar discussed hasn't been for xr or bloods yet will get that done tomorrow then review ? refer physio
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22-Jan-2013 Dr Mark Snowden Surgery consultation

Symptom	Dietary history	poor diet, low calorie	
Symptom	Enjoys light exercise	works as PA for disabled person	
Examination	O/E - pulse rhythm	regular	
Examination	O/E - pulse rate		88 bpm
Examination	O/E - blood pressure reading		105 / 70 mm Hg
Diagnosis	Fast alcohol screening test	rarely drinks	
Symptom (P3)	Cough	persistent. O/E APyrexial, chest clear, RR16. Plan X-ray. Also tupper thoracic pain. Plan CXR. Also kw bloods	
Symptom (P3)	No benefits received		
Symptom (P3)	In employment	tatoost	
Diagnosis (P3)	Depression screening using questions	no to both	
Diagnosis (P3)	Lifestyle counselling		
Administration (P3)	White	Scottish	
Administration (P3)	Attends well	adult monitoring	
Examination	Waist circumference		83 cm
Examination	Trivial drinker	<1u/day	units per week
Examination	O/E - weight		65 Kg
Examination	Body Mass Index		19.8
Examination	O/E - height		1.81 m

22-Jan-2013 Dr Mark Snowden Surgery consultation

Intervention	Smoking cessation advice	
Administration (P3)	Well adult monitor	phone inv.
Administration (P3)	Telephone encounter	thr5oat pain app 3:10
Examination	Current smoker	20 / / cigarettes / cigars / tobacco

10-Sept-2012 Mrs Shona Adam Surgery consultation

Administration (P3)	Computer summary updated
28-Aug-2012 Intervention (P1)	Vasectomy NEC

12-Jun-2012 Dr Theo Morrocco Surgery consultation

Diagnosis (P3)	Patient reviewed	much the same. amitrip not doing much. discussed. increase to 25mg nocte as trial. could increase up to 50 if required. r/v in 1/12 or so
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21-May-2012 Dr Alison Mactavish Referral Letter**16-May-2012 Dr J W Locke Surgery consultation**

Intervention (P3)	Patient given advice	Vasectomy 04/03/2009
Symptom (P3)	Cough	still c/o -but feels better -chest clear leave
Diagnosis (P3)	Peripheral neuropathy - hereditary or idiopathic	18yr h/o discomfort across lft shoulder -with rad to armoe no peripheral signstry amitrip
Intervention (P3)	Vasectomy requested	referred surg
Examination	O/E - weight	65 Kg
Examination	Body Mass Index	19.8

08-May-2012 Dr Theo Morrocco Surgery consultation

Symptom (P3)	Cough	for last 2 weeks. thick green phlegm. sob. o/e chest actually quite clear. discussed., for AB
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26-Mar-2012 Ms Heather Milligan Administration

Diagnosis (P3)	Keep well programme	Added by Keep well team
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19-Mar-2012 Ms Heather Milligan Administration**06-Dec-2011 Dr J W Locke Surgery consultation**

Diagnosis (P3)	Patient reviewed	reass re ixtry nsai -jt discomfort
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02-Dec-2011 Dr J W Locke Results recording

29-Nov-2011	Examination	Serum ANA pattern	Positive	
29-Nov-2011	Examination	Anti-nuclear antibody level	1:80 Speckled.	
29-Nov-2011	Examination	Serum ANA pattern	Positive: Potentially abnormal	
		Serum ANA pattern	Positive	(No range available)
29-Nov-2011	Examination	Anti-nuclear antibody level	1:80 Speckled.:	
		Anti-nuclear antibody level	1:80 Speckled.	(No range available)

01-Dec-2011 Dr J W Locke Results recording

29-Nov-2011	Examination	Plasma viscosity	mPa.s.	1.64 mPa.s	
29-Nov-2011	Examination	Plasma viscosity	mPa.s.:	1.64 mPa.s	(Range: 1.5 - 1.72)
		Plasma viscosity	mPa.s.		

30-Nov-2011 Dr J W Locke Results recording

29-Nov-2011	Examination	Eosinophil count	x10 ⁹ /L	0.21 10 ⁹ /L	
29-Nov-2011	Examination	Haemoglobin estimation		14.2 g/dL	
29-Nov-2011	Examination	Mean corpusc. haemoglobin(MCH)		29.9 pg	
29-Nov-2011	Examination	Mean corpusc. Hb. conc. (MCHC)		32.8 g/dL	
29-Nov-2011	Examination	Mean corpuscular volume (MCV)	fl	91.2 fL	
29-Nov-2011	Examination	Monocyte count	x10 ⁹ /L	0.8 10 ⁹ /L	
29-Nov-2011	Examination	Neutrophil count	x10 ⁹ /L	5.1 10 ⁹ /L	
29-Nov-2011	Examination	Platelet count	x10 ⁹ /L	255 10 ⁹ /L	
29-Nov-2011	Examination	Red blood cell (RBC) count	x10 ¹² /L	4.75 10 ¹² /L	
29-Nov-2011	Examination	Reticulocyte count	x10 ⁹ /l	64 10 ⁹ /L	
29-Nov-2011	Examination	Total white cell count	x10 ⁹ /L	8.9 10 ⁹ /L	
29-Nov-2011	Examination	Lymphocyte count	x10 ⁹ /L	2.8 10 ⁹ /L	
29-Nov-2011	Examination	Full blood count - FBC	FBC		
29-Nov-2011	Examination	Haematocrit		0.433 ratio	
29-Nov-2011	Examination	Basophil count	x10 ⁹ /L	0.1 10 ⁹ /L	
29-Nov-2011	Examination	Eosinophil count	x10 ⁹ /L:		
		Eosinophil count	x10 ⁹ /L	0.21 10 ⁹ /L	(No range available)
29-Nov-2011	Examination	Haemoglobin estimation:			
		Haemoglobin estimation		14.2 g/dL	(Range: 13 - 18)
29-Nov-2011	Examination	Mean corpusc. haemoglobin(MCH):			
		Mean corpusc. haemoglobin(MCH)		29.9 pg	(Range: 27 - 32)
29-Nov-2011	Examination	Mean corpusc. Hb. conc. (MCHC):			
		Mean corpusc. Hb. conc. (MCHC)		32.8 g/dL	(Range: 32 - 36)
29-Nov-2011	Examination	Mean corpuscular volume (MCV)fl:			
		Mean corpuscular volume (MCV)	fl	91.2 fL	(Range: 80 - 96)
29-Nov-2011	Examination	Monocyte count	x10 ⁹ /L:		
		Monocyte count	x10 ⁹ /L	0.8 10 ⁹ /L	(Range: 0.2 - 0.8)
29-Nov-2011	Examination	Neutrophil count	x10 ⁹ /L:		
		Neutrophil count	x10 ⁹ /L	5.1 10 ⁹ /L	(Range: 2 - 7.5)
29-Nov-2011	Examination	Platelet count	x10 ⁹ /L:		
		Platelet count	x10 ⁹ /L	255 10 ⁹ /L	(Range: 150 - 400)
29-Nov-2011	Examination	Red blood cell (RBC) count	x10 ¹² /L:		
		Red blood cell (RBC) count	x10 ¹² /L	4.75 10 ¹² /L	(Range: 4.5 - 6)
29-Nov-2011	Examination	Reticulocyte count	x10 ⁹ /l:		
		Reticulocyte count	x10 ⁹ /l	64 10 ⁹ /L	(Range: 25 - 85)
29-Nov-2011	Examination	Total white cell count	x10 ⁹ /L:		
		Total white cell count	x10 ⁹ /L	8.9 10 ⁹ /L	(Range: 4 - 11)
29-Nov-2011	Examination	Lymphocyte count	x10 ⁹ /L:		
		Lymphocyte count	x10 ⁹ /L	2.8 10 ⁹ /L	(Range: 1.5 - 4)
29-Nov-2011	Examination	Full blood count - FBC	FBC:		
		Full blood count - FBC	FBC		(No range available)
29-Nov-2011	Examination	Haematocrit:			
		Haematocrit		0.433 ratio	(Range: 0.4 - 0.52)
29-Nov-2011	Examination	Basophil count	x10 ⁹ /L:		
		Basophil count	x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)

30-Nov-2011 Dr J W Locke Results recording

29-Nov-2011	Examination	Serum albumin	42 g/L	
29-Nov-2011	Examination	Serum alkaline phosphatase U/L	58 U/L	
29-Nov-2011	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 18 U/L	
29-Nov-2011	Examination	Serum total bilirubin level	5 umol/L	
29-Nov-2011	Examination	Serum calcium	2.24 mmol/L	
29-Nov-2011	Examination	Corrected serum calcium level	2.31 mmol/L	
29-Nov-2011	Examination	Serum creatine kinase level U/L	149 U/L	
29-Nov-2011	Examination	Serum creatinine	79 umol/L	
29-Nov-2011	Examination	Serum potassium POTASSIUM -	4 mmol/L	
29-Nov-2011	Examination	Serum sodium	142 mmol/L	
29-Nov-2011	Examination	Serum TSH level mU/L	3.54 mU/L	
29-Nov-2011	Examination	Serum urea level	5.2 mmol/L	
29-Nov-2011	Examination	Plasma glucose level	4.2 mmol/L	
29-Nov-2011	Examination	Plasma C reactive protein	3 mg/L	
29-Nov-2011	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
29-Nov-2011	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	
29-Nov-2011	Examination	Serum albumin:		
29-Nov-2011	Examination	Serum albumin	42 g/L	(Range: 36 - 50)
29-Nov-2011	Examination	Serum alkaline phosphataseU/L:		
29-Nov-2011	Examination	Serum alkaline phosphatase U/L	58 U/L	(Range: 30 - 105)
29-Nov-2011	Examination	Serum alanine aminotransferase level	Serum ALT level - U/L:	
29-Nov-2011	Examination	Serum alanine aminotransferase level U/L	Serum ALT level - 18 U/L	(Range: 15 - 55)
29-Nov-2011	Examination	Serum total bilirubin level:		
29-Nov-2011	Examination	Serum total bilirubin level	5 umol/L	(No range available)
29-Nov-2011	Examination	Serum calcium:		
29-Nov-2011	Examination	Serum calcium	2.24 mmol/L	(Range: 2.1 - 2.55)
29-Nov-2011	Examination	Corrected serum calcium level:		
29-Nov-2011	Examination	Corrected serum calcium level	2.31 mmol/L	(Range: 2.1 - 2.55)
29-Nov-2011	Examination	Serum creatine kinase levelU/L:		
29-Nov-2011	Examination	Serum creatine kinase level U/L	149 U/L	(Range: 45 - 180)
29-Nov-2011	Examination	Serum creatinine:		
29-Nov-2011	Examination	Serum creatinine	79 umol/L	(Range: 62 - 106)
29-Nov-2011	Examination	Serum potassiumPOTASSIUM -:		
29-Nov-2011	Examination	Serum potassium POTASSIUM -	4 mmol/L	(Range: 3.5 - 5)
29-Nov-2011	Examination	Serum sodium:		
29-Nov-2011	Examination	Serum sodium	142 mmol/L	(Range: 135 - 147)
29-Nov-2011	Examination	Serum TSH levelmU/L:		
29-Nov-2011	Examination	Serum TSH level mU/L	3.54 mU/L	(Range: 0.4 - 4)
29-Nov-2011	Examination	Serum urea level:		
29-Nov-2011	Examination	Serum urea level	5.2 mmol/L	(Range: 3.3 - 6.6)
29-Nov-2011	Examination	Plasma glucose level:		
29-Nov-2011	Examination	Plasma glucose level	4.2 mmol/L	(Range: 3.3 - 5.8)
29-Nov-2011	Examination	Plasma C reactive protein:		
29-Nov-2011	Examination	Plasma C reactive protein	3 mg/L	(No range available)
29-Nov-2011	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA:		
29-Nov-2011	Examination	GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		
29-Nov-2011	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -:		
29-Nov-2011	Examination	GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)

29-Nov-2011 Ms Eileen Bennett Surgery consultation**29-Nov-2011 Dr J W Locke Surgery consultation**

Intervention	Smoking cessation advice	
Examination	O/E - blood pressure reading	109 / 83 mm Hg
Diagnosis	Fast alcohol screening test soc	
Symptom (P3)	Polysymptomatic for 24hrs -gen aches in limbs - describes periodic infreq jerky move oe v. lirttle	
Examination	Current smoker	// cigarettes / cigars / tobacco

22-Nov-2011 Dr Elaine S Thomson Surgery consultation

Administration Failed encounter
(P3)

22-Sept-2011 Ms Heather Milligan Administration

Administration Well adult monitor.admin.NOS Eligible for Hearty Lives
(P3)

06-May-2011 Dr J W Locke Surgery consultation

Intervention Had a chat to patient concern re paternity of 24yr
(P3) "daughter" advised to see lawyer

23-Feb-2011 Dr Elaine S Thomson Surgery consultation

Intervention Smoking cessation advice
Diagnosis Chest infection
(P1)
Examination Current smoker // cigarettes / cigars /
tobacco

05-Aug-2009 Dr Elaine S Thomson Surgery consultation

Intervention Smoking cessation advice
Diagnosis Sciatica Left leg
(P1)
Examination Current smoker // cigarettes / cigars /
tobacco

25-Jun-2008 Dr Anne Mcaskie Surgery consultation

Intervention Smoking cessation advice
Examination Current smoker // cigarettes / cigars /
tobacco

02-July-2007 Dr J W Locke Surgery consultation

Administration Computer summary updated
(P2)

29-Jun-2007 Dr J W Locke Surgery consultation

Administration Computer summary updated
(P2)

17-Dec-2004 Dr J D Fletcher Surgery consultation

Intervention Smoking cessation advice
Examination Current smoker 0 // cigarettes /
cigars / tobacco

07-July-2001 Surgery consultation

Administration SUMMARIES UPDATED
(P2)

30-Oct-1995 Surgery consultation

Diagnosis WHC

19-Feb-1993 Surgery consultation

Administration Pat. GP7B/GP8B card from HB
(P2)

Medications (inc. issues)

Acute

22-Sept-2025 Tadalafil 5mg tablets
56 tablet - ONE DAILY

22-Sept-2025 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd)
56 tablet - ONE DAILY

Repeat

20-Jun-2025 Tadalafil 5mg tablets
56 tablet - ONE DAILY

15-May-2025 Fluticasone furoate 27.5micrograms/dose nasal spray
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

02-May-2025 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd)
56 tablet - ONE DAILY

Past

25-Jun-2025 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE DAILY

20-Jun-2025 Tadalafil 5mg tablets Acute Medication (Past)
56 tablet - ONE DAILY

23-May-2025 Tadalafil 5mg tablets Acute Medication (Past)
28 tablet - ONE DAILY

02-May-2025 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE DAILY

02-May-2025 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - ONE CAP THREE TIMES A DAY for 5 days

16-Sept-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

15-Aug-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

26-Jun-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

26-Jun-2024 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

04-Apr-2024 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

04-Apr-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

05-Feb-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

16-Jan-2024 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

05-Dec-2023 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

05-Dec-2023 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

05-Dec-2023 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

01-Dec-2023 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - ONE CAP THREE TIMES A DAY FOR 5 DAYS

17-Nov-2023 Doxycycline 100mg capsules Acute Medication (Past)
6 capsule - take two immediately then take one each day thereafter

13-Jun-2023 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

13-Jun-2023 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

29-Mar-2023 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

16-Mar-2023 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

23-Feb-2023 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

23-Feb-2023 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

19-Jan-2023 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

19-Jan-2023 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

07-Dec-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

07-Dec-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

07-Nov-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

11-Oct-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

01-Aug-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

01-Aug-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

10-Jun-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

12-May-2022 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 FOUR TIMES A DAY

12-May-2022 Diazepam 2mg tablets Acute Medication (Past)
10 tablet - 2 TONIGHT AND THEN ONE THREE TIMES A DAY IF REQUIRED

11-May-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

11-May-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

04-Mar-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

04-Mar-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

04-Mar-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

07-Feb-2022 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - TAKE 1-2 FOUR TIMES A DAY

25-Jan-2022 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

25-Jan-2022 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

10-Dec-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

10-Dec-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

09-Nov-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

21-Oct-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

21-Oct-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

16-Sept-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

18-Aug-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

18-Aug-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

27-July-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

27-July-2021 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

21-Jun-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

26-May-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

26-May-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

26-Apr-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

26-Apr-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

26-Apr-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

29-Mar-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

29-Mar-2021 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

23-Feb-2021 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

23-Feb-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

22-Jan-2021 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

21-Dec-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

21-Dec-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

21-Dec-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

19-Nov-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY. ISSUED BY WHCP

05-Nov-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY ISSUED BY WHCP

04-Nov-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

04-Nov-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

20-Oct-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY Notes for dispenser: Pharmacy Dispense Wallacetown Pharmacy

07-Oct-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY Notes for dispenser: Emergency Supply - Wallacetown Pharmacy

07-Oct-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

07-Oct-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

24-Sept-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY Notes for dispenser: Emergency Supply - Wallacetown Pharmacy

08-Sept-2020 Champix 1mg tablets (Pfizer Ltd) Acute Medication (Past)
28 tablet - ONE TO BE TAKEN TWICE EACH DAY Notes for dispenser: Emergency Supply Wallacetown Pharmacy

03-Sept-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

03-Sept-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

03-Sept-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

18-Aug-2020 Champix 0.5mg/1mg 2 week treatment initiation pack (Pfizer L Acute Medication (Past)
25 tablet - AS DIRECTED Notes for dispenser: Emergency Supply Wallacetown Pharmacy

03-Aug-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

17-July-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

10-July-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

10-July-2020 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

10-July-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

09-July-2020 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

09-July-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

09-July-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

09-July-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

16-Jun-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

16-Jun-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

12-May-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

12-May-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

25-Mar-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

25-Mar-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

25-Mar-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

25-Mar-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

06-Mar-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

04-Feb-2020 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

04-Feb-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

23-Jan-2020 Sildenafil 100mg tablets Acute Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

23-Jan-2020 Sildenafil 100mg tablets Repeat Medication (Past)
16 tablet - ONE TABLET WHEN REQUIRED

16-Jan-2020 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

16-Jan-2020 Sildenafil 50mg tablets Repeat Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

06-Jan-2020 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

19-Dec-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

19-Dec-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

03-Dec-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

21-Nov-2019 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

13-Nov-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

13-Nov-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

01-Nov-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

16-Oct-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

16-Oct-2019 Sildenafil 50mg tablets Repeat Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

02-Oct-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

02-Oct-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

17-Sept-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

03-Sept-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

20-Aug-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

26-July-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

26-July-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

26-July-2019 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

24-Jun-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
56 tablet - ONE TABLET(S) DAILY

24-Jun-2019 Sildenafil 50mg tablets Acute Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

24-Jun-2019 Sildenafil 50mg tablets Repeat Medication (Past)
8 tablet - ONE TABLET WHEN REQUIRED

24-Jun-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Repeat Medication (Past)
56 tablet - ONE TABLET(S) DAILY

06-Jun-2019 Sildenafil 50mg tablets Acute Medication (Past)
4 tablet - ONE TABLET WHEN REQUIRED

30-May-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
28 tablet - ONE TABLET(S) DAILY

25-Apr-2019 Tegretol 100mg tablets (Novartis Pharmaceuticals UK Ltd) Acute Medication (Past)
28 tablet - ONE TABLET(S) DAILY

11-Apr-2019 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

16-Aug-2018 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

11-Jun-2018 Fluticasone furoate 27.5micrograms/dose nasal spray Acute Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

11-Jun-2018 Fluticasone furoate 27.5micrograms/dose nasal spray Repeat Medication (Past)
120 dose - ONE SPRAY EACH NOSTRIL EVERY DAY

23-May-2017 Mirtazapine 15mg tablets Acute Medication (Past)
28 tablet - ONE TABLET(S) AT NIGHT

05-Dec-2013 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET(S) AT NIGHT

05-Dec-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

09-Oct-2013 Mirtazapine 45mg tablets Acute Medication (Past)
56 tablet - 1 TABLET(S) AT NIGHT

09-Oct-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

09-Oct-2013 Ferrous fumarate 210mg tablets Acute Medication (Past)
100 tablet - 1 THREE TIMES A DAY

06-Sept-2013 Mirtazapine 45mg tablets Acute Medication (Past)
28 tablet - 1 TABLET(S) AT NIGHT

22-Aug-2013 Mirtazapine 30mg tablets Acute Medication (Past)
28 tablet - 1 TAB AT NIGHT

22-Aug-2013 Ferrous fumarate 210mg tablets Acute Medication (Past)
100 tablet - 1 THREE TIMES A DAY

05-Aug-2013 Mirtazapine 15mg tablets Acute Medication (Past)
14 tablet - 1 TABLET(S) AT NIGHT

05-Aug-2013 Citalopram 10mg tablets Acute Medication (Past)
4 tablet - 1 TABLET DAILY

05-Aug-2013 Gabapentin 300mg capsules Acute Medication (Past)
84 capsule - 1 CAPSULE DAY 1 THEN 1BD FOR 1 DAY THEN 1 THREE TIMES A DAY

05-Aug-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

31-July-2013 Paracetamol 500mg / Dihydrocodeine 30mg tablets Acute Medication (Past)
56 tablet - 2 QID

28-Jun-2013 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY, TOTAL 30MG EVERY DAY

28-Jun-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

28-Jun-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

29-May-2013 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY, TOTAL 30MG EVERY DAY

29-May-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

30-Apr-2013 Citalopram 10mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY, TOTAL 30MG EVERY DAY

30-Apr-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

09-Apr-2013 Citalopram 20mg tablets Acute Medication (Past)
28 tablet - 1 TABLET DAILY

09-Apr-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

08-Mar-2013 Citalopram 10mg tablets Acute Medication (Past)
56 tablet - 1 TABLET DAILY FOR 1 WEEK THEN 2 TABLET(S) EVERY DAY

01-Mar-2013 Co-codamol 30mg/500mg tablets Acute Medication (Past)
100 tablet - 2 QID

11-Feb-2013 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - 2 IMMEDIATELY 1MANE

22-Jan-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 1 CAPSULE ONCE A DAY IF TAKING IBUPROFEN

22-Jan-2013 Ibuprofen 400mg tablets Acute Medication (Past)
84 tablet - 1 TABLET(S) THREE TIMES A DAY

12-Jun-2012 Amitriptyline 25mg tablets Acute Medication (Past)
56 tablet - 1 TABLET AT NIGHT

16-May-2012 AMITRIPTYLINE HCl tabs 10mg Acute Medication (Past)
28 tablet - 1 TABLET(S) AT NIGHT

08-May-2012 DOXYCYCLINE (AS HYCLATE) caps 100mg Acute Medication (Past)
8 capsule - 2 IMMEDIATELY 1MANE

06-Dec-2011 NAPROXEN tabs 250mg Acute Medication (Past)
84 tablet - TAKE ONE THREE TIMES DAILY WITH FOOD

23-Feb-2011 DOXYCYCLINE (AS HYCLATE) caps 100mg Acute Medication (Past)
8 capsule(s) - 2 IMMEDIATELY 1MANE

05-Aug-2009 CO-CODAMOL caps 30mg + 500mg Acute Medication (Past)
100 capsule(s) - TAKE ONE TO BE TAKEN OR TWO TO BE TAKEN 4 TIMES/DAY

25-Jun-2008 TRIMOVATE crm Acute Medication (Past)
30 gram(s) - APPLY TWICE A DAY

17-Dec-2004 Amoxicillin CAPS 500MG Acute Medication (Past)
21 - 1 Cap 3 times daily

17-Dec-2004 Penicillin V TABS 250MG Acute Medication (Past)
56 - 2 Tabs 4 times daily

Allergies

This section is empty.

Vaccinations

08-Dec-2021

Administration of first dose of SARS-CoV-2 vaccine
C-19 Booster Pfizer (Dundee Central Mass Vax Clinic)
Intervention
COVPFIZER

29-July-2021 Dr Mark Snowden

Administration of second dose of SARS-CoV-2 vacc
C-19 Pfizer (By L McAfee)
Intervention
COVPFIZER

28-May-2021 Dr Mark Snowden

Admin first dse SARS-CoV-2 vac
C-19 Pfizer (By Y Taylor)
Intervention
COVPFIZER

Referrals

This section is empty.

Test Requests

31-Dec-9999 Dr Eilidh O'Neil

Laboratory test requested
Remote Test request from ICE system: NHS Tayside On Line Requesting Clinical Information: v high cholesterol Priority: non-urgent, Ordered from: Genetics, No samples collected Test: Familial Hypercholesterolaemia, Status: Requested, Updated: 23/05/2025

Status

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

02-May-2025 Dr Sally Bright

Laboratory test requested
Remote Test request from ICE system: NHS Tayside On Line Requesting Clinical Information: Cough persistent despite abx. feeling more SOB. sats 97% pulse 68 afebrile. chest clear. long term smoker. ?consolidation. also ED Priority: non-urgent, Ordered from: Radiology - Plain Film, All samples collected Test: XR Chest, Status: Complete, Updated: 02/05/2025 Ordered from: Blood Sciences, No samples collected Test: Creatinine and Electrolytes, Status: Requested, Updated: 02/05/2025 Test: Cholesterol, Status: Requested, Updated: 02/05/2025 Test: C-Reactive Protein, Status: Requested, Updated: 02/05/2025 Test: Full Blood Count, Status: Requested, Updated: 02/05/2025 Test: Glucose (Fasting), Status: Requested, Updated: 02/05/2025 Test: Liver Group (LFTs), Status: Requested, Updated: 02/05/2025 Test: Testosterone, Status: Requested, Updated: 02/05/2025

Status

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

Test Results

18-Feb-2026 Dr Sally Bright

Result: BCSP faecal occult blood test normal No action required
Negative
BCSP faecal occult blood test normal No action required

(No range available)

16-May-2025 Dr Sally Bright

Result: Serum albumin
Below low reference limit
Serum albumin

34 g/L

(Range: 35 - 50)

16-May-2025 Dr Sally Bright

Result: Serum alkaline phosphatase U/L
Serum alkaline phosphatase U/L

91 U/L

(Range: 30 - 130)

16-May-2025 Dr Sally Bright

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

26 U/L

(Range: 5 - 55)

16-May-2025 Dr Sally Bright Result: Serum total bilirubin level Serum total bilirubin level	5 umol/L	(No range available)
16-May-2025 Dr Sally Bright Result: Serum cholesterol Above high reference limit Serum cholesterol	7.63 mmol/L	(No range available)
16-May-2025 Dr Sally Bright Result: Serum creatinine Serum creatinine	74 umol/L	(Range: 62 - 106)
16-May-2025 Dr Sally Bright Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.25 mmol/L	(Range: 0.6 - 2.5)
16-May-2025 Dr Sally Bright Result: Serum potassium Serum potassium	5.2 mmol/L	(Range: 3.5 - 5.3)
16-May-2025 Dr Sally Bright Result: Serum sodium Serum sodium	139 mmol/L	(Range: 133 - 146)
16-May-2025 Dr Sally Bright Result: Serum testosterone Serum testosterone	15.8 nmol/L	(Range: 8 - 27.4)
16-May-2025 Dr Sally Bright Result: Liver function test<none> Liver function test <none>		(No range available)
16-May-2025 Dr Sally Bright Result: Plasma fasting glucose level Plasma fasting glucose level	5.4 mmol/L	(Range: 3.3 - 5.8)
16-May-2025 Dr Sally Bright Result: Plasma C reactive protein Plasma C reactive protein	0.5 mg/L	(No range available)
16-May-2025 Dr Sally Bright Result: Biochemical test<none> Biochemical test <none>		(No range available)
16-May-2025 Dr Sally Bright Result: Acute kidney injury warning stageAKI warning stage - NOT AVAILABLE Acute kidney injury warning stage AKI warning stage - NOT AVAILABLE		(No range available)
16-May-2025 Dr Sally Bright Result: Total cholesterol:HDL ratio<none> Total cholesterol:HDL ratio <none>	ratio	(No range available)
16-May-2025 Dr Sally Bright Result: Total cholesterol:HDL ratio. Total cholesterol:HDL ratio .	6.1 ratio	(No range available)
16-May-2025 Dr Sally Bright Result: GFR calculated abbreviated MDRDGFR calculated abbreviatd MDRD - - eGFR should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min. GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD - - eGFR 60 mL/min should not be used to assess renal functionfor any drug dosing in over 75s or extremes of BMIand for DOAC dosing in those with an eGFR lessthan 60ml/min.		(No range available)
16-May-2025 Dr Sally Bright Result: GFR calculated abbreviated MDRD adj for African Americ originGFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA	mL/min	(No range available)
16-May-2025 Dr Sally Bright Result: Eosinophil countx10 ⁹ /L Eosinophil count x10 ⁹ /L	0.12 10 ⁹ /L	(No range available)
16-May-2025 Dr Sally Bright Result: Haemoglobin estimation Haemoglobin estimation	152 g/L	(Range: 130 - 180)
16-May-2025 Dr Sally Bright Result: Mean corpusc. haemoglobin(MCH) Above high reference limit Mean corpusc. haemoglobin(MCH)	32.9 pg	(Range: 27 - 32)

16-May-2025 Dr Sally Bright

Result: Mean corpusc. Hb. conc. (MCHC)
Below low reference limit
Mean corpusc. Hb. conc. (MCHC)

319 g/L (Range: 320 - 360)

16-May-2025 Dr Sally Bright

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

103.2 fL (Range: 85 - 105)

16-May-2025 Dr Sally Bright

Result: Monocyte countx10⁹/L
Monocyte count x10⁹/L

0.7 10⁹/L (Range: 0.2 - 0.8)

16-May-2025 Dr Sally Bright

Result: Neutrophil countx10⁹/L
Neutrophil count x10⁹/L

5.5 10⁹/L (Range: 2 - 7.5)

16-May-2025 Dr Sally Bright

Result: Platelet countx10⁹/L
Platelet count x10⁹/L

272 10⁹/L (Range: 150 - 400)

16-May-2025 Dr Sally Bright

Result: Red blood cell (RBC) countx10¹²/L
Red blood cell (RBC) count x10¹²/L

4.61 10¹²/L (Range: 4.5 - 6)

16-May-2025 Dr Sally Bright

Result: Total white cell countx10⁹/L
Total white cell count x10⁹/L

8.3 10⁹/L (Range: 4 - 11)

16-May-2025 Dr Sally Bright

Result: Lymphocyte countx10⁹/L
Lymphocyte count x10⁹/L

2 10⁹/L (Range: 1.5 - 4)

16-May-2025 Dr Sally Bright

Result: Full blood count - FBC<none>
Full blood count - FBC <none>

(No range available)

16-May-2025 Dr Sally Bright

Result: Haematocrit
Haematocrit

0.476 ratio (Range: 0.4 - 0.52)

16-May-2025 Dr Sally Bright

Result: Basophil countx10⁹/L
Basophil count x10⁹/L

0 10⁹/L (No range available)

16-May-2025 Ms Grace Horton

Result: Laboratory procedure NOSLab Result Tayside Clinical Laboratory Services Biochemistry
Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services
Biochemistry

(No range available)

16-May-2025 Ms Grace Horton

Result: Laboratory procedure NOSLab Result Tayside Clinical Laboratory Services Haematology
Laboratory procedure NOS Lab Result Tayside Clinical Laboratory Services
Haematology

(No range available)

22-July-2019 Dr Mark Snowden

Result: BCSP faecal occult blood test normalNo action required
Negative
BCSP faecal occult blood test normal No action required

(No range available)

04-Jun-2019 Dr Mark Snowden

Result: Serum testosteronenmol/L
Serum testosterone nmol/L

14 nmol/L (Range: 8 - 27.4)

04-Jun-2019 Dr Mark Snowden

Result: Serum albumin
Below low reference limit
Serum albumin

31 g/L (Range: 35 - 50)

04-Jun-2019 Dr Mark Snowden

Result: Serum alkaline phosphataseU/L
Serum alkaline phosphatase U/L

84 U/L (Range: 30 - 130)

04-Jun-2019 Dr Mark Snowden

Result: Serum alanine aminotransferase levelSerum ALT level - U/L
Serum alanine aminotransferase level Serum ALT level - U/L

26 U/L (Range: 5 - 55)

04-Jun-2019 Dr Mark Snowden

Result: Serum total bilirubin level
Serum total bilirubin level

3 umol/L (No range available)

04-Jun-2019 Dr Mark Snowden

Result: Serum calcium
Below low reference limit
Serum calcium

2.09 mmol/L (Range: 2.1 - 2.55)

04-Jun-2019 Dr Mark Snowden Result: Corrected serum calcium level Corrected serum calcium level	2.19 mmol/L	(Range: 2.1 - 2.55)
04-Jun-2019 Dr Mark Snowden Result: Serum cholesterol Above high reference limit Serum cholesterol	7.15 mmol/L	(No range available)
04-Jun-2019 Dr Mark Snowden Result: Serum creatinine Serum creatinine	79 umol/L	(Range: 62 - 106)
04-Jun-2019 Dr Mark Snowden Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.04 mmol/L	(Range: 0.6 - 2.5)
04-Jun-2019 Dr Mark Snowden Result: Serum potassium Serum potassium	4.2 mmol/L	(Range: 3.5 - 5.3)
04-Jun-2019 Dr Mark Snowden Result: Serum sodium Serum sodium	139 mmol/L	(Range: 133 - 146)
04-Jun-2019 Dr Mark Snowden Result: Plasma glucose level Plasma glucose level	5.3 mmol/L	(Range: 3.3 - 5.8)
04-Jun-2019 Dr Mark Snowden Result: Bone profile<none> Bone profile <none>		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Liver function test<none> Liver function test <none>		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Biochemical test<none> Biochemical test <none>		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Acute kidney injury warning stageAKI warning stage - Not detected: May not exclude AKI in all cases Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Total cholesterol:HDL ratio<none> Total cholesterol:HDL ratio <none>		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Total cholesterol:HDL ratio. Total cholesterol:HDL ratio .	6.8 ratio	(No range available)
04-Jun-2019 Dr Mark Snowden Result: Sample appearance(FASTING) Sample appearance (FASTING)		(No range available)
04-Jun-2019 Dr Mark Snowden Result: GFR calculated abbreviated MDRDGFR calculated abbreviatd MDRD - GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)
04-Jun-2019 Dr Mark Snowden Result: GFR calculated abbreviated MDRD adj for African Americ originGFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Eosinophil countx10^9/L Eosinophil count x10^9/L	0.17 10^9/L	(No range available)
04-Jun-2019 Dr Mark Snowden Result: Haemoglobin estimation Haemoglobin estimation	148 g/L	(Range: 130 - 180)
04-Jun-2019 Dr Mark Snowden Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	32 pg	(Range: 27 - 32)
04-Jun-2019 Dr Mark Snowden Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	321 g/L	(Range: 320 - 360)

04-Jun-2019 Dr Mark Snowden Result: Mean corpuscular volume (MCV)# Mean corpuscular volume (MCV) fl	99.8 fl	(Range: 85 - 105)
04-Jun-2019 Dr Mark Snowden Result: Monocyte countx10 ⁹ /L Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	(Range: 0.2 - 0.8)
04-Jun-2019 Dr Mark Snowden Result: Neutrophil countx10 ⁹ /L Neutrophil count x10 ⁹ /L	6 10 ⁹ /L	(Range: 2 - 7.5)
04-Jun-2019 Dr Mark Snowden Result: Platelet countx10 ⁹ /L Platelet count x10 ⁹ /L	260 10 ⁹ /L	(Range: 150 - 400)
04-Jun-2019 Dr Mark Snowden Result: Red blood cell (RBC) countx10 ¹² /L Red blood cell (RBC) count x10 ¹² /L	4.61 10 ¹² /L	(Range: 4.5 - 6)
04-Jun-2019 Dr Mark Snowden Result: Total white cell countx10 ⁹ /L Total white cell count x10 ⁹ /L	9.9 10 ⁹ /L	(Range: 4 - 11)
04-Jun-2019 Dr Mark Snowden Result: Lymphocyte countx10 ⁹ /L Lymphocyte count x10 ⁹ /L	2.9 10 ⁹ /L	(Range: 1.5 - 4)
04-Jun-2019 Dr Mark Snowden Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
04-Jun-2019 Dr Mark Snowden Result: Haematocrit Haematocrit	0.46 ratio	(Range: 0.4 - 0.52)
04-Jun-2019 Dr Mark Snowden Result: Basophil countx10 ⁹ /L Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Eosinophil countx10 ⁹ /L Eosinophil count x10 ⁹ /L	0.17 10 ⁹ /L	(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Haemoglobin estimation Haemoglobin estimation	144 g/L	(Range: 130 - 180)
25-Apr-2019 Dr Elizabeth Brown Result: Mean corpusc. haemoglobin(MCH) Above high reference limit Mean corpusc. haemoglobin(MCH)	32.4 pg	(Range: 27 - 32)
25-Apr-2019 Dr Elizabeth Brown Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	323 g/L	(Range: 320 - 360)
25-Apr-2019 Dr Elizabeth Brown Result: Mean corpuscular volume (MCV)# Mean corpuscular volume (MCV) fl	100.2 fl	(Range: 85 - 105)
25-Apr-2019 Dr Elizabeth Brown Result: Monocyte countx10 ⁹ /L Monocyte count x10 ⁹ /L	0.7 10 ⁹ /L	(Range: 0.2 - 0.8)
25-Apr-2019 Dr Elizabeth Brown Result: Neutrophil countx10 ⁹ /L Neutrophil count x10 ⁹ /L	7.2 10 ⁹ /L	(Range: 2 - 7.5)
25-Apr-2019 Dr Elizabeth Brown Result: Platelet countx10 ⁹ /L Platelet count x10 ⁹ /L	255 10 ⁹ /L	(Range: 150 - 400)
25-Apr-2019 Dr Elizabeth Brown Result: Red blood cell (RBC) countx10 ¹² /L Below low reference limit Red blood cell (RBC) count x10 ¹² /L	4.46 10 ¹² /L	(Range: 4.5 - 6)
25-Apr-2019 Dr Elizabeth Brown Result: Total white cell countx10 ⁹ /L Total white cell count x10 ⁹ /L	10.7 10 ⁹ /L	(Range: 4 - 11)
25-Apr-2019 Dr Elizabeth Brown Result: Lymphocyte countx10 ⁹ /L Lymphocyte count x10 ⁹ /L	2.5 10 ⁹ /L	(Range: 1.5 - 4)

25-Apr-2019 Dr Elizabeth Brown Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Haematocrit Haematocrit	0.447 ratio	(Range: 0.4 - 0.52)
25-Apr-2019 Dr Elizabeth Brown Result: Basophil countx10 ⁹ /L Basophil count x10 ⁹ /L	0.1 10 ⁹ /L	(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Serum albumin Below low reference limit Serum albumin	34 g/L	(Range: 35 - 50)
25-Apr-2019 Dr Elizabeth Brown Result: Serum alkaline phosphataseU/L Serum alkaline phosphatase U/L	73 U/L	(Range: 30 - 130)
25-Apr-2019 Dr Elizabeth Brown Result: Serum alanine aminotransferase levelSerum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	16 U/L	(Range: 5 - 55)
25-Apr-2019 Dr Elizabeth Brown Result: Serum total bilirubin level Serum total bilirubin level	7 umol/L	(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Serum calcium Serum calcium	2.27 mmol/L	(Range: 2.1 - 2.55)
25-Apr-2019 Dr Elizabeth Brown Result: Corrected serum calcium level Corrected serum calcium level	2.34 mmol/L	(Range: 2.1 - 2.55)
25-Apr-2019 Dr Elizabeth Brown Result: Serum creatinine Serum creatinine	77 umol/L	(Range: 62 - 106)
25-Apr-2019 Dr Elizabeth Brown Result: Serum potassium Serum potassium	4.4 mmol/L	(Range: 3.5 - 5.3)
25-Apr-2019 Dr Elizabeth Brown Result: Serum sodium Serum sodium	138 mmol/L	(Range: 133 - 146)
25-Apr-2019 Dr Elizabeth Brown Result: Serum TSH levelmU/L Above high reference limit Serum TSH level mU/L	4.04 mU/L	(Range: 0.4 - 4)
25-Apr-2019 Dr Elizabeth Brown Result: Plasma glucose level Plasma glucose level	4.6 mmol/L	(Range: 3.3 - 5.8)
25-Apr-2019 Dr Elizabeth Brown Result: Bone profile<none> Bone profile <none>		(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Liver function test<none> Liver function test <none>		(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Biochemical test<none> Biochemical test <none>		(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Acute kidney injury warning stageAKI warning stage - Not detected: May not exclude AKI in all cases Acute kidney injury warning stage AKI warning stage - Not detected: May not exclude AKI in all cases		(No range available)
25-Apr-2019 Dr Elizabeth Brown Result: Serum free T4 level Serum free T4 level	11.3 pmol/L	(Range: 9.8 - 18.8)
25-Apr-2019 Dr Elizabeth Brown Result: GFR calculated abbreviated MDRDGFR calculated abbreviatd MDRD - GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)

25-Apr-2019 Dr Elizabeth Brown

Result: GFR calculated abbreviated MDRD adj for African Americ origin *GFR calctd abbtdd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA*

GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtdd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA (No range available)

11-Jun-2018 Dr Mark Snowden

Result: O/E - temperature level
O/E - temperature level 36.2 degC (No range available)

11-Jun-2018 Dr Mark Snowden

Result: Oxygen saturation at periphery
Oxygen saturation at periphery 95 % (No range available)

20-Aug-2013 Dr Mark Snowden

Result: Serum vitamin B12 *ng/l*
Serum vitamin B12 ng/l 363 ng/L (Range: 200 - 940)

20-Aug-2013 Dr Mark Snowden

Result: Eosinophil count *x10⁹/L*
Eosinophil count x10⁹/L 0.18 10⁹/L (No range available)

20-Aug-2013 Dr Mark Snowden

Result: Serum folate *ug/l*
Serum folate ug/l 4.4 ug/L (Range: 3.1 - 17.5)

20-Aug-2013 Dr Mark Snowden

Result: Haemoglobin estimation
Below low reference limit
Haemoglobin estimation 12.5 g/dL (Range: 13 - 18)

20-Aug-2013 Dr Mark Snowden

Result: Mean corpusc. haemoglobin (MCH)
Mean corpusc. haemoglobin (MCH) 28.5 pg (Range: 27 - 32)

20-Aug-2013 Dr Mark Snowden

Result: Mean corpusc. Hb. conc. (MCHC)
Below low reference limit
Mean corpusc. Hb. conc. (MCHC) 31.4 g/dL (Range: 32 - 36)

20-Aug-2013 Dr Mark Snowden

Result: Mean corpuscular volume (MCV) *fl*
Mean corpuscular volume (MCV) fl 90.6 fl (Range: 85 - 105)

20-Aug-2013 Dr Mark Snowden

Result: Monocyte count *x10⁹/L*
Monocyte count x10⁹/L 0.8 10⁹/L (Range: 0.2 - 0.8)

20-Aug-2013 Dr Mark Snowden

Result: Neutrophil count *x10⁹/L*
Neutrophil count x10⁹/L 6.5 10⁹/L (Range: 2 - 7.5)

20-Aug-2013 Dr Mark Snowden

Result: Platelet count *x10⁹/L*
Platelet count x10⁹/L 212 10⁹/L (Range: 150 - 400)

20-Aug-2013 Dr Mark Snowden

Result: Red blood cell (RBC) count *x10¹²/L*
Below low reference limit
Red blood cell (RBC) count x10¹²/L 4.38 10¹²/L (Range: 4.5 - 6)

20-Aug-2013 Dr Mark Snowden

Result: Total white cell count *x10⁹/L*
Total white cell count x10⁹/L 10.2 10⁹/L (Range: 4 - 11)

20-Aug-2013 Dr Mark Snowden

Result: Lymphocyte count *x10⁹/L*
Lymphocyte count x10⁹/L 2.6 10⁹/L (Range: 1.5 - 4)

20-Aug-2013 Dr Mark Snowden

Result: B12/folate level *<none>*
B12/folate level <none> (No range available)

20-Aug-2013 Dr Mark Snowden

Result: Full blood count - FBC *<none>*
Full blood count - FBC <none> (No range available)

20-Aug-2013 Dr Mark Snowden

Result: Haematocrit
Below low reference limit
Haematocrit 0.397 ratio (Range: 0.4 - 0.52)

20-Aug-2013 Dr Mark Snowden

Result: Basophil count *x10⁹/L*
Basophil count x10⁹/L 0.1 10⁹/L (No range available)

20-Aug-2013 Dr Mark Snowden Result: Serum iron level Below low reference limit Serum iron level	6 umol/L	(Range: 7 - 35)
20-Aug-2013 Dr Mark Snowden Result: Transferrin saturation index Below low reference limit Transferrin saturation index Interpretation: Below low reference limit%	7 %	(Range: 22 - 55)
20-Aug-2013 Dr Mark Snowden Result: Serum ferritin Below low reference limit Serum ferritin	8 ug/L	(Range: 30 - 400)
20-Aug-2013 Dr Mark Snowden Result: Serum transferrin Serum transferrin	3.45 g/L	(Range: 2 - 4)
02-Aug-2013 Dr Mark Snowden Result: Tissue transglutaminase IgA level Tissue transglutaminase IgA level Tissue transglutaminase IgA lev - u/ml	0.1 U/mL	(No range available)
02-Aug-2013 Dr Mark Snowden Result: Serum albumin Below low reference limit Serum albumin	34 g/L	(Range: 35 - 50)
02-Aug-2013 Dr Mark Snowden Result: Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	66 U/L	(Range: 30 - 130)
02-Aug-2013 Dr Mark Snowden Result: Serum alanine aminotransferase level Serum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	14 U/L	(Range: 5 - 55)
02-Aug-2013 Dr Mark Snowden Result: Serum total bilirubin level Serum total bilirubin level	2 umol/L	(No range available)
02-Aug-2013 Dr Mark Snowden Result: Serum calcium Serum calcium	2.19 mmol/L	(Range: 2.1 - 2.55)
02-Aug-2013 Dr Mark Snowden Result: Corrected serum calcium level Corrected serum calcium level	2.26 mmol/L	(Range: 2.1 - 2.55)
02-Aug-2013 Dr Mark Snowden Result: Serum creatinine Serum creatinine	69 umol/L	(Range: 62 - 106)
02-Aug-2013 Dr Mark Snowden Result: Serum potassium Serum potassium	4.3 mmol/L	(Range: 3.5 - 5.3)
02-Aug-2013 Dr Mark Snowden Result: Serum sodium Serum sodium	140 mmol/L	(Range: 133 - 146)
02-Aug-2013 Dr Mark Snowden Result: Serum TSH level mU/L Serum TSH level mU/L	2.92 mU/L	(Range: 0.4 - 4)
02-Aug-2013 Dr Mark Snowden Result: Serum urea level Serum urea level	4 mmol/L	(Range: 2.5 - 7.8)
02-Aug-2013 Dr Mark Snowden Result: Plasma glucose level Plasma glucose level	4 mmol/L	(Range: 3.3 - 5.8)
02-Aug-2013 Dr Mark Snowden Result: Plasma C reactive protein Plasma C reactive protein	4 mg/L	(No range available)
02-Aug-2013 Dr Mark Snowden Result: GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abbtD MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA		(No range available)
02-Aug-2013 Dr Mark Snowden Result: GFR calculated abbreviated MDRD GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min	(No range available)

02-Aug-2013 Dr Mark Snowden Result: Eosinophil count $\times 10^9/L$ Eosinophil count $\times 10^9/L$	0.14 $10^9/L$	(No range available)
02-Aug-2013 Dr Mark Snowden Result: Haemoglobin estimation Below low reference limit Haemoglobin estimation	12.3 g/dL	(Range: 13 - 18)
02-Aug-2013 Dr Mark Snowden Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29 pg	(Range: 27 - 32)
02-Aug-2013 Dr Mark Snowden Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	32.2 g/dL	(Range: 32 - 36)
02-Aug-2013 Dr Mark Snowden Result: Mean corpuscular volume (MCV) <i>f</i> Mean corpuscular volume (MCV) fl	90.1 fL	(Range: 85 - 105)
02-Aug-2013 Dr Mark Snowden Result: Monocyte count $\times 10^9/L$ Monocyte count $\times 10^9/L$	0.5 $10^9/L$	(Range: 0.2 - 0.8)
02-Aug-2013 Dr Mark Snowden Result: Neutrophil count $\times 10^9/L$ Neutrophil count $\times 10^9/L$	2.9 $10^9/L$	(Range: 2 - 7.5)
02-Aug-2013 Dr Mark Snowden Result: Platelet count $\times 10^9/L$ Platelet count $\times 10^9/L$	216 $10^9/L$	(Range: 150 - 400)
02-Aug-2013 Dr Mark Snowden Result: Red blood cell (RBC) count $\times 10^{12}/L$ Below low reference limit Red blood cell (RBC) count $\times 10^{12}/L$	4.25 $10^{12}/L$	(Range: 4.5 - 6)
02-Aug-2013 Dr Mark Snowden Result: Total white cell count $\times 10^9/L$ Total white cell count $\times 10^9/L$	6.2 $10^9/L$	(Range: 4 - 11)
02-Aug-2013 Dr Mark Snowden Result: Lymphocyte count $\times 10^9/L$ Lymphocyte count $\times 10^9/L$	2.7 $10^9/L$	(Range: 1.5 - 4)
02-Aug-2013 Dr Mark Snowden Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
02-Aug-2013 Dr Mark Snowden Result: Plasma viscosity <i>mPa.s.</i> Plasma viscosity mPa.s.	1.56 mPa.s	(Range: 1.5 - 1.72)
02-Aug-2013 Dr Mark Snowden Result: Haematocrit Below low reference limit Haematocrit	0.383 ratio	(Range: 0.4 - 0.52)
02-Aug-2013 Dr Mark Snowden Result: Basophil count $\times 10^9/L$ Basophil count $\times 10^9/L$	0 $10^9/L$	(No range available)
03-Jun-2013 Dr Mark Snowden Result: Eosinophil count $\times 10^9/L$ Eosinophil count $\times 10^9/L$	0.18 $10^9/L$	(No range available)
03-Jun-2013 Dr Mark Snowden Result: Haemoglobin estimation Haemoglobin estimation	13.4 g/dL	(Range: 13 - 18)
03-Jun-2013 Dr Mark Snowden Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29.2 pg	(Range: 27 - 32)
03-Jun-2013 Dr Mark Snowden Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	32.1 g/dL	(Range: 32 - 36)
03-Jun-2013 Dr Mark Snowden Result: Mean corpuscular volume (MCV) <i>f</i> Mean corpuscular volume (MCV) fl	91.1 fL	(Range: 85 - 105)
03-Jun-2013 Dr Mark Snowden Result: Monocyte count $\times 10^9/L$ Monocyte count $\times 10^9/L$	0.4 $10^9/L$	(Range: 0.2 - 0.8)

03-Jun-2013 Dr Mark Snowden			
Result: Neutrophil count $\times 10^9/L$			
Neutrophil count $\times 10^9/L$	3.6 $10^9/L$		(Range: 2 - 7.5)
03-Jun-2013 Dr Mark Snowden			
Result: Platelet count $\times 10^9/L$			
Platelet count $\times 10^9/L$	290 $10^9/L$		(Range: 150 - 400)
03-Jun-2013 Dr Mark Snowden			
Result: Red blood cell (RBC) count $\times 10^{12}/L$			
Red blood cell (RBC) count $\times 10^{12}/L$	4.6 $10^{12}/L$		(Range: 4.5 - 6)
03-Jun-2013 Dr Mark Snowden			
Result: Total white cell count $\times 10^9/L$			
Total white cell count $\times 10^9/L$	7.2 $10^9/L$		(Range: 4 - 11)
03-Jun-2013 Dr Mark Snowden			
Result: Lymphocyte count $\times 10^9/L$			
Lymphocyte count $\times 10^9/L$	2.8 $10^9/L$		(Range: 1.5 - 4)
03-Jun-2013 Dr Mark Snowden			
Result: Clotting screening test <none>			
Clotting screening test <none>			(No range available)
03-Jun-2013 Dr Mark Snowden			
Result: APTT secs.			
APTT secs.	32.2 s		(Range: 22.9 - 34.4)
03-Jun-2013 Dr Mark Snowden			
Result: Full blood count - FBC <none>			
Full blood count - FBC <none>			(No range available)
03-Jun-2013 Dr Mark Snowden			
Result: Haematocrit			
Haematocrit	0.419 ratio		(Range: 0.4 - 0.52)
03-Jun-2013 Dr Mark Snowden			
Result: Basophil count $\times 10^9/L$			
Basophil count $\times 10^9/L$	0.1 $10^9/L$		(No range available)
03-Jun-2013 Dr Mark Snowden			
Result: Prothrombin time secs.			
Prothrombin time secs.	10.2 s		(Range: 9.5 - 14)
03-Jun-2013 Dr Mark Snowden			
Result: Activated partial thromboplastin time ratio APTT ratio			
Activated partial thromboplastin time ratio APTT ratio	1.1 s		(No range available)
03-Jun-2013 Dr Mark Snowden			
Result: International normalised ratio			
International normalised ratio	0.9 ratio		(No range available)
08-Mar-2013 Dr Mark Snowden			
Result: Serum creatinine			
Serum creatinine	75 $\mu\text{mol}/L$		(Range: 62 - 106)
08-Mar-2013 Dr Mark Snowden			
Result: Serum potassium			
Serum potassium	4.1 mmol/L		(Range: 3.5 - 5.3)
08-Mar-2013 Dr Mark Snowden			
Result: Serum sodium			
Serum sodium	140 mmol/L		(Range: 133 - 146)
08-Mar-2013 Dr Mark Snowden			
Result: Serum urea level			
Serum urea level	4.3 mmol/L		(Range: 2.5 - 7.8)
08-Mar-2013 Dr Mark Snowden			
Result: GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			
GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd abtd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA			(No range available)
08-Mar-2013 Dr Mark Snowden			
Result: GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -			
GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -	60 mL/min		(No range available)
01-Feb-2013 Dr Mark Snowden			
Result: Eosinophil count $\times 10^9/L$			
Eosinophil count $\times 10^9/L$	0.22 $10^9/L$		(No range available)
01-Feb-2013 Dr Mark Snowden			
Result: Haemoglobin estimation			
Haemoglobin estimation	14.1 g/dL		(Range: 13 - 18)

01-Feb-2013 Dr Mark Snowden Result: Mean corpusc. haemoglobin(MCH) Mean corpusc. haemoglobin(MCH)	29.5 pg	(Range: 27 - 32)
01-Feb-2013 Dr Mark Snowden Result: Mean corpusc. Hb. conc. (MCHC) Mean corpusc. Hb. conc. (MCHC)	32 g/dL	(Range: 32 - 36)
01-Feb-2013 Dr Mark Snowden Result: Mean corpuscular volume (MCV)fl Mean corpuscular volume (MCV) fl	92.2 fL	(Range: 85 - 105)
01-Feb-2013 Dr Mark Snowden Result: Monocyte countx10 ⁹ /L Monocyte count x10 ⁹ /L	0.5 10 ⁹ /L	(Range: 0.2 - 0.8)
01-Feb-2013 Dr Mark Snowden Result: Neutrophil countx10 ⁹ /L Neutrophil count x10 ⁹ /L	4.6 10 ⁹ /L	(Range: 2 - 7.5)
01-Feb-2013 Dr Mark Snowden Result: Platelet countx10 ⁹ /L Platelet count x10 ⁹ /L	255 10 ⁹ /L	(Range: 150 - 400)
01-Feb-2013 Dr Mark Snowden Result: Red blood cell (RBC) countx10 ¹² /L Red blood cell (RBC) count x10 ¹² /L	4.78 10 ¹² /L	(Range: 4.5 - 6)
01-Feb-2013 Dr Mark Snowden Result: Total white cell countx10 ⁹ /L Total white cell count x10 ⁹ /L	8.4 10 ⁹ /L	(Range: 4 - 11)
01-Feb-2013 Dr Mark Snowden Result: Lymphocyte countx10 ⁹ /L Lymphocyte count x10 ⁹ /L	3 10 ⁹ /L	(Range: 1.5 - 4)
01-Feb-2013 Dr Mark Snowden Result: Full blood count - FBC<none> Full blood count - FBC <none>		(No range available)
01-Feb-2013 Dr Mark Snowden Result: Haematocrit Haematocrit	0.44 ratio	(Range: 0.4 - 0.52)
01-Feb-2013 Dr Mark Snowden Result: Basophil countx10 ⁹ /L Basophil count x10 ⁹ /L	0 10 ⁹ /L	(No range available)
01-Feb-2013 Dr Mark Snowden Result: Serum albumin Below low reference limit Serum albumin	31 g/L	(Range: 35 - 50)
01-Feb-2013 Dr Mark Snowden Result: Serum alkaline phosphataseU/L Serum alkaline phosphatase U/L	67 U/L	(Range: 30 - 130)
01-Feb-2013 Dr Mark Snowden Result: Serum alanine aminotransferase levelSerum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	12 U/L	(Range: 5 - 55)
01-Feb-2013 Dr Mark Snowden Result: Serum total bilirubin level Serum total bilirubin level	4 umol/L	(No range available)
01-Feb-2013 Dr Mark Snowden Result: Serum calcium Serum calcium	2.24 mmol/L	(Range: 2.1 - 2.55)
01-Feb-2013 Dr Mark Snowden Result: Corrected serum calcium level Corrected serum calcium level	2.34 mmol/L	(Range: 2.1 - 2.55)
01-Feb-2013 Dr Mark Snowden Result: Serum cholesterol Above high reference limit Serum cholesterol	5.89 mmol/L	(No range available)
01-Feb-2013 Dr Mark Snowden Result: Serum creatinine Serum creatinine	70 umol/L	(Range: 62 - 106)
01-Feb-2013 Dr Mark Snowden Result: Serum HDL cholesterol level Serum HDL cholesterol level	1.23 mmol/L	(Range: 0.6 - 2.5)

01-Feb-2013 Dr Mark Snowden

Result: Serum potassium
Above high reference limit
Serum potassium

5.4 mmol/L (Range: 3.5 - 5.3)

01-Feb-2013 Dr Mark Snowden

Result: Serum sodium
Serum sodium

142 mmol/L (Range: 133 - 146)

01-Feb-2013 Dr Mark Snowden

Result: Serum TSH level *mU/L*
Above high reference limit
Serum TSH level *mU/L*

4.1 mU/L (Range: 0.4 - 4)

01-Feb-2013 Dr Mark Snowden

Result: Serum urea level
Serum urea level

5.1 mmol/L (Range: 2.5 - 7.8)

01-Feb-2013 Dr Mark Snowden

Result: Plasma glucose level
Plasma glucose level

4 mmol/L (Range: 3.3 - 5.8)

01-Feb-2013 Dr Mark Snowden

Result: GFR calculated abbreviated MDRD adj for African Americ origin *GFR calctd abbttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA*
GFR calculated abbreviated MDRD adj for African Americ origin *GFR calctd abbttd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA*

(No range available)

01-Feb-2013 Dr Mark Snowden

Result: Total cholesterol:HDL ratio *<none>*
Total cholesterol:HDL ratio *<none>*

(No range available)

01-Feb-2013 Dr Mark Snowden

Result: Total cholesterol:HDL ratio.
Total cholesterol:HDL ratio

4.7 ratio (No range available)

01-Feb-2013 Dr Mark Snowden

Result: Serum free T4 level
Serum free T4 level

11.1 pmol/L (Range: 9.8 - 18.8)

01-Feb-2013 Dr Mark Snowden

Result: GFR calculated abbreviated MDRD *GFR calculated abbreviatd MDRD - GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -*

60 mL/min (No range available)

29-Nov-2011 Dr J W Locke

Result: Serum ANA pattern *Positive*
Potentially abnormal
Serum ANA pattern *Positive*

(No range available)

29-Nov-2011 Dr J W Locke

Result: Anti-nuclear antibody level *1:80 Speckled.*
Anti-nuclear antibody level *1:80 Speckled.*

(No range available)

29-Nov-2011 Dr J W Locke

Result: Plasma viscosity *mPa.s.*
Plasma viscosity *mPa.s.*

1.64 mPa.s (Range: 1.5 - 1.72)

29-Nov-2011 Dr J W Locke

Result: Eosinophil count *x10⁹/L*
Eosinophil count *x10⁹/L*

0.21 10⁹/L (No range available)

29-Nov-2011 Dr J W Locke

Result: Haemoglobin estimation
Haemoglobin estimation

14.2 g/dL (Range: 13 - 18)

29-Nov-2011 Dr J W Locke

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

29.9 pg (Range: 27 - 32)

29-Nov-2011 Dr J W Locke

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

32.8 g/dL (Range: 32 - 36)

29-Nov-2011 Dr J W Locke

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

91.2 fL (Range: 80 - 96)

29-Nov-2011 Dr J W Locke

Result: Monocyte count *x10⁹/L*
Monocyte count *x10⁹/L*

0.8 10⁹/L (Range: 0.2 - 0.8)

29-Nov-2011 Dr J W Locke

Result: Neutrophil count *x10⁹/L*
Neutrophil count *x10⁹/L*

5.1 10⁹/L (Range: 2 - 7.5)

29-Nov-2011 Dr J W Locke Result: Platelet count $\times 10^9/L$ Platelet count $\times 10^9/L$	255 $10^9/L$	(Range: 150 - 400)
29-Nov-2011 Dr J W Locke Result: Red blood cell (RBC) count $\times 10^{12}/L$ Red blood cell (RBC) count $\times 10^{12}/L$	4.75 $10^{12}/L$	(Range: 4.5 - 6)
29-Nov-2011 Dr J W Locke Result: Reticulocyte count $\times 10^9/l$ Reticulocyte count $\times 10^9/l$	64 $10^9/L$	(Range: 25 - 85)
29-Nov-2011 Dr J W Locke Result: Total white cell count $\times 10^9/L$ Total white cell count $\times 10^9/L$	8.9 $10^9/L$	(Range: 4 - 11)
29-Nov-2011 Dr J W Locke Result: Lymphocyte count $\times 10^9/L$ Lymphocyte count $\times 10^9/L$	2.8 $10^9/L$	(Range: 1.5 - 4)
29-Nov-2011 Dr J W Locke Result: Full blood count - FBC Full blood count - FBC		(No range available)
29-Nov-2011 Dr J W Locke Result: Haematocrit Haematocrit	0.433 ratio	(Range: 0.4 - 0.52)
29-Nov-2011 Dr J W Locke Result: Basophil count $\times 10^9/L$ Basophil count $\times 10^9/L$	0.1 $10^9/L$	(No range available)
29-Nov-2011 Dr J W Locke Result: Serum albumin Serum albumin	42 g/L	(Range: 36 - 50)
29-Nov-2011 Dr J W Locke Result: Serum alkaline phosphatase U/L Serum alkaline phosphatase U/L	58 U/L	(Range: 30 - 105)
29-Nov-2011 Dr J W Locke Result: Serum alanine aminotransferase level Serum ALT level - U/L Serum alanine aminotransferase level Serum ALT level - U/L	18 U/L	(Range: 15 - 55)
29-Nov-2011 Dr J W Locke Result: Serum total bilirubin level Serum total bilirubin level	5 $\mu\text{mol}/L$	(No range available)
29-Nov-2011 Dr J W Locke Result: Serum calcium Serum calcium	2.24 mmol/L	(Range: 2.1 - 2.55)
29-Nov-2011 Dr J W Locke Result: Corrected serum calcium level Corrected serum calcium level	2.31 mmol/L	(Range: 2.1 - 2.55)
29-Nov-2011 Dr J W Locke Result: Serum creatine kinase level U/L Serum creatine kinase level U/L	149 U/L	(Range: 45 - 180)
29-Nov-2011 Dr J W Locke Result: Serum creatinine Serum creatinine	79 $\mu\text{mol}/L$	(Range: 62 - 106)
29-Nov-2011 Dr J W Locke Result: Serum potassium POTASSIUM - Serum potassium POTASSIUM -	4 mmol/L	(Range: 3.5 - 5)
29-Nov-2011 Dr J W Locke Result: Serum sodium Serum sodium	142 mmol/L	(Range: 135 - 147)
29-Nov-2011 Dr J W Locke Result: Serum TSH level mU/L Serum TSH level mU/L	3.54 mU/L	(Range: 0.4 - 4)
29-Nov-2011 Dr J W Locke Result: Serum urea level Serum urea level	5.2 mmol/L	(Range: 3.3 - 6.6)
29-Nov-2011 Dr J W Locke Result: Plasma glucose level Plasma glucose level	4.2 mmol/L	(Range: 3.3 - 5.8)

29-Nov-2011 Dr J W Locke**Result:** Plasma C reactive protein
Plasma C reactive protein

3 mg/L

(No range available)

29-Nov-2011 Dr J W Locke**Result:** GFR calculated abbreviated MDRD adj for African Americ origin *GFR calctd abbtdd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA*GFR calculated abbreviated MDRD adj for African Americ origin GFR calctd
abttdd MDRD Af Am or - IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR
HAEMATURIA AND PROTEINURIA

(No range available)

29-Nov-2011 Dr J W Locke**Result:** GFR calculated abbreviated MDRD *GFR calculated abbreviatd MDRD -*
GFR calculated abbreviated MDRD GFR calculated abbreviatd MDRD -

60 mL/min

(No range available)

Other Items

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Attachments

Scanned Document**02-Jun-2026 CBURNETT****Additional:** Scanned Document**File name:** igprda202606020846480.tif**Extension:** .tif**Pages:**

THIRD PARTY COPY

Family Medical Group
Wallacetown Health Centre
Lyon Street,
Dundee, DD4 6RB
Tel: 459519

04 February 2013

Mr Philip Scott
2b Hindmarsh Avenue
Dundee
DD3 7LZ

Dear Mr Scott 14/07/1969

I am writing to advise you that we now have the results of your recent tests and would be grateful if you could attend the surgery for another blood test.

Please attend our open access blood clinic, Monday - Friday between 9am -10am.

Yours sincerely

Dr Jane Taylor, Dr Elaine Thomson, Dr Alison MacTavish Dr Elizabeth Brown & Dr Mark Snowden

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02-Jun-2026 CBURNETT
Additional:Scanned Document

Filename: igprda202606020845080.tif
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Pages:

**Family Medical Group
Wallacetown Health Centre
Lyon Street, Dundee, DD4 6RB
Tel: 459519**

21 August 2013

Mr Philip Scott
16 Carlochie Place
Dundee
DD4 7LY

Dear Mr Scott 14/07/1969

I am writing to advise you that we now have the results of your recent tests and would be grateful if you would contact the surgery to make an appointment with the Doctor.

Yours sincerely

Practice Nurse

*Dr Elaine Thomson, Dr Alison MacTavish, Dr Elizabeth Brown.
Dr Mark Snowden & Dr Akolisa Anyaduba*

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02-Jun-2026 CBURNETT
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Extension:.tif
Pages:

FAMILY MEDICAL GROUP

Wallacetown Health Centre,
Lyon Street,
Dundee,
DD4 6RB.
Telephone Number 459519
Fax Number 453110

08 November 2013.

Mr Philip Scott,
16 Carlochie Place,
Dundee,
DD4 7LY.

Dear Mr Scott,

I have received a letter from Dr Gail Gillespie, Consultant in Anaesthesia and Pain Medicine, regarding your recent appointment with her. I would be grateful if you could give me a phone, here at the Surgery, so that I can discuss this with you.

Yours sincerely,

DR MARK SNOWDEN

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02-Jun-2026 CBURNETT
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Pages:

**Family Medical Group
Wallacetown Health Centre
Lyon Street, Dundee, DD4 6RB
Tel: 459519**

04 March 2013

Mr Philip Scott
16 Carlochie Place
Dundee
DD4 7LY

Dear Mr Scott, 14/07/1969

Our records indicate that you require a blood test.

Please attend the drop in blood clinic at the surgery
Monday - Friday between 9 and 10am

Many thanks

Yours sincerely

Practice Nurse

*Dr Jane Taylor, Dr Elaine Thomson,
Dr Alison MacTavish, Dr Elizabeth Brown & Dr Mark Snowden*

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02-Jun-2026 CBURNETT
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Extension: .tif
Pages:

**Family Medical Group
Wallacetown Health Centre
Lyon Street, Dundee, DD4 6RB
Tel: 459519**

18 February 2013

Mr Philip Scott
16 Carlochie Place
Dundee
DD4 7LY

Dear Mr Scott, 14/07/1969

Our records indicate that you require a blood test.

Please attend the drop in blood clinic at the surgery
Monday - Friday between 9 and 10am

Many thanks

Yours sincerely

Practice Nurse

*Dr Jane Taylor, Dr Elaine Thomson,
Dr Alison MacTavish, Dr Elizabeth Brown & Dr Mark Snowden*

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29-May-2026 HCOLLER
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The Mill Practice



Arthurstone Medical Centre, Arthurstone Terrace, Dundee, DD4 6QY
Telephone 01382 456700

ML/KD

12/08/2025

To Whom It May Concern

**Re: MR PHILIP SCOTT 1407690396 16 CARLOCHIE PLACE DUNDEE
DD4 7LY**

This to confirm that Philip Scott of 16 Carlochie Place, Dundee, DD4 7 LY is a patient at The Mill Practice.

He has a long-standing neuralgia and peripheral neuropathy. He takes medication as required for his but the best treatment is a hot bath- this significantly reduces the pain and spasms he suffers. Philip's bath was removed 4 years ago [REDACTED] so this is no longer possible.

Please can Philip have his bath refitted, he is happy to arrange and pay for his himself but needs the approval from yourselves to go ahead with it.

Philip is markedly affected by his neuralgia and the addition of a bath to his flat would have a massive positive effect.

Thanks for your consideration.

Yours sincerely

Dr Morag Levison
GP Partner
The Mill Practice

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29-May-2026 HCOLLER
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery (excl Vascular)C11 TAY General Referral	— Consultant / receiving practitioner and/or specialty clinic
--	---

Ninewells Hospital Dundee DD1 9SY	— Hospital and hospital address
---	---------------------------------

Hospital unit no.

T101H

Email address

Date of Referral (set by referrer)	18-May-2012
Date referral was submitted	21-May-2012
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans

- On active service
 Condition related to service
 Immediate family member

Impairment(s)

- Learning
 Visual
 Hearing

Miscellaneous

- Requires support of a translator

PATIENT DETAILS

Surname	SCOTT
Forename(s)	PHILIP
Title	MR
Sex	Male
Date of birth	14-Jul-1969
CHI no.	1407690396

Patient's address

2B HINDMARSH AVENUE DUNDEE DD3 7LZ
--

Contact number(s)

Voice: 07706899953

REGISTERED GP DETAILS

Name	Dr J W Locke		
GMC code	2332224	GP code	71421
Practice name	Family Medical Group		
Practice code	11382		

Practice address

LYON STREET DUNDEE

Contact number(s)

Voice: 01382459519

REFERRING PRACTITIONER DETAILS

Name	Dr. James Locke		
GMC code	2332224	GP code	71421
Practice name	Family Medical Group (11382)		
Practice code	11382		

Practice address

Green Wing Wallacetown Health Cent Lyon Street Dundee
--

Contact number(s)

Voice: 01382 459519

CLINICAL INFORMATION*History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: VASECTOMY

Comment: Many thanks for seeing this gentleman who is now in a further relationship of three years. [REDACTED]

Mr Scott is quite adamant that he would never wish any further children and does realise that the procedure would be considered as permanent.

I would therefore be grateful if you could consider him for a vasectomy.

Many thanks.

Yours sincerely,

DR. JAMES W. LOCKE.

Examinations and Investigations

Current smoker: Smoking status on date of event: Smoker. 2011-11-29

Most recent height, weight, BMI and Blood Pressure

Height:	N/A	m	Recorded Date:	None provided
Weight:	65	Kg	Recorded Date:	None provided
BMI:	N/A	Kg/m ²	Recorded Date:	None provided
Blood Pressure:	109/83	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

*Past medical history***Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Sciatica	-	-	Left leg	05-Aug-2009
WHC	-	-	-	30-Oct-1995
Drug/medicam./biol.poison.NOS	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Disturbance of conduct NEC	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Bronchitis unspecified	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Minor head injury	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900

Past procedures

Description	Laterality	Modifier	Date performed
Vasectomy requested	-	-	16-May-2012
Keep well programme	-	-	26-Mar-2012
Patient reviewed	-	-	06-Dec-2011

*Current and recent medication***Current repeat medication**

No current repeat medications recorded

Recent acute medication (last 30 days)

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
AMITRIPTYLINE HCl tabs 10mg	02776001	tablet	1 TABLET(S) AT NIGHT	-	16-May-2012	-
DOXYCYCLINE (AS HYCLATE)			2 IMMEDIATELY		08-May-	

caps 100mg	03694002	capsule	1MANE	-	2012	-
Clinical warnings						
Additional relevant information						
Administrative information						
Referred By:Registered GP						

_____ Signature of referring doctor (or other professional)	_____ Date
--	---------------

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IMMUNOPATHOLOGY

DMR 375

Tayside Clinical Laboratory Services Telephone 01382 632539 Internal Ext.32539

Name: SCOTT Philip Sex: M PID: 1407690396 DoB: 14 Jul 1969
Lab No: 1111078348
Wallacetown Health Centre Clinician: Dr J.W. LOCKE WAL1 LOCJ1G

ANA Titre 1:80 Speckled.
Anti Nuclear Antibody Positive

Lab.Comments: 13% of normal adults have an ANA at this titre.

Sample is blood unless otherwise stated

Sample Date/Time
29 Nov 2011 10:37

Clin.Details: 24yr h/o gen ache -occ gets spasm -oe nad

Request Entered: 29 Nov 2011 15:41

Report Printed: 01 Dec 2011 17:09

REPORT RECEIVED

DOCTOR'S INITIALS

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NHS
Tayside

Referral Redirection

Patient Name: PHILIP SCOTT
CHI Number: 1407690396
RMS Referral ID: T006521239
This letter date: 21/05/2012

Dear Dr. James Locke,

The referral for your patient PHILIP SCOTT to Ninewells Hospital (General Surgery (Excl Vascular)) was redirected by Christoph Kulli (Screening User) on 21/05/2012 to Stracathro Hospital (Urology - Vasectomy).

The reason for the redirection is:
Referral to this specialty would be more appropriate
None entered

This letter has been automatically generated by the Referral Management System

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29-May-2026 HCOLLER
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Extension: .tif

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BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services

Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: SCOTT

Philip

Sex: M

PID: 1407690396

DoB: 14 Jul 1969

Lab No: C111078348

Wallacetown Health Centre

Clinician: Dr J.W. LOCKE

WAL1 LOCJIG

SODIUM	142	mmol/L	(	135-147)
POTASSIUM	4.0	mmol/L	(	3.5-5.0)
UREA	5.2	mmol/L	(	3.3-6.6)
CREATININE	79	umol/L	(	62-106)
ESTIMATED GFR	GT60	mL/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	18	U/L	(	15-55)
BILIRUBINS	LT5	umol/L	(	0-17)
ALKALINE PHOSPHATASE	58	U/L	(	30-105)
ALBUMIN	42	g/L	(	36-50)
CALCIUM	2.24	mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.31	mmol/L	(	2.10-2.55)
GLUCOSE (preserved tube)	4.2	mmol/L	(	3.3-5.8)
CREATINE KINASE	149	U/L	(	45-180)
TSH	3.54	mIU/L	(	0.4-4.0)

Lab. Comments:

Sample is blood unless
otherwise statedSample Date/Time
29 Nov 2011 10:37

Clin. Details: 24yr h/o gen ache -occ gets spasm -oe nad

Page 1 of 2

Request Entered: 29 Nov 2011 15:41

Report Printed: 29 Nov 2011 16:46

REPORT RECEIVED

DOCTOR'S INITIALS

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BIOCHEMICAL MEDICINE

DMR 374

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: SCOTT Philip Sex: M PID: 1407690396 DoB: 14 Jul 1969
 Lab No: C111078348
 Wallacetown Health Centre Clinician: Dr J.W. LOCKE WAL1 LOCJ1G

C-REACTIVE PROTEIN LT3 mg/L (0-5)

Lab. Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 Nov 2011 10:37

Clin.Details: 24yr h/o gen ache -occ gets spasm -oe nad

Page 2 of 2

Request Entered: 29 Nov 2011 15:41

Report Printed: 29 Nov 2011 16:46

REPORT RECEIVED

DOCTOR'S INITIALS

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HAEMATOLOGY

DMR292

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 632602 (NW)

Name: SCOTT Philip Sex: M PID: 1407690396 DoB: 14 Jul 1969
Lab No: H111078348
Wallacetown Health Centre Clinician: Dr J.W. LOCKE WAL1 LOCJ1G

HGB	14.2	g/dL	(13.0-18.0)	WBC	8.9	x10 ⁹ /L	(4.0-11.0)
RBC	4.75	x10 ¹² /L	(4.5-6.0)	NE#	5.1	x10 ⁹ /L	(2.0-7.5)
HCT	0.433		(0.40-0.52)	LY#	2.8	x10 ⁹ /L	(1.5-4.0)
MCV	91.2	fL	(80-96)	MO#	0.8	x10 ⁹ /L	(0.2-0.8)
MCH	29.9	pg	(27-32)	EO#	0.21	x10 ⁹ /L	(0.0-0.4)
MCC	32.8	g/dL	(32-36)	BA#	0.1	x10 ⁹ /L	(0.0-0.1)
RET	64	x10 ⁹ /L	(25-85)	PLT	255	x10 ⁹ /L	(150-400)
PV	1.64	mPa.s.	(1.5-1.72)				

Lab. Comments:

Sample is blood unless otherwise stated

Sample Date/Time
29 Nov 2011 10:37

3/4
Clin.Details: 24yr h/o gen ache -occ gets spasm -oe nad

Request Entered: 29 Nov 2011 15:41

Report Printed: 30 Nov 2011 16:35

REPORT RECEIVED

DOCTOR'S INITIALS

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29-May-2026 HCOLLER
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Department of Urology
Stracathro Regional Treatment Centre
Stracathro Hospital
Brechin
Angus DD9 7QA

Telephone Number: (01356) 665067
Fax Number: (01356) 665101

www.nhstayside.scot.nhs.uk

Date Dictated: 28th August 2012
Date Typed: 5th September 2012

Dr J Locke
Green Wing
Wallacetown Health Centre
Lyon Street
Dundee
DD4 8RB

Your Ref
Our Ref NHT/LR/140769 0396

Enquiries to
Extension Lisa Reid
66067
Direct Line 01356 665067
Email lisa.reid4@nhs.net

Dear Dr Locke,

Philip Scott, 16 Carlochie Place, Dundee, DD4 7LY

This gentleman was admitted for a vasectomy today. This was performed under local anaesthetic and routine semen analysis has been arranged.

Yours sincerely

(Dictated but not read)
Mr N H Townell
Consultant Urological Surgeon



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 Tayside Clinical Laboratory Services Telephone 01753 473223 (EPH) 01382 322600 (HW)
 Name: SCOTT Philip Sex: M FID: 140725035E Date: 14 Jul 1968
 Wallaceston Health Centre Clinician: Dr Mark STONDEN Lab No: H11355B15
 WAL1 202426

HGB	13.1	g/dL	(13.0-18.0)	NEC	3.4	x10 ⁹ /L	(1.0-11.0)
HMC	4.75	x10 ¹² /L	(4.5-6.0)	HE#	456	x10 ⁹ /L	(2.0-7.5)
HCT	0.440		(0.40-0.52)	LY#	3.0	x10 ⁹ /L	(1.5-4.0)
MCV	82.0	fL	(85-105)	MC#	0.5	x10 ⁹ /L	(0.2-0.6)
MCH	25.5	pg	(27-32)	EOS	0.22	x10 ⁹ /L	(0.0-0.4)
MCHC	32.0	g/dL	(32-36)	BA#	0.0	x10 ⁹ /L	(0.0-0.1)
				PLT	255	x10 ⁹ /L	(150-400)

 Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time: 01 Feb 2015 05:33

 Clin.Details: keep well, cvd risk, poor appetite

 Request Entered: 01 Feb 2015 12:03 Report Printed: 01 Feb 2015 12:50

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NHS Tayside: Clinical Report - Kings Cross Hospital		Page 1 of 1
SCOTT, PHILIP 16 CARLOCHIE PLACE, DUNDEE, ANGUS, DD4 7LY Ref. Locn.: GENERAL PRACTITIONER Referrer: DR MA SNOWDEN		DoB: 14/07/1969 Hosp. No.: CRIS No.: 265995 CHI No.: 1407690396
VERIFIED Verified By : Dr R I DOULL 01/02/13 Typed By : GOWF 01/02/13		
Clinical History : smoker. Persistent cough. Upper thoracic vertebral pain. ?chest ?bony pathology ENTERED BY: Mark Snowden (medical) BLEEP: 01382 459519		
XR Chest : Heart and lung fields appear within normal limits. No bony abnormality identified.		
Event Number : E-4020762 Copy To : Examinations : XR Chest	Examination Date : 01/02/13 Attendance Number : 1	

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NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01738 473223 (PRI) 01382 822602 (HW)

Name: SCOTT Philip Sex: M PID: 1405890396 DOB: 14 Jul 1969
Wallacetown Health Centre Clinician: Dr Mark SMOXDEN Lab No: 613165815

KALLI SMOXDES

SODIUM 142 mmol/L (133-148)
POTASSIUM 5.4 > mmol/L (3.5-5.3)
UREA 5.1 mmol/L (2.5-7.8)
CREATININE 70 umol/L (62-106)
ESTIMATED GFR GFR mL/min
CKD Stage IF HIGH RISK, EXCLUDE CVD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA
ALT 10 U/L (5-55)
BILIRUBIN 4 umol/L (0-21)
ALKALINE PHOSPHATASE 67 U/L (30-130)
ALBUMIN 31 < g/L (35-50)
CALCIUM 2.24 mmol/L (2.10-2.55)
CALCIUM (CORRECTED) 2.34 mmol/L (2.10-2.55)
GLUCOSE (preserved tube) 4.0 mmol/L (3.3-5.8)
TSH 4.10 > mU/L (0.4-4.0)
FREE THYRONINE 11.1 pmol/L (8.8-18.8)

Lab. Comments: Sample in blood unless otherwise stated
Sample Date/Time
01 Feb 2013 09:33

Clin.Details: keep well. cvd risk. poor appetite Page 1 of 2

Request Entered: 01 Feb 2013 12:08 Report Printed: 01 Feb 2013 13:41

NHS Confidential: Personal data about a patient

Tayside Clinical Laboratory Services Telephone 01739 473223 (PRT) 01302 832600 (NW)

Name: SCOTT Philip Sex: M PID: 140789039E DoB: 14 Jul 1989
Lab No: 0131056815
Wallacetown Health Centre Clinician: Dr Mark SMOKDEW WML: SMC006

TOTAL CHOLESTEROL 5.85 > mmol/L (0.00-5.00)
HDL-CHOLESTEROL 1.22 mmol/L (0.60-2.50)
TOTAL CHOL/HDL-CHOL 4.70

Lab. Comments: Sample is blood unless otherwise stated
Sample Date/Time
01 Feb 2013 09:33

Clin. Details: keep well. cvd risk. Poor appetite Page 2 of 2

Request Entered: 01 Feb 2013 12:09 Report Printed: 01 Feb 2013 13:41

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NHS Confidential: Personal data about a patient

 Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (NW)

 Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
 Sallacatoon Health Centre Clinician: Dr Mark SMOYDEN Lab No: 0132035444
 KML1 SMOYDEN

SCDIUM	140	mmol/L	(	133-146)
POTASSIUM	4.1	mmol/L	(	3.5-5.3)
UREA	4.3	mmol/L	(	2.5-7.3)
CREATININE	75	umol/L	(	62-106)
ESTIMATED GFR	GFR	mL/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD/C. CHECK FOR HAEMATURIA AND PROTEINURIA				

 Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time
 08 Mar 2013 09:16

 Clin.Details: prev abnormal

 Request Entered: 08 Mar 2013 12:32 Report Printed: 08 Mar 2013 13:20

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Working Health Services
Kings Cross Health and Community Care
Centre
Cleington Road
Dundee
DD3 8EA
www.nhstayside.scot.nhs.uk



Locke, James
GREEN WING,
WALLACETOWN HEALTH CENTRE,
LYON STREET,
DUNDEE,
DD4 6RB

Date
Your Ref
Our Ref
Enquiries to
Direct Line
Date as Postmark
AMW/amw
Anne-Marie Webster
(01382) 825100

Dear Dr Locke

PHILIP SCOTT, TARLOCHIE PLACE, DUNDEE, DD4 7LY, 14/07/1969

Philip self-referred to Working Health Services, a Vocational Rehabilitation Service, being piloted in Tayside, for employees of small and medium sized businesses. The aim is to enable people to stay in employment, and to reduce sickness absence.

He will be seen by **Catherine Moulton, Senior Physiotherapist.**

If you have any questions regarding the service, or further clinical information you feel is relevant and that we should be aware of, please contact me on the above telephone number.

Please find enclosed service information for your perusal.

Yours sincerely

Amwebster
Anne-Marie Webster
Project Administrator

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Clinical psychologyR2
TAY General Referral

— Consultant / receiving practitioner and/or specialty clinic

Dudhope House (Young Persons Unit)
15 Dudhope Terrace
Dundee
DD3 6HH

— Hospital and hospital address

Hospital unit no.

T122H

Email address

Date of Referral (set by referrer)

16-Jul-2013

Armed Forces Personnel, Immediate Families & Veterans

Impairment(s)

Date referral was submitted 19-Jul-2013

On active service

Learning

Urgency of referral Routine

Condition related to service

Visual

Immediate family member

Hearing

Miscellaneous

Requires support of a translator

PATIENT DETAILS

Surname

SCOTT

Forename(s)

PHILIP

Title

MR

Sex

Male

Date of birth

14-Jul-1969

CHI no.

1407690396

Patient's address

16 CARLOCHIE PLACE
DUNDEE
DD4 7LY

Contact number(s)

Voice: 07706899953

REGISTERED GP DETAILS

Name

Dr Mark Snowden

GMC code

6077349

GP code

71684

Practice name

Family Medical Group

Practice code

11382

Practice address

LYON STREET
DUNDEE

Contact number(s)

Voice: 01382459519

REFERRING PRACTITIONER DETAILS

Name

Dr. Akolisa Anyaduba

GMC code

6085495

GP code

70475

Practice name

Family Medical Group (11382)

Practice code

11382

Practice address

Green Wing
Wallacetown Health Cent
Lyon Street
Dundee

Contact number(s)

Voice: 01382 459519

Periods of Future Unavailability

None provided.

CLINICAL INFORMATION*History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: Anxiety

Comment: Mr Scott is a patient of our Practice who presented to me with anxiety. Mr Scott informed me that his problems date back to when he was a child when he was allegedly sexually abused and growing up he has become very paranoid and tends to ruminate on very little things to the point where he gets very upset and tries to blame himself for it thereby wrongly diagnosing himself with a lot of medical conditions and seeking medical treatment for these, and when he does not get the medical treatment or investigations this tends to drive his anxiety more to the point where this young man has persistent frustration and is finding it difficult to maintain a normal relationship with people.

He informed me that he has lost a lot of weight because of poor appetite and poor sleep. Over time this man has been treated with Citalopram and Amitriptyline and at the moment he is still on Citalopram, but I think that this man would benefit most from psychotherapy and I would appreciate if you can help him please. Thank you.

Best wishes.

Yours sincerely,

DR. AKOLISA ANYADUBA

Examinations and Investigations

Current smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20. 2013-01-22
 Trivial drinker - <1u/day: Drinking status on eventdate: Current drinker. 2013-01-22
 Enjoys light exercise: works as PA for disabled person. 2013-01-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.81	m	Recorded Date:	None provided
Weight:	65	Kg	Recorded Date:	None provided
BMI:	19.8	Kg/m ²	Recorded Date:	None provided
Blood Pressure:	105/70	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
 Expected outcome: Advise

*Past medical history***Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Rupture tendon of finger	-	-	- left middle finger- mallet deformity after minor trauma	25-Jun-2013
Sciatica	-	-	Left leg	05-Aug-2009
WHC	-	-	-	30-Oct-1995
Minor head injury	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Bronchitis unspecified	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Disturbance of conduct NEC	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Drug/medicam./biol.poison.NOS	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Patient reviewed	-	-	30-Apr-2013
Patient reviewed	-	-	09-Apr-2013
Had a chat to patient	-	-	01-Mar-2013
Patient reviewed	-	-	11-Feb-2013
Had a chat to patient	-	-	31-Jan-2013

Lifestyle counselling	-	-	22-Jan-2013
Depression screening using questions	-	-	22-Jan-2013
Vasectomy NEC	-	-	28-Aug-2012

Current and recent medication

Current repeat medication
No current repeat medications recorded

Recent acute medication (last 30 days)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Citalopram 20mg tablets	79462020	tablet	1 TABLET DAILY	-	28-Jun-2013	-
Citalopram 10mg tablets	79463020	tablet	1 TABLET DAILY, TOTAL 30MG EV[more]	-	28-Jun-2013	-
Co-codamol 30mg/500mg tablets	80055020	tablet	2 QID	-	28-Jun-2013	-

Clinical warnings

Additional relevant information

Administrative information

Referred By:Resident GP

Signature of referring doctor (or other professional) Date

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Philip Scott 14/6/69

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual.....	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

(For office coding: Total Score 26 = + 2 + 26)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult
at all
- Somewhat
difficult
- Very
difficult
- Extremely
difficult

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

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NHS Tayside: Clinical Report - Stracathro Hospital		Page 1 of 1
SCOTT, PHILIP 16 CARLOCHIE PLACE, DUNDEE, DD4 7LY Ref. Locn. : GENERAL PRACTITIONER Referrer: DR AC MACTAVISH		DoB : 14/07/1969 Hosp. No. : CRIS No. : 265995 CHI No. : 1407690396
VERIFIED Verified By : DR JOHN BRUNTON 25/03/13 Typed By : SMIF 25/03/13		
Clinical History : persistent headaches for years [REDACTED] very anxious ENTERED BY: Alison MacTavish (medical) BLEEP: 01382 459519		
CT Head : Technique: Non contrast enhanced scanning of Brain. Opinion: Normal examination.		
Event Number : E-4052048 Copy To : Examinations : CT Head		Examination Date : 20/03/13 Attendance Number : 1

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<p>ESA113</p> <p>jobcentreplus</p> <p>Employment and Support Allowance</p>			
<p>Dr M A Snowden DUNDEE HEALTH CARE NHS TRUST WALLACETOWN HEALTH CENTRE LYON STREET DUNDEE DD4 6RB</p> <p style="text-align: right; font-size: small;">3725 E 1802 116</p>	<p>Our phone number is: 0121 335 0702</p> <p>If you have a textphone, you can call on: 180010121335 0702</p> <p>If you get in touch with us, tell us this reference number: NR972621D</p> <p>Date: 7th April 2013</p>		
<p>About your patient</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Full Name: Mr Philip Scott</p> <p>NINo: NR972621D</p> <p>Date of birth: 14th July 1969</p> </td> <td style="width: 50%;"> <p>Address: 16, Carlochie Place, Dundee, DD4 7LY</p> </td> </tr> </table>		<p>Full Name: Mr Philip Scott</p> <p>NINo: NR972621D</p> <p>Date of birth: 14th July 1969</p>	<p>Address: 16, Carlochie Place, Dundee, DD4 7LY</p>
<p>Full Name: Mr Philip Scott</p> <p>NINo: NR972621D</p> <p>Date of birth: 14th July 1969</p>	<p>Address: 16, Carlochie Place, Dundee, DD4 7LY</p>		
<p>Dear Doctor,</p> <p>Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.</p> <p>Please note</p> <ul style="list-style-type: none"> <input type="checkbox"/> NHS doctors have a contractual obligation to provide the information requested without charge. <input type="checkbox"/> The form should be completed from your medical records. A separate examination is not necessary. <input type="checkbox"/> It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end. <input type="checkbox"/> Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines. <input type="checkbox"/> An online version of this report which can be completed electronically and printed is available at www.dwp.gov.uk/healthcare-professional/guidance <input type="checkbox"/> A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement. <p>COMPUTER PRINTOUTS</p> <p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active problems. <input type="checkbox"/> Current medication with last prescribed date. <input type="checkbox"/> Details of the last three consultations. Please remove any third party data. <p>If you have any queries about this form please phone the number above. If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical 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 this can be withheld.</p> <p>Please reply within 5 working days. A business reply envelope is enclosed for your use.</p> <p>Thank you for your help.</p> <p>Yours sincerely,</p> <p>Mrs Rachel Mackenzie</p>			
<p>MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions</p> <p>RESTRICTED - MEDICAL</p> <p style="font-size: x-small;">Version 01/11</p>			

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About your patient - continued

3 Current conditions not affecting ability to work
Please list any other relevant conditions that do not affect the ability to work.

n

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	<input type="checkbox"/>
Transferring between seats	<input type="checkbox"/>
Reaching	<input type="checkbox"/>
Picking up objects	<input type="checkbox"/>
Manual dexterity	<input type="checkbox"/>
Communicating with others	<input type="checkbox"/>
Continence	<input type="checkbox"/>
Learning simple tasks	<input type="checkbox"/>
Awareness of hazards	<input type="checkbox"/>
Initiating and completing personal actions	<input type="checkbox"/>
Coping with changes or social engagement	<input type="checkbox"/>
Appropriateness of behaviour	<input type="checkbox"/>
Eating or drinking	<input type="checkbox"/>

NOT KNOWN

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

Signature 

Name: IN CAPITALS Dr **MACAVISH**

Date **09/04/13**

Practice stamp
Dr. Alison Mactavish
Family Medical Group
Wallacetown Health Centre
Lyon Street, Dundee, DD4 6RB
Tel: 01382 459519
Fax: 01382 453110

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Kings Cross Health and Community Care
Centre
Cleington Road
Dundee
DD3 8EA
www.nhstayside.scot.nhs.uk



Locke, James
GREEN WING,
WALLACETOWN HEALTH CENTRE,
LYON STREET,
DUNDEE,
DD4 6RB

Date
Your Ref
Our Ref
Date as Postmark
AM/amw
Enquiries to
Direct Line
Anne-Marie Webster
(01382) 825100

Dear Dr Locke

RE: PHILIP SCOTT, 16 TARLOCHIE PLACE, DUNDEE, DD4 7LY, 14/07/11969

Your patient, Mr Scott contacted Working Health Services regarding chronic pain.

They were seen by Catherine Moulton, Senior Physiotherapist.

Client attended physiotherapy with chronic back pain of 30 years. He was unaccepting of this diagnosis and also unwilling to engage with any physiotherapy advice or treatment. I have therefore discharged him from my care at present but should he wish to try this again at any point he was advised that he could do so.

Working Health Services provides a specialist work health service that is easy to access and can help employees of small to medium business (less than 250 employees) stay in work, or get back to work if they are off sick.

If you have any patients who you feel would benefit from our service, please call us on 01382 825100.

Yours sincerely

Am Webster
**Anne-Marie Webster
Administrator**

Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

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NHS Confidential: Personal data about a patient

 Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)
 Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
 Sallacotown Health Centre Clinician: Dr Mark SMCODEN Lab No: H132232598
 KML1 SMCODEN

HGB	13.4	g/dL	(13.0-16.0)	WBC	7.0	x10 ⁹ /L	(4.0-11.0)
HPC	4.60	x10 ¹² /L	(4.5-6.0)	MBW	3.8	x10 ⁹ /L	(2.0-7.5)
HCT	0.418		(0.40-0.52)	LYM	2.0	x10 ⁹ /L	(1.5-4.0)
MCV	81.1	fL	(85-105)	MO#	0.4	x10 ⁹ /L	(0.2-0.8)
MCH	29.2	pg	(27-32)	EO#	0.18	x10 ⁹ /L	(0.0-0.4)
MCC	32.1	g/dL	(32-36)	BA#	0.1	x10 ⁹ /L	(0.0-0.1)
				PLT	290	x10 ⁹ /L	(150-400)

APTT	22.0	secs.	(22.0-34.4)
APTT Ratio	1.1		
Prothrombin Time	10.2	secs.	(9.5-14.0)
PT Ratio:	0.9		

 Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time: 03 Jun 2013 09:22

 Clin.Details: easy bruising

 Request Entered: 03 Jun 2013 11:36 Report Printed: 03 Jun 2013 12:54

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**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
 ACCIDENT & EMERGENCY SERVICES,
 NINEWELLS HOSPITAL**

DR. T Morrocco
 FAMILY MEDICAL GROUP
 GREEN WING, WALLACETOWN H
 LYON STREET
 DUNDEE
 DD4 6RB

Date: 26 Jun 2013

Dear Doctor Morrocco

Your Patient: **Philip Scott**
 16 CARLOCHIE PLACE
 DUNDEE
 DD4 7LY

Date of Birth: **14 Jul 1969**
 ACHI Number: **1407690396**
 A&E Attendance No: **AE-13-021712-1**
 No. of Previous Attendances: **3**
 Occupation/School: **pa**

Tel: 07706899953

The above patient attended the A&E department on 25 Jun 2013 at 13:46. The incident occurred at Home or other house and garden. The complaint was finger inj head inj. The patient was seen by **Sue Steele**, Staff Grade doctor.

Imaging XR	Site	Side	Comment
1. X-ray,	Left middle finger,		- Mallet deformity after minor trauma. ?associated #

Imaging Results
 1. Normal

Diagnosis
 Tendon rupture, Middle finger, Left
 mallet deformity after minor trauma

Discharge : Fracture self care (not fracture clinic)
 Destination : Usual place of residence

Notes for GP
 Mallet splint applied, for 8 weeks splintage, as no associated fracture. Self care leaflet given and discussed.

Yours sincerely

Accident & Emergency Dept

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jobcentreplus

Website: www.jobcentreplus.gov.uk

05732
 Dr Snowden
 WALLACETOWN HEALTH CENTRE
 LYON STREET
 DUNDEE
 DD4 6RB

Your reference is NR972621D
 Please tell us this number
 if you get in touch with us

Clydebank Benefit Centre
 Baird Street
 Glasgow
 G90 8BS

Phone 0845 6088598
 TEXTPHONE for the deaf/hard of
 hearing ONLY 0845 6088551

Date 19 July 2013

Dear Doctor Snowden

Work Capability Assessment Outcome Notification

Patients Name	Mr P Scott
Patients Address	16 Carlochrie Pl Dundee DD4 7LY

Patients D.O.B : 14 July 1969

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 17 July 2013

We have decided that your patient is capable of work from and including 17 July 2013.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Ian Findlay

Manager

4092/0253

658450025300200217

Page 01 of 01

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Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (NW)
-----
Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
Sallaceton Health Centre Clinician: Dr A MCPAVISH Lab No: 0132404175
KML1 TAVR15
-----
IPCR 6 < umol/L ( 7-35 )
TRANSFERRIN 3.45 < g/L ( 2.00-4.00 )
% SATUR OF TRANSFERRIN 7 << % ( 22-55 )
FERRITIN 8 << ug/L ( 30-400 )
-----

Lab.Comments: Sample is blood unless otherwise stated
Sample Date/Time 20 Aug 2013 09:52

Clin.Details: low hb
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Request Entered: 20 Aug 2013 11:53 Report Printed: 20 Aug 2013 15:43
    
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

Anaesthetics - Pain ClinicC3A TAY General Referral	— Consultant / receiving practitioner and/or specialty clinic
---	---

Ninewells Hospital Dundee DD1 9SY	— Hospital and hospital address
---	---------------------------------

Hospital unit no.

T101H

Email address

Date of Referral (set by referrer)	27-Aug-2013
Date referral was submitted	02-Sep-2013
Urgency of referral	Routine

Armed Forces Personnel, Immediate Families & Veterans

- On active service
 Condition related to service
 Immediate family member

Impairment(s)

- Learning
 Visual
 Hearing

Miscellaneous

- Requires support of a translator

PATIENT DETAILS

Surname	SCOTT
Forename(s)	PHILIP
Title	MR
Sex	Male
Date of birth	14-Jul-1969
CHI no.	1407690396

Patient's address

16 CARLOCHIE PLACE DUNDEE DD4 7LY

Contact number(s)

Voice: 07706899953

REGISTERED GP DETAILS

Name	Dr Mark Snowden		
GMC code	6077349	GP code	71684
Practice name	Family Medical Group		
Practice code	11382		

Practice address

LYON STREET DUNDEE

Contact number(s)

Voice: 01382459519

REFERRING PRACTITIONER DETAILS

Name	Dr. Mark Snowden		
GMC code	6077349	GP code	71684
Practice name	Family Medical Group (11382)		
Practice code	11382		

Practice address

Green Wing Wallacetown Health Cent Lyon Street Dundee
--

Contact number(s)

Voice: 01382 459519

Periods of Future Unavailability	None provided.
---	----------------

CLINICAL INFORMATION*History of presenting complaint / examination findings / investigation results***Presenting complaint**

Description: chronic pain

Comment: Dear Doctor,

I would be grateful if you would see this 44 year old man who, for some years, has suffered from chronic pain in his elbows, neck, lower back, upper thighs, knees and the balls of his feet. He describes episodes of stabbing pain in various parts of his body.

During the consultation today, he was asymptomatic and only scored 3/18 for tender points for the 1990 Rheumatology Classification of Fibromyalgia. He describes sudden pain with no precipitating factor which sometimes causes him to be almost bed bound for one to two weeks. He has a background of childhood sexual abuse and anger issues especially towards men.

Blood tests are unremarkable except for an iron deficiency anaemia which is currently being treated with oral iron with a view to repeat test.

He is prescribed Mirtazapine, recently increased to 30mg for low mood/anger issues.

On examination, there are no signs of synovitis or inflammatory joint disease.

I would be grateful for your assessment of his chronic pain.

Yours sincerely,

DR MARK SNOWDEN

Examinations and Investigations

Current smoker: Smoking status on date of event: Smoker, Number of cigarettes smoked per day: 20. 2013-08-23
 Trivial drinker - <1u/day: Drinking status on eventdate: Current drinker. 2013-01-22
 Enjoys light exercise: works as PA for disabled person. 2013-01-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.81	m	Recorded Date:	None provided
Weight:	65	Kg	Recorded Date:	None provided
BMI:	19.8	Kg/m ²	Recorded Date:	None provided
Blood Pressure:	105/70	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient
 Expected outcome: Advise

*Past medical history***Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Rupture tendon of finger	-	-	- left middle finger- mallet deformity after minor trauma	25-Jun-2013
Sciatica	-	-	Left leg	05-Aug-2009
WHC	-	-	-	30-Oct-1995
Minor head injury	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Bronchitis unspecified	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Disturbance of conduct NEC	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Drug/medicam./biol.poison.NOS	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Patient reviewed	-	-	22-Aug-2013

Lab. test result abnormal	-	-	21-Aug-2013
Had a chat to patient	-	-	05-Aug-2013
Patient reviewed	-	-	31-Jul-2013
Patient reviewed	-	-	30-Apr-2013
Patient reviewed	-	-	09-Apr-2013
Had a chat to patient	-	-	01-Mar-2013
Patient reviewed	-	-	11-Feb-2013
Had a chat to patient	-	-	31-Jan-2013
Lifestyle counselling	-	-	22-Jan-2013
Depression screening using questions	-	-	22-Jan-2013
Vasectomy NEC	-	-	28-Aug-2012

*Current and recent medication***Current repeat medication**

No current repeat medications recorded

Recent acute medication (last 30 days)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Mirtazapine 30mg tablets	85247020	tablet	1 TAB AT NIGHT	-	22-Aug-2013	-
Ferrous fumarate 210mg tablets	61843020	tablet	1 THREE TIMES A DAY	-	22-Aug-2013	-
Mirtazapine 15mg tablets	88879020	tablet	1 TABLET(S) AT NIGHT	-	05-Aug-2013	-
Citalopram 10mg tablets	79463020	tablet	1 TABLET DAILY	-	05-Aug-2013	-
Gabapentin 300mg capsules	68253020	capsule	1 CAPSULE DAY 1 THEN 1BD FOR [more]	-	05-Aug-2013	-
Co-codamol 30mg/500mg tablets	80055020	tablet	2 QID	-	05-Aug-2013	-
Paracetamol 500mg / Dihydrocodeine 30mg tablets	76478020	tablet	2 QID	-	31-Jul-2013	-

*Clinical warnings**Additional relevant information***Administrative information**

Referred By:Registered GP

Signature of referring doctor (or other professional) Date

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 Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (NW)
 Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
 Sallacatoon Health Centre Clinician: Dr A MCPAVISH Lab No: 0132365148
 KML1 TAVALS

SCDIUM	140	mmol/L	(	133-146)
POTASSIUM	4.2	mmol/L	(	3.5-5.3)
UREA	4.0	mmol/L	(	2.5-7.3)
CREATININE	59	umol/L	(	62-106)
ESTIMATED GFR	GT60	ml/min			
CKD Stage	IF HIGH RISK, EXCLUDE CKD/C. CHECK FOR HAEMATURIA AND PROTEINURIA				
ALT	14	U/L	(	5-55)
BILIRUBIN	7	umol/L	(	0-21)
ALKALINE PHOSPHATASE	66	U/L	(	20-130)
ALBUMIN	34	g/L	(	25-50)
CALCIUM	2.18	mmol/L	(	2.10-2.55)
CALCIUM (CORRECTED)	2.26	mmol/L	(	2.10-2.55)
GLUCOSE (preserved tube)	4.0	mmol/L	(	3.3-5.8)
TSH	2.92	mU/L	(	0.4-4.0)
C-REACTIVE PROTEIN	LT9	mg/L	(	0-10)

Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time
 02 Aug 2013 09:47

Clin.Details: tatt, fatigue bowel SX

Request Entered: 02 Aug 2013 12:10 Report Printed: 02 Aug 2013 13:21

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NHS Confidential: Personal data about a patient

 Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (NW)
 Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
 Sallacatoon Health Centre Clinician: Dr A MCPAVISH Lab No: H132404175
 KML1 TAVR15

HGB	12.5	L	g/dL	(13.0-18.0)	WBC	10.2	x10 ⁹ /L	(4.0-11.0)
HCT	4.38	L	x10 ¹² /L	(4.5-6.0)	MBW	5.5	x10 ⁹ /L	(2.0-7.5)
HCT	0.357	L		(0.40-0.52)	LY#	2.6	x10 ⁹ /L	(1.5-4.0)
MCV	50.6	f1		(85-105)	MC#	0.8	x10 ⁹ /L	(0.2-0.8)
MCH	28.5	pg		(27-32)	EC#	0.18	x10 ⁹ /L	(0.0-0.4)
MCC	31.4	L	g/dL	(32-36)	BA#	0.1	x10 ⁹ /L	(0.0-0.1)
					PLT	112	x10 ⁹ /L	(150-400)

B12	363	ng/l	(200-940)
Serum Folate	4.4	ug/l	(3.1-17.5)

 Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time: 20 Aug 2013 09:52

 Clin.Details: low hb

 Request Entered: 20 Aug 2013 11:53 Report Printed: 20 Aug 2013 14:15

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Tayside Clinical Laboratory Services		Telephone 01382 632539		Internal Ext.32539	
Name: SCOTT Philip	Sex: M	PID: 140789035E	DOB: 14 Jul 1959		
Sallacatoon Health Centre		Clinician: Dr A MCPAVISH		Lab No: 1132365148	
IgA Tissue Transglutaminase		<0.1	u/ml	(0-3)	

Lab.Comments: NB From 11.06.13, New Anti Tissue Transglutaminase Antibody assay with adjusted reference range. Sample is blood unless otherwise stated

Sample Date/Time
 02 Aug 2013 09:47

Clin.Details: tttt, fatigue bowel SX

Request Entered: 02 Aug 2013 12:10

Report Printed: 06 Aug 2013 11:02

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 Tayside Clinical Laboratory Services Telephone 01739 473223 (PRI) 01382 832602 (MW)
 Name: SCOTT Philip Sex: M PID: 140789035E DOB: 14 Jul 1959
 Sallacatoon Health Centre Clinician: Dr A MCPAVISH Lab No: H132365148
 KML1 TAVALLS

HGB	13.3	L	g/dL	(13.0-16.0)	WBC	5.2	x10 ⁹ /L	(4.0-11.0)
HCT	4.55	L	x10 ¹² /L	(4.5-6.0)	MBW	2.8	x10 ⁹ /L	(2.0-7.5)
HCT	0.333	L		(0.40-0.52)	LY#	2.7	x10 ⁹ /L	(1.5-4.0)
MCH	50.1	f1		(85-105)	MC#	0.5	x10 ⁹ /L	(0.2-0.8)
MCH	29.0	pg		(27-32)	EC#	0.14	x10 ⁹ /L	(0.0-0.4)
MCC	32.2	g/dL		(32-36)	BA#	0.0	x10 ⁹ /L	(0.0-0.1)
					PLT	216	x10 ⁹ /L	(150-400)

 PV 1.58 nPa.s. (1.5-1.72)

 Lab.Comments: Sample is blood unless otherwise stated
 Sample Date/Time 02 Aug 2013 09:47

 Clin.Details: tatt, fatigue bowel SX

 Request Entered: 02 Aug 2013 12:10 Report Printed: 02 Aug 2013 15:18

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FAMILY MEDICAL GROUP

Wallacetown Health Centre,
Lyon Street,
Dundee,
DD4 6RB.
Telephone Number 459519
Fax Number 453110

08 November 2013.

Mr Philip Scott,
16 Carlochie Place,
Dundee,
DD4 7LY.

Dear Mr Scott,

I have received a letter from Dr Gail Gillespie, Consultant in Anaesthesia and Pain Medicine, regarding your recent appointment with her. I would be grateful if you could give me a phone, here at the Surgery, so that I can discuss this with you.

Yours sincerely,

DR MARK SNOWDEN

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Tayside Pain Service
South Block, Level 6NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY01382 425612
01382 496325
www.nhstayside.scot.nhs.ukDr MA Snowden
Family Medical Group
Green Wing, Wallacetown Health Cent
Lyon Street
Dundee
DD4 6RBDate 05/11/2013
Date Dictated 01/11/2013
Your Ref
Our Ref GG/GS/ 1407690396
Enquiries to Gillian Shepherd
Extension 35612
Direct Line 01382 425612
Email gillian.shepherd@nhs.net

Dear Dr Snowden

Philip Scott, 16 Carlochie Place, Dundee, DD4 7LY DOB: 14/07/1969

I saw this gentleman for the first time at the Pain Clinic today. I was accompanied by Paulene Madoc-Jones.

Pain Problem

Left occipital head pains as well as flitting widespread pains.

History of Pain Problem

This gentleman's main pain is left posterior headache. He feels the pain has been present since primary school. He remembers a specific episode of pain as a child which was the worst pain he had ever experienced with "everything echoing in his head". He describes the current pain as a dull ache and then occasionally sharp and needle-like. It can spread up from the base of the left occiput, up over the head, is associated with sweating, nausea, vomiting and photophobia. He also describes phonophobia and cannot watch television. While he does not have a specific aura he does describe white speckley dots, stars and dizziness when the pain is bad. This seems to come on at the same time as the pain. He feels that the photophobia is fairly constant such that he tries not to go out and if he does he has to wear dark glasses.

When his pain is at its worst he feels like his brain is going to "explode" and he has a feeling of impending doom like he is going to die. He has acknowledged that stress makes it worse but he is also aware that when his stress levels are low the pain still persists.

He tells me he had a CT scan had Stracathro of the head which has been negative. I was not able to find this on Central Vision today.

He describes pain from the base of the neck which can spread down the spine to the shoulder blades and all the way down to the low back with tingling, pins and needles and numbness in this area. He feels that his legs have the muscles all stretched and he describes a prickliness all over his body at times. He has noticed his legs jerking particularly when he is sleeping and he has been told he feels boiling hot at night. He has very poor sleep. He also is very forgetful. He tells me he has left the cooker on as well as the chip pan and indeed even set the kitchen on fire as a result. He describes the sensation of burning in the dorsum of his hands with his hands and fingers feeling swollen. His head pain is eased by digging his nails into his scalp. He also finds relief from a hot bath. He finds this eases his pain and can help him relax. He has tried TENS over the trapezius and shoulder which made his pain worse and made him much more sensitive to bath water to the extent that he got irritable and anxious in the bath - this lasted for three months. He also described some autonomic



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Chief Executive, Mr Gerry Marr

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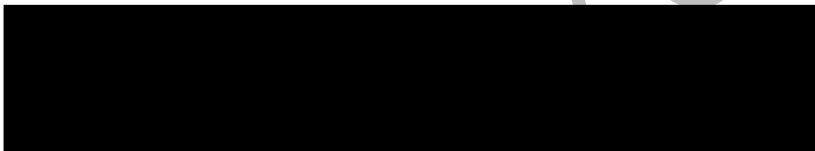
sounding symptoms with altered bowel habit with constipation and diarrhoea at times as well as frequent sweats particularly at night. Indeed his t-shirt was saturated today and he had to remove it during the consultation. He describes a degree of polydipsia and polyuria and an unquenchable thirst. He acknowledges that his pain symptoms do not all occur at once as he feels this would be overwhelming. He describes feeling dizzy much of the time.

Beliefs

He had looked at the internet and thought that he had some features that may be fibromyalgia type symptoms but he does not feel that he has all the features of fibromyalgia.

Past Medical History

He offered a history of child abuse and thought his altered bowel habit over the years has been due to this. I note that he has had a recent psychological evaluation at Dudhope on the 30th October 2013. He himself tells me that he knows he is "not nuts". He also says that he has been told in the past his pains are psychosomatic which made him angry as he feels that he does have psychological issues but is clear that they are separate from his current symptoms. He acknowledges that the combination of sleep deprivation and severe head pains can make him very aggressive at times and he acknowledged this with me today. He particularly felt angry when he felt people were not listening and he acknowledged that this anger is certainly worsened if it is directed towards men.



Psychosocial



He originally worked as a tattoo artist but had to give this up as he was unable to sit for even an hour due to his head pains and he enjoyed this job. More recently he was working as a private personal assistant for a disabled person which he thoroughly enjoyed and found motivated him to get out of the house as he realised that he had to be there for this man. Unfortunately he lost his job in 2012 following a brief period off work due to head pain.



He feels that it is due to involvement of [redacted] with respect to his current health issues that he has sought medical attention for these as she was noticing other symptoms such as legs jerking when sleeping and drenching sweats at night that had gone fairly unnoticed by the patient.

His sleep is poor, he tosses and turns, he feels wide awake and this leads to more frustration. He finds that even talking about his pain "gets to him" and he feels in his words "nothing but profanity" in trying to discuss his pain and he feels aggression rising as a result.

He spends most days indoors in his pyjamas and he feels generally like he has been battered all over as if he has done weightlifting with muscle aching all over. He lives in a housing association accommodation on the ground floor with gardens front and back. He has a large dog. He tries to get out to walk it and really only manages once a week due to his head pains and photophobia. He has noticed that his weight has fluctuated and he has dropped one inch round his waist. He has poor appetite and poor diet.



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Medication

He currently takes:
Mirtazepine 45 mg
Co-Codamol 30/500 x 2 q.d.s.
Ferrous fumarate for iron deficiency anaemia daily.

I note he was previously on Gabapentin however this gave him GI upset and epigastric pains and was discontinued. He denies any allergies.

I note that he brought a page of A4 type written notes about his symptoms due to his poor memory and at the end he had a statement requesting a referral to psychology and possibly rheumatology.

Examination

On examination he made good eye contact throughout the consultation and at no time during the consultation did he show any aggression towards myself or the Nurse Specialist.

Examination of the cranial nerves was grossly intact (I did not examine fundi or visual acuity, however he tells me he has had his eyes tests at the opticians and has 20:20 vision).

On examination of the head and neck, pressure over the left greater occipital notch offered him significant relief from his pain and there was certainly no specific sensitivity here. There was no altered sensation to the scalp. There was one lower cervical /upper thoracic paravertebral trigger point that was very localised however there were no trapezius trigger points and head movements were normal. Left shoulder movements were full in all planes. Upper limb examination was normal although I was unable to elicit reflexes particularly well. Tone, power and sensation were normal bilaterally.

Sensation in the torso was normal to light touch and pin prick.

Lower Limb Examination

Toes were cool to touch. Peripheral pulses were palpable. Tone, power and reflexes were normal however on sensation there was patchy hypo and hyperalgesia to pin prick over the lower legs bilaterally in a non-dermatomal distribution. There was reduced power grip on the left hand but I note he has a left middle finger tendon injury and is unable to fully flex this finger. He attributes his weakness to this previous injury.

He had only 6/20 fibromyalgia points that were previously required for a diagnosis of fibromyalgia.

Impression

Clearly this gentleman has a rather complex array of symptoms of which his head pain is the most disabling and while he has had a CT of the head I note he has never had any review by the neurologists. I also wonder if he maybe has an autonomic instability due to some of the other odd symptoms he is describing.

Clearly there are also significant psychosocial yellow flags and there are one or two unanswered questions.

Plan

Given that he has had significant GI upset with Gabapentin and he certainly has widespread myalgia I think it is reasonable to consider low dose Pregabalin and would start at 75 mg b.d. and titrate upwards as tolerated.

I do wonder if given his polydipsia and polyuria if you could *check him for diabetes?*



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Also given his autonomic symptoms I think it is reasonable to do *thyroid function tests* as well if these have not already been done before. With his poor nutrition it may be worth doing a *nutrition screen* including vitamin deficiencies if this has not already been done.

I will refer him to Dr Coker for further advice regarding his headache management and whether any further investigation of any possible autonomic neuropathy is warranted.

Unfortunately I am not sure there are any other medication options available that would be of use.

Clearly stress and anxiety are acknowledged triggers so we gave him some information from the Moodjuice website on pain, sleep, sleep disorders, anger management as well as a relaxation CD. He was very receptive to all of this.

I have left him with an open appointment meantime.

Yours sincerely

Authorised on 08/11/2013 03:55:54 by G Gillespie.

DR GAIL GILLESPIE
Consultant in Anaesthesia and Pain Medicine

(P) Dr A Coker, GP wSI Neurology, Department of Neurology, Ninewells Hospital, Dundee, DD1 9SY
(P) Rachel MacKie, Psychology Department, Dudhope Terrace, Dundee



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Department of Neurology
Operational Unit
NHS Tayside
South Block
Level 6
Ninewells Hospital
Dundee
DD1 9SY



www.nhstayside.scot.nhs.uk

Dr Gail Gillespie
Pain Clinic
South Block
Level 6
Ninewells

Date 12/12/2013
Date 23/11/2013
Dictated
Your Ref
Our Ref HB/EC/1407690396
Enquiries to
Extension
Direct Line
Email

Dear Dr Gillespie

Philip Scott, 16 Carlochie Place, Dundee, DD4 7LY DOB: 14/07/1969

This patient was seen as part of a Waiting List Initiative Clinic in Ninewells Hospital, Dundee by Dr Hugh Boddie, Consultant Neurologist. All queries should be directed via Medinet on Tel: 0121 3082333/Fax: 0121 3082444

This gentleman was offered a neurology waiting list initiative appointment today which he failed to attend.

No further appointment will be offered unless you wish us to do so.

Yours sincerely

*Dr Hugh Boddie
E-verified 19 December 2013*

**Dr Hugh Boddie
Consultant Neurologist**

Cc:
Mark Snowden
Family Medical Group
Green Wing
Wallacetown Health Centre
Lyon Street
Dundee
DD4 6RB



Headquarters
King's Cross, Cleington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson OBE, DL
Chief Executive, Professor Tony Wells

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Tayside Psychological Therapies Service
7 Dudhope Terrace
Dundee
DD3 6HG

Telephone No: (01382) 306150
Fax No: (01382) 306151
www.nhstayside.scot.nhs.uk



Dr Anyaduba
Family Medical Group
Wallacetown Health Centre
Lyon Street
Dundee

Date Typed: 12th December 2013
Date Submitted: 12th December 2013
Your Ref
Our Ref RM/LM
Enquiries to

Extension
Direct Line 01382 306150
Email

Dear Dr Anyaduba

Re: Philip Scott, chi 140769.0396
16 Carlochie Place, Dundee, DD4 7LY

You referred the above named patient to the Dundee Adult Psychological Therapies Service on 19th July 2013. I have met with Mr Scott on two occasions to complete assessment and discuss treatment options, most recently on 27th November.

Reason for Referral:

Mr Scott was referred for help with anxiety. It was also noted that he may be inclined to experience a degree of frustration and difficulty maintaining relationships. It was also highlighted that he experienced poor appetite and poor sleep and was currently being treated with Citalopram.

Presenting Problems:

At our initial session Mr Scott presented in a fairly distressed state, he appeared agitated and upset. He stated that he was "not dealing with things". Mr Scott highlighted difficulties with regards to his [REDACTED] as being one of the main triggers for his problems. [REDACTED]

Mr Scott stated that although he is inclined toward anxiety, worry, at times anger, he does not feel as depressed as he did in the past. Mr Scott highlighted that he feels aggression as a problem for him when he does not feel listened to or understood. He denied any alcohol or drug use and denied any suicidal ideation.

Mr Scott highlighted that his experience of pain is a significant factor in his difficulties. Mr Scott explained that he had experienced chronic pain over his whole body but particularly in his head and skin for many years. He added that he was due to be seen at the Pain Clinic for assessment following our appointment. Indeed, I received a copy of a letter from Dr Gillespie, Consultant in Anaesthesia and Pain Medicine following this assessment. When I met with Mr Scott again on 27th November he was somewhat disappointed that the diagnosis was still outstanding but he was keen to pursue the additional assessments which had been put in place for him.



Working with you for better health and better care
Headquarters: Kings Cross, Cleington Road, Dundee DD3 8EA
Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr

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At this appointment, Mr Scott presented as far more settled and he stated that he had felt that he had been able to regain control of his thoughts over the previous week using meditation for the most part but also giving some consideration to his responsibility for past relationships not working out.

Relevant History:

Mr Scott stated that he was born in Dundee but lived in London from an early age until he was approximately 12. [REDACTED]

[REDACTED] Mr Scott described being in the care system from a young age and coming back to Dundee [REDACTED] when he was aged 12. Mr Scott stated that at school he fought frequently and was aggressive in his manner. He added that he eventually stopped going. Mr Scott stated that he spent some time at Rossie School in Angus which was a difficult experience.

Mr Scott stated that he has had a variety of different jobs and rates himself as an intelligent man. Most recently, he was a personal care assistant for a young disabled boy. Mr Scott stated that he felt unable to continue with the works due to his current difficulties. His most recent relationship ended approximately two months ago and Mr Scott highlighted his responsibility for this in particular his aggression.

Opinion and Recommendations:

Mr Scott presents with difficulties relating to stress and anxiety. It seems that there are several situational factors and health factors influencing his presentation including [REDACTED] his chronic pain. Investigations are ongoing to find an organic cause for his pain but Mr Scott has contemplated that his difficulties may be psycho-somatic and if this is the case he is willing to accept this and learn ways to manage it. Between our first and second sessions Mr Scott seemed far more settled in his presentation and stated that he had been able to begin thinking about himself and his behaviours in a more helpful way and he stated that he was keen to continue in this mindset. Given, Mr Scott's strong desire to gain a better understanding of himself and his experiences, it seems appropriate that he be offered person centred counselling certainly initially and as such I have discussed this case with my colleague, Mrs Amanda Thomson. If it is felt that Mr Scott would benefit from cognitive behavioural therapy to target his anxiety specifically or any other aspect of his presentation then I have agreed with Mrs Thomson that she may pass his case back to myself. If Mr Scott is keen to target his anger and aggression directly then he will be redirected to Insight Counselling Service as this is within their remit. Mrs Thomson will update you as to Mr Scott's progress in due course.

Yours sincerely



Rachel Mackie
Clinical Associate in Applied Psychology

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29-May-2026 HCOLLER
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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Unique Care Pathway Number
101013712659H

REFERRAL TO	
Clinical Psychology Adult Psychological Therapy Ser2T4 TAY General Referral	— Consultant / receiving practitioner and/or specialty clinic
Dundee Adult Psychology Department 7 Dudhope Terrace Dundee DD3 6HG	— Hospital and hospital address Hospital unit no. T362C Email address -
Date of Referral (set by referrer) 24-May-2017	Armed Forces Personnel, Immediate Families & Veterans
Date referral was submitted 25-May-2017	<input type="checkbox"/> On active service
Urgency of referral Routine	<input type="checkbox"/> Condition related to service
	<input type="checkbox"/> Immediate family member
	Impairment(s)
	<input type="checkbox"/> Learning
	<input type="checkbox"/> Visual
	<input type="checkbox"/> Hearing
	Miscellaneous
	Interpreter Required: No
	Details of "Other" Language: None

PATIENT DETAILS	
Surname	SCOTT
Forename(s)	PHILIP
Title	MR
Sex	Male
Date of birth	14-Jul-1969
CHI no.	1407690396
Patient's address	16 CARLOCHIE PLACE DUNDEE DD4 7LY
Contact number(s)	Voice: 07706899953

REGISTERED GP DETAILS	
Name	Dr Mark Snowden
GMC code	6077349
GP code	71684
Practice name	Family Medical Group
Practice code	11382
Practice address	LYON STREET DUNDEE
Contact number(s)	Voice: 01382459519

REFERRING PRACTITIONER DETAILS	
Name	Dr. Caroline Sloss
GMC code	7042269
GP code	71170
Practice name	Family Medical Group (11382)
Practice code	11382
Practice address	Green Wing Wallacetown Health Cent Lyon Street Dundee
Contact number(s)	Voice: 01382 459519

Periods of Future Unavailability	None provided.
---	----------------

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CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: LOW MOOD AND LOW SELF-ESTEEM

Comment: Dear Colleague,

I would be grateful for your assessment of this 47 year old man who has long-standing problems with low mood and anxiety.

He describes significant problems with low self-esteem and anxiety regarding his relationships.

He has had quite a traumatic childhood with previous physical and sexual abuse. [REDACTED]

In the past, he has trialled various antidepressant medications including Citalopram and Mirtazapine. He is a smoker, drinks little alcohol and denies any current illicit substance use.

He was previously referred to Psychology several years ago but feels that he struggled to engage with this at the time.

He does, however, feel that he needs to address the underlying problems that he has in his past and feels that he may benefit from a CBT based treatment approach.

I would be grateful for your assessment.

Thank you for your time.

Yours sincerely,

DR GRAEME HARRISON

Examinations and Investigations

Current smoker: Smoking status on date of event: Smoker. 2016-01-13

Trivial drinker - <1u/day: Drinking status on eventdate: Current drinker. 2013-01-22

Enjoys light exercise: works as PA for disabled person. 2013-01-22

Most recent height, weight, BMI and Blood Pressure

Height:	1.81	m	Recorded Date:	None provided
Weight:	65	Kg	Recorded Date:	None provided
BMI:	19.8	Kg/m ²	Recorded Date:	None provided
Blood Pressure:	105/70	mmHg	Recorded Date:	None provided

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Rupture tendon of finger	-	-	- left middle finger- mallet deformity after minor trauma	25-Jun-2013
Sciatica	-	-	Left leg	05-Aug-2009
WHC	-	-	-	30-Oct-1995
Drug/medicam./biol.poison.NOS	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Disturbance of conduct NEC	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Bronchitis unspecified	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900
Minor head injury	-	-	[DATE of EVENT UNKNOWN]	01-Jan-1900

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Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Patient reviewed	-	-	23-May-2017

*Current and recent medication***Current repeat medication**

No current repeat medications recorded

Recent acute medication (last 30 days)

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Mirtazapine 15mg tablets	88879020	tablet	ONE TABLET(S) AT NIGHT	-	23-May-2017	-

*Clinical warnings**Additional relevant information***Administrative information**

Referred By:Resident GP

Signature of referring doctor (or other professional) Date

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29-May-2026 HCOLLER
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Department of Neurology
Operational Unit
NHS Tayside
Ninewells Hospital
Dundee
DD1 9SY

www.nhstayside.scot.nhs.uk

Dr G Gillespie
Consultant in Anaesthesia & Pain Medicine
Pain Service
Level 6
Ninewells Hospital
DD1 9SY

Date 13/02/2014
Clinic Date 08/12/2013
Your Ref
Our Ref HB/EAG/ 1407690396
Enquires to Medinet
Extension
Direct Line
Email

Dear Dr Gillespie

Philip Scott, 16 Carlochie Place, Dundee, DD4 7LY DOB: 14/07/1969

This patient was seen as part of a Waiting List Initiative Clinic in Ninewells Hospital, Dundee by Dr Hugh Boddie, Consultant Neurologist. All queries should be directed via Medinet on Tel: 0121 3082333/Fax: 0121 3082444

This gentleman was offered a neurology waiting list initiative appointment today which he failed to attend.

No further appointments will be offered unless he wishes to do so.

Yours sincerely

Dr Hugh Boddie
Consultant Neurologist

(D) Dr MA Snowden, Family Medical Group, Green Wing, Wallacetown Health Cent, Lyon Street,
Dundee, DD4 6RB



Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY (for mail) DD2 1UB (for Sat Nav)

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Ms Lesley McLay

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29-May-2026 HCOLLER
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Tayside Psychological Therapies Service
7 Dudhope Terrace
Dundee
DD3 6HG
Telephone No: (01382) 306150
Fax No: (01382) 306151
www.nhstayside.scot.nhs.uk

NHS
Tayside

Dr Anyaduba
Family Medical Group
Wallacetown Health Centre
Lyon Street
Dundee

Date Typed: 27 February 2014
Date Submitted: 26 February 2014
Your Ref
Our Ref AT/JJM

Enquiries to
Extension
Direct Line 01382 306150
Email dundeepts.tayside@nhs.net

Dear Dr Anyaduba

Re: Philip Scott, CHI 14 07.69 0396
16 Carlochie Place, Dundee, DD4 7LY

DISCHARGE LETTER

You may recall the above named gentleman was referred to Dundee Adult Psychological Therapies Service on 19th July 2013. Mr Scott met with my colleague to complete the assessment process and the treatment option that was discussed was for Philip to meet with myself for counselling. It was agreed by Philip and Rachel Mackie, Clinical Associate in Applied Psychology that Philip could attend to discuss and explore his difficulties and to gain a better understanding of him.

Philip failed to attend our first appointment on 8th January 2014, he then attended on 22nd January 2014 and reported he felt significantly better; he was feeling less overwhelmed or distressed by his emotions. He discussed in session his strong belief in his own spirituality and described himself as an "indigo child" and he was currently undertaking a training course to become a Reiki therapist. Due to the manner in which he discussed his difficulties and reported the significant positive change, we had agreed to meet one more time to decide whether or not psychological intervention was required. The appointment was made for 25th February 2014. As Philip has not made contact with the service or attended his appointment, I have now discharged him from the service as he has now failed to attend 3 out of a possible 5 appointments. If you require any further information in regard to Philip, please do not hesitate to contact me.

Yours sincerely



Amanda Thomson
Accredited Psychological Therapist


Working with you for better health and better care
Headquarters: Ninewells Hospital & Medical School,
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL
Chief Executive, Mr Gerry Marr



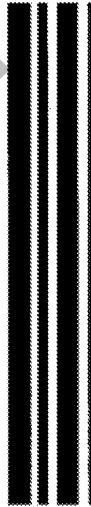
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NHS Confidential: Personal data about a patient



Philip Scott
1487698396

Medical Record Insert
Wallacetown Health Centre



 **CADmeleon**
Medical Record Scanning

CADmeleon Technical Services,
Castle Street Industrial Estate, Castle Street, Alloa, FK10 1EU
Tel: +44 (0)1259 211456
Fax: +44(0)1259 723131
Web: www.cadmeleon.co.uk
Email: info@cadmeleon.co.uk

NHS Confidential: Personal data about a patient

**TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL**

DR. JW Locke
GREEN WING
WALLACETOWN HEALTH CENTRE
LYON STREET
DUNDEE
DD4 9R8

Date: 24 Apr 2007

Dear Doctor Locke

Your Patient: **Philip Scott**
5 CHEVALIER'S PEND
DUNDEE
DD4 9RH

Date of Birth: **14 Jul 1968**
ACHI Number: **1407890396**
A&E Attendance No: **AE-07-014506-1**
No. of Previous Attendances: **2**
Occupation/School: **ps**

Tel: 522213

The above patient attended the A&E department on 23 Apr 2007 at 20:31. The incident occurred at Public highway, street or road. The complaint was Fell from bike. The patient was seen by Anusha Hennesidge, A+E SHO.

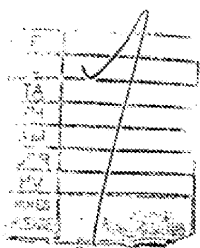
Diagnosis
Soft tissue injury, Thoracic back, Right
Fell off mountain bike on concrete ground. Fell on right side and injured right shoulder, thorax and knee. Right shoulder intact with full ROM and no open wounds. Right thorax sore on deep inspiration. No point tenderness and respiratory examination normal. Right knee superficial wound; Full ROM and no tenderness.

Prescriptions
Ibuprofen, Oral, Capsule/Tablet, 400mg,
Coxibromol 2 tablets x 4 - 6 hourly (total 20 tablets), Oral, Capsule/Tablet.

Discharge: With no follow up
Destination: Usual place of residence

Yours sincerely

Accident & Emergency Dept



26 APR 2007

NHS Confidential: Personal data about a patient

TAYSIDE UNIVERSITY HOSPITALS NHS TRUST
ACCIDENT & EMERGENCY SERVICES,
NINEWELLS HOSPITAL

DR. JW Locke
GREEN WINGS
WALLACETOWN HEALTH CENTRE
LYON STREET
DUNDEE
DD4 6RB

Date: 07 Nov 2008

Dear Doctor Locke

Your Patient: Philip Scott
5 CHEVALIER'S PENN
DUNDEE
DD4 6RH

Date of Birth: 14 Jul 1968
ACHI Number: 1407690196
A&E Attendance No: AE-06-042217-1
No. of Previous Attendances: 1
Occupation/School: pa

Tel: 522213

The above patient attended the A&E department on 06 Nov 2008 at 19:10. The incident occurred at Home. The complaint was right wrist. The patient was seen by Michael Donald, A&E SpR.

Diagnosis
No apparent injuries.

Discharge: With no follow up
Destination: Usual place of residence

Yours sincerely

Accident & Emergency Dept

7 NOV 2008

F	
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HV	
REEL	
RECALL	

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

Your Ref:

Our Ref:

Enquiries to:

AN/SU/14 07 69 0396

Department of Plastic Surgery



TAYSIDE
University Hospitals
NHS Trust

Nineveills Hospital and Medical School
Dundee DD1 9SY
Telephone 01382 660111

Clinic: 08 02 00
Typed: 08 02 00

11 FEB 2000

Dr. Locke
Wallacetown Health Centre
Lyon Street
DUNDEE

F	
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GPR	
HY	
NOTES	
PLEASE	

Dear Dr. Locke

Re: **PHILIP SCOTT**
154 Salton Crescent Dundee

Thank you for referring this patient whom I saw in my out patient clinic today.

This patient has an extensive professional tattoo on both arms and posterior aspect and chest. There is just a small one on the dorsum of the left hand. I had a long chat to him explaining that surgery is not considered any longer for removal of tattoos. Laser these days is the answer but I am afraid the NHS no longer provides any kind of this treatment. This is not unique to Dundee but a similar rule applies everywhere in the country. The patient can be seen in a private laser set up and be treated. I have passed Mr Scott the necessary information. I note that he is unemployed at the moment. I have advised him that an alternative to his situation for the time being would be to search himself for a reasonable camouflage make up to cover the more distant parts of these tattoos.

Kind regards,

Yours sincerely,

Mr. A Naasan
Consultant Plastic Surgeon.

Chairman: Sir William Stewart DSc FRS FRSE Chief Executive: Mr Paul M White

NHS Confidential: Personal data about a patient

Please use Black Letters

X Hospital Use only	Clinic	Day Date	Time	Hospital No.	GPF11112
REQUEST FOR OUT-PATIENT CONSULTATION					Appointment Category
THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Routine <input checked="" type="checkbox"/> Seen <input type="checkbox"/> Urgent <input type="checkbox"/>
Hospital:	NINEWELLS	Date:	08.09.99	CHR:	14.07.69.0396
Please arrange for this patient to attend the:		PLASTIC SURGERY		Clinic of Dr/Mr:	
Patient's Surname:		SCOTT		Maiden Surname:	
First Name:		PHILIP		Single/Married/Widowed/Other	
Address:		154 SALTON CRESCENT, DUNDEE, DD4 0NR		Date of Birth:	
				14.07.69	
Postal Code:		Contact Telephone number:		Patient's Occupation:	
				HB of Residence:	
Has the patient attended hospital before?		YES/NO If "YES" please state:			
Name of Hospital:		D.R.I. - FRACTURE CLINIC		Name, Address & telephone No. of GP/Consultant DR. JAMES W. LOCKE FAMILY MEDICAL GROUP WALLACETOWN HEALTH CENTRE LYON STREET DUNDEE	
Year of Attendance:		1997			
If the patient's name or address has/have changed please give details:					
Can the patient attend at short notice?		YES/NO			
If YES, minimum notice required:					
G.P. FUNDHOLDER		GP's Code: 7142		Practice Code: 11382	
		Contract No: SIB18			
I would be grateful for your (1) diagnosis and advice on (2) diagnosis and treatment of <input type="checkbox"/> the above named patient. A brief history, symptoms and signs is given below:					
<p>One year ago my partner Dr Taylor referred this young man to your department for consideration of removal of his extensive tattoos on his arms and chest. His arms are the worst affected many of the tattoos being coloured. Both Dr Taylor and myself are aware that this referral falls out with your guidelines for cosmetic surgery, but we both feel that the tattoos cause this man significant severe psychological distress we would appreciate if you could perhaps review his situation. This young man had a very traumatic childhood and is now trying to piece together his life.</p>					
I would be most appreciative if this young man could receive a consultation from yourselves					
Yours sincerely,					
Diagnosis/professional diagnosis:					
Present drug treatment and potential special hazard:					
X-ray (women of childbearing age). Date of first day of L.M.P.:					
Relevant X-rays available from: No. (if known)					
Signature:					

NHS Confidential: Personal data about a patient

31st August, 1998.

Mr. Philip Scott,
154 Salton Cres.,
DUNDEE.

Dear Mr. Scott,

● Following your consultation with Dr. Taylor on the 10th of August, we have been advised that Plastic Surgery consultation appointment is not possible due to the referred condition which falls outwith the guidelines for cosmetic surgery. Please therefore make an appointment to see your doctor if you wish to discuss this further.

Yours sincerely,

●
**PAULINE CLARK,
PRACTICE NURSE.**

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Please use Block Letters

Hospital Use only	Clinic	Day Date	Time	Hospital No.	GPFH12
REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Appointment Category Routine <input checked="" type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/>
Hospital:	D.R.I.	Date:	11.8.98.	CHI:	140769.0396
Please arrange for this patient to attend the:			PLASTIC SURGERY		
Patient's Surname:			SCOTT		
First Names:			PHILIP		
Address:			154 SALTON CRES., DUNDEE, DD4 0NR.		
Postal Code:			Contact Telephone number: None		
Has the patient attended hospital before?			YES/NO IF "YES" please state:		
Name of Hospital:			D.R.I. - Orthopaedic		
Year of Attendance:			1997		
If the patient's name or address has/have changed please give details:					
Can the patient attend at short notice?			YES/NO		
If YES, minimum notice required:					
G.P. FUNDHOLDER			GP's Code: 7005 Contract No: ST018		Practice Code: 11382
I would be grateful for your (1) diagnosis and advice on (2) diagnosis and treatment of <input type="checkbox"/> the above named patient. A brief history, symptoms and signs is given below:					
<p>I wonder if you would be good enough to at least have a consultation with this young man. He has got tattoos on his arm and chest which seem to cause him a great deal of psychological trauma and he says he does not wear short sleeved shirts and wont swim or get involved in relationships because of his tattoos. I appreciate this is not generally done on the NHS any more but I wonder if you could at least consult with him and see if there is any way in which you can help him.</p>					
Yours,					
Diagnosis/provisional diagnosis:					
Present drug treatment and potential special hazard:					
X-ray (women of childbearing age). Date of first day of L.M.P.:					
Relevant X-rays available from: No. (if known)					
Signature:					

NHS Confidential: Personal data about a patient



"F.H."

Your Ref: PR/CD/1407690396
 Our Ref: Fracture Clinic - Mr Cliff
 Enquiries to:-

Dundee Royal Infirmary
 Dundee DD1 9ND
 Telephone 01382 660111

DIRECTORATE OF ORTHOPAEDICS

Clinic:- 26th August 1997
 Typed:- 2nd September 1997

Dr J Locke
 Wallacetown Health Centre
 Lyon Street
 Dundee

Dear Dr Locke

Re: Philip Scott, 154 Salton Crescent, Dundee

Mr Scott failed to attend for his final follow up for his acromial clavicular joint dislocation. I assume things have settled down and don't propose to send a further appointment.

Yours sincerely

P Rickhuss
 Specialist Registrar

DICTATED BUT NOT READ

THIRD PARTY COPY

D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Sir William Stewart, D.Sc., FR.S. Chief Executive: Mr T. E. W. Brennan, B.Sc.(Hons.), FR.S.M., Dip.H.S.M., Grad.I.P.R.

NHS Confidential: Personal data about a patient



"FH"

DIRECTORATE OF ORTHOPAEDICS

Your Ref:
 The Ref: PR/PS/14 07 89 0396
 Specialist: Mr B Cliff - Fracture Clinic

Dundee Royal Infirmary
 Dundee DD1 9ND
 Telephone 01382 660111

Clinic: 05 08 97
 Typed: 11 08 97

Dr J Locke
 Wallacetown Health Centre
 Lyon Street
 DUNDEE

Dear Dr Locke

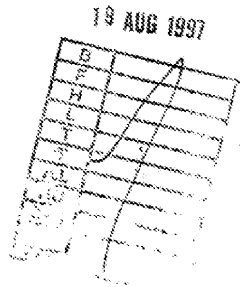
Philip Scott, 154 Salton Crescent, Dundee

Date of injury: 04 08 97.
 Diagnosis: Grade III disruption left AC joint.
 Treatment: Broad arm sling.

This gentleman was reviewed in the Clinic today. He has no neurovascular problems and just a mild swelling over the shoulder. I have explained to him that any treatment would be unlikely to make any great difference here and I think he should just have this treated conservatively. We will allow him to gently mobilise and review him in 3 weeks time as a final check.

Yours sincerely


 P Rickhuss
 Senior Registrar



D I S C O V E R G O O D H E A L T H I N D U N D E E

Chairman: Sir William Stewart, D.Sc., F.R.S. Chief Executive: Mr T. E. W. Bratt, B.Sc.(Hons), F.H.S.M., Dip.H.S.M., Grad.I.P.R.

NHS Confidential: Personal data about a patient

Hospital: DAI **DUNDEE TEACHING HOSPITALS** A&E No.
NATIONAL HEALTH SERVICE TRUST 97/27339

CONSULTANTS
 Dr MORRISON
 Mr JOHNSTON
 Miss GILLY

P SURNAME SCOTT MPI No. 0396 DATE 4/8/97 TIME OF ARRIVAL 19:29
 A FORENAME PHILIP SEX M MARITAL STATUS SC DATE OF INCIDENT TIME OF INCIDENT
 I MAIDEN NAME REILLY DOB 14-7-69 LOCATION OF INCIDENT
 N ADDRESS 154 S ALTON CRES AGE 28 COMPLAINT
 T 23 DUFF STR RELIGION - SCOTLAND
 T TEMPORARY ADDRESS OCCUPATION/SCHOOL GP
 NAME
 ADDRESS J. LOCKE
 TEL. PREVIOUS ATTENDANCE
 N NAME RTA
 O ADDRESS MICHAEL REILLY REFERRED BY
 K 23 BRIDGEMAN CRT GLACON
 TEL. 510263 ARRIVAL DATE
 NOTIFIED NY RELATIONSHIP EX WIFE PLEASE

TO BE COMPLETED BY DOCTOR AFTER SEEING PATIENT
 Dear Doctor Locke
 The above named patient attended Accident & Emergency Department today
 DIAGNOSIS Injury to left shoulder -> Injury AC lig.
 X RAY / ECG / INVESTIGATIONS SHOW
XR. AC joint disruption on weight bearing view
 TREATMENT GIVEN BAS.
 DRUGS GIVEN BY
 TETANUS PROPHYLAXIS HAS / HAS NOT BEEN GIVEN TT COURSE TT BOOSTER HATI

DISPOSAL
 ADMITTED TO OP CLINIC A clinic 5/8/97 3pm
 DISCHARGED TO AG
 DOCTORS NAME (print) KALKWA SIGNATURE
 CONSULTANT AG TIME OF DISCHARGE 210

0695 006

NHS Confidential: Personal data about a patient



"FH"

your ref:

our ref: PJW/MG

enquiries to: Mrs P.J Watson

Tayside Area Clinical Psychology Department
Royal Dundee Liff Hospital
DUNDEE, DD2 5NF

Telephone: (01382) 580441 ext 4752
Fax: (01382) 581329

Date: 26 February 1997
Dictated: 13 February 1997

Dr. J. W. Locke
Wallacetown Health Centre
Lyon Street
DUNDEE DD4 6RB

Dear Dr Locke

Mr Philip Scott - d.o.b. 14.07.69/0396
154 Salton Crescent, Dundee

I first saw Mr. Scott on 13th June 1996. Since then I have had two long and positive sessions with him on 3rd October and 14th November. However, his attendance has been erratic in that he has d.n.a'd on six occasions and has not been back in touch with myself following a request to do so in December. I am discharging him at this point. Should he wish to come back and see me at any time, please do not hesitate to let me know.

Yours sincerely

PJW

Prudence J. Watson
Chartered Clinical Psychologist

20 FEB 1997

RE	
PC	
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GPR	
NOTES	
RELEASE	

Chairman: Mr M. Petrie, FRICS, IRRV Chief Executive: Mr W.J. Wells, R.M.N., R.G.N., C.P.S., M.B.S.M.

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CelectolTM
200mg or 400mg O.D.

NOT REG. AT W.H.C.

Seemingly - Mr Reilly has since
changed his name to Philip Scott
and now stays at 154 Salton Crescent
Please add this to his notes.

From Psycholox.

NHS Confidential: Personal data about a patient

72

Dundee Healthcare *"FH"*
NHS TRUST

*not given
not done*

your ref: *Tayside Area Clinical Psychology Department
Royal Dundee Liff Hospital
DUNDEE, DD2 5NF*

our ref: P.W.M.G.

enquiries to: Mrs P J Watson

Telephone: (01382) 580431 ext. 4752
Fax: (01382) 581329

Date: 5 July 1996.
Dictated: 20 June 1996.

Dr J. W. Locke
Wallacetown Health Centre
Lyon Street
DUNDEE DD4 6RB

10 JUL 1996

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PLEASE	

Dear Dr. Locke *John*

Mr. Philip Reilly, d.o.b. 14.7.69/0396 *Acc. Philip Scott*
21 Aberlady Crescent, Dundee DD4 0LB

Thank you for referring Mr. Reilly back to myself. He attended for an appointment on 13th June 1996, at Douglas Medical Centre.

Presenting problem

Mr. Reilly is once again concerned because he has become aggressive [REDACTED]

Background

[REDACTED] so he was put into a variety of Children's homes instead, in London, I think, and in Scotland.

[REDACTED] Philip knew little stability as he grew up.

Chairman: Mr M. Peirie, F.R.C.S. (R.C.S.) Chief Executive: Mr W.J. Wells, R.N.R., R.G.N., C.P.S., M.B.S.M.

NHS Confidential: Personal data about a patient

Dr J. W. Locke

2

5 July 1996.

[REDACTED] In fact, he is more concerned about how uninterested he was in this event.

Formulation

Philip is an insecure young man who has low self-esteem. [REDACTED]
[REDACTED]
[REDACTED]

Intervention

I suggested cognitive restructuring to Philip and he tells me that he has been working on this himself, looking at his jealous thoughts and trying to replace them with more rational ones. He says that intellectually he knows [REDACTED] but emotionally the doubt remains.

I will encourage him to talk more about his past and his ways of dealing with uncertainty and frustrating situations and see whether he can build up some alternative strategies.

Motivation

Philip came across as being keen to do something about his jealousy but I am not sure to what extent he was hoping for a "quick fix" remedy and whether or not he will have the stamina to explore various aspects of his life and his feelings with which he seems to be out of touch at present.

Future contact

I have arranged to see him again in two weeks' time at Douglas and will see him on a regular basis for as long as he is prepared to attend.

Yours sincerely



Prudence J. Watson
Chartered Clinical Psychologist

NHS Confidential: Personal data about a patient



Handwritten initials "FH" in a box

your ref:

our ref:

FJWVA

enquiries to:

Miss Fiona Arnott
(secretary)

Tayside Area Clinical Psychology Department
Royal Dundee Liff Hospital
DUNDEE, DD2 5NF

Telephone: (01382) 380441 ext.4752
Fax: (01382) 581529

Date: 20th June 1996

Dr J W Locke
Wallacetown Health Centre
Lyon Street
DUNDEE, DD4 6RB

Dear Dr Locke

re: Philip Reilly, d.o.b. - 14.07.1969
23 Aberlady Crescent, Dundee, DD4 0LE

This patient attended a first appointment with Mrs Prue Watson on Thursday, 13 June at Douglas Medical Centre. A completed assessment will follow.

In the meantime, if you should wish to discuss the case for any reason please contact us

Yours sincerely

Handwritten signature of Fiona Arnott

Fiona Arnott
Secretary

05 JUN 1996

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Chairman: Dr. H.C. Fowle, D.B.E., F.R.C.P., F.R.C.Psych. Chief Executive: Mr W.J. Wells, R.N., R.G.N., C.F.N., L.B.S.M.

THIRD PARTY COPY

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2

21st May, 1996.

The Secretary,
Clinical Psychology,
Royal Dundee Liff Hospital,
LIFF,
By Dundee.

Dear Madam,

RE. PHILIP REILLY, 23 ABERLADY CRES., DUNDEE. DOB 140769.0396

Further to my referral to you of the 26th of April, 1996, concerning the above named and his particular problem. He arrived at my surgery saying that his situation at home is becoming increasingly difficult to cope with and in view of the history of violence, I wonder if this man's case could be treated as "urgent".

Many thanks.

Yours sincerely,

DR. J.W. LOCKE.

NHS Confidential: Personal data about a patient

Please use Block Letters

Hospital Use only	Clinic	Day Date	Time	Hospital No.	GPFH112
REQUEST FOR OUT-PATIENT CONSULTATION THE INFORMATION IN THIS SECTION MUST BE COMPLETED					Appointment Category Routine <input checked="" type="checkbox"/> Soon <input type="checkbox"/> Urgent <input type="checkbox"/>
Hospital: LHP		Date: 26.4.98	CHI No: 146769.0398		
Please arrange for this patient to attend the: CLINICAL PSYCHOLOGY			Clinic of Doctor: PRU WATSON		
Patient's Surname: REILLY			Maiden Surname:		
First Name: PHILIP			Single/Partnered/Widowed/Other:		
Address: 23 ABERLADY CRES., DUNDEE.			Date of Birth: 14.7.69.		
Postal Code: Contact Telephone number:			Patient's Occupation:		
Has the patient attended hospital before? YES/NO If "YES" please state:			HB of Residence:		
Name of Hospital: Ninewells - Medical			Name, Address & telephone No. of GP/Doctor: DR. J.W. LOCKE FAMILY MEDICAL GROUP WALLACETOWN HEALTH CENTRE LYON STREET DUNDEE		
Year of Attendance: 1990					
If the patient's name or address has/have changed please give details:					
Can the patient attend at short notice? YES/NO					
If YES, minimum notice required:			GP's Code: 7142 Practice Code: 11382		
G.P. FUNDHOLDER			Contract No: NOT YET KNOWN		

I would be grateful for your (1) diagnosis and advice on (2) diagnosis and treatment of the above named patient. A brief history, symptoms and signs is given below:

Please find enclosed a photocopy of a referral letter I made to you for this young man. Unfortunately he never attended your appointment as his condition settled once he had employment. Over the last six months however, he has found himself to be unemployed and regrettably the condition as outlined in my original letter of February, 1993, has all come to the surface again. He informs me that he has become increasingly violent [REDACTED] in addition to his violence and paranoid thoughts, he is very self deprecating. [REDACTED] If you can be of any assistance to this young man, I am sure it would be much appreciated by all concerned.

Yours,

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazard:

X-ray (women of childbearing age). Date of first day of L.M.P.:

Relevant X-rays available from: No. (if known):

Signature:

NHS Confidential: Personal data about a patient

DRJ/JLC

1 December 1995

Dr J. W. Locke
Wallacetown Health Centre
Lyon Street
DUNDEE

Dear Dr Locke

Philip Reilly (14.07.69), 23 Aberlady Crescent, Dundee

I am writing to you with Mr Reilly's permission following a meeting I had with him yesterday. I had not seen Philip for about 10 years when he contact me out of the blue, asking for my advice.

I understand that he has had an appointment with you earlier this year, following which you made an outpatient appointment for him with someone who he believes to be a psychiatrist. Unfortunately he could not bring himself to keep this appointment, but as his troubles are intensifying, now wishes to make another one, and should be making an appointment to see you sometime in the coming week.


In the course of our discussion yesterday, he admitted that he had been using cannabis on a daily basis for a period of several years, only stopping this (he says) about 3 - 4 days ago, and he feels that this is now heightening his anxiety. When I suggested to him that this information should be shared with you, he agreed, but felt unable to do so personally, which is why I am now writing to you to share this with his permission.

If you would like to discuss this, please don't hesitate to phone. I shall be seeing Philip again in about a week's time.

Yours sincerely

Dave R Innes

Dave R Innes
Senior Social Worker
Young People (East) 1



Tayside
Regional Council

**Social Work
Department**

Douglas Children and
Young People's Services
Balmerno Road
Dundee
DD4 8RW

Tel: 01382 803388
Fax: 01382 802782

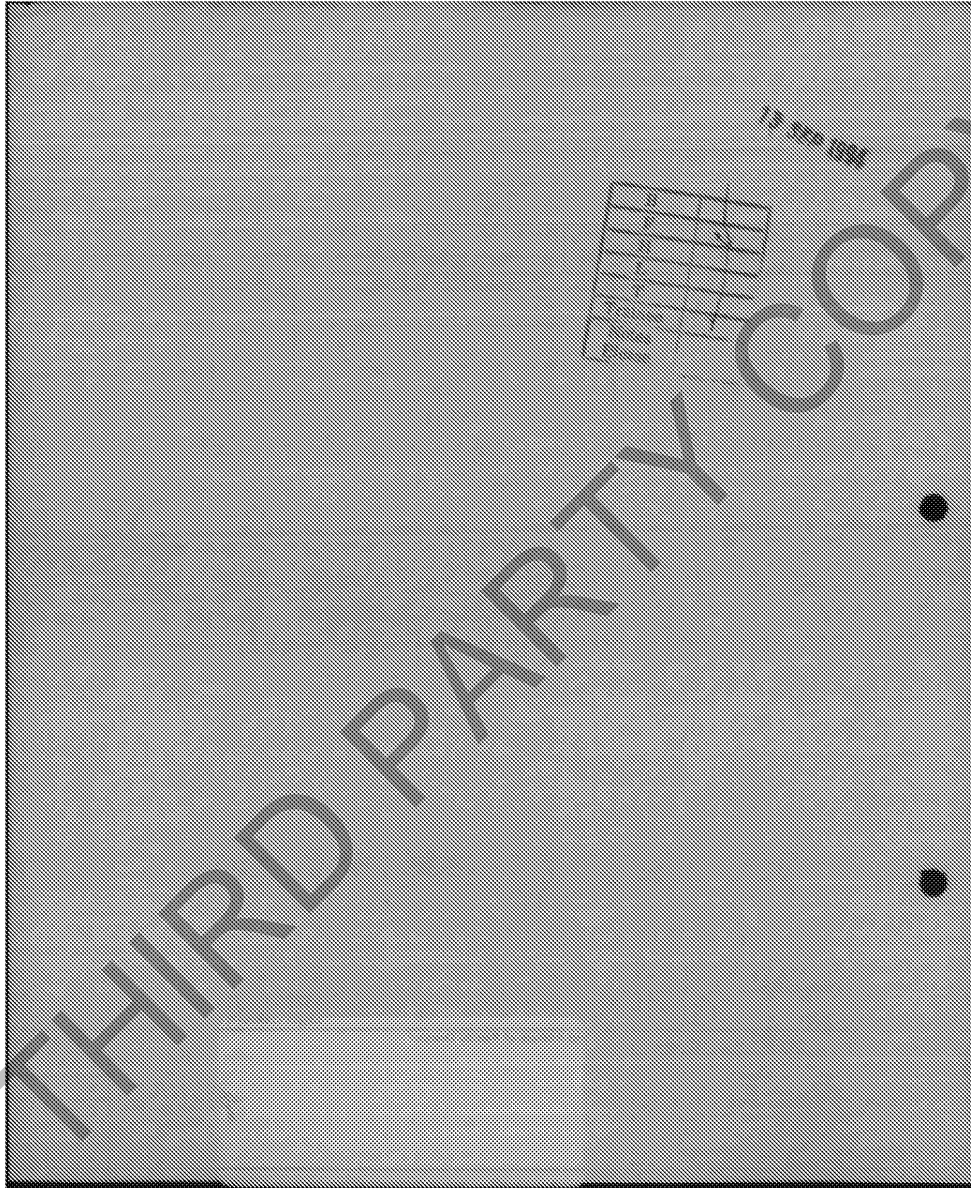
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PJB

Director
Peter James Bates

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TAYSIDE HEALTH BOARD

**TAYSIDE AREA CLINICAL
PSYCHOLOGY DEPARTMENT**

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2. Medical & Neuropsychology
Royal Infirmary
Dundee DD1 9ND
Tel 0382 23125 Ext. 2318 & 2154

3. Brechinmore Hospital
Dundee DD3 9PC
Tel 0382 883345 Ext. 278

4. Sunnyside Royal Hospital
Hilside, Montrose
DD10 8AP
Tel 067483 281 Ext. 228 & 238

5. Murray Royal Hospital
Perth PH2 7SH
Tel 0738 21131 Ext. 228

6. Dept. of Child & Family Psychology,
Royal Infirmary
Dundee DD1 9ND
Tel 0382 23125 Ext. 2363

7. King's Cross Hospital
Dundee DD3 8RN
Tel 0382 818118 Ext. 2274 & 2026

Your Ref. _____
Our Ref. **P3W/MG**
Enquires to: **Mrs. P. J. Watson** Please reply to Address No. **1**

11 October 1993.
Dictated 1 October 1993.

Dr. J. W. Locke
Wallacetown Health Centre
Lyon Street
DUNDEE DD4 6BB

Dear Dr. Locke

Mr. Philip Reilly - d.o.b. 18.07.49/0196
c/o Balmer, 93 Girvin Gardens, Dundee DD4 6BJ


I have now offered the above gentleman three appointments to see myself. He failed to attend for the first at the beginning of September and [redacted] altered the second which was to be at Douglas Medical Centre. She then asked that he be given one at 5.00 p.m. so an appointment was sent out for Friday, 1 October, at 5.15 p.m. at Wallacetown and he failed to attend this appointment also. I suspect [redacted] is keen that he be seen but he, himself, is reluctant for psychological involvement. I really don't think that I can continue sending him appointments so if he comes back to yourself and enquires why he has had no further contact, this is the reason. Should he, himself, get back in touch with me I will arrange yet again to see him.

Yours sincerely
Prudence J. Watson
Prudence J. Watson (Mrs)
Chartered Clinical Psychologist

103 OCT 1993

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3. Braithwaite Hospital
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4. Sunnyside Royal Hospital
Hillock Montrose
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Tel 087483 361 Ext. 228 & 238

5. Murray Royal Hospital
Forth Road 79N4
Tel 0738 21151 Ext. 228

6. Dept. of Child & Family Psychology,
Royal Infirmary
Dundee DD1 9NQ
Tel 0382 23125 Ext. 2363

7. King's Cross Hospital
Dundee DD2 8EA
Tel 0382 816116 Ext. 2014 & 2220

Your Ref: **PIWFA**
 Our Ref: **PIWFA**
 Enquiries to: **Mrs P J Watson** Please reply to Address No: **1** Date: **3 September 1993**

Dr J W Locke
Wing 1
Wallacetown Health Centre
Lyon Street
DUNDEE
DD4 6RB

Dear Dr Locke

re: Philip Reilly, d.o.b. - 14.07.1969
c/o Balmer, 93 Garvan Gardens, Dundee, DD4 0NJ

The above patient was asked if he would like appointment and phoned back to say that he would. We sent an appointment for Wednesday, 1 September at Douglas Medical Centre but unfortunately he failed to attend.

I have written to him offering another appointment for Wednesday, 29 September but have asked him to confirm if he will be attending or not. If I do not hear from him I will notify you of this and discharge him unseen.

Yours sincerely

Prudence J Watson
(Secretary)

PP Prudence J Watson (Mrs)
Chartered Clinical Psychologist

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= 4 SEP 1993

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Trinity Health
Please notify
Psychology Dept
re address
187 95 Unit 93
G. Palmer
GIRVAN
GIRVAN
Mr.

NHS Confidential: Personal data about a patient

Medical Certificate

This is to certify that in my opinion

of _____

is/was suffering from _____


and is able/unable to attend work/school.

Signed _____

Date _____

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TAYSIDE HEALTH BOARD

**TAYSIDE AREA CLINICAL
PSYCHOLOGY DEPARTMENT**

1. Royal Dundee LBI Hospital
Dundee DD3 5AF
Tel 0382 880441 Ext. 4751

2. Medical & Neuropsychology
Royal Infirmary
Dundee DD1 9ND
Tel 0382 23125 Ext. 2216 & 2154

Your Ref:
Our Ref: **EJW/FA**
Enquiries to: **Mrs F J Watson**

3. Stratmartine Hospital
Dundee DD3 0PD
Tel 0382 882345 Ext. 279

4. Sunnyside Royal Hospital
Hillsdale Montrose
DD10 6LP
Tel 057482 361 Ext. 228 & 236

Please reply to Address No.: **1**

5. Murray Royal Hospital
Forth PH2 7RH
Tel 0738 21151 Ext. 228

6. Dept. of Child & Family Psychology,
Royal Infirmary
Dundee DD1 9ND
Tel 0382 23125 Ext. 2363

7. King's Cross Hospital
Dundee DD3 5EH
Tel 0382 616116 Ext. 2814 & 2220

Date: **16 February 1983**

22 FEB 1983

Dr J W Locke
Wallacetown Health Centre
Lyon Street
DUNDEE
DD4 5EB

Dear Dr Locke

re: Philip Reilly, d.o.b. - 14.07.1969
s/o Halsem, 95 Girvan Gardens, Dundee, DD4 0NJ

Thank you for referring the above patient to the Psychology Department.

Your patient has been put on the Waiting List and will be seen as soon as possible.

If the situation deteriorates, please let us know so that the referral can be designated "urgent".

Yours sincerely

Fiona Arnett

Fiona Arnett
Secretary

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Dr J W Locke	
Mr J W Locke	
Miss J W Locke	
Phone	

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LIFF HOSPITAL 9.2.93.
CLINICAL PSYCHOLOGY Pru Watson

REILLY
PHILIP
C/O BALMER,
95 GIRVAN GARDENS,
DUNDEE.

140769

DR. J.W. LOCKE,
WING I,
WALLACETOWN HEALTH CENTRE,
LYON STREET,
DUNDEE.




This young married man has recently joined our practice. At his registration medical, he said he was seeking help for a behavioural pattern

He described himself as being a rather insecure man who was never loved as a child. His [redacted] apparently when he was aged 11 left him in care in London and he spent much of his youth in various homes where he was never happy. He has in the past dabbled in drugs and glue sniffing and claims his only drug habit at the present time is cannabis.

I do not know this young man very well at all or his family set up however he came across as a fairly genuine individual. I would appreciate any help that you may be able to offer him.

Yours sincerely,

NHS Confidential: Personal data about a patient

 TAYSIDE HEALTH BOARD		MEDICAL ADMISSIONS DUNDEE GENERAL HOSPITALS UNIT
Your Ref.		Ninewells Hospital and Medical School Ninewells Dundee DD1 9SY Telephone 0382 601111
Our Ref.	BC/CMcK/M.F.I. 14 07 69 0396	
Enquiries to:-	Dr. B. Cook, Ward 21.	
		9th July, 1990
	Dr. Raj, 23 Murrayfield Gardens, DUNDEE.	
	Dear Dr. Raj,	
	PHILIP REILLY, 4B KELLYFIELD COURT, WHITFIELD, DUNDEE.	
	DATE OF ADMISSION: 14.6.90 DATE OF DISCHARGE: 15.6.90	
	Philip was brought into Casualty by ambulance having taken an undisclosed amount of Prothiaden and Paracetamol about 2 hours prior to admission. He was restless, would not tell us anything and was possibly hallucinating. Only a very limited examination was possible and previous wrist scars and tatoos were noted. Gastric lavage was carried out with difficulty and tablets were obtained from the stomach. He remained very restless and uncooperative overnight and due to the dangers of needle stick injuries a Paracetamol level was not attempted until he was cooperative the next morning. This was well below the treatment range and he was allowed home. He admitted to us that he took all these tablets to get high and there was no suicidal intent.	
	Yours sincerely,	
		
	BRIAN COOK, CARDIOLOGY REGISTRAR.	
	Date signed..... 9/7/90.....	12 JUL 1990

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USE BALL POINT PEN AND BLOCK LETTERS

Tayside Health Board DRT Hospital 14-7-09 D. of B.

Accident and Emergency No. 881 39928 Surname REILLY First Name PHILIP M.C. State MD Sex M

Next of Kin and Relationship (Contacted YES/NO) DUDDIE DDU OFF PROT

Tel. No. P.M. Date and Time of Injury 18.11.08 Accident Emergency Centre: 0392

Date 18.11.08 Time (24hr clock) 17.36 Referred by G.P. Transport Out Place of Injury: Work School Home (Indoor) Road Traffic

Diagnosis: _____ Medicines Prescribed: _____ Dose: _____ Given by: _____

HISTORY COMPLAINT ANKLE PAIN

Inversion injury @ ankle 14/11/08 @ 2330 on roof fixing aerial.
S/B G.P. today's referred for Xray.
LE Tender lat malleolus & anter to med malleol.
Xray @ ankle - NBI seen.

SITES: YES
 X RAY FINDINGS: _____

TREATMENT: Casp bandage
Rest & elevation @ H.
Reg analgesia.
Gentle mobilisation.

THROSBURGH (Rev. 2/08) Signature N.B. Blair

Vaccination	1st	2nd	3rd	4th	5th
To	G.P.	OP Clinic	Ward No.	Other Hospital	

Name and Address of Family Doctor: DR. RAS
22 MURRAYFIELD SQ
DUNDEE.

CODE		
A	P	V
B	G	W
C	N	X
D	S	Y
E	T	Z

NHS Confidential: Personal data about a patient

ALL POINT PEN AND BLOCK LETTERS

Tayside Health Board RAI Hospital CHI WILLY 14.9.87 D. of B.

Accident and Emergency No. 87/28990 First Name WILLY C. State

Resident Name _____ Age 18 Address WILLY WILLY ABERLADY CRES WILLY

Next of Kin and Relationship (Contacted YES / NO) WILLY WILLY Occupation WEMP 0396

Date 14.9.87 Time of Injury 11.00 Referred by GP Accident / Emergency / Casual

Place of Injury: Work / School / Home (In/out) / Foot Traffic

Diagnosis: self lacerations Medicines Prescribed: Tetanus Dose: 0.5ml Given by: Aberlady

COMPLAINT: CUT WOUNDS (RH)

Taking Jue

Multiple lacerations on wrists (RH)

Razor Blade

Subv. ethlon 40 X 37 11

requires tetanus

Jellonet and crepe

RAYED: _____

X-RAY FINDINGS: _____

TESTS: _____

Signature Z CURRIE 2 SEP 1987

THOMSONS (Rev 2/88)

Admitted	1st	Covered	Discharged	Home and Address of Family Doctor: <u>RAI</u> <u>22 MURRAYFIELD CO</u> <u>WILLY</u>	CODE		
					A	B	V
					D	O	N
					C	R	X
				D	S	Y	
				F	T	Z	

NHS Confidential: Personal data about a patient

**PROTECTION AGAINST TETANUS
NOTIFICATION TO GENERAL PRACTITIONER**

HOSPITAL UNIT NUMBER: 14-7-69

HOSPITAL: Ake 001

PATIENT'S SURNAME: REILLY

FIRST NAME: PHILIP

ADDRESS: 298 ABERCROMBY CAVE (N)EE

* AGED 15 (DATE OF BIRTH OR OVER) / (IF UNDER 15):

TETANUS TOXOID	DATE DUE	DATE GIVEN	GIVEN BY
1st DOSE		31/8/87	Ashington
2nd DOSE			
3rd DOSE			

A.T.S. * HAS/MAS NOT BEEN GIVEN

* DELETE AS NECESSARY

CHIEF ADMINISTRATIVE MEDICAL OFFICER

HEALTH BOARD

DATE

Stop Order:
This patient has begun or completed a course of antitetanus treatment. If the course has not been completed the patient has been advised to check with you whether he/she has been previously fully immunized. If booster doses are indicated and you do not wish to complete the course yourself please inform the patient accordingly and advise him to contact the Chief Administrative Medical Officer.

YOUR SIGNATURE

COPY 2

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

TAYSIDE HEALTH BOARD - DUNDEE GENERAL HOSPITALS

Telephone 0382 80111	Department of Otolaryngology	NINEWELLS HOSPITAL
Your Ref.		NINEWELLS
Our Ref. HEC/JG		DUNDEE
Enquiries to:-	Dr. H. E. Christmas Wards 26/27	DD1 9SY

9th September, 1985
Dictated: 03.09.85

MFI: 14 07 69/0477
0196

Dr. A. R. Millar,
Health Centre,
FRICKHEIM.

on W. M. Ref. 26.9.85

Dear Dr. Millar,

Reilly 121 CARBENAY COES
Philip Niley, 7 Midmill Road, Mid-Craigie, Dundee.

This sixteen-year-old has unfortunately been on our Waiting List for adenoidectomy since April 1984. We sent for him to come in earlier this summer at his address at Rossie School and they rang us to say that he no longer attended there and the last address they had for him was the above. I wrote to him at that address to ask if he still wanted the operation and I have received no reply to my letter. I would be grateful if you would look into the matter. We will not send for him again unless we hear from you.

Yours sincerely,

pp

H. E. Christmas
Registrar to Mr. J. F. O. Mitchell

THIRD PARTY COPY

NHS Confidential: Personal data about a patient

LONDON BOROUGH OF SOUTHWARK:
SOCIAL SERVICES DEPARTMENT:

CONFIDENTIAL - NOT TO BE SENT OUT OF THE DEPARTMENT WITHOUT AUTHOR'S PERMISSION:

PSYCHIATRIC REPORT ON: Philip REILLY

DATE OF BIRTH: 14th July, 1949

HOUSES: Larch

AN ADDENDUM TO THE COURT REPORT OF 9TH NOVEMBER, 1961 - FOR SOCIAL SERVICES DEPARTMENT USE ONLY:

Philip needs to be separated from the inadequate home and afforded a long-term placement which can give him structure, supervision, organisation, stimulation and channelisation, with lots of individual support, and close relationships with a warm, mature adult male and female. Besides appropriate sanctions, he needs over-praise when he does achieve or conform.

After a detailed discussion with the field worker and residential staff at Larch it was agreed that:-

1. Following an Educational Psychologist's examination and agreement thereafter, a recommendation for a boarding maladjusted school, or a similar voluntary 52-week school should be made. The school should comply with the features detailed above.
2. During the waiting period for the boarding school vacancy (which could be six to twelve months) Philip should continue to stay at Larch, as the staff feel positive towards him and are willing to persevere in caring for him. While at Larch he should continue to attend South East London Secondary School, but they should be requested to provide full-time or maximum part-time remedial support for him in their "Sanctuary" unit. Daily resorting to the Sanctuary Unit should be considered, though this will depend on Larch's staff situation and Social Services' Department facilities.
3. When a boarding school vacancy is offered, there should be a review to consider the following before accepting it, depending on Philip's progress:-
 - (a) Boarding school vacancy to be accepted if progress is insufficient.
 - (b) Dependent on his improvement and Larch's continued interest, whether Philip should stay on at Larch with the boarding maladjusted school recommendation being converted to day maladjusted school should special education be thought to be still necessary.
 - (c) If adequately improved, and pending the agreement of all involved parties, Philip should continue both at Larch and his present school.
 - (d) If there is significant deterioration then C.H.(S) may be considered.
4. I will be prepared to see this boy again at anytime in the future, on request.

J. T. Swarries

DR. MELVILLE SWARRIES, M.B., B.S., M.R.C.S. (PSYCH.), D.P.M., D.C.H., D.T.M. & H.
CONSULTANT PSYCHIATRIST:

COPIES TO: Larch House, Robert Edwards, Social Worker, Mrs. Dowsett, Group Manager, Dr. Rayer, G.P., School Medical Officer. File:

NHS Confidential: Personal data about a patient

LONDON BOROUGH OF SOUTHWARK
SOCIAL SERVICES DEPARTMENT

CONFIDENTIAL:
The Presiding Magistrate,
Camberwell North Juvenile Court.

LARCH HOUSE,
THE HOLLIES,
BURST OAK LANE,
SIBCOB, KENT.

PSYCHIATRIST'S REPORT:

NAME: Philip REILLY D.O.B. 14.7.69

I saw Philip for assessment at Larch in The Hollies on 9th November, 1981, followed by a discussion with Robert Edwards (Social Services Department Field-worker), David Bennett (Superintendent of Larch) and George Brown (Houseparent).

I believe that Philip is before the Court for stealing a bicycle and a purse on two separate occasions within the past four to six weeks. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The staff at Larch notice that Philip tries to have his own way, can be argumentative and does not like correction, but reluctantly responds. He has absconded twice from Larch, once [REDACTED] when the purse was taken. Despite his shortcomings, the staff feel positive towards Philip and find him likeable. He generally gets on well with both the staff and Larch's other children.

Philip has been periodically truanting from school - he says he has been doing this for a year. He claims to truant by himself, and then, either goes home or wanders about the neighbourhood. At school he is seen as being disruptive and appears to be academically retarded.

Philip is a verbal early teenager who clinically appears to be of average intelligence. During the session with me he made reasonable contact, though

- CONTINUED -

NHS Confidential: Personal data about a patient

PAGE TWO:

[REDACTED]

This anger he indiscriminately displaces onto his environment, which contributes to his relationship difficulties and outbursts. He is aware of his wanting his own way most of the time, his quick temper, his inability to brook frustration and his difficulty in accepting reprimands. This would tend to make him wary of adults and authority - he probably perceives them as obstructions to his pleasures.

Philip also mentioned significant poverty and material deprivation while at home. He mentioned hunger, insufficient food and having to wear shabby clothes, which made him feel ashamed and engendered feelings of inferiority within him. He feels angry about these things now, though he did not do so while they were happening. Possible academic retardation probably increases the inferiority feelings, which, in part, could be connected with his truancy when confronted with work beyond his present level of academic functioning. Philip mentioned to me that he does not get on with the other children in school, and in altercations with them he hurriedly leaves the school as he fears the violence of his retaliatory feelings.

The stealing, which has occasioned his court appearances, is a mixture of material gain, environmental mores (derived from the family home neighbourhood) and adolescent adventurism.

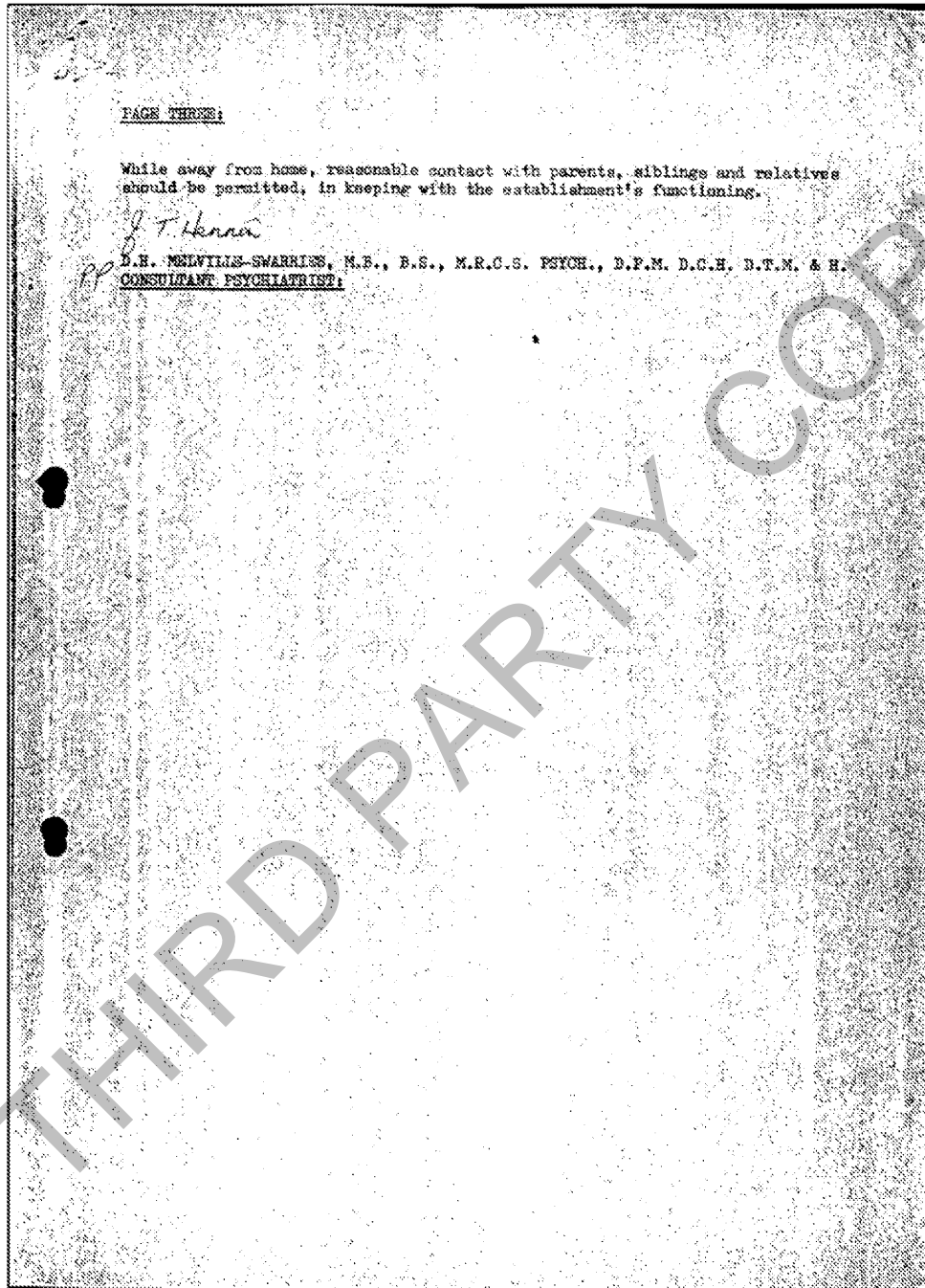
Basically, Philip is an immature, chronically deprived, disturbed and very insecure boy, whose emotional growth has been random. Chronic mismanagement and instability have been present for a very long time. He is an eccentric, wilful, pleasure-orientated boy, whose instincts are below the surface. He has not internalised controls and lacks an "identification" anchor to absorb limits and social values. He is bedevilled by rejection, inferiority, poor self-image (for which he over-compensates) anger and unhappy feelings. Dawning normal adolescent urges of independence, rebellion and thrill-seeking are also present. All this leaves him a rather confused boy.

[REDACTED]

With advancing adolescence, Philip is likely to get worse if firm and decisive action is not taken now. The plans for him should be long-term, consistent and supportive. Taking everything into consideration, I would recommend that Philip be made the subject of a 'Care Order' to Southwark's Social Services Department to enable them to make long-term plans for the boy away from his home, without fears of them being disrupted by his parents or relatives, as in the past. An Attendance Centre and/or a part-restitutional fine (commensurate with his pocket money of £1.35p. per week) can additionally be considered.

- CONTINUED -

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GUY'S HOSPITAL CONFIDENTIAL

ACCIDENT AND EMERGENCY DEPARTMENT SE1 9RT 01:407 7600

NAME REILLY PHILLIP DATE 9-11-77 TIME ARRIVED 16:00

ADDRESS 29 BRUNEL RD SEX M TIME SEEN _____

S-576 DoB 8 yrs - 16-6-69 ~~MR~~ MR

AMBULANCE NO 2671 POLICE NO _____

OCCUPATION SCHOOL ST MARY X-RAY NO 11332

GP D. HICKEY ADDRESS _____

Dear Dr _____

Your patient attended the Accident and Emergency Department today complaining of: R.T.A.

T Bl R BP / LMP

NOT KID.

Running across road - struck by car on
(A) thigh - fell to ground, did not know
head, was not 4.0' at. Kelly helped him up.
No. Alert. Bruise on the aspect (B) thigh.
Cummet nerves - PERHA. "Injury" was
that clear.
Power, Tone, Movement all limbs (C) = (C) good.

Reflexes (C)	B	T	S	R	A	P
(C)	+	+	+	+	+	+
(C)	+	+	+	+	+	+

Assessment - Bruised (A) thigh - not clinically
fractured.
to say (C) favor. -

No H Home. [Signature]

The patient has been asked to visit you soon during surgery hours.
 Further attendance at Guy's was arranged for _____

Casualty Officer

15-125-0012

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		National Health Service Number	
Surname (block Letters)		Forenames (block Letters)	
SCOTT		FRASER	
SUMMARY OF IMPORTANT ILLNESSES AND INVESTIGATIONS			Date of Birth
16 CARLISLE AVE			11.07.65
Date			
1978	Bronchitis		
1978	Head injury - no skull #		
1981	Immature, chronically deprived, disturbed very insecure academically retarded (broken home)		
1990	Aggressive behaviour		
1997	02/01/01		

FORM GPF110

THIRD PARTY COPY

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		National Health Service Number	N/P
		Surname (Block Letters)	Forenames (Block Letters)
CLINICAL NOTES		SCOTT	Phil
		Address	Date of Birth
		11 GLENDON AVE	4/7/69

Date	Notes
11.29	Throat swab (6)
14.5.93	Reluctant 20y (2)
18.9.92	Ref. or 6y Endo (1.00)
16.11.93	✓ Flu like imp green spit + blood dent area (penicillin 250mg 2x)
11.2.94	DNA
15.2.94	DNA
21.4.94	DNA
26.5.94	✓ "can't walk" at home for 1/2 hr can walk to school # bus # playground # → fractal paccatent (V 200y 20)
7.9.94	nlz Throat (1) also after jump from car. No pain before. on car last night
	014. Throat cap (60)

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F

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Date	Visit		
16/1/95	1	made apt + using of knee (both on 11/1) Olong ble alert bearing neck because both of back pain - going to phys. says his back pain -> phys. for months. - at 90 degrees angle of knee flex > 90° LTR follows normal line - not double nod. 3. "of knee would give a cue" - quite a little ve. light well @ 10/95	
17/3/95	2	some (L) ear; little sft cough for years. of sputum. change from pho sniffing 10 or 30. Smokes: 20 (Thinks losing + harsh cigarette smoking (24) See 1/2	
20/7/95	3	See S.W. 1/12/95	
26/3/96	4	1/2 mtr phys - 1/2 mtr as 4/1/93 few (like) over 500 (eos) Green spit. Few Phos 1998	
10/8/98	5	warts removed ear throat pain over forehead + occiput cough was green phlegm; now white cough OK well, throat enlarged & infl. chest advised re jump re	T.H. 10/98 URTI

*This column has been provided for doctors to enter A, V or C at their discretion

001 10/11/98 (1/11/98) 04/03/2001

NHS Confidential: Personal data about a patient

National Health Service Number		Surname (Block Letters)		Forenames (Block Letters)	
		Scott		Pump.	
CLINICAL NOTES		Address		Date of Birth	
		16 CAROLINE ROAD		14-07-69	
Date					
6/9/99		Re-refr. Prolate			Letter
21/1/00		2000 MVA inj. - DC over the knee for the month) ✓ 8/5/00			
13/3/01		PT			
12/12/04		F22/12 Pen V 250g (50) 50 Q10 steaming diarrhoea Green spl Smoker Active			URT1
30/4/07		See letter B Co-dexamid 10/50 (100)			GS
30/4/07	C				Cycling injury
25/3/08	A	Tilly, on act a pain 3yr No discharge Prolate or cystitis Symptoms for injury + depression of Papular act in peria 7 lines → Tamoxifen or X30g Visit for chlamydia adv 1/2 of a letter A			
26/1/08		Advice for chlamydia → ich			

*This column has been provided for doctors to enter A, V or C at their discretion

FORM GP111F
355 2095

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MICROBIOLOGY		DMP238
Tayside Clinical Laboratory Services -VIROLOGY/BACTERIAL SEROLOGY- 01382 612559		
Name :	SCOTT, Philip	Clinician: Dr J.W. LOCKE
CHI No :	1407890396	Wallacstown Health Centre
Dob :	14 Jul 1969	Sex: M
Post Code:	DD4 9RH	Source: Wallacstown HE 113B2 (Green)
		0221
TAYSIDE CHLAMYDIA SERVICE		Chlamydia urine
Specimen number :	08V108213	
Date taken :	26 Jun 2008	- 3 JUL 2008
Chlamydia trachomatis PCR	Negative	
NO ACTION	<input type="checkbox"/>	
APPOINTMENT WITH DOCTOR	<input type="checkbox"/>	
PHONE DOCTOR	<input type="checkbox"/>	
APPOINTMENT WITH NURSE	<input type="checkbox"/>	
PRESCRIPTION	<input type="checkbox"/>	
NOTES	<input type="checkbox"/>	
<p>PLEASE NOTE - In infected patients who have been compliant with therapy and in whom there is no risk of reinfection, a test of cure need NOT be performed. However, if required, this should be performed a minimum of 3 weeks after initiation of therapy, to avoid false positive results.</p>		
Date of Report:	30 Jun 2008	
WAL1	LOCJIG	
		REPORT RECEIVED
		DOCTOR'S INITIALS

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355 2031		Form GP IC. (Scotland) (Rev)	
INTIMATION TO HEALTH BOARD OF		Dr	Patient on list of
CHANGE OF PATIENT'S NAME AND/OR ADDRESS			o/c
PARTICULARS SHOWN ON MEDICAL CARD	SURNAME (Block Letters)	Mr Mrs Miss	National Health Service No.
	CHRISTIAN NAMES (Block Letters)		Date of Birth
	ADDRESS (Block Letters)		Day | Month | Year
	NEW NAME (Block Letters)		
	NEW ADDRESS (Block Letters)		
Enter "X" here if supplying Drugs	Enter Distance here if claiming Mileage		For Office Use
Printed for Action 844979 1/06 (001/065)			P.T.O.

Handwritten entries in the form:
 SURNAME: Scott
 CHRISTIAN NAMES: Purnip
 ADDRESS: 5 Cranmore Road
 NEW ADDRESS: 28 Wyndhurst Ave
 Date of Birth: 14 / 07 / 69
 National Health Service No.: KA 07706899953

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**MEMBERS OF PATIENT'S FAMILY, ON SAME DOCTOR'S LIST
WHOSE CHANGE OF ADDRESS IS AS SHOWN OVERLEAF.**

SURNAME	CHRISTIAN NAMES	MR MRS or Miss	N.H.S. NUMBER	DATE OF BIRTH		
				DAY	MONTH	YEAR

THIRD PARTY COPY

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REILLY		PHILIP		OCCUPATION	
SURNAME		CHRISTIAN NAMES			
National Health Service Number	Single Married Widowed	Date of Birth	(Write changes and insert year of change)		
S197-61-935		14 07 61	0396	19	
Address (1)	Name of Practitioner				
352 ABEAUCHERES DUNDEE.	M. RAS		19		
(2)	(2)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> WESTSIDE GPR - DUNDEE - 5 SEP 1966 HEALTH BOARD </div>		Died	
(3)	(3)	(3)	19		
(4)	(4)	(4)	CAUSE OF DEATH:		
			1		
			2		
			Signature of Practitioner		

Form GP 5B (Scotland) - MALE

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REILLY		PHILIP		OCCUPATION	
SURNAME		CHRISTIAN NAMES		OCCUPATION	
National Health Service Number		Single	Date of Birth	Date changed and hour (see of sleep)	
S 282 1969 935		Married	14 7 69	0396	
Address (1)		Name of Practitioner		LNA	
171 Shanker bas. walford		G. A. M. Liddle		19.....	
2 Harrygate Rd. Suddell		M. G. R. Miller		Died	
125 Barkney bas. Suddell		M. Ray		CAUSE OF DEATH	
				1. _____	
				2. _____	

THIRD COPY

NHS Confidential: Personal data about a patient

MALE			
Surname REILLY		Forenames PHILIP	
Date of Birth 14-7-69		National Health Service Number S282 1969 935	
Address 97 CHARLEMORE RD DUBLIN		Doctor's Name S. AL 11483	Committee Member Stamp: LVA 7 JAN 1988
Tel No.			
Subsequent Addresses			
Tel No.			
Tel No.			
Tel No.			
Tel No.			
Tel No.			
Tel No.			
Occupations		Occupations	
Year		Year	
Date of Death			19
Cause of Death			
Doctor's Signature			

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NATIONAL HEALTH SERVICE RECORD OF TREATMENT OF TEMPORARY RESIDENT		Cipher of Home FPC NHS
Surname	Mr REILLY	N.H.S. Number 62821-1967-935
Forenames	PHILIP	
Temporary Address	2 Tavey St, Peckham, S.E.15	
Home Address	29 BRUNEL Rd., S.E.16	
Name of doctor at home	J. Huxley 11343	
To be completed by patient		
I am temporarily resident at the address shown above and I expect to remain in the district for		
<input type="checkbox"/> not more than 15 days from today (delete whichever is not applicable) <input checked="" type="checkbox"/> more than 15 days from today but not more than 3 months from the date of my arrival.		
I have received treatment from the doctor whose signature appears below		
Patient's signature		R.G. Talbot
Date		5/10/76
A person signing for the patient should state the relationship.		
To be completed by doctor		
I have accepted the person named above as a Temporary Resident and have given treatment.		
*I also claim a Rural Practice Payment. The distance from my main surgery to the patient's temporary residence is 11 miles.		
Doctor's Signature		W. Adams
Date		5/10/76
Code No.		10009
*Delete if not applicable.		
4546 52-5507 2/78		FORM FP 18/5C 18 (REV 1972)

